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CUMSA HEALTH WEEK
2021

The HEALTHCA System

AS A FAILING HEA

THE MEDICAL STUDENT'S POINT OF VIEW

CITATION

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9TH-13TH
AUGUST, 2021

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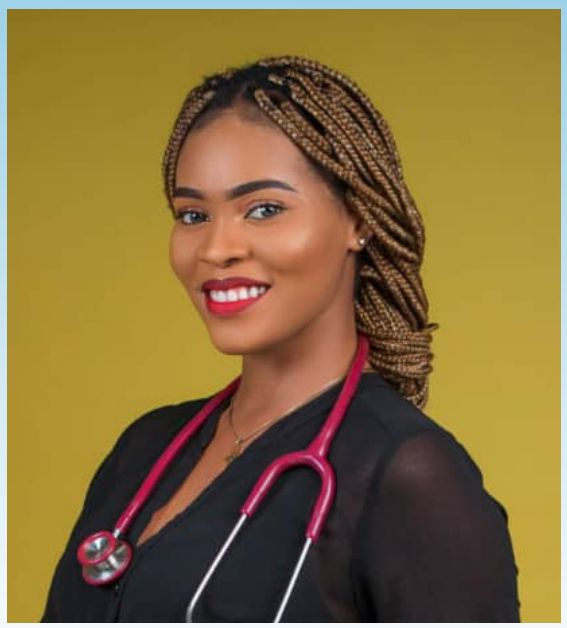

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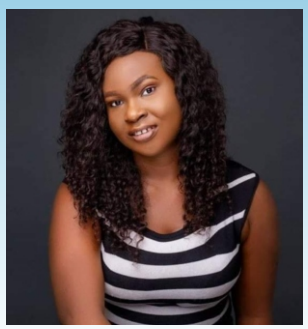

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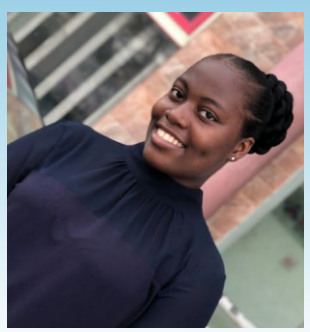

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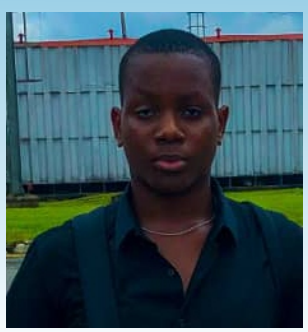

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"CLASS OF 1992"

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CUMSA ANTHEM

Calabar University Medical Students
The great future healers
Crowned in the wholesome service to humanity
Through hardwork, diligence and consistency
Working in tandem
And by upholding the verse of Hippocrates
Great CUMSA family
Bounded by a common goal
In the historic lands of Calabar
Great CUMSA family
Great Cumsites
Great Cumsites
ONE CUMSA

VICE PRESIDENT OPENING ADDRESS

RT. HON. ROSE AGWU
CUMSA VICE PRESIDENT

Our Distinguished Provost of Medical sciences, the Dean of Clinical Sciences, all Head of departments esteemed patrons and distinguished colleagues from in and out of calabar. Ladies and gentlemen.

I would like to officially welcome each and everyone of you to this year's edition of the Cumsa Health week themed " The health care system in Nigeria as a failing heart the medical student's point of view.

You would agree with me that this topic is very relevant in today's world, The health care system is riddled with a lot of challenges and faced with a myriad of problems, this health week seeks to xray these problems from the view of a very vital organ in the body (the heart) and correlate these failings in our health care system to features of a failing heart and devising means of solving these problems in order to prevent arrest and revamp the healthcare system thereby avoiding the inevitable heart failure and total collapse of health care in Nigeria in the near future.

This edition of the Cumsa health week is especially unique because we will be having inputs from 5 esteemed medical schools across Nigeria to device a cure to this plague.

I want to thank everyone that has made it to this conference, The class of 1992 especially for putting their weight behind this year's health week, our provost, dean, Class of 1992 , all our sponsors and partners my team the Health committee chairman and members who worked tirelessly to make this a success, various msa's here present, all our partners and my lovely Cumsites...

The health week officially started on the 9th of August had featured series of activities such as the rally and awareness, outreaches to various parts of our community, variety night because all work and no play makes Jack a dull boy but for the next two days we will be focusing on the theme of this year's health week, x raying the problems and coming up with lasting solutions.

Sit back, relax and participate adequately in all activities lined out, we promise a full filled yet and an educative session as well

I remain my humble self CUMSA Vice President Rt. Hon Rose Agwu wishing you all a splendid day and welcoming you officially to the Cumsa health week.

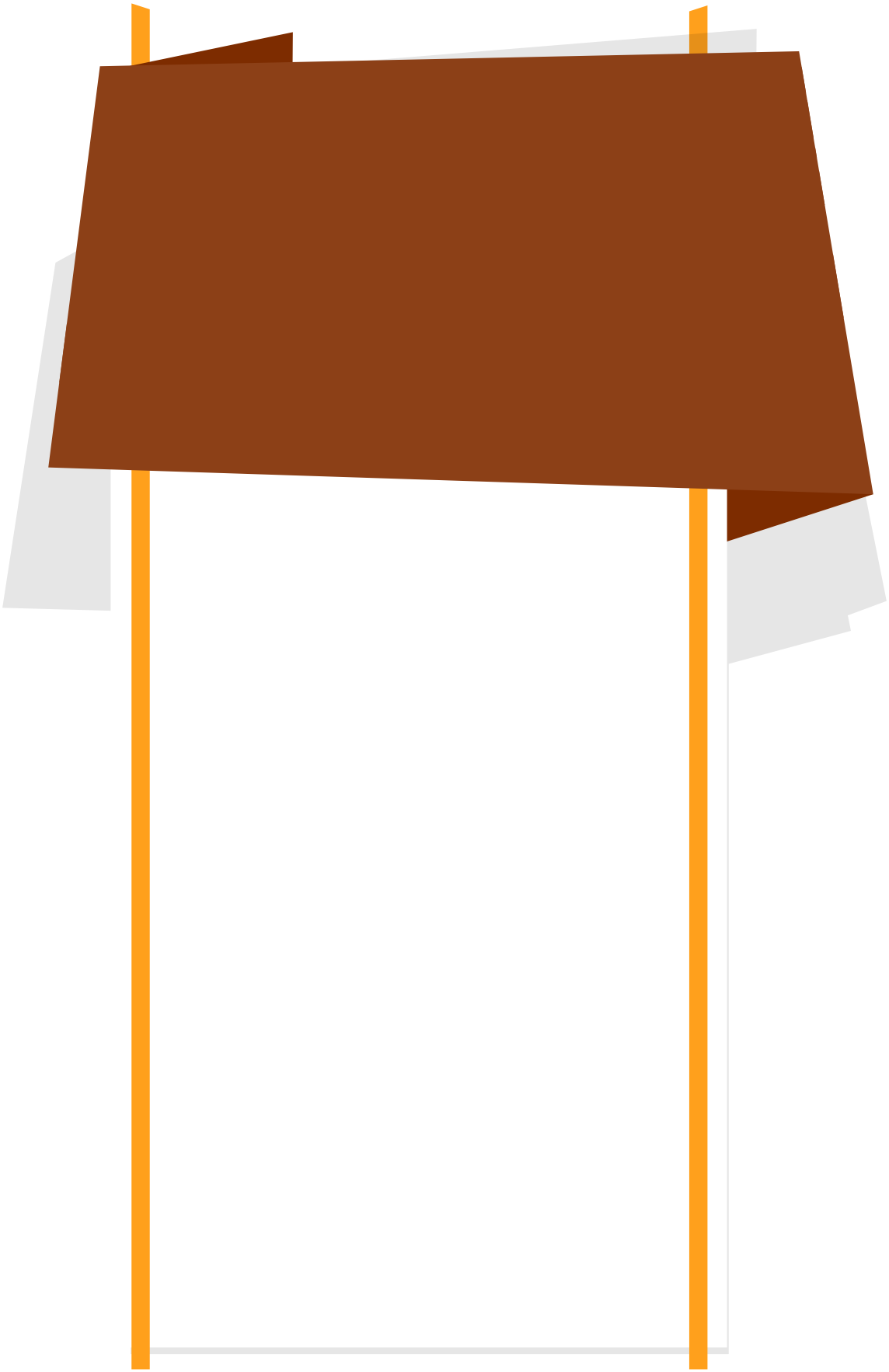
CITATION OF THE CHIEF SPEAKER

PROF. ANIETIMFON UMOH ETIUMA
MBBCh, FWACS (GS & CTS), FICS, FMCS, FCIA, FIIA

Born to humble famers in Afaha-Ise Ono, Ibiono Ibom, Akwa ibom State, Nigeria; passed first school leaving certificate with distinction at Ono Primary School. Obtained Grade One in School Certificate at Ikot Nseyen Secondary Commercial School, Akwa Ibom state. Obtained 1st degree in Medicine and Surgery (MBBCh) at the University of Calabar, Nigeria. Following residency training in University of Calabar Teaching Hospital, University College Hospital Ibadan, National Cardiothoracic Centre, Korle-Bu Teaching Hospital, Accra Ghana, became Fellow of the West African College of Surgeons both in General Surgery (2000) and Cardiothoracic & Vascular Surgery (2004) respectively. Obtained Fellowship of the International College of Surgeons (FICS, 2004) and Fellow of the National Postgraduate Medical College of Surgeons (FMCS, 2006) in General Surgery. Had multiple post fellowship training in cardiac and vascular surgery in South Africa under the joint sponsorship of St. Jude Medical (Belgium), Amayesa Abantu (South Africa) and Texan Medical (Nigeria). Admitted Fellow of Institutes of Corporate Administration of Nigeria (FCIA) and Industrial Administration of Nigeria (FIIA).

