

THE IMPACT AND CHALLENGES OF PRIVATE HEALTH INSTITUTIONS IN WUKARI LOCAL GOVERNMENT AREA FROM 1972-2015

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Abstract

This study discusses the impact of private health institutions in Wukari. It provides an historical background to the evolution of health care in Nigeria from the European missionaries and later the colonialists down to the independence of Nigeria. The study emphasised that the disparity witnessed in the distribution of health centres at present was established during the colonial regime which focused more on the urban areas with strategic places reserved for Europeans and senior civil servants in the colonial government. The presence of private health institutions serves as a means for economic empowerment by providing more jobs, reaching out to more percentage of the populace and reducing the burden on government hospitals and the workforce. The study also brought to light some of the crucial challenges faced by these private outlets such as lack of water, electricity and enabling environment. This study therefore espouses the impact and contributions of private health institutions to the growth of Wukari as well as some of the challenges faced by the private health sector in the provision of health care service and their general operations within the study area. The study utilizes both primary and secondary data to have a robust research.

Keywords: Europeans, Health, Missionaries, Nigeria, Private Hospital.

Introduction

According to Efe (2013:244), prior to the advent of the missionaries most rural communities relied on traditional health services, but presently there exists a diverse range of health-care types and services in Nigeria. These are traditional, bio-medical or western orthodox, synthetic healers, bone setters among others. The medical centres established by the missionaries were majorly concentrated in the rural areas because of the objective of evangelism, which was to get the so called rural “pagans” to embrace Christianity. These medical centres, however, were merely mobile clinics and at most community dispensary out-posts to treat primary health problem such as snake bites and minor injuries. In the latter years, when the British rule had been well grounded, the administrators promoted the creation of medical centres in the real sense of hospitals to handle outbreak of epidemics, such as sleeping sickness, small pox, malaria and other primary health concerns.

However, these hospitals were concentrated only in the urban areas where there was a high concentration of Europeans and government officials. The effect of this particular arrangement was foremost, a total neglect of rural areas in matters of healthcare and secondly, an established inequality in the urban centres between the colonialists including their black associates and general citizenry. Thus, the foundation of disparity in residential and healthcare service centres witnessed in Nigeria, these patterns are still visible across the country (Home, 1983:165).

The emergence and evolution of private healthcare in Wukari had tremendous effects on the overall healthcare service and provision. The presence of private health institutions has contributed to the reduction of maternal mortality cases. There has also been reduction in the cases of disease burden and increased immunisation coverage in the area under study. There is also significant increase in child deliveries handled by more hands from the private sector. Pregnant women now have more options and wider coverage of registering for antenatal and eventual childbirth (Swende, 2018).

Origin and Impact of Private Health Institutions in Wukari

The persistently low quality and inadequacy of health services provided in public facilities has made the private sector an unavoidable choice for consumers of health care in Nigeria. The market for private health care is believed to have grown rapidly since the mid-1980s, a period marked by deep economic recession characterised by falling social expenditures and household incomes in real terms (Ogunbekun & Orobaton, 1999: 174).

The evolution, growth and development of private health institutions in Wukari Local Government Area cannot be concisely enumerated without mentioning the activities of missionaries whose contributions laid the foundation and paved the way for health care delivery generally in Wukari and environs. The growth of private health institutions took off from the already laid foundation by the missionaries. The missionaries in this context were the Sudan United Mission and the Sudan Interior Mission.

Prior to the coming of the missionaries, medical care was solely handled by the traditional practitioners who were respected and feared and thus, enjoyed monopoly cum prestige among the people. However, the Sudan United Mission (SUM) opened up Wukari for the spread of Christianity which was facilitated the arrival of Mr. John Burt as a result of the encouragement by Aku Agbushu Agbumanu, the reigning Aku during their visit. Afterwards, Burt was joined by Mr. Maxwell and Walter Hoover, Reverend C.W. Hinter and Dr. J.S. Dale. Besides spreading the gospel, the missionaries introduced education and hygiene, they established the first primary school in the 1930's while the establishment of other schools followed suit. The hallmark of their activities was the provision of health facilities in Wukari and environs to cater for the health needs of the people (Tonku, 25).

