

About the Book

Professor R.A. Olaoye committed most of his over three decades of teaching and research career toward interrogating the changing contours of African indigenous science, technology and economic development especially since the pre-colonial epoch. Olaoye's key focus was to understand the diverse nature and values of indigenous techno-scientific ideas and to show how they contributed to the socio-economic, cultural and political development of the Nigeria societies prior to the advent of European colonialism. This book provides an especial historical analysis of the corpus of issues that undergird the field of Indigenous science, technology and economic transformation particularly from the repertoire of Professor R.A. Olaoye intellectual sagacity and scholarship over the years. Drawing from rich history of different Nigerian societies, this book demonstrates the *how* and *why* of the various forms, nature, values and challenges associated with the development of indigenous and technology in Africa. From the caboose of history, this book argues that the pursuit and realisation of Africa's sustainable techno-scientific development and industrialization will remain largely a mirage until the enormous potentials that abound in indigenous science and technology across communities in Africa are optimized and prioritized.

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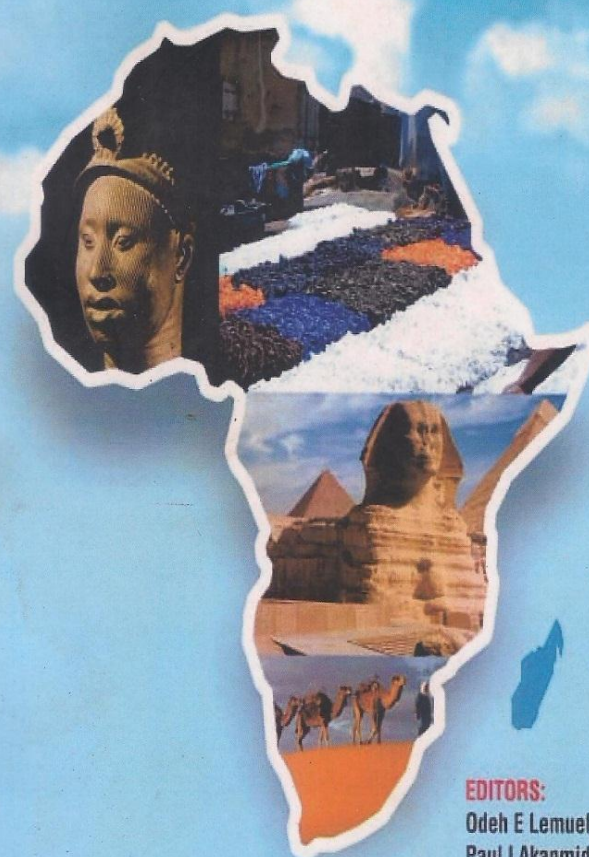
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HISTORY OF INDIGENOUS SCIENCE, TECHNOLOGY AND ECONOMIC TRANSFORMATION IN AFRICA

HISTORY OF INDIGENOUS SCIENCE, TECHNOLOGY AND ECONOMIC TRANSFORMATION IN AFRICA

Essays in Honor of Professor Raimi A Olaoye



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CHAPTER 1

**Professor Olaoye Raimi, a Historian and Administrator:
Engaging Discourse through the Mirror of his Works**

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Introduction

Over the years, African scholars have neglected the memoirs or biographies of their heroes. They did not attach much importance to the life of individuals, development, geographical influences and the effects on their society role models to the next generation. Rather, most scholars have focused their attention largely on the political, economic and religious activities. While doing this, the activities of Europeans in Africa were given prominent attention. Where appreciable efforts were made on individual memoir or biography, they were often presented as epitaphs or tributes after the transition of those individuals. This sheer academic negligence has denied Africans the great experiences and exploits of Africans in different sectors of human endeavor. The European colonialist to some extent capitalized on this major shortcoming to foist on African the European historical ideas. This largely explains why Europeans explorers, colonialists, soldiers, religionists, missionaries permeated the scenes of Africa historical discourses before 1945.¹ Consequently, many African memoirs and their great achievements were lost. For example, the life histories of great hunters, fishermen and women, warriors, diviners (Babalawo) etc, were hardly documented. Paucity of early historical ideas that were known and documented on Africans was done by early Islamic writers such as al-Bakri, al-Sharif al-Idrisi, Ibn Khadun, Ibn Battuta, Ibn al-Faquihi al-Hamadhani among others and later European explorers, missionaries and traders, such as Mungo Park, Hugh Clapperton, William Balfour Baikie, Charles Robert Burton,

