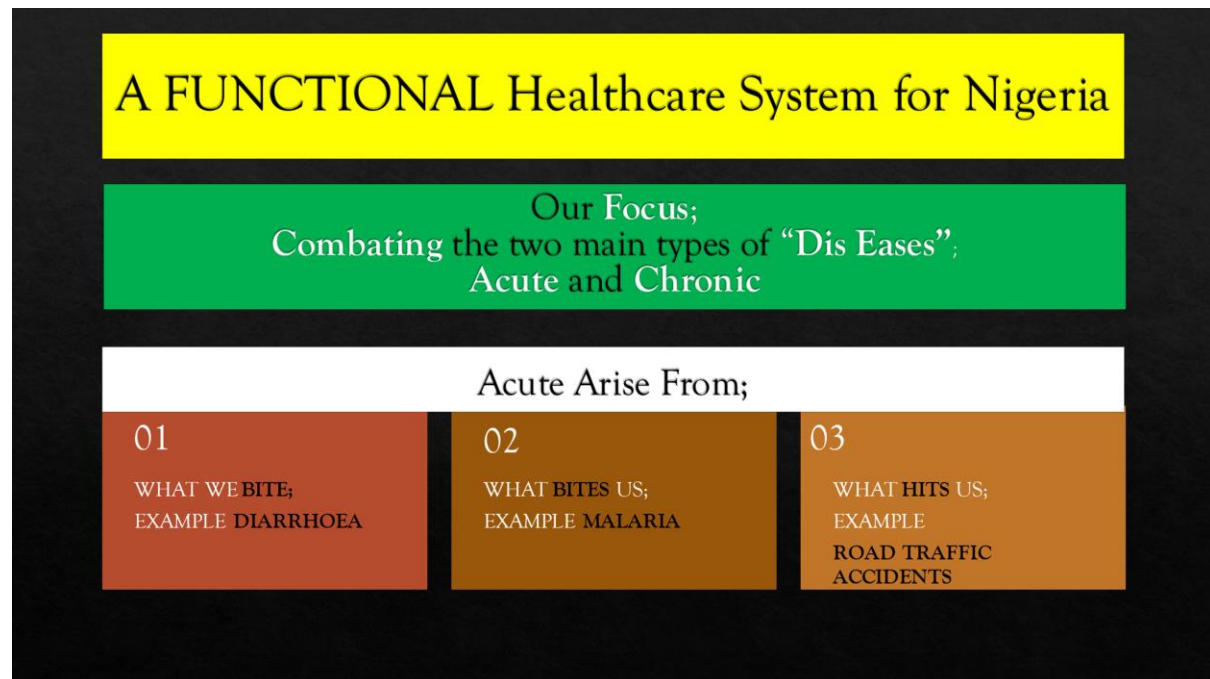


Our vision for a FUNCTIONAL Healthcare System for Nigeria.



Broadly speaking, there are mainly two types of diseases that directly contribute to “Dis Eases” of the human condition. Namely they are Acute (where you are unable to function at your normal capacity but has a cure of sorts), and Chronic (silent and asymptomatic and controllable but typically without a cure).

Acute arise from the following;

- What we bite – diarrhoea,
- What bites us - malaria
- What hits us – accidents road traffic accidents

Prevention of acute “Dis Eases” of any element of the human condition, and ease of access when intervention is required, are the two corner stones of a functional healthcare system that is targeted at tackling the menace of Acute “Dis Eases”.

In respect of the preventative layer of the approach, we would actively involve the following ministries (sectors) in the rollout of our integrated system for intervention.

- Education – enforce standards of hygiene training within educational establishments, at all levels
- Environment – engage the various government parastatals in putting focus on the health-related aspect of sanitation, sewage, drainage, water supply etc.
- Infrastructure/urbanisation – road, rail networks will be required to have PHC facilities within their premises, major junctions or close to major bus stops and train stations.

Prevention is indeed better than cure, we believe our sustained focus on the above would greatly reduce case incidences but will ultimately not eliminate them entirely.

Our SOS for managing Acute “Dis Eases”; Resuscitate, Stabilize & give Definitive Treatment

01

MANDATE PLACES OF WORSHIP TO ESTABLISH PHC CENTRES WITHIN THEIR CHURCHES, MOSQUES, SPIRITUAL HOMES ETC IN EVERY LGA WARD

02

EVERY PHC MUST HAVE ELECTRONIC MEDICAL RECORDS AND USE TREATMENT GUIDELINES

03

MANPOWER FOR PHC CENTRES INCLUDE; COMMUNITY HEALTH WORKERS, NURSES, MID-WIFE'S, NYSC DRs, MEDICAL OFFICERS & STUDENTS AWAITING WAEC/JAMB RESULTS

Measures to put in place to manage Acute “Dis Eases”

The fundamental principles apply:

- A. Resuscitate
- B. Stabilize
- C. Definitive treatment

A, B, C can be provided in **Primary Health Care** (PHC) centres. The Federal Government should continue be responsible for the upkeep PHCs.

However, as a drive to spread the reach of this critical healthcare service to the population, the government will mandate (via policy framework), places of worship to establish PHC centres within their facilities like Churches, Mosques, Spiritual homes etc. Focusing on the required infrastructural components, it is envisaged that, like other African countries, a standard size shipping container kitted out with standard medical, IT and auxiliary power generation equipment, would be more than adequate to deliver PHC services to a catchment area local to the vicinity where it is located. This drive of rapid bringing online PHC capacity, is solely meant to complement existing PHC centres in every LGA ward, rather than replace them.

It is worth noting, that the places of worship would appear quite attractive in the Nigerian context, given their preponderance, and the fact that the public already expect to observe a certain type of protocol when within the perimeter of their premises. Furthermore, it is anticipated that religious organisations will be very adept at setting up HMO type departments that can partner with the government.

In order to be able to provide a consistent level of service delivery, the following will be put in place.

- Every PHC must have Electronic Medical Records and use Treatment Guidelines.
- The manpower for PHC centres which include CHWs (Community Health Workers), Nurses, Mid-wife's, NYSC Drs and Medical Officers, will be funded as a priority.
- An ongoing training schedule for building capacity in the field of medical technicians will be put in place to provide focused training for suitably qualified temporary staff drawn from the pool of students awaiting their results for access into the various tertiary institutions across the nation. The central idea is to train such individuals in particular focused areas e.g., dental

technician for cleaning teeth, operation of medical devices like scanners, IT assistant using smart phones to help with collaboration during the diagnosis of medical conditions, or even training individuals to carry out certain medical procedures like say cataract - as was successfully done in Gambia to rapidly reduce a huge backlog of patients awaiting surgery.

Shifting focus to the management of Chronic “Dis Eases”, state owned General Hospitals will serve as referral centres from your local PHCs, and provide secondary health care to citizens.

Public institutions like Tertiary Hospitals – referral centres and teaching hospitals should exist in every State, alongside specialist Private hospitals. They would be regulated by Medical Professional regulatory bodies e.g., NMDC.