



FEDERAL REPUBLIC OF NIGERIA

REVISED NATIONAL HEALTH POLICY

**FEDERAL MINISTRY OF HEALTH
ABUJA**

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FOREWORD

The National Health Policy and Strategy to Achieve Health for All Nigerians, promulgated in 1988, has been acclaimed as a good document. But it has become necessary to review it to reflect the new realities and trends in our national health situation.

The National Health Policy represents the collective will of the governments and people of this country to provide a comprehensive health care system that is based on primary health care. It describes the goals, structure, strategy and policy direction of the health care delivery system in Nigeria. It defines the roles and responsibilities of the three tiers of government without neglecting the non-governmental actors. Its long-term goal is to provide the entire population with adequate access not only to primary health care but also to secondary and tertiary services through a well-functioning referral system.

However, it is my view that while a clear sense of strategic direction is essential for any health system, implementing the changes which are to follow from the strategy is much more challenging, and therefore, calls for more concerted efforts.

It will be recalled that in 1995 a National Health Summit of experts, leaders, policy makers, providers, planners and administrators in health and other relevant sectors, from the public and private sectors and from the international agencies was convened to examine the factors that have militated against improvement in our national health status, and chart a course of remedial action that would take us into the next decade and beyond.

The recommendations that emerged from the summit and other subsequent relevant activities that have been pursued since then have culminated in our having to take a critical look at the National Health Policy, with a view to effecting those changes that are meant to enhance the relevance of the document to our national health development efforts and make the goals of our health care system more realizable.

Since the Health Policy document serves as the point of reference in providing a sound foundation for the planning, organization and management of the nation's overall health system, its review became essential when there was a widely perceived urgency for change following the health summit of 1995. In response, the Federal Ministry of Health organized the review of the policy during 1996 – 1997, but the government has not formally endorsed the revised policy.

It is also pertinent, at this juncture, to ensure that the National Health Policy constitutes a suitable framework for the design and successful implementation of a government-led comprehensive health sector reform in Nigeria which process is currently being introduced through consultations.

This new policy also affords the reader the benefit of concise statements on ancillary policies of the main health programmes such as HIV/AIDS, Malaria, Immunization, Population, Reproductive Health, Health Management Information System, and Traditional Medicine, etc. Further information about the programme policies can be obtained from the separate programme policy documents.

I wish to emphasize the need for all interest groups and actors in health to collaborate with my Ministry and health authorities at the state and local government levels to ensure the successful implementation of this policy. This would result in more effective and efficient health services and in the overall better performance of our national health system and ultimately in the achievement of improved health status of the Nigerian citizenry.

I commend this document to all stakeholders in the health sector in particular and the Nigerian public and the international health community in general.

Professor Eytayo Lambo
Honourable Minister of Health
September, 2004

NATIONAL HEALTH POLICY

ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CAP	Change Agent Programme
CBO	Community Based Organisation
CDTI	Community Directed Treatment Initiative
ComDT	community Directed Treatment
CSM	Cerebro-spinal Meningitis
DFID	Department for International Development
DOTS	Directly Observed Treatment Short Course Chemotherapy
DRF	Drug Revolving Fund
GLP	Good Laboratory Practice
HACCP	Hazard Analysis Critical Control Point
HDCC	Health Data Consultative Committee
HepB	Hepatitis B
HIV	Human Immuno-deficiency Virus
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorders
IEC	Information Education communication
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
IUATLD	International Union Against Tuberculosis and Lung Disease
LGA	Local Government Area
MDG	Millennium Development Goal
MDR	Multi Drug Resistance
NAFDAC	National Agency for Food Drug Administration and Control
NEEDS	National Economic Empowerment Development Strategy
NEPAD	New Economic Partnership for Africa's Development
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NOCP	National Onchocerciasis Control Policy
NPHCDA	National Primary Health Care Development Agency
NPI	National Programme on Immunisation
NTBLCP	National Tuberculosis and Leprosy Control Programme
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
PPM	Public Private Mix
PTB	Pulmonary Tuberculosis
RH	Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBL	Tuberculosis and Leprosy
TQM	Total Quality Management
TT	Tetanus Toxoid
VAD	Vitamin A Deficiency
VCT	Voluntary Counselling and Testing
VPD	Vaccine Preventable Disease
WHO	World Health Organisation

CHAPTER 1: INTRODUCTION

- 1.1 The National Health Policy and Strategy to Achieve Health for All Nigerians, promulgated in 1988, was the first comprehensive national health policy and it was acclaimed to be a good policy document. But this was 16 years ago. Between then and now, many things have changed and it is, therefore, necessary to review the policy to reflect the new realities and trends in our national health situation.
- 1.2 A National Health Summit was organized in 1995. Participants included health experts, leaders, policy makers, health providers, health planners and administrators and representatives of health-related sectors. The factors that had militated against improvements in our national health status were examined and an attempt made to chart a course of remedial action that would take Nigerians into the 21st Century and beyond in good health. The recommendations that emerged from the Summit and other subsequent activities called for the need to take a critical look at the National Health Policy with a view to effecting those changes that would accelerate health development in Nigeria. The Federal Ministry of Health organized a review of the policy during 1996 and 1997, but the revised policy has not been formally endorsed.
- 1.3 The Health Sector Reform Change Agents, a product of the Change Agent Programme (CAP) which was developed jointly with the Federal Government of Nigeria by the Department for International Development (DFID) and funded by the latter, decided to bring their experiences from the developing countries they had visited to bear on the health sector reform process in Nigeria by, among other things, working further on the revised policy document. In addition, they organized consultations on their new draft and submitted their output as part of their contribution to the development of a comprehensive health sector reform programme for Nigeria, embarked upon since the second half of 2003.
- 1.4 Many professional organizations and other stakeholders have made written submissions to the new Health Minister as part of their contributions to the development of a health sector reform programme, the revision of the National Health Policy, and the drafting of a National Health Bill. Relevant parts of their contributions were, therefore, used to further refine the draft revised National health Policy submitted by the Health Sector Reform Change Agents.
- 1.5 A National Consultative Meeting, involving State Health Commissioners and representatives of various other stakeholders, was organized to review the final version of the revised policy document. The useful comments and suggestions made at the Consultative Meeting on both the policy document and the draft National Health Bill were used to develop this current version of the National Health Policy.
- 1.6 The foregoing review shows that the revised policy document has gone through many iterations of the earlier version by incorporating the views and comments of a wide range of stakeholders. It is expected that this revised health policy will have a greater chance of successful implementation, especially given the fact that the National Health Bill, when passed, will provide the necessary legal backing to the policy.

CHAPTER 2: THE CURRENT SITUATION

During the second half of the 1980s, considerable success was recorded with regards to the state of the health systems and, to some extent, the health status of Nigerians. The primary health care system was developed and strengthened and this helped to improve some of the health status indicators. Among other things, routine immunization coverage increased and this led to reduction in infant and child mortality rates. Unfortunately, this success was not sustained. There has been a downward trend in health development since 1993. The following are highlights of the current situation regarding the health system and health status of Nigerians.

National health system

- Nigeria's overall health system performance was ranked 187th among the 191 Member States by the World Health Organisation in 2000 (*World Health Report*).

Health status

- Preventable diseases account for most of Nigeria's disease burden and poverty is a major cause of these problems.
- Our maternal mortality rate (about one mother's death in every one hundred deliveries) is one of the highest in the world.
- Some other health status indicators, such as under-5 mortality rate and adult mortality rate, are higher than the average for sub-Saharan Africa.

Health policy, legislation, and health sector reform agenda

- There is a limited capacity for policy/plan/programme formulation, implementation, monitoring and evaluation at all levels.
- There is no health act describing the national health system and defining the health functions of each of the three tiers of government.

Health service delivery and quality of care

- Disease programmes, such as HIV/AIDS, TB, and malaria and other programmes, such as reproductive health, are currently being implemented within a weak health system and have had little impact.
- Routine immunization coverage rate that had reached over 80% in the early 1990s has nose-dived to an all time low by year 2000.
- A very high proportion of primary health care facilities serve only about 5-10% of their potential patient load, due to consumers' loss of confidence in them, among other causes.
- Our secondary health care facilities are in a prostrate condition.
- Diagnostic and investigative equipment in tertiary health institutions are outdated.
- The referral system between various types of health facilities is either non-functional or ineffective.

Pharmaceuticals and medical supplies

- Fake, sub-standard, adulterated and unregistered drugs are still prevalent, although very remarkable progress has been made in this area.
- Erratic supply and non-availability of essential drugs and related materials is a common feature.

