

## INTRODUCTION

**1.1** A functional, efficient and effective healthcare system is a veritable tool for the attainment of national goals and social objectives. Members of any society require good health if they are to savour their existence and find meaning in economic, political and other social pursuits. However, the healthcare services offered to the people depend largely on the efficiency and effectiveness of the health sector.

**1.2** Thus, worried by the poor health indices in Nigeria Health Sector occasioned by the combined debilitating effect of various factors, particularly the deep-seated disharmony and in-fighting amongst health workers and various Professional groups on the one hand and incessant strikes in the sector on the other hand, the President and Commander-in-Chief of the Federal Republic of Nigeria, Dr. Goodluck Ebele Jonathan (GCFR), directed the Honourable Minister of Health to ensure industrial peace and harmony in the Sector. To give effect to the Presidential directive, the Honourable Minister inaugurated the *“Presidential Committee on a Harmonious Work Relationship Amongst Health Workers and Amongst Professional Groups in the Health Sector”* on 9<sup>th</sup> August, 2010. And while noting that the Health Sector had attracted the

President's attention for the wrong reasons, the Honourable Minister charged the Committee to arrest the trend which he decried as unacceptable. He urged the Committee to be guided in its deliberations and recommendations by the 4-way Test of Rotary International, namely:

- Is it the truth?
- Is it fair to all concerned?
- Will it build goodwill and better friendship? and
- Will it be beneficial to all concerned?

**1.3** The object of the Committee, therefore, is to reposition the health sector for a robust and more efficient health care to the generality of Nigerians and foreigners alike by ensuring industrial harmony in the health sector.

## **2.0 MEMBERSHIP OF THE COMMITTEE**

**2.1** The Committee had the following members:

1. Hon. Justice Bello A. Gusau Box 233, Gusau - Chairman
2. L. N. Awute PS/Fed. Min of Health - Member
3. HRH Dr Haliru Yahaya NPHCDA - „
3. Amb. A. M. Bage NSIWC - „
4. Pharm. Azubike Okwor PSN - „
5. Ayuba Wabba MHWUN - „
6. Mr. F. O. Faniran NUPTPAM - „

7.	Prince M. O. Ogundipe	SSAUTHRIAI	-	„
8.	Dr. Omede Idris	NMA	-	„
9.	Pharm. J. E. B. Adagadzu	FMOH	-	„
10.	Dr. Godswill C. Okara	AMLSN	-	„
11.	Dr. Pullen Igbinosun	UNIBEN	-	„
12.	Dr. T. A. Abiola-Oshodi	SOGON	-	„
13.	Dr. Ugwu Ikechukwu Odo	AGPMPN	-	„
14.	Mohammed M. Ibrahim	HIMAN	-	„
15.	Dr. MacJohn Waobiala	OHCSF	-	„
16.	Dr. A.E. Ike	FMOH	-	„
17.	Dr. Alex Onoyona	TA/HMH	-	„
18.	W.G. Yusuf Badmus	NANNM	-	„
19.	Prince Peter A. Adeyemi	NASU	-	„
20.	Dr. Akuma Aja	EBSUTH, Abakaliki	-	„
21.	Dr. N.R.C. Azodo	FMOH	-	„
22.	Mrs. E. C. Azuike	FMOH	-	„
23.	Mrs V. E. Jemide	FML&P	-	„
24.	Mr. Adeoye Awofe	ARN	-	„
25.	Mrs. N.A. Nwoke	FMOH	-	„
26.	Dr. A. M. Akpama	FCSC	-	„
27.	Prof. I. Abdu-Aguye	ABUTH, Zaria	-	„
28.	Dr. A.A. Ibrahim	MDCN	-	„
29.	Mr. R.S.J. Babatunde	RRBN	-	„
30.	Dr. Ego Nnadozie	NTHC/FMOH	-	„

31.	Prof. Nene Obianyo	College of Med.,Enugu	-	„
32.	Prof. Abba Hassan	UMTH, Maiduguri	-	„
33.	Mrs. Bola Oduntan	PCN	-	„
34.	Mrs. O.A. Olanipekun	NMCN	-	„
35.	Prof. Anthony Emeribe	MLSCN	-	„
36.	Hajia Amina Bayi	GRA, Kaduna	-	„
37.	Ebere Okogwu	FML&P	-	„
38.	Dalhatu Sule, mni	FMOH	-	Member/Secretary

### **3.0 COMMITTEE’S TERMS OF REFERENCE**

**3.1** The Committee’s terms of reference are as follows:

- a) To identify and critically examine:
  - i) the root causes of disharmony amongst health workers and amongst professional groups in the Health Sector in Nigeria;
  - ii) the negative impact of this phenomenon on the prompt, pleasant, effective and efficient delivery of health care to those needing it.
  
- b) To proffer sustainable solutions that would eradicate the ill-will amongst the different professional groups in the

Health Sector and amongst Health Workers in the country in general;

c) To develop and propose an action plan for the behaviour modification of all health workers in order to restore and sustain an excellent work relationship amongst them;

d) To develop and propose a simple set of rules (etiquette) that would guide the behaviour of all categories of health workers towards one another and to patients, their families and friends; and

e) To propose sanctions for any contravention of the set rules as may be adopted for general application from relevant sections of the Public Service Rules and from the Code of professional conduct of the professional groups in the health sector.

#### **4.0 MODUS OPERANDI OF THE COMMITTEE**

**4.1** In carrying out its assignment, the committee had several meetings to deliberate on its Terms of Reference and how to tackle them. After a general overview of the Terms of Reference, the Committee resolved to invite memoranda from Health professional Unions/Associations, as well as interested members

of the public in order to better appreciate the issues involved in its assignment and be in a good stead for enriched deliberations and informed recommendations. To ensure that as many people as were willing to make presentations were reached, the *Call for Memoranda* was published in two (2) National Dailies, namely: **The Punch** and **Daily Trust** both of 11<sup>th</sup> October, 2010 as well as the National Television Authority. The response was not only encouraging but it also captured the views of many a stakeholder in the Health Sector.

4.2 The Committee, after critically examining the submissions made to it, later dissolved into three (3) Sub-Committees with each Sub-Committee having to deal with specific terms of reference as follows:

#### **4.2.1 Sub-Committee 1:**

The Committee examined terms of reference a & b, following a consensus by members that the two terms of reference would better be handled by one committee as they were inextricably connected. The terms of reference are:

a) To identify and critically examine:

- i) the root causes of disharmony amongst health workers and amongst professional groups in the Health Sector in Nigeria;

ii) the negative impact of this phenomenon on the prompt, pleasant, effective and efficient delivery of health care to those needing it; and

b) proffer sustainable solutions that would eradicate the ill-will amongst the different professional groups in the Health Sector and amongst Health Workers in the country in general.

