National Health Policy 2016

Promoting the Health of Nigerians to Accelerate Socio-economic Development

Federal Ministry of Health

National Health Policy 2016

Promoting the Health of Nigerians to Accelerate Socio-economic Development

Federal Ministry of Health

Contents

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ATM	AIDS, Tuberculosis, Malaria
BOF	Budget Office of the Federation
CAP	Change Agent Programme
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
CBO	Community-based Organisation
CDTI	Community Direct Treatment Initiative
CHEW	Community Health Extension Workers
CHO	Community Health Officers
CHPB	Community Health Practitioners Board
CIDA	Canadian International Development Agency
COIA	Commission on Information and Accountability for Women and Children's Health
ComDT	Community Direct Treatment
CPIA	Country Policy and Institutional Assessment
CSM	Cerebro-Spinal Meningi tis
CSOs	Civil Society Organisations
DFATD	Department of Foreign Affairs, Trade and Development
DfID	UK Department for International Development
DHIS	District Health Information System
DOTS	Directly Observed Therapy Short-Course
DPG	Development Partners' Group
DPs	Development Partners
DRF	Drug Revolving Fund
ELSS	Extended Life Saving Skills
EU	European Union
FCT	Federal Capital Territory
FMF	Federal Ministry of Finance
FMOH	Federal Ministry of Health
GAVI	Global Alliance on Va ccines and Immuni sation
GDP	Gross Domestic Product
HDCC	Health Data Coordinating Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HNLSS	Harmonised Nigerian Living Standards Survey
HPCC	Health Partners' Coordinating Committee
HPRS	Health Planning, Research and Statistics
HRH	Human Resources for Health

HSF	Health Systems Forum
HSRP	Health Sector Reform Programme
IGME	Inter-Agency Group on Mortality Estimates
IPs	International Partners
IPT	Intermittent Preventive Treatment
IMNCHW	Integrated Maternal New-born and Child Health Week
IRB	Institutional Review Board
ITN	Insecticide Treated Net
IUATLD	International Union Against Tuberculosis and Lung Disease
JCHEW	Junior Community Health Extension Workers
JICA	Japan International Cooperation Agency
LGA	Local Government Authority
LGAs	Local Government Areas
LIC	Low Income Country
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments, and Agencies
MDCN	Medical and Dental Council of Nigeria
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMEIG	Maternal Mortality Estimation Inter -Agency Group
MNCH	Maternal, New-born, and Child Health
MSS	Midwives Services Scheme
NARHS	National AIDS and Reproductive Health Survey
NAFDAC	National Agency for Food and Drug Administration and Control
NCDs	Non-Communicable Diseases
NCH	National Council on Health
NDHS	National Demographic and Health Survey
NHIS	National Health Insurance Scheme
NHP	National Heath Profiles
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
OOPE	Out-of-Pocket Expenditure
OP	Operational Plan
PATHS2	Partnership for Transforming Health Systems -2
PHC	Primary Healthcare
PHCUOR	PHC Under One Roof
PPP	Public Private Partnership
SDGs	Sustainable Development Goals
SHDP	Strategic Health Development Plan

SPHCDA	State Primary Health Care Development Agency
SMOH	State Ministry of Health
SRH	Sexual Reproductive Health
SSHDP	State Strategic Health Development Plan
STIs	Sexually Transmitted Infections
TA	Transformation Agenda
TB	Tuberculosis
TBL	Tuberculosis and Leprosy
TWG	Technical Working Group
VVF	Vesico Vaginal Fistula
UNFPA	United Nations Population Fund
UN IAEG	United Nations Inter-Agency Expert Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

FOREWORD

Prior to the development of this National Health Policy document, Nigeria had implemented two national health policies – developed in 1988 and 2004 respectively. Both were developed at critical stages in the evolution of the Nigeria health system and had far-reaching impact on improving the performance of the system. There were several attempts to develop a holistic approach to addressing the challenges of the health sector between these efforts, including the convening of the National Health Summit in 1995 which attempted to diagnose how to improve the effectiveness of the health sector. This National Health Policy (2016) is coming at a most opportune time – shortly after the enactment of the *National Health Act (2014)* – and at a time when there is global re-commitment to a new development framework, the Sustainable Development Goals, and an increasing global support for the attainment of universal health coverage.

Nigeria has recorded some progress in the performance of its health system over the last two decades, including recent improvements in key indices for 'major' communicable diseases (HIV/AIDS, TB and malaria), as well as in maternal and child health. Nigeria has been able to halt the transmission of the wild poliovirus, eradicate the guinea-worm disease, and successfully control the spread of the deadly Ebola virus disease within her borders. The key lesson from these successes is the need for the country to build a resilient health system that assures access to basic healthcare services in a sustainable manner.

The Presidential Summit on Universal Health Coverage convened in March 2014 reiterated the country's commitment to achieving Universal Health Coverage (UHC) and sustainable health development, through the strengthening of primary healthcare and providing access to suitable financial risk protection mechanisms. This commitment is in addition to the emergence of sustainable development goals and in the face of other development challenges including health risks posed by health emergencies, emerging and re-emerging epidemic diseases and changes in the epidemiological transition of Nigerians. Other developments considered are factors of political economy affecting health, including the projected downward trend in donor aid and available fiscal space for health. The imperative of a legislative framework for health necessitated the development of a new national health policy, with a view to providing the appropriate framework that would enhance the relevance of the document to our national health efforts and make the goals of our healthcare system more achievable.

This new Policy, therefore, provides the direction necessary for significant progress in improving the performance of the Nigeria health system. It also lays emphasis on strengthening primary healthcare as the bedrock of our national health system, in addition to the provision of financial risk protection to all Nigerians, particularly the poor and most vulnerable groups. These important approaches are at the heart of the change agenda of this Administration. The Policy also gives the reader useful information in the form of concise statements, on important ancillary health-related programmes. We have taken a deeper look at our stakeholder base and recognised their importance in the successful implementation of the Policy. It is, therefore, our hope that all state and non-state actors, including the private sector will closely collaborate with relevant health authorities at the Federal, State, and Local Government levels in the implementation of this Policy, considering the general acceptance that achieving good health is a collective responsibility.

I, therefore, recommend this policy document to all stakeholders in health and health-related sectors.

Professor Isaac Folorunso Adewole, FAS, FSPSP, DSc (Hons)
Honourable Minister of Health
April, 2016.

ACKNOWLEDGEMENT

This National Health Policy has emerged following an elaborate consultative process involving all stakeholders in health, Federal Government Ministries, Departments and Agencies, the National Assembly, the State Ministries of Health and the Federal Capital Territory (FCT) Department of Health Services, Academia, Public Health Experts, Civil Societies and Development Partners. The Federal Ministry of Health and, indeed, the Federal Government of Nigeria acknowledges its indebtedness to the representatives of these bodies who provided comments and inputs during the development of this Policy.

We are especially thankful to Professor Eyitayo Lambo, Chairman of the Technical Working Group (TWG) on the development of the National Health Policy and the other members of the Group who worked tirelessly in drafting and revising the policy until this finished product evolved. The 'Writers' Team' that gathered all inputs from various stakeholders and transformed them into comprehensible and coherent drafts for further reviews, and the Secretariat for coordinating the entire process effectively; all deserve special mention and appreciation.
Sincere appreciation goes to the Honourable Minister of Health, Professor Isaac F. Adewole for his leadership; the Honourable Minister of State for Health, Dr Osagie Ehanire; and the Permanent Secretary, Dr Mrs Amina M. B. Shamaki, mni; for their guidance and commitment to the success of this process.

Finally, sincere appreciation is also extended to all development partners for supporting this process, particularly the United Kingdom Department for International Development (through the Partnership for Transforming Health Systems II), United Nations Children's Fund, United Nations Population Fund and the World Health Organisation for the dedicated technical and financial support they have provided to the process.

Dr. Ngozi R. C. Azodoh
Director, Health Planning, Research and Statistics.
April, 2016

EXECUTIVE SUMMARY

Rationale for the Policy

The National Health Policy and Strategy to Achieve Health for All Nigerians launched in 1988, was Nigeria's first comprehensive national health policy, subsequently revised in 2004. However, it has become necessary to develop a new national health policy to reflect new realities and trends, including the unfinished agenda of the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs). Likewise, emerging health issues (especially epidemics), the provisions of the National Health Act (2014), the new primary healthcare governance reform of bringing Primary Healthcare Under One Roof (PHCUOR), and Nigeria's renewed commitment to universal health coverage. It has also become imperative to develop strategies to respond adequately to globalisation, climate change, the challenges of insurgency and its impact on Nigeria's health system. In addition, the country's experiences in the implementation of the Revised National Health Policy 2004 and the National Strategic Health Development Plan (2010–2015) have provided a basis for the development of a new national health policy. This new health policy comes at an opportune time, following the passage of the National Health Act (2014). The Act, therefore, provides the legal framework for the new National Health Policy (NHP).

Situational Analysis

The situational analysis undertaken was based on examining the functioning of the Nigeria health system from the strategic thrusts of the NHSDP and the World Health Organisation (WHO) health system building blocks. The analysis showed that the health system is underperforming across all building blocks with weak governance. There is an almost total absence of financial risk protection and the health system is largely unresponsive. There is inequity in access to services due to variations in socio-economic status and geographic location. For instance, 11% of births to uneducated mothers occurs in health facilities while 91% of births to mothers with more than secondary education occurs in health facilities; 86% of mothers in urban areas receive antenatal care (ANC) from skilled providers, compared to only 48% of mothers in rural areas; and ANC coverage in the North-West is 41% compared to 91% in the South-East. Other problems related to health services include: curative-bias of health services delivered at all levels; inefficiencies in the production of services; unaffordability of services provided by the private sector to the poor; limited availability of some services, including HIV Voluntary counselling and testing, Prevention of mother-to-child transmission and Antiretroviral therapy. Low confidence of consumers in the services provided, especially in public health facilities; absence of a minimum package of health services; lack of proper coordination between the public and private sectors; and poor referral systems were also problems identified. However, Nigeria has recorded some important milestones in recent years, such as the eradication of guinea worm, control of the Ebola virus disease outbreak, and the interruption of wild polio virus transmission in the country.

The Policy Development Process

The process for developing the new National Health Policy was initiated by the Federal Ministry of Health (FMOH) through consensus-building among stakeholders. A Technical Working Group (TWG) was constituted, comprising some officials of the FMOH and its agencies, representatives of development partners, the private health sector, civil society organisations (CSOs), regulatory bodies, state ministries of health/FCT Health and Human Services Secretariat, and academia. The first meeting of the TWG was held in January 2015 in Calabar to review the 2004 National Health Policy and the progress that was made by its implementation. Also, emerging health challenges were discussed and a new health policy theme was proposed. The theme adopted for the *National Health Policy* on of the implementation of the National Health Policy *(2016)* was was "Promoting the Health of Nigerians to Accelerate Socioeconomic Development". The Calabar meeting ended with the

EXECUTIVE SUMMARY cont'd.

production of a sub-zero draft of the policy. The second meeting of the TWG in Enugu State in February 2016 resulted in the development of a standard draft of the policy.

Vision, Mission and Policy Goal

Vision: Universal Health Coverage (UHC) for all Nigerians

Mission: To provide stakeholders in health with a comprehensive framework for harnessing all resources for health development towards the achievement of Universal Health Coverage as encapsulated in the National Health Act (2014), in tandem with the Sustainable Development Goals (SDGs)

Overall Policy Goal: To strengthen Nigeria's health system, particularly the primary health care sub-system, to deliver effective, efficient, equitable, accessible, affordable, acceptable and comprehensive health care services to all Nigerians

Policy Thrusts

There are ten (10) policy thrusts in the policy. They were derived from the National Strategic Health Development Plan (NSHDP) thrusts and the WHO health systems building blocks. They are: Governance, Health Service Delivery, Health Financing, Human Resources for Health, Medicines, Vaccines, Commodities and Health Technologies, Health Infrastructure, Health Information System, Health Research and Development, Community Ownership/Participation, and Partnerships for Health.

Policy Directions

Policy objectives and directions (actions) were developed for the 10 policy thrusts. These are activities to ensure that the Nigeria health system would be significantly strengthened to improve the health status and wellbeing of all Nigerians. Many of the actions would require inter-sectorial and multi-sectorial collaborations. The faithful implementation of the actions should lead to the achievement of the health-related SDGs and UHC.

Roles and Responsibilities

These have been identified and spelt out for 52 actors that will be involved in the implementation of the policy (The full list of the 52 actors is provided in sub-section 5.2 of this policy document). The faithful adherence of the stated roles and responsibilities by all the health system actors will not only mainstream health in all sectors within the Nigerian economic space, but will also assure adequate resourcing and achievement of the health-related SDGs, with emphasis on the achievement of UHC in the country.

Policy Implementation, Monitoring and Evaluation

The new National Health Policy shall be implemented through the development and implementation of a series of national strategic health development plans, each covering a period of five (5) years.

A simple monitoring and evaluation (M&E) framework has been proposed to help track progress in the implementation of the Policy, compared to 2015 baseline values. Specific indicators for monitoring progress will be fully specified in the NSHDPs. Governments at all levels and other stakeholders will be involved in the monitoring and evaluation of the implementation of the National Health Policy.

Conclusion

It is imperative for the federal, state and local governments to implement the Policy. Hence, it is expected that all states and local government areas (LGAs) shall adapt the policy to their contexts and develop their corresponding strategic health development plans for the implementation of the new Policy.

Chapter 1

Introduction

1.1 Justification for Developing a New National Health Policy

The National Health Policy and Strategy to Achieve Health for All Nigerians, launched in 1988, was Nigeria's first comprehensive national health policChay. This was subsequently revised in 2004. However, it has become necessary to develop a new national health policy to reflect new realities and trends, including the unfinished agenda of the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs). Additional considerations include emerging health issues, especially epidemics, the provisions of the *National Health Act (2014)*, the new PHC governance reform of bringing PHC Under One Roof (PHCUOR), and Nigeria's renewed commitment to universal health coverage. It has also become imperative to develop strategies to respond adequately to globalisation, climate change, the challenge of insurgency and its impact on the Nigeria health system.

Similarly, the country's experiences in the implementation of the *Revised National Health Policy, 2004* and the *National Strategic Health Development Plan (2010–2015)* have provided a basis for the development of a new national health policy.

1.2 The National Context for Health Development

The National Health Policy is situated within the national development agenda, including the Vision 20:2020 which articulates Nigeria's economic growth and development strategies for the period covering 2009 to 2020. For the health sector, the *Vision 20:2020* proposed to enhance access to quality and affordable healthcare through the establishment of at least one general hospital in each of the 774 LGAs.[1]

The *Revised National Health Policy (2004)* was operationalised through the *National Health Sector Reform Programme (2004–2007)* and subsequently through the *National Strategic Health Development Plan (2010–2015)* and the annual operational plans. Since then, Nigeria's desire to offer affordable and accessible healthcare services to all Nigerians has led to efforts to revitalise primary healthcare delivery. This new health policy comes at an opportune time following the passage of the *National Health Act, 2014*. The *Act*, therefore, provides the legal framework for the new *National Health Policy*.

1.3 The Global Context for Health Development

Nigeria is a signatory to several global initiatives and agenda on health and development, including the MDGs and SDGs. The thrust of the third goal of the SDGs is to *ensure healthy lives and promote wellbeing for all at all ages*. This also aligns with the *Nigerian Vision 20:2020* goal.

Human capital development is a *sine qua non* for sustainable economic development, hence Nigeria also buys into the Rio Political Declaration on Social Determinants of Health (2011) in which governments resolved totake appropriate action on the social determinants of health in order to create vibrant, inclusive, equitable, economically productive and healthy societies.

There has been a global commitment to UHC, the principles of Alma Ata, and the Ouagadougou Declaration on PHC. The new National Health Policy is meant to guide the country in the implementation of the above global declarations for the realisation of good health and wellbeing for all Nigerians.

