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Chapter 1 : - NLM Catalog Result

Medical devices are the bread and butter from which health care and clinical research are derived. Such devices are used for patient care, genetic testing, clinical trials, and experimental clinical investigations. Without medical devices, there is no clinical research or patient care.

Shutterstock Now that the general elections are in the rear view mirror, Prime Minister Narendra Modi and his ministers face the challenge of expectations set by the media and all his supporters. One of the key challenges his team will be facing is: How should the country transform its healthcare system? What are its current pain points? What could be achieved during his tenure? For those living in urban areas, healthcare is merely a political issue. They argue that the country faces bigger challenges such as economic development, infrastructure, jobs, and border disputes with Pakistan. I believe that the elections have presented India with a unique opportunity to take a fresh look at its healthcare landscape. Rural Versus Urban Divide: While the opportunity to enter the market is very ripe, India still spends only around 4. Additionally, there are wide gaps between the rural and urban populations in its healthcare system which worsen the problem. Consequently, the rural population mostly relies on alternative medicine and government programmes in rural health clinics. One such government programme is the National Urban Health Mission which pays individuals for healthcare premiums, in partnership with various local private partners, which have proven ineffective to date. In contrast, the urban centres have numerous private hospitals and clinics which provide quality healthcare. These centres have better doctors, access to preventive medicine, and quality clinics which are a result of better profitability for investors compared to the not-so-profitable rural areas. Need for Effective Payment Mechanisms: Such a low figure has resulted in a nascent health insurance market which is only available for the urban, middle and high income populations. The good news is that the penetration of the health insurance market has been increasing over the years; it has been one of the fastest-growing segments of business in India. Coming to the regulatory side, the Indian government plays an important role in running several safety net health insurance programmes for the high-risk population and actively regulates the private insurance markets. All these plans are monitored and controlled by the government-run General Insurance Corporation, which is designed for people to pay upfront cash and then get reimbursed by filing a claim. There are additional plans offered to government employees, and a handful of private companies sell private health insurance to the public [3]. Demand for Basic Primary Healthcare and Infrastructure: India faces a growing need to fix its basic health concerns in the areas of HIV, malaria, tuberculosis, and diarrhoea. Sadly, only a small percentage of the population has access to quality sanitation, which further exacerbates some key concerns above. This is just a fraction of what the US and the UK spend every year. One way to solve this problem is to address the infrastructure issueâ€¦ by standardising diagnostic procedures, building rural clinics, and developing streamlined health IT systems, and improving efficiency. The need for skilled medical graduates continues to grow, especially in rural areas which fail to attract new graduates because of financial reasons. A sizeable percentage of the graduates also go abroad to pursue higher studies and employment. The increase in the ageing population, rising incomes of the middle class, and the development of primary care facilities are expected to shape the pharmaceutical industry in future. The government has already taken some liberal measures by allowing foreign direct investment in this area which has been a key driving force behind the growth of Indian pharma. Underdeveloped Medical Devices Sector: However, it is one of the fastest-growing sectors in the country like the health insurance marketplace. Till date, the industry has faced a number of regulatory challenges which has prevented its growth and development. Recently, the government has been positive on clearing regulatory hurdles related to the import-export of medical devices, and has set a few standards around clinical trials. According to The Economic Times, the medical devices sector is seen as the most promising area for future development by foreign and regional investors; they are highly profitable and always in demand in other countries.

Chapter 2 : Japan's buckling health care system at a crossroads | The Japan Times

