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# Balancing Demand, Quality and Efficiency in Nigerian Health Care Delivery System

Timothy, G.[1*] Irinoye, O.[2] Yunusa, U.[3] Dalhatu, A.[4] Ahmed, S.[5] Suberu, A.[3]
1.College of Nursing and Midwifery Yola, Adamawa State
2.Department of Nursing Science, Obafemi Awolowo University, Ile Ife
3.Department of Nursing Science, Bayero University, Kano
4.Department of Nursing Sciences, General Hospital, Funtua
5.Department of Nursing, Sciences, Federal Neuro-psychiatric Hospital, Kware, Sokoto
Corresponding Author; golfatimothy2014@gmail.com

**Abstract**
The health sector is crucial to growth and development of a nation. Despite sound policies and interventions to develop the Nigerian health sector, it has witnessed several challenges that continue to reduce the progress and achievement of universal access to health care. Some of the factors that affect the overall performance of the health system include; inadequate health facilities/structure, poor human resources and management, poor remuneration and motivation, lack of fair and sustainable health care financing, unequal economic and political relations, the neo-liberal economic policies of the Nigerian state, corruption, illiteracy, very low government spending on health, high out-of-pocket expenditure in health and absence of integrated system for disease prevention, surveillance and treatment, inadequate mechanisms for families to access health care, shortage of essential drugs and supplies and inadequate supervision of health care providers are among some of the persistent problems of the health system in Nigeria**.** This paper looks at the enormity of the problems and recommends policy options vital to addressing the problems in order to attain the equilibrium in demand, quality and efficiency in the health care delivery system in Nigeria.
**Keywords**: Demand, Quality, efficiency, health care system, Nigeria

## 1.0 Introduction

The health sector as a major contributor to human capital development in any country is recognized as an engine of growth and development [(1-2).] Many negative physical health indicators, high mortality, low life expectancy, high poverty level and unwholesome lifestyle as documented by the World Health Organization are associated with poor economic growth [(3).] Health programmes and quality health care services are noted to have impact on economic development through improved productivity gains, increased man-hours of work, development of unsettled regions through introduction of new health programmes that boosts social and economic activities and status following control of otherwise unfavourable health conditions. Again, health programmes are noted to be associated with improvement in innovation and entrepreneurship by changing the attitudes of people as to contribute to economic growth [(4).] Theoretical models and empirical analysis affirmed health capital as a significant variable for economic growth [(4).] Improved health results to reductions in mortality that has been documented to account for about 11% of recent economic growth in low-income and middle-income countries as measured in their national income accounts [(5).] From another perspective, beyond servicing the health care needs of people to enable them engage in economic activities, the health sector is a major employer of labour hence the sector contributes significantly to the economic well being of a sizable number of the population in every nation.

However, while the health sector in Nigeria has contributed to the economic development of the country, several issues contributes to reversal of progress and optimal output for economic growth [(1, 3).] In this paper, the nature and enormity of the challenges of health and health care services as such speak to level of economic growth of Nigeria are explored. Policy options are considered and implementation strategies for change are proposed.

## 2.0 The Nigerian Health System

Nigeria operates a Federal System of Government with three levels; the federal, state, and LGAs/Councils. There are 774 LGAs within the 36 states and Federal Capital Territory (FCT) Abuja. The 774 LGAs are further sub-divided into 9,565 wards. The states and FCT are grouped into six geo-political zones: the South-South, South-East, South-West, North-East, North-West, and the North Central. The 774 LGAs are the constitutionally-designated provider of PHC [(6).] However, they are the weakest arm of the health system. There are about 25,000 PHC facilities nationwide with a population to health facility ratio of about 5,600 residents to one. The Nigeria Ministry of Defense runs medical centers around the nation which provide mostly secondary and tertiary care to both military personnel and civilians [(6).] In addition to the Federal Ministry of Health, the National Primary Health Care Development Agency (NPHCDA) - another centrally-funded agency - has the

 

mandate to support the promotion and implementation of high quality and sustainable PHC at state and lower levels. The NPHCDA, in collaboration with state governments and LGAs, is active in development of community-based systems and functional infrastructure, as well as ensuring that women deliver in safe conditions and infants are fully immunized against vaccine-preventable diseases. The NPHCDA also implements the national campaign against polio and measles in collaboration with states. The National AIDS Control Agency (NACA), the National Malaria Control Program (NMCP) and numerous other health units at federal and state level have the lead in the development and implementation of policies, strategies, and high-impact programs that directly affect the survival and health of women and children.

The private health care system provides care for a substantial proportion of the population. The private sector consists of tertiary, secondary, PHC facilities, patent medicine vendors (PMVs), drug sellers, and traditional practitioners. More than 70 percent of all secondary facilities and about 35 percent of PHC facilities are private. Services provided by the private sector are either subsidized (e.g. faith-based health facilities) or full-cost (e.g. privately owned clinics and hospitals). Payment for these services may be in currency or in kind. About two-thirds of the population in rural areas lives within five kilometers of a public or private sector PHC clinic. There are about 36,000 PMVs nationwide, fairly evenly distributed between urban and rural areas. However, quality of care in both the public and private health sectors needs substantial improvement [(7).]

**3.0 Nigerian Health Indicators**

Nigeria's demographic and health indicators are among the most horrible in the world, particularly when compared to other countries with comparable income per capita. Population growth adds 4.8 million people each year. Serious inequalities in health outcomes (including mortality and fertility) exist between rural and urban areas; northern and southern zones and states; and across income groups. Nationally, the maternal mortality ratio (MMR) is 545 per 100,000 births. The total fertility rate (TFR) as a whole is 5.7 but in the north it is over 7.0. Only 9.7 percent of women use modern methods of contraception [(8).] The unmet need for family planning is 20 percent [(9)], but the contraceptive prevalence rate (CPR) in the north is much lower than the national average at around 2-4 percent. Childbearing begins early and births are closely spaced [(9)]

Under-five mortality rates (MRs) vary from 83/1,000 live births (LB) in the south-west to 201/1,000 LB in the north-west. Malaria is the leading cause of child mortality with an estimated 300,000 children dying each year. It accounts for about 60 percent of outpatient visits and 30 percent of hospitalizations. Malaria also contributes to an estimated 11 percent of maternal mortality [(10).] More than half of patients with suspected malaria first seek treatment in the private sector [(10).] Children fully immunized in the north ranges from 6 – 8 percent, compared with 23 percent nationally.

Although child mortality has had a marked decrease from 2003 (201/1,000 LB) to 2008 (157/1,000 LB), 16 percent of children die before reaching their fifth birthday. This figure represents about 10 percent of global child deaths even though it is just 2 percent of the world's population. Under-five deaths are largely due to preventable diseases such as malaria, measles, respiratory infections, and diarrhea. More than ten million children under five are chronically malnourished and the stunting rate is 41 percent. While breast feeding is nearly universal (97 percent of children are breast fed [(9),] only 13 percent of children under the age of six months are exclusively breast fed, which is one of the lowest rates in the world. These indicators are driven by the fact that for the majority of women and children life-saving, high quality PHC and referral services are unavailable [(6).]

Despite various large-scale responses over a period of about two decades, the challenge of HIV/AIDS has continued to increase, as measured by the number of people infected and affected. Estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) show an increase of 670,000 in the number of people living with HIV/AIDS (PLWHA) between 2001 and 2010. Based on the National HIV Sero-prevalence Sentinel Survey (2010), the prevalence of HIV stands at about 4.1 percent in the general adult population. It is estimated that there are 3.14 million PLWHAs. This figure ranks Nigeria third among countries with the highest burden of HIV infections in the world after India and South Africa. It is estimated that there are 2.2 million HIV orphans in the country. HIV is also straining the health system. Approximately 1, 512, 720 PLWHAs require ARV drugs with less than half able to access them. ARVs are still largely delivered at tertiary and secondary care level but a major effort has commenced in 2011 to scale-up decentralization of ARV service delivery to Primary Health Care Clinics. The prevalence of HIV among TB patients increased from 2.2 percent in 1991 to 19.1 percent in 2001 and is estimated to be 27 percent in 2009, indicating that TB will continue to be HIV-driven. Nigeria ranks fourth among the 22 high-burden TB countries in the world. WHO estimates that 460,000 new cases of all forms of TB occurred in the country in 2009. The emergence of multi-drug resistant TB also poses a threat which may wipe out previous achievements in controlling TB if not effectively addressed. Nigeria is still one of the few polio endemic countries and has been a source of re-infection in neighboring countries. Vaccine-preventable diseases coupled with infectious and parasitic diseases continue to exact a heavy toll on the health and survival of Nigerians [(6, 7).]

Military treatment sites in tertiary and secondary health facilities across the country are accessible to

 

surrounding communities. Civilians make up approximately 90 percent of the client load. Many of the military medical units are close to rural and disadvantaged communities which have a high HIV/AIDS burden and often poorly served by modern health facilities. In addition to the provision of free and comprehensive HIV/AIDS care and treatment services, communities are able to access other health services such as laboratory testing. [6]

**4.0 Enormity of the Problem in Nigeria's Health Sector**

In spite of huge government spending, coupled with bilateral and multilateral assistance in the health sector, the patterns of health status in Nigeria mirror many other Sub-Saharan African nations but are worse than would be expected given Nigeria's GDP per capita. The health system is in shambles, policy somersault and reversals tends to have under-mined several reforms in the health sector over the years. Poor human resources and policy management have led to unprecedented brain drain in the health sector as health professionals in search for better conditions of service abroad often vote with their feet in droves [11]. The Nigerian health system is in comatose, few hospitals with few drugs, inadequate and substandard technology and a lack of infrastructural support, including electricity, water and diagnostic laboratories resulting in misdiagnosis.

Medical record keeping is rudimentary and diseases surveillance is very poor. Delivery of health care becomes a personal affair and dependent on ability to pay for basic laboratory and physician services. These have exacerbated the disease burden [12]. Health care financing is worse hit especially in the poor communities where health care faces serious problem of acceptability, with out-of-pocket expenditure accounting for over 70% of total private health expenditure which is enough to dent the little progress of the health system made. Hence, the increasing out-of-pocket expenditure due to high disease burden on most poverty-stricken households has kept them in the vicious cycle of the poverty trap. Risk pooling in the form of private/commercial health insurance is often lopsided while the much touted social insurance is limited to those in Federal government service [13].

In Nigeria, there are numerous barriers and challenges to improving health service delivery. At the community and household levels, factors such as socioeconomic, gender effects on behavior, access, use of care and absence of social pressures to improve access, are all determinants of the availability and quality of health service delivery. The nature of health services, health sector policy and management strategies contribute to the challenges with delivery of health services in Nigeria. According to Travis et al. and WHO [12;14], these challenges are associated with the following:

(a). Inequitable availability of services;
(b). Multiple providers; public and private;
(c). Provider behavior to clients;
(d). Case management: poor adherence, increasing drug resistance, adverse events;
(d). Physical infrastructure, equipment;
(e). Human resources availability and management, including payment mechanisms, quality of care, supervision;
(f). Drug supplies, supply systems;
(g). Service management capacity;
(h). Referral and other communication failures
(i). High level political interference to the specific problem or programme;
(j). Financial constraints, resource allocation;
(k). Insufficient coordination between donors, non-governmental organizations, government bodies;
(l). Lack of effective regulation or legislation to affect both public and private actors;
(m). Weak links between programmes leading to inefficiencies and competition for limited resources;

Currently, a great deal of attention is being placed on scaling up service delivery to achieve the Millennium Development Goals (MDGs) in Nigeria. However, scaling up depends on having some key resources but it also depends to a large degree on how those resources are managed. Lack of 'managerial capacity' at all levels of the health system is increasingly cited as a 'binding constraint' to scaling up services and achieving the MDGs [15] and this rather non-specific diagnosis is being coupled with exhortations that 'something must be done' about management.

Apart from the lack of managerial capacity in most settings in Nigeria, other constraints to improving health service delivery include:

(i). Shortages of skilled health;
(ii). Lack of funds;
(iii). Shortages of medicines;
(iv). Inability to generate and use information, and inadequate public health information systems.

A major problem associated with the type of health services in many parts of Nigeria is that many of these programmes adopt the vertical approach rather than the integrated approach. Vertical programmes (also known as stand-alone, categorical or free-standing programmes or the vertical approach) refer to instances

 

where ―the solution of a given health problem [is addressed] through the application of specific measures through single-purpose machinery. [16] In contrast, integrated programmes (also known as horizontal programmes, integrated health services or horizontal approaches) seek to ―tackle the overall health problems on a wide front and on a long-term basis through the creation of a system of permanent institutions commonly known as _general health services [16] and include ―a variety of managerial or operational changes to health systems to bring together inputs, delivery, management and organization of particular service functions [17]. Little is known about how to scale up health services rapidly in the face of urgent public-health problems and to integrate ―vertical, single-disease programmes into the broader health system. There is a dearth of research evidence on organization and delivery of health services in Nigeria. [14]

One priority area relates to developing effective and efficient approaches to dealing with populations that have special needs, such as dispersed rural populations and populations living in urban slums, particularly in order to improve their access to effective services. More research needs to be done to find ways of helping health workers make sure patients are taking medicines. There is a need for more research on approaches to improving drug supplies, including cost-recovery schemes and interventions to improve prescribing and dispensing. These interventions should not be restricted to the formal health sector but also include drug retailers who are important providers of health-related products in Nigeria. Another challenging area is evaluating the development and implementation of strategies to ensure quality in the health system setting.

Quality health is the fundamental right of all Nigerian citizens [18]. Improve access to quality health services involves institutionalizing a system for quality assurance with focus on establishing a system of registration and regulation of alternative and traditional medical practitioners; Ensuring that consumption of essential drugs is met mostly from local production; Harnessing Nigeria's medicinal plant resources for health care delivery; Ensuring that good quality, safe and effective drugs, foods and other regulated products are available in the distribution channels in Nigeria; Developing an effective and efficient system for the procurement, distribution and management of drugs and medical supplies[19]. Though commitment has been shown through the primary health care over the years, deterioration in government facilities, low salaries and poor working conditions have resulted in poor service delivery [18].

Healthcare demand continues to get higher and the challenge is how to sustain the high costs resulting from increase demand. Managing demand for health care has been defined as the process of identifying where, how, why and by whom demand arises and then deciding on the best methods of dealing with it, so that the most efficient, appropriate and equitable approach can be developed and applied [20; 21], thus, SERVICOM (Service Compact With All Nigerians) was set up by the Federal Government of Nigeria in June 2003 in recognition of citizens rights and entitlements to good service delivery. SERVICOM gives Nigerians the right to demand good service. The charters tell the public what to expect and what to do if the service fails or falls short of their expectation [19].

This quality assurance platform among others is expected to ensure quality services designed around the requirements of their customers and served by trained staff sensitive to the needs of their clients; List the fees payable (if any) and prohibit the asking for and the making of any additional payments; Maintain "suggestion boxes" in clinical area to facilitate the making of suggestions for improvements in levels of service; Provide details of agencies and government officials to whom complaints about any failures to provide such services (or any demands for bribes) should be addressed; Publish these details in conspicuous places accessible to the public in all buildings where the agencies provide their services and on the Internet; Periodically conduct and publish surveys of citizens to determine levels of patients satisfaction and the extent to which particular Ministries and Agencies are seen as honoring their SERVICOM commitments; and From time to time, to review the commitments contained in their SERVICOM Charters and to revise them in the light of experience and further developments. This notwithstanding the expectation for SERVICOM has thus far not met with its responsibilities to the public [19].

## 5.0 Policy Options and Implementation Strategies for Addressing the Problem

### *A. Improving and strengthening health service delivery through adoption and implementation of innovative strategies*

There is need to adopt and implement innovative strategies that have the potential to strengthen health service delivery. Some of the innovative strategies outlined by WHO that can address the challenges of service delivery include:

I. Contracting with NGOs, with other private sector provider organizations, and organizations within the government, with a focus on health service delivery.
II. Delegation of authority for setting priorities, allocation and managing financial and human resources, and taking other key decisions to State and local government level health authorities.
III. User fees exemptions, specifically whether the poor were given an exemption from user fees, or other scheme in differential pricing designed to benefit the poor.