Presently is Professor of Surgery at the University of Calabar and Chief Consultant Cardiothoracic and Vascular Surgeon with the University of Calabar Teaching Hospital, Calabar Nigeria. Was a former Head of Academic and Clinical Department of Surgery. Is examiner in surgery to the National Postgraduate Medical College of Nigeria and West African College of Surgeons and also serves as external examiner to many medical schools in Nigeria. Attained proficiency and is a certified Basic and Advanced Life Support Practitioner. Have over fifty academic publications in both international and local journals. Chief Medical Director of Testimony Medical Consultants which is run with the help of Experienced and dedicated full time medical officers and visiting consultants of various specialties. He is an experienced cardiac, thoracic and vascular surgeon with prolific general surgery practice, general medical practitioner, general ultra-sonographer, Cardiac & Vascular Diagnostic Sonologist, Experienced Endoscopist and emergency medicine/Intensive care specialist.

Is a member of many professional bodies nationally and internationally including: Pan African Society of Cardiologists (PASCAR), Association of Academic Surgeons (AAS), African Association of Thoracic and Cardiovascular Surgeons, Nigerian Thoracic Society, Nigerian Cardiac Society, Association of Cardio-Thoracic Surgeons of Nigeria-(ACTSON), Nigerian Environmental Society, International Fellow of Society of Thoracic Surgeons USA, Member of Society for Vascular Ultrasound USA, council member of World Society of Paediatric and Congenital Heart surgery among many others. He is an active member of Association of Private and General Medical Practitioners of Nigeria and member of Guild of Medical Directors of Nigeria. Areas of research interest includes: Thoracic malignancies, thoracic trauma, thoracic infections including surgical aspects of Tuberculosis, HIV and Hepatitis, oesophageal diseases, deep vein thrombosis, vascular diseases, congenital and acquired heart diseases, interventional medicine, diagnosis and treatment of cancers generally. He is a specialist in Diagnostic endoscopies, bronchoscopic interventions, thoracoscopies and VATS.
His a believer in Jesus Christ with born again experience. He is part of the Restored Church of Jesus Christ, the one house of God (kept non-denominational, under the 5-fold ministries) in every place with headquarter in Heaven; where he serves as a preacher of restoration end-time Gospel. Professor Etiuma is married with children. He is a community leader and head of infrastructure and academic development group in Afaha-Ise Ono. E-mail: auetiuma50@gmail.com.



: Article from Abia State Medical Students' Association

The heart of a country dwells solely on the ability of it's citizens to receive adequate, subsidized and prompt Healthcare and Nigeria is failing on all fronts. We pride ourselves as the giant of Africa but we can't deal with basic things that should be afforded an average person - healthcare.

Healthcare delivery in Nigeria has experienced progressive deterioration as a result of weakened political will on the part of successive governments to effectively solve a number of problems that have long existed in the sector over many years. This directly impacts the productivity of citizens and Nigeria's economic growth by extension. The medical student is supposedly supposed to man the healthcare system in the nearest future but if the productivity of it's workers in the current generation are not on par with the standard experienced in developed and some developing country, we draw near to the total collapse of the healthcare system in Nigeria. Most times we as medical Students' ask ourselves if it's worth fighting for; the system has failed us and we can't see a light at the end of this very dark tunnel so we opt for the very next thing which is to flee from our motherland in search of greener pastures.

Nigeria health care system faces notable challenges; poor healthcare infrastructures, lack or inadequate funding, and poor policymaking and implementation which leads to underinvestment in the healthcare system. These challenges among others in the Nigerian healthcare system contribute to failure in the healthcare system. Each of us sees ourself as the future of the healthcare system in Nigeria but who caters to the education of it's medical student if there are constant strikes both on the university and teaching hospital part. When the system that's supposed to cater for the needs of citizens of the country is in such turmoil, we can't but say the government has failed in it's responsibility at keeping the heart of the nation pumping.

From ABSUTH

CALL THE AMBULANCE!

It was an emergency...
She was passing out.
Again!
This time around, the pain had been sharper than before and far reaching...
Again, Nigeria has failed to meet the committment she made 19 years ago.

In April 2001, the countries that make up the African Union met in Abuja and pledged to set a target of allocating at least 15% of their annual budget to cater for the health sector. It has been 19 years now and only a few countries like Ethiopia, Swaziland and Rwanda have kept the pledge. Nigeria, the host of this declaration has only recorded a 7% as the highest quota allocated to the health sector, and a 5.97% in 2012. The approved 2021 budget boasts of about 7% allocation only towards the health system out of a total bid of #13.08 trillion. This, I might add, is an improvement from the less than 4% allocation in 2019 and about 4% in 2018 and 2020.

But then, how far can we go with this ankle-swollen budget?

With an already weak Primary Healthcare, the Covid-19 pandemic has brought to light the inadequacy of Nigeria in the health sector.

Even in the heat of the crisis, the nation being plagued further with the insufficiency of response to the disease, there was no adequate reimbursement by her government to properly fund the required measures to resuscitate the health of the nation.

Maintaining unstaggering attention on other sectors at the expense of the health of the citizens -and in the face of increasing health crises- would only result in an unhealthy population which either directly or indirectly faults efforts made towards growth and development. Learning and earning can only be done effectively in a sound state of health and well-being, ask Medical students. So, if citizens are not healthy enough to carry out the daily functions of demand and supply in all sectors, of what use then is all the appropriation to those sectors?

It is no more news that Nigeria is said to be the country with the highest poverty index - a feat we so easily achieved without as much as a good fight for the cap . At the same time, we also boast of a soaring under-five mortality rate; amongst the highest in the world.

Pause! And listen to the tides. What wheezing tales do they bear?

An arrythmic beat, to a rhonchic tune,
Your guess is as good as mine.

I'll say beyond reasonable doubt, that the lack of basic health amenities as well as affordable healthcare services is a huge factor to these rather unappealing laurels and would continue to remain so if nothing is done about it. Even rest cannot relieve these intermittent claudications.

Indeed, "Time was money, until the currency changed to Health".

These words by Jim Adie (a Nigerian Poet) can never be truer as, according to the World Health Organization (WHO); over 930 million people are forced to spend at least 10% of their household budget on healthcare, leaving them to chose between health costs and other essentials such as food and education. Furthermore, about 100 million people are actually pushed into extreme poverty because they have to pay for healthcare.

Nigeria, being a member state of the United Nations has agreed to achieving a Universal Health Coverage (UHC) as part of the SDGs by 2030. UHC is a project aimed at helping all individuals and communities to receive the basic health services they need without suffering financial hardship by paying out of their own pockets; this reduces the tendency of having more people pushed into poverty because of unforseen sicknesses which require them to use up their life savings or resort to selling out properties or even go a-borrowing; spending income even before it is acquired and destroying the foundation for long-term economic development.

Researchers have linked Nigeria's dysfunctional health system to a highly inadequate infrastructural set up, water, electricity, low per capita health spending and high out-of-pocket expenditure by citizens - which has continued to be a major contributor of Total Health Expenditure (about 70%).

Now, imagine how much productivity would have been accrued from an investment of the same amount of money (out-of-pocket healthcare payment) and time in the national commercial workforce and individual economic development. It is indeed tiny drops of input such as these that bring about the mighty ocean of wealth and financial stability.

There is therefore no gainsaying that Robust Health Care Funding is key in making progress towards UHC and in addition to that, a healthier and wealthier country. Aiming for, and achieving a number of Sustainable Development Goals in Health Care should be greatly prioritized when making national plans, since we really do admit to having the interest of the state and her citizens at heart.

But how quickly can we gravitate towards this goal and other health-related targets when the Federal Government of Nigeria has deemed it fit that about #2,700 would be enough for the healthcare of each Nigerian, with the #547billion allocated for healthcare in the 2020 budget?

This, we all know, would not even suffice for antimalarial drugs; Malaria being an imminent health issue in Nigeria given the number of people that fall prey at an instance and frequency at which it is treated in a year -- the figures are indeed alarming!

Just recently, we lost an excellent Neurosurgeon - one of the very few we have - due to lack of basic health amenities that could be traced back to inadequate funding for this cause. A very devastating fate.

What would be told of the 2022 budget?

How long before we realize that our country is dyspnoeic, this being very risky as this heart might fail completely before we get halfway?

Please do CALL THE AMBULANCE...NOW!
Or rather, let's just find a way to get this patient going already.
Nigeria's HealthCare Sector is a case for the O.R.

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By:
Ewulonu, Gift Ugochi
C1B
Medicine and Surgery

IS THE HEALTHCARE SYSTEM A FAILING HEART:
THE MEDICAL STUDENT'S POINT OF VIEW

Written by Obasi-eze Samuel, a member of the University of Nigeria Medical Students Association (UNMSA).

It's not a misnomer to regard the healthcare system of a nation as the heart of the nation. Doctors and healthcare workers are trained to maintain and preserve life. The heart pumps blood, a life-giving fluid, to reach all parts of the body and death likely results once it fails to do its job. Just like a failing heart to the body, a failing healthcare system cripples every other aspect of the nation. It is therefore important to heal the failing healthcare system, else the death of the nation quickly ensues. However, a cure cannot be administered, until the cause of the debilitating state of the healthcare sector is found.

The failing healthcare system is catastrophic, and a leading cause of the failure is bad leadership. The government plays a huge role in providing leadership to the affairs of the healthcare sector. The three tiers of government in Nigeria (federal, state and L.G.A.) have substantial autonomy in the allocation and utilisation of their resources (1). Several state governments are, however, charged with the role of managing tertiary healthcare facilities, originally arranged to be controlled by the federal government, within their state territories. Each tier of the healthcare sector (tertiary, secondary and primary) provides different levels of care, directly associated with the level of funding and the tier of government controlling it. In general, the healthcare system is overlooked and this is reflected in the budget appropriation, as the healthcare sector enjoys as little as 4% of the national budget (2). Underfunding has severely plagued the healthcare sector, resulting in inadequacies such as lack of quality medical equipment, underpayment of healthcare professionals, and so on.

The healthcare system is not limited to only doctors and healthcare professionals, it also includes medical students. The educational system that trains medical students is not in complete isolation and is closely linked to the healthcare system. This particular aspect of the healthcare industry is greatly undermined and arguably produces ill-trained doctors. Medicine and other health courses are amongst the most practical courses in the tertiary level of education. Medical students for a greater part of their study encounter clinical situations in real-time, preparing them for future cases. This is not so in many other courses of study, and this provides medical students with the edge to succeed in their future endeavors as healthcare professionals.