[1] Nigeria Vision 20:2020

Chapter 1

Introduction cont'd

1.4 The National Health Policy Development Process

The process of developing the new National Health Policy was initiated by the FMOH, through consensus-building with stakeholders. A Technical Working Group (TWG) comprising some officials of the FMOH and its agencies, representatives of development partners, private health sector, CSOs, the regulatory bodies, state ministries of health/FCT Health and Human Services Secretariat and the academia was constituted. The first meeting of the TWG was held in January 2015 in Calabar to review the National Health Policy (2004) and the progress made with its implementation. Also, emerging health challenges were discussed and a new health policy theme was proposed. The theme adopted for the National Health Policy (2016) was **"Promoting the Health of Nigerians to Accelerate Socioeconomic Development"**. The Calabar meeting ended with the production of a sub-zero draft of the Policy. The second meeting of the TWG in Enugu State in February 2016, which had six participating states, resulted in the development of the standard draft of the Policy.

Chapter 2

Situation Analysis

2.1 Geographic, Political and Demographic Features

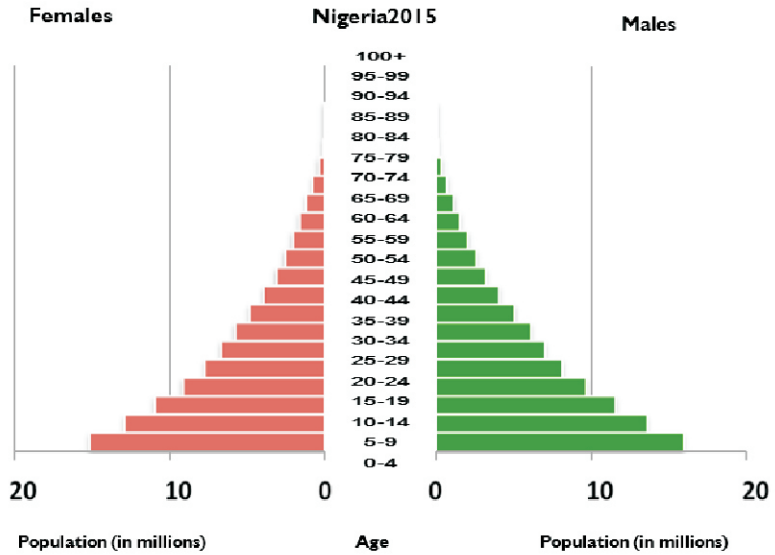
Nigeria is located in Western Africa on the Gulf of Guinea and has a total area of 923,768 km^2 (356,669 square miles), making it the world's 32nd largest country. Its territorial borders are defined by the Republics of Niger and Chad in the north, the Republic of Cameroon in the east, the Republic of Benin in the west and the Atlantic Ocean in the south. Nigeria lies between latitudes 4°16' and 13°N53', and longitudes 2° and 15°E. The main rivers are the Niger and the Benue, which converge at Lokoja and empty into the Niger Delta. The climate of Nigeria is tropical, with wet and dry seasons associated with the movement of the Inter-tropical Convergence Zone, north and south of the Equator.

Nigeria runs a federal political system. It has 36 states, 774 LGAs and the FCT, with Abuja as the national capital. There are currently no clearly defined roles and responsibilities with regard to the provision and financing of health among the three tiers of government.

Nigeria is the most populous country in Africa, with a 2014 projected population of 182,867,631 based on a growth rate of 3.2% per annum. The population structure is characterised by a predominantly young population, with a median age of 18.2 years. The total dependency ratio is high at 89.2%, with a youth dependency ratio of 84%.

The total fertility rate has dropped only slightly from 5.7 live births per 1000 covering age 15–49 years in 2008 to 5.5 in 2013. This may be related to the low contraceptive prevalence which had stayed static from 15% in 2008 and 15.1% in 2013 for all methods of contraception. Considering this low uptake of contraception and a persistent youth bulge, harnessing Nigeria's demographic dividend will depend on the extent to which the scale-up of contraceptives is implemented.

Figure 1 : Nigeria's population structure



Source: United Nations Department of Economic and Social Affairs, Population Division [2015]. World Population Prospects: The 2015 Revision)

The proportion of the population living in urban areas has increased to 46.9% in 2014 from 34.8% in year 2000, with an urbanisation growth rate of 3.75%. This could result in increased pressure on social amenities and facilities in cities.

Chapter 2

Situation Analysis cont'd

2.2 Socio-economic Features

2.2.1. Economic Performance

Nigeria's Gross Domestic Product (GDP) grew from NGN 54.6 trillion in 2010 to NGN 80 trillion ($502 billion) in 2013, making Nigeria the largest economy in Africa. The economy grew at a rate of 4.5–5% between 2010 and 2013 and by 6% in 2014. While Nigeria's economy is still largely dependent on oil revenues, the growth in GDP was driven largely by growth in the non-oil sectors.

However, with declining oil revenues and ongoing security challenges in the North-East, the gross foreign and fiscal reserves declined steadily from 2014. The overall economic growth in 2015 was only 2.98%, projected to increase to 3.7% in 2016. Current government efforts are aimed at increasing revenues in the short term through improving efficiency in government spending, broadening the tax base, and borrowing. The economic outlook in Nigeria is optimistic in the medium term, with economic growth projected to rise to about 5.4% annually, from 2017 to 2019. This is expected to result from investments in non-oil sectors especially in power, works and housing commencing in 2016.

2.2.2. Employment/Unemployment

The labour force population of Nigeria was estimated at 75.9 million in the third quarter of 2015, with an unemployed population of 20.7 million. The unemployment rate is currently estimated at 9.9%, with an underemployment rate of 17.4%. Unemployment is highest in the age group of 15–34 years and higher in urban than in rural areas. Underemployment, on the other hand, is more prevalent in the rural areas. The trend analysis indicates an overall increase in unemployment from 5% in 2010 to 9.9% in 2015.

2.2.3. Poverty

Nigeria's economic growth and diversification have not translated into a significant decline in poverty levels. Based on the Harmonised Nigeria Living Standards Survey (HNLSS) of 2010, 69% of the population are estimated to be living below the poverty level, translating to 112.7 million persons. The poverty level varies widely across the geopolitical zones of the country, with higher levels in the northern parts of the country compared to the south, and in rural areas compared to urban areas. The South-West has the lowest poverty rate while the North-West has the highest poverty rate by all poverty measures.

2.2.4. Education

About 50% of the women and 75% of the men in Nigeria are literate. Literacy is higher among women and men in urban areas than those in rural areas.

Nearly 4 in 10 women (38%) and 21% of men have never attended school. Only 17% of women and men have attended primary school. Forty-five percent (45%) of women and 62% of men have attended secondary school or higher. Women and men in urban areas are more likely to achieve higher levels of education than those living in rural areas. Younger women are more likely than older women to have attended school.

Women in urban areas of Nigeria have a median of 10.2 years of schooling, compared to rural women who have a median of zero years of schooling. Sixty-nine percent (69%) of women in the North-West zone have never attended school, compared to 5% of women in the South-South and South-East zones. Forty-five percent (45%)

United Nations Population Division website. Accessed 8 February, 2016
GDP at current basic prices. National Bureau of Statistics. GDP Rebasing - final estimates.
Federal Government of Nigeria, Budget Speech, 2016.
The Nigerian economy: the past, present and the future. NBS 2016.

Situation Analysis cont'd

of men in the North-East Zone have never been to school, compared to 1% in the South-South and South-East Zones.

2.2.5. Water and Sanitation

Sixty-one percent (61%) of households in Nigeria have access to an improved source of drinking water. "Improved sources" include: pipe-borne water within a dwelling places; water from public taps or borehole; a protected well; spring water; bottled water; and rainwater. The most common source of drinking water is a tube well or a borehole (37%). A higher proportion of urban households (76%) have access to an improved source of drinking water, compared to rural households (49%).

Thirty percent (30%) of households have an improved toilet facility not shared with other households, and 25% use a shared facility. Forty-five percent (45%) of households use a non-improved toilet facility. Twenty-nine percent (29%) of households have no toilet facility; rural households are more likely than urban households to have no toilet facility (40% versus 16%). Households in urban areas have higher access to improved sanitation than rural areas.

These figures suggest that Nigeria did not meet its MDG target of at least 63% having improved sanitation facilities and at least 75% of the population having access to improved drinking water by 2015.

2.2.6. The Environment

There has been increasing environmental degradation in Nigeria as a result of both human activity and natural phenomena. Climate change, with its attendant increased temperatures, intense heat waves, more extreme rainfall and increased flooding, have the combined potential of intensifying existing challenges of communicable diseases, food insecurity and poverty, if pro-active action is not taken.

2.3 Progress in Nigeria's Overall Health Status

Nigeria has recorded progress in some of its health indicators, such as infant and under-five mortality rates, while other areas showed slow progress or have worsened over the years.

Table 1: Progress on overarching health indicators in Nigeria

Indicator	*2003*	*2008*	*2013*
"Trends in child mortality (per 1000 live births)"			
Neonatal mortality	***48***	***40***	***37***
Infant mortality	***100***	***75***	***69***
Post neonatal mortality	***52***	***35***	***31***
Child mortality	***112***	***88***	***64***
Under-five mortality	***201***	***157***	***128***
Trends in maternal mortality	***About 1000/100,000 (WHO/UNICEF)***	***545/100,000***	***576/100,000***

Source: NDHS 2003, 2008, 2013

The average life expectancy at birth has increased from 46 in 2008 to 52.62 in 2013. The Under-5 mortality rate declined from 201 deaths per 1,000 live births in 2003 to 128 deaths in 2013, a decline of 31 percent, while the infant mortality rate declined from 100 deaths per 1,000 live births in 2003 to 69 in 2013.

National Bureau of Statistics 'Unemployment report, 3rd Quarter, 2015.
National Bureau of Statistics, Nigerian Poverty Profile, 2010.
NDHS 2013. National Population Commission

Chapter 2

Situation Analysis cont'd

At the current mortality levels, one in every 15 Nigerian children die in their first year, and one in every eight do not survive to their fifth birthday. The neonatal mortality rate, at 37 deaths per 1,000 live births, has not declined to the same extent as the infant and under-five mortality rates.

Twelve percent of women and men are likely to die between the ages of 15 and 50. These probabilities have decreased since 2008 by 23% for women and 27% for men. Maternal deaths account for 32% of all deaths among women in the age group 15–49. The maternal mortality ratio was 576 maternal deaths per 100,000 live births for the seven-year period preceding the survey reported in Table 1. The lifetime risk of maternal death indicates that the death of 1 in 30 women in Nigeria will be related to pregnancy or childbearing.

Inequalities in health outcomes also exist between rural and urban areas, between the northern and southern regions of the country, and across income groups. Childhood mortality rates are higher in rural areas than in urban areas, and higher in the northern zones than in the southern zones. Also, childhood mortality is positively correlated with the wealth quintile, as well as with the level of mothers' education.

Thirty-seven percent of children under age 5 are stunted, 18% are wasted, and 29% are underweight. The proportion of stunted children declined from 41% in 2008 to 37% in 2013.

2.4 Major Causes of the Disease Burden

Nigeria still has a high prevalence of communicable diseases and an increasing burden of non-communicable diseases.

Communicable diseases account for 66% of the total burden of morbidity. These diseases include malaria, acute respiratory infections (ARI), measles, diarrhoea, tuberculosis, HIV/AIDs and neglected tropical diseases (filariasis, onchocerciasis, trachoma, worm infestation, schistosomiasis, leprosy etc) Although the incidence of HIV/AIDs is currently on the decline, the absolute number of affected persons still places a huge morbidity burden on Nigeria's resources. The emergence of resistant strains of bacteria tends to complicate intervention efforts, as well as management costs.

Malaria remains an important cause of morbidity and mortality in Nigeria and it accounted for 32 percent of the global estimate of 655,000 malaria deaths in 2010 (World Health Organisation, 2012). An estimated 97% of the country's estimated population of 160 million residents are at risk of malaria. Children under age 5 and pregnant women are the groups most vulnerable to illness and death from malaria infection in Nigeria. The outbreak of epidemic-prone diseases, such as Ebola Virus Disease (EBV), Lassa fever and Avian influenza in recent years has added to the burden of communicable diseases in the country. While the surveillance system and response mechanisms have been able to detect and control these outbreaks, there is still room to strengthen these mechanisms. The neglected tropical diseases (filariasis, onchocerciasis, trachoma, worm infestation, schistosomiasis, leprosy etc) also continue to be a major public health problem.

With the continuing epidemiological and demographic transition of the Nigerian population, the burden of non-communicable diseases remains a major challenge. Consequently, morbidity and mortality associated with diseases such as cardiovascular disorders, diabetes mellitus, cancers, and chronic obstructive lung disease are on the increase. Furthermore, there has been an increase in injuries and disability, mental health disorders and other psycho-social problems as a result of violence and social unrest. Malnutrition and nutrition-related

NDHS 2013. National Population Commission
NDHS 2013. National Population Commission
NDHS 2013. National Population Commission
NDHS 2013. National Population Commission

Situation Analysis cont'd

diseases still constitute a formidable public health problem in Nigeria; they remain the underlying cause of 53% of under-five mortality in the country. Many malnourished children have irreversible damage, including lower cognitive development, which will result in life-long disadvantage.

Pregnancy and birth-related complications constitute other major drivers of the increasing burden of diseases. The maternal mortality rate in the country is still high (576/100,000 live births) and the major direct causes remain severe bleeding, abortion, sepsis, obstructed labour, and hypertension in pregnancy. Although the childhood mortality indicators, such as infant and under-five mortality rates have improved, the rates are still unacceptably high compared to other countries in the region. The major causes of childhood mortality include malaria, pneumonia, diarrhoea, HIV/AIDs, and vaccine-preventable diseases-all complicated by malnutrition.

2.5 Nigeria's Health Systems

2.5.1. Governance and Stewardship

Nigeria is governed by the provisions of the *Constitution of the Federal Republic of Nigeria (1999)* as amended. Unfortunately, it does not lay emphasis on health and fails to clearly indicate the roles and responsibilities of the three tiers of Government in health systems management and delivery. *The National Health Act (2014)* is the first legislative framework for the health system, though it has not properly addressed the gaps in the Constitution. The country has several sub-sectorial policies and plans, including the Reproductive Health Policy, National Human Resources for Health (HRH) Policy and Plan, National Health Promotion Policy, Health Financing Policy, and the National Strategic Plan of Action for Nutrition, amongst others.

There is an existing framework for the oversight of programme implementation at the highest level, starting with the National Council on Health. There are various national coordination platforms, including the Health Partners Coordinating Committee, chaired by the Minister of Health, the Development Partners Group for Health, and different thematic technical groups and task teams. However, poor coordination and harmonisation of these groups leads to duplication of functions and waste of scarce resources.

A lack of transparency exists in the budgetary process – while the federal budget appropriation is published, information on state budget appropriations is not usually available, publicly. In addition, budget execution is also not made public.

Other challenges related to leadership and governance include inadequate political will and commitment to health, as evidenced by low budgetary allocation to health; constant changes in the leadership of the FMOH and the State Ministries of Health (SMOH); high level of corruption and fraud; inadequate level of accountability and transparency; ineffective coordination among the three levels of government, as well as between the private and public sectors; lack of effective mechanisms for engaging consumers in policy and plan development and implementation; and weak donor coordination and harmonisation of donor aid.

2.5.2. Health Services

In Nigeria, health services are delivered through primary, secondary and tertiary health facilities by both the public and private sectors. Although primary health care is the fulcrum of the Nigeria health system, the provision, financing and management of primary health care services, as well as secondary health care services, leaves much to be desired.

NDHS2013. National Population Commission

Chapter 2

Situation Analysis cont'd

The availability of health facilities does not translate into the availability of quality healthcare services. Certain services are not generally available to a large percentage of the population. There is consistent disruption of healthcare services, due to incessant industrial action by all cadres of healthcare providers in public facilities. Even though the private sector has played a vital role in making health services available, there is still poor integration of the private sector in the Nigeria health system.

