Foreign Assistance to Nigeria's Health Sector 1999- 2019

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Abstract

An inflow of foreign aid to Nigeria's health sector has been acknowledged, yet, the outcomes are significantly low compared to other countries of the world. Therefore, this research study examined factors influencing global health diplomacy; identify Nigeria's partners and their contributions to her health sector and the challenges affecting effective use of foreign aid to the sector in Nigeria. To achieve the enduring significance of this work, the paper employed the historical research method which comprises of qualitative and quantitative method of data collection. The study used National Interest theory as its framework of analysis. the paper adopted qualitative analytical methods with focus on thematic dimensions. From the analysis the study revealed that economics, social, security; cultural, environmental as well as global health governance among others influenced foreign assistance in the health sector of any nation including Nigeria. The study further revealed that USA, Britain, Germany, Canada, China, India, France among others are Nigeria's partners with evidence of outstanding contributions to the health sector. Corruption, insecurity and weak medical infrastructure were found hindering effective utilization of foreign aid to the sector. Based on these findings, the study recommends among others the ministry of Health needs to adopt a multi-sectorial partnership with nation's anti-corruption agencies, such as the Economic and Financial Crimes Commission (EFCC) and independent corrupt practices commission, to enforce sanctions against corrupt practices in the

health sector. Again, The emphasis of assistance in the sector should be on initiatives that develop national health systems, offer the greatest benefits for maintaining global health security (to stop pandemics), respond to humanitarian emergencies, and offer chances for collaborative research and development of vital medications, diagnostic tools, and vaccines that will help the sector in Nigeria

Keywords: Foreign Aid, Health Diplomacy, Nigeria, donor countries, corruption, insecurity

Introduction

Good health has been considered one of the most crucial social goals globally (Thoa, et al 2013). This is because poor health leads to poor productivity, decline in individual income, and reduction in natural output. A vital objective of the Sustainable Development Goals (SDGs) is the attainment of good health and corporate wellbeing through the provision of access to health infrastructures and funding for the development of health facilities. The need to improve growth and overall health condition among the developing nations has necessitated the inflow of foreign aid to several countries and particularly Nigeria.

Since 1990s, there has been the growing prominence of health in the global political agenda. The current attention to the relationship between health and foreign policy indicates that the divergence between these two policy endeavors has disappeared. This linkage primarily results from shifts in the global political environment, the emergence of new epidemics, and the greater need for international cooperation in health. In today's globalized world, nations need, now more than ever, to cooperatively address mutual threats. One clear consequence of this development is the frequency with which states addressed health issues through their foreign policies. As former UN Director-General Kofi Annan stated in 2004, "No state, no matter how powerful, can by its own efforts alone make itself invulnerable to today's threats."[1] Governments have issued specific foreign policy statements on global health and global health diplomacy which describes the processes by which state and non-state actors engage to

position health issues more prominently in foreign policy decision-making through the Millennium Development Goals (MDGs) and other multilateral reports and declarations. This development can be traced to the collapse of the Cold war and the successive increase in globalization, which brought several revolutionary changes in international health; an attestation of the movement of health from the margins of low politics into a situation in which health now notably features in all four foreign policy functions of national security, global economy, political and social development and the protection and promotion of human rights.

The United States involvement in diplomacy on health issues can be traced to the 19th century. During the Cold War, health issues were not important to the United States, except when they touched on conflicts between the West, the Soviet bloc and developing countries. The approach used by the U.S. was dominated by ideological, geopolitical and security concerns related to containment of Communism because global health concern had a low profile during this era. At the end of the Cold War and more especially after the 9/11 terrorist attack on the U.S. soil, cases such as poverty, climate change and HIV/AIDS began to be conceived as security threats by virtue of their negative implications on economic and political stability both within countries and across borders.

