

Emergency Response to Victims of Gun Violence and Road Accidents

Conference Proceedings



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The mission of CLEEN Foundation is to promote public safety, security and accessible justice through empirical research, legislative advocacy, demonstration programmes and publications, in partnership with government and civil society.

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We acknowledge and thank the other participants and resource persons for enriching the discussions on emergency response with their insightful and practical contributions. The papers presented are reproduced in this publication with the names of the contributors listed against them.

Finally, we acknowledge the staff in Lagos office of CLEEN Foundation, especially Ms Blessing Abiri who seamlessly organized and coordinated the Forum, and also Ms Abena Abioye for gathering the materials for this publication and not dropping the ball. We thank you for your industry and painstaking effort in ensuring the smooth implementation of the interactive forum. The reliable support of the staff in CLEEN's Abuja office led by Ms 'Kemi Okenyodo is also deeply appreciated.

Preface

Every year more and more Nigerians die as a result of failure of emergency response system in coming to the aid of victims of road accidents, gunshot injuries and other trauma cases. Though there are flashes of intervention and reform initiatives at both federal and state levels, these efforts are often under resourced, uncoordinated, too dispersed and not sustained long enough to provide sufficient care for victims.

In response to this problem, CLEEN Foundation in collaboration with the Nigeria Police Force and Nigerian Medical Association, Lagos branch, organized a stakeholders' forum on emergency response to trauma victims to enable them identify the root problems hindering the effective provision of emergency response and also to agree on what could be done to address them. The interactive forum was held in Lagos in June 2010 and participants were drawn from the Nigerian Medical Association (NMA), Nigeria Police Force (NPF), Federal Road Safety Commission (FRSC), National Human Rights Commission (NHRC), health management organizations (HMOs), Lagos State Traffic management Agency (LASTMA), non-governmental organizations and the media.

The forum highlighted the challenges confronting each of the agencies in discharging its functions in emergency response situations as well as the central role lack of coordination among the role players has continued to play in denying trauma victims in Nigeria emergency care.

This publication compiles the proceedings of the forum, encompassing presentations made by experts, discussions that followed the presentations, communiqué issued and report of the forum. It is divided into three parts. Part one contains the opening remarks and welcome speech by Mr. Innocent Chukwuma, Executive Director, CLEEN Foundation and Dr Adedamola Dada, Chairman, Nigerian Medical Association, Lagos State Branch. These speeches explained the theme of the forum and provided a background for further discussions.

Part Two reproduced the three papers presented. In the first paper, Dr Michael E. Ugbeye, did ‘An Appraisal of Emergency Response System to Victims of Trauma in Nigeria’ and submitted that though the situation in Nigeria is not ideal because the government had failed in its duty to provide quality health care services however, the responsibility still falls on all Nigerians to continue to push for and ensure an improvement in the system. The second paper presented by Vincent O. Brown, an Assistant Commission of Police, analyzed the Witness Protection Programme of the Nigeria Police Force and concludes that while the law may be in place, it however takes a partnership between the police and the people to make it work effectively. The third paper, by Dr Femi Jegede of Medifield Healthcare Limited, examines the question of who funds emergency care in Nigeria. Part three contains appendixes, the report of the proceedings of the interactive forum and the Communiqué adopted at the forum.

We hope you will find this publication a useful resource and that the discussions we have started through this forum and the platform it provides would continue to fuel efforts towards revamping and improving our emergency response system.

Chinedu Yves Nwagu
Manager, Accountability and Justice
CLEEN Foundation

Part One

Opening Remarks

Welcome Remarks

By
Innocent Chukwuma
Executive Director, CLEEN Foundation

Introduction

On behalf of the CLEEN Foundation, I warmly welcome you all to this interactive forum on coordinating emergency response to trauma victims in Lagos State, being organized by the CLEEN Foundation in collaboration with the Nigerian Medical Association (NMA), Lagos branch and the Nigeria Police Force (NPF), Lagos State Command, with support from the MacArthur Foundation.

This interactive forum is designed to enable us identify challenges to effective coordination among stakeholders in our response to victims of gun violence, road accidents and other emergencies that we encounter everyday in our work and to agree on a set of measures that could be implemented to improve the situation.

You would agree with me that providing timely and effective response to trauma victims has been a major concern in Nigeria. Apart from the inadequate state of physical and social infrastructure for providing such aid, lack of coordination and cooperation among role players charged with such responsibility has been seriously implicated.

The unintended consequence is that on a yearly basis, thousands of Nigerians lose their lives and limbs in road mishaps and gun violence under circumstances where timely and coordinated help could have made a difference between life and death. According to statistics from the Federal Road Safety Commission, between January and middle of April this year alone, 1056 persons lost their lives in 7737 reported road accidents, making it an average of one death in every 7.3 road accidents.¹

¹Osita Chidoka, Chief Executive of the Federal Road Safety Commission, quoted in Punch Newspapers, April 19, 2010.

Similarly annual fatality rates from gun violence are estimated to be in multiples of thousands, although significant underreporting continues to make accurate statistics on gun violence a rarity in Nigeria²

While the argument here is not that all the lives lost in road accidents and gun violence could have been saved if responses were better organized and rendered on time, a good number of the deaths could have been averted.

However, of all the coordination and cooperation gaps among role players in responding to victims of violence, none is as worrying as that between medical doctors and police officials in the treatment of victims of gunshot wounds, which came to a head in September 2009, when Bayo Ohu, then Assistant News Editor with Guardian Newspaper, was gruesomely murdered in his house on September 20, 2009 and his relatives alleged that perhaps he would have survived if the first hospital he was sent had agreed to admit him instead of insisting citing police report before treatment.

While the leadership of the Nigeria Police Force in concert with the Federal Ministry of Health issued a joint statement in the wake of Bayo Ohu's incident, providing a correct interpretation of section 4(2) of the Robbery and Firearms (Special Provisions) Act – hospitals should first render emergency treatment to persons suspected of having bullet wounds and thereafter discretely report to the police – it is doubtful if that is all that is required to address the controversy. Experience of previous occurrences suggest that the situation is a bit more nuanced and requires more than a statement to address as doctors complain about continuous police harassments and intimidation in the course of carrying out their functions under different guises. The police on its part are not convinced that doctors are willing to fully cooperate with them. Hence, the needs for confidence building and fence mending forums such as this to enable us reach the root of the problem and find solutions to it.

² See Ime O. John et al. "Gun Violence in Nigeria: A Focus on Ethno-Religious Conflict in Kano", *Journal of Public Health Policy* (2007) 28, 420 - 431

The objectives of this forum are to:

- Identify the root causes of perceived lack of coordination and cooperation among stakeholders charged with first line response to victims of gunshot wounds and road accidents.
- Sensitize them on the importance of their roles and facilitate better understanding of the challenges each of the stakeholders face in discharging their functions to victims of violence.
- Enhance cooperation and coordination among them in order to enable them provide a more effective and integrated response to victims.
- Facilitate an avenue for periodic interaction among the stakeholders in order to effectively cooperate and coordinate.

The conference is divided into three sessions to provide participants ample opportunities to contribute in the discussion. In the first session after this opening and tea break, we will have three commissioned presentations followed by questions, comments and answers. The themes of the papers are:

- An Appraisal of Emergency Response System to Victims of Violence in Nigeria
- Options for Funding of Care: A Critical Examination of the Nigerian Health Insurance Scheme.
- An Analysis of Witness Protection Programme in the Nigeria Police Force

This will take us to lunch and followed by plenary interactive discussions on two key questions using the principles of identifying core blockages and high impact solutions. The questions are:

- What are the core blockages to effective coordination and cooperation among stakeholders in emergency response to victims of gun violence and road accidents in Nigeria?
- Identify high impact solutions to the challenges stakeholders face in providing effective and timely response to victims of gun violence and road accidents?

The third session, which is the closing session, focuses on agreeing on main points and recommendations that should be included in the communiqué and

discussion on the next action. As a result three set of products are expected at the end of this forum which include:

- A communiqué articulating the views of participants on core challenges to improve coordination among stakeholders in emergency response to trauma victims and recommendations on measures that could be implemented to address them.
- Agreement on possible platform for periodic interaction among stakeholders on emergency response to trauma victims including the police, Nigerian medical Association, FRSC officials and other stakeholders.
- Publication and extensive dissemination of the proceedings of this forum.

We thank Nigerian Medical Association (NMA), Lagos State branch and Nigeria Police Force for partnering with us in organizing this forum. Support for it was provided by the MacArthur Foundation.

Opening Remarks

By

Dr. Adedamola DADA

Chairman, Nigeria Medical Association, Lagos State

Introduction

On behalf of the Nigerian Medical Association Lagos State, I welcome you to this workshop organized with support from CLEEN Foundation. In the last few years or so, so much tension has been generated by the difficulties encountered by medical practitioners especially in the private setting on the treatment of Gunshot Injuries and sometimes victims of road traffic accidents. Whereas a number of factors are responsible for this, the most notable however is the relationship between the law enforcement agents and practitioners.

Indeed, the situation is such that medical practitioners are often placed between the “deep blue seas” and the “hard places”. There are instances where doctors have been arrested for performing their duties of treating gunshot victims and have had to report at police stations endlessly for allegedly not reporting these cases. In situations where cases were reported, there were also instances where information about such reported cases have filtered back to the patients which resulted in dire consequences for the doctors.

It is however important to note that it is not all cases of gunshot injuries that involve armed robbers. Indeed, as a trauma surgeon myself, who see and treat many of these cases regularly, I can say that majority of the victims are innocent Nigerians including quite often - policemen. Even when the patients are criminal elements, we still have a duty and responsibility to keep them alive to face the law. It is therefore obvious that we need to forge a new relationship with the police on this issue; a relationship that will entail mutual respect and cooperation with a good system of communication and witness protection policy. We believe that in fact, the onus of reporting to the police should be the responsibility of the relatives of the patient without this affecting the care of the patient in anyway whereas the role of the doctor will be to cooperate with the law enforcement agents in their investigations.

Also of importance is the need to recognize the fact that hospitals, particularly private hospitals are business oriented whose aim is to offer services for profit. Apart from this, they have also been obligated by their employers to maintain the standard of their services. Like all organizations in Nigeria, they equally have their own challenges such as poor electricity and water supply as well as inadequate infrastructures. Therefore, it is impossible for them to offer free services indefinitely, even if they wish to do so.

In several countries, the challenges of paying for emergency care services have been resolved through health or social insurance and through direct government re-imburement. Unfortunately in Nigeria, only 4% of the population is on the insurance scheme and this is poorly run. Furthermore, there is no re-imburement scheme whatsoever for the treatment of these or any category of patient in Nigeria. The country therefore needs to evolve a means of paying for the services rendered to these patients. Whereas the Nigerian Medical Association will continue to encourage her members to render such services as are necessary to keep these patients alive even when the relatives are not available to make payments, we all must admit that for sustainability sake, somebody must pay for services rendered. Therefore, one of the most important issues we need to address is that of payment for service. This issue is fundamental and it is ethical.