Many health facilities are situated far away from the people, especially in rural and hard-to-reach areas. The most common barriers to accessing health services by the population are the cost of services, distance to the health facility, and the attitude of health workers.

The quality of health services is generally poor and does not instil confidence in the people. This has led to some people seeking care outside the country, or bypassing the primary and secondary health facilities to seek health care at tertiary health institutions. Competence in the diagnosis and management of clinical illnesses is disproportionate, while adherence to clinical guidelines is low. Even where quality may be high, the perception of service users may not correlate with the actual quality of care delivered. These may be due to the poor attitude of health workers, lack of clarity of standards and protocols, as well as inadequate implementation of these guidelines and other regulations (SDI, 2014). While SMOH issue licences to ensure that facilities comply with standards, the monitoring of quality of services provided by the private sector is limited. There is no institutional framework for regulating quality and standards. While the National Health Act 2014 provides that health facilities are required to obtain a certificate of standards, the requirements for this certificate are not specified in the Act. Regulations that would provide these requirements have also not yet been enacted.

Service coverage is still low, showing little progress in the past ten years. This can be seen in Table 2.

Table 2: Coverage levels of some key Maternal, New-born, and Child Health services in Nigeria

Indicator	*2003 %*	*2008 %*	*2013 %*
Percentage of married women aged 15–49 who are currently using contraceptives (any method)	*13*	*15*	*15*
Antenatal care by skilled provider during pregnancy for most recent births	*58*	*58*	*61*
Delivery in a health facility	*33*	*35*	*36*
Delivery assisted by skilled provider	*35*	*39*	*38*
Trends in vaccination coverage			
BCG	*48*	*50*	*51*
DPT3	*21*	*35*	*38*
Polio 3	*29*	*39*	*54*
Measles	*36*	*41*	*42*
All	*13*	*23*	*25*
None	*27*	*29*	*21*

Source: NDHS 2003, 2008, 2013

NDHS 2013. National population Commission
SDI 2014
Nigeria Health systems assessment 2008

Situation Analysis cont'd

There is inequity in access to services due to socio-economic status and geographic location. For instance, 11% of births to uneducated mothers occur in health facilities while 91% of births to mothers with more than secondary education occur in health facilities; 86% of mothers in urban areas receive antenatal care (ANC) from skilled providers, compared to only 48% of mothers in rural areas; while ANC coverage in the North-West is 41%, compared to 91% in the South-East.

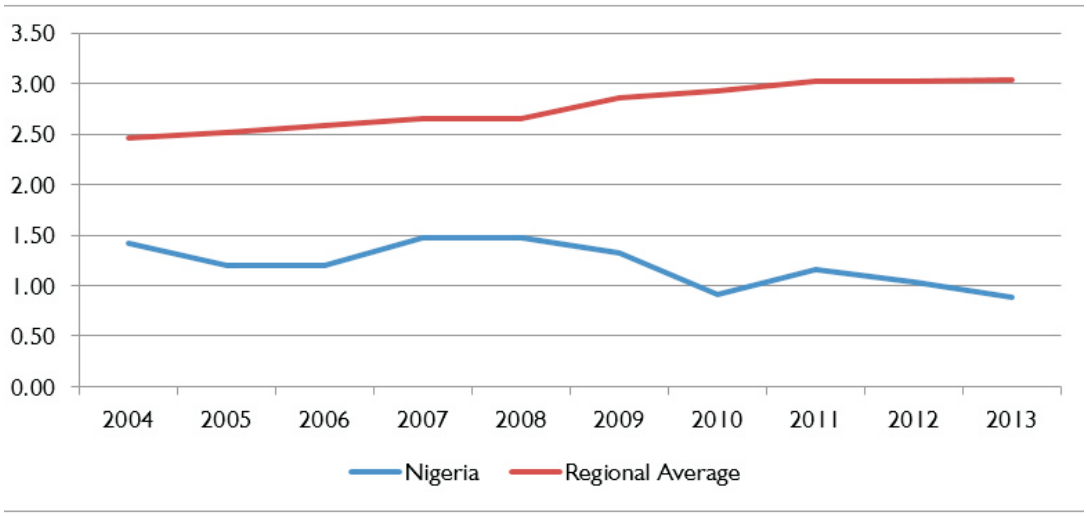
Nigeria has achieved some significant milestones in recent years with the eradication of guinea worm, control of the Ebola Virus Disease outbreak and the interruption of Wild Polio Virus (WPV) transmission in the country. The FMOH is leveraging the platform deployed to achieve these milestones in strengthening the delivery of healthcare. Earmarking 5% of the Basic Health Care Provision Fund for emergency medical treatment is useful in ensuring that all accident victims are attended to.

Other problems related to health services include: curative-skewedness of health services delivered at all levels; inefficiencies in the production of services; non-provision of a minimum package of health services, and poor referral systems.

2.5.3. Health Financing

The health financing functions comprise revenue-generation, revenue-pooling and purchasing of healthcare services. At the federal level, the total allocation from the Federal Budget to health rose from 3.9% to 6% between 2010 and 2012, but decreased again to 4% in 2013. There is paucity of data on state budgetary allocations to health. Key health financing indicators for Nigeria compared to Africa's regional average are shown in Figures 2–5.

Figure2. General government health expenditure as a proportion of GDP



Global Health Expenditure Database. WHO. http://apps.who.int/nha/database/ViewData/Indicators/en. Accessed 23 February, 2016

Situation Analysis cont'd

Figure 3. General government expenditure on health (GGHE) as a proportion of general government expenditure (GGE)

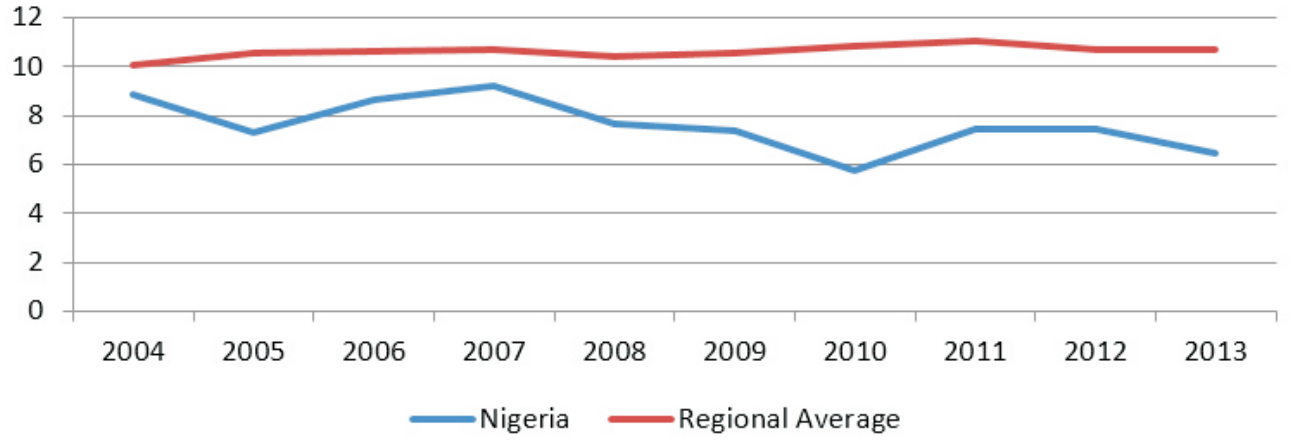
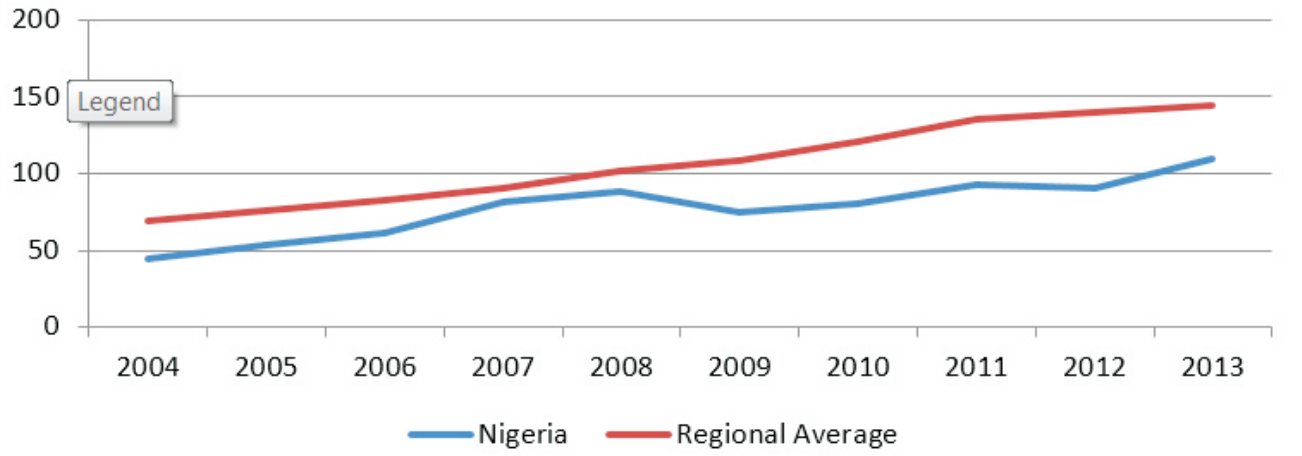


Figure 4. Total health expenditure per capita by US$ exchange rate



There is an opportunity for domestic resource mobilisation with regards to increasing the number of private sector players in health. Overall, Out-of-pocket expenditure (OOPE), as a proportion of total health expenditure remained high for the same period, ranging from 73.8% in 2006 to 70% in 2009. The high level in OOPE poses a barrier to accessing health services, thereby fuelling the inequity in health outcomes.

Less than 5% of the population is currently covered by any form of prepayment schemes, such as health insurance. Only Federal Government workers are currently enrolled in social health insurance and civil servants from most states are yet to be enrolled. Also, the enrolled Federal Government workers have not begun to pay their employee contributions to health insurance. At the current level and trends of health financing, Nigeria will not achieve UHC.

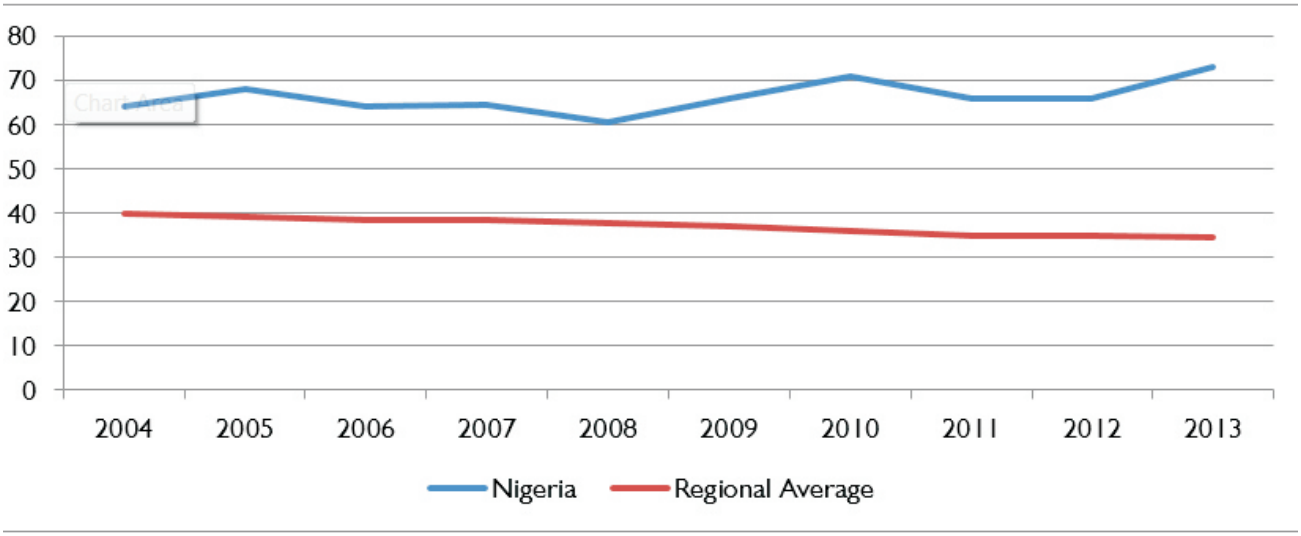
Benefit packages are fragmented across various schemes and the purchasing of health services is neither efficient

Global Health Expenditure Database. WHO. http://apps.who.int/nha/database/ViewData/Indicators/en. Accessed 23 February, 2016

Situation Analysis cont'd

nor strategic. Resource allocation is not based on evidence. Though the *National Health Act (2014)* has made provisions for a Basic Health Care Fund, accountability is a challenge as there is weak institutional capacity in public financial management and expenditure tracking at all levels of government.

Figure 5. Out-of-pocket expenditure on health (OOPE) as a proportion of total health expenditure (THE)



Meanwhile, the FMOH has commenced the implementation of the recommendation of experts from the Presidential Declaration on UHC by establishing a central coordination platform in the FMOH, as well as facilitating reforms in the National Health Insurance Scheme (NHIS).

The challenges of health financing in the country include gross under-funding of health, inadequate public health funding, low external funding, with the little external funding not being in tandem with national priorities, incomplete and unreliable data on health financing, allocative and technical inefficiencies in health spending, very limited coverage with risk pooling mechanisms, and poor private sector investments in health.

2.5.4. Human Resources for Health (HRH)

As at 2012, there were 27 accredited medical schools in 2012, 78% of which are in the southern part of the country and from which about 2,300 students graduate every year. There were 56 accredited colleges/schools of health technology offering training programmes for Community Health Extension Workers (CHEWs) and Junior Community Health Extension Worker (JCHEWs). There were also 14 Community Health Officer (CHO) training institutions, and only 76 accredited schools of nursing and midwifery out of 89 nursing schools documented in 2009. Thus, 13 schools of nursing and midwifery lost accreditation between 2009 and 2012, due to lack of appropriate infrastructure and under-qualified tutors, thereby impacting negatively on the country's ability to produce adequate numbers of health workers in the medium to long term. This also points to a reduction in the quality of training provided to health workers in the country.

Nigeria has one of the largest stocks of human resources for health in Africa. Table 3 shows the profile for human resources in Nigeria in 2012.

Global Health Expenditure Database. WHO. http://apps.who.int/nha/database/ViewData/Indicators/en. Accessed 23 February, 2016

Chapter 2

Situation Analysis cont'd

Table 3: Summary of the Health Workforce Profile for Nigeria in Year 2012

Registered health worker cadre	Number	Population ratio per 100,000	Sub-Sahara African population ratio per 100,000[1]
Medical doctors	65,759	38.9	15
Nurses and midwives	249,566	148	72
Pharmacists	16,979	10	Not applicable (NA)
Community health officers (CHOs)	5,986	3.5	NA
Community health extension workers (CHEWs)	42,938	25.3	NA
Junior community health extension workers (JCHEWs)	28,458	16.8	NA
Radiographers	1,286	0.76	NA
Medical laboratory scientists	19,225	11.3	NA
Physiotherapists	2,818	1.7	NA

Source: National HRH profile 2013

Impressive as these absolute figures may be, Nigeria still suffers from inadequate numbers of various categories of health workers. A greater problem is the maldistribution of the existing health workers between the rural and urban areas and among geo-political regions (Table 4).

Table 4: Disparity in the distribution of various cadres of health workers among geopolitical zones

Health Workers	Total Number	North-Central %	North-East %	North-West %	South-East %	South-South %	South-West %
Doctors	52408	9.73	4.06	8.35	19.59	14.37	43.9
Nurses	128,918	16.4	11.65	13.52	15.29	27.75	15.35
Radiographers	840	14.3	3.66	5.97	15.0	18.3	43
Pharmacists	13,199	19.94	3.8	7.79	11.74	12.39	44
Physiotherapists	1,473	10.8	2.73	8.32	8.58	7.93	62
Medical lab scientists	12,703	6.82	1.72	3.6	35.26	23.89	29
Environmental and public health worker	4,280	9.39	11.27	18.94	12.36	15.69	32.08
Health records officers	1,187	13.34	4.85	11.6	14.64	29.9	26
Dental technologists	505	14.08	5.92	5.92	12.96	16.62	44.5
Dental therapists	1,102	13.19	10.29	21.86	10.19	12.99	31.5
Pharmacy technicians	5,483	6.17	9.12	18	8.58	11.8	46

Source: Professional Regulatory Agencies, 2008

There are at present 14 professional regulatory bodies charged with the responsibility of regulating and maintaining standards of training and practice for various health professionals in Nigeria. These include, but are not limited to, the Medical and Dental Council of Nigeria, the Pharmacists Council of Nigeria, the Nursing and Midwifery Council, the Community Health Practitioners Board, and the Medical Laboratory Science Council. However, they are limited by weak structures and poor institutional capacities to carry out their statutory function of effective monitoring of health professionals and the accreditation of training institution programmes in their areas of jurisdiction.

[1] WHO, 2006

Chapter 2

Situation Analysis cont'd

The FMOH has established a national health workforce registry, although it is not yet fully functional and the registry's data are not regularly updated. Currently, the regulatory bodies maintain records of the health workers in their jurisdiction, but the records are also often not up to date and are, thus, inadequate for planning. The National Health Act has earmarked 10% of the Basic Health Care Provision Fund for the development of human resources for PHC. The Act also specifies the rights of health care personnel.

Some of the other major challenges of HRH include: poor management of HRH (including retention, remuneration, supervisory and logistics support); a poor work environment; limited opportunities for continuing education; migration to "greener pastures"; professional rivalry; divided/conflict of interest of health staff; and frequent strike actions.

2.5.5. Medicines, Vaccines and Other Health Technologies

Nigeria has made appreciable progress in improving her capacity for local manufacturing of medicines and health commodities as four Nigerian pharmaceutical companies have received WHO certification for Good Manufacturing Practices (GMP). However, this is still inadequate considering the need and there is still a high dependence on importation. In addition, the country is unable to make progress in the local production of active pharmaceutical ingredients. There are no locally manufactured products that are WHO pre-qualified yet.

The National Agency for Food and Drug Administration and Control (NAFDAC) is the regulatory body responsible for ensuring the quality of food, drugs and other regulated products which are manufactured, exported, imported, advertised and used in Nigeria. While NAFDAC has made significant efforts to check the prevalence of fake and substandard medicines and products, the challenge still exists. To strengthen the regulatory capacity of NAFDAC, its drug quality control laboratory is being upgraded to achieve WHO pre-qualification standards.

There are fragmented systems and inefficient processes for the procurement, storage and distribution of medicines, vaccines, health commodities and technologies, including a reliable "cold chain" for vaccines. Other challenges include poor implementation of guidelines, few training opportunities, and a poor pool of necessary skills for supply-chain management among providers. These deficiencies often lead to drugs and other health commodities being frequently out of stock. It is expected that the provision of 20% of the Basic Health Care Provision Fund for essential drugs will address this gap.

In order to mitigate the above-mentioned challenges, the National Product Supply Chain Management Programme, under the Department of Food and Drug Services of the FMOH, was set up to coordinate all activities related to the supply of medicines and other health products of the FMOH. While this programme has made significant progress in streamlining supply management efforts at the national level, more still needs to be done to strengthen the capacity at state and primary health care levels, leveraging on the recent ratification of the National Quality Assurance Policy for Medicines and other Health Products (2016) and the Nigeria Supply Chain Policy for Pharmaceuticals and other Healthcare Products (2016).

There is shortage of biomedical engineers and poor institutional capacity for the maintenance of equipment and medical devices. Maintenance specifications are often not included, or monitored in procurement contracts. There are no comprehensive maintenance standards and plans as well as spare parts and maintenance funds.

WHO, 2006

Chapter 2

Situation Analysis cont'd

2.5.6. Health Infrastructure

As at December 2011, there were 34,173 health facilities across 36 States and the FCT: 30,098 (88%) are primary health care (PHC) facilities, 3992 (12%) are secondary level facilities, while 83 (1%) are tertiary level facilities. More than 66% of the facilities are public (government) owned.

Table 5: Number of health facilities by type (2011)

Type	Primary	Secondary	Tertiary	Total
Public	*21,808*	*969*	*73*	*22,850*
Private	*8,290*	*3,023*	*10*	*11,323*
Total	*30,098*	*3,992*	*83*	*34,173*

Source: National Health Facility List, 2011

Physical structures such as buildings and other physical facilities, such as pipe borne water, good access roads, electricity and transportation are deficient in most locations. Also, technological equipment meant for hospital use, such as surgical equipment, computers, power generating plants, and consumables are inadequate. Poor location of healthcare facilities leads to under-utilisation of healthcare services.

There is a poor facility management and maintenance culture and a lack of standardisation for health infrastructure. Although there is Geographic Information System (GIS) on health facilities in Nigeria there is urgent need for its standardisation and harmonisation.

In order to ensure an optimum quality health infrastructure for primary health care, the *National Health Act* has specified 15% of the Basic Health Care Provision Fund to make available predictable financing obligations for the provision and maintenance of health infrastructure.

2.5.8. The Health Information System (HIS)

Nigeria developed its national health information policy and strategy in 2014 and has a roadmap to strengthen the health information system across the country.

There is fragmentation in the data systems, due to the emergence of vertical programmes and their parallel systems. The FMOH has established its national health management information software (DHIS2) for routine health information. However, progress in integrating the various versions of the software by disease programmes and partners is slow. The review and harmonisation of the data reporting tools was carried out in 2013, but the level of compliance and implementation is still low with varying reporting rates across the states. The overall completion rate of the national DHIS2 database is just over 60%.

The Integrated Disease Surveillance and Response (IDSR) system has been successful in detecting outbreaks, but the response capacity is still inadequate. There are still challenges with the quality of data, with the use of various values for selected indicators.

Routine analysis of data and the provision of timely feedback mechanisms are inadequate. As a result, efforts in data use for policymaking are deficient although there has been more success in translating the results of surveys into policy. The quality of data is still sub-optimal, and data quality assessments are neither regularly nor

WHO, 2006

Situation Analysis cont'd

consistently conducted. There are often large variations in the values of indicators from different data sources.

Other challenges related to the health information system include very weak capacity for health information system at the sub-state level with regards to its operation at the LGAs, the provision of facilities, untimely production/reporting of routine data, and inadequate use of available data for planning and decision making. Limited information from the private sector, little or no operational research activities and allocation of funds to the health information system by federal and state governments is inadequate. These challenges have made the Federal Government unable to take the lead in directing partners on the landscape, causing more fragmentation.

2.5.8. Health Research and Development

A National Health Research Policy and Priorities were developed by the FMOH in 2014. Research structures such as research institutes exist (for instance, the Nigeria Institute of Medical Research, and the National Institute for Pharmaceutical Research and Development), as well as training institutions supporting learning and dissemination of research products in health. However, research is still underfunded in most institutions.

Currently, the various research institutions and health programmes are left to develop their research priorities. There is paucity of targeted research studies that address the country's health policy needs. There is limited collation, dissemination and use of available evidence from research for decision-making. The capacity of the FMOH and the SMOH to promote and lead health research activities is very weak.

There is a mechanism for the regulation of research whereby NAFDAC regulates clinical trials in line with the principles of Good Clinical Practice. The National Health Research Ethics Committee (NHREC), along with identical committees at state and institutional levels, provide ethical oversight for all health research studies. The collaboration between NAFDAC and the national NHREC has been successful, so far. The most recent example of this success is the establishment of a Nigeria Clinical Trials Registry. The collaboration has however been through informal mechanisms, which need to be formalised. Furthermore, the NHREC has not been able to monitor and provide adequate guidelines to the state and institutional HRECs, due to underfunding and challenges with its operational structure, especially as it concerns provision of dedicated professional staff, a formal office space for its operations, and a dedicated budget line.

2.5.9. Health Promotion, Community Ownership and Participation

There are various health promotion units at both federal and state levels. However, they often lack effective leadership for health promotion. According to the National Health Promotion Policy 2006, there is little understanding of the concepts of health promotion, consumer rights, the need for multi-sectorial action, and the promotion of a supportive environment for behavioural changes in healthcare. In addition, there are few frameworks and guidelines for systematic planning and management of health education interventions.

There is a framework for the development of, and engagement with, community structures, such as ward development committees, the village development committees, and health facility committees. These committees are responsible for demand-creation, monitoring of health services, community mobilisation, and participation in programme implementation, among other functions. However, they are often not empowered and are, therefore, unable to carry out their mandate within the community. Despite the existence of these structures, communities are not adequately involved in the design and planning of health interventions and are

WHO, 2006

Situation Analysis cont'd

often not in a position to hold government and service providers accountable. However, where the committees are supported, they have proved to be instrumental in increasing demand for services.

2.5.10. Partnerships for Health

Nigeria signed up to the Global Compact of the International Health Partnerships and related initiatives in 2008, and signed up to a complementary country compact with its development partners in 2010.

Nigeria developed a Public-Private-Partnership Policy for Health in 2005. It was designed to promote and sustain equity, efficiency, accessibility and quality in healthcare provision, through a collaborative relationship between the public and private sectors. The policy is currently under review. Despite this, private sector engagement remains weak as there are very few incentives for private sector engagement in health services delivery. However, there are new developments to improve public-private partnerships, including the provisions of the *National Health Act (2014)* and the Infrastructure, Concession and Regulatory Commission.

Although platforms for partnership coordination exist, laxity persists in ensuring donor alignment to national priorities and programmes. In recent years, there has been an increased effort to include other stakeholders such as the private sector and civil society in policy and planning processes for healthcare delivery. There has been progress in multi-sectorial collaboration as exemplified by the comprehensive response to epidemics, disasters and the HIV programme in Nigeria. However, greater effort is needed to strengthen this inter-sectorial collaboration, considering that many of the determinants of health outcomes are outside the health sector.

National health promotion policy 2006. Federal Ministry of Health
NPHCDA assessment of WDCs

Chapter 3

VISION, MISSION, GOAL AND GUIDING PRINCIPLES

3.1 The Vision

Universal Health Coverage (UHC) for all Nigerians.

3.2 The Mission

To provide stakeholders with a comprehensive framework for harnessing all resources for health development towards the achievement of Universal Health Coverage as encapsulated in the National Health Act, in tandem with the Sustainable Development Goals (SDGs).

3.3 Overall Policy Goal

To strengthen Nigeria's health system, particularly the primary health care sub-system, to deliver quality effective, efficient, equitable, accessible, affordable, acceptable and comprehensive healthcare services to all Nigerians.

3.4 Social Values and Guiding Principles

The Nigeria Health Policy will be guided by the principles and values as stated below.

3.4.1. Social Values

a) A right to the highest attainable level of health as a fundamental right of every Nigerian, including access to timely, acceptable and affordable healthcare of highest quality and international best practice;
b) Maintenance of professional ethics through observance of human dignity, human rights, confidentiality and cultural sensitivity;
c) Shared responsibilities and mutual accountability of both the client and the provider in health promotion, health-seeking, and service provision;
d) Gender equity and responsiveness, cultural sensitivity and social accountability to be taken into account by all actors in the health system;
e) Sustained political commitment to health through ensuring adequate resource allocation to health and commitment to national and international declarations and;
f) Equity in access and use of services.

3.4.2. Guiding Principles

a) PHC shall be the bedrock of the national health system;
b) The attainment of universal health coverage shall be the basic philosophy and strategy for national health development;
c) All health actors shall ensure the provision and use of health services that are gender-sensitive, evidence-based, responsive, pro-poor and sustainable, with a focus on outcomes;
d) Government shall ensure quality healthcare at all levels;
e) Government shall provide policy support and funding and take active measures to involve all private healthcare actors and other stakeholders;
f) Promotion of inter-sectorial action for health and effective partnerships among all relevant stakeholders for health development by mainstreaming 'Health-in-All' policies and;
g) Focus on the poor and the vulnerable in all health interventions.

Chapter 4

POLICY OBJECTIVES AND ORIENTATIONS

4.1 Priority Public Health and Other Health Problems

4.1.1. Reproductive, Maternal, Neonatal, Child and Adolescent Health

The Goal

To reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria, and promote universal access to comprehensive sexual and reproductive health services for adolescents and adults throughout their life cycle.

Objectives

a) To reduce maternal morbidity and mortality;
b) To reduce childhood mortality and ensure optimal growth, protection and development for all new-borns and children under-five;
c) To promote the healthy growth and development of school-aged children;
d) To improve access to adolescent health information and services and;
e) To ensure the awareness of, and access to comprehensive reproductive health services.

Policy Orientation/Initiatives

- Promote the optimal health of the child through implementation of child survival strategies;
- Reduce the risks associated with pregnancy and childbirth through promotion of comprehensive obstetric care at all levels;
- Promote the provision of essential care services for the new-born as well as prevention and management of babies with other special needs;
- Promote mechanisms to ensure access to quality reproductive health services;
- Promote integration of reproductive, maternal, neonatal and child and adolescent health services and programs along the continuum of care;
- Promote the provision of services that address the needs of school-aged children and;
- Promote the enactment and implementation of legislation for mitigation of harmful cultural practices including female genital mutilation.

4.1.2. Prevention and Control of Communicable Diseases

The Goal

To significantly reduce the burden of communicable diseases in Nigeria in line with the targets of the Third Sustainable Development Goal.

Objectives

a) To foster behavioural change, reduce stigma and improve access to quality care and support services for persons living with HIV/AIDS;
b) To promote an integrated approach to control of communicable diseases;
c) To reduce the malaria burden to pre-elimination levels and bring malaria-related mortality to zero by 2030;
d) To improve and sustain routine immunisation (RI) coverage of all antigens to 90% by the year 2020 in line with the national vision;
e) To achieve the eradication of Polio in Nigeria;

POLICY OBJECTIVES AND ORIENTATIONS cont'd

f) To reduce the incidence of vaccine-preventable diseases through appropriate strategies;
g) To achieve reduction in the tuberculosis prevalence rate and the tuberculosis mortality rate in Nigeria by ensuring universal access to high quality, client-centred TB/Leprosy diagnosis and treatment services and;
h) To eliminate neglected tropical diseases, achieve global targets and significantly improve the life expectancy and quality of life of Nigerians.

Policy Orientations/Initiatives

4.1.2.1. HIV/AIDS

- Provide universal access to comprehensive and quality HIV prevention, treatment, care and support services through a multi-sectorial approach;
- Facilitate multi-sectorial interventions that will ensure an end to AIDS by 2030 and;
- Support effective measures that will ensure that 90% of all people living with HIV infection will know their status, 90% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression.

4.1.2.2. Malaria

- Reduce malaria transmission through vector control as part of an Integrated Vector Management strategy (IVM)
- Ensure prompt parasitological diagnosis and appropriate treatment of clinical cases at all levels and in all sectors of healthcare with special attention to management of severe malaria cases;
- Reduce the burden of malaria in pregnancy through implementation of prevention and treatment strategies (IPTp) and ensuring universal availability of IPTp;
- Promote the local production of quality artemisinin-based combination therapy (ACT) to make antimalarial drugs widely affordable and;
- Improve access to antimalarial commodities and encourage innovation for malaria control and elimination.

4.1.2.3. Tuberculosis and Leprosy

- Implement comprehensive strategies for case notification, management and control of tuberculosis and leprosy in the general population in line with the global roadmap;
- Increase access to high-quality integrated services for all people co-infected with tuberculosis and HIV;
- Improve access to diagnosis and treatment of multi-drug resistant tuberculosis and;
- Improve access to diagnosis and treatment of paucibacillary and multibacillary leprosy.

4.1.2.4. Neglected Tropical Diseases

- Strengthen integrated vector management for targeted neglected tropical diseases;
- Strengthen capacity for management and control of targeted neglected tropical diseases at all levels;
- Promote research and development for neglected tropical diseases and;
- Improve coverage of preventive chemotherapy for neglected tropical diseases.