#### **4.2.2 Sub-Committee 2:**

Sub-committee 2 examined TOR 'c' which is:

c) To develop and propose an action plan for the behaviour modification of all health workers in order to restore and sustain an excellent work relationship amongst them;

#### **4.2.3 Sub-Committee 3:**

This committee examined TOR d & e, which are:

d) To develop and propose a simple set of rules (etiquette) that would guide the behaviour of all categories of health workers towards one another and to patients, their families and friends; and

e) propose sanctions for any contravention of the set rules as may be adopted for general application from relevant

sections of the Public Service Rules and from the Code of Professional Conduct of the professional groups in the Health Sector.

4.3 The Reports of the Sub-Committees were thereafter presented to the larger Committee for consideration and adoption. While the Reports were considered and adopted with modifications where necessary, issues on which consensus could not be reached at the sub-committee level were resolved by the larger Committee.

## **5.0 FINDINGS OF THE COMMITTEE**

5.1 From discussions and the analysis of views expressed in the memoranda submitted to the Committee, the Committee found that there was an unhealthy rivalry and disharmony among Health Professionals in Nigeria. Key issues resulting in the rivalry and the disharmonious relationship included, but not limited to *the struggle to be accepted as “most important” profession in health care; struggle for leadership posts in the health care system, and parity in remuneration.* This unfortunate phenomenon has eroded the team spirit necessary for effective and efficient health care delivery. Repositioning the health sector is therefore a critical imperative which will require fostering a new team spirit among health professionals.

## **6.0 CAUSES OF DISHARMONY IN THE HEALTH SECTOR**

**6.1** Following painstaking deliberations and a careful examination of memoranda submitted to the Committee by various interest groups, it was quite evident that there was deep seated disharmony among the health professional groups in the health sector. Among the plethora of identified causes of disharmony are the following:

### **1. Attitude of Medical Practitioners**

The Committee was informed that doctors' attitude of seeing themselves as all-time leaders of the Health Team without due regard to other Professionals in the Team was a major cause of disharmony in the health sector. As observed by members during deliberations, the problem of organizational/team leadership ranked as the most critical dividing factor among health professionals; whereas the doctors see themselves as most qualified for the leadership position which they have been occupying, other professionals are of the view that as players in the team, they are similarly qualified to play the leadership role. This irreconcilable stance of the major players in the health sector, the Committee further learnt, stemmed from the

understanding or the lack of it, of the provisions of Cap 463 which some argued has vested the headship of Teaching Hospitals on Medical Doctors.

Following the lack of consensus on the continued relevance and adequacy of CAP 463LFN in ensuring the smooth administration of the Teaching Hospitals, members deliberated extensively on the way forward and resolved as follows:

(i) That more Directorates should be created in the Tertiary Hospitals so that officers can rise to the peak of their career in line with the scheme of service.

(ii) That Decree 10 of 1985 (Cap 463LFN) should be reviewed and re-enacted. However, the position of the Nigerian Medical Association (NMA) is that the Act should subsist as the problem was not with the Act but its implementation.

(iii) That the post of Chief Medical Director/Medical Director should be open to all Health professionals. However, the Nigerian Medical Association (NMA) held that doing so was contrary to the provision of the Act.

(iv) That the title of the Head of the Health Institutions should be re-designated as Chief Executive Officer (CEO) but the NMA is of the opinion that the status quo be maintained.

## **2. Preferential Treatment Given to Medical Practitioners in Training Institutions to the Detriment of other Health Professionals**

The genesis of disharmony in the health sector, the Committee was informed, could be traced to the habit of medical practitioners in trying to determine the growth and development of other professions in the health sector irrespective of existing regulatory laws of various professions in the sector. This tendency to prevent the growth of other health professions by doctors was said to have resulted in an attempt, sometime in 1991, to stop degree programmes from being offered in some professions. The Ministry had then requested the National Universities Commission to close down degree programmes in Medical Laboratory Science and other healthcare professions when it wrote, inter alia, to the Commission: “The Ministry still *supports* the sub-degree programme as is taught in the Federal Schools of Radiography, Medical Laboratory Technology and Physiotherapy. A degree programme in these disciplines is irrelevant to our health delivery system.....” The Committee was similarly told that higher certificates obtained from post graduate

schools in some courses were not accorded recognition. The Committee was further informed of the regrettable use of denial of accreditation of Medical and Dental Council of Nigeria as a tool to seek for change in the headship of medical laboratory departments from medical laboratory scientists to medical doctors contrary to the provisions of schemes of service.

As a way forward, the Committee resolved that all forms of discrimination against any group of professionals should be discarded. It was further resolved that the Federal Ministry of Health should work with National Universities Commission (NUC) to enhance professional capacity and development by allowing Universities/Training Institutions run degree programmes that are relevant to the Professionals in Health Institutions.

### **3. Discrimination in the Remuneration of Medical/Dental Practitioners on the one Hand and other Health Professionals on the other**

The Committee noted the above cause of disharmony but reasoned that issues of remuneration would be better addressed by the National Salaries, Incomes and Wages Commission, (possibly) through the process of collective bargaining. The Committee therefore urges the Federal Government to

expeditiously address issues related to pay parities and relativities among its workers for the sake of industrial peace.

#### **4. Composition of Boards of Management of Health Institutions**

The composition of Management Boards of Health Institutions which, many argued, is unduly skewed in favour of doctors was identified as a cause of disharmony in the health sector. The Committee was informed that the number of doctors on Boards of Management of Health Institutions far exceed that of other health professionals. Thus, the desire of these health professionals for adequate and equitable representation on Management Boards which has remained unfulfilled was said to be causing disenchantment amongst them and invariably disharmony among the contending health professional groups.

Following extensive deliberations by the committee on the issue, it was agreed that the number of other health Professionals on the Management Boards of Tertiary Health Institutions should be reasonably increased even though it was noted that the Boards as currently constituted do not have only medical doctors as members. The Committee believes that equitable representation of all health professional groups on Management Boards would

give each and every member of the health team a sense of belonging and guarantee industrial harmony in the health sector.

## **5. Structure of the Federal Ministry of Health**

Some members canvassed the view that the existing structure of the Federal Ministry of Health favour Medical Practitioners more than other Health Professionals in terms of appointment as Directors. The Committee however noted that it is the duty of the Office of Head of the Civil Service of the Federation, subject to approval of the Federal Executive Council, to alter the structure of any Ministry. By its approved structure, the Federal Ministry of Health has eight Departments, namely: Department of Human Resources; Department of Finance & Accounts; Department of Planning, Research & Statistics; Department of Procurement; Department of Hospital Services; Department of Public Health; Department of Family Health and the Department of Food & Drugs Services. Of the four Professional Departments, three are headed by medical practitioners while one is headed by a health professional who is not a medical practitioner. This seeming imbalance, it was argued, has a negative impact on industrial harmony. To remedy the situation, therefore, the Committee recommends that the Ministry should be restructured in such a

manner as will enhance the career prospects of other Professionals and allow them to rise to their peak in line with establishment guidelines and requirements.

## **6. Non-implementation and Selective implementation of Scheme of Service in the Health Sector.**

While some cadres in the health profession do not have any approved scheme of service, there are others who cannot progress to the peak of their career even though such progression is guaranteed by their scheme of service. There are yet others whose progression to the peak of their career is unhindered. This inequity in career progression which is a source of disillusionment for professionals who cannot rise to the peak of their career also breeds disharmony in the health sector. On the possible reason for this state of affairs, it was suggested that the misinterpretation of the Act setting up the Teaching Hospitals limiting the number of Directorates in the Institutions to only two, is unduly restrictive of the career prospects of professionals outside the two Directorates, namely: the Directorates of Clinical Services and Administration. This opinion followed the argument that officers could only be promoted to established positions. To enhance the career prospects of all health professionals, therefore, it is desirable to create additional Directorates where other health professionals can rise to the peak of their career. This will

guarantee that approved schemes of service are implemented in a manner that will allow officers progress to the peak of their career. It is also desirable for all professionals to have approved Schemes of Service which will clearly define their career structure. Necessary machinery is therefore required to be set in motion, and the process fast tracked, to have an approved Scheme of Service for cadres that are yet to have any Scheme of Service. Besides, all Chief Executives should be directed to faithfully implement existing Schemes of Service.

#### **7. Disparity in Remuneration between Federal and State Medical and Health Personnel.**

The passion for having a salary structure that will apply to all medical and health personnel across the different tiers of government - Federal, State and Local Governments – was noted by the Committee as a major cause of disharmony. However, members were also quick to point out that the Nigerian Constitution places health on the concurrent list, by reason of which the Federal Government cannot legislate for the States on health matters. The Committee is of the view that the lower tiers of government should be allowed the latitude of negotiating with their employees in the health industry. This is bearing in mind that the present Consolidated Medical Salary Structure (CONMESS) and the Consolidated Health Salary Structure

(CONHESS) are the products of collective bargaining between the Federal Government and Health Professionals in its employ. The States were not involved in the negotiation and it will therefore not be a fair deal to request that they respect the agreement they were not part of. However, the Committee agrees that the Federal Government should, as a matter of priority, encourage and assist States to look into the remuneration of their health workers with a view to significantly narrowing the gap that currently exists between them and their Federal counterparts. As a long term solution, the committee recommends a unified salary structure for all health professionals nationwide even if it will require constitutional amendment to achieve this. The Committee believes the unified salary structure will motivate health professionals in the primary and secondary healthcare institutions for better service delivery which by extension will improve the health indices in Nigeria since the poor health indices in the country are largely attributable to the yawning gap which exists at the primary and secondary levels of health care delivery.

## **8. Operation of the National Health Insurance Scheme (NHIS)**

The committee was informed that all was not well with the operation of the National Health Insurance Scheme despite the lofty ideals which the Scheme stands for. The Committee further

gathered that a major lacuna in the operational guidelines of NHIS is that the payment mechanism gives room for abuse. Health Management Organisations, HMOs, are the major beneficiaries of the system. Other players thus feel shortchanged by the system. There is need for a review of the NHIS Act with emphasis on improving capitation, services and payment mechanism.

### **9. Non-adherence to Job Definition and Description in the Health Sector.**

Non-adherence to established job definition and description in the health sector is said to have resulted in a situation where everyone in the health profession wants to do the job of a medical doctor, overtly and covertly.

This phenomenon, according to the Nigerian Medical Association is a cause of disharmony. In the view of the Committee, the habit of some health professionals dabbling into areas outside their normal schedule of duties could only lead to quackery and therefore needs to be seriously addressed. The Committee therefore recommends that appropriate machinery should be put in place by government to tackle quackery by checkmating the activities of health professionals who perform duties that are not strictly theirs. It was also recommended that the regulatory bodies of various professions should be alive to their

responsibilities. The Ministry must also be alive to its supervisory role.

#### **10. Absence of Office of Surgeon General.**

The Nigerian Medical Association stated that for health sector to be under good professional surveillance, it was necessary to create the Office of Surgeon General. Drawing from the experiences of United States of America and Great Britain, the Nigerian Medical Association, the Office of the Surgeon General will give professional direction to the health sector and bring about the desired harmony. The Association also made allusion to the Office of Solicitor General to reinforce its argument on the need for creating Surgeon General's Office. However, the Association did not seem to have taken into account the fact that the principal actors in the Ministry of Justice, among whom the Solicitor General may be considered as first among equals, are all lawyers. Besides, Office of Solicitor General is a creation of statute. Thus other Health Professionals and Unions were opposed to the creation of Office of Surgeon General, saying that such would further aggravate the existing disharmony among health workers / professionals.

Weighing the arguments for and against the creation of Office of the Surgeon General, the Committee believes that such a move

would be counterproductive as it would further polarize the sector. Bearing in mind that the field of medicine is multidisciplinary in nature, acceding to the request for the creation of Office of Surgeon General will lead to agitation for the creation of similar Office for all other professions involved in healthcare delivery. The committee is therefore of the view that having stated the arguments for and against having a Surgeon General's Office, the issue should be left to the discretion of Government.

#### **11. Recruitment of untrained / unlicensed personnel to practice in medical records and other fields.**

The unethical recruitment of untrained / unlicensed personnel to practise in medical records and other fields undermines the reputation of the qualified personnel in the affected professions. This is another cause of disharmony in the system.

