



**International Journal of TROPICAL DISEASE
& Health**

34(3): 1-9, 2018; Article no.IJTDH.46702
ISSN: 2278-1005, NLM ID: 101632866

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

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

Article Information

DOI: 10.9734/IJTDH/2018/v34i330094

Editor(s):

(1) Dr. Thomas I Nathaniel, Department of Biomedical Sciences, School of Medicine -Greenville, University of South Carolina, Greenville, USA.

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(2) Chinawa Ndubuisi Elijah, University of Uyo Teaching Hospital, Nigeria.

Complete Peer review History: <http://www.sdiarticle3.com/review-history/46702>

Received 27 October 2018

Accepted 16 January 2019

Published 18 February 2019

Opinion Article

ABSTRACT

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

Aim: This paper aims to provide an understanding on the revolutions in the healthcare delivery system in Nigeria since the colonial period.

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

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

Conclusion: The healthcare delivery system in Nigeria is not a colonial invention but the advent of

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the colonial masters brought about an outstanding transformation in the healthcare delivery process of most Nigerian societies. Thus, the practice of preventive medicine is indigenous to the Nigerian people.

Keywords: Healthcare; healthcare delivery; Nigeria; colonial; social development; traditional medicine.

1. INTRODUCTION

Healthcare delivery system is an enormous aspect of any human society from time immemorial. This brings to one's understanding that the African traditional healthcare delivery system was a notable practice in the pre-colonial Nigeria. As such, the practice of medicine was indigenous to the people of Nigeria. Hence, it is erroneous to believe that medical services came to Nigeria with the advent of British colonisation [1]. Accordingly, health service in Nigeria today is to a large extent based on orthodox healthcare delivery system, yet it can be said that the African traditional medicine is unconsciously a part of the world from which most of the modern medicine has evolved [1]. This simply posits that the traditional medical practice is pivotal to the discovery of what became known as modern medicine. Hence, western medicine seems difficult to be separated from the traditional medicine. Nevertheless, western medicine is observed to have had an overbearing influence on the African traditional healthcare since the emergence of the European in Africa, and Nigeria in particular. In fact, David Arnold is of the view that the practice of modern form of medicine is a colonising process [2]. To this end, the western healthcare delivery system is symbolic of civilisation and modernity which understandably is antithetical to the African healthcare system which is perceived as being uncivilized by the forerunners of the western healthcare system.

Emphatically, the colonial and western contact had profound consequence on the African traditional world view. That is, the traditional system and values are rated low and inferior as compared to western values and culture. Apparently, the indigenous institution of healthcare in Nigeria to a very large extent forms part of the cultural settings and religious belief system of the people. That is, the traditional religion explains the well being of an individual. Falola posits that, to ensure good health, children and prosperity, it is strongly believed that spiritual beings must be worshipped [3]. This expression clearly opines that, health in the traditional sense in Nigeria is viewed from the religious

perspective, and as such transcends the physical well being of an individual. Obviously, since the colonial period, approaches to healthcare delivery had become a main concern, particularly with the dominant influence of the western styled healthcare pattern, which invariably is often considered as the most acceptable means to solving health related problems. By implication, the traditional method to healthcare became considered unacceptable to the western healthcare approach. Nevertheless, the way and manner in which the traditional approach to healthcare continue to survive and thrive depicts a sustainability of the indigenous health institutions in spite of modernity associated to the colonialism and the post-colonial experience in Nigeria.

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

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

2. COLONIALISM AND THE DYNAMICS OF HEALTHCARE DELIVERY

It is truism that the healthcare delivery system in Nigeria is not a colonial invention. This was evidenced by the indigenous medical practice that was intrinsic to the over 400 ethnic groups that later became Nigeria in 1914. These indigenous medical practitioners were known throughout the various ethnic groups as traditional healers [4]. Prior to colonial rule, these

traditional healers had variant names by different groups. Among the Yoruba, the traditional healers were referred to as *babalawo*, *adahunse* or *onisegun* and *iya agbebi* (midwives) [5]. The role of the *babalawo* was to diagnose and heal the sick through the use of medicinal herbs (such as stem, bark, leaves, root, fruits, seeds, and flowers), animals (such as snakes, tortoise, snails, lizards, chameleons and insects) and minerals (such as salt, alum and camphor). However, in cases where the ailments persist, the *babalawo* consults his oracle and prescribes the appropriate rituals and sacrifices in order to reveal the cause and cure of the ailments. The duty of the *iya agbebi* (midwives) on the other hand was to take care of pregnant women and to assist them during labour or childbirth. In the Igboland of Nigeria, the traditional healers were referred to as the *dibia*. Their role was to help individuals to understand the forms of their illness and how to cure them [6]. They also performed rituals to appease gods on behalf of individuals in the community. The *Wombai* dominated the Hausa land during the pre-colonial period [7]. Their major role was to provide care for the sick and the wounded during wars while the *Gozan* of the Nupe people were basically traditional surgeons.

