Doctors perform an operation with scant resources

Back to Basics

There is some hope for Nigeria's ailing healthcare system, but it is not coming from the government. Belinda Otas reports

Picture the scene – an ill person paddling a canoe for two days across the world's richest oil fields for access to the most basic healthcare or children walking five to ten miles in search of medical care only to find a crumbling building and not a doctor in sight. These scenarios may sound far-fetched but for many in the Niger Delta they are a reality.

The reports have been written and the blame apportioned. For instance, Human Rights Watch highlighted in 2007 that most primary healthcare centres are in a dilapidated state and have no access to even the most basic medical resources. Medicines are in short supply and many centres have been abandoned by disgruntled staff members who have not been paid by local governments for months.

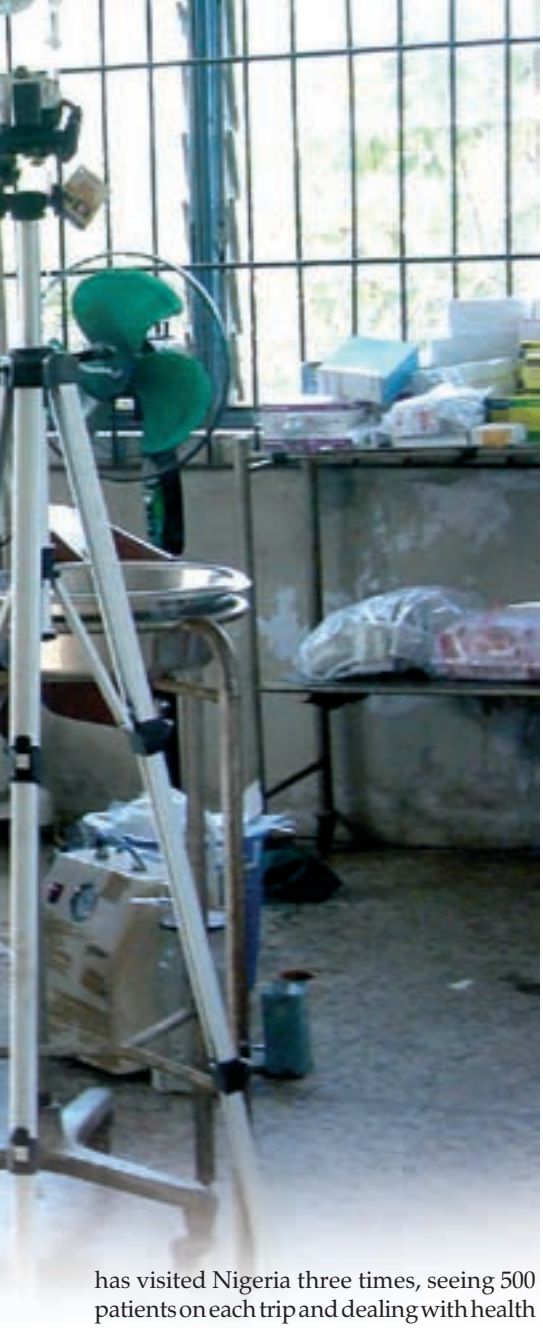
It was this that prompted two UK-based Nigerians to form a non-governmental organisation known as the Ibelaw Community Health & Social Care Foundation in the same year. The name is a bit of a mouthful, but the job is simple enough – to move in to volatile areas to save lives when governments are not doing what they are supposed to do. Through the foundation, Dr Ibe Nathans, a general practitioner, and Lawrence Ndulor, a clinical psychologist, offer free primary healthcare to the poor and needy in the Niger Delta – their home region and an area torn apart by poverty and violence despite its oil revenues. Although both men have visited the Delta for over a decade, the service will now be more structured with a plan to extend the model to states outside the region and then, hopefully, to neighbouring countries in West Africa.

Their first mission to the city of Owerri in the southern Imo State in March 2008 brought mixed fortunes, however. Ndulor picks up the story: "We tried to see as many patients as we could, and were warmly welcomed. My job was to give them pre-medical counselling to help them prevent disease in future, but also for things like stress and anxiety." However, tragedy struck just before the team left to return to London. "In the house where I was staying, in the middle of the night some armed robbers broke in and demanded money, I gave them what I had but they shot me in the chest as they were leaving."

Stabilised at a local hospital in Nigeria, he was rushed back to London for treatment and has just had 32 pellets removed from his chest. "I haven't been back to Nigeria since, but I hope to go in December," he says.

This has not slowed his partner down though. During the past year alone Nathans

OWA MISSION (2)



has visited Nigeria three times, seeing 500 patients on each trip and dealing with health complaints ranging from abdominal pain to measles and malnutrition. Quite often pregnant women turn up to their clinics who have had no antenatal care. Unsurprisingly Nigerian maternal mortality rates are among the highest in the world.

So where does the cash come from to fuel these missions? Much of it is actually from the pockets of the two founders as well as donations received from friends or pharmaceutical companies. It is the least the two men can do, they tell me. With the benefit of a UK-based education Nathans and Ndulor feel they should be helping other Nigerians who are at the mercy of a "sick, very sick" primary healthcare service.

Statistics from the World Health Organization speak for themselves. In Nigeria, average life expectancy for both men and women is less than 50, and 24 per cent of children die of malaria before the age of five. Forty per cent of the population say that healthcare beats hands down financial problems, housing or crime as their main worry.

You would expect the government to coat these statistics in a thick layer of syrup, but even Professor Abdul Salami Nasidi, Nigeria's director of public health, acknowledges that primary healthcare – the cornerstone of the system – is failing. Acknowledging this is one thing, but is enough being done about it?

No, according to the Association of Nigerian Physicians in the Americas (ANPA), a non-profit body that has also been taking medical missions to Nigeria for the past 13 years. Sadly, the association says its work is much like sticking a finger in a leaking dyke since it has seen little improvement of primary healthcare in the places it too has visited. "Chaotic, inadequate and neglected by the federal and state governments," is how Dr Iheanacho Emeruwa, from ANPA, describes Nigeria's healthcare.

However, Nasidi insists the federal government is now taking this very seriously. So seriously in fact that it has established a – wait for it – presidential task force to find ways to sort the mess out. His words offer scant comfort, "We know a lot of centres have closed down but we are doing all we can to get these back up and running."

In the southern Delta State, which Nathans recently visited, there at least appears to be some movement in the right direction. Here the federal government has started running primary healthcare centres in rural areas. The programme has been helped along by the injection of money and infrastructure from yet another commission – the Delta State Oil Producing Areas Development Commission – which is setting up its own health centres. Nathans is cautiously optimistic. "This is the first step towards helping the people in the Niger Delta," he says. Still, he wants the federal government to go a step further, "They should make primary health care a legal requirement and this service should be state funded if necessary."

Of course this is easier said than done in a nation permeated by corruption. So it is understandable that Nathans is adamant that if money is assigned to some commissioner or governor to carry out this work, the process must be closely monitored to ensure that the right amounts go to the right places.

Nasidi's vague assurances have a hollow ring: "Some of us (in government) are working hard to ensure that the masses get their money's worth."

For Nathans and Emeruwa "some of us" is simply not good enough when the main problem is a blatant lack of accountability. "I must say, quite candidly, that Nigeria's healthcare is most certainly not in safe hands," says Nathans. "Anybody can do anything and get away with it. Anybody can even claim to be a doctor or a nurse."

For the founders of Ibelaw this attitude strikes at the heart of the problem and is an issue they hope to address. "We are looking to work with some universities. For starters medical students need to know that medicine is not about making money. It is a profession that you need to keep working at; you need to keep updating your skills. After all medicine is a calling," says Nathans.

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AFRICAN MEDICS IN THE UK

Total: 6,093*

Breakdown:
974 general practitioners (370 Nigerian)

5,119 other medical doctors (1,284 Nigerian)

**Figures for 2007*

Without sufficient medicines, Nigeria struggles to deliver quality healthcare