However, medical students are at a loss due to the failing Nigerian healthcare system. For example, the underfurnished healthcare institutions have limited the practicality of the curriculum of medical schools. Certain standard equipment that are supposed to be handled by medical students are only seen in pictures and models. Medical students have no real practical experience on how to handle such equipment. They may only ever encounter such equipment on visits to healthcare institutions outside the teaching hospitals. Most times, they have to leave the country, in furtherance of their studies, to gain the required practical knowledge.

Nigerians suffer from debt to pay off medical bills, lack of medication and decreased available health care and incompetent doctors. These are a few reasons for delayed seeking of health care by Nigerians. Hence, they would rather ignore early warning signs of ill-health or opt for trado-medical care, before they seek professional medical care. Most times, they only ever seek medical intervention after the illness has progressed to an untreatable state. This usually results in high incidence of avoidable deaths. Nigerians are also in the habit of self-medicating and self-diagnosing every sign of illness as malaria. Politicians are also guilty of frequent medical tourism, available Nigerian healthcare facilities. Hence, fewer number of Nigerians seek healthcare in Nigeria and this greatly hinders the experience of Nigerian

medical students. They only hear of certain cases in classmates, never actually experiencing them in real-time. This makes them less competent than their contemporaries in other countries. A significant part of learning is theoretical and medical students are left to settle for theories, when it should be more practical.

The brain drain is real but is undermined. Dr Chris Ngige was quoted saying "Doctors are free to leave Nigeria, we have enough," in an interview conducted in Sunrise Daily in 2019. However, the NMA President said that out of 75000 Nigerian Doctors registered with the association, almost half had left the country. This leaves about 42000 to operate all the healthcare institutions in the country. This is way below standard, as we have one doctor to about 11 Nigerians, compared to WHO standard, which is one doctor to 600 persons. Health institutions are understaffed and it increases the burden of healthcare professionals, reducing insufficiency of dispensing health care.

The National Association of Resident Doctors (NARD) represents about 40% of doctors in Nigeria([4]). NARD underwent about 4 different strike action in 2020, and are currently set to embark on an indefinite strike from August 2, 2021. The frequent industrial action usually ranges from weeks to months. It results from a number of reasons with the most recent stemming from a failure to implement agreements between the government and the body 113 days after it suspended the previous strike. Resident doctors offer specialist care, and their strike deprives Nigerians of this kind of care. This is the second time they are embarking on a strike this year. It is now a routine, one that is unlikely to end anytime soon. Medical students are also deprived of adequate supervision, supposed to be provided in their stay in medical school. This may eventually tell on the standard of doctors indicted into the noble profession.

Another reality is the mistreatment of medical students and its adverse effect on the healthcare system. Mistreatment of medical students, a prevalent damaging menace, includes verbal abuse, discrimination, assault and sexual harassment. Mistreatment has been linked to several negative consequences, including alcoholism, burnout, depression and medical student attrition ([7]). In a research conducted by JAMA Internal Medicine, it was discovered that mistreatment of medical students negatively impacts the school learning environment. In data collated from over 25000 graduates from American Colleges, more than one-third of the survey respondent reported experiencing at least one type of mistreatment. This reality is not strange in our African environment. The research also demonstrated that the most common form of mistreatment was public humiliation. The mistreatment of medical students affects learning, as students approach learning with an untoward attitude. They are less likely to be attentive to abusive teachers and this ultimately results in poorly trained doctors. The most important negative impact is that the mistreatment is in a never-ending vicious cycle. Some abused medical students become lecturers and mistreat their own students. The abuse never leaves the system. We have mistreated students and healthcare workers carrying the burden of abuse, and this may spillover into how they dispense healthcare.

Finally, doctors and healthcare workers are incompetent in discharging their duties. They are busy treating diseases instead of the patients. When a patient walks into a health institution, certain barriers may affect how the doctor treats the patient. Most of which can be influenced by how burdensome the doctor feels his job is. One common barrier is the doctor having a preconceived diagnosis in his mind, and doesn't keep an open mind. This usually results in the doctor being unable to think of other possible diagnoses of symptoms presenting for a disease. This is usually prevalent in environments with endemic diseases. Healthcare should be patient-centered and not disease-centered, but most doctors have it wrong. Another reason for incompetence is the doctor not treating his profession with nobility. All he cares about is the money he can earn, and without it, cannot properly discharge his duties.

In conclusion, the healthcare industry is in serious decay and work must be done to salvage the ongoing decay. The government, healthcare professionals and even patients must understand their roles in addressing this failure, else imminent death is upon us. A country without a functional healthcare sector would fail economically, socially and otherwise.

BACK TO THE FUTURE

Buzz..buzzzz ...Have you ever been saved by the alarm clock? Well, I guess No because I for one never thought I would be ever saved by an alarm, let alone, my alarm. Alarms mean different things to different people at different times. I mean, it could mean; wake up and prepare for work, or school, or switch routines or time up and either way, most times alarms are not friendly. But today, my alarm saved me. Yes , it brought me back to reality, my reality , my world's reality. In my reality, it is 2030 and there is no pandemic unlike in my dream. Also,in my reality, the Center for Disease Control and prevention (CDC) in the yesterday's news, predicted another pandemic by 2035. Yes, myworld is not a world entirely free from the danger of a pandemic but itcould hopefully do "something" or "somethings" to ensure that the devastation of the COVD-19 pandemic in 2020 did not reoccur again. Oh! Thank God we survived the 2020 COVID-19 pandemic. A lot happened, a lot. It was devastating to say the least..

Was there anything that could have been done differently in the 2020 pandemic? is there anything that can be done differently, now , to avoid a reoccurrence ? Are there measures that can be put in place, now, today, 2020 to avoid such pandemic in 2035 as predicted by the CDC. Well, yes. Yes, I am convinced that there are measures that can be put in place to ensure that the devastation of the COVID-19 pandemic does not reoccur. Please, follow me as I share these measures.

Firstly, there is a need for the people to trust the CDC and the government. The people do not trust the government and the CDC. This Information predicting a pandemic would sound again,like a scheme by the CDC and the government to steal money. For example, the daily COVID-19 case update by the Nigeria Center for Disease Control (NCDC) was taken for granted by Nigerians who still went about their businesses , ignoring most covid-19 protocols. These were ignored as people doubted the existence of covid-19. Such negligence was because the people did not trust the government. In view of this, transparency and trust is important if the people must get involved. Independent bodies should be set up to check mate and investigate the activities of the CDC. Fake news should be reduced to the barest minimum. When the people trust the government and the CDC, they are most alert, sensitive, responsible and involved.

Next, disaster(epidemics andpandemics are types of disaster) mitigation measures should be set up. Disaster mitigation are those activities designed to reduce the likelihood of a disaster event. On this level, measures like wet market ban and animal surveillance are enacted because these act at different levels to reduce the likelihood of a pandemic. Animals are known precursor reservoirs for most of the microorganisms thatcause epidemics and pandemics. Recall that live poultry were thought to harbor influenza, the monkeys and bats ;ebola and many more. Also, most symptoms have been first observed in these animals before humans. The yellowing of the eye (jaundice) was first noticed in monkeys and preceded the yellow fever epidemic. These disease were transmitted by animals to humans initially by hunters(who went into the jungle to hunt) or people and came in contact with these animals.They, in turn went back home and infected others. In recent times, with the advent of the wet market (a place where animals especially wild and rare animals are sold), these animals are brought in closer proximity to humans. Also, these wet markets bring different animals together. This has an implication. By bringing different animals together, one also brings different microorganisms (from the animals) together and when these microorganisms come together, they interact, mutate and new strains, stronger (or weaker) are birthed in nature and again, these, being in the wet market is easily transferred to humans. The wet market serves as a point of interactions between wild animals, the possible new strain of microorganism and humans. Hence, the need for animal surveillance and a ban on wet markets. By continuously monitoring and observation animals and their diseases, we can get a hint to new diseases. This may giveearly signs, clues and warning. Also, the wet market needs to be properly and closely controlled and monitored. By placing a ban on wet market, the point of interaction between humans and wild animals is cut. A ban should be placed on wet markets till good, new and better guidelines and protocols are set and the older ones revised. Also, an independent agency should be set up to manage and enforce these guidelines and protocols.

Next, emergency preparedness and response protocols should be set up. Emergency preparedness refers to activities designed to reduce the impact of the disaster if it were to happen. This is important as althoughwe have little or no control over the metamorphosis that occur in nature, we have control over how to respond and we could only respond promptly and well if we are prepared and prepared for the worst. This measure entails strategies put in place to strengthen our capability and capacity to manage any pandemic efficiently. In light of this, resourcesie man (healthcare personnel, researchers etc), money (funds) and material (hospitals, machines, isolation centers) ,should be put in place to be able to make prompt , accurate diagnosis, treatment and control . Good communication, information and warning systems should be put in place. All these, would all aid prompt response, control and more.

In conclusion, new strains of microorganism will keep emerging; some weak that they die off and some really virulent that they can cause a pandemic. How we respond to nature is key and would be efficient if we prepared well.

Thank you.

Writen by NDUBUISI Onyinyechukwu Joyce.
Chukwuemeka Odumegwu Ojukwu University Medical Student Association (COOUMSA)

HEALTHCARE AS A FAILING HEART;
THE MEDICAL STUDENT POINT OF VIEW.

It is the typical Nigerian mentality to wait till things fall apart, for chaos to let loose before we start searching for its genesis, scrambling to fix an agelong problem. It is with the same lens you'd meet a patient in your consulting room presenting with an abdominal mass of five years, cachexic, very nearly moribund, waiting for you, the doctor to wave your magic wand of Asclepius and avert Azrael's wrath; all along never presenting for checkup where this pestilence could have been nipped in the bud.

The heart is a muscular organ located in the thorax that helps pump blood to all parts of the body. As such, it is a vital organ responsible for continued existence. In the same vein, the health sector is the heart of any society. Being charged with ensuring optimum wellness to all and sundry, failure to provide basic and efficient healthcare would lead to a rise in the poverty level as an anticipated sequelae.

The problems that plague this sector started as minuscule inadequacies but have since grown in leaps and bounds; spreading its tentacles. Today, the Nigerian health system presents dyspneic at rest, tachypneic, fatigued, laden with S3 gallop rhythms sprinkledand a slice of pedal oedema. And with each passing year, we've watched with aghast how healthcare has become deplorable - basic healthcare is paid out of pocket and thus only available to a select few. It has become glaring that failure of healthcare affects everyone from healthcare givers to the populace.

