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Towards health security in Nigeria in 2050: Strategies for managing violent conflicts, humanitarian emergencies and natural disasters

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Abstract

Introduction: A very important but neglected aspect of healthcare delivery in Nigeria is the management of outcomes of violent conflicts, humanitarian emergencies and natural disasters within the framework of national health policy and available healthcare infrastructures and services. Although this aspect of national healthcare is often neglected in national healthcare discourses, it constitutes very crucial part of determinants of average life expectancy of citizens and general wellbeing of the population.

Methods: Library and archival materials constituted the sources of data for the paper. Policy documents, reports and analysis of the health condition of Nigerians in relation to management of the outcome of natural, humanitarian emergencies and violent conflicts published by non-governmental organisations, government bodies and international agencies were content analysed.

Results: This article attempts to characterise the current condition of humanitarian emergencies and disaster management readiness from the purview of the health sector through assessment of the available emergency management and trauma facilities. It projects into the future situation of this aspect of national healthcare by the year 2050 when the population of the country is expected to double. It is observed that if the current despicable condition of the health facilities in the sector is not addressed, the situation is likely to become worse by the projected year and could portend dire situation for Nigeria.

Conclusion: The paper makes prescriptions on remedies in terms of human resources development, erection of relevant infrastructures and acquisition of necessary equipment that could boost that aspect of national healthcare. Above all, there is need for strong leadership and political commitment to achieve qualitative improvement in the focused sector of the healthcare before year 2050.

Keywords: *National healthcare, Violent conflicts, Natural disasters, Humanitarian emergencies*

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Abstrait

Introduction : Un aspect très important mais négligé de la prestation des soins de santé au Nigéria est la gestion des résultats des conflits violents, des urgences humanitaires et des catastrophes naturelles dans le cadre de la politique de santé nationale et des infrastructures et services de soins de santé disponibles. Bien que cet aspect des soins de santé nationaux soit souvent négligé dans les discours nationaux sur les soins de santé, il constitue un élément crucial des déterminants de l'espérance de vie moyenne des citoyens et du bien-être général de la population.

Méthodes : La bibliothèque et les archives constituaient les sources de données pour cet article. Les documents politiques, les rapports et les analyses sur l'état de santé des Nigériens en relation avec la gestion des résultats des émergences naturelles, humanitaires et des conflits violents publiés par des organisations non gouvernementales, des organismes gouvernementaux et des agences internationales ont été analysés.

Résultats : Cet article tente de caractériser l'état actuel des urgences humanitaires et de l'état de préparation à la gestion des catastrophes du point de vue du secteur de la santé en évaluant les installations de gestion des urgences et de traumatologie disponibles. Il prévoit la situation future de cet aspect des soins de santé nationaux d'ici à 2050, date à laquelle la population du pays devrait doubler. On constate que si l'on ne s'attaque pas à l'état actuel es installations de santé dans le secteur, la situation risque de s'aggraver d'ici à l'année projetée et pourrait laisser présager une situation désastreuse pour le Nigéria.

Conclusion : le document énonce des solutions en termes de développement des ressources humaines, de mise en place des infrastructures pertinentes et d'acquisition des équipements nécessaires pour renforcer cet aspect des soins de santé nationaux. Avant tout, un leadership fort et un engagement politique sont nécessaires pour parvenir à une amélioration qualitative du secteur ciblé de la santé avant 2050.

Mots-clés : *Santé nationale, Conflits violents, Catastrophes naturelles, Urgences humanitaire*

Introduction

Violence, conflicts, humanitarian emergencies and natural disasters are some of the features that characterise and define the healthcare situations of modern states because of their emergency nature. They are necessary features that must occur within a population, especially in developing nations and the ways they are handled are important determinants of health security of the state. Their successful management is often determined by the level of preparation, policies, available prevention mechanisms, rescue operation planning and medical equipment to contend with them when they occur [6]. Such preparation to contend with emergency situations contributes to the life expectancy of citizens, hence their importance to the overall health policy of the state.

Violence is basically conceived as any physical or psychological force exerted on an individual or group of people for the purpose of injuring, damaging or abusing them. It consists of actions, words, attitudes, structures or systems that cause physical, psychological, social or environmental damages and which could prevent people from achieving their potentials [5, 10]. Examples of physical violence include war, homicides, genocides, criminal attacks and other such physical activities that cause injury or death of individuals or people. Psychological violence is any indirect act of negative influences that is aimed at arousing fear or breaking the mental resistance of an individual or people. They include verbal abuses, mis-information, brainwashing, blackmail, propaganda, terror activities and any such activities that seek to manipulate the minds of the people and force them to do otherwise what they were not willing to do. The third variety is the cultural violence, which could be described as those aspects of culture that are used to justify, legitimise or direct structural violence [4]. Such aspects of culture that can be used include religion, language, tradition, science, ideology, etc. Abuses that could result from cultural violence may include genital mutilation, female circumcision, scarification and tribal marks, etc. All these aspects of violence could become public health issues because of their potentials to lead to trauma in individuals and among the population. If not managed effectively and efficiently within the ambit of the law and public health policies, violent events could become an epidemic and affect national development.

