

Understanding the Nigerian Healthcare Delivery System: A Paradox of Preventive Medicine since the Colonial Epoch

ABSTRACT

No human society is mundane to health care delivery method. Apparently, the process of healthcare delivery depicts the extent of the social development of a particular society. However, the healthcare delivery process in Nigeria from the colonial era attained a new paradigm by shifting from the practice of orthodox medicine to the western styled patterns. Since the colonial Nigeria, both the traditional and western medicine have been dependable sources of preventive medicine for the Nigeria populace. In spite of the outright condemnation of the traditional healthcare practices, it received unbridled patronage by a larger Nigeria populace, thus the post-independence Nigeria witnessed a paradox of health care delivery.

Aim: Therefore, the perspective of this paper is an effort to specifically provide an understanding of the health care delivery revolution as it affects Nigerians since the colonial period.

Methodology: An extensive review of literature was carried out to elicit information on the Nigerian healthcare delivery since the colonial period.

Results: The study revealed that the Nigerian healthcare delivery system is characterized by high cost. The study also showed that Nigeria has been witnessing inequitable distribution of healthcare facilities since the colonial period.

Conclusion: The paper concludes that although the healthcare delivery system in Nigeria is not a colonial invention but the advent of the colonial masters brought about an outstanding transformation in the healthcare delivery process of most Nigerian societies. Thus, the practice of preventive medicine is indigenous to the Nigerian people.

Keywords: colonial period, healthcare delivery system, orthodox medicine, traditional medicine, preventive medicine, Nigeria,

1. INTRODUCTION

Healthcare delivery system is an enormous aspect of any human society from time immemorial. This brings to one's understanding that the African traditional healthcare delivery system was a notable practice in the pre-colonial Nigeria. As such, the practice of medicine was indigenous to the people of Nigeria. Hence, it is erroneous to believe that medical services came to Nigeria with the advent of British colonisation [1]. Accordingly,

Comment [C1]: The aim is ambiguous. Write thus
This paper aims to provide an understanding on the revolutions in health care delivery system in Nigeria since the colonial period.

23 health service in Nigeria today is to a large extent based on orthodox healthcare delivery
24 system, yet it can be said that the African traditional medicine is unconsciously a part of the
25 world from which most of the modern medicine has evolved [1]. This simply posits that the
26 traditional medical practice is pivotal to the discovery of what became known as modern
27 medicine. Hence, western medicine seems difficult to be separated from the traditional
28 medicine. Nevertheless, western medicine is observed to have had an overbearing influence
29 on the African traditional healthcare since the emergence of the European in Africa, and
30 Nigeria in particular. In fact, David Arnold is of the view that the practice of modern form of
31 medicine is a colonising process [2]. To this end, the western healthcare delivery system is
32 symbolic of civilisation and modernity which understandably is antithetical to the African
33 healthcare system which is perceived as [beenbeing](#) uncivilized by the forerunners of the
34 western healthcare system.

35

36 Emphatically, the colonial and western contact had profound consequence on the African
37 traditional world view. That is, the traditional system and values are rated low and inferior as
38 compared to western values and culture. Apparently, the indigenous institution of healthcare
39 in Nigeria to a very large extent forms part of the cultural settings and religious belief system
40 of the people. That is, the traditional religion explains the well being of an individual. Falola
41 posits that, to ensure good health, children and prosperity, it is strongly believed that spiritual
42 beings must be worshipped [3]. This expression clearly opines that, health in the traditional
43 sense in Nigeria is viewed from the religious perspective, and as such transcends the
44 physical well being of an individual. Obviously, since the colonial period, approaches to
45 healthcare delivery had become a main concern, particularly with the dominant influence of
46 the western styled healthcare pattern, which invariably is often considered as the most
47 acceptable means to solving health related problems. By implication, the traditional method
48 to healthcare became considered unacceptable to the western healthcare approach.
49 Nevertheless, the way and manner in which the traditional approach to healthcare continue
50 to survive and thrive depicts a sustainability of the indigenous health institutions in spite of
51 modernity associated to the colonialism and the post-colonial experience in Nigeria.