Several documents reaffirm the involvement and eventual incorporation of the health sector into the colonial programme by the European colonialists. The hospitals or dispensaries that were established and run under the colonial government were referred to as Native Authority Hospitals which span Wukari, Ibi and Takum which was under Wukari division under the colonial arrangement (NAK no.52/1930/80).

According to oral evidence, Mr. Yusuf Ibrahim Ikilama, a rural health superintendent was the first individual to undertake private health care practice by opening a clinic in 1972. His clinic was located around the Aku Uka palace before relocating to Kwararafa University (city campus) area. He was the only individual operating a private clinic and providing health care to the people in and around Wukari alongside the missionaries and Government Hospitals. Mr. Ikilama enjoyed wide patronage of the populace although he was not a trained medical doctor but he made use of the experience he gathered from working with the missionaries to treat the people, he attends to cases of illnesses and prescribe drugs but he didn't perform any surgeries as his clinic lacked such facilities. However from 1985, other private hospitals sprang up which became a competition to Ikilama due to improved facilities such as; performing surgery and been administered by trained medical doctors (Ikilama, 2018).

The impact of private health institutions also paved the way for clear policy direction for healthcare service delivery and development especially in the area of clear cut policy and regulations in

the private sector. It has also brought about revitalization of integrated healthcare to strive towards a quality, equitable and sustainable access to healthcare in Wukari and environs with each sector contributing its quota to the overall general output for better health services (Alebiosu, 2014:217). The emergence of private health institutions and its practitioners has contributed immensely to better and improved healthcare services and a significant reduction in general mortality rate in Wukari Local Government Area and environs (Musa, 2019).

The presence of private healthcare centres has also tremendously increased economic power by bringing in more income to health care practitioners who have the privilege to work at numerous hospitals especially the privately owned ones and thereby contributing to the overall economic growth of the host community. In the same vein, the practice of visiting and servicing more than one hospital by the health workers especially doctors and surgeons have helped them in gathering more experience and expertise in handling complicated cases or surgeries.

It should be noted that private health institutions have also contributed to the reduction of overburden on the scarce health facilities offered by the public health sector championed by the Wukari General Hospital and other scanty primary healthcare centres in Wukari Local Government Area and its environs. In addition, there is also a relief and reduction of workload and burden on health workers and staff in the government hospitals. It is gathered from oral source that the general hospital in Wukari provides coverage for numerous patients from within the town, the whole Local Government and neighbouring suburbs. People travel from all these nooks and crannies to have access to healthcare service and facility in Wukari. This poses a serious challenge and impediment in cases of emergency but with the advent of private hospitals, patients can be rushed to a nearest private hospital or clinic to be stabilized before been referred to general or more specialized hospital if the need arises (Zando, 2018).

It is germane to underscore the fact that Wukari is the headquarters of Wukari Local Government Area and as such housed the higher concentration of private clinics and hospitals. Therefore, their establishment have tremendously increased population growth in Wukari especially from patients within the Local Government Area, neighbouring suburb and parts of Benue state that share proximity with Wukari. Some of the patients had to stay back for a few days, weeks or months and have to lodge in a hotel or rent an apartment while some stay back permanently for accessibility. The patients or their family members will also patronise food vendors, restaurants, visit the markets, bars, lounges and other recreational centres to ease some tension and cool off, this goes a long way in adding to population and economic growth (Umar, 2019).

In addition, the private health institutions also provide an alternative and a wider range of options and coverage for patients to choose from advertently, making healthcare more accessible as the saying goes that a healthy population makes a healthy nation. Patients who could afford higher rate or cannot stand the long queue in the government hospitals now have the option of patronising the various private hospitals.

Private health care services are viewed as a major part of the solution to the rapid increase in need and demand for health care services. Private health care centres also enhance the quality of delivery as they demonstrate more flexibility in the use of their workforce for part-time, full-time and contract basis (Ali, 2019).

The private health institutions also become a means of economic empowerment, provision of jobs and means of bringing food to the table for numerous families ranging from cleaners, messengers, security guards, generator operators, technicians, nurses, doctors and even mortuary attendants thereby contributing to the overall economic advancement of Wukari (Adie, 2019).

Private hospitals have contributed in no small measure to the growth and development of Wukari. Private hospitals have provided supplementary services with those offered by government hospital. Additionally, they have also been able to provide employment and job opportunities to both indigenes and non-indigenes. The presence of private hospitals has also contributed to the growth and expansion of medical and health sector in Wukari and the Local Government Area as a whole (Enoch, 2018).

Furthermore, the private health institutions also provide alternative and attractive packages to woo the general populace to patronise them. Some of the services include; x-ray, scanning, optometry, antenatal, otology, physiotherapy, immunization, Hiv/Aids testing/counselling, mortuary services and surgeries (Adie, 2019).

In addition, private hospitals have also contributed to the growth of Wukari Local Government Area by providing sensitization and creating awareness on healthy tips for a healthy lifestyle. There had been noticeable reduction in infant mortality while these hospitals involve in partnership with other specialized hospitals and NGOs to see to the eradication and to combat certain diseases such as polio, leprosy, tuberculosis among others. The recent uplift and renovation of the General Hospital in Wukari and procurement of ultra-modern medical equipment have put the private hospitals on their heels to upgrade their services and facilities (Ashumate, 2018).

It is important to emphasize that Wukari have a teeming population with just a single general hospital which is not sufficient for the medical need of the people, therefore, private hospitals readily filled such lacuna by supplementing the medical needs of the populace (Babarinsa, 2018).

Challenges of Private Health Institutions in Wukari Local Government Area

Several benefits have been derived from the rapid growth of the private health care sector in Nigeria, the most noticeable being that it has cushioned the effect of inadequacies in the public provision of services at all levels of care. For example, only 40% of the population had access to modern health services in 1985 but this had increased to 65% by 1995 (UNICEF, 1996). In addition, private hospitals continue to serve as training centres for physicians in the General Practice residency because they work full-time with the government and part-time in several other private health institutions at the same time, and the sector may have surpassed the public in terms of new investment in medical technology. For example, inventories for all kinds of equipment were higher in private than public facilities (Ogunbekun et al, 1999: 176).

Counterfeit and adulterated drugs have plagued Nigeria for many years. According to WHO 2006 report, there are 70% of substandard drugs in Nigeria and the National Agency for Food and Drug Administration and Control (NAFDAC) estimated 41% of fake drugs. These counterfeit drugs have led to the loss of several lives and heavy cost in economic terms. Accordingly, a total of 109 children in 1990 were reported dead after the administration of fake paracetamol (Oyibocha et al, 2014: 36-38). Fake, counterfeit and adulterated drugs are a serious bane to healthcare. Although, a legislation was passed in 1989 which made an effective list of essential drugs while the National Agency for Food and Drug Administration and Control (NAFDAC) primarily controlled drug quality although there had been breaches here and there and some adulterated drugs still manage to filter into the general populace (Dada, 2018).

Inadequate basic infrastructure and equipment in the healthcare sector is a major challenge. It should be underscored that the heart of the Nigerian health policy is the provision of universal health services to all citizens. Section 17(3)(d) of the Constitution states that; the State shall direct its policy toward ensuring that there are adequate medical and health facilities for all persons. Again in 1999, the Nigeria government during the beginning of the fourth republic headed by President Olusegun Obasanjo

established the National Health Insurance Scheme (NHIS) by Act 35 of the Constitution. The objectives of the scheme include; the provision of access to good health care services; protection of families from the financial hardship of huge medical bills; and ensuring equitable distribution of health facilities throughout the country. There is no gain saying that availability of basic infrastructure and equipment at the different levels of health facilities enhance good health services provision. Inequitable supply and distribution of available resources, unavailable buildings, electricity, equipment and drugs have become common in the country.

In Wukari for instance, the people have to travel over 5 km to access health care because sitting of structures is often based on political expediency rather than perceived need. In the same vein, there is disparity or geographical inequality in the distribution and availability of health institutions and workforce as well as higher concentration of health institutions in more developed areas. In Wukari for instance, there are more private hospitals, clinics, pharmacies and chemists than other towns and cities such as in Jalingo, the state capital (Yerima, 2018).

Provision of drugs that are evenly distributed is essential for the delivery of effective health care. In Nigeria, essential drugs especially in the primary health centres (PHCs) and rural areas generally are inadequately supplied and inequitably distributed. Absence of these essential drugs including vaccines for curative and preventive services, needed personnel, facilities and equipment in the healthcare system would mean pushing the affected populace to seek alternative care to promote their health and well-being. Some however resort to unqualified health personnel and traditional healers. The poor drug supply and distribution system has led to problems of drug resistance such as resistance to anti-malaria drugs (Oyibocho et al, 2014: 36-38).

Poor compensations, remunerations, working conditions and/or career opportunities could make healthcare workers to be dissatisfied with their work and consequently relocate from their home country to other countries to seek better welfare package and remuneration in developed countries. In Nigeria for instance, it is an obvious fact that several health personnel are engaged in strenuous work in the different facilities which is not commensurate with the salaries they are being paid, some even work in unsafe/insecure environments. Again among the African countries, Nigeria is one nation where majority of the health personnel sought for greener line in developed nations (Oyibocho et al, 2014: 36-38).

Bribery and corruption is a critical issue across all sectors in Nigeria. In the health sector, corruption through the embezzlement of healthcare budgets, health insurance fraud, fraudulent drug procurement or bribes extorted from healthcare consumers at delivery level have negative effects on the healthcare system both in the private and public sectors and among developed and developing countries. It also includes bribery of health professionals, regulators and public officials, stealing of medicines and medical supplies by health personnel, overbilling for healthcare services, absence from work, and informal payments (Transparency International 2004). In Nigeria, corruption in the healthcare sector occurs among different actors which include; healthcare personnel and some government functionaries working directly or indirectly in the healthcare system. There are instances of arbitrary inflation of unit price of drugs purchased by the ministry of health as part of efforts to help in the treatment of HIV aids victims (Oyibocho et al, 2014: 36-38).

The issue of shortage of healthcare personnel is a global issue. According to WHO 2006 report, there is a global shortage of 2.4 million doctors and nurses and midwives while Africa has an estimated 817,992 shortage (WHO Report, 2006). In Nigeria, there are 13 doctors, 92 nurses/midwives, and 64 community health workers (CHWs) working in the public sector per 100,000 population. In addition, the Nursing and Midwifery Council of Nigeria (NMCN) in 2012 reported that there were 148,129 registered

nurses to care for the approximated Nigeria population of above 150 million with a nurse-to-population ratio of approximately 1:1013 persons. The physician-to-population ratio was 1:2536 persons in 2007 in Nigeria as compared with developed nation that has physician-to-population ratio of 1:410 persons (NBS, 2007). Birth attended by skilled personnel in 2005 is just 35% as compared with developed nations of 95%. This acute shortage is as a result of inadequate infrastructure and poor compensation packages and massive immigration of doctors, nurses and other medical professionals to developed countries in search of fulfilling and lucrative positions (Oyibocho et al, 2014: 36-38).

In Wukari specifically, migration of healthcare personnel to major cities is another issue been faced in the health sector. A large number of health workers in the study area most especially doctors and nurses have migrated to the state capital and other developed cities outside the state to seek greener pastures while some others found their ways out of the country to more developed countries such as the UK, USA, Canada, Saudi Arabia among others (Yerima, 2018).

According to a respondent, people don't appreciate the cost of service which can be affiliated to the town being a rural environment, so people don't see the need to pay more for health services rendered including surgeries and deliveries. It however affects service delivery, output and staff salaries, that is, lower wages (Boyi, 2018).

Furthermore, the various episodes of the crises in the study area is a major impediment. Some health facilities had to be relocated to another vicinity while some were burnt down. For instance, Biyama Hospital was burnt down in one of the episodes of the crises in Wukari while the facility cannot be re-built because of its location in a Muslim stronghold and the owner being a Christian, thus, its relocation and the extra cost of starting from the scratch (Boyi, 2018).

Lack of power and water supply is a big issue nationwide and in the study area as well. Sometimes, individual take the extra effort of drilling boreholes which eventually runs dry, therefore the hospital management has to buy water from vendors. In the case of epileptic power supply, the hospital management has buy fuel to keep their generators working. There are also complaints about high cost of drugs/medicines making it difficult for the patients to afford. With all these surmounting challenges, the hospital runs at a loss often-times or break even (Yerima, 2018).

Occupational hazards are also issues to worry about. Health practitioners are exposed to various hazards and dangers in the course of discharging their duties, such as exposure to radiation, transmission of diseases from patients and epidemics like Ebola and Lassa fever. For instance, PPE for health workers to protect them from infectious diseases especially in the wake of Covid 19 are not readily available both in government and private owned hospitals.

In cases of referral in the study area, patients that cannot be adequately catered for are referred to another hospital but it becomes difficult because the patients or their family members insist on the hospital they want to be referred to while in other cases, patients and their relatives lack the required fund to use to facilitate the transportation of the patient to the referred hospital (Yerima, 2018).

There is minimal support from the local, state and even federal government for the private sector in the study area. The state government use to bring anti-malaria drugs, anti-retroviral drugs, test kits among others to private hospitals and pharmacies at a subsidized rate but they stopped the supplies on the basis that the private outfits don't give report back to the state or local government. Another associated challenge is the problem of over-storage of drugs, kits and other supplies until they are past the expiry date (Tsojon, 2018).

According to another respondent, no training is being organized for health personnel in this town; that is, Wukari Local Government Area by international organisations and donor agencies in collaboration

with the government. When such training eventually takes place, they are not well-rounded or organized especially for Hiv/Aids programme. Whereby General Hospital, Kwararafa and CRCN hospitals used to be beneficiaries, but at the moment, the organisers handpicked just anybody to attend a training that is supposed to be strictly for doctors on behalf of these private hospitals. There are also complains about lack of fund for training and workshops but these still takes place underground for few selected persons.

Furthermore, donations from foreign organisations like WHO, UNESCO and others are been hijacked by the Local Government because the channel of distribution pass through them to these international organisations who doesn't relate directly with private hospitals but via the government (Pascal, 2018).

A respondent complained about the harsh economic environment of Wukari Local Government with patient's inability to pay their bills sometimes running to hundreds of thousands. The harsh economic environment also keeps some section of the population from being able to access healthcare services (Amedu, 2018).

More succinctly, some patients are not able to access HIV services due to the spate of crises witnessed within the most recently, the renewed Tiv/Jukun hostility. In addition, due to stigmatization attached to HIV/Aids, some HIV positive patients are defaulting in their regular treatment and collection of anti-retroviral drugs while some entirely boycott the service. The issue of distance and lack of means of transportation is an impediment for some patients to access the service (Amedu, 2018).

Conclusion

From the above, it is clear that the evolution of private hands has contributed in no small measure for better and improved health care in Wukari and the local government as a whole. The private health care sector has also helped in decongesting and lessening the long queues in the General hospital and all other government owned hospitals in the surroundings while the strain on the scarce equipment and man power has also been drastically reduced and there have been improvement in the delivery of health care generally to the populace. Although, there are challenges been faced by the private health sector in the quest of providing health care such as; inability of patients to pay their hospital bills, lack of water and electricity, harsh economic environment and spate of incessant crises within the town. This all points to the fact that a lot still needs to be done to get it right while Government's intervention is reiterated alongside international donor agencies in terms of training and re-training, orientation, supplies of drugs, modern medical equipment, adequate water supply and stable electricity. The study has also has contributed a useful quota to the existing body of knowledge on Jukun history while noting that not so many indigenous literatures are available on Jukun history and specifically on the evolution of private health care within Wukari Local Government Area.

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