Ladies and Gentlemen, since we all are here to identify the core blockages to these issues and identify high impact solutions, I will like to stop at this stage. However, I will like to thank my colleagues from Lagos and other States who have abandoned their clinics for this workshop and the police hierarchy for agreeing to parley with us and of course the CLEEN Foundation for organizing this. It is my belief that at the end of today, we will find practical and mutually acceptable solutions that will enable us as doctors to perform our duties without hindrances and will also ensure that the police do their work without any obstruction.

Thank you so much.

Part Two

Paper Presentations

An Appraisal of Emergency Response System to Victims of Trauma In Nigeria

By
Dr. Michael E. Ugbeye

Overview

Trauma is a major public health problem worldwide. Trauma accounts for more than 16,000 deaths per day and causes more than 312 million patients yearly to seek medical attention. It is the commonest cause of death in among people under 40 years of age who constitute the economically viable population; a significant loss economically for the family, society and the nation in general. In addition to this, several thousands more with non-fatal injuries end up with disabilities.

The incidence of fatal Road Traffic Accidents (RTA) is highest in developing countries especially in sub-Saharan Africa. In Nigeria with a population of over 140 million people, the annual incidence of trauma deaths has been put at 1,320 per 100,000 people. Most deaths occurring within the first hour of injury, often before the patient arrives at the hospital.

The cause of death in these cases is usually severe brain and cardiovascular injury for which treatment are of limited value. Death can also occur from airway obstruction and external bleeding, both which are preventable by simple first-aid measures. Measures taken in developed countries to mitigate the effects of trauma are engineered into a seamless, efficient and cost effective system, which ensures that the incidence of trauma related illnesses is reduced and their outcome is improved.

Incidence

Population based studies on incidence of trauma are few and far between. Most of the statistics available for incidence of trauma are based on hospital studies. One such study carried out at the Olabisi Onabanjo University Teaching Hospital, Sagamu showed that 1078 patients were presented to the

Accident and Emergency Unit of the hospital over a 12 month period. In another study by Solagberu *et al*, the incidence of road traffic injuries was put at 2624 over a 4 year period while another audit of surgical emergencies carried out at the University of Ilorin Teaching Hospital showed 68.4% of the 2,455 patients admitted in the Accident and Emergency Department were treated for trauma and 64 of the 81 patients that died had trauma-related conditions. The true incidence of gunshot injuries in our environment is not known. Studying the pattern of presentation of gunshot injuries in Gombe, Ojo *et al* found 119 patients who were presented over a 5-year period. For acute burns injury studied by Fadeyibi *et al* over a 7-week period at the Lagos State University Teaching Hospital in Ikeja, there were 139 patients who suffered major burns. The World Health Organization's prediction that the burden of trauma is on the increase in developing countries indicates clearly a great task ahead.

Of particular importance are injuries sustained in Road Traffic Accidents. According to the FIA foundation organization, in every six seconds someone is killed or maimed on the world's roads. Most of these deaths occur in developing countries. The Federal Roads Safety Chief, Osita Chidoka, made this very clear at the European Bank for Reconstruction and Development conference held in London on 4th July 2008, when he said that "there were an estimated 161 deaths per 100,000 vehicles involved in a Road Traffic accident in Nigeria".

Aetiology of Trauma

The aetiology of trauma in Nigeria includes road traffic accidents, fall from heights, firearm injuries and burns. The Road Traffic Accidents have different patterns. These include the head-on collision of motor-vehicles, motor-vehicular - motorcycle accidents, motor-vehicular - pedestrian accidents, motor-cycle head-on collision, or motorcycle – pedestrian accidents. Fall from heights are usually seen in people who climb palm trees or kola nut trees, children who fall from un-protected balconies, adults escaping from unpalatable circumstances, be it assault or fire incidents, or people intentionally thrown off buildings.

Firearm injuries are usually seen following assault from armed-robbery attacks, accidental discharges from unguarded law enforcement agents, communal clashes involving armed militia as seen in the various parts of the country; especially in the Niger Delta area. Burn injuries are usually thermal burns sustained in fire accidents usually from naked fires carried around gasoline stored in the home which thus tend to involve families. Chemical burns from acid following assault are also seen occasionally.

Risk Factors

The deficiencies of the Nigerian environment are directly responsible for the high incidence of trauma. Nigerian roads are generally bad. Most roads and highways are regarded as death traps. Poor road maintenance, potholes, black-spots, debris on either side of major expressways are the norm on Nigerian roads. Most vehicles plying the major expressways are not road-worthy and routine vehicle inspection is rarely carried out on them. Again, commercial transport vehicles are overcrowded, lacking basic safety devices with very few possessing the mandatory fire-extinguisher. Apart from these, most drivers do not obey traffic laws or speed limits, have very poor highway etiquette, not retrained or re-certified and do not carry first-aid kits in their vehicles.

The menace of the motorcycle-taxi (commonly called okada) is well known. This unconventional mode of public transport accounts for a large percentage of intra-city road-traffic accidents. Most open leg injuries are usually due to road traffic accidents involving motorcycle-taxis. The lack of government's regulation on the use of motorcycle-taxis is a major issue. Although use of motorcycle-taxis has been banned in the nation's capital, Abuja, and prohibited after 10pm in parts of Lagos, the incidence of trauma from its use has not abated. Despite the government's effort in regulating the use of crash helmets for riders of motorcycles, effective enforcement of this is lacking, as many motorcyclists can be seen on the streets without helmets. Oftentimes, more than two people are seen riding pillion on the motorcycle.

Compounding the problem outlined above is the issue of distribution of care for trauma patients. Major highways where most road traffic accidents resulting in mass casualties occur traverse mainly rural areas of the country, while the

existing limited health care facilities are only located in major cities. This inadvertently increases the time between incident and care which has been shown to worsen the outcome.

Of importance too, are the factors that lead to burns injuries well spelt out by Fadeyibi *et al.* Burns are more common in the lower socio-economic group, who use kerosene for lightening and cooking especially in substandard housing with overcrowded rooms. Poor electricity supply increases reliance on kerosene lanterns for lighting, and powering of houses by power generators which have increased incidence of burns from petrol explosions. Incessant scarcity of petroleum products, especially gasoline, leads to families and individuals storing these products in homes. This is unacceptable and dangerous and increases the propensity for explosions and burns accidents. Acid burns have taken their share of victims as they are highly corrosive and potentially life threatening.

Factors responsible for both legal and illegal gun uses include; self protection, vigilantes, political thuggery, oil bunkering, drug sales, Police extra-judicial killings, assassinations, kidnapping, religious disturbances, communal strives, etc.

Pre-hospital Care of Trauma Patients

Pre-hospital care of trauma patients is almost virtually non-existent in Nigeria. An exception to this is the efforts of two state governments in South-west and one in the South-South of Nigeria to form a semblance of care for injured patients pending their arrival at formal care centres. They include Lagos, Rivers and Ondo states that have been most visible at providing pre-hospital care in their states. The Lagos State Government instituted the first paramedic service in the history of Nigeria. Paramedics are trained mainly at the Lagos State University Teaching Hospital, Ikeja for a period of 6 months in the retrieval, resuscitation, stabilization and transfer of injured patients from the site of injury to a trauma centre. Working in conjunction with the Lagos State Ambulance Service, they aim to provide state-wide coverage. Patients are usually brought to the hospitals' emergency room by passers-by, the Police

Force, Road Safety Corps members, or family and friends. Occasionally, the passer-by is made to pay for initial treatment against his wishes.

Victims are transported by various means, which include the back seat of cars or buses, trucks, motorcycles, tricycles, etc to different health centres or clinics or traditional homes before they arrive in the emergency department of a general hospital or tertiary centre. In a study carried out by Solagberu *et al*, of 1996 patients who were presented at four tertiary level hospitals in South-west Nigeria, only 172 had any form of pre-hospital care, just 160 were transported in ambulances, and none had any form of organized pre-hospital care. They found a mean arrival time in hospital after road traffic accidents as 93.6 minutes. In a more recent study, they found that the Police Force or Road Safety Corps members were responsible for bringing 40.42% of patients; relatives were responsible for 52.83% and bystanders 6.74%. The finding that no intervention was provided during transport of these patients leaves much to be desired.

Intra-hospital Care of Trauma Patients

On arrival at hospital, by whatever means of transportation or retrieval, most patients spend a mean time of 93.6 minutes since the incident. Whatever their condition on arrival, their hospital care should improve their outcome. However, this is usually not the case. As of today, Nigeria has no public trauma centre that reaches international standards. Public hospitals, including tertiary centres, lack basic equipments for resuscitation and care of the trauma patient. Most accident and emergency centres in most hospitals take care of both victims of trauma and other medical and surgical emergencies, making victims lack dedicated trauma victim care.

The concept of the 'trauma team' is non-existent in most hospitals while different aspects of patient care are compartmentalized. For example, obtaining radiographs for a trauma series is still carried out in the radiology department of the hospital, which may be quite a distance from the emergency department.

Staffing of the emergency department is also a formidable problem in most institutions. The most lower ranked medical personnel, usually house officers

and medical officers who have no basic training in surgical resuscitation for trauma, are the first responders in these institutions. Very few people, if any, that are involved in the care of trauma patients have attended or participated in the Advanced Trauma Life Support course, which is a pre-requisite for treating trauma patients in most other countries. Even surgeons-in-training at most hospitals in Nigeria do not attend the course before they are awarded the fellowship in surgery. A contributor to this is the fact that the course is not hosted in this country at present, and usually costs a fortune for an individual trainee surgeon to travel abroad for such a basic course.

Another important barrier to effective emergency trauma patient care is that of funding. Who pays for emergency care? The answer is the patient in most circumstances. Patients and their relatives are made to bear the cost of treatment in the emergency room. Most times, the intravenous fluids, emergency drugs and procedures are paid for either before or after use. Some hospitals have the policy of free emergency services for the first day of admission for trauma victims, but this is more often not the case.

In the background of these are the problems of incessant power outages in the hospitals, unkempt and dirty hospital environments that are repulsive, inadequate staffing in the emergency department resulting in relatives taking care of patients and inadequate intra-hospital transfer services for specialist care.

Migration of health care personnel to other countries due to a supply-push factor also makes government planning for trauma care troublesome. Most of these doctors and nurses who migrate abroad benefited from the government's funding of education both at the undergraduate and postgraduate levels. To say the least, this poses a challenge to the patriotism of these intellectuals, and raises a question on returns for government financing of health care education.

