

## **ACCESSIBILITY OF HEALTH SERVICES IN THE SOUTH EASTERN NIGERIA: THE WAY FORWARD**

**Duru Patricia N.<sup>1</sup> --- Nwadiaro Emmanuel C<sup>2</sup>**

<sup>1</sup>Department of Geography and Environmental Management, Imo State University, Owerri Nigeria

<sup>2</sup>Department of Sociology, Imo State University, Owerri Nigeria

### **ABSTRACT**

*This paper examined the accessibility of healthcare services to the people in the South Eastern Nigeria. The reason behind the study is to assess how the people make timely use of the health services according to their need. This is related to physical distance and travel time from service delivery point to the user and also how the healthcare services are able to cover the population of the study area. Data used were obtained from National Bureau of Statistics and the population commission. Data revealed that there are more privately owned health facilities in the area. It also revealed that the total number of hospitals (government, private and community owned hospitals put together do not adequately cover the population of the area they are meant to cover. These inadequate health facilities have implications for the total health status and wellbeing of the indigenes of the south east. Recommendations were made on how to tackle this inadequacy if the millennium development goals will be realised.*

**Keywords:** Accessibility, Healthcare, South Eastern Nigeria, Infrastructure.

### **Contribution/ Originality**

This study gives a clear picture of the healthcare facilities in the South East vis a viz the population of the area. It equally serves as a guide and reliable source of information to the government and other stakeholders so that adequate healthcare facilities be provided for the study area.

### **1. INTRODUCTION**

Health they say is wealth. The need to make health services available and accessible to the people cannot be over emphasized. This is because health delivery services enhances wellbeing and prolongs life expectancy. Over sixteen (16) million people living in the South Eastern part of Nigeria are among the 1.3 billion that have no access to effective and affordable health care (WHO, 2008). To attain a level of health for all that will permit everybody to have a socially and economically productive life can only be attainable if adequate health services are at the disposal

of people especially those in the developing countries. World Health Organization equally noted that developing countries bear 93% of the world's disease burden. This notwithstanding, the people accounted for only 18% of world income and 11% global health spending. Thirteen years after the declaration of health for all 2000, Nigeria as a nation and South Eastern zone in particular are still too far from getting the basic necessary healthcare services. People die often due to preventable diseases. Where there are clinics and hospitals, as is common in developing countries, they are too few in addition to being inadequately staffed and equipped (WHO, 2008).

**2. THE SOUTH EASTERN NIGERIA AND THE MILLENIUM DEVELOPMENT GOALS ON HEALTH**

The millennium development goals 4,5,6 are all centered on health for all 2000 which has been extended to 2015. These health goals are expected to be achieved by reducing child mortality, improved maternal health ,combating HIV/AIDS, malaria and other diseases ravaging people in the South Eastern part of Nigeria. These are expected to be achieved through immunization of children against deadly diseases like measles, improving women's reproductive health and funding family planning. It is also hoped to be achieved by halting and reversing the spread of HIV/AIDS as well as making the treatment of HIV/AIDS accessible to all those that need it. In addition, the MDG equally targets combating malaria, tuberculosis and other diseases the people are confronted with in the study area

With all the good intentions and efforts that have been made in the past years to achieve the MDGs 4,5,6 in different parts of the world, the south East has not benefited enough from the global health spending. Despite the fact that the south east is situated in one of the developing countries that bear much of the world's disease burden, expectation is that areas that bear this disease burden of the world should be mapped out to benefit from not less than 70% of the world health budget. Surprisingly, these areas receive the least attention (WHO, 2008). Thirteen years after the declaration of health for all by 2000; the South East of Nigeria is still too far from getting the basic necessary healthcare. This is so because of inaccessibility of healthcare in the area. Table one below shows the total number of health facilities in the South east by legal status.

**Table-1.** Hospitals in South East Zone of Nigeria by Legal Status

State	No of LGA	Teaching hosp.	General hosp.	Maternity	Clinics	Psychiatric hosp.	Orthopaedic hosp.	Others	total	%distr	Population
Abia	17	1	3	70	99	1	1	275	470	17.04	2,833,999
Anambra	21	1	154	125	42	1	1	11	355	12.15	4,182,032
Ebonyi	13	1	2	17	12	-	-	-	32	1.16	2,173,501
Enugu	17	3	117	372	163	1	4	3	663	24.04	3,257,298
Imo	27	2	276	214	428	-	1	337	1258	45.6	3,934,899
Total	95	8	552	798	744	3	7	646	2,758	100.00	16,381,729
%distribution		0.29	20.01	28.93	26.98	0.11	0.25	23.42	100.00		

Source:(National Bureau of Statistics, 2007), (National Population Commission, 2007).

