Medical attention for the poor

Shima Gyoh traces the advent of user fees in the Nigerian health service, its effect on hospital attendance, and the remarkable volte-face of leading agencies who now realise how wrong they were. Read on

Cancer of the breast often starts as a relatively painless lump, and, near the skin, may break through and look like a boil. In Africa, the women consult their usual traditional medical practitioners who try local herbs, dressings, and administer concoctions and spiritual incantations, but the lesion won't go. Patients are eventually reduced to severe anaemia and weakness as the tumour disseminates throughout the body. They are often brought to hospital only when death is imminent and the tumour inoperable.

Distressed by this, I started a campaign in Kaduna in the early eighties to educate women on the condition. The Rowntree Foundation (UK) donated a video camera, and the Nigerian television kindly broadcast many of our recordings, lectures and demonstrations conducted in both English and vernacular. We also gave talks to villagers at the huge outpatients' attendances.

The results were impressive. Some enlightened town women came up with tiny lesions they found by self-examination. Most were benign, but few were malignant and we hoped we had removed them before they had time to metastasise. Villagers began to come at earlier stages of the disease and we were able to attempt either curative operations or do palliative procedures that improved the quality of life even for the worst cases. All treatment was free.

On the political front, Nigeria was under military rule, and under pressure from the World Bank that the government had set the value of the country's currency unrealistically high and should allow it to float in accordance with market forces. The Naira was then almost equal to the British pound at £0.95 and exchanging for almost 3 US dollars. To help the country survive the rough financial weather expected with floating the currency, the Bank offered Nigeria a loan, but with what they called conditionalities, the most prominent was the removal of government subsidies on all social services. Our military strongman delighted Nigerians by refusing the loan, bragging that Nigeria would do it without borrowing. Thus began the era of step-wise official devaluation of the Naira and steep reduction of subvention to health services in real terms, but concealed by devaluation.

All public health institutions had to introduce user fees to survive. This became an impediment to the villagers who were just beginning to bring their health problems at earlier clinical stages. There was a big drop in hospital attendance and the status quo ante was more or less restored. We should always remember that, out there, there are great stories of miraculous cures by traditional healers, and it is not easy for anyone brought up in that culture to be sceptical.

The poor people first do the rounds among traditional healers where reception is warmer and payment more affordable because it can be in the form of some farm produce, on loan, or even free. The great confidence talks, shuffling a few human bones here and here, incantation to ancestors or the ritual eating of a sacrificial chicken cooked over a ritual fire have great healing powers on psychosomatic ailments, and believe me, they form the majority of the complaints out there. Such successes are extrapolated in circulating legends to all diseases, including organic ones like fractures and cancers, totally resistant to faith healing no matter how impressive the confidence performance might be. The result is that organic conditions land in hospital only when sufferers have sustained intolerable damage or are about to die.

