

PROBLEMS AND PROSPECTS OF SAFEGUARDING HEALTH VALUES AND RIGHT TO HEALTH IN A REFORM PRONE NIGERIAN SOCIETY

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Abstract

Values are essential part of social life. They shape worldview and character of social relationships. But they are threatened or affected by reforms, industrialization, acculturation and globalization etc. This paper observes that problems of safeguarding health values and right to health in Nigeria stems from failure to weave values into policy and reform instruments as well as poor implementation of polices. There are also other institutional and behavioural lapses, which if addressed as recommended, will protect health values and right to health and re-position Nigeria among committee of nations with impressive health indicators.

Keywords: Health values, Right to health, Reform, Policy.

Introduction

The need to safeguard health values and right to health of individuals has over the years been subject of interest to scholars and international organizations. This concern becomes more crucial as different societies experience reforms in various facets of their life through organized strategies and new approaches deliberately instituted to fast-track socio-political and economic development.

More than half a century ago, United Nations Universal Declaration of Human Rights (1948) concluded that everyone has right to a standard of living that is adequate for health and well being of himself and his family. This position was reinforced by Article 12 of the International Covenant on Economic, Social and Cultural Rights in 1976. The covenant considered by Minelli (2005) as the most important mention of 'right to health' in the annals of history drew attention to the right of everyone to enjoy the highest standard of physical and mental health.

On her part, the World Health Organization (WHO, 1978) stated that 'health' is a fundamental human right. She emphasized that the attainment of the highest level of health is an important social goal whose realization require co-operation between inter-related sectors of society. In the light of this, the organization pursues her objectives and the protection of right to health of individuals around the world through 'health for all' strategy. This strategy is anchored on primary health care (PHC) approach. Mahler (1978)

notes that primary health care aims at bringing health to the reach of everyone irrespective of urban or rural residence, and or socio-economic differentials.

In addition to international conventions and the policy thrust of World Health organization as highlighted, many social groups rank health very high in their hierarchy of social values and norms. Such optimal value of health has been a significant cultural universal amongst societies, Nigeria inclusive. There are however differences in the level of commitment of each society or nation towards implementing health policies and safeguarding right to health of her members. Often times, as a nation-state simultaneously pursue industrialization and reforms, health values may lose their appeal because they may no longer reflect realities on the ground. In such instances, high premium on good health which is a dominant feature of the value system may contrast inversely with poor sanitation, increase in disease and hunger which exist in reality. Problems of poor implementation of health policies experienced in parts of sub-Sahara Africa are not however unconnected with the character of political leadership. Effective political leadership is a central issue in transforming health values to reality and for protection of right to health of members of any society. Thus, in a nation-state like Nigeria where leadership obligations are largely unfulfilled, poor health indices and low level of access to health rights become worrisome features of the social system even as reforms are being prosecuted by government.

This review paper examines the concepts of 'health values' and 'right to health' in the context of Nigeria's reforming society. Our core objective is to reflect on the state of right to health in the country particularly as the nation initiates and implements various reform policies.

We shall account for problems being encountered in safeguarding health values and right to health, which are also responsible for the disparity between value expectations and the actual health indices of the country. Our complimentary objective is to suggest measures that will brighten the prospects of unhindered access to quality health to most Nigerians.

Brief Overview of Nature of Health Values in Nigeria

Health values are subset of the general social values and norms of a social group. They are ideas, beliefs or feelings shared by members of a society about what is good, right and desirable about their health. Health values can also be viewed in terms of collective conceptions of a group about what is bad, undesirable and improper towards their health. Igbo (2003:89) defines values (health values inclusive) as conception widely held by people in society about what is important to the well-being, survival and identity of the group. He notes that values influence social behaviour through their incorporation into the content of norms.

