

Raising Safety and Quality Expectations in African Health Systems

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Expectations of a health system or any other arena is molded by the overall confidence people have in a political system. When people expect nothing to work, nothing works. The low expectation Africans have of their health systems is reasonable when one considers the years of broken political promises and systemic failures. Roads are death hazards, schools don't educate children, expectations in the health system cannot be above the general expectations people have. I am going to assume that this topic is about raising expectations of the health systems as a beacon of hope for the overall expectation of government to perform service to the people governed.

African countries still have some of the poorest health statistics in the world. Low life expectancy resulting from high mortality from all causes. International non-profit and multilateral focus is mainly on infectious disease, and some effort at rebuilding health facilities and equipping them in rural areas.

Rural areas generally lack health facilities and where they exist the facilities usually lack the basics in terms of equipment and adequately trained personnel.

In most urban areas of the continent the government health facilities are known as death traps and as places people go to die. In response to this, private health facilities have mushroomed. These private facilities are universally bad apart from those catering to the very rich, and many are worse than the public health facility the people are fleeing from. They at least have the ingrained option of a second opinion as a single patient is liable to see several doctors, versus private practices where one sole doctor-proprietor diagnose and treats all patients.

In this scenario, fraud posing as traditional medicine has flourished. The amazing thing about this is that their outcomes are much worse than the bad health facilities but people still flood to them. There is a measure of not wanting to accept reality of their disease state.

In Nigeria private health facilities are supposed to be supervised by the state government health system which is itself in a mess. Quackery and sub-par health services abound both in the public and private sector in health delivery. As Commissioner for Health in Ogun State of Nigeria we tried to start to do better oversight of the private health facilities but even with additional manpower and resources we were only able get 18% of private facilities to return data to the state. When I joined the Ministry there was no vehicle for the Department in charge of oversight of private facilities to go out to hospitals and clinics for inspection. We reversed this and created a dedicated team with a simple form for data collection.

Closing a private health clinic for poor health delivery or lack of reporting was close to impossible given the insidiousness and how wide spread of both activities are. The choice became the need to put our own house in order to stop people from going to these facilities and then start to work to close them down or assist them in improving their outcomes.

None our government health facilities have a quality control department where data on hospital deaths and reason for death is compiled. Even data on nosocomial (Hospital acquired) infections are non-existent. This area of emphasis has next to nothing in terms of international development effort. We need to put in a quality assurance system in place in government hospitals then start to crack down on private ones.

As traditional medicine blossoms its practitioners have moved into the use of media, as private media multiplied and government media sold, profitability has become the motive of media instead of educating and informing the public. This has resulted in peddling of “traditional medicine” on TV, radio and anywhere instead of their previous monopoly of selling on buses. This gives them legitimacy in the eyes of many and further promotes wrong health beliefs. While Africa needs adequate research into its traditional portions and treatment and I do believe there could be hidden gems that may be lost if we don’t look critically at some of the ways our fore-bearers cured illnesses, majority of people peddling traditional cures today are simply crooks, charlatans and con-men.

The main issue as defined in the title of this talk is raising expectations. Our people have accepted that the public health system is a failure. To improve health services even in the private sphere we need to improve health services in the public sphere and slowly have people expect improved outcomes. Putting a quality assurance system in place with dedicated personnel and making sure that hospital staff don’t see the process as a witch-hunt to get them out of their jobs should be a start in trying to build confidence back in to the public health system.

To tie high expectation of the health system back to having high expectation in the overall political system; one of the questions polio vaccinators always brought back from the field during debriefing is why the government cares so much about this one disease, when they are dying of other ailments and they have no food, no clean water, electricity or roads. It is therefore easy for people in this situation to believe that the drops of fluid going into the mouth of their children must be for some other sinister motive of government such as sterilization. If government never does anything for you, it is really hard to be convinced that the drops is for your child’s good. There has to be a sense that government cares for its people and then the people will also demand more from government.

1. J Obstet Gynaecol. 2005 Oct;25(7):638-41.

Registering in a health facility for delivery protects against maternal mortality in a developing country setting.

Olowonyo T(1), Oshin S, Obasanjo-Bello I.