The committee resolved that government should ensure that only trained and licensed medical personnel are recruited to man medical records and other fields.

#### **12. Poor working conditions and Healthcare environment**

The Committee was informed that the unsatisfactory working conditions and environment in most public hospitals and health institutions has been a source of distress and disharmony amongst

health care workers in Nigeria. The absence and, in some cases, poor state of healthcare facilities and operating instruments in the public hospitals, the Committee was further told, breeds conflict amongst health care workers in Nigeria. This has grave implications for service delivery. The committee therefore recommends that the Federal Government should increase budgetary allocation to the health sector from the current rate of less than 10% to about 15% in line with the recommendation of World Health Organization (WHO) as well as put in place facilities that will make the work environment in the health institutions friendly.

### **13. Indiscipline in the Health Sector.**

On the problem of indiscipline as a cause of disharmony in the health sector, the Committee noted that the lack of respect for hierarchy and professional colleagues is a common feature in health institutions. However, for efficient service delivery to be guaranteed, every member of the health team must be alive to his/her responsibilities, especially in terms of carrying out their professional duties, obeying constituted authority and according due respect to one another. In the opinion of the Committee, this calls for radical attitudinal and behavioural change which should be holistic and in conformity with the ethics and code of conduct of the various professions in the health sector. Necessary

sanctions should also be put in place at various levels to deal with reported cases of indiscipline.

#### **14. Perennial Staff Shortage.**

The Perennial staff shortage in most public hospitals and health institutions in Nigeria puts undue pressure and stress on the available staff. This shortage which, the committee gathered, is more pronounced at the primary and secondary levels of healthcare often creates avoidable crisis, disruptive behavior, uncooperative attitude and disharmony amongst health care workers, especially as the increased pressure of work makes it almost impossible for socialization amongst health workers to take place. The Committee considers this problem as requiring a strategic partnership of all tiers of government in the health care delivery system in the country. Very importantly too, the WHO recommended staff complements in healthcare institutions should be adhered to.

#### **15. Reward system.**

Although some professional Associations allude to inadequacy and inequity in the reward system in health institutions as a major cause of disharmony, it is the opinion of the Committee that the Public Service Rules made adequate provision for the

compensation of outstanding performance. The Chief Executives of the various health institutions are thus to ensure faithful adherence to the provision of the rules. The Chief Executives may also take the initiative of instituting appropriate reward systems, in line with the Public Service Rules, in order to promote healthy competition with an overall objective of achieving better service delivery.

### **16. Appointment of Health Minister.**

The question of who is best suited to be appointed Health Minister at any material time is a major cause of disagreement between the medical/dental practitioners on the one hand and other health professionals on the other hand. While the doctors believe that they are best qualified and best endowed to lead the health team, the other health professionals argue that they are also well qualified for the position of leadership and as much eligible as the doctors for appointment as Health Minister. This disagreement was also identified as a cause of disharmony in the health sector. However, it was noted during the Committee's deliberations that beyond the obligation placed on Mr. President by the Constitution to appoint a lawyer as the Minister of Justice and Attorney General of the Federation, the President reserves the right to assign portfolios to Ministers appointed by him. Thus, without prejudice to the discretionary power of the

President of the Federal Republic of Nigeria to appoint anybody of his choice as Health Minister, the Committee recommends that consideration should be given to any member of the health team in making such appointment.

### **17. Appointment of Chief Medical Director/Chairman, Medical Advisory Committee Chairman and Medical Director/Head of Clinical Services**

The Committee noted the divergent views of the Nigerian Medical Association on the one hand and other Health Professionals on the other hand on appointment of CMD/CMAC and MD/HOCS as an indication of disharmony. The NMA's position is that the CMAC could come from either the associated university or from within the Teaching Hospital, stressing that the provisions on appointment of CMAC in the Act should be followed to the letter. On the contrary, other health professionals demand that the CMAC must be a full time staff of the Teaching Hospital. The consensus agreement reached was that the process of appointing the CMD/CMAC and MD/HOCS should be open, competitive and transparent.

### **18. Discriminatory Definition and Application of certain Terminologies in the Health Sector**

The Committee was informed by some members that terminologies such as “consultant”, “medically qualified” and “non-medically qualified” have been discriminatorily defined to favour doctors. It is the view of these members that the terms “consultant” and “medically qualified” apply to all health professionals as much as they apply to doctors. Thus, they contend that the discriminatory application of the terms deprive them of gains that they would otherwise have been entitled to, adding that such discrimination is a cause of disharmony. On the other hand, the doctors contend that there is no ambiguity about who a medically qualified person is, stressing that all over the world, the term *medically qualified* refers only to medical/dental practitioners. It was further argued in the course of deliberations that *providing consultancy services* is different from being a ‘Consultant’ as in the Scheme of Service. Mindful of the contending views regarding the terminologies, the Committee recommends that the review of the Act, CAP 463, should address the seeming ambiguities by properly defining the terms and who they apply to.

### **19. Definition of status of Resident Doctors in the Hospitals**

The Committee gathered from written and oral submissions made to it that the status accorded resident doctors is a cause of disharmony. It was argued that whereas medical and dental

practitioners enjoy sponsorship for residency programme, the same opportunity is not extended to other health professionals who engage in post-graduate studies on their own. Besides, the period of their post-graduate training is never recognized for remuneration as done for resident medical and dental practitioners. They believe that all health professionals should be given equal opportunities. The Committee was further told that the ad-hoc or temporary nature of the appointment of resident doctors contributes significantly to instability in the teaching hospitals as the bulk of the job in general medicine and surgery is being carried out by residents, so that whenever they withdraw their services, as they often do, services are seriously disrupted. This underscores the need for the appointment of permanent medical and dental officers while only a fraction should be allowed to undergo post-graduate training at a point in time. And since the association of resident doctors is neither a professional association nor a registered union, residents should be barred from undertaking industrial actions. The NMA, which represents the labour interest of all doctors, should be formally registered as a labour union in line with the Trade Union Act as a precondition for engaging in union activities, including embarking on industrial actions. This will bring sanity to the health sector.

## **20. Absence of A Postgraduate College for other Health Professionals**

From some of the memoranda submitted to it, the Committee identified the establishment of a National Postgraduate College for Medical and Dental practitioners and the failure to establish a College of cognate status for other Health Professionals as a cause of disharmony in the health sector. In the main, the other health professionals are of the view that the existing Postgraduate Medical College should be expanded to take care of others in the health profession instead of limiting access to only Medical & Dental practitioners. Establishment of post graduate colleges for other health professionals was thus recommended by the committee, where it does not exist.

