

# THE SEARCH FOR AN EFFECTIVE MEDICAL CARE SERVICE FOR NIGERIA

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**SOLOMON U. EZENIBE**

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## ABSTRACT

Although not always well appreciated by the general public, medical service in Nigeria consists of two main branches or divisions - a Public Health Division which deals with social and preventive medicine and a medical Division which deals with curative medicine. The level and efficiency of the Public Health Service reflects the level of development of a country. By that parameter, Nigeria is very much under-developed. No town in Nigeria is wholly serviced by a Central Sewage System. Most of our towns have open gutters and drainages. The Refuse disposal system is poor. In spite of the need for a shift in emphasis, this paper will center on effective organization of curative medical services in Nigeria. Some of the key issues discussed are: the problems of our hospitals, over centralization of hospital management, relationship of management Boards to Ministry of Health, sharing of responsibility for the Medical Care Services, Finance and manpower development. The paper emphasizes that these days, there is a need to pay more attention to the integrated nature of our health care and the complementarity of both divisions - medical/Public Health to ensure a national health. It ends with a conclusion and recommendations.

**Key Words:** Medicine, Public Health, Hospital and Preventive

## INTRODUCTION

Health is accepted now as one of the inviolable human and civic rights in our modern and changing society. Yet its provision creates major problems and dilemmas all over the world (Fry, 1971:121). It should be noted, that a medical system does not operate in a vacuum and is not a separate entity from the rest of the society. It interacts with other social subsystem. The practice of medicine and the delivery of health care service occur in social contexts and require social perspectives to be efficacious (Albrecht and Higgins, 1979:22).

Although not always well appreciated by the general public, medical service in this

country consists of two main branches or divisions - a public Health Division which deals mainly with preventive and social medicine and a medical Division which deals mainly with curative medicine. Currently, however, we should emphasize on the integrated nature of our health care and the complementarity of both divisions - Medical/Public Health to ensure a National health. There is also a need to improved both divisions for a better health service for the nation.

## SOME OF THE PROBLEMS OF OUR HOSPITALS

Some of the problems in our hospitals

include:-

1. There is overcrowding and delay in the out-patient department – part of the delay is not due to overcrowding.
2. There are shortages of drugs, dressings, equipment etc.
3. There is overcrowding in the wards and sometimes it is difficult to find a bed for an emergency case.
4. There is a lot of politicking between owners and management (Navarro, 1984; Rafkin and Walt, 1986; Van der Geest et al; 1990). Politicking here refers to struggle on who controls power, authority and finance. There is a need to make medical care services in Nigeria – Medical/Public health more effective and efficient.
5. Most of the problems and shortcomings of our state-run hospitals are traceable to over-centralization of

Management. All the General and some Specialist Hospitals in each State of the Federation are run by the State's Ministry of Health.

It is responsible for the supply of most of the drugs, dressings, equipment and other items that each hospital needs. These Ministries have never performed this function well. Their failure to supply adequate quantities of these items regularly affects all their hospitals. Also when they have only limited quantities in the Central Stores, the first hospitals to get there may clear the stock leaving the other to continue without them.

While Ministries of Health have never been able to solve problems of drug shortage in hospitals, they are from their relative remoteness from these hospitals well insulated from the response of the public to it. The staff of these hospitals get disciplined, the Ministry either appears as an arbiter or even queries the doctor in charge about their complaints.

The ministries control the funds of their hospitals and make allocations to them rather arbitrarily – merely by comparing hospital

sizes. But a well-run hospital needs a lot of funds to maintain its standard while a poorly run hospital needs less. But it will certainly need a great deal more if it is to improve on its standards. In most cases, funds allocated are inadequate and these hospitals have no other source of funds. The only alternative is to generate funds by themselves.

Employment of staff is shared by the public Service Commission and the Ministry of Health in each State. The Hospitals are not involved in the engagement of the staff posted to them. Once engaged, if these staff are incompetent, and of unacceptable behaviour, there is little the hospitals can do about them. Such people may merely be from one hospital to another and may be subsequently posted back to earlier hospitals.

It is true that some Administrative powers are delegated to the doctor in charge of each of these hospitals. But these delegated powers amount to little more than the power to make returns on revenue and expenditure, write reports, keep an eye on hospital property, and issue queries to erring workers. And usually nothing comes out of these queries.

Because the Ministry of Health of each State is the Manager of many hospitals, it cannot devote enough time, attention and money to solve the problems of any one hospital. It seems to accept staff shortages and does not adequately respond to the fact that poor working conditions discourage doctors and other workers abroad from returning to join its service. Staff shortage also adversely affect working conditions. It is partly responsible for the delay in servicing the public, the overgrown surroundings of hospitals and lack of motivation of workers.

## SUGGESTED STRATEGIES TO IMPROVE THE QUALITY OF MEDICAL SERVICES

(A) Management Boards: From the

foregoing it is obvious that there are too many problems associated with over centralization of the management of State owned hospitals and these problems have remained unsolved over the years. A drastic change is therefore called for. In this connection I would draw attention to the public's apparent preference for mission hospitals. They are said to be better run. Certainly the public complains less often about services rendered there. In these hospitals there is greater staff discipline, better control of the public and drugs and equipment are more readily available. These hospitals are run by Management Boards, each of which is aware that the only reason for its existence is to see that one single hospital runs well. A hospital run by a Board also controls its funds and determines its priorities. It also has at least two source of revenue – Government Subvention and fees that patients pay.