52

53 It is from this perspective that this paper seeks to critically examine the dynamics of the
54 healthcare delivery system in Nigeria. An emphasis on the factors relating to the dichotomy
55 between the two predominant forms of healthcare delivery system in Nigeria is considered in
56 this paper. Furthermore, the paper historicises the factors that played out to the gradual
57 relevance of the traditional healthcare delivery system in the late 20th century. This is in line
58 with the view of the World Health Organization (WHO) which recognizes traditional
59 healthcare delivery system as a preventive medicine [1].

60

61 The remainder of the paper is as follows: section 2 deals with colonialism and the dynamics
62 of healthcare delivery while section 3 discussed the Nigerian healthcare system in the post
63 independence period. Section 4 concludes the study.

64

65

66 2. COLONIALISM AND THE DYNAMICS OF HEALTHCARE DELIVERY

67

68 It is truism that the healthcare delivery system in Nigeria is not a colonial invention. This was
69 evidenced by the indigenous medical practice that was intrinsic to the over 400 ethnic
70 groups that later became Nigeria in 1914. These indigenous medical practitioners were
71 known throughout the various ethnic groups as traditional healers [4]. Prior to colonial rule,
72 these traditional healers had variant names by different groups. Among the Yoruba, the
73 traditional healers were referred to as *babalawo*, *adahunse* or *onisekun* and *iya agbebi*
74 (midwives) [5]. The role of the *babalawo* was to diagnose and heal the sick through the use
75 of medicinal herbs (such as stem, bark, leaves, root, fruits, seeds, and flowers), animals
76 (such as snakes, tortoise, snails, lizards, chameleons and insects) and minerals (such as
77 salt, alum and camphor). However, in cases where the ailments persist, the *babalawo*
78 consults his oracle and prescribes the appropriate rituals and sacrifices in order to reveal the
79 cause and cure of the ailments. The duty of the *iya agbebi* (midwives) on the other hand was
80 to take care of pregnant women and to assist them during labour or childbirth. In the
81 Igboland of Nigeria, the traditional healers were referred to as the *dibia*. Their role was to
82 help individuals to understand the forms of their illness and how to cure them [6]. They also
83 performed rituals to appease gods on behalf of individuals in the community. The *Wombai*
84 dominated the Hausa land during the pre-colonial period [7]. Their major role was to provide
85 care for the sick and the wounded during wars while the *Gozan* of the Nupe people were
86 basically traditional surgeons.

87

88 The basic function of the traditional healers in all the ethnic groups was to provide care to all
89 individuals in their community. The Nigeria healthcare delivery system during this period was
90 affordable and accessible to all individuals because of its community based approach [7].
91 There was no discrimination whatsoever between the rich and the poor. However, the
92 Nigerian healthcare delivery system at this period was characterized by so many
93 weaknesses which included unhygienic environment and unsterilized tools used during care
94 which led to the prevalence of infectious diseases, disease outbreak, and lack of treatment
95 due to superstitious beliefs amongst others. This undoubtedly led to an astronomical rise in
96 mortality rate at this period.

97

98 Undoubtedly, colonialism marked an outstanding transformation in the healthcare delivery
99 process of most Nigerian societies. In other words, the traditional healthcare system which
100 had been a dependable source of healthcare, was faced with some forms of condemnation
101 at the advent of the western styled health services. Thus, the practice of preventive medicine
102 is indigenous in nature to the Nigerian people. As such, it is erroneous to believe that
103 medical services came to Nigeria with the advent of British colonisation [1]. The colonial
104 health service structure no doubt established the western medical practices as the most
105 dependable healthcare system. Nevertheless, the African traditional medicine is

106 unconsciously a part of the overall traditional medicine of the world which most of the
107 modern scientific medicine has evolved [1]. This simply implies that traditional medicine is a
108 key factor in the evolution of modern scientific medicine. However, this is not to conclude
109 that in practice, both shared similarities in its forms.

