Afropolitan Journals

ISSN: 2762-4585X www.afropolitanjournals.com

Understanding the Rudiments of Nigeria's National Health Policies of 1988, 2004, and 2016: The Comprehension of Health Policy Stakeholders' Opinion in Nigeria

Umar Ibrahim [2], Kabiru Sabitu [3] and Sabaatu Elizebeth Danladi Nahuta [1]

[1] College of Medical Sciences, Department of Community Medicine, Abubakar Tafawa Balewa University, Bauchi, Nigeria. [2] Public and Environmental Health Department, Faculty of Basic Medical Sciences, Federal University Dutse, Jigawa State, Nigeria. [3] Department of Community Medicine, Ahmadu Bello University Zaria – Nigeria.

Corresponding author: umar.i@fud.edu.ng

Abstract

Increasing health challenges within the Nigerian health system threaten the sustainability of national health policy development and implementation. The Nigerian government has within 28 years developed three health policy documents, beginning in 1988, revised in 2004, and 2016. Despite these efforts, the implementation challenges linger. In this regard, the study aims to understand the health policy development and implementation prowess from the stakeholder's perspectives. The methodology adopts a descriptive qualitative study approach. The study was conducted in 12 states of the country, targeting experienced respondents. An in-depth interview with 15 purposively selected respondents from the government, development partners, CSOs, and academia was conducted. The study revealed the contribution of pressure groups to the government of the three National health policies of 1988, 2004, and 2016 respectively, and improvement in health policy implementation in the country. However. the study identifies a lack of synergy between government and private sectors in terms of Private Public Partnerships for policy development and implementation. Therefore, the study suggests the inclusion of a monitoring and evaluation framework in policy implementation processes. Also, a further study that critically assesses the impediment factors to the successful involvement of the private sector in health policy formation should be explored.

Keywords: Policy, Health, Implementation, Reform, Development.

Introduction

Policy refers to a formal statement of government regarding perceived problems in an area of concern, proposed solutions, set desired goals, and an implementation plan. Policy implementation presents different opportunities to different sectors. Some sectors viewed policy implementation as an effort to execute the policy content only, while others understood it to include context and processes (Demikhov, 2022; Etiaba et al., 2015; Földes, 2018). Health policy implementation is a means of finding out the impact of the targeted policy on its corresponding challenges. It is, therefore, a technique used to measure the effectiveness of the approach through an examination and evaluation of the program

outcome (Aregbeshola & Khan, 2018; Joseph, 2020). Policy implementation is a systematic side data-gathering opportunity through which to make a judgment on the effectiveness of the policy in contention (Sapru, 2011) Generally, policy implementation draws a lesson from the three basic policy analysis concerns, thus, contents, context, and consequences. Additionally, it involves an effort to implement the propositions contained in the policy document (Sapru, 2011).

In terms of policy implementation, Nigeria struggles to meet its desired health systems. The struggle for an improved health system in terms of equitable distribution of infrastructures lies in manpower, and medical supply, particularly to underserved rural areas (Adeleke & Gafar, 2012; Ademuwagun, 1979). Although the challenge attracted extensive political attention and had become a top priority for the government of Nigeria, regrettably, the reform agenda required improvement (Ademuwagun, 1979)

The Global precedence for health systems strengthening thrives on health policy implementation. In this regard, health policy implementation ensured the achievement of Universal Health Coverage (UHC), in tandem with the revitalization of Primary Health Care, which was positioned on health systems strengthening objectives. Though attaining the ideal health system is a complex and dynamic process, the implementation of national health policy plays a crucial role in actualizing a country's vision, directions, and strategies for improving the health of its population, especially the ongoing emphasis on the achievement of UHC (Enabulele, 2020).

However, health policy implementation is confronted with impediments to achieving the intended results. These impediments in Nigeria include poor healthcare delivery, poor policy implementation, lack of adequate human and material resources, indiscipline, and lack of political will among others (Adeleke & Gafar, 2012; Pever, Mson, & Kor, 2016; Demikhov, 2022). The listed impediments informed the decision to conduct this study to understand the rudiments of Nigeria's national health policies through the comprehension of policy-making stakeholders' perspectives in Nigeria.

