The Travails of Social Enterprise in Promoting Social Justice in Nigeria's Healthcare System: Implication for Sustainable Peace

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Abstract

This paper identified social enterprise as one of the channels used by faith-based civil society organizations (CSOs) to mitigate social injustice in the society. The paper adopted documentary approach to collect data from secondary sources which was completed by primary data collected via Key Informants (KI) interview. With specific focus on Nigeria, the paper argues that social injustice is manifest in Nigeria's healthcare system as a large proportion of the citizens are unable to access quality and affordable healthcare owing to the adoption of neoliberal development strategy by the Nigerian state. Meanwhile, effort by the CSOs to promote social justice in the healthcare system via establishment of hospitals and health centers has not yielded desired results due to a lot of challenge the social enterprises are yet to surmount. The paper averred that inability of majority of the citizen to access quality healthcare is a form of structural violence that undermines peace in the society. It calls for synergy between the CSOs, community based organizations (CBOs), government and international organizations to enable the social enterprises participate in providing affordable healthcare to the masses.

Keywords: civil society organizations (CSOs); social enterprise; healthcare; peace; social justice

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Introduction

Health is a measure of development both at the individual and national level. Healthcare is a basic need of man and an indispensable social amenity that must be provided by every government. Yet, access to quality and affordable healthcare has remained a major challenge in many societies especially in Africa where prevalence of various forms of disease interact with high level of poverty, paucity of healthcare equipments and experts to create serious health burden for masses. Worse still, the implementation of structural adjustment programmes (SAPs) and pursuit of neoliberal reforms by most states in Africa since the 1980s has taken healthcare services farther away from the masses because these SAPs and neoliberal reforms mainly translates to government de-investment in healthcare and focus on a healthcare system driven by market forces where medicare becomes a commodity to be financed by individuals who have the financial capability to do so (Sue, 2001; Ichoku & Fonta, 2012). Empirical studies have shown that healthcare delivery deteriorates while majority of the population become unable to access healthcare when states embark on reforms that rely on the market forces to fund and deliver health care, unlike when government plays the role of financing healthcare (Yip & Hsiao, 2015). In Nigeria, government's budgetary allocation to health has remained below the 15% of total budget benchmark set by the 2001 Abuja Declaration (FMOH, 2011; Ichoku & Fonta, 2012). This has created serious healthcare gap in the country as a high proportion of the masses are unable to access healthcare.

This increasing inability of the masses to access quality healthcare puts to question the state of social justice in underdeveloped societies despite the claim by most states to promote social justice. The United Nations (2006), defined social justice as the fair and compassionate distribution of the fruits of economic growth. It sees social justice as a concept that has to do with issues of access, availability and affordability of basic social amenities like housing, water, social security healthcare for indigent households. Similarly, the principle of social justice requires that the distribution of advantages and disadvantages in society be egalitarian and as fair as possible. It demands that there be equal rights and opportunities for every member of the society (Etieyibo, 2011). Thus, social justice is impossible without strong redistributive policies implemented by public agencies (UN, 2006). Meanwhile, the principle of social justice gained prominence following the 1848 political upheavals across Europe and has since then continued

to influence social relations, production and reproduction such that various international organizations and states have also enshrined social justice in their constitutions as a guiding principle. There is a strong link between social justice and peace because any society that undermines social justice automatically entrenches structural violence.

Civil society organizations (CSOs) have also remained at the fore front of pursuit for the promotion of social justice across the world. One of the strategies adopted by CSOs to pursue and promote social justice across the world is by engagement in social enterprise. Social enterprise refers to private and autonomous organization owned and/or managed by a group of citizens, providing goods or services, with the aim of benefiting the community. It is concerned with meeting economic and social goal within the third sector (UNDP, 2008: 5). Social enterprise is an innovative response to fill the gap in the market left by the public and private sectors (Luke & Chu, 2013).

