

EDITORIAL

Health Challenges for Nigeria's New Government

Nigeria, now, has a new government. Yet, the possibility that the Ebola virus disease has been almost completely neutralized on West African soils, by the supports from foreign governments, and that the wild polio virus is equally on the run, even in Nigeria, may not diminish the health challenges before the new government. This is because the National Health Act was refused signature into Law by Goodluck Jonathan's administration, and so, the myriad of problems, both those inherited and those created by the previous government, remain largely unaddressed, still.

Before Jonathan, at the inauguration of the new members of Nigeria's National Assembly in Abuja, on 5th June, 2003, Olusegun Obasanjo had declared: *Nigerians have for too long been feeling short-changed by the quality of our Public Service. Our Public offices have for too long been a showcase for the combined evils of inefficiency and corruption, whilst being impediments to effective implementation of government policies. Nigerians deserve better!!* Twenty years earlier, when General Muhammadu Buhari seized power on 31st December, 1983 his accusations included: *Our hospitals have become mere consulting clinics.* Now, 32years on, Buhari is back, as Nigeria's elected President.

Power failure, unavailability of quality medicaments, unrest in the health sector engendered by the preposterous aspirations of non-medics to be rated and paid as medics, massive corruption and embezzlement of funds by all arms of government, flight of capital through medical tourism, low grade and obsolete healthcare facilities, all, form just a part of the armada of headaches staring the new Buhari administration in the face. Can the new genre provide us the pathway to the Promised Land? Can Nigeria's Medical Association and Council muster the political will to restore discipline to the volatile and unpredictable health sector, as a whole?

The 27th volume [1-2] of the Orient Journal of Medicine has a wide appeal. Antenatal care services utilization among women of reproductive age by Duru, *et al*, and myomectomy on a background of *von Willebrand's* disease by Panti's team, made up the contributions of obstetrics and gynaecology. Frequency and pattern of violence towards healthcare workers in a mental health facility by Oguilili's group, foreign body ingestion in children by Ray-Offor and Aneke, and allopurinol induced Stevens-Johnson syndrome in chronic lymphocytic lymphoma by Okocha, *et al*, formed our pack of our case reports.

The contribution by Ilo, *et al*, titled the determination of the nutritional status of a population of school-age children is quite novel; while, perception of final year medical students about the choice of medical microbiology as a specialty by Mohammed, prevalence of haemolysins in blood donors by Ibeh's team, and evaluation of laboratory diagnostic methods for cryptosporidiosis among HIV-seropositive patients reported by Yunusa and Kolade-Yunusa, constituted an unusually high input from pathology. The cost effectiveness of fine needle aspiration cytology for breast masses by Madubogwu, *et al*, and a 10-year experience with the amputation of the limbs by Okenwa, *et al*, were the contributions from surgery to this edition.

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