Health finance

- Public expenditure on health is less than \$8 per capita, compared to the \$34 recommended internationally. Private expenditures are estimated to be over 70% of total health expenditure with most of it coming from out-of-pocket expenses in spite of the endemic nature of poverty.
- There is no broad-based health financing strategy.

Public-private partnership

- Partnerships between the public and private sectors are either non-existent or ineffective.

Management and management systems

- Management of the nation's limited health resources is ineffective and inefficient
- There is a culture of corruption and the promotion of self-interest.

IEC and consumer rights

- Consumers' health knowledge, comprising information, education and communication, and their level of awareness of their rights to quality health care are low; so also is awareness of their health obligations.

International community

- Donors and other development partners are poorly coordinated.

Increasing poverty in Nigeria compounds the current situation as summarized above. Poverty is keeping more and more people in poor health, just as the poor health of an increasing number of Nigerians is retaining them in poverty. We are, therefore, at a point where we need to improve the health of Nigerians not only to break the **vicious circle** of ill-health, poverty and a low level of development, but to convert it to a **virtuous circle** of improved health status, increased well being and sustainable development.

CHAPTER 3: SALIENT FEATURES OF THE NEW POLICY

3.1 The Development Context

The new National Health Policy has been formulated within the context of:

1. The Health Strategy of the New Partnership for Africa's Development (NEPAD), a pledge by African leaders based on a common vision and a firm conviction that they have a pressing duty to eradicate poverty and place their countries individually and collectively on a path of sustainable growth and development;
2. The United Nations Millennium Development Goals (MDGs) to which Nigeria, like other countries, has committed to achieve;
3. The New Economic Empowerment and Development Strategy (NEEDS) which is aimed at re-orienting the values of Nigerians, reforming government and institutions, growing the role of the private sector, and enshrining a social charter on human development with the people of Nigeria; and
4. The development a comprehensive health sector reform programme as an integral part of the NEEDS.

3.2 Underlying Principles and Values

The following principles and values underpin the new National Health Policy:

1. The principle of social justice and equity and the ideals of freedom and opportunity that have been affirmed in the 1999 Constitution of the Federal Republic of Nigeria;
2. Health and access to quality and affordable health care is a human right;
3. Equity in health care and in health for all Nigerians is a goal to be pursued;
4. Primary health care (PHC) shall remain the basic philosophy and strategy for national health development;
5. Good quality health care shall be assured through cost-effective interventions that are targeted at priority health problems;
6. A high level of efficiency and accountability shall be maintained in the development and management of the national health system;
7. Effective partnership and collaboration between various health actors shall be pursued while safeguarding the identity of each;
8. Since health is an integral part of overall development, inter-sectoral cooperation and collaboration between the different health-related Ministries, development agencies and other relevant institutions shall be strengthened; and a gender-sensitive and responsive national health system shall be achieved by mainstreaming gender considerations and implementation of all health programmes.

3.3 Overall Policy Objective

To strengthen the national health system such that it would be able to provide effective, efficient, quality, accessible and affordable health services that will improve the health status of Nigerians through the achievement of the health-related Millennium Development Goals (MDGs).

3.4. Targets

The main health policy targets are the same as the health targets of the Millennium Development Goals, namely:

1. Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate;
2. Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate;
3. To have halted, by 2015, and begun to reverse the spread of HIV/AIDS;
4. To have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases.

3.5 Health Policy Declarations and Commitments

The new National Health Policy will be guided by the following declarations and commitments:

1. The federal, state and local governments and the private health sector of Nigeria hereby commit themselves and all the people to intensive action to attain the goal of health for all citizens, that is, a level of health that will permit them to lead socially and economically productive lives at the highest possible level.
2. All Governments of the Federation are convinced that the health of the people does not only contribute to a better quality of life, but is also essential for the sustained economic and social development of the country as a whole.
3. The people of this nation have the right to participate individually and collectively in the planning and implementation of their health care. However, this is not only their right, but also their solemn duty.
4. Primary health care is the key to attaining the goal of health for all people of this country. Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community, through their full involvement and at a cost that the community and state can afford to maintain at every stage of their development in the spirit of self-reliance. It shall form an integral part of the national health system whose central function and main focus is the overall social and economic development of the community.
5. All Nigerian Governments and their people are determined to formulate strategies and plans of action, particularly such plans of action to be taken by governments, to re-launch and sustain primary health care in accordance with this National Health Policy.
6. All Nigerian Governments agree to co-operate among themselves in a spirit of partnership and service to ensure primary health care for all citizens, since the attainment of health by people in any one area directly concerns and benefits people in other areas of the Federation.
7. The Federal Government undertakes:-

- (i) To provide policy guidance and strategic support to States, Local Governments and the private sector in their efforts at establishing health systems that are primary health care-oriented and accessible to all their people;
 - (ii) To coordinate efforts in order to ensure a coherent, nationwide health system;
 - (iii) To provide incentives in selected health fields to the best of its economic ability to promote this endeavour; and
 - (iv) In collaboration with the State and Local Governments and the organized private sector as well as Non Governmental Organizations (NGOs), to undertake the overall responsibility for monitoring and evaluation of the implementation of the national health strategy.
8. All Governments accept to exercise political will to mobilize and use all available health resources rationally.

3.6 Major Thrusts of Health Policy

The major thrusts of the National Health Policy shall relate to the following issues:

1. National Health Systems and Management,
2. National Health Care Resources,
3. National Health Interventions,
4. National Health Information System,
5. Partnerships for Health Development,
6. Health Research, and
7. National Health Care Laws.

These issues are discussed further in Chapters 4 – 10 of this policy document.

CHAPTER 4: NATIONAL HEALTH SYSTEMS AND MANAGEMENT

4.1 A Comprehensive National Health System

1. The goal of the National Health Policy shall be to establish a comprehensive health care system, based on primary health care that is promotive, protective, preventive, restorative and rehabilitative to every citizen of the country, within the available resources, so that individuals and communities are assured of productivity, social well being and enjoyment of living.
2. A guaranteed minimum health care package for all Nigerians shall be the mobilizing target. As a long-term policy and within available resources, the governments of the Federation shall provide a level of health care for all citizens to enable them to achieve socially and economically productive lives.

4.2 Health System Based on Primary Health Care

The health system, based of primary health care, shall include as a minimum:-

1. An articulated programme of information, education and communication (IEC), which should also include specific programmes on school health services;
2. Promotion of food supply and proper nutrition;
3. An adequate supply of safe water and basic sanitation;
4. Maternal and child health care, including family planning. In this context, family planning refers to services offered to couples to educate them about family life and to encourage them to achieve their wishes with regard to: preventing unwanted pregnancies; securing desired pregnancies; spacing of pregnancies; and limiting the size of the family in the interest of the family health and socio-economic status. The methods prescribed shall be compatible with their culture and religious beliefs.
5. Immunization against the major infectious diseases;
6. Prevention and control of locally endemic and epidemic diseases;
7. Appropriate treatment of common diseases and injuries;
8. Provision of essential drugs and supplies;
9. Promotion of a programme on mental health; and
10. Promotion of a programme on oral health.

The health system shall:-

1. Reflect the economic conditions, socio-cultural and political characteristics of the communities as well as the application of the relevant results of social, biomedical, health system research and public health experience;
2. Address the main problems in the communities, providing promotive, preventive, curative and rehabilitative services accordingly;
3. Involve, in addition to the health sector, all related sectors and aspects of state and community development, in particular agriculture, animal husbandry, food industry, education, housing, transportation, public works, communications, water supply and sanitation and other sectors, and demand the coordinated efforts of all those sectors;
4. Promote maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making full use of the resources of Local, State and Federal Governments as well as other available resources; and
5. To this end, develop, through appropriate education, information and communication, the ability of communities to participate.