In Nigeria, CSOs have continued to intervene to fill the healthcare gap through establishment of hospitals operated as social enterprise so as to make them sustainable. This study examines the challenges of social enterprises in attempting to promote social justice in Nigeria's healthcare system. It unfolds by examining extant literature in the next section, followed by the methodology adopted by the study. The fourth section problematizes social justice in Nigeria's healthcare system while the fifth section looks into the travails of social enterprises in filling the healthcare gap in Nigeria. In the sixth section, the study examined the implication for peace by drawing the link between the social injustice in healthcare and peace in the society. This is followed by the conclusion and recommendations.

Insight from Extant Literature on the Link between Social Justice and Healthcare

Globally, poor households in underdeveloped countries continue to suffer from various diseases and inadequate healthcare despite various global initiatives to improve healthcare across the world. While interrogating the politics of non-communicable diseases (NCDs) in the global South, Reubi, Herrick & Brown (2016) contend that attention has not been given to social justice addressing NCDs in the global South. This according to them is because contemporary global health response to NCDs fails to address economic and social policies that would improve the basic living conditions of the poor people in the global South so as to reduce the multiple burden

of disease they face. Again, they noted that the inability to address factors like the inequality between state and private healthcare provision, the exit of medical professionals to the global North etc makes it possible for the rich to 'purchase better health' while the poor are allowed to suffer the burdens of disease. While this study avers the existence of social injustice in the healthcare system of the global South, it did not interrogate why various attempts to address such injustice both locally and globally have failed to produce result. The study also did not situate the social injustice in the healthcare system within the logic of contemporary neoliberalism shaping reforms in the global South.

Sue (2001) identified neoliberalism as the global factor shaping healthcare reform in various states. According to him, neoliberalism which is based on the three cardinal principles of individualism, free market via privatization/deregulation and decentralization has brought about a healthcare system which is akin to a market place that marginalizes individuals who cannot purchase healthcare since the state no longer provide healthcare for the citizens. Similarly, in a study of distributional impact of healthcare financing in Enugu State, Ichoku & Fonta (2006) found that the privatization of healthcare financing and supply by the state has led to the prevalence of out-of-pocketing healthcare financing since the burden of healthcare financing has been placed on the household. Therefore, since every decision by the household to utilize healthcare tantamount to decision to finance healthcare, the privatization of healthcare financing and supply only entrenches poverty in the country

Assessing the link between privatization and social justice, Etieyibo, (2011), contends that privatization undermines social justice in Nigeria because endemic corruption in the country only makes privatization a veritable tool for transferring public enterprises that hitherto provided formal employment and income for most Nigerians to few political elites. This, the author argues is a form of social injustice because privatization in the midst of social welfare deficit that characterize Nigeria is counterproductive as it only undermines livelihood of the citizenry especially considering the gross inadequacy of social welfare programs in the country.

In trying to establish the link between privatization and social injustice, Etieyibo (2011) argued persuasively that privatization serves two purpose in Nigeria. First, it serves as an efficient way of extracting corrupt political rents, secondly, it short-changed Nigerians and tramples on the general public interests. The first purpose indirectly entrenches social injustice in

the country while the second purpose is a direct means of perpetrating social injustices because it directly undermines the welfare of Nigerians. By focusing on debt burden incurred via extraction of political rents and reduction in employment/income sources via privatization as the major causes of injustice Etieyibo turned blind eyes to how the inefficiency that characterize the publicly owned enterprises equally perpetrates social injustice by denying the masses the services they rightly deserved. Again, it is not only through the sales of public enterprises that the elites extract political rents, corrupt bureaucrats also use publicly owned enterprises as channels to accumulate personal wealth using various strategies like award of bogus contracts, payment of ghost workers, non- implementation of budget and projects etc. In fact, radical Marxian scholars like Ake (1985) have documented how the state (public enterprises) serves as means of primitive accumulation for the political elites. Finally, the implication of corruption and absence of social welfare as the reasons why privatization engenders social injustice, the author tends to take sides with privatization as a good thing that may deliver its promised cargo if corruption was absent and social welfare present. He forgot that privatization is a capitalist phenomenon that by its very nature thrives on social injustice.