Post-hospital Care of Trauma Patients

For patients that survive the hurdles described above and are discharged home with one morbidity or the other, post-hospital care leaves a lot to be desired.

There are no community-based rehabilitation services, and no medical home-visiting services.

Occupational therapy for rehabilitation is still in the rudimentary stage of development, and hospital liaison services with personnel management in organizations are still lacking. Thus, a lot of patients have not been re-integration into the society after the harrowing trauma experience.

The Attitude of Government

In Nigeria today, the attitude of government to the health status of Nigerians leaves much to be desired. This is very apparent considering that a definite health policy was not contained in the seven-point agenda of the Yar'Adua regime which was the pivot around which the government worked. The 2010 budget gave less than 5% to health. Most of the activities in the health sector this year have revolved around remuneration of health workers, and increasing salaries and wages, other than improving the health of the Nigerian. Most of trauma care funding is by the federal government which is usually limited to teaching hospitals and tertiary institutions in urban centres. This signifies 70% of Federal spending.

The Change We Need

To stem the needless waste of lives that follow avoidable consequences of trauma, there are some important changes to be made. The measures outlined below should be coordinated into a seamless National Trauma Management Policy. These include:

Injury Prevention

Injury prevention must be the ultimate goal of the trauma control program. To achieve this, there must be information dissemination to the general public. Injury prevention education must be inculcated into the curriculum of pupils in Primary Schools, students in the Secondary Schools and tertiary institutions. It must form part of an ever continuing education system that goes into adulthood. Personal safety precautions must be learned at all times. For those who are not educated in the formal environment, informal sessions, for

example, with market women, agricultural workers, transportation workers and petty traders should be arranged with association leaders.

Road use legislation should be reviewed, properly established, and rigidly enforced to reduce trauma due to road traffic incidents. Road worthiness of vehicles must be ensured by both routine and un-scheduled checks. Motorcycle-taxis must be completely banned with the process spread out over time to help ease the consequent unemployment of the riders.

Furthermore improvement and re-introduction of railway services into the country to assist in the transportation of goods will keep heavy duty trucks off the major national highways, thus helping to reduce incidences of road traffic injuries from Lorries.

Organized state-controlled transportation should be put in place to gradually phase out private minibuses, which constitute the greatest death traps on our highways.

Efficient road maintenance especially of the highways will also reduce incidence of road traffic accidents.

Radio programmes in the local languages educating the populace on safety precautions and their benefits should be broadcasted.

Occupational health and safety requirements must be enforced in all institutions, and certifications of safety in the work place revised at regular intervals to ensure compliance.

All staff working in occupations with significant risk of hazards must hold certifications and licenses.

The Golden Hour

It is well known that the first treatment of a trauma victim goes a long way in determining outcome. Log rolling a patient with neck pain at the site of an incident may mean the difference between quadriplegia and full strength in

the lower limbs. It is therefore imperative that first responders at the scene of a trauma incident be versed in the resuscitation of victims. The Basic Trauma Life Support (B'TLS) course must be a pre-requisite for the uniformed services, including the Nigeria Police Force, Road Safety Corps officers, the Military, Customs services, Fire Services and Civil Defense Corps. It should also be taught to the members of different security outfits. The general public must be made aware of the course and the benefits of knowing some basic life-saving skills.

Paramedic training programmes should be instituted in all teaching hospitals, to produce quality professional first responders who have the basic knowledge and skills to provide emergency care in the field.

Coordinated ambulance services with well equipped buses, trained paramedics and emergency drug supplies should be the goal in stemming trauma deaths from inadequate pre-hospital care. Ambulance stations must be established at specific intervals on major highways in the country and should work in conjunction with police check-points.

Communication with trauma centers for the effectiveness of transfer and successful triage can only occur if dedicated telephone lines are established between the ambulance services and hospitals. The Federal government has done something about this, but most health workers and the public are not aware.

Intra-hospital Care

Establishment of a trauma system within major hospitals is mandatory for effective care of trauma patients. Trauma teams should be built on sound principles, and must consist of individuals who not only have the knowledge base and certification required for trauma care, but also the attitude necessary to ensure the safety of life in the emergency room. The Advanced Trauma Life Support (ATLS) course should be held on a regular basis in Nigeria, and be the goal standard of trauma care.

The administration of the Accident and Emergency departments of General Hospitals and tertiary institutions should be taken out of the hands of house officers and medical officers and given to well-trained trauma personnel.

The civil-service structure should be modified from its present state in the hospitals to become a more efficient, patient oriented structure to create a seamless structure of trauma care. Interdisciplinary co-operation between different departments of the hospitals should be the norm while routine audit of the trauma system should be carried out with the aim of improving services to trauma patients, and retraining of staff and drills should be carried out on regular bases.

Post-hospital Care

The institutionalization of a working social service will go a long way into achieving stress-free re-integration of the trauma victim into society, normal family and communal life.

Occupational therapists will assist in the modification of patients and the work environment to fit their new status. The provision of community based rehabilitation centres for the care of convalescent patients will be a good way of achieving this.

Funding

Funding for trauma care should be borne by a policy of cost sharing methods between the federal, state and local governments. The private sector should be involved in funding this, and rewarded with tax cuts and other incentives. Collaboration with the World Bank and WHO and the USAID for technical and financial support will go a long way in cutting costs borne by the government.

The Government

The government should increase the percentage of the budget allocated to health. Incessant ethnic and religious crises in the country should be dealt with by appropriate political and economic measures. Again, the formulation of a National Trauma Management Policy consisting of all of the above

measures will be very instrumental in reducing morbidity and mortality stemming from trauma.

Institution of National Trauma Registries is central to trauma research. This should be pursued by the Government for the purpose of accountability and planning for trauma funding. National statistics on trauma is easily gathered if documentation of trauma is practiced with precision.

National Health Insurance Scheme (NHIS)

The National Health Insurance Scheme should be properly organised and reviewed to take care of trauma cases, especially those needing specialist attention. The present situation is not acceptable.

Conclusion

The situation in Nigeria at present is not ideal. A responsible government is expected to cater for the health care needs of his citizenry. The need to look at peculiar problems militating against proper policies, funding and implementation of known workable trauma care ideals is invariable. The responsibility falls on all Nigerians.

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An Analysis of Witness Protection Programme in the Nigeria Police Force

*By
Vincent O. Brown*

Introduction

I consider it a rare honour to be called upon to deliver a paper to this august body on the topic “An Analysis of Witness Protection Programme in the Nigeria Police Force” at this forum between medical doctors and law enforcement officials on emergency response to victims of gun violence in Lagos State which is being organized by CLEEN Foundation.

Considering the theme in the context of the occasion, there is no doubt that the outcome of the day’s deliberation will not only add value to the existing literature on policing, it will engender cross pollination of ideas across disciplines and deepen the practice of policing and the benefits derived by the Nigerian populace.

Before I go further however, clarification of the key words in the topic is necessary if we are to navigate together on the same wavelength. According to the Oxford Advanced Learner’s Dictionary, 6th edition, the word ‘analysis’ means “the detailed study or examination of something in order to understand more about it; a careful examination of a substance in order to find out what it consists of”.

In the same dictionary, the word ‘protection’ means “the act of protecting somebody or something; a thing that protects somebody or something against something; insurance against fire, injury, damage, etc; the system of helping an industry in your own country by taxing foreign goods; the system of paying criminals so that they will not attack your business or property”. The word ‘programme’ means “a plan of things that will be done or included in the development of something; something that people watch on television or listen to on the radio; a thin book or a piece of paper that gives you information

about a play, a concert, etc; an organized order of performance or events; a course of study; a series of actions done by a machine, such as washing machine”.

The Blacks’ Law Dictionary 6th Edition page 1603 defined the word ‘witness’ to mean “[I]n general, one who being present, personally sees or perceives a thing, a beholder, spectator or an eye witness. One who is called to testify before a Court; a person whose declaration under oath (or affirmation) is received as evidence for any purpose, whether such declaration be made an oral examination or by deposition or affidavit”.

The Evidence Act defined the word ‘witness’ in Section 155 (1) as “all persons shall be competent to testify unless the Court considers that they are prevented from understanding the questions put to them or from giving rational answers to those questions by reason of tender years, extreme old age, disease, whether of the body or mind, or any other course of the same kind”.

From the foregoing definitions, our theme can be para-phrased to read: a careful examination of the plan of actions to be taken towards the protection of persons who are required to testify in a pending case before a court of law. Proceeding from here therefore, it is expedient at this stage to take a closer look at the word ‘witness’.

Types of Witnesses

In everyday police usage, the word witness can be broken down into two broad categories: (i) Prosecution Witnesses and (ii) Defense Witnesses. A prosecution witness is a person that is required to testify in support of a complainant or a plaintiff in a case; they include the complainant or plaintiff himself, and any other person competent to do so in the light of the earlier definition. On the other hand, defense witnesses are persons required to testify on behalf of the accused person(s) or respondent(s) in a case before a court of law and they include the accused person(s) or respondent(s) and any other person(s) competent to do so in the eye of the law.

Apart from the above definition, there are other classifications based on other parameters other than the perspectives of prosecution and defense. In part (x) of the Evidence Act, the word witness is broken down into four categories as follows:

- a) Hostile witness
- b) Competent witness
- c) Refractory witness
- d) Compellable witness

a) Hostile witness

This can be found in section 207 of the Evidence Act - “the party producing a witness shall not be allowed to impeach his credit by general evidence of bad character, but he may, in case the witness shall, in the opinion of the court, prove hostile, contradict him by other evidence, or by leave of the court, prove that he has made at other times a statement inconsistent with his present testimony; but before such last mentioned proof can be given, the circumstances of the supposed statement, sufficient to designate the particular occasion, must be mentioned to the witness and he must be asked whether or not he has made such statement”.

In other words, a witness is considered hostile when in the opinion of the court; he bears a hostile animus - animosity to the party calling him and does not give his evidence fairly and with the desire to tell the truth.

b) Competent Witness

According to Section 155 (1) Evidence Act ”All persons shall be competent to testify, unless the court considers that they are prevented from understanding the questions put to them or from giving rational answers to those questions, by reason of tender years, extreme old age, disease, whether of the body or mind or any other cause of the same kind”.

c) Refractory Witness

In the case of a refractory witness, Section 194(1) of the Criminal Procedure Act (CPA) has this to say: “when any person attending either in obedience to a summons or after notification as in section 193 mentioned or by virtue of a

warrant or being present in court and being verbally required by the court to give evidence in any case:

- i. refuses to be sworn as a witness; or
- ii. having been so sworn, refuses to answer any question put to him by the sanction of the court; or
- iii. refuses or neglects to produce any documents which he is required by the court to produce, without in any such case offering any sufficient excuse for such refusal or neglect, the court may, if it thinks fit, adjourn the hearing of the case for any period not exceeding eight days where practicable, and may in the meantime by warrant, commit such a person to prison or other place of safe custody, unless he sooner consents to do what is so required of him”.

