



NATIONAL OPEN UNIVERSITY OF NIGERIA
Plot 91, Cadastral Zone, Nnamdi Azikiwe Express Way, Jabi Abuja

B.Sc (Ed) Health Education

COURSE HED106 HEALTHCARE DELIVERY SYSTEM IN NIGERIA

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COURSE GUIDE

Introduction

Despite Nigeria's economy and position's in Africa, the health care system of the country is greatly underserved. For many years, the Nigerian healthcare system has suffered several decay such as poor organisational structure, inadequate facilities/equipment and untrained/unskilled medical personnel especially in the rural areas. While various reforms have been put forward by the Nigerian government to address the wide ranging issues in the healthcare system, they are yet to be implemented at both federal state and local government area levels. This course explains the nature of Nigerian healthcare system, the services provided, medical care options available for the citizens, factors affecting the choice of medical options and management of healthcare system.

Course Competencies

The aim of this course is to train you to understand the nature of Nigerian healthcare delivery system and the services provided in order to guide people on how to make wise choice on the healthcare services and patterns available to them.

- Identification of various patterns of health care delivery system in Nigeria.
- Analysis of various situations and factors that influence the choice/decisions people make in time of illness,
- Identification of benefits and problems encountered in the various pattern of health care delivery system.

Course Objectives

By the end of this course, you should be able to:

1. Describe the nature and characteristics of healthcare system in Nigeria
2. Describe types of services provided in health facilities for treatment and management of infectious and chronic diseases.
4. Explain the organisation and structure of healthcare system in Nigeria.
5. Identify different patterns of healthcare system in Nigeria.
6. Identify factors affecting making decision in the choice and patterns of healthcare.
7. Describe the managerial process and tasks expected of healthcare managers.
8. Have a comprehensive knowledge of the theoretical foundations and qualitative tools of the areas of specialisation, as well as the ability to apply this knowledge to address actual problems
9. Demonstrate problem-solving capacity through critical, innovative and creative thinking in the area of study.
10. Be adequately equipped with relevant knowledge and skills to effectively function and practice as high level manpower in health care delivery.

Working through this course:

To successfully complete this course, read the study units, listen to the audios and videos, do all assessments, open the links and read, participate in discussion forums, read the recommended books and other materials provided, prepare your portfolios, and participate in either face to face facilitation in your centre or the online facilitation.

Each study unit has introduction, intended learning outcomes, the main content, conclusion, summary and references/further readings. The introduction will tell you the expectations in the study unit. Read and note the intended learning outcomes (ILOs). The intended learning outcomes tell you what you should be able to do at the completion of each study unit. So, you can evaluate your learning at the end of each unit to ensure you have achieved the intended learning outcomes. To meet the intended learning outcomes, knowledge is presented in texts, video and links arranged into modules and units. Click on the links as may be directed but where you are reading the text off line, you will have to copy and paste the link address into a browser. You can download the audios and videos to view off line. You can also print or download the texts and save in your computer or external drive. The conclusion gives you the theme of the knowledge you are taking away from the unit.

There are two main forms of assessments – the formative and the summative. The formative assessments will help you monitor your learning. This is presented as in-text questions, discussion forums and Self-Assessment Exercises.

The summative assessments would be used by the university to evaluate your academic performance. This will be given as Computer Based Test (CBT) which serves as continuous assessment and final examinations. A minimum of three computer based tests will be given with only one final examination at the end of the semester. You are required to take all the computer-based tests and the final examination.

Take notes when reading and listening to the video clips. You may use your note pad and pen, or Microsoft Word document in your computer or use Google drive while studying. This will help you create and organise your portfolio. Should you encounter any technical challenge while studying, contact the technical support in the direction or links provided.

Study Units

There are fifteen (15) study units in this course divided into five modules. The modules and units are presented as follows.

Module 1: Overview of Healthcare Delivery System

Unit 1: Concept of Healthcare Delivery System
Unit 2: Characteristics of Healthcare System
Unit 3: Resources for Healthcare Delivery

Module 2: Healthcare Services

Unit 1: Scope of Healthcare Services

Unit 2: Basic Healthcare Services

Unit 3: Healthcare Providers

Module 3: Structure and Organisation of Healthcare in Nigeria

Unit 1: Structure of Healthcare System

Unit 2: Healthcare Facilities

Unit 3: Healthcare Regulators

Module 4: Patterns of Healthcare

Unit 1: Patterns of Healthcare Delivery System

Unit 2: Alternative and Complimentary Healthcare

Unit 3: Factors influencing Choice of Healthcare Patterns

Module 5: Management of Healthcare System

Unit 1: Overview of Healthcare Management

Unit 2: Task of the Health Managers

Unit 3: Public Health Laws

References and Further Reading

The following reference links are provided for further readings.

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Presentation Schedule

The presentation schedules gives you the important dates for the completion of your computer-based tests, participation in forum discussions and participation at facilitation. Remember, you are to submit all your assignments at the appropriate time. You should guide against delays and plagiarisms in your work. Plagiarism is a criminal offence in academics and is highly penalised.

Assessment

There are two main forms of assessments in this course that will be scored: the Continuous Assessments and the final examination. The continuous assessment shall be in three fold. There will be two Computer Based Assessments. The computer-based assessments will be given in accordance to university academic calendar. The timing must be strictly adhered to. The Computer Based Assessments shall be scored a maximum of 10% each, while your participation in discussion forums and your portfolio presentation shall be scored maximum of 10% if you meet 75% participation. Therefore, the maximum score for continuous assessment shall be 30% which shall form part of the final grade.

The final examination for HED 106 will be maximum of two hours and it takes 70 per cent of the total course grade. The examination will consist of 70 multiple choice questions that reflect cognitive reasoning.

Tutor-Marked Assignments (TMA)

There are three Tutor-Marked Assignments in this course. You are required to submit the assignments for grading need to submit the three assignments for grading. Two best scores shall be selected from the three TMAs for use as your continuous assessment score. The maximum score for the three TMAs shall be 30%.

If you have a challenge starting the assignments or submitting at the due dates, you may request for extension from your facilitator.

Final Examinations and Grading

The final examination for HED106 will be for three hours and it makes 70 per cent of the total course grade. The examination will consist of questions that reflect the types of self-assessment and Tutor-Marked exercises you have previously encountered. All areas of the course will be assessed. Deploy time between finishing the last unit and sitting for the examination to revise the entire course. You may find it useful to review your self-assessment exercise and comments by your tutorial facilitators before the examination. The final examination covers information from all from all parts of the course.

How to Get the Most from the Course

To get the most in this course, you need to have a personal laptop and internet facility. This will give you adequate opportunity to learn anywhere you are in the world. Use the Intended Learning Outcomes (ILOs) to guide your self-study in the course. At the end of every unit, examine yourself with the ILOs and see if you have achieved what you need to achieve.

Carefully work through each unit and make your notes. Join the online real time facilitation as scheduled. Where you missed the scheduled online real time facilitation, go through the recorded facilitation session at your own free time. Each real time facilitation session will be video recorded and posted on the platform.

In addition to the real time facilitation, watch the video and audio recorded summary in each unit. The video/audio summaries are directed to salient part in each unit. You can assess the audio and videos by clicking on the links in the text or through the course page.

Work through all self-assessment exercises. Finally, obey the rules in the class.

Study Guide

Module	Unit	Week	Activity	Time
	Study Guide		Read the Study Guide	

Module	Unit	Week	Activity	Time
Module 1	1	1	Concept of healthcare delivery system	2 hours
	2	2	Characteristics of healthcare system	2 hours
	3	3	Resources and health care personnel	2 hours
			TMA 1	
Module 2	1	4	Scope of healthcare services	2 hours
	2	5	Basic healthcare services	1 hour
	3	5	Healthcare providers	1 hour
Module 3	1	6	Structure of healthcare system	2 hours
	2	7	Healthcare facilities	2 hours
	3	8	Healthcare regulators	2 hours
			TMA 2	
Module 4	1	9	Patterns of healthcare delivery system	2 hours
	2	10	Alternative and complimentary healthcare	2 hours
	3	11	Factors influencing choice of healthcare patterns	2 hours
Module 5	1	12	Overview of healthcare management	2 hours
	2	13	Task of the health managers	2 hours
	3	14	Public health law	2 hours
			TMA 3	
		15	Revision	2 hours
		16 & 17	Exam	
Required Total Hours of Study				30 hours

Facilitation

You will receive online facilitation. The facilitation is learner centred. The mode of facilitation shall be asynchronous and synchronous. For the asynchronous facilitation, your facilitator will:

- Present the theme for the week;
- Direct and summarise forum discussions;
- Coordinate activities in the platform;
- Score and grade activities when need be;
- Upload scores into the university recommended platform;
- Support you to learn. In this regard personal mails may be sent;
- Send you videos and audio lectures; and podcast.

For the synchronous:

- There will be eight hours of online real time contact in the course. This will be through video conferencing in the Learning Management System. The eight hours shall be of one-hour contact for eight times.

- At the end of each one-hour video conferencing, the video will be uploaded for view at your pace.
- The facilitator will concentrate on main themes that students must learn in the course.
- The facilitator is to present the online real time video facilitation time table at the beginning of the course.
- The facilitator will take you through the course guide in the first lecture at the start date of facilitation

Do not hesitate to contact your facilitator. Contact your facilitator if you:

- do understand any part of the study units or assignment.
- have difficult with the self-assessment exercises.
- have a question or problem with an assignment or with your tutor's comments

Also, use the contact provided for technical support.

Read all the comments and notes of your facilitator especially on your assignment; participate in the forums and discussions. This gives you opportunity to socialize with others in the programme. You can raise any problem encountered during your study. To gain maximum benefit from your course facilitation, prepare a list of questions before the discussion session. You will learn a lot from participating actively in the discussions.

Finally, respond to the questionnaire. This will help the university to know your areas of challenges and how to improve on them for the review of the course materials and lectures.

MODULE 1 HEALTHCARE DELIVERY SYSTEM

There is a wide variety of health systems around the world. It is therefore necessary for each country to design and develop health systems in accordance with their needs and resources. Nigeria as a nation operates a pluralistic health care delivery system (orthodox and traditional health care systems). Despite huge development in the health care system in Nigeria in relation to the last decades, much is still needed to be done in

the health sector. This is evident in the various health indicators outlined in mortality and morbidity from several outbreaks of diseases. We shall discuss this in details in this module.

Unit 1	Concept of Healthcare Delivery System
Unit 2	Characteristics of Healthcare System
Unit 3	Resources for Healthcare Delivery

UNIT 1 CONCEPT OF HEALTHCARE DELIVERY SYSTEM

Contents

1.0	Introduction
2.0	Intended Learning Outcomes (ILOs)
3.0	Main Content
3.1	Healthcare Delivery System
3.2	Challenges for Health Care Delivery System
3.3	Healthcare System in Nigeria
3.4	Characteristics/Indicators of Healthcare in Nigeria
4.0	Self-Assessment Exercise
5.0	Conclusion
6.0	Summary
7.0	References/Further Reading

1.0 INTRODUCTION

In this unit, you will learn about the concept of healthcare system, which aims at ensuring that all people obtain the health services they need without suffering financial hardship when paying for them. Also, in this unit, you will learn the meaning of healthcare delivery system and the general characteristics of healthcare system, with more emphasis on Nigerian context.

1.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- appraise the nature of healthcare delivery system
- describe what makes up a healthcare delivery system in Nigeria.
- identify basic services provided by healthcare delivery system.

2.0 MAIN CONTENT

3.1 Healthcare Delivery System

Healthcare system is the organisation of people, institutions, and resources that deliver healthcare services to meet the health needs of target populations. There is a wide variety of health systems around the world with different organisational structures.

Therefore, countries should design and develop health care system in relation to their needs and resources, although common elements in virtually all health systems are primary healthcare and public health measures. In some countries, health system is plan and distributed to private organisations. In others, there is a concerted effort by governments, trade unions, religious and charity organisations, and other co-ordinated bodies to deliver planned health care services targeted to the populations they serve.

According to WHO, healthcare systems' goals are good health for the citizens, responsiveness to the expectations of the population, and fair means of funding operations. Progress towards them depends on how the systems carry out four vital functions;

1. provision of health care services,
2. resource generation,
3. financing, and
4. stewardship.

Other dimensions for the evaluation of health systems include quality, efficiency, acceptability and equity. They have also been described in the United States as “the five C’s. Cost, Coverage, Consistency, Complexity, and Chronic Illness. Furthermore, continuity of health care is a major goal.

3.2 Challenges for Health Care Delivery System

The challenge that exists today in many countries is to reach the whole population with adequate health care services and services and to ensure their utilisation. The “large hospital” which was chosen hitherto for the delivery of health services have failed in the sense that it serves only a small part of population.

Therefore, it has been aptly said that large hospitals are more ivory towers of diseases than centers for the delivery of comprehensive health care services. Raising cost in maintenance of these large hospitals and their failure to meet the total needs of the community have led many countries to seek ‘alternative’ models of health care delivery with a view to provide health care services that are reasonably inexpensive, and have the basic essentials required by rural population.

3.3 Healthcare System in Nigeria

Nigeria as a nation operates a pluralistic health care delivery system (orthodox and traditional health care delivery systems). Orthodox health care is a western type of scientific medicine which is made up of hospitals, clinics and primary health centres and it is provided by private and public sectors. The traditional healthcare is non-scientific health care that involves use of herbal materials or plant materials as active ingredients to cure ailment.



Fig. 1.1: Traditional Medicine

Source: <https://guardian.ng/features/poor-funding-weak-regulation-cripple-efforts-to-develop-traditional-medicine/>

However, the provision of health care in the country remains the functions of the three tiers of government: the federal, state, and local government. The primary health care system is managed by the 774 local government areas (LGAs), with support from their respective state ministries of health as well as private medical practitioners. The secondary health care system is managed by the ministry of health at the state level. The tertiary primary health care is provided by teaching hospitals and specialist hospitals. The secondary and tertiary levels, also work with voluntary and nongovernmental organizations, as well as private practitioners (Osain, 2005).

3.4 Characteristics/Indicators of healthcare in Nigeria

According to Osain (2011), the characteristics of Nigerian health care system is that they are:

- (a) Predominantly, urban-oriented
- (b) Mostly curative in nature. Although, health services should cover the full range of preventive, curative and rehabilitative services.
- (c) Accessible mainly to a small part of the population.
- (d) Health services are not organised to meet the needs of the entire populations but merely selected groups

4.0 SELF-ASSESSMENT EXERCISE

1. Delivering a planned healthcare services targeted to the populations is a concerted effort of all the following except:
 - (a) Governments
 - (b) Secondary school students
 - (c) Trade unions
 - (d) Religious organizations
2. Nigeria as a nation operates a _____ health care delivery system
 - (a) Systematic
 - (b) Secular
 - (c) Informal
 - (d) Pluralistic

Answers

1. (b)
2. (d)

5.0 CONCLUSION

Healthcare system need to be provided by all countries to cover the full range of preventive, curative and rehabilitation services. To have a healthy citizens, healthcare should plan to meet the needs of the entire populations and not merely selected groups.

