Free Medical Services as a means of improving Health care delivery: The role of a Charity Organization

[1]Ismail S., [2]Tahir Y., [3]Ahmad MH., [4]Tangaza AM.

[1]Department of Surgery, Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria, [2]Department of Paediatrics, Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria, [3]Department of Surgery, Aminu Kano Teaching Hospital, Kano, [4]Department of Histopathology, Usmanu Danfodiyo University Sokoto, Nigeria.

Corresponding author:

Ismail S., Department of Surgery, Usmanu Danfodiyo University Teaching Hospital Sokoto, Nigeria. Email:

dismail292@yahoo.co.uk

Abstract

Introduction: Health is a dire need of any community and its absence will lead to the decline in the community's productivity. Many people cannot afford to pay for the cost of Health care services in developing countries. Due to such constrains, charity organizations complement government efforts by providing free health services in such communities. Islamic Medical Association of Nigeria (IMAN) is one of such organizations.

Methodology: This is a report of the experience of an IMAN Chapter in providing free medical services to a community in Sokoto-State over a period of $4^{1}/_{2}$ years (December 2010 to May 2015). It also provides analysis of the role of IMAN Sokoto-State Chapter in improving Health care delivery.

Results: Nine thousand five hundred and thirty (9530) people benefitted from the free medical services provided by IMAN Sokoto-State. Age ranges of beneficiaries are from 1month to 70years, with mean age group of 15-59years. Female constituted 72.3% and male 27.7%. Malaria was found to be the most prevalent disease followed by upper respiratory tract infections. Other common diseases treated include systemic hypertension, skin rashes, diarrheal diseases and measles. In addition, women with normal pregnancy were also monitored.

Conclusion: It was therefore concluded that charity organizations can play important roles in improving health care delivery through provision of free medical services especially in low-income communities. We recommend that health care workers, government and individuals should embrace the spirit of free Medical services and partner with charity organizations in order to meet the challenges of health care delivery in the 21st century.

Keywords: Free Medical Services, Healthcare delivery, Charity organization,

Introduction

Health is a requisite in human survival without which life is unbearable. Different means of improving access to health care services exist; they include increasing health awareness, improving the literacy level of the population, establishment of health facilities at places where people live and work as well as provision of free or subsidized Medical services. Due to the

high level of poverty in most developing countries of the world especially those of sub-Saharan Africa, provision of free or subsidized Medical care is one of the effective means of achieving the goals of health care delivery.

Malaria is one of the endemic diseases in tropical Africa, it ranks first among the three commonest causes of morbidity in children under the age of five years (80.3%), followed by acute respiratory infections (32.0%) and then skin infections (29.1%). [1] Studies have also shown that agricultural sector bears about 75 per cent of the direct economic burden of malaria in Nigeria.[2]

Worldwide, measles ranks first with 38% disease burden. In developing countries, measles is a major cause of childhood morbidity and mortality due to associated malnutrition and overcrowding. It was also found that Measles accounted for 3.1% of all pediatric admissions in Benin City Nigeria.[3] IMAN is a charity organization that is involved in the provision of free Medical and Health services to individuals and communities through concerted efforts by its members and other philanthropists.

The provision of health facilities in our communities is not adequate. In addition, poverty prevents people from accessing health care services at these facilities, hence the high prevalence of preventable and curable diseases and worsening health indices in such communities. Improving access to health care delivery through any means will go a long way in reducing the burden of diseases and improving the health indices and productivity of such communities. This was a report of our experience in providing free health care services in Gwiwa community, Sokoto. The study aimed at evaluating the outcome of free Medical care given by a charity organization (i.e. IMAN) and assesses its effect toward improving health care delivery and reduction in the burden of diseases.

Methodology

This was a prospective study conducted over $4^1/_2$ years, between December 2010 and May 2015. Data was obtained from a prospectively maintained database; fields extracted included age, gender, address, occupation, marital status, diagnosis and treatment. The clinic takes place once in a week with an average number of 60 to 80 patients per clinic and an average of 15 health workers in attendance. Both consultation and drugs were free of charge. Investigations such as urinalysis, pregnancy test, malaria parasite test, and random blood sugar were also free. For all other tests than the above mentioned ones, patients were requested to seek the service of nearby diagnostic centers or hospitals.

Results

Nine thousand five hundred and thirty (9530) patients were seen over the study period and all benefited from this project. Age range of participants was 1month to

70years and the mean age group of 15-59years (see Table 1). Most patients (98.7%) were living within Sokoto metropolis and the remaining live in nearby villages. Female gender constituted 72.3% while males were 27.7% (Female to Male ratio of 2.6:1). Figure 2 summarizes the marital status of the patients. Specialties covered shown in figure 3 include General medicine (73%), Pediatrics (15%), Obstetric & Gynaecology (4%), General surgery (3%), Ophthalmology (3%) and ENT (2%). Malaria is the most common disease treated (32.6%) among the participants. This was followed by upper respiratory tract infection (12.7%) and hypertension (8.1%). Figures 4, 5 and 6 highlighted various disease conditions treated according to specialty.