Refractory witness is a witness who is required to give evidence in the court, but refused to swear to an oath, or having sworn, refuses to give evidence in the court or produce relevant document(s) in his possession when required by the court (Section 194 (1), Criminal Procedure Act).

For proper illumination on the provisions of 194 of CPA, section 193 of the same CPA simply reads: “any person present in court and compellable as a witness, whether a party or not in a cause, may be compelled by the court to give evidence, and produce any document in his possession, or in his power, in the same manner and subject to the same rules as if he had been summoned to attend, and give evidence, or to produce such document and may be punished in like manner for any refusal to obey the order of the court”.

d) Compellable Witness

A compellable witness is any witness that can be compelled to give evidence in any judicial inquiry by force of the law. It has to be noted that all competent witnesses are compellable witnesses except those exempted by law.

Examining our subject, it is appropriate at this juncture that we take a look at the overall police agenda set out in the 1999 Constitution and Police Act, of which the protection of witnesses by the police is part.

Section 214 of the 1999 Constitution of the Federal Republic of Nigeria provides that “there shall be Police Force, and subject to the provisions of this section, no Police Force shall be established for the Federation or any part thereof”. This section is replicated in various forms in our earlier constitutions.

Section 4 of the Police Act states that: ”the police shall be employed for the prevention and detection of crime, the apprehension of offenders, the preservation of law and order, the protection of life and property and the due enforcement of all laws and regulations with which they are directly charged, and shall perform such military duties within or without Nigeria as may be required by them by, or under the authority of this or any other Act”.

Protection of Witnesses

It must be established at this point that every person involved in a case, be it an accused person or a complainant and any other person connected to the case in one way or the other, are classified as witnesses.

Subject to the provisions of the laws of the land, beginning with the Constitution, witnesses are offered the following protection: All witnesses are entitled to protection from the police as part of their fundamental human rights to life, liberty, etc; which rights are further accentuated by the special circumstances, if any, that may have been generated by any case, in particular, that the witness may be involved in.

In the above case, the level of protection offered by the police is in the general protection of lives and property which does not call for the deployment of guards and escorts to such an individual.

But in the case of victims of particular crimes like murder, assassination, robbery, the police may deploy static guards and escorts once there is a fear that hoodlums responsible for the nefarious act may stage a come back to finish off their victim. Another scenario that requires guards and escorts to be assigned to a witness or witnesses is in a situation where such witnesses are accused persons in serious crime who by reason of ill-health, arising from natural or unnatural causes are taken to a health facility instead of an approved

detention centre. The guards and escorts will be maintained for as long as it takes for such individuals to recover outside an approved detention centre.

In yet another scenario, the identity of informants in a case, who of course will serve as witnesses at the conclusion of investigation, is never to be disclosed for the purposes of security and safety. But under the following circumstances, disclosure is permitted in law: "when a person deposes to his belief in any matter of fact, and his belief is derived from any source other than his own personal knowledge, he shall set forth explicitly the facts and circumstances forming the ground of his belief" (Section 88 Evidence Act). Or "when such belief is derived from information received from another person, the name of his informant shall be stated, and reasonable particulars shall be given respecting the informant, and the time, place and circumstances of the information"(Section 89, Evidence Act).

In the case of a hostile witness and for the benefit of the party that called him to testify on his behalf, the party calling him may with leave of the court contradict him by other evidence, subject him to cross examination, adduce evidence to prove that the witness has made all other times a statement inconsistent with his previous testimony or witness will be given the opportunity to admit or deny statement.

Another way in which indirect protection is offered to a complainant or an accused person is in a case where a witness whose testimony is crucial in a case, but not willing to attend a court session, is forced to do so as stipulated in Section 186 (1), Criminal Procedure Act (CPA) which states that "if the court is satisfied that any person is likely to give material evidence for the prosecution or for the defense, the court may issue a summons for such person requiring him to attend, at a time and place to be mentioned therein, before the court to give evidence in respect of the case and to bring with him any specified documents or things and any other documents or things relating thereto which may be in his possession or power or under his control".

Before I conclude, let us re-examine the vexed issue of hospitals and clinics attending to or refusing to attend to persons with gunshot wounds. Persons

with gunshot wounds can be armed robbers or their victims, and in other cases of stray bullets, accidental discharge or in an outright case of attempted murder where firearms are the weapons used.

In the Robbery and Firearms Special Provision Act, Cap 398, 1984 Section 4 states that:

- (1) It shall be an offence punishable under this Act for any person to knowingly house, shelter, or give quarters to any person who has committed an offence under section 1 (2) of this Act.
- (2) It shall be the duty of any person, hospital or clinic that admits, treats or administers drug to any person suspected of having bullet wounds to immediately report the matter to the police.
- (3) Any person who; or Hospital or clinic which fails to report as stipulated in subsection (2) of this section shall be guilty of an offence under this Act.
- (4) Any person convicted of an offence under subsections (1) (3) of this section shall be liable in the case of an individual, to imprisonment to a term not exceeding 5 years or in the case of hospital or clinic, to a fine of ten thousand naira and in addition, the hospital or clinic shall be closed down.

For clarity, Section 1 of the Act states that "any person who commits the offence of robbery shall upon trial and conviction under this Act, be sentenced to imprisonment for not less than twenty-one years. If any offender mentioned in subsection (1) of this section is armed with any firearms or any offensive weapon or is in company with any person so armed; or at or immediately before or immediately after the time of the robbery the said offender wounds or uses any personal violence to any person, the offender shall be liable upon conviction under this Act to be sentenced to death. The sentence of death imposed under this section may be executed by hanging the offender by the neck till he be dead or by causing such offender to suffer death by firing squad as the Governor may direct".

In the light of the above, it is not an offence to admit and treat persons with gunshot wounds, even if they are robbery suspects, but the act shall become an offence if the information of their presence in such a hospital or clinic is suppressed and withheld from the police. For guidance, I wish to counsel our medical practitioners to acquaint themselves with the Area Commanders and Divisional Police Officers (DPOs) in their areas. In situations where these categories of officers are not accessible, the Commissioner of Police and his lieutenants should be reached. For the benefit of civilian attendees, the telephone directory of senior officers, including Area Commanders and DPOs is hereby attached.

It will be uncharitable for me not to offer once again my sincere compliments to the organizers of this programme and to all those who have come to listen to me. In appreciating your effort, I also wish to crave your indulgence to lend a helping hand in whatever way you can in helping the police serve you better. Come to think of it, is it not an irony that while the Nigeria Police abroad on peace keeping mission is accepted and praised to the high heavens for their efficiency and professionalism, the same body is criticized, denigrated and rejected at home?

We might be wondering why this is so. The reason is not far fetched: while the Nigeria Police contingents that go abroad on UN peace keeping mission are provided with adequate work tools, including surveillance camera coverage of areas of responsibility in addition to adequate remunerations and motivation, the same cannot be said of the parent force back home. It is often said that a stitch in time saves nine; the earlier the Nigeria Police Force is adequately catered for, the better for the nation and the better the services that will be derived from the patriotic men and women that make up the Nigeria Police Force.

Thank you for your precious attention.

Telephone Directory of Senior Officers in Lagos State Police Command

S/N	Senior Rank and Name	Department	Telephone numbers
1	CP MARVEL AKPOYIBO	COMMISSIONER	08033011052 08055117920,
2.	DCP SOLOMON ARASE (fde)	DC SCID	08023036426
3.	DCP ABUAH A. OSELOKA	DC MEDICAL	08033039750
4.	DCP SHUAIBU L. GAMBO	DC ADMIN	08037013766
5.	ACP DENNIS ANYAGAFU	DC OPS	08055512221
6.	ACP AYODELE FADAIRO	AC ADMIN	08023447764, 08033344343
7	ACP VINCENT O. BROWN	AC OPS	08081778757
8.	ACP AROMEH ATABOR	AC SCID	08038639035
9.	ACP UGOMOH O. CHARLES	AC VETENARY	08037106254
10	CSP RICHARD EJEH	CIB	08037179569
11	CSP AII A. JANGA	CMDR PMF 23	08033073904
12	CSP ADELEKE ADEYINKA	CMDR PMF 49	08033440189
13.	CSP ADEBOLA OJUGBELE	O/C LASTMA	08023264817
14	CSP MARGERET EKPE	STD IKEJA	08052500580, 08056250710
15	CSP ODUMOSU OLUSEGUN	CMDR RRS	01- 7750715
16	CSP EDWARD AJOGUN	O/C ANTI-VICE	08052663309
17	CSP BASHIRU KEHINDE	MONITORING	08033039049
18	CSP OLUSEGUNFABUNMI	SARS	08034095753
19	CSP MIKE EZENWERE	VANDALIZATION	08023232106
20	CSP SAMUEL AYO ASUKU	PROVOST	08022277795
21	CSP EMMANUEL IGHODALO	ILL. R/BLOCK	08033469205
22	CSP YETUNDE LONGE	COMMDT. PTS	08033351884
23	CSP JOHNSON WOKE	TOD/O/C STANDBY	08059824515
24	SP OLUBODE OJAJUNI	CSP 'A'	08034062773
25	SP IYUNADE LASISI	SOS	0802352881

26	SP ADEBIYI ADEMOLA	SOI	07038494781
27	SP FRANK MBA	PPRO	08038375844
28	SP OLUWAKEMI AJAI	O/C E. C. M. R.	08037271873
29	SP PATRICK EJEDAWE	CMDR. PMF 2	08033292458, 08033248112
30	SP EMMANUEL ONOVO	CMDR. PMF 20	08081760137
31	SP GREMA MOHAMMED	CMDR. PMF 22	08035514384
32	SP JOHN-PAULECHETTAH	CMDR.ATS	08033104388
33	SP AUTA S. YAKUBU	CMDR. FHP	08037138865
34	SP ADESHINA LAWAL	CSO TO GOV	08053622508
35	SP SULAIMAN BAYO	CMDR T/FORCE	0803318347
36	SP ADEBISI BALOGUN	CMDR GMT	08034703057
37	SP IFEANYI UKA	O/C WORKS	08033173105
38	SP IFEOMA OPALUGO	O/C MSS	08033082620
39	SP JOHN I. CHIEKWE	COURT PROC.	08023329982
40	SP SAMSON OMOKARO	TRANSPORT	08033354819
41	DSP ASEGA B. VICTOR	SO INSUR.	08038554308
42	DSP UDOMA IGOLI	SOJ	08037195828
43	DSP MIKE OCHUKO IMEKE	A/O 'B' OPS	08033137103
44	DSP EMMANUEL AMOKE	O/C OPG	08033308764
45	DSP MUSHAFU SALAU	O/C TAILORING	08035726557
46	DSP OJO RUFUS	O/C STORE	08034076027
47	DSP LAMIDI FATAI	O/C DOG SECT	08056554693
48	DSP ABIOLA ZACHARIAH	OFFICERS MESS	08037173277
49	DSP EGWUENU VINCENT	O/C MARINE	08023154250
50	DSP ONWUAMA EGBU OYINYEN	O/C SPY	08033921960
51	DSP ISHOLA FISAYO	ADC TO GOV	08038033924
52	DSP AII MAIGIDA	OPS BOMB SQUAD	08035041939
53	DSP ALEXANDER OKOYE	O/C COMM/CCTV	08034281196
54	ASP JOSEPH EGWUONWU	SECRET REG	08035021174
55	ASP MUKAILA ADELEKE	O/C COMPUTER	08028001631
56	ASP OJEI D. OTEI	O/C RECORDS	08028445426
57	ASP ADEOYE M. ADERONKE	OPEN REG.	08036679518