6.0 SUMMARY

In this unit, you have learnt that healthcare system is the organization of people, institutions, and resources that deliver health care services to meet the health needs of target populations. You also learnt the goals of health care system, which aims to provide provision of health care system in Nigeria remains the functions of the three tiers of government; the federal, state and local governments. Furthermore, you learnt that the provision of health care in Nigeria remains the functions of the three tiers of government: the federal, state, and local government. You are also exposed to various characteristic of health care system in Nigeria; predominantly urban-oriented, mostly curative in nature, accessible to small part of the population, etc

7.0 REFERENCES/FURTHER READING

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UNIT 2 CHARACTERISTICS OF HEALTHCARE SYSTEM

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Characteristics of Healthcare System
 - 3.1.1 Equity
 - 3.1.2 Stewardship
 - 3.1.3 Appropriate technology
 - 3.1.4 Intersectoral Coordination
 - 3.1.5 Community Participation
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

To provide health to all citizens and to achieve the global vision of health development on the basis of social justice, it is the responsibility of governments to ensure that health resources are available to the highest level. Therefore, this unit explains equity in distribution and allocation of health resources, community participation in promotion of their health, intersectoral coordination, application of appropriate technology in the provision of healthcare and stewardship as a major characteristics of healthcare delivery system.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- identify the features the features of healthcare system in Nigeria.
- compare the features of healthcare delivery system in Nigeria and other countries
- describe the characteristics of healthcare system.

3.0 MAIN CONTENT

3.1 Characteristics of Healthcare System

To achieve the global vision of health development on the basis of social; justice, with slogan “Health for All”, it is the responsibility of government to ensure for all its citizens, the highest level of health on the bases of available resources. According to Park (2011), healthcare delivery system should have the following features/characteristics:

1. Equity
2. Community participation
3. Intersectoral coordination
4. Appropriate technology
5. Stewardship.

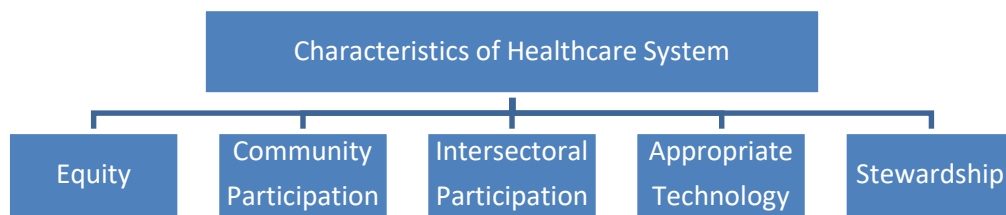


Fig. 1.2: Characteristics of Healthcare System

3.1.1 Equity

What comes to your mind regarding equity as a characteristic of healthcare system?

According to WHO (1978), term equity in health simply means fairness and justice, but three different meanings are attached to this term:

1. Equity to health status of families, communities and population groups: This refers to equality in the provision of health care services between; urban and rural area, Muslims and Christians, rich and poor and among tribes
2. Equity to allocation of resources: This refers to allocation of financial resources fairly to the entire population taking note of the special needs and disadvantaged groups.
3. Equity in utilisation of health care services: This refers equal opportunity to access and receipt of health care irrespective of geographical location, social and economic status.

3.1.2 Community Participation

This refers to involvement of individuals, families, and communities' in promotion of their own health and welfare. There must be a community effort to secure meaningful involvement of the community in the planning, implementation and maintenance of health services, besides maximum reliance on local resources such as manpower, money and materials. In short, primary health care must be built on the principle of community participation.

3.1.3 Intersectoral Coordination

Intersectoral coordination refers to involvement of all related sectors and aspects of national and community development in the provision of health system, such as agriculture, animal husbandry, food, education, housing, industry, communication, public works and other sectors. There is an increase realisation of the fact that components of healthcare alone cannot be provided by the health sector alone. To achieve such cooperation, countries may have to review their administrative system and introduce suitable legislation to ensure that cooperation takes place.

3.1.4 Appropriate Technology

Appropriate technology has been defined as “technology that is scientifically sound, adaptable to local needs, and acceptable to those who applied it and for whom it is used, and that can be maintained by people themselves in keeping with the principle of self-reliance with the resource the community and country can afford”. Many countries built large and luxurious hospitals that are totally inappropriate to the local needs, and this consumed huge part of the national health budget, effectively blocking any improvement in general health services. This also applies to using procedures, equipment and neglecting cheaper scientifically valid and acceptable available ones viz, oral rehydration fluid, stand pipes which are socially acceptable, and financially more feasible than house—to—house connections, etc.

3.1.5 Stewardship

This is good leadership to health sector which mobilize action to achieve government policies and programmes to alleviate poverty and social deprivation, create an enabling environment for health by ensuring that people have the basic requirements of maintaining good health including food, safe and adequate water supply, sanitation, housing and guaranteeing access to affordable healthcare (Park, 2011).

4.0 SELF-ASSESSMENT EXERCISE

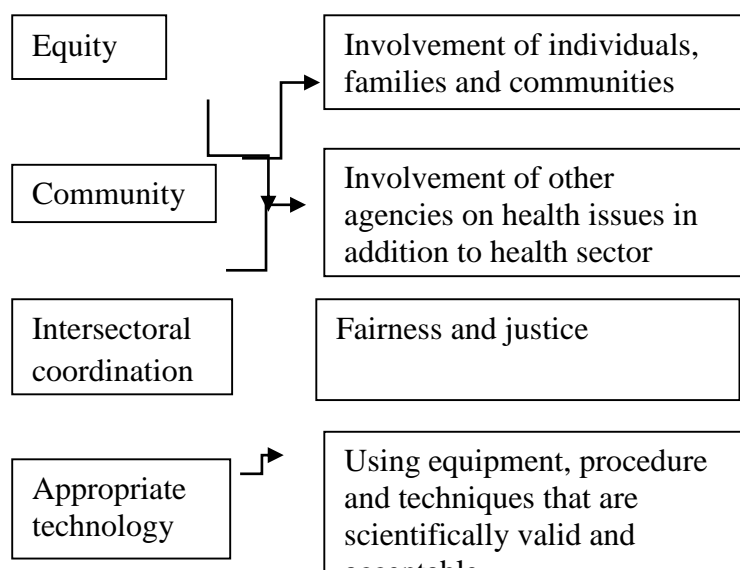
Match the following as appropriate:

1.

Equity	Involvement of individuals.
Community	Involvement of other
Intersectoral coordination	Fairness and justice
Appropriate technology	Using equipment, procedures and techniques that is

Answer

1.



5.0 CONCLUSION

For healthcare system to function effectively and to achieve global coverage for all citizens irrespective of gender, ethnicity and socioeconomic status, health resources should be provided in the spirit of equity, community participation, intersectoral coordination, application of appropriate technology and stewardship .

6.0 SUMMARY

In this unit, you have learnt that government should allocate human and financial resources fairly to the entire population taking note of the special needs and the disadvantaged groups. To achieve this, the community should be involved in the planning, implementation and maintenance of health services, beside maximum reliance on local resources such as manpower, money and materials. You also learnt that all related sectors and aspects of national and community development such as agriculture, animal husbandry, food, industry, education, housing, public works, communication and others sectors should be involve in the provision of healthcare. Meanwhile, application of technology that is scientifically sound, adaptable to local needs, and acceptable to those who apply it and those for whom it is used is very paramount in the provision of health care.

7.0 REFERENCE/FURTHER READING

Park, K (2011). *Characteristics of healthcare system*: Park's textbook on preventive and social medicine. (12th ed). Jabalpur: M/S Banarsidas Bhanot Publishers

UNIT 3 RESOURCES FOR EFFECTIVE HEALTHCARE DELIVERY

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Resources for Effective Healthcare Delivery
 - 3.1.1 Financial Resources
 - 3.1.2 Material Resources
 - 3.1.3 Management Resources
 - 3.1.4 Health Personnel
- 4.0 Self-Assessment Exercise
- 4.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

Countries differ in provision and maintenance of health resources to its citizen. In some countries, health care is provided exclusively by government while in other countries government provides some services, but individuals and communities pay for other services. Therefore, this unit explains financial, material resources, managerial resources and health personnel as resources for effective healthcare delivery.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- describe the resources required for effective service delivery in healthcare system
- identify the personnel required for effective healthcare delivery and their responsibilities.

3.0 MAIN CONTENT

3.1 Resources for Effective Healthcare Delivery

The resources required by the health services include finance, manpower, material and management.

3.1.1 Financial Resources

The financing of health services can be in different forms. In some countries, healthcare is provided as a welfare service which is paid mostly from government revenue or compulsory insurance schemes. In some cases government provides some general public health services, but individuals and communities must pay for other items of healthcare.

Furthermore, some services are being subsidised by government and other services paid for by individuals either directly or through insurance schemes. In some developing

countries like Nigeria, the funds that are available for the health sector are very limited and inadequate to provide all the services that are desired by the community. Therefore, difficult and painful choices have to be in allocating these scarce resources. Ideally such judgements should be made objectively, giving highest priority to the most cost-effective way of achieving the desired goals and distributing the resources with a sense of social justice, to ensure that the most needy are served (Park, 2011).

3.1.2 Material Resources

Material resources are buildings, drugs, vaccines, consumables and other equipment required for the efficient delivery of healthcare system. A difficult issue to resolve is the correct balance between expenditure for buildings and capital equipment on the one hand and the running costs of the services on the other hand.

In many developing countries including Nigeria, there is a tendency to invest too heavily in lofty buildings and expensive equipment, often poorly maintained, whilst relatively few funds are left for the purchase of drugs, vaccines and other essentials. Careful planning is also required for the purchase, storage and distribution of drugs which would meet the most important needs of the service, concentrating initially on simple, safe remedies of proven the value at reasonable cost (Park, 22011).

3.1.3 Management Resources

Management resources are authorities that skilfully manage health care institutions at all level from the most peripheral unit to the central office at the headquarters of the Ministry of Health. They can be health workers and other administrative staff that devote their time in dealing with administrative and other managerial issues. Moreover, training in management is essential for health workers especially those who are placed in position of authourity and supervision.

In small units, the health workers would need to devote some of their time to dealing with administrative and other managerial issues. In large units such as large tertiary hospitals, trained administrators can make a useful contribution to the management of the services (Park, 2011).

3.1.4 Health personnel

A team of personnel with different skills who are working together in pursuance of common goals are required in various component of health services. Some of these personnel are usually described as professionals.



Fig. 1.3: Health Personnel

Source: <https://www.shutterstock.com/image-vector/vector-modern-illustration-character-design-doctor-336106529>

Others are described as sub-professional or auxiliary personnel. The auxiliary health worker is trained to perform a number of specific tasks under supervision. In order to meet the special needs, some health practitioners take bold innovative. For example, in some remote communities, where no doctors are available, nurses have been trained to perform emergency caesarean sections and other life-saving obstetric procedures.

Tasks of health personnel

According to Park (2011), the tasks to be performed include:

- Leadership in health matters
- Health promotion within the community
- Education of the public
- Specific interventions especially those requiring knowledge and skills, e.g prophylaxis, diagnosis, treatment including surgery and rehabilitation
- Monitoring and evaluation of services, outcomes and impacts

Types of health personnel

The following are health personnel providing healthcare services:

- Doctors
- Medical laboratory scientists/laboratory technician
- Dentists/dental therapist
- Nutritionist and dietetics
- Nurses
- Community health extension workers (CHEWs)
- Pharmacists/technician
- Environmental health officers/technician (EHO/EHT)
- Physiotherapists
- Health promoters/educators
- Radiographers/X-ray technician
- Health record officers

- Public health practitioners
- Other auxiliary staff

4.0 SELF-ASSESSMENT EXERCISE

1. What are the resources required for effective service delivery in healthcare system?
2. Identify ten personnel required for effective healthcare delivery

Answers

1. *Resources required for effective service delivery in healthcare system:*
 - *Financial resources* - *Health personnel*
 - *Material resources* - *Management resources*
2. *Types of health personnel:*
 - *Doctors* - *Medical laboratory scientists/laboratory technician*
 - *Dentists/dental therapist* - *Nutritionist and dietetics*
 - *Nurses* - *Community health extension workers (CHEWs)*
 - *Pharmacists/technician* - *Environmental health officers/technician (EHO/EHT)*
 - *Physiotherapists* - *Health promoters/educators*
 - *Radiographers/X-ray technician* - *Health record officers*
 - *Public health practitioners* - *Other auxiliary staff*

5.0 CONCLUSION

The basic resources required for effective service delivery in healthcare system includes financial resources, material and managerial resources and health personal. No healthcare system will achieve its goal without adequate provision of these resources.

6.0 SUMMARY

In this unit, you have learnt that the financing of the health services in some countries is provided as a welfare service which is paid for almost exclusively from government revenue or compulsory insurance schemes; to other countries, government provides some general public health service, but individuals and communities must pay for other items of health care. You also learnt that in most communities there is a mixture, with some services being subsidised by the government and other services paid by individuals either directly through voluntary insurance schemes. This unit has exposed you to building (facilities) and equipment, drugs, vaccines, and other consumables materials required for efficient healthcare delivery. You also learnt that each component of the health care service requires a team of medical personnel with different skills, who are working together in pursuance of common goal.

7.0 REFERENCES/FURTHER READING

Park, K. (2011). *Park's textbook of preventive and social medicine*. (21st ed.). Jabalpur: M/s Banarsidas Bhanot Publishers.

MODULE 2 HEALTHCARE SERVICES

You could recall that in module 1, you learnt about the meaning of healthcare delivery system, characteristics and challenges facing healthcare system in Nigeria. You also learnt about human and material resources required for effective healthcare management. However, in this module, you will learn about the five (5) major components of health services i.e health education, social welfare, curative, preventive, and special services; and basic healthcare services need to be provided by all countries as a key for attainment of “health for all”. The major healthcare providers i.e government , National Health Insurance Scheme (NHIS), Private Health Sectors and Non-Governmental Organisations (NGOs) will also be discussed in this module.

Unit 1	Scope of Healthcare Services
Unit 2	Basic Healthcare Services
Unit 3	Healthcare Providers

UNIT 1 SCOPE OF HEALTHCARE SERVICES

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3.1	Scope of Healthcare Services
3.1.1	Curative Services
3.1.2	Preventive Services
3.1.3	Special services
3.1.4	Social welfare
3.1.5	Health Education
4.0	Self-Assessment Exercise
5.0	Conclusion
6.0	Summary
7.0	References/Further Reading

1.0 INTRODUCTION

This unit explains the five major components of health care services. This includes; curative services, preventive services, special services, social welfare and health education as services provided by healthcare system.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- explain why healthcare services are provided.
- enumerate the major components of healthcare delivery system.
- identify the types of services provided in each component of healthcare system in Nigeria.

3.0 MAIN CONTENT

3.1 Scope of Healthcare Services

It is convenient to group the elements of health services in to five major components:

- i. Curative Services- providing care for the sick
- ii. Preventive services- for protection of health of the population
- iii. Special services- dealing with specific problems (e.g. malnutrition) or special groups (e.g. pregnant women)
- iv. Social welfare- providing support services for the disadvantaged groups (e.g chronic sick, mentally and physically handicapped, orphans, etc.
- v. Health Education- giving the people essential information to modify their behaviour in matters affecting their health

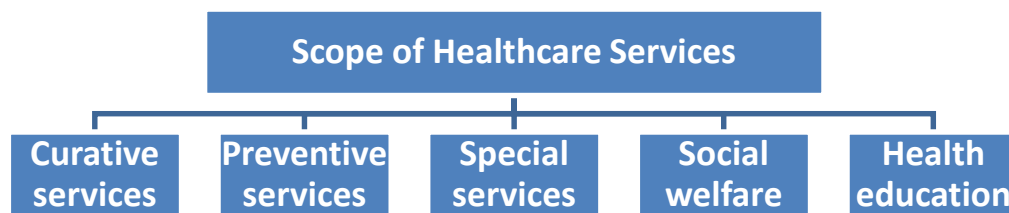


Fig. 2.1: Scope of Healthcare Services

3.1.1 Curative Services

The curative services deal with the cure of the sick members of the population. There is tendency to regard them as the most important element of the health services- they are usually in greatest demand by the public and in planning of health services there is tendency to commit an unduly high proportion of resources in them.



Fig. 2.2: Curative Healthcare Service

Source: <https://www.verywellhealth.com/curative-care-2615157> (ER Productions Limited/Getty Images)

3.1.2 Preventive services

Park (2011) stated that preventive services are designed to maintain and protect the health of the population. They include:

1. Personal protection (e.g immunization)
2. Environmental sanitation (e.g water supply, waste disposal)
3. Specific disease control (e.g infectious: typhoid, tapeworm; non-infectious: goitre).
4. Education



Fig. 2.3: Immunisation; A Form of Preventive Services

Source: <https://askthepaediatricians.com/2015/08/childhood-immunizations-questions-and-answers-2/>

Contrary to curative services which are provided for the sick, the preventive services are directed at the entire population. Whereas many people appreciate the value of curative services, it is often difficult to convince them of the value of preventive services. Furthermore, whereas sick persons, especially those experiencing uncomfortable symptoms, will readily seek medical care, it is not always easy to persuade healthy persons to take preventive measures for their own protection. It is an important duty of the health personnel to educate individuals and the community on the value of preventive services, to persuade the community to make appropriate investments in environmental sanitation or susceptible individuals to accept immunisations (Lucas & Gilles, 2014).

3.1.3 Special Services

Special services are designed to address the needs of specific groups and to deal with problems that deserve particular attention. The services for people with special needs include those for: children and mothers workers (e.g. migrant labourers); the elderly; the handicapped. This services may be provided to deal with special problems like: tuberculosis; malnutrition; leprosy; blindness, mental illness; sexually transmitted disease (Parks, 2011).



Fig. 2.4: Children's Special Health Care Services

Source: <https://www.grandtraverse.org/604/Childrens-Special-Health-Care-Services-C>

3.1.4 Social welfare

Social welfare aims to provide welfare and protection to needy groups, for example children and young persons; women and young girls; it also provides probation and aftercare services for young offenders, endeavouring to place them in employment whenever possible. Welfare service schemes provide financial assistance schemes provide financial assistance to the aged, the chronic sick, the physically and mentally handicapped, the widows and orphans and the unemployed (Parks, 2011).

3.1.5 Health education

The aim of health education is to encourage people to value health as a worthwhile asset and to let them know what they can do as individuals and communities to promote their own health. In effect health education is designed to alter attitudes and behaviour in matters concerning health. The more people know about their health, the better they are able to take appropriate measures in such personal matters as diet, drugs, use of alcohol, and hygiene. They are also enabled to make the most appropriate use of health services and to participate in making rational decisions about the operations of health services within their community Lucas & Gilles, 2014).



Fig. 2.5: Health Education

Source: <https://www.toppr.com/guides/essays/essay-on-health-education/>

4.0 SELF-ASSESSMENT EXERCISE

Watch the video in the box below from beginning to end, and determine the nature of the two major components of healthcare system

Click on the link in the box to watch the video



5.0 CONCLUSION

To cater for all needs and problems of individual, family, community or society in general, the healthcare system should provide curative services, preventive services, special services, social welfare and health education.

6.0 SUMMARY

In this unit, you learnt that it is convenient to group the elements within each health services into five major components. This includes curative services, preventive services, special services, social welfare and health education. Preventive services are designed to maintain and protect the health of the population, curative services deal with the care of the sick members of the population while special services are designed to cope with the needs of specific groups and to deal with problems that deserve particular attention. You also learnt that special services provide welfare and protection to needy groups, for example children and young persons, women and young girls; health education aims to encourage people to value health as a worthwhile asset and to

let them know what they can do as individuals and communities to promote their own health

7.0 REFERENCES/FURTHER READING

Lucas, A.O & Gilles, H. A. (2014). *A short textbook of public health for the tropics*. Boca Raton: CRC.

Park, K. (2011). *Park's textbook of preventive and social medicine*. (21st ed). Jabalpur: M/s Banarsidas Bhanot Publishers.

UNIT 2 BASIC HEALTHCARE SERVICES

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Basic Healthcare Services
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

You could recall that you learnt about the five major components of health care services (preventive services, curative services, special services social welfare and health care) in Unit 1 of this module. Therefore, this unit highlights the basic healthcare services need to be provided by countries as a key for attainment of “health for all”.

1.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- describe the basic services required for all citizens regardless of gender, ethnicity, religion and social class.
- apply the principles of providing basic healthcare services to the community.

2.0 MAIN CONTENT

3.1 Basic Healthcare Services

Basic health care services are defined in Alma-Ata Conference in 1978 as essential healthcare made universally accessible to individuals as acceptable to them, through their full participation and at a cost the community and the country can afford. The basic healthcare services are provided through Primary Health Care (PHC). This approach came into existence following international conference at Alma-ta (USSR). This is known as “Primary Health care”. It was first proposed by Bhore committee in 1946 (Simons-Morton, Greene, & Gottlieb, 1995).

Furthermore, Simons-Morton, Greene and Gottlieb (1995), stated that the concept of provision of basic health care through PHC was been accepted by all countries as key to attainment of health for all by 2000AD. It is also been accepted as integral part of country’s health system. Although specific services provided vary in different countries and communities. The Alma-Ata declaration has outlined 8 essential components of basic health care provided under the umbrella of PHC, as follows

- (1) Education concerning prevailing health problems and the method of preventing and controlling them (Health Education).
- (2) Promotion of food supply and proper nutrition
- (3) An adequate supply of safe water and basic sanitation
- (4) Maternal and child health care, including family planning

- (5) Immunisation against major infections
- (6) Prevention and control of locally endemic diseases
- (7) Appropriate treatment of common diseases and injuries
- (8) Provision of essential drugs



Fig. 2.6: Basic Health Services

Source: <https://www.von.gov.ng/nigeria-launches-basis-healthcare-provision-fund/>

4.0 SELF-ASSESSMENT EXERCISE

Fill in the gap with appropriate information.

1. PHC as essential health care made universally accessible to individuals as acceptable to them, through _____
2. _____, _____ and _____ are components of PHC

Answer

1. *“their full participation and a cost the community and the country can afford”*
 - (a). *Education concerning prevailing health problems and the method of preventing and controlling them (Health Education).*
 - (b). *Promotion of food supply and proper nutrition*
 - (c). *Maternal and child health care, including family planning*
 - (d). *Immunization against major infections*
 - (e). *Prevention and control of locally endemic diseases*
 - (f). *Appropriate treatment of common diseases and injuries*
 - (g). *Provision of essential drugs*
 - (h). *An adequate supply of safe water and basic sanitation*
- (Any 3 of the above)**

5.0 CONCLUSION

It has been accepted by all countries that the 8 basic healthcare services of PHC are keys to attainment of health for all. Therefore, for any country that want to attain this goal, it has to integrate part of this basic services into the country's health system.

6.0 SUMMARY

In this unit, you have learnt the basic healthcare services that are provided through primary health care (PHC). You also learnt that the Alma-Ata declaration has outlined 8 essential components of basic health care services, as follows: education concerning

prevailing health problems and the method of preventing and controlling them (Health Education), promotion of food supply and proper nutrition, an adequate supply of safe water and basic sanitation, maternal and child health care, including family planning, immunization against major infections prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries and provision of essential drugs

7.0 REFERENCES/FURTHER READING

Simons-Morton, B. G., Greene, W. H & Gottlieb, N. H. (1995). *Introduction to health education and health promotion*.

[https://www.amazon.com/Introduction-Health- Education-Promotion/dp/0881338451](https://www.amazon.com/Introduction-Health-Education-Promotion/dp/0881338451)

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
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 - 3.1 Healthcare Providers
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 - 3.1.3 Private Health Sectors
 - 3.1.4 Non-Governmental Organisations (NGOs)
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
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1.0 INTRODUCTION

Having understood the basic healthcare services for attainment of “health for all” in the previous unit, this unit will highlight the four major sectors or agencies that provide healthcare for the prevention of diseases, maintenance and promotion of health, they include, government, national health insurance scheme, private sectors and non-governmental organisations. The role of each sector in the provision of healthcare services are highlighted in this unit.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- identify the governmental and non-governmental agencies responsible for provision of healthcare in Nigeria
- explain the roles of each agency in the provision of healthcare.

3.0 MAIN CONTENT

3.1 Healthcare Providers

In Nigeria, health care providers are represented by four major sectors or agencies which differ from each other by health technology applied and by the source of funds for operation. These are::

1. Government
 - (a) Primary Health Care
 - Primary Health Center
 - Sub- centres
 - (b) Hospitals/Health Centers
 - Community Health Centres
 - Rural Hospitals
 - District Hospital/Health Centers
 - Specialist Hospitals
 - Teaching Hospitals
2. Health Insurance Schemes
 - Employees Insurance
 - Central Govt. Health Scheme

3. Private sector
 - (a) Polyclinics, nursing home, dispensaries
 - (b) Specialist hospitals, general practitioners and clinics
4. NGOs/ Voluntary organisations
 - (a) International NGOs
 - (b) National/local NGOs
 - (c) Community Based Organisations (CBOs)

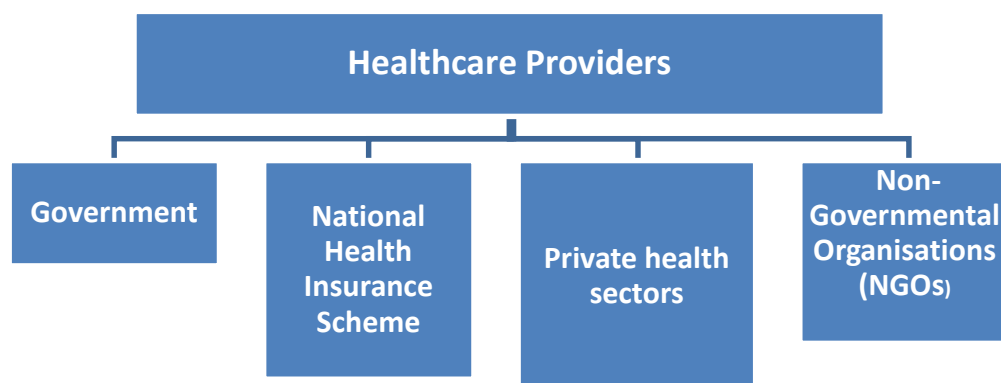


Fig. 2.7: Healthcare Providers

3.1.1 Government

Healthcare provision in Nigeria is a concurrent responsibility of the three tiers of government in the country i.e federal, state and local governments. The federal government's role is mostly limited to coordinating the affairs of the university teaching hospitals, Federal Medical Centres (tertiary healthcare) and specialists hospital such as national orthopaedic hospitals, national eye centres, national psychiatric hospital, among others. The state government manages the various general hospitals (secondary healthcare) and few specialist hospitals under the state ministry of health, hospital management board and other agencies within the state. The local government focuses on dispensaries, health unit and health post (primary healthcare), which are coordinated by the local government health department through State Primary Health Care Management Board (SPHCMB).

3.1.2 National Health Insurance Scheme (NHIS)

Health insurance scheme refers to a programme that covers or shares the expenses associated with healthcare of individuals. It is on the basis of the need to ensure effective healthcare services to all Nigerians at an affordable cost that the Federal Government established the National Health Insurance Scheme under Act 35 of 1999.

The National Health Insurance Scheme (NHIS) is an agency established for the purpose of facilitating easy access of health care services to all Nigerians. AS an effort by the federal government to revitalize the worsening state of health (Eke, 2019)

The objectives of the scheme were to;

1. Ensure that every Nigerian has access to good health care services²
2. Protect Nigerians from financial burden of medical bills
3. Reduce the cost of healthcare services

4. Ensure efficiency in health care services
5. Ensure equitable distribution of healthcare costs among different income group.
6. Maintain high standard healthcare delivery services within the scheme.
7. Improve and harness private sector participation in the provision of health care services
8. Ensure adequate distribution of healthcare facilities within the federation.
9. Ensure the availability of funds to the health sectors for improved services.

The contributions of employees to the programme depends on the earning of the employees. In Federal Government agencies, the employer pays 3.25 per cent while employee pays 1.75 per cent, representing five per cent of the employees consolidated salary. For agencies in other tiers of government as well as organised private sector, the employer pays 10 per cent while the employee pays 5 per cent, representing 15 per cent of the employee's consolidated salary (Eke, 2019).

3.1.3 Private Health Sectors

Private healthcare is a healthcare provided by entities other than the government. On the other hand, private healthcare can sometimes be more efficient than public sector provision. Meanwhile, the private health sector operates as private hospitals, polyclinics, clinics nursing home, dispensaries, general practitioners and specialist health centres.

Ethical issues relating to private healthcare primarily concerns the argument that the seriously ill be entitled to spend money on saving their lives. In Nigeria, private healthcare can sometimes be more efficient than public sector provision. Private operators may be more innovative in areas such as telemedicine. Due to the [profit motive](#), they can be more productive. Patients usually didn't stay on the cue for long hours waiting for medical consultation. The friendly behaviour of staff and doctors are the main reason for people relying on private health care centers (Akhtar, 1991).

3.1.4 Non-Governmental Organisations (NGOs)

The main tasks of NGOs in the health system are providing services and health advocacy. Provision of services includes medical, social and psychological services as well as, integration activities, material and financial support, educational and information services and training. Other roles of NGOs includes, health advocacy is a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program. An important task carried out by NGOs is participation in the formation of health policy.

There are many international and national NGOs that provide health care services in the area of disease prevention, health promotion, provision of logistics and training in Nigeria, such as Center for Disease Control, Society for Family Health, Save the Children, Adolescents Health Information Center, Community Health Research Initiatives, Nigerian Red Cross Society, among others. These NGOs get their fund from international governments, foundations and philanthropists that have concern on health issues. Examples includes United Stated Agency for International Development

(USAID), Department for International Development (DFID), European Union (EU), Bill and Melinda Gate Foundation, etc.

Click here to view slide on role of NGOs in healthcare delivery:

<https://www.slideshare.net/BikashGyawali4/role-of-ngos-in-health-service-delivery>

4.0 SELF-ASSESSMENT EXERCISE

1. Which of the following is not an example of NGO:
 - (a) International NGOs
 - (b) Polyclinics NGOs
 - (c) National/local NGOs
 - (d) Community Based Organisations (CBOs)

2. The following are objectives of National Health Insurance Scheme except:
 - (a) Limit the rise in the cost of health care services
()
 - (b) Ensure adequate distribution of health facilities within the Federation
()
 - (c) Maintain high standard of health care delivery services
()
 - (d) To improve intersectoral approach
()

Answer:

1. b

2. d

5.0 CONCLUSION

Healthcare cannot be provided by government alone. Therefore, provision of healthcare to all citizens should be a collective responsibility of government, national health insurance scheme, private sectors and NGOs.

6.0 SUMMARY

You could recall that in this unit, you have learnt that provision healthcare in Nigeria is a collective responsibility of the 3 tiers of government, namely; federal, state and local governments. You also learnt that Health Insurance Scheme as a healthcare provider provides programmes that covers or shares the expenses associated with healthcare of individuals on the basis of the need to ensure effective service delivery to all Nigerians at an affordable cost. Meanwhile, the healthcare which is provided by entities other than the government is regarded as private healthcare. Furthermore, you learnt that private healthcare can sometimes be more efficient than public sector provision. Meanwhile, the NGOs on the other hand provides medical, social and psychological services as well as, integration activities, care and nursing, material and financial support, educational and information services and training.

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HEALTHCARE IN NIGERIA

In module 2, you learnt about the 5 major components of health services and the basic healthcare services needed by all countries as a key for attainment of “health for all”. You also learnt about the major healthcare providers i.e Government, National Health Insurance Scheme (NHIS), Private Health Sectors and Non-Governmental Organisations (NGOs). However, in this module, you will be exposed to levels of healthcare system in Nigeria such as Primary Health Care (PHC), Secondary Health Care (SHC) and Tertiary Health Care (THC). Meanwhile, the two types of healthcare facilities used in managing ill-health conditions: acute and chronic healthcare facilities will be highlighted. The health regulatory bodies that provide standards for different health profession and organisations and protect the rights of consumers and workers will also be discussed in this module.

Unit 1	Structure of Healthcare System
Unit 2	Healthcare Facilities
Unit 3	Healthcare Regulators

UNIT 1 STRUCTURE OF HEALTHCARE SYSTEM

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2.0	Intended Learning Outcomes (ILOs)
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3.1	Structure of Healthcare System
3.2	Levels of Healthcare System in Nigeria
3.2.1	Primary Health Care (PHC)
3.2.2	Secondary Health Care (SHC)
3.2.3	Tertiary Health Care (THC)
4.0	Self-Assessment Exercise
5.0	Conclusion
6.0	Summary
7.0	References/Further Reading

1.0 INTRODUCTION

You could recall that you learnt about the agencies providing healthcare and their responsibilities in the Module 2. This unit will equipped you with levels of healthcare system in Nigeria, tiers of government responsible for managing each level and Ill-health conditions treated or manage at each level of healthcare.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- Adequately explain the categorisation of levels of healthcare system in Nigeria
- Identify the tiers of government responsible for managing each level
- Identify the ill-health conditions to be managed at each level.

3.0 MAIN CONTENT

3.1 Structure of Healthcare System

This is categorisation of health system based on health care provider and facilities involved in the provision of health services. The health care facilities are categorized into three; primary, secondary and tertiary healthcare based on the qualifications of the providers and nature of the health facilities. Meanwhile, this categorisation is also based on the types of illness and conditions managed and treated. This means that the health care providers and facilities varies from one another.

Nigeria's health care system is overseen and managed at three distinct levels. The federal government is responsible for tertiary care, which is mainly provided by university teaching hospitals, federal medical centres and other specialist health centers. Nigeria's 36 states and the federal capital territory of Abuja are each responsible for their own secondary care facilities, mainly in the form of general hospitals, while the 774 local government areas focus on primary health care that is administered primarily through dispensaries, health units and health posts. On the surface, the clear delineation of responsibilities by hierarchy should result in greater accountability and fit-for-purpose provision. Yet critics of this three-tiered structure argue that it can result in budgetary leakages, overlap inefficiencies and blame passing.

3.2 Levels of Health Care System in Nigeria

Healthcare system is categorised into three level; primary healthcare level, secondary healthcare level and tertiary healthcare level.

i. Primary Health Care (PHC)

The equipment and facilities in PHC settings are few and less advanced. They are just to diagnose and treat minor conditions. In most cases, the facilities are not open for 24 hours and all the seven days of the week. Meanwhile, the staff treat general diseases without much emphasis on speciality. The qualifications of the health care providers have little or no years of experience in health care provision except for the years spent in this setting. Most are fresh diploma and certificate holders in different health courses.

The service provided by PHCs to the community are. The staff do not have expertise in treating a particular disease or condition. However, they only treat minor disease conditions. PHCs mainly focus on health prevention and promotion, patient's counselling etc. They also render services such as immunization, antenatal care services, family planning, health education, sex education, sanitation, etc. and most cases patients do not spend the night.

PHC always refers patients to secondary or tertiary healthcare centres on cases that are beyond their capability. Government owned primary health care are managed and controlled by the local government councils, which is called health centres and unit hospitals (clinics). Most private own PHC are called clinics.

Primary health care centers in Nigeria are managed by the following personnel; Community Extension Health Worker (CHEW), Environmental Health Workers (i.e.

EHA & EHO), pharmacy technician, x-ray technician, laboratory technician and village health guides. In addition to that, the village “health team” bridges the cultural and communication gap between the rural people and organised health sector.

ii. Secondary Health Care (SHC)

SHC includes government general hospitals and central hospitals and other private hospitals, they provide special medical care to patients. They treat general diseases and provide advance care compared to PHC centers. The health care providers have advanced degree, experience and training compared to PHC staff.

The facilities used in SHC are advanced and it employed more staff than PHC. Many ailments can be diagnosed and treated in the facilities. When a disease cannot be treated or managed in SHC, they are referred to Tertiary Health Care (THC). They operate 24/7 render services in all units of speciality, such as emergency, neonatal care, obstetric acute care, etc. patients can be admitted and stay in the hospital for many days, weeks, months or years.

iii. Tertiary Health Care (THC)

This is a type of health care system provided by specialists. General cases are treated and consultative services are also provided to patients. The staff working in those facilities have both advanced degrees and years of experiences in the service they render.

The facilities in tertiary health care are advanced, very sophisticated and expensive. THC is the biggest among the three levels of health care system in terms of the number of staff, equipment and structure. Some of them provide just one special service such as orthopaedic services, eye specialist, dentist etc while some few may cover some more such as national hospitals, teaching hospital and federal medical centre.

However, the service rendered by most FMC can be regarded as SHC. In addition, most teaching hospitals are owned and managed by private or state government.

4.0 SELF-ASSESSMENT EXERCISE

- i. What are the levels of healthcare system in Nigeria?
- ii. What type of healthcare is provided at each level of the system?

Answer

1. (a) *Primary healthcare* (b) *Secondary healthcare* (c) *Tertiary healthcare*
2. (a) *Primary healthcare* Takes care of the treatment of minor conditions of different diseases. It mainly focus on health promotion, patient's counselling, etc. It renders services such as family planning, immunization, ANC, etc. patients do not spend the night.
(b) *Secondary healthcare*
Covers treatment of general diseases by providing more advanced care compared to PHCs. It operates 24/7 and renders services in emergency, neonatal care, obstetric acute care, etc. patients can spend nights in the hospitals as each often contain rooms and beds for patients.

(c) *Tertiary healthcare*

Tertiary health care system provides general or specialized services. They do treat general cases but can provide consultative services to patients. It is the biggest among the 3 levels of health care delivery in terms of the number of staffs, equipment and structure. Some of them provide just one special service such as eye specialist, dentist etc.

5.0 CONCLUSION

Healthcare structure can be classified into 3; primary, secondary and tertiary health care. Classification of health care is based on the qualification of the provider and the nature of the health facility. This categorisation is also based on the health care providers involved in the provision of the health care. Hence, the disease to be treated by one healthcare may not be treated in the other.

6.0 SUMMARY

In this unit, you have learnt that Nigeria's healthcare system is overseen and managed at three distinct levels; primary health care (PHC), secondary health care (SHC) and tertiary health care (THC) levels. You also learnt that majority of the PHCs are mostly managed by local government councils, the facilities are usually few and not advanced, they diagnose and treat minor conditions and the staff do not work around the clock and not available every day. Furthermore, this unit exposed you to know that SHC are managed by the State government, which include general hospitals and central hospitals. Others include private hospitals. They treat general diseases by providing more advanced care compared to what is obtained in PHC. THC system provides specialized or general service on ailments. They do treat general cases and provide consultative services to patients. The facilities in tertiary health care are very sophisticated and expensive.

7.0 REFERENCES/FURTHER READING

- Drugxpert (2017). *Structure of health care delivery system in Nigeria*.
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UNIT 2 HEALTHCARE FACILITIES

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)

1.0	Main Content
3.1	Health Care Delivery Facilities in Nigeria
3.1.1	Acute Care Facilities
3.1.2	Chronic Care Facilities
4.0	Self-Assessment Exercise
5.0	Conclusion
6.0	Summary
7.0	References/Further Reading

1.0 INTRODUCTION

You could recall that you learnt about the structure and the categorisation of levels of health care system in Unit 1 of this module. Therefore, in this unit, you will learn that health facilities can be classified into two; acute health facility and chronic health facilities. This unit explains health facilities based on management and services they rendered. It also highlights ill-health conditions to be managed at each health facility.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- describe the nature of health facilities required to manage health conditions at each level of care.
- identify the ill-health conditions to be managed by various healthcare facilities.

3.0 MAIN CONTENT

3.1 Health Care Delivery Facilities in Nigeria

Majority of Nigerians visit nearby medical centres when they are sick. Many do not consider the quality of services that is rendered in these centre. The only thing they consider is if the centre has medical personnel that will prescribe drugs for them. Others consider the cost of service to make decision to visit a health facility, not minding the quality of services rendered. However, there are many medical centres in Nigeria. The medical centres are classified based on the management or the services they render. Medical centres can be classified based as private hospitals or government hospitals. On the other hand, health care facilities can be classified in to two: Acute care facilities and chronic care facilities.

3.1.1 Acute Care Facilities

Acute health is a [secondary health care](#) where a [patient](#) receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery (Drugxpert, 2017).

Types of Acute care facilities

- Primary health centres
- Unit hospitals (clinics)
- General hospitals

- iv, Central hospitals
- v. Teaching hospital
- vi Federal Medical Centre (FMC)

i. Primary health centres (PHC)

They are the most common health care facilities in Nigeria. They are found in both villages, community and cities. However, their services are gradually declining in the cities as more and bigger hospitals are springing up in these locations every now and then. They are still very popular in the villages as their services are really helps the villagers a lot, especially those that do not have access to big hospitals in the cities.

They are usually small in terms of structure. It may be a single flat with some few rooms as offices and diagnosis room. Medical equipment at PHCs are usually those for diagnosing minor ailment such as a sphygmomanometer, stethoscope, thermometer, etc.

Their major service is immunization (vaccination). However, due to the distance from most hospitals to bigger hospitals in the cities, these health centres now carried out antenatal care with baby delivery. Staff in these facilities are made of nurses, midwives, community health extension workers (C.H.E.W), health care assistance.

ii. Unit hospital (clinics)

Unit hospitals are common in some selected villages that their population is putting a challenge on the services rendered by primary health care centres. Other places where they can be found include the tertiary institutions of learning. Sometimes, they are bigger than health care centres based on structure. It may occupy a whole compound.

Unit hospitals have more equipment, which makes them more advanced than health care centres. They can treat minor ailments including simple burns, wounds etc. They may have a room or two with a bed to admit and treat a patient for some days. However, the majority of their cases are outpatient.

Staff are made up of a doctor (who likely is not a specialist), a couple of nurses, midwives, and health care assistance. However, the doctors can be up to two in some locations. A good example of a clinic is Medical Reception Centre (M.R.S) in army barracks. They offer medicals services to the Nigeria army as they are scattered throughout army barracks.

iii. General Hospitals

This hospitals are very common in towns and cities. They are big establishments in terms of structure. It can occupy a single building or a couple of blocks. They can treat any kind of illness or injury. For medical conditions that are more than what they can handle, they refer them to teaching hospitals or federal medical centers.

They have more equipment for carrying out operations, emergency conditions, with ward for inpatient and outpatient care. They have many units such as pharmacy unit, laboratory etc. Most general hospitals have between 50-100 beds for in-patients. They

may have ambulance for rescue operation. Staff include physicians, nurses, pharmacists, physiotherapists, medical laboratory scientist etc.

iv. *Central hospitals*

Most central hospitals grew from general hospitals. They have bigger structures with more specialist. The units are more advanced than those in the general hospitals. Meanwhile, the qualifications of staff are similar with that of a general hospital but are mainly the specialist in their various fields. Central hospital may be affiliated with medical schools, nursing school, or allied health professions training program.

v. *Federal medical centres(FMC)*

They are federal owned hospitals that are scattered across the country. They operate services similar to what central hospital do. Many of them are located in state capitals.

vi. *Teaching Hospitals*

These are primary training centres for physicians, pharmacists, physiotherapists, medical laboratory scientists are train. The interns and residents who work under the supervision of experienced physicians or pharmacists are also train in teaching hospitals. They run services like that of a central hospital but with higher care given. Staff are specialist in every field with bunch of experiences.

They have advanced and complicated equipment used in diagnosis and treatment including many hospital beds as they render some advanced foam of care. Some teaching hospitals in Nigeria have a landing spot for airplane ambulance including their normal car ambulance.

Many of the physicians working there hold a teaching position at the university affiliated with the hospital. Because of so many students in the hospital, it is very common for medical students and residents to attend to patients. This can be a turn off for many patients who may feel too many people know about their sickness and conditions, which to some extent like invading patients' privacy rights.

3.1.2 Chronic care facilities

This are hospitals that provide advanced and sometimes long term services to patients. Examples includes:

- i. Speciality centre
- ii. Other speciality hospitals

i. *Speciality centre*

These set of hospitals are managed by either privates or government. Majority of the hospitals in Nigeria are owned and managed by the government. Speciality centres are hospitals that can treat just one medical condition. They are referred to as speciality hospital because they know about such conditions very well as many specialist in that field work there. For example, hospital for the eye may have a specialist in different conditions that affect the eye. There will be some specialist that know how to treat glaucoma, others cataract, and still others myopia and other conditions.

ii. Other specialist hospitals

a. Maternity/paediatric hospitals

These are hospitals just for women, pregnant women, and nursing mothers. Some have added family planning to the list of their services.

b. Prison hospitals

As the name implies, these hospitals are found in the prison for treating prison inmate. (Drugxpert, 2017).

c. Psychiatric hospitals

d. Orthopaedic hospitals, etc

Click here for more information: [www.https:// drugxpert.blogspot. com/ 2017/07/type-hospital-nigeria.htm](https://drugxpert.blogspot.com/2017/07/type-hospital-nigeria.htm)

4.0 SELF-ASSESSMENT EXERCISE

1. Healthcare facilities can be classified into _____ facilities:
 - (a) Minor and major
 - (b) Equity and justice
 - (c) Acute and chronic
 - (d) National and international
2. _____ are training centres for new physicians where pharmacy interns and residents work under the supervision of experienced physicians or pharmacist.
 - (a) Comprehensive health centers
 - (b) Teaching hospitals
 - (c) General hospital
 - (d) Unit hospitals
3. Watch the video and explain the types of healthcare facilities by clicking on the link inside the box.

Click on the link in the box to watch the video

<https://www.youtube.com/watch?v=dM1Q7vDXN3c>

Health facilities are classified into acute or chronic health facility based on the types of illness treated, services rendered, speciality of the health personnel and advance technology use to manage health conditions.

6.0 SUMMARY

In this unit, you have learnt that health or medical centres in Nigeria are classified based on the type of services they render. You also learnt that health care facilities can be classified into two: Acute care facilities and chronic care facilities. Acute care facilities sometimes provides temporary care to patients e.g health centres, unit hospitals (clinic) general hospitals, teaching hospitals and federal medical centres (F.M.C). The chronic health facilities provides advanced and sometimes long term services to patient. They are called speciality centers e.g, maternity or paediatric hospitals, prison hospitals, psychiatric centers, orthopaedic centers, among others.

7.0 SUMMARY

In this unit, you have learnt that health or medical centres in Nigeria are classified based on the management or the services they render. You also learnt that health care facilities can be classified in to two: acute care facilities and chronic care facilities. Examples of acute care facilities sometimes includes health centres, unit hospitals (clinic) general hospitals central hospitals, teaching hospitals and Federal medical centres (F.M.C). The chronic health facilities provide advanced and sometimes long term services to patients, they are called speciality centers e.g. maternity or paediatric hospitals, prisons hospitals, psychiatric centers, orthopaedic centers, among others

7.0 REFERENCE/FURTHER READING

Drugxpert (2017). *Different types of health care delivery facilities in Nigeria.*
[www.https://drugxpert.blogspot.com/2017/07/type-hospital-nigeria.htm](https://drugxpert.blogspot.com/2017/07/type-hospital-nigeria.htm)

UNIT 3 HEALTHCARE REGULATORS

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 2.0 Main Content
 - 3.1 Regulatory Bodies for Healthcare in Nigeria

- 3.1.1 Medical and Dental Council of Nigeria (MDCN)
- 3.1.2 Nurses and Midwifery Council of Nigeria (NMCN)
- 3.1.3 Community Health Practitioners Board Nigeria (CHPBN)
- 3.1.4 Environmental Health Officers Registration Council (EHORECON)
- 3.1.5 Pharmaceutical Society of Nigeria (PSN)
- 3.1.6 Medical Rehabilitation Therapy (Registration) Board (MRTB)
- 3.1.7 Medical Laboratory Science Council of Nigeria
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 4.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

This unit explains the meaning of health regulatory bodies as establishments that provide standards for different health profession and organisations and protect the rights of consumers and workers. In this unit, you will learn about the duties and responsibilities of the following agencies in standardising and improving quality of health profession practices: Medical and Dental Council of Nigeria (MDCN), Nurses and Midwifery Council of Nigeria (NMCN), Community Health Practitioners Board Nigeria (CHPBN), Environmental Health Officers Registration Council (EHORECON), Pharmacist Council of Nigeria (PCN), Medical Rehabilitation Board (MRTB) and Nigerian Council for Medical Laboratory Scientists

1.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able:

- identify the agencies regulating healthcare in Nigeria
- describe the duties and responsibilities of the regulating bodies in standardising and improving quality of health profession practices.

2.0 MAIN CONTENT

3.1 Regulatory Bodies for Healthcare in Nigeria

Regulatory body is a public organisation or government agency that regulates conduct of human activities. The regulatory bodies are established by the government executive and legislators to implement different laws in various fields of human activity. They implement social codes, economic laws, safety laws, environmental regulations; criminal laws occupational health laws; professional laws, employment laws, among others. The regulatory bodies protect the rights of the consumers and worker. They also establish standards for different professions and organisations (Jordana, Fernández-i-Marín, & Bianculli, 2018).

There are many regulatory bodies in health sectors in Nigeria, which influence the activities and conduct of professionals in their profession. Any worker, consumer businessman are obliged to follow laws sets by government or administration to

guarantee a safe environment, services and life to him and others. Furthermore, they control the implementation of each of these laws.

The following are some examples of regulatory bodies that are concerned with healthcare delivery in Nigeria:

1. Medical and Dental Council of Nigeria (MDCN)
2. Nurses and Midwifery Council of Nigeria (NMCN)
3. Community Health Practitioners Board Nigeria (CHPBN)
4. Environmental Health Officers Registration Council (EHERECON)
5. Pharmacist Council of Nigeria (PCN)
6. Medical Rehabilitation Therapy (Registration) Board (MRTB)
7. Nigerian Council for Medical Laboratory Scientists

3.1.1 Medical and Dental Council of Nigeria (MDCN)

The functions of the Medical and Dental Council of Nigeria were expanded to include:

- i. Providing guidelines on Minimum Standards of Medical and Dental Education in Nigeria.
- ii. Providing rules of professional conduct for Medical and Dental Practitioners in Nigeria.
- iii. Determining the standards of knowledge and skill to be attained by persons seeking to become members of the medical or dental profession and reviewing those standards from time to time as circumstances may permit.
- iv. Securing and maintenance of registers of persons entitled to practice as members of the medical or dental profession and the publication from time to time of lists of those persons.
- v. Reviewing and preparing from time to time, a statement as to the code of conduct which the Council considers desirable for the practice of the professions in Nigeria.

To read more click here <https://www.mdcn.gov.ng/page/about-us/brief-history>

3.1.2 Nurses and Midwifery Council of Nigeria (NMCN)

- i. Indexing nursing and midwifery students on commencement of their training.
- ii. Co-operate with recognised bodies interested in conducting new schemes for Basic and Post Basic Education of Nurses and Midwives such as: National Universities Commission, World Health Organisation, etc.
- iii. Conduct Professional Examinations for Nurses and Midwives in Nigeria.
- iv. Registers of all persons qualified to practice the discipline of Nursing and Midwifery in Nigeria.
- v. Conduct registration interviews for Nurses and Midwives trained outside Nigeria who are seeking to practice in Nigeria.
- vi. Issue and update Professional Practicing Licenses every three years to all cadres of qualified Nurses and Midwives.
- vii. Maintain discipline within the Nursing and Midwifery profession in Nigeria through the Nurses and Midwives Tribunal.

To read more click here: <https://www.nmcn.gov.ng/function.html>

3.1.3 Community Health Practitioners Board Nigeria (CHPBN)

- i. Determine what standards of knowledge and skill are to be attained by persons seeking to become members of the profession of community health and improving those standards from time to time as circumstances may permit;
- ii. Securing in accordance with the provisions of “act” of CHPBN the establishment and maintenance of a register of persons registered under this Act as members of the profession and the publication from time to time of lists of those persons;
- iii. Conducting examinations in the profession and awarding certificates or diplomas to successful candidates as are appropriate and for such purpose, the Board shall prescribe fees to be paid in respect thereof; and

To read more click here: <https://www.legit.ng/1217137-regulatory-bodies-nigeria-functions.html>

3.1.4 Environmental Health Officers Registration Council (EHORECON)

- i. Work with other citizens to uplift the human resource base of Environmental Health profession and cooperate with other professionals in promoting efforts towards health and development needs of the entire citizenry.
- ii. Work to improve and preserve the Environment, alleviate poverty and to promote public health.
- iii. Discipline of members to bring integrity in the profession.
- iv. Upholding minimum standards of professional practice and continuing professional education.
- v. Maintaining professional competence and demonstrate regard for the competence of other members of the profession.
- vi. Uphold the laws, which affect the practice of Environmental Health profession.
- vii. Establishment of terms and conditions of employment for the profession.
- viii. Adhere to the highest standards of personal ethics, which reflect creditably upon my personality and accord due regard to my profession.

To read more click here: <https://www.ehorecon.gov.ng/Code-of-Ethics>

3.1.5 Pharmaceutical Society of Nigeria (PSN)

- i. Provide good quality pharmaceutical services for its members
- ii. Maintaining high standard discipline and professional ethics among its members.
- iii. Promoting and maintaining high standard of pharmaceutical education in the country
- iv. Promoting legislation to enhance the interest and image of the pharmacy profession and practitioners.
- v. Investigating acts of ethical misconduct and discipline among pharmacists and making recommendations to national council.

- vi. Evaluating pharmacy and drug statutes that should match the practitioners expectations

To read more click here: <https://www.legit.ng/1209726-functions-pharmaceutical-society-nigeria.html>

3.1.6 Medical Rehabilitation Therapy (Registration) Board (MRTB)

The major statutory functions of the Board (MRTB) are as follows:

- i. Regulation and control of professional practice of Physiotherapy, Occupational Therapy, Speech Therapy and Audiology in Nigeria either hospital based or otherwise.
- ii. Determining what standards of knowledge and skill are to be attained by persons seeking to become registrants of the relevant professions.
- iii. Conducting examinations in the relevant profession and awarding Degree or Diploma certificates to successful candidates as appropriate and prescription of fees to be paid in respect thereof.
- iv. Accreditation of academic and clinical programmes, for medical Rehabilitation training and practice in the country.
- v. Infiltrating discipline and decorum into the profession by enacting Medico-legal attributes of the Board, MRTB, for the protection of Registrants.
- vi. Elimination of quackery through proper registration of Medical Rehabilitation Therapy training and clinical premises and through surveillance and monitoring activities.

To read more click here: <https://www.mrtb.gov.ng/en/about-mrtb/Statutory-Functions-of-the-Board>

3.1.7 Medical Laboratory Science Council of Nigeria

The function of the Medical Laboratory Science Council of Nigeria include the following:

- i. To regulate the practice of medical laboratory sciences in Nigeria.
- ii. To determine from time to time the standard of knowledge and skills to be attained by persons seeking to become Medical Laboratory Scientist, Medical Laboratory Technicians and Medical Laboratory Assistants (referred to as scientist, technicians and assistance).
- iii. To regulate the training of Scientists, Technicians and Assistance in any institution in Nigeria and give periodic accreditation to institution.
- iv. To provide and maintain separate register for Scientists, Technicians and Assistants.
- v. To regulate the production, importation, sales and stocking of diagnostic laboratory reagents and chemicals.
- vi. To access, evaluate and register foreign graduates of Medical Laboratory Science.
- vii. To conduct examinations for Technicians and assistants.

- viii. To inspect, regulate and accredit medical laboratories (public and private)

To read more click here: <http://web.mlscn.gov.ng/index.php/mlscn-mandate/>

4.0 SELF-ASSESSMENT EXERCISE

- i. Identify the agencies regulating healthcare in Nigeria.
- ii. What are the duties and responsibilities of any three (3) of the regulating bodies.

Answer

1.
 - a. Medical and Dental Council of Nigeria (MDCN)
 - b. Nurses and Midwifery Council of Nigeria (NMCN)
 - c. Community Health Practitioners Board Nigeria (CHPBN)
 - d. Environmental Health Officers Registration Council (EHERECON)
 - e. Pharmacist Council of Nigeria (PCN)
 - f. Medical Rehabilitation Therapy (Registration) Board (MRTB)
 - g. Nigerian Council for Medical Laboratory Scientists.
2. Click the following links to find the duties and responsibilities of the health regulating bodies in Nigeria:

<https://www.mdcn.gov.ng/page/about-us/brief-history>

<https://www.nmcn.gov.ng/function.html>

<https://www.legit.ng/1217137-regulatory-bodies-nigeria-functions.html>

<https://www.ehorecon.gov.ng/Code-of-Ethics>

<https://www.legit.ng/1209726-functions-pharmaceutical-society-nigeria.html>

<https://www.mrtb.gov.ng/en/about-mrtb/Statutory-Functions-of-the- Board>

<http://web.mlscn.gov.ng/index.php/mlscn-mandate/>

5.0 4.0 CONCLUSION

Being a health worker, a consumer or businessman, one is obliged to follow many laws set by the health regulatory bodies to guarantee a safe environment, services and life to all people.

6.0 SUMMARY

You could recall that in this unit, you have learnt that there are many regulatory bodies in health sectors in Nigeria, which influence the activities and conduct of professionals in their profession. In this unit, you also learnt that the regulatory bodies are established by the executive arm of government and legislators to implement enforce laws in

various fields of human activity. Examples of regulatory bodies in health sectors in Nigeria were highlighted in this unit. These includes; Medical and Dental Council of Nigeria (MDCN), Nurses and Midwifery Council of Nigeria (NMCN), Community Health Practitioners Board Nigeria (CHPBN), Environmental Health Officers Registration Council (EHERECON), Pharmacist Council of Nigeria (PCN), Medical Rehabilitation (Registration) Board (MRTB) and Nigerian Council for Medical Laboratory Scientists.

7.0 REFERENCES/FURTHER READING

<https://www.mdcn.gov.ng/page/about-us/brief-history>

<https://www.nmcn.gov.ng/function.html>

<https://www.legit.ng/1217137-regulatory-bodies-nigeria-functions.html>

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MODULE 4 PATTERNS OF HEALTHCARE

You could recall that in module 3, you learnt about the three (3) levels of healthcare system in Nigeria such as Primary Health Care (PHC), Secondary Health Care (SHC) and Tertiary Health Care (THC). You also learnt about the two types of healthcare facilities: acute and chronic; and the health regulatory bodies that provide standards for different health profession and organisations. However, in this module, the three (3) major healthcare patterns i.e self-care, modern/orthodox and traditional healthcare patterns, their benefits and weaknesses will be highlighted. The meaning, types, efficacy and side effect of alternative and complementary healthcare, and factors influencing decision people take on the choice of healthcare will be discussed in this module.

Unit 1	Patterns of Healthcare Delivery System
Unit 2	Alternative and Complimentary Healthcare
Unit 3	Factors Influencing Choice of Healthcare Patterns

UNIT 1 PATTERNS OF HEALTHCARE DELIVERY SYSTEM

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3.4.1	Benefits of Traditional Health Care
4.0	Self-Assessment Exercise
5.0	Conclusion
6.0	Summary
7.0	References/Further Reading

1.0 INTRODUCTION

Health care facilities are available in every nook and cranny of this nation but despite this availability, people still differ in their approach to seeking health. In this unit, you will learn about the major types of approaches used for delivering healthcare in Nigeria such as self-care, modern and traditional healthcare. You will also learn about the strength and weakness of each approach.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- describe various types of approaches used for delivering healthcare in Nigeria such as self-care, modern and traditional healthcare
- identify the strength and weakness of each of this approach.

3.0 MAIN CONTENT

3.1 Health Care Delivery Patterns

Patterns of health care delivery system which refers to health seeking behaviour patterns can be defined as a series of approaches or corrective measures which individuals undertake to solve perceived ill-health (Mackian, 2003). Patterns of health care can also be referred to process in which a person seeks to go to a doctor for medical support, so that he/she is relieved and becomes well.

The health seeking behaviour of people depends upon existing health system as well as how people perceive them. People decide whom to consult and when, whether to comply with treatment or to change health care service provider using the existing local health care systems. Health care can be sought in different sectors of the society, among family and friends in the popular sector, from traditional healers in the folk sector, and/or from health care staff in the professional sector.

3.2 Self-Care Behaviour

Self-care behaviour involves taking action by individual to prevent disease, maintain and promote health. It is often concern with prevention or self-treatment for a particular disease or health problems. It also include primary prevention in the absence of any symptoms of diseases. Meanwhile, self-care includes activities of an individual(s) to treat symptoms before/or instead seeking professional medical attention. Examples includes; taking over the counter drugs for a cold or flu-like symptoms, drugs for abdominal pain, headache, among others without medical prescription. It also includes treating minor injuries such as cuts or bruises, scraps and twisted ankles when a person does not think a health care professional is needed. Completing home treatments such as changing a bandage or wound dressing, going to the rehabilitation exercises, or avoiding foods that inflame an allergic reaction can also be regarded as self-care. An important feature of self-care is that it involves active participation in the health care progress.

3.3 Modern/Orthodox Healthcare Pattern

Modern health care services is a western type of scientific medicine which is made of dispensaries, health posts, dressing stations, medical stations, maternity homes, rural health centers cottage hospitals, general hospital, specialist hospitals and teaching hospital at the apex. These are run by staff ranging from attendant, midwife health auxiliary, nurse to the specialist consultant (Nguma, 2010).

Orthodox healthcare on the other hand use machines, devices or chemically pure substances which when administered into the body produce pharmacological effects which may consequently lead to alleviation of the disease or help in the diagnosis or prevention of the disorder. Many current orthodox drugs have their origin from herbal medicines, but the main difference between the two is that the herbal drugs contain a large number of compounds, rather than a single pharmacologically active substance.

3.3.1 Benefits of Orthodox or modern healthcare

According to Nguma (2010) the following are benefits of orthodox healthcare:

- Quick and efficient trauma treatment.
- Alleviating symptoms of illness.
- Use of advance medical equipment/tools and flexibility in treatment options.
- Modern medicine is faster in action than the traditional herbal medicine.
- Modern medicine is considered to be much more effective than traditional herbal and homeopathic treatment.
- It has advances in trauma treatment for saving life through surgery and other emergency situations due to severe automobile accidents and natural disasters

- Modern medicine treats symptoms in addition to presenting illness in order to alleviate patient discomfort and speed the healing process
- Advances in medical technology and tools allow doctors and other health professional to quickly identify and diagnose a particular health problem. For example, X-ray machines diagnose broken bones and determine the appropriate treatment.

3.4 Traditional Health Care Patterns

The earliest form of healing substances had been traditional medicines or healthcare, but with the advent of civilisation which had led to better scientific understanding of diseases and medications, orthodox or modern healthcare have become the main and well recognised products for the management of diseases in modern health systems. Traditional healthcare (HTM) include herbs, herbal materials, herbal preparations, and finished products that contain parts of plants or other plant materials as active ingredients.

Similarly the World Health Organization (WHO) (2009) point out that many people in Africa have traditionally believe that disease such as Malaria and injuries such as broken bones have not only physical causes, but that they are also the result of spiritual forces. This spiritual force may be some punishment from Gods or ancestral spirit or they be sent by other people to harm their enemies through witchcrafts. Other misfortune such as inability to have children, accidents and defeat in war may also have similar causes. For this reasons, people may seeks for traditional healthcare because they believes that this conditions cannot be cure through conventional healthcare. Traditional healthcare through traditional healers can also help people out of worries, fear and unhappy situation of the patient through explanations and gives him/her hopes.

In some instances, people that are utilizing traditional medicine have visited a modern health facility as a first step. However, after initiating modern treatment and not cured, then later they go for traditional or faith healer as well. Many people emphasized the importance of social and cultural factors in contributing to the outcome of treatment. Moreover, many Africans believe in and rely upon the services of indigenous healers and spiritual comfort. Indigenous or herbalist, the diviners, indigenous priest oracle, birth attendant, surgeon's royalty, rainmaker, and other specialist attend to those who seek their services.

Healer also use taboos, massage and incantations ritual recitation of charms) ventriloquism (dummy) and purgative (treatment to clean or purge the body) in the treatment of their patients. Their success is enhancing by their understanding of the personal, culture, social, economic and political condition of the individual families and institutions of their community in addition. Like the general practitioners in the western biomedical tradition, the indigenous herbalist primarily diagnose ill's prescribes medications and applies appropriate treatment; divine and priest seek to understand the spiritual and secular course of physical and mental illness, spiritual problems and poor social relation (WHO, 2009).

3.4.1 Benefits of Traditional Health Care

According to WHO (2009), the following are benefits of traditional healthcare:

- More affordable than conventional medicine
- Easier to obtain than prescription medicine
- Stabilizes hormones and metabolism
- Natural healing
- Strength in immune system
- Fewer side effects
- Cost effective

4.0 SELF-ASSESSMENT EXERCISE

- Briefly explain the three major health approaches to healthcare delivery in Nigeria.
- Identify the three (3) benefits of each approach.

Answers:

1.

- Self-care behaviour*
- Modern/orthodox healthcare pattern*
- Traditional health care patterns*
- Self-care behaviour*

Self-care include the action taken to treat symptoms before/or instead seeking professional medication attention. It also includes treating minor injuries such as cuts or bruises, scraps and twisted ankles when a person does not think a health care professional is needed.

- Modern/orthodox healthcare pattern*

Modern health care services is of western type of scientific medicine which is made of dispensaries, health posts, dressing stations, medical stations, maternity homes, rural health centers cottage hospitals, general hospital, specialist hospitals and teaching hospital at the apex.

- Traditional health care patterns*

Traditional healthcare (HTM) include herbs, herbal materials, herbal preparations, and finished products that contain parts of plants or other plant materials as active ingredients. In today's world, Herbal medicine most part used to treating intense and constant sicknesses.

- Benefits of Orthodox or modern healthcare include:*

- *Quick and efficient treatment of trauma*
- *Alleviation of illness symptoms*
- *Use of advanced medical tools and flexibility in treatment options.*

- *Modern medicine is faster in action than traditional herbal medicines.*
- *Modern medicine is considered to be much more effective than traditional herbal medicine.*

- *Advances in treatment of trauma through modern medicine have life-saving implications. Through adequate training and practice, surgeons and nurses work together in emergency situations treating severe injuries caused by accidents such as automobile crashes or natural disasters.*
3. *Benefits of traditional health care*
- *More affordable than conventional medicine*
 - *Easier to obtain than prescription medicine*
 - *Stabilizes hormones and metabolism*
 - *Natural healing*
 - *Strength in immune system*
 - *Fewer side effects*
 - *Cost effective*

5.0 CONCLUSION

Health care can be sought from different sectors in the society, among family and friends in the popular sectors, from traditional healers in the folk sector, and/or from healthcare staff in the professional sector.

6.0 SUMMARY

You could recall that in this unit, you have learnt about the definition of patterns of health care delivery system, which refers to series of approaches or corrective measures which individuals undertake to resolve perceived ill-health. You also learnt that there are three (3) basic approaches used as healthcare pattern, this includes; self-care, modern and traditional healthcare. Self-care include the action taken to treat symptoms before/or instead of seeking professional medication and attention, such as taking over the counter medication for a cold or flu-like symptoms. Modern health care services is of scientific medicine which is provided at primary, secondary and tertiary health care centers by professional health workers. Meanwhile, traditional healthcare use herbal materials and products that contain parts of plants or other plant materials as active ingredients.

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UNIT 2 ALTERNATIVE AND COMPLIMENTARY HEALTHCARE

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Overview of Alternative Health Care
 - 3.2 Types of Alternative Health Care
 - 3.3 Efficacy of Alternative and Complementary Medicine
 - 3.4 Side Effects of Complementary Medicines Use in Alternative Care
 - 3.5 How to Prevent Side Effects of Complementary Medicines
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 5.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

You could recall that you have learnt the three (3) basic approaches used as healthcare pattern, which includes; self-care, modern and traditional healthcare in unit one of this module. Therefore, this unit will explain to you the brief overview of alternative and complimentary healthcare and various types of approaches used for prevention and treatment for alternative and complimentary healthcare. The efficacy of alternative and complimentary healthcare, its side effect, and people at risk and how to prevent the side effect are also highlighted in this unit.

2.0 INTENDED LEARNING OUTCOMES

By the end of this unit, you will be able to:

- describe the nature of alternative and complimentary healthcare
- identify various types of approaches used for prevention and treatment for alternative and complimentary healthcare
- highlight the side effects of alternative and complimentary healthcare.

3.0 MAIN CONTENT

3.1 Overview of Alternative Health Care

Alternative health care is a type of health care that provides a range of treatment and products that are considered part of standard health care. Alternative health care can work alongside with conventional diagnosis and treatment, but scientific evidence on their use is limited, it is known by different terms including complementary health care.

The complementary and alternative medicine is used as group of diverse medical and health care systems, practices, and products that have historic origins outside mainstream medicine. Most of these practices are used together with conventional therapies and therefore have been called complementary to distinguish them from alternative practices, those used as a substitute for standard.

The type of medicines use as alternative health care include supplementary diet such as vitamins and minerals, natural and herbal medicines, alternative and holistic remedies, traditional remedies, homeopathic preparations and aromatherapy (essential) oils. Alternative health care is an approach to health and well-being that uses methods not considered part of traditional Western medical practices. As the name implies, complementary health care should be used with, not in place of, the medical care provided by a physician.

3.2 Types of Alternative Health Care

Alternative medicine practices may be classified by their cultural origins or by the types of beliefs upon which they are based. Methods may incorporate or be based on traditional medicinal practices of a particular culture, folk knowledge, superstition, spiritual beliefs, belief in [supernatural](#) energies ([antiscience](#)), [pseudoscience](#), [errors in reasoning](#), propaganda, fraud, new or different concepts of health and disease, and any bases other than being proven by scientific methods. Different cultures may have their own unique traditional or belief based practices developed recently or over thousands of years, and specific practices or entire systems of practices.

i. Unscientific belief systems

Unscientific belief system includes use of [naturopathy](#) or [homeopathy](#) in place of [conventional medicine](#). It is based on belief systems not grounded with scientific facts or theories.

ii. Traditional medicine

Traditional medicine is considered alternative when it is used outside its home region; or when it is used together with or instead of known functional treatment; or when it can be reasonably expected that the patient or practitioner knows or should know that it will not work – such as knowing that the practice is based on superstition.

iii. Supernatural energies

This includes beliefs in existence of supernatural energies undetected by the science of Physics, as in biofields, or belief in properties of the energies of physics that are inconsistent with laws of physics, as in energy in medicine

3.3 Efficacy of Alternative and Complementary Medicine

There are many claims about the efficacy of alternative and complementary medicines. It is also claimed that the product lacks quality and standardisation, and some companies making unsubstantiated claims call into question the claims of efficacy of isolated examples where there is evidence for alternative therapies. There is a general consensus that alternative therapies lack the requisite [scientific validation](#), and their [effectiveness](#) is either [unproved](#) or [disproved](#). However, researches on them is frequently of low quality and methodologically flawed.

Alternative therapies do not "complement" (improve the effect of, or mitigate the side effects of) functional medical treatment. Significant [drug interactions](#) caused by alternative therapies may instead negatively impact functional treatment by making [prescription drugs](#) less effective.

3.4 Side Effects of Complementary Medicines Use in Alternative Care

There are various types of side effects that have been identified due to utilisation of complementary medicine, including abdominal pain, swelling, shortness of breath, nausea, itchy skin, rash, redness of the skin and hives. Some can cause nausea, digestive problems, bloating, allergic dermatitis, asthma and hay fever.

The way some complimentary medicines are used needs to be considered. Some side effects may be caused by the way the medicine is used, rather than the medicine itself. For example, some people who take blood thinning medicine after an essential oil massage have reported significant bruising. In this case, it was most likely the massage, rather than the essential oils, that was a cause of the bruising.

3.5 How to Prevent Side Effects of Complementary Medicines

To avoid putting ones health at risk, tell the healthcare professionals if one is using complementary medicines. They will need to know:

- The type and name of the complimentary medicine when taking
- How often the medicine should be taken and the dose
- The amount of active ingredient in each dose
- For how long one should be taken the medicine and why it is taken
- The health benefits one is expecting from taken the medicine
- Tell health professional about any changes that one will notice after taken the medicine
- If you are asked or advice by a healthcare professiona to stop taking the medicine, you should not assume that they are biased against complementary medicines.

3.5 People at Risk of Side Effect of Complementary Medicines

The people at risk of side effect of complementary medicines are:

- Pregnant women
- Lactating mothers
- Scheduled for an operation or medical investigation
- babies
- Very older person
- Diagnosed with a serious disease (or have been previously).

4.0 SELF-ASSESSMENT EXERCISE

Click on the link in the box to watch the video and answer the following questions:

1. Watch the video and explain the nature of alternative and complimentary healthcare.

2. Identify types of approaches used for prevention and treatment for alternative and complimentary healthcare.
3. List four side effects of alternative and complimentary healthcare.

<https://www.youtube.com/watch?v=bHvofX-hotk>

5.0 CONCLUSION

Utilisation of alternative and complimentary health depends on individual's cultural beliefs. Each culture have its own unique traditional or belief about some certain diseases and health conditions based practices developed recently or over thousands of years, and specific practices or entire systems of practices.

6.0 SUMMARY

You could recall that in this unit, you have learnt that alternative health care is a type of healthcare that provide range of treatments and products that are not considered standard health care. You also learnt that alternative medicine practices may be classified by their cultural origins or types of beliefs upon which they are based. This includes, unscientific belief system, traditional medicine, supernatural energies, and religious faith healing/prayer. Furthermore, you lean that there is a general scientific consensus that alternative therapies lacks efficacy and scientific validation. The side effects of alternative medicine, which includes abdominal pain, rashes, nausea, difficulty in breathing, among others are also learnt in this unit.

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UNIT 3 FACTORS INFLUENCING DECISION PEOPLE TAKE ON THE CHOICE OF HEALTH CARE DELIVERY SYSTEM

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Factors influencing Decision People take on the Choice of Health Care Delivery System
 - 3.1.1 Culture
 - 3.1.2 Gender
 - 3.1.3 Socio-Economic Status (SES)
 - 3.1.4 Educational Level
 - 3.1.5 Availability and Accessibility of Healthcare Facilities
 - 3.1.6 Organisation Factors
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

You could recall that in units 1 and 2 of this module, you learnt about different patterns of health care system such as orthodox/modern health care, traditional health care and alternative/complimentary health care. Therefore, this unit will expose you to the factors influencing decision people take on the choice of healthcare system. This includes; cultural belief, gender, socio-economic status, educational level, availability and accessibility of health care facilities and other organisation factors.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- Describe the factors that may influence people's decision or choice on various healthcare patterns.

3.0 MAIN CONTENT

3.1 Factors Influencing Decision People Take on the Choice of Health Care Delivery System

The choice or decision people make on the choice of health care services to use when they are ill depends on number of factors. These factors influence the health seeking behaviour pattern of the people. They are as follows:

- Culture
- Gender
- Socio-economic status
- Educational level
- Availability and accessibility of health care facilities
- Organisation Factor

3.1.1 Culture

A community's culture influences its values, belief and customs which affected views on general health and health services used. According to Oladipo (2010), behaviour patterns such as acquisition of knowledge, belief, morals, customs and any other capabilities and habits acquired as a member of society. These factors result to delay in health seeking behaviour pattern and are more common amongst women, not only for their own health but especially for their children's as well. Culture generally affects religious practices, social norms, languages, diet, family structure and social function, preventive health services used for treatment.

3.1.2 Gender

Men are less likely to visit physician than women each year. Men are also more likely to be diagnosed in a later stage of a terminal illness because of their reluctance to go to the doctor. Some of the reasons given by men for not visiting health centers frequently includes fear, embarrassment and avoidance of an experience in which they are not in control (Abdullahi, 2007).

Furthermore, Abdullahi (2007) stated that some men are occupied by societal pressures to act masculine. They feel that they have to prevail on situation that requires physical strength and fitness. Men and women differs in the ways they cope with stressful situations. Some men appraise situation using the scheme of what is an acceptable masculine response rather than what is objectively the best response.

3.1.3 Socio-Economic Status (SES)

Direct and indirect treatment costs are among the most commonly mentioned obstacles to adequate health seeking behaviour of the poor from obtaining prompt and adequate treatment, treatment compliance and access to preventive measures such as personal and environmental hygiene. Even if direct costs are affordable or if medical services are free, indirect costs (transport, special food, under the counter fees) can limit access to treatment or lead patients to interrupt therapies. Persons of the relatively higher SES know more danger signs and were more likely to bring their sick children to a health facility than those who were relatively poor. Treatment costs are not only an obstacle for adequate healthy-seeking of the poor; they also signify a higher barrier for the poorer households compared to the more affluent (WHO, 2009).

High income earners are more self-sufficient in health matters and are better able to benefit from technological advancement, their position enable them to obtain best medical care, best hospitalisation and other health, while the low income families are less self-sufficient in health matters and are not able to benefit from technological advancement because their position cannot enable them to obtain the best medical care and other services necessary to the protection of their health which eventually leads to health problems (WHO, 2009).

3.1.4 Educational Level

Better educated person have higher income than those with little or non-education. Education improves the household's allocative efficiency in producing health. It is also said that education help people choose good health through life-styles by improving their knowledge of the relationship between health behaviour and health outcome (Oladipo, 2011).

3.1.5 Availability and Accessibility of Healthcare Facilities

A person place of residence to a large extend determines the type treatment choice the person will make in the face of ill-health. This is because some forms of treatment options may be non-existent due to one's locality. This is particular to rural dwellers. Generally, treatment options which are not localised within a particular rural area may not be effortlessly available due to factors such as poverty, location of healthcare facilities, the availability of transport, poor roads, the time taken to reach these facilities, and the overall cost implications. In fact, among these factors, the distance between those in need of healthcare and the nearest health facility has been noted as a very serious barrier to good healthcare choices, especially in the rural areas (Abdullahi, 2007).

3.1.6 Organisation factors

Most people in the rural areas are obviously poor and depend very much on the public owned health facilities which they perceive as being more affordable than the private-owned ones. Lack of good healthcare facilities in the rural areas affects the health seeking practice of these communities. In addition, the quality of service obtained previously (patient/client satisfaction), availability, affordability of recommended medications, confidentiality principally in diseases which attract stigma from the society, attitude of health care providers, waiting time before consultation, availability and expertise of staff, and adequate equipment of facilities among others influences the health seeking behaviour in rural areas (Oladipo, 2010).

4.0 SELF-ASSESSMENT EXERCISE

Briefly explain any four factors that may influence people's decision on the choice of healthcare system.

5.0 CONCLUSION

The health seeking behaviour of people depends upon exiting health system as well as how people to decide the type of health care system to consult and when and why to comply with treatment or change the health care provider based on their cultural and religious believes, educational status, availability and accessibility of health facility.

7.0 SUMMARY

In this unit, you have learnt that the community's culture influences its values, belief and customs which affect views on the choice of pattern of healthcare system. You also learnt that men are significantly less likely to visit physician than women each year. They are also more likely to be diagnosed in with terminal illness at later stage of the illness because of their reluctance to go to the physician. Furthermore, you learnt that

direct and indirect treatment costs are among the most commonly mentioned obstacles to adequate health seeking behaviour of the poor for obtaining prompt and adequate treatment, treatment compliance and access to preventive measures such as personal and environmental hygiene. The unit explained that the level of one's education help people to choose good health through life-styles by improving their knowledge of the relationship between health behaviour and health outcome. You also learnt that person's place of residence to a large extent determines the type of treatment choice the person will make in the face of ill-health.

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MODULE 5 MANAGEMENT OF HEALTHCARE DELIVERY SYSTEM

You could recall that in module 1 and 2, you have learnt about concept of healthcare delivery system, its characteristics and resources, and the eight (8) basic healthcare services. You also learnt about four (4) major sectors or agencies responsible for provision of healthcare i.e government, national health insurance scheme, private sectors and non-governmental organisations. Meanwhile, module 3 and 4 exposes you to the three (3) levels of healthcare i.e the Primary Healthcare (PHC), Secondary Health Care and Tertiary Health care, the two types of health facilities i.e chronic and acute health facilities, various health regulatory bodies in Nigeria that provide standards for various health profession and organisations. The patterns of healthcare delivery system, alternative and complimentary healthcare, factors influencing choice of healthcare patterns were also learnt. However, in this module you will learnt about the meaning of healthcare management and managerial skills for effective service delivery. The tasks undertaken by health managers, the meaning of public health law, the scope of public law and its importance will also learn in this unit.

Unit 1	Overview of Healthcare Management
Unit 2	Task of the Health Managers
Unit 3	Public Health Laws

UNIT 1 OVERVIEW OF HEALTHCARE MANAGEMENT

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 - 3.2 Planning
 - 3.3 Budgeting
 - 3.4 Assessment and Mobilisation of Resources
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

You could recall that you have learnt about healthcare structures, healthcare facilities and regulators in Module 3, Units 1, 2 and 3 respectively. Therefore, in this unit, you will learn about meaning of healthcare management. You will also learn about planning, budgeting, supervision, monitoring and evaluation, assessment and mobilisation of resources as managerial skills that a healthcare administrator should possess for effective service delivery.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- explain the meaning of healthcare management.
- describe the process of effective management of healthcare system.

3.0 MAIN CONTENT

3.1 Healthcare Management

Healthcare management refers to leadership in management or administration in health care system or hospitals including, primary, secondary and tertiary health care centers. It aims to ensure that specific outcomes are attained within a department or unit in any health organisation. It involves smooth running of health care sector, giving job to right people, people knowing what are expected from them, efficient use of resources and team work among all department or unit to achieve organisational goals, development and growth (Haddock, 2002).

3.2 Planning

Planning is a process that appraises the overall health needs of a geographic area or population and determines how these needs can be met in the most effective manner through the allocation of existing and anticipated future resources. Planning involves specification of goals and the preparation of a strategy to achieve the goals (Kabir, 2004).

Ultimately, planning identifies the needs of the target population and determines the best way for meeting those needs. There are many reasons why we plan, this can be emerge from the community, an organisation or interest of a particular group or individual. However, planning in health sectors reflects the influence of the political, social and economic considerations that are within the particular healthcare environment.

3.3 Budgeting

This is a process of making estimate of income and expenditure for future period, which may lead to allocation of fund for purchase and maintenance of health products and services and to support health programmes. Sound budgeting and financial planning in healthcare organisations is important in maintaining service levels and running sustainable operation. In an uncertain economy, like Nigerian economy, cost can rise faster than revenue, which is a challenging situation for any managerial staff. However, healthcare managers have additional issues to contend with, such as fluctuating insurance and medical care reimbursement rate (Kabir, 2004)

Click here: <https://www.floridatechonline.com/blog/healthcare-management/healthcare-financial-planning/>

3.4 Assessment and Mobilization of Resources

This is a process of checking resources that are available or those that could be made available to improve the health of the community. These resources includes money, manpower and materials that can be provided in any health care programmes.

Sources include:

- public funds generated from taxes;
- public insurance/social security;
- private insurance;
- out-of-pocket personal resources.

In addition the resources that comes from government, other resources comes internally from self-help and community effort, and externally in form of aid from developed countries must. The National Health Policy also provide guidelines for spending of public resources in private sector in selecting the most beneficial and most cost-effective interventions. However, in recent times, the concept of public/private partnerships is encourage in implementing various projects or programmes in the health sector (Haddock, 2012).

3.5 Supervision

Supervision is a process that involves a manager meeting regularly and interacting with worker(s) to review their work. This is a crucial component in the management of health services. It involves appropriate supervision of staff, programmes and facilities. It is one of the essential function to be performed by the leader of each group or subgroup. To be a good leader, you need to know the tasks need to performed know what tasks need to be performed and the skill required by a workers under supervision. Best results are obtain in an organisation if there is a there is positive feedback, not only blaming workers when things goes wrong but. Organisational goals could also be achieved by praising and rewarding good performance. Therefore, supervisors are suppose to teach colleagues as well as learning from them. Regular supervision of performance should be carried out to prevent slackness in procedures (Jill & Lesley, 2012).

3.6 Monitoring and Evaluating Health Programmes

Monitoring is the systematic and routine collection of information from projects and programmes for the purpose of improving practices and internal and external accountability of the resources. On the other hand, evaluation is assessing, as systematically and objectively as possible, a completed project or programme or a phase of an ongoing project or programme that has been completed (Haddock, 2012).

Monitoring and evaluation must be built into the health programmes and should be an essential feature of each health unit no matter how small it is. Without it, thing will go wrong for a long time without coming to the notice of the health authorities. Failure to monitor and evaluate health programmes is one of the commonest causes of waste in health services. The process involves collecting base line data, planning intervention to monitor the impact of activities.

4.0 SELF-ASSESSMENT EXERCISE

- i. Identify seven processes used to manage healthcare system effectively.
- ii. Briefly explain any of the three processes above.

Answer

1. a. Planning (b) Budgeting (c) Monitoring and evaluation of health programs (d) Resource management (e) Supervision (f) Assessment and mobilisation of resources
2. (a) Planning
A process that appraises the overall health needs of a geographic area or population and determines how these needs can be met in the most effective manner through the allocation of existing and anticipated future resources.
- (b) Budgeting
Is a process of making estimate of income and expenditure for future period, which may lead to allocation of fund for purchase and maintenance of health products and services and to support health programmes. Sound budgeting and financial planning is very vital in maintaining healthcare services and running a sustainable operations.
- (c) Assessment and mobilization of resources
This is process of checking the resources that are available and that those that could be available in improving the health of the community. They includes money, manpower and materials that can be deployed for use in the health programme.
- (d) Management resources
The resources available to health managers should skilfully managed at all levels. For effective service delivery, management staff need to devote their time in dealing with administrative and other managerial issues.
- (e) Supervision
Is one of the crucial component of managing health services. Appropriate supervision is an essential function to be performed by the leader of each group or subgroup. To get an effective service delivery, the leader must master the tasks need to be performed and the skills required by the worker under supervision.
- (f) Monitoring and evaluating health programmes
Is a process of assessing health programmes and is an essential feature of each health organisation no matter how is it is. Without monitoring and evaluation, things could go wrong for a long without coming to the notice of the authourities concern.

