Public Health in Nigeria

To the Editor: Nigeria is the most populous black nation in the world with her population estimated to be about 140 million (2006 population census). In Nigeria, health care is provided through 53 tertiary health institutions; numerous secondary, primary, and private health care entities; and many private clinics and hospitals [1], yet there is no comprehensive health insurance. This is unlike in the developed countries such as Europe and the US where health insurance is with a history of about 700 years [2, 3].

The lack of a comprehensive health insurance has led to a high default rate in thyroid cancer management among other cancers, in Nigeria. Thyroid malignancy is an uncommon disease with a uniform world incidence of 40 per million and accounts for less than 1% or approximately 1% of all malignancies [4-6]. Although seen from childhood to old age, the peak incidence is the 6th decade in Europe and America and 4th decade in Africa and Asia [4]. This makes the disease a source of concern in Africa where the peak incidence is in the productive age group. Differentiated thyroid cancer which constitutes more than 85% of all thyroid malignancies is a potentially treatable disease especially if detected early and managed appropriately with patients' survival rates reaching as high as 90% [7]. This potentially treatable disease however is still a burden to many Nigerian patients who cannot afford the cost of effective management. The average cost of treatment of thyroid cancer is $2500 (₦375 000 00) in Nigeria. This average cost is beyond the reach of majority of indigent Nigerians whose average monthly income is about $67 (₦10 000). We carried out a retrospective review of the 56 patients with thyroid malignancy managed since the inception of the department in April 2006 at the Department of Nuclear Medicine, University College Hospital Ibadan. In terms of affordability of treatment only 21 patients out of 56 (37.5 %) could afford the cost of diagnostic whole body iodine-131 (^{131}I) scan while only 16 (28.6%) out 21 patients could afford ^{131}I ablation treatment. The remaining 35 patients (62.5%) could not afford the cost of diagnostic whole body ^{131}I scan or that of ^{131}I treatment.

Nigeria is the 37th country in the world in terms of Gross Domestic Product (GDP) as of 2007 [8] in which about 64.4% of the population live on less than $1.25 per day based on UN Human Development Report, 2009 [9]. In Nigeria, the burden of cost of treatment is on the patients; therefore, the standard management of thyroid cancer is still elusive to many patients. This situation induces a shorter overall survival of the population.

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