

## **Blue Ocean Strategy and the Future of Public Sector: A Study Of Health Insurance Reforms Implementation in Nigeria.**

<sup>1</sup>Mohammed Musa W. Kirfi, <sup>2</sup>Ishola Abdulrasaq Ajadi  
<sup>3</sup>Almustapha A. Aliyu

<sup>1</sup>*Department of Public Administration Usmanu Danfodiyo University, Sokoto, Nigeria*

<sup>2</sup>*Graduate at UDUSOKOTO, Nigeria*

<sup>3</sup>*Department of Accounting Usmanu Danfodiyo University, Sokoto, Nigeria*

**ABSTRACTS:** *The wave of commercialization and privatization is a worldwide phenomenon that has swept over western economies and Africa. As public management reform programmes, privatization has taken different patterns in different nations largely due to peculiar business environment and circumstances that led to the creation of these enterprise in the first place (Adamu, 2007; Adadu, 2008). The privatization of public enterprise brings on the neo-classical hypothesis that private ownership brings greater efficiency and more rapid growth. It is often seen as the best means of enforcing market discipline and promoting efficient allocation and use of resources (Ndehfru, 2008). Privatization is a move towards a bigger strategy called “Blue Ocean Strategy”. Endemic corruption, excessive political interference as well as bureaucratic redtapism have given weight to the necessity for government’s withdrawer from the management of public enterprise. Data were gathered through serving of questionnaire and when analyzed, it was evident that though government’s involvement has expired in the provision of certain services but on medical services, the presence of the government is a necessity and must be retained.*

**Keywords:** *Public Enterprise, Privatization, Service Efficiency and Blue Ocean Strategy*

### **I. INTRODUCTION**

The existence of administrative unit otherwise known as government, as the coordinator of the affairs of a state in conjunction with the provision of public goods and services led to the settings up of public enterprises. The wisdom behind the involvement of the government in the running of an enterprise as a tool of service delivery is rooted in its traditional role as the prime mover of the state, the protector of the public from the hurting pang of the private business men as well as ensuring national security (Adamu, 2007).

In contemporary colonial societies, public enterprises have had origins, first and foremost, traced to colonialism (Arukwe, 2009). In Nigeria, just like in any other place, it will be impossible to discuss privatization without first of all understanding the reasons for establishing public enterprises (Okafor, 2011). In contemporary post-colonial societies, of which Nigeria is an example, government participation in the economy often comes in the form of the establishment of public enterprises (Arukwe, 2009). Many reasons can be adduced as the justification for creating public enterprise in Nigeria as in other African countries (Ezeani, 1995; Adebusuyi, 1999; Adeyemo, 2001) c. f. (Okafor, 2011).

The involvement of states in the running of their various enterprises has had a long history. In Nigeria, particularly, it dates back to the colonial era when the task of providing infrastructural facilities such as railway lines, bridges, water supply, electricity, and port facilities fell squarely on the colonial official whether indigenous or foreign with the required capital as well as the inability or willingness of foreign trading companies to embark on these capital intensive projects (Adadu, 2008). This paper is therefore an attempt at tracing the various strategy embarked upon towards the introduction of Blue Ocean Strategy in Nigeria.

### **Conceptual Clarification**

In conducting this study, the following concepts shall be explored as they form the basis upon which the effort rests. The concepts are;

- Public Enterprise
- Blue Ocean Strategy
- Health Systems in Nigeria

### **Public Enterprise**

Public enterprise has been defined by numerous writers and each of them explained it based on their respective educational orientation and the conceptualization of the term in various environments. Robson (1937), c. f. (Adamu, 2007) described the setting up of public enterprise as “the most important innovation in political organization and constitution practice. Public enterprises are corporations or parastatals or corporate entities other than ministries/departments that has special statutory instrument and engages in business to provide goods and services to the public. They include corporations, Authority, Boards and companies like PHCN, NNPC, Railway Corporation etc (Abdullahi, 2010). Wikipedia defined public enterprise as; “A government owned corporation, state-owned company, State-owned entity, state enterprise, publicly owned corporations, government business enterprise, commercial government agency or parastatals. It is a legal entity created by a government to undertake commercial activities on behalf of an owner, government.”

