CHALLENGES AND PROSPECTS OF COMMUNITY HEALTH PRACTICE IN NIGERIA*

Healthcare is a Fundamental Right not a Leisure -*Barack Obama*

Abstract

Health is a fundamental and universal human right transcending gender, geographical location, and social status. Access to quality healthcare is essential for individuals to lead long, happy and fulfilling lives. Therefore, it is imperative that there is accessible, acceptable, available and affordable healthcare services at all levels of healthcare particularly at the primary or community level. This ensures that individuals can receive timely and effective care, promoting overall well-being and quality of life. The community healthcare delivery system serves as the central hub of healthcare, bridging primary, secondary and tertiary care. Thus, in a densely populated country like Nigeria, where numerous communities coexist, it is crucial to evaluate the challenges impacting the healthcare practice. This paper aims to highlight the challenges of healthcare practice as well as determine whether Nigeria's community health practice model aligns with the World Health Organization's (WHO) principles of providing available, accessible, acceptable and affordable healthcare. The paper adopts doctrinal research design from analytical approach. The research identified challenges such as poor infrastructure, financial and geographical constraints, cultural and social factors among others. It recommends that Nigeria should adopt the WHO's principles to improve its community healthcare practice.

Keywords: *Healthcare, Challenges, Prospects, Community Practice*

1 Introduction

Community health practice means the provision of healthcare services through early diagnosis of disease, recognition of environmental and occupational hazards to good health and prevention of disease in the community.[1] It is the aspect of medicine which is concerned with the health of the whole population and the prevention of diseases from which the population suffers, the identification of the root causes of diseases and health problems not only from the individual but also from the family, the community and the environment and the provision of the highest level of health[2] for all people in the community.[3] Community health consists of principles and practices aimed at achieving prevention of premature death, disabilities and diseases through organized community efforts with a view to assuring the promotion of optimal health of members of a community in the context of their environment.[4] For there to be community health

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[1] AS Ibama, DA Dotimi and R Obele, 'Community Health Practice in Nigeria- Prospects and Challenges' (2015) 7(1), *International Journal of Current Research* <https://www.journalcra.com/article/community-health-practice-nigeria-%E2%80%93-prospects-and-challenges>.

[2] Such level of health includes physical, mental, moral, social and spiritual health.

[3] A Alakija,'Essentials of Community Health, Primary Care and Health' (2000) <https://www.journalcra.com/article/community-health-practice-nigeria-%E2%80%93-prospects-and-challenges>.

[4] O C Abanobi, *Core Concepts in Epidemiology and Community Health Practice* (1st ed., Owerri Nigeria: Opinion Research and Communication Inc., 1999)

practice, there must be a community where this practice operates. The word community is a group of people living within a common geographical boundary that may not necessarily be of the same origin as in language, culture and practices, but are often of the spirit of joint ownership of issues of common interest and advancement.[5] The idea of the community as the centre of healthcare delivery services was advocated as far back as 1960s. The concept of Basic Health Services brought about Primary Health Care (PHC). The World Health Organization (WHO) health policy considered most importantly the principles of health services in relation to availability of health care services, accessibility to these services, acceptability and appropriateness from the late 1960s and the 1970s.[6] The goal of Primary Health Care (PHC) was to provide accessible health for all by the year 2000 and beyond. This however has not been achieved in Nigeria and seems unlikely in the next decade because of the poor state of the Nigerian primary health care and other challenges that will be highlighted in this paper. Notably, the fundamental principle of the Universal Health Coverage (UHC) is to ensure that healthcare is accessible, available and affordable to all particularly the most vulnerable populations. In Nigeria, the overall health system performance was ranked 187th amongst 191 member states by WHO in 2000 and there was a minimal decrease in 2023 with Nigeria ranking 157th out of 191 countries in World Health Report.[7] Nigerians are seen as citizens who suffer epileptic health attention from an exaggerated government health policy that is heavily plagued with half and nearly non implementation. It has been argued that majority of Nigeria's disease burden is largely due to preventable diseases and the high rate of poverty as a major cause.[8] Access to quality health facilities is marred by inefficient healthcare centres at the local level where we have majority of underprivileged citizens. Poor access to quality health information at the local level has become a major disturbing factor. Unavailability and inaccessibility of quality health personnel in primary healthcare delivery has been attributed to paucity of funds by agencies responsible for it. The cases of Ebola, Lassa fever, bird flu, cholera outbreaks, and Corona Virus Infectious Disease (generally referred to as COVID 19), although controlled, exposed the decadence in Nigeria's health sector.[9] In as much as Nigeria can boast of attaining 80% coverage in routine immunization in most vaccine preventable diseases except Tetanus Toxic Vaccination 2 (TTV2) in 2013, eradication of Guinea Worm as declared by the National Steering Committee on Certification (NSCC), WHO in 2008, and home based care strategy in three local governments in Rivers State (Ahoada West, Etche and Oyigbo LGAs) with the aim to reduce maternal, new born and child morbidity and mortality in 2013, there is still so much to be done.[10] Our maternal mortality rate (about 20.1 maternal deaths in every one hundred live births) is one of the highest in the world.[11] Other developing countries have shown commendable improvement towards participation in the birth control schemes and have almost embraced the contemporary development. Nigeria on the other hand still records instances of uncontrolled child birth, an overbearing child birth complications among other challenges.[12] Some other health indicators such as under 5 mortality rate and adult mortality rate are higher than the