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

Undoubtedly, colonialism marked an outstanding transformation in the healthcare delivery process of most Nigerian societies. In other words, the traditional healthcare system which had been a dependable source of healthcare, was faced with some forms of condemnation at the advent of the western styled health services. Thus, the practice of preventive medicine is indigenous in nature to the Nigerian people. As such, it is erroneous to believe that medical services came to Nigeria

with the advent of British colonisation [1]. The colonial health service structure no doubt established the western medical practices as the most dependable healthcare system. Nevertheless, the African traditional medicine is unconsciously a part of the overall traditional medicine of the world which most of the modern scientific medicine has evolved [1]. This simply implies that traditional medicine is a key factor in the evolution of modern scientific medicine. However, this is not to conclude that in practice, both shared similarities in its forms.

From historical perspective, the first half of the 19th century marked the revolutionary period in the healthcare system in Nigeria. Schram succinctly affirms that, by the first half of the 19th century, the Church Missionary Society began the introduction of modern scientific medicine [8]. Hence, the modern scientific medicine was gradually established as an alternative to the several existing indigenous system of medicine [9]. Understandably, the provision of healthcare became a colonial policy intended towards ensuring a better living condition for the people within the Nigerian State. Since the pre-colonial Nigeria, the healthcare system solely depended on traditional healers such as herbalists, diviners, bone setters, soothsayers, midwives, manipulators as well as spiritualists as health service providers with precise efficiency which was relative to their level of development. Accordingly Orley is of the view that diagnosing a patient by the traditional healers was through the process of divination which is purely metaphysical in nature [8]. A follow up effect of this traditional approach to healthcare system is indeed the high rate of mortality which was usually caused by male/female genital mutilation or circumcision, snake bites, high dosage of herbal concoctions, convulsion, deliveries of babies at home (which resulted in high maternal/infant mortality), measles and other childhood killer diseases, superstitious belief (such as the belief that a sick individual was punished by supernatural powers for his sins or the belief that an enemy cast a spell on a sick individual), malaria, and other infectious diseases, malnutrition, sickle cell anemia, incision of tribal marks on individuals' cheeks and bellies amongst others. This, however, is not to conclude that the efficacy of the traditional approach to healing a patient was out rightly condemnable. Rather, it could be seen in the light of the extent to which the people had developed. That is, a common understanding of the people is that ailments were usually inflicted

on patients by perceived enemy. Therefore, a divine approach to attending to the ailment seems most satisfactory, particularly since it is within the religious view of the concerned individuals or communities. Be that as it may, the traditional methods of understanding health problems or challenges among Nigerian communities encountered notable setback beginning from the 19th century in Nigeria. Precisely, since the colonial era and up to the post independence Nigeria, the traditional healthcare system began to lose its importance in healthcare delivery. Particularly with the establishment of the Christian medical missions which brought about the modern or western health care delivery system in Nigeria [7]. The colonial period was considered to date from late 1885 and 1960, spreading through the period of the establishment of British rule and Nigeria's independence. The explorations and expeditions of the Europeans in Nigeria in the 19th century brought about the first western/modern style of healthcare services in Nigeria. At this time, the European explorers and traders came into Nigeria with their doctors who catered for their well-being while they ignored the welfare of the indigenes [10]. The arrival of the Christian missionaries such as the Roman Catholics, Cathedral Church of England, the Church Missionary Society (Anglican), Methodist, and the Baptist during this period resulted in the infiltration of western form of healthcare in Nigeria [11]. According to Orley [9], this western form of medicine came as an alternative to the existing indigenous systems of healthcare in Nigeria. In the real sense, it did not eradicate the traditional form of healthcare already in existence. The western form of healthcare provided by the missionaries according to Ademuluyi and Aluko-Arowolo [12] were usually in the form of mobile clinics and community dispensary out-posts. Furthermore, the emergence of the African churches led to the establishment of faith-healing Christian churches. The idea behind the faith healing healthcare was that healing was only accomplished through the intervention of God. Thus, the colonial period was characterized by three different kinds of healthcare. This includes the modern healthcare system which was provided by the British government and the Christian medical missions, traditional/indigenous healthcare system and the faith-healing healthcare system which was provided by the African churches.

