

SETTING UP AND CHALLENGES OF RUNNING A GERIATRIC CENTRE: THE EXPERIENCE OF A COMMUNITY-LED GERIATRIC CENTRE SOUTH-WEST, NIGERIA.

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SUMMARY

The global population over 60 years is growing rapidly, with the proportion of the over-60 years population expected to double between 2015 and 2050. Life expectancy in Nigeria has risen, leading to increasing demand for the care of the elderly population. The first Geriatric Centre in Nigeria was established at the University College Hospital, Ibadan, in 2012. The interest in geriatric medicine is growing due to demographic shifts, increasing life expectancy, complex health issues, quality of life, economic and social implications, and preventive care. Geriatric centres offer specialised care for older adults, focusing on their medical, psychological, and social needs. Effective geriatric care can reduce healthcare costs by preventing chronic conditions from worsening. Geriatric centres also provide caregiver support, respite care, education, and counselling services. The Ijesaland Geriatric Centre, Ilesha, was established in 2022 by the Ijesaland Community Development Assembly (ICDA) to address the community's health needs and promote harmony, peace, and progress. The project involved constructing and equipping the "Ijesaland Geriatric Centre, Ilesha," to provide promotional, preventive, curative, rehabilitative, and recreational services. The project was completed within nine months, with community and diasporan members actively participating. The Ijesaland Geriatric Centre was built at a cost of one billion naira and completed entirely through community effort before it was transferred to Obafemi Awolowo University Teaching Hospital, Ile-Ife. The centre now sees 1000-1200 patients per month, attracting patients from the six local government areas and adjoining states. The representatives of the community monitor and evaluate the operations, while the management team of the collaborating government institution facilitates employment and staff recruitment. However, there were occasional minor challenges between the Ijesa community and the management of the collaborating institution, leading to occasional service delays and equipment procurement bottlenecks, which were settled at joint meetings, understanding the history, significance, and benefits of geriatric care can help communities better prepare for the challenges and opportunities of an increasingly elderly demographic.

Keywords: Geriatrics, Community, Ilesha

Geriatric medicine, also known as gerontology, is the branch of medicine that focuses on the unique medical needs of the elderly. According to the World Health Organization, the elderly include persons aged 65 years and above, while the United Nations defines the elderly as persons aged 60 years and over. Geriatric care focuses on health promotion, prevention, diagnosis and treatment of disease and disability in the elderly.

Globally, the proportion of persons aged 60 years and older is growing at a faster rate than the general population. The proportion of the world's population over 60 years will nearly double from 12% to 22% between 2015 and 2050. This demographic shift highlights the growing need for geriatric medicine.

HISTORY OF GERIATRIC MEDICINE

Old age has always been a part of human history. Ancient civilisations like the Egyptians were familiar

with common disabilities of later life. In classical Greece, doctors and philosophers commented on age-associated illnesses. Hippocrates and Aristotle, for example, noted conditions common in later life. Geriatrics was first fully practised in the United Kingdom. In the Middle Ages, the care of the poor, frail, and sick elderly began under the auspices of the church, supplemented by alms-houses. Dr Marjorie Warren, often regarded as the "mother of Geriatrics," played a crucial role. She advocated for the speciality of geriatrics, purpose-built facilities, and multi-disciplinary approaches in elderly care. Geriatric Medicine is still evolving in Nigeria, with the first Geriatric Centre established at the University College Hospital, Ibadan, in 2012.

WHY THE INTEREST IN GERIATRIC MEDICINE?

As the global population ages, there is an increasing interest in geriatric medicine for several compelling

reasons:

Demographic Shift: There is a noticeable increase in the proportion of older adults in many countries. This demographic shift necessitates specialised healthcare services tailored to the unique needs and challenges of the elderly.

Complex Health Issues: Older adults often present with a myriad of medical conditions, many of which are chronic and age-related. Conditions like heart disease, diabetes, dementia, and osteoarthritis become more prevalent with age. Geriatric medicine is designed to address these complex health issues comprehensively, considering the interplay between multiple conditions, medications, and their impact on health outcomes in the elderly.

Quality of Life: The focus of geriatric medicine extends beyond merely prolonging life. It involves not only managing diseases but also addressing psychological, social, and functional aspects of ageing. Geriatricians work to promote independence, mobility, overall well-being, and quality of life of older adults.

Economic and Social Implications: The ageing population has significant economic and social implications. As older adults constitute a growing portion of society, the cost of elderly care, including hospitalisations, long-term care, and support services, places substantial demands on healthcare systems. Effective geriatric care can help manage these costs and alleviate the social burden, making it a cost-effective investment.

Preventive Care: Geriatric medicine emphasises preventive care, including regular health assessments, immunisations, measures to prevent falls, and lifestyle modifications. These preventative strategies can significantly improve older adults' health and well-being, leading to better outcomes and reduced healthcare expenditures.

BENEFITS OF A GERIATRIC CENTRE IN A COMMUNITY

Establishing a geriatric centre in a community provides numerous advantages:

Specialised Care: A geriatric centre is staffed with healthcare professionals with specialised training in the unique medical, psychological, and social needs of older adults. They understand the complexities of ageing, enabling them to provide more effective and tailored care. This specialisation leads to better health outcomes for the elderly population in any community.

Holistic Approach: Geriatric centres take a comprehensive approach to healthcare. They address not only the physical health of older adults but also

their mental and social well-being. By focusing on the whole person, geriatric centres can better identify and address the multifaceted needs of the elderly, promoting a more balanced and fulfilling life.

Reduced Healthcare Costs: Effective geriatric care can contribute to reducing healthcare costs in the long run. Preventive care, specialised care, and holistic approaches can prevent the exacerbation of chronic conditions, reducing the need for costly hospitalisations and long-term care. By managing health proactively, geriatric centres help control healthcare expenditures.

Caregiver Support: Geriatric centres can provide valuable support for family caregivers who often bear the responsibility of caring for older loved ones. They offer respite care, caregiver education, and counselling services. By helping caregivers, geriatric centres indirectly improve the quality of care received by elderly individuals.

Community Well-Being: Geriatric centres don't only benefit older adults; they also enhance the overall well-being of the community. They serve as hubs for social engagement, support groups, and educational programs that promote a sense of belonging and mutual support. This contributes to more robust, more inclusive communities that recognise the value of their elderly residents.

Research and Innovation: Many geriatric centres are involved in research to advance our understanding of ageing and develop innovative treatments and interventions. By being at the forefront of gerontological research, these centres contribute to developing better care practices and discovering new therapies that benefit not only their immediate community but society at large.

SETTING UP IJESALAND GERIATRIC CENTRE, ILESA

The vision and mission of the various clubs, societies, associations, and organisations in Ijesaland became redefined when our amiable, quintessential, and indefatigable leader, Chief Akinwande Ayinde Akinola (Baba Sawe), attained the glorious age of 80 years in 2019. Baba Sawe has touched many lives in Ijesaland with love, hope, inspiration, and motivation. Our illustrious sons and daughters who gathered to honour and celebrate him during this birthday event recognised and seized this unique opportunity to harness the enormous goodwill human and financial resources abound in Ijesaland. This occasion heralded the birth of the Ijesaland Community Development Assembly (ICDA) as a rallying point and vehicle for the development of Ijesaland through community efforts. The ICDA has become a veritable socio-economic and

progressive network of various associations with membership across the 6 local government areas of Ijesaland and the diaspora. The assembly provides a platform for communication and awareness in strategic areas concerning the needs, welfare, and progress of our people. Members of this platform are committed to community development, promotion of harmony, peace, and progress of our land. This platform is blessed with highly respected sons and daughters in various fields of endeavours who command the confidence, trust, loyalty, and cooperation of our people because of their leadership skills, credibility, and records of financial prudence. These leaders understand and appreciate the people's needs based on connectedness and cultural affinity. Communication, interactions, planning and organising have become more frequent post-COVID-19 era through virtual meetings and WhatsApp platforms.

Just emerging from the euphoria and glory of the successful completion and commissioning of the palace of Owa Obokun Adimula and Paramount ruler of Ijesaland, HRM Oba Gabriel Adekunle Aromolaran 11, through voluntary and enthusiastic community efforts, the ICDA was imbued with greater confidence, motivation, and joy to proceed with further rewarding developmental efforts in Ijesaland. This palatial royal edifice was the first major project to be undertaken and successfully executed by the ICDA. This commendable performance lifted the spirits and hopes of our people. The people were, therefore, justifiably confident and assured they could trust their leaders with their money. The ICDA became encouraged and emboldened to embark on another ambitious and worthy project. A body known as the "Ijesa Health is Wealth" was formed by the ICDA to drive, mobilise support and resources, and coordinate all efforts toward the successful implementation of a rewarding health need. The decision-making and directing organ of ICDA was the Project Management Team (PMT), while the implementing organ was the Project Management Implementation and Evaluation Committee (PMIEC). The PMT, therefore, set up a body of renowned medical experts known as the Project Technical Advisory Committee (PTAC) to advise on a specific area of health for consideration and implementation by the "Ijesa Health is Wealth". Following careful deliberations and due consultations, the PTAC comprising Prof Isaac Adewole, Prof Oye Gureje, Prof Ilesanmi, and the author, identified "Care of the Elderly (Geriatric Medicine)" as an area of health need given the population of the elderly, increasing life expectancy in Nigeria and wide range of medical conditions in this group. They therefore

recommended constructing and equipping a facility named "Ijesaland Geriatric Centre, Ilesa."

The vision of the centre is to be a centre of excellence in geriatric medicine, providing promotional, preventive, curative, rehabilitative and recreational services in an integrated model of patient-centred care. The mission is to achieve these through a multidisciplinary system, build the capacity of medical and paramedical professionals, build the capacity of caregivers within the family and community, provide recreational services for the physical, social, and mental well-being of the elderly, and to be a centre for research in geriatric medicine. Part of the recommendations of this committee was the transfer of the facility to Obafemi Awolowo University Teaching Hospitals Complex (OAUTH) Ile-Ife to ensure adequate provision of manpower and ease of long-term management. The concept from the beginning was to build, equip and transfer.

It became necessary at this stage to inform and engage the management of OAUTH about our plan. Relevant stakeholders from both sides met and discussed the terms of engagement. The PTAC carried out inspection tours of Wesley Guild Hospital, Ilesa, a subsidiary of OAUTH, and other possible sites to accommodate the proposed facility. The present location of the centre belonging to OAUTH was agreed on based on accessibility and the land size. The recommendation received favourable approval from "Ijesa Health is Wealth". The Ijesa community was informed about this noble project through our various societies and associations. Our sons and daughters were informed and encouraged to participate actively and ensure completion within a period of 9 months!!! The legal teams of both parties started work on a draft Memorandum of Agreement (MOA), which signalled the commencement of action.

Patriotic professionals in the building industry were contacted, and they provided their services pro bono in the areas of consultancy services, architectural, structural, mechanical, and electrical drawings, including bills of quantities. Mobilisation of funds also commenced. Prominent community and diasporan members were identified and contacted to ensure the realisation of this noble project. A very critical factor was the integrity, credibility, and confidence in the funds' mobiliser. Given their perceptions and expectations, it was strategic for the donors to be assured of transparency and accountability. The author commends and appreciates the Asiwaju of Ijesaland, Chief Yinka Fasuyi, for his leadership, 'osomalo' spirit and reputation for accountability. His regular phone calls, messages and promptings encouraged and "pushed" many donors to contribute

timely. This is an essential attribute when you need people to part with their money and other resources. He has the uncommon ability to command willing followership and selfless giving. He was ably supported by Mrs Modupe Ajayi-Gbadebo, Mr Adelowo Adebisi, Mr Afolabi Igbaroola, Mr Busayo Aluko and Mr Wale Idowu. The people responded with love, enthusiasm, and the age-long can-do spirit of the Ijesa. The execution of the project was going to be 100% entirely through community contributions and participation.

It was important to provide updates and periodic reports to the financial members to sustain their enthusiasm, confidence, and contributions. Therefore, an effective monitoring and evaluation mechanism was implemented to ensure regular briefings on the progress of work, content and quality of work, financial disbursements, and evidence of banking transactions. This was done through regular physical and virtual meetings by the PMT, PMIEC, PTAC and constant dissemination of information on the WhatsApp platforms to all financial members. Efforts were also ongoing in the background by the PMT to perfect the legal status through a clear, unambiguous and comprehensive MOA. This was necessary to ensure a seamless transfer, transition and subsequent operations of the facility by OAUTH to meet the expectations of our people.

While some of the local financial contributions would be used to purchase essential and initial medical/surgical equipment to kickstart operations, sourcing and importing critical equipment from abroad was also necessary. The PTAC, with advice and support from Dr Olufemi Olowookere of the Tony Anenih Geriatric Centre, University College Hospital, Ibadan, compiled the list of preliminary equipment, medications, consumables, furnishings, and supplies. The cost estimates, following intense negotiations, were also provided before approval by the PMT and purchase from reputable firms. A separate appeal fund denominated in dollars was launched for the equipment from abroad. More importantly, we must salute the financial contributions, selfless sacrifices, and extremely kind disposition of our members in the diaspora. They coordinated the sourcing of equipment abroad and ensured the shipment to Nigeria.

This gigantic edifice built at the cost of about one billion naira was completed within a record time of 9 MONTHS. This was entirely and completely through community belief and effort. It was transferred and handed over to the management of OAUTH with many dignitaries and principal stakeholders in attendance,

including the former Executive Governor of Osun State, His Excellency Mr Adegboyega Oyetola and HRM Oba (Dr) Gabriel Adekunle Aromolaran 11, Owa Obokun Adimula and Paramount Ruler of Ijesaland. The Executive Governor was so impressed and happy that he granted approval for the establishment of the University of Ilesa at this commissioning ceremony.

A Medical Advisory Committee (MAC) comprising 7 members from the ICDA and OAUTH was set up to advise, monitor and evaluate the operations and performance of the centre. This committee has had several meetings since the transfer of the centre and has made significant inputs to the success of activities. We are beginning to see about 1000-1200 patients per month compared to 200-300 patients when we started about 18 months earlier. Our services attract patients from across the 6 local government areas. We sincerely appreciate the commitment and selfless sacrifices of the Physician-in-Charge, Dr Ladi Fakoya and his dedicated team, who continue to offer their services despite the initial challenges.

The Medical Advisory Committee inherited the balance of funds from the main project account to service the initial needs and challenges of the new centre. Conscious of the need to maintain a conducive working environment, quality healthcare services and availability of appropriate recreational facilities, the ICDA set up another committee after the transfer to continue to mobilise funds from our eminent sons and daughters. Voluntary contributions are being made into the "FRIENDS OF IJESALAND GERIATRIC CENTRE ACCOUNT" to serve this purpose. It is obvious that although we have transferred the centre to the management of OAUTH, we continue to invest in the maintenance and operations of the centre for the benefit and happiness of our people.

The management of Tony Anenih Geriatric Centre, UCH, Ibadan, continues to provide helpful advice and support in training and re-training our staff in geriatric medicine. We remain incredibly grateful to Dr Olufemi Olowookere and his team.





SOME PICTORIAL VIEWS OF IJESALAND GERIATRIC CENTRE, ILESA, SOUTH-WEST NIGERIA

CHALLENGES

The ownership and eventual operations of the centre were contentious issues at the initial stage. The merits and demerits of the build-equip-transfer model were discussed extensively against the background of community efforts and substantial financial sacrifices. The model was eventually agreed on and adopted following the commitment of OAUTH to providing a suitable location and desirable long-term management of the facility (especially in the area of appropriate and adequate manpower). This process was a significant prerequisite for a rewarding MOA. Monitoring and evaluating the contents, quality of works and supplies by the various contractors and suppliers within given timelines was a daunting task. Many check mechanisms were devised to minimise friction and ensure harmonious work relationships to meet the 9-month deadline.

Asiwaju Yinka Fasuyi used his credibility, vast social network, and enviable interpersonal relationships in the 6 local government areas of Ijesaland to handle the challenge of identifying, contacting and mobilising financial members to sustain the flow of funds into the project account.

The clear definition of roles, regulatory mechanisms, regular financial accountability, and vast experiences of our leaders did not allow undue conflicts among the principal organs of planning, directing and control.

Whereas our members in the diaspora also contributed generously towards this project, they had the added responsibility of sourcing equipment abroad from donor organisations. They performed this difficult task admirably and were able to secure a significant amount of medical and surgical equipment. Many financial members also contributed to the domiciliary account to facilitate the shipment of this equipment to Nigeria.

Securing appropriate and adequate personnel for the facility was a problem at inception, and the community leadership used their goodwill to facilitate employment waiver at the federal level to recruit various categories of personnel for the centre. It was also necessary and important to ensure the spread of this recruitment across the 6 local government areas of Ijesaland, in addition to other areas. We needed the support of voluntary workers and ad-hoc staff from Wesley Guild Hospital, Ilesa.

Most of the staff did not have the required competence and skills in geriatric medicine during the initial period of operations. There was a need to arrange training and re-training in this specialised area in line with best practices. Dr Olufemi Olowookere and his team from UCH, Ibadan, continue to facilitate the training programme.

A Medical Advisory Committee comprising 4 members from the ICDA and 3 members from the management of OAUTH was constituted following the transfer of the facility. Occasionally, there was a misunderstanding-

ing of the functions of this committee by the management of OAUTH. Whereas the Ijesa community is willing to make voluntary contributions toward the continuous growth and development of the centre, this does not include mandatory involvement in the regular maintenance of the centre. Attempts by the Ijesa community to arrange catering services, mini-shopping centres and recreational facilities were sometimes misunderstood by the cooperative society and union leaders of OAUTH as encroaching on their areas of interest. This has the tendency to slow down well-intentioned programmes that will promote the welfare of the staff and patients. There have been some challenges with regular power supply because of the delay in energising the dedicated transformer and the exorbitant cost of diesel/petrol, which disrupts services occasionally.

Although the equipment was sourced, mobilised, and shipped through the efforts of the Ijesa community, the equipment came in under the name of OAUTH, Ile-Ife. There have been many bottlenecks and bureaucracies with the clearing of the equipment from the seaport, even though we got a customs duty exemption certificate. The equipment has become overtime cargo and attracted unnecessary demurrage after almost one year at the port.

In conclusion, geriatric medicine plays a crucial role in addressing the healthcare needs of an ageing population. By understanding the history, significance, and benefits of geriatric care, communities can better prepare for the challenges and opportunities that come with an increasingly elderly demographic.

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