INSECURITY AND RIGHT TO HEALTH OF NIGERIANS: CHALLENGES AND SOLUTIONS

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Abstract

The worsening state of insecurity of lives and property in Nigeria is a major source of concern to both Nigerians and the international community. The effects of insecurity on socio-economic activities, psyche and overall functioning of Nigerians are tremendous. This review paper critically examines how insecurity affects right to health of Nigerians. Right to health is defined in terms of ease of access to acceptable and affordable health service, at fully equipped, well staffed, and functional public health institutions sited close to the doorsteps of individuals. Anchored on functionalism and structural strain theories, the paper argues that insecurity negatively undermines pursuit of right to health of Nigerians. It recommended the use of dialogue to check rising threats to lives and property across Nigeria. Strengthening of economic empowerment and social re-orientation programmes by the government was also canvassed to calm aggrieved unemployed youths. The paper concluded that it is only in an atmosphere of peace and security that right to health of Nigerians will be fully realized.

Keywords: Right to Health, Insecurity, Reform, Policy

Introduction

The need to safeguard right to health of individuals has over the years been a subject of interest to scholars and international organizations. This concern becomes more crucial as societies across the globe experience reforms in various facets of their life through organized strategies and new approaches deliberately instituted to fast-track socio-political and economic development. Furthermore, the new dimension to challenges of nationhood in Nigeria, characterized by serious threats to lives and properties occasioned by intra and inter communal clashes, activities of Boko Haram Sect and various forms of militancy raises questions as to what becomes of rights to health of Nigerians under the tense atmosphere.

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) stressed 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 consistently 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 in total disregard to socio-economic differentials.

In addition to international conventions and the policy thrust of World Health Organization as highlighted, many social groups have ranked health very high in their hierarchy of social values and norms. Such optimal value of health has been a significant cultural universal across societies, Nigeria inclusive. There is 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 reforms and encounter challenges of nation building (like current security threats in Nigeria), health services may lose their appeal because they may no longer reflect aspirations and set goals. In such instances, high premium on good health which is a dominant feature of the value system is contradicted by poor sanitation, increase in injuries, disease and hunger which exist in reality.

Problems of poor implementation of health policies and reforms experienced in parts of Nigeria are thus compounded by heightened level of insecurity. Also worrisome is the character of political leadership at this period of insecurity. Effective political leadership is a central issue in positive transformation and protection of rights to health of members of society regardless of physical terrain and socio-cultural climate. In the case of Nigeria where leadership obligations are largely unfulfilled, whereas low level of access to health rights have remained regular features of the social system even at peace times; tremendous anxiety is thus generated that right to health of citizens could be completely eroded in the light of deepening severe security challenges. This will worsen the not too impressive national health indices.

This review paper therefore examines the concept of 'right to health' in the context of contemporary Nigerian society against the backdrop of security difficulties. Our core objective is to reflect on how right to health is affected as the nation encounters serious security challenges particularly from the Boko Haram sect. The paper particularly accounts for problems of safeguarding right to health in the current circumstances and suggests measures that will brighten the prospects of unhindered access to quality health to Nigerians despite the security situation..

The Concept of 'Right to Health' Clarified

Right to health is not considered as right to remain ever healthy and never ill. No individual, government or organization has power to guarantee such. It is also not right to uninterrupted provision of health services. Rather, right to health means that health should be considered as a human right. In this context, institutional and other bottlenecks ought to be dismantled to ensure that individuals' access health with ease. Right to health requires both individual and government commitments for its actualization. It embodies freedoms and entitlements that are aimed protecting health of individuals.

Right to health and **right to health services** are inter-related, complimentary and interchangeable concepts for the purpose of this paper. This position is to ensure that most considerations of human rights bothering on health are included. Such components of rights to health are 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
- Right to safe and potable water, adequate sanitation; adequate supply of safe food and housing,
- Right to hazard-free occupational and environmental conditions
- Right to access education and information relevant to health

From the above list, it could be deduced that right to health is an inclusive right extending to prompt and appropriate health care and health related services (see Oranye 2001, Minelli, 2005). It is perhaps on the strength of inclusive nature of health rights that Miles (1991) summed up the subject as bothering on total condition of people's well being. Indeed, the idea of right to health is consistent with the objectives of Millennium Development Goals and other international and national conventions on health.

The Interface between Social/Health Values and Right to Health

Health values constitute a core subset of the general social values and norms of a social group. Health values 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 argued 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 above listed examples of health values in Nigeria buttress the extent to which Nigerians cherish health. They also underscore the need to protect their rights to health given high premium placed on sound state of health by the value system. The link or interface between health values and right to health is that they are mutually inclusive and complimentary.

Didactic Relationship between Health Policy and Right to Health

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 within the health system in order to achieve satisfactory service delivery.

The ideal relationship between health policies and right to health is that health policies should mirror the rights and expectations of the people. Rights to health form powerful imperatives which health policies seek to meet. In other words, health policies and health reform agenda should focus on entities that give considerable concern to protection of rights to health of the populace. Therefore, health policy planning and implementation are grossly related to issues that bother on right to health and both influence each other in a didactic format.

There are however instances where health policies and commitment to protection of rights to health are discordant and dissenting in nature. One of such situations is where individuals or organizations abuse rights to health and such disposition is negatively affecting the well being of the group, thus creating the need for a counter policy (often unpalatable and inclusive limiting access to services) that is intended to positively address the problem. Another situation is where health reformers and policy makers misunderstand prevailing demands for right to health and in their confusion put in place health policies that contradict (rather than protect) people's right to health. There is also a third scenario where policy formulation and implementation are deliberately skewed away from safeguarding right to health. In such situations the policy may serve the interest of few individuals and does not accord desired priority to health and well being of the masses. Such scenario is exemplified by situations where politicians and technocrats derail health policies through fraudulent practices as often experienced in parts of Nigeria.

Given benefits of mutually complimentary relationship between health policies and rights to health, the need to safeguard such rights even in the face of daunting security challenges cannot be over-emphasized. This task should form part of the preoccupation of new policies and health reform documents.

Theoretical Thrust

The first 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 that the social structure is 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 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. The current security challenges in the country is not unconnected to failure of leadership to provide education, employment, and equitable distribution of national resources. Militancy, terrorist tendencies, communal clashes and other forms security threats are manifestations of inadequacies in social services and economic empowerment in Nigeria. They are revelations of the magnitude of structural strain to which Nigerians are exposed. The realty of numerous strains that characterize the

social structure informs the adoption of the structural strain theory to complement functionalism as the theoretical thrust of this paper.

To further compound the problems, the political will to move health programmes forward are either totally lacking or lukewarm in character. Consequently, Nigeria's health sector continues to experience limited progress which contributes to why right to health is threatened particularly at periods of insecurity**.**

Effects of Insecurity on Right to Health in Nigeria

The state of right to health in Nigeria has remained pitiable over the years. The situation is further compounded by current security challenges in the following ways:

(a) Security challenges diverts attention of government at all levels away from health matters

(b) It increases demand for health services due to increased number of casualties arising from insecurity and violence related occurrences including flood disasters

(c) Damages to health infrastructure through bombs and other explosives

(d) Fear and feeling of insecurity on the part of health workers which affect their concentration and attitude to work.

(e) Destruction or loss of vital heath records due to conflicts/violence

(f) Flight of health personnel away from insecure areas resulting in unavailability of services and shortage of skilled manpower in trouble prone areas

(g) Dangers of disease epidemics and other health problems are higher during violence than under peace situations,

In addition to observations above, Lucas (2000) cried out that Nigeria's health sector is crisis infested. Adinma (2003) notes that the country parade one of the worst health indices in the world. Worse still, less than three years to 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

(a) Table 1: Nigeria 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)

(b) Highlights of Global Monitoring Report (2005) 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

(c) Other Health Indicators published by National Planning Commission (2004);

- 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 lived in poverty.

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).

Security Related and other Obstacles to Right to Health in Nigeria

The Nigerian nation is experiencing an unprecedented level of security challenges that even her corporate existence as a nation is threatened. Lives and properties are lost almost on daily basis through bomb blasts, communal conflicts, ethno-religious crisis, extra judicial killings and other forms of violence. There is the Boko Haram insurgence particularly in the North; communal clashes in Plateau state, militancy in the Niger Delta area etc The problem list is enormous and the casualty toll keeps rising. Only recently, about 25 students of Federal Polytechnic Mubi, were killed in cold blood by yet to be identified gun men(NTA,2012).

In addition to these challenges, Lucas (2000) also recounts shortage of drugs, breakdown of equipment, irregular supply of water and electricity, as well as low morale of professionals in the health care industry. These problems, he noted, have 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 poor 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 embittered that the referral system broke down, that workers still had inadequate skills and that work supervision, monitoring and evaluation mechanisms weakened considerably. Similarly
community participation in PHC also witnessed dwindling fortunes which affected quality of service and patronage. (Uzochukwu, Akpala, and Onwujekwe, 2004).

Spiraling cost and inequitable distribution of health services constitute other major problems which 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 has not yielded positive turn around in Nigerian's health status. This raises questions about whether those funds were actually used for the purposes they were meant for.

The above problem list is invariably worsened by the disastrous security situation in the country. Nigeria requires an efficient and formidable health system to cope with additional demands arising from security problems. Indeed, problems of security should constitute a key reason for which the health care delivery system is strengthened and repositioned to be more responsive and proactive to health needs and protection of rights to health of the people. To explain a defective health service or colossal infringement of peoples' right to health on the basis of insecurity will not only be unjust, but will also put Nigerians through a painful oddity of not having security and health simultaneously.

Prospects of Overcoming Security Challenges and Safeguarding Right to Health in Nigeria:

There are high prospects of safeguarding optimal levels of right to health despite the security challenges especially if the following measures are put in place:-

(a) Establishment of new peace initiatives and expansion of tentacles of existing ones This is to fully harness benefits of dialogue as a viable tool for conflict resolution. In this regard, government should intensify effort to find out the leaders of Boko Haram group and commence the process of dialogue with them Their grievances, demands and interests should be interrogated.

(b) Creation of employment opportunities This is crucial for the youths and others who lack stable economic support. This will make them less prone to vices or constituting themselves into security threats which jeopardizes efforts to safeguard rights to health.

(c) Aggressive re-orientation programme should be pursued to enlighten people on the benefits of peaceful co-existence. The role of peace in stimulating development and promoting rights of individuals (including rights to health) should also be disseminated.

(d) Sincere commitment to reforms that have human face.

The country must avoid bandwagon approach to the 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 consolidate on gains in the area of right to health should be prosecuted with sincerity of purpose.

(e) Involvement of interest groups in reform packaging: - Reforms in society must carry all interested stakeholders 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. They will not also generate or aggravate conflict situations.

(f) 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 even at periods of insecurity as is currently being experienced in Nigeria. 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.

(g) 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.

(h) 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.

(i) 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 and right to health of Nigerians..

Concluding Remarks

The people of Nigeria have several resources, policies and reform packages that could form strong platforms for right to health of the citizenry to be adequately safeguarded. Unfortunately, as the country initiate and implement various reforms programmes, other problems of social existence emerge and sometimes threaten attainment set goals. Particularly worrisome is the security challenges which not only destabilize the socio-economic life of Nigerians but also make it impossible for the required synergy between health investment and right to health to be obtained. Consequently, citizens' right to health is threatened while the state of health infrastructure tends toward deplorable dispositions. This paper has argued that possible decay of the health system and infringement of right to health of Nigerians arising from insecurity could be arrested if recommendations put forward are implemented. They will be very helpful in enhancing security of lives and properties and protect right to health of Nigerians.

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