WORLD OBESITY

Obesity Health System Country Report Card

Nigeria

Economic Classification

Lower middle income[1]

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[2]. A National Health Insurance Scheme was introduced in 2005 to help prevent catastrophic out-of-pocket expenditure, but the scheme has yet to be implemented widely. Financial risk protection remains poor, with about 70% of health care payments in Nigeria being out of pocket[3]. The health system is generally considered to be a long way from universal health coverage, and highly fragmented.

There seems to be little to no infrastructure in place within Nigerian's health system to prevent, diagnose, manage and treat obesity. Outside of the heath system, obesity can be considered socially acceptable as it is thought as a sign of affluence - and this seems to be reflected in the health system[4].

Overall summary

Where your country's government in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known).	🔴
Where is your country's healthcare provider in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🔴
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care. (🟢: Government, 🟠: Insurance, 🔴: Out of pocket expense, ⚪: Not known)	🔴
At what level of obesity are people usually eligible to access healthcare? (🟢: BMI ≥30, 🟠: ≥ 35, 🔴: ≥35 + co-morbidities or ≥ 40 kg/m², ⚪: not defined or not known)	🔴
Is there a system for training health professionals to recognise, treat and manage obesity? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	🔴

[1] World Bank economic classification by GNI per capita (June 2018) https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (last accessed 09.11.2018)

[2] https://iiste.org/Journals/index.php/EJBM/article/viewFile/33191/34089 (last accessed 07.11.2018)

[3] http://www.njcponline.com/temp/NigerJClinPract184437-4096631_112246.pdf (last access 07.11.2018)

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2895787/ (last accessed 07.11.18)

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Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (🟢: Yes ,🟠 : Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for adults? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	
Has any government body published any -related treatment recommendations or guidelines for children? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	

Findings from stakeholders[5]

Overview of stakeholder feedback

The stakeholders explained that neither Nigeria's government nor healthcare provider are close to recognising and defining obesity as a disease. While they recognised that there was a national non-communicable disease strategy (albeit not well implemented and in need of an update), they pointed out that there is no obesity-specific strategy. Similarly, there is a food labelling regulation, but it is said to be poorly implemented. Praise was given however, to the coverage of obesity in media.

Opportunities for treatment are limited, with eligibility for treatment usually left up to the physician's discretion (but generally when BMI was over 30 kg/m^2). It was felt that most people with obesity do not seek medical attention and people only get picked up when they have comorbidities. When they are picked up, lack of insurance coverage means that treatment is mostly paid for out of pocket in the few clinics available.

There is no specialist obesity training, and so few specialists for obesity treatment in tertiary hospitals. However, internal medicine physicians make claims of treating obese patients with pharmaceuticals and there is the possibility of tertiary referrals to nutritionists. There is therefore considered to be a lack of specialists in both urban and rural areas. Any professionals with specialist obesity training will have gone elsewhere and self-funded any training.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in Nigeria[6]:

[5] Note that this section is based on interviews and/or survey returns from 2 stakeholders.
[6] In no particular order

1. Inadequate training of health professionals
2. Inadequate numbers of specialists
3. Lack of awareness that obesity is a disease
4. Lack of guidelines and policies on clinical obesity management
5. Lack of knowledge of anti-obesity drugs
6. Scepticism of obesity treatment
7. Lack of patient engagement
8. Time-constrained health professionals
9. No system for the referral and retainment of patients
10. Poverty (and its impact on one's ability to adhere to dietary advice)