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# Africa HEALTH

NIGERIA

**Invest in malaria is to invest in development? What is the correlation at the national level**

**Primary health care in danger in Nigeria**

**Anatomy of the heart**

**Laboratory diagnosis of sexually transmitted infections**

## Contents

- 02 News Update: Initiative launched to eliminate mother-to-child transmission of HIV in Nigeria; Nigeria's drug warehousing system strengthened under new collaboration with US government
- 04 A vision for Nigeria health system in 2030  
*Dr. Tarry Asoka*
- 06 The vacuums that digital health can fill in Nigeria's healthcare system  
*Paul Adepoju*
- 07 Dealing with the increasing interference of religion in healthcare  
*Paul Adepoju*

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## Change for good?

If you read *Africa Health* online, you may well read this prior to the elections, but if you are a paper reader, then it is likely that you'll be reading this post the event as the new Federal Ministers and State Commissioners are being nominated, approved and sworn-in.

It is a time of potentially huge change in some quarters, and probably no change in others. And yet the impact each Minister and Commissioner can have can be far reaching. As alas we all know there have been many false dawns for the emergence of Nigeria's public sector health delivery as the fit for purpose service everyone craves. Occasionally positive progress has sparkled into life, only to die back as a key person leaves, or another funding cut bites.

But what could it be like? Dr. Tarry Asoka (see page 4) has enjoyed himself in this issue by sitting down with his crystal ball and coming up with his predictions for where the health system will have got to in 15 years time. It makes for very interesting reading.

I'm afraid to report that while things have moved forward significantly, his take is that it will be because Nigerian's have an innate ability to move things for themselves, not because the politicians or the professions have successfully moved the agenda forward. NHS is still not delivering, strikes still abound, but private pre-paid medical schemes and other innovative market-based healthcare payment mechanisms have taken over.

It all makes one wonder whether we should just cut out the stop-start political palaver of the intervening years, and fast track our way to the predicted solution. Maybe it can come more quickly if politicians don't play around with delivering the undeliverable within the pulls and pushes, pain and palaver of the current Nigerian public sector experience?

But no. There are so many really genuine Nigerian's committed to making things better. We hope that they will rise to the surface and be enabled to move the agenda forward without delay. Low income Nigerians deserve far better than what is currently on offer in much of the country, and while many will empathise with the picture Tarry paints, maybe, just maybe, someone or some group will emerge from this election to turn things for the better.

*Bryan Pearson*

## Initiative launched to eliminate mother-to-child transmission of HIV in Nigeria

One of Nigeria's major telecoms companies Etisalat Nigeria has signed a Memorandum of Understanding (MoU) with UNAIDS to tackle and eventually eliminate mother-to-child transmission of HIV in Nigeria.

The agreement is going to give the network's 21 million subscribers access to information through SMS on how and where to access prevention of mother-to-child transmission of HIV services in Nigeria. It will also support Nigeria's National Agency for the Control of AIDS (NACA), other government departments, and the Civil Society to boost efforts to eliminate the virus in Nigeria.

Commenting on the initiative, Ibrahim Dikko, Vice President, Regulatory and Corporate Affairs at Etisalat Nigeria, said: 'We are happy to partner with UNAIDS

and NACA for this unique cause. We recognise that a nation can only be economically buoyant if it has a healthy population. This we are committed to building, by attacking its most deadly threats, one of which is HIV/AIDS. We are joining hands with these strategic and effective organisations, and together we will drive the promotion of life and health, for Nigerians in general, persons living with HIV, children yet unborn.'

Prof. John Idoko, Director General, National Agency for the Control of AIDS added: 'This initiative is bound to avail more avenues of stopping new HIV infections in Nigeria. We welcome this new impetus Etisalat is bringing to the HIV response in Nigeria.'

Dr. Bilali Camara, UNAIDS country director for Nigeria and the UNAIDS focal point for the ECOWAS commented: 'Ending the HIV epidemic among children in Nigeria by 2020 will result in preventing 240 000 new HIV infections among children and an additional 460 000 new HIV infections among adults. In all, we are looking at preventing 340 000 AIDS-related deaths and a net benefit of 30 billion United States dollars, with 12 million life-years gained.'

## Stakeholders identify roles of social media in healthcare at Social Media Week in Lagos



Issues related to health were among the subjects discussed at the 2015 edition of the annual Social Media Week conference, held in Nigeria's commercial capital city of Lagos.

The Lagos event was part of a global network that featured over 1000 events in seven cities.

More than 25 000 people attended events and hundreds of thousands connected online and through the mobile app.

The Nigerian version brought to the discourse various sectors, and their intersection with social media and health was not left out. Health was the focus at three sessions hosted by Sickle Cell Advocacy and Management Initiative, Hacey Health Initiative and by the founder of Asktoks.com, a behavioural analyst using the power of smartphones to help people understand and be aware of autism.

The session also featured a presentation by the United States Agency for International Development on useful tools to amplify social media messages and improve outcomes.

The event lasted for six days, running from 22nd to 27th of February, providing an open platform for partners to build stronger networks and alliances to drive progress.

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## Nigerian healthcare experts attend conclave in India to mark World Cancer Day



To expand the knowledge base of Nigerian healthcare practitioners involved in the management of cancer, delegates from Nigeria attended the 'Apollo Cancer Conclave & Cancer CI 2015' in Hyderabad, India. This was organized by Apollo Hospitals to mark this year's World Cancer Day.

The biannual event was attended by approximately 2000 delegates from across the world, and the prime focus of the conference was on advances in oncology with special emphasis on management guidelines.

The conference was preceded by a day workshop which was held on 'Hypofractionation, Robotic Surgery & Bone Marrow Transplant' at Apollo Cancer Hospitals, Hyderabad. The event was organized under the auspices of Union of International Cancer Control and the European Society for Medical Oncology had renowned faculty from across the world in attendance.

At the end of the conference, delegates made a joint declaration to offer a long-term solution to stem the tide of cancer spread in the world. The declaration places premium on public education and enlightenment, which stresses act of prevention over treatment in managing cancer ailment.

According to the declaration, adhering to four recommendations will reduce cases of cancer drastically. They recommendations include avoiding tobacco use, preventing viral infections (especially Hepatitis B virus/ Hepatitis C virus and Human papilloma virus), preventing obesity, and avoiding excessive consumption of alcohol.

## Nigeria's drug warehousing system strengthened under new collaboration with US government

The United States Government and the Federal Government of Nigeria are collaborating to enhance accessibility to medicine and other health commodities across the nation by enhancing the national drug warehousing system.

Both partners believe the national warehousing infrastructure of the 1960's cannot adequately cater for and properly accommodate the essential medicines and other health commodities need currently.

In their desire to improve conditions, both governments, with the support of the Global Fund, have laid the foundation for the construction of a US\$10 million (about NGN2 billion) drugs store in Abuja.

The warehouse, according to officials, is borne out of the need to decentralise the storage system for proximity and accessibility. Among other things,

it is expected to enhance quick response during emergencies like epidemic outbreaks.

Speaking at the flag off ceremony in Abuja, Minister of State and Supervising Minister for Health, Dr. Khaliru Alhassan, said the structure would enhance drugs storage and supply in the country.

He said the facilities at the Federal Medical Stores in Oshodi had been upgraded to modern pharmaceutical grade warehouses, noting also that the storage capacity of the facility was being increased with the construction of three new Warehouse in Box.

He stressed: 'Furthermore, to enhance accessibility to medicine and other health commodities across the nation, in line with the principle of the essential drug project, the federal ministry of health conceived the idea of building the Abuja Premier Medical Stores about 20 years ago. However, due to several challenges such as land acquisition, policy review and budgetary issues, the project has been on the drawing board till now. On completion, this project, which also consists of three warehouses, would provide a total storage space of 3000 square meters. That is, 1500 pallet spaces: and easily be accessible to the northern axis of the nation.'



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## A vision for Nigeria health system in 2030

Tarry Asoka has been looking into his crystal ball to see how things might look in 15 years time - if the right policy discussions are taken now

Consolidating its position as Africa's largest economy, and 10 years after it has been admitted into the 'Global 20 Club', Nigeria's place as a significant economic power house is no longer in doubt.

The economy is now more diversified and the tax base is healthy, although government still relies heavily on oil and gas revenues. Like agriculture that fully transformed itself from subsistence level to a growth sector in the decade that ended in 2020, the Health sector has also emerged from its 'cocoon' where it has undergone metamorphosis from its 'pupal' social service status to become one of the 'real' sectors of the economy. The key drivers are (i) the over USD10 billion annual spend on pharmaceuticals (drugs and medicines); (ii) commoditisation of healthcare that is no longer differentiated from personal care, as several medical goods and services lose their unique medical function and become readily available at the marketplace; and (iii) a massive middle class that demand quality care and are willing to pay for better services.

And while there has been no rational re-design of the delivery system, health services are delivered through diverse approaches. Ranging from home-based care, mobile clinics, and provision from the regular government owned and operated primary healthcare centres and general hospitals, to privately run specialist medical centres, there is near universal access to a broad-range of healthcare services. But the vast majority are 'stand-alone facilities' and independent practitioners using very basic to high-end specialised equipment that are responding to consumer demand for quick and reliable diagnosis, and treatment of common and not too common health problems. In the rural and semi-urban areas, many of these are health extenders, not the conventional Community Health Extension Workers (CHEWs) usually employed by local government areas (LGAs), but 'Paid Volunteer Health Workers' linked to specific health programmes such as immunisation, maternal and child health, malaria, nutrition, TB, HIV/AIDS, etc. And the Primary Health Care (PHC) facilities from where these cadres of health workers are supervised have taken on a new role - coordinators inputs of these health interventions and the expected health outcomes for a given population.

There is still some bit of medical tourism as the proportion of citizens are older (with associated chronic medical conditions), and richer (with huge disposable incomes), which accounts for about a fifth of the population. But the destinations are now more widespread.

Dr. Tarry Asoka is a Medical Doctor and Health Management Consultant. Based in Port Harcourt.

Rather than India and the United Arab Emirates, Dubai in particular now receives the largest number of medical tourists from Nigeria. The United Kingdom and South Africa with strong historical and continental trading ties respectively also have reasonable share of this extended Nigeria healthcare market. Interestingly, these external medical suppliers are linked to the local network of providers that feed the international markets, as well as maintain some level of continuity of care when the medical visitors return home.

In terms of financial access and funding for health services, the so called National Health Insurance Scheme is still faltering. Due to 'vested interests' the programme fails to take on a national outlook, as it has not been reformed within the context of a federal country; and thus not able to expand beyond its initial coverage of workers in the employment of the federal government. Several State governments also attempted to institute state-based health insurance or similar pre-payment schemes, but these too have ran into similar difficulties as they were prone to capture by entrenched interests - politicians, civil servants and professional groups. And there has been serious tensions between State Primary Health Care Development Agencies (or Boards) on one hand, and the National Health Insurance Scheme, alongside the National Primary Health Care Development Agency and the Federal Ministry of Health, with respect to control of the Primary Health Care Fund that is incorporated with the National Health Act. Consequently, PHC Agencies in several States are



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*Primary health workers in Oboto, Nigeria.*

only in name as they have not been funded by their State governments, and the hope of accessing the national PHC Fund has not materialised. Only in States such as Zamfara and others that have adopted a 'basket-fund' arrangement where 'pooled funding' for PHC activities from State, LGAs and donors exist - are State PHC Agencies or Boards seen to be viable with related improvement in access to services and health outcomes.

Notwithstanding, as a market for healthcare emerges, driven by high consumer demand and spending power, individuals and households still account for the largest proportion (over 70%) of total health expenditure in the country. But curiously, direct out-of-pocket payments are now very low (about 10% to 15% of total health expenditure), due to the myriads of private pre-payment medical schemes and innovative market-based healthcare payment mechanisms that facilitate financial access to healthcare across the country. Learning from how multinational companies, from manufacturers of household goods to mobile telephone operators and digital television service providers, have converted the millions at the bottom of the income pyramid into effective consumers, smart healthcare enterprises are offering 'financial access packages', to healthcare tailored to the needs and aspirations of each and every segment of the population.

In this healthcare scenario, Donors or Development Partners as they prefer to be called, struggle to find a new role for themselves. Government officials still make the right noises about being committed to the Post-2015 Agenda, but it is business as usual as donors especially those with global mandates, continue to carry out their small projects in limited number of LGAs while pretending to be supporting national programmes for this and that disease, or strengthening national health systems. Nevertheless, donor-supported programmes, more like 'research pilots', provide good evidence for continuously improving healthcare service delivery and the management systems that support it in Nigeria. For example, our knowledge about the effectiveness of Community Health Volunteers as health extenders

came from experience gathered from two donor-funded projects: an Australia Aid funded community mental health programme in South-East Nigeria that was managed by Christian Blind Mission International, Australia; and a nutrition programme in Northern Nigeria, which was jointly overseen by Unicef, Save the Children, and Action Against Hunger, but funded by UK Department for International Development. However, we also learnt from these projects that to be sustainable, Community Health Volunteers have to be paid - no matter how small.

And as per Health Care Professional Unions - the doctors, nurses, pharmacists, and the rest - they have become very unpopular with the average consumer

of healthcare services. Tired of their constant bickering over professional supremacy, and their collective neglect of the interests and concerns of the consumer over the years - Nigerian healthcare consumers have used their new found influence expressed in 'healthcare purchasing power' to set new measures for healthcare delivery performance, partly based on mutual accountability among healthcare professionals. Although cost of care is important, consumers now value choice and trusting relationships with doctors and provider-teams that routinely spend considerable time learning about each consumer's medical history and needs, and provide each consumer with a feeling of empathy, security and respect.

As per epidemics, apart from the usual culprits such as cholera, meningitis, etc; the occasional virus with existential risk may still occur, but having learnt from the experience of the Ebola virus disease in 2014, the country has put in place a robust disease surveillance and notification system matched by effective response by government and other responsible authorities. While hand washing and body temperature assessment have become routine, the population is also highly sensitised, in terms of individual responsibility to maintaining good personal hygiene and reduced person-to-person contact as critical measures of preventing the spread of viral diseases.

With respect to the overall performance of the health system, there have been fundamental changes that are more aligned with the overall economic growth and development agenda of the country as an advancing economy, than with technically perceived unproven ideals. While the United Nations and its agencies fret about lack of progress by Africa's largest economy in meeting the Post-2015 Agenda targets, the 'leapfrogged' changes at both macro and micro levels have set Nigeria's health system on a path to sustainable development. And this transformation has started to lead to: (i) better health outcomes for all demographic and socio-economic groups; (ii) improved individual satisfaction and experience with health activities and interventions; and (iii) enhanced financial sustainability for both individuals and the economy as a whole.

# The vacuums that digital health can fill in Nigeria's healthcare system

The mobile phone is ubiquitous. Smart phone ownership is expanding rapidly. Paul Adepoju looks at the potential gains for health delivery

In February, the GSM Association (GSMA) announced new partners in its Pan-African cross ecosystem mHealth initiative, which is focused on improving healthcare in Africa through mHealth. The initiative is initially focusing on reducing maternal mortality and improving nutrition.

In Nigeria and several other African countries, more citizens can access smartphones than hospitals and this is why healthcare-improving solutions that can work on mobile phones are expected to be successful on the continent, both for the healthcare professionals and the patients, and in promoting interactions between these two critical playmakers in healthcare.

## Health information delivery

Low cost, widely available and easy to use mHealth solutions are being used to deliver health information to geographically diverse populations even though the mHealth ecosystem in Nigeria and elsewhere seem to be immature. Telecoms companies in Nigeria are regularly sending health information, especially tips, to their subscribers. And while lots of these are subscription-based, the technology is available for initiatives focusing on various health conditions in unique demography.

## Maternal health

As demonstrated in Ondo State, Nigeria, the impact of mobile phone technology in maternal health is far reaching, replicable and cost-effective. A critical



component of maternal care that mHealth could successfully deploy in Nigeria is in the area of patient monitoring; it would also aid in evaluation, especially in explaining why mothers are dying in childbirth in areas where good and reliable data were previously unavailable.