[5] Ibama. Dotun and Obele (n1).
[6] Ibid.
[7] A Onuorah, 'Health Challenges in Nigeria: The Way Forward' <https://www.researchgate.net/publication/34693320-Health-Challenges >.
[8] Ibid.
[9] Ibid.
[10] Ibama, Dotimi and Obele (n.1).
[11] A Onuorah, 'Health Challenges in Nigeria: The Way Forward,' https://www.researchgate.net/publication/34693320_Health_Challenges_in_Nigeria_The_Way_Forward by_ >.
[12] Ibid.

average for Nigeria and other Sub-Saharan African countries. Fake, sub-standard, adulterated and unregistered drugs are still prevalent today in Nigeria.[13] In 2022, data report is that the mortality rate for adults male was 377.23 deaths per 1,000 male adults that is the probability of dying between the ages of 15 years and 60 years[14] while the mortality rate for adult females was at 357.01 per 1,000 female adults.[15] These deaths have been linked to various factors, including poor healthcare systems, lack of access to proper healthcare facilities, lack of infrastructures and equipment.[16] NAFDAC,[17] in their efforts to regularize food and drugs and minimize the high rate of mortality in Nigeria, has done a remarkable work, but has met stiff challenges and peculiar limitations. Self-medication is unabatedly rampant while Nigerian government continues to present a false picture of the health status of the country. The above listed among others are the challenges affecting the community health practice in Nigeria. The concern of this research is to assess these challenges to ascertain whether it aligns with the WHO's model of health practice system. This work is divided into five (5) sections. Following this introduction in section one, is a quick review of the legal and policy framework governing the healthcare practice in Nigeria. The third section analyses the challenges of community healthcare while the fourth section looks at the community healthcare practice through the lens of the core principles of primary healthcare in light of WHOs prescription of international best practice and deals with the prospects for further implementation. The final section concludes the research and proffers possible solutions.

2. Legal and Policy Framework on Community Health Practice in Nigeria

2.1 International and Regional Legal Framework

The right to health is crystalized in some of the international legal framework which Nigeria has ratified and domesticated in line with other progressive nations. Some of them include, the Universal Declaration on Human Rights (UDHR) 1948.[18]The UDHR promotes the right to adequate standard of living and wellbeing of every individual and that of his family, including food, clothing and shelter. Accordingly, both the ICESCR and the CRC provides for the right to health. The ICESCR, recognises the right to healthcare as a fundamental human right and obliges states to take steps to achieve the highest attainable standard of physical and mental health for all individuals.[19] The CRC on the other part, promotes the right to health of a child emphasizing reduction on infant and child mortality.[20] Equally, the committee on CEDAW calls on State parties to the convention to refrain from every act or omission that will affect the health of its citizens particularly women.[21] The ICERD provides for State parties recognition of the

[13] Ibid.

[14]National Bureau of Statistics Bulletin 2022, Statistical Reports for Women and Men in Nigeria <https://nigerianstat.gov.ng.elibrary >.

[15] Ibid.

[16] Doris Dokua Sasu, Main Causes of Death in Nigeria as of 2021. <https://www.statista.com/statistaics/1122916/main-causes-of-death-and-... >.

[17] National Agency for Food and Drug Administration and Control {NAFDAC).

[18] Universal Declaration of Human Rights adopted and proclaimed by UN General Assembly Resolution 217A (III) on December 10 1948. Art. 25.

[19] International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted by Nigeria on July 29. 1993 when it was ratified as a treaty. The covenant was adopted and opened for signature, ratification and accession by UNGA Res.2200A (XXI) on 16 December 1966 and entered into force 3 January 1976.

[20] The Convention on the Right of the Child, adopted and opened for ratification and accession by the General Assembly Resolution 44/25 of 20 November 1989 entered into force on 2 September 1990, art 24.