19. See N. Nunn, *Shackled to the Past*. 3-4
20. See J.E Inikori "Africa in World History: 1992. 83
21. Ibid. 102
22. Ibid. 78

CHAPTER 25

A History of Nigeria's Medical Tourism Since the Post - Colonial Period

by

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Introduction

Medical tourism is an act of travelling across international borders to seek or receive some forms of medical treatment. According to Voigt et al, medical tourism is the process by which patients travelled abroad for medical care and procedures, usually because certain medical procedures are unavailable in their own country.¹ As healthcare is predominantly a service industry, this has made health services a more tradable global commodity. A significant element of this trade involve the movement of patients across border in the pursuit of medical treatment and health care, a phenomenon commonly termed "medical tourism".² The utilization of medical care in foreign land is not a new phenomenon; people all over the world have travelled to seek care in more technologically advanced or spiritually inclined nations. For instance, since the ancient time, people travelled to places believed to be sacred and holy not only in search of spiritual prowess, favour and cleansing, but also in search of spiritual solutions to their health challenges.

More than four thousand years ago, the Sumerians constructed health complexes around the hot springs being patronized by people from several countries of the world.³ Similarly, since the nineteenth century, there was a fashion for the growing middleclass in Europe to travel to Spa towns to "take the Waters" which were believed to having health enhancing qualities.⁴ In the same vein in the 19th century, wealthy tuberculosis sufferers from Europe often travelled to and lived in south-west United States, seeking different climate conditions in order to improve their health.⁵ Development and transformation of Yoga and Ayurvedic medicine in the nineteenth century increased the influx of

medical travellers to India to pursue the benefits of these healing methods. In the first half of the twentieth century, Nigerian orthodox healthcare system was jointly overseen by the Colonial government and Christian Missionaries. The Missionaries did not only cater for the emotional, mental and spiritual perspectives by preaching the gospel but also provided remedy for physical or health challenges of the people.

More than sixty percent of health infrastructure were owned and controlled by the Missionaries, the most burdensome of which was the control of infectious diseases.⁶ Adequate planning ensured and gratified the stability of infrastructural and human resources and upswing the Nigerian health sector to a valuable asset that was sought after by several other nations of the world. Therefore, in the 1950s and 1960s, Nigeria health sector benefited immensely from proceeds of medical tourism.⁷ But suddenly and rather unfortunately in the post-colonial era, there was a change in disease burden mix, with non-communicable disease growth outpacing infectious diseases. The rise in non-communicable disease burden has not been matched by an increasing capability to treat locally, contributing to the rapid growth in medical tourism. This is not necessarily because there is lack of technical experts, but the necessary infrastructure to provide treatment or support patients are largely unavailable. That was simply the reason why 30,000 Nigerians cumulatively spent US\$1 Billion on health services outside the country, with sixty percent of the patients' request in four major specialist areas which are cardiology, orthopedics, renal dialysis and oncology.⁸

Glorious Past of Nigerian Health Care System

From the time immemorial and prior to the migration of Europeans to the continent of Africa, traditional medicine had been used to ensure the health, wellbeing, sustainability and continuity of the people of several communities of what later became known as Nigeria. People's proclivity towards their traditional life style made it difficult for Nigerians to adapt and succumb easily to imported culture and colonial social services such as western education and modern health services. The potency, cheap, cultural inclination, availability at the grassroot and deeply rooted trust in African traditional medicine resulted to people apathy towards the newly introduced modern medicine in the early years of colonialism. It reduced peoples' patronage of the colonial health services. Although there existed records of steady upsurge in the patronage of modern

health services, continuous skepticism earned traditional medicine the status of a formidable and reliable competitor and alternative medicine.

The Nigerian health care system was one endowed with glorious past, as it was once at par with that of many countries that are currently the destination Nigerian medical tourism hotspot. Geographical exploration, colonization, development of trade and missionary evangelism to a large extent determined the evolution and spread of orthodox health care services in Nigerian and other developing countries of the world. Decades ago, the orthodox health and wellbeing of Nigerians were well managed by the dual efforts of Colonial and Christian Missionary organizations. Response to infectious and non-infectious diseases that were the most prevalent health burden of the time was encouraging. Although there are few orthodox healthcare facilities when compared to the post-colonial period, rapid and speedy response to epidemics characterized the colonial health services. Both Colonial government and the Christian missions had their vaccinators always readily available and stationed in all districts and divisions to combat outbreaks of common epidemics such as cholera, Cerebro-spinal meningitis, smallpox, and Blackwater fever, polioencephalitis, sleepy sickness, relapsing fever, and yellow fever, among others.