There are about 2,758 hospitals in the south east (National Bureau of Statistics, 2007). This number is meant to serve a population of over sixteen (16) million people in the area. If all these health facilities have medical doctors, doctor patient ratio will be one doctor to about five thousand nine hundred and thirty nine (1:5939) patients. This is very much higher than World Health Organisation standard of 1:600. One can equally observe that Imo State has the highest number of health facilities totalling 1258, followed by Enugu state with 663, and then Abia with 470, Anambra 335. Ebonyi has the lowest number with only 32 hospitals. It is observed that there are more maternities than hospitals in the south east. The total number of maternities is 798, followed by clinics 744 and general hospitals 552. Teaching Hospitals are only 8 in the whole of south East.

Table 2 Shows hospitals in the South east by mode ownership. The term hospitals as used here include maternities and clinics.

**Table 2.** Hospitals in the South East Zone by Mode of Ownership

State	No LGA	Fed Govt	State Govt	LGA	Private	Religious	community	total	%	Population
Abia	17	4	-	-	437	17	12	470	17.04	2,833,999
Anambra	21	2	48	2	240	24	19	335	12.15	4,182,032
Ebonyi	13	2	1	-	29	-	-	32	1.16	2,173,501
Enugu	17	13	233	-	392	24	1	663	24.04	3,257,298
Imo	27	4	18	323	859	29	25	1258	45.61	3,934,899
Total	95	25	300	323	1957	94	57	2758	100.00	16,381,729
%dist.		0.91	10.88	11.78	70.96	3.41	2.07	100.00		

Source: (National Bureau of Statistics, 2007), (National Population Commission, 2007).

There are more privately owned hospital in the south east with Imo State having about 859 of them followed by Abia 437, Enugu 392 and Anambra 240. Ebonyi has only 29. Next in rank to privately owned hospitals are those owned by Local government 325, state owned 300 and Federal government owned are about 25. The implication of having more privately owned hospitals is that the indigenes of the south east have no option than to patronise them. The affordability and functionality of these private hospitals and clinics is another question. Being private, one expects that they are owned by individuals who charge people at their own discretion. Another question is, since these private hospitals are profit oriented, how many of the rural people can afford to pay for the services rendered. The implication is that poor people cannot afford the medical services offered by these private hospitals reason being that poverty is one of the characteristics of this rural majority as already observed by WHO. Nigeria (South east inclusive) is one of the developing countries where people live on less than one United States dollar a day. Poverty is one major quality of Nigeria's rural population who are being deprived access to health services

Despite the overwhelming population based in the rural areas, this rural majority are often neglected. Most of the time, the sitting of development infrastructure is often skewed in favour of the urban areas where the policy makers and seat of government are located. (National Bureau of Statistics, 2007). The rural areas are often deprived of such infrastructures. Inability of the

indigenes to have access to adequate health services make the people not be in their best health condition and the health of the citizens determines their productivity and indirectly the wealth of the nation. If the people are healthy enough, the national development is affected. Nigeria had already been ranked 140 out of 142 countries in Health and Primary education by World Economic Forum. The implication is that there are less healthy people in Nigeria compared to some other parts of the world. The (National Health Insurance Scheme) which the federal Government started to improve healthcare and also to widen opportunities for access to qualitative healthcare in Nigeria has not yielded much fruit. Only very few states have joined in the scheme. In as much as Federal Government staff are part of the scheme, the 36 States are huge employers of labour and not being part of this scheme means the state workers do not have access to the health insurance scheme. Many Nigerians as a result depend on out of pocket spending for healthcare. Poverty is one major reason many visit quacks for medical attention and this has resulted in their health being compromised leading to tragic consequences. (Abati, 2010) Inaccessibility of health facilities in Nigeria in general and South Eastern Nigeria in particular is not unconnected to the very low life expectancy of 47 years. The importance of good health has been so acknowledged by the WHO that out of the 8 MDGs, 3 are related to human health. This is because a sick person cannot perform his duty effectively and therefore not very productive. A healthy nation is a wealthy nation.