The U.S. global health response is a multi-pronged, multi-billion-dollar investment that targets a wide range of global health challenges, countries, and stakeholders. It is an important part of the U.S. international development portfolio, accounting for about 19% of the international affairs budget.[2] Various U.S. government departments and agencies, congressional committees, and financial sources are all involved in the efforts. World Health Organization has described the United States as a global force for health and a highly valued partner in times of crisis,[3] as United States has taken an inclusive approach to strengthen the health system. The U.S. and Nigeria's bilateral relationship progressed to intense cooperation on a wide range of economic, political, and security concerns

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with the changeover in 1999 from a military to an elected government in Nigeria. Nigeria consistently ranks as one of the top countries in the world that receives assistance from develop countries into her health sector For instance she received. American aid. In FY 2002, the State Department and USAID provided Nigeria with $55.614 million in bilateral aid, about 90% of which went toward health-related initiatives. Despite these sweeping and far-reaching efforts of health diplomacy by the U.S. it seems to have had a minimum effect on Nigeria health sector. The health care situation in Nigeria has clearly demonstrated inconsistency of government in providing health care support to its indigent populace. Most notable Nigerian scholar has argued that the delivery of health care by the government to its citizenry ought to be pertinent with the economic and socio-cultural agenda considered as a means to help in alleviating poverty rate , Nigeria is still faced with much more health care challenges. Health care infrastructures such as well-equipped hospitals, standard laboratories with modern medical equipment's, effective health insurance scheme and orthodox pharmaceuticals are vital for effective operational health care structure. However, Nigeria's health sector is compounded by innumerable issues which stem from absence of proper arrangement, poor infrastructure, insufficient capital expenditure, outdated equipment/technology needed for proper health care, insufficient medical supplies, diversion of medical aids to sole sonic corrupt officials, low/non-payment of health workers which result to strike and redundant of health workers from health care centers and wide difference in contrast to foreign hospital facilities within the state which prompt most individuals especially the rich to seek medical attention outside the shores of the country. In the same way, poor hygiene in rural/developing areas has upsurge the outbreak of contagious diseases of which contemporary is the outbreak of Lassa fever, Ebola and cholera which most health care centers lack the capacity to tackle with. Nigeria's health indicator is getting worse as some statistics in 2011 has shown that the life expectancy of average Nigerian male is between 46 to 76 while in women it stands as 48 to 41.Nigeria rank 220 in global life expectancy, in line with 2008 DHS (demographic health survey, their findings shows that 35% of births were carried out in hospital, expectant mothers dwelling in urban areas are likely to be taken care of by doctors than the rest dwelling in rural areas, this disparity between urban and rural area is apparent in health survey carried out by the DHS in Nigeria. There is a severe lack of functional health systems, which include access to adequate funding, public health infrastructure

and programming, essential medical products, vaccines and technologies, a well-functioning health workforce, reliable and timely health information, and strategic policy frameworks to provide efficient analysis, oversight, management and governance. These pictures show that foreign assistance into the sector is yet to addressing the challenges and therefore deserves thorough investigation. Objectively, the study seeks to identify factors influencing global health diplomacy. To identify Nigeria's partners and their contributions to the health sector of the country. The study further seeks to examine institutional frameworks and their areas of focus in Nigeria's health sector and finally challenges affecting effective utilization of the assistance

To achieve the enduring significance of this work, the paper employs the historical research method which comprises of qualitative and quantitative method of data collection. Qualitative data were obtained from primary and secondary sources linked to Foreign aid to Nigeria in the health sector within 1999-2019. This involves reviewing other studies and materials on Foreign aid to Africa, Global health law, Memorandum of Understanding and health agencies and other organizations or global bodies working in this direction. In its analysis, the paper adopted qualitative analytical methods with focus on thematic dimensions. Thematic analysis is a method for analyzing qualitative data that involves reading through a set of data and looking for patterns in the meaning of the data to find themes. It is a useful research tool that is used to examine human thoughts and actions.