5.0 CONCLUSION

Having good managerial skills is the key to success of any healthcare organisation. For healthcare system to function effectively, its managers should have skills in planning, budgeting, supervision, monitoring and evaluation, assessment and mobilisation of resources.

6.0 SUMMARY

You could recall that you have learnt the definition of healthcare management, which is described as leadership and general administration of healthcare system to ensure that positive outcomes are achieved. You also learnt about planning, budgeting, supervision, monitoring and evaluation of healthcare resources as managerial skill required by health managers for smooth running of any health organisation.

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UNIT 2 TASKS OF THE HEALTH MANAGERS

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 - 3.1 Tasks for the Health Managers
 - 3.1.1 Measurement of Needs
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 - 2.1.3 Planning of Programmes
 - 2.1.4 Monitoring and Evaluation of Health Programmes
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 8.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

In unit 1 of this module, you learnt about the concept of healthcare management and the basic skills required by healthcare managers for smooth running of healthcare system. Therefore, this unit explains the tasks undertaken by health managers for effective healthcare delivery. This includes measurement of needs, assessment and mobilisation of resources, definition of goals, planning of programmes, monitoring and evaluation of health programmes.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- appraise the tasks of health managers in health sectors
- describe the nature of tasks performed by health managers.

3.0 MAIN CONTENT

3.1 Tasks for the Health Managers

In order to accomplish process of translating knowledge into effective action, the health authorities need to perform five major tasks as follows:

- Measurement of needs
- Assessment and mobilisation of resources
- Definition of goals
- Planning of programmes
- Monitoring and evaluation.



Fig. 5.1: Tasks for the Health Managers

3.2 Measurement of Needs

Measurement of needs is one of the major roles of healthcare managers. This includes all the activities aimed at gathering information about the health status of the community and identifying the factors which influence it. Such determinants include hereditary, environmental and cultural factors. The health needs of the community can be measured using a questionnaire, interview, checklist, personal observation and assessment of hospital records to collect information concerning the needs of the community. Statistics provide essential information about the needs of the population, demand and utilisation of services, effectiveness and cost of services management of the health programmes and services (Lucas & Gilles, 2003).

3.3 Assessment and Mobilisation of Resources

To achieve an effective healthcare system, there must be a realistic assessment of resources that are available or could be made available for improving the health of the community. These resources include money, manpower and materials that can be deployed for use in the health programmes. Sources include: public funds generated from taxes, public insurance/social security, and private insurance, out-of-pocket personal resources (WHO, 1985).

In addition to the resources that are available from government, other sources both internal (from self-help and community effort) and external (in the form of aid) must be explored. National health policy directly relates to the spending of public resources but it also gives guidance to the private sector in selecting the most beneficial and most cost-effective interventions.

3.4 Definition of Goals

On the basis of information obtained about the health needs of the community and the available resources, it is necessary to set realistic targets in terms of measurable improvement in the health of the community. According to Lucas and Gilles (2003), the matching of needs to resources requires a careful selection of priorities; this could be achieved by finding answers to the following questions:

- a. What are the major problems?
- b. How can the problems be tackled?
- c. What is the expected impact of such interventions?

- d. Setting priorities also involves making hard choices; with limited resources and relatively underdeveloped services and infrastructure, the health plan must selectively include the most cost effective interventions.

3.5 Planning of Programmes

Planning involves the specification of goals and the preparation of a strategy to achieve the goals. Although the health plan is first and foremost the responsibility of the managers in the health sector. However, the important role of other sectors in healthcare delivery should not be overlooked by health managers. Thus it is necessary to involve other sectors in planning health programmes such as: agriculture sector– from the point of view of nutrition as well as such issues as the use of pesticides; works – with regard to housing, drainage, community water supplies, and other aspects of environmental sanitation; education – with special reference to the health of school children, the school environment, and health education in schools. The value of the involvement of the community in devising the health plan cannot be over-emphasised (Lucas & Gilles, 2003).

People should also be consulted, they must be persuaded and they must be given responsibility in decision-making under the technical and professional guidance of health workers. The plan must not be imposed but at every step the people must participate in devising the strategies which are most compatible with their needs and resources.

3.6 Monitoring and Evaluation of Health Programmes

This process of monitoring and evaluation must be built into the health programme and should be an essential feature of each health unit no matter how small. Without it, things could go far wrong for a long time without coming to the notice of the health authorities. Failure of health managers to include mechanisms for monitoring and evaluation is one of the commonest causes of waste in health services. Using objective indicators, baseline data must be collected, the planned interventions must be monitored and the impact of the activities must be studied (WHO, 1989).

4.0 SELF-ASSESSMENT EXERCISE

1. Identify the major tasks performed by health managers
2. Briefly explain any of the three tasks performed by those heading the affairs of health sectors.

Answer

1. *a. Measurement of needs b. assessment and mobilization of resources c. definition of goals d. planning of programmes e. monitoring and evaluation.*
2. *a. Measurement of needs
This includes all the activities aimed at gathering information about the health status of the community and identifying the factors which influence it. The health needs of the community can be measured using a questionnaire, interview,*

checklist, personal observation and assessment of hospital records to collect information concerning the needs of the community.

b. Assessment and mobilisation of resources

To achieve an effective healthcare system, there must be a realistic assessment of resources that are available or could be made available for improving the health of the community. These resources include money, manpower and materials that can be deployed for use in the health programmes. Sources include: public funds generated from taxes, public insurance/social security, and private insurance, out-of-pocket personal resources.

c. Definition of goals

On the basis of information obtained about the health needs of the community and the available resources, it is necessary to set realistic targets in terms of measurable improvement in the health of the community. The matching of needs to resources requires a careful selection of priorities.

d. Planning of health programmes

Planning involves the specification of goals and the preparation of a strategy to achieve the goals. Although the health plan is first and foremost the responsibility of the managers in the health sector. It is necessary to involve other sectors in planning health programmes such as: agriculture sector– from the point of view of nutrition as well as such issues as the use of pesticides; works – with regard to housing, drainage, community water supplies, and other aspects of environmental sanitation; education – with special reference to the health of school children, the school environment, and health education in schools. The value of the involvement of the community in devising the health plan cannot be over-emphasized.

e. Monitoring and evaluation of health programmes

This process of monitoring and evaluation must be built into the health programme and should be an essential feature of each health unit no matter how small. Without it, things could go far wrong for a long time without coming to the notice of the health authorities. Failure of health managers to include mechanisms for monitoring and evaluation is one of the commonest causes of waste in health services.

5.0 CONCLUSION

Success in the healthcare system depends on the commitments and the skills of health managers to perform their tasks. Failure of health managers to perform tasks such as measurement of needs, assessment and mobilisation of resources, definition of goals, planning of programmes, and monitoring and evaluation are the commonest causes of waste in health services.

6.0 SUMMARY

In this unit, you have learnt that to accomplish process of translating knowledge into effective action, the health authorities needs to perform five major tasks as follows: (a) measurement of needs through gathering information about the health status of the community and identifying the factors which influence it; (b) Assessment and mobilization of resources; (c) Definition of goals: setting realistic targets in terms of

measurable improvement in the health of the community; (d) Planning; which involves the specification of goals and the preparation of a strategy to achieve the goals; (e) monitoring and evaluation of health programmes.

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UNIT 3 PUBLIC HEALTH LAW

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1.0 INTRODUCTION

Public health is one of the tools used by governments and authorities in health sectors to influence the health of the population. Public health laws are very critical in preventing diseases and premature death. This unit explains the meaning of public health law, the scope of public law, its importance and sources.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- explain the meaning of public health law
- identify the scope and topics covered by public health
- describe the sources of public health.

3.0 MAIN CONTENT

3.1 Overview of Public Health Law

Public health law refers to legal practice, scholarship and advocacy on issues involving the government's duties to prevent the spread of diseases and promoting health by ensuring the conditions for people to be healthy. It also involve ways on how balance duties and authorities with "individual rights, privacy, property liberty, and other legally protected interests. The public health laws aims to protect and promote individual, family and community health (Gostin, 2008).

Enforcement of public health laws are responsibilities of health officers, public health inspectors and the medical officers of health. The extent to which public health laws are used is dependent with legal system of the country, state or local government, and it varies from country to country. The law gives power to some health personnel, such as environmental health offices to enter into premises and to take action to prevent the propagation of disease. Meanwhile, public health law may cover such topics as:

- Birth registration
- Death registration
- Environmental health
- Sales of food and drugs
- Quarantine and prevention of disease
- Registration of medical personnel
- Control of disease-bearing insects including the control of breeding sites in households
- Registration of schools

3.2 Law as a Public Health Tool

Public health law checks the power of the government at various jurisdictional levels to improve the health of the community within the norms and values of the society. The issues that are related to public health laws ranges from narrow questions of legal interpretation to complex issues involving public health policy, social justice and ethics (Paul, 2010).

Statutes, regulations and litigation are legal tools that plays a crucial role and achievement modern public health care. This includes advances in diagnosis, treatment, surgery, prevention and control of diseases, food safety, occupational health, among others. For example, the Nigerian government and all the 36 states in the country have has passed a law that mandated every child to be vaccinated with oral polio vaccine (OPV).

3.3 Scope of Public Health Laws

There are three major areas in public health law. This includes disease and injury prevention, communicable diseases and law enforcement and the law of populations.

3.3.1 Disease and Injury Prevention

This is an area of public health law which is concern with prevention of disease and injury. Health and legal practitioners apply regulations, legislation, litigation (private enforcement), and international law to solve the health problems using the law as an instrument of public health (Moulton, Goodman & Parmet, 2007).

3.3.2 Communicable Disease and Law Enforcement

Every country have specific regulations and national laws for prevention and control of communicable diseases. Internationally, International Health Regulations [IHR] addresses this issues. There are many regulations under IHR that address this topic. The 2005 IHR aims to reduce spread of diseases of international concern. It offers global regulations concerning people and goods.

3.3.3 Law of Population

This is new terminology in jurisprudence that analyses legal problems using epidemiological tools. The legal analysis in population-based laws can be applied to traditional health care, but it can also be applied in environmental law, zoning, evidence, and complex tort (Garcia, (2010).

3.4 Sources of Public Health Law

According to Moulton, Goodman and Parmet (2007), the following are five basic sources of public health law:

- 3.4.1 **Constitutions:** This is a constitutional protections of citizen's right which is consistent in promotion of public health. It involves government actions to advance the health of the community.
- 3.4.2 **International agreement:** This are executive agreements and treaties that require creation of domestic laws based on mutual agreement between two or more nations.
- 3.4.3 **Legislation:** This are policies for distribution of public funds and resources by enacting statutes, which are commonly called ordinances at the local level .It includes federal, state and local council legislative bodies.
- 3.4.4 **Regulations:** This is concern with rules and regulations from the executive branch of government, such as the President, governor, local government chairmen, county executive and agencies such as departments of public health. Regulations are based on authority delegated by the legislature through statutes. The boards of health agencies guide and oversee the delivery of public health services and activities. The functions and responsibilities of the boards generally depends on their legal authority and powers as defined in state statutes.
- 3.4.5 **Case Laws:** This refers to judicial branch, such as courts, which interpret laws, resolves dispute and balancing community's needs based with constitutionally protected rights of the individual.

4.0 SELF ASSESSMENT EXERCISE

- i. What is public health law?
- ii. Identify the topics covered by public health law
- iii. Briefly explain the sources of public health law

Answer

- i. *Public health law refers to legal practice, scholarship and advocacy on issues involving the government's legal authorities and duties to prevent the spread of diseases and promote the citizen's health. It involves how to balance duties with individual rights to autonomy, liberty, property, privacy, and other legally protected interests. Public health laws are enacted to protect and promote individual and community health.*
- ii. Topic covers by public health law:
 - Births registration
 - Death registration
 - Control of disease-bearing insects including the control of breeding sites in households
 - Registration of health personnel
 - Registration of schools
 - Quarantine and prevention of disease
 - Environmental health.
 - Sales of food and drugs
- iii. *Sources of public health laws*
 - i. **Constitutions:** This is a constitutional protections of citizen's right which is consistent in promotion of public health. It involves government actions to advance the health of the community.
 - ii. **International agreement:** This are executive agreements and treaties that require creation of domestic laws based on mutual agreement between two or more nations.
 - iii. **Legislation:** This are policies for distribution of public funds and resources by enacting statutes, which are commonly called ordinances at the local level .It includes federal, state and local council legislative bodies.
 - iv. **Regulations:** This is concern with rules and regulations from the executive branch of government, such as the President, governor, local government chairmen, county executive and agencies such as departments of public health. Regulations are based on authority delegated by the legislature through statutes.
 - v. **Case Laws:** This refers to judicial branch, such as courts, which interpret laws, resolves dispute and balancing community's needs based with constitutionally protected rights of the individual.

5.0 CONCLUSION

Mastery of legal tools by healthcare managers such as regulations, statutes, and litigation plays a crucial role and achievements modern health care. It includes advances prevention and control of diseases, treatment, surgery food safety, occupational health, among others.

6.0 SUMMARY

You could recall that in this unit, you have learnt public laws are enacted to protect and promote individual and community health. You also learnt that public health law covers such topics as births and deaths registration, prevention and control of disease, sales of food and drugs, quarantine, registration of medical personnel, registration of schools and environmental health. There are three major areas of concern in public health law. This includes communicable diseases and law enforcement, disease and injury prevention, and the law of populations. Furthermore, you learnt that the legal authority relevant to citizen's health comes from five basic legal sources and from every level of government; constitutions, international agreements/treaties, legislation by federal, states and LGAs councils, regulations by boards and professional regulatory bodies and case laws through courts to resolve disputes and interprets laws.

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Please complete this online questionnaire

Your name(s)* _____

Your surname(s)* _____

Type of Employment: _____

1. Did you find the format easy?
a. Yes b. No
2. Where you able to read, and understand easily?
a. Yesb. No
3. Was it very easy for you to move from one unit to another:
a. Yesb. No
4. Did the videos make it easier for you to understand the topics? a. Yes b.
No
5. Would you like to recommend this course to someone?

a. Yes b. No
6. State the Module you find most useful _____
7. State the Unit you find most useful _____
8. Which Module/Unit did you find difficulty to understand _____

9. State three things you did not like in the material:

- i. _____
- ii. _____
- iii. _____

10. Make your suggestions on how the material can be improved upon.

- i. _____
- ii. _____
- iii. _____