[21] International Covenant on the Elimination of all Forms of Discrimination Against Women (CEDAW) Adopted and ratified by General Assembly Resolution 34/180 of 18 December 1979, entry into force 3 September 1981, Art. 12.

rights of persons with disabilities to the enjoyment of the highest attainable standard of health without discrimination.[22] The ACHPR, promotes the rights to the best attainable state of physical and mental health[23] while, the American Convention on Human Rights (ACHR) 1969, states that every person has the right to have access to medical care.[24] The above conventions promote rights to health and enjoin all State parties to ensure affordable and accessible health. The most elaborate of them all being the ICESCR or the ECOSOC convention and guarantee everyone's right to the enjoyment of the highest attainable standard of physical and mental health.[25] The ECOSOC right is further expatiated by the General Comment No. 14 on the right to health having been adopted by ICESCR in 2000. [26] The GC provides for State parties core obligation in relation to health to ensure access to essential healthcare services, access to medicines, equitable distribution of health facilities and services among others.

2.2 National and Regional Framework

Under the Constitution of the Federal Republic of Nigeria 1999 (as amended 2011), the right to health is deduced from the right to life under Chapter IV of the 1999 Constitution.[27] This section stipulates that everyone has a right to life, and no one shall be deprived of his life, save in execution of the sentence of a court in respect of a criminal offence of which he has been found guilty in Nigeria."[28] The Constitution equally, makes provision for the right to healthcare under the Directive Principles of State by virtue of section 17(3) (d) that, the State shall direct its policy towards ensuring that- there are adequate medical and health facilities for all persons.'' The Constitution also promotes the dignity of human person, as well as invalidates any law that is reasonably justifiable in a democratic society for the purpose of promoting the health of the community.[29] The only section attributed to health in the constitution is found under the Fundamental Objective of State Policy which the state claims that it does not have resources to promote. The constitution has undergone several amendments since 1999 yet, government still claims paucity of funds for the promotion of the right to healthcare. The National Health Act (NHA) 2014, is the most comprehensive law on the right to health in Nigeria. It is an improvement from the National Health Insurance Scheme Act 2004, whose purpose was "providing health insurance which shall entitle insured persons and their dependants the benefit of prescribed good quality and cost- effective health services. It makes adequate provisions for the privacy rights of patients.[30] It provides a framework for the regulation, development and management of a National Health System and sets standards for rendering health services in

[22] International Covenant on the Rights of Persons with Disabilities 2006, Art.25
[23] African Charter on Human and Peoples' Rights, 1981 Art. 16
[24] Art. 26
[25] ICESCR, Art. 12 (1d).
[26] The GC provides for the definition of the right to health in Art. 1; and further expanded the scope of the right to health in Arts. 2 to wit; safe portable water, food, nutrition, occupational health, environmental health and other health facilities as goods and services.
[27] CFRN 1999, s. 33
[28] Ibid.
[29] Ibid s. 34.
[30] Sandra Nwachukwu, 'Health Law Practice in Nigeria' (LLM, International & Comparative Law, May 2021) https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://mckinneylaw.iu.edu/admissions/llm/_docs/2021intlspeakerseries/Nwachukwu-NigeriaHealthLaw.pptx%23:~:text%3DNational%2520Health%2520Act%2520(NHA)%25202014,the%2520privacy%2520rights%2520of%2520patients.&ved=2ahUKEwjTlcPp97iDAxU2TkEAHfuWCQsQFnoECA8QBQ&usg=AOvVaw3BGh7FrzXX18YqCBcdJMMs.

Nigeria and for related matters.[31] The NHA is made up of seven parts divided into various sections. Each part contains fundamental provisions which if effectively and efficiently implemented will have a tremendous impact on health-care access and universal health coverage, health-care cost, quality and standards, practice by health-care providers, as well as patient care and health outcomes. The interplay of several factors including but not limited to duplication of roles, lack of communication between various actors and poor accountability has all led to the lack of strategic direction and an inefficient and ineffective health care delivery system. Part I of the National Health Act states that National Health System shall include: Federal Ministry of Health, Ministry of Health in every State and the FCT Health Department, parastatals under the federal and state ministries of health, Local government health authorities, ward health committees, village health committees, private health care providers, traditional health care providers; and alternative health care providers.[32] NHA gave clear and specific roles of the various levels of government, the Federal Ministry of Health, Minister of Health, National Council on Health, Technical Committee of the National Council on Health, and National Tertiary Health Institutions Standard Committees. The NHA handles issues of leadership and governance by providing clear roles and functions of each level of government in healthcare delivery, facilitate community oversight of health facilities, gives rational allocation of health funds based on need, not politics, ensure policymaker accountability to constituents, assure value for money, transparency and accountability and provide for coordination, financing expenditure tracking and community participation.[33] The NHA provides for healthcare financing. The commission for Macroeconomics and Health estimates a cost of about US$34 per person per year (per capita) to deliver an essential package of interventions to meet the Millennium Development Goals (MDGs). Total per capita health expenditure in Nigeria is estimated at between $10-15 at average exchange rates with private Out- Of Pocket Expenditure (OOPE) accounting for 60 to 75%.[34] The poor spend a disproportionately higher percentage of disposable household income on healthcare and in the absence of social protection mechanisms (health insurance, social security or credible exemptions). NHA in its section 2 provides for the establishment of Basic Health Care Provision Funds (BHCPF) to be financed by the Federal Government annual grant of not less than one percent of its consolidated Revenue Fund.[35] The Act is expected to improve financial access, financial protection of citizens when ill, and promote equity through the reduction of out- of pocket expenses in healthcare. The major aim