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111 From historical perspective, the first half of the 19th century marked the revolutionary period
112 in the healthcare system in Nigeria. Schram succinctly affirms that, by the first half of the 19th
113 century, the Church Missionary Society began the introduction of modern scientific medicine
114 [8]. Hence, the modern scientific medicine was gradually established as an alternative to the
115 several existing indigenous system of medicine [9]. Understandably, the provision of
116 healthcare became a colonial policy intended towards ensuring a better living condition for
117 the people within the Nigerian State. Since the pre-colonial Nigeria, the healthcare system
118 solely depended on traditional healers such as herbalists, diviners, bone setters,
119 soothsayers, midwives, manipulators as well as spiritualists as health service providers with
120 precise efficiency which was relative to their level of development. Accordingly Orley is of
121 the view that diagnosing a patient by the traditional healers was through the process of
122 divination which is purely metaphysical in nature [8]. A follow up effect of this traditional
123 approach to healthcare system is indeed the high rate of mortality which was usually
124 caused by male/female genital mutilation or circumcision, snake bites, high dosage of herbal
125 concoctions, convulsion, deliveries of babies at home (which resulted in high maternal/infant
126 mortality), measles and other childhood killer diseases, superstitious belief (such as the
127 belief that a sick individual was punished by supernatural powers for his sins or the belief
128 that an enemy cast a spell on a sick individual), malaria, and other infectious diseases,
129 malnutrition, sickle cell anemia, incision of tribal marks on individuals' cheeks and bellies
130 amongst others. This, however, is not to conclude that the efficacy of the traditional
131 approach to healing a patient was out rightly condemnable. Rather, it could be seen in the
132 light of the extent to which the people had developed. That is, a common understanding of
133 the people is that ailments were usually inflicted on patients by perceived enemy. Therefore,
134 a divine approach to attending to the ailment seems most satisfactory, particularly since it is
135 within the religious view of the concerned individuals or communities. Be that as it may, the
136 traditional methods of understanding health problems or challenges among Nigerian
137 communities encountered notable setback beginning from the 19th century in Nigeria.
138 Precisely, since the colonial era and up to the post independence Nigeria, the orthodox
139 healthcare system began to lose its importance in healthcare delivery. Particularly with the
140 establishment of the Christian medical missions which brought about the modern or western
141 health care delivery system in Nigeria [7]. The colonial period was considered to date from
142 late 1885 and 1960, spreading through the period of the establishment of British rule and
143 Nigeria's independence. The explorations and expeditions of the Europeans in Nigeria in the
144 19th century brought about the first western/modern style of healthcare services in Nigeria. At
145 this time, the European explorers and traders came into Nigeria with their doctors who
146 catered for their well-being while they ignored the welfare of the indigenes [10]. The arrival of
147 the Christian missionaries such as the Roman Catholics, Cathedral Church of England, the
148 Church Missionary Society (Anglican), Methodist, and the Baptist during this period resulted
149 in the infiltration of western form of healthcare in Nigeria [11]. According to Orley [9], this
150 western form of medicine came as an alternative to the existing indigenous systems of

151 healthcare in Nigeria. In the real sense, it did not eradicate the traditional form of healthcare
152 already in existence. The western form of healthcare provided by the missionaries according
153 to Ademuluyi and Aluko-Arowolo [12] were usually in the form of mobile clinics and
154 community dispensary out-posts. Furthermore, the emergence of the African churches led to
155 the establishment of faith-healing Christian churches. The idea behind the faith healing
156 healthcare was that healing was only accomplished through the intervention of God. Thus,
157 the colonial period was characterized by three different kinds of healthcare. This includes the
158 modern healthcare system which was provided by the British government and the Christian
159 medical missions, traditional/indigenous healthcare system and the faith-healing healthcare
160 system which was provided by the African churches.