58	ASP LASISI RAFIU	MOUNTED TRP	08055823521, 08032970392
59	ASP ADENIYIADEKUNLE	CP SECRETARY	08059243236, 08034893580
60	ASP SHITTU AKA JIMOH	21/C C/ROC	08061762921, 08037942447
61	ASP AJU ODEYEYIWA	PA TO CP	08056277544
62	ASP RILWANU MALIKI	STAFF OFF. TRG	08081771456
63	ASP GODWIN THOMPSON	O/C FUEL DUMP	08056161571
64	ASP SOLOMON OLADIMEJI	O/C PAY	08025999635
65	ASP PAUL O. OMOTOSHO	CHAPLAIN CATH.	08037271978
66	ASP M. A. ADEKOLA	CHAPLAIN PROT.	08036355809
67	ASP OMIKUNLE.	ALPAHA MOSQ.	08126281617

AREA 'A' COMMAND LION BUILDING

1	ACP UMAR SURAJUDEEN O	ACPOL ALPHA	08072685227, 08035143281
2	SP CHIMEREZE CHINEDUM	LION BUILDING	08027600619
3	CSP NKEREUWEM UKOH	MAROKO	08035316133
4	CSP ADEGOKE FAYOADE	VICT.ISLAND	08033521772
5	CSP AKIKA AUSTINE	ADENIJI ADELE	08036666806
6	CSP KAYODE ADEWOYE	ONIKAN	08054479115
7	SP SUNDAY BADA	IKOYI	08033008312
8	CSP OSUNGEKPO	ILASAN	08037266529
9	CSP VICTOR ONYEUGO	EBUTE-ERO	08037172017
10	CSP AKINGBADE ADEYINKA	AJAH	08033328082
11	SP TARZANTSAV	AKODO	08033124830
12	CSP ABDUL T. HUSSAINI	LANGBASA	08033039045
13	SP COSMOS AGWU	ELEMORO	08033075058
14	CSP OSCAR EMESIM	DOLPHIN EST.	08023422832
15	CSP Y. A. KIRI	DPO OGOMBO	08033264466

AREA 'B' COMMAND APAPA

1	ACP KENNETHEBRIMSON	ACPOLBRAVO	08033311119
2	CSP SYLVA CHINEDU	AJEGUNLE	08123826373
3	CSP Ali MOHAMMED	APAPA	08037366619
4	CSP CYRACUS ENECHUKWU	TRINITY	08037175658
5	SP OKORO UKOHA	AMUKOKO	08036247440
6	CSP UMOH IDOREYIN	IJORA BADIA	08023145225
7	CSP EZE GODWIN	TOLU	08068055255
8	CSP CHIJIJOKE NDU	LAYENI	08032254444
9	SP FRANCIS EKANEM	KIRIKIRI	08035520461

AREA 'C' COMMAND SURULERE

1	ACP BASHIR ABDULLAHI	ACPOL CHARLIE	08033233359
2	CSP DARE OGUNDARE	SURULERE	08033294445
3	SP ANTHONY ARUNA	SABO	08023129275
4	CSP SAM AKAPO	AGUDA	08058462871
5	CSP PATRICK EDUNG	IPONRI	08081774198
6	CSP MUHAMMED SANNI	DENTON	08058469871
7	SP OLIVER EZIRIM	YABA	08033450247
8	CSP UGO OGBODO	BODE THOMAS	08068967906

AREA 'D' COMMAND MUSHIN

1	ACP NKEREUWEM AKPAN	ACPOL DELTA	08034836799
2	CSP OSOKO OLUBUNMI	MUSHIN	08033004406
3	CSP ADEKINTE A. OYEKAN	ITIRE	08035841010
4	CSP HARUNA A. YAHAYA	IJESHA TEDO	08033455356
5	CSP SANNI ZUBERU	ISOLO	08066964917
6	CSP ROBERT N. ADE	DPO ALAKARA	08023566861

7	SP BEN O. ADEOLA	DPO EJIGBO	08033000917
8	CSP JOSEPH IBEKWE	AJAO ESTATE	08023327770
9	CSP ADEYEMI ADEGBOYEGA	ILASAMAJA	08023425589
10	CSP DANIELIYAMAH	AGO-OKOTA	08033951340
11	CSP NATHANIEL JOHNSON	ASWANI	08033951340

AREA 'E' COMMAND FESTAC

1	ACP ABIMBOLA AMBALI	ACPO LECKO	08033016001
2	CSP USMAN NDANBABO	FESTAC	08033058903
3	SP AKINOLA ADAMU	SATELLITE	08033890969
4	CSP ISAAC OGBOGBO	OJO	08028304316
5	CSP SALIHU N. SAMUEL	BADAGRY	08037245559
6	CSP ISEGEN MUSTAPHA	IJANIKIN	08033940341
7	CSP ADESHINA ELETU	TRADE FAIR	08037144215
8	CSP BOBOYE AKINFEDERIN	OKOKOMAIKO	08037030971
9	CSP MARTINS NWOGOR	ILEMBA HAUSA	08087064444
10	CSP RICHARD OSAZUWA	ISHASHI	08033747423
11	CSP JAMES ARABE	ONIREKE	08038340388
12	CSP OPETE M. EJENAVWO	SEME	08033128895
13	CSP LAWRENCE ARULEBA	MOROGBO	08037141384

AREA 'F' COMMAND IKEJA

1	ACP NOAH ADESOYIN	ACPOL FOXTROT	08033018285
2	CSP EDGAL IMOHIMI D.	IKEJA	08033118042
3	CSP NGWU EMMANUEL	MAKINDE	08064280372
4	CSP ASAFA ADEKUNLE	ILUPEJU	08033332095
5	CSP OLOKODE OLAWALE	ALAUZA	08033181456
6	CSP VICTOR N. OSUJI	AKINPELU	08030426156

7	SP TSAFEABDULLAHI	OJODU	08024481019
8	SP SOLA AKIN DELE	MOSAFEJO	08035676404
9	CSP KEHINDE P. LONGE	MAN-CENTRE	08023400797
10	SP JOHNNY ADEKAIBE	SHOGUNLE	08033780612

AREA 'G' COMMAND OGBA

1	ACP MOBOLAJI ODESANYA	ACPOL GOLF	08033705384
2	CSP MONDAY AGBONIKA	ISOKOKO	07032165181
3	SP OMOLE OLA	OKO-OBA	08023340016
4	SP BADEWOLA T. BOLA	IDIMU	07038196161
5	CSP ADEBISI BOLA LATEEF	ELERE	08023325434
6	CSP J. O. OLATOMOKUN	ALAKUKO	08037033048
7	CSP STEPHEN IGBASAN	OKE-ODO	08035846520
8	CSP CHIKEZIE C. OKEZIE	IPAJA	08058248454
9	SP ABIOLA OLAWALE	IKOTUN	08023431587
10	CSP AMBROSE AGBEDO	IGANDO	08033362803
11	CSP FESTUS OTABOR	MEIRAN	08023373715
12	CSP FUNSHO ADEGBOYE	DOPEMU	08058560004
13	SP MURITALA A. RAJI	OJOKORO	08037138016
14	CSP OLIVER AMECHI	IJU	08033592658
15	CSP JULIUS ISIJOLA	AYOBO	08034454545
16	CSP ISHOLA OLANREWAJU	GOWON ESTATE	08066502348
17	SP OLATTAN T. MUAZU	ABATTOIR	08033235229
18	CSP OKAFOR O. FIDELIS	PEN-CINEMA	08023078831
19	SP A.O.ADETUTU	SHASHA	08022098079
20	SP SEGUN TITILADUNAVO	ISHERI OSHUN	08033347816

AREA 'H' COMMAND OGUDU

1	ACP PRINCE CHIANA EKWE	ACPOL HOTEL	08033215438
2	SP NELSON AKPAN	SHOMOLU	08033579635
3	CSP IBRAHIM FASESAN	BARIGA	08052449417
4	CSP BENJAMIN ONOJA	IKORODU	08034082786
5	SP OLUKAYODE AYILARA	EPE	08037167070
6	CSP DANKOLI MOHAMMED	KETU	08035508819
7	CSP MONDAY OKPAN	OWUTU	08023467994
8	CSP DUROSINMI A. O.	ISHERI	08023117252
9	SP JAMES CHU	ALADE	08035511263
10	CSP ADEOLA M. RAJI	ANTHONY	08033029673
11	SP ANTHONY OKOSUN	ALAPERE	07038194781
12	SP AKANBI OLUSEGUN	OWORONSOKI	08054593218
13	CSP AJAO S. ADEWALE	OWODE-ONIRI	08023442525
14	CSP BERTRAMIGBE	OGUDU	08037971839
15	SP DICKSON ONYEKA	IPAKODO	08033626164
16	SP UKADIKE ANAMAZOBI	SHAGAMU RD.	08023376742
17	CSP DAVID J. ETIM	IMOTA	08039102001
18	SP OJAPINWA KAYODE	ONIPANU	08037085150
19	SP OLOMO BENEDICT	IFAKO	08023326333
20	SP YUSUF MUKAILA	AGBOWA	08034112440
21	CSP IRIMIYA ASIMIYA	IJEDE	08073160939

DISTRESS CALLS

CONTROL ONE ODUDUWA	CONTROL TWO (RRS) ALAUWA	CONTROL THREE (CCTV) SHQ IKEJA
1. 08060357795 2. 07055350249 3. 07035068242	1. 08065154338 2. 07055462708	1. 08063299264 2. 08079279349

Options for Funding of Care: A Critical Examination of the Nigeria Health Insurance Scheme

*By
Dr Femi Jegede*

In Nigeria there are various options for funding healthcare. This can either be through the various tiers of government in the country or private sector funding. Under the various tiers, the Federal government oversees the affairs of the Federal university teaching hospitals and Federal Medical Centers, while the state government manages the various general hospitals and state teaching hospitals with the local governments focusing basically on PHC centers.