POLICY OBJECTIVES AND ORIENTATIONS cont'd

4.1.2.5. Immunisation and Vaccine-preventable Diseases

- Promote efforts to further ensure ownership of the immunisation program by governments, communities, and other stakeholders at all levels;
- Promote mutual accountability for routine immunisation to ensure that all stakeholders clearly understand their expected roles and responsibilities in the system, and fully buy into the national strategy;
- Ensure vaccine security for appropriate routine immunisation coverage;
- Establish standards for injection safety and disposal, cold chain equipment and inventory requirement for immunisation service delivery;
- Promote equity in access and utilisation of services across all communities and;
- Coordinate and sustain all efforts to ensure the eradication of Polio by 2017.

4.1.3. Prevention and Control of Non-Communicable Diseases

The Goal

To significantly reduce the burden of non-communicable diseases (NCDs) in Nigeria in line with the targets of the Third Sustainable Development Goal.

Objectives

a) To integrate the prevention and control of NCDs into the National Strategic Health Development Plan and into relevant policies across all tiers of government;
b) To ensure the acquisition of up-to-date evidence on NCDs in Nigeria;
c) To reduce the burden of NCDs by engaging agencies and stakeholders that provide services impacting on the social determinants of health;
d) To provide an appropriate framework for research on the prevention and control of NCDs;
e) To strengthen partnerships with stakeholders and development partners and;
f) To monitor and evaluate the progress made at all levels of NCDs prevention and control.

Policy Orientations/Initiatives

Overall

- Promote healthy lifestyles across all levels of the population in Nigeria to address risk factors of non-communicable diseases;
- Integrate NCDs management into primary healthcare services;
- Strengthen the evidence base, including up-to-date evidence on the burden of NCDs in Nigeria, to inform the appropriate design of programs to address non-communicable diseases;
- Implement the provisions of the National Tobacco Control Act (2015) and;
- Promote multi-sectorial collaboration and partnerships for the prevention and control of NCDs.

4.1.3.1. Cardiovascular Diseases (CVDs)

- Promote screening for early detection of hypertension, stroke, heart attack and risk factors;
- Strengthen capacity for the detection and management of cardiovascular diseases and;
- Establish centres for rehabilitation of clients with long-term sequelae of CVDs.

Chapter 4

POLICY OBJECTIVES AND ORIENTATIONS cont'd

4.1.2.5. Immunisation and Vaccine-preventable Diseases

- Promote efforts to further ensure ownership of the immunisation program by governments, communities, and other stakeholders at all levels;
- Promote mutual accountability for routine immunisation to ensure that all stakeholders clearly understand their expected roles and responsibilities in the system, and fully buy into the national strategy;
- Ensure vaccine security for appropriate routine immunisation coverage;
- Establish standards for injection safety and disposal, cold chain equipment and inventory requirement for immunisation service delivery;
- Promote equity in access and utilisation of services across all communities and;
- Coordinate and sustain all efforts to ensure the eradication of Polio by 2017.

4.1.3. Prevention and Control of Non-Communicable Diseases

The Goal

To significantly reduce the burden of non-communicable diseases (NCDs) in Nigeria in line with the targets of the Third Sustainable Development Goal.

Objectives

a) To integrate the prevention and control of NCDs into the National Strategic Health Development Plan and into relevant policies across all tiers of government;
b) To ensure the acquisition of up-to-date evidence on NCDs in Nigeria;
c) To reduce the burden of NCDs by engaging agencies and stakeholders that provide services impacting on the social determinants of health;
d) To provide an appropriate framework for research on the prevention and control of NCDs;
e) To strengthen partnerships with stakeholders and development partners and;
f) To monitor and evaluate the progress made at all levels of NCDs prevention and control.

Policy Orientations/Initiatives

Overall

- Promote healthy lifestyles across all levels of the population in Nigeria to address risk factors of non-communicable diseases;
- Integrate NCDs management into primary healthcare services;
- Strengthen the evidence base, including up-to-date evidence on the burden of NCDs in Nigeria, to inform the appropriate design of programs to address non-communicable diseases;
- Implement the provisions of the National Tobacco Control Act (2015) and;
- Promote multi-sectorial collaboration and partnerships for the prevention and control of NCDs.

4.1.3.1. Cardiovascular Diseases (CVDs)

- Promote screening for early detection of hypertension, stroke, heart attack and risk factors;
- Strengthen capacity for the detection and management of cardiovascular diseases and;
- Establish centres for rehabilitation of clients with long-term sequelae of CVDs.

4.1.3.2. Diabetes Mellitus

- Promote screening for early detection of diabetes and risk factors;
- Build capacity on the detection and management of diabetes mellitus and;
- Establish rehabilitation centres for management of long-term complications of diabetes mellitus.

POLICY OBJECTIVES AND ORIENTATIONS cont'd

4.1.3.3. Cancers

- Promote strategies for routine screening and early detection of cancers in relevant age groups;
- Strengthen the existing cancer treatment centres for management of patients;
- Improve the quality of life of cancer patients and provision of palliative care;
- Strengthen the cancer registries across the country and;
- Develop innovative financing mechanisms for cancer patients.

4.1.3.4. Sickle Cell Disorder (SCDs)

- Institute universal screening and genetic counselling for the general populace;
- Strengthen the structures and capabilities for management of SCDs and;
- Promote research on innovative methods of management of SCDs to improve the quality of life and life expectancy of people with SCDs.

4.1.3.5. Injuries/Emergencies

- Integrate injury surveillance, detection, management and control into existing national strategies and plans;
- Promote strategies for the prevention and management of occupational injuries;
- Promote awareness of legislation and build capacity to respond to all forms of violence in Nigeria, including gender-based violence and violence against children;
- Establish trauma care centres at all levels of care;
- Build capacity of health systems in support of injury-prevention and control;
- Develop mechanisms to ensure that the provisions of the National Health Act (2014) with regards to emergency patients care, are fully implemented and;
- Establish a national emergency ambulance service.

4.1.4. Public Health Emergency Preparedness and Response

The Goal

To reduce the burden of public health emergencies.

The Objective

To strengthen the national alert and response capacity for public health emergencies, including epidemics, humanitarian crises and natural disasters.

Policy Orientations/Initiatives

- Develop and maintain the capabilities of stakeholders for regular risk analysis, including vulnerability and risk assessment;
- Develop and implement health emergency and disaster preparedness plans and risk-specific contingency plans, including pre-positioned emergency medical stocks and supplies;
- Implement strategies to mitigate the health impacts of disasters and environmental health issues;
- Strengthen health emergency management capacity and emergency coordination mechanisms at all levels;
- Strengthen the capacity of the surveillance and response systems in line with the International Health Regulations (IHR) of 2005 and;
- Upgrade health infrastructure and security systems in public health institutions that handle biological agents of public health importance.

Chapter 4

POLICY OBJECTIVES AND ORIENTATIONS cont'd

4.1.5. Other Health Problems

4.1.5.1.Mental Health

The Goal

To promote the mental health and wellbeing of all Nigerians.

Objective

To reduce the burden of mental illness and promote the maintenance of sound mental health of Nigerians in general.

Policy Orientation/Initiatives

- Develop and promote measures that will prevent mental illness and maintain sound mental health of Nigerians in general;
- Develop and ensure the provision of standard comprehensive care for sufferers of mental illness and disorders;
- Ensure the implementation of the national mental health policy in general;
- Improve public health education and awareness of mental health, mental illness and mental disorders;
- Develop and implement strategies to reduce stigma and eliminate discrimination against persons with mental illness and disorders;
- Strengthen participation in, and implementation of, signed regional and international conventions that relate to mental health;
- Strengthen multi-sectorial collaboration for the promotion of sound mental health in Nigeria and;
- Strengthen the evidence base for mental health in Nigeria.

4.1.5.2.Oral Health

The Goal

To achieve optimum oral health for all Nigerians.

Objectives

a) To ensure effective integration of oral health into existing national health programs and;
b) To reduce the burden of oral health problem and its associated complications among the population.

Policy Orientations/ Initiatives

- Promote effective integration of oral health services into primary healthcare;
- Promote awareness of the importance of oral health among Nigerians;
- Build capacity for the provision of oral health services at all levels and;
- Promote research in oral healthcare.

4.1.5.3.Eye Health

The Goal

To promote and improve the eye care services for Nigerians.

Objectives

a) To reduce the burden of eye diseases in the country and;
b) To ensure access to eye healthcare services to all Nigerians.

Policy Orientations/Initiatives

- Integrate eye care services into the existing national health programs;
- Build capacity for eye care services delivery at all levels;

POLICY OBJECTIVES AND ORIENTATIONS cont'd

- Improve public awareness of eye health and;
- Strengthen the evidence base for eye health problems and care.

4.1.5.4.Disabilities

The Goal

To ensure attainment of wellbeing that would enable people living with disabilities (PLWDs) achieve economically productive lives.

Objectives

a) To reduce the burden of disabilities in the country;
b) To ensure easy access to health services by persons living with disabilities;
c) To reduce morbidity and mortality and sequel associated with disabilities and;
d) To improve the quality of life for people living with disabilities.

Policy Orientation/initiatives

- Integrate disability-related interventions into existing national health programs;
- Institute measures to ensure access to health services by persons living with disabilities;
- Promote measures to reduce stigma against people living with disabilities and;
- Strengthen the evidence base on disabilities in Nigeria.

4.1.6. Health-related Problems and Issues

4.1.6.1.Nutrition

The Goal

To improve the nutritional status throughout the lifecycle of Nigerians, with a particular focus on vulnerable groups, especially women of reproductive age and children under five years of age.

The Objective

Reduce the burden of nutritional disorders among the general population.

Policy Orientations/Initiatives

- Promote awareness on nutritional disorders;
- Strengthen institutional capacity on prevention, management and control of nutritional disorders;
- Enhance a multi-sectorial approach to addressing malnutrition and obesity in Nigeria;
- Encourage broader private sector engagement to promote innovative delivery of nutrition programs;
- Promote the generation of evidence on nutrition status and coverage of nutrition interventions, including operational research and;
- Promote and facilitate community participation in nutrition interventions.

4.1.6.2.Food Safety

The Goal

Reduce the burden of food-borne diseases/illnesses among the general population.

The Objective

To significantly improve the food safety structure in the country.

Policy Orientations/Initiatives

- Modernise the Nigerian food safety regulatory framework in line with international best practices;
- Minimise the incidence of risks associated with physical, chemical and biological hazards in foods and water;
- Strengthen institutional capacity for food safety and;
- Establish an effective information and communication mechanism for the food safety system.

POLICY OBJECTIVES AND ORIENTATIONS cont'd

4.1.6.3. Water and Sanitation

The Goal

Reduce the disease burden resulting from unsafe drinking water and poor sanitation.

The Objective

To promote universal access to safe drinking water and acceptable sanitation.

Policy Orientations/Initiatives

- Promote the provision of adequate and safe water and appropriate sanitary facilities in urban and rural areas through multi-sectorial collaboration, public-private partnerships and effective community engagement;
- Develop and implement quality standards for safe potable drinking water;
- Develop and implement a national framework for water quality monitoring and surveillance strategies and;
- Promote awareness on the risks linked with the consumption of unwholesome water.

4.1.6.4. The Environment, Chemical Products and Medical Waste

The Goal

Ensure proper healthcare waste management and protect human health from environmental and chemical hazards and the effects of climate change.

Objectives

a) To reduce exposure to chemical hazards and poisons;
b) To improve environmental management and manage the health impact of climate change and;
c) To improve the management of medical waste and reduce harm to the population.

Policy Orientations/Initiatives

- Promote awareness on the impact of climate change on public health, public education and preventive options;
- Strengthen capacity to enforce environmental and occupational health policies and legislation;
- Strengthen capacity for effective healthcare waste management at all levels of the health system;
- Develop and implement guidelines for healthcare waste management at all levels;
- Strengthen capacity to appropriately respond to health effects of climate change;
- Strengthen collaboration with other relevant government authorities and stakeholders on healthcare waste management and interventions to mitigate the impact of environmental and chemical hazards and the effects of climate change;
- Strengthen the implementation of national guidelines for establishment of poison information control and management centres in Nigeria and;
- Establish a national surveillance system for chemical waste.

4.1.6.5. Health Promotion

The Goal

To reduce the overall burden of disease through behaviour and lifestyle changes.

The Objective

To enable individuals acquire information, knowledge, attitudes and skills as well as change attitudes and behaviours to facilitate the making of healthy choices.

POLICY OBJECTIVES AND ORIENTATIONS cont'd

Policy Orientations/Initiatives

- Promote awareness on the rights and responsibilities of consumers;
- Mobilise the potentials of the mass media for health promotion;
- Strengthen partnerships and multi-sectorial collaboration for health promotion;
- Strengthen capacity in health promotion, including channelling of resources at all levels;
- Promote the inclusion of health promotion in school curricula at all levels and;
- Promote the inclusion of health promotion in workplace health programs.

4.1.6.6.Gender Issues

The Goal

To ensure access to gender-sensitive health services irrespective of sexual orientation.

Objective

To mainstream gender responsiveness in all national health programs.

Policy Orientations/Initiatives

- Promote gender mainstreaming in all health policies and plans;
- Promote gender education and capacity building, thereby ensuring technical expertise and a positive gender culture;
- Promote the empowerment of women through equitable access to needed health services;

4.1.6.7.Medical Tourism

The Goal

To make Nigeria a preferred regional medical tourist destination and reverse the current trend for outward medical tourism.

Objectives

a) To develop world-class medical services in Nigeria, in line with global best practices and;
b) To make healthcare a major contributor to the GDP;

Policy Orientations/Initiatives

- Upgrade health infrastructure and technologies in at least one tertiary hospital in each geopolitical zone;
- Support capacity development of health personnel on cutting edge health technologies and procedures;
- Provide incentives for private sector investment and foreign direct investment in healthcare services in Nigeria;
- Expand the NHIS in terms of population as well as service coverage;
- Develop appropriate guidelines for the implementation of the provisions of the National Health Act (2014) on medical tourism and;
- Institute mechanisms for effective regulation/accreditation/quality control of Nigeria healthcare facilities to meet international standards.

Chapter 4

POLICY OBJECTIVES AND ORIENTATIONS cont'd

4.2. Health Systems

4.2.1. Governance and Stewardship

The Goal

To provide effective leadership and an enabling policy environment that ensures adequate oversight and accountability for the delivery of quality healthcare and development in the national health system.

Objectives

a) To effectively use the platform in the health sector for the provision of strategic governance and oversight;
b) To provide clear policy orientation for health development;
c) To facilitate the implementation of legislative and regulatory frameworks for health development, including the National Health Act (2014) and;
d) To strengthen accountability, transparency and responsiveness of the national health system.

Policy Orientation/ Initiatives

- Ensure the effective positioning and functioning of the National Council on Health for the provision of strategic oversight and guidance of the health sector;
- Develop and implement the national strategic plan for the implementation of the National Health Policy (2016) with the involvement of all major stakeholders;
- Strengthen the coordination of all health stakeholders for the effective implementation of health programs;
- Strengthen the capacity for leadership, management and administration of the health sector;
- Establish multi-sectorial collaboration mechanisms to promote synergy and leverage capacity to address the social determinants of health;
- Put mechanisms in place at all levels to enforce compliance with relevant legislation and regulations;
- Ensure efficient resource allocation to identified national health priorities;
- Develop mechanisms for additional resource mobilisation for health;
- Institute a comprehensive accountability framework that promotes effective monitoring and evaluation of health sector performance, system audit, a feedback system, due process in procurement and independent verification and;
- Set up mechanisms that will foster closer working relationships between the Ministries of Health and the Ministries of Finance at both federal and state levels.

4.2.2. Health Service Delivery

The Goal

Provide and ensure access to, and use of, high quality and equitable healthcare services, especially at the primary healthcare level, by all Nigerians.