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Uganda Bureau of Statistics. Half of the children living in poverty Over the years there have been mixed achievements in reducing poverty. Corruption also contributes by diverting resources necessary forenhancing the well-being of the poor, including the sick. Improved social security has the potential to reducepoverty by providing safeguards that protect the most vulnerable sectors of thepopulation against shocks. The right to social security Social security legislation and policy regulation are fundamental foreffective social security in any country. However, thesestandards are of benefit to the population only if public measures againsteconomic and social distress are backed by legislation, policies, regulatoryframework and systems, political will and wide population coverage. Uganda has ratified various UN conventions and adopted laws and policies toprovide social security for its population. Chapter 4 of the Constitution ofUganda provides for protection and promotion of fundamental and other humanrights and freedoms RoU, Ugandan legislation and policies for socialsecurity and social protection include the Ministry of Public Service Pension Act Cap. Other social security-related policiesbeing developed include the Social Health Insurance and Community HealthInsurance schemes by the Ministry of Health, and cash transfers for the poor bythe Ministry of Gender, Labour and Social Development. The ministry is responsible for policyfunctions, including tabling bills in Parliament for the enactment of laws. Other ministries providing social security-related services include the Ministryof Public Service, for pension management, and the Ministry of Health, which isdeveloping the Social Health Insurance scheme. The NSSF and private institutionsare also involved in social security provision. The total number of Ugandansbenefiting from social security is difficult to estimate due to fragmentedinterventions. The NSSF covers employees in the private sector who work in organizations thatemploy five or more people. Services for selected vulnerablecategories of the poor The MGLSD is presently utilizing the Social Development Sector StrategicInvestment Plan of as a framework for planning, implementation, monitoringand evaluation of social development, including social security. The priority areas for intervention are sustaining livelihoods,linking essential social sectors, strengthening the policy and legal framework,and enhancing capacity to deliver. However, there is a challenge of resourcesfor implementing the programme effectively. Other important policy guidelinesrelated to children include the National Child Labour Policy. The challenge of pension payments The Ministry of Public Service is responsible for the civil service pensionscheme as per the PensionAct Cap. The pension scheme is non-contributory, and covers workers fromthe traditional civil service, teachers, military pensioners, widows andorphans, and former employees of the defunct East African Community. The payment of pension arrears has been a major challenge for the government. Asof March , there were a total of 44, civil service sector pensionbeneficiaries and the pension arrears accumulated had reached some UGX billion USD Other problems associated with pension payments in Uganda include inadequateinstitutional capacity for effective service delivery, delayed payments ofbenefits, the low value of actual pension packages, the inability to meet basicneeds from the benefits, and high transport costs for collecting payments. No special protection for refugees andimmigrants The Refugee Act of and Immigrants Act of provide protection andassistance to asylum seekers, refugees and immigrants, with a focus on assistingand protecting refugees living in refugee settlements. There are no specialsocial security arrangements for refugees and immigrants, and since they fallunder the category of the poor in Uganda as identified by the MGLSD, most socialsecurity services are accessed through public institutions where resources areusually limited. The proposed health insurance scheme would be introduced inphases, starting with formal sector workers, and later expanding to includeinformal sector workers and the rest of the population. The bill is expected tobe presented to the Cabinet in The CHI requires community

contributions to cater formedical treatment of family members at nearby health facilities. Lessons learnedfrom the pilot stage will inform the Ministry of Health in the design of thenext stage of roll-out for greater population coverage. Cash transfer schemes Interventions being developed by the MGLSD targeting people living below thepoverty line include a proposal for cash transfers to the poorest of the poor. Proposals at the pilot stage aim at applying two options, in which cashtransfers are linked with improvements in schooling and preventative healthcare. Recommendations Given the limited scope of current social protection measures, we put forwardthe following recommendations: Chronic Poverty in Uganda Report. Spilloversand Cycles in the Global Economy. Ex-Minister Flees to U. PoU Parliament of Uganda ADirectory of the Eighth Parliament of Uganda RoU Republic of Uganda TheConstitution of the Republic of Uganda. Re-orienting Government Expenditure towards Prosperity forAll. Ministry of Finance, Planning and Economic Development. Budget Speech â€" FinancialYear UgandaNational Household Survey

Chapter 3 : HEALTH CARE PROBLEMS IN NIGERIA BY | Ayoka Abdulkareem - theinnatdunvilla.com

[Andy Inder, Manager Community and Ambulance, Ministry of Health to camera] This change is about investing in a stronger service for all New Zealanders. We need a national air ambulance service that is safe, reliable and delivers a consistent service for our communities but also gives clinicians the best chance of making a difference.