 

IV. Subsidies for the poor, whether some form of cash transfer, vouchers, or financial risk sharing either disbursed directly to beneficiaries or communities, or through providers.
V. Performance-related pay and incentives, considering new approaches to improve workforce performance, using benchmarks to determine the level of pay and incentives to be provided.
VI. Reorganizing outreach workers, including changing the use of home-based and health post workers, and changing their professional requirements or volunteer status.
VII. Social marketing, to influence the health behavior of clients and use of health products such as bednets, condoms, essential drugs, and oral rehydration therapy.
VIII. Community engagement, including new ways to involve communities in the oversight, planning or operations of health services, approaches to give voice to community concerns, and public disclosure of information to improve transparency and accountability. [(22)]

### *B. Integrated service delivery*

Integrated service delivery has been described as the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money [(23)]. There are increasing concerns that a singular emphasis on ―vertical, that is single-disease or single intervention, programmes may no longer be adequate to deal with the entire spectrum of today‘s global health challenges particularly in a developing economy like Nigeria. Many benefits are claimed for integrated health services as follows:

I. It involves discussions about the organization of various tasks which need to be performed in order to provide a population with good quality health services.
II. Supporting integrated services does not mean that everything has to be integrated into one package. The aim is to provide services which are not disjointed for the user and which the user can easily navigate.
III. Managing change in the way services are delivered may require a mix of political, technical and administrative action. It may require action at several levels, including sustained commitment from the top. It is useful to look for good 'entry points' for enhancing integration and to consider what incentives there are for health workers and their managers to change their behavior.
IV. Integration is not a cure for inadequate resources. It may provide some savings, but integrating new activities into an existing system cannot be continued indefinitely without the system as a whole being better resourced.

### *C. Improving management capacity for service delivery*

There is need to improve knowledge base of health service managers on effective approaches to building management capacity. This can be achieved through the following strategies:

I. *Develop specific management development strategies:* this need to build on any existing efforts and address practical problems. Questions to ask in the development of a strategy include: what aspect needs to be tackled most - knowledge, skills, management systems or work environment? Which managers should be the initial target? Where multiple interventions are needed, which are the most important ones to begin with? Who should be involved? What are the resource implications?
II. *Identify ways to help managers better do their job in the current circumstances:* For example, by helping national authorities to: (a) Clarify responsibilities and roles at different levels of the system (b) produce a simple handbook for managers and a managers help line to respond to queries on rules and procedures, identifying delegated functions, managing relations with new partners etc (c) identify critical aspects of managers' knowledge and skills that need urgent attention, and the sort of training that would help.
III. *Develop more operational management support systems:* These cut across all aspects of service delivery. For example: financial; personnel, drugs, equipment, vehicle maintenance systems etc.
IV. *Revise rules, regulations and incentives:* Changes to these may need to be developed as part of wider overall organizational and financing changes within the system and are likely to constitute medium to long term efforts.
V. *Identify ways to encourage more coherent support by international agencies:* Are there some common international standards and guides that could be developed – such as generic competency frameworks, or performance standards? A resource pack could be developed of known, effective interventions, cost for different situations, to serve as a reference point when commissioning management development activities and guide curricula of training programmes.

 

***D. Effective engagement of non-state sectors in health service delivery***

According to WHO the non-state sector plays a very significant role in the delivery of health services, and the provision of health and health related commodities in developing countries including Nigeria. In both urban and rural settings, private for-profit and non-profit health care providers and suppliers of health-related commodities serve both rich and the poor. Clients often perceive non-state sector health care providers to be more responsive to consumers' preferences (in terms of privacy and speed of service) and they are often also more geographically accessible than the public providers [15].

***E. Establishment of service delivery monitoring mechanism***

There is need to establish mechanisms for the monitoring of service delivery, notably physical access to services. Such data derived from such process need to be complemented by other dimensions of access and technical quality (safety, efficiency, and effectiveness of selected interventions). Monitoring service delivery is not about the coverage of interventions, which is defined as the proportion of people who receive a specific intervention or service among those who need it. Coverage depends on service delivery and the utilization of the service by the target population. Monitoring service delivery has immediate relevance for the management of health services, which distinguishes this area from other health systems building blocks. Shortages of drugs, uneven distribution of health services, and poor availability of equipment or guideliness can all be addressed as part of basic service management.

## 6.0 Conclusion

Improvement in health can have a tremendous impact in reducing poverty and inequality in Nigeria. Inequality between the rich and the poor will continue to grow wider unless the government invests more in the health of its people which must be comprehensive and targets towards the demand of the public, the efficiency and quality of care from managers and providers of health services and at an affordable price. Beyond increasing efficiency, quality, and controlling demand, health systems should try to develop incentives that improve health and enhance care coordination.

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