[31] Osahon Enabulele and Joan Emien Enabulele, 'Nigeria's National Health Act: An Assessment of Health Professionals' Knowledge and Perception' (2016) 57(5) 260-265 *Nigerian Medical Journal* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5036296/#:~:text=With this development%2C Nigeria after, Nigeria and for related matters.

[32] Ibid.

[33] Ibid.

[34] Ibid.

[35] This BHCPF shall use 50% of the fund for provision of basic minimum package of health services to citizens in eligible primary or secondary health care facilities through the National Health Insurance Scheme (NHIS); 20% shall be used for provision of essential drugs, vaccine and consumables for eligible primary health care facilities; 15% for the provision and maintenance of facilities, equipment and transport for eligible primary healthcare facilities; 10% shall be used for the development of human resources for primary health care and 5% of the fund shall be used for emergency medical treatment to be administered by a committee appointed by the National Council on Health. The funds for 20%, 15% and 10% shall be disbursed through State and Federal Capital Territory Primary Health Care Boards for distribution to Local Government and Area Council Health Authorities. The Agency shall not disburse to Local Government Health Authority if not satisfied that the money earlier disbursed was applied in accordance with the provisions of this Act, state or local government that fails to contribute its counterpart funding and states and local governments that fail to implement the national health policy, norms, standards and guidelines prescribed by the National Council on Health.

of the NHA is to improve service delivery by improving access to healthcare through the provision of emergency service and Basic Minimum Health Care Package (BMPHS) as provided in the.[36] The NHA made provision for communicating with patients through the act of record keeping and confidentiality[37] and the option to lay complaints by patients or clients.[38] Access to health records by health workers or healthcare providers at appropriate time is permitted by the Act.[39]

The Compulsory Treatment and Care for Victims of Gunshots Act 2017,[40] enacted by the National Assembly of the Federal Republic of Nigeria and aims to ensure that victims of gunshot wounds receive prompt and adequate medical treatment and care without unnecessary delays or financial barriers.[41] The Act compels immediate treatment with or without an initial monetary deposit[42] and prohibits victims' abuse by the police or other security agencies.[43] The Act also compels the submission of the fact to the nearest police by the recipient hospital within two hours of commencing treatment[44] and the immediate reaction of the police to commence investigation with a view to determining the circumstances under which the person was shot.[45] The Act prohibits arrest or invitation of such victim by the police for questioning unless the Chief Medical Director of the hospital where treatment is administered certifies him fit and no longer in dire need of medical care.[46] The Act provides for liability for negligent act or failure to accept and treat a victim of gunshot.[47] Any emotional, and psychological damage to the victim on conviction amounts to imprisonment for a term of not more than five years without the option of a fine.[48] A hospital that receives any person with wounds shall notify the family members or relatives of the victim as far as they may ascertain within 24 hours of becoming aware of the victim's identity, and if this duty is not carried out by any person or authority including any police officer, security agents, or the hospital, and such failure results in unnecessary death of any person with gunshot wounds, such a person is liable on conviction to a fine of N500,000.00 or imprisonment for a term of five years or both.[49] Record keeping by the facility or hospital where treatment is administered is expected.[50] Reliability to the above provision by a corporate or individual attracts punishment under sections 11 and 14.[51] In addition, the High court shall order a person or corporate body convicted of an offense to make restitution to the victim by directing that person or corporate body to pay to the victim an amount

[36] The National Health Act 2014, s 20-24.
[37] Ibid s 25.
[38] Ibid s 30.
[39] Ibid s 27-28
[40]The Compulsory Treatment and Care for Victims of Gunshot Act 201, enacted by the National Assembly of Nigeria.
[41] Law Pavilion, '14 Important Things Medical Practitioners in Nigeria Should Note' https://lawpavilion.com/blog/compulsory-treatment-and-care-of-victims-of-gunshot-act-2017-14-important-things-medical-practitioners-in-nigeria-should-note/#:~:text=The%20Act%20cited%20as%20%E2%80%9CCOMPULSORY,adequate%20medicai%20treatment%20and%20care.
[42] Ibid s 3(2)(a).
[43] Ibid s 3(2)(b).
[44] Ibid s 4(1)(a).
[45] Ibid s 4(1)(b).
[46] Ibid s. 5.
[47] Ibid s. 11
[48] Ibid s.10.
[49] Ibid s 11(c)
[50] Ibid s.12.
[51] Ibid s. 13.

