

Nigeria: Obesity Health System



Economic classification



Lower Middle Income¹

Health system summary

Nigeria's health care system is funded through a combination of tax revenue, out-of-pocket payment, donor funding and social health insurance. A National Health Insurance Scheme (NHIS) was launched in 2005 to help prevent catastrophic out-of-pocket expenditure, but the scheme has yet to be implemented widely and it is not mandatory. In 2016, it was estimated that more than 90% of the Nigerian population was still uninsured despite the NHIS scheme.² As a result, financial risk protection remains poor, with out of pocket expenditure remaining the dominant health financing mechanism, making up approximately 77% of healthcare expenditure in 2017.³ The health system is generally considered to be a long way from universal health coverage, and highly fragmented.

Does Nigeria's government define 'Obesity as a disease'?



Does Nigeria's healthcare provider(s) define 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



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Obesity prevalence

9.9%	6.5%
Women	Men
10.3%	8.3%
Girls	Boys

Overweight prevalence

18.2%	UNK%
Women	Men
16.7%	10.3%
Girls	Boys

Key prevention policies

⇒ Voluntary Heart Check front-of-pack labelling programme

Summary of stakeholder feedback*

Stakeholders felt that neither the government nor healthcare providers are close to recognising and defining obesity as a disease. At best, it is considered only as a risk factor for other diseases. There is limited government-level action on addressing obesity in terms of prevention, and within the health system there is little commitment to obesity management and treatment.


With no specialist obesity clinics, opportunities for obesity treatment are limited. Eligibility for treatment is usually left up to the physician's discretion but most people only enter the health system when they have comorbidities. Once in the system and obesity is addressed as a health issue, lack of insurance coverage means that treatment is mostly paid for out of pocket. Stakeholders reported however that most people leave the system due to the lack of an established clinical care pathway for obesity i.e. nowhere to refer individuals onto for care.


There is no specialist obesity training in Nigeria, and so there is a lack of specialists in both urban and rural areas. Stakeholders noted that any professionals with specialist obesity training is likely to have trained outside of Nigeria and self-funded the training. There are also no clinical guidelines for the treatment of obesity, a partial explanation for the lack of clear care pathways when people are in the health system.

**Based on interviews/survey returns from 7 stakeholders*

Perceived barriers to treatment


 Lack of training for healthcare professionals

 Obesity not recognised as a disease

 Lack of political will, interest and action

 High cost of out of pocket payments

 Social determinants of health

 Lack of (or failure to follow) treatment guidelines or pathway

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.19)
2. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30798-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30798-X/fulltext) (last accessed 28.04.2020)
3. <https://apps.who.int/gho/data/view.main.GHEDOOPSCHESHA2011v?lang=en> (last accessed 28.04.20)

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