The modern healthcare system established by the British government was solely meant for the

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

A Notable feature of both the traditional and modern approach to healthcare delivery is the fundamental aspect of religion as it is used as a

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

3. HEALTHCARE SYSTEM IN THE POST-INDEPENDENCE PERIOD

On October 1, 1960 when Nigeria attained independence from the British colonial government, the missionaries had established many hospitals, dispensaries and maternity centers in different parts of the country. However, this colonially designed healthcare system was often considered as antithetical to the cultural practices of the people. Hence, there was low patronage of these western medical services, and as such this led to the gross underutilization of the healthcare facilities [18]. In 1962, the First National Development Plan was established by the Nigerian government to cover a period of six years (1962-1968) [19]. Specifically on health, the National Plan focused on accessibility of healthcare by providing hospitals in all major cities of Nigeria. However, Nigeria was plunged into social crises such as the 1966 coup and consequently the civil war of 1967 and 1970. The implication was that this first post-independence policy on National Development Plan was short-

lived as a result of these social problems. The second National Development Plan established between 1970 and 1974 was with the primary objective of providing quality and equal healthcare to all citizens. However, this policy was not properly implemented as only 25% of the Nigerian population had access to quality health care [20]. In the 1970s, after the civil war, Nigeria experienced its oil boom which coincided with the rapid expansion of healthcare facilities [21]. Nevertheless, this period experienced an increase in infant and childhood mortality. This is an indication that government policy on health lacks proper implementation. However, by 1975, the Third National Development plan introduced by General Yakubu Gowon was based on the Basic Health Services Scheme with the aim of increasing the proportion of the population accessing health services from 25% to 40%; to provide an even distribution of health infrastructure in the country especially between the rural and urban areas and between preventive and curative care; to provide infrastructure for all preventive health services such as the control of communicable diseases, family health, environmental health, and nutrition; to establish the school of health technology and to introduce a new cadre of healthcare workers among others. However, the objectives of this plan were not achieved as less than 30% of the Nigeria population had access to modern healthcare in 1985 [19].

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

The introduction of Information and Communication Technology (ICT) tools in Nigeria healthcare delivery system in the late 1990s also changed the face of the healthcare delivery system. The first electronic health system

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

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

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

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

In view of this, Table 1 shows a summary of the revelations in the healthcare delivery system in Nigeria since the colonial period.



Fig. 1. Photos from a typical Nigeria healthcare facility [25]

Table 1. A summary of the revelations in the Nigerian healthcare delivery system since the colonial period

Features	Arguments for	Arguments against	References
The practice of preventive medicine is indigenous in nature to the Nigerian people.	Prior to colonial rule, there were traditional healers who delivered healthcare services to the citizens of Nigerians	Medical services did not come to Nigeria with the advent of British colonisation	[7].
The traditional healthcare system was faced with condemnation at the advent of the western styled health services	The traditional healers lack the necessary skill required for correct diagnosis of serious ailments. In addition, they lack the equipment required to conduct physical examinations and they have low hygienic standards. Hence, the traditional healers were relegated and tagged witch-doctors and fetish	The colonialists wanted their health system to thrive and therefore described the traditional healers as fetish and evil. Hence, the traditional medical practice suffered a decline during the era of British colonisation. Consequently, the Nigerian government has failed to recognise and harmonise the indigenous healthcare system with global best practices.	[26]
The orthodox healthcare system did not eradicate the traditional form of healthcare in Nigeria	Traditional medicine has endeared itself to the people especially in the rural areas who lack access to western medical practice. The high cost of western medications has also led to the attraction of traditional medicine which is relatively affordable. In addition, the traditional medicine takes into account the socio-cultural background of the people	About 80% of the Nigerian populace resides in rural areas where there are extreme shortages of healthcare practitioners and healthcare facilities	[17]. [26]
The healthcare system is poorly funded by the Nigerian Government	The lack of basic health personnel and infrastructures has led to medical tourism abroad. Nigeria's overall health system performance was ranked 187th position among 191 Member States by the World Health Organization in 2000.	The Nigerian Medical Association (NMA) asserts that about 5000 Nigerians seek overseas treatment on a monthly basis.	[26]

4. CONCLUSION

The sustainability and viability of a nation's economic, socio-economic, political as well as its social growth and development depends largely on her healthcare delivery system. However, the

healthcare delivery system in Nigeria is not a colonial invention but the advent of the colonial masters brought about an outstanding transformation in the healthcare delivery process of most Nigerian societies. The western styled healthcare delivery system is symbolic of

civilisation and modernity and thus it is often considered as the most acceptable means to solving health related problems. The western form of medicine was an alternative to the existing indigenous systems of healthcare in Nigeria. Nevertheless, in spite of the modernity associated with the healthcare system since the colonial era in Nigeria, the traditional approach to healthcare continues to thrive. The traditional approach to healthcare system has been affordable and accessible to all individuals because of its community based approach. However, the western styled medicine was characterized by numerous challenges such as high cost of healthcare and high concentration of modern healthcare facilities in the urban centres. In spite of the accessibility and the affordability of the traditional healthcare system, it is practiced without an enabling legislation. Hence, the government of Nigeria should provide an enabling environment for the traditional healthcare system to thrive and it should be integrated into the orthodox medicine.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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