Review of Related Literature

The concept of "medical diplomacy" was introduced as early as 1978 by Peter Bourne, special assistant to the president for health issues during the Carter administration, USA. According to GHS Initiative in Health Diplomacy, "Health Diplomacy occupies the interface between international health assistance and international political relations. It may be defined as a political change agent that meets the dual goals of improving global health while helping repair failures in diplomacy, particularly in conflict areas and resource-poor countries." "In the past" according to Robert Cooper (2003), "it was enough for a nation to look after itself. Today it is no longer sufficient." This is particularly true in the health arena. There is an increasing range of health issues that transcend national boundaries and require action on the global forces that determine the health of people.

Kickbush (2007), stated that the realizations that disease knows no borders and that pandemics and bioterrorist attacks can endanger national security have become a concern of foreign policy and security specialists, and have pulled health experts into these realms. The broad political, social and economic implications of health issues have brought more diplomats into the health arena and more public health experts into the world of diplomacy.

Global health diplomacy (GHD) has attracted substantial attention, spurred by hopes of its potential to progress the goals of public health and/or foreign policy. Former WHO Director-General Margaret Chan (2008) declared GHD as heralding a "new era",while Alcazar (2008) writes of a "Copernican shift" or "radical mind shift" in how we think about health. He states that:

> *"Globalization takes the issue of health from the relative obscurity in which it found itself, especially in developing countries, and brings it to the front page where it is featured not as health as we know it, but as global health in combination with foreign policy, which we are still struggling to define."*

Health diplomacy is viewed as a political change activity that meets the dual goals of improving global health while maintaining and strengthening international relations abroad, particularly in conflict areas and resource-poor environments. Cohen (1999) stated that Global health diplomacy is an emerging field that addresses the dual goals of improving global health and bettering international relations, particularly in conflict areas and in resource-poor environments. Although there are historical precedents for engaging in health diplomacy, there are many changes afoot in health development that suggest the need to define global health diplomacy as a new educational field that provides interdisciplinary training across academic and health institutions. The terms 'health diplomacy' or 'medical diplomacy' offer alternatives to 'health security' that make more explicit possibilities for the cultivation of trust and negotiation of mutual benefit in the context of global health goals. Fauci(2007), sees Health diplomacy as a means of winning hearts and minds of people in poor countries by exporting medical care, expertise and personnel to help those who need it most.

Fidler and Nick Drager (2009), stated that it is the increasing frequency of crisis situations with profound health impacts and high economic costs which involves immunization against major diseases along with providing proper food and drinkable water and health facilities to conflict and remote and less developed areas, along with meeting the challenge of countering diseases that travels beyond borders, such as polio, anthrax, SARS, HIV/AIDS, malaria, Tuberculosis, and COVID-19, that have made health a key pillar of the foreign policy agenda. Foreign policy attention is thus largely given to issues that reflect interdependence since governments seek collective action for self-protection. Fidler further observes with Lawrence Gostin (2006) that "the biosecurity threats present in our globalized world actually make self-help the most attractive and effective strategy for powerful states. Andrew Price-Smith (2002) concurs with Fidler that interdependence between states resulting from the processes of globalization has pushed developed countries to become interested in the health situation in developing countries. Price-Smith explains health's increased importance in foreign affairs as directly linked to the security implications of contemporary health threats. He draws particular attention to the effects of infectious diseases on destabilization of states and the ensuing terrorism, criminal activity and illicit trade which have harmful effects on the global scale. According to Kickbusch (2011)large scale immigration, failure of state machineries and regional conflicts also pose a major challenge to health care. Health is on the radar of foreign policy because it has become integral to three global agendas:

i. **Security** — driven by the fear of global pandemics or the intentional spread of pathogens and an increase in humanitarian conflicts, natural disasters, and emergencies;
ii. **Economic** — concerned not only with the economic effect of poor health on development or of pandemic outbreaks on the global market place but also the gain from the growing global market in health goods and services;
iii. **Social justice** — reinforcing health as a social value and human right, supporting the United Nations millennium development goals, advocating for access to medicines and primary health care, and calling for high income countries to invest in a broad range of global health initiatives.

GHD Focuses on International Negotiation, Which Includes a Range of Processes, From Finalizing Agreements Between Multilateral or Bilateral Aid Donors and

Recipient Countries, to The Processes of Making Binding and Non-Binding International Agreements in Health or Related to Health.