Methodology

The research employed a dual approach, thus document review and key informant interviews. The document review was to enable understanding of the Nigeria National Health policies of 1988, 2004, and 2016 contents and context respectively. The documents include published and unpublished reports obtained from Ministries Departments and Agencies (MDAs) such as FMOH, NPHCDA, NACA, NMBP, NTBLCP, and reports from donor agencies and development partners like the WHO, SGDs, UNICEF, World Bank, and USAID in the Nigeria's health policy context.

The second approach was a qualitative data collection technique through key informants' interviews. The interviews were conducted with participants drawn from 12 states, with two states selected from each of the six geo-political zones of the country. Two experienced respondents per state were interviewed and three from the Federal Ministry of Health,

making them 15. The interview focuses on factors related to the development and implementation of the national health policy. The aim was to assess the processes and trends in the policy development and implementation performance and identify challenges facing them as well. Respondents who are vast on policy matters most often provide insight into important issues (Akazili, Adjuik, Jehu-Appiah, & Zere, 2008).

15 respondents made the sample size for the study. A purposive sampling technique was employed in selecting the respondents. A list of the respondents and their contact was generated from the WhatsApp Group of the National Health Policy Expert Forum, put together for the development of the National Strategic Health Development Plan (NSHDP-II) 2018-2022).

The selection criteria of the respondents for the interview were as follows:

1. Policy and or implementers serving the Federal or state Ministry of Health holding senior policy-related positions. For example, in Planning, Research, and Statistics.
2. Public Health Consultants with experience in Health Policy development processes
3. Academics with experience in health policy development.
4. From the development partners that participated in National Health policy processes.

A multi-stage sampling technique was employed using the country's six geopolitical zones. Two states were randomly selected from each zone using the balloting method. Qualified respondents were purposively selected based on the above criteria. A total of 15 respondents were interviewed. The Interviews were conducted one-on-one physically and through phone calls depending on the convenience of the respondents. All interviews were recorded digitally. The voice records were transcribed and analyzed manually through themes and sub-themes generation. Consent, confidentiality, and privacy issues were adequately observed, addressed, and maintained throughout the interviews.

Results and Discussion

The obtained qualitative data was used to describe the views and the experiences of the respondents regarding Nigeria's national health policy. Responses obtained on the research question of what necessitated or triggered the development of Nigeria's national health policy were centered around national interest, emerging disease burden, healthcare delivery challenges, deterioration state of health resources, and lack of private sector investment, including monitoring and evaluation framework, alongside the implementation processes. All these factors triggered the development of the three successive national health policies as well as their implementation, in one way or another. Therefore, the opinions of the selected policy and decision-makers in the Nigerian Health Sector as captured above are presented under the main themes and sub-themes as they emerged throughout the study.

Understanding the Purpose of Health Policy Development

The view of the participants who occupy strategic policy positions in the Nigerian health sector on their understanding of the purpose of Nigeria's National Health Policy was superb. Because they demonstrated an understanding of the purpose and objectives the health policies were set to achieve.

"The policies were targeted towards fulfilling the basic need of good health for Nigerian citizens." Respondent 8 (R8)

"The health policies are the documented guides that contain strategic plans to address the prevailing health challenges among the populace." (R 5,9, & 11)

"Nigerian national health policy is a federal government document that provides direction towards what the government set to achieve and how to achieve it." (R6&1)

"Despite its benefits and successes, the health policies also had their flaws; necessitating regular review, to capture the contemporary realities for improvement."(R3)

Knowledge of Health Policymaking Procedures

The participants showed an understanding of the source and focus of national health policy. The participants displayed knowledge and awareness of the stakeholder's contribution to policymaking as the main drivers and major determinants of the success of the designed policies.

"...Health policies that employ a holistic approach fulfill the desired obligation made to address." (R12)

"The process usually begins by analyzing the major health issues, and challenges facing the country and also provides strategic directions on what the country aims to employ to solve the problems." (R2).