How does Japan compare? In Japan, health care has long been likened to air and water â€" givens often taken for granted. Like all other developed countries except the United States, Japan has universal coverage, which means everyone is covered by the public health insurance program. The government has long boasted that Japanese health care is first-class, affordable and helps extend its high life expectancy rates. In , Japan was ranked first in the world in this category, with the average life span hitting But a closer look at the system tells another side of the story. As informal surveys by The Japan Times show , the Japanese health care system, the basic structure and regulatory mechanism of which have changed little since universal coverage was achieved in , has its own set of shortcomings and flaws compared with systems abroad. Not only that, its rapidly aging society and shrinking ranks of premium-paying workers, coupled with the arrival of new drugs and technologies fetching phenomenal prices, are putting immense strains on the system, experts say, making its sustainability uncertain. Under the Japanese system, everyone must join a public insurance program through their employer or municipal government and pay a monthly premium that is determined by income. In exchange, they receive access to government-approved medical procedures and prescription drugs, for which they pay 30 percent of the cost or less. Though premiums have risen over the years, medical services have been affordable for most people. Unlike in the U. A case in point is an unprecedented decision made by the government in November to halve the official price of Opdivo, a biotechnology-driven lung cancer drug. Under the public insurance program, people undergoing costly treatments are exempted from paying more than a certain amount determined by their income level. In fiscal , patient payments made up Premiums paid by the insured and employers made up On the other hand, the system has defied reform. The government wants to introduce a yearly review from fiscal to further rein in costs. This has fostered a culture in Japan of patients seeking more care than necessary because access is unlimited, he explained. This explains why doctors in Japan are always busy, handling dozens of patients daily and sparing little time to communicate with them. It also explains why tests are so commonplace at clinics and hospitals. That can reduce waste in the system and alleviate the shortage of doctors and nurses in some parts of the country without significantly increasing overall resources, he said. But Japan also has a lot to learn from the U. So-called family doctors in Japan are not well trained at detecting illnesses when faced with myriad symptoms, he said, because any independent doctor can claim to practice internal medicine regardless of specialty or training. Japan will also need to reconsider its easy access to care, with the postwar baby-boom generation scheduled to enter their 80s in , Ishiyama said.

Chapter 4 : Zambia:Index - AHO

overall health status of the people of Zambia. In August , His Excellency, the President of the Government of the Republic of Zambia directed the Ministry of Health to develop a plan that would address.

The poor state of health in men compared to their female counterparts is well documented. A review of the epidemiological data from Malaysia noted a similar trend in which men die at higher rates in under 1 and above 15 years old groups and most disease categories compared to women. In Malaysia, the main causes of death in men are non-communicable diseases and injuries. Risk factors, such as risk-taking behaviour, smoking and hypertension, are prevalent and amenable to early interventions. Erectile dysfunction, premature ejaculation and prostate disorders are also prevalent. However, many of these morbidities go unreported and are not diagnosed early; therefore, opportunities for early intervention are missed. This reflects poor health knowledge and inadequate health-care utilisation among Malaysian men. Their health-seeking behaviour has been shown to be strongly influenced by family members and friends. The trigger of such changes is the acknowledgement of the discrepancy in life expectancy between men and women. The life expectancy for men at birth is shorter than that for women by an average of 4 to 6 years in almost every country in the world. In Malaysia, the life expectancy for men at birth is Research and measures to improve the health status of men are lacking and are not gender streamlined. The NHMS is a national survey that has been conducted every 10 years since The participants were randomly selected from the enumeration blocks of living quarters compiled by the government of Malaysia. We extracted information on the conditions that cause significant disease burden in Malaysia, such as cardiovascular disease and its risk factors, infection, cancer, psychological morbidities and injuries. The full list of search terms is available from the author. We included all publications in the last 15 years that reported on the epidemiological data of interest. Due to the heterogeneity of the methods and the reporting used in the studies, we could only provide a narrative summary of the findings. In addition to reporting the prevalence and incidence rates of the disorders, the disability-adjusted life years DALYs are also presented to indicate the disease burden. DALY takes into account the fatal and non-fatal outcomes, which therefore makes the comparison of the burden of diseases with different mortality rates possible. One DALY is equivalent to one lost year of healthy life due to premature death or disability. Compared to the data in and , the decline in mortality rate for females was 30 per population since compared to only 25 per for males.

Chapter 5 : Promises broken by weak institutions, poverty and corruption | Social Watch

Depression is more than just a low mood, it's a serious condition that affects one's physical and mental health. It isn't a weakness and one can't simply "snap out" of it. Depression may require long-term treatment.

The epidemic is generalized and cuts across gender, age, geographical, and socio-economic status of the population. Over the past 10 years, the country has intensified the fight against HIV and AIDS, through introduction and scaling of high impact interventions in prevention, treatment and care. Both the objective and targets are aligned to the MDGs. Although there has been a gradual reduction in the number of notifications see Figure xxx below. Zambia TB cases - There is universal facility coverage with TB-DOTS services in all the provinces in the country and microscopy services have been expanding progressively since Innovations approaches have also been introduced, including the involvement of DOTS supporters and sputum referral systems where laboratory services are not available. Zambia has a policy of ensuring the availability of quality first line anti TB drugs at all times in all the public Health facilities. A total of 3. Notwithstanding this situation, Zambia has made considerable progress in the fight against malaria, implementing effective malaria prevention, treatment and care interventions across the country. Strong partnerships have also been established, with appropriate coordination mechanisms. As a result of all these efforts, over the past 5 years, malaria incidence decreased, from cases per 1, in to cases per 1, population in The figure presents the trends in the incidence of malaria in Zambia, from to Children are considered fully immunized if they receive a vaccination against TB, BCG , and three doses of each of the following: Additionally, they must be vaccinated against Polio and a Measles, within the first twelve months from birth. According to the ZDHS , in Both programmes have recorded significant achievements. However, the national response to adolescent health is not well coordinated and harmonized. The EPI programme is strong and has scored tremendous success, with significant support from the partners. Other major factors include: In Zambia, maternal and newborn health is among the national health priorities. The objectives in this area are aligned to the Millennium Development Goals and other global objectives and strategies relevant to maternal and newborn health. Zambia is among the countries with the highest maternal and neonatal mortality rates in the world. However, over the past 10 years, the country has intensified its efforts towards strengthening of maternal and newborn health by scaling up high impact interventions. As a result of these efforts, significant progress has been reported, leading to reductions in maternal, infant and under five mortality rates. According to the ZDHS , maternal mortality ratio has reduced from per live births in to in , infant mortality rate has decreased from 95 deaths per live births to 70 and under-five mortality from per live births to , respectively. Gender mainstreaming is therefore being strengthened in the design and implementation of all health programmes. In order to address basic human rights which deal with poverty and gender, the Ministry if Health has been striving to tackle the social determinants of health through: Some health policies on Reproductive Health, Food and Nutrition, and Child Health have incorporated gender mainstreaming issues. Gender Focal Point Persons were also appointed at all provincial and district levels and provided with short-term training in gender mainstreaming in To a large extent, these diseases are driven by lack of equitable access to improved water sources and safe sanitation. For diseases such as cholera, the situation is compounded by waek multi-sectoral emergency preparedness and control coordination, communication strategy, and definition of the role of key stakeholders. As the control of human epidemics is enshrined in the Public Health Act , the perception is that only the MOH is responsible for health and should undertake such an activities. This undermines multi-sector response and participation of all stakeholders, particularly the communities and local authorities. The main Neglected Tropical Diseases that are common in the country include schistosomiasis, lymphatic filariasis, human African trypanosomiasis, soil transmitted helminthes and trachoma. Schistosomiasis Bilharzia is prevalent in rural districts especially those close to the Lakes and rivers, with close to 2 million people infected in Zambia. Infections with soil transmitted helminths hookworm, Ascaris and whip worm are also common throughout the country. For the

lallet, five districts were surveyed and the prevalence rates ranged between The common NCDs include cardiovascular diseases, diabetes mellitus Type II , cancers, chronic respiratory diseases, epilepsy, mental illnesses, oral health, eye diseases, injuries mostly due to road traffic accidents and burns and sickle anaemia. Most of these health conditions are associated with lifestyles, such as unhealthy diets, physical inactivity, alcohol abuse and tobacco use, while some are also associated with biological risk factors, which run in families.

Chapter 6 : Profile of men's health in Malaysia: problems and challenges

The Ministry of Health's Five Year Programme of Work (5YrPOW) for to highlights several strategic objectives to improve overall health status and reduce inequalities in the health outcomes of people living in Ghana.

Advanced Search Abstract In recent years there has been a growth in the number of independent health policy analysis institutes in low- and middle-income countries which has occurred in response to the limitation of government analytical capacity and pressures associated with democratization. This study aimed to: Six case studies of health policy analysis institutes in Bangladesh, Ghana, India, South Africa, Uganda and Vietnam were conducted including two NGOs, two university and two government-owned policy analysis institutes. Case studies drew on document review, analysis of financial information, semi-structured interviews with staff and other stakeholders, and iterative feedback of draft findings. Some of the institutes had made major contributions to policy development in their respective countries. All of the institutes were actively engaged in providing policy advice and most undertook policy-relevant research. Relatively few were engaged in conducting policy dialogues, or systematic reviews, or commissioning research. Much of the work undertaken by institutes was driven by requests from government or donors, and the primary outputs for most institutes were research reports, frequently combined with verbal briefings. Several factors were critical in supporting effective policy engagement. These included a supportive policy environment, some degree of independence in governance and financing, and strong links to policy makers that facilitate trust and influence. While the formal relationship of the institute to government was not found to be critical, units within government faced considerable difficulties. Factors critical in supporting effective policy engagement include: Introduction Government agencies play a critical role in developing and supporting the implementation of policy ideas. For example, civil servants may lack independence, being heavily swayed by what the Minister wants to hear or they may be short-termist in outlook, focusing more on fighting fires than developing a long-term strategy. Finally government agencies may be ill-equipped to foster broad public engagement in policy. These institutes are, in part, an attempt to respond to the challenges associated with in-house policy analysis, described above. This trend has also influenced the health sector, which has seen the development of health policy analysis institutes HPAIs , learning platforms and observatories. A landscaping exercise conducted for this study found a total of 78 health policy analysis institutes in low- and middle-income countries of which 38 were in Asia, 21 in Africa, 8 in Latin America, 8 in Europe and the Former Soviet Union and 3 in the Middle East. Given that these institutes were identified solely through searching existing databases, this figure probably underestimates the number of such institutes, particularly in Latin America and the Middle East. The development of HPAIs has been catalyzed by democratization processes that have both facilitated the development of non-governmental organizations and opened up national policy processes. In addition new information technologies, such as the world wide web, have helped promote transparency and hence greater accountability of government to civil society, and thus have also increased pressure to ensure that policy development takes heed of available evidence Pina et al. In light of the growth in the number and importance of HPAIs, this study set out to: The findings reported here are part of a broader study that also investigated the factors affecting the capacity and sustainability of HPAIs. These other findings have been reported separately Bennett and Corluka Review of relevant literature There has been virtually nothing previously written about HPAIs, or indeed any form of specialist think tank. James has argued that specialized think tanks are typically better able to work on the micro details of policy implementation, rather than broader policy issues, and this may be a particular niche for them. Further, Braun et al. However, there is a growing body of evidence from the general literature regarding best practices in promoting the use of research evidence in policy see, for example, Innvaer et al. Both this evidence and studies of policy analysis institutes in general Nathan Associates Inc. The timeliness and relevance of findings; The production of credible and trustworthy reports; Close personal contacts with policy makers; Summaries of findings that present key actionable

recommendations. Autonomy is often held to be a core characteristic of think tanks: However, it is difficult to pin down exactly what constitutes autonomy. While financial independence may be the most commonly considered form, there are other dimensions such as administrative and intellectual autonomy James ; McGann and Johnson Regional differences in the character and institutional affiliations of think tanks Osman and El Nolla may substantially affect the nature of their relationship with government. For example, think tanks in the US are typically highly independent non-profit organizations, whereas Europe is inclined to a more mixed model that depends both on public and private financing. In Asia, particularly East Asia, government-sponsored think tanks appear more common. In this light, some developing country authors e. Ojagbohunmi ; Osman and El Nolla have suggested that think tanks sponsored by, or incorporated within, government structures may be the most appropriate model for developing countries as they combine reliable long-term financial support with direct opportunities for influencing policy. Lastly, policy analysis institutes may engage government at different points in the policy cycle. For example, they may seek to influence agenda setting, the selection of particular policy options, policy implementation or to participate in the evaluation of existing policies. These different steps in the cycle have different characteristics and accordingly policy analysis institutes occupying a different niche may require different types of organizational capacity to be effective Global Development Network Policy analysis institutes with a high media profile, for example, may be more effective at political agenda setting than lower profile institutions Abelson Have the overall purpose of supporting health policy development and implementation through analysis and research; Perform at least two of the following functions: Thus, HPAIs were understood to range from being an almost integral part of a Ministry of Health, to being embedded in a university, or being an entirely separate private, non-profit organization. A case study approach was used as it provides a structured approach to studying complex causal relationships through the in-depth study of a limited number of cases. It is an appropriate research method where multiple related factors are of interest and the relationship between them is not clear and may evolve over time. Cases were selected using the diverse case technique Gerring , p. In addition, institutes selected for inclusion were to i have been established for a minimum of 5 years and ii have an explicit focus on the health sector. Institutes that met these criteria were identified from a database of HPAIs that was developed by the authors. The final set of selected case studies Table 1 depended not only upon the criteria identified above, but also the willing participation of the institution itself.

Chapter 7 : 5 Things to know about India's Healthcare System | Forbes India Blog

on health, though still low, has increased over the last ten years from % in /88 to % in /98 of the national budget (MoH Costing the Minimum Health Care Package in Uganda).

Health care in Nigeria is prone to so many problems which are attributed to the fact that health services are in great demand but accessibility to health services is very low. Again there are problems of availability, accessibility, affordability, sustainability of services and weak referral system. In terms of methodology, the author made use of secondary sources where relevant empirical literatures were review to explore the problems of health care in Nigeria. It was recommended that Health systems should be strengthened with both human and material resources to make them functioning and functional. Healthcare problems, reproductive health, solutions, Nigeria. INTRODUCTION Developmental and reproductive health care in Nigeria are still typical of a sub â€" Saharan Africa where mass poverty, illiteracy, ignorance, disease, low status of women, unrestricted sexual behaviour resulting in high population growth rate, harmful traditional practices and poor social amenities all combine to encourage reproductive ill health and developmental backwardness. Adverse health consequences have been linked to poor socio - economic growth and development; it is therefore not surprising that these poor developmental indicators are impacting negatively on health. The average life expectancy is 40 years, with the lowest in Botswana, Lesotho and Swaziland 35 years ; Nigeria has a life expectancy of 44 years compare this with life expectancy of 82 in Japan and 80 in Switzerland Population Reference Bureau, The most important component of health related to population and socio-economic development is reproductive health. The reproductive health indices in Nigeria are deplorable. Maternal mortality rate is highest in the African region, estimated at an average of deaths per , live births World Health Organization WHO , This initiative was applauded and embraced by many countries including Nigeria, ostensibly because of the potential developmental benefits that will accrue to several nations following the reduction in maternal mortality that is expected to follow the initiative. Paradoxically, twenty-four years after this initiative, some countries in sub-Saharan Africa and in particular Nigeria have made little progress in the attainment of the goals of SMI. Nigeria still has one of the poorest maternal and child health indices in the world, maternal mortality ratio ranging between - per , live births, life time risk of dying from pregnancy related complications of 1: The maternal mortality ratio is the most commonly used indicator of maternal death. It is expressed as the number of maternal deaths per , live births, in a period usually a year World Bank, The maternal mortality ratio is sometimes wrongly called the maternal mortality rate. The maternal mortality rate correctly refers to the number of maternal deaths in a period usually a year per , women of reproductive age usually defined as aged or 49 Wagstaff, This indicator takes into account both the risk of becoming pregnant and the risk of dying for reasons related to maternal complications during pregnancy Campbell and Graham, ; Royston, Whilst the nature of medical complications which lead to maternal death are understood, the underlying determinants of maternal mortality are complex and their relationship with medical and proximate factors, are not. An influential model of the causes of maternal mortality has acknowledged the importance of socioeconomic factors without elucidating them. Undoubtedly, these poor reproductive health indices affect the economy of the nation, the growth of which has remained stunted over several years. Healthcare problems in Nigeria are numerous and result from a combination of factors. Conceptual Definition of Healthcare Health care is rooted in contemporary conceptualizations of health as a bio-psycho-social phenomenon and not simply the absence of disease WHO, A PHC orientation to health services delivery recognizes individual, family, community and population experiences of health and illness, as well as the ways in which health and health care are situated within specific social, historical and political contexts. This orientation to health care is situated within shifting paradigms of health and illness, Primary Health Care PHC is a conceptual model which refers to both processes and beliefs about the ways in which health care is structured. The cornerstones of PHC are access, equity, essentiality, appropriate technology, multisectoral

collaboration, and community participation and empowerment WHO. Primary Care is a constituent of PHC: The WHO statement on PHC supports a vision of essential and accessible primary care that meets the personal health needs of individuals and families Institute of Medicine, , as an integral strategy within a comprehensive framework of primary health care. This definition builds on earlier definitions by the IOM and others. It also recognizes the greater complexity of health care deliver in an era of rapid and profound changes--marked by the development of increasingly integrated 3 health care systems--and the greater interdependence of health care professionals in the provision of health services. Despite numerous documents oriented toward defining health care, Hogg et al. Primary care constitutes the first element of a continuing health care process that may also include the provision of timely and appropriate secondary and tertiary levels of care, but it is important to note that the IOM suggests timing i. Socio-economic, cultural practice and health care problems. Deprivations that lead to ill health are common in developing countries, especially in Nigeria and the poor in Nigeria are particularly at risk World Bank, The relationship between poverty and access to health care can be seen as part of a larger cycle, where poverty leads to ill health and ill health maintains poverty Wagstaff, Yet, policies in these sectors especially for these negative impacts are often not based on health criteria. The health sector itself tends to focus its interventions within the health - care delivery system, not necessarily in other sectors that are the sources of the problem. Similarly, naturally occurring ecological factors that can exert negative impacts on all sectors mosquito - borne diseases, floods, droughts etc are seldom addressed systematically by any of the sector at risk, even though some sector may be exacerbating their effects. As a result, the enormous health benefits possible through interventions outside the health sector are not being realised. Education is a long-established determinant of the demand for health and health care. It was incorporated as a determinant of the production function of health in the early Grossman human capital model of health Grossman ; Grossman In that model better education allows an individual to be more effective in converting health care and other health-enhancing goods into health. A recent study, by the same author, of the empirical effects of schooling on health found it to be the most important correlate of good health Grossman and Kaestner A study of low- and middle-income countries considered to have achieved above average social development relative to income emphasised the need for a high education base as a prerequisite for high returns from health sector investment Mehrotra Education of parents, particularly the mother, is also important in determining child health status. Maternal schooling, for example, was found to be the most important determinant of infant survival in a study in Pakistan Agha Effects are wide reaching. Many studies report a positive effect of schooling on basic indicators of health such as infant, child, and maternal mortality. Yet there is also some evidence, from a study undertaken in Jamaica, that better education can reduce the probability of reporting chronic diseases Handa This could imply either a positive effect of education on lifestyles or the chances of getting chronic disease or improvements in the ability to manage such diseases. Education theoretically has an ambiguous impact on the demand for health care. The marginal productivity of health care is enhanced, which means that less medical intervention is required for a given level of health. At the same time better schooling or education may raise understanding, and appreciation of the benefits of health care, and hence demand for it. These effects are linked, particularly for primary education. Basic literacy, for example, enables students to read and understand health messages e. The overall impact of education probably varies according to the type of health care. Better schooling might be expected to increase knowledge about effective self-treatment such as use of homemade oral rehydration solutions. It may also reduce the use of unnecessary treatments such as excess use of antibiotics and increase the use of contraceptives. Here the impact is confounded and exaggerated by the effect of schooling on income, particularly among females, where demand for children falls as women obtain employment. A variety of place-based influences affect health, including physical circumstances e. Because location influences are myriad and constantly shifting, and because people themselves are moving around at unprecedented rates understanding the health impacts of where people live is one of the most challenging, yet important, contemporary geographical problems. Many factors are responsible for the underutilisation of effective health care interventions in the developing world. Most

obviously, economic resources are often insufficient to support the provision of essential services. The main recommendation of the WHO Commission on Macroeconomics and Health, is for a substantial scaling up of expenditures on health care. Adamu maintained that time and again women with severe health issues identified at different hospitals in Kano state were in critical conditions upon arrival. Northern Nigeria is primarily Hausa and Muslim. Since men hold the primary decision-making power in the society, the decision to go to a health facility in an emergency must wait until the husband or in-laws gives consent and this can cause serious health complications and possible death even though the woman might be knowledgeable of health services Adamu, At the national level, cultural norms may inform the formation of health policies and programmes Caldwell et al. In a study carried out by Ejembi et al. The study maintained that at such times, their fear of disease overshadows the perceived risks of vaccination. However, for some, the study discovered immunization has been seen as unnecessary or even possibly dangerous undertaking for infants and children who are not experiencing health problems, regardless of impending epidemics. For these parents, the study emphasise prayer is not only sufficient, but is the only real protection against disease, which ultimately comes from God. On the part of the end users, there is also the problem of availability, accessibility, affordability and sustainability of services. Availability of healthcare facilities is an important problem as there is gross deficiency in the distribution of health facilities. Under normal circumstance, there should, at least, be a primary health centre within a five kilometer radius. It is from this point that most patients are seen and appropriate referrals made. In a national study on essential obstetric care facilities in Nigeria by the Federal Ministry of Health, only Where the health facility is available, accessibility becomes the problem. This contributes to significant delays in accessing health care. In most countries, roads are inaccessible and transportation system is chaotic. Thus, when a person takes a decision to seek medical attention, it may take days to reach health care facility. Sometimes, pictures have been painted where patients are brought to the hospital on wheel barrows, bicycles, on donkeys or physically carried on stretchers. When eventually, the person arrives hospital, affordability of the available services becomes the issue. Recognising that the majority of the populace lives below poverty line, especially in rural areas, it becomes easy to appreciate why most of our people can not avail themselves of the available healthcare facilities. For those who can afford the cost of medical attention, it may become obvious that there is gross inadequacy of human and material resources for full medicare. In the same National study on essential obstetric care EOC facilities in Nigeria, it was shown that only 4. Federal Ministry of Health, Another major problem within the healthcare system in Nigeria is the weak referral systems from a lower to a higher health facility in the hierarchy. This leads to delays in commencing medical treatment and often leads to preventable deaths. For example when there is need to refer a sick person from a lower health facility to a higher health facility, there is need for a health care provider to follow such patient to the higher health facility and proper arrangement made to cover all areas needed to cater for and there is need for feedback from the higher health facility to the lower health facility where the referrer was made. In most cases the referrer are not done on time from the lower health facility until the patient is in a critical state. In most cases there is no feedback on the situation of the patient referred. Politics and Health care Problems in Nigeria Primary healthcare, by its nature is best delivered by local governments. In Nigeria, local governments exist at the pleasure of state governments. The big interest of state government is to appropriate funds due to local governments and to use arbitrary appointments to build up and strengthen their political bases at the grassroots. Appropriation of local government resources is made easy for the state governments because they run the joint accounts they have with local governments. There have been cases where local governments have complained, and it has been shown that the state government appropriated the funds of the local government, but nothing came of it. State governments know that they can do this with impunity.

Chapter 8 : National MNCH Program- Program Overview

Planning, Implementation and Health Care Problems in Nigeria The developing world especially Nigeria bears 90% of

the disease burden, but allocates less than 10% of its annual budget to healthcare. This misplaced priority is disastrous and places these countries in a vicious cycle ill health, disease, poverty and backwardness.

Chapter 9 : Ministry of Health NZ

In the Zambian health sector context, community ownership and participation in the governance and delivery of health services is considered as an important pillar of the health systems. In this respect, the Ministry of Health (MOH) has established popular structures for facilitating broad-based community ownership and participation.