4.3. An Integrated and Co-ordinated National Health Care System

The governmental responsibilities comprise the following, among others:

1. Federal, State and Local Governments shall support, in a coordinated manner, a three-tier system of health care. Essential features of the system shall be its comprehensiveness, multisectoral inputs, community involvement and collaboration with non-governmental providers of health care.
2. In the Nigerian Constitution of 1963, health is on the concurrent list of responsibilities with the exception of international health, quarantine and the control of drugs and poisons which is exclusively the responsibility of the Federal Government. The Constitution has also assigned specific responsibilities to the State and Local Governments in collaborative effort to provide health care for all Nigerians.
3. The Nigerian Constitution of 1999, which is the operative document, is almost silent on health care delivery except the vague reference made on Local Governments' responsibility for Health. In section 45, the constitution also makes provision for the over-riding of individual rights, if it is in the interest of, among other things, public health. It is, therefore, imperative that a National Health Act be enacted to state the respective roles and responsibilities of each tier of government.
4. The national health care system is built on the basis of the three-tier responsibilities of the Federal, State and Local Governments. Schedules of responsibilities to be assigned to the Federal, State and Local Governments respectively shall, in consultation with all tiers of government, be prepared for approval by the Federal Ministry of Health.
5. In order to ensure that the primary health care services are appropriately supported by an efficient referral system, Ministries of Health shall review the resources allocated to, and the facilities available at, the secondary and tertiary levels. Whilst high priority shall be accorded to primary health care, within available resources, the secondary and tertiary levels shall be strengthened. The long-term goal is that eventually all Nigerians shall have easy access not only to primary health care facilities, but also to secondary and tertiary levels as required. Particular attention shall be placed on the needs of remote and isolated communities that have special logistic problems in providing access to the referral system.
6. In discharging the responsibilities assigned under the Constitution and/or National Health Act, the Federal, State and Local Governments shall coordinate their efforts in order to provide the citizens with effective and efficient health services at all levels.
7. Governments of the Federation shall work closely with voluntary agencies and the private sector to ensure that the services provided by these other agencies are in consonance with the overall national health policy. The establishment of a National Hospital Services Agency would further enhance the coordination process.
8. Mechanisms shall be established to ensure that all sectors related to health and all aspects of national and community development, in particular, agriculture, animal husbandry, rural development, food, industry, education, social development, housing, transportation, water supply, sanitation and communications are involved and their health related activities are coordinated.

4.4 Voluntary Agencies and the Private Sector

The non-governmental health sector shall comprise the following:

1. A variety of non-governmental agencies, especially religious bodies that provide health care, including both curative and preventive services; and
2. Private practitioners that also provide care.

4.5. Community Involvement

Measures to ensure effective community involvement in health care shall include the following:

1. Governments of the Federation shall devise appropriate mechanisms for involving communities in the planning and implementation of services on matters affecting their health.
2. Such mechanisms shall provide for appropriate consultations at the community level with regard to local health services based on increasing self-reliance. The traditional system and community organizations (cultural and religious associations) shall be fully utilized in reaching the people.
3. The Federal and State Ministries of Health shall consult accredited groups and associations representing various interests within society, including the various professional associations.
4. The Armed Forces and Police Barracks are usually not taken care of by the Local Government Areas in which they are located. The Ministry of Defence and Police shall, therefore, be responsible for the health care of the citizens living in such communities.

4.6 Levels of Care

The National Health Care System shall be developed at three levels as follows:

1. Primary Health Care
 - (i) Primary Health Care shall provide general health services of a preventive, curative, promotive and rehabilitative nature to the population as the entry point of the health care system. The provision of care at this level is largely the responsibility of Local Governments, with the support of State Ministries of Health and within the overall national health policy. Private sector practitioners shall also provide health care at this level.
 - (ii) Noting that traditional medicine is widely used and that there is no uniform system of traditional medicine in the country and that each of the wide variations is strongly bound to the local culture and beliefs, the local health authorities shall, where applicable, seek the collaboration of the traditional practitioners in promoting their health programmes in such areas as nutrition, environmental sanitation, personal hygiene, family planning and immunizations. Traditional health practitioners shall be trained to improve their skills and to ensure their cooperation in using the referral system to deal with high-risk patients. Governments of the Federation shall seek to gain a better understanding of traditional health practices and support research activities to evaluate them. Traditional practices and technologies of proven value shall be adapted into the health care system and those that are harmful shall be discouraged.

2. Secondary Health Care

Secondary Health Care shall provide specialized services to patients referred from the primary health care level, through out-patient and in-patient services of hospitals for general medical, surgical, paediatrics, obstetrics and gynaecology patients and community health services. It shall also serve as the administrative headquarters supervising health care activities of the peripheral units. Secondary health care shall be available at the district, divisional and zonal levels as defined by the authorities of the State. Adequate specialized supportive services, such as laboratory, diagnostic, blood bank, rehabilitation, and physiotherapy shall be provided.

3. Tertiary Health Care

Tertiary Health Care, which consists of highly specialized services, shall be provided by teaching hospitals and other special hospitals providing care for specific disease conditions or specific groups of patients. Care shall be taken to ensure that such facilities are evenly distributed in the country. Appropriate supporting services shall be incorporated into the development of tertiary facilities to provide effective referral services. Selected centres shall be encouraged to develop special expertise in appropriate advanced modern technologies thereby serving as a resource for evaluation and adaptation in the context of local needs and opportunities.

4.7 **National Health System Management**

It is generally recognized that a more effective and efficient delivery of health care can be achieved in this country by a more efficient management of the health resources. Experience has shown, repeatedly, that many well-conceived health schemes fail to meet expectations because of failures in implementation. It is essential to establish permanent and systematic managerial processes for health development at all levels of care. These shall include appropriate control to ensure the continuity of the managerial process from design to application.

4.8 **The National Health Managerial Process**

A national managerial process shall be established to include the following elements:

1. **The national health policy** - comprising the goals, priorities and main directions towards priority goals that are suited to the social needs and economic conditions in different States and form part of national, social and economic development policies;
2. **Programming** - the translation of policies through various stages of planning at the local, state and national levels into strategies to achieve clearly stated objectives.
3. **Programmed budgeting** - the allocation of health resources by Governments of the Federation for the implementation of approved strategies;
4. **Plan of Action** - describing strategies to be followed and the main lines of action to be taken in the health and related sectors to implement the strategies;
5. **Detailed programming** - the conversion of strategies and plans of action into detailed programmes that specify objectives and targets and the technologies, human resources, infrastructure, financial resources, and time required for their implementation through the health system;

6. **Implementation** - the translation of detailed programmes into action so that they come into operation as integral parts of the health system; the day-to-day management of the programmes, services and institutions for delivering them, and the continuing follow-up of activities to ensure that they are proceeding as planned and scheduled;
7. **Evaluation** - of health development strategies and operational programmes in order to progressively improve the effectiveness and efficiency of their implementation;
8. **Reprogramming** - with a view to improving the master plan of action or some of its components, or preparing new ones as part of a continuous managerial process for national health development; and
9. **Relevant health information** - to support all components of health care at all stages to ensure regular, wide and effective dissemination and use of needed information.

4.9 National Health Planning

1. National health planning shall form an integral part of the National Health Policy and any ensuing legislation. It will be an important administrative framework for assigning duties and responsibilities as well as determining the working relationships between different levels of health management;
2. National health planning shall relate to the determination of broad priorities and their translation into forward plans for the utilization of resources. It shall not be concerned with detailed implementation of individual projects or developments, but only with determining their priority and timing and the resources to be allocated to them.
3. The functions inherent in health planning shall be broken down into:-
 - (i) Research, that is, analytical and descriptive processes resulting in strategic policy choices and long-term objectives, will be a continuous process that cannot appropriately be fitted into an annual cycle, though an annual summary of long-term aims and objectives shall be produced as background to programming decisions; and
 - (ii) The programming and budgeting process that will result in decisions to put into effect specific courses of action within a definite time scale as a means of achieving the long-term aims, and to allocating resources to them. This process, which gives rise to the preparation of financial estimates, budgets and operating targets, shall be subject to annual revision and updating in a formal planning cycle.

4.10. Planning by the Federal Ministry of Health

1. The Federal Ministry of Health shall prepare and submit for annual review medium- and long-term national health plans that detail the health problems and needs of the country. Each plan shall also detail the goals and objectives, priorities, implementation and evaluation procedures of solving the health problems and meeting the health needs of the country.
2. Each National Health Plan shall comprise the State health plans, submitted by every State Ministry of Health, suitably revised to achieve the appropriate coordination or to deal more effectively with the national health needs.

3. The Federal Ministry of Health shall also provide guidelines on planning approaches, methodologies, policies, standards, and development of health resources.
4. The Federal Ministry of Health shall also provide guidelines for the organization and operation of state health planning and development units, including:-
 - (i) The structure of a state health planning and development unit;
 - (ii) The conduct of the planning and development processes;
 - (iii) The performance of state health planning and development functions; and
 - (iv) The planning performance of Local Government health authorities.