Humanitarian emergencies could result from massive public violence. It may occur when large

population are forced to move away from violence in their permanent dwellings to avoid being killed or physically injured as a result of violence [1, 8]. When such mass movement of people take place, the population become internally displaced as they move from one location to another within their country; or they may become refugees when they move across the border of their country into other neighbouring countries. Movement of such massive numbers of people could result in health emergencies which may become significant public health issues. As arrangements are made to settle them in refugee or internally displaced peoples' camps, adequate healthcare must be addressed to avoid epidemic diseases breaking out in the camps and affecting surrounding populations [9].

Disasters could occur due to natural or man-made events. Natural disasters are occurrences caused by the force of nature and sometimes, they cannot be controlled or prevented from occurring. Examples include earthquakes, volcanic eruptions, flooding, drought, fire outbreaks, landslides, tornadoes, etc. They become public health issues when they affect large populations, leading to casualties or large movement of people from their natural abodes. However, the effects of natural disasters could be minimized by putting in place effective early warning and active early response mechanisms to predict and prepare for any such event [2, 3]. When such mechanisms are in place, it could reduce the damages and casualties that could result from natural disasters and reduce the costs of managing the consequences of such disasters. Unnatural or man-made disasters are those occurrences that occur as a result of human errors or that could be traced to human carelessness. Examples include vehicle accidents, plane crashes, building collapses, fire accidents and other forms of accidents that claim lives, destroy properties or cause injuries to people. Very often, however, many varieties of man-made disasters can be prevented, reduced or managed by public education, enlightenment and strict enforcement of laws and regulations.

Current Situation Analysis in Nigeria

Nigeria is rife with violence, humanitarian emergencies, natural and unnatural disasters. These occur recurrently and constitute serious issues for the public health and security of the country [1]. They occur in form of crimes, communal conflicts, ethno-religious conflicts, violent conflicts over resources such as currently between farmers and cattle herders in a number of states across Nigeria such as Benue, Taraba, Plateau, Adamawa, etc. Other vices include

armed robberies, kidnappings, domestic violence, political assassinations, killings by police and other security men, etc.

Religious conflicts have dovetailed into terrorism in Nigeria. The activities of the Boko Haram terrorists ongoing for almost one decade have led to large numbers of internally displaced people, many of which are accommodated in Internally Displaced Peoples (IDPs) camps across the North Eastern and North Central parts of Nigeria. Citizens that fled across the borders into other neighbouring countries are settled temporarily in refugee camps that are being managed by host countries and international agencies. The IDPs and refugee camps have had several outbreaks of diseases due to poor sanitation and poor health management of residents.

Outbreak of violence among different ethnic groups is common across Nigeria and it has claimed thousands of lives and properties. Some examples of such incidents in the recent times includes the Ife-Modakeke intra-ethnic conflicts, the Hausa/Fulani-Berom conflicts in Plateau state, the Aguleri-Umuleri violent conflict in Imo state, the Hausa/Fulani-Tiv conflicts in Benue state, etc. In all these conflicts, it appears that the Nigerian security system lack predictive systems to prevent attacks. Thus, there is always a high casualty rate which the health system is not prepared to manage.

Although the violent activities of the insurgent groups in the Niger Delta have recently subsided, this is a temporary de-escalation because a permanent solution has not been found to the problems. The violent conflict in the Niger Delta has also claimed hundreds of lives and cost billions in loss of properties. There is also a rising prevalence of domestic violence in families spread across Nigeria, sometimes producing casualties.

In the area of natural and unnatural disasters, Nigeria has witnessed many flood disasters and many areas are still prone to flood disasters due to poor management of water channels and river beds. Erosion and landslides are common in the southern and eastern parts of the country while desert encroachments has driven cattle herders from the North into Southern parts of the country. Such environmental disasters lead to violent clashes in rural communities over the use of land resources. Motor vehicle accidents are daily occurrences across the country due to poor driving habits by drivers on one hand, bad roads and poor transport facilities on the other hand. Emergency healthcare departments in most hospitals lack contingency plans, personnel and equipment to handle such disasters, thus morbidity and mortality figures continue to increase.