However, because Nigeria operates a mixed economy, private providers of health care play a very visible role in health care delivery in the country.

Levels of Care

There are essentially three levels of care recognized in our healthcare system; the primary, secondary and the tertiary levels of care. The primary level provides essential, basic and common healthcare need while more complex, specialist and rare care is provided at the tertiary level.

Reasons for Structured Proper Funding

Health care funding still remains a big problem in Nigeria, as government is overwhelmed trying to meet vital needs in other sectors of the economy. There are various reasons that make it imperative that a structured proper funding be established. A few of them are highlighted below:

- Health care in most of Sub-Saharan Africa remains the worst in the world
- Despite decades of foreign assistance, few countries in the region are able to spend even the \$34-\$40 per person per year that the World

Health Organization (WHO) considers the minimum necessary to provide a population with basic health care

- Sub-Saharan Africa accounts for 11 percent of the world's population, yet bears 24 percent of the global disease burden and commands less than one percent of global health expenditure - (IFC report).
- Furthermore, Sub-Saharan Africa's improving economic performance means that the demand among all sectors of society for health care is poised to increase still further. The markets for health care in this region will more than double by 2016.
- The private health sector in Sub-Saharan Africa is large and constitutes an important, diverse component of the region's health care systems.
- Of a total health expenditure of \$16.7 billion in 2005, around 60 percent (predominantly out-of-pocket payments by individuals), was financed by private parties.
- Private providers captured about half of that total expenditure.

Vital Modes of Financing

Modern popular modes of financing healthcare include;

- Out of pocket (direct fee for service model)
- Insurance/premium based (pre-paid)
- Government
- Private
- Community
- Donor funds (remain an option for HIV/AIDS, tuberculosis (TB), malaria)

In general the development of a sustainable and socially responsible private health sector, integrated into the broader strategies and systems developed by the governments of Nigeria is an option that should be closely considered.

Furthermore, the ability to put in place risk pooling programs to improve the financing of health care is also critical at this stage while the private sector can be better utilized to fund and deliver healthcare by closer collaboration between the public sector and donor agencies.

Government bureaucracy can be streamlined through policy and regulatory modifications, established acceptable human resources regulations and standard operating procedures and tariff reduction, including removal of other import barriers (especially on health products) which will go a long way to enhance private participation in funding healthcare.

Accessibility to local finance is a major challenge to private sector participation hence the availability of debts and equity to finance private healthcare projects is imperative in making more progress in the involvement of the private sector.

The National Health Insurance Scheme (NHIS)

The NHIS is a corporate body set up under Act 35 of 1999 by the Federal Government to improve the health of all Nigerians at an affordable cost through various prepayment systems. The decree setting up the scheme was amended in 2004 by the Former President Olusegun Obasanjo's administration.

Recently a bill for an Act to repeal the National Health Insurance Scheme decree, No 35, 1999, and establish the National Health Insurance Authority, the National Health Insurance Scheme and for related matters was presented to the senate in 2009. The new bill provides that the National Health Insurance Authority regulates all health insurance activities which include funding, credentialing and registration of participating organizations, arbitration and quality assurance. It recognizes health insurance as a social security system that ensures provision of quality health services to individuals (enrollees) on the payment of token contributions at regular intervals.

It introduces the advantages of bulk purchase and economies of scale as well as the effective use of the primary and the secondary care facilities (re-establishing the old standard referral system).

There are various categories of plan recognized by NHIS, these include:

- Public sector employees and their dependants.
- Organized private sector employees and their dependants.
- Students of tertiary educational institutions.
- Vulnerable groups.
- Private commercial health insurance schemes including other forms of commercial pre-paid health plans.
- Private mutual health insurance schemes including community-based and urban self-employed health insurance schemes.

The numerous deliverables expected from the scheme are as follows:

- Ensures that every Nigerian has access to good health care services.
- Protects families from the financial hardship of huge medical bills.
- Limits the rise in the cost of healthcare services.
- Ensures equitable distribution of health care costs among different income groups
- Maintains high standard of health care delivery services within the Scheme
- Ensures efficiency in health care services
- Improves and harnesses private sector participation in the provision of health care services

- Ensures adequate distribution of health facilities within the Federation
- Ensures equitable patronage of all levels of health care
- Ensures the availability of funds to the health sector for improved services.

Again there are more specific functions expected to be performed by the NHIS, these functions include but are not limited to:

- Fund disbursement
- Regulators
- Accreditation of HMOs and Health Providers

Identified stakeholders of the programme are the NHIS (Federal Government body) Regulatory body which pays significant part of the cost, private HMOs which are mainly private limited liability companies acting as fund managers, the providers that are directly responsible for providing care and the beneficiaries, i.e. enrollees who also make part contributions.

Functions of the Health Management Organisations (HMOs)

The HMOs are fund managers who also perform the following functions:

- The collection of premiums from employers and employees for private health insurance plans;
- Collection of premium from the National Health Insurance Fund for beneficiaries;
- The payment for services rendered by Health Care Providers accredited under the Scheme in accordance with the Operational Guidelines;
- Provider education;

- Provide preventive health programmes;
- Establish a Quality Assurance system to ensure that qualitative care is given by the Health Care Providers;
- Establish call centers to address enrollee complaints.

Quality Assurance ensures the following:

- The quality of healthcare services delivered are of reasonably good quality and high standard;
- The basic healthcare services are of standards that are uniform throughout the country;
- The use of medical technology and equipments are consistent with the actual needs and standards of medical practice;
- Medical procedures and the administration of drugs are appropriate, necessary and comply with accepted medical practices and ethics;
- Drugs and medication used for the provision of healthcare in the country are those included in the Essential Drug List of the Ministry of Health.

To date, only about 5.3 million Nigerians (3.73 per cent of the population) are benefiting from the Scheme. The beneficiaries include civil servants in federal employment, civil servants in Bauchi and Cross River states and about 300,000 pregnant women and children under the Maternal and Child Health Project (MCHP) launched as part of the Millennium Development goals (MDG Programme).

The NHIS has set a target of universal coverage to be achieved by December 2015 however, there are various challenges currently facing achieving this laudable target. Some of the challenges include:

- The Act establishing the scheme which has a lot of inadequacies and grossly limits the power of the body;
- The NHIS is not an agency and lacks legal regulatory powers to make the Scheme compulsory;
- In most circumstances, its roles have been limited to only extensive advocacy;
- The state as well as the distribution of medical facilities is another issue difficult to tackle;
- Over 90 per cent of our disease-burden is in the rural areas, but less than 10 per cent of the facilities are found in the rural areas;
- There are also human resources gap because of lack of basic amenities in the rural areas;
- Lack of public awareness and lack of willingness to even participate;
- The health seeking behaviors of Nigerians;
- The difficult terrains;
- The problems of infrastructure, the problem of human resources for health;
- The weakness of the Nigerian health care system.

How Does The NHIS Work?

Before anyone can participate in the scheme a CAPITATION must be paid on behalf of that individual which will allow the individual to register as an enrollee. During registration, each member is expected to register himself/herself, spouse and up to 4 children with a particular provider after which ID cards for proper identification at the point of service delivery are issued to

enrollees. A government employee is also entitled to register him/herself, one spouse and 4 children.

Capitation is the premium paid by NHIS for a group of pre-determined services per person per month which the NHIS sends to the providers every month whether that person visits a facility of choice or not.

The Maternal and Child Health Project (MCHP)

Under the MCHP, the NHIS with funds from the Millennium Development Goals (MDGs) office plans to put 600,000 pregnant women and children under five years of age in six states on health insurance by the end of this year as well as start in six other states with funds from the Debt Relief Gain (DRG). The pilot project, which has enlisted over 300,000 vulnerable women and children, is ongoing in Gombe for the North-East, Sokoto for North-West, Niger for North-Central, Oyo for South-West, Bayelsa for South-South and Imo for South-East.

Finally it must be stated clearly that health insurance in Nigeria is a big opportunity, hence participating organizations (HMOs, NHIS, providers etc) need to be innovative in order to extend its benefits beyond the few that are currently covered.

Appendix

COMMUNIQUE

FORUM ON EMERGENCY RESPONSE TO VICTIMS OF TRAUMA ORGANISED BY CLEEN FOUNDATION IN COLLABORATION WITH THE NIGERIAN MEDICAL ASSOCIATION AND THE NIGERIA POLICE FORCE AT THE AIRPORT HOTEL, LAGOS ON JUNE 22, 2010.

Preamble

Against the background of increasing concern of stakeholders on the spate of avoidable loss of lives and limbs on Nigerian roads, hospitals and police stations, members of the Nigerian Medical Association, Nigeria Police Force, Federal Road Safety Commission, health management organizations, Lagos State Traffic management Agency (LASTMA), Civil Society Organisations and the media gathered in a Forum held on Tuesday, June 22, 2010 to deliberate on Emergency Response to Victims of Gun Violence and Road Accidents in Nigeria and adopted the following Communiqué:

Reaffirming our common commitment and shared responsibility towards ensuring the protection and security of human life, particularly through the efficient provision of emergency response to victims of gun violence and road accidents in Nigeria;

Acknowledging that the misapplication of the law pertaining to the treatment of persons with gunshot injuries has occasioned misunderstandings and strained relationships between medical practitioners and members of the police force;

Recognising that the poor relations between medical practitioners and members of the police force, coupled with the lack of coordination and cooperation between other key role players has impacted negatively on the provision of emergency response to victims of trauma and has also resulted in many avoidable deaths;

Mindful that the emergency response system in Nigeria is plagued by several other problems including inadequate resources, facilities and trained personnel to effectively handle and rescue victims, unaffordable and inaccessible healthcare for trauma victims, uncertainty as to who bears the financial responsibility for treating victims, poor witness protection and lack of capacity building for emergency response operators.

Conscious of the need to motivate and coordinate all role players in the emergency response system, identified the following **core blockages** to timely and effective response to trauma victims in the Nigeria:

And hereby decide and agree on the following recommendations to various stakeholders in order to improve emergency response to trauma victims in Nigeria and Lagos State in particular:

Federal Government Should:

- Equip medical centres, teaching hospitals and other trauma centres with adequate facilities and qualified personnel to enable them provide timely and quality care to trauma patients.
- Enact legislation to compel trauma centres to provide compulsory emergency medical care to trauma patients whether they are able to pay or not.
- Amend the law and policy establishing the National Health Insurance Scheme (NHIS) to include coverage of trauma and set out part of the NHIS (10%) to pay for treatment of trauma victims.
- Ensure that majority of Nigerians are covered under the NHIS.
- Enact a law to provide comprehensive witness protection to patriotic Nigerians who report criminal acts.