The various definitions when critically synthesized revealed that, public enterprises are usually state-owned, provider of public goods and services and they are usually financed with the tax payers’ monies. According to Yusuf (2002) c.f. Ndehfru (2008:78), state ownership of enterprises leads to monopoly situation as the Nigeria telecommunication (NITEL) and the National Electric Power Authority (NEPA) are typical examples. By political interference, politicians and government officials often interfere with the running of public enterprises for their personal gains rather than on the basis of sound economic judgments. Besides, politicians are people sometimes appointed to manage boards of public enterprise which are not based on merits, experience or specialization but to satisfy political reasons and this has affected the overall performance of the enterprise (Adedeji, 1992 c.f. Ndehfru, 2008).

In order to save the huge investment made on them by the government as well as the high cost of their maintenance and also to enhance an improvement in the nature of service delivery, privatization was resulted to. Commercialization and privatization are twin reform programmes designed to re-structure public businesses to be more efficient in output and be more responsive to public needs and less dependent on public funding through budget (Ishola and Oriire, 2012).

It is on record that all over the world, the public service has not been known for their capacity to create wealth. Consequently, public enterprises have usually been perceived as drain pipes for government budget, thus creating budgetary strains and avoidable burden on the economy. It becomes a national policy imperative, therefore, to disengage the public sector from those areas where the private sector has the comparable advantage to perform, while letting the state concerned itself with the provision of infrastructure, security and the enabling environment for business to thrive through enhanced wealth creation (Adamu, 2007; Arukwe, 2009 and Okafor, 2011).

### **Privatization**

Chowdhury and Fine (2006 c. f. Adamu 2007), defined privatization in a broader sense as “the transfer of any government function to the private sector including governmental functions like revenue collection and law enforcement”. The term “privatization” also had been used to describe two unrelated transactions. The first is buyout, by the majority owner of all shares of a public corporation or holding company’s stock. The second is a demutualization of a mutual organization or cooperative to form a joint stock company.

Adamu (2007) simply put privatization “as the incidence or process of transferring ownership of business from the public sector (government) to the private sector (business).” The term privatization refers to the process of changing the ownership of public enterprises or industries from the state (government) to the individual private hands, with the main aim of ensuring efficiency and effectiveness in services delivery and profits maximization (Manson, 1988 c.f. Dangulubi and Junaidu, 2008).

Privatization refers to the reduction or a total withdrawal of public sector intervention in economic activities which involves the relinquishment of part of or all of the equity and other interests held by the government or its agency in enterprises, whether wholly or partly owned by the government (Anka et al., 2007 c.f. Abdullahi, 2010). Privatization as the adoption of the principles and techniques of private sector management in the ownership and operational structure of the public sector organization, particularly the public enterprise is a strong measure aimed at achieving economic resurgence. Another school of thought opines that privatization leads to even distribution of wealth because shares are advertised for every citizen who will in turn receive the dividend arising from the enterprises (Ndehfru, 2008).

The submissions of the paraded definitions and contributions of scholars reveal that privatization involves the “transfer” of “enterprise” from the “government” to the “private sector” and it is for the benefit of achieving “efficiency” and “effectiveness”. Various scholars differ in their opinion when the latter refer privatization as the process of relinquishing part of government equity in public enterprise while the former relates privatization to commercialization by holding the view that privatization may not necessarily involves the disengagement of the government but the adoption of private sector management techniques and principles in the management of public enterprise.

## **Blue Ocean Strategy**

The rate at which scholars had paid attention to the concept of blue ocean strategy is very low. This does not signify its insignificance in academia but due to its recency and so, few submissions on the concept will be examined. Before exploring the basic idea behind the concept of blue ocean strategy, there is the need to shed some light on the term “strategy”. In doing this, we need to know what strategy is and how an effective strategy is put in place, since there are many misunderstandings about the topic of organizational strategy, let’s define what strategy is not. Strategy is not about operational effectiveness -- trying to be better, faster, or cheaper than a competitor. This is simply being more efficient than competitors. Nor is strategy about benchmarking or trying to do the same things as your competitor but doing them better. This may lead to short term advantage at best. Strategy is also not about trying to be number one in a given market. That is a statement of aspiration that simply defines how well you want to do, not what you want to do (Porter,). So what is strategy?