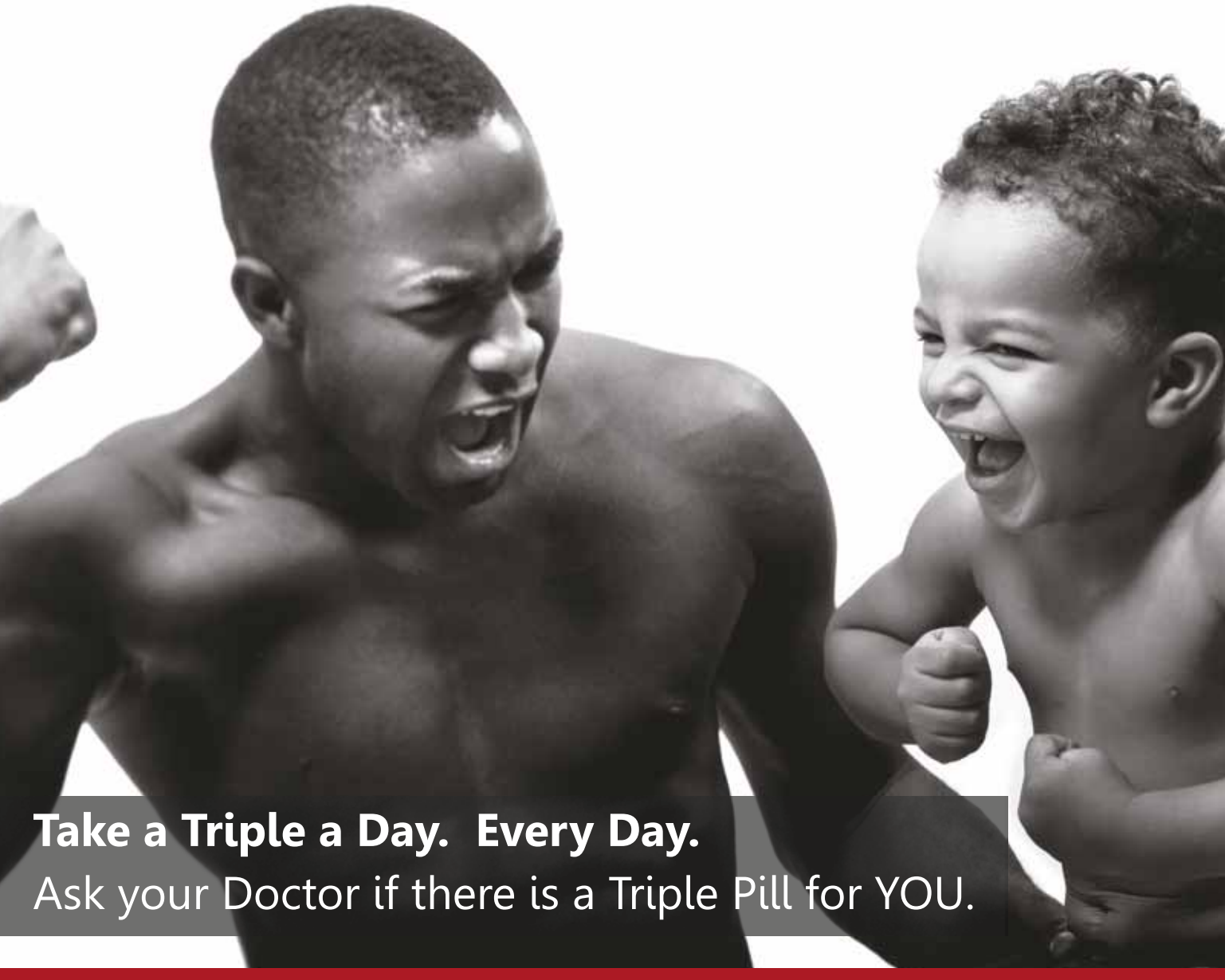
They may be turned away for inability to pay a deposit, and some die while looking for a way out. Others get the emergency treatment that saves their lives, but when they recover and no one turns up with the fees, they get detained for weeks or even months. Visit any ward and you will find quite a few prisoners of hospital fees that cannot go beyond the guards at the gates. The institutions themselves are severely underfunded and would grind to a halt within a few days if they did not get sufficient returns to purchase their working materials, and would not want to acquire a reputation that their determination to collect user fees can be easily overcome.

I had the pleasure of meeting international experts in health financing at a conference recently arranged by the Nigerian Health Watch. I was surprised to hear that the World Bank has done a complete about-turn on user fees for the poor and now regards them as unethical. It now accepts that universal coverage cannot be achieved without public subvention of the very poor. There were even suggestions that detaining anyone for inability to pay hospital fees constitutes violation of their human rights! This means that the governments of developing countries have lost their strongest external support for sidestepping their responsibility for funding the medical treatment for their poorest citizens. They must do so within or outside health insurance schemes.

Shima Gyoh has held many posts ranging from village doctor to DG of Nigeria's Federal Ministry of Health and Chair of the Medical and Dental Council of Nigeria.

Stay "Triple Strong"

Taking HIV medication EVERY DAY keeps me strong for a long, healthy life. With my new "Triple Pill" it can be just ONE PILL PER DAY.



Take a Triple a Day. Every Day.

Ask your Doctor if there is a Triple Pill for YOU.

The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy
Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013, (http://www.who.int/hiv/pub/guidelines/arv2013/en)

erongomed
making a difference

PEPFAR

USAID
FROM THE AMERICAN PEOPLE

SHOPS
Strengthening Health Outcomes through the Private Sector

Mylan
Seeing is believing