As a medical student, it's easy to observe from both sides of the system - from the doctor to patient - the effects of a failing healthcare system. It is easy to look into the eyes of the patient who presents late because the primary healthcare centre in his community is non-existent, the poor referral system being just one symptom of a jaundiced healthcare system. I listen to the common man by the roadside with a foot ulcer confidently announcing to whoever cares to listen that hospitals are a deathtrap, that his relatives who have ever been taken to the hospital still die, and as such visiting a hospital is a waste of his money. As such, taking the concoction he procured from a medicine man in his community is the only cure for his ailment. Or is it the woman who comes after three days of prolonged labour at 'Birthing Church' with her baby almost lifeless?

I look into the eyes of the doctor who watches his patient languish in pain, a patient in need of emergency services, because they cannot afford to pay the hospital bills nor do they have a health insurance cover. I look at the furrows of stress lines on the understaffed and overworked healthcare team, I do not fail to miss the bloodshot and weak eyes of the doctor who's been on call for over 48 hours and yet has not received his complete wages for last month. I watch the constant interprofessional rivalry and how the patient is made to pay for the bruised egos on either side of the divide.

As a student I've experienced the bites of mosquitoes while trying to get a history, they had a lofty feast on my skin as sweat trickled down my forehead in a dimly lit ward. And I laughed at the paradox of how mosquitoes have made themselves comfortable in a hospital as I swat at the winged insects. I cannot count the several strike actions that have left gaps in my training and how I've become aloof to the pain, the lost time that cannot be regained, the fate I have to live with. I've witnessed - just like a colony of ants are attracted to sugar - the en-masse migration of doctors to conducive healthcare environments because working in a system like this can stifle growth. And it is worthy to note that unlike doctors in the 80's who migrated leaving their families behind andhad planned to come back, many doctors who are leaving currently are not towing this path, they do not plan to come back to this mess!

The recognition of all these daunting factors outlined above(symptoms of a failing healthcare system) by any medical student with hopes to progress and grow in the medical profession in this country does not fail to leave a sting in one's tongue. Demystifying and cracking these problems would require extrapolating the management principles of heart failure outlined in subsequent paragraphs. Catering for the preload would mean health education and promotion at all levels to rebuild public trust in healthcare andtoengender health-seeking behaviour by incorporating health insurance for all. Primary healthcare has to be revamped to cater for the basic health needs of persons in communities, this would reduce the strain on resources in tertiary hospitals. If we aim to increase inotropy then more health workers should be employed, there should be timely payment of these workers and also motivating incentives (health insurance, salary bonuses etc)have to be put in place. Furthermore, a conducive environment that favours professional and personal development must be created to counteract the brain drain described above. If we hope to reduce the afterload - we must revitalize the primary health care system making it affordable and accessible. We must strive to bridge the ever increasing interprofessional rivalry so that our clients would always receive optimal care and such would not suffer for our bruised egos.

Solving these problems would require a total revitalization of the healthcare system and would need the commitment and combined effort of all involved from the Government to hospital administrators, healthcare workers, and the populace. We need to make healthcare better not only for ourselves but for posterity, Otherwise like a heart in failure, all things will fall apart where the center cannot hold.

EIGBIRE-MOLEN OSEREMEN CLAIRE.
YEAR FIVE.
DEPARTMENT OF MEDICINE AND SURGERY.

HEALTHCARE AS A FAILING HEART;
THE MEDICAL STUDENT'S VIEW.

Introduction:
A health care system is the organization of people, institutions, and resources that deliver health care services to meet the health needs of target populations. According to the World Health Organization, (WHO) it consists of all organizations, people and actions whose primary intent is to:
Promote
Restore
Maintain health
Healthcare systems around the world differ in their organization and structures and this is based on the fact that various nations design and develop their healthcare systems in accordance with their needs and resources. Very common in almost all healthcare systems worldwide areprimary healthcare and public health measures.
The World Health Organization (WHO) which is the major authority that directs and coordinateshealth bodies within the United Nations system states that healthcare systems' goals include:
good health for the citizens
responsiveness to the expectations of the population
fair means of funding operations
To achieve these goals and to make progress towards them, each healthcare systemcarries out four vital functions:
provision of health care services
resource generation
financing
stewardship
Other dimensions for the evaluation of healthcare systems include quality, efficiency, acceptability, and equity and can be described as "the six C's": Cost, Coverage, Consistency, Complexity, Chronic Illness, and Continuity of health care.

The Health Care System In Nigeria
In Nigeria, the hierarchy of the structure of healthcare is related to the three tiers of government, the local, state and federal government. These are reflected respectively as the primary, secondary and tertiary healthcare system.
The tertiary healthcare system consisting of University Teaching Hospitals and Federal Medical Centers is controlled by the federal government. Thesecondary healthcare is regulated by the state government which manages the various general hospitals. The primary healthcare which is controlled by the local government focuses on dispensaries regulated by the federal government through the National Primary Health Care Development Agency(NPHDA).

Challenges Of The Healthcare Services In Nigeria
It is highly commendable that in line with the defining modalities, the Nigerian healthcare system has experienced some notable achievements. Worthy of mention are:
The Nigerian healthcare system includes the population along with the institutional and supply side of the health system.
The Nigerian healthcare system is defined in terms of their function, which is the direct provision of services, whether medical or public health services.
But the flaws in the Nigerian healthcare system are:
The Nigerian healthcare system is expressed only in terms of its components which include the primary, secondary and tertiary, not of their interrelationships.
The Nigerian healthcare systems is lacking in terms of their goals, whichnot onlyinclude health improvement, but also equity, responsiveness to legitimate expectations, respect of dignity, and fair financing.
Other enabling functions such as stewardship, financing, resource generation, and the health workforce has been noted to be in great distress in the Nigerian healthcare system.

The Nigeria health care system faces notable challengeswhich leads to underinvestment in the healthcare system.These challenges which contribute to failure in the healthcare system ofNigeria among others are:
poor healthcare infrastructures with lack of equipment
lack or inadequate funding
poor policymaking and implementation
poor regulation of pharmaceuticals, and patent drug sellers
inadequate public health enlightenment
poor management of facilities
lack of central database for all citizens and poor documentation of information
lack of health insurance and unaffordability of healthcare by citizens
inadequate health force and poor welfare of health workers
unhealthy religious and cultural practices
Consequences Of These Challenges And The Effects On Medical Education
Incessant strikes and industrial actions carried out by medical doctors to demand for a better face of the healthcare system, and its workers' welfare often disrupts the smooth running of the academic calendar in medical school.
Late presentation of patients in the clinics and hospitals prevents medical students from witnessing the progression and management of chronic illnesses and the reversal of some cases from poor prognosis to good prognosis.
Emigration of health workers especially doctors in search of greener pastures results in brain drain, hence poor exposure of medical students to seniors with a great wealth of experience.
The poor infrastructure and lack of equipment limits medical students from having a practical scope of what is attainable in developed climes.

Conclusion:
There are various measures that can be adopted by the Federal Ministry of Health which will improve the healthcare system in Nigeria, like enactment and implementation of laws that will sustain the welfare of health workers, proper funding and placing of adequate infrastructures, and finally a balance in the health worker to patient ratio.
When these among others are achieved, medical education will not experience delays and the doctors produced by all medical colleges in Nigeria will be of great quality.

Presented by: Uniuyo Representative

HEALTH FINANCING IN NIGERIA:
20 YEARS AFTER THE ABUJA DECLARATION

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Department of Medicine and Surgery, University of Calabar.

Abstract:
Health financing is the heart of the healthcare systems in Nigeria, and a major health determinant to measure the progress of a country towards achieving the universal health coverage 2030 goal; which was adopted as one of the national health strategic goals of African Union member states during the Abuja Declaration of 2001. No national health strategic goal can work without proper health financing and public financial management. This article aims to describe the current state of the health systems in Nigeria as a result of poor healthcare financing, challenges facing health financing in Nigeria and suggest recommendations from a Nigerian medical student's perspective to fix the Nigerian healthcare system.

Introduction:
A popular quote by a French businessman, Emmanuel Faber says that "Finance without strategy is just numbers and strategy without finance is just dreaming"
It is difficult to execute any capital project or implement any national strategic goal with proper financing; this is the major reason why Health financing is a major pillar for the effective functioning of other health systems in Nigeria.
Health financing refers to the accumulation, allocation and distribution of funds to cover both the individual and collective health needs of individuals in the health system.
Because of the huge role effective health financing system plays in achieving universal health coverage, strengthening other health systems and improving health outcomes; a pledge was made by the African Union member states at the Abuja Declaration of public health financing in Africa on the March 10, 2001 to allocate at least 15% of each African country's annual budget to improve the health sector; as well as strengthen partnerships with other countries for support. Unfortunately, 20 years later; only two (2) countries; Rwanda and South Africa have met the 15% commitment goal.

Health financing at the centre of the Nigerian health systems framework
Health financing greatly influences the quality and efficacy of other health systems and affects the continuity of healthcare; that is why health financing is at the epicentre of the Nigerian health systems framework.
World Health Organization (WHO) defines Health Systems as the collective actions of people, government, health institutions and organizations with the aim of the promotion, restoration and maintenance of health, through the delivery of quality healthcare delivery services to meet the health needs of a target population.

Ferlie and Shortell (2001) divided health systems into four (4) levels:
Individual patient
Care team (which consists of all health professionals)
Organizations (which includes all hospitals and clinics)
The political and economic/market environment.

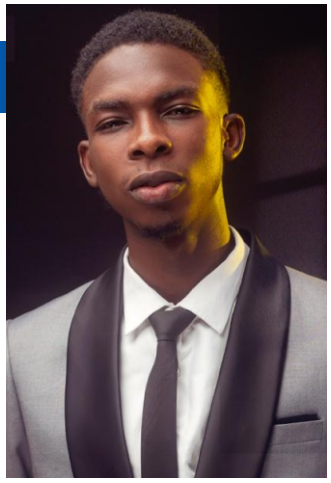
The World Health Organization, WHO (2007) structured the health systems into six main frameworks; with the aim of collectively improving access to quality, affordable and acceptable healthcare. The six frameworks or building blocks of the health systems include:
Healthcare service delivery.
Health workforce.
Health information system: this includes recording recentadvancements in health through standard surveillance and database systems; and integrating digital health technologies.