4.11 Planning and Development Guidelines

The Federal Ministry of Health shall:

1. Issue guidelines concerning national health policies, plans and programmes in the form of regulations and shall, as it deems appropriate, revise such guidelines from time to time.
2. Include in its guidelines:-
 - (i) Appropriate standards in respect of the supply, distribution, and organization of health resources; and
 - (ii) A statement of national health planning goals, objectives and targets developed after consideration of the priorities stated above. The goals, objectives and targets shall be expressed in quantitative terms to the maximum extent practicable.
3. In issuing the guidelines, the Federal Ministry of Health shall consult with, and solicit recommendations and comments from, the State Ministries of Health, the State Ministries of Education and Local Government, professional associations and special associations representing health organizations.

4.12 National Council on Health

1. The National Council on Health shall advise the Government of the Federation, through the Minister, on:
 - (i) The development of national guidelines for Health;
 - (ii) The development, implementation and administration of the National Health Policy;
 - (iii) Technical matters regarding the organization, delivery, and distribution of health services.; and
 - (iv) Any other matter assigned by the Minister.
2. The Council shall determine the time frames, guidelines and format for the preparation of National and State Health Plans.
3. The Council shall be advised by a Technical Committee.
4. The National Council on Health shall normally meet at least once a year.

4.13 National Hospital Services Agency

1. There shall be established a National Hospital Services Agency to advise the Minister on:
 - (i) The development of standardised national guidelines for the hospitals;
 - (ii) The administration of hospitals; and
 - (iii) Technical matters regarding the organization and distribution of hospital services at tertiary and secondary levels as part of the health systems.
2. The Agency shall monitor and provide guidelines on health services at tertiary and secondary levels in the public and private sectors.
3. The Agency shall consider applications and make recommendations to the Minister for the issuance of Certificates of Needs and Standards as appropriate for the establishment of tertiary health institutions.
4. The Agency shall establish an Office of Standards Compliance, which shall include a person who acts as ombudsman in respect of complaints regarding the activities of the Agency.
5. The Minister may make regulations to facilitate the activities of the Agency.
6. There shall be a National Hospital Services Board whose composition shall adequately represent all stakeholders in the health sector.

4.14 National Primary Health Care Development Agency

There shall be established for the federation the 'National Primary Health Care Development Agency' to provide strategic support for the development and delivery of Primary Health Care and to enforce compliance with appropriate guidelines.

The composition of the Agency shall comprise:

1. A part-time Chairman;
2. A representative of Federal Ministry of Health;
3. Six members representing the State Ministries of Health and the Federal Capital Territory's Ministry of Health, one per zone on rotation;
4. Six members representing the Local Government Health Departments, one per zone on rotation;
5. One representative of the Federal Ministry of Finance;
6. One representative of the National Planning Commission;
7. One representative of the registered Health Professional Associations; and
8. The Executive Director of the Agency as an ex-officio member.

4.15 The Managerial Process at State Level

1. In order to enable them develop and implement their strategies, State Ministries of Health shall:
 - (i) Establish a permanent, systematic, managerial process for health development which shall lead to the definition of clearly stated objectives as part of the State strategy and, wherever possible, the specification of targets;
 - (ii) Facilitate the preferential allocation of health resources for the implementation of the State strategy, and shall indicate the main lines of action to be taken in the health and other sectors to implement it; and

- (iii) Specify the detailed measures required to build up or strengthen the health system, based on primary health care for the delivery of state programmes.

The managerial process shall also specify the action to be taken so that detailed programmes become operational as integral parts of the health system, as well as the day-to-day management of programmes and the services and institutions delivering them. Finally, it shall specify the process of evaluation to be applied with a view to improving effectiveness and increasing efficiency, leading to modification or updating of the State strategy as necessary. Health human resources planning and management shall be an inseparable feature of the process.

In all the processes specified above, the support of relevant and timely information shall be organized as an integral part of the health system.

2. State Ministries of Health shall:

- (i) Establish permanent mechanisms to develop and apply their managerial processes, as well as provide adequate training to all those who need it. Such mechanisms shall include those in the ministries themselves, as well as all networks of individuals and institutions, to explore effective participation in the managerial, research, development and training efforts required for health development;
- (ii) Establish an effective machinery for implementation; and
- (iii) Coordinate disease control programmes throughout the state.

4.16 State Hospital Management Board

1. A Board known as the 'State Hospital Management Board' shall be established for each State and shall be responsible for the administration and management of the hospitals under their jurisdiction to ensure that the standard national guidelines for hospitals are adhered to.
2. The Board shall consist of nominees representing all stakeholders in the health sector (doctors, pharmacists, nurses, medical laboratory scientists, patients, etc.) to be appointed by the Governor.
3. The Commissioner shall recommend the process of selection, appointment and termination of office of members of the Board to the Governor.
4. The Board shall function under the general supervision of a Commissioner.
5. As and when necessary, a State may, however, grant almost complete autonomy to individual hospitals and, in that case, the individual Hospital Boards, with wide representation, shall replace or complement the State-wide organ.

4.17 Federal Capital Territory Hospital Management Board

1. A Board known as the 'Federal Capital Territory Hospital Management Board' shall be established for the Federal Capital Territory.
2. The Minister of the Federal Capital Territory shall appoint the Board.
3. The Executive Secretary of Health and Human Services shall recommend the process of selection, appointment and termination of office of members of the Board to the Minister of the Federal Capital Territory.
4. The Board shall function under the general supervision of the Director of Health Services.

4.18 State Health Planning

1. Each State Ministry of Health shall establish an appropriate mechanism for the planning and implementation of its development functions;
2. The State Ministry of Health shall produce an annual health plan that shall outline the health problems, needs, goals and objectives, implementation and evaluation procedures for the State. It shall submit the plan, as well as medium- and long-term plans to the Federal Ministry of Health, after the approval of the State Executive Council.
3. Each State Ministry of Health shall perform, within the State, the following functions:-
 - (i) Conduct health planning activities and help in implementing and co-ordinating the various components of the State Health Plan;
 - (ii) Prepare, review and revise as necessary (but at least annually) a preliminary State Health Plan which shall include the Local Government Authority Health Plans;
 - (iii) Assist the State Hospital Management Board in the review of the State health facilities plan and in the general performance of its functions; and
 - (iv) Review periodically basis (but not less often than every three years) all institutional health services being offered by the State.

4.19 Technical Assistance for State Health Services

The Federal Ministry of Health and where applicable, the National Planning Commission, shall provide the following technical assistance to the State Ministries of Health:-

1. Development of State health plans and approaches to the planning of various types of health services;
2. Production of technical materials, including methodologies, policies and standards appropriate for use in health planning; and
3. Other forms of technical assistance as may be necessary to enable State health institutions perform their functions more efficiently and effectively.

4.20 State Primary Health Care Management Boards

1. There shall be established for each 'State a 'State Primary Health Care Management Board' and for the Federal Capital Territory, a Federal Capital Territory Primary Health Care Management Board, hereafter referred to as State Primary Health Care Management Boards, to provide technical support and supervision for the development and delivery of Primary Health Care. The Board shall be responsible for the coordination of planning, budgeting, provision and monitoring of all primary healthcare services that affect residents of the State and other matters incidental thereto.

2. The composition of the Board shall comprise:
 - (i) A full-time chairman with experience in health management who shall be the Board's Chief Executive Officer and Accounting Officer;
 - (ii) Three other full-time members who shall have appropriate qualifications and experience in human resources and financial management and administration;
 - (iii) One ex-officio member to represent the State Ministries of Health and the Federal Capital Territory's Department of Health;
 - (iv) Three ex-officio members to represent the Local Governments/Federal Capital Territory's Area Council on a biennial, rotational basis; and
 - (v) One representative each of-
 - Private health care providers in the State, and
 - State hospital management board.

3. The State Primary Health Care Management Board members shall be appointed by the Governor/Minister of FCT on the recommendation of the Commissioner of Health/Executive Secretary of Health and Human Services.

4.21 Local Government Health Services

In order to support, and ensure that every Local Government is involved in the development and provision of health services there shall be established:

1. A body to be known as the 'National Primary Health Care Development Agency';
2. A State Primary Health Care Development Board in every State and the Federal Capital Territory; and
3. A Local Government Primary Health Authority in every Local Government Area and the Federal Capital Territory Area Council.