Methodology

This is a qualitative article that relied on documentary approach to collect data from secondary sources. Key Informants (KIs) interview was also adopted to obtain primary data from few informants. Information obtained from KIs bordered on ownership/management and healthcare delivery/cost in some hospitals classified as social enterprise. Data collected were analyzed using content analysis.

Problematizing Social Justice in Nigeria's Healthcare

Promoting social justice remains a cardinal principle and philosophy on which the Nigerian state is based. This is well articulated in the 1999 Constitution of the state, specifically, Section 14(1) of the Constitution unequivocally states that 'The Federal Republic of Nigeria shall be a state based on the principles of democracy and social justice.' It goes further in Section 17 to specify that the state shall direct its policies to ensure that adequate healthcare is made available for all the citizens.

Meanwhile, the first National Health Policy of Nigeria was developed in 1988 in which the country adopted the World Bank recommended primary health care (PHC) approach for its healthcare delivery system. The central aim of adopting the PHC was to increase the proportion of Nigerians with access to adequate and affordable healthcare, to increase community participation in healthcare delivery and to build a healthcare support system adaptable to local needs and technology (Reubi, Herrick, & Brown, 2016, FMOH, 2011). This led to the massive deployment of PHC facilities across the country such that as at 2002, the country has over 14,000 PHCs scattered in various geo-political zones (see table1).

Table 1: Distribution of Primary-Level Health Facilities by Zone

Zone	Dispensaries	Health Posts	Maternity Centres	Primary Healthcare Centres	Total
North Central	215	191	20	2,246	***2,672***
North East	805	302	228	1,044	***2,379***
North West	1,278	670	7	1,585	***3,540***
South East	45	236	24	866	***1,171***
South South	11	1,617	20	1,345	***2,993***
South West	36	306	57	1,511	***1,910,***
Total	***2,390***	***3,322***	***356***	***8,597***	***14,665***

Source: FMOH, 2011

Further, Nigeria is also one of the 189 countries that adopted Millennium Development Goals (MDGs) in September 2000. It is important to note that three (3) out of the eight (8) MDGs centered on improving access to health.

However, despite these lofty proclamations, access to quality healthcare remains a challenge to majority of the citizens in Nigeria. This situation is complicated by the implementation of neoliberal economic reforms which focus on the reduction of social services provided by the state and dependence on market forces to enhance economic growth. For instance, since return to civil rule in 1999, Nigeria has continued to pursue market led development strategies anchored on neoliberal principles as contained in her National Economic and Empowerment Strategies (NEEDS). This pursuit of neoliberal economic reforms only exacerbates the inequality between the rich and the poor and undermines the capacity of the poor

to access certain basic social services including health (Ichoku & Fonta, 2006). Due to the reliance on neoliberal development strategy, provision of social amenities by the state has remained poor over the years. For instance, Nigerian annual budgetary allocation to health over the years has remained far below the 15% of total budget agreed in the 2001 Abuja Declaration. What this implies is that the burden of financing healthcare is being borne by households through out-of-pocket payments for healthcare. Statistics shows that, as at 2006, out-of-pocket spending on health contributed 63% of the Total Health Expenses (FMOH, 2011). This dependence on out-of-pocket spending to access healthcare makes it difficult for the poor to access quality healthcare which results in the prevalence of disease and high rate of deaths resulting from it. Available statistics shows that Nigeria has the highest number of newborn deaths in sub-saharan Africa (see table 2).

Table 2: Countries with the highest number of newborn deaths in sub-saharan Africa

COUNTRY	Rank for number of newborn deaths	Number of newborn deaths annually	Rank for number of maternal deaths
Nigeria	1	241,000	1
DRC	2	131,000	2
Ethiopia	3	120,000	3
Tanzania	4	45,000	8
Uganda	5	45,000	6
Kenya	6	44,000	4
Côte d'Ivoire	7	43,000	16
Angola	8	43,000	5
Mali	9	37,000	9
Niger	10	32,000	7

Source: FMOH, 2011

Further analysis shows that Nigeria continues to perform poorly in various health indicators. For instance, table 3 reveals that number of birth attended by skilled health professionals remain abysmally low at 38.1% as at 2013 while child mortality rate have remained very high at about 108 death for every 1000 births as at 2015. The percentage of children accessing immunization has also not been encouraging at 51% as at 2014.