Objectives

a) To provide a minimum healthcare service package for all Nigerians at all levels;
b) To strengthen governance and accountability of service delivery units to improve the management of health facilities;
c) To enhance demand-creation for healthcare services and health system responsiveness to client needs;
d) To strengthen referral systems;
e) To ensure the provision of adequate and safe blood for appropriate treatment of patients at all times;

POLICY OBJECTIVES AND ORIENTATIONS cont'd

f) To strengthen traditional medicines/care as a component of the national health system and improve partnership with traditional medicine practitioners in healthcare delivery;
g) To ensure timely, accessible, affordable, and reliable laboratory and radiological investigations for enhancing accurate diagnosis and;
h) To improve the quality of health services and ensure patient safety at all levels of the health system.

Policy Orientations/Initiatives

- Ensure availability of required and appropriate health services (preventive, promotive, curative and rehabilitative) at each level of care, including the community, primary, secondary and tertiary levels;
- Strengthen the capacity for the management of health service delivery at all levels;
- Promote strategies to improve the quality of healthcare provided to the population;
- Strengthen effective implementation of the Service Compact (SERVICOM) charter and other strategies for improving clinical governance;
- Facilitate collaboration with private sector and other non-state healthcare providers to expand health service coverage;
- Develop and implement robust and integrated referral mechanism systems in both private and public healthcare systems and especially in the emergency transport services;
- Implement strategies to create demand for health services and educate the population on their rights in health service delivery;
- Promote delivery approaches that respond to the needs of communities;
- Develop and implement measures to standardise and integrate traditional medicine practice into the national healthcare delivery system;
- Strengthen the National Blood Transfusion Service and step up advocacy for voluntary and non-remuneated blood donation for improved service;
- Strengthen and expand the capacity for quality laboratory and radiological services to meet the demands of the population;
- Entrench routine systems for monitoring the quality of service delivery mechanisms at all levels and;
- Ensure that there is at least one fully functional primary healthcare centre per Ward and one fully functional secondary hospital in each LGA.

4.2.2.1.Primary Healthcare

Primary healthcare shall remain the basic philosophy and central focus for national health development. *Its overall policy objectives shall* be to:

a) Design health services which can reach the majority of the people and;
b) Prevent and treat the disease problems which are responsible for much morbidity, disability and mortality.

The overall policy directives for primary healthcare shall include:

- The strengthening of primary healthcare management through a unified governance system at the state and LGA levels;
- The promotion of equitable distribution and access to services through the Ward Health System;
- The promotion of delivery of a Minimum Healthcare Package;
- The promotion of community participation in the planning, management, monitoring and evaluation of the local health system through the committee system (village, ward, development committees etc) and;
- The involvement of health-related sectors in primary healthcare development.

POLICY OBJECTIVES AND ORIENTATIONS cont'd

f) To strengthen traditional medicines/care as a component of the national health system and improve partnership with traditional medicine practitioners in healthcare delivery;
g) To ensure timely, accessible, affordable, and reliable laboratory and radiological investigations for enhancing accurate diagnosis and;
h) To improve the quality of health services and ensure patient safety at all levels of the health system.

Policy Orientations/Initiatives

- Ensure availability of required and appropriate health services (preventive, promotive, curative and rehabilitative) at each level of care, including the community, primary, secondary and tertiary levels;
- Strengthen the capacity for the management of health service delivery at all levels;
- Promote strategies to improve the quality of healthcare provided to the population;
- Strengthen effective implementation of the Service Compact (SERVICOM) charter and other strategies for improving clinical governance;
- Facilitate collaboration with private sector and other non-state healthcare providers to expand health service coverage;
- Develop and implement robust and integrated referral mechanism systems in both private and public healthcare systems and especially in the emergency transport services;
- Implement strategies to create demand for health services and educate the population on their rights in health service delivery;
- Promote delivery approaches that respond to the needs of communities;
- Develop and implement measures to standardise and integrate traditional medicine practice into the national healthcare delivery system;
- Strengthen the National Blood Transfusion Service and step up advocacy for voluntary and non-remuneated blood donation for improved service;
- Strengthen and expand the capacity for quality laboratory and radiological services to meet the demands of the population;
- Entrench routine systems for monitoring the quality of service delivery mechanisms at all levels and;
- Ensure that there is at least one fully functional primary healthcare centre per Ward and one fully functional secondary hospital in each LGA.

4.2.2.1.Primary Healthcare

Primary healthcare shall remain the basic philosophy and central focus for national health development. *Its overall policy objectives shall* be to:

a) Design health services which can reach the majority of the people and;
b) Prevent and treat the disease problems which are responsible for much morbidity, disability and mortality.

The overall policy directives for primary healthcare shall include:

- The strengthening of primary healthcare management through a unified governance system at the state and LGA levels;
- The promotion of equitable distribution and access to services through the Ward Health System;
- The promotion of delivery of a Minimum Healthcare Package;
- The promotion of community participation in the planning, management, monitoring and evaluation of the local health system through the committee system (village, ward, development committees etc) and;
- The involvement of health-related sectors in primary healthcare development.

Chapter 4

POLICY OBJECTIVES AND ORIENTATIONS cont'd

4.2.3. Health Financing

The Goal

Ensure adequate and sustainable funding that will be efficiently and equitably used to provide quality health services and ensure financial risk protection in access to health services for all Nigerians, particularly the poor and most vulnerable.

Objectives

a) To strengthen the institutional environment for sustainable financing and ensure accountability in the health sector;
b) To guarantee financial access to a minimum package of health services through mandatory health insurance for all Nigerians;
c) To strengthen domestic mobilisation of adequate resources to sustain funding for health;
d) To ensure value for money in purchasing cost-effective services essential for achieving the health-related SDGs and national priorities and;
e) To bolster health investments for economic growth and development.

Policy Orientations/ Initiatives

- Develop and implement mechanisms for enhancing more effective communication, collaboration and working relationships between Ministries of Health and Ministries of Finance for increased health funding;
- Advocate for increased budgetary allocation to health at all levels;
- Facilitate sustainable budgetary provisions for the implementation of the Basic Health Care Provision Fund as provided for in the National Health Act (2014);
- Explore additional sources of domestic resource mobilisation, including earmarked taxes on alcohol and tobacco, an aviation levy, a percentage of Value Added Tax (VAT), Global System for Mobile (GSM) communication contributions, health bonds, etc;
- Promote the revision of the 1999 NHIS Act to, among other things, make health insurance mandatory for all Nigerians and make the NHIS a regulatory body and not an implementer;
- Streamline and harmonise the various risk pools in health insurance into a single pool at the federal level and in each State;
- Eliminate inefficiencies and improve accountability for health resources;
- Promote strategic purchasing mechanisms, including outcome-focused provider payment mechanisms and focus on high impact, cost-effective interventions;
- Provide macro-economic support systems that will provide incentives for the private sector to significantly invest in health;
- Update Nigeria's National Health Account and its Sub-Accounts and institutionalise routine expenditure-tracking through annual national and sub-national health accounts estimation and public expenditure-tracking;
- Promote the updating and the implementation of sustainable healthcare financing policy and strategies at all levels;
- Promote the development and implementation of performance-based financing schemes;
- Develop mechanisms that provide evidence of economic returns on health investments;
- Develop a national platform for ensuring that evidence drives financial decision-making and;
- Strengthen the financial management capacity of officials of ministries of health.

Chapter 4

POLICY OBJECTIVES AND ORIENTATIONS cont'd

4.2.4. Human Resources for Health

The Goal

To provide appropriate and adequate human resources for healthcare provision at all levels of the health system.

Objectives

a) To strengthen the institutional framework for human resources planning, production, recruitment, distribution, management and practices in the health sector and;
b) To ensure clarity in the roles and responsibilities of actors at all levels on human resources for health planning, production and management.

Policy Orientations/Initiatives

- Strengthen the utilisation of evidence-based planning and projection of the HRH, including medium and long-term planning for health;
- Improve the production of human resources for health, including the training of specialised health worker cadres through the completion and implementation of a national HRH policy and strategic plan and their adaptation by state governments;
- Foster effective collaboration with regulatory bodies in both the education and health sectors;
- Promote reform on the performance management systems for all cadres of health workers;
- Institute measures that promote equitable distribution and retention of human resources for health at all levels of the health system, including improving the conditions of service especially in rural settings;
- Strengthen the capacity of professional regulatory bodies to ensure compliance with the ethical standards and norms for healthcare delivery;
- Strengthen the HRH information system;
- Develop and implement mechanisms to minimise rivalries between professional health workers and also minimise industrial unrest (strikes);
- Develop and implement measures to address the post-graduate specialty training challenges in healthcare;
- Develop and implement measures to reduce the existing "conflict of interest" problem of medical/health workers and;
- Ensure the effective and efficient use of 10% of the Basic Health Care Provision Fund for the development of human resources for primary healthcare.

4.2.5. Medicines, Vaccines, Other Health Technologies

The Goal

To ensure that quality medicines, vaccines, commodities and other technologies are available, affordable and accessible to all Nigerians.

Objectives

a) To build and maintain an integrated and effective system at all levels that ensures availability of good quality medicines, vaccines, health commodities and other technologies at all times in accordance with international standards;
b) To establish effective structures that ensure accessibility of medicines, vaccines, commodities and other technologies at all levels and at all times;
c) To create an enabling environment that ensures affordability of medicines, vaccines, commodities and other technologies at all times;
d) To create appropriate mechanisms/structures that will enable proper regulation, management and administration of medicines, vaccines, commodities and other technologies and;
e) To develop and facilitate the use of Traditional Medicine in Nigeria in the official healthcare system; and also harness its economic benefits.

POLICY OBJECTIVES AND ORIENTATIONS cont'd

Policy Orientation/Goals

- Revise, update and implement the National Drug Policy, the National Essential Medicines List, the Nigeria Supply Chain Policy for Pharmaceuticals and other Healthcare Products, and the National Quality Assurance Policy for Medicines and other Health Products;
- Promote the local production of high quality medicines, vaccines, therapeutic foods, commodities and other health technologies;
- Facilitate public/private partnerships in the production of medicines and vaccines;
- Support more local drug manufacturers to attain the WHO pre-qualification status;
- Strengthen existing systems for effective monitoring, surveillance and evaluation in the whole logistics channel for healthcare delivery;
- Strengthen relevant regulatory bodies like NAFDAC and Standards Organisation of Nigeria (SON) to reduce the supply of fake and substandard medicines, vaccines, commodities and other technologies for healthcare delivery;
- Strengthen a unified supply management system for medicines, vaccines, commodities and other technologies with a functional Logistics Management Information System (LMIS) and leverage benefits of pooled procurement and economies of scale;
- Facilitate adequate expansion/upgrading of all medical stores and cold chain storage facilities at all levels for the purpose of effective storage and proper distribution of drugs, vaccines and commodities;
- Facilitate proper education of health workers on the rational use of drugs to minimise the incidence of drugs resistance;
- Strengthen the pharmacovigilance processes for early detection and reporting of adverse drug reactions;
- Implement strategies to ensure availability and accessibility of controlled medicines for therapeutic use;
- Implement a Traditional Medicine Policy in order to integrate the practice of traditional medicine into the healthcare delivery system;
- Implement a systematic approach to improve the use of traditional medicines and herbs, and support research on local medicinal plants for priority diseases and;
- Ensure the appropriation and use of the 20% allocation from the Basic Health Care Provision Fund for the provision of essential drugs, vaccines and consumables.

4.2.6. Health Infrastructure

The Goal

To have an adequate and a well distributed network of healthcare infrastructure that meets quality and safety standards.

Objectives

a) To improve availability and distribution of functional health facilities across the country to ensure equitable access to health services, especially in underserved areas;
b) To ensure compliance with quality standards and requirements for facilities and biomedical equipment and;
c) To ensure effective maintenance of health equipment and infrastructure at all levels.

POLICY OBJECTIVES AND ORIENTATIONS cont'd

Policy Orientations/ Initiatives

- Ensure the efficient utilisation of the 15% allocation from the Basic Health Care Provision Fund for the maintenance of health infrastructure, equipment, and transportation for eligible primary care facilities, in line with the National Health Act (2014);
- Promote adherence to all quality requirements and standards for equipment and safety for all the various categories of health facilities;
- Strengthen the implementation of the issuance of, and compliance with, the Certificate of Standards in line with the National Health Act (2014);
- Ensure the classification of health establishments according to the National Health Act (2014) to guarantee efficiency and equitable access to health services;
- Promote multi-sectorial and public-private partnerships for infrastructural development and maintenance;
- Resuscitate and strengthen schools of biomedical engineering to produce the required personnel and to manage and maintain medical equipment and;
- Integrate the principles of service contracts and technology transfer/training/maintenance agreements as part of the contracting conditions for the purchase of equipment and complex medical services.

4.2.6. Health Information System

The Goal

To institutionalise an integrated and sustainable health information system for decision-making at all levels in Nigeria.

Objectives

a) To provide timely reliable and accurate data that will inform policymaking, evidence-based decisions and resource allocation for improved healthcare at all levels and;
b) To develop and strengthen the national e-health system.

Policy Orientations/Initiatives

- Ensure adequate resource allocation (finance, human resources and logistics support) for health information system at all levels;
- Strengthen mechanisms to ensure accuracy, timeliness and completeness of health data reporting from both public and private health facilities;
- Build capacity on routine data collection, analysis and interpretation for decision making;
- Strengthen coordination mechanisms and platforms for effective collaboration, harmonisation and integration of data collection, reporting and management systems of both state and non-state actors to ensure adequate and complete information for decision making in healthcare delivery;
- Strengthen mechanisms for translating health evidence into policy, decision making and resource allocation;
- Collaborate with relevant agencies to strengthen civil registration and vital statistics systems;
- Strengthen and integrate existing surveillance systems and registries into the overall health information system;
- Strengthen data infrastructure, including Information and Communication Technology (ICT) infrastructure at all levels;
- Strengthen mechanisms to ensure data protection, confidentiality and security in line with the provisions of the National Health Act (2014);
- Establish a national health observatory for appropriate knowledge management;

POLICY OBJECTIVES AND ORIENTATIONS cont'd

- Develop and implement mechanisms to ensure collaboration, harmonisation and integration of data collection, analysis, storage and dissemination of activities of state and non-state actors to ensure adequate and complete information for decision making in the health sector and;
- Strengthen mechanisms to ensure accuracy, timeliness, and completeness of health information from the general population and from health facilities.

4.2.8. Health Research and Development

The Goal

To have robust research and development systems at all levels that generate reliable health data that is responsive to the decision making needs of the health system.

Objectives

a) To provide a coordination and regulatory framework for health research and development by all relevant stakeholders, in line with the National Health Act (2014);
b) To advocate and solicit for mobilisation of adequate funding for health research and development, including the establishment of a National Health Research and Innovation Fund and;
c) To establish a framework for the effective utilisation of research findings for evidence-based decision making.

Policy Orientations/Initiatives

- Ensure the implementation of the National Health Research Policy and Priorities 2014;
- Facilitate the development and operationalisation of a national research agenda, including basic/translational research and product development, as well as health systems/policy implementation research;
- Facilitate adequate resource allocation for research and surveys at all levels, in line with agreed International Declarations especially the Algiers Declaration on Health Research[1];
- Strengthen the national health research institutes (the National Institute of Medical Research and the National Institute of Pharmaceutical Research and Development) to contribute to evidence-based decision making;
- Build professional and institutional capacity for health research and development at all levels;
- Establish new and strengthen existing institutions and systems for the promotion, regulation and ethical oversight of essential national health research;
- Facilitate a mechanism for the collation and archiving of health-related research findings for improved knowledge management;
- Promote the process of translating research findings into policies, strategies, practice and utilisation and;
- Strengthen the Department of Health Planning, Research and Statistics at the federal and state levels with regards to their research functions to commission and harness research findings for decision making in health.

4.2.9. Community Participation and Ownership

The Goal

To strengthen and sustain active community participation and ownership in health planning, implementation, monitoring and evaluation.

POLICY OBJECTIVES AND ORIENTATIONS cont'd

Objectives

a) To empower communities for active participation in planning, monitoring and evaluation and decision making for effective implementation of the health policy;
b) To strengthen communities on the use of M&E reports for resource mobilisation and utilisation for improved health outcomes;
c) To strengthen effective community systems on the use of M&E to reflect gender and cultural issues for improved health outcomes.

Policy Orientations/Initiatives

- Strengthen systems for effective community health promotion;
- Strengthen the functionality of the community health systems, such as ward development committees, village development committees, health facility management committees, etc. across the country;
- Institute community dialogue through effective use of the information, education and communication (IEC) methodology, especially in local languages;
- Establish mechanisms for ensuring community participation in decision making at all levels.

4.2.10. Partnerships for Health

The Goal

To promote effective partnerships among the public and private sectors and other stakeholders for optimum resource mobilisation and use towards universal health coverage for all Nigerians.

Objectives

a) To identify areas of need for collaboration and partnerships among actors in the health system;
b) To promote partnerships for the purpose of supporting capacity building, innovation and sustainability in health financing, provisioning, utilisation, quality assurance and improvement;
c) To ensure that formal, systematic and innovative mechanisms are developed and used, involving all public and non-state actors in the development and sustenance of the health sector;
d) To promote both inter and intra-sectorial collaboration in the health sector.

Policy Orientations/Initiatives

- Facilitate effective intra and inter-sectorial partnership and collaboration at all levels for the implementation of priority health programs, in line with the provisions of the *National Health Act (2014);*
- Promote public-private partnerships in health development by revising and implementing the existing Public-Private Partnership policy in health and the corresponding strategic plan;
- Establish partnerships with communities, faith-based institutions, and traditional medicine practitioners for improved healthcare service delivery and;
- Strengthen collaboration with development partners for effective healthcare delivery.

Chapter 5

Implementation Framework

5.1 General Implementation Requirements

a). Dissemination of the Policy
The Federal Ministry of Health shall ensure widespread dissemination of this *Policy* and other related instruments, through various relevant channels.

b). State-level Adaptation
   i. All states shall be encouraged to adapt and disseminate this *Policy;*
   ii. Reports on progress in adaptation shall be submitted to the Federal Ministry of Health and presented to the National Council on Health and;
   iii. State governments shall strengthen the local governments to function for effective provision of primary healthcare.

c). Strategic Plans
   i. The Federal Ministry of Health (FMOH) shall develop a National Strategic Health Development Plan (NSHDP), in line with the *National Health Policy (2016) and;*
   ii. Annual and mid-term reviews of the implementation of the Strategic plans shall be undertaken by FMOH and all stakeholders with reports presented to the National Council on Health, followed by dissemination to stakeholders.

d). Medium Term Expenditure Framework
   i. The FMOH shall interact regularly with the Federal Ministry of Finance and Federal Ministry of Budget and National Planning on the development of the Medium Term Expenditure Framework (or other alternative medium-term instruments) operational plans;
   ii. The FMOH, the State Ministries of Health, and the LGA Departments of Health shall develop operational plans, based on the strategic plans on an annual basis and;
   iii. Reviews of the implementation of the Policy's annual operational plans shall be institutionalised at all levels and the reports widely disseminated.

5.2 Stakeholders' Roles and Responsibilities for the Implementation of the Policy

Table 6: Stakeholders' roles and responsibilities for the implementation of the policy

S/N	Stakeholders	Roles and responsibilities
1.	***The Office of the President***	• ***Shall ensure that all public sector Ministries, Departments and Agencies (MDAs) and the private sector faithfully implement the provisions of the National Health Policy (NHP);*** • ***Shall establish a presidential health multi-sectorial collaborative platform for implementing 'Health-in-All' policies for achievement of the health-related SDG targets;*** • ***Shall establish and implement a framework for achieving the SDGs in Nigeria, with adequate provision of funding for achieving the health-related SDG targets and;*** • ***Shall ensure that relevant aspects of the National Health Policy are reflected in the revised Nigerian constitution (e.g., clear definition of roles and responsibilities of the various government levels in the provision and financing of health services in Nigeria).***

Chapter 5

Implementation Framework cont'd

Table 6: Stakeholders' roles and responsibilities for the implementation of the policy

S/N	Stakeholders	Roles and responsibilities
2	The Office of the Minister of Health	• Shall ensure the careful implementation of the NHP; • Shall ensure that all states and LGAs adopt and adapt the NHP to suit their contexts; • Shall ensure that the private sector and community groups participate fully in decision making and implementation of the NHP; • Shall convene quarterly meetings of the presidential health multi-sectorial collaboration for implementing 'Health-in-All' policies; • Shall ensure improved evidence-based planning, budgeting, resourcing and effective (efficient and equitable) use of health resources to achieve the goals and objectives of the NHP and; • Shall ensure that the National Health Policy implements and enforces the key provisions of the National Health Act (2014) and other relevant health legislations.
3.	National Council of States	• Shall advocate and ensure the adoption of the NHP 2016 by all the states and; • Shall ensure adequate national resourcing for full implementation of the NHP 2016.
4.	National Economic Council	• Shall advocate and ensure the adoption of the NHP 2016 by all the states; • Shall ensure adequate national resourcing for full implementation of the NHP 2016 and; • Shall create and implement a framework for monitoring and strengthening the implementation of the NHP 2016.
5.	Federal Executive Council	• Shall take the lead in entrenching and mainstreaming of health in all sectors; • Shall speedily approve the NHP; • Shall review resource envelopes for MDAs and increase the envelope for health and; • Shall review quarterly reports of meetings of the presidential platform on multi-sectorial collaboration for implementing 'Health-in-All' policies.
6.	The National Assembly	• Shall ensure that relevant aspects of the NHP are reflected in the revised Nigerian constitution, for instance, definition of roles and responsibilities for each level of government; • Shall facilitate the passage of relevant publicly and privately-sponsored health legislations; • Shall ensure that adequate resources are appropriated and disbursed in a timely manner to ensure that health activities/interventions are carried out as planned and; • Shall undertake regular oversight activities to ensure that money disbursed are effectively and efficiently used for the purposes intended.
7.	The Federal Ministry of Health	• Shall ensure widespread dissemination of this Policy and other related instruments, through various channels; • Shall develop a NSHDP, in line with the new NHP 2016; • Shall estimate the full costs for implementing the Strategic Plan;

Chapter 5

Implementation Framework cont'd

Table 6: Stakeholders' roles and responsibilities for the implementation of the policy

S/N	Stakeholders	Roles and responsibilities
7.	The Federal Ministry of Health	• Shall undertake annual and mid-term reviews of the implementation of the Strategic Plan and reports of the reviews presented to the National Council on Health for wide dissemination; • Shall ensure timely release and disbursement of allocated or appropriated funds to achieve the goals and objectives of the new NHP 2016; • Shall ensure that appropriate budget expenditure reporting and budget tracking mechanisms are put in place at all levels to track the use of resources for the new NHP; • Shall institutionalise the processes of national and sub-national health accounts, medium and long-term expenditure frameworks, and appropriate review processes to involve the Federal and State Ministries of Finance and other relevant agencies/bodies; • Shall mobilise additional resources from external and domestic sources for achieving the goals and objectives of the NHP (especially the goal of UHC); • Shall ensure sector-wide monitoring and evaluation of the status of implementation of the NHP health policies; • Shall coordinate a national multi-sectorial committee on 'Health-in-All' policies and; • Shall provide evidence-based achievements of the NHP objectives, through routine research and data analysis, which will also inform policy reviews and formulation of new policies when necessary (through regular joint annual reviews and other mechanisms).
8.	Office of the State Governor	• Shall be encouraged to adapt and disseminate the policy for the state and; • Shall undertake other responsibilities at the state level as stated by the Office of the President.
9.	The State Houses of Assembly	Shall mirror the roles and responsibilities of the National Assembly at the state level.
10.	State Ministries of Health	Shall mirror the roles and responsibilities of the FMOH at the state level.
11.	National Council on Health	• Shall ensure that a strong national health system is established on the basis of the NHP 2016; • Shall be responsible for offering advice to the Federal Government of Nigeria, through the Minister of Health, on matters relating to the development of national guidelines on health and the implementation of the NHP at both state and national levels; • Shall ensure that all the goals and objectives of the NHP 2016 are implemented across the country; • Shall monitor progress on the adoption and adaptation of the NHP 2016 in all states and LGAs and; • Shall monitor the implementation of the NHP 2016.
12.	State Councils on Health	• Shall ensure the development of a State Health Policy;

Chapter 5

Implementation Framework cont'd

Table 6: Stakeholders' roles and responsibilities for the implementation of the policy

S/N	Stakeholders	Roles and responsibilities
12.	State Councils on Health	• Shall mobilise and involve all LGAs within each state to adopt/adapt and implement the NHP 2016 and; • Shall mirror the National Council on Health at the state level in other matters.
13	National Health Insurance Scheme	Shall take the lead in ensuring that every Nigerian is covered by a prepayment/health insurance scheme.
14.	National Primary Health Care Development Agency	• Shall mobilise domestic and external resources for the development of primary healthcare in the country; • Shall support capacity building for primary healthcare, through orientation and continuing health education programs across all levels of primary healthcare providers; • Shall provide free vaccines and coordinate the immunisation vaccines procurement initiative; • Shall issue operational guidelines for the village health committees, ward development committees, etc. and; • Shall provide annual reports on the status of primary healthcare implementation nationwide.
15	State Primary Health Care Development Agencies	• Shall mirror the roles of National Primary Health Care Development Agency at the state level and; • Shall coordinate and empower the LGAs within the states in strengthening PHC implementation along the lines of the NHP 2016 at the LGA level.
16.	Local Government Area Councils	• Shall appropriate specific budget items for health, with at least 15% of LGA budgets allocated to healthcare delivery; • Shall ensure timely release and disbursement of allocated or appropriated funds for health required to achieve the goals and objectives of NHP 2016; • Shall ensure that budget expenditure reporting and tracking mechanisms are established at all levels to track the use of resources for NHP; • Shall institutionalise the process of national and sub-national health accounts as well as a medium and long-term expenditure framework and; • Shall support capacity building for the local government primary healthcare through orientation and continuing health education programs across all levels of primary healthcare providers.
17.	Federal Ministry of Finance	• Shall increase the resource envelope to the health sector and ensure that, progressively, at least 15% of national budget is allocated for health; • Shall support the FMOH in mobilising the health sector pool of funds, including at least 1% of the consolidated revenue funds and resources from other sources as stipulated in the National Health Act (2014); • Shall ensure timely releases and disbursements of allocated or appropriated funds for health required to achieve the goals and objectives of the NHP 2016; • Shall establish budget expenditure reporting and tracking mechanisms at all levels to track the use of resources for the NHP and; • Shall institutionalise the process of national and sub-national health accounts as well as a medium and long-term expenditure framework.

Chapter 5

Implementation Framework cont'd

Table 6: Stakeholders' roles and responsibilities for the implementation of the policy

S/N	Stakeholders	Roles and responsibilities
18.	State Ministries of Finance	• Shall support the SMOH in mobilising the health sector pool of funds and resources from all sources at the state level and; • Shall mirror Federal Ministry of Finance at the state level in other functions.
19.	Federal Ministry of Planning and Budget	• Shall ensure the increase of resource allocation to the FMOH for the full implementation of the NHP 2016; • Shall support the FMOH in formulating and preparing long-term, medium-term and short-term development plans for implementing the NHP; • Shall monitor the implementation of the NHP by the FMOH and other health system actors and; • Shall coordinate Donor Assistance for Health (DAH) at the federal Level.
20.	State Planning and Budget Offices	Shall mirror the Federal Ministry of Planning and Budget at the state level.
21.	Federal Ministry of Agriculture	• Shall mainstream health in the agriculture sector; • Shall collaborate in implementing the food security and safety aspects of the NHP and; • Shall be actively involved as participants in the multi-sectorial forum on implementing the 'Health-in-All' policies and mechanism.
21.	State Ministries of Agriculture	Shall mirror the Federal Ministry of Agriculture at the state level.
22.	Federal Ministry of Education	• Shall mainstream health in the education sector; • Shall collaborate in implementing health promotion, especially health education and school-health, aspects of the NHP and; • Shall be actively involved and participate in the multi-sectorial forum on implementing the 'Health-in-All' policies and mechanisms.
23.	State Ministries of Education	Shall mirror the Federal Ministry of Education at the state level.
24.	Federal Ministry of Women Affairs	• Shall mainstream health in all women affairs; • Shall collaborate in implementing the gender health equity aspects of the NHP and; • Shall be actively involved as participants in the multi-sectorial forum on implementing the 'Health-in-All' policies and mechanisms.
25.	State Ministries of Women Affairs	• Shall mainstream health in all women affairs; • Shall collaborate in implementing the gender health equity aspects of the NHP and; • Shall be actively involved as participants in the multi-sectorial forum on implementing the 'Health-in-All' policies and mechanisms.
26.	Federal Ministry of Environment	• Shall collaborate with the Ministry of Health and other line ministries to implement environmental management programs to reduce environment-related health risks and vector control activities as contained in the NHP and; • Shall be actively involved as participants in the multi-sectorial forum on implementing the 'Health-in-All' policies and mechanisms.

Chapter 5

Implementation Framework cont'd

Table 6: Stakeholders' roles and responsibilities for the implementation of the policy

S/N	Stakeholders	Roles and responsibilities
27.	Federal Ministry of Information	Shall disseminate all information about the NHP to all Nigerians within and outside the country.
28	State Ministries of Information	Shall disseminate all information about the NHP to all Nigerians within and outside the country.
29.	Ministry of Defence	• Shall harmonise the health strategies for defence staff, in line with the NHP and; • Shall be actively involved as participants in the multi-sectorial forum on implementing the 'Health-in-All' policies and mechanisms.
30.	State Ministries of Environment	• Shall collaborate with the SMOH and other line ministries to implement environmental management programs to reduce environmental-related health risks and; • Shall be actively involved as participants in the multi-sectorial forum on implementing the 'Health-in-All' policies and mechanisms.
31.	NAFDAC	Shall conduct appropriate tests and ensure compliance with standard specifications designated and approved for the effective control of quality of food, drugs, cosmetics, medical devices, bottled water, and chemicals.
32.	Nigerian Institute of Medical Research	Shall conduct research into diseases of public importance in the country. • Shall develop human and infrastructural capacities for clinical and biomedical research, in collaboration with medical schools, universities and other health-related institutions, in and outside Nigeria and; • Shall ensure that the results of health research that it generates are disseminated widely and used for decision making in the country.
33	National Institute for Pharmaceutical Research and Development	• Shall collaborate with the FMOH to undertake development work on drugs and biological products including vaccines and pharmaceutical raw materials from indigenous natural resources; • Shall promote and sponsor the local development and production of drugs, vaccines, pharmaceutical machines, and accessories and; • Shall ensure that the results of health research that it generates are disseminated widely and used for decision making in the country.
34.	National Arbovirus Research Institute	• Shall conduct appropriate research on arboviruses for detection and control of disease breakouts, especially epidemics and; • Shall ensure that the results of health research that it generates are disseminated widely and used for decision making in the country.
35.	Professional Associations	Shall ensure that the services they provide are of high quality and ethical standards in the spirit of inter-professional collaboration and in conformity with the National Health Act (2014) and the NHP.
36.	Professional Regulatory Bodies	• Shall regulate the practice of health professionals across all cadres of health practice in Nigeria and; • Shall institute and routinely conduct continuing medical education and update courses for all cadres of health professionals.
37.	Academia and Research	• Shall participate in research and development for healthcare delivery; • Shall support capacity development for health service delivery and; • Shall provide technical assistance in advancing health programs.