4.22 Local Government Health Authorities

1. There shall be established for each Local Government Area of a State a 'Local Government Health Authority' that shall be subject to the supervision of the State Primary Health Care Management Board.
2. Membership of the Authority shall be as determined by the Chairman of the Local Government on the recommendation of the Supervisory Councillor for Health, in accordance with National Guidelines.
3. There shall be established an 'Area Council Health Authority' for the Federal Capital Territory. Composition of the Authority shall comprise:-
 - (i) A part-time Chairman who shall be a qualified and experienced public health manager;
 - (ii) One representative of the private healthcare providers in the Area Council;
 - (iii) One representative of women in the Area Council;
 - (iv) One female representative of the Area Council Social Welfare Department;
 - (v) One representative of the Traditional Rulers' Council;
 - (vi) Two representatives of Religious Organizations; and
 - (vii) The Head of the Department of Health of the Area Council who shall be the Secretary of the Authority.

4. Members of the Area Council Health Authority shall be appointed by the Chairman of the Area Council on the recommendation of the Head of the Department of Health of the Area Council.

4.23 Preparation of Local Government Primary Health Care Plans

1. The Federal Ministry of Health shall, within the national budget cycle, work with the State Primary Health Care Management Boards and Local Government Health Authorities to develop and implement Local Government Primary Health Care Plans, in accordance with the National Health Guidelines issued by it.
2. A Local Government Health Authority shall, within the national budget cycle, develop and present to the State Primary Health Care Board, a Local Government Health Plan, drawn up in accordance with the national guidelines issued by the Federal Ministry of Health, with due regard to national and State health policies.
3. The State Primary Health Care Board shall ensure that each Local Government Health Authority develops and implements a human resources development plan for health, in accordance with the national guidelines issued by the Federal Ministry of Health.

4.24 Establishment of Ward Health Committees

1. There shall be established for each Ward in every Local Government or Area Council, a 'Ward Health Committee' which shall be responsible for the coordination of planning, budgeting, provision and monitoring of all primary healthcare services that affect residents of the Ward and other matters incidental thereto.
2. Membership of the Committee shall be determined by the Local Government Chairman on the advice of the Supervisory Councillor for Health in the Local Government/Area Council, in accordance with National Guidelines.

4.25 Establishment of Village Health Committees

1. There shall be established, in every village where there is no Primary Health Care Centre, a 'Village Health Committee' by the Local Government Health Authority.
2. A Village Health Committee shall consist of five members appointed by the Local Government Chairman on the advice of the Counsellor representing the Ward, in accordance with the National Guidelines.
3. A Village Health Committee shall among other functions:-
 - (i) Mobilise the community for health action;
 - (ii) Identify available resources within the community and allocate appropriately for health development;
 - (iii) Plan for the health and welfare of the community and forward the plans to the health facility Level;
 - (iv) Supervise the implementation of approved health plans;
 - (v) Establish a village health post; and
 - (vi) Monitor and evaluate the impact of the services on the health status of the community.

4. The National Primary Health Care Development Agency (NPHCDA) shall issue operational guidelines for the Village Health Committee.

CHAPTER 5: NATIONAL HEALTH CARE RESOURCES

5.1 Background

Resources for health development are an important, and indispensable component of an effective and efficient health care delivery. The appropriate and targeted applications of relevant resources (material and non material) in the right mix (quality and quantity), at the right places and in time shall be central for achieving the goals and objectives of the National Health Policy.

5.2 National Health Human Resources Development

Planning the human resources for health shall include:

1. Revitalizing and providing appropriate and quality human resources for health care delivery at all levels;
2. Ensuring equitable distribution of human resources for health care delivery between urban and rural areas, including difficult terrain, such as mountainous, riverine and inaccessible areas of the country;
3. Promoting collaboration among human resources for health care delivery at the tertiary and secondary levels with and among those in cognate private and public health institutions; and
4. Ensuring adequate staff at all levels in line with health sector development plans.

5.3 Management and Administration of Human Resources for Health

The Federal Ministry of Health, in collaboration with State Ministries of Health and Local Governments' Health Authorities and the professional bodies shall:

1. Create a conducive atmosphere that will induce health workers to serve anywhere their services are required in Nigeria and contain brain drain;
2. Improve the production and quality of human resources for health care delivery;
3. Appropriately pursue the training of specialized human resources in the rare fields of health care; and
4. Ensure that professionally trained health planning/health administrators head the units for human resources health development.

5.4 Human Resources Development and Retention

Priorities in human resources development shall be given to the production and development of frontline health workers for the leadership and operational positions required for the smooth running of the health system, in line with the principles of Primary Health Care. Special capacity building programmes in the areas of need shall be encouraged while existing training institutions, especially for medium-level human resources for health, shall be strengthened to perform the functions for which they are established.

The policy shall take into account the various dimensions of training needs, namely, pre-service, in-service, post-basic/specialist.

5.5 Pre-service Training

1. Government-sponsored beneficiaries of pre-service training shall be bonded to ensure retention and for service in under-served areas, in line with the appropriate policies.
2. Monetization of bonding shall be abolished at all levels of government to ensure that all officers bonded return to serve.

5.6 Continuing Education / In-service Training

1. The nomination and selection of candidates for this type of training shall be based on equity, gender, need and spread.
2. Priority shall be accorded health workers in under-served and rural areas as an incentive.
3. Bonding of beneficiaries of in-service training shall be an instrument to ensure retention and for ensuring service in under-served areas.

5.7 Post-Basic and Specialist / Postgraduate Training

1. A rolling plan for training health workers at all levels as the basis for budgeting and staff selection shall be developed at all levels of government.
2. Government at all levels shall deploy staff as appropriate to their training institutions, hospitals and health centres.

5.8 The Private Sector

1. Private health institutions shall identify and deploy their human resources in line with government policies.
2. Private health institutions shall strengthen and update their institutions/hospitals and train the human resources needed to provide the desired health care services.
3. The private sector shall at all times comply with the approved guidelines in human resources development and deployment for health care delivery in the recruitment of personnel and setting up of facilities.

5.9 The Brain Drain

1. Recruitment agencies for health services in other countries shall register with the Federal Ministry of Health (FMOH) and operate within the provisions of the memoranda of understanding with the FMOH.
2. The Ministries of Health shall create and sustain a conducive working environment for the motivation and retention of human resources for health care delivery, while deliberate efforts shall be made to offer additional incentives to encourage skilled Nigerians working abroad to return and take up employment in Nigeria's National Health Care System.

5.10 Traditional Health Practitioners

Due to the age-old importance of traditional medical practice in Nigeria and new developments in health care delivery, coupled with the reality that a high proportion of Nigerians patronize traditional medical practitioners, there is a need to integrate the practice with orthodox medicine by ensuring the establishment of minimum standards for the practice.

The policy shall ensure that:

1. Institutions for the training of traditional health practitioners are accredited by a regulatory board;
2. The regulatory board, from time to time, reviews curricula for training of traditional health practitioners and provides appropriate guidelines towards their integration into the mainstream of health care delivery;
3. Traditional health practitioners will be retrained and certificated in order to increase their skills and effectiveness, in line with the regulatory guidelines; and
4. Traditional health practitioners will be instructed on how to make effective use of the referral system of orthodox medical care.

5.11 Monitoring and Evaluation

Monitoring and evaluation are fundamental activities aimed at ensuring the satisfactory performance of the health care delivery system. The Human Resources for Health Development unit at all levels shall be strengthened to perform their statutory functions.

The policy shall ensure:

1. That the Human Resources for Health Development unit at federal, state and local government authorities, in collaboration with other agencies, monitor and evaluate all health care institutions within their areas of jurisdiction annually to ensure their compliance with the specified human resources for health development norms, and that sanctions are imposed where appropriate; and
2. That monitoring and evaluation reports contribute significantly to personnel training, placement and reward at all levels.

5.12 Financing of Human Resources for Health

In order to achieve the aims and objectives of human resources development, the policy shall prescribe the following:

1. A minimum of 15% of the allocation to health shall be devoted to human resources for health development.
2. Private sector participation in human resources for health development shall be encouraged through foundations, philanthropies, and endowments.

5.13 National Health Technologies

1. The most appropriate health technologies shall be selected for use at all levels of the health care system. Particular care shall be taken to identify the most cost- effective technologies and to maintain them at the highest level of efficiency. In order to reduce importation of supplies, indigenous manufacturing capabilities shall be fostered in the spirit of self-reliance.
2. The policy on national health technologies shall be directed at ensuring the selection, development and application of appropriate technologies at each level of health care. Appropriateness shall be judged on the basis of effectiveness, safety, the ability of the community to pay for it, and the availability of expertise to utilize and maintain the technologies.
3. A systematic assessment shall be made of the health technologies being considered for use in each priority programme. This shall include measures for health promotion, disease prevention, diagnosis, therapy and rehabilitation.
4. The process of determining health technologies shall also entail specifying for each programme what measures shall be taken by individuals and families in their homes and by communities; whether by individual or community behaviour or by specific technical measures. Measures to be taken by the health services at the primary, secondary and tertiary levels, as well as those to be taken by sectors, shall be specified.
5. To arrive at appropriate technologies, mechanisms for effective consultations with other relevant government departments, institutions as well as communities shall be established.

