



NIGERIAN JOURNAL OF PUBLIC SECTOR MANAGEMENT (NJPSM)

**Political Leadership and Healthcare Development in Akwa Ibom State:
Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis of the
State Hospitals Management Board, Uyo**

¹Michael Eugene, Ekpo., ²Ndifreke S, Umo-Udo (PhD)., ³Ubong Etim UMOH (PhD) & ⁴Edet Okom Udo

^{1,2,3} & ⁴Department of Political Science and Public Administration, Faculty of Social Sciences, University of Uyo, Uyo
Akwa Ibom State, Nigeria.

Email: ¹ekpomichael@gmail.com, ²ndifrekesumoudo@uniuyo.edu.ng & ³father.umoh@gmail.com

Corresponding Author: ekpomichael@gmail.com

Abstract

The activities of political leaders have been a major concern to all due to the shallow development and negative impacts they have on the health sector of the state. To enhance healthy lives and promote socioeconomic well-being of citizens and residents in the state, the health sector in Akwa Ibom State needs a total revamp to meet up with the current challenges facing the modern healthcare development which is targeted at improved access to drug and other healthcare services. The study was therefore conducted to examine the relationship between political leadership and healthcare development in Akwa Ibom State with emphasis on the SWOT Analysis of the State Hospitals Management Board (AKSHMB), Uyo. To achieve this aim, survey research of projected population of study (31,000), comprising of health officials and beneficial in 820 health facilities affiliated to AKSHMB, sample size of 379 determined using Krejcie and Morgan table (1970) were used. Simple random and stratified random sampling techniques were used to administer 7 items questionnaire on the respondents. Simple percentage, PPMCC and tabular form were adopted for data presentation and analysis. The elite and transformational leadership theories were adopted to analyze the subject matter which indicated that, while the former illustrate minority (elites) domineer over vast majority (masses), the later emphasized citizens' participation, inclusiveness, transparency and accountability in public service. The study among others revealed that: political leadership has significant relationship with healthcare development in Akwa Ibom State, contributes to increase in number of hospitals, increased healthcare coverage/access, create employment opportunities for health workers in the state. The study concluded that despite some achievements in the health sector, poor leadership, corruption among leaders and health workers as well as poor funding of the health sector to meet with the WHO, USAID, UNICEF requirements have contributed to high rate of malnutrition, diseases, illnesses and death in Akwa Ibom state. It recommended policy reforms to curb corruption, adequate funding to meet budget baseline of 15% implementation stipulated by WHO, more employment, training and re-training of health workers to develop technical skills and provision of subsidizes drugs, laboratories equipment and other facilities for modern research/innovation in health.

Keywords: Akwa Ibom State, Development, Healthcare, Hospital Management, Political Leadership

Introduction

Health care development is a very important issue that have attracted the interest of many scholars, policy makers, leaders, domestic and international organizations on the prospect of improved human health across the globe. Every state in the world, both in developed and developing economies like Akwa Ibom are often confronted with health related

challenges (naturally or artificially) which requires human efforts to mitigate its effect

on human lives and properties. Hence, leadership entails putting the right people in place to make and implement policies or helps in piloting the affairs of the state in order to bring about the provision of goods and services such as education, housing, health, food, clothing etc. needed for the improved wellbeing of the citizens.

Obviously, Political leadership plays crucial role in driving the socioeconomic growth, and development of the state. The fact still remains that through effective leadership, the state's natural and human resources can be harnessed for development.

In line with this, scholars argue that most Nigerian states, Akwa Ibom State inclusive have been undergoing several socio-economic and political crisis that can be traceable to failed leadership. Leadership and governance are essential for development as (OECD, 2010, Brady and Spence, 2010 cited Ekpo, 2023), clearly pointed out that transparency, responsiveness and accountability are the key to economic investment, growth and competitiveness in contemporary world. Therefore, political leadership as instrument of advancement of the health sector in Akwa Ibom State cannot be overemphasized. Moreover, leadership and good governance are central to effective and efficient service delivery to improve the welfare of the populace in the state.

Oronsanye (2010, as cited in Nwekeaku, and Obiorah, 2019) opine that public service delivery can be seen as “the process of meeting the needs of citizens through prompt and efficient procedures.” This implies that the interaction between government and citizens are such that the needs of the citizens are met in a timely manner, thereby making the citizens’ key beneficial in public service delivery and not the leaders themselves. The public should be regarded as the ‘master’ and beneficiary of the public service including health care services (Aladegbola & Jaiyeola, 2016, as cited in Nwekeaku, and Obiorah, 2019).

Previous studies carried out by Babalobi (2018; Mayah 2017 all cited in Ekpo, 2023), Eminue (2009) and Umoh (2012), Essien and Edemekong (2023), revealed the greatest challenge of Africa of which Akwa Ibom State is a part is lack of selfless and visionary leaders that are capable of transforming the enormous state resources to commonwealth for all the citizens of the state without reckoning on positions and rank (equitable distribution of wealth to the benefit of all citizens). Therefore, bad leadership is a serious problem to good

governance in Nigeria cutting across the various tiers of government, local government inclusive. The lack of leaders with visions and political goodwill to move the grassroots people to the next level of development and prosperity is a serious problem in Akwa Ibom state.

It was as a result of the aforementioned gaps that the Akwa Ibom State Hospitals Management Board (AKSHMB) was established to help improved health status of citizens and residents in the state through a more strengthened and sustainable healthcare service provision to the populace (AKSG, 2010; AKSG Explore, 2022). The study seek to examine whether there is any significant relationship between political leadership and healthcare development in Akwa Ibom state with particular emphasis on Akwa Ibom State Hospitals Management Board, Uyo.

The study found gaps in literature in the area of inadequate funding of the health sector, lack of modern equipment and insufficient staff/health workers to address healthcare needs of the people in the state and then seek to provide remedial measures to closed the gaps by making healthcare more accessible, timely and promptly delivered in line with national healthcare policy guidelines as well as global accepted standard of the World Health Organization (WHO) and other health regulatory bodies.

The study would be of great important to students in secondary and tertiary institutions as the theoretical and empirical exposition of the study will broaden their knowledge about health care service delivery in the state, and at the same time serve as referenced material for future researchers. To the policy makers and government officials, it would provide them with pragmatic theories for effective policy making and implementation geared towards state development. To the public, it will aid in knowing, who makes public policies and for whose interest, thereby enlightening them on how to hold their leaders accountable for their actions. The study would also contribute to the existing knowledge on transformational and pragmatic leadership for effective healthcare development in Akwa Ibom, Nigeria and society at large.

The study adopts descriptive and survey research methods and data collection would be from primary and secondary sources. The primary data uses structured questionnaire, observation and personal interaction with respondents, and subjecting data to statistical measurement/test in order to draw inference while secondary data will be gathered from textbooks, journals, magazines, newspaper, government publications and internet materials and discussed contextually.

Statement of the Problem

In the Nigerian administrative system, most leaders do not even understand what leadership entails, and as such they view leadership as an avenue for self-enrichment and advancement of their wellbeing and that of their associates without any consideration to the issues of service delivery to the vast population in the state especially in the rural areas. In addition, these selfish leaders are ready and willing to employ any dubious or fraudulent measures to seized and retain the political power at all levels of government in Nigeria without leaving behind any good legacy (Eminue, 2009; Essien and Edemekong, 2023; Ekpo, Umoh and Utok, 2023).

Nevertheless, the efforts of the past and present government in Akwa Ibom State to revamp the health sector by investing huge amount of money in building health facilities, recruitment of health workers, providing drugs, medical equipment and infrastructure in health in AKS is commendable, but the result is still below average. As at 2013, the health sector had allocation of about 317 Billion NGN, but it moved backward to 132Billion NGN in 2016. Total population of health coverage as at 2019 was 5%, 2020 (11%), 2021 (19%), 2022 (25%), 2023 is projected to be (30%) as reported in (AKSG, 2022), the result is not encouraging due to high prevalent of diseases and death rate in the state.