In recent years, Fidler (2020) states that increased nationalism and competition between power blocs has seen a less cooperative environment for global health diplomacy, exemplified by covid-19 vaccine nationalism.

Types of Foreign Assistance in the Health Sector

There are many ways foreign assistance can be provided in the health sector, and they include:

A. Foreign Financial Assistance to the healthcare industry is a significant source of money for a nation's health projects and programmes. Examples of financial support given to health industry includes the following;

i. Financial support from donors: Numerous foreign countries and international organizations provide money to health programmes. For instance, WHO, World Bank and other financial donors.
ii. Debt Relief: For example, Nigeria has benefitted from debt reduction programmes, which have given the government financial respite and enabled them to devote more funds to health initiatives and programmes.
iii. Grant Financing: to promote health efforts, many international organizations such as NGOs, offer grant funding. For instance, two of the largest foundations that gives grants to Nigeria's health sector are the Bill and Melinda Gates Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria.
iv. Loans: To fund health initiatives and programmes, loans are gotten from foreign government and financial institutions. For instance, loans have been given to Nigeria's health sector by the Islamic Development Bank (IDB) and the African Development Bank (AfDB).

B. Technical Assistance

i. Capacity Building: Technical assistance are given to help healthcare professionals develop their capacities. This can involve receiving instruction in cutting edge medical procedure and methods as well as management and leadership abilities.
ii. Infrastructure Development: Technical support are given to help healthcare infrastructure develop. As well as constructing new hospitals, clinics and other

healthcare facilities; this might also involve upgrading the ones that already exist.

iii. Information Management Systems: The healthcare sector's information management systems are improved with the use of technical support. Implementing electronic health record systems, enhancing data collecting and analysis, and developing health information systems that can track disease outbreaks and other health trends.

iv. Policy Development: Technical support are given to aid in the creation of laws and policies that would help healthcare industry grow. This may entail aiding in the creation of national health initiatives and policies, as well as offering technical support for their successful implementation.

C. Medical Supplies and Equipment

i. Better procurement Procedures: To guarantee that topnotch medical supplies and equipment are purchased at reasonable costs, a country's healthcare sector might benefit from better procurement procedures. Procurement policies that guarantees the use of only qualified and renowned suppliers to get the greatest deals on medical supplies and equipment.

ii. More effective and robust supply chain system: These systems assist guarantee that medical supplies and equipment are available when and where they are required in a timely and efficient manner. This entails putting a place programmes for forecasting, inventory control, and the distribution of medical gear and supplies.

D. Research Collaboration

i. Collaborations are facilitated through networking and partnerships between researchers, healthcare professionals and policymakers. Researchers collaborate with health professionals and policymakers to establish research goals and create studies that tackle nation's most urgent health problems. They do this by attending networking events, conferences and seminars.

ii. Research Dissemination: In order for research collaborations in the health sector to be successful, it is essential to disseminate research findings. Researchers present their works at conferences and seminars and publish their findings in peer-reviewed journals.

iii. Data Sharing: To encourage research collaborations, data sharing is crucial. Systems for gathering, evaluating and exchanging health data are created by researchers, health professionals and policymakers working collaboratively. To guarantee that data is exchanged safely and appropriately, the use of electronic health records systems and data sharing agreements are adopted.

Theoretical Framework

The study employed National interest theory as postulated by James Rosenau
The most important concept in international relations is national interest. National interest is one of the distinguishing characteristics of interstate relationships. It aids a country in retaining or gaining power and reputation. It is the culmination of all national ideals, or the all-encompassing purposes for which a country act. It is essential to understanding foreign policy because it offers the foundation upon which foreign policies are made. National interest refers to a set of ideal goals that a state would like to achieve through its relations with other countries in the international community. All statesmen consider their respective national interests while forming foreign policy. The ultimate goal of foreign policy is to conduct international relations in the best interests of the country. National interest was described by James Rosenau in two different ways in 1980.

