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Time to Move from Vertical to Horizontal Approach in our COVID-19 Response in Nigeria

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Abstract

The novel Coronavirus (COVID-19) has adversely affected the already weak health system in Nigeria. The choice of whether to use vertical or integrated approach in solving health problems is determined by the peculiarity of the challenges. Vertical programs imply a variety of specific interventions that have not been fully integrated into the health system. The COVID-19 response in Nigeria still operates almost a vertical approach which is headed by the Federal Government through the Nigeria Centre for Disease Control (NCDC). Vertical healthcare programs address health problems through the application of specific measure(s). However, vertical approach alone has proved insufficient in the containment and control of COVID-19. The health system with the integrated services option is required in the proper management of COVID-19. The development of strategies by policymakers is required in the integration of COVID-19 response into the national health system.

Keywords: COVID-19; Vertical Public Health Programs; Integrated Public Health Programs; Health System; Horizontal Approach.

Globally, the novel Coronavirus (COVID-19) has disrupted the health system and has necessitated modifications in containment and control measures [1, 2]. In Nigeria, the Coronavirus outbreak has adversely affected the already weak health system [3]. The Nigerian health system has been faced with several diseases which have placed great demands on it previously, however COVID-19 has indeed overwhelmed local and global health systems [3]. Due to the novelty of this infection and the yet inexistence of vaccines, 460 new cases were confirmed, and 30,284 cases presently exist in Nigeria as at 8th June 2020 [4].

Different approaches have been used in addressing healthcare problems. The choice of whether to use vertical or integrated approach is determined by the peculiarity of the challenges that accompany each health problem [5]. Vertical programs, also known as focused, stand-alone, or disease-specific programs, imply a variety of specific interventions that have not been fully integrated into the health system. The rationale for vertical health programs stems principally from resource limitations in many low-and middle-income countries which are mostly characterized by inadequate human, financial, and material resources [6].

The COVID-19 response in Nigeria still operates almost a vertical approach which is headed by the Federal Government through the Nigeria Centre for Disease Control (NCDC). Vertical healthcare programs address health problems through the application of specific measure(s). However, vertical approach alone has proved insufficient in the containment and control of COVID-19. Vertical health programs are disease-targeted programs with clearly defined outcomes and measurable objectives [7]. Such programs are executed within short periods with resources from donor agencies and yield good return on investment. Despite these benefits, vertical health programs could result to

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inefficiency and wastage of resources. They could also weaken the local health infrastructure and place unsustainable demands on the health system [7, 8]. Nevertheless, vertical programs that provide motivation and momentum for health systems) may be desirable as a temporary measure if the health system (and primary health care) is weak, a rapid response is needed, and highly skilled services of the health workforce are needed. Vertical program appears to have impaired the effective management of HIV, tuberculosis, substance abuse, and mental health [9]. In the COVID-19 context, the failure of vertical programs is reflected in the poor medical attention received by persons sick of other illnesses.

The integrated (horizontal) health program is a process where disease control activities are functionally merged or tightly coordinated with multifunctional health care delivery [10]. These horizontal services, delivered through public-financed health systems, make use of existing health structures. Horizontal health programs, on the other hand, are people-focused programs with integrated management of multiple determinants of health. At the local government level, the primary health care, at the state government level, the secondary health care, and at the federal government level are the tertiary health care facilities. In the context of disease management, horizontal programs have proven to be more advantageous and sustainable. These programs utilize centralized medical records and management, efficiently utilize scarce funding and resources, and ensure sustainability of staff and facilities. However, horizontal health programs could overwhelm health care workers and result to slower results [6, 10]. Horizontal approach to delivering health services have led to improved outcomes in HIV, mental health, and certain communicable diseases [10]. The health system with the integrated services option is required in the proper management of COVID-19.

1. Conclusion

The development of strategies by policymakers is required in the integration of COVID-19 responses into the national health system. This will ensure that everyone receives the optimum health care they require as well as COVID-19 positive patients.

2. Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

3. References

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