### 3. CONCLUSION

Over sixteen million people living in the south east zone of Nigeria do not have access to proper healthcare. This is due to the limited number of government owned hospitals in the area. There are more privately owned hospitals which due to their profit oriented background are not affordable to the people. The National Health Insurance Scheme has also not helped to solve this problem. This lack of adequate health facilities has implication for the wellbeing and level of productivity of the people. If the number of health facilities in the south east is not stepped up, development will be hindered. This is especially so in a state like Ebonyi where the total number of health facilities is 23 serving a population of over two million people in the state. If the government does not come to the rescue of the 16,381,729 people representing 11.70% of the population of Nigeria living in the south east, achieving the Millennium Development Goals on health by the year 2015 will be a dream that will never be realized.

### 4. RECOMMENDATIONS

Poverty is one major reason why people lack adequate access to quality healthcare services. To address this problem, the following recommendations have been made.

- Government should first and foremost make the health and wellbeing of its citizens a priority. This will be manifested by government funding the construction of government owned hospitals, both at the LGA level, State and Federal government level.

- Government should also seek cooperation or partnership with multinationals, donor agencies, private organisations etc to help fund the construction of hospitals as well as in training of health staff and providing all that is needed to improve access to health care in the area.
- The State government should have the political will and courage to be part of the National Health Insurance Scheme so that their workers will benefit from it.
- Campaign on the National Health Insurance Scheme should be improved and people mobilised to be part of the scheme.
- There should be decentralization of health facilities to reach every rural community. No longer concentrating social amenities and infrastructural development in the urban areas.
- In addition to erecting physical structures, the government should seek international assistance from United Nations to help in the supply of drugs to health centres, clinics, hospitals etc to avoid out-of-stock (OS) syndrome that has bedevilled government owned hospitals.

Finally, machinery must be put in place to check embezzlement of funds by government staff. This is to ensure that money mapped out for such activities are adequately invested into what it is meant for. This will build up peoples' trust and confidence in government programmes including the Health Insurance Scheme. If the above listed are done, the health and wellbeing of the people in the South Eastern Nigeria will be improved. Attainment of health for all will be achieved. This will equally permit the citizenry to live their lives to the fullest and also be very productive for their nation.

## REFERENCES

- Abati, R., 2010. Nigeria's Problematic Health Insurance Scheme. Available from [www.nigeriavillagesquare.com/articles/reuben-abati](http://www.nigeriavillagesquare.com/articles/reuben-abati) [Accessed 21st July 2013].
- National Bureau of Statistics, 2007. Core welfare indicators questionnaire (CWIO) Survey Federal Government Press.
- National Health Insurance Scheme, A declaration. Available from [www.linenigeria.com/template](http://www.linenigeria.com/template) [Accessed 21st July 2013].
- National Population Commission, 2007. Population census of the federal Republic of Nigeria. ImoState Statistical Tables.
- WHO, 2008. Proposal-improving access to healthcare for the poor. Especially in Developing countries. Available from [www.globa-economics-symposium.org](http://www.globa-economics-symposium.org) [Accessed 3rd July 2013].

## BIBLIOGRAPHY

- Improving access to healthcare in developing countries: lessons. Available from [www.scholar.google.com](http://www.scholar.google.com) [Accessed 3rd July 2013].

Medical Care Development, International Aid for Africa. Available from [www.aidforafrica.org](http://www.aidforafrica.org) [Accessed 3rd July 2013].

National Bureau of Statistics, 2006. Annual Abstract of Statistics. National Bureau of Statistics. Abuja.

National Bureau of Statistics, 2010. Social Statistics In Nigeria. National Bureau of Statistics. Abuja.

National Bureau of Statistics, 2007. The directory of health establishments in Nigeria Federal Government Press.

National Health Scheme. Available from [www.wikipedia.org/wikinational\\_health\\_insurance](http://www.wikipedia.org/wikinational_health_insurance) [Accessed 21st July 2013].

Nigeria-Health Policy Project. Available from [www.healthpolicyproject.com/index](http://www.healthpolicyproject.com/index) [Accessed 21st July 2013].

What to Benefit from Nigeria's Health Insurance Scheme. Available from [www.punching.com](http://www.punching.com) [Accessed 21st July 2013].

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