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“STATE OF HEALTH CARE SYSTEMS IN LAGOS STATE”

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MISSION STATEMENT OF LAGOS STATE MINISTRY OF HEALTH

To institutionalize an evidence-based health system that promotes the delivery of quality, effective, affordable, accessible, acceptable, cost-efficient and equitable health services to the people of Lagos State, applying appropriate technology and driven by a highly motivated staff, thereby contributing to the sustained economic development of the State.

INTRODUCTION / BACKGROUND

Health is a fundamental resource for every day life and needs to be nurtured and supported by any responsible government. The peculiarities of Lagos State in terms of the size of its population, diverse ethnicity, commercial activities, infrastructure and the electoral promises of the current administration posed peculiar challenges for the health sector. Strategies adopted were geared towards improving systemic performance and ultimately, the quality of life of residents especially the vulnerable and indigent.

The unprecedented development witnessed by the health sector of this state during the past few years has been guided by a well defined three-pronged policy thrust.

The policy thrusts formed the basis of the conceptualization and implementation of quite a number of programmes and projects by the Ministry. Some of these include:

- Control of HIV/AIDS primarily by the Lagos State AIDS Control Agency (LSACA)
- Roll Back Malaria Programme – Free malaria treatment, distribution of ITNs etc
- National Programme on Immunization
- School health programme
- Control of Tuberculosis – DOTS regimen
- Hospital based 24 hour free emergency services(LASEMS)
- Pre hospital ambulance service accessed from the 123 emergency hot line (LASAMBUS)
- Marine Rescue Unit
- Drug Quality Control Laboratory
- Task Force on Counterfeit, Fake drugs and Unwholesome Processed Foods
- Private Hospital Registration Authority
- Free Health programme
- Blindness Prevention programme
- State Environmental health Monitoring Unit
- Rural Health Ambulance Boat Service
- Drug Manufacturing Unit
- Continuing Medical Examination programme
- Completion of the abandoned hospital projects at Akodo and Igando
- The Eye Clinic, LASUTH
- Rehabilitation of two blocks at the Lagos Island Maternity Hospital
- Initial phase of the LASUTH developmental projects

While successes and acclaim for these programs were recorded, the Ministry of Health realized that there was room for improvement and that sustenance of these programs will end up being cosmetic if defects in clinical services and the PHC system are not addressed.

In order to further assess the *impact* of the projects and programs, a *survey* was conducted in the year 2001 .The findings of the survey include:

- **Service delivery**
 - very poor health indices
 - disorganized health systems (poor access, equity problem)
 - weak referral system
 - obsolete technology

- broken-down and outdated equipment
- **Governance/Policies**
 - policy gaps, inconsistency and discontinuity, especially during the military era
 - inadequate legislative framework
 - lack of coordination of activities resulting in duplication of functions
 - lack of performance-based policy
 - largely unregulated private health sector responsible for service delivery to about 55% of residents
 - faulty recruitment and placement policies
 - State involvement in the performance of functions that are statutorily the functions of local governments
- **Infrastructure**
 - neglected and dilapidated – a reflection of long periods of neglect by previous governments
 - grossly inadequate electricity and potable water supply
 - mortuaries in various stages of decay
- **Management Information System**
 - very weak
 - poorly developed
 - obsolete
- **Financing**
 - inadequate health budget
 - large chunk of government expenditure on health spent on personnel emoluments
 - poor accountability
 - weak financial management base
 - low level of public-private sector interaction
 - no clear cut financing mechanism to sustain the health sector
 - Uncoordinated donor/partner collaboration
- **Human Resources**
 - inadequate, poorly motivated and remunerated
 - uneven distribution
 - generally top heavy nursing departments
 - low capacity for general and financial management
 - very poor training and development plans
 - faulty recruitment procedures
- **Quality of Care**
 - poor (high level of consumers' dissatisfaction)
 - fake, adulterated and lack of essential drugs
 - unethical practices
 - low consumers' health knowledge and right awareness

These findings brought to the fore the need for a comprehensive review of the system with a view to initiating a lasting reform, the contents of which are summarized in this paper.