161

162 The modern healthcare system established by the British government was solely meant for
163 the use of Europeans initially. However, this was later extended to African employees of
164 European concerns [13]. Nevertheless, the missionary healthcare facilities were accessible
165 to both the privileged (elites) and the un-privileged Nigerians. However, there had been
166 numerous controversial reports that suggested that the Christian missionary healthcare
167 facilities were used as tools for evangelism (for winning new converts into their religion) and
168 expanding their followership, hence the accessibility of their healthcare facilities to all [14]. In
169 1914, the culturally diverse people of Nigeria were brought together under a central colonial
170 administration by Lord Frederick Lugard. This same year marked the beginning of the First
171 World War (World War I) which lasted till 1918. The world war no doubt had detrimental
172 effects on the western form of healthcare system in Nigeria. This was because the medical
173 personnel in Nigeria at this time were withdrawn to serve in Europe [13]. However, the end
174 of the First World War marked the beginning of the expansion of government-owned health
175 care facilities in Nigeria [14]. These healthcare facilities were highly concentrated in the
176 urban areas where the Europeans and government officials were highly concentrated [15].
177 This was at the detriment of the rural dwellers. In 1930, the Yaba Medical School was
178 established to train doctors for the indigenous population; this however did not give Nigerian
179 doctors the opportunity to practice in government hospitals unless they were providing care
180 to African patients [13]. This led to the agitation of Nigerians and Nigeria healthcare
181 providers. After the Second World War (World War II) which lasted between 1939 and 1945,
182 the colonial government extended the modern healthcare services to the Nigerian
183 population. In 1948, the University of Ibadan was established alongside the University
184 College Hospital to provide care to the Nigeria populace. In addition, a ten year National
185 Health Service policy was established between 1946 and 1956 [16]. This policy was
186 inadequate as well as unsatisfactory to the Nigeria population. In 1953, United Nations
187 Children Fund (UNICEF) was also established in Nigeria. Their mission was basically for
188 disease control through mass campaigns. After the World War II, there was a rapid growth of
189 Nigerian nationalists, and the demand for independence by the Nigerian nationalists was
190 incessant. Thus, Nigeria became independent in 1960.

191

192 A Notable feature of both the orthodox and modern approach to health care delivery is the
193 fundamental aspect of religion as it is used as a means to giving healthcare. In clear terms,

194 the orthodox approach depended solely on the traditional religious system as a means of
195 assurance to receive healing. On the other hand, Christianity was a tool used in the
196 establishment of the modern process to healthcare delivery. This, however, depicts that the
197 changing religious world view of the people is paramount in the changing order of the
198 healthcare delivery process. That is, the extent of religious understanding of the people
199 invariably seems to determine the acceptability of either of the processes aforementioned as
200 curative to ill health. Remarkably, the inadequate manpower and the restriction of health
201 care facilities largely to the urban areas created lopsidedness in the delivery process of the
202 modern healthcare. As rightly observed, the healthcare system during this era was
203 occasioned by the uneven distribution of medical facilities in the urban regions at the
204 detriments of the rural areas where majority of the Nigeria populace reside [17]. The
205 implications arising from this situation is noticed in the continuous dependency by the rural
206 settlers on traditional means to sustaining their health problems which often resulted in the
207 astronomical rise in mortality rate during this period. The bias derived from this is that,
208 comparatively, the western or modern health care delivery process established by the
209 colonial government emerged a reliable source of healthcare delivery.

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3. HEALTHCARE SYSTEM IN THE POST-INDEPENDENCE PERIOD

214

215 On October 1, 1960 when Nigeria attained independence from the British colonial
216 government, the missionaries had established many hospitals, dispensaries and maternity
217 centers in different parts of the country. However, this colonially designed healthcare system
218 was often considered as antithetical to the cultural practices of the people. Hence, there was
219 low patronage of these western medical services, and as such this led to the gross under
220 utilization of the healthcare facilities [18]. In 1962, the First National Development Plan was
221 established by the Nigerian government to cover a period of six years (1962-1968) [19].
222 Specifically on health, the National Plan focused on accessibility of healthcare by providing
223 hospitals in all major cities of Nigeria. However, Nigeria was plunged into social crises such
224 as the 1966 coup and consequently the civil war of 1967 and 1970. The implication was that
225 this first post-independence policy on National Development Plan was short-lived as a result
226 of these social problems. The second National Development Plan established between 1970
227 and 1974 was with the primary objective of providing quality and equal healthcare to all
228 citizens. However, this policy was not properly implemented as only 25% of the Nigerian
229 population had access to quality health care [20]. In the 1970s, after the civil war, Nigeria
230 experienced its oil boom which coincided with the rapid expansion of healthcare facilities
231 [21]. Nevertheless, this period experienced an increase in infant and childhood mortality.
232 This is an indication that government policy on health lacks proper implementation.
233 However, by 1975, the Third National Development plan introduced by General Yakubu
234 Gowon was based on the Basic Health Services Scheme with the aim of increasing the
235 proportion of the population accessing health services from 25% to 40%; to provide an even
236 distribution of health infrastructure in the country especially between the rural and urban
237 areas and between preventive and curative care; to provide infrastructure for all preventive
238 health services such as the control of communicable diseases, family health, environmental

239 health, and nutrition; to establish the school of health technology and to introduce a new
240 cadre of healthcare workers among others. However, the objectives of this plan were not
241 achieved as less than 30% of the Nigeria population had access to modern healthcare in
242 1985 [19].

243

244 The Structural Adjustment Program (SAP) introduced by the Head of State, General Ibrahim
245 Babangida in 1986 lasted till 1990. This era marked the beginning of the rapid decline in the
246 Nigeria healthcare service delivery system. This period was characterized by an
247 astronomical rise in the cost of healthcare in government hospitals; this indisputably led to
248 an increase in mortality rate [21]. Consequently, there was an explosion in the establishment
249 of private hospitals and clinics whose healthcare cost was not affordable by most Nigeria
250 populace. The primary, secondary and tertiary healthcare system was introduced during the
251 post-independence period. In 1995, Nigeria was divided into six geo-political zones. The
252 Nigeria healthcare delivery system benefited from this process because it facilitated the
253 implementation of primary healthcare at the six geo-political zones.

254

255 The introduction of Information and Communication Technology (ICT) tools in Nigeria
256 healthcare delivery system in the late 1990s also changed the face of the healthcare delivery
257 system. The first electronic health system deployed in Nigeria teaching hospitals was the
258 Made in Nigeria Primary Healthcare and Hospital Information System (MINPHIS) which was
259 developed by the collaborative efforts of Finnish research team of the University of Kuopio,
260 Department of Computer Science and Engineering, Obafemi Awolowo University and
261 Obafemi Awolowo University Teaching Hospital. At this point, healthcare practitioners could
262 computerize their medical records and schedule appointments electronically. The
263 introduction of the internet in the Nigeria healthcare system also resulted in technologies like
264 telemedicine, electronic prescription (e-prescription), teleconsulting as well as digital
265 imaging. This no doubt enhanced the healthcare delivery system. However, the effective use
266 of ICT in all sectors including the health sector was plagued with so many challenges. One
267 of the challenges was the concentration of ICTs in the urban Nigeria. This led to the Urban-
268 Rural digital divide which segregated the Nigeria populace into two categories. These
269 categories included the 'haves' and 'have-nots' access to ICT. Other challenges that
270 hindered the effective adoption of ICT in Nigeria healthcare delivery system include erratic
271 power supply, high cost of ICT equipment, as well as the lack of adequate skills to operate
272 the ICT facilities.

273

274 In 2001, Nigeria experienced a revolutionary growth in the telephony industry through the
275 introduction of the Global System of Mobile Communication (GSM) [22]. The use of mobile
276 phones in Nigeria teaching hospitals also began in 2001 [23]. Thus, the proliferation of
277 mobile phones in Nigeria had a positive impact on the healthcare delivery system.
278 Consultation and communication amongst diverse healthcare providers became easier
279 through mobile phones. For instance, Former Governor Olusegun Mimiko of Ondo state,
280 Nigeria, introduced the Abiye programme which employs the use of GSM/mobile phones for

281 consultations between patients and healthcare practitioners during emergency.
282 Nevertheless, the advent of mobile phones did not finally end the challenges in the
283 healthcare sector in Nigeria. For instance, it was reported in the Internet World Statistics [24]
284 that about half to two-thirds of 38,000 villages in Nigeria have no GSM service. Since larger
285 populations of Nigeria are rural dwellers, the effect is that most of the people are not part of
286 the technology revolution of the healthcare service. Furthermore, the establishment of the
287 National Information Technology Development Agency (NITDA) by the Obasanjo's
288 administration in 2001 was with the purpose of engendering information technology.
289 However, the focus of the agency was not on healthcare delivery systems [23]. By 2005, and
290 in line with the 1999 constitution, the Federal Government of Nigeria realized the
291 degenerated condition of the healthcare system and thus proposed the National Health
292 Insurance Scheme (NHIS). This was with a view to financing the healthcare system so as to
293 ensure that employed individuals as well as their families were protected from the burden of
294 expensive healthcare services. Thus, the major objective of the NHIS was to make
295 healthcare readily available to the working population and their families. However, the major
296 setback of the NHIS is that it does not cater for healthcare of the unemployed citizens which
297 constitute a larger percentage of the Nigeria population. Hence, this scheme further widens
298 the inequality healthcare service gap that already existed in the Nigeria society.

299

300 In recent times, the deplorable state of the Nigeria healthcare delivery system has continued
301 to dwindle and so the health of the people and thus the wealth of Nigeria is in jeopardy. This
302 is as evidenced by the photographs in Fig. 1 which shows the deplorable state of healthcare
303 facilities in the Nigeria healthcare system. Hence, healthcare issues have been an enigma in
304 Nigeria.

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316 **Fig. 1. Photos from a Typical Nigeria healthcare Facility [25]**

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319 4. CONCLUSION

320

321 The sustainability and viability of a nation's economic, socio-economic, political as well as its
322 social growth and development depends largely on her healthcare delivery system.
323 However, the healthcare delivery system in Nigeria is not a colonial invention but the advent
324 of the colonial masters brought about an outstanding transformation in the healthcare
325 delivery process of most Nigerian societies. At this point, the orthodox healthcare system
326 began to lose its importance in healthcare delivery. This was mainly because the traditional
327 approach to healthcare system was characterized by a high rate of mortality which was
328 usually caused by male/female genital mutilation or circumcision, snake bites, high dosage
329 of herbal concoctions, convulsion, childhood killer diseases and superstitious beliefs.
330 However, the western styled healthcare delivery system is symbolic of civilisation and
331 modernity and thus it is often considered as the most acceptable means to solving health
332 related problems. However, the western form of medicine was an alternative to the existing
333 indigenous systems of healthcare in Nigeria. Nevertheless, in spite of the modernity
334 associated with the healthcare system since the colonial era in Nigeria, the traditional
335 approach to healthcare continue to thrive. The traditional approach to healthcare system has
336 been affordable and accessible to all individuals because of its community based approach.
337 However, the western styled medicine was characterized by numerous challenges such as
338 high cost of healthcare, high concentration of modern healthcare facilities in the urban
339 centres.

Comment [C2]: Conclusion is much and ambiguous. Only vital points may be necessary. Concise for clarity

340

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