"The national health policy is passed by the Senate and Representatives as a bill that tackles the issue of health in the country to meet certain targets and goals of good health in the country." (#7).

Availability of Health Policies in Nigeria

The respondents acknowledged the availability of several health policies in Nigeria. They explicitly narrated the evolution of 1988, 2004, and 2016 national healthcare policies. This background knowledge served as the bedrock for the productive impact of the policies.

''What I would like to say is that we have a lot of health policies in Nigeria…'' (R1).

''…I'm aware of the existence of various national health policy documents …the first one was developed in 1988 by the military regime…and more… I think in 2004 and 2016. The latest had legal backing and is called the National Health Act.'' (R2)

Not Well Aware

Some of the respondents demonstrated limited knowledge about the content of the national health policies despite the availability of the documents at their disposal.

''… I know that a policy is meant to give direction to the right health system but I have not used it in the conduct of my job, so I am not able to comment confidently about it.'' (R13).

''…I am not too familiar with the content of the national health policy, but from the little I know, it provides health action suggestions. it is always a point of reference for many around here… it also speaks of health as a right for the citizens or something similar.'' (R 8 &15).

Partnerships for Health Policy

Collaborative efforts with development partners, academia, and pressure groups among other stakeholders play impactful roles in health policy.

''Partnerships with different stakeholders enable the inclusion of the policy content and context in the scope of global health issues and sustainable development goals.'(R9)

''…. Policy development was supported by experts from different organizations operating in Nigeria like the United Nations agencies especially the WHO, the UNICEF, and bilateral agencies such as the USAID, DFID, and so many others. However, the private sector did not play any role that I know.'' (R3)

''… the contribution of the private sector to the development and implementation of health policy in Nigeria is not obvious, … I don't know of any… as such Public Private Partnerships in this regard is required… it is practice in many places, why not here?'' (R13)

In furtherance to the above, a respondent stated that Nigerian health policy was structured from the six building blocks of the WHO health system and was optimistic about the richness of such a document.

''To the best of my knowledge, the national health policy components have priority areas that are derived from the WHO health system building bloc… (R5).

Primary Health Care, The Fulcrum of Health Policy

The participants expressed the role of the primary healthcare center (PHC) as the heart of national healthcare policy implementation, especially the 2016 version on achieving UHC. Hence the contemporary objective of the health sector is to ensure the achievement of Universal Healthcare Coverage (UHC) for all Nigerians.

''The policy's main thrust is the attainment of UHC for all Nigerians and if PHC is given deserving attention, quality, efficient, equitable, and affordable healthcare implementation is achievable…'' (R1).

''…the national health policy specifies the functions and objectives of the PHC… it expresses the states of primary health care as the fulcrum of UHC.'' (R2)

The Success of Health Policies

Despite the development of health policy in the past 30 years, a respondent emphasized that the policy was used in better ways in recent years. Although some of the set objectives are yet to be achieved, the stake served was acknowledged and lauded for the progress attained so far.

''…the health policy I can say started over 30 years ago, but it was given more consideration now I can say, because there are so many aspects of it that were set to achieve.., still Nigeria is trying to address those that have not been achieved.'' (R11)

Challenges in the Existing Policy

Some of the challenges in the existing health policy enumerated by the participants included; non-implementation of health policies, inadequate health coverage, zero follow-up framework in terms of monitoring and evaluation of the implemented policies, lack of health policies at state levels, and inadequacy in policy evaluation and review.

Poor Implementation of Health Policies

Poor implementation of the national health policies has been ascribed as the reason why the system was not working as expected. This indicates a gap caused by non-participation or full involvement of some of the active players in the health system.

''…our major problem is the implementation of these health policies. And that is partly why this system is not working.'' (R3)

''…Just that some of those things, the implementation is very poor.'' (R14)

Inadequate Health Coverage

Since national health policy advocates the rights of people to good health. Inadequate health coverage implied the non-fulfillment of this objective. Such is the case of malaria which is still prevalent in our environment as cited by a participant. However, it was perceived that the low success rate in health coverage was a result of high demand by the population.