Chapter 5

Implementation Framework cont'd

Table 6: Stakeholders' roles and responsibilities for the implementation of the policy

S/N	Stakeholders	Roles and responsibilities
38.	Media (Print and Electronic)	• Shall support demand creation for health services and; • Shall support health promotion and awareness creation for healthcare.
39.	The Private Sector	• Shall contribute to health service delivery within the national health policy framework in compliance with national standards and guidelines; • Shall invest in healthcare and; • Shall at all times comply with the provisions of the NHP.
40	Civil Society	• Shall act as an instrument for ensuring accountability and monitoring health service provision; • Shall create demand for health services and mobilise communities in the achievement of health goals and; • Shall contribute to strengthen health services delivery.
41.	Community Groups	Shall participate in determining community health needs and planning/implementation, as well as in interventions to address such needs.
42	Healthcare Providers	• Shall collaborate with all relevant authorities in health to ensure mutual accountability and; • Individuals, families, caregivers and communities shall be involved in the planning, implementation and evaluation of health services.
43.	Clients/Consumers (individuals, families and communities)	Shall take appropriate actions to contribute to their own health.
44.	Trade Unions	They shall work with government to realise the health outcomes of their members.
45.	Development Partners	• Shall collaborate with government in aligning their support and activities in the health sector; • Shall effectively engage with government to ensure adequate participation in health development; • Shall provide appropriate technical assistance in advancing health programs and; • Shall support capacity development for health service delivery.
46.	Traditional Medical Practitioners	• Shall ensure adherence to appropriate guidelines for traditional medicine practice and; • Shall ensure effective use of referral systems in orthodox medical care.
47.	Religious Organisations	• Shall work with the FMOH to ensure that health services are in consonance with the provisions of the NHP and; • Shall work closely with the communities to ensure appropriate participation in planning and implementing health programs.
48.	Ministry of Labour and Productivity	Shall be concerned with ensuring cordial working relationships between staff and employees.
49.	National Emergency Management Agency	Shall work with the FMOH and other relevant stakeholders to coordinate efficient and effective disaster prevention, preparedness, mitigation and appropriate responses in Nigeria.
50	Ministry of Water Resources	• Shall provide safe and potable drinking water for all Nigerians and; • Shall participate actively in inter-sectorial actions for health.

Chapter 5

Implementation Framework cont'd

Table 6: Stakeholders' roles and responsibilities for the implementation of the policy

S/N	Stakeholders	Roles and responsibilities
51	The Governor's Forum	Shall include discussions on health issues of national interest in their agenda and take common positions.
52	Conference of Speakers of State Houses of Assembly	Shall include discussions on health of national interest in their meetings.

5.3. The Legal Framework

The legal framework is critical for the implementation of the National Health Policy. To this end:

i. Stakeholders in the health sector shall advocate for a review of the Constitution of the Federal Republic of Nigeria (1999), as amended, to make health an enforceable right in Nigeria and to include a clear division of responsibilities for health among the three tiers of government in the Constitution.

ii. The National Health Policy shall be oriented to implement the provisions of the *National Health Act (2014)* and other relevant legislation.

iii. Provision shall be made to revise, update and enact new health legislation as relevant, including but not limited to the following:

   a) National Primary Health Care Development Act;
   b) National Health Insurance Scheme (Amendment) Bill;
   c) University Teaching Hospitals Acts;
   d) The Federal Medical Centres Bill;
   e) Acts Governing Professional Regulatory Bodies;
   f) Mental Health Bill;
   g) The Elderly Care Bill;
   h) Labour, Safety, Health and Welfare Bill;
   i) Nigerian Centre for Disease Control Bill;
   j) The Public Health Act;
   k) The Vaccination Act;
   l) Yellow Fever and Infectious Diseases (vaccination) Act and;
   m) Quarantine Act.

iv. States shall be encouraged to enact relevant laws to provide a legal framework for state health systems, in line with the *National Health Act (2014)*, including the various State Primary Health Care Development Agency Bills and State Health Insurance Laws.

5.4 Funding of Policy Implementation

I. Funding

   a) Governments at all levels shall earmark and allocate at least 15% of their annual budgets (in line with the 2001 Abuja Declaration target) for the implementation of the National Health Policy;
   b) The Federal Government shall allocate at least 1% of the Consolidated Revenue Fund for the establishment of the Basic Health Care Provision Fund, as provided for in the *National Health Act (2014)*;
   c) To ensure accountability, development partners shall sign a compact for the implementation of the National Health Policy and the National Strategic Health Development Plan, in line with the

Implementation Framework cont'd

provisions of the Paris Declaration on Aid Effectiveness and the Busan Partnership for Effective Development Co-operation;

e) Stakeholders, especially civil society organisations, shall advocate to the executive and the legislative arms of government at all levels on the need to increase allocations to health to meet 15% of the total budget as per Abuja Declaration and;

e) Government shall encourage private sector participation in the implementation of the National Health Policy, including investment in health.

ii. Disbursement

a) There shall be timely release and disbursement of allocated or appropriated funds for health;

b) Budget expenditure reporting and tracking mechanisms shall be established at all levels and;

c) Construction and updating of national and sub-national health accounts shall be institutionalised.

In April 2001, heads of state of African Union countries met and pledged, as part of a broader "Abuja Declaration" document, to set a target of allocating at least 15% of their annual budget to improve the health sector (the Abuja Target). At the same time, they urged donor countries to "fulfil the yet to be met target of 0.7% of their GNP as official Development Assistance (ODA) to developing countries".

African Summit on HIV, TB and other Related Infections Diseases. The Abuja Declaration on HIV/AIDS, Tuberculosis and other related Infectious Diseases. 24-27 April, 2001.

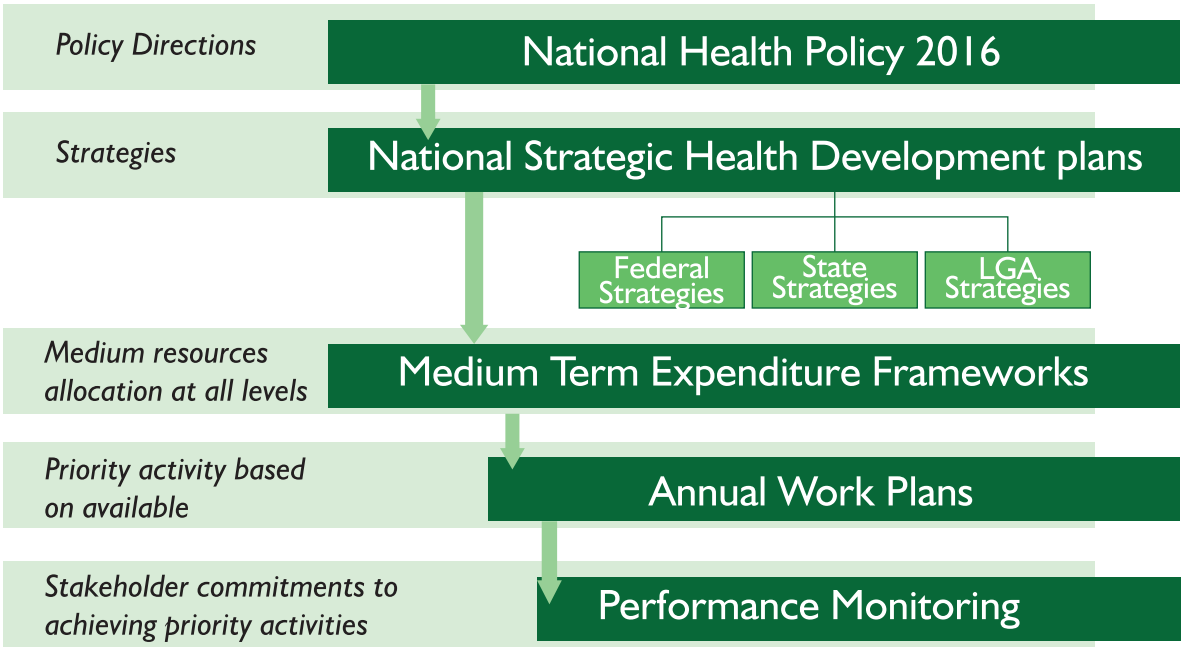
Chapter 6

Monitoring and Evaluation

6.1 The Monitoring and Evaluation (M&E) Framework

The *National Health Policy (2016)* is the primary policy document providing long-term direction for health development in Nigeria for the period 2016–2030. The NHP will be operationalised and implemented through three cycles of national strategic health development plans *(NSHDP 2016–2020, NSHDP 2021–2025 and NSHDP 2026–2030)* and Annual Operational Plans drawn up by the FMOH, Health Agencies, SMOHs, State Primary Health Care Boards (SPHCB), relevant health institutions at all levels, and the LGA Health Authorities (HAs). The implementation shall be monitored using a comprehensive monitoring and evaluation framework, based on the objectives and targets set out in the policy and the NSHDP.

Figure 6: Monitoring and evaluation framework for national health policy



The mechanism for the M&E of the policy shall be through quarterly M&E activities to be undertaken by the states and the LGAs, of health programmes, based on set goals, objectives and targets. The mechanism for M&E shall also be effected through Joint Annual Reviews (JAR) to be coordinated by the FMOH. In the last year of each cycle of the Strategic Plan, evaluation of the plan shall be undertaken as well as development of a new Strategic Plan. The Policy will be reviewed periodically.

National strategic health development plans shall be used to identify priority investment areas while Operational plans shall be developed for specific decision-making levels of healthcare systems and units, such as at the levels of states and the LGAs that are able to plan and raise resources for defined services. In this context, it should be noted that referral services are critical delivery units at both state and national levels.

National strategic health development plans shall provide information and guidance on the annual targets and budgeting processes. The budgeting process and framework, therefore, shall be based on agreed priority investments in the respective investment plans. During the budgeting process, the priorities for investment

should be directly derived from the NSHDPs. The policy orientations would constitute the sector programs in the budget around which priorities and budgets would be defined.

The defined priorities and budgets constitute the guidelines for the elaboration of annual work plans—the priority activities for implementation in the short term, based on the resources available.

6.2. Progress Indicators

Progress indicators shall be based on the respective domain areas and set objectives. Targets used for monitoring performance of the implementation of the health policy shall be based on values for Sub-Sahara Africa (SSA). These targets shall be measured clearly indicating absolute achievements and variations across the states of the Federation.

Table 7: Performance Monitoring Matrix

SN	Goal/Thrust	Key performance indicator	2015 baseline levels	Key performance Indicators Short-term (2016 to 2020)	Key performance Indicators Medium-term (2021 to 2025)	Key performance Indicators Long-term (2026 to 2030)
Overarching goal of the policy						
	Ensure Universal Health Coverage and healthy lives for all Nigerians	*Life expectancy at birth (in years)*				
		Annual crude death rate (per 1,000 people				
		Infant mortality rate				
		Under-five mortality rate				
		Maternal mortality ratio				
		Prevalence of children under five years of age who are underweight				
		Mortality due to cardiovascular diseases				
		Prevalence of children under five years of age who are stunted				

6.3 Data management and feedback

Monitoring and evaluation of progress on policy implementation shall require data collection, collation and analysis on governance and leadership, the burden of diseases, health services, health financing, human resources for health, medicines, vaccines and other health technologies, health infrastructure and equipment and other areas as defined in the NSHDP. The required data can be acquired through special surveys or the acquisition of routine data from DHIS2.

Feedback on progress of policy implementation shall be carried out through the generation and dissemination of periodic reports, annual review meetings at national, zonal and state levels.

Chapter 7

Conclusion

The *National Health Policy (2016)* has established solid and evidence-based mechanisms and directions for Nigeria to significantly improve the health status of all its citizens to enable them lead fully healthy and fulfilling lives. The policy is geared towards ensuring that Nigeria successfully implements current national and global priorities such as the SDGs, UHC, and Vision 20.2020. It will also provide an operational platform for the *National Health Act (2014)*.

The policy was developed with the active participation of diverse health system actors, including people from both the public and private sectors. The policy directions were guided by evidence generated from the situational analysis of the health sector in Nigeria. They were also guided by the strategic thrusts that have been suggested by the international community on how to successfully implement several health sector priorities.

It is now imperative for the federal, state and local governments to implement the policy. It is expected that all states and LGAs shall adapt the policy to their contexts. This will lead to the development of state health policies and LGA health policies. These will be followed by the development of implementation plans for the policies by all levels of government, in partnership with non-governmental actors such as development partners and the private sector.

The roles and responsibilities of all the health system actors in implementing the policy have been spelt out in the document. The faithful performance of the stated roles and responsibilities by all the health system actors will not only mainstream health in all sectors within the Nigerian economy space, it will also assure adequate resourcing and achievement of the health-related SDGs, and the attainment of UHC.

Appendix list of documents consulted in the process of the development of The National Health Policy (2016)

1. Constitution of Federal Republic of Nigeria (1999): Decree no. 24, Federal Republic of Nigeria

2. Federal Ministry of Health Report: First National B Prevalence Survey, 2012

3. Federal Ministry of Health Saving New-born Lives in Nigeria: NEWBORN HEALTH in the context of the Integrated Maternal, New-born and Child Health Strategy, Revised 2nd edition, 2011

4. Federal Ministry of Health, the National Quality Assurance Policy, 2016

5. Federal Ministry of Health, the Nigeria Supply Chain Policy for Pharmaceuticals and other Health Products, 2016

6. Federal Ministry of Health. *National Child Health Policy,* April, 2006

7. Integrated Maternal, New-born and Child Health Strategy: Department of Family Health, Federal Ministry of Health, Nigeria. Revised 2011

8. National Agency for the Control of AIDS. *National Strategic Framework for HIV/AIDS II.* NACA, December, 2009

9. National Blood Transfusion Service. FMOH, December, 2006

10. National Health Act (2014). Federal Republic of Nigeria, *Official Gazette No. 145 Vol. 101 Notice No. 208*

11. National Health Promotion Policy. FMOH, February, 2006

12. National Malaria Strategic Plan 2014–2020 (2014). Federal Ministry of Health, Federal Republic of Nigeria

13. National Oral Health Policy. FMOH, November, 2006

14. National Policy on Human Resources for Health. FMOH, 2008

15. National Policy on Public Private Partnership for Health in Nigeria. FMOH, November, 2005

16. National Policy on the Health & Development of Adolescents & Young People in Nigeria, FMOH, 2007

17. National Primary Health Care Development Agency: Integrating Primary Health Care Governance in Nigeria (PHC under One Roof*): Implementation Manual.* FMOH, August, 2013

18. National Primary Health Care Development Agency: *Minimum Standards for Primary Health Care in Nigeria*. NPHCDA

Appendix list of documents consulted in the process of the development of The National Health Policy (2016)

19. National Primary Health Care Development Agency: National Routine Immunisation Strategic Plan, (2013–2015). NPHCDA, 2013

20. National Reproduction Health Policy: 1st Revision. Federal Ministry of Health, 2008

21. National Strategic Health Development Plan (NSHDP) 2010–2015. November, 2010

22. National Strategic Plan of Action for Nutrition: NSPAN, 2014–2019. FMOH, 2014

23. Nigeria Demographic Health Survey (2003). *National Population Commission, Federal Republic of Nigeria, Abuja*, Nigeria. ICF Macro Calverton, Maryland, USA. June, 2014

24. Nigeria Demographic Health Survey (2003). *National Population Commission, Federal Republic of Nigeria, Abuja*. ICF Macro Calverton, Maryland, USA. November, 2004

25. Nigeria Demographic Health Survey (2008). *National Population Commission, Federal Republic of Nigeria, Abuja*. ICF Macro Calverton, Maryland, USA. November, 2009

26. Nigeria Health Information System Policy. FMOH, September, 2014

27. Nigeria Health Sector Reform Program: Strategic Thrusts with a Logical Framework and Plans of Action, 2004–2007. FMOH, 2004

28. Obasanjo O, Mabogunje A, and Okebukola P (2016). *Towards a new dawn for the health sector in Nigeria*: (Ed) Centre for Human Security Abeokuta, Olusegun Obasanjo Presidential Library, Abeokuta, Nigeria

29. *The* National Strategic Plan for Tuberculosis Control: Towards Universal Access to Prevention, Diagnosis and Treatment, 2015–2020. National Tuberculosis and Leprosy Control Programme, Department of Public Health, Federal Ministry of Health, Nigeria, July, 2014.


UNITY AND FAITH, PEACE AND PROGRESS