Table1: LIST OF PUBLIC SECONDARY AND TERTIARY HEALTH FACILITIES

S/N	LGA	Health facility	Address
1	Agege	General Hospital, Orile-Agege	Oke-odo Street, Orile-Agege
2	Ajeromi-Ifelodun	General Hospital, Ajeromi	6 Cardoso Street, Ajegunle
3	Alimosho	General Hospital, Alimosho	LASU Road, Igando
4	Apapa	Apapa Health Center	16 Ibikunle Akintoye street, off Randle Street.
5	Badagry	General Hospital, Badagry	
6	Epe	General Hospital, Epe General Hospital, Agbowo Ketu-Ejirin Health Center	Hospital Road, Epe 26 Hospital Rd, off Ikosi Rd, Agbowo Ejinrin Rd, Ketu
7	Ibeju-Lekki	General Hospital, Akodo	Akodo
8	Ifako-Ijaiye	General Hospital, Ifako-ijaiye	14, College Road, ifako
9	Ikeja	LASUTH	1-5 Oba Akinjobi street, Ikeja.
10	Ikorodu	General Hospital, Ikorodu Ijede Health Center	Otunba TOS Benson Rd, Ikorodu Hospital Rd, Ijede
11	Kosofe	General Hospital, Gbagada	1 Hospital Rd, Gbagada
12	Lagos Island	General Hospital, Lagos Lagos Island Mat. Hospital Massey Str. Children's Hospital Onikan Health Center	1-3 Broad Street, Lagos. Campbell Street, Lagos Massey Street, Lagos Yoruba Tennis Club Rd, Onikan
13	Lagos Mainland	Mainland Hospital, Yaba, Ebute-Metta Health Center Harvey Road Health Center	Cemetery Rd, Ebute-Metta 8 Harvey Rd, Yaba
14	Mushin	General Hospital, Mushin	Iyalla Road, Mushin
15	Oshodi-Isolo	General Hospital, Isolo	127 Mushin Road, Isolo
16	Somolu	General Hospital, Somolu	Oguntolu Road, Somolu
17	Surulere	General Hospital, Surulere	Randle Avenue, Surulere

Functions of the Ministry of Health

Under the provisions of the Health Sector Reform Law, the Ministry of Health is responsible for the formulation, monitoring, evaluation of policies, strategies, plans of action and supervision of health services in the State and shall perform the following functions:

- (1) Supervision and control of all Health facilities in the State in order to ensure a minimum standard in all public and private health facilities;
- (2) Supervision and control of all Hospital Governing Boards and Government Health Bodies and Agencies;
- (3) Approval of regulations and subsidiary legislation;
- (4) Approval of long-term plans and variations of such plans;
- (5) Development of management, financial guidelines and performance standards for internal control of public hospitals;
- (6) Developing performance standards for internal control of Public Hospitals;
- (7) Policy approval of rate and scale of charges for services rendered to the public by the Hospital Governing Boards;
- (8) Recommendation for capital and operating budgets for Hospitals Governing Boards (which includes recommendation for major adjustments, increase in salaries, allowances and fringe benefits for hospital employees);
- (9) Elevating the quality of health practice in the professional disciplines through the advancement of appropriate standards and research priorities;
- (10) Collation and analysis of monthly medical statistical data (attendance, morbidity, mortality and utilization of services) from Hospital Governing Boards;
- (11) Obtaining annual audited accounts of hospitals and Hospital Governing Boards within three months after the end of preceding financial year;
- (12) Co-ordination and integration of the various hospital services at all levels in the State to ensure they conform with the State health policies and programs; and
- (13) Maximizing the effective use of resources within the health sector in the State.

1. POLICY FORMULATION

a. ***The 10-Point Agenda (TPA)*** otherwise called the Lagos Economic Advancement Programme (LEAP) is an aggregation of stakeholders' thoughts on plans/programmes for leaping the State to greater sustainable development. It was developed at the outset of the second term in the saddle of office of this administration. As expected, the health sector was adequately addressed to be strengthened in the envisioning of a State developmental agenda to create a Lagos City –State.

b. ***Health Sector Reform Policy***

Though the health policy thrusts remained the same during the last four years in office of this administration, the focus was essentially to consolidate on the gains of existing programmes and projects and to fully implement the Health Sector Reform Agenda.

Focus Areas of the Reform Policy are:

i. ***Organization / Structure***

- Reorienting and redefining roles of government agencies (including strengthening of capacity)
 - State Ministry of Health (to focus more on management, policy formulation monitoring, evaluation of policies, strategies, plans of action and supervision of health services in the State)
 - Secondary/Tertiary Health Care (improvement of clinical service delivery)
 - Local Government Departments of Health (improve capacity to implement and efficiently deliver PHC services)