equivalent to the loss sustained by the victim[52] and an order of restitution may be enforced by the victim or by the prosecutor on behalf of the victim in the same manner as a judgment in a civil action.[53]

The National Health Authority Act (NHA) 2022 enacted by the National Assembly of Nigeria to regulate and supervise the country's healthcare system. The objective is to improve healthcare delivery and quality, increase access to healthcare services, and promote community health and participation. The NHA 2022 repeals the NHIA 2014 as the authority ACT with the expanded function to regulate, promote, manage and integrate all health insurance schemes and practices in Nigeria. The NHIA makes health insurance mandatory for all residents of Nigeria with the introduction of the vulnerable group fund and implementation of the Basic Health Care Provision Fund (BHCPF) through the established State Health Insurance Schemes. With the NHIA the journey towards Universal Health Coverage (UCH) became a lot easier, safer and more equitable with the health insurance now mandatory to all Nigerians and to eliminate expenses for poor Nigerians.[54] Currently, over 10% of Nigerians are insured by the National Health Insurance Scheme (NHIS) and this among others led to the signing of the National Health Insurance Authority Act on 19 May 2022, which aims at ensuring the effective implementation of a national health Insurance Policy and attainment of the Universal Health Coverage (UHC) in Nigeria.[55] THE NHIA replaces the National Health Insurance Scheme Act 1999, which failed to enrol more than 10% of the population.[56] The aim is to highlight the new features of the NHIA Act and its policy implications for the Nigerian health system. Another Act which has been repealed by the NHIA Act 2022 is the National Health Insurance Scheme Act 2004, established for the purpose of providing health insurance to entitled insured persons and their dependents the benefit of prescribed good quality and cost- effective health services.[57] To further improve and harness private sector participation in the provision of healthcare services; and do such other things that will assist the authority to achieve UHC to all citizens by year 2030. For proper management, promotion and monitoring of ethical conducts of the health personnel in the health sector, the Medical and Dental Practitioners Act (MDPA) 2004 was set up. The Act makes provision for the determination of the standard of knowledge and skill to be attained by persons seeking to become members of the medical or dental profession and also reviews those standards from time to time as circumstances permit.[58] Securing in accordance with the provisions of the Act the establishment and maintenance of registers of persons entitled to practice as members of the medical or dental profession and the publication from time to time of lists of those persons.[59] Reviewing and preparing from time to time, a statement as to the code of conduct which the council considers desirable for the practice of the profession in Nigeria.[60] The MDPA, confers on the Disciplinary council the power to make rules for professional conducts and establish the Medical Practitioners Investigating Panel for the enforcement of the rules of

[52] Ibid s .14(1).
[53] Ibid s. 14(2).
[54] Ipinnimo, TM,' Comparing the Nigeria National Health Insurance Scheme Act 2004 and the National Health Insurance Authority Act 2022- What is New and its Implications for Health System' (2023) 1(2) WAJM <https://ibmed.ncbi.nlm.nih.gov >.
[55] Ibid
[56] Muanya C 'Over 170 Million Nigerians without Health Insurance' *The Guardian Newspaper* (Nigeria 25 September 2020) <https://guardian.ng/features/o...googlescholar>.
[57] Nigeria Health Watch, 'From A Scheme to an Authority- 5 Things You Need to Know About the New NHIA Act.' <https://nigeriahealthwatch.com .
[58] Medical and Dental Practitioners Act Cap. M8, Laws of Federation of Nigeria 2004 s.1(2) (a).
[59] Ibid, s. 1 (2) (b).
[60] Ibid, s.1(2) (c).

conduct.[61] They serve as standards in relationship with the profession and the public. Notably, the Medical and Dental Practitioners Act has 22 sections but despite the numerous and elaborate provisions of the Act, there is limited focus on community health. The MDPA focuses more on individuals than on community health promotion and education. It has no clear provisions on community health workers, restricts the scope of practice and potentially hinders innovative community health initiatives and lacks emphasis on community health development.[62]

2.3 Policies and Regulations

The Nursing and Midwifery (Registration) Act (NMRA) 1979. The Act was established by the category B parastatals of the Federal Ministry of Health (FMH) by Decree No. 89, 1979.[63] The Act outlines the functions, powers and composition of the NMRA.[64] It also provides for the registration and licensing of nurses and midwives.[65] The Act mandates the council to monitor and enforce standards of nursing education .The NMRA impacts community health through protection of safety of patients and professional standards.[66]The Act is to ensure enhanced health promotion and education, improved access to quality healthcare services by strengthening primary healthcare systems in the country.[67]The Code of Medical Ethics in Nigeria (Regulations) 2022[68] is included in articles 4 to 6 of the Medical Ethics Principles as[69] a principle that every physician and care giver ought to abide by or observe and uphold the dignity and honour of the profession and accept its self- imposed disciplines in their relationship with their patients. A healthcare worker is expected to maintain and respect these four pillars of medical ethics; beneficence, nonmaleficence, autonomy and justice. [70] The regulation enjoins every healthcare worker to abide by these ethics, deontological, teleological and virtue based. The first shows that the physician must know what the expected duties are, and what the rules are that regulate them. In teleological ethics, being moral is also about cause and effect. The Community Health Worker (CHW) must understand the consequences of his actions, and develop a virtuous character. He is expected to show kindness and compassion for the patients and avoid greed.

3. Challenges of Community Health Practice

Community health practice in Nigeria focuses on promoting, preventing and protecting the health of individuals and communities through provision of essential healthcare services such as maternal and child healthcare diseases and disease control, encouraging community involvement in healthcare decision making and planning as well as education on environmental hygiene among others. Despite the above, community health practice faces challenges such as:

3.1 Culture and Linguistic Barriers

At the community level of healthcare system, cultural beliefs on certain illnesses and diseases hinder the acceptance of healthcare services provided.[71] Often accepting treatment of malaria

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[61] Ibid, s.1 (2) (d).
[62] Medical and Dental Practitioners Act Cap M8, Laws of Federation of Nigeria 2004.
[63] Cited as Nursing and Midwifery (Registration) Act. Cap. N143, Laws of the Federation of Nigeria 2004.
[64] NMRA ss 5-10.
[65] Ibid.
[66] Ibid ss 15-20.
[67] Ibid.
[68] Code of Medical Ethics Nigeria 2022.
[69] The National Library of Medicine, The Code of Medical Ethics (2022) and its General Principles,' https://www.nmc.org.incode-of-..>.
[70] NCBI, Principles of Clinical Ethics and their Application to Practice,' <https://www.ncbi.nlm.nih.govpmc.>
[71] LJ Johnson, LH Schopp, F Waggie, et al, 'Challenges Experienced by Community Health Workers and their Motivation to Attend a Self-management Programme' [2022] 14(1) *Afr J Prm Health Care Fam Med*, 1-9

could be attributed to a taboo and treatment of same denied. Language barriers may equally hinder communication between the healthcare provider and the patients. Communication between the persons in the community and the healthcare provider is vital, as their workforce is like an important conveyor belt that transports the key health messages to the community and simultaneously increases the formal health professional's awareness of the social determinants contributing to the patients' health status. Community health workers in their roles are more effective when they receive the respect, they deserve from the formal health professionals and the community they serve because they feel that their contribution is valued.[72] One advantage of the CHW workforce is that often, they come from the communities they serve and therefore have a unique ability to speak the language of the community. Although the roles of the CHWs are not always understood, communication channels remain open as it has been shown that CHWs are effective in strengthening communication between the medical system and the community.

3.2 Work Environment and Ineffective Self-Management

Most CHWs raised workload and the environment as a barrier to successful implementation of their duties.[73] World-wide, it has been reported that increased workload and the absence of clearly defined boundaries for job causes stress.[74] A study amongst rural areas report that CHWs experience physical health conditions as a result of the poor environment they work in.[75]

3.3 Lack of Trust in Healthcare Providers

This could lead to delayed or forgone care. Patients may not adhere to treatment or follow instructions leading to decreased health outcomes, increased mortality rates and reduced preventive care. [76]

3.4 Limited Funding and Resources

Community health workers express that lack of resources to provide basic hospital needs is a major challenge. Often, kerosene lanterns, candles and torches/flashlights are substitute for proper electricity in most community health centres in Nigeria. Most drugs required for treatment and prevention of diseases are out of stock.[77] The issue of digital literacy has posed a challenge to health workers in communities who cannot access the internet services due to weak internet coverage, poor power supply and slow replacement of tools. Proper equipment's for treatment of disease are unavailable. In most cases transportation cost becomes a huge challenge. Many of the community roads are not useable for ease of access to the health centres.

3.5 Lack of Proper Public Education on Health and Safety

https://www.researchgate.net/publication/357782413_Challenges_experienced_by_community_health_workers_and_their_motivation_to_attend-a_self-management_programme.