Table 3: Nigeria's Health Indicators, 2006-2015

Indicators	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Births attended by skilled health staff (% of total)	..	..	38.9	..	..	48.7	..	38.1	..	..
Mortality rate, under-5 (per 1,000)	152.2	146.4	140.9	135.5	130.3	125.5	120.9	116.6	112.5	108.8
Prevalence of underweight, weight for age (% of children under 5)	..	25.7	26.7	..	..	24.4	..	31	19.8	..
Immunization, measles (% of children ages 12-23 months)	44	41	53	64	56	49	42	53	51	..
Prevalence of HIV, total (% of population ages 15-49)	3.7	3.7	3.6	3.6	3.5	3.4	3.4	3.3	3.2	..

Source: World Bank Development Indicators, 2016

Social Enterprise and the Travails of Filling the Healthcare Gap in Nigeria

The inability of the Nigerian state to provide adequate healthcare for its teeming population has created a healthcare gap in the country as a significant proportion of the citizens are unable to access quality healthcare. Consequently, various civil society organizations (CSOs) have continued to make effort to fill this healthcare gap. One strategy adopted by most CSOs in their intervention is by engaging in social enterprise so as to make their intervention sustainable. Prominent among the CSOs that intervene to fill the healthcare gap are the faith-based organizations which have continued to establish and manage hospitals and healthcare centers so as to bring healthcare nearer to the people. For example, in Enugu state, most of the renowned hospitals and health centers are owned and/or managed by the Catholic Church and other congregations under it. Such hospitals include: Niger Foundation; Mother of Christ: Annunciation Hospital; *Ntasi obi ndi no na-afufu*; Shalom Hospital, Nsukka; *Nne nke Okwukwe* cotter age hospital, Ama Nkwo Oghe to mention a few.

However, despite attempt by the church as a CSO to bridge the healthcare gap through its social enterprise, Nigeria's health indicators as analyzed above remains poor because a large percentage of the masses still face serious challenges accessing healthcare at these hospitals and

health centers owing to the high cost of accessing the available healthcare provided by these social enterprises. This high cost of healthcare provision at these hospitals is also on its own a symptom of various factors which includes:

- **Poor Government Support**

Nigeria's framework and policies for healthcare delivery does not make provision for government financial and infrastructural support to social enterprises that attempt to fill the healthcare gap in the country. Considering that healthcare delivery on its own is capital intensive and involve high overhead cost, most social enterprise have no other option but to factor in the high operating cost into the medical bills of their consumers.

- **Poor Synergy Between CSOs and International Organizations**

One other challenge of the CSOs involved in provision of healthcare is the near absence of synergy between them and the various international organizations like United Nations Children Fund (UNICEF) and World Health Organization (WHO). UNICEF and WHO have remained at the fore front of assisting Nigeria and many other African countries with healthcare facilities and essential drugs. But, because the social enterprise engaged in by these CSOs are in most cases misconstrued as business enterprise, they do not get the needed support from these international organizations.

- **Poor Community Participation**

Despite the proliferation of community based organizations (CBOs) and existence of community institutions like the age grades, youth associations, town unions etc, healthcare have not been considered important in the agenda of CBOs in Nigeria. As a result, there is low participation and support from the communities to the CSOs in the provision and management of healthcare. Thus, in most cases, the healthcare facilities operated by CSOs in various communities are perceived by the communities as business of the CSOs in which the community members have no stake. Therefore, only those members of the community who can afford to pay the health bill in such healthcare facilities out of their pocket visit such centers when health attention is needed.