- Decentralization
 - Devolution of certain roles and responsibilities of the defunct State Hospitals Management Board (SHMB) to the hospital units through the establishment of Governing Boards and constitution of Hospital Management Committee for each hospital
 - Establishment of the State Health Service Commission to replace the SHMB with special emphasis on manpower planning, development and training
 - Establishment of Health Facilities (public/private) Accreditation/Monitoring Agency to ensure quality assurance at both public and private health facilities by setting standards relevant to physical structure, scope of services, equipment, staffing etc.
- ii. *Health care financing*
 - Broadening health financing options (including construction/implementation of a State and Local Government Health Accounts
 - Institutionalization of the State Health Insurance Scheme and encouragement of public-private mix)
 - Incorporation of private sector operators into overall health sector policy through contracting, regulation, franchising and integration of private practitioners into public referral network
 - Strengthening of internal control system
 - Improvement in financial resource management
- iii. *Management*
 - Strengthening the management expertise of health sector managers
 - Application of best practices techniques and institution of business processes
 - Changes in human resource management to focus on staff recruitment based on identified needs and performance based evaluation
 - Emphasis on patient centredness
- iv. *Technology*
 - Enhancing technological capacity
 - Targeted investment in medical equipment, computers and relevant software packages
 - Technology driven health management information system (HMIS)
- c. Formulation of the ***Health Sector Component of*** the 3 year (2005-2007) State Economic Empowerment and Development Strategy (***LASEEDS-1***)

2. **HEALTH LEGISLATION**

The underlisted laws / regulations were passed during the tenure of this administration and are operational:

- a. Law to establish Lagos State HIV/AIDS Control Agency and for other connected matters;
- b. The Health Sector Reform Law;
- c. Regulations to establish Lagos State University Teaching Hospital Management Board and for other connected matters;
- d. Law to establish Lagos State College of Health Technology ;
- e. Law to provide for the Lagos State Health Management Information System and for other connected matters;
- f. Law to provide for health, safety and environmental protection in industries and for other connected purposes;

- g. Law to make provision for the establishment of Committee for Blood Transfusion in Lagos State and for other incidental and connected matters.
The School Health Bill has also passed through the second public hearing.

3. REGULATION

No responsible government will fold her arms and watch her helpless residents at the mercy of quackery. The following were therefore established during the tenure of this administration to perform essentially regulatory functions

a. Blood Transfusion Committee

The largely unregulated and uncoordinated blood transfusion services in the state led to the establishment of the Blood Transfusion Committee with the following mandate:

To register and accredit public/private blood banks, promote voluntary non remunerated blood donation. ensure all blood banks operating in the state screen blood at approved screening and certified centers, ensure quality service in blood banking as well as to promote research into all aspects of blood transfusion

b. Health Facility Monitoring and Accreditation Agency (HEFAMAA)

In order to improve and maintain the quality of care provision to residents by the public and private health sectors (quality assurance), under the health sector reform, Private Hospital Registration Authority was transformed into the Lagos State Health Facility Monitoring and Accreditation Agency in March 2006 with the mandate to set standards with regards to specifications of minimum requirements to physical structure, equipment, staff, space allocation, services etc., accredit and license facilities, monitor and evaluate performance, and enforce compliance.

c. Pharmaceutical Services

i. The Task Force on Counterfeit/Fake Drugs was inaugurated in April 2001 in

response to the unacceptably high prevalence of fake, counterfeit and adulterated drugs in the State. Some of the activities carried out by the Task Force include the following:

- Awareness campaign on the hazardous effects of fake, spurious and counterfeit drugs through advocacy visits to dominant figures/stakeholders and gatekeepers, mounting of giant bill boards in strategic areas of the State, radio/television jingles, distribution of posters, handbills and stickers
- Raiding of suspected premises and prosecution of offenders
- Destruction of seized counterfeit and fake drugs
- Collaboration with national regulatory agency (NAFDAC) and the Federal Ministry of Health.

ii. Drug Quality Control Laboratory (DQCL)

At the inception of the administration, the Drug Quality Control laboratory was an uncompleted building. The laboratory was established to compliment the quality assurance measures instituted all through the drug chain in Lagos State by testing for genuineness or otherwise of drugs. The facility, fashioned along a WHO-modeled Medium Size Drug Quality Control Laboratory in terms of infrastructure and equipment, and the first of its kind to be owned by a state government in Nigeria, was commissioned in 2003 and has since received the recognition of the country's drug regulatory body i.e. NAFDAC.

d. Occupational Health

In a modest way, the Ministry has sought to ensure optimal safety of workers in the workplace primarily by regulating factory operations. In this regard, a total of **453 factory inspections** have also been conducted to ensure that factory operations are in conformity with occupational health standards

4. RESOURCE MOBILIZATION

i. Human Resources

Globally, in the health sector, this issue is given priority consideration .Prior to the inception of this administration when the Health Management Board coordinated the activities of health workforce, there was a prevalence of apathy, sub standard facilities and bureaucratic bottlenecks. In realization of the importance of human resources in health and the strategic need to address issues relating to same in the State, the HMB was transformed into the **Health Service Commission (HSC)**. The Commission is charged with the overall responsibility of health personnel management on issues of recruitment, deployment, promotion, discipline, pension and welfare matters amongst others.

