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theme: rethinking and strengthening social development in the
contemporary world**

Statement submitted by Women's Board Educational Cooperation Society, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

Strengthening Medical Amenities in Rural Areas as a Means of Ensuring Social Development in Society

As the world moves from the Millennium Development Goals to the Sustainable Development Goals, there seems to be optimism in the air. This is probably because we know that we need to work harder, improve our strategies and harness more resources this time around.

The Sustainable Development Agenda 2030, which was signed by more than 150 heads of State, is a sure sign of hope that we can all make up for the shortfalls in achieving the Millennium Development Goals. Social development has many facets and all of them are important because the wellbeing of every person demands on all the factors affecting wellbeing.

From our projects in grassroots areas of South East and South West Nigeria, there is one thing that is clear in planning developmental projects — nobody is left behind. Inclusive development is a real problem in our contemporary society, especially in developing countries where there exists a wide gap between the rich and the poor.

In the area of health, for instance, this difference is marked. The poor people in rural areas lack basic health facilities. In some rural communities health facilities are located in dilapidated and abandoned structures. For anybody who has been in these rural communities, it is quite obvious that there are no provisions for proper medical care. Medical insurance for rural dwellers is a complete dream, considering that this is not available to all, even in big cities. Often we find that a minor illness can clear the savings account of an average Nigerian, since most of people do not have access to medical insurance. Not only that, but people die of insufficient medical attention. Curing even uncomplicated and routine ailments such as malaria are extremely difficult.

The term primary health care refers to the clinics and dispensary, which exist in communities. The standard is below what is necessary for the basic health needs of any individual. The term primary has been confused with the quality of healthcare people should receive from any health institution. All levels of government should allocate an appropriate percentage of their annual budget to maintaining and providing healthcare needs especially to people in rural communities.

In the South-eastern and Southwestern villages of Nigeria there are very few standard hospitals, clinics or dispensaries. Generally government-owned hospitals are not run as efficiently as private health institutions. Unfortunately, almost no private medical practitioner wants to run efficient medical centres in rural settings. Every medical practitioner wants to live in a big city. When they do work in medical facilities in the village, they do so only as a visitor or on a part time basis.

From the work we carry out in these villages we have tried to provide basic and essential medical care to the rural populace. We established a health care centre to treat people's basic needs, especially for women and children. The clinic functions as a primary healthcare provider so that the villagers have somewhere to go for medical assistance with their basic health problems. Governments should

encourage more doctors to set up their private healthcare centres in these rural settings by providing better infrastructure such as road networks, potable water, reliable electricity.

The Abidagba Health Centre, which our organization established in Iloti village of Iroto town, has been running for almost twenty years. The aforementioned infrastructure problems have affected the functioning of this health centre. For instance, often settlements close to Iroto are cut off from the main centres of the village due to bad road networks. . The topography of the zone is made up of very muddy ground, and cars are easily stuck on the road when it rains. The same applies to poor electricity in rural areas, which results in the clinic relying on a generator for power. The cost of running a generator set severely increases the overhead cost of running the healthcare centre. We hope that the money invested in rural electricity by the Nigeria government will yield positive results.

Another important aspect of the work we conduct at the Abidagba Health Centre is regular home visits. There are some patients who are not able to travel to the health centre to receive regular medical attention. Some of these persons live alone. Even when they have people around them, there is a lack of basic medical knowledge to help patients. As such, the medical team at the Iroto Healthcare Centre provides an invaluable service to the iloti community and surrounds by visiting them and providing the necessary treatment and follow up.

If appropriate structures are not in place, it means that the choice to live in a rural area presents a risk to maintaining good health. There cannot be sustainable development unless health care systems can provide adequate coverage for all, no matter who they are or where they live.