THEME: IS THE NIGERIAN HEALTHCARE AS A FAILING HEART:
THE MEDICAL STUDENT'S POINT OF VIEW.

Every Medical student aspires to become a medical doctor and surely it's in the hands of the student so far he/she keeps progressing to the very day he/she take the Hippocrates oat.
As a medical student, you are trained in a hospital and you see firsthand the situation on the ground and hear the general situation in the Nigerian health sector and begin to ponder.
Are you sure I can survive in this situation?
Leaving the country becomes your predisposing thoughts
You enquire about Plab and Usmle Examination and you hear that many doctors are going to Saudi Arabia for greener pastures.
You say to yourself, I'd rather be in Saudi if the U.S doesn't work than stay here in Nigeria.
The average medical student feels that on graduation, he is being inducted into a failing health system.
These feelings can never be farther than the truth.
The reason for these feelings is simply a product of the dearth of employment opportunities, research facilities, job satisfaction, good working conditions, and recognition of merit & excellence among others.
it is common to see doctors in Nigeria complain of lack of payment of their basic salaries let alone payment of hazard allowance and other incentives like provision of death in service insurance benefits especially now where we are faced with a reality of a world with highly infectious diseases and of which doctors remain a high risk to contract them.
There are other issues such As inadequate training, insufficient technology for patient care, minimal career advancement prospects, difficult working and living conditions nationally.
Nigerian doctors in state-run hospitals under the National Association of Resident Doctors (NARD) just recently called off a week-long strike over "grossly inadequate" provision of personal protective equipment (PPE) and calls for hazard pay for those working close to the virus as new coronavirus cases spike in the country.
The motivation to work is no longer in existence as some work just out of patriotism.
Nigeria is still far from the World Health Organization (WHO) recommendations of one physician for every 1000 patients, with current physician-patient ratios of up to one to 5000. By comparison, the physician-to-patient ratio in the United Kingdom (UK) is one to 300.
The doctors are hurt directly due to inadequate physician-to-patient ratio leading to an overwhelming of available manpower.
A survey conducted by NOI Polls in partnership with Nigeria Health Watch in May 2017, revealed that about eight out of every 10 medical doctors across junior, mid and senior-level roles in both public and private medical institutions in Nigeria were actively seeking work opportunities abroad.
A similar poll on Medical students would most probably show a greater percentage are ready to leave if given the opportunity.
Then you receive advice from your consultant on why he didn't leave. They tell you that the medical profession is not about the money but passion, that you can never be poor as a doctor working in Nigeria and must always see the food to eat.
They tell you if everyone leaves then who would treat the people at home, who would train future doctors, and that they do it because of passion and patriotism.
As a first-hand experience, you know that you are not being trained with necessary equipment as do your counterparts abroad and only see some procedures and equipment in your textbooks or on YouTube.
Remember, you are being trained in a teaching hospital which is a tertiary health institution. if you can't find this necessary equipment here, where else can I go to receive the best training I deserve.
You sometimes feel that your training is inadequate.
This brings me to the thought that the system is failing and the failing system produces great doctors who are excelling all over the world.
An inference is that the problem is not the medical student but his training and when given the chance to compete in an environment where things work he/she would be able to compete favorably.
The average medical student should begin to perceive hope if they are to have a rethink about the Nigerian failing health system.
They should be able to see Doctors in Nigeria and aspire to be in the same working situation when they graduate.
We cannot duel in the problem but advocate for solutions to the problems.
The first solution to the failing health sector is for government to increase the salaries and allowance of Doctors and other health professionals so a sizeable amount and to be at least be in the average of what their counterparts earn around the globe.
A country that pays her Legislature the highest salary in the world can pay Doctors well, it is just a matter of Priorities.
Secondly, Government should ensure a good working environment and conditions for the health practitioners because even if you pay well and can't provide things like PPE's or Electricity at the hospitals the Productivity level will be greatly affected.
Thirdly, hazard allowance and death in service insurance benefits should be the norm so that the doctors and other health practitioners would be motivated to work knowing at the back of their minds that whatever goes wrong in the line of duty, that there would be compensation at the end.
Fourthly, there should be better security in and around our health institutions news of unrest in a particular area is enough incentive for doctors and other health practitioners to find greener pastures because you need to be alive to save lives
Finally, if some of these things are done, the lecturers would be motivated to impact quality knowledge to medical students in a serene, neat, secure, and well-equipped hospital environment.
The medical students would be better off than their current situation and become more productive.
This will solve to a large extent the situation of brain drain which thoughts start in medical school.
Nigeria will no longer be in a situation where they now train doctors for other countries to benefit.
Until then, Nigeria's health sector can be likened to a failing heart and if nothing is done, one day there would be no one to train future doctors.

RT. HON. JESSE AKUBUDE
(Ag. President Imsumsa)

THE HEALTH CARE SYSTEM- A FAILING HEART



Nigeria's health care system has declined from being comparable to the rest of the world in the 70s and early 80s to being one of the worst in the world. For years, Nigeria's health care system has been ranked among the lowest in the world according to WHO and a study done in the Lancet of global health care access and quality in 2018 which ranked Nigeria 187th and 142nd out of 195 countries respectively.

There are major contributors to the poor health care delivery services in Nigeria, and one of which is inadequate trained personnel. Although Nigeria has one of the largest stocks of Human Resources for Health<HRH> in Africa ,the densities of nurses, midwives and doctors are inadequate for the large population size. There are about 0.38 qualified health care professionals per 1000 citizens of Nigeria. According to statistics done in Nigeria,1 doctor is to care for 5000 patients as against the WHO recommendation of 1 doctor to 600 patients. This is not due to the fact that Nigeria doesn't produce enough medical doctors, but due to brain drain. In 2019,NMA (Nigeria Medical Association) estimated that about 2000 medical doctors leave Nigeria annually to practice in developed countries. This alone can increase the stress and work pressure on doctors thereby affecting healthcare delivery. There have been various cases where doctors collapsed during duty due to stress.

Another major challenge affecting the health care sector is the low percentage of budget allocated to the health sector. On April 2001, in the Abuja declaration, Nigeria made a commitment to allocate 15% of her annual budget towards health; but has failed woefully in keeping to this commitment based on the latest available figures from World Bank which estimated an allocation of just 3.75% of her annual budget.

Furthermore, there is inadequate health infrastructure, especially in the rural areas. This results in lack of access to good health care. Most times, there is need for the rural dwellers to travel a long distance to get modern health care service, and this further increases the morbidity and mortality rate; this is evidenced by a study done in Ogun state in 2015 showed that majority of rural households lived as far as 9km away from the nearest health care centre.

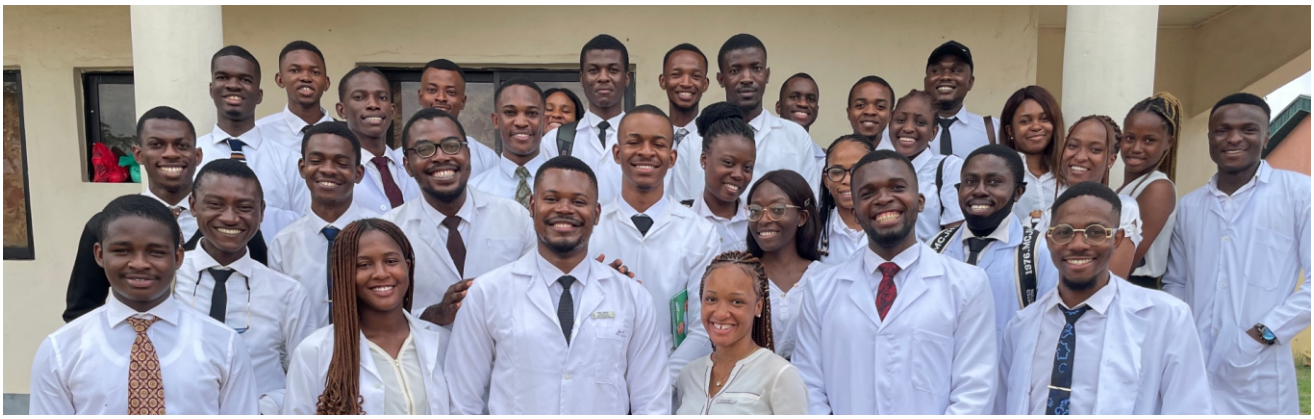
Other problems faced in the health care system include the use of primitive techniques and technologies, inadequate medical tools, equipment and machines as well as lack of technical know how to operate them, lack of health care insurance (most patients pay out of pocket)

Although improvements have been made overtime in the Nigeria health care system, We still have a very long way to go. Recommendations to further improve the health sector include but not limited to the following : Improve patients' access to health care by building more health care infrastructure, institutionalizing performance incentives and management systems that recognize hard work to encourage medical doctors to practice in Nigeria, increase of funds to the health care sector, and promotion of affordable and universal care through the National Health Insurance Scheme (NHIS).

In conclusion, Nigeria's health care system is in an appalling state but with appropriate measures put into place, it can be among the best in the world.

Presented by: UniPORT Representative

PHOTO GALLERY



UNIVERSITY OF NIGERIA MEDICAL STUDENTS ASSOCIATION

IMO STATE UNIVERSITY MEDICAL STUDENTS ASSOCIATION

UNIVERSITY OF NIGERIA, NSUKKA MEDICAL STUDENTS

CHUKWUEMEKA ODUMEGWU OJUKWU
UNIVERSITY MEDICAL STUDENTS ASSOCIATION

ABIA STATE UNIVERSITY MEDICAL STUDENTS

LAUGHTER IS THE BEST MEDICINE

“I felt super exhausted after giving blood. It's such a draining procedure."
Doctor: What's the condition of the boy who swallowed the quarter?
Nurse: No change yet.
Statistically….9 out of 10 injections are in vein.”
"A man speaks frantically into the phone, 'My wife is pregnant, and her contractions are only two minutes apart!'
'Is this her first child?' the doctor queries.
'No, you idiot!' the man shouts. 'This is her husband!'"
When I stepped on the scale at my doctor's office, I was surprised to see that I weighed 144 pounds.
'Why don't you just take off that last four?' I joked to the nurse's aide as she made a notation on my chart.
A few moments later, my doctor came in and flipped through the chart.
'I see you've lost weight,' he said. 'You're down to 14 pounds.'"
A man goes to his doctor and says, "I don't think my wife's hearing isn't as good as it used to be. What should I do?" The doctor replies, "Try this test to find out for sure.
When your wife is in the kitchen doing dishes, stand fifteen feet behind her and ask her a question, if she doesn't respond keep moving closer asking the question until she hears you."
The man goes home and sees his wife preparing dinner. He stands fifteen feet behind her and says, "What's for dinner, honey?" He gets no response, so he moves to ten feet behind her and asks again. Still no response, so he moves to five feet. still no answer. Finally he stands directly behind her and says, "Honey, what's for dinner?" She replies, "For the fourth time, I SAID CHICKEN!"
Doctors at a hospital in Brooklyn, New York have gone on strike. Hospital officials say they will find out what the Doctors' demands are as soon as they can get a pharmacist over there to read the picket signs!" only a pharmacist can read the doctor's writing
Doctor: I have some bad news and some very bad news.
Patient: Well, might as well give me the bad news first.
Doctor: The lab called with your test results. They said you have 24 hours to live.
Patient: 24 HOURS! That's terrible!! WHAT could be WORSE? What's the very bad news?
Doctor: I've been trying to reach you since yesterday.
A man goes to his doctor for a complete checkup. He hasn't been feeling well and wants to find out if he's ill. After the checkup the doctor comes out with the results of the examination.
"I'm afraid I have some bad news. You're dying and you don't have much time," the doctor says.
"Oh no, that's terrible. How long have I got?" the man asks.
"10..." says the doctor.
"10? 10 what? Months? Weeks? What?!" he asks desperately.
“9...8...7..."

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Our cupcakes in particularly 2k for 6, 4k for 12.

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LIGHT-IT NIGERIA

... igniting the path to a livelier tomorrow...

How much do you know about Non-Communicable Diseases (NCDs)?
Enough to know that NCDs account for about 71% of all deaths globally and about 80% of these deaths occur in low and middle-income countries; our nation Nigeria being in the number?
Not good, yeah?
But then, goodnews is...THIS CAN BE PREVENTED!!!
By a joint effort from me, you and our government.

LIGHT-IT NIGERIA is a non-profit NGO borne out of the desire to actively work towards reducing the incidence, morbidities and casualties that occur as a result of NCDs.

Non-Communicable Diseases (NCDs) are illnesses that cannot be passed from one person to another. They are usually of slow progression and long duration.
The 4 major types of NCDs are: Cardiovascular Diseases (Heart attacks and strokes), Chronic Respiratory Diseases (e.g Asthma), Cancers and Diabetes.

The 2030 Agenda for Sustainable Development recognizes these NCDs as a major challenge for sustainable development.
As part of the agenda, Heads of States and Governments committed to develop ambitious national responses working towards achieving the global target of a 25% relative reduction in the rate of premature mortality from NCDs by the year 2025 and by 2030, to reduce by one-third, premature mortality from NCDs through prevention and treatment (SDG target 3.4).

The main risk factors for NCDs are modifiable lifestyle and environmental factors such as tobacco use, wrong/excessive alcohol intake, physical inactivity, malnutrition etc. Hence, the most essential way to control NCDs would be by reducing the risk factors associated with the diseases, and projections have it that if the major risk factors for NCDs are eliminated, at around three-quarters of heart disease, stroke and type 2 diabetes would be prevented; and 40% of cancer would be prevented.
This is what we want, right? Even better.
A good time to begin this prevention was yesterday, another time is NOW!

Light-It NG seeks to ensure that this goal is achieved within Nigeria and beyond by campaigning, educating and advocating to promote a healthy lifestyle in our communities in order to sustain a lively society.
THIS IS OUR MISSION!
We have strived to achieve this feat through several on-site and online projects in the past, the most recent of which was a partnership with the University of Calabar SUG on the "World No-Tobacco Day" to reach out to over 400 students on the need to "Commit to Quit" smoking; the global theme for the event.

You can be a part of this change.
Support Light-It NG as we all work towards achieving this goal to secure and foster a healthier and livelier society for everyone.
YOU TOO CAN SAVE A LIFE!

Register @ bit.ly/LightitNigeria to join our amazing team of volunteers.
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Instagram - http://www.instagram.com/lightit_ng
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For further info, please call 08162037369 or 07033810698.

Damian Uchechukwu
Administrative Manager,
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Gift Ewulonu
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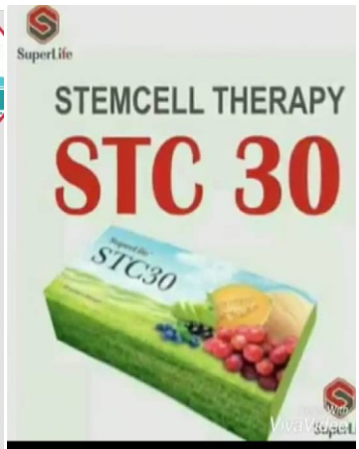

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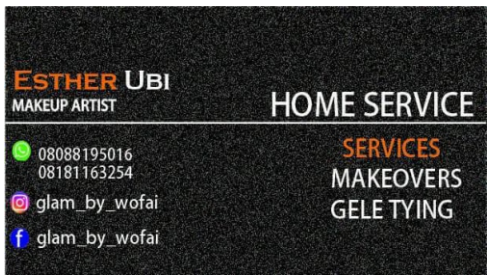


Laugh it off with these interesting Health puns
1. I went to the library to get a medical book on abdominal pain. Somebody had ripped the appendix out.
2. Two blood vessels fell in love but alas, it was all in vein.
3. An organ's favourite boat is a blood vessel.
4. Why do your heart, liver and lungs all fit in your body? Because they are well organized
5. For years I was against organ transplants. Then I had a change of heart .
6. The angry brain lost its nerve!
7. Statistically, nine out of ten injections are in vein.
8. What did the vein say to the pessimistic blood clot? Be positive.
9. When you get a bladder infection, urine trouble!
10. You can hear the blood in your veins if you listen varicosely.
11. We be-lung together!
12. When neurons commit a crime, they are put in a nerve cell.
13. A kidney's favorite instrument is the organ.
14. If you steal someone's heart, do you get cardiac arrested?
15. The brain is an amazing organ. It really makes you think
16. It takes some guts to be an organ donor.
17. The kidney said to the other "urine my thoughts!"
18. A brain goes on vacation to a hippo-camp-us!
19. A cardiologist keeps sending me x-rays of his chest. A bit weird I know but shows his heart is in the right place.
20. When the lung fell in love it took its breath away.

Achimugu,Joy Alami
Premed.

OUR HEALTHCARE SYSTEM

Its differential diagnosis clearly shows a chronic coronary disease. One that keeps spiking daily figures of the so-called deceased. A system now left in ruins, one treated with reckless abandon. If not saving lives, what harm has this system really done?
Our medical practitioners are quarterly being served peanuts
When their endless calls sometimes drive them nuts
Why are the health facilities now left in an epileptic state?
We only keep enduring this very unpleasant fate
The funds meant for these are constantly being diverted into selfish pockets
The common man still suffers with costs that hit the sky like rocket
There's great fear as these issues keep getting severe
Those in the line of duty have had enough, it's now difficult to bear
All sailing and flying to better places where hardwork is rewarded
Neglecting their homes for countries where respect is accorded
We've lost confidence in our very own system of healthcare
Like a failing heart, it's now weak and has left us all in dispair

ALEX IKPI
(PREMED)

ALL OF US

I was made to enjoy every form
Of music, dance or food.

I was made to love every smile
Whether brown, pale or yellow.

I was made to notice every spark
Through sight, sound or taste.

I was made to believe every dream
Of man, woman or child.

I was made to thrive on earth
With every race, tongue or species.

Too bad, we malfunctioned.
We would have been beautiful together.

Too bad, we rebelled
We would have learnt from each other.

Too bad, we hated
We would have truly seen one another.

Too bad, we bickered
We would have grown higher forever.

Too bad, we don't see
That we can be Mankind, one entity, again.

Gbelebo Toinpre Donald.
Premed Class.

OUR HEROES

Dr Barry Marshall tried to convince the medical establishment that ulcer was caused by bacteria and not stress and spicy foods as earlier believed. He drank a Petri dish containing thousands of bacteria including H. Pylori. Before he died, he wrote "If I was right, then the treatment for ulcer would be revolutionized".

Mary Keener invented sanitary pads which has prevented the many infections women are likely to have from using unsanitary towels and clothings during their cycle.

Martin Couney invented the incubator which was initially rejected and ridiculed for decades.

Percutaneous transluminal coronary angioplasty (PTCA) is one of the most common hospital procedures at least in the U.S. It is a procedure that opens blocked coronary arteries to improve blood flow to the heart. **Andreas Roland Gruntzig** first presented this idea and was ridiculed and rejected. A year later, he presented four patients of his and his idea was accepted.

Gregor Mendel argued for years for the acceptance of his theories on heredity. They were only accepted after his death, thirty-five years after the original presentation of the theories.

Forensic pathologist **Bennet Omalu,** a native Nigerian working in the Allegheny County coroner's office. He published the first diagnosis of chronic traumatic encephalopathy in Neurosurgery. His work was discredited for years. The wider sports culture has begun questioning the costs of repeated brain injuries in sports, both professional and recreational.

Patricia Bath Invented the Laserphaco Probe system which has made the removal of cataract so much easier.

Fredrick Jones invented portable air cooling unit during the world war II to preserve blood, food and medicine to be used at army hospitals.

Alexa Canady became the first female African-American neurosurgeon in the U.S. in 1981. She was specialized in pediatric neurosurgery and was chief of neurosurgery at the Children's Hospital in Michigan from 1987 until 2001.

Alice Augusta Ball was a chemist who was known for developing an injectable oil extract that treated leprosy until the 1940s. She died at 24.

Leonidas Berry was a pioneer in gastroscopy and endoscopy. He invented the first direct-vision instrument, better known as the gastroscopy scope, to remove diseased stomach tissue.

Kwabena Boahen is a current bioengineering professor at Stanford University who designed and created a silicon chip that could mimic the functions of the retina.

Otis Boykin was credited with inventing a control unit for the artificial cardiac pacemaker that uses electrical impulses to maintain a regular heartbeat.