## **21. Industrial Unions and Professional Associations**

Currently, some confusion exists in the membership of unions in the health sector. It is required that the Federal Ministry of Labour should re-define the jurisdiction of each union to remove overlaps which make a member to belong to two or three unions at a time or where two or three unions are struggling to mobilize the same people into their fold. This is presently causing confusion which needs to be addressed. It is also necessary that government should stop recognizing professional Associations that are not registered as Labour Unions for collective bargaining

and declaration of industrial dispute. Associations should operate within the confines of the law establishing them.

## **22. Non-compliance with Laws of Regulatory Agencies under the Federal Ministry of Health.**

The Committee was informed of government's meddlesomeness and non-compliance with the provisions of enabling Acts in the composition of Regulatory Councils/Boards of Parastatals of the Federal Ministry of Health. Appointments were said to be made to the Regulatory Councils without due adherence to provisions of the law governing such appointments. In the circumstance, it was resolved that the Federal Government through the Ministry should enforce compliance with the provisions of the enabling Act in the composition of Regulatory Councils/Boards of parastatals of the Federal Ministry of Health.

## **7.0 THE NEGATIVE IMPACT OF DISHARMONY ON THE PROMPT, PLEASANT, EFFECTIVE AND EFFICIENT DELIVERY OF HEALTH CARE**

7.1 It has been established from the foregoing that there is disharmony in the health sector. The reasons for the phenomenon have also been well articulated, even though they may not be

exhaustive. There is no doubt that disharmony in the health sector has a negative impact on the prompt, pleasant, effective and efficient delivery of health care to those needing it. The in-fighting among different health professional groups has eroded the needed *team spirit* for effective and efficient service delivery. Lack of cooperation and collaboration amongst health professionals has led invariably to poor research efforts and results, and ultimately, to poor productivity. The disharmony in training institutions has resulted in a drop in the quality of trained personnel, giving rise to half baked professionals. A natural concomitant of this phenomenon is poor service delivery in all its ramifications. And internationally, it has downgraded our health indices and given negative perception of our trainees and all the professions. Thus, there is need for concurrent training of all healthcare professionals in the same school to enhance team spirit on graduation.

### **8.0 TERM OF REFERENCE 3:**

**To develop and propose an action plan for the behaviour modification of all Health workers in order to restore and sustain an excellent relationship amongst them**

8.1 In tackling this term of reference, the Committee accepted as a fact that there is deep-seated rivalry and mistrust among health professionals as the submissions made by various

professional groups very clearly indicate. The Committee also agreed that dealing with the syndrome would require real attitudinal and behavioural change by all members of the health team. To this end, the Committee identified the following underlying basic principles on which the desired change should be based:

- i That there is interdependence amongst the professional groups and that the success in the functioning of one group depends on the other.
- ii That all members of the health team should respect the dignity of one another as regards body language, spoken and written words.

## **8.2 WHO REQUIRES THE BEHAVIOURAL AND ATTITUDINAL CHANGE (TARGET GROUP)**

8.2.1 It is the opinion of the Committee that health professionals and indeed, all health workers and staff at all levels in healthcare institutions require behavioural and attitudinal change. The Committee identified the following groups as needing behavioural change:

- i. The staff (workers);
- ii. The Professional groups;
- iii. Management of Health Institutions; and
- iv. Government and its Agencies

### **8.3 BEHAVIOURAL CHANGE EXPECTED OF THE TEAM MEMBERS (PROFESSIONAL GROUPS)**

- i) Team members must know and accept that every profession is evolving and the status of the profession of yester years is not the same as today.
- ii) Legislations concerning the various health professions are changing.
- iii) Each team practitioner should recognize improvements in status and roles of team practitioners and accord each member of the family due recognition.
- iv) Members should recognize and accept that the Professional functions /roles are interdependent rather than supportive.
- v) That mutual respect for team member must exist for team work to succeed.
- vi) No one Professional Group should arrogate to itself the power to determine what status others should or should not be given.
- vii) However, every Profession wishing to advance its career path should follow due process.
- Viii) Though the professionals' roles are complementary, they should be restricted to their areas of jurisdiction.

#### **8.4 BEHAVIOURAL CHANGE EXPECTED OF A LEADER:**

- 1) A leader should be able to direct the team to achieve the set objectives one of which is a good service.
- 2) A leader must work hard to earn and command the respect of the team.
- 3) A leader must not give room for/allow master-servant relationship.
- 4) A leader must be humble and be for all in order to engender trust.
- 5) A leader should protect the interest of all members of the team.
- 6) A leader must not create and/or encourage communication gap.
- 7) A leader must not encourage selective implementation of circulars.
- 8) A leader must sustain solutions reached for eradicating the ill-will among different Professional Groups.
- 9) A leader must ensure equity in representation of all Health Professionals in policy making bodies.

10) A leader should ensure that training is geared towards manpower needs of the Hospital and the nation in general and not limited to a profession.

#### **8.5 BEHAVIOURAL CHANGE EXPECTED OF THE GOVERNMENT AND ITS AGENCIES**

- A. Government should ensure equity in its dealings with all professional groups.
- B. The Hospital should be headed by a qualified Hospital Administrator and position should be designated as Chief Executive Officer. The title of Chief Medical Director should be changed to Chief Executive Officer.
- C. All reports on improved service delivery and harmony in the Health Sector should be jointly discussed with the stakeholders and adopted for ease of implementation.
- D. The approved scheme of service for all professionals and workers of the tertiary hospitals should be implemented fully and those that are under review should be completed without delay.
- E. The exclusion of other Health Professionals in policy formulation in the Ministry should be discouraged.
- F. Training for capacity building should be liberalized to the benefit of all Health care providers

## **8.6 ACTION PLAN/STRATEGIES FOR THE CHANGE**

8.6.1 The Committee recommends the following strategies for behavioral modification, namely: training; disciplinary action; standard of practice; workshop and seminars; regulatory measures and reward and recognition.

### **A. TRAINING:**

The following types of training are recommended:

- i. Induction course for new entrants into the Professions by Regulatory bodies.
- ii. Orientation programme for new staff into the Public service.
- iii. Periodic re-orientation on work ethics for all staff by professional Unions, Associations and Management.

### **B. DISCIPLINARY ACTION**

Disciplinary measures should be taken against any errant professional at various levels as follows:

- i. Management of the Institution or the Establishment involved;
- ii. Individual Professional Disciplinary Committee; and
- iii. Professional Group Disciplinary Committee.

**C. STANDARD OF PRACTICE:**

- i. There should be proper articulation of standard of practice for every profession;
- ii. There should be well articulated common code of conduct for health workers generally;
- iii. There should be well articulated sanctions for abuse of office ( i.e. deviation from norms); and
- iv. Sanctions contained in the Public Service Rules and Code of Conducts of all professional groups should be applied in case of any contravention of these provisions.

**D. WORKSHOP AND SEMINARS**

- i. General Workshops and Seminars aimed at bringing professionals together should be organized from time to time
- ii. Professionals should be assessed on ethical code of their profession as part of the promotional examinations

It is expected that these activities would enhance:

- a. better interaction and mutual relationship
- b. attitudinal change
- c. Respect for individual and group rights
- d. provision of better service to the sick and humanity in general

- e. the need for integrity, loyalty, honour, professionalism to self, associates and medical service
- f. Good ethical practice
- g. professional confidentiality

**E. REGULATORY MEASURES:**

The Regulatory Bodies and Inspectorate Agencies as well as Servicom should be strengthened and made functional.

**F. REWARD AND RECOGNITION**

All personnel who have shown exemplary character, noble and humble practice should be adequately rewarded either through accelerated promotion, letter of commendation or as may be otherwise determined.

**8.7 RECOMMENDED TRAINING/COURSE CONTENT**

To bring about the desired change and improvement in interpersonal relationship amongst health workers and between the health workers and their patients, the Committee recommends an appropriate training with the following course content:

- Interpersonal Communication skills
- Inter professional relationship
- Relationship with patient, client and family.
- Code of conduct of the profession(s)

- Public service rules
- Ethical/unethical practices
- Deviant behavior
- Ethical behavior
- Lust for money, corruption
- Transparency.
- Respect/lack of respect for constituted authority
- Respect/lack of respect for senior colleagues
- Respect/lack of respect for the rule of law
- Lack of self discipline
- Mentoring techniques.

## **8.8 TRAINING/COURSE OBJECTIVES**

The training will:

- a. bring about a change in unethical/deviant behavior
- b. bring about positive behavioural change
- c. bring about good interpersonal relationship among:
  - members of the same profession;
  - group of professionals (inter professional); and
  - with patients, clients and relations.

## **9.0 TERMS OF REFERENCE (TOR) 4 & 5**

- 4) To develop and propose a simple set of rules (etiquette) that would guide the behaviour of all

categories of health workers towards one another and to patients, their families and friends; and

5) To propose appropriate sanctions for any contravention of set rules as may be adopted for general application from relevant sections of the Public Service Rules and from the Codes of Professional Conduct of all the Professional groups in the Health Sector.

9.1 As has already been noted, the healthcare services offered to the people depend largely on the efficiency of the health sector. The behaviour of all categories of health workers towards one another and to patients, their families and friends is critical to achieving the desired goal. Thus, the Committee, in proposing set of rules to guide the behavior of health workers, noted that:

- a. there is deterioration in the quality of training and education of health graduates;
- b. there is need to ensure that the standard of training and skills are improved to globally acceptable standard;
- c. there is need for professional bodies to ensure that skills and knowledge are updated through **Continuing Mandatory Professional Development (CMPD)** programme;

- d. there is need to introduce public relation courses in various health professional training curricula;
- e. Ethics in relation to professional disciplines should be taught throughout the training programmes and be examined;
- f. the Committee of Registrars of Health Professionals needs to do more to improve harmony in the health sector. It needs to take up the issue of professional harmony to feature in its regular meetings. Policy issues that are possible causes of disharmony should be streamlined at that level; and
- g. the trainees in the various health professions should be educated to understand that their enrolment was for provision of professional service and not as a platform for other vocations.

## **9.2 RELATIONSHIP BETWEEN HEALTH PROFESSIONALS**

9.2.1 To ensure effective and efficient health care delivery, it is imperative that all health professionals work as a team. Thus, it is necessary that:

- a. All health care professionals should work co-operatively and collaboratively with professional colleagues and other members of health team to ensure

quality service for the patients and community at large.

- b. All health care professionals should respect other professional colleagues and other members of the health care team particularly in relation to their contribution to patient care and community service.
- c. All health care professionals should understand, recognise and work within the limits of their professional knowledge, skills and experience.
- d. Health professionals should be helped to have regular fora to discuss issues affecting patient care and community service such as grand clinical rounds, mortality meetings, and hospital community meetings.
- e. There should be “Joint Consultative Forum” at all levels of Health care delivery facilities where issues are discussed, analysed and solutions proffered for a meaningful team work.
- f. All health professional groups should desist from media publications that encourage disharmony amongst them. All efforts should be made to resolve issues within available avenues such as, Joint consultative fora, Industrial Arbitration Panel etc.
- g. The traditional exchange of courtesy amongst health professionals should be strengthened and maintained.

- h. Each facility administration should have an organ that monitors the proper implementation of these rules (such as office of the CMAC, SERVICOM etc).

### **9.3 CODE OF CONDUCT/ETHICS**

9.3.1 The committee notes that there are adequate provisions in the various professional codes of ethics and conduct. However, their enforcement leaves much to be desired. Therefore, there is need for:

- All health professionals to demonstrate the highest standards of conduct, honesty and integrity in their personal and professional behaviour as stipulated in their various codes of conduct;
- All health professionals to ensure their own beliefs and values do not prejudice or compromise their ability to carry out their professional roles and duties;
- Institutionalised orientation programmes for all new entrants/employees;
- Individualised facility Code of Conduct/Ethics;
- Facility – based OMBUDSMAN to check breaches of codes of conduct/ethics; and
- Each employee to be conversant with the Public Service Rules.

#### **9.4 RELATIONSHIP BETWEEN HEALTH PROFESSIONALS AND PATIENTS & THEIR RELATIVES.**

- a. All categories of health workers should hold the health and safety of patients as paramount at all times.
- b. All health workers should provide health care to all members of the public without prejudice to their age, religion, ethnicity, race, nationality, gender, political inclination, health or socio-economic status.
- c. All health workers should respect patients' confidentiality and be confined to necessary information except when medically necessary to communicate it with colleagues or other health workers involved in the care of the same patient or on proper authorisation by the patient.
- d. Except for emergencies, they are to ensure that the clients, patients or health care consumers of legal age of 18 years and above give informed consent for health intervention whereas for health care consumers who are under-aged or mentally ill, the next of kin or the parents could give the informed consent on their behalf.

- e. All health workers must respect the clients' patients' or health care consumers' autonomy, dignity and their right to decide whether or not to undergo any health care intervention even where a refusal may result in harm or death to them or a foetus unless a court of law orders to the contrary.
- f. All health workers should not enter into an immoral relationship with their patients, clients or health care consumers or into any other abusive or exploitative relationship.
- g. All health workers should avoid negligence, malpractice and assault while providing care to the patients/clients/healthcare consumers.
- h. All health workers should ensure uninterrupted care to their patients/clients/healthcare consumers in the event of a labour dispute or conflict without prejudice to their personal beliefs.
- i. Health workers should not offer preferential treatment.
- j. Each health care facility should have Customer Service Centre where strategic information could be obtained on a 24 hour basis.

## **9.5 SANCTIONS FOR CONTRAVENING SET RULES**

9.5.1 The Committee recognizes that members of the various health professions are answerable to their employers as well as their various professional regulatory bodies. They should of necessity therefore be subject to the sanctions outlined in the Public Service Rules as well as those attributable to professional misconduct as defined by the appropriate regulatory body or employer.

9.5.2 The Committee further recommends that:

- i. All health professionals have a duty to maintain sanctity of the health care industry. Therefore, quacks should be fished out, prosecuted and their premises shut down;
- ii. Premises and facilities used for health care practice must be properly registered. Practitioners must stop protecting their colleagues who are in breach;
- iii. Health Professionals should not engage unqualified practitioners in their facilities and when that happens the matter should be referred to the appropriate regulatory body;
- iv. All regulatory bodies in the health profession should use evidence of successful completion of continuing

professional development as a precondition for recertification;

- v. Infringement on the developed common rules and regulations on cooperation and collaboration should be referred to the appropriate disciplinary body of the facility;
- vi. Regulatory bodies should be more proactive and prompt in dealing with breaches of code of conduct/ethics; and
- vii. All breaches of relationships with patients and/or their relatives should be evaluated with a view to applying the necessary sanctions as per the Public Service Rules and if necessary, referral to the appropriate regulatory body.

## **RECOMMENDATIONS**

1. To ensure that all health professionals have equal opportunities of rising to the peak of their career in line with their Schemes of Service, the Committee recommends the creation of more Directorates in the Tertiary Hospitals.

2. The Committee recommends that Cap 463 LFN, which is the principal instrument regulating the operations of the Teaching Hospitals, should be reviewed.

3. In a similar vein, the Committee recommends that action should be expedited on giving legal backing to the Federal Medical Centres and Specialty Hospitals which currently operate without enabling laws.

4. The post of Chief Medical Director/Medical Director should be re-designated as Chief Executive Officer (CEO) and made open to all Health professionals with proven competence and managerial expertise.

5. All form of discrimination capable of hindering capacity enhancement of any group of professionals should be discarded. Accordingly, government is encouraged to work with National Universities Commission (NUC) to enhance professional capacity and development by allowing Universities/ Training Institutions run degree programmes that are relevant to the various Professionals in Health Institutions.

6. Necessary machinery should be set in motion, and the process fast tracked, to have an approved Scheme of Service for

cadres that are yet to have them and review existing ones as found necessary.

7. All Chief Executives of Tertiary Health Institutions should be directed by government to faithfully implement existing Schemes of Service.

8. To stem the disharmony arising from discrimination in the remuneration and pay relativities of health workers, the Committee recommends that government should implement recommendations of previous Committees on remuneration and pay relativities.

9. The Committee believes that equitable representation of all health professional groups on Management Boards would give each and every member of the health team a sense of belonging and guarantee industrial harmony in the health sector. The Committee therefore recommends that all encumbrances to having a balanced representation of all health professional groups on Management Boards of Tertiary Health Institutions should be removed.

10. On the structure of the Federal Ministry of Health, the Committee recommends that it should be restructured in a manner that will enhance the career prospects of all health

professionals and allow them to rise to their peak in line with establishment guidelines and requirements.

11. On pay disparity between health professionals in the employ of the Federal Government and their counterparts in other tiers of Government, the Committee recommends that the Federal Government should, as a matter of priority, encourage States to look into the remuneration of their health workers with a view to significantly narrowing the gap that currently exists between them and their federal counterparts. As a long term solution, the committee recommends a unified salary structure for health professionals nationwide even if it will require constitutional amendment.

12. The Committee recommends that acts of quackery and malpractice be appropriately sanctioned by the Regulatory Bodies of various professions and other law enforcement Agencies.

13. On the creation of Office of Surgeon General, the Committee is of the view that such action will further polarize the health team and lead to agitations by other health professionals for the creation of similar Office for their professions. Although the Nigeria Medical Association is of the view that the Office would bring about sanity in the health sector, the Committee is unable

to recommend the creation of Office of Surgeon General as a result of the aforementioned problem.

14. To remove the distress and disharmony arising from poor working conditions, the Committee recommends that the Federal Government should increase budgetary allocation to the health sector from the current rate of less than 10% to about 15% in line with the recommendation of World Health Organization (WHO), as well as put in place facilities that will make the work environment in the health institutions friendly.

15. The pervading indiscipline in the health sector which manifests in lack of respect for hierarchy and professional colleagues is a clear case of insubordination and an act unbecoming of a health professional. It also constitutes a violation of professional ethics. The Committee therefore recommends that such act should be sanctioned in line with the provisions of the Public Service Rule and Code of Professional ethics.

16. The Perennial staff shortage in most public hospitals and health institutions in Nigeria, especially at the primary and secondary levels of healthcare, puts undue pressure and stress on the available staff at all Healthcare Institutions. Thus, to stem the crisis, disruptive behavior, uncooperative attitude and disharmony

amongst health care workers arising from the increased pressure of work, the Committee recommends a strategic partnership of all tiers of government in eradicating manpower shortage. Very importantly, the WHO recommended staff complements in healthcare institutions should be adhered to.

17. In order to promote healthy competition with an overall objective of achieving better service delivery, the Chief Executives should take the initiative of rewarding outstanding performance through an appropriate reward system, in line with the Public Service Rules.

18. On the appointment of a Health Minister, the Committee notes that it is within the discretionary powers of Mr. President to appoint anybody of his choice as Health Minister. Thus, without prejudice to the power of Mr. President to appoint anybody of his choice as Health Minister, the Committee recommends that consideration should be given to any member of the health team in making such appointment.

19. On appointment of Chairman, Medical Advisory Committee, CMAC, the Committee recommends a democratization of the process of selection of eligible candidate from a pool of full time staff of the Teaching Hospital concerned.

20. Mindful of the contending views between medical practitioners on the one hand and other health professionals on the other hand regarding such terminologies as “consultant”, “medically qualified” and “non-medically qualified” the Committee recommends that the review of the Act, CAP 463LFN, should include definitions of terminologies commonly used in the Health Sector.

21. Due to the instability created in the Health Sector by non-unionized health professional groups embarking on strike, they should be barred and appropriate sanctions applied when in breach.

22. The Committee recommends the establishment of post graduate colleges for other health professionals.

23. To tackle the confusion which now exists in the membership of unions in the health sector and the resultant membership overlaps, the Committee recommends that the Federal Ministry of Labour and Productivity should re-define the jurisdiction of each union to remove the problem of different unions struggling to mobilize the same people into their fold.

24. The Committee recommends strict adherence of the Federal Government and the Federal Ministry of Health to all enabling laws on the composition of Regulatory Councils and Boards of the parastatals of the Ministry.

25. The Committee recommends the following strategies for behavioural modification, namely:

**a) Training, Workshop and Seminars:**

The following types of training are recommended:

- Induction course for new entrants into the Professions by Regulatory bodies.
- Orientation programme for new staff into the Public service by employers
- Periodic re-orientation on work ethics for all staff by professional Unions, Associations and Management.
- General Workshops and Seminars aimed at bringing professionals together should be organized from time to time
- Professionals should be assessed on ethical code of their profession as part of their promotional examinations

To bring about the desired change and improvement in interpersonal relationship amongst health workers and between

the health workers and their patients, the Committee recommends an appropriate training with the following course content, amongst others:

- Interpersonal Communication skills
- Inter professional relationship
- Relationship with patient, client and family.
- Code of conduct of the profession(s)
- Public service rules
- Ethical/unethical practice
- Respect/lack of respect for constituted authority
- Mentoring techniques.

It is expected that these activities would enhance

- i. better interaction and mutual relationship
- ii. attitudinal change
- iii. respect for individual and group rights
- iv. provision of better service to the sick and humanity in general
- v. the need for integrity, loyalty, honour, professionalism to self, associates and medical service
- vi. good ethical practice
- vii. professional confidentiality

**b) Disciplinary Action:**

Disciplinary measures should be taken against any errant professional at various levels as follows:

- Management of the Institution or the Establishment involved.
- Individual Professional Disciplinary Committee.
- Professional Group Disciplinary Committee.

**c) Standard of Practice:**

- There should be proper articulation of standard of practice for every profession.
- There should be well articulated Code of Conduct for health workers generally.
- There should be well articulated sanctions for abuse of office (deviation from norms)
- Sanctions contained in the Public Service Rules and Code of Conducts of all professional groups should be applied in case of any contravention of these provisions.

**d) Regulatory Measures:**

- Set up independent Public Complaints Department (SERVICOM).
- Empowerment of ethical committee to impose sanctions on any erring member especially if it concerns abuse of office, encroachment on the professional responsibilities of the medical and para-medical personnel.
- Stringent control measures against quackery in the medical practice through regulatory monitoring and control of activities of members of the health professionals.

**e) Reward and Recognition:**

All personnel who have shown exemplary character, noble and humble practice should be adequately rewarded either through promotion or as may be otherwise determined.

26. To guide the behavior of all categories of health workers towards one another and to patients, their families and friends, the Committee proposes the following set of rules:

- a. All health care professionals should work co-operatively and collaboratively with professional colleagues and other members of health team to ensure

quality service for the patients and community at large.

- b. All health care professionals should respect other professional colleagues and other members of the health care team particularly in relation to their contribution to patient care and community service.
- c. All health care professionals should understand, recognise and work within the limits of their professional knowledge, skills and experience.
- d. Health professionals should be helped to have regular fora to discuss issues affecting patient care and community service such as grand clinical rounds, mortality meetings, and hospital community meetings.
- e. There should be “Joint Consultative Forum” at all levels of Health care delivery facilities where issues are discussed, analysed and solutions proffered for a meaningful team work.
- f. All health professional groups should desist from media publications that encourage disharmony amongst them. All efforts should be made to resolve issues within available avenues such as, Joint consultative fora, Industrial Arbitration Panel etc.
- g. The traditional exchange of courtesy amongst health professionals should be strengthened and maintained.

- h. Each facility administration should have an organ that monitors the proper implementation of these rules (such as office of the CMAC, SERVICOM etc).

27. The Committee recognizes that members of the various health professions are answerable to their employers as well as their various professional regulatory bodies. They should of necessity therefore be subject to the sanctions outlined in the Public Service Rules as well as those attributable to professional misconduct as defined by the appropriate regulatory body or employer. The Committee further recommends that:

- i. All health professionals have a duty to maintain sanctity of the health care industry. Therefore, quacks should be fished out, prosecuted and their premises shut down;
- ii. Premises and facilities used for health care practice must be properly registered. Practitioners must stop protecting their colleagues who are in breach;
- iii. Health Professionals should not engage unqualified practitioners in their facilities and when that happens the matter should be referred to the appropriate regulatory body;
- iv. All regulatory bodies in the health profession should use evidence of successful completion of *Mandatory*

*Continuing Professional Development* as a precondition for recertification;

- v. Infringement on the developed common rules and regulations on cooperation and collaboration should be referred to the appropriate disciplinary body of the facility;
- vi. Regulatory bodies should be more proactive and prompt in dealing with breaches of code of conduct/ethics; and
- vii. All breaches of relationships with patients and/or their relatives should be evaluated with a view to applying the necessary sanctions as per the Public Service Rules and if necessary, referral to the appropriate regulatory body.

## **CONCLUSION**

In conclusion, members of the Committee wish to express their gratitude for being called upon to contribute their quota to the overall effort at finding a lasting solution to the disharmony in the Health Sector, the consequences of which are far reaching and worrisome. It is therefore the sincere wish of the Committee that government will find the recommendations in this report useful in addressing the problem of disharmony in the health sector and thereby improving healthcare delivery in Nigeria.