Implication for Peace

There is usually a tendency for most analysts to view peace from a macro perspective. Such analysts then focus on the society as a monolith and conceptualise peace as the absence or opposite of war. Based on such conceptualization, they distill indicators such as violent conflict resulting from struggle for power and resources, absence of development etc within the society as the major threats to societal peace. Some recent writers view peace as a process. For instance, Ibeanu (2006:10) defined peace as "a process involving activities that are directly or indirectly linked to increasing development and reducing conflict, both within specific societies and in the wider international community".

Much as the above perceptions of peace has merit, this study views peace from the micro level that focus on the individuals and households that make up the society. Accordingly, the study contends that peace exists in the society when there are efficient institutions that promote social justice so that individuals irrespective of their socio-economic status are able to satisfy their basic needs in the society through their unhindered access to social amenities. Hence, individuals automatically suffer structural violence when they are unable to access basic social amenities to meet their basic need.

In the light of the above, this study argues that the current healthcare gap in Nigeria characterized by inability of a high proportion of the citizens to access quality healthcare service undermines peace in the society. This is because the systematic deprivation of quality healthcare suffered by a large proportion of the population due to dependence on out-of-pocket healthcare finance is in itself a form of structural violence.

Conclusion and Recommendations

Social injustice is multi-dimensional. One way in which social injustice manifests in Nigeria is the deprivation of quality and affordable healthcare delivery to a large proportion of the masses due to the adoption on neoliberal economic development strategy which rely on market forces for delivery of social amenities including healthcare. The intervention CSOs in healthcare provision via social enterprises like hospital has not assuaged this social injustice in healthcare delivery because a lot of challenges facing the operations of the social enterprises

which makes their healthcare services expensive and beyond the reach of the common man. The inability of a large proportion of the population to access quality healthcare is considered a form of structural violence which undermines peace in the society.

To mitigate this injustice, there is need for the social enterprises to be mainstreamed into Nigeria's healthcare funding plans so that they can get adequate support from the government to reduce their operating cost and *ipso facto* the cost of accessing healthcare in such enterprise. Again, there is need for synergy between CSOs and international organizations like UNICEF and WHO. Community Based Organizations (CBOs) like youth associations should also include healthcare in their agenda so that they can partner with the social enterprises in developing community health.

References

Etieyibo, E. (2011). Privatization in Nigeria, social welfare, and the obligation of social justice. *J. Economics,* 2(1), 37-44.

Federal Government of Nigeria. 1999 Constitution of Federal Republic of Nigeria.

Federal Ministry of Health (2011). *Newborn health in the context of the integrated maternal, newborn and child health strategy.* Abuja, Nigeria: Yaliam Press Ltd.

Ibeanu, O. (2006). Conceptualizing peace. In S. G. Best (Ed.), *Introduction to Peace and Conflict Studies in West Africa: A Reader.* Ibadan: Spectrum Books Ltd.

Ichoku, H. C. & Fonta, M. W. (2006). The distributional impact of healthcare financing in Nigeria: A case study of Enugu state. *PMMA Working Paper 2006-17*

Ichoku, H. C. & Fonta, M. W. (2012). Political economy and history: Making sense of health financing in sub-saharan Africa, *J. Int. Dev.*

Luke, B. & Chu, V. (2013). Social enterprise versus social entrepreneurship: An examination of the 'why' and 'how' in pursuing social change. *International Small Business Journal,* 31(7), 764-784.

Reubi, D., Herrick, C., & Brown, T. (2016). The politics of non-communicable diseases in the global South. *Health & Place,* 39, 179-187.

Sue, L. T. M. (2001). Neoliberalism and health care. *International Journal of Consumer Studies – Special edition on 'Consumers and Health',* 25(2), 82-89.

UNDP (2008). *Social enterprise: A new model for poverty reduction and employment generation.* UNDP Regional Bureau for Europe and the Commonwealth of Independent States.

United Nations (2006). *Social justice in an open world: The role of United Nations.* New York: United Nations Publication.

Yip, W. & Hsiao, W. C. (2015). What drove the cycles of Chinese health system reforms?, *Health Systems & Reform,* 1(1), 52-61.