Strategy is the process of competing to be unique rather than competing to be the best, although a military background has been traced to the term but it has been adopted more widely in organizational management. It involves defining a unique value proposition through which the organization will achieve and maintain competitive advantage. It involves developing a different and tailored “value chain” or set of activities that support and help to differentiate the organization’s strategy. It involves deciding what not to do as much as what to do. The Longman Dictionary of Contemporary English, Third Edition sees strategy as “a well-planned series of actions for achieving an aim, especially success against an opponent or threat”.

In order to critically explore the concept of blue ocean strategy, the term “Red oceans” will as well be examined. The metaphor of *red and blue oceans* describes the market universe. Red oceans are all the industries in existence today- the known market space. In the red oceans, industry boundaries are defined and accepted, and the competitive rules of the game are known. Here companies try to outperform their rivals to grab a greater share of the product or service demand. As the market space gets crowded, prospects for profits and growth are reduced. Products become commodities or niche, and cut-throat competition turns the ocean bloody. Hence, the term *red oceans*. *Blue oceans*, in contrast, denote all the industries not in existence today-the unknown market space, untainted by competition. In blue oceans, demand is created rather than fought over. There is ample opportunity for growth that is both profitable and rapid. In blue oceans, competition is irrelevant because the rules of the game are waiting to be set. Blue Ocean is an analogy to describe the wider, deeper potential of market space that is not yet explored (Kim and Mauborgne, 2005). Although the term may be new, blue oceans have always been with us (Kim and Mauborgne, 2005). Today, one hardly talks about strategy without using the language of competition. The term that best symbolizes this “competitive advantage worldview, companies are often driven to out-perform rivals and capture greater shares of existing market space. Of course, competition matters. However, by focusing on competition, scholars, companies, and consultants have ignored two very important things and, we would argue, far more lucrative-aspect of strategy: one is to find and develop markets where there is little or no competition-blue oceans- and the other is to exploit and protect blue oceans. These challenges are very different from those to which strategists have devoted most of their attention.

Blue oceans are not about technology innovation. Leading-edge technology is sometimes involved in the creation of blue oceans, but it is not a defining feature of them. Perhaps the most important feature of blue ocean strategy is that it rejects the fundamental tenet of conventional strategy: that a trade-off exists between value and cost. A rejection of the trade-off between low cost and differentiation implies a fundamental change in strategic mind-set. We cannot emphasize enough how fundamental a shift it is. The red ocean assumes that industry’s structural conditions are given and firms are forced to compete within them. This is based on an intellectual worldview that academicians call the structural view, or environmental determinism. According to this view, companies and managers are largely at the mercy of economic forces greater than themselves. Blue ocean strategy; by contrast, are based on a world-view in which market boundaries and industries can be reconstructed by the actions and beliefs of industry players. We call this the re-constructionist view.

A blue ocean is created in the region where a company’s actions favourably affect both its cost structure and its value proposition to buyers. Cost savings are made from eliminating and reducing the factors an industry competes on. Buyer value is lifted by raising and creating elements the industry has never offered. Over the time cost are reduced further as scale economics kicks in, due to the high sales volumes that superior value generates. In blue oceans, demand is created rather than fought over. There is ample opportunity for growth that is both profitable and rapid. In summary, blue ocean strategy is mainly on “how to create uncontested market space and make

## **Health Systems In Nigeria**

At the 1988 conference assembly of the world health organization (WHO) in Africa pointed out that African countries need to improved good quality health’s services policies in all aspect of life; Socially and economically for development. Therefore, this work is divided into six distinctive forms as follows:-

The sustainability and viability of a country's economic and social growth depend only on a vibrant healthcare sector that exists for her citizens. The world health assembly in 1988 mandated all governments to provide quality healthcare that would able all her citizens lead a socially and economical productive life (WHO, 1997). According to World Bank (1994), majority of population in low income countries remains socially uncovered against the risk of illness.

Health services in Nigeria have evolved through series of historical development polices and plans, which were introduced by previous administrations. The health services are judged to be unsatisfactory and inadequate in meeting the needs and demand of the people as reflected by the law state of health of the populace. The falling standard of public health care system has continued, despite various attempts to uplift it. The financing healthcare in Nigeria, even with all the political will and socio-economic stability may take decades and trillions of naira to make our public health institution functional, viable and effective.