First, he saw national interest as an analytical concept that can be used to analyze or assess the factors that determine whether a country's foreign policy is adequate. Second, he sees it as a tool for political activity that politicians employ to defend and legitimate their positions. The goals and aspirations of a nation, whether in the political, economic, military, or cultural arenas, are known as its national interest. A state's national interest is multifaceted. It primarily concerns the security and survival of the state. These definitions of the term "national interest" allow for the following inferences to be made. First, every state has a foreign policy, which consists of a set of aims or objectives that it must strive to advance in relation to the goals of other international community members. Second, any state's foreign policy must be seen to reflect such recognizable objectives. Third, the pursuit of objectives that would benefit the entire country must and should be the focus of national interest. Last but not least, the national interest can be distorted.

The basic tenets of national theory are pertinent as donor nations and Nigeria acts in the best interest of its country in providing and accepting of health aid, seeing it concerns security and survival of its citizens.

From the review of the literature, there is the concordance or agreement that there exist health diplomacy between Nigeria and other countries.

Health Diplomacy has been seen to be driven by foreign policy interest. According to Vanderwagen and Pryor (2006), Not only do foreign policy interests drive which global health issues garner funding and attention, but state and non-state actors alike are increasingly turning to health interventions to achieve non-health goals. Behind this trend is a growing perception that health can be an effective "soft power" tool for foreign policy (in contrast to the "hard power" of military force).

Discussion of Findings

Factors Influencing the Practice of Health Diplomacy

1. Global Health Governance: The growing interdependence brought about by globalization can protect, promote or destroy the health of people and countries (Suerie, 2021). The Covid-19 pandemic, which started in 2019, serves as an example of how rapidly microorganisms can cause havoc on a local or global level. The growth of humans is nevertheless hampered by other viruses like tuberculosis, which continues to cause tremendous pain. In the absence of global government, global governance which includes intergovernmental and multi-stakeholder entities, tasked with establishing policies and fostering accountability and transparency at a global level is receiving more attention. Some of these organizations have a focus on health such as World Health Organization, UNAIDS and UNICEF; others have multiple agendas such as World Bank; still others have non-health agendas such as World Trade Organization, International Labour Organization etc. A number of them have the power to ratify treaties that could have an impact on global health. Meanwhile the emergence of significant global philanthropies and the growth of global public-private partnerships present specific governance challenges and the proliferation of global commissions with the power to influence norms but not actual decision-making, presents both an opportunity and a threat, by

generating a lot of conceptual noise that could obscure underlying problems of power and privilege. Because these actors are so important in establishing global health standards, norms, and policies, as well as coordinating responses to health emergencies, the success of health diplomacy also depends on how well the global health governance system functions.

2. Economic and Social Factor: This can have a considerable impact on the accessibility and price of necessary medications, vaccinations and other healthcare products, which can have an impact on health diplomacy. Policy coordination across the various government sectors, which frequently pursue diverse objectives and priorities, is one evident problem in health diplomacy and trade. Coordination and coherence are necessary for a successful practice of health diplomacy.
3. Cultural and Social Factor: This can affect health outcomes and shape habits and practices connected to health. To guarantee that health interventions are culturally suitable and acceptable, health diplomacy must include cultural and social norms and values. In many regions of the world, the socio-economic and cultural makeup of communities has surely affected disease's fatality rate and rate of transmission. People have responded to emerging diseases in varied ways across different geographical locations. These behaviours, which derives from social and cultural processes, are effective at responding to the phenomenon and controlling its effects. They will also pave the way for both an increase in the vulnerability of communities to the phenomenon. Understanding cultural and social aspects in various communities helps decision makers who practice health diplomacy take actions to reduce potential damages.
4. Technological Advancement: Technological developments can also have a substantial impact on health diplomacy because they can offer new tools and methods for tackling health issues, such as the creation of new medications, vaccines and diagnostic tests.
5. Environmental Factor: Environmental problems, such as pollution, climate change and natural disasters, can have significant effect on health outcomes and therefore calls for coordinated international actions to properly address them.
6. Security Issues: Security concerns, including the threat of bioterrorism or the spread of infectious diseases, can have an impact on the practice of health

diplomacy. For instance, the failed attempts by the Japanese cult AumShinrikyo to release botulinum toxin (causes flaccid paralysis) and anthrax in Tokyo on several occasions in the early 1990s, and the 2001 anthrax letter attacks in the United States seem to confirm these fears. These security concern calls for international coordination and cooperation to prevent and contain epidemics.