Table 2: *Staff Strength and Distribution

S/N	Cadre	Ministry of Health	Health Service Commission	LASUTH	Total
1	Doctors	46	463	219	728
2	Dentists	0	68	15	83
3	Pharmacists	14	75	24	113
4	Radiographers	0	21	0	21
5	Nurses	206	1685	564	2455
6	Physiotherapists	0	25	15	40
7	Medical Lab Scientists/Technicians	83	105	52	240
8	Dental Technicians	0	48	14	62
9	Pharmacy Technicians	6	117	13	136
10	Engineering	2	299	58	359
11	Administration Staff	70	480	76	626
12	Others	220	2289	384	2893
Total		647	5675	1434	7756

* December 2006

Some of the **achievements** of the **Health Service Commission** since inception include:

- Staff recruitment now based on needs and requirements. Recruitment of over 3,400 new health personnel since 1999 (inclusive of 324 doctors and 812 nurses);
- Appropriate regularization of 475 officers deployed from the Local Government Service Commission;
- Empowerment to automatically replace staff who have exited from service to minimize staff shortages;
- Gradual reversal of the inverted pyramid structure of the Nursing Services inherited by this administration;

- Establishment of a Monitoring Unit to observe, at the various hospitals, the response of staff to patients, and the handling of their care;
- The creation of the Hospital Administration cadre to provide advancement prospects for hospital secretaries, who hitherto had been stagnated on Grade level 14;
- A total of 5172 officers have benefited from a series of training programmes since 1999;
- Implementation of the HAPPS and other new allowances for health personnel.
- The devolution of certain roles and responsibilities hitherto performed by the defunct HMB to the hospital units. The decision to grant some measure of autonomy to all hospital units was taken in the hope that it will encourage healthy competition and creativity amongst the units. The running of the individual units is being conducted under strict management and financial guidelines as drawn up by the Ministry of Health.

Other relevant achievements include:

- The Institution of the **Continuing Medical Education (CME) Programme**. A total of 37 sessions were held. The content of these sessions have been compiled into two publications and the third publication is underway.
- Recruitment into the School of Nursing and College of Health Technology based strictly on merit
- Institution of monthly and annual merit awards
- Overseas medical exchange programmes for some medical personnel in specialty areas of internal medicine, ophthalmology, neonatology and anaesthesia.
- Training of a total of 4,953 health workers in general management, Total quality Management, Human resource management, budgeting and financial management, use of statistical software packages, neonatal resuscitation, safe motherhood, roll back malaria, orthopaedic nursing, integrated management of childhood diseases etc

ii. Healthcare Financing

The health sector is faced with many challenges not unconnected with the peculiar status of the State being a megacity and commercial capital of the nation. Management of the health status of an ever increasing population of the state due to migration of individuals from different states and neighbouring countries, in the face of limited resources and increasing government responsibility has left the health sector competing with other sectors for scarce public funds.

To demonstrate her commitment to the health of residents, the present administration has over the past eight years increased the budgetary allocation to the sector. Furthermore, alternative sources of funding such as the public private partnerships have been initiated and insurance schemes are being explored to broaden financing options and ensure sustainable development of the health sector. Some of the achievements recorded in the implementation of these initiatives by the Ministry of Health are:

- In absolute terms, the budgetary allocation to the health sector has increased steadily over the years from ₦1.6 billion in 1999 to ₦ 11.8 billion in 2006;
- It is pertinent to know that over this period; almost 80% of these figures have been on recurrent expenditure with personnel constituting a significant chunk (60% on the average). Furthermore, significant increases were made in the proportion of the capital especially in the last 3 years.
- Participation of 11 public hospitals as primary and secondary providers in the on-going pilot phase of the National Health Insurance Scheme;
- Success recorded in the implementation of the following PPI projects:
 - Construction and equipping of mortuaries at LASUTH and Gbagada General Hospital;

- Joint venture fee paying pharmacy services in eight public secondary health facilities.
- Management of the Critical Care Unit at LASUTH;
- Blood Screening and Certification Centers in five hospitals;
- Healthtron Electrotherapy Service – an alternative form of physical therapy
- Private Sector Participation in the areas of certain investigative services like ultrasound scan, laboratory services, endoscopy etc
- Prepaid financial scheme at the PHC level is being explored in the pilot phase of the Community based health insurance scheme
- The Histopathology laboratory at LASUTH which will commence operations anytime from now.