It is argued among scholars that corruption, poor funding, lackadaisical attitude of workers toward healthcare service are major cause of failure in health. The frequency of observed cases of patients being neglected by nurses, and other health care

givers are high, thereby resulting in injuries, emotional trauma and in severe cases death. The inconsistency in implementation of healthcare policy created a gap between actual health policy/budget and its implementation to the sum of 4.49bn (2011); 4.49bn (2012), and 6.43bn (2013) as reported in (AKSG, 2010), and a total of about 17.93bn which was meant for healthcare might have been misappropriated; other issues include: unequal distribution of health care centres across political wards mostly in remote/rural areas; lack of health workers to a point of having 1 medical doctor attending to a population ratio of 1:24,000 person, and 1:1500 person per a nurse which is contrary to the WHO guidelines. Hence, these gaps inspired the research to sought ways in which political leadership in the state can encouraged effective healthcare development for improved service delivery to Akwa Ibomites.

Objectives of the Study

The main objective of the study is to examine the relationship between Political Leadership and Healthcare Development in Akwa Ibom State using SWOT Analysis of the State Hospitals Management Board, Uyo. Other specific objectives include to:

- i. Find out the strengths/opportunities recorded as a result of political leadership in health care development in Akwa Ibom State?
- ii. Outline the weaknesses/threats recorded as a result of political leadership in health care development in Akwa Ibom State?
- iii. Make recommendations on the remedial measures to improved political leadership and health care development in Akwa Ibom State?

Research Questions

- i. How impactful are the political leadership on health care development in Akwa Ibom State?
- ii. What are the strengths/opportunities recorded by political leadership in health care development in Akwa Ibom State?
- iii. What are the weaknesses/threats recorded by political leadership in health care development in Akwa Ibom State?

Research Hypotheses

H₀ Political leadership tend not to have any significant relationship with health care development in Akwa Ibom State.

H₁ Political leadership tend to have significant relationship with health care development in Akwa Ibom State.

Conceptual Review

Concept of Political Leadership

Drucker (2010, as cited in Akpakpan and Okpata, 2021) opined that leadership is concern with lifting of people's vision to a high rationale, raising of their performance to a higher standard, as well as building their capacity and personality to be more productive in the society. Leadership connotes the capacity of a superior to set goals or objectives and inspire or influence the action of the subordinate towards accomplishment of set goals.

In the same vein, Ekpo (2023) maintains that political leadership from all ramifications is about giving direction and making policies that can propel socio-economic and political development aim at advancement of the well-being of the populace as well as the economic growth and development of the state. In addition, a leader is expected to have certain positive traits like rationality or knowledge, trustworthiness, loyalty to the organization, performance of selfless services, and taking personal responsibility. They are also expected to have good character or traits like honesty, competence, candour, commitment, integrity, courage, straightforwardness, imagination, proficiency, and the ability to train others in their tasks (British Essay, 2017; British Essay, 2010 cited in Ekpo, 2023).

The various types of Leadership according to article in Management study (2021) and Berlinsky-Schine (2016) all cited in Ekpo (2023) include: Autocratic Leadership; Charismatic Leadership; Transformational Leadership; Laissez-faire Leadership; Transactional Leadership and Democratic Leadership etc.

To support the definition of leadership, World Bank Institute report (2015) opined that effective political

leadership must reflect the six indicators of good governance which include:

- Transparency and accountability;
- Political participation and stability of the economy;
- Government effectiveness which involves quality and efficient service delivery in the civil service;
- Provision of enabling environment for investment by implementation of viable economic/market friendly policies;
- Strict adherence to the rule of law which deals with perception of crime, effective judiciary and justice system; and lastly,
- Combating corruption in both public and private sectors.

Consequently, political leadership in Akwa Ibom State intensify self-aggrandizement, corruption, and often seek to promote the leaders' interest at the detriment of the interest of the masses thereby leaving the populace in abject poverty, hunger and unemployment which in turn hinders socio-economic development in the state. Hence, the public institutions through which legitimate power is exercised and enforced, is germane to corruption so as to meet the ends of these corrupt leaders in the state (Yagboyaju and Akinola, 2019). The fact remains that corruption in any forms ranging from embezzlement, bribery, misappropriation and diversion of funds, nepotism, sadism, godfatherism and contract inflation etc. impede health service delivery in AKS and indeed Nigeria.

Obviously, leadership supposed to affect the institutions of governance and the institution in turn affects the peoples' lives positively. Rather what we have in Akwa Ibom State, Nigeria are strong men as leaders who imposes their will on the masses, but we lack strong institution to bring about the needed socio-economic transformation and development in the state (Essien and Edemekong, 2023; Ekpo, Umoh Utok, 2023). These gaps necessitated the study to know why political leadership in Akwa Ibom State, Nigeria have a peculiar leadership style of institutionalize corruption among the MDAs that often result in poor service delivery to citizens in the state.

Conceptualization of Service Delivery

Majority of scholars sees public service delivery as “the provision of public goods or social services (education, health), economic (grants) or infrastructural (water, electricity) services to those who need (or demand) them”. Underscoring the opinion above, there is need to view public service delivery from “the angle of empowering citizens, enhancing transparency and holding public servants accountable” (Nwekeaku, and Obiorah, 2019).

The incapacity of the state's healthcare service to effectively direct its goals towards enhancing the general welfare of the population is one of the issues facing government and, of course, a legitimate expectation of the citizens of a flourishing economy like Akwa Ibom State. The opposite is true in Akwa Ibom State, despite the fact that the fundamental duty of the government is to provide services through its public service (MDAs) to citizens effectively, swiftly, and at a reasonable cost, in accordance with democratic best practice.

In addition, the provision of essential public goods and services is the primary goal of the public sector; the supply of high-quality, timely, and reasonably priced services to the public is facilitated by the public service. It is important to remember that in order for citizens to live decent and productive lives, they require access to fundamental necessities/services including food, shelter, education, power and energy, health and water supplies, peace, and security (Eminue, 2009, Ekpo, 2023). Without the public sector's assistance in developing and delivering services that can guarantee and improve human security and welfare, lives of the people could have been so miserable in the state.

Concept of Development

Sen's widely recognized development thesis states that the idea covers a variety of elements to include achieving true freedom, "development requires the removal of major sources of obstacle to freedom: poverty as well as tyranny, poor economic opportunities as well as a systematic deprivation, neglect of public facilities as well as intolerance or

repressive states and over-activity of repressive states" (Phaahla, 2010 quoted in Ekpo, 2023). According to Robinson and White, participatory governance is essential because it makes it nearly impossible to overlook issues of economic justice, including access to basic necessities like food, shelter, education and healthcare (Ekpo, 2023).

According to the goals of development, Odishika and Bakare (2017 quoted in Ekpo, 2023) said the following can be regarded as the standards for development. Development must be focused on people; it must be a prolonged procedure; Development makes it possible for people to be independent; it must also not be abstract, meaning it must be observable and quantifiable.

Health was listed as one of the six social indicators for fundamental requirements by Hicks and Streeten (1979), as referenced by (Ekpo, 2023) and its indicator was life expectancy at birth and adult. Education, which is also a fundamental necessity has a measure of literacy based on the percentage of the population enrolled in elementary schools; The need for food (Nutrition), with calories per person as an indicator; The need for water, the percentage of the population with access to portable water is used as indicator; The need for sanitation, with infant mortality and the percentage of the population with access to sanitation; and finally; Housing lacking a signal/indicator but in this research used household with more than 3 bedrooms as indicator (Odishika and Bakare, 2017, as cited in Ekpo, 2023).

Concept of Healthcare and Hospital Management

Healthcare connotes the process of improving the physical and mental health of the populace through the provision of disease prevention or illness treatment services by the health profession. The health sector in Nigeria has also been seriously challenged with emergence of lives threatened diseases and health challenges which are prevalent and pervasive in the country.

On the other hand, hospital management can be conceptualized as process of directing and coordinating the human and material resources to include

patients' enrollment, healthcare provision/treatment, access to drugs and health coverage, preventive and curative approach toward diseases/sicknesses control and improved health of the people in the state.

However, the state still experienced more poorer nutrition, limited access to health services, closures of health institutions due to pandemic and strike actions which impeded learning processes, and increased in the number of health challenges (predominantly among adolescent girls and children from low income households), as a result threats, the progress in Human capital development in the state is hindered (World Bank, 2021 cited in Ekpo, 2023).

Health and other related issues like climate change in the 21st century, COVID-19, HIV-AIDS, malaria, cataract blindness, bird flu, oil spillage, environmental crisis, shortage of water resource and soil crises, to mention but a few are some of the cause of illnesses and death in Akwa Ibom State. These health challenges are indeed centrally linked to poor leadership and healthcare delivery which in turn has negative influence on human development and socio-economic development of Akwa Ibom State.

Theoretical Review

(a)Behavioural Theory: This is sometimes referred to as the "personality or style theory," it contends that leaders can be developed through learnable behaviours rather than just being born. It placed a strong emphasis on a leader's behaviour and actions and ignore other attributes of leadership (Business Magazine, 2020 cited in Ekpo, 2023).

(b)Contingency Theory: It was recommended by Fred E. Fiedler, an Australian Psychologist in 1964, it anchored on leader – member relations which can lead to trust, loyalty and confidence on the leader; task specification/clarity and means of actualizing goals; the position of power in reward – punishment by authority. It maintains that leader's success is determined by situation/environment and scenario in which they find themselves not their personality. In view of this, effective leaders can modify their leadership style to fit the

circumstances and situations at hand. (Northhouse, 2007 cited in Ekpo, 2023).

(c)Great Man Theory: GMT holds the opinion that effective leaders are born great and not made. They are great because of natural qualities and abilities that cannot be taught or acquired. The theory was popularized by an historian, Thomas Carlyle in the 19th century. According to the trait theory, leaders are in their position because of their unique traits. The characteristic theory is subject to a significant deal of criticism, most notably the claim that leaders are either born or they are not and that being a leader requires no work or effort. Examples of great men are the likes of Socrates, Plato, Alexander the Great, Queen Elizabeth, and Abraham Lincoln etc.

(d)Management Theory: This is also known as transactional leadership, emphasizes organization, supervision, and team performance. Business frequently employs transactional leadership, which is a system of incentives and sanctions. Frederick Winslow Taylor is one of the major proponent of management theory, he applied it in 1909 in his work, the principles of Scientific Management, the one best way of doing things to get maximum result (efficiency), and others are Max Weber (1864- 1920) Henri Fayol (1841 – 1925) etc. Managers commend their staff for a job well done and might punished staff if they don't succeed. Based on performance, transactional awards and penalties are issued. They perceived people as being motivated by rewards, which drive them to act. The criticism is that human beings are treated like machine without accorded human dignity.

(e) Participatory Theory: It is uncommon to find leaders of this kind in the corporate sector or in Nigeria, especially Akwa Ibom State. This leadership paradigm, also known as democratic leadership theory, was introduced by psychologists Kurt Lewin and his team of researchers in 1939. It contends that leaders inspire/motivate citizens or employees into action that lead to attainment of organization's goal by allowing peoples' active participation in decision-making within their state or organization. Simply by facilitating the conversation, the leaders decide on the best course of action after considering all the ideas. Both the Mauritius government in Africa and the Bill

Gates Foundation are well-known examples of organizations that use participatory theory.

(f)Power Theory: The theory examines how a leader uses their position of authority and influence to accomplish goals. A well-known leadership power theory is French and Raven's Five Forms of Power. It examines the effects of positional and individual power on the decisions and results made by leaders (Business Magazine, 2020 cited in Ekpo, 2023). This approach might seem to be very effective because powerful people often appear to be very efficient and get things done quickly. However, the majority of workers or residents do not value power theory leadership. They seek a leader who collaborates with them and supports them rather than one who exercises excessive control over them. Most Nigerian authorities, including those in Akwa Ibom State, favour the power theory.

(g)Relationship Theory: This leadership theory concentrates on leaders who are primarily focused on their interactions with others. They frequently serve as mentors for staff members/followers, making time to speak with them and attempting to meet their needs. This type of leadership included charismatic leaders like Pope John Paul II, Nelson Mandela of South Africa etc. These leaders are concerned with creating a positive work atmosphere and making work enjoyable for as many people as possible.

Empirical Review

Chukwuma, Bossert and Croke (2019) studies health service delivery and political trust in Nigeria and tried to find out whether inadequate services are the norm, and whether political support is linked to ethnic and religious affiliation. Also, whether there may be weak linkages between improvements in service and the changes in trust in the political leaders. Using difference-in-difference model to examine the role of ethnicity and religious affiliation in mediating they observed increases in trust in the leaders. It concluded that broad-based efforts to improve health services can increase in trust in the political leaders even in areas where political attitudes are driven by group identity/interest.

Similarly, scholars like Essien and Edemekong, (2023); Ekpo, Umoh Utok,

(2023); studies of leadership, maintained that leadership supposed to affect the institutions of governance and the institution in turn affects the peoples' lives positively. Rather, what they observed in Akwa Ibom State, Nigeria was strong men as leaders who imposes their will on the masses, but the state lacks of strong institutions to bring about the needed socio-economic transformation and development in the state. These gaps necessitated the study to know why political leadership in Akwa Ibom State, Nigeria is tainted with a peculiar leadership style of institutionalize corruption among the MDAs and whether leadership is often the result of poor service delivery to citizens in the state as observed by others.

Political leadership and Health Care Service in Akwa Ibom State

Emanuel (2020) opined that since 1999, successive administration in Akwa Ibom State has been committed to the improvement of the health sector by introducing new healthcare policies that are people- friendly, and ensured massive renovation of dilapidated infrastructures and building of new ones as well as provided modern equipment and employment of health personnel, as part of efforts to boost health care delivery in the state (Emanuel, 2020). In the whole between 1999 and 2020 government has re-trained over 2,438 lower/middle level workers in the state, while over 2,322 officers benefited from various training programmes within and outside the country.

During Obong Victor Attah's led administration in 1999, we experienced upgrades and expansion in health institutions and also establishment of three new secondary health facilities strategically located where none existed in the three senatorial districts of the state showing the inclusive policy of the government. The hospitals were located at Ikpe Ikot Nkon in Ini; Amamong in Okobo; and Ukpom in Abak (Emanuel, 2020).

In addition, general hospitals in Mbioto 2 in Etinan and Urueoffong/Oruko local government areas, which were hitherto left to rot, among others, were reconstructed to bring health care delivery closer to the

people. Besides, the administration equally implemented several health programmes at the primary, secondary and tertiary levels for the people of the state even as no fewer than 24 medical doctors, 18 medical laboratory technicians, 17 pharmacists, four health records technologists and two radiographers were employed to improve healthcare delivery services in the state (Emanuel, 2020).

In 2007, Obong Godswill Obot Akpabio took over the baton of leadership, and he followed suit by constructing a world-class hospital at Itam christened 20th Anniversary Hospital to commemorate the 20th anniversary of state's creation in 2007, which is now known as Ibom Multi-Specialty Hospital. Governor Akpabio established cottage hospitals in Ukana Ikot Ntuen, Ika, Ibeno and Ukanafun local government areas, in a bid to expand health facilities, and equally renovated and provided modern equipment to general hospitals, including General Hospital, Iquita in Oron, Immanuel General Hospital, Eket and General Hospital, Ikot Ekpene. Available records indicated that during the outbreak of diseases in the country, such as Monkey pox, Ebola virus and Lassa fever, the state government became committed in training many health personnel to checkmate the spread of diseases in the state and also acquired equipment for its detection, just as health personnel were placed on surveillance in the 31 local government areas of the state (Emanuel, 2020).

In the same vein, Governor Udom Gabriel Emmanuel, who took over the mantle of governance in 2015, has brought a new phase of healthcare delivery in the oil-rich state. The wellness of the people of Akwa Ibom is Governor Udom Emmanuel's top priority. During his electioneering campaigns in 2015, he promised the people that he would only make people-centered policies and run an inclusive government. He outlined a 5-point Agenda of Poverty Alleviation, Wealth Creation, Job Creation, Political & Economic Inclusion and Infrastructure Expansion & Consolidation (Umanah, 2018 cited in Ekpo, 2023). One critical factor that would reinforce the success of these agenda is the healthcare delivery system.

Theoretical Framework Adopted for the Study

This study adopts Elite (Elitism) and Transformational Leadership theories as the theoretical framework to guide the study. Elite theory rests on the contention that public policies are product or handiwork of the elite thereby reflecting their values, preferences and serving their ends in pretense to promote the welfare of the masses (Eminue, 2009).

The Elites comprises political class, wealthy or rich in the society with power to influence, shape or determine the values, attitude, laws and policy in the society (Eminue, 2009). Major proponents of elitism are Robert Michels, Vilfredo Pareto and Gaetano Mosca etc. the major tenets of the theory are:

- i. Every society is divided into class namely: few (Elites) who possess power, make policies and rule the society whereas the vast majority (masses) are been ruled;
- ii. The few (Elites) who govern or allocate resources do not always do so in favour of the vast majority (masses) who are governed.
- iii. Public policy often reflects the values and preferences of the elites and not the demand or needs of the masses.

On the other hand, transformational theory favours leader's collaboration with teams/followers to identify essential change, develops a vision to inspire the change, and then works with devoted group members to implement the change. The emphasis is on the ways in which leaders influenced both their followers and the organization or state for the better.

James MacGregor Burns (1978) and Bernard M. Bass (1985) are two academics that are affiliated with the theory. James V. Downton was the one to initially introduce it. James MacGregor Burns used the notions of transformational leadership to analyze that transformational leadership occurs when "leaders and followers make each other advance to a higher level by motivation". Through their vision and personalities, transformational leaders are able to inspire their followers to alter their expectations and perceptions as well as motivate them to work toward shared objectives (Ekpo, 2023).

Additionally, according to Burns, transformational leaders are those that are able to advance their followers up Maslow's hierarchy of needs. As a result, the followers' or employees' attitudes improve, as does the organization as a whole. Four unique actions, usually referred to as the four dimensions/tenets of leadership, are typically carried out by transformational leaders. They consist of: motivating inspiration, idealizing influence, stimulating the mind, and giving each person their due regard (Khan, Khan, and Khan, 2016 cited in Ekpo, 2023).

Applicability of the Elite theory to the analysis of the relationship between Political Leadership and Healthcare Development in Akwa Ibom State shows that the health policy though seem to promote the welfare of the vast majority (masses) in the society but in practice, it promotes the values and preferences of the governing elite (political leaders). In reality, the Elites tends to favour policies that promotes their interests, therefore any law or policy that seems to be detrimental to their interests is prevented from becoming a public policy. In this case, the health workers in partnership with their leaders make policies in health as an avenue for advancement of their personal interests at the detriment of interests of the masses in the state. Hence, the healthcare services in Akwa Ibom State as well as policy were meant to provide services for the citizens and not to be exploited by elites through corruption. Hence, rather than serving the masses, health policies are often used by our leaders to embezzle, misappropriate and divert funds meant for healthcare development to personal gains, thereby leaving the sector's performance below average and unproductive in nature. The elite theory is found more suitable to the research in the sense that it captures the nature of Akwa Ibom leadership tainted with corruption and vividly explains who makes public policies and for whose interest. Since there is a gap in addressing the popular interest in elite theory, the study therefore complements it with the postulations of the Transformational Theory (TL).

The research is of the opinion that our leaders should embraced the assumptions of TL and see their position as an avenue to

serve with the spirit of patriotism and have interest of the people at heart, practice political inclusiveness, unity and integration. As a leader, one needs to leave legacy behind in the office, state and society at large.

Method and Materials

The study adopted survey and descriptive research design in order to achieve its objectives. Health Care Service was proxied by life expectancy, infant mortality rate, maternal mortality, disease control, access to safe water and hygiene in the state. Also number of health facilities built, number of health workers, health budget and implementation percentage were used as proxy for healthcare in line with the WHO baseline of 15% taking political leadership regimes from 2007 – 2011; 2011 – 2015; 2015 – 2019; 2019 – 2023.

Survey questionnaire was used to elicit primary data from the projected population of the study about 31,000 people (staff of affiliate MDAs of AKSHMB and beneficiaries of healthcare services in Uyo as at September, 2019 (Civil Service annual report, 2020). Survey of selected MDAs affiliated with AKSHMB was conducted with sample size of 379 determined using Krejcie and Morgan table (1970), and stratified random sampling techniques was employed to administer 7 items questionnaire on the respondents. Simple percentage, Pearson Product Moment Correction Coefficient (PPMCC) and tabular presentation were adopted for data presentation and analysis. Secondary data from textbooks, Government publications, Journals and internet materials etc. were analyzed contextually.

Data Presentation and Analysis

In this section, data obtained from literature (secondary) and survey (primary) methods are presented in tables, while hypothesis was tested using PPMCC to determine the degree of relationship among variables, and the analysis based on the research questions that guided the study. The questions have five Likert Scale option as thus:

- SA – Strongly Agreed
- A – Agreed
- U – Undecided/No Idea
- SD – Strongly Disagreed
- D – Disagreed

Table 1: Sample Questionnaire and Responses by Respondent

S/n	Questions	SA	A	U	SD	D
1	Poor Political Leadership (PL) limits access to health care services among the citizens which has significant effect on low life expectancy in AKS?	80	120	9	34	129
2	The increase in infant mortality rate in the state is attributed to political leadership style and poor implementation of health care policy in AKS?	50	82	7	90	143
3	Increased in the number of health facilities built in the state by political leaders act as indicator for improved health care services delivery to the citizens in AKS?	122	101	6	47	106
4	The number of health workers employed by political leadership in the state enhances access to health care service for the citizens in Akwa Ibom State?	95	130	7	48	92
5	Lack of access to safe drinking water among the citizens is attributed to poor PL and has significant negative impact on the healthcare development in Akwa Ibom State?	80	90	4	86	112
6	PL contribute to poor sanitation and hygiene practices among citizens' and caused diseases out-break which affects socio-economic development in Akwa Ibom State?	92	106	5	54	115
7	Lack of adequate budgeting for health care service by the political leadership of the state have significant effect on the level of healthcare development in Akwa Ibom State?	100	122	4	44	102

Source: Computed by the researcher using field data (2023)

Test of Hypothesis

The hypothesis is re-stated in the null and alternate hypothesis form as follows:

H₀: There is no significant relationship between political leadership and health care services in Akwa Ibom State.

H₁: There is significant relationship between political leadership and health care services in Akwa Ibom State.

Table 2: Questionnaire responses of three hundred and seventy two respondents to questions 1– 7 in Likert format

Questions in appendix	SA	A	SA+A= Yes(x)	SDA	DA	SDA+DA = No(y)	No Idea	Total
1	80	120	200 (53.76%)	34	129	163 (43.82%)	9	372
2	50	82	132 (35.48%)	90	143	233 (62.63%)	7	372
3	122	101	213 (57.26%)	47	106	153 (41.13%)	6	372
4	95	130	225 (60.48%)	48	92	140 (37.63%)	7	372
5	80	90	170 (45.70%)	86	112	198 (53.23%)	4	372
6	92	106	198 (53.23%)	54	115	169 (45.43%)	5	372
7	100	122	222 (59.68%)	44	102	146 (39.25%)	4	372
Total	609	751	1360	403	799	1202	42	2604

Source: Computed by the researcher using field data (2023)

Table 3: Contingency table showing the relationship between Political leadership and health care development in Akwa Ibom State (X and Y)

Questions in Appendix	Responses		(x) ²	(y) ²	Xy
	Yes= x	No= y			
7	200 (53.76%)	163 (43.82%)	40000	57600	29520
8	132 (35.48%)	233 (62.63%)	17424	52900	30360
9	213 (57.26%)	153 (41.13%)	45369	19600	31220
10	225 (60.48%)	140 (37.63%)	50625	14400	29400
11	170 (45.70%)	198 (53.23%)	28900	38416	33320
12	198 (53.23%)	169 (45.43%)	39204	24025	41552
13	222 (59.68%)	146 (39.25%)	49284	14884	29524
Total = Σ	1360	1202	270806	212948	226979

Source: Computed by the researcher using field data (2023)

Using Pearson Product Moment Correlation formula:

$$r = \frac{N\sum xy - (\sum x)(\sum y)}{\sqrt{[N\sum(x)^2 - (\sum x)^2][N\sum(y)^2 - (\sum y)^2]}}$$

$$= \frac{7(226979) - (1360)(1202)}{\sqrt{7(226979) - (1360)(1202)}}$$

$$\begin{aligned}
&= \sqrt{\frac{[7(270806) - (1360)^2] [7(212948) - (1202)^2]}{1588853 - 1634720}} \\
&= \sqrt{\frac{[1895642 - 1849600] [1490636 - 14444804]}{-45867}} \\
&= \sqrt{\frac{[46042] [45832]}{-45867}} \\
&= \sqrt{\frac{211019694}{-45867}} \\
&= \frac{45936.88}{-45867} \\
&= 0.9985 \sim 0.99 \\
\therefore r &= 0.99
\end{aligned}$$

(a) The relationship between X and Y is positive and is of high correlation (0.99), this implies that increase in X (Political leadership) has significant relationship with Y (health care development in Akwa Ibom State). If the value of the correlation is squared, we obtain the coefficient of determination. Hence $(0.99)^2 = 0.9801$ which = 98.01%. This means that about 98.01% of the variation in Y (independent variable) is

$$t = r \sqrt{\frac{N-2}{1-r^2}}$$

H_0 : The correlation is not significant.
 H_i : the correlation is significant.

} Two tailed Test.

$$\begin{aligned}
t &= r \sqrt{\frac{N-2}{1-r^2}} \\
&= 0.99 \sqrt{\frac{7-2}{1-0.99^2}} = 0.99 \sqrt{\frac{5}{1-0.98}} = 0.99 \sqrt{\frac{5}{0.02}} \\
&= 0.99 \sqrt{250} = 0.99 \times 15.81 = 15.65 \sim 15.7
\end{aligned}$$

Calculated value = 15.7

D/F = $N - 2 = 7 - 2 = 5$

Table value = 2.57 at 0.05 two tailed test.

Decision: Since the calculated value (15.7) is greater than the table value (2.57), then, the researcher reject H_0 and accept H_i , that the high correlation coefficient of 0.99 is in fact significant. We therefore accept the alternate hypothesis (H_i) which states there is significant relationship between Political leadership and health care development in Akwa Ibom State.

explained by X (dependent variable), this implies that the degree of relationship is high. Based on the high $(0.99)^2 = 0.9801$ which = 98.01%, the study finding affirmed that there is significant relationship between political leadership and healthcare development in Akwa Ibom state

(b) To test the significance of the correlation coefficient, we make use of the t-test given as thus:

Stylized Fact on Indicators of Political Leadership and Healthcare Development in Akwa Ibom State**Table 4: Health Care Service indicators in Akwa Ibom State from 1999 - 2023**

Years	No. of health facilities	No. of Health Workers	Total in and out patients enrollment	Total Life expectancy at birth 0-5 live births	Access to safe water	Sanitation	Expenditure on Health	% of Implementation
1999 – 2003	425	2,211	475,208	25/ 1000	40%	30%	10,247bn	5.0%
2003 – 2007	425	2,454	464,748	84/1000	50%	31%	7,421bn	4.4%
2007 – 2011	659	3280	514,798	110/1000	49%	33%	5,750bn	-
2011 – 2015	659	3280	552,824	120/1000	66%	39%	317bn	5.07%
2015 – 2019	615	3,963	839,120	30/1000	46.4%	50%	132bn	2.13%
2019 – 2023	820	3,963	917,624	140/1000	65%	67%	18,021bn	5.13%
Total	820	3,963	3,764,327					

Source: (Akwaowo, Motilewa and Ekanem, 2020; Hospital Management Board & Ministry of Health, Uyo, 2013; Ministry of Health, Uyo as at November, 2022; Akwa Ibom State Impact, 2022, AKSG Explore, 2022, Researcher Computation, 2023)

Table 4 shows that healthcare is a major indicator of socio-economic development in a state, there is a popular adage that 'health is wealth and that a healthy state is a wealthy state', this implies that citizens needs to be in good health in the state in order to become productive and contributes to the economic growth and development of the state.

To this purpose, the AKS government have invested huge amount of money so as to improve health care service delivery in the state. Data revealed that about 425 health facilities were available within 1999 – 2007, about 659 health facilities within 2007 – 2015 while about 820 health facilities available in the state from 2015 – 2023 thereby making access to health care facilities or services more ease than early 1999 when the state returned to civil rule. The number of health workers that can enhance access to health care also increased from 2,454 health workers within 2003 – 2007 to 3280 health workers within 2007 – 2015 while up to 3,963 health workers within 2015 – 2023. According to World Health Organization ratio of health workers per patients' requirements stipulates 1 medical doctor to 600 patients while in Nigeria 1 medical doctor is to about 5000 persons; also WHO stipulated 1 nurse to 1500 persons whereas in Nigeria 1 nurse cares for over 5000 persons. In the area of patients enrollment in the health facilities in the state data showed that over **3,764,327** persons enrolled for health care services within the period of 1999 – 2023.

Data showed improvement in the total life expectancy at birth 0-5 from 110/1000 within 2007 – 2011 to 140/1000 within 2019 – 2023. Access to safe water recorded 40% within 1999 – 2003; increased to 66% within 2011 – 2015 while it declined to 65% in

period of 2019 – 2023. In the area of sanitation, the state has recorded improvement from 30% within 1999 – 2003 to 51% within 2011 – 2015 and increases to 67%. The state is rated very high in sanitation and hygiene among states in Niger- Delta region.

Data also revealed that 22.7% of citizens resident in the state still get their water from unimproved sources of drinking water as at 2020. 46.4% of the State's population still use unimproved water sources as at 2021, making Akwa Ibom State to become second highest in the South-South after Bayelsa State where 47.2% of residents still use unimproved water (Budgit Report, 2021, Ekpo & Umoh, 2022). Data shows that 66.01% population had no access to water in 2015 but reduce to 65% in 2021 (Budgit Report, 2021; Atser and Udoh, 2015, cited in Ekpo & Umoh, 2022). Funding has been a major setback to the health care service as data revealed that the state have never met 15% WHO budget baseline implementation as the state recorded low percentage of about 5.0% within 1999 – 2003, lowest percentage of about 2.13% within 2015 – 2019 and the highest of about 5.13% within 2019 – 2023. The study call for adequate funding through budgeting to meet the WHO 15% baseline this finding is supported by (WHO reports, 2019).

Table 5: Average Percentage (%) of Education and Health development using School Enrollment/Literacy rate and Life Expectancy/Infant Mortality at 0-5 in Akwa Ibom State from 1999 – 2023 Contd

Regime	Education			Health care Service			
	Attendance of children 6-8	Attendance of children 15-17	Attendance of children 21-23	Literacy rate	Life Expectancy	Infant Mortality at 0-5	Stunted Children (Malnutrition)
1999 - 2003	83.88	80.00	44.88	-	46.6	153.5	32.58
2003 – 2007	88.35	82.7	40.08	-	48.7	154.3	25.1
2007 - 2011	92.45	82.7	29.1	89.5	51.1	127.5	26.95
2011 - 2015	94.9	83.9	23.00	66.3	56.4	85.4	22.18
2015 - 2019	93.18	78.45	18.0	78.1	52.8	96.43	20.00
2019 - 2023	91.65	73.95	14.5	78.1	53.1	108	18.5

Source: Computed by Researcher (2023), using data from UNESCO, 2012, Global Data Lab, 2022.

In table 5, data revealed that the health care sector has witnessed improvement in life expectancy from 46.6% within 1999 – 2003 to 56.4% within 2011 – 2015 while a declined to 53.1% as at 2022 (Global Data Lab, 2022). Infant Mortality at 0-5 was 153.5/1000 per live birth within 1999 – 2003, 85.4/1000 per live birth within 2011 – 2015 while 108/1000 per live birth from 2019 – 2023. Also, Stunted Children (Malnutrition) had 32.58% within 1999 – 2003, 22.18% within 2011 – 2015 while 18.5% from 2019 – 2023 (Global Data Lab, 2022).

In line with this, 2013 DHS data report revealed that, 60% of Akwa Ibom State households do not have access to electricity (more precisely, 22% in urban areas and 38% in rural areas), 1.3 millions of Akwa Ibom estimated population of 3.9 million people lack access to safe water, and over 1.2 million citizens are without access to adequate

sanitation. Many resort to drinking water from boreholes packed in sachets, which in some cases may have been exposed to contamination in various homes. This invariably increases the disease burden on poor households.

Nevertheless, the importance of effective policy implementation together with adequate allocation of public resources is evident when comparing Akwa Ibom State's achievements in human development with those of other states at a similar level of economic development. For instance, Akwa Ibom State in Nigeria scores low in a number of indicators: its life expectancy at age 15 - 60 is 52.8 years, life expectancy at birth is about 117.4 (per 1,000 live births) and 560 (per 100,000 live births) as at 2022 (Global Data Lab, 2022). Although, the state still needs improvement in most of the indicators of development.

Table 6: Summary of Birth Recorded and Death Recorded in Public Health Institutions in Akwa Ibom State in the Period of 2007 to 2012

Year	Total No. of Birth Recorded/ (%)	Total No. of Death Recorded/ (%)
2007	4,177 (14.36%)	628 (13.12%)
2009	5,561 (19.11%)	613 (12.81%)
2010	1,506 (5.18%)	641 (13.39%)
2011	6,318 (21.72%)	623 (13.01%)
2012	6,736 (23.15%)	1711 (35.74%)
Total	29,095	4,787

(Source: Hospital Management Board & Ministry of Health, Uyo, 2013)

Table 6 illustrates that years 2007, 2008 and 2009 recorded 14.36%, 16.49% and 19.11% of birth rate respectively also had 13.12%, 11.93% and 12.81% of death rate, signifying that the Birth rate outweigh the death rate whereas in years 2010, 2011 and 2012 which recorded high birth rate of 5.18%, 21.72% and 23.15% respectively but also recorded high death rate of 13.39%,

13.01% and 35.74% which outweigh even the high birth rate recorded in these years.

In addition, the number of road accident recorded in 2007 – 2011 was as thus: In 2007 a total of 392 out of which 142 died; 2008 had 130 and 68 dead; 2009 had 152 and 79 died, 2010 recorded 474 and 175 dead, 2011 with 58 and 35 died, the highest accident in Akpabio's regime was recorded in 2008 the

least while in 2010 had the highest. The high death rate recorded in years 2010 – 2012 shows that the health sector was not properly funded and no serious commitment on the

part of the government by not providing the necessary facilities and human resources for health care services (AKSG, 2013).

Table 7: Number of Disease outbreak Profile in Udom's Regime in Akwa Ibom State in 2016 – 2019

Diseases	2016	2017	2018	2019
Cholera	0	0	0	0
CSM	0	0	0	0
Lassa Fever	11	0	0	4
Monkey Fox	0	12	0	4
Measles	0	0	0	259
Yellow Fever	0	19	0	19
Total	11	31	43	286

(Source: Hospital Management Board & Ministry of Health, Uyo, 2020)

Table 7 shows Akwa Ibom State has had its own share of diseases outbreak from 2015 to 2021 with the most severe being measles of which the state recorded 259 cases in 2019. It recorded 19 cases of yellow fever in 2019, down from 43 in 2018. As at September 1, 2020, the state had 278 cases of COVID-19. Poor sanitation and hygiene situation in this oil-rich state means the risk of spread of communicable diseases still exists but is slightly mitigated. This is because about 22.7% of citizens/residents in the state still get their water from unimproved sources of drinking water, while 5.1% of households still practice open defecation, limiting the degree to which the state can control disease spread (BudgIT Research, 2020 cited in Ekpo & Umoh, 2022).

Major Findings

- Political leadership has significant relationship with health development in Akwa Ibom State.
- Political leadership encouraged increase in number of hospitals, healthcare coverage/access, create employment opportunities for health workers in Akwa Ibom State
- Corruption among political leaders and health workers hinders health care delivery and contributed to high rate of poverty, malnutrition, diseases, illnesses and death in Akwa Ibom state

Discussion of Findings

Political leadership has significant relationship with health care development in Akwa Ibom State as supported by studies by (Akwaowo, Motilewa and Ekanem, 2020; Essien and Edemekong, 2023, Ekpo, 2023). In table 2, data also revealed that 53.76% of respondents agreed that Poor Political

Nevertheless, it should be noted that its performance in both indicators for sanitation and hygiene were the best in the South-South. Over the years, Akwa Ibom has invested some money in improving the Water, Sanitation, Hygiene (WASH) situation, notwithstanding there is still more work that needs to be done.

The state budgeted ₦14.31bn for health in 2019 and also reported on its official website that it provides free healthcare to pregnant women, children under 5 and the aged. Overall, with 286 cases of Lassa fever, measles, monkey pox and yellow fever, it recorded the lowest number of disease outbreaks in the South-South in 2019.

Leadership limits access to health care services among the citizens which has significant effect on low life expectancy in Akwa Ibom State while 43.82% stated they disagreed in the sense that there is increase access to health care services for the citizens and as such life expectancy supposed to be high, 35.48% indicated that The increase in infant mortality rate in the state is attributed to political leadership style and poor implementation of health care policy in Akwa Ibom State while 62.63% stated that they disagreed. 57.26% of respondents stated they agreed that Increased in the number of health facilities built in the state by political leaders act as indicator for improved health care services delivery to the citizens in Akwa Ibom State, whereas 41.13% stated that they disagreed.

On the issue of the number of health workers, 60.48% of respondents agreed that the number of health workers employed by political leadership in the state enhances

access to health care service for the citizens in Akwa Ibom State in Akwa Ibom State while 37.63% stated they disagree. 45.70% of respondents agreed that lack of access to safe drinking water among the citizens is attributed to poor political leadership and has significant negative impact on the healthcare development in Akwa Ibom State whereas 53.23% indicated they disagreed. Also, 53.23% of respondents agreed that political leadership contribute to poor sanitation and hygiene practices among citizens' and caused diseases out-break which affects socio-economic development in in Akwa Ibom State while 45.43% disagreed. 59.68% of respondents agreed that lack of adequate budgeting for health care service by the political leadership of the state have significant effect on the level of healthcare development in Akwa Ibom state, whereas 39.25% disagreed.

It is obvious to note that the whole essence of health care provision is to improve the health and well-being of the citizens and prevent death. A situation that we experience high death rate in the state shows that proper policies and actions are not taken by the government and health workers/service providers in the state. In the area of primary health care service, Akwa Ibom State Health Care Development Agency was established to work in collaboration with the state ministry of health, the federal ministry of health and World Health Organization to ensure that the citizens across the 31 LGAs in the State are provided with health care services.

The importance of the primary health care centres in the state since the creation of the state can never be underestimated. To this effect the World health Assembly in 2019 adopted a resolution providing roles of Primary Health Centres (PHC) in health care services throughout the world and in life course to include: prevention, treatment, rehabilitation and palliative care (WHO, 2019). Hence, the National Strategic Health Development plan outlines revitalization of PHC as central to the attainment of Universal Health Coverage (UHC) in Nigeria. It is believed that to attain health care sustainability and universal health coverage, we need to build strong Primary Health Centres across the State. This could not be

possible without adequate numbers of competent, highly skilled, motivated and productive frontline health workers that are equitably distributed. Human resource for health care provision plays a vital role, however insufficient health workers remains a global crises confirmed by (Akwaowo, Motilewa and Ekanem, 2020).

Consequently, Akwa Ibom State health sector has been inadequately funded since the health care finance of the State is often below the 15% of the total budget of government allocation prescription by National health policy in Nigeria, for Health finance in Akwa Ibom State is often ranges from below 4% to 6%, which is below the 15% of the State budget as stipulated by National Health Policy of Nigeria. In 2016, only 4.6% of finance was set aside for Health sector but in reality only 3% was used out of the 15% National Health Policy expenditure, and it was not sufficient to tackle the health challenges in the State.

The State health policy focuses more on three main areas namely: State Social Health Insurance Scheme launched in 2015 to collaborate with the National Health Insurance Scheme, the Primary Health Care revitalization, Human Resource for effective health care delivery. Also 1% of the State consolidated revenue fund is to be set aside to subsidize for health care of the vulnerable group in the State but this has been the practice in Akwa Ibom State through free medical for children, pregnant women and the aged persons.

Health sector funding is very poor over the years and the vulnerable persons apart from the children, pregnant women and the aged, are not been captured in the State Health Insurance Scheme. The issue of inequitable distribution of health care centres across the 329 political wards in the 31 LGAs of the State also contributes to ineffective health care service delivery in Akwa Ibom State. It is obvious that many wards in the State do not have access to health facilities or services due to lack of Primary Health Care Centre in their wards. Hence, the National policy on Health stipulates the establishment of at least one functional Primary Health Centre in each ward to enable the people to have easy access to health care services and it

is not achieved yet in AKS. Thus, the revitalization policy of the State entails upgrading health facilities, procurement of drugs and equipment as well as providing adequate human resource for health sector in the State. A situation whereby the aforementioned is lacking, it will certainly result in poor health care delivery which may end up in increase in death rate in the State.

Akwa Ibom State health budget in 2020 was relatedly low and inadequate to fund health care services in the State; the health budget was about 2.13% out of 14.31% which was far below the national approved health budget baseline of 15% thereby making effective health care service delivery in the State unachievable. In the same vein, Akwa Ibom State was scored adequate, in COVID-19 with 286 and 32nd position in diseases outbreak and control, showing very low outbreak when compared with other states like Lagos with very high outbreak rate (National Centre for Disease

Control (NCDC), 2020). In addition, other health related areas were scored as follows:

- i. Potable water and hygiene - fairly adequate
 - ii. Open defecation - fairly adequate
 - iii. Hand washing - fairly adequate
 - iv. Health funding - inadequate
 - v. Diseases outbreak control - adequate
- (BudgIT, 2020).

According to National Bureau of Statistics (2021) it was observed that Akwa Ibom State has low Gross Domestic Product (GDP) and Growth Rate of 5%, total of CPI of 21.47%, in the area of poverty rate in Nigeria, Akwa Ibom State is rank 3rd in South-South with 26.82% while the 1st was Cross River and 2nd position Benue State with 36.29% and 32.90% respectively. In unemployment and underemployment rate, Akwa Ibom State recorded 67.69% as November, 2021 (NBS, 2021 as cited in BudgIT Research, 2021).

SWOT Analysis of Health Care Development in Akwa Ibom State with Reference to Hospitals Management Board, Uyo

This section discusses the strengths, weaknesses, opportunities and threats in health care service delivery in Akwa Ibom State, Nigeria as thus:

(a) Strengths

- i. Building of new hospitals and renovation of the old public hospitals and Primary Health Centres of up to a total of 589 while supporting 231 private hospitals/Clinics, a total of 820 health facilities were provided from 1999 to 2022 in the three senatorial districts of Uyo, Eket and Ikot Ekpene to helps to improve accessibility of the citizens to health care services for healthy lives of the citizens.
- ii. Improving the skills and building capacities of health workers in the state through training and re-training programmes which enable health workers to be technical and skillful.
- iii. Providing health policy reforms that brings about increase funding, adequate drugs and modern equipment provision in the health sector.

- iv. Showing commitment to effective health care services in PHC, Clinics and Hospitals by promptly monitoring and evaluating the activities of health workers in the state to ensure that they are in line with the global health best practices especially in treatment and prevention of diseases.
- v. Providing free medical care for children, pregnant women and the aged persons whereby free drugs and subsidize treatment are given to them has contributed immensely to reduction in the death rate and subsequently increase in birth rate in the State.
- vi. Providing infrastructural facilities such as potable water, electricity, good road network, vehicles like ambulance and others to aid transportation of victims, the remodeling and upgrading of some hospitals. Examples are Ibom Specialize Hospital in Uyo, Immanuel General Hospital in Eket, General Hospital Ikot Ekpene, General Hospital Ituk Mbang in Uruan which also saved as isolation centre during Covid -19 period to mention but a few,
- vii. Providing enabling environment for local and international partnership with likes of National Agency for the Control of AIDS (NACA), Nigeria Center for Disease Control (NCDC), World Health Organization (WHO), United States Agency for International Development (USAID) etc. to

ensure proper funding and effective health care delivery in the State.

(b) Opportunities

- i. Enhancing career development to many health workers in the State through employment, capacity building and training of health workers.
- ii. The health sector is one of the main source of income generation to the state and the health workers. Hence, investment in the health sector of the state guarantees meaning return in investment which would likely lead to the increase in the Gross Domestic Product (GDP) of the state
- iii. The health sector of the state also act as an avenue of employment generation for the teeming youth who are unemployed in the state, as we observed that over 3280 health workers are employed by the state government.
- iv. Development of more human resources for better improvement of the health care of the people of the state. A healthy people is the panacea for the economic growth and development of the state.
- v. The modern health facilities in most hospitals in the state act as tourist and recreation and tourism, centre example is the 21st Century Specialize Hospital, Uyo; General Hospital Ituk Mbang; Immanuel General Hospital, Eket; General Hospital Ikot Ekpene to mention but a few.
- vi. The health sector is also a viable avenue for investment to local and foreign investors in the State.

(c) Weaknesses

- i. Policy inconsistency is one of the major challenges in health sector in Akwa Ibom State, mostly at the implementation stage as the proposed budget for health in the state is not often implemented according to policy guidelines to meet the intended target and this act as a drawback to effective health care delivery in the state.
- ii. Lack of commitment on the part of the health workers and leaders to drive health policies and programmes to a logical conclusion. On the part of the health workers, their nonchalant attitudes to work while the leaders lack vision, focus and political goodwill to

make and implement people's friendly policies aimed at improved health care service delivery.

- iii. Weak managerial skills and strategies by the health workers/facilitators due to insufficient trained workers.
- iv. lack of co-ordination, monitoring and evaluation of programmes by the implementing MDAs.
- v. Inaccessibility of health officers as at the time needed in the hospitals and PHC and unaffordability of drugs and other related services due to high cost.
- vi. Inequitable distribution of health care centres in the 31 LGAs and 329 wards in the state in line with the national policy on PHC establishment of a ward being is entitle to at least one health care centre as this is yet to be attained.
- vii. Poor medical facilities and funding of the Health Sector is also a major drawback, since many hospitals lack modern equipment and insufficient fund to finance their operations.
- viii. Poor working environment and condition of service of the health workers such as dilapidated buildings, poor salary, outdated equipment and offices etc. affects health services in the state negatively.
- ix. Lack of research centres or institutes whereby research on health related issues can be adequately conducted to bring about innovations and invention in the health sector.

(d) Threats

The threats in the health sector in Akwa Ibom State manifest in the following areas:

- i. The fear and ignorance of some citizens going to the hospital for proper medical care or treatment but rather patronizing quacks health stores or chemist, as well as self-medications, and herds in place of proper medical care, and the resultant effect is increase death rate.
- ii. The belief system such as custom, norms, values and traditions as well as some church practices, hinders medical practice in the state and this is a setback to health care services.
- iii. The increasing poverty and unemployment rate in the state is also a major drawback. Majority of the population in the state are poor and cannot afford to pay for medical bills.
- iv. Fear of dying in the hospital due to unwholesome practices of the health

workers, as some citizens prefer to die at home instead of hospital.

- v. Looting of facilities in the hospital by health workers and the host communities is also a major threat to the health sector development.

Conclusion and Recommendations

The important of political leadership in the development of health sector for improved healthcare service delivery in Akwa Ibom State can never be underestimated. It is agreed amongst scholars that healthcare can be improved through policies made and implemented by the leaders. The study findings revealed that political leadership has significant direct relationship with healthcare development in Akwa Ibom State. It also found out that effective political leadership contributes to increase in number of hospitals, increased healthcare coverage/access, create employment opportunities for health workers in the state. However, poor leadership, Corruption among leaders and health workers, poor attitudes to work as well as poor funding of the health sector. To achieve effective and efficient health care service in Akwa Ibom State, the study recommended:

- i. Proper funding is required to boost the health sector and to meet the national health

policy guideline of 15% allocation of the total budget of the state to the health sector.

- ii. More research institutes/centres should be established in the state to help in carrying out researches in health related areas in order to bring about new inventions and innovations in the health sector.
- iii. Training and re-training of health workers is often needed so as to improve their skills and competence in handling health issues.
- iv. More hospitals, clinics and Primary Health Centre should be built across the state and the old ones should be revitalization to cover rural communities who have to travel distances in order to access medical care at subsidize prices.
- v. Health workers/facilitators and other stakeholders in the health sector should help to create more awareness and enlightenment campaign on health matters posing threats to lives such as HIV/AIDS, Malaria, Sexually Transmitted Disease (STI), COVID-19, etc.
- vi. Provide modern infrastructures such as potable water, electricity, good road network and transportation, as well as hospital equipment and drugs for effective health delivery.
- vii. The state health policy should encourage Public-Private Partnership for more accessibility to fund and investment in the health sector.

References

- Akpakpan, M. S. and Okpata, F.O. (2021). Effective leadership as a correlate to good governance in Nigeria. *AKSU Journal of Social Sciences* 1(1), pp. 35 – 48.
- AKSG (2010). Strategic health development plan (2010 – 2015). Ministry of health, Uyo. Pp. 1 – 50.
- AKSG (2020). *Akwa Ibom State Civil Service Commission: Annual Report 2019*. Civil Service Commission. Pp. iii – 41.
- AKSG (2022). Udom Emmanuel ensuring food availability and security. *Explore Akwa Ibom*, 2(1): 5. Ministry of Information & Strategy publication, Uyo.
- AKSG (2022). Udom Gabriel Emmanuel: Repositioning the health sector. *Explore Akwa Ibom*, 2(3): 8 – 15. Ministry of Information & Strategy publication, Uyo.
- AKSG (2022). Unlocking limitless opportunities in the land of promise. *Akwa Ibom Impact*, 3(2): 3 – 17. Ministry of Information & Strategy publication, Uyo.
- AKSG (2022). Result – Oriented Leadership. *Wetin Udom Don Do?* 1(2): 1 – 15. Ministry of Information & Strategy publication, Uyo.
- Akwaowo, C. O., Motilwa, O. O. and Ekanem, A. M. (2020). Assessment of Resources for Primary Health Care: Implications for the Revitalization of Primary Health Care in Akwa Ibom State, Nigeria. *Nigerian Medical Journal* 61(2): 51 – 67.
- BudGIT (2021). The State of states report. <file:///C:/Users/USER/Downloads/State-of-States-report-2021-web.pdf>.
- Chukwuma, A., Bossert, T. J. and Croke, K. (2019). Health service delivery and political trust in Nigeria. *Journal of SSM-Population Health*. National Library of Medicine publication, Abuja.
- Ekpo, M. E. and Umoh, U. E. (2022). Corporate governance process and management of public corporations in

- Akwa Ibom State: A Study of Akwa Ibom Water Company Limited. *AKSU Journal of Administration and Corporate Governance (AKSUJACOG)*, 2(4), 82 -93, November, 2022.
- Ekpo, M. E. (2023). Political leadership and socio-economic development in Nigeria: A study of Akwa Ibom State. A Thesis in the Department of Political Science and Public Administration, University of Uyo, Uyo Pp. 1 – 244.
- Ekpo, M. E., Umoh, U. E. and Utok, N. B. (2023). Social protection programmes and human capacity development in Akwa Ibom State: A study of Akwa Ibom Enterprises and Employment Scheme (AKEES). *Nigerian Journal of Public Sector Management (NJPSM)* 6(2): 169 – 186.
- Eminue, O. E. (2009). *Public policy analysis and decision making*. Concept Publications Limited, Lagos Pp. 256 – 267; 566.
- Emanuel, H. (2020). Healthcare: quantum leap in Akwa Ibom. <https://www.vanguardngr.com/2020/06/healthcare-quantum-leap-in-akwa-ibom/> (Retrieved on 20th December, 2022).
- Essien, U. J. and Edemekong, N. D. (2023). Deceloping political consciousness in Nigeria to answer the leadership question: 1960 – 2015. In: Ayandele, I. A.; Udom, G. N; Effiong, E. O.; Etuk, U. R.; Ekpo, I. E.; Inyang, U. G.; Edet, G. E. and Moffat, I. (Editors). *Contemporary discourse on Nigeria's economic profile*, A Festschrift in honour of Professor Nyaudoh, U. Ndaeyo. A publication of university of Uyo, Uyo, Akwa Ibom State. pp. 456 – 461.
- Global Data Lab (2022). Area profile report of Akwa Ibom (Nigeria). *Area Database* 4(2). <https://globaldatalab.org/profiles/region/NGAr101/>. (Retrieved on 18th April, 2023).
- Ministry of Economic Development (2013). Statistical year book of Akwa Ibom State of Nigeria: Uyo. Directorate of Statistics. <https://www.nigerianstat.gov.ng/pdfuploads/Statistical%20Year%20Book%20Publication.pdf>. (Retrieved on 24th December, 2022).
- Nwekeaku, C. and Obiorah, K. B. (2019). Public service reforms and effective service delivery in Nigeria. *International Journal of Developing and Emerging Economies*. 7 (4): 30-40,
- Umoh (2021). Akwa Ibom government to boost primary healthcare with N300m. <https://punchng.com/akwa-ibom-govt-to-boost-primary-healthcare-with-n300m-commissioner/> (Retrieved on 24th December, 2022).
- Umoh, E. D. (2012). *Theory and practice of public administration: The Nigerian example*. Dorand publishers, Uyo. Pp.26 – 199
- UNDP (2016). Human development report: Human development for everyone. http://www.hdr.undp.org/sites/aii/themes/hdr_theme/country-notes?NgA.pdf (Retrieved on 24th July, 2023)
- United Nations (2015). Sustainable development goals: United Nations framework convention on climate change. United Nations Department of Economic and Social Affairs.
- World Bank (2015). World development indicators. World Bank, Washington, DC.
- World Health Organization (2019). Primary health care towards universal health coverage.
- World Health Assembly. http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_12-en.pdf. (Retrieved on 20th December, 2022).
- Yagboyaju, D. A and Akinola, A. O (2019). Nigerian state and the crisis of governance: A critical exposition. <https://journals.sagepub.com/doi/full/10.1177/2158244019865810> (Retrieved on 15th October, 2021).