Maintaining the health of the citizenry (access and awareness) has become a big problem due to inadequate financing of healthcare services in the country and has rendered the goals of national policy on primary healthcare unachievable. As the level of education and awareness increases, the demand for healthcare increases and government has no choice but to look for a way to provide healthcare on "cash and carry" basis to the demanded of healthcare. It is obvious that government cannot single handedly afford the cost of providing the required resources and manpower without some assistance, therefore the involvement of individuals beneficiaries to be able to solve the problem of gross under-funding and insufficiency of financial resources to provide pertinent healthcare.

Akpovi (2002) asserted that the pattern of public and private financing of healthcare in Nigeria is politically inadequate and economically inefficient to meet the goal of national policy on primary healthcare. Although the private sub-sector of healthcare delivery is active and substantial in Nigeria, such private spending has little or no impact on the low cost services for healthcare within the country.

Despite efforts by successive governments at easing out healthcare spending in Nigeria, the health status of the average Nigeria and the condition of health infrastructure has not improved appreciably (Llyod, 2009). There is an urgent need for a sustainable equitable strategy to eliminate physical and financial barriers to healthcare. Medical as a public good justifies that public financing of healthcare is necessary to improve access to health status (Collins, 2006).

## II. METHODOLOGY

The population of the study consists of all the employees of the Usmanu Dan Fodio University Teaching Hospital (UDUTH) and Sahel Specialist Hospital, Sokoto as well as their clients (NHIS clients). This will include those directly employed by the government and those sourced through out-sourcing method of recruitment. The population of the study thereby amount to Nine thousand, sic hundred and fifty seven (9657).

<b>Table: 1:1 Population of the study by categorization.S/N</b>	<b>INSTITUTION</b>	<b>SERVICE PROVIDERS</b>	<b>CLIENTS</b>	<b>TOTAL</b>
<b>1</b>	<b>UDUTH</b>	<b>2,103</b>	<b>6840</b>	<b>8943</b>
<b>2</b>	<b>SAHEL</b>	<b>30</b>	<b>684</b>	<b>714</b>
	<b>TOTAL</b>	<b>2133</b>	<b>7524</b>	<b>9657</b>

**Source: Field work 2012**

### Sample Size And Sampling Techniques

Due to the difficulties associated with taking the entire population for a study, and in line with the scientific tradition, the sample of the study shall be calculated using the Sample size calculator as designed by Raosoft, Inc. A total of three hundred and seventy respondents selected through a Stratified sampling technique shall be considered in this study.

**Table: 1.2 Sample size of the study by the online sample size calculator**

<b>Margin of error</b>	<b>5%</b>
<b>Confidence level</b>	<b>95%</b>
<b>Population size</b>	<b>9657</b>
<b>Response distribution</b>	<b>50%</b>
<b>Recommended sample</b>	<b>370</b>

**Source: computation by the authors using sample size calculator 2012**

- The chance of 43.33 % is based on the adopted work of *J.W. Oosterbroek* (2007)
- 43.33% is Scientifically representative and statistically significant

### III. DATA ANALYSIS METHOD

The information gathered from the respondents through the questionnaire formed the basis for data coding and analysis in the study. The descriptive statistics of simple frequency count and simple percentage were used for description and analysis. To test the hypotheses formulated, chi-square method is employed. This method is used because it is good in testing the validity of the hypothetical statement especially to study the relationship between two or more variables. The chi-square is given by:

$$X^2 = \frac{\sum (fo - fe)^2}{fe}$$

Degree is however determined testing on 5% level of significance i.e. 0.05.

### IV. DATA PRESENTATION AND ANALYSIS INTRODUCTION

This section presents and analyzes the data gathered in the course of this research. A total of three hundred and seventy (370) questionnaires were distributed to four categories of respondents. Only three hundred and twelve (312) were returned implying 84.3% as the response rate. The analyses will be conducted based on initial statement, evidence from the table, personal observation and literature/empirical evidence as appropriate.

