

REVIEW OF THE EFFECTS OF INSURGENCY ON SUSTAINABLE HEALTHCARE DEVELOPMENT IN NORTH-EAST NIGERIA

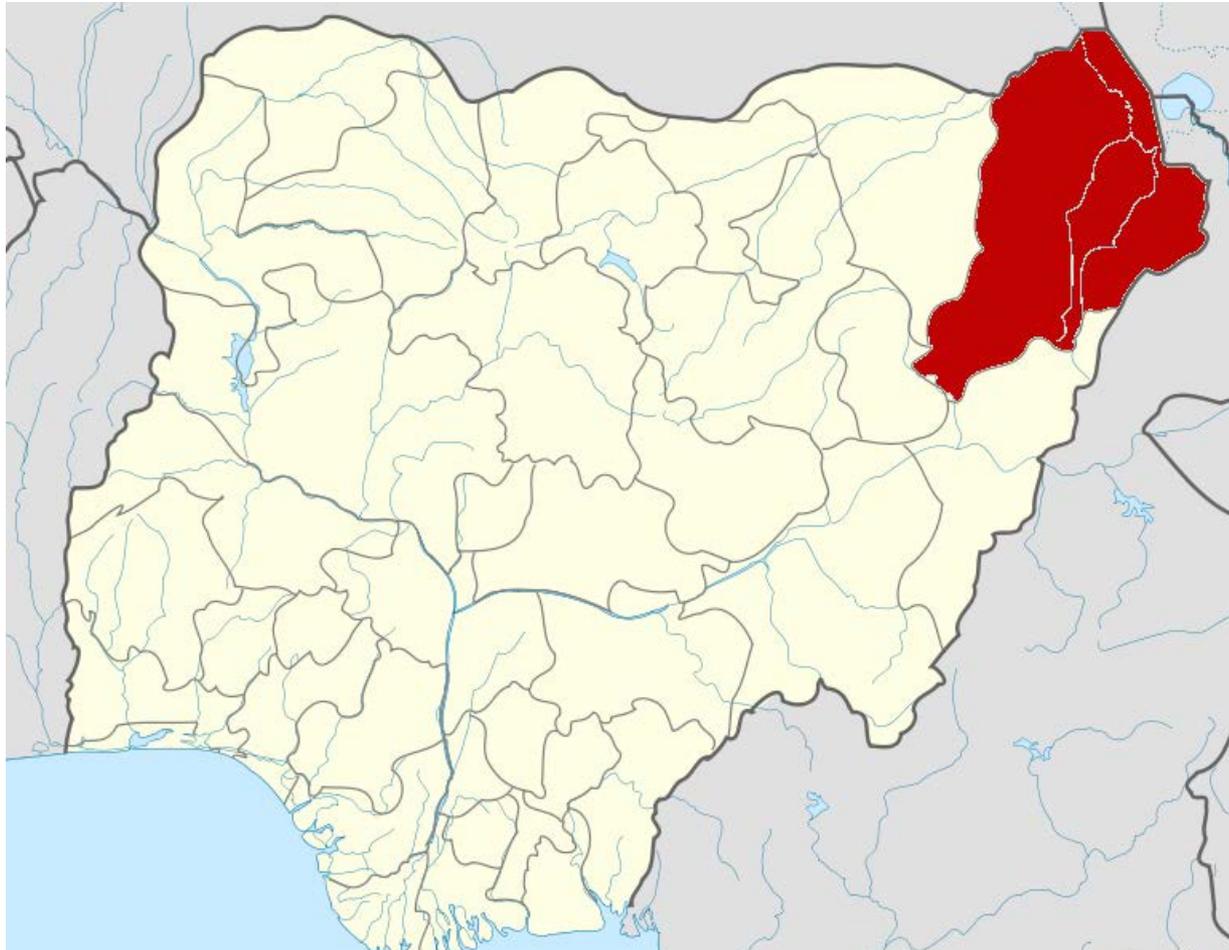
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Background

- Nigeria is Africa's most populous country with a population of 170 million people and is Africa's largest economy and the world's 20th largest
- More than 70 per cent of the population is classified as living in poverty or absolute poverty, with a higher concentration of both groups in the north-east
- Borno state in the North east shares international borders with the countries of Cameroun, Chad and Niger to the north and east. To the south it is bordered by the state of Adamawa and to the west it is bordered by Yobe state it has a population of 4,171,104 and an area of 70,898 km²
- In 2009 the sect known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or commonly called Boko Haram (western education is forbidden) started waging a war in Borno state against the Nigerian government, western culture and modernity and commenced a campaign of terror using bombings, shootings and arson in its early stages but quickly grew to military and guerilla warfare and occupation of territory through violence.

Figure 1: Map showing geography of Borno state and neighbouring states and countries (courtesy wikipedia)



Background contd.

- Their activities spread quickly to the neighbouring states of Adamawa, Yobe, Bauchi, Gombe and countries of Chad, Cameroun and Niger with killings, bombings, displacements, abductions, rapes, forced marriages and conversions
- In 2011 they launched a deadly attack in the capital of Nigeria; Abuja on the UN headquarters leading to the death and injury of several persons
- One of the most well publicized attacks was the abduction in April 2014 of about 276 teenage girls from a secondary school in Chibok village, Borno state which generated global attention and outrage
- The sect in late 2014 declared a caliphate in the state and at a stage controlled 22 out of 27 Local government areas (LGAs) in Borno state (an area approximately twice the size of Belgium) and in 2015 pledged allegiance to the Islamic State

Methodology

- The Borno state ministry of health in the capital Maiduguri was visited to obtain records of the status of the government run health centres and any available information on the private and faith based health centres in the state.
- Available reports were reviewed and relevant data extracted.
- Online searches were conducted for papers, report and articles relevant to the topic.

RESULTS

HEALTH FACILITIES IN BORNO STATE

- There were 577 government owned facilities, out of which 537 were primary health centres (PHCs), 38 were secondary health centres (SHCs) and 2 were tertiary health centres (THCs)
- A total of 266 health centres were affected by the insurgency in the state; 248 (46%) PHCs and 18 (47%) SHCs.
- There have been cases of health worker threats and abduction to insurgent camps and an unspecified number of workers have been killed. A large proportion of health workers that survived have migrated to other parts of the country to work

Description of Health facilities affected by the insurgency in Borno state, N=266 health centres

Type of facility	Number (N)	(%)	Burnt	Affected by weather	Vandalized
PHCs					
Total	537				
Affected by insurgency	248	46	190	56	1
SHCs					
Total	38				
Affected by insurgency	18	47	6	7	5
THCs					
Total	2				
Affected by insurgency	-	-	-	-	-

RESULTS Contd.

EFFECT ON POPULATION MIGRATION

- UNHCR website statistical snapshot shows that as at June 2015 there were 1,358,298 IDPs, 120,303 refugees from Nigeria in the neighbouring countries of Cameroun, Chad and Niger, 1279 refugees residing in Nigeria, 40,640 asylum seekers and 122,719 returned refugees. Several of these refugees have made the crossing of the mediterranean sea to Europe
- This number has increased to 2.2 million displaced people and about 17,000 killed

EFFECTS ON AIDS, TB AND MALARIA

- The state had a HIV prevalence of 5.6% with 107,026 PLWHAs and 10,149 placed on ART as at 2012 administered mainly through the government facilities. This structure has largely collapsed outside the state capital
- TB treatment was done through 75 government facilities using a DOTS approach. These centres are mostly inactive now
- Malaria control is mainly through insecticide treated nets (ITNs) distribution, Artemesinin combination therapy (ACTs), and vector control. These strategies are severely hampered in areas outside the state capital

EFFECTS ON MENTAL HEALTH SERVICES

- There is at present only one functioning mental health facility; the Federal Neuro-psychiatric hospital located in the capital. This is inadequately staffed to cater for the large number of mental health disorders like PTSD that would inevitably result from such large scale trauma

EFFECTS ON FOOD SECURITY

- Several planting seasons have been lost due to inability of the mainly subsistence farmers to access farms during the planting (rainy) seasons over the years

DISCUSSION

- The North east even prior to the insurgency had some of the worst maternal and under-5 mortality rates in the country, this will be exacerbated by the massive loss of health infrastructure and manpower
- The IDPs are kept in formal and informal camps in the state with potential for epidemics of STIs, Cholera, meningitis due to appalling conditions. Abuses have also been reported
- Neighbouring countries humanitarian facilities are ill equipped to deal with the massive influx of refugees and their resources have become overstretched
- Several refugees have made the tortuous journey across the Sahara and Mediterranean sea into Europe with the attendant strain on social services in the recipient countries
- The terrorists also employ the tactic of embedding cells of suicide bombers within IDP/refugee civilians which may pose a threat to recipient communities and countries due to difficulty in doing background checks stemming from poor records in the country
- Progress made in HIV, TB and other disease control programs are threatened to be reversed through the migration of infected persons and disruption of treatments. This will lead to spread of drug resistance in the originating communities and the recipient countries and communities
- Mental health services in Nigeria are not well established and are ill equipped to deal with the large number of disorders that can arise from the traumatic effects of large scale violence like post traumatic stress disorder (PTSD), anxiety and depressive disorders among others.

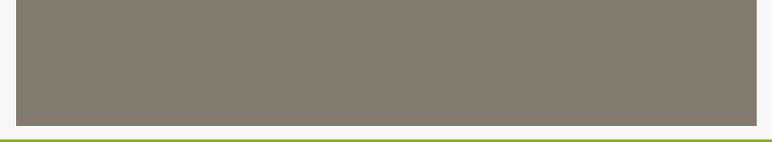
CONCLUSION

- In the post MDG era, it is quite unfortunate that progress made from the huge investments from the government from the year 2000 up till 2009 have largely been reversed in the twilight of the MDG period.
- It is safe to say that the Sustainable Development Goals (SDG) era will not actually be about sustaining achieved targets but rather will be about attaining the MDG goals within the region while the rest of the country and world moves on.
- From 2015 government of Nigeria's armed forces and a West African multinational coalition of troops have recently made large gains in recapturing large expanses of territory from the sect and have massively degraded its ability to hold territory or carry out organized attacks. However the destruction of government and social structures has had a profound effect on healthcare provision in the region and must be rebuilt with the help of local and international partners









Thank you for listening!