For the mothers, they can get access to emergency healthcare and information on better living practices via voice, SMS or the internet. It can also enhance monitoring and referrals, following the woman along a continuum of care from the start of the pregnancy all the way through her post-partum period.

An mHealth study revealed the use of mobile phones can reduce delayed decision-making and transportation during childbirth. The study revealed that 55% of women in a near-miss delivery event used a mobile phone to contact a provider or an ambulance.

## Matters arising

Despite the successes recorded so far, there are still several hurdles to scale and one of such is connecting information and communications technology experts and medical professionals in order to critically develop solutions and map out strategies to ensure continuum of healthcare in Nigeria and beyond.

There is also an avalanche of mHealth solutions available online and offline, most of them were developed outside Nigeria. Although some can easily be introduced into the healthcare system in Nigeria, a testing and regulatory system should be put in place to ensure the solutions are effective and applicable in the Nigerian market.

The fact that mobile penetration is on the rise in Nigeria and across Africa is an attestation to the untapped potentials of the mobile phone in the hands of most citizens irrespective of the location, situation, age and level of education. While many patients may be reluctant to visit the hospital, they happily spend hours daily on their mobile devices. If healthcare can be delivered through this medium, it could become a new channel that could be explored to improve healthcare in Nigeria, and by extension other parts of Africa and beyond.

# Dealing with the increasing interference of religion in healthcare

Faith of all creeds is big in Nigeria. But for the ill patient it can bring confusion with a minister or imam offering conflicting advice to the doctor

He worked as a technician in the microbiology department of one of Nigeria's major teaching hospitals. He was vibrant and hardworking – his colleagues said he used to get to work ahead of others and was among the last to leave. He lived a humble and satisfactory life until he got injured in an accident involving a commercial motorcycle he rode on a particular Tuesday evening.

He hit his head against a very hard floor, had concussion and suffered mild brain injury. He was hospitalised in the intensive care unit of the hospital and needed magnetic resonance imaging (MRI) which cost about NGN120000. His colleagues rallied round and raised the fund. He got the test and was slowly responding to treatment. At a particular point, he could identify those that came to visit him. Believing he could make quicker recovery, his family decided to have him discharged against medical advice (DAMA) as recommended by the pastor. Two days later, he died.

This is just one out of thousands of DAMA cases reported daily at hospitals and other medical facilities across Nigeria and beyond. In some cases, the decision could be due to the inability of the patient's relatives to continue to pay the hospital bills, especially when there is no health insurance coverage. But often, patients are discharged because they believe more in their faith than the prognosis being described to them by the physician.

## Religion in Nigeria

There is a popular assumption that in Nigeria, religion is more powerful than the government or any other institution. This couldn't be false considering the fact that governments at all levels take religious bodies seriously. It is not a surprise to see political officeholders and seekers fraternise with the popular religious leaders in the country.

There are several churches in Nigeria with millions of members. They include the Redeemed Christian Church of God and the Mountain of Fire and Miracles Ministries. The leaders of these and other religious organisations get the respect of their followers who see them as their spiritual guardian that sees beyond the human vision and it is not surprising that when these leaders ask them to do one thing, they tend to obey them more than when such instruction is given by government officials.

Governments are also aware of this and they regularly engage the religious leaders in campaigns and advocacy initiatives, including those aimed at promoting good health and safe living. Such has been successfully done by the National Agency for the Control of AIDS and the National Agency for Drugs Administration and Control.

## Interference with healthcare

Christianity and Islam are the major religions in West Africa and they both have portions in their holy books that dwell on healing and healthcare. Some Christians for instance believe diseases only come from God to those that fail to listen carefully to His voice and choose not to do what is right in His eyes as written in Exodus 15:26; some believe they can only get healed when God sends His word through any medium as written in Psalm 107:20.

Psalm 30:2 also suggests that healing comes when one calls upon God, while Isaiah 53:5 states Jesus' wounds have made healing from all infirmities available to all Christians. Popular gospel music singer Don Moen also transformed a verse in the Bible, Jeremiah 17:14, into the unofficial gospel healing anthem. The situation is similar in Islam.