Samuel Kountz developed the Belzer kidney perfusion machine that preserves a kidney for up to 50 hours from the time it is removed from a donor's body. The device is standard equipment in hospitals and laboratories worldwide.

Dewey Sanderson is credited with inventing the Urinalysis machine. He is also responsible for inventing the medical compress that staunches blood flow from a wound or vein after withdrawal of a needle that drew blood.

Michael Croslin computerized blood pressure and pulse monitoring devices. The computerization helps doctor's take the guesswork out of monitoring vitals while allowing them to diagnose and treat patients.

Daniel Hale Williams was an African American general surgeon who was one of the first physicians in the U.S. to perform open-heart surgery. He performed a successful pericardium surgical procedure in 1893 to repair a left fifth costal cartilage wound on a patient. Without modern day penicillin and blood transfusions, the success of the 1893 procedure marked Williams as the second physician in the U.S. to complete the procedure.

Emmett Chappelle was a scientist and inventor who devised ways for scientists to measure plant health and detect bacteria in outer space

Alice Augusta Ball was a chemist who developed the ball method, which was the most effective treatment for leprosy in the 20th century

STORIES THAT MELTED OUR HEARTS

Bat-kid was declared cancer free
Miles Scott stole everyone's heart as a 5-year-old leukemia patient who took over San Francisco in 2013 as Batkid after he told the Make-A-Wish Foundation that he wanted to be Batman. People crowded the streets to cheer him on after San Francisco was turned into Gotham for a day with the help of late mayor Ed Lee and 20,000 volunteers. In 2018, the foundation announced that Miles, now 10, has been in remission for five years. This is an important milestone when many people can be considered as likely to be cancer-free.

Nurse meets "co-worker"
Brandon Seminatore is a pediatric resident in California and ended up working at the Lucile Packard Children's Hospital in Palo Alto, the same hospital where he was born decades earlier.
A preemie (he was born at 29 weeks of gestation, while a full-term pregnancy is around 40 weeks), he spent more than a month in the neonatal intensive care unit.
A nurse named Vilma Wong, who had worked at the hospital for 32 years, thought his name sounded familiar.
“To confirm, I asked him if his dad was a police officer, and there was a big silence. And then he asked me if I was Vilma. I said yes,” Wong said.
Seminatore was impressed with Wong's dedication and love for her patients, so much so that she remembered the family decades later. They both hope their story lifts up parents who are undergoing a difficult time and have babies in a newborn intensive care unit.

Little girl taught the world about a rare genetic syndrome.
Taylor McGowan was born with uncombable hair syndrome, and that's a real and very rare genetic condition.
She has two copies of a gene — one inherited from each parent — that changes the shape of the hair shaft and causes fine hair that often stands up straight around her head. Her parents sent blood samples to Regina Betz at the University of Bonn, who has published research on the condition, which is also called **"spun glass hair syndrome."**

Taylor definitely has the condition, and her parents are carriers. Some people have pointed and laughed at Taylor's hair. The family is hoping to raise awareness of the condition, and encourage more tolerance of unique characteristics in general.

She Embraced Her Body!
Lorena Bolaños was born with a large congenital nevus, a mole that covers a large portion of her body. As a child, classmates made fun of her and adults thought it was an illness that could make other people sick.
Bolaños had a photo shoot as part of Underneath We Are Women, a project that showcases women of all body types.
"My objective is that everybody needs to understand that self-acceptance is the first step to achieve happiness," she said.

A True Warrior Queen
La'Mareea Waddell was born with caudal regression syndrome, a rare condition in which the bones of the lower spine and legs are missing or may be malformed.
La'Mareea lives in Junction City, Ohio. In 2018, her mom, Angela Neal, reached out to Lancaster, Ohio–based Elegant Ele Fine Art Photography and Design, which had put out a call for models. Neal wanted to know if La'Mareea's condition would preclude her from being in a photo shoot. In fact, the photographer, "thought it was really cool that La'Mareea was different," Neal said.
The images were so fierce, the photographer called her the "warrior queen," and if you check out the images from La'Mareea's photo shoot you will see that name is entirely accurate.

He recovered so fast from a face transplant!
Cameron Underwood of Yuba City, California, had a face transplant in January, about 18 months after he was injured from a self-inflicted gunshot wound. A 100-person medical team at NYU Langone made it possible, including his surgeon, Dr. Eduardo D. Rodriguez.
Underwood had a relatively quick recovery, due in part to his good physical health and his dedication to recovery. Underwood also underwent an extensive psychological evaluation before having the procedure.
"People that have gone through or are going through the same kind of mental illness that I went through: There is help out there," Underwood said, "Ultimately you want to check it before it gets to my stage, but just talk to somebody, even friends or family. It might be difficult but it's worth it."

These twins immediately stopped crying as soon as they touched each other again.
Weston and Caleb Lyman were born in February 2018 and pretty much became internet-famous right away. That's because as soon as they were born, they were separated to be weighed, and they started crying, as newborns sometimes do.
But what happened next was pretty special. In a video their dad, posted to Facebook, the twins immediately stopped crying as soon as they touched each other again.
It's pretty sweet

HEALTH FACT

DIDYOU KNOW???

1) Rh Null is referred to as the folder blood type. It is the rarest and most precious. There are only nine active donors of this blood group in the whole world.
2) Each person sheds 22 kilograms of skin in a lifetime.
3) Your body has enough iron in it to make a nail , 3 inches long
4) Garlic and onions contain antioxidant that helps to improve the eye lens.
5) A person will dies from lack of sleep sooner than they will from starvation, which usually takes a few weeks.
6) The acid in your stomach can dissolve razor blades.
7) Tumeric helps reduces oxidation of eye lens.
8) Your nose can remember 50,000 scents and women are better sellers than men.
9) Humans have 46 chromosomes, peas have 14 and crayfish have 200.
10) An electrical system controls the rhythm of the heart. It is called cardiac conduction system.
11) The youngest person to receive a heart surgery was only a minute old.she had a heart defect that many babies don't survive. Her surgery was successful.
12) The fairy fly had the smallest heart of any living creature while whales have the largest.
13) Ginger tea improves eyesight.
14) Green tea reduces the dark circles and puffiness around the eyes.
15) Most heart attacks happen on Monday.
16) Laughing is food for your heart. It reduces stress and gives a boost to your immune system.
17) Heart cells stop dividing which means heart cancer is extremely rare.
18) Take a glass of water first thing in the morning. A glass before each meal and one a whole hour before you sleep.
19) The heart begins beating four weeks after conception.
20) White/pale conjunctiva of the eyes is a common sign of low red blood cells (anaemia).
21) You need enough sleep for mental, physical and psychological well being. Sleep for 7-9 hours daily.
22) White rings in the eye are suggestive of high cholesterol level.
23) Drink water! Save your kidneys!!
24) The whitish spots on spoiling tomatoes are fungi. The fungi- aspergillus, releases a toxin called "**aflatoxin**" which can cause lover cancer.
25) Guys!, Stop wearing tight underwear! The warm temperatures may kill your sperm and cause infertility.
26) PPD (p-Phenylenediamine) is an ingredient used in making hair dyes, even though it is illegal to be used on skin. It is so powerful and toxic and can cause the head to swell.
27) Drink between 2.5-3.0 litres of water daily!
28) If you have stomach ulcer, do not smoke, avoid NSAIDs. Caffeine makes it worst too.
29) A breast lift surgery is called a mastopexy.
30) Toothbrushes with very hard bristles are bad and damage the coating of your teeth. Use medium or soft ones instead.

CITATION

RT. HON ROSE AGWU
CUMSA VICE PRESIDENT

Rose Agwu Oyediya
Was born in zikora specialist hospital abia state Nigeria.
She did her nursery school at Anne memorial nursery school and primary school at Nizar model school after which she got admission into Holy Rosary secondary school umuahia where she did her junior secondary school and completed her secondary in 2014 at Federal Government girl's college Umuahia abia state, in school she was know for being hardworking, jovial and was her teacher's favorite.
She gained admission into University of Calabar to study medicine and surgery after graduating from secondary school in flying colours in 2014.
Her first year in medical school was built on studying and adapting into her new environment but her second year she picked interest in serving her fellow students, she served as a parliamentarian representing her class, having succeeded in taking herself and class to lime light she vied for the position of director of socials which she won and went ahead to organize the first ever social week in *Cumsa*
In her 400 level she joined the Medical women Association (MWAN) a body that bring women in the medical profession together to achieve a common goal of serving humanity extensively and became the face of MWAN that same year

she then vied again to represent her class at the level of the parliament and was among the four students voted to represent her then class Clinical class one.
In 2019 she contested for the position of Vice President and came out victorious, she's currently in her final year in medical school and still serving in the capacity of Vice president and a member of AGN planning committee young doctors forum a body in Medical women association Cross river state Chapter. She's also a member of silver hands global and international organization that cater for street Children and children of low income parents

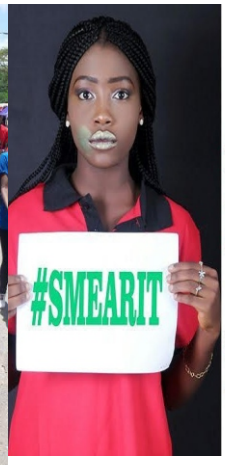
ACTIVITIES OF THE VICE PRESIDENT

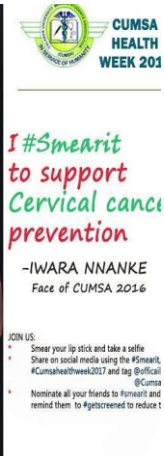
CITATION

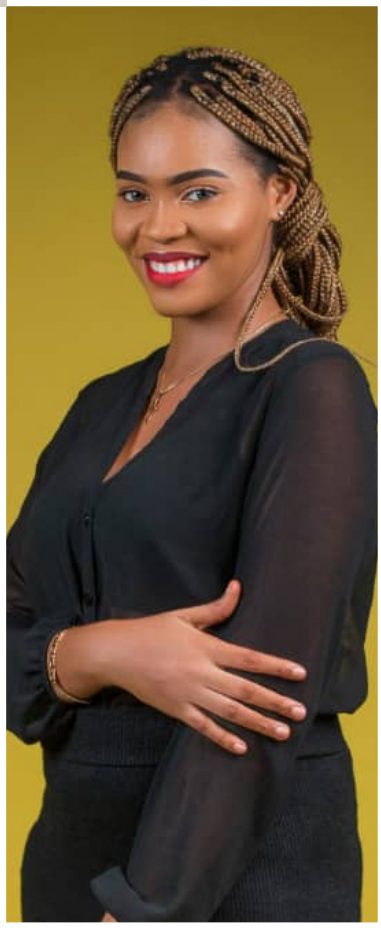
COMR. EWA ANTHONY OBI
CUMSA PRESIDENT

Ewa Anthony Obi. Born in Kubwa Abuja, Nigeria. Attended nursery and primary school at Happy Children's School Kubwa Abuja between 2000and 2006. In his Junior Secondary, he attended Model Secondary School Kubwa Abuja between 2006 and 2009. Got Admission into Federal Science College Ogoja Cross River State 2010-2013 where he did his senior secondary education during during which he served as the Regulatory Prefect 2012/2013 and represented the school in Long Jump in the FEDSCO GAMES 2012. He gained Admission into university of Calabar, Crossriver State to study Medicine and surgery in 2014. He served The Calabar University Medical Students Association (CUMSA), as Director of Socials, 2016/2017. He also served CUMSA as the Director of Welfare 2017/2018 and served in the Students Union Government (SUG) as Hall Chairman of a medical Hostel 2018/2019. He was the Special Adviser to the SUG PRESIDENT On Projects in 2019. Currently, he is the President of CUMSA.