"too many needs for healthcare services should be taken into consideration". (R7)

''I know there is an issue confronting the attainment of UHC .... (R3).

Lack of Monitoring and Evaluation Framework

''... there is a need of a routine follow-up in respect of the policy implementation...yes, through establishing monitoring and evaluation framework for the implementation.'' (R9)

Lack of Health Policies at State Levels

Apart from the national health policies in use, states were expected to develop individual health policies possibly structured from the national one but targeted at the peculiar needs of the state.

"...national has their own (policy), it's very unfortunate that most of the states are just to some extent adopting some portions of national policy...the little that I know... (R1).

Delayed Health Policy Evaluation and Review

Participants also considered delayed evaluation and review of health policies as a major reason the policies may seem not working, as a result of other emerging disease situations that were not catered for in the policies.

''...It's natural, you cannot just make a policy for 10 years and you expect it to work for a decade without encountering emerging and re-emerging diseases... emerging cases in health care services. there must be some changes.'' (R4)

Conclusions

This study provides insight into the contents and contexts of the Nigeria National Health Policies. There exist three policies in Nigeria that were hindered by limited implementation capacity, leading to the health policy implementation deficits as lamented by the respondents. This fact identified opportunities that could improve the situation through substantial re-conceptualization of the health policy improvement actions, for better health and well-being. Achieving this requires an emphasis on effective policy implementation

and, a motivated workforce with a commitment to accountability at all levels of governance in the country.

Additionally, the major challenges identified in the study include poor funding, inadequate personnel, and medical supplies despite the country's renewed focus on the achievement of UHC which was the premise upon which the 2016 policy was built. In this regard, the study recommends that the Federal government should ensure a proper policy implementation built on a monitoring and evaluation framework. Also, further study to critically assess the performance of Nigeria's National health policy vis-a-vis specific policy thrust and goals such as UHC to ascertain the impeding factors to its successful implementation.

References

Adeleke, B., & Gafar, T. (2012). General Studies on Social Sciences; Some fundamental topics. *Ilorin, Rajah Dynamic Printers Ltd*.

Ademuwagun, Z. A. (1979). The relevance of Yoruba medicine men in public health practice in Nigeria. *Ademuwagun, A. Zacchaeus.; Ayoade, AA John; Harrison, E., Ira*.

Akazili, J., Adjuik, M., Jehu-Appiah, C., & Zere, E. (2008). Using data envelopment analysis to measure the extent of technical efficiency of public health centers in Ghana. *BMC international health and human rights, 8*, 1-12.

Aregbeshola, B. S., & Khan, S. M. (2018). Predictors of enrolment in the National Health Insurance Scheme among women of reproductive age in Nigeria. *International journal of health policy and management, 7*(11), 1015.

Demikhov, O. (2022). Public health policy communication with other policies in the context of inequality. In *Social Inequality as a Global Challenge* (pp. 89-104): River Publishers.

Enabulele, O. (2020). Achieving universal health coverage in Nigeria: moving beyond annual celebrations to concrete address of the challenges. *World Medical & Health Policy, 12*(1), 47-59.

Etiaba, E., Uguru, N., Ebenso, B., Russo, G., Ezumah, N., Uzochukwu, B., & Onwujekwe, O. (2015). Development of oral health policy in Nigeria: an analysis of the role of context, actors and policy process. *BMC Oral Health, 15*(1), 1-10.

Földes, M. E. (2018). Health policy and health systems: a growing relevance for the EU in the context of the economic crisis. In *EU Policies in Times of Crisis* (pp. 77-92): Routledge.

Joseph, O. O. (2020). Appraisal of the implementation of the national school health policy in secondary schools in Nigeria. *Academic Journal of Interdisciplinary Studies, 9*(2), 149-149.

Pever, N., Mson, E., & Kor, F. (2016). Health care policies in Nigeria since independence: Issues, challenges and prospects. *Katsina-Ala Multidisciplinary Journal*, 1-11.

Sapru, R. K. (2011). *Public policy: Art and craft of policy analysis*: PHI Learning Pvt. Ltd.