Adequate planning and budgetary allocations facilitated steady growth of health infrastructure throughout the colonial period.¹⁰ Apart from the availability vaccinators, hospitals were also erected in provincial headquarters and few districts with larger population. More so, in order to spread the tentacles of healthcare delivery in the interior and throughout the nook and crannies of the country, dispensaries were put in place to care for inpatients and outpatients needs in each district and division. Mobile clinics were also used by both colonial government and missionary bodies to provide prompt emergency response in epidemic or certain non-infectious diseases prone areas.¹¹ State of hearts facilities at tertiary centres such as University College Ibadan and other few missionary health centres afforded the country of dependable referral services. Respectable and travelable services offered at the University College earned the country the benefits of the proceeds of medical tourists from several countries of the world. No wonder why the University College Hospital Ibadan was described as haven of medical tourists from Arabian countries and several other African nations. For instance, several records have it that some decades ago, the

Saudi Arabia royal families were visiting the University College Hospital for treatments.¹² In the same vein, the University College Ibadan was in the 1950s and 1960s rated as one of the top five facilities in the Commonwealth of Nations.¹³

Rationale for the Nigerian Medical Tourism

The nation's rapid population increment and the global changing nature of diseases burden mix have exposed the lapses, deficiencies and gaps in Nigerian health system. For many years, the country's healthcare sector has experienced a continuing decline and under - performance when compared with equivalent sectors of other developing countries. This problem emanated and originated from inability of the post - colonial indigenous governments to ensure an enabling environment for development and sustainability in health sector.

Correspondingly, the post-colonial governments also failed to respond swiftly to reimburse and assist the missionary bodies, which had provided healthcare and bridged gaps for the nation since the pre - colonial period.

Continuous dearth and decay in Nigeria health system have accounted for the out flux of Nigerians seeking medical attention in countries like US, UK, Germany, Switzerland, Singapore, China, Saudi Arabia and more recently India and South Africa. India and South African became the latest medical tourism destination simply because of factor of affordability. Here in Nigeria, political elites attracted no values to improving and remodeling Nigerian health sector, and thereby constituted majority of medical tourists abroad.¹⁴ Despite having some of the very best healthcare professionals in the world, the lack of development in public healthcare system has eroded the little confidence the general population have in it.¹⁵ Even leaders who ought to live by example are most guilty of this lack of faith in Nigerian healthcare system, which is why they excel at flying themselves and their cronies to other countries with highly developed health care systems at the slightest sign of any health issue.¹⁶ In recent past, Late Mrs Stella Obasanjo, the former First Lady gave up the ghost from complications from cosmetic surgery at a private health clinic in Puerto Banus, Marbella, Spain, on 23rd of October, 2005. On the 5th of May 2010, the news of the death of Late President Umaru Musa Yar Adua was broken to fellow Nigerian after three months of undergoing treatments in Saudi Arabia for inflammation of tissue around the heart. Relatedly, former

Enugu State Governor Sullivan Chime was operated and treated for cancer of the nose in 2010 in an undisclosed German and United Kingdom hospitals, and former Taraba State Governor Late Danbaba Suntai was operated in United States of America when he sustained injury from aircraft crashes in October 25, 2012. Very recently, President Mohammadu Buhari had been patronizing an undisclosed United Kingdom hospital ever before he became the number one citizen of Nigeria in 2015.

In 2017 alone, he spent more than four months in London receiving medical treatment for an undisclosed illness. Since he became the President of Nigeria in 2015, he and the First lady have travel on medical tourism to UK on a number of times. As a matter of fact, there can never be a meaningful healthcare without healthcare equipments, procedures, personnel and facilities. Healthcare facilities are those basic equipment, stock of drugs, vaccine, portable water, conducive environment, constant supply of energy (power), medical record tools, ambulance for mobility of patients, solar freezer, availability of modern diagnosis machines, qualified health officers and medical personnel, outpatients surgery centres, and medical procedure which makes it possible for the patients' healthy living.¹⁷ Accessibility of these facilities in any nation is tantamount to healthcare sustainability. Nonavailability and scarcity of these health apparatus in Nigeria accounted for the consistent surge in the number of patients seeking healthcare abroad, where modernized and advanced medical technology is obtainable.