PHOTO SPEAKS



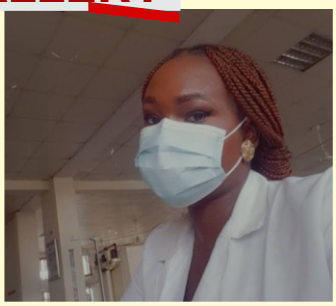




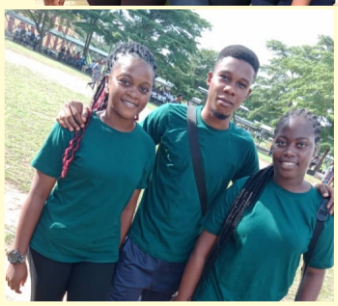
BLS CERTIFICATION
NAMES OF RECIPIENT

Names of recipients
1. Agwu, Rose
2. Ubi Esther Samson
3. Aminomo Tejiri Sophia
4. Orhungul Dominic Ushahemba
5. Umoh Christopher
6. Otu Alpha Victor
7. Enuoh Doreen Oliver
8. Enuoh Faith Oliver
9. Nganwuchu Stephanie
10. Oke Tina
11. Etene Frances Eyo
12. Oti-Ashong Rosette Chidera
13. Egbeji Pascaliine
14. Akpan Emem Ben
15. Okorie Chisom Favour
16. Eteng Lynda
17. Asiuwhie Preye
18. Essien Daniel
19. Keechi Kosi
20. Udam Ntishor Gabriel
21. Agiakong Thomas
22. Okwudili Uchechukwu
23. Odor Maxwell
24. Bright Chigozie
25. Akwu Ndukwe
26. Lebo Immanuela
27. Abang Emmanuella
28. Ndifon Henry
29. John Edidiong Paulinus
30. Okoh Augustine
31. Okoloru Gideon
32. Eboh Edirin
33. Akobi Triumphant
34. Ofem Irom Eko
35. Ukpe Inyene
36. Emejiaka Franklin
37. Ani Caleb
38. Ubi Emmanuel
39. Chukwu-umeh Favour
40. Ukanwoke Chelsea
41. Ephraim Magdalene
42. Asor Confidence
43. Eman-Henshaw Offiong
44. Kalu Perfection
45. Dapo Gloria
46. Aminika Friday
46. Ukanwoke George
48. Enyong Esther Ivara
49. Akogwu Prudence
50. Nyong Rita
51. Obi Precious
52. Abiadi Collins
53. Silas Edition
54. Umoh Abraham
55. Molen Pearl
56. Anosike Juliet
57. James Saviour
58. Ado Isaac
59. Ojile Timothy
60. Amatey Sam Jones

PHOTO GALLERY



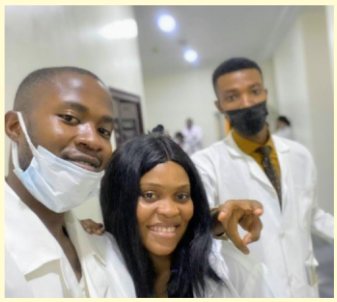






PHOTO GALLERY

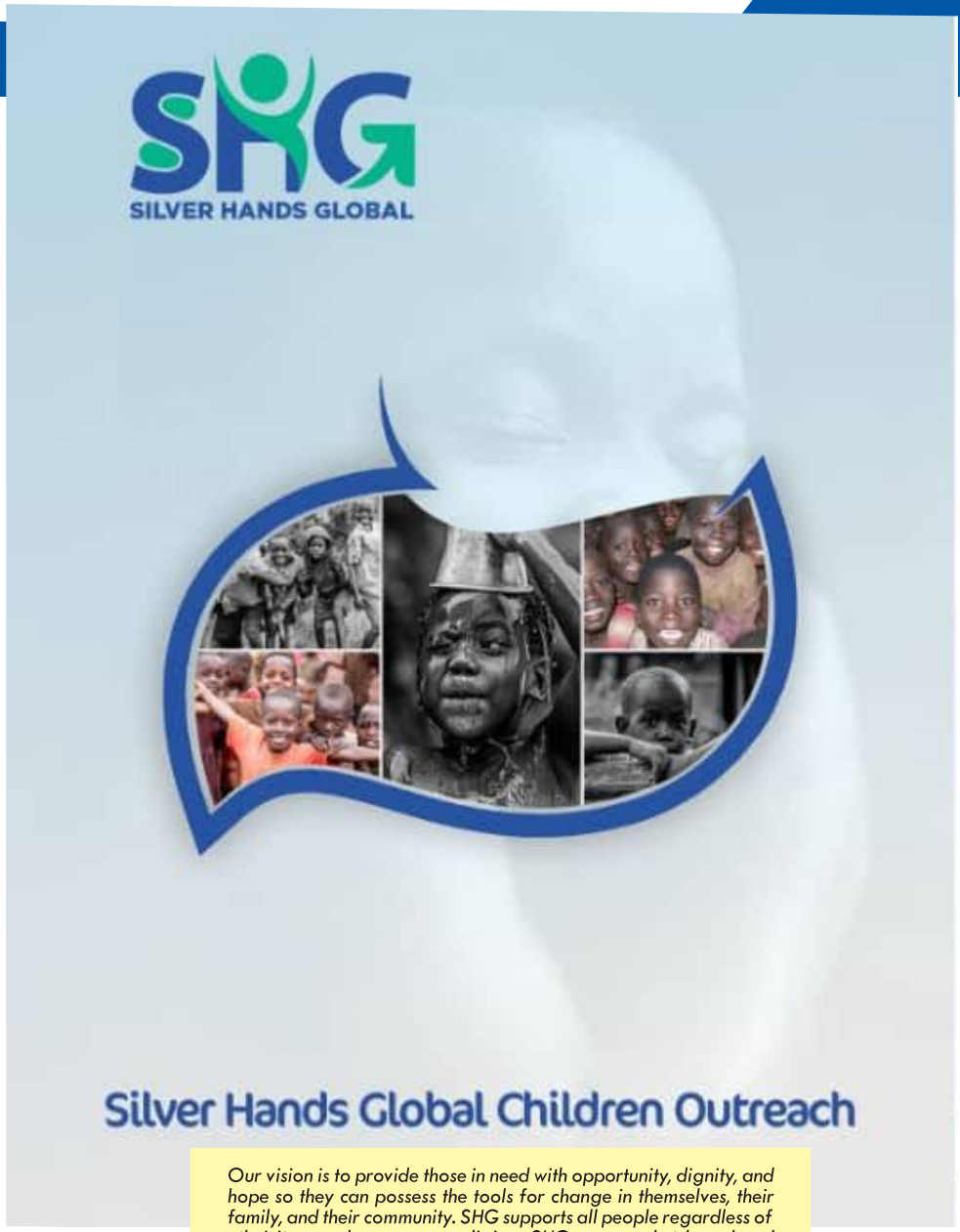












Our vision is to provide those in need with opportunity, dignity, and hope so they can possess the tools for change in themselves, their family, and their community. SHG supports all people regardless of ethnicity, gender, race, or religion. SHG uses market-based and community-driven technological solutions to empower, protect, and build resiliency through innovative, environmentally conscious, and transformative projects. We deliver our programming through strategic local and global partnerships to create a maximal, sustainable impact.
Together We can Bring More Positivity into the World
LAUNCH YOUR CAMPAIGN
Our Testimonials
What They Say
"It gives me immense pleasure to share my thoughts about Silverhands Global Outreach. The idea to have an NGO strike to me when I came across with underprivileged children who were deprived of basic needs like education, health care and nutrition. In short duration SHG has done tremendous work towards the improving the lives of underprivileged children."

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Experienced Members
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Support@Silverhandsglobal.com
22 Broklyn Street New York USA

Enter E-Mail Address

CLOSING ADDRESS

After a long and rigorous buildup to the 2021 Edition of the CUMSA HEALTH WEEK, I wish to thank all the members of the Standing Committee on Health, the executives of our noble association and the ever supportive and cooperative Vice President of CUMSA, Miss Rose Agwu. I also extend my heartfelt gratitude to our invited institutions for honoring our call.

The theme of this year' s health week
"The Nigerian Healthcare System as a Failing Heart;The Medical Students Point of View." Was carefully chosen to hear the views of medical students concerning the Nigerian Healthcare system and provide solutions on the way forward, thus we saw the need to have our colleagues from neighboring universities to rub minds together on this quest.

The health week is a time for medical students to give back to the community for all it has done for us, and as such, we ensured to deliver nothing short of the best services and projects from the rally, the outreach, variety night and the conference. I therefore urge all our students and guests to use this opportunity to network and create bonds that transcends beyond medical school to build and maintain a healthcare system that we will be proud of when we become doctors.

I wish all our guest a smooth and prosperous journey back home and hope the health week was impactful to both CUMSites and our guests and I wish this newly fostered relationship between our institutions last for a very long time.

HON. HENRY NDIFON
Chairman, CUMSA Standing Committee on Health