5.14 Food, Drugs and Vaccines, Dressings and Quality Control

In view of the centrality of efficacious drugs to the success of the health care system, there shall be consistent implementation of the National Drug Policy at all levels of health care delivery. Steps shall be taken to:-

1. Draw up a list of essential drugs and vaccines and set up mechanisms to ensure that the drugs are available and are rationally used at all levels of the health care system;
2. Develop local capability to produce essential drugs, vaccines and dressings and to reduce dependence on imports by offering suitable incentives to firms which are engaged in the local manufacture, research and development of drugs;
3. Keep surveillance on the quality of food, drugs, cosmetics and other regulated products, through effective monitoring of importation and distribution channels and enforcement of relevant regulations; develop a system of monitoring the adverse effects of drugs;
4. Establish efficient systems for the procurement, storage and distribution of drugs and vaccines, including a reliable "cold chain" for the latter;
5. Allocate resources for relevant drug research, including traditional remedies;
6. Control the advertisement of drugs and other health-related regulated products.
7. Establish Drug Information Centres at all levels;

8. Establish guidelines for the clinical trials of new drugs;
9. Establish guidelines for drug donations; and
10. Allocate a specific percentage of the total health budget to drugs.

5.15 Equipment

1. The selection, ordering and maintenance of equipment and devices (e.g., x-ray machines, anaesthetic equipment, refrigerators) shall be rationalized so as to obtain savings in their cost of purchase and maintenance as well as ensuring their reliable service.
2. Existing maintenance units in tertiary and secondary health facilities shall be strengthened to be more effective and efficient to facilitate an enduring maintenance culture.
3. Ministries of Health shall co-operate by exchanging information, standardization of specifications and the sharing of facilities for the maintenance of equipment.
4. Technological transfer and training shall be part of contracting conditions for the purchase of complex and sophisticated medical equipment.

5.16 Health Care Facilities

1. Ministries of Health, in collaboration with relevant bodies shall review the distribution and types of existing health care facilities and their status and shall work out a master plan of minimum requirements for health centres, dispensaries and first level referral hospitals. These plans shall include the repair, refurbishing, updating and equipping of facilities in accordance with established guidelines for each type of facility. Proposals for adequate maintenance, with community support and involvement to the extent feasible, shall also be included in the master plan.
2. The relevant ministries shall establish mechanisms for the issuance of Certificates of Needs and Standards to regulate the location and quality of health facilities.

5.17 National Health Care Financing

- (a) The Federal, State and Local Governments shall review their allocation of resources to the health sector to bring them in line with internationally recommended standards. Within available resources, high priority shall be accorded to primary health care with particular reference to under-served areas and groups. Community and financial sector resources shall be mobilized in the spirit of self-help and self-reliance. The guiding principles for the development of the national health care financing strategy/policy shall be equity, availability, acceptability, accessibility, affordability and efficiency in resource use, collaboration between all levels of government, partnerships, community participation and sustainability.
- (b) In the light of the importance of health in socio-economic development, all Governments of the Federation shall review their financial allocations to health in relation to the requirements of other sectors of the economy. High priority programmes for primary health care shall have the first consideration on any additional resources that may be available.

- (c) Within the health care system, efforts shall be made to redistribute financial allocations among promotive, preventive and curative health care services to ensure that adequate emphasis and awareness shall be placed on promotive and preventive services without compromising curative health services.
- (d) Governments of the Federation shall explore additional avenues for financing the health care system, especially health insurance schemes and health development levies.
- (e) As a general policy, users shall pay for curative services, but preventive services shall be subsidized. Generally, public assistance shall be provided to the socially and economically disadvantaged segments of the population.
- (f) Governments of the Federation shall encourage employers of labour and their employees to participate in financing health care services through the organization and implementation of health insurance schemes.
- (g) Within the rights of individuals to participate in the economy of the nation, private individuals shall be encouraged with generous tax breaks to establish and finance private health care services in under-served areas.
- (h) Within the concept of self-reliance, communities shall be encouraged to finance health care directly, or find local community solutions to health problems through the contribution of labour and materials and the retention of public hospital fee revenue.
- (i) Mechanisms shall be established to undertake continuing study on the benefits of various health programmes in relation to costs, as well as the effectiveness of different technologies and ways of organizing the health system in relation to costs and revenues;
- (j) The construction and institutionalization of a National Health Account shall provide appropriate information and serve as a basis for the review of the national health care financing strategy from time to time.

CHAPTER 6: NATIONAL HEALTH INTERVENTIONS

6.1 Background

In order to attain the national goal of achieving health for all Nigerians, it is imperative that an attempt be made to address disease burdens and other health problems that significantly contribute to the poor health status of Nigerians. There is a need to mount appropriate health interventions capable of achieving this goal.

6.2 National Policy on HIV/AIDS

1. Goal

The overall goal of the HIV/AIDS Policy is to: control the spread of HIV in Nigeria; provide equitable care and support for those infected by HIV; and mitigate its impact to the point where it would no longer be a public health, social or economic concern, such that all Nigerians would be able to achieve socially and economically productive lives free of the disease and its effects.

2. Objectives

The objectives of the policy include:

- (i) Fostering behaviour change as the main means of controlling the pandemic;
- (ii) Improving national understanding and acceptance of the principle that all persons must bear responsibility for the prevention of HIV transmission and the provision of care and support for those infected and affected; and
- (iii) Providing access to cost-effective care and support for those infected, including anti-retroviral drugs.

3. Strategic Thrusts

- (i) Reduction of risk of transmission through promotion of safe sexual behaviour, VCT, PMTCT, blood safety and early diagnosis and treatment of sexually transmitted infections.
- (ii) Review of existing legislation and enacting appropriate new laws for protection of the rights of those living with HIV and those susceptible and vulnerable to the disease.
- (iii) Provision of care and support for those infected and affected by HIV/AIDS.
- (iv) Provision of comprehensive information, education and communication to prevent the spread of HIV/AIDS and mitigate its impact.
- (v) Setting up an appropriate institutional framework at all levels of government, resource mobilization, monitoring and evaluation and fostering international partnerships to enhance effective HIV/AIDS programme management.

6.3 National Policy on Roll Back Malaria

1. **Goal**

- Significantly reduce the rates of mortality and morbidity due to malaria.

2. **Objectives**

- (i) To reduce by 50%, the present mortality and morbidity rates due to malaria in children under the age of five years by the end of the year 2010.
- (ii) To reduce mortality rates due to malaria among pregnant women by 50% by the end of the year 2010.
- (iii) To achieve a 20% reduction in malaria fatality cases and their effects, mainly in pregnant women and children, by the year 2010.

3. **Strategic Thrusts**

- (i) Disease management using affordable, efficacious anti-malaria drugs.
- (ii) Multiple Disease Prevention using ITN/Integrated Vector Management/Environmental Management, Intermittent Preventive Treatment (IPT)
- (iii) Information, Education and Communication (IEC)/Mobilization; Behaviour Change and Communication.
- (iv) Partnerships.
- (v) Operations Research.
- (vi) Monitoring and Evaluation.

6.4 National Policy on Immunization

1. **Goal**

- The main goal of the policy is to develop and promote immunization programmes geared towards reduction of childhood morbidity and mortality through adequate immunization coverage of all at-risk population.

2. **Objectives**

- (i) To provide the framework and guidelines for the implementation of an immunization schedule for the target and at-risk population.
- (ii) To provide comprehensive guidelines to assure compliance with established plans to detect, control and/or eliminate the occurrence of Vaccine-Preventable Diseases (VPDs).

3. **Strategic Thrusts**

- (i) Provision of vaccines, free of charge, in order to attain optimal protection against vaccine-preventable diseases for:
 - (a) Eligible children of 0 –11 months,
 - (b) Adults of high-risk population, e.g., HepB for Health Workers in tertiary health facilities and CSM for population 1 – 30 years in meningitic belt, and
 - (c) Women of childbearing age (TT).
- (ii) Provision of support to States and LGAs in immunization service delivery.