[72] Ibid.

[73] LJ Johnson, LH Schopp, F Waggie, et al, 'Challenges Experienced by Community Health Workers and their Motivation to Attend a Self-management Programme' [2022] 14(1) *Afr J Prm Health Care Fam Med*, 1-9 https://www.researchgate.net/publication/357782413_Challenges_experienced_by_community_health_workers_and_their_motivation_to_attend-a_self-management_programme.

[74] Ibid.

[75] Majee W, Schopp, L Johnson and A Anakwe,'Emerging from the Shadows: Intrinsic and Extrinsic Factors Facing Community Health Workers in Western Cape,*' (2020) 17 (9) SAIJPH <https://www.ncbi.nlm.nih.gov >*.

[76] Ibid.

[77] Ibid.

An average Nigerian is not knowledgeable about basic first aid care. This makes it difficult for bystanders to provide help to accident victims.[78] Often accessing effective health facilities is difficult and this leads to more loss of lives. [79]

3.6 Staff Shortages and Underpayment of Staff

At the community level, staff are poorly remunerated.[80] This leads to the drive for better opportunities. There is preference for patronizing secondary and tertiary health centres where better treatments can be received from skilled professional leaving the community or primary health centres with unskilled professionals or even none at all.

3.7 Cost of Healthcare Service

Health status is dependent on the ability to pay, such that the affluent invariably enjoys better health outcomes than the poor. In Nigeria, the Users for Fee system of payment for healthcare services at the point of service is akin to purchasing ordinary commodities at a shop or market also known as Out –Of- Pocket (OOP) which is 70% cost of healthcare. High cost of services and medications limit access to healthcare.[81] Notably, less than 5% of the population enjoy the National Health Insurance Scheme (NHIS).

4. The Core Principles of Community Health

The community or primary healthcare has five core principles designed to work together and implemented to bring about a better health outcome for the entire population. These core principles include accessibility of health, community participation, cost effectiveness and availability of healthcare and inter-sectorial collaboration.

4.1 Accessibility of Healthcare

Accessing healthcare service in community health refers to the ability of individuals in the communities to obtain necessary healthcare services that is culturally or socially acceptable, available, affordable that is financially sustainable.[82] Accessing healthcare services, ranges from limited geographical access and long distance to healthcare facilities among others. Over 60% of Nigerian population live in rural areas.[83] Over 56% of women have difficulty in accessing healthcare as a result of financial barriers while one third of the total percentage of women have physical barriers in accessing healthcare. On daily basis people in the community die as a result of lack of access to health.[84] About one in every six children dies before the age of five in Nigeria.[85] Physical barriers to healthcare facilities has been found as a determinant of child mortality. Although, the aim of the NHA 2014 was to improve access to healthcare and the quality of health, yet access to health care remains a challenge.[86] In sum, the principle of accessibility of healthcare means that healthcare services must be equally shared by all people

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[78] Infoguide Nigeria, 'Problems and Prospects of Public Health Care in Nigeria' https://infoguidenigeria.com/problems-prospects-public-health-care-nigeria.

[79] Ibid.

[80] Wolter Kluwer, 'Trusted and Unified Solutions to Achieve what Matters Most.' <https://www.wolterskluwer.com/en/k >.

[81] Obiajulu Nnamuchi & Mariah Ilodigwe, Primary Health Care Approach to Achieving Universal Health Coverage in Nigeria: Are Extant Legal and Policy Regimes Adequate? (2022) 1 (17) *Nigerian juridical Review*

[82] *Ibid. https://www.researchgate.net/publication/34693320-Health-challenges-in-Nigeria-theWay-Forward-by-ANTHONY-ONUORAH..*

[83] National Bureau of Statistics, 2020.

[84] Sunday A Adedini, 'Barriers to Accessing Healthcare in Nigeria: Implications for Child Survival, (2014)4 (7) < <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3957799#;-text=Curre... > .

[85] Ibid

[86] Ibid.

of the community irrespective of race, creed or economic status. This principle helps to shift the accessibility of healthcare from the cities to the rural areas where the most needy and vulnerable groups of the population live.

4.2 Affordability of Healthcare

Affordable healthcare under primary health care simply means the provision of healthcare services that are financially accessible, physically accessible, culturally acceptable and equitable. In an effort to improve the quality of healthcare in Nigeria, the NHIS was introduced in 1999 to target universal health coverage, yet penetration remains persistently low. Less than 5% of the population was enrolled in the NHIS while an estimated 120 million Nigerians did not have health insurance coverage.[87] In 2022, to improve health coverage, the National Health Insurance Authority Bill was introduced repealing the National Health Insurance Scheme Act (NHISA). The aim of the extant law is to ensure coverage of about 83 million Nigerians who cannot afford to pay premiums as recommended by the Lancet Nigerian Commission. Although most employees at the federal civil service in Nigeria has subscribed to it, the NHIS is yet to capture most Nigerians particularly persons working in the large informal sector. One major impediment to increasing the participants to NHIS is the non- mandatory nature of health insurance in Nigeria.[88]In sum, the core of community healthcare is that for healthcare to be affordable, it must be financially sustainable.

