



Nigeria - Researched and compiled by the Refugee Documentation Centre of Ireland on 28 April 2010

Information regarding access to medical help in Nigeria for diabetes, to include sufferers who are impecunious.

The *United Kingdom Home Office Border Agency* in their January 2010 country of Origin Information Report for Nigeria states:

”The British-Danish 2008 FFM report stated:

“The doctor stated that all the drugs needed for the treatment for diabetes are available, including the drugs needed to reduce blood-sugar levels and insulin, which can be injected by doctors, if needed, as there are no facilities in Nigeria for self-injection. Nigerians with diabetes tend to see a doctor about their condition when the disease has reached an advanced stage, due to a lack of regular medical check-ups and knowledge of the symptoms. Nevertheless, these people can still be treated, and related peripheral conditions such as eye disease, neuropathy, kidney disease (nephropathy), and vascular ulcers can also be treated.” (United Kingdom Home Office Border Agency (15 January 2010) *Country of Origin Information Report – Nigeria*)

The same report continues:

”Public (Government/State owned) Hospitals: This consists of General Hospitals, University Teaching & Specialist Hospitals. Charges are moderate but some of them lack equipment and adequate amenities. There are often delays and patients may not be attended to promptly due to the large number of patients.” (Ibid)

Further in this report, it adds:

”The doctor added that there are teaching hospitals which train all kinds of medical staff, and federal and state nurse training schools. There are training centres for laboratory and radiology staff, and staff who deal with medical records. There are also two post-graduate medical colleges which train and certify specialists. The federal government runs some public hospitals, which it maintains and funds, and also pays the salaries of the medical staff who work in them. Some public hospitals in Nigeria are run by state governments which maintain and fund them. In the Federal Capital Territory area, the federal government runs several general hospitals. There are no restrictive health care control measures in Nigeria which means that patients are free to go to any hospital in any state for treatment. Despite the limitations of Nigeria’s health care system, a large number of diseases and conditions can be treated including heart conditions, high blood pressure, polio, meningitis, HIV/AIDS, hepatitis, sickle cell anaemia, diabetes, cancer and tuberculosis.

“The doctor added further that medical care provided in public and teaching hospitals, including investigations and any drugs prescribed or administered, have to be paid for, even in medical emergencies. If a person, however, arrives at a hospital and requests or needs medical treatment but does not have the money to pay for it in advance, it is possible that medical treatment will still be provided but only on condition that the person concerned or his relatives makes a payment as soon as possible after the first 24 hours, or provides an acceptable guarantor. If no payment or guarantor can be provided at all by the person concerned or his relatives, medical treatment is refused. Private hospitals exist in Nigeria and provide a higher standard of medical care than public sector hospitals, but charge their patients a lot more money. All the Nigerian teaching hospitals and a few specialist and private hospitals have intensive care units but not all of them are well equipped.” (Ibid)

In a section titled ‘Deteriorating healthcare system’, an *IRIN News* report on the suspension of the construction of local health centres in Nigeria, states:

“Even so non-governmental organisations remain concerned. Nigeria’s healthcare system has continued to deteriorate in the face of corruption, bad economic policy and political turmoil. Despite great wealth in natural resources, total government expenditure on health in 2004 amounted to only 3.5 percent of the oil rich nation’s federal budget, according to the World Health Organization. One in five children does not live to the age of five, and life expectancy at birth is just 44. An estimated four million Nigerians are living with HIV/AIDS. As of 2003, there were only 34,923 doctors for the country’s some 140 million citizens, and large sections of the country still lack even the most basic healthcare facilities. In northern Nigeria, mothers with malnourished children have been crossing the border to look for help in Niger, the poorest country in the world.” (IRIN News (24 August 2007) *Nigeria: Construction of hundreds of local health centres suspended*)

References

IRIN News (24 August 2007) *Nigeria: Construction of hundreds of local health centres suspended*

<http://www.irinnews.org/PrintReport.aspx?ReportId=73917>

(Accessed 28 April 2010)

United Kingdom Home Office Border Agency (15 January 2010) *Country of Origin Information Report – Nigeria*

<http://rds.homeoffice.gov.uk/rds/pdfs10/nigeria-180110.doc>

(Accessed 28 April 2010)

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be, conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

Sources consulted

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Amnesty International
European Country of Origin Information Network
Freedom House
Google
Human Rights Watch
Immigration and Refugee Board of Canada
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Refugee Documentation Centre Library
Refugee Documentation Centre Query Database
UNHCR Refworld
United Kingdom Home Office
United States Department of State
Yahoo