- (iii) Establishment of standards for:
 - (a) Injection Safety and Waste Disposal,
 - (b) Cold Chain and Logistic Equipment, and
 - (c) Inventory Requirement for Immunization Service Delivery.

6.5 National Policy on the Control of Onchocerciasis

1. **Goal**

The ultimate goal of the programme is the elimination of Onchocerciasis as a public health problem throughout Nigeria.

2. **General Objective**

The objective of the NOCP shall be the strengthening of self-sustaining CDTI in all endemic communities in Nigeria.

3. **Specific Objectives**

By the end of 2012, the NOCP would have achieved the following:

- (i) Attain and maintain, nation-wide, a minimum therapeutic coverage of 65%.
- (ii) Harmonise and solidify a database on the population of endemic communities by the end of 2004.
- (iii) Ensure that by the end of 2004 all endemic States:
 - Identify and commence mass treatment in the remaining endemic communities;
 - Attain 100% geographic coverage;
 - Reach and maintain a minimum therapeutic coverage of 65%; and
 - Make satisfactory progress towards sustainability of CDTI activities.
- (iv) Ensure continued capacity building for Onchocerciasis health workers at all levels to manage and implement CDTI within the planned period, especially with respect to data management.
- (v) Encourage the involvement of more local NGOs and CBOs in the implementation of treatment activities at all levels.
- (vi) Promote as much as possible the integration into CDTI distribution of Vitamin A Supplement, schistosomiasis control through treatment with praziquantel, and Lymphatic Filariasis Control through a combined therapy using albendazole and Ivermectin.
- (vii) Actively encourage and promote the use of Community Directed Treatment (ComDT) by other health care delivery programmes.
- (viii) Ensure the full integration of Onchocerciasis control activities into the PHC system.
- (ix) Seek and encourage the formation of integrated National, Zonal and State Task forces that would oversee implementation of all programmes using ComDT.

4. **Strategic Thrusts**

- (i) Implementation of sustainable Community Directed Treatment Programme for the distribution of Mectizan to all individuals either infected or at risk of infection.
- (ii) Encouraging continued community participation and ownership of ivermectin delivery to the at-risk population.
- (iii) Continuous mobilization, sensitisation, and health education of all relevant government policy makers and NGOs to ensure the sustainability of CDTI.

In the event of Mectizan resistance or the development of an acceptable macrofilaricide, the Onchocerciasis Control Programme shall continue with Community Directed Treatment (ComDT) for the distribution of the available microfilaricide or macrofilaricide.

6.6. **National Policy on the Control of Tuberculosis and Leprosy (TBL)**

1. **Goal**

- (i) To reduce the prevalence of Tuberculosis to a level at which it no longer constitutes a public health problem in Nigeria.
- (ii) To detect the hidden cases of leprosy in the community.
- (iii) To prevent new/increased impairments in 95% of people registered for treatment or care.

2. **Objectives:**

- (i) To provide effective treatment for all tuberculosis patients in Nigeria using the Directly Observed Treatment Short Course Chemotherapy (DOTS) technique as recommended by the World Health Organization (WHO) and the International Union Against Tuberculosis and Lung Diseases (IUATLD).
- (ii) To detect all cases and particularly all the infectious cases in the early stages of the disease and effectively treat them, so as to reduce the bacterial load and thus, with a combination of other methods, interrupt transmission of the disease in the communities.
- (iii) To reduce the mortality and complications associated with Tuberculosis.
- (iv) To reduce or eliminate the social and psychological stresses as well as the social stigma associated with Tuberculosis.
- (v) To achieve 100% DOTS coverage by 2005 and to implement new Tuberculosis Initiatives, such as the TB/HIV Joint Action, Public Private Mix (PPM) DOTS, Community DOTS, Control of Multi-Drug Resistant (MDR) Tuberculosis, etc.
- (vi) To reduce the prevalence of leprosy disease to a level at which it no longer constitute public health problem in the country.
- (vii) To prevent and reduce the impairment associated with leprosy as well as provide appropriate rehabilitation for persons affected by leprosy.

3. **Global Targets**

- (i) To cure at least 85% of detected smear positive cases by 2005;
- (ii) To detect 70% of existing smear positive PTB cases by 2005; and
- (iii) To have halted and begun to reverse the incidence of TB, HIV/AIDS, Malaria and other major diseases by 2015.
- (iv) To eliminate leprosy in the community with a prevalence rate of less than 1 case per 10,000 population

4. **Strategic Thrusts**

- (i) Integration of care and control of tuberculosis into the General Health Care Services Scheme based on the Primary Health Care System in Nigeria.
- (ii) Upgrading existing tuberculosis control work through a more efficient organization, provision of uniform guidelines, better training of staff and more intensive supervision.
- (iii) Making standard procedures as simple as possible. Passive and active case finding, treatment and case holding will be rendered throughout the general health facilities by general health staff, under the support and supervision of specialized staff.
- (iv) Provision of specialized care for complicated cases in secondary or tertiary health institutions.
- (v) Provision of health education to individual patients and the general public.
- (vi) Collaboration with National and International training/ teaching institutions, as well as research centres for tuberculosis, in various aspects of the disease.
- (vii) Use of an accurate and standardized recording and reporting system in order to ensure periodical evaluation of the programme's performance.
- (viii) Co-ordination of all National Tuberculosis and Leprosy Control Programme (NTBLCP) activities *vis-à-vis* all the support being rendered by development partners and stakeholders.
- (ix) early case detection; adequate chemotherapy; provision of comprehensive patient care; and public health education in the case of leprosy prevention and control.

6.7 **National Policy on Blood Transfusion**

1. **Goal**

Make available, at all times, blood and blood products that are safe for transfusion by instituting a system of voluntary, non-remunerative blood donation.

2. **Objectives**

- (i) Establish and coordinate blood transfusion services on a country-wide basis within the national health plan.
- (ii) Develop a system of blood donor mobilization and motivation based on a voluntary, non-remunerative donation of blood.
- (iii) Ensure the delivery of blood, blood components and blood derivatives, which are safe for transfusion and other medical therapy.
- (iv) Ensure the equitable distribution of equipment and consumables.
- (v) Maintain a system of Total Quality Management (TQM) and haemovigilance at all levels of the service.
- (vi) Provide the modalities for the recruitment, training and development of appropriate human resources to satisfy the needs of the service.
- (vii) Establish a data and information support system.
- (viii) Encourage research into all aspects of blood transfusion.
- (ix) Maintain a cost-effective service.
- (x) Strive to uphold high ethical practices.

3. **Strategic Thrusts**

- (i) Advocacy for sustained commitment of government at all levels to the successful implementation of the policy, as well as the legislation to back-up the policy. Communities shall be involved in donor education, recruitment and retention.
- (ii) Establishment of national blood transfusion centres at all levels for equitable access and a system of internal control and external quality assurance.
- (iii) Capacity building through the recruitment of qualified staff and the establishment of a system of continuous education and training with clear objectives and targets.
- (iv) Adequate record keeping and the establishment of an information support system to form the basis of management planning strategies for further development.
- (v) Promotion of research in all aspects of blood transfusion service.

6.8 **National Policy on the Elimination of Female Genital Mutilation**

1. **Goal**

- The overall goal is to eliminate the practice of female genital mutilation in Nigeria in order to improve the health and quality of life of girls and women.

2. Objectives

- (i) Increase awareness of the hazards of female genital mutilation through information, education and communication.
- (ii) Increase the number of decision makers within families (spouses, fathers, mothers, grandparents and guardians) and female genital mutilation practitioners with appropriate attitudes, beliefs, behaviours and practices against female genital mutilation.
- (iii) Increase the number of health personnel at primary, secondary and tertiary health care facilities who undergo training on strategies for the prevention of female genital mutilation and the management of its health consequences.
- (iv) Plan, implement, monitor and supervise educational programmes for health workers, women and men's groups, adolescents and youth, traditional rulers, religious and other community leaders, traditional birth attendants, practitioners of female genital mutilation, on the dangers of female genital mutilation.
- (v) Promote research to monitor intervention programmes.
- (vi) Integrate modules on female genital mutilation in curricula at the primary, secondary and tertiary levels of education.
- (vii) Promote the enactment of laws for the elimination of female genital mutilation.
- (viii) Promote inter-sectoral collaboration and networking to eliminate female genital mutilation at national, regional and international levels.