For the attainment of sustainable healthcare, enabling environment must be created for the citizens to access standard, healthcare at affordable rate. In order to attain this, the World Health Organization had recommended 11% allocation of a nation's GDP to health sector. Allocations to healthcare have always been otherwise in Nigeria. In Nigeria, little out of the nation's budgetary allocation was devoted to provision of quality healthcare facilities. Budgetary allocations to health sector in the post-colonial had been between the ratios of 3.5% to 4.5%, and are below World Health Organization's minimum bench mark of 11%.¹⁸ It is important to note that these miniature allocated to health accounts for the reasons why it has been in a state of disaster in the post-colonial period.

Simply because politicians are not providing the required basic health amenities to the people, Nigeria has recorded the highest number of people both in Africa and the developed world travelling out on medical tourism abroad.¹⁹ Even the resources allocated to health sector are misappropriated, laundered and embezzled. Theft (for personal use) or diversion of drugs/supplies at storage and distribution points served as one of the banes of Nigerian health sector. Bribes, kickbacks, and political considerations influencing the contracting process brought about situations whereby contractors failed to perform and are not held responsible and accountable.²⁰ A notable example was Geneva Gavi Organization (the Vaccine Alliance) who provided funds to increase access to immunization for children in the world's poorest and developing countries including Nigeria. The cash programme audit of Gavi's program in Nigeria determined that US\$22 million had been misused by Nigerian officials between 2011 and 2013.²¹ Corruption and mismanagement are the most critical impediments to achieving the Millennium Development Goal (MDGs); and like a deadly virus, it attacks the vital structures and systems that engender progressive functioning of the Nigeria society. A good example of this was reported in Kwara State in 2012 when the Special Assistant to the Governor on MDGs, who happened to be the Governor's cousin, abused his office and laundered State funds for his personal benefit by awarding inflated contracts to companies owned by cronies.

In one of the transactions involving the purchase of Ambulance Buses for hospitals in the State, he was accused of duping the people of Kwara State by procuring thirteen Hiace buses from a local car dealer and converted them to ambulance for which a contract of One hundred and seventy one million, nine hundred and ninety thousand naira (171,990,000) was awarded.²² Similarly, another Special Adviser to the State Governor was also alleged to have used his position to enrich himself. He awarded contracts to the tune of over two hundred million naira (200,000,000) for the renovation of Ijagbo Health Care Centre and Specialist Hospitals in the State to a company he had interest and was sole signatory to its account.²³ Consequently, Nigeria healthcare system has been in tatters, resulting to lack of medical equipment, epileptic power supply, and inadequate medical personnel. This has led to a general loss of confidence in the health sector. Some labour rooms in rural and urban areas are filthy for lack of water to assure minimum hygiene. Universities Teaching Hospitals in the country, which were

hitherto to most equipped, have continued to suffer from epileptic power supply and other variegated challenges. The renal unit, ICU, laboratory, theatres, casualties and other facilities operates on diesel generator 24 hours running to huge amount of money and loss. Nigeria health sector has been highly deficient in some turnkey medical equipment used in important areas of medical specialty such as non-operative medicine (cardiology, oncology, critical care medicine etc.) and surgery (general surgery, plastic surgery, transplant surgery)

The situation has impelled many privileged class to embark on medical tourism and seek standard care abroad. Nigerian medical tourists sought treatment abroad owing to the availability of highly advanced medical technology and quicker access to medically necessary and prescribed procedures. Perhaps, absence of sophisticated radiological procedures and apparatus in the management of some rare diseases such as leukemia and liver cancer are non-existing in Nigeria.²⁴ Similarly, surgical and radiological procedures such as Endoscopic Retrograde Cholangio Pancreatography (ERCP) in the treatment of intralopatic obstructive jaundice are not in vogue in Nigeria. Single Proton Emission Computed Topography (SPECT) used in assessing the degree of metastasis (cancer) and the extent of its circulation in the body system.²⁵ Therefore, inaccessibility and unobtainability of such as interventional radiology has prompted many affluent and privileged elites to embark on medical tourism. Dearth of medical apparatus of Gene therapy in the management of diseases and haemoglobinopathis such as sickle cell and thalassemia has also forced some medical tourists to seek treatment in countries like Singapore and India. Although expatriate and indigenous surgeons have successfully performed few and insignificant heart surgery in 1974 and 2018 respectively in Nigeria, success stories of countries like China, Singapore, India and South Africa have diverted the attention of patients to these destinations.²⁶ Scarcity of equipments and experts in heart surgical procedures like Heart Bypass, Heart Valve replacement, angioplasty, bypass graft and many others have diverted many of the victims to several tourism destinations like United States, Singapore, United Kingdom, among others.

Scarcity of experts and equipments used in treating brain surgery, correctional spinal surgery, total hip replacement, total knee replacement, enhancement or cosmetic surgery (breast surgery, facelift, dental work, liposuction etc.), elective surgery, and other Neuro and

orthopedic surgery have diverted the interests Nigerian medical tourists to several European countries such as Germany, France and England.²⁷ In contemporary period, many wealthy and middle class Nigerians have embarked on medical tourism abroad to seek treatment in very meager fertility treatment and procedures. In the same vein, transplantation and organ trafficking constitutes one of the recently advanced rationale for Nigerians embarking on medical tourism abroad. Organ, cell and tissue transplantation is one of the medical miracles of the twentieth century, and has prolonged and improved the lives of hundreds of thousands of patients worldwide. In this context, Nigerian tourists involved the donors as well as recipient or beneficiary.

The factor of poverty and desolation triggered many Nigerians, Pakistanis, Philippines, Colombians, Indians, Egyptians, among other donors to crossing their boundaries to sell trafficked organs. Relatedly, many recipient Nigerians travelled to several parts of the world such as India, Turkey, Singapore, and several European country known for destinations of organ trafficking and transplantation. Nigerians involved in transplant tourism mostly in India, China Bangkok and Singapore in search of organs such as Kidney, heart, Lungs, Liver, among others. It was estimated that about three to four thousand kidneys were transplanted for African recipients between 2005 and 2006 alone.²⁸ Similarly, scarcity of fertility treatment and sheer lack of confidence in Nigerian fertility centres have prompted many medical tourists to seek these services abroad. More so, there are patients who seek fertility related treatment such as vitro and vivo fertilization and other similar procedures.²⁹

However, some also embarked on medical tourism abroad to seek health care services that are available in Nigeria. Birth tourism dominates this category of medical tourism in contemporary period. It involves pregnant mother travelling to utilize the medical services of other countries in birth delivery. Many elitist Nigerian medical tourists sought this service in countries such as the United States, United Kingdom and Canada, in order to obtain the citizenship and gain permanent residency of these developed countries. A lot of affluent Nigerians such as political office holder, business tycoons, celebrities, diplomats, and wealthy persons also engaged in medical tourism to exhibit class and higher status. Medical procedures and services that are

available and obtainable in Nigeria were sought after in their tour choice destinations.

Many Nigerians also engaged in medical tourism to have access to healthy life style and procedures obtainable elsewhere. These services are not necessarily offered by qualified medical doctors. These cares and products includes treatment in spas, thermal and water treatments, acupuncture, aromatherapy, beauty care, facials, exercise and diet, herbal healing, homeopathy, massage, spa treatment, yoga and other similar products.³ The rot and decaying Nigeria's health sector have forced the best of medical professionals to seek greener pasture in more fertile abode. Lack of equipment for the medical experts to work with and better remunerations abroad accounted for the exodus of Nigerian Medical doctors abroad. Poor health service has led to the exodus of Nigerian doctors and other health personnel abroad in search of better opportunities.

Despite being exposed to high level of stress and diseases in Nigeria, they are being paid less compared to global standard. Some of them were even owed salaries by some Federal health centres and State government health facilities. These problems have over the years led to the migration of healthcare personnel to other countries in search of greener pasture, and has produced a medical brain drain across Nigeria.³¹ Were it not so, why could a staggering 2392 Nigerian doctors be practicing in the United States alone and 1529 in the United Kingdom in 2005. As far back as 2008, BBC reported that many Nigeria's brightest scientists and innovators are being lured to the West with lucrative offers.³² And only recently in 2010, another research showed that the figure has risen to over 5000 doctors in United States, nurses of course not included.³³

Conclusion and Implication of Medical Tourism on Nigerian Health Sector

Medical tourism, most especially the outflow of high income patients was said to have decreased both income and revenue, as well as mitigated political support for improving the Nigerian health sector. Nigerian medical tourism which is mostly perpetrated by public office holders, policy makers and wealthy class has over the years reduced the pressure for investments in adequate health facilities and technology.

The more the culture of seeking medical treatment abroad became paramount and deeply entrenched among wealthy, political and affluent class, the more helpless the plight of the poor masses. Since the political class, their relative and family members hardly patronized Nigerian primary, secondary and tertiary health facilities, provision of adequate infrastructure, resources and services such as medical and surgical equipments, drug supplies, health insurance, and subsidy on drugs and services among others were less prioritized.

Consequently, travelling to seek healthcare abroad by the privileged class listed the health status indicators for Nigeria among the worst in the world. According to the 2006 census; Nigeria has an estimated population of 175 million inhabitants, which constitutes 2% of the world population.³⁴ However, the country accounts for a disturbing rate of 14% of global maternal death. Non-communicable diseases are increasingly becoming public health problems, especially among the affluent urban population. In contemporary period, life expectancy at birth has been 49 years, while vaccine - preventable diseases and infectious parasitic diseases continue to exact their toll on the health and survival of Nigerians.³⁵ The continued practice of outbound medical tourism is an indication that government over the years has not done enough to improve the deteriorating health sector. The quality of healthcare in Nigeria has left much to be desired partly due to the increasing death rate during child's delivery, lack of adequate accident and emergency services and inadequate equipment for life support and medical diagnosis.³⁶ In a statement credited to Prof. Babatunde Oshotimehin, Nigerian former Minister of Health, "at least 3000 Nigerians travelled to India monthly for medical treatment and spent \$200 million (30 billion naira) that was up to 20% of Nigeria's total annual budgetary allocation for healthcare in 2010".³⁷ It was also estimated that over 5000 Nigerians travelled abroad for medical attention every months, resulting in the loss of 78 billion annually to capital flight. In 2011, Dr. Mrs Okonjo - Iweala, the then Nigerian Finance Minister, while explaining the national economic plan, stated that \$200 million, a substantial sum could be saved annually if Nigerians who travelled abroad for medical services could be treated locally.³⁸ It is important to note that, good healthcare in a nation contributes tremendously to economic growth, while bad or poor healthcare reduces efficiency and output. According to Iweala,

Prosperous health sector has a huge potential in job creation, adding that 10 of the 20 fastest growing occupations in the United States were healthcare related. If the money expended annually on medical treatment abroad by government officials and other wealthy Nigerians were retained in the country, it would add to the resources needed to restore the inadequate infrastructure in the sector.³⁹

The funds could also be re - invested to initiate the building of state of the arts hospitals, purchase and distribute critical health saving equipments to all teaching and Federal hospitals and promote other critical areas in Nigeria's health sector. These strides could be achieved majorly through the promulgation of an effective legislation restricting and banning medical and education tourism abroad. By so doing, political office holders and affluent class would have no alternative than re-investing Nigerian tax payers' resources in health and other sectors to reinforce the welfare of the masses.

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26. Oral interview with Dr. Ismail Olayinka Olomooba. Resident Doctor, LAUTECH Teaching Hospital, Ogbomosho. March 22nd, 2020. 42 years old. The first open heart surgery was carried at University College hospital, Ibadan and since then, there was no

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CHAPTER 26

Primary Health Care Financing and Its Challenges in Igalaland, Nigeria 2005 -2015

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Introduction

Primary Health Care is a grass-roots approach towards universal and equitable health care for all¹. It is the first level of contact of individuals, families and communities with the national health system, bring health care as close as possible to where people live and work, and constitutes the first element of the continuing health care process². In 1992, the PHC implementation started with the establishment of PHC centers in 52 local government areas of the federation as a pilot program. Nigeria is among few countries in the developing world that have systematically decentralized the delivery of basic national health services among the three tiers of government with each having a defined role to play³. However, in respect to PHC funding, federal, state and local governments have financial roles to play, but local governments have the major financial responsibility due to the fact that PHC is directly under the local government. It is also worthy of note that Non-Governmental Organizations have also contributed significantly to health care delivery in Nigeria.

The World Health Organization (WHO) recommends that at least 5% of Gross National Product (GNP) of every nation should be set aside for health care delivery⁴. While the developed nations spend as much as 10% of their GNP on health care delivery, developing countries spend 1.5% to 4% of their GNP which is obviously below WHO recommendation. Furthermore, in April 2001, African leaders converged in Abuja and agreed to allocate at least 15% of their annual budget to improve the health sector of their respective countries in what is now