

## Cholera epidemics in Nigeria: an indictment of the shameful neglect of government

Shima Gyoh unloads his frustration with 'official' ineptitude and laments how it could now impact on the rollout of PHC



The cholera epidemic has played havoc in Nigeria and put fear into many hearts nationwide. Lives were lost, and those who survived went through gruelling experiences. The Nigerian press played its role wonderfully, pointing out that cholera was a disease of poverty, and that Nigeria with its wealth had no business exhibiting such shameful evidence of the neglect of providing water and sanitation for its citizens. The press brought into the national conscience other epidemic and endemic diseases that would have been eliminated or better controlled if the various governments had done their jobs properly over the years.

In a proper democracy, the opposition would have made capital of the tragedy while the government would have had to show its people that it was taking adequate action and putting in place measures to prevent future recurrence. The Ministry mentioned plans to set up a sentinel system for early detection and reporting of outbreaks so that treatment could be rushed to the affected communities early enough to avoid epidemics.

The public was advised to wash their hands frequently, but one needs to have plenty of water to do that. The tragedy is that many villages don't have this, and the little water they have is often of poor quality.

The *Daily Summit* newspaper said that of 140 million Nigerians, only 17.2% have access to pipe-borne water, that both the State and Federal water boards are under-resourced, and that local governments have limited capacity to implement reasonable sector activities while private participation in the water sector is low. The figures may be debatable, but the facts are incontrovertible.

Water and sanitation are important components of primary healthcare, the responsibility of which Nigeria's health policy assigns to local governments. The local government system in the country is weak. There have been many reports of its resources being appropriated by the state governments who often sack the local government councils or any of their officials they find recalcitrant and appoint their supporters as caretakers. This is believed to assist the governors in establishing their support at the grassroots level and ease the process

of misappropriating local government resources. The acclaimed corruption of local government officials is believed to be a by-product of their assisting their bosses at the state level to divert the local government funds into private pockets. Under these conditions, unless Nigeria greatly strengthens its local government system, primary healthcare should become the responsibility of the State or Federal government. If this is not done urgently, the implementation of primary healthcare and consequently the fate of healthcare in Nigeria will remain deplorable.

Lack of understanding of primary healthcare has caused much damage. It is regarded as an inferior service you adopt when you cannot afford a better one. Primary healthcare can be defined as the first port of entry into the health services when a person needs healthcare. The original model Nigeria adopted did not have doctors at the first reception, but the staff were well-trained for the job they had to do. As the country developed, it was hoped that doctors might eventually largely take over at the ports of entry. However, it has not been permitted to develop. It is being choked to death!

State governments often destroy whatever relics of primary healthcare they find by 'upgrading' them to secondary healthcare. The draft copy and possibly the final edition of Nigeria's crucial National Health Bill that I have seen creates the management structure for secondary and tertiary, but not primary healthcare. Nigeria needs another primary healthcare missionary like Ransome-Kuti to revive the enthusiasm for what the country needs to mould its health services into meaningful shape.

Sub-Saharan Africa suffer from endemic and regular epidemic diseases, called 'tropical diseases', such as malaria, polio, tetanus, guinea worm, cerebrospinal meningitis, and cholera. For 'tropical' read 'underdevelopment.' There are tropical parts of developed and medium-income countries where these diseases exist but do not have the prominent profile they have in sub-Saharan Africa. They are really diseases of poverty and lack of implementation of the public health measures as mentioned in this journal a few months back. This is the task for the governments and people of sub-Saharan Africa. Meanwhile, a massive WATSAN (water and sanitation) project to bring water and sanitation to every community in Nigeria is urgently needed.

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