Table 2: Summary of Year 2007 Lagos State Health Budget (₦ 13,631,107,839)

S/N	Agency	Personnel Budget ₦	Overhead Budget ₦	Capital Budget ₦
1	Ministry of Health	1,795,885,963	1,000,000,000	6,800,000,000
2	LASUTH			
3	Health Service Commission	3,67,721,876	95,000,000	
4	General Hospitals		242,500,000	
5	Board of Traditional Medicine			10,000,000
Total		5,483,607,839	1,337,500,000	6,810,000,000

ii. Management Information System

In compliance with the technological reform content of the HSRP, the following activities were embarked upon:

- Establishment of IT resource centres in the Ministry of Health, Health Service Commission and hospital units
- Targeted investment in computers and software packages distributed to the Medical Departments of the 20 LGAs to enhance the NHMIS record keeping.
- Training of health workforce to enhance technological capacity
- Commencement of a pilot phase of computerization of health records involving three hospital units which would be linked to the Ministry of Health

iv. The College of Health Technology

The status of this training institution was upgraded that of a School to a College during the tenure of this administration. The College of Health Technology offers eight (8) distinct courses leading to the award of certificates and National Diplomas at the ordinary and higher levels.

In line with the health related Millennium Development Goals, the administration continued to execute programmes and projects with the primary objectives of preventing, early detection and treatment of diseases such as HIV/AIDS, Malaria, Tuberculosis/Leprosy, Avian Influenza, preventable blindness, Diarrhoeal Diseases and Respiratory infections. Routine and blitz immunization services, School health programmes and other nutrition related programmes were also implemented. Emergency services also received the necessary attention required.

v. Programme Implementation and Impact

Human and financial resources were mobilized to implement the underlisted programmes to address major public health issues such as Maternal and Child Health, poverty, financial protection to the poor, health security, quality of care, access and general empowerment of the residents.

i. Free Health Scheme:

This focuses essentially on the first of the three cardinal health policy thrusts of the present administration i.e. free community-based primary healthcare services.

The scheme was in existence before 1999 but limited in scope. The current administration approved its expansion to cover:

- Free treatment of malaria (extended to LGAs)
- Free treatment of children aged 12 years and below
- Free treatment of adults aged 60 years and above
- Free ante-natal care services
- Ambulance boat services to cover riverine areas of the State
- Public servants, their spouse and 4 dependants aged 18 years and below
- Special programmes such as the TB/ leprosy treatment, Blindness prevention, Limb deformity and corrective surgery, cleft lip/palate repair, cardiac surgery, breast cancer, school milk etc.
- Overseas medical treatment sponsorship for cases which cannot be adequately handled locally.

The government expenditure of huge sums of money to save the lives of residents was in the belief that they, in turn, would contribute significantly to the socio-economic development of this great State

ii. HIV/AIDS Control

Given the multisectoral approach necessary for HIV/AIDS Prevention and Control and the importance attached to it by this administration, **the Lagos State Action Committee on AIDS (LSACA) was established under the Office of the Governor in 2000**, with the Ministry of Health constituting a major player/collaborator.

At the inception of this administration, the generalized epidemic of HIV was at a prevalence of 6.7% in the State. There were no identified HIV testing sites and no coordinated response at state level. There was also a lack of responsiveness to PLWHAs needs and human rights.

b. Adolescent and Youth Empowerment

The “Hello Lagos” program was created by the Ministry of Health in the year 2002 to cater to the services of adolescents who make up about a third of the population. With 13% sexually active and with the attendant risk of transmitting STIs including HIV/AIDS and abortion and teenage pregnancy being quite common, there was a need to institutionalize a program for in-school adolescents in the state. The scope of activities will need to be expanded to accommodate the out of school adolescents

iii. Roll Back Malaria Programme

Malaria remains a major public health issue and is responsible for 50-70% of out-patient visits, 15% of hospital admissions and 20-30% of deaths in children and pregnant women.

The State government’s commitment to efforts at controlling malaria through the Roll Back Malaria programme has resulted in the adoption of strategies such as public enlightenment, prompt diagnosis and treatment, vector and environmental control, etc.

The frequent and inadequate supply of antimalarials in pharmacies and Primary health centers and the fact that 50% of uncomplicated malaria cases were being attended to at secondary health facilities led to the establishment of the **Eko Free Malaria Programme** during the first term of this administration.

Achievements:

- Over 1,000,000 BCC/IEC materials distributed
- Provision of Free Malaria treatment to all citizens in the state;
- About 3,685,815 Patients have benefited from the programme;
- Effective transmission from Chloroquine therapy to Artemisinin Combination Therapy (ACT) in line with global trends.
- 681, 000 Insecticide Treated Nets distributed;
- Intermittent Preventive Treatment of malaria in pregnancy – 181,627 doses of sulphadoxine pyrimethamine formulations distributed.
- 272,000 doses of Coartem (ACT) distributed for paediatric malaria management.
- About 450 workers trained during Training of Trainers (TOT) and step down workshops at State and LGA levels.
- Lagos State Environmental Sanitation and Malaria Control Project in 3 LGAs in collaboration with Min of Environment and developmental partners
- Establishment of a forum for on-going discussion among partners e.g. SWIPHA, CHIPHARMA, MACAO, Rotary International, JICA etc.

iv. Tuberculosis Control

The tuberculosis control programme on ground in 1999 was rudimentary and was not DOTS compliant. There were inadequate and ineffective AFB diagnostic units and the program was poorly funded and managed. This led to a significant increase in drug resistant TB cases and the increasing co-existence of Tuberculosis and HIV/AIDS compounded the problem making tuberculosis control a major public health issue.

v. Avian Influenza (Bird Flu) Control Programme

Avian Influenza was not an issue at inception of the administration. Bird flu was first reported in February, 2006. In readiness for response to the global threat of the infection, the Ministry of Health initiated the necessary steps. The first and only human case of bird flu was recorded this year.

Achievements:

- Constitution of a rapid response team and a technical inter-ministerial committee
- Establishment of active surveillance teams for bird flu
- Sensitization seminars of health workers in the state
- Intensive awareness campaigns
- Procurement of personal protective equipment
- Dedication and Upgrading of isolation ward at the IDH to handle any case of human infection
- Printing and distribution of BCC/IEC materials
- Procurement of necessary drugs (Tamiflu)
- Rapid assessment of level of preparedness and awareness conducted in Eti-osa and Ifako-ijaiye LGAs
- Appointment of a desk officer under the World Bank assisted Avian Influenza Control Program (AICP)

vi. Blindness Prevention Programme

This administration's conviction that one of the many ways to tackle poverty is by giving back sight to the blind formed the basis of this programme. Using the accepted assumption of 1% blindness prevalence in Nigeria and given the population of Lagos State, the projection was that the blindness (blind and visually handicapped) load in the State is very quite high.

The blindness prevention programme was initiated in the year 2000 with the aim of reducing the prevalence of preventable blindness through the strategy of distribution of free eye glasses based on results of screening exercise and provision of free eye surgery if corrective.

The communities were also mobilized to the palaces of paramount traditional rulers in the State including the Oba of Lagos for the exercises in a bid to ensure that the truly indigent are beneficiaries.

vii. National Programme on Immunization

Vaccine Preventable Diseases accounts for 20% of morbidity and mortality in children before their fifth birthday. Children by the age of 1 should have completed their immunization schedule according to the NPI schedule.

The NPI program at inception of this administration was characterized by deteriorating infrastructure including break down of the cold chain equipment, low routine immunization coverage, non functioning of the outreaches at the LGAs and poor ownership of immunization activities at the LGA levels.

viii. School Health Programme

Children in the State constitute about 40% of the population and account for over 30% of recorded visits to hospitals. Over 80% of children are in primary or elementary schools (ages 6-14) while over 71% of total children population complete at least four years of primary schooling. The health of school children deserves special attention.

The focus of this programme is the impartation of proper health knowledge, practices and skills to pupils in their most impressionable years and to significantly reduce the burden of malnutrition.

The programme was re-launched in the year 2006 with Health Education activities constituting a major component. Institutionalization of the School Milk Program with nutritionally adequate quantity of milk distributed to primary school children twice weekly and the availability of the school eye screening program as an integral component of pupils' health inspection have improved punctuality and school attendance.

Activities: include Free School Milk distribution, Free eye screening and provision of glasses, General medical and dental examination/screening, Provision of first aid boxes, Assessment of basic sanitation of school environment and classroom ventilation, Monitoring of school food handlers, De-worming exercises and Distribution of IEC materials

ix. Nutrition

The ratification of the food and nutrition policy by the Nigerian Government (NPFNN 2001) is a major landmark in the current efforts to deal with the scourge of malnutrition and nutrition related illnesses. The ultimate goal is to initiate, develop and implement policies, concepts, strategies and programmes to meet the nutritional needs of the State's citizenry, particularly the most vulnerable members' of the society.

Achievements:

- Training of Focal Nutrition officers for the 20 LGAS on lactation management, essential breastfeeding actions & Micronutrients Guidelines
- Produced and distributed, in collaboration with development partners, 50,000 IEC materials on the key breastfeeding actions.
- Training of 240 caregivers on key household & community practices

- Training of 140 health workers on infant and child feeding in the context of HIV/AIDS in collaboration with AED/Linkages.
- Annually Distributed 8972 bottles of 200,000IU of vitamin A during NIDS/RI
- Distributed 3700 tins of Iron/folate supplements to the LGAs
- Nutrition counselling for 534 clients on dietary management of obesity, diabetes and hypertension
- Salt iodization testing conducted in six markets in the state
- Sustained implementation of school milk programme from inception (2003) till date

x. Ambulance/Emergency Medical Services

Increasing urbanization and industrialization of Lagos State has led to an appreciable increase in the number of road traffic, industrial and marine accidents and medical emergencies/disasters i.e. collapsed buildings and pipeline explosions. Hence the strengthening of the base hospital care i.e. Lagos State Emergency Medical Service (LASEMS) and establishment of the pre-hospital care service, the Ambulance Service (LASAMBUS) in March 2001. Both services have led to significant improvement in the response time and quality of care with attendant improvement in morbidity and mortality rates occasioned by medical emergencies.