Nigeria's partners and their contributions to the Health Sector

The United States

Since 1997, the United States has directly sponsored polio surveillance and polio campaigns that reached nearly all of Nigeria's 33 million under 5 year old children, helping to ensure that Nigeria would be declared polio virus free in the year 2020. The President's Emergency plan for AIDs Relief (PPFAR) has collaborated with the Nigerian government since 2004 to provide HIV and TB care and treatment services, with a momentum driving Nigeria toward epidemic containment within two years. More than $690 million has been donated to the fight against malaria in Nigeria since 2011. This includes more than 60 million insecticide treated nets, 46 million rapid diagnostic test kits, 87 million malaria treatment seminars and 20 million doses of malaria prophylaxis for pregnant women.

The United States CDC's Nigeria team set up an Incident Command System (ICS), the cornerstone of emergency response management, as early as March 2nd, 2020. The ICS is a whole-government strategy that mobilizes agencies staff members with various skill sets to collaborate in managing a public health emergency. From 2018 to 2020, U.S. CDC Nigeria used this strategy to coordinate HIV/AIDS response activities.

What started as a team of seven individuals from the U.S. center for Disease Control and Prevention in Nigeria expanded to more than 60 employees of the U.S. government, including 25 U.S. Agency for International Development (USAID), and the Walter Reed Army Institute of Research. The nation's efforts to improve Covid-19 testing were supported by the incident command system. With this assistance, Nigeria was able to increase the number of DNA testing labs from 2 to over 100 public and private labs nationwide in a little over 11 months. To

verify the presence of Covid-19 infection, these labs examine DNA samples. The ICS additionally assisted field contact-tracing efforts that led to the identification of 172 individuals who were directly linked to the nation's first reported Covid-19 case. The team also helped Nigerian government create a number of guidelines and policies, such as whether to tighten or ease lockdowns.

The U.S CDC's center for Global Health sent representatives from each of its divisions to the ICS. An effort was made by one team to test Nigerians for Covid-19's causative virus, SARS Cov-2. It helped with the planning and execution of the first walk-in Covid-19 sample collection center in Nigeria's Federal Capital Territory. Samples of mucus are obtained from people's noses or throats when they visit the center. The samples are subsequently delivered to a laboratory for analysis. All 36 states have embraced this approach an expanded it. The team also collaborated with partners to launch a weekly state meetings between the 52 national public health fast response teams. This procedure assisted in the timely transfer of Covid-19 case treatments incident command system to further streamline treatment methods. In addition, 200 ventilators, oxygen and staff training were provided by USAID to institutions caring for the sickest Covid-19 patients.

The United States Government, through the U.S. Agency for International Development (USAID) and Department of State has helped in funding Nigeria for the prevention and mitigation of the novel coronavirus (Covid-19) to the tune of $21.4 million. The U.S has given Nigeria more than 7.5 million doses of Covid-19 vaccine in conjunction with COVAX or bilaterally, along with more than $119 million in Covid-19 related medical and humanitarian aid. This includes a 40-bed mobile field hospital, assistance with ventilators and personal protective equipment (PPE), technical support for vaccine hesitancy surveys, electronic record system, rapid response teams, training for over 200,000 militancy and civilian personnel on Covid-19 control measures and creating and disseminating targeted education and prevention information through various channels. A network of 153 Covid-19 testing labs was also established nationwide with assistance from the U.S centers for Disease Control and Prevention.