Table 1: Age distribution of the patients seen at Gwiwa Clinic (N=9530)

Age Group (years)	Number (%)
Below 1	1048 (11)
1 - 4.9	2001 (21)
5.0 – 14.9	1811 (19)
15.0 – 59.9	4288 (45)
60	382 (4)
Mean age = 37.45years	

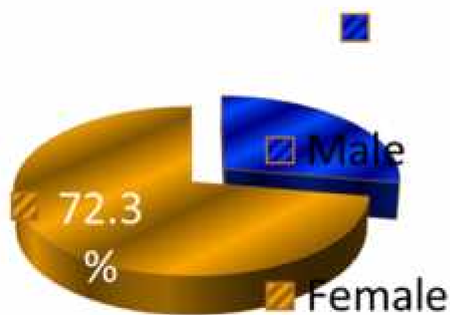

Figure1: Gender distribution.

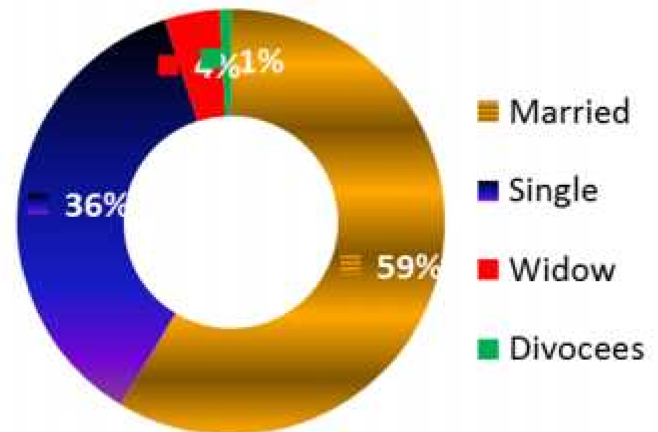

Figure 2: Marital status of the patients.

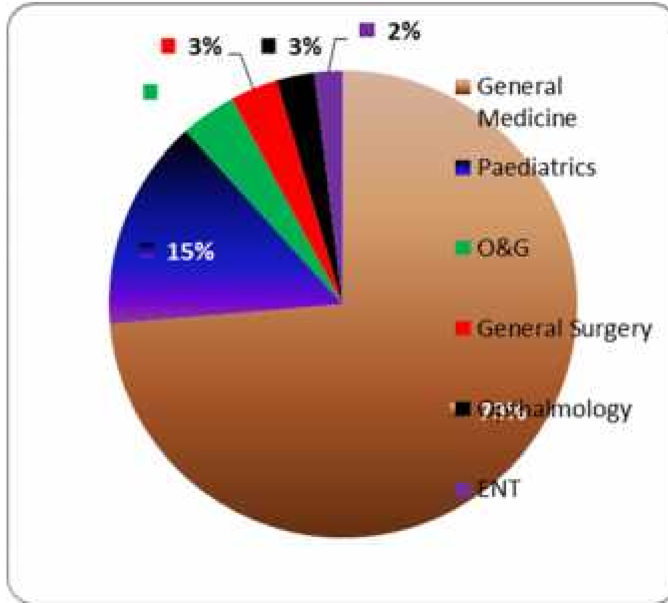

Figure 3: Specialties covered.

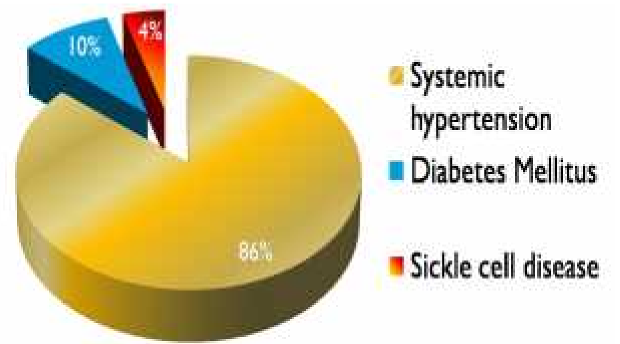

Figure 5: General Medical Conditions treated.

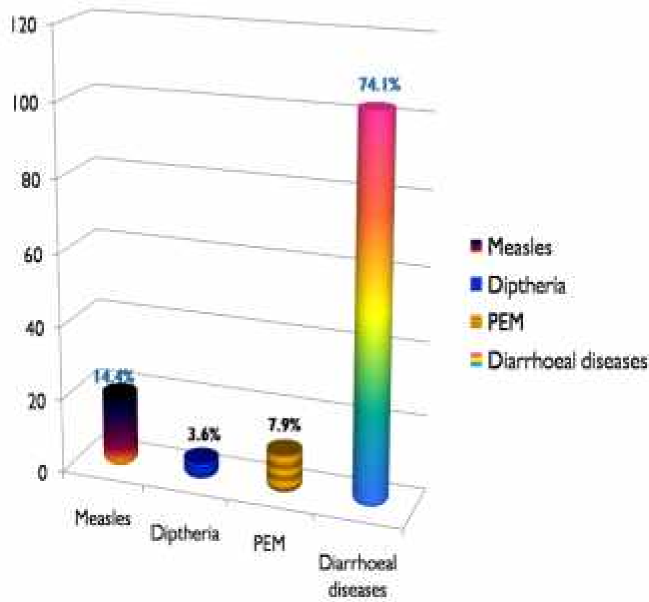

Figure 4: Disease Distribution among Paediatric age Groups.