Aarva (2007) observes that health values are reflections of the dominant health ideology and the prevailing health thinking of society. For Schaefer and Lamm (1997:42), values on health, love and democracy rather than being specific are more general in many societies. They argue that although values of a culture may change overtime,

socially shared and intensely felt values (whether on health or other subjects) remain fundamental part of social life. The concepts of health values as used in this text emphasize values that are pro-health in nature.

Few examples of health values in Nigeria include:

- Health is valued as wealth
- Health is conceived as first among other equally important considerations in life
- Instrumental value of health as means to reach other desired things (health certificate for job placement, strong healthy persons used for advertising / marketing of cosmetics, clothes, drugs, etc)
- Progress (expressed in the hope of better health of the people and improved health facilities)
- Emphasis on goodness (equality, effectiveness of health system)
- Equality of all human beings (expressed in the need for equitable distribution of opportunities or access to health services)

The Concept of ‘Right to Health’ Clarified

We do not consider right to health as right to remain ever healthy and never ill. No individual or organization has power to guarantee this. We do not also accept right to health as right to uninterrupted provision of health services. Right to health means, that health can be considered as a human right. In this context, institutional and other bottlenecks should be dismantled to ensure that individuals access health with ease. Right to health requires individual and government commitments for actualization. It embodies freedom and entitlements.

We shall consider ‘right to health’ and ‘right to health services’ as inter-related, complimentary and interchangeable concepts for the purpose of this paper. This position is to ensure that we address most considerations of human rights bothering on health such as listed below:

- Right of individuals in a state to be healthy through personal and collective efforts with support from state and other agencies
- Right to control ones health and body including sexual and reproductive freedom
- Right to availability of health services that meet the level of technology and cultural background of the people.
- Right of access to well distributed medical care
- Right to be free from torture and non consensual medical treatment.
- Right to a system of health protection which guarantee equitable distribution of opportunities to all members of a state irrespective of class, education, religion etc
- Right to benefit from the role of the state in maintenance or restoration of efficient health services.
- Right to other human rights and entitlements necessary for attainment of state of complete well being of individuals

From the above list, we can deduce that right to health is an inclusive right extending to prompt and appropriate health care, access to safe and potable water, adequate sanitation, adequate supply of safe food and housing, hazard-free occupational and environmental conditions, including access to education and information (see Oranye, 2001; Minelli, 2005). Miles (1991) locates the subject around total condition of people's well being. Indeed, the idea of right to health is consistent with the objectives of Millennium Development Goals.

Relationship between Health Policy and Social Values in a Reform Prone Society

Health policy is a body of resolutions on several health issues, social welfare and sundry benefits reached by government working in concert with the people and other agencies. The policy document of a nation sets priorities, strategies and objectives of component schemes in the health system in order to achieve satisfactory service delivery.

The ideal relationship between health policies and social values is that health policies should mirror the values and expectations of the people. Social values form powerful imperatives which health policies seek to address. In other words, health policies and health reform agenda should focus on entities that are of considerable concern to the value system. Therefore, health policy planning and implementation are related to the value system and both influence each other in a didactic format.

There are however instances where health policies and societal values are discordant and dissenting in nature. One of such situations is where the value system is negatively affecting the well being of the group thus creating the need for a counter policy that will positively address the problem. Another situation is where health reformers and policy makers misunderstand prevailing social values and in their confusion put in place health policies that contradict such values. There is also a third scenario where policy formulation and implementation are deliberately skewed away from popular values to serve the interest of few individuals who do not accord desired priority to health and well being of the majority. Such scenario is exemplified by situations where politicians and technocrats derail health policies through fraudulent practices as seen in parts of sub-Saharan African countries like Nigeria.

Given benefits of mutually complimentary relationship between health policies and social values, the need to safeguard such values and right to health in a reforming society cannot be over-emphasized. This task should form part of the preoccupation of new policy and reform documents. The success or failure recorded in this regard raises questions about the content of reform and policy documents and quality of their implementation.

Theoretical Thrust

The theoretical perspective for this discourse is the functionalist framework. The origin of functionalist theory could be traced to the works of evolutionary scholars such as Auguste Comte and Herbert Spencer who developed it, while Talcot Parson refined it. Two basic assumptions underlie functionalism. One is the idea that social life resembles biological life. The second is the notion of social structure as a system which maintains its existence through functional unity and interdependence. Society is conceived by

functionalists as a system of inter-dependent parts which ought to work co-operatively for the attainment of the overall functions of the entire system. Problem in one aspect of society ultimately affect effective functioning of the whole.

In Nigeria, the quality of political leadership over the years, leave little to be desired. Hence, as Igun (2006) observed, Nigeria is so rich, yet so poor. Leadership in Nigeria has failed to harvest her abundant human and material resources to advantage. This failure of political authority has affected other socio-economic arrangements. The health system being part of the Nigeria nation is therefore not left out

Often times, the vital political will to move health programmes forward are either totally lacking or lukewarm in character. Consequently, Nigeria's health sector experience limited progress which accounts for why cherished health values and right to health are threatened.

Right to Health In Nigeria: A Package of Worrisome Statistics and Indicators

The state of right to health in Nigeria has remained pitiable over the years. This observation prompted Lucas (2000) to cry out that Nigeria's health sector is crisis infested. Adinma (2003) notes that the country parades one of the worst health indicators in the world. Worse still, mid way into the 2015 deadline for attainment of Millennium Development Goals (MDGs), Nigeria's former minister for health, Dr. Adenike Grange laments that national health indicators are still poor and unacceptable (Nzeshi, 2007).

Some of these health and social indicators are shown below

Table A: Nigeria's Health Indicators

Indicators	Year 2005
Population total (in millions)	141.4
Life expectancy at birth, total (years)	46.6
Infant mortality (per 1000 live births)	100.0
Prevalence of HIV, total (% of population ages 15-49)	3.9

Source: World Development Indicators (cited in Obiajulu, 2007)

Highlights of Global Monitoring Report on Nigeria

- Environmental sustainability is elusive in Nigeria because of increasing poverty and culture of poverty.
- About 70 percent of Nigerians live on an income of less than one United States dollar a day

Source: Global Monitoring Report, 2005.

Other Health Indicators (from 1999)

- Only 10% of Nigerians had access to essential drugs
- There are fewer than 30 physicians per 100,000 people
- Only half of the total population had access to safe drinking water
- Maternal mortality is about 704 per 100,000 live births
- Among children under five, almost 30 percent were underweight

- Only 17 percent of children were fully immunized (down from 30 percent in 1990) and almost 40 percent had never been immunized.
- More than 70 percent of Nigerians live in poverty.

Source: National Planning Commission, 2004.

Brain drain compounds Nigeria's ugly situation. Adebowale (2007) informs us that about 21,000 Nigerian doctors work in USA alone. Against the above background, Grange (2007) remarks that Nigeria is one of the countries considered not to be on track towards meeting Millennium Development Goals (MDGs).

Problems Encountered in Safeguarding Health Values and Right to Health in Nigeria

The problem list is enormous. Lucas (2000) recounts shortage of drugs, breakdown of equipment, irregular supply of water and electricity, as well as low morale of professional workers. These problems, he noted, turned health centers and hospitals to shadows of their former selves.

Adinma (2003) locates the problem around poor premium attached to health by past administrations. He frowned that the health sector was poorly financed. This gave rise to poor infrastructure and manpower development initiatives, which occasioned decline in work ethics and productivity.

Expectations that primary health care will turn around the system have been fluke. Dabiri (2004) observes that primary health care (PHC) suffered many setbacks particularly from the mid-1990s in Nigeria. She was critical that the referral system broke down, that workers had inadequate skills and that supervision, monitoring and evaluation mechanisms weakened considerably. Similarly, community participation in PHC witnessed dwindling fortunes which affected quality of service and patronage. (Uzochukwu, Akpala and Onwujekwe, 2004).

Spiraling cost and inequitable distribution of health services are other major problems. These particularly affect or disadvantage the poor and rural dwellers. Maudara and Renne (2001) found that despite better obstetric options, women in Zaria area of Nigeria still give birth at home on account of economic hardship.

Another worrisome bottleneck to the task of safeguarding health values and right to health in Nigeria is the issue of grossly defective ratio of health service providers to the population. For instance, there are less than 20 physicians for 100,000 people in Nigeria (Obiajulu, 2007). Also, whereas W.H.O ratio for Environmental Health officers to the population is 1:500, the actual ratio in Nigeria is above 1:20,000 (Obianyo, 2004).

Mismanagement of funds is another serious antecedent that has wrongly shaped the Nigerian health system over the years. Nzeshi (2007) quotes Nigeria's former minister of health, Dr. Adenike Grange as saying that huge investment of government, development partners and donors to the health sector over the past four years have not yielded positive turn around in Nigeria's health status. This raises questions about whether those funds were actually used for the purposes they were meant for.

Prospects of Safeguarding Pro-Health Values and Right to Health in Nigeria

There are high prospects of safeguarding pro-health values and achieving optimal levels of right to health if the following measures are put in place:-

- i) **Sincere commitment to reforms that must have human face** The country must avoid bandwagon approach to a very serious issue of introducing socio-political and economic reforms that will benefit the masses. Each reform proposal must be carefully examined in terms of overall benefits achievable. Reforms must be people oriented and not targeted at enriching few cabals. There must be sincere commitment to implementation of reforms. The practice where the mass media sing praises of health reforms, electoral reforms, energy sector reforms when in actual fact, there is nothing on the ground must be avoided. The effort to re-brand Nigeria should be prosecuted with sincerity of purpose.
- ii) **Involvement of interest groups in reform packaging** Reforms in society must carry all interested parties along from planning stage to execution. Lucas (2000) advises that reforms especially in the health sector must take cognizance of 5Ps - people, public sector, private sector, professions and partners (traditional, religious, alternative medicine). In this way, such reforms cannot be at variance with the values and expectations of the people.
- iii) **The role of labour and civil society** Labour and the whole gamut of civil society have roles to play to safeguard right to health of Nigerians. Citizens' vigilance is vital to prevent potential abuse of rights to health by political leaders. The interest of labour, professional and human rights bodies such as Nigeria Bar Association (NBA), Academic Staff Union of Universities (ASUU), National Association of Nigerian Students (NANS), Nigerian Labour Congress (NLC), Civil liberty organizations etc are crucial for sustainable institutional reforms that will guarantee right to health to Nigerians.
- iv) **Dismantling corruption in private and public life** One of the predicaments of the health sector in Nigeria is the issue of corruption. Funds are not utilized for purpose they were meant, while free drugs find their way to the markets. The present anti-corruption crusade should go beyond playing to the gallery. Concrete steps should be taken to eradicate corruption in private and public life of Nigerians. Only when this is done could investments toward safeguarding right to health bear appreciable results.
- v) **Strengthening the health management body** The ministry of health is a crucial institutional guard towards the quest for right to health of Nigerians. She should be strengthened with adequate fund, right caliber of manpower, and technology, consistent with what is obtainable elsewhere. Such arrangement will enable the ministry to discharge her supervision and health management duties creditably.
- vi) **Periodic Retreat** There should be periodic retreat between all stakeholders in the health sector to review activities, take stock and put in place new initiatives to improve general health conditions.

Concluding Remarks

The people of Nigeria have several social values that are pro-health in character. Such values could form strong platforms for right to health of Nigerians to be appropriately packaged. Unfortunately, as the country initiates and implements various reforms, numerous problems still confront her health sector and make it impossible for the required synergy between values and right to health to be obtained. Consequently, health values are threatened while the state of right to health is simply deplorable. The recommendations of this paper if implemented will be helpful in protecting the value system on health and ensure accessible right to health to most Nigerians.

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