LASAMBUS

- Training on basic trauma care and intermediate basic life support;
- Total of 20 ambulances operating from 18 ambulance points;
- Number of patients attended to – 123,000
- Number of accident victims attended to and referred -33,619

LASEMS

- 3 sites located at LASUTH, General Hospitals Lagos and Gbagada
- Free services for the first 24hours of admission

xi. The Limb Deformity Corrective Surgery and Rehabilitation Programme

This programme was established in the year 2005 with the sole purpose of improving the quality of life of those afflicted most of whom being children, through the instruments of surgical intervention, physiotherapy and provision of walking aids.

xii. Free Cleft Lip and Palate Reconstructive Surgery Programme

This program, termed “Operation Smile” which started in July 2006, was designed to give succor and bring smiles back to the faces of afflicted children and their immediate families. Over 237 patients have been screened, 102 surgical interventions performed, and milk and other nutritional supplements given to these children.

xiii. Breast Cancer Screening And Awareness Programme

The Breast Cancer and Awareness program was officially launched in 2006 in response to the ever increasing number of cancer patients who reported frequently at late stages of the disease to the hospital due to a lack of awareness/ information of available treatment options.

Achievements:

- A rapid assessment survey was conducted in Somolu and Ikeja LGAs to provide baseline data on KAP of the people

xiv. Reproductive Health Programmes

The reproductive health situation in the state at inception of this administration was characterized by High maternal mortality rate of 650/100,000 live births and high fertility rate due to low access to family planning.

The Ministry sought to improve access to reproductive/Sexual Health services and information, train health professionals and community health workers on Life Saving /Essential Life Saving Skills, provision of Reproductive Health I.E.C. materials, integration of RH programme activities into secondary school curriculum and procurement of family planning commodities including training of FP personnel on FP commodity management.

xv. State Environmental Health Monitoring Unit (SEHMU)

The issue of corpses and dead animals on our roads and highways inherited from the immediate past administration constituted an irritating, embarrassing and environmentally unpleasant sight not to mention its public health implications. SEHMU is charged with the responsibility of facilitating the sanitary disposal of unidentified corpses in public places. *A total of 3,886 corpses have been picked up* by this unit, with RTAs, destitutes and disasters accounting for over 90% of cases.

xvi. Cardiac Surgery Missions

This intervention was established with the twin objective of conserving scarce foreign exchange expended in the management of children with congenital heart defects and developing local capacity.

A total of 26 cardiac surgeries were performed during 3 cardiac missions with two deaths recorded.

xvii. Medical Missions

The concept of medical missions was specifically to provide fairly comprehensive medical services periodically at the grass root to complement the regular facility based services. These have always been executed in collaboration with various committed partners and organizations.

Notable activities in this respect include:

- i. Three missions with ANPA at Ibeju Lekki, Lagos Island and Badagry LGAs where over 10,000 patients were seen and 2,275 surgical interventions carried out.
- ii. Several others have been conducted in smaller communities all over the state in collaboration with other NGOs, religious groups, community associations and clubs.

5. INFRASTRUCTURAL DEVELOPMENT

At all levels of health care delivery, the State government embarked on rehabilitation, refurbishment, and /or upgrading of various facilities as well as the provision of necessary equipment. Some of the achievements to date include:

i. PRIMARY HEALTH CARE

- a. Rehabilitation and partial equipping of eight (8) Primary Health Clinics in collaboration with COMPASS. These are located at:
 - o Ojo Resthouse PHC (Ojo LGA)
 - o Ogudu PHC(Kosofe LGA)
 - o Marina PHC (Badagry LGA)
 - o Oshodi PHC (Oshodi/Isolo LGA)
 - o Akoka PHC (Somolu LGA)
 - o Iwaya PHC (Lagos Mainland LGA)
 - o Isheri Olofin PHC (Alimosho LGA)
 - o Palm Avenue PHC (Mushin LGA)
- b. Rehabilitation of two (2) Primary Health Clinics in collaboration with the African Development Bank. These are Igbonla PHC and the Community Health Training Institute, Agbowa PHC

c. The number of PHC facilities increased from 160 in 1999 to 209 in the year 2007.

ii. Similar achievements at the **SECONDARY HEALTH CARE** level include:

- Rehabilitation of 19 existing secondary health facilities including the replacement of roofing, provision of boreholes, water treatment plants etc
- Establishment and ongoing rehabilitation of 5 new General Hospitals located in Ifako-Ijaiye, Somolu, Mushin, Alimosho and Ibeju-lekki LGAs in line with the policy of at least one secondary health facility per LGA
- Completion of the Dental Clinic, ward and canteen at General Hospital, Surulere
- Renovation and equipping of Blocks A and B, Lagos Island Maternity Hospital
- Completion of Medical Staff Quarters at General Hospital, Agbowa
- Completion of the Doctors Quarters at General Hospital, Isolo
- Completion of the Theatre/ Ward Complex at Orile Agege General Hospital
- Procurement and distribution of medical equipment including mammography machines to secondary health units. This is inclusive of donated equipment and consumables from abroad.
- Rehabilitation of mortuary units at LASUTH and Gbagada as PPI
- Furnishing of Renal Dialysis Ward at General Hospital, Gbagada
- Establishment of Community Health Departments at the secondary health facilities

iii. **TERTIARY HEALTH CARE**

The Lagos State University Teaching Hospital has continued to live up to her expectations as a teaching hospital. Great attention has in recent times been given to this facility in the areas of personnel recruitment and phased infrastructural developments to enable it carry out its statutory functions. Full accreditation has been granted for undergraduate and residency training in virtually all specialties. The first batch of 60 medical students graduated with automatic placement for internship by the State Government.

The on going developmental projects at this complex include:

- Completion of the Eye Institute
- Construction of new casualty complex
- Rehabilitation of various wards, clinics and the 5-suite theatre complex
- Rehabilitation and equipping of the dental complex
- Equipping and Furnishing of **13 Research Laboratories, 10 Multipurpose Students Laboratories and the Histopathology Laboratory**
- Construction, Equipping and Furnishing of Two-storey BT Health and Diagnostic Centre
- Construction of Four (4) storey) Paediatric and Family Medicine Complex, which when completed, will be equipped with 44 beds and 60 cots
- Construction of Four (4) storey BT Ward, which on completion will provide 144 additional beds
- Construction of Car park and Sports Complex
The car park is essentially to service staff and guests of LASUCOM and the multipurpose sports complex, with a seating capacity of about 500 is essentially to provide recreational facilities for staff and students.

The implementation of these modest measures has led to *increase in utilization of hospital general outpatient and in-patient services and ante-natal/delivery services*. Total out patients' attendance witnessed an increase of 81% from 1,390,881 in 1999 to 2,517,876 in 2006 at the secondary and tertiary levels. Similarly, there was a 61% increase in patients admitted from 33,912 in 1999 to 54,511 in 2006. bed complements at these facilities have also increased by about 60%.

6. HEALTH SYSTEMS DEVELOPMENT PROJECT (HSDP)

The Lagos State Government benefited from the loan package of US\$5.05million under the Health System Fund (HSF) Project in the year 1994. Projects, especially facility upgrading activities, under this project were fast tracked with the release of a total sum of ₦55,000,000.00 as counterpart funds by this administration in 1999.

The HSDP is participating in both the World Bank and African Development Bank credit schemes with credit/loan amounts of US\$1,263,111 and US\$3.5million respectively. The development objectives of these projects are essentially to:

- Strengthen capacity for systems management and encourage an environment of broad based consultation
- Support improvement in the delivery of PHC services with particular focus on maternal and child health and reproductive health services.

B. PROBLEMS/CHALLENGES

There were daunting problems and challenges encountered in the implementation of the aforementioned. Some of these are enumerated as follows:

- a. *Inadequate Financial Resources*
- b. *Governance*
- c. *Physical Environment/ Structural Issues*
- d. *Human Resources/ Capacity*
- e. *Medical Records System*
- f. *Disease Burden*
- g. *Others*

C. PROPOSED WAY FORWARD

a. Principles

- i. The need for *continuity, consolidation and integration* of existing programmes and projects to maintain and surpass the current level of achievements;
- ii. *Adequate government investment in health* to enhance meaningful and sustainable development;
- iii. The need for *concerted collaborative efforts by all relevant government agencies* e.g. Ministries of Environment, Education, Rural Development, Economic Planning & Budget, LAWMA, PHCN etc;
- iv. *Adequate security* of staff and property in the various health facilities and agencies.

b. Proposed Strategies/interventions

- i. *Health Financing*
- ii. *Human Resource Issues*
- iii. *Revitalization of the PHC system*
- iv. *Secondary Health Care*
- v. *Tertiary Health Centres*
- vi. *Emergency/Disaster Preparedness and Management*
- vii. *Regulatory activities*