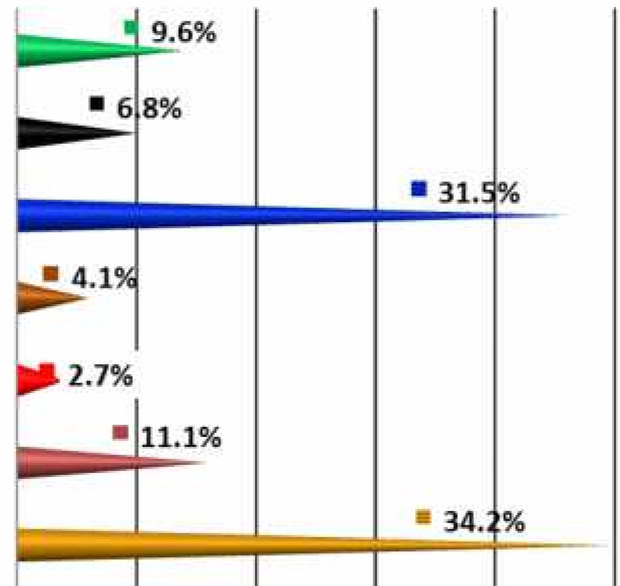

Figure 6: Obstetrics and gynaecological conditions treated.

Discussion

This study showed that free medical services could impact positively on the health-seeking behavior of our people, improve health care delivery and improve the health indices in our community. It showed that majority of the beneficiaries are women and children. This finding was not suprising because they are usually the less previledged and most populous group in most communities. However, while majority of the adult patients were unemployed, most of the young ones are under care of their parents. This explained why they are the most beneficiaries of such services. The burden of malaria was seen more in low income communities. In this study we found that malaria is the commonest disease treated constituting 32.6%. This will reduce the morbidity due to malaria especially among pregnant women and young children.

Systemic hypertension is a common non-communicable disease in developing countries.[4] This study demonstrated higher incidence of systemic hypertension in this community compared to what was reported by Oghagbon *et. al.* in Ilorin.[4] This difference could be related to poor awareness and high poverty level that prevent the subjects from accessing health facilities. The study demonstrated that by managing this portion of patients, the complications resulting from poorly managed hypertension will largely be reduced hence increasing life expectancy.

The leading causes of morbidity and mortality worldwide in children less than 5 years include pneumonia, malaria and diarrhoeal disease. However, in the developing countries malaria is the leading cause of morbidity and mortality in this agegroup.[5] Diarrhoeal disease constitute 5.4% of all the patients treated in this study and is the most common among the known paediatric killer diseases followed by measels with 1.1%. Skin rashes and malnutrition are other conditions treated with total prevalence of 6.8% and 0.6% respectively. This predicts the level of personal hygyeine and socioeconomic status of the people in the study community.

Pregnancy and its associated complaints constituted 1.3% of the total conditions managed. These pregnant women were monitored through their antenatal period. Upper respiratory tract infection formed 12.7% of all the cases. With this intervention, some of its complications such as progression to lower respiratory tract infections were prevented.

Ezeoke OP. *et. al.*[6] analyzed the cost of illnesses to a house hold in different

socioeconomic status and reported that malaria is the most common disease treated and also noted that the average cost of treatment was 2,819.9 Naira ($20 US). Out of this cost, drugs contributed more than 90%.[6] In this study, 32.5% of the patients (3050) were treated for malaria free. This implies that by projection, this number of patients could have spent 8.6million naira for drug treatment of malaria alone. One can imagine how this could be possible in a community where most of its inhabitant live below one US dollar ($1 US) per day.

Some of the challenges encountered during this project included difficulty in mobilizing the medical team to the clinic weekly. This could perhaps be due to lack of enough incentive that should have been given to the medical team. This led to limiting the number of patients to sixty to eighty patients per clinic sitting. Another constraint was the lack of adequate funds to purchase enough drugs for the patients. This led to the option of prescribing some of the drugs for the patients to buy from commercial pharmacies.

Conclusion

Free Medical service is found to be a good means of improving health care delivery. It is not without challenges some of which have been outlined above. Malaria, upper respiratory tract infection, skin rashes, hypertension and normal pregnancy were the common conditions managed. We hereby recommend that health workers, government and policy makers as well as individuals should cooperate and partner with charity organizations to provide free medical and health services in order to avert and prevent recurrent and controllable endemic diseases that are especially presence in low-income communities.

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Conflict of interest: Nil