This paper advocates a Hospital Board for each Government Hospital. The Boards should be free to engage, discipline and dismiss staff. If a Board so chooses, it may ask the Public Service commission of State to be its employment agency.

The Boards should draw up their capital and Recurrent Estimate and charge fees to meet their financial needs. How much is charged will depend on how much Government contributes. Thus if Government directs that existing fees remain unchanged, then it should provide enough grants to make up the difference between revenue and Recurrent Estimate as well as finance capital projects in the hospital (- as obtained in Queen Elizabeth Hospital Umuahia, Abia State before the Civil War.)

#### **(B) Composition of Hospital Boards:**

(a) A Chairman who may be a doctor not in the service of any Hospital Board or layman of proven integrity and interest in Hospital welfare and management. He should not be a

civil servant.

(b) Eight members, made up of:

1. The Doctor in charge of the Hospital who acts as Vice- Chairman.
  2. A Representative of the Local Community.
  3. A Representative of the Ministry of Health.
  4. A Representative of the Ministry of Finance.
  5. A Representative of the Ministry of Education if it is a Teaching or Specialist Hospital.
  6. The Resident or Divisional officer in charge of the area.
  7. One of the Consultants of the Hospital.
  8. A Doctor in Private Practice in the area
- The Secretary of the Hospital acts as the Secretary to the Board.

#### **(C) Relationship of Boards to the Ministry of Health**

The Ministry of Health should be represented in each Hospital Board. Government grant or subvention to each Board should be made direct to the Board after due consideration of the Hospital's estimates. There should be a Health Services Committee in each State whose duty is to formulate overall policy.

It should consist of:- (a) The Commissioner of Health as Chairman. (b) The Permanent Secretary, Ministry of Health (c) The Director of Health Services (d) The Vice Chairman of each of the Regional or Specialist Hospital Boards. (e) The Chief Pharmacist (f) The Chief Nursing Officer; and (g) The Chief Laboratory Scientist.

#### **(D) Organization of Medical Care Services –**

Medical Care Services should be organized at four levels: (i) Regional or Specialist Hospitals – these should serve as ultimate referral centers and should provide Specialist Units in most braches of medicine. There should be three in the Senatorial Districts each serving four Local Government Areas.

(ii) General Hospitals that provide all basic hospital facilities and a few specialized ones.

(iii) Health Centres or Health Units that provide basic Hospital facilities and have two or three National Youth Service Corps

(NYSC) doctors.

(iv) Dispensaries and mobile clinics. A nurse should run each of these, assisted from time to time by a doctor overseeing 3 – 4 of such.

### **(E) Sharing of responsibility for the medical care service**

(i) The Regional and General Hospitals should be managed by Hospital Boards as outlined above. But there should be some difference in the composition of the General Hospital Board. The Ministry of Education need not be represented but the Regional Hospital should be represented by one of the members of its Board either the Doctor in charge of the Regional Hospital or one of the Consultants who should be the Vice Chairman of the Divisional Hospital Board.

(ii) Health Centres, Dispensaries and Mobile Clinics should be controlled and run initially by the Ministry of Health. But in two to three years when the Hospital Board will have been well established, the Divisional Hospitals should take over their running.

(iii) The Ministry of Health should devote itself to the provision of adequate Preventive Health Services in the State and the collection and Collation of vital statistics and inspection of Hospitals.

**(F) Finance and Manpower:** These are crucial to the success of any scheme. Adequate funding of Health Schemes depend largely on the Governments of the Federation and the States. It has not been possible to date adequately finance State owned hospitals. There is no reason to believe that Governments can finance completely free medical services which would also involve the take over of private and voluntary agency hospitals. I would advocate therefore that Government restrict themselves to the provision of adequate funds for its Hospital Boards to enable them provide relatively affordable good quality Medicare.

Manpower problems will likely plague the Health Scheme for sometime to come. But efforts should be intensified to expand and increase training institutions. Improvement in working conditions which will result from effective Board management will also encourage Nigerians Overseas to come home to work. It will however, take quite a while before Nigerians can be made to put in a full days work for a day's pay, and to give up malpractices completely. The problem is compounded by the fact that while the average Nigeria openly condemns corruption, he will go to any length to free his relation or friend who is caught on the wrong side of the law.

### **CONCLUSION AND RECOMMENDATIONS**

I therefore contend that most of the problems and public complaints about State owned hospitals are due to remote and ineffective management resulting from over centralization of control. I advocate that Regional or Specialist Hospitals and Divisional or General Hospitals be run by independent Hospital Boards. The States' Ministries of Health should initially be responsible for Health Centres, dispensaries and mobile clinics but these should later come under the control of the Divisional Hospitals. The Ministries should then be responsible for preventive health and the collections and collation of vital statistics and the inspection of Hospitals. A Health Services Committee for health policy planning is suggested for each State. It should be chaired by the State Commissioner of Health and should include heads of the various divisions of the Ministry and a representative of each of the Boards of the Regional or Specialist Hospitals. There is a need to make medical care services in Nigeria more effective and efficient. This calls for collaboration on the part of patients,

physicians, all hospital workers and State/  
Federal governments.

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