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ASSIGMENT: THE HISTORY OF PUBLIC HEALTH IN NIGERIAN

H**ISTORY OF PUBLIC HEALTH IN NIGRIAN**

The concept public health has existed before the scientific coining and definition of term. The issue of disease and health is as old as man the African local communities have several indigenous and traditional ways of responding to disease conditions prevention and curative practice were in various Nigerian communities before the coming of the colonial musters while some of these are still being practised today owing their effectiveness, some have been redefined or upgraded in the context of modern public practice. In 1954, the creation of the regions brought with it the regional medical services, which remained operational through independence in 1960.The region-based health services in Nigeria were succeeded by the state health services domiciled in the state ministries of health in the created states (1967 and 1957)

**DEFINITION OF PUBLIC HEALTH**

Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases. Overall, public health is concerned with protecting the health of entire country or region of the world. However Winsow (1920) gave what could be described as comprehensive and robust definition of public health as-the science and art of preventing disease , prolonging life, and promoting physical health and efficiency through organized community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health .He also discovered that cowpox vaccination prevents smallpox have modern-day applications as the science and practices of nutrition and immunization are crucial influences on health among the populations of developing and developed countries and also the first man to define public health. It is therefore obvious that public health does not only include actions taken to prevent development of diseases, but timely diagnosis, treatment and rehabilitative measures taken to prevent progression of diseases, reversal of communicability and limit disability. It is against this backdrop that public health could embrace aspects of curative and rehabilitative medicine. History of public health in Nigeria therefore should embrace historical efforts aimed at evolving or developing preventive and curative services for the purpose of improving and sustaining health.

**CONTEXT OF PUBLIC HEALTH PRACTICE IN PRE-COLONIAL/TRADITIONAL NIGERIAN SOCIETY**

Health even before the coming of the colonial masters has been known as the most precious of all things and the foundations of all happiness. Traditional medicine has developed in various communities in Nigeria in response to the health needs of the people. Many communities have great faith in traditional medicine, particularly the inexplicable aspects as they believe that it is the wisdom of their fore-fathers which also recognizes their socio-cultural and religious background. The development of traditional medicine in Nigeria has led to various categories of healers, the various healing methods, strategies and medicines or remedies now known.

Although this traditional system of health evolved separately in different micro-cultures, there is a great deal of philosophical and conceptual similarities. The origin of diseases in Africa was simplistic. It is either an enemy had cast a spell on somebody or one is being punished by divine powers for the sins. In the same sense disease preventive practices could be associated with regular rituals and sacrifices made to ancestral beings, family and community deities and are believed to help in warding off calamities including illness and sickness dominantly thought to be associated with evil spirit activities. Individuals known to be suffering from dangerous and contagious diseases such as leprosy were known to be isolated in secluded environments where they kept incommunicado with other members of the community, so preventive practices such as isolation cannot be said to be foreign to Nigerian indigenous communities till date, traditional educators were available to teach and educate communities about the importance of public health as THE HEALTH OF ONE AFFECTS THE HEALTH OF ALL. Communities devised means to contain the spread of diseases (by isolation of persons considered to be ill) and prolong life through the intake of medicinal herbal plants.

**INICATORS OF ACCESSIBILY TO PRIMARY HEALTH CARE (PHC) COVERAGE IN NIGERIA.**

In Nigerian, coverage of the population, rural and urban, with adequate health services is seriously constrained by limitations of human and other resources. This situation calls for micro-planning of PHC programmes in order to ensure effective coverage with essential PHC interventions. Micro-planning considers fine details and applies indicators of coverage as a management tool for the planning and implementation of PHC programmes (knippenbeg et al, 1984; Atting, 1989; Atting and Egwu, 1991). Consequently, the need to adopt suitable indicators that will permit the monitoring of coverage is relevant such indicators must however meet certain criteria which include minimal complexity, wide acceptance, applicability, comparability of results, sensitivity to changes, and yielding easily observable and analysable data.

There are currently no single indicators of provision of PHC services which can satisfactory express coverage in general, although this problem is not peculiar to PHC services in Nigerian. Therefore, concepts such as availability, accessibility and utilization have been found useful in expressing coverage. There are some wrong interpretation inherent in using traditional public health criteria to access PHC programmes since they aim to promote social and individual actions (health promotive behaviour) which enhance health status. Health statues is seen as influenced by two determinants exogenous and endogenous factors (Kar, 1986). While the former relate to socioeconomic, political, biological and environmental conditions, the latter aims to improve health status by influencing specific health programmes. Endogenous determinants are influenced by:

* Information and education for health;
* Health care services that are accessible, equitable and acceptable;
* Community activism and participation;
* Level of health needs.

The national health policy in Nigeria affirms a political commitment to PHC as a strategy to attain Health care for all (Atting, 1989; Atting and Egwu, 1991). The policy also aims at providing every Nigerian with access to good quality health care within the resources of the country (Ransome-Kuti, 1987). It is also agreed that an expressed or implied goal of health policy is to improve people’s access to the health care system (Atting,1989). Accessibility can be defined as the availability of resources necessary for the process of gaining entry itself. Better still, accessibility can be seen as the number of proportion of a given population of a given population (target unit) that can use a specified health facility or service given certain barriers to access which may be physical or spatial (distance, travel time, etc.), economic (cost, fees), social or cultural (Atting and Egwu, 1991). However, accessibility to health care does not necessarily ensure utilization and quality care. Certain socioeconomic factors constitute barriers to the utilization of services even when the services are physically available (Atting, 1989)

**MOVING BEYOND HEALTH** **POLICY TO HEALTHY PUBLIC POLICY**

Healthy public policy’ prescribes that health must be on the agenda of all government ministries.The recognizes the fact that healthy societies are a product of many forces beyond the health system per s which are transport and environmental policies, food and nutrition policies, educational policies, among others. Sound public health depends on healthy public policy , this is a virtually global policy shift that has grown out of the Ottawa charter for health promotion, sponsored by WHO in (1986) . This is also referred to as health in all policies (Roudohlp et al, 2013) A critical element is that governments are ultimately accountable to their people for the health consequences of their policies, or lack thereof. The post-colonial era inherited the colonial medical services and formalized them over the decades, the Nigeria public health has faced several challenges, innovations with policies put in place to transform the sector for national development.