- Facilitate the creation of jobs for millions of Nigerians who are able bodied and willing to work in order to uplift them from poverty and able to pay for medicare.

Lagos State Government

- Designate certain hospitals in Lagos as treatment centres for trauma patients
- Mass public enlightenment to educate members of the public on how to respond to emergency situations regarding victims of gun violence and road accidents.
- Motivate emergency care givers with adequate training, provision of facilities and improved condition of service.
- Identify, stratify and publicize hospitals capable of providing emergency care to victims in various locations

Nigeria Police Force

- Establish an interface committee and line of communication between its officials and other role players in emergency care to trauma victims such as doctors, road safety officials, Red Cross/Red Crescent Societies, civil society organizations etc.
- Provide adequate training on human rights for its officials to enable them imbibe human rights and due process norms in their daily work.
- Improve the training of its personnel in marksmanship and weapon handling in order to prevent accidental discharges and friendly fires which are major contributors to increasing spate of gun violence in Nigeria.

- Enhance police witness protection programme in areas of protection of the identities, relocation and guarding against reprisals.
- Improve the salary/benefit regime of its personnel, the working environment and facilities available for emergency response.
- Increase its patrol teams on the highways and include medical personnel in the team to provide first line response to trauma victims.

Nigerian Medical Association

- Sensitize its members on the provisions of the Robbery and Firearms (Special provisions) Act, especially Section 4(2), which deals with treatment of gun violence patients.
- Organize periodic training on forensic medicine to its members.
- Liaise with the police to establish coordination committee on emergency response to trauma victims and dedicated line of communication among members.
- Organize periodic training of its members on options for financing trauma treatment.

Federal Road Safety Commission

- Increase the number vehicles and teams it deploys for patrol of Federal Highways and ensure that medical officials are part of the teams, to ensure adequate first line response to victims of road accidents.
- Liaise with the police and Nigerian medical Association in the establishment of interface committee for emergency response to trauma victims.

- Ensure that only trained drivers with valid driving licenses are permitted to drive in Nigeria.
- Sensitize motorists to refrain from driving after consumption of alcohol or drugs and ensure strict enforcement of the traffic code.

Civil Society organizations

- Create awareness among members of the public on how to respond to cases of trauma.
- Sensitize members of the public on the need to provide first line response to victims of trauma;
- Facilitate coordination among role players in emergency response to trauma patients

Innocent Chukwuma
Executive Director
CLEEN Foundation

Dr. Adedamola Dada
Chairman, Nigerian
Medical Association
Lagos State Branch

Report of Forum on Emergency Response to Victims of Gun Violence And Road Accidents in Nigeria

*Organized by CLEEN Foundation in collaboration with
Nigerian Medical Association (NMA), Lagos Branch
And Lagos State Police Command
At Lagos Airport Hotel, Ikeja on 22 June 2010*

Introduction

Against the background of increasing concern of stakeholders on the spate of avoidable loss of lives and limbs on Nigerian roads, hospitals and police stations as a result of lack of coordination and cooperation among role players in emergency response to victims of gun violence, road accidents and other types of trauma, members of the Nigerian Medical Association (NMA), Nigeria Police Force (NPF), Federal Road Safety Commission (FRSC), health management organizations (HMOs), Lagos State Traffic Management Agency (LASTMA), non-governmental organizations and the media gathered in a Forum held at the Lagos Airport Hotel, Ikeja on Tuesday 22 June 2010 to find solutions to the problems associated with emergency response to victims of trauma in Nigeria.

The meeting commenced formally at 10:25am. Participants and guests were formally acknowledged and special guests were received to the high table (The special guests were Barr. Azubuko Udah, Assistant Inspector General (AIG), Nigeria Police Force, Zone 2 Command, Mrs. Mausi Segun, Zonal Coordinator, National Human Rights Commission, South-West Office, Dr. Adedamola Dada, Chairman, NMA, Lagos Branch, Assistant Commissioner of Police V.O. Brown – representing the Commissioner of Police, Lagos State Police Command, Dr. Lanre Omotayo, past Chairman of NMA, Lagos State and Innocent Chukwuma, Executive Director, CLEEN Foundation).

Dr. Adedamola Dada, in his opening remarks acknowledged police officials for coming early for the meeting. He noted that the strained relationship

between medical practitioners and the police has impacted negatively on emergency response to victims of gunshot injuries and road accidents. He observed that doctors are often reluctant to treat these victims for fear of being harassed by the police where they have not reported these cases and by patients, who are criminal elements, where information of such reported cases have filtered back. He further noted that not all cases of gunshot injuries involve robbers, as innocent citizens, including police men, are also victims of gunshot violence. He also observed that even if the patients were criminal elements, there was still an overarching duty and responsibility to ensure their survival, at least so they can be tried according to law. To this end, he stressed the need for building a better relationship, with good communication and a witness protection policy, between doctors and the police.

In his address, Mr. Innocent Chukwuma, Executive Director, CLEEN Foundation welcomed the guests and special guests to the forum. He provided a background to the theme of the forum and highlighted the need for cooperation among role players in dealing with the problem of providing emergency care to trauma victims. He also spotlighted the significance of the gap between medical doctors and police officials in the treatment of these victims. He noted that thousands of Nigerians died annually from gun violence and road mishaps, and observed that while a more organized and better coordinated relationship between the role players may not save all the lives, it could avert a good number of deaths. He expressed hope that the meeting would help clear any ambiguities around the interpretation and application of section 4(2) of the Robbery and Firearms (Special Provisions) Act on the treatment of persons with bullet wounds. He noted that the forum was necessary to provide a platform of interaction for stakeholders, to help mend fences and build confidence amongst them.

In his welcome address, ACP V.O. Brown lent his support to the significance of addressing the theme of the forum and the need for forging a good working relationship between the Police, medical practitioners and other players in the field. He stated that any or all existing friction between the doctors and the police force over the issue of treating trauma victims was not born out of an ill intent to ‘ruffle the feathers’ of the doctors. He however expressed hopes

that these issues and friction would be dealt with by the end of the day's proceedings.

Mrs Mausi Segun, Acting Zonal Coordinator, National Human Rights Commission, South -West Office (standing in as chairperson of the forum) noted that the issue and theme of the forum was a crucial one. She affirmed that the problem was not born out of a bad law but from wrong practice and implementation. She shared a personal experience of an accident on third mainland bridge and how people were afraid or reluctant to take trauma victims to the hospital for fear of reprisal. She questioned the availability of emergency services, care and treatment for trauma victims. She also condemned the bulk passing between role players and urged that it should stop. Lastly, she further urged that the forum should help address the question of who is responsible for what in the provision of emergency care to trauma victims and wished the participants good deliberations.

Joseph Ezeh, Unit Commander, Ikeja, Federal Road Safety Commission, (representing the Sector Command, FRSC) in his opening remarks, stated that the FRSC had taken note of the problems associated with the theme and they had tried to respond as much as possible. He noted that they had distributed phone numbers so they could be contacted in cases of emergency such as road accidents. He stated that they also face rejection by doctors when they take accident victims to the hospital where payment is first demanded. He observed that this problem has inspired the creation of Save Accident Victims Association of Nigeria (SAVAN) in some areas in Nigeria like Benin City. He noted that the forum provided a platform to forge a common front. Finally, he thanked the organizers and expressed his hopes that the deliberations of the forum would bear good fruits.

Barr. Azubuko Udah, Assistant Inspector General (AIG), Nigeria Police Force, Zone 2 Command in his keynote speech commended the organizers and the participants for converging to address so significant a theme. He added that even police officers have been victims of gun violence and that the Police Force lost about 630 officers since 2009. He stressed the role of the Police as bearing the primary responsibility in ensuring security and the provision of

emergence response but also invited other actors to partner with them and synergize to ensure the protection of human lives. He also spotlighted the need to equip hospitals properly and to also provide necessary emergency equipment for road safety operators (FRSC). He noted that though we still had a small number of police highway patrol squads, very few, if any, can boast of having an ambulance to help attend to accident victims on the highways. He pledged to facilitate the outcome of the meeting to ensure effective emergency response in his area of command. The opening session ended and participants went for a 15 minutes tea break at 11:15am.

The first plenary session

First Presentation: An appraisal of Emergency Response System to Victims of Trauma in Nigeria, by Dr. M.E. Ugbeye (Represented by Dr Alimi)

He observed that trauma is a major health problem worldwide, causing more than 16,000 deaths per day. In Nigeria, deficiencies in our environment and other domestic factors also account for a high incidence of trauma. According to available statistics from the FRSC, an estimated 161 persons die per 100,000 vehicle accidents on our roads. Despite this figure, trauma cases are highly under-reported.

He decried the almost non-existence and inadequacy of pre-hospital care for trauma victims in Nigeria, save for visible efforts by the governments of Lagos, Rivers and Ondo states. He also noted the problem of under-serviced care centers as most public trauma centers fall far below international standards. He stated that the question of who pays for emergency treatment, immediately and ultimately, also poses a challenge in Nigeria. Post-hospital care was also an area of concern and could be improved upon greatly. He recommended, amongst others, public enlightenment on basic life-saving skills, the institution of paramedic training programmes and coordinated ambulance services as some steps towards providing effective emergency response for trauma victims. He concluded that anyone can be a victim of trauma and that this understanding should nudge us strongly towards ensuring an effective emergency response system for victims of trauma.

Second Presentation: an Analysis of Witness Protection programme in the Nigeria Police Force, by ACP V. O. Brown

In the second paper of the plenary, ACP Brown explained the concept of witness protection and gave the definition and types of a ‘witness’ from the Evidence Act and Criminal Procedure Act. He noted that witness protection practices involved concealing the identity of informants and, in some special cases, includes the attachment of guards and escorts to the person. Commenting on the vexed issue of treatment of persons with bullet wounds, ACP Brown referred to section 4(2) of the Robbery and Firearms (Special Provisions) Act, and noted that treating such persons is not an offence but not reporting the case to the police would constitute a crime. He therefore urged medical practitioners to acquaint themselves with the Area Commanders, Divisional Police Officers and other senior police officers in their areas. To facilitate this, he provided a list of the phone contacts of these senior police officers. He concluded by urging participants to lend the police a helping hand to help them provide better service to people.

Options for Funding Care: A critical Examination of the Nigerian Health Insurance Scheme (Dr. Femi Jegede, Executive Director, Medifield Healthcare limited)

In this last paper of the plenary session, Dr Jegede noted that the provision of healthcare in Nigeria is the responsibility of the three tiers of government. He noted however that private providers of healthcare also play a significant role because of Nigeria’s mixed economy. He urged greater collaboration with and integration of private health sector actors into the broader government strategies and systems for funding Care.