4.3 Availability of Healthcare

The question one must ask is whether adequate healthcare services are available in rural areas in Nigeria? One may be tempted to respond in the affirmative reason being that numerous challenges plague the availability of healthcare practices at the rural area ranging from limited access to facilities, shortage of healthcare professionals, inadequate infrastructures, insufficient medical supplies, and financial constraints among others. Nigeria community can boast of over 30,000 healthcare centres but many are understaffed and underequipped. WHO reports in 2023 that about 60% of Nigerians lack access to essential health.[89] As a result of lack of adequate healthcare, the infant mortality rate has increased since 2020 to 74 deaths per 1,000 live births while maternal mortality is at the ratio of 615 deaths per 100,000 live births.[90] 1.98 doctors per 10,000 population. 20% of primary facilities are functional while 70% of healthcare lack basic equipment. To improve access to healthcare, certain innovations has been made. Telemedicine can bring about improved health outcomes, enhance convenience and flexibility, cost effective and increases easy access to healthcare. With the above, one can say that healthcare in Nigeria communities is available but not adequate.

4.4 Community Participation and Inter-Sectoral Collaboration

The last two core principles of community healthcare practice are essential components of community health practices. Community participation promotes involvement of community members in healthcare decision- making, active engagement in health promotion and disease prevention, as well as empowerment, feedback mechanisms, community- led initiatives and solutions on the one hand, on the other hand, inter-sectoral collaboration fosters partnership,

[87]TRADE, Nigeria Healthcare Commercial Guides, (2023) < https://www.trade.gov/country-commercial-guides/nigeria-healthcare>.
[88] Ibid.
[89] Ibid.
[90] Ibid.

coordination across government departments and agencies, increased resource mobilization, better addressing of social determinants of health and more effective and sustainable solutions.

4.5 Prospects for Implementation

Prospects for implementing or achieving an accessible, affordable, available healthcare practice in Nigerian communities can be three folds; the short term, medium term and long- term. Short term prospects entails more of government investment in health care infrastructure, organising community health worker programs and trainings, adopting telemedicine like some developed countries like USA where 78% of hospitals in the US use telemedicine and 90% of persons report satisfaction with it.[91] Medium term prospects projects the strengthening of the primary healthcare systems, improving healthcare workforce, enhancing community participation and ownership, integrating traditional and alternative medicine as well as increasing focus on preventive care and health promotion. Among others, achieving UHC establishing national health system and advancing digital health infrastructure, increase investment in healthcare research and development, improved healthcare outcomes and quality of life is a long-term prospect for improving accessibility to community healthcare practice in Nigeria.

5. Conclusion

Health care practice in communities is essential to achieving universal health coverage and improving national health care indices. The issues of patient adherence to health care directives, issues of self-management, limited resources and lack of proper education on health care and its importance need to be addressed to ensure quality and sustainable health care delivery in communities. These issues can be addressed by embracing such matters as the quality and distribution of health care services, the cost of providing them, the manpower, amongst others. These can be achieved by providing funds and materials for use in the health care centres through advocating for policy makers to gain support and political will in providing adequate resources in carrying out community health services, educating and employing more health care providers and volunteers and also engaging community oriented health professionals in effectively carrying out community health services to improve the population health status, ensuring adequate pay to avoid exploitation, more awareness creation on active community participation towards ownership of health programme/services to ensure sustainability and reduction of harmful cultural practices and negative influences that affect their health negatively. Training and retraining of health professionals on the concept of primary health care and community health practice is a key factor to minimize the challenges. Above all ensuring effective collaboration with other tiers of health like the secondary and tertiary tiers for referrals to save lives since most community-based hospitals lack adequate infrastructures and resources. To strengthen the community health system, hobnobbing with major key stakeholders and government at the state level to assist in the provision of basic amenities in the community hospitals. Notably, in the words of Dr. Martins Lurther King Jr, healthcare is a human right not a privilege it therefore behoves on Nigerian government to ensure that healthcare services at the community level are available, affordable and accessible to aid sustainability, enhance quality and reduce the morbidity and mortality rates.

[91] ALMA ATA, Primary Health Care: 25 years of the Alma –Ata Declaration, https://www.3.paho.org/english/dd/pin/alma-questions-htm >.