Muslims across the world are familiar with several portions of the Quran that promise believers healing; one of such is at-Tawba, 9:14 which is often claimed by Muslim patients with breast cancer since it said 'And Allah shall heal the breast of his believers'.

al-Isra, 17:82 also revealed that one of the reasons why the Quran was sent to the world was to heal sick Muslims; Ash-Shu'ara (The Poets: 26:80), which is a supplication of Prophet Abraham, added that the Prophet was cured by Allah when he fell ill.



Millions of people attend the Mountain of Fire and Miracles Ministries service

Photo from [www.samuelkasumu.co.uk](http://www.samuelkasumu.co.uk)



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of sickness, pains and disease.

He said: 'These classes outlined here are subject to the faith of the person praying or the one being prayed for. In the absence of substantial faith from these two: drugs or medical advises are required. I do spend years without drugs but when I had slipped disc last year I went for medical help and procedures.'

Another strong member of a church in southeastern Nigeria who spoke under

condition of anonymity also shared an experience he witnessed of a member of the church that suffered from piles.

He said: 'He is a tailor and had very serious issues with pile[s]. It was so bad that it was affecting his job because he couldn't sit on hardwood to sew for his clients. He had to make a custom seat with a soft top to get some level of comfort to do his work.

'He made an appointment with a medical doctor at the Federal Medical Center Owerri, Imo state, southeastern Nigeria for a surgical procedure to help alleviate the condition. He didn't have sufficient funds to foot the hospital bills. While waiting to raise the remaining funds, he said he made a commitment in church and he was completely healed of the condition. Till today, he has never felt any discomfort again. This was something that bothered him for years since it started.'

### **Making room for spiritual healing**

A 2012 study conducted at the University of Missouri concluded that spirituality often enhances health regardless of a person's faith. The researchers urged healthcare providers to take advantage of the observed correlation between health, particularly mental health, and spirituality by tailoring treatments and rehabilitation programmes to accommodate an individual's spiritual inclinations.

'In many ways, the results of our study support the idea that spirituality functions as a personality trait,' says Dan Cohen, assistant teaching professor of religious studies and one of the co-authors of the study.

'With increased spirituality people reduce their sense of self and feel a greater sense of oneness and connectedness with the rest of the universe.

'What was interesting was that frequency of participation in religious activities or the perceived degree of congregational support was not found to be significant in the relationships between personality, spirituality, religion, and health.'

With these and several other clearly written and widely believed spiritual backings on healing, it is not surprising to see many sick individuals deciding to abandon the hospital and stay in the church or mosque instead.

Pastor Innocent Vallence is the publisher of SoulFood Devotional. He said the issue of healing is a very critical one. According to him, he has heard of, and seen several miracles and healings even in his ministry. Quoting Genesis 1:29, Exodus 12:8 and Number 9:11, he said God is not an author of confusion.

'When He created herbs for healing He knew His power was so much available for the same purpose,' he said. 'But it's so unfortunate that some individuals who claim to have known God too much operate on the frequency of faith higher than their levels. These always make a shipwreck of their lives, family members or even their congregations.'

He shared his personal experience of a diabetic patient that rejected blood infusion because of religious beliefs.

Pastor Vallence said: 'I have seen a case of a diabetic patient that had two surgeries and lost so much blood. This man was diagnosed of low blood and was advised to take blood. He and the wife refused, claiming it was against their faith. The church leadership intervened against the hospital's decision to run a blood infusion. Unfortunately, the man signed a death warrant and died few hours later. He left behind many children to his widowed housewife.'

He added that while spiritual healing is true, the Bible gave straightforward instructions suggesting extra caution must be taken.

He said: 'This man's religious heads are the type warned in Colossians 2:8-23. Verse 18 simply states: 'Let no man beguile you of your reward in a voluntary humility and worshipping of angels, intruding into those things which he hath not seen, vainly puffed up by his fleshly mind.' This class has wrecked a lot of lives,' he said.

According to him, the power of God heals any type