He identified several modes of funding healthcare which included, out of pocket payments, insurance or premium based, government, private and community modes. He also gave a brief background on the establishment of the National Health Insurance Scheme (NHIS) under Act 35 of 1999 to improve the provision of healthcare services to Nigerians at affordable costs through various repayment systems. The NHIS law was amended in 2004 under the Obasanjo administration to establish the National Health Insurance

Authority and to provide for related matters. He noted that despite these efforts, the Nigerian health care system is weak and still faced many challenges.

Mr Fola Arthur-Worrey, Executive Secretary, Lagos State Security Trust Fund

In his remarks, he stated that the law governing treatment of trauma victims should be made more sensitive to the needs of society. Such legislations should require that trauma victims must or should be treated first before a report is made. He also spotlighted the need for capacity building in the public sector to empower key actors to treat and respond effectively to trauma victims. He noted that there was over reliance on the state to carry out emergence response obligations. He advocated that the federal government should also consider more funding for units that deal with emergence response. And if this happens, both state and federal government efforts would meet midway towards attaining the required standards. He further noted that foundational matters must also be dealt with, such as constant power supply, to ensure that we get value for all the other efforts that are put towards emergency response. He stated that there is need to train managers of emergency response since their attitude either enhances or hinders state efforts. He stressed that there are too many government agencies with overlapping responsibilities and that instead of creating more institutions, we should strengthening the existing ones.

Comments, Questions, and Answers

- It was suggested that dedicated lines of communication should be set up between the Police force and the medical practitioners for emergency response.
- It was noted that not all hospitals can handle trauma victims and persons with gunshot injuries. Therefore, those that are capable of handling such cases must be identified and a list created and disseminated.
- It was suggested that medical practitioners such as doctors and nurses should be integrated into the FRSC to enable them be able to stabilize accident victims they encounter on the roads before transferring them to hospitals.

- It was suggested that section 4(2) of the Robbery and Firearms (Special Provisions) Act should be amended to require compulsory treatment of trauma victims before a police report is required.
- It was suggested that the government should set out part of the NHIS (at least 10%) to pay for treatment of trauma victims.
- It was noted that to strengthen collaboration, police should defer to doctors and emergency actors in their day to day dealings and refrain from arresting doctors at random or on any slight provocation
- Questions were asked about protection of doctors who report gunshot victims (both from the victims if they are criminals and from the police they report to) and whether gunshot victims must be hand-cuffed in hospital even when still receiving treatment.
- It was observed that most of the people that come to hospital with gun shot injuries are policemen of which a good number was inflicted by fellow officers (friendly fire). It was also observed that when police officers brought victims to hospitals (even fellow officers) they never follow up again.
- Suggestions were made about setting up a coordinating committee to include all role players and stakeholders involved in providing emergency response to victims of gun violence and road accidents. In his response, the AIG Udah acknowledged some of the problems doctors face in reporting treatment of gunshot patients to the police. He described it as unfortunate and unacceptable and says that opening the lines of communication between doctors and the police through the forum would be a step in the right direction. He also stated that he would be willing to follow up on the issue and inaugurate an interface committee between doctors and police officers in under his Zone 2 comprising Lagos and Ogun States' Commands of the Nigeria Police Force and possibly an exclusive communication line soon.

Plenary Interactive Discussions

Topic One: What are the CORE BLOCKAGES to effective coordination and cooperation among stakeholders in the emergency response to the victims of gun and road accidents in Nigeria? The following were identified as the core blockages:

Legislation

- Emphasis of Section 4(2) of the Robbery and Firearms Arms (Special provision) Act on investigation and prosecution of gun violence suspects and not enough on treatment of victims.
- Misinterpretation of provisions of the Act by Police officials and doctors to serve pecuniary and other interests.
- Poor or lack of awareness of provisions of the Act by police officers and doctors.
- Absence of witness protection legislation on gun violence

Financing

- Lack of coverage of treatment of trauma in the National Health Insurance Scheme (NHIS), leading to uncertainty about who bears the financial responsibility for treating trauma victims if they do not have the cash.
- Only 5% of Nigerians are currently covered under the NHIS.
- High level of unemployment and poverty in Nigeria, which makes it difficult for the ordinary Nigerian to afford basic healthcare including paying for treatment of trauma.

Information and Communication

- Lack of public information about Trauma Centres in Lagos State and other parts of Nigeria, leading to a situation where first line responders

(members of the public, family members or friends) do not know appropriate hospitals for trauma victims needing emergency care, thereby wasting precious time.

- Poor communication among role players in emergency care for trauma victims such as doctors, police officials, Federal Road Safety Commission, Red Cross/Red Crescent.

Capacity Deficits

- Lack of training of first line responders (members of the) on handling of trauma victims leading to complication of their cases and fatalities on occasions.
- Inadequate facilities at trauma centres for the treatment of victims leading to waste of time in referrals to other centres, which at times leads to death of victims or permanent disabilities.
- Inadequate knowledge and use of forensic medicine among Doctors which can assist in determining types and possible sources of gunshot injuries.
- Poor training of police officers in marksmanship and weapon handling/ protection leading to cases of ‘accidental discharges’ and ‘friendly fires’

Trust, Interface and Coordination

- Lack of trust and confidence among doctors and police officials involved in emergency response based on adverse experiences or hearsay from colleagues.
- Absence of platform or forum for regular interaction and interface among role players.
- Culture of working in silos instead of coordination among role players.

Motivation and Working Condition

- Emergency care providers are poorly motivated in doing their work because of poor condition of service and inadequate facilities/training in the treatment of victims.

Witness protection

- Inadequate protection of witnesses who report gun violence suspects in the areas of concealment of identity, relocation and guarding them against possible reprisals.

Topic Two: Identify HIGH IMPACT SOLUTIONS to the challenges stakeholders face in providing effective and timely response to victims of gun violence and road accidents.

The following high impact solutions were identified and recommended for implementation by different stakeholders in order to improve emergency response to trauma victims in Nigeria and Lagos State in particular:

Federal Government:

- Equip medical centres, teaching hospitals and other trauma centres with adequate facilities and qualified personnel to enable them provide timely and quality care to trauma patients.
- Enact legislation to compel trauma centres to provide compulsory emergency medical care to trauma patients whether they are able to pay or not.
- Amend the law and policy establishing the National Health Insurance Scheme (NHIS) to include coverage of trauma and set out part of the NHIS (10%) to pay for treatment of trauma victims.
- Ensure that majority of Nigerians are covered under the NHIS.
- Enact a law to provide comprehensive witness protection to patriotic Nigerians who report criminal acts.

- Facilitate the creation of jobs for millions of Nigerians who are able bodied and willing to work in order to uplift them from poverty and able to pay for medicare.

Lagos State Government

- Designate certain hospitals in Lagos as treatment centres for trauma patients
- Mass public enlightenment to educate members of the public on how to respond to emergency situations regarding victims of gun violence and road accidents.
- Motivate emergency care givers with adequate training, provision of facilities and improved condition of service.
- Identify, stratify and publicize hospitals capable of providing emergency care to victims in various locations

Nigeria Police Force

- Establish an interface committee and line of communication between its officials and other role players in emergency care to trauma victims such as doctors, road safety officials, Red Cross/Red Crescent Societies, civil society organizations etc.
- Provide adequate training on human rights for its officials to enable them imbibe human rights and due process norms in their daily work.
- Improve the training of its personnel in marksmanship and weapon handling in order to prevent accidental discharges and friendly fires which are major contributors to increasing spate of gun violence in Nigeria.
- Enhance police witness protection programme in areas of protection of the identities, relocation and guarding against reprisals.

- Improve the salary/benefit regime of its personnel, the working environment and facilities available for emergency response.
- Increase its patrol teams on the highways and include medical personnel in the team to provide first line response to trauma victims.

Nigerian Medical Association

- Sensitize its members on the provisions of the Robbery and Firearms (Special provisions) Act, especially Section 4(2), which deals with treatment of gun violence patients.
- Organize periodic training on all aspects of trauma care to its members.
- Liaise with the police to establish coordination committee on emergency response to trauma victims and dedicated line of communication among members.
- Discuss with other stakeholders particularly the NHIS on options for financing trauma treatment.

Federal Road Safety Commission

- Increase the number vehicles and teams it deploys for patrol of Federal Highways and ensure that medical officials are part of the teams, to ensure adequate first line response to victims of road accidents.
- Liaise with the police and Nigerian medical Association in the establishment of interface committee for emergency response to trauma victims.
- Ensure that only trained drivers with valid driving licenses are permitted to drive in Nigeria.
- Sensitize motorists to refrain from driving after consumption of alcohol or drugs and ensure strict enforcement of the traffic code.

Civil Society organizations

- Create awareness among members of the public on how to respond to cases of trauma.
- Sensitize members of the public on the need to provide first line response to victims of trauma;
- Facilitate coordination among role players in emergency response to trauma patients

CLOSING

Ms Blessing Abiri made the closing remarks on behalf of CLEEN Foundation. She thanked the participants and reassured them that the outcome of the meeting would be disseminated to all. She also promised that there would be effective follow up on the issues identified in the forum.

ACP Brown in his closing remarks on behalf of the Nigeria Police Force Lagos State Command further urged for better communication between the key role players and expressed hope that the outcome of the forum would transcend communiqués and translate to legislative bills. Lastly, Dr Dada thanked the organizers and all the participants. He commended the attending police officers once more and pledged that the proceedings of the meeting would be followed up with to fruition. The meeting closed at 4:45pm

CLEEN FOUNDATION'S PUBLICATIONS

- JOURNEY TO CIVIL RULE**
A Report on the Presidential Primaries of the All Peoples Party (APP) & Peoples' Democratic Party (PDP) February 13-15, 1999 Published in 1999
- POLICING A DEMOCRACY**
A Survey Report on the Role and Functions of the Nigeria Police in a Post-Military Era
Published in 1999
- LAW ENFORCEMENT REVIEW**
Quarterly Magazine
Published since the first quarter of 1998
- CONSTABLE JOE**
A Drama Series On Police Community Relations In Nigeria
Published in 1999
- POLICE-COMMUNITY VIOLENCE IN NIGERIA**
Published in 2000
- JUVENILE JUSTICE ADMINISTRATION IN NIGERIA**
Philosophy And Practice
Published in 2001
- GENDER RELATIONS AND DISCRIMINATION IN NIGERIA POLICE FORCE**
Published in 2001
- FORWARD MARCH**
A Radio Drama Series on Civil Military Relations In Nigeria
Published in 2001
- HOPE BETRAYED**
A Report on Impunity and State-Sponsored Violence in Nigeria
Published in 2002
- CIVILIAN OVERSIGHT AND ACCOUNTABILITY OF POLICE IN NIGERIA**
Published in 2003
- POLICE AND POLICING IN NIGERIA**
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