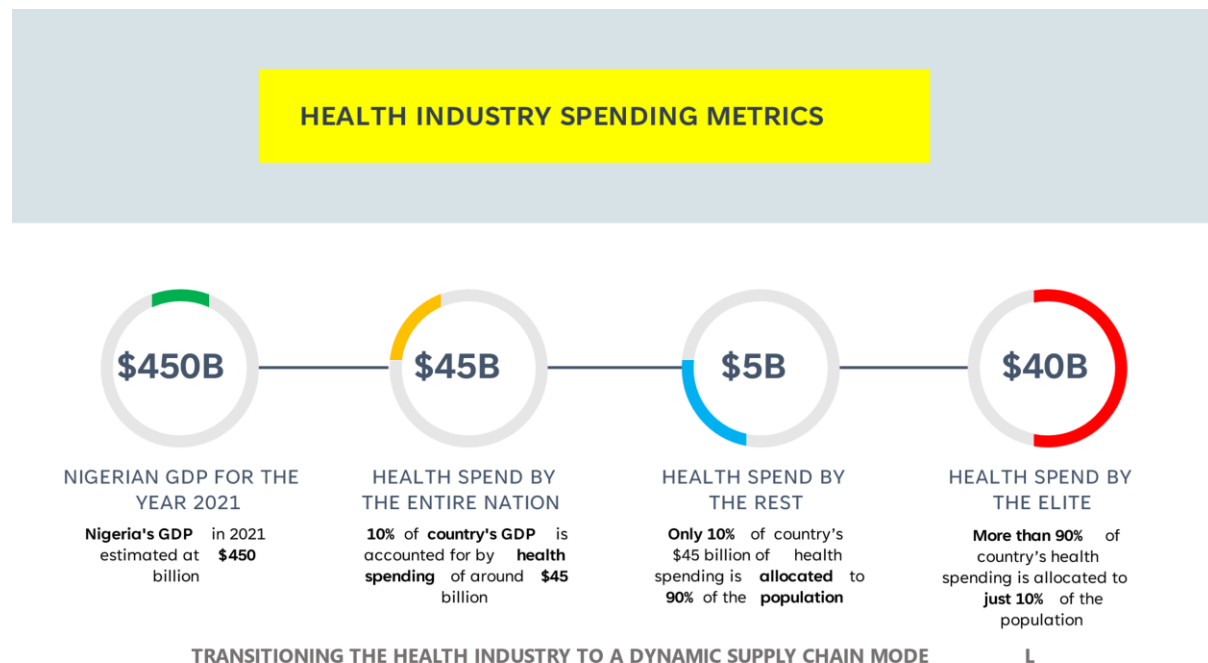


## The Nigerian Youth and the Dynamics of the Worldwide Healthcare Sector Supply Chain



Nigeria's GDP in 2021 estimated at \$450 billion

WHO estimates that ten percent (10%) of a country's GDP is accounted for by health spending (Health Economy). This is ostensibly on the basis that the widespread spending on the unorthodox healthcare options that are visibly pervasive in the Nigerian space are not being captured. Therefore, conservatively speaking, in the context of the Nigerian economy, the WHO estimates would be around \$45 billion. This being the amount of money Nigerians are willing to spend within the health industry in the period of 1 year.

Now, continuing to follow the trail of the \$45 billion yearly spend by Nigerians, it turns out that half of that amount is simply extracted out of the Nigerian health economy, because of the practise of health tourism abroad by the elite and the wealthy. It even gets starker because the standard model of 20% of the population controlling 80% of the resources in most developed countries (practising a free-market economy), is even more extreme in the Nigerian terrain. Here, it is estimated that not more than 10% of the population control 90% of the resources of the nation. Working with the \$45 billion figure, this would mean that 10% of Nigeria's population of 200+ million are the only ones who use 90% of the \$45 billion dollars available within the health industry for their personal healthcare, mostly outside of the shores of Nigeria.

The Health Industry is a business of sorts, even though it is naturally looked at as a humanitarian service. The health economy has a value chain which needs to be and should be broken down into its component parts and offered to international and local investment conglomerates to build capacity in the value chain.

Looking across the spectrum, the various aspects of the industry like pharmaceuticals, healthcare delivery, the services sector (like food and cleaning that are integral to the functioning of the system) to name but are few, are all environments that will be opened to investors.

To facilitate this, policies would be implemented to make sure that the business ventures established are financially secure and cannot fall prey to government policy reversals.



One of the objectives would be to directly employ labour locally, creating jobs through Foreign Direct Investments into the health sector. However, the key objective would be to ensure capacity building for young people, and the transfer of knowledge and knowhow. The idea is that the Nigerian health industry could build a similar deep capacity in the health industry as Cuba have been able to do. Based on this stated primary objective, there would, in the initial stages, not be a drive to monetise any rapid growth of any segment of the industry, in terms of for example taxation of revenues within the industry. On the contrary, the focus will be on the building the domestic value chain and measuring the progress of the drive to build local capacity.

Now, once we have our talented youth really engaged in the business of the provision of services in the health industry, the next thing that would need to happen is for them to be encouraged to stay within the shores of Nigeria and not move abroad like most of our professionals have recently been doing in the so called "brain drain". The key here is to strengthen patency and patency enforcement laws to encourage innovation and creativity. It is an open secret, that although a lot of our medical professionals are trained to use certain types of know medical interventions to treat certain types of medical conditions, it turns out that, through years of experience and careful clinical observations, a lot of our clinicians have developed very efficacious treatment plans for which they have not been rewarded either financially, or otherwise.

Nigeria, with a population of over 200 million people should be able to specialize and take hold of an important portion of the worldwide health sector supply chain dynamics and be an important player in its service delivery arm. For example, in the area of clinical management of cases of sickle cell, our professionals have developed very effective treatment plans that they could in theory, monetise and use to boost the local economy by drawing in people from the

world over for medical tourism in that field of the health industry.

To drive this vision, we will look to incorporate this value chain reform paradigm shift both directly (and through policy enactment), into the curriculum of universities in Nigeria so that students are offered health industry entrepreneurship training (of which IT will be a core element), during their health-related courses of study within the walls of the healthcare training institutions.

On a separate note, we would seek to attenuate the interaction of NGOs in relation to their directional interventions into our health policy decision making process. This is because NGOs appear to offer directives mainly in the interest of their countries of origin.

Furthermore, we will initiate a systematic audit of all public health related institutions to be involved in this value chain reforms to ensure proficient and efficient service's delivery, as a prelude to transitioning to a \*dynamic supply chain\* model and engendering a mindset in our youth of driving value-oriented services in the health sector.