**THE FATHER OF PUBLIC HEALTH IN NIGREIAN**

The first health care facility in the country was a dispensary which opened in (1880) by the church missionary society in obosi, followed by others in Onitsha and Ibadan in (1886) the first hospital in Nigeria was the sacred heart hospital in Abeokuta which was built by the roman catholic mission in (1885). The father of public health in Nigerian is Oluwole (1892-1953) he founded the first school of hygiene in Nigerian in , at Yaba, Lagos, providing training to sanitary inspectors from all parts of Nigeria. On graduation he obtained the Diploma of the ROYAL INSTITUTE OF PUBLIC HEALTH, LONDON. He provider antenatal and childcare in the year (1926) and School of health service (1927). In (1940) OLWOLE was awarded the ORDER OF THE BRITISH EMPIRE (OBE). When he died in (1953) he was recognised as the father of public health.

**PIONEERS OF PUBLIC HEALTH IN NIGERIA**

1. Lambo (1923-2004), He was a Nigerian scholar, administrator and psychiatrist, he is credited as the first western trained psychiatrist in Nigeria and Africa between (1971-1988) , he worked at the world health organization, becoming the agency’s Deputy Director General , he retired voluntarily in June (1988) after founding the LAMBO FOUNDATION OF NIGERIA in (1982) the foundation conducts research in psychiatry, neuroendocrinology, novel integrative medicine, offer scholarships, grants and fund treatments for those who cannot afford it. He was also the proprietor LAMBO FOUNDATION CLINICAL CENTRE, IKEJA, LAGOS, he published over 250 academic publications with various honorary D.Sc degree across the globe and he was also a pontifical academician to the Vatican city and also honoured with ORDER OF THE BRITISH EMPIRE (O.B.E).

2. Odeku (1927-1974 ) , He was the first black neurosurgeon, he received his M.D. from the HOWARD UNIVERSITY COLLEGE OF MEDICINE IN (1954) he was also a poet and writer he published out of the night (1964) and whispers from the night (1966), he was appointed instructor of NEUROANATOMY AND NEUROSURGERY at the college of MEDICINE,HOWARD UNIVERSITY, he was also awarded the HOWARD UNIVERSITY ALUMNI AWARD ,for a distinguished service. Published works, Beginnings of neurosurgery at the university of lbadan, Nigeria, Epilepsy after missile wounds of the head, perspectives in neurosurgery (1971-01-01)

3 Ogunlesi (1923 –STILL ALIVE), professor of medicine; the first to be appointed in the university of Ibadan medicine department (1969-1972) taking after the pioneer professors ALEXANDER BROWN and three other who were seconded from Britain when Ibaban was to host an annex of the university college of London, his also a local secretary of the royal society of tropical medicine and hygiene, also a member of the ROYAL COLLEGE OF PHYSICIANS IN LONDON AND IN EDINBURG, his published work; monographs in national and international scientific and professional journals. In 2003, Ogunlesi published an autobiography titled medicine: passport.

4 Nicol (1924-1994); His a physician, medical researcher, and writer whose stories and poems are among the best to have come out of west Africa, he became known for his research into the structure of insulin and he lectured and wrote widely on medical topics, he was a principal of FOUARH BAY COLLEGE , Freetown (1960 -68) and also the president of the WORLD FEDERATION OF UN ASSOCIATIONS from (1983-1987) ,NICOL from (1857) was a fellow of his college at the UNIVERSITY OF CAMBRIDGE, the first African to be named at either Cambridge or oxford.

5, Ahulu (1930-STILL ALIVE); is a physician and scientist, is a distinguished professor of human genetics at the university of cape coast, Ghana, he is one of the world’s foremost experts on sickle-cell disease. He was awarded the GUINNESS AWARD FOR SCIENTIFIC ACHIEVEMENT (GASA) IN LONDON (1974), he was awarded for outstanding research in sickle cell anaemia, in November (1999) he received from president ABODOU DIOUF OF SENEGAL the third world academy of sciences award for outstanding work in the basic medical sciences.

6 NJoku (1930-2003): in standard the study of microbiology as a course in the university of Nigeria and he was the head of department of microbiology, in was the first man in Nigeria to produce anti-cholera vaccine approved as efficacy in (1971) by WHO, he was elected president of the Nigerian ACADEMY OF SCIENCE. He was responsible for the vaccine used by the biafara army during (1967-1970) in Nigerian civil war, he published 55 world wide accurate research paper on international journals on various topic like food microbiology, virology, immunology, veterinary doctor. Also a world wide microbiologist and pathologist he held the followership of Nigeria medical council, he was a follow of india society for communicable disease, and also a follow of the ROYAL COLLEGE PATHOLOGIST LONDON, among others.

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**CONCLUSION:**

In Nigeria, the advent and progression of public health services could be traced to three distinct periods namely: pre-colonial, colonial and post-colonial eras. The pre-colonial era saw the period of traditional medical practise in greater part of the country. Public health is a vital function that requires broad public concern and support in order to fulfil society’s interest in assuring the conditions in which people can be heatlthy. History teaches us that organized community effort to prevent disease and promote health is both valuable and effective.