**Table 1.3 Questionnaires: Section A**

S/N	Variable	Number	Percentage %
1	<b>Sex</b>		
	Male	189	61
	Female	123	39
2	<b>Marital Status</b>		
	Married	247	79
	Single	65	21
3	<b>Educational qualification</b>		
	Primary certificate	12	4
	Secondary certificate	56	18
	OND/ NCE	45	14
	HND/ B. Sc	148	47
	Others (Specify) M.Sc.	51	17
4	<b>Years of Service</b>		
	Dependents	41	13
	1 - 4	84	27
	5 - 15	109	35
	16 - 25	53	17
	26 and above	25	8
5	<b>Category of Staff</b>		
	Skilled	107	34
	Unskilled	81	26
	Clients	124	40
6	<b>Categories of Respondents</b>		
	Service providers		
	UDUTH	161	52
	SAHEL	27	9
	Clients		
	MAIN	83	26
	SUBSIDIARY	41	13

Source: Field Work, 2012.

The table above shows that 189 out of 312 respondents are male while 123 are female. This means that 61% of the respondents involved in this study are male while 39% of them are female. It is also clearly shows that 65 respondents involved in this study are single while 247 are married. Analysis in a simple percentage calculation shows that 21% involved in this study are single while 79% are married. It went further to show the qualification of the respondents, as those with primary certificate are 12 out of the 312 respondents, secondary certificate 56, Diploma/NCE 45, Bsc. / HND 148 and 51 M.sc holders. This was analyzed as 4%, 18%, 14%, 47%, and 17% respectively.

On the respondent's years of service, the table shows that 41 of the respondents are dependants (i.e. wards of NHIS clients), 84 are between the service years of 1-4, and 109 respondents are between 5-15, 53

between 16-25 while 25 are between the service year of 26 and above. This means that 13% of the respondents are minor/ dependants, 27% are between the service year of 1-4, 35% falls between 5-15, 17% 16-25 while 8% between 26 and above of the total respondents. The category of staff indicates that 107 of the respondents are skilled workers, 81 are unskilled while 124 are clients which can be analysis as 34%, 26% and 40% respectively.

The table later shows that 161 out of 312 respondents are from UDUTH, 27 from Sahel hospital, 83 respondents are the main clients while the remaining 41 respondents are Subsidiary clients. This gives 52%, 9%, 26% and 13% of the total respondents respectively. This has clearly created a little insight into the caliber of respondents selected as sample for this study.

To test for the hypothesis formulated, Chi-square ( $\chi^2$ ) test of independence will be used. The decision rule will be to accept the alternative hypothesis (H1) if the Chi-square calculated is greater than the chi-square tabulated and reject the null hypothesis accordingly. If the chi-square tabulated is greater than chi-square calculated, the decision rule will be to accept the null hypothesis and reject the alternative hypothesis.

**Table 1.4 What is your view on the involvement of government in the funding of medical services?**

Response	No. of Respondents	Percentage (%)
Very necessary	198	63.4
Necessary	78	25
Not necessary	30	9.7
Uncalled for	6	1.9
<b>Total</b>	<b>312</b>	<b>100</b>

Source: Field Work Questionnaire, 2012.

Going by the details on the table, 63.4% of the respondents see the financial commitment of the government as being essentially necessary, 25% described it as been necessary, 9.7% categorically qualify it as not necessary while the remaining 1.9% bluntly regards the financial commitment of the government in the health sector as been uncalled for. These views when quantified translates to 198 of the respondents regarding government spending has been very necessary, 78 respondents take it as a necessity, 30 respondents declared it as not necessary while 6 respondents describes it as uncalled for. It can therefore be deduced from the table that the involvement of the government in sponsoring health institutions is very necessary and must therefore be intensified. The conclusion from the table agrees with the submission of Ezeani, 1995; Adebusuyi, 1999; Adeyemo, 2001 and Okafor, 2011. But the researcher relates the opinion of the majority of the respondents as a reflection of the manifestation of poverty in Nigeria.

**Table 1.5 Do you think the withdrawal of the government funding from the Health sector can negatively affect the enjoyment of health services by the common man?**

Response	No. of Respondents	Percentage (%)
Yes	273	87.5
No	37	11.9
No response	2	0.6
<b>Total</b>	<b>312</b>	<b>100</b>

Source: Field Work Questionnaire, 2012.

Out of the 312 respondents whose opinion were sampled, 87.5% which amounts to 273 respondents opined that the withdrawer of government funding from the health sector will negatively affect the enjoyment of health services by the common man, 11.9% which amounts to 37 respondents believes that the withdrawer will not affect the common man while 0.6% translating to only two respondents claimed to have to response on the issue. Evidently, the above data can be translated to mean that the withdrawer of the government from funding the health sector will negatively affect the enjoyment of health services by the common man. The researcher noted that the lowest class of the society patronizes public hospitals more and that is why they will be heavily affected when government funding is being removed.

**Table 1.4 The observed frequency table**

Question	A	B	C	D	Total
1	198	78	30	6	312
2	273	37	2	0	312
<b>Total</b>	<b>198</b>	<b>91</b>	<b>139</b>	<b>191</b>	<b>624</b>

The formula:  $\chi^2 = \sum \frac{(o_{ij}-E_{ij})^2}{E_{ij}}$   $E_{ij} = \frac{R_i C_j}{N}$   $\alpha = 0.05$  (1-0.95)

Where:

- $\chi^2$  = chi-square
- $\Sigma$  = summation
- $O_{ij}$  = observed values (frequency)
- $E_{ij}$  = Expected values (frequency)
- $R_i$  = Row I
- $C_j$  = column J
- $n$  = grand total
- $\alpha$  = level of significance

$$E_{ij} = \frac{R_i C_j}{N}$$

$$E_{11} = \frac{312 \times 198}{624} = 99 \quad E_{12} = \frac{312 \times 91}{624} = 45.5 \quad E_{13} = \frac{312 \times 139}{624} = 69.5$$

$$E_{14} = \frac{312 \times 191}{624} = 95.5 \quad E_{15} = \frac{312 \times 5}{624} = 2.5$$

Expected frequency

Question	A	B	C	D	E	Total
1	99	45.5	69.5	95.5	2.5	312
3	99	45.5	69.5	95.5	2.5	312
Total	198	91	139	191	5	624

$$\chi^2_{Cal} = \frac{(o_{ij}-E_{ij})^2}{E_{ij}}$$

$$X^2 = \frac{(198-99)^2}{99} + \frac{(78-45.5)^2}{45.5} + \frac{(30-69.5)^2}{69.5} + \frac{(6-95.5)^2}{95.5}$$

$$\frac{(0-2.5)^2}{2.5} + \frac{(0-99)^2}{99} + \frac{(13-45.5)^2}{45.5} + \frac{(109-69.5)^2}{69.5}$$

$$\frac{(185-95.5)^2}{95.5} + \frac{(5-2.5)^2}{2.5}$$

$$X^2 = 99 + 23.2 + 22.4 + 83.9 + 2.5 + 99 + 23.2 + 22.4 + 83.9 + 2.5 = 462$$

$$\begin{aligned} \chi^2_{tab} &= \chi^2_{\alpha} (r-1) (c-1) \quad r=5, c=4 \\ &= 0.05(2-1) (5-1) \\ &= 0.05(1) (4) \\ &= 0.05(4) = 9.488 \end{aligned}$$

$$\chi^2_{calculated} = 462, \chi^2_{tabulated} = 9.488$$

## V. DECISION RULE

Comparing the  $\chi^2_{calculated}$  and the  $\chi^2_{tabulated}$  one will observe that  $\chi^2_{calculated}$  is greater than  $\chi^2_{tabulated}$ . The researcher will therefore accept the Alternative hypothesis (H1) and reject the null hypothesis (H0) and conclude that if government should spend heavily on public health institutions, then there will be an improvement in the quality of their services.

## VI. CONCLUSION

From the literatures reviewed as well as from the data realized, Nigeria government has at different points settled for one reformation agenda or the other in the bid to improve the quality of social goods and services rendered by the state to its citizens, among these attempts are privatization and commercialization, setting up of anti-corruption agencies etc. The Nigerian public service has not been up to the task set for it and

even the privatization and commercialization attempt is bedeviled by numerous atrocities among which are corruption, nepotism and other disparity factors. The conclusion reached in this study is that Government spending on public health sector is necessary although very low and that is why the quality of service been rendered is very poor.

## VII. RECOMMENDATIONS

The following recommendations are suggested with the belief that their application will bring about the desired change in the Nigerian health service sector as well as other sectors in the economy. Facts deduced from the gathered data, empirical suggestions as well as personal observation of the researcher form the foundation of these recommendations and they are as follow;

- a) Nigerians are entitled to nothing less than absolute honesty and total commitment in the performance of the public service. Therefore, honesty is a debt which the public service must pay in return for the trust reposed in it by the citizenry.
- b) Good governance in the health sector generally refers to the enhancement of the stewardship functions and the improvement of management support system of both the national and local governments in terms of their collective responsibility for the overall performance of the health system (Bello and Adetona, 2009). It is therefore recommended that stewardship function and improved management support system should be incorporated in the activities of the public service.
- c) In order to reposition the Nigerian public health sector to be more responsible and responsive to the health needs of Nigerian and to ensure a healthier longer and more productive lives, competent employees must be recruited (Metioba, 2009).
- d) And for improvement to be achieved in the service sector, Obamiro (2008) alludes that “there is need to focus attention in the modernization of the existing infrastructure, management should hire more qualified and experienced personnel, frequent orientation and training of the entire staff should be a thing of priority, employees should be highly motivated, there should be an improvement of communication flow within the entire sector and all these put together shall increase the efficiency of service delivery in the Nigerian health sector”.
- e) We are all part of the cycle of corruption and despair and we must join hands to root out this evil that is strangling our nation (Aroyo, c.f. *Oosterbroek, 2007:5*).

## REFERENCES

- [1]. Abdullahi, H. (2010). *History and Structure of the Nigerian Economy*. Minna and Kaduna, Halygraph Publications Ltd
- [2]. Adamu, S. (2007). *Fundamentals of Public Administration in Nigeria*, Bida: Lasad Press
- [3]. Arukwe N.O, (2009). “Privatization, Nigerian Workforce and Unintended Social Consequences” in *Journal of International Politics and Development Studies*, Vol 5, Numbers 1 and 2: Foundation for American Peace Studies and Initiatives: 227-240
- [4]. Bello, R.A and Adetona O, (2009). “Good Governance and Performance of the Health System in Nigeria: A Framework for policy Analysis” in *LIJOMASS, Lapai International Journal of Management and Social Sciences*, Vol 2, Number 1, Lapai: Faculty of Management and Social Sciences, Ibrahim Badamosi Babangida University, Lapai, Niger State: 188-199
- [5]. Dangulbi, S. M. and Junaidu, S.A. (2008). "Privatization in Nigeria: A Critical Appraisal" in *Readings in Public Administration: Sokoto*, Department of Public Administration, Usmanu Dan Fodiyo University, Sokoto
- [6]. Ishola R.A and Orire A.A, (2012). "Poverty Alleviation and Peace Sustainability in Nigeria: Implication for Alternative Strategies" in *Journal of Administration: Katsina, College of Administration and Management Studies*, Hassan Usman Katsina Polytechnic, Katsina
- [7]. Kim, C. W. and Mauborgne, R. (2005). *Blue Ocean Strategy*. United States: Harvard Business School Press
- [8]. Metioba S, (2009). “An Overview of Development in National Health Insurance Scheme in Nigeria” in *LIJOMASS, Lapai International Journal of Management and Social Sciences*, Vol 2, Number 1, Lapai: Faculty of Management and Social Sciences, Ibrahim Badamosi Babangida University, Lapai, Niger State: 217-224
- [9]. Ndehfru, J. (2008), “The Impact of Privatization on the Sustenance of Democracy in Nigeria” in *Nasarawa Journal of Political Science*, Vol 1, Number 1, Keffi: Department of Political Science, Nasarawa State University: 76-86
- [10]. Obamiro, J.K (2008), “Analysis of Service Delivery in Nigerian Hospitals Using Queue Model with Simulation by Promodel” in *LIJOMASS, Lapai International Journal of Management and Social Sciences*, Vol 1, Number 1, Lapai: Faculty of Management and Social Sciences, Ibrahim Badamosi Babangida University, Lapai, Niger State: 82-93
- [11]. Okafor E.E, (2011). "Privatization and Deregulation: The Gains and the Loses" in *Assessment of Democratic Trends in Nigeria*, New Delhi: Gyan Publishing House
- [12]. Oosterbroek, J. W. (2007). *Curtailling Corruption in the European Union*. University of Twente Centre for European Studies Enschede, Netherlands
- [13]. Twelfth Meeting Of Experts On The United Nations Programme In Public Administration And Finance, 1995:2
- [14]. Y.A. Adadu, (2008). “Gains and Challenges of Privatization and Public Sector Management in Nigeria: 1989-2005” in *Journal of Administration*, Vol 4, Number 1, Keffi: Faculty of Administration, Nasarawa State University: 83-93