

**REPORT ON EXPLORATORY VISIT TO NIGERIA – A GLIMPSE AT
OPPORTUNITIES FOR ORTHOPAEDIC TRAUMA CHARITY
WORK THROUGH MOTEC LIFE UK**

By A O GEORGE October 2007.

INTRODUCTION

Nigeria is a large country, with an estimated population of 120 million. It is divided into three geo-political regions- North, Middle Belt, South West, and South East. The health-care situation however is similar to that seen in a typical developing country. There are not enough infrastructure on ground to support the ever increasing healthcare needs of the people. As regards trauma and orthopaedic care, it can be said that the standard is still very low as compared to what obtains in the developed side of the world. The cultural sentiment in the typical Nigerian society is still an obstacle in delivering a good orthopaedic service. Seeing the good work MOTEC LIFE UK is doing in Ghana, it will only be good to extend some form of service to Nigeria. This I would say necessitated my visit.

OBJECTIVE

This was to first of all to establish contact with individual orthopaedic surgeons and healthcare professionals on the ground over there who will be able to join hands with us in helping to offer long distance orthopaedic and trauma relief to the needy. Another thing was to be able to identify for now target hospitals, which MOTEC could work with in delivering the service in form of education of healthcare staff and patient management.

THE VISIT.

I graduated from a medical school in the northern part of the Nigeria and so my contacts for now are based in that part of the country. I visited the Ahmadu Bello University Teaching Hospital, Zaria in Kaduna State. This is a tertiary medical centre with a reasonable good trauma and orthopaedic service by African standards. The hospital is has six surgical theatres with a dedicated orthopaedic theatre. Impressively there is established laminar flow of air through the theatre, which is a good step towards ensuring asepsis when it comes to joint replacement, although none is being carried out at the centre presently moment. I had a meeting with the chairman medical advisory committee to the hospital and related to him the intention of MOTEC and the response was quite encouraging.

He told me to liaise with the local orthopaedic surgeons and then get back to him in writing through the chief medical director of the hospital. This he suggested should be the starting point for MOTEC. I have made initial contacts with two orthopaedic surgeons on ground at the centre and will be starting initial arrangements towards a first

working visit. Another target hospital is the Kaduna State Government Hospital - Barau Dikko Hospital.

KADUNA . This is a much smaller centre and is classed as a secondary medical centre. I was able to speak to the medical director here and he has assured me of his co-operation in helping MOTEC out with the orthopaedic care and education of healthcare professionals there. I see that if and when MOTEC will be ready to proceed with the Nigerian project, there would not be a lot of bureaucrat bottlenecks in a small centre such as this and I see us making good progress and the state government will be very supportive of our work there.

CONCLUSION

I would say these are small but vital steps taken towards responding to 'change' in Nigeria, but I strongly believe that MOTEC will be able to make an impact there as well. I will want to reassure that this is not a move to reduce or undermine the good work already going on in Ghana but an extension of that good work. I will want to end by saying a man who is beginning to enjoy prosperity will only do well by extending this to his neighbours.

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