‘Currently, all the humanitarian emergencies that occur as a result of the described above are poorly handled in Nigeria. Apart from poor hospital facilities, there are no or inadequate search and rescue equipment in most emergency management facilities. In addition, arrangements for trauma management are grossly inadequate.

Forecast for 2050

It is predicted that the Nigerian population will double by 2050 to about 400 million [1]. If the current trend of accidents, crimes, public violence, humanitarian emergencies and disasters are not addressed, it will result in grave consequence for Nigeria. There is urgent need to embark on massive education and enlightenment of citizens on safety measures to reduce accidents and mitigate the effects of emergencies and disasters in addition to providing infrastructural facilities to support emergency services. If these are not efficiently provided, the situation will definitely be worse by 2050.

There is, therefore, need to build at least one emergency treatment facility in every state to treat and rehabilitate victims of violence, accidents and humanitarian disasters across Nigeria. Such emergency treatment centres should include trauma treatment facilities. There is also an urgent need to train medical personnel specialising in emergency treatment and trauma management to operate such facilities.

SWOT analysis

Below are the strengths, weaknesses, and opportunities that could aid quality healthcare in the area of humanitarian emergencies and natural disasters management as well as threats that could prevent its achievement by 2050.

Short, medium and long term plans

In the short term, the country needs to revamp the existing emergencies and trauma facilities to improve the response to emergency medical situations. In the medium term, the country should embark on construction of new world-class emergency and trauma facilities in the six geo-political zones in the country to address the escalating violence, humanitarian and disaster situations. The curricular of the existing health training institutions should be revised to embrace and accommodate emergency medicine that is relevant to the current humanitarian emergencies and disasters. On the long-run, each state and local government area across Nigeria should have emergency medical facilities to reduce the distance travelled to access such facilities during

Table 1: SWOT Analysis of the present state of violence, humanitarian and natural disaster management facilities

Strengths	Weaknesses	Opportunities	Threats
<ol style="list-style-type: none"> 1. Nigeria has a large young population which could provide rich source of professional personnel 2. The Nigerian physical environment is prone to limited natural disasters, most of which can be predicted with appropriate early warning mechanisms and can be effectively managed 3. Nigeria has abundant natural resources and endowments to erect infrastructures and acquire materials for emergency management 4. There is a well endowed pool of human resources to train personnel and manage institutions for emergencies, humanitarian and natural disasters management 5. There are pre-existing traditional humanitarian and violence management mechanisms within the various cultures in Nigeria. 	<ol style="list-style-type: none"> 1. There is consistent and seemingly uncontrollable trend of brain drain of trained emergency medical personnel in the country 2. There is poor and sometimes unavailable search and rescue equipment to aid emergency management in Nigeria 3. There is inadequate and poorly equipped emergency treatment and trauma facilities across Nigeria 4. There are poor early warning and early response facilities to predict public violence, humanitarian and natural disasters across Nigeria 	<ol style="list-style-type: none"> 1. High possibility of harnessing the young population for appropriate training in emergency, humanitarian and disaster management 2. There is an existing culture of good neighbourliness, peaceful co-existence and extended family caring among the population that could aid the initiative 3. There is a strong culture of volunteering among the population which could aid emergency and humanitarian disaster management initiatives 	<ol style="list-style-type: none"> 1. There is poor inter-sectoral collaboration among emergency management organisations 2. Presently, there is irresponsible and uncommitted political leadership to drive the process. This must change before 2050 3. There is general culture of poor policy, poor planning and implementation of project activities in the health sector across the country

emergency situations. It is also important to embark on sustained specialist training on emergency medicine and trauma management across the country to provide personnel to manage the facilities that would be built and equipment that would be acquired on the national project.

Sources of funding

The funds for the development of the emergency and trauma facilities should be provided for in the annual budget of states and the federal government

of Nigeria. It could also be sourced from international multi-lateral and donor agencies. Also, the private sector should be encouraged to invest in such facilities in the mode of best international practices. The national health insurance scheme should be strengthened to cater for accident, disaster and emergency care among citizens and private healthcare providers should be encouraged to invest in that aspect of health infrastructure.

Monitoring and Evaluation

Citizens and professional medical bodies should be involved in monitoring project activities while erecting emergency medical facilities across the country. The federal government could set up a national board, consisting of members of various interest groups to implement and monitor associated projects across Nigeria. Also, a peer review structure could be organised among states to monitor and evaluate the performances of setting up the facilities.

Conclusion

Violence, humanitarian emergencies and disasters will continue to feature in the national life of Nigeria, just like in other countries across the world [7]. It is therefore very important to plan and prepare for such events, more so when the population is projected to double in a few years. It is important to build institutions, systems and structures that will sustain national health when such humanitarian emergencies arise.

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