3. Strategic Thrusts

- (i) Advocacy for sustained commitment of government at all levels to the successful implementation of the policy, as well as to legislation and enforcement.
- (ii) Public enlightenment through an Information, Education and Communication network.
- (iii) Capacity Building through training of trainers, including peer educators and health workers, as well as ensuring the availability of suitable training packages/information manuals/kits on the dangers and consequences of female genital mutilation.
- (iv) Promotion of research to generate current information, and to monitor and evaluate intervention programmes to determine attitudinal changes.
- (v) Promotion of alternative skills acquisition, credit mobilisation, and income generation for practitioners of female genital mutilation.

6.9 National Policy on Reproductive Health

1. Goal

- Create an enabling environment for appropriate action and provide the necessary impetus and guidance to local initiatives in all areas of reproductive health.

2. **Objectives**

- (i) Reduce maternal morbidity due to pregnancy and childbirth by 50%.
- (ii) Reduce perinatal and neonatal morbidity and mortality by 30%.
- (iii) Reduce the number of unwanted pregnancies in all women of reproductive age by 50%.
- (iv) Reduce the incidence and prevalence of STIs, including HIV infections.
- (v) Limit all forms of gender-based violence and other practices that are harmful to the health of women and children.
- (vi) Reduce gender imbalance in available reproductive health (RH) services.
- (vii) Reduce the incidence and prevalence of reproductive cancers and other non-communicable diseases.
- (viii) Increase knowledge of reproductive biology and promote responsible behaviour of adolescents regarding prevention of unwanted pregnancies and STIs.
- (ix) Reduce gender imbalance in sexual and RH matters.
- (x) Reduce the prevalence of infertility and make adoption services available to infertile couples.
- (xi) Reduce the incidence and prevalence of infertility and sexual dysfunction in men and women.
- (xii) Increase the involvement of the men in RH issues.
- (xiii) Promote research on RH issues.

3. Strategic Thrusts

The major thrusts for achieving the goals and objectives of the National Reproductive Health Policies shall be:-

- (i) **Advocacy and Social Mobilization** to establish the support of policy and decision makers, community members and organizers of Reproductive Health issues.
- (ii) **Promotion of a Healthy Reproductive Health Lifestyle** by process of providing appropriate knowledge to bring about appropriate behavioural change and improve participation in the use of RH services.
- (iii) **Equitable Access to Quality RH Services** to assure availability of RH issues in the community.

- (iv) **Capacity Building** by updating knowledge and skills of healthcare providers and ensuring availability of appropriate materials for effective RH services.
- (v) **Research Promotion** to be undertaken to provide information for employing new methods of addressing emerging issues in RH.

6.10 National Policy on Adolescent Health

1. Goal

To meet the special health needs of adolescents.

2. Objectives

- (i) Promote the acquisition of appropriate knowledge on health by adolescents.
- (ii) Create an appropriate climate for policies and laws necessary for meeting adolescent health needs.
- (iii) Train and sensitize adolescents and other relevant groups in the skills needed to promote effective healthcare and healthy behaviours in adolescents.
- (iv) Facilitate the provision of effective and accessible information guidance and services for the promotion of health, the prevention of problems and the treatment and rehabilitation of adolescents in need.
- (v) Facilitate the acquisition of new knowledge concerning interactions between adolescents and those who may provide them with health care or influence their behaviour regarding biomedical and psycho-social issues related to the physical, mental and sexual development of adolescents.

3. Strategic Thrusts

- (i) Conduct of needs assessment surveys, advocacy, basic and operational research, coordination of partnerships between specialized institutions concerned with adolescent issues.
- (ii) Provision of comprehensive services, including healthcare, health education, personal and job skills training, vocational guidance and training, sport and recreational facilities, and social and legal support to settings in which adolescents are favourably disposed, with emphasis on promotion of healthy lifestyles and use of positive role models to discredit harmful habits.
- (iii) Coordination of school health programmes to ensure the inclusion in school curricula the teaching of sexual and reproductive health issues, emphasizing responsible sexual behaviour and a positive attitude to sexuality as a means of preventing unwanted pregnancies or avoiding sexually transmitted diseases.
- (iv) Provision of services in special clinics for adolescents within existing facilities, outreach facilities in schools and other places to which adolescents are attracted.

6.11 National Policy on Food and Nutrition

1. Goal

- The **overall goal** of the National Food and Nutrition Policy is to improve and sustain the nutritional status of all Nigerians, with particular emphasis on the most vulnerable groups, i.e., children, women and the elderly.

2. **Objectives**

- (i) Reduce under-nutrition, especially among children, women and the aged, and in particular, severe and moderate malnutrition among under-fives by 30% by the year 2010.
- (ii) Reduce micronutrient deficiencies, particularly iodine deficiency disorders (IDD), vitamin A deficiency (VAD) and iron deficiency anaemia (IDA) by 50% of the current levels by the year 2010.
- (iii) Reduce the rate of low birth weight (2.5 kg or less) to less than 10% of the current level by the year 2010.
- (iv) Reduce diet-related, non-communicable diseases by 25% of current levels by the year 2010.
- (v) Reduce the prevalence of infectious and parasitic diseases that aggravate the poor nutritional status of infants and children by 25% of the current levels.
- (vi) Reduce starvation and chronic hunger to the barest minimum through increased food intake.

3. Strategic Thrusts

- (i) Definition and analysis of nutrition problems.
- (ii) Institutionalisation of nutrition information and surveillance system, including growth monitoring and promotion in all health facilities.
- (iii) Control of micronutrient deficiencies.
- (iv) Promotion of adequate infant and young child feeding practices, especially breastfeeding and complementary feeding.
- (v) Nutrition Education and Training.
- (vi) Issuance of guidelines to assist States and LGAs manage, monitor and evaluate nutrition programmes and related services.
- (vii) Promotion of household food security and income generation activities.

6.12 National Policy on Child Health

1. Goal

- Development and adaptation of technologies and approaches aimed at the protection and promotion of the health of children and ensure their survival and healthy growth and development.

2. **Objectives**

- (i) Reduce infant and under-five mortality rates.
- (ii) Reduce morbidity and mortality due to diarrhoea diseases in children 0-4 years.
- (iii) Attain and maintain optimal immunologic protection against NPI target diseases and other vaccine preventable diseases for all children.
- (iv)
- (v) Reduce the incidence of severe and moderate malnutrition among under-five children by 50%.
- (vi) Eliminate micro-nutrient deficiencies, such as Vitamin A, iron and iodine deficiency.
- (vii) Ensure exclusive breastfeeding for the first six months of life, and to continue breastfeeding with appropriate complementary food until the second year of life and beyond.
- (viii)
- (ix) Establish and maintain effective coordination of activities and resources for child health and ensure collaboration.
- (x) Ensure protection of children in difficult circumstances.
- (xi) To reduce the impact of disabling hearing impairment on childhood development through early detection and timely intervention.

3. **Strategic Thrusts**

- (i) Advocacy and Resource Mobilisation
- (ii) Human Resources Development
- (iii) Behaviour Change Communication
- (iv) Institutional Strengthening
- (v) Coordination and Building of Partnerships
- (vi) Monitoring and Evaluation
- (vii) Operations Research
- (viii) Screen infants for hearing loss in the first year of life
- (ix) School entry hearing screening.

6.13 **The National Policy on Drug**

1. **Goal**

- Make available at all times to the Nigerian populace adequate supplies of drugs which are effective, affordable, safe and of good quality, and to ensure the rational use of such drugs.

2. **Objectives**

The key objectives of the National Drug Policy shall be to: -

- (i) Ensure access to safe, effective, affordable and good quality drugs at all levels of health care on the

basis of health needs;

1. Promote the rational use of drugs;
2. Increase local drug manufacture and promote export; and
3. Promote research into both pharmaceutical raw materials and herbal remedies;

3. **Strategic Thrusts**

The main strategies for achieving the stated goal and objectives shall be:-

(i) **Drug Selection**

Government shall regularly undertake the revision of the National Essential Drugs List and Formulary and make these available to health professionals in all public health institutions.

(ii) **Drug Procurement**

Government shall be committed to good pharmaceutical procurement practices in the public sector, based on established needs and rational quantification.

(iii) **Drug Revolving Fund Scheme**

Government shall strengthen the drug revolving fund (DRF) scheme at all levels, through the establishment of DRF Committees which shall be sufficiently empowered to perform effectively.

(iv) **Drug Distribution**

Government shall take appropriate measures to ensure that drug distribution channels are adequately streamlined.

(v) **Rational Drug Use**

Concerted efforts shