

Restoring health to the agenda: a health manifesto for 2007

Nigeria has had an elected civilian government since May 1999. In April 2007 elections will be held to identify successors to the current Obasanjo regime. Many candidates are putting themselves forward for the various positions in government. In this piece as a network of Nigerian public health professionals we put forward our analyses of some of the issues that should be paramount in the health agenda for these candidates. We hope that this analyses will provide some fairly basic frameworks for judging the various candidates and beyond that act as a template in the future for reviewing the performance of whoever is elected President.

There are several themes and we aim to proffer not just problems but solutions. Generally we feel saddened that the health sector does not seem to have benefited much from the strategic thinking and planning that other sectors have benefited from. While the population has become ever more suave in demanding and getting improvement in banking, telecommunications etc we all seem to have resigned our health to fate.

A simplistic-simple analysis of the health sector in Nigeria and its challenges can ~~look from two~~ take two perspectives- the population perspective and the perspective of healthcare services. When we speak about population perspective we are talking in terms of broader health outcomes- what is the maternal mortality rate? What is the infant mortality rate? What is the prevalence of HIV? What is the prevalence of malaria, and how have all these changed. These are broad indices that are indicative of the state of health of the population of Nigeria as a whole. They may not be immediately obvious to the man or woman on the street but are indicative of the health of the general population and also serve as in index of development.-

When we speak of healthcare services, we refer to those services with which every one is the man and woman on the street are immediately familiar and associates with health. If I fall ill today, where can I go for treatment? Can I afford the treatment? Will the treatment I receive be of good quality?. What is a minimum standard of treatment and care that I can expect and demand?

Although some improvements have been made, notably in the refurbishment of some teaching hospitals, a lot More work needs to be done is required in Nigeria on both levels and in this piece we highlight some of the outstanding issues. It is important to stress that health cannot be divorced from socioeconomic factors and therefore efforts at improving the socioeconomic status of the Nigerian people are key to improving health in Nigeria. Having said that there are ~~other~~ issues that can be addressed from a more specific health perspective.

Population health in Nigeria suffers on various levels. The most pressing perhaps is the lack of data. This might appear unrelated to health to the casual reader, but fundamentally, one As has been mentioned elsewhere, you cannot manage what you cannot measure. A priority for an incoming President and his minister of health must be a careful review of what data is currently available and what further data is needed in the

health sector and how best to collect them. This does not necessarily require sophisticated mechanisms- examples exist in other developing countries and we can harness these examples. Systems also exist for the collection of sentinel surveillance data for HIV and for the childhood vaccine-preventable diseases and lessons can be learnt from these programmes. The National Health Insurance Scheme is also a potential source of useful health information as well as the recent contentious census data which included questions on health and social services. [The giant strides in the telecommunications and information technology environment can be innovatively harnessed to accomplish this.](#)

Another priority should be access to potable water and sanitation. [The filth lying around most Nigerian cities outside Abuja and Calabar is much more than an eye sore.](#) There is no reason why Nigeria should not be able to provide its citizens with clean water and sanitary disposal of wastes. Tackling these issues will boost population health. Similarly providing education is a key part of boosting population health. Education, especially the education of girls is critical in ensuring improved health for the people of Nigeria and must also be a priority. [Without investing in education any improvements in other sectors will be transient and unsustainable.](#)

Road traffic accidents are a major cause of death in Nigeria. [This affects the rich just as much as the poor.](#) ~~and~~ Reducing this will require firm and decisive action- in improving road safety, through driver education, the introduction of compulsory helmet use by motorcyclists and other safety measures. [At the very least](#) ~~;~~ the provision ~~of~~ [of at least one](#) adequately staffed and resourced Accident and Emergency unit [in every state capital will literally save thousands of lives.](#) ~~s to ensure that lives are not lost needlessly.~~ Again, complicated high technology centres are not necessarily the answer.

Emergency services and emergency planning are key areas – many of the recent disasters have led to unnecessary loss of life because the emergency services required were not in place. What does it take to ensure that every fire service has functional equipment and running water? This may have saved lives in the plane crash in Port Harcourt and more recently the petrol explosion in Lagos. [One shudders as the economic costs of maintaining a Fire service, which at the best of times, fires being rare occurrences are idle, and yet on the odd but urgent occasion when these do occur, those paid to respond cannot do so due to lack of water?](#)

This leads to the question of health care services- where the question may be approached from two angles. In the first place, why is there no single world class tertiary hospital in the entire country to negate the continued need to fly patients to South Africa, ~~or~~ India or the United Kingdom? The next president must create a genuine centre of excellence- if not for the sake of the ordinary man but also out of self-interest – it could save his life. Many will argue that this is not a priority but the creation of such a centre will raise standards in the provision of health services and therefore boost the general quality of services. In addition it can act as a magnet to draw highly qualified Nigerians from all over the globe as well as provide education and training to healthcare professionals within the country. This is the role the National Hospital in Abuja should ordinarily fill but the continued need to fly patients abroad indicates that it has not met this goal.

Looking more broadly at health services, it is immediately obvious that the majority of Nigerians obtain healthcare from the private sector-be it the roadside chemist or the fancy ten storey private hospital. Improving health services therefore must include restructuring the regulatory framework within which private providers of health provide care.

There should be minimum standards for the opening of a health facility and these standards must be clearly communicated to the public so that they can make their own judgements. If members of the public know which banks to put their money in and which bus companies or airlines to use, they also have a right to know what standards they can demand from their healthcare providers. Chemists should be given minimal basic health training to recognize symptoms that they can manage and those beyond their capacity which they need to refer. They can be issued licences which are regularly reviewed and which must be displayed in their shops. Public awareness campaigns should be carried out enjoining members of the public to demand evidence that their chemist has undergone the training. Similar schemes should also apply to clinics and hospitals. Ministries of health must step up their inspectorate and approval services and carefully consider applications to open new private clinics. Perhaps restrictions should be introduced as to where new establishments are located- why for instance should there be a clustering of ten private hospitals or clinics in one street alone when many people in other areas lack access? By limiting the number, doctors and other healthcare workers will be forced to spread the care to where it is most needed.

Looking at the public sector, a lot of focus has been on [increasing or](#) improving buildings and facilities in government clinics and hospitals. Yet in many African countries, functional health services are delivered within very minimalist surroundings. Emphasis should shift [from the numbers of buildings required](#) to the quality of care delivered. Many public hospitals could also benefit from providing [and maintaining to a high standard](#) private wing services to draw in patients who would otherwise have gone to the private sector. The income from these patients can help subsidize care for others. Introducing minimum service standards should also be considered- for instance a target that all patients are seen within two hours could be introduced and communicated to the public. The media and the public can then monitor which institutions are meeting these targets.

Another important area for consideration should be the question of medical education and specialist training. Is the current curriculum fit for purpose? Should it be reviewed to make sure that the doctors we produce are the doctors we really need? Is it appropriate for a newly qualified doctor to be able to open a clinic or hospital on his or her own? Related to this is the role of the Medical and Dental Council of Nigeria. This body has a major role to play in ensuring that standards are maintained in the private and public sector. A more aggressive approach towards cases of clinical negligence should be combined with provision of opportunities for continuing professional development. The legal profession, the courts and the media also have a role to play in ensuring that patients are not shortchanged. Doctors and other healthcare workers need to be held accountable and these institutions must do this.

Beyond all this is the key question of leadership. To implement this manifesto requires a visionary committed team that understands the issues and is passionately committed to change. That it has happened in other sectors of the economy is not in doubt. It is time that this approach was brought to the Nigerian health system. When next your neighbour dies from measles, during child birth or even in a car accident, rather than conclude it is all as “God wanted it”, we should spare a few minutes to think and maybe act on the failings in the system, the missed chance at vaccination, the inadequate antenatal care or the non-existent emergency services that might have prevented these deaths. The only alternative would be to conclude that God really has a problem with us Nigerians; why else would he let so many of us die from causes no one else is dieing from?