The United Kingdom

United Kingdom in 2018 signed an MOU with Nigeria to strengthen health security in the nation, which is part of the £16 million project funded by the UK department of health. This project focused on disease surveillance, emergency preparedness and response, public health laboratory services as well as workforce development. The UK government through UK aid in 2018, funded a five year programme with Malaria Consortium to reduce the burden of malaria in Nigeria, and develop sustainable models of intervention for the future as part of building effective universal health coverage.

China

China built many hospitals in Nigeria, including the 500-bed modern hospital in Jabi, Abuja, which offers cutting edge medical care to patients in Nigeria for the very useful purpose of improving the health status of millions of Nigerians. China has provided training to Nigeria medical staff in a variety of disciplines, including traditional Chinese medicine, acupuncture, and massage therapy. This has contributed to enhancing the capabilities of Nigerian medical practitioners and the caliber of healthcare provided in the nation.

The Chinese government donated to the President Task Force (PTF) the sum of forty-eight million, one hundred and twenty two thousand naira (48,122,000) to aid Nigeria in its fight against the Covid-19 Pandemic. The Chinese have also donated anti-epidemic prevention with Nigeria. In addition, Chinese enterprises and non-governmental organizations have also voluntarily offered supplies. According to Ruhman (2020), a team of Chinese medical professionals were also sent to Nigeria to help coronavirus fight with medical equipment worth about 1.5 million U.S dollars. China also donated medical equipment worth about and 341,000 to Nigeria to boost its fight against COVID-19, the equipment also consist of seven (7) ventilator machine.

India

India has built hospitals in Nigeria to help the health system of Nigeria. For example, an Indian health company named the Primus Super Specialty Hospital in Abuja; this was done as the company noticed that many West Africans visits private hospitals in New Delhi in India, which is over seven thousand kilometers

away. The Nigerian government partnered with India to improve patients' access to medicine. The Nigerian government also received 586 cartons of medicine meant to combat Covid-19, from the government of India; it is said to be worth $50 million.

Germany

The German government supported an initiative in five hospitals in Nigeria known as 'train-the-trained' concept and cooperation between the hospitals. It offers financial and technical assistance to improve the Nigeria healthcare delivery system.

To help Nigerian law enforcement and security forces fight the Covid-19 outbreak, the German Embassy in Nigeria, donated personal Protective Equipment (PPE) kits and supplies. The items are valued at 300,000 Euros (₦131,054,437 million). Mr. Stefan Traumann, the German Consul General in Lagos stated that the German government is dedicated to growing its relationship with Nigeria and anticipates a deeper partnership between the two nations particularly in the fight against Covid-19.

Belgian

To lessen the impact of Covid-19 at the Kuchigoro Internally Displaced People (IDP) camp in Abuja, the Belgian Embassy in Nigeria supplied food items to 200 families. Mr. David Dargent, the Belgian ambassador to Nigeria, stated that "people in need in Nigeria are already suffering and now with the Covid-19 crisis, it is even worse for them, so we thought that it was important for our embassy and for Belgium to do an action to support the people in need, so we decided to do this food distribution.

Canada

In other to increase women's participation in the provision of health services, the Canadian government provided the government of Bauchi State with a grant of $3,000,000. So as to empower women, financial assistance was provided, allowing the women take part in the provision of healthcare services and benefit from them. The Canadian government donated $6.2 million health equipment to the National Primary Health Care Development Agency (NPHCDA) for Midwives service

scheme and SURE-P in six focal states (Lagos, Kebbi, Cross Rivers, Kaduna, Adamawa and Ebonyi). This intervention is a demonstration of government and development partners' commitment to scale up access to life-saving commodities that are necessary to accelerate reductions in maternal, neonatal and child mortality, morbidity and improve Nigeria's health outcomes. The Canadian government also donated bio-safety laboratory worth $3.25 million (about ₦951.3 million) to the Lagos State Government.

Corruption

One of the most upsetting issues impeding national progress across all sectors is corruption. Nigeria is one of the top ten most corrupt nations in the world. Nigeria receives a score of 27 out of 100 on the 2014 Corruption perception Index, placing it 136 out of 176 nations, according to Transparency International in 2015.[4] According to a survey that was carried out, 83% of Nigerians think that corruption rose from 2011 to 2013. Due to the high presence of corruption in Nigeria the main mechanisms that would have brought development to the nation are circumvented for personal gains.[5] Where corruption prevails there is difficulty in the implementation of state policies on effective health care delivery. In a nation where widespread corruption has torn away the social fabric, implementing, monitoring, and evaluating policies in the health sector is difficult. It substitutes meritocracy for mediocrity. A teaching hospital was inspected for accreditation of its infrastructure and human resources due to the extent of corruption in the health system, and the chief medical director hired interim specialists. For example, Cardiologists, imaging scientists, pediatricians, and psychiatrists, just to meet the proportion set by the visitors, and after accreditation is received, the problem of a lack of human resources returns. The diverting of patients to privately held hospitals by a public hospital doctor, pharmacist, or nurse is another instance of corruption and unethical behavior. A former employee of Gracey Orphanage in Ubakala Umuahia, disclosed that USAID had withdrawn their support to the orphanage in 2021, because of corruption, as their boss was embezzling funds and

other relief materials sent to help the children . All these are part of the corrupt practice that affects the effective utilization of the health aid.

Insecurity: Life and property insecurity combined with the unrest of the youths and avengers who think that the distribution of national resources to the Niger Delta geopolitical region is unequal. Therefore, the implementation of health policy in such hostile environments is a mirage and is handicapped because no doctors, pharmacists, nurses, image scientists, laboratory technologists, or Chief Medical Directors would want to lose their life untimely or prematurely. Hostage-taking of citizens with high demands for ransom before release, kidnapping, and ramming are continuous daily or weekly occurrence. In such a hostile atmosphere, monitoring and evaluating the application of health policies is also in doubt. Some health professionals blatantly break the rules of professional conduct from time to time for various selfish motives. They have violated item "d" which states that the health of their patients will be their foremost consideration,"[6] have occasionally participated in strikes. At a similar vein, some nurses in some hospitals' antenatal and labor wards have a reputation for being unkind to patients and are alleged to have a culture of mistreating pregnant women when they are in a critical stage of labor pain and desperately in need of their care. In terms of medical law, this kind of behavior is equivalent to battery and assault and is actionable and penalized if the offender is proved guilty.

Weak Facilities/Infrastructure: Lack of pharmaceuticals, inadequate management of drugs, the expiration of drugs and vaccinations, and other important necessities for patient care is also a defect. Poor maintenance of buildings, medical equipment, and vehicles. In Nigeria, the utility boards frequently worsen the issue by providing water irregularly, power infrequently or epileptically, and poor telecommunications services. The majority of Nigerian hospitals were found to be lacking in either equipment or to have inadequate equipment. Worse even, accessibility is difficult due to the bad road system and transportation neglect

Conclusion and Recommendations

As it manifests in regional and bilateral international health has grown to be an important aspect of foreign policy both for large and small nations. As Robert Cooper, one of the outstanding diplomats rightly observed, in the past…it was enough for a nation to look after itself. Today it is no longer sufficient. Today, disease has no respect for international boundaries, therefore the study conclude that foreign assistance to Nigeria's health sector is highly needed.

- However to effectively utilize foreign aid in the health sector, the ministry of Health needs to adopt a multi-sectorial partnership with nation's anti-corruption agencies, such as the Economic and Financial Crimes Commission (EFCC) and independent corrupt practices commission, to enforce sanctions against corrupt practices in the health sector. This should be done in order to combat corruption.
- Again, The emphasis of assistance in the sector should be on initiatives that develop national health systems, offer the greatest benefits for maintaining global health security (to stop pandemics), respond to humanitarian emergencies, and offer chances for collaborative research and development of vital medications, diagnostic tools, and vaccines that will help the sector in Nigeria.
- Adequate security should be put in place to avoid kidnapping of medical personnel. When the medical staff are well protected, they will be at duty post and perform the require functions creditably.
- Foreign donors to the sector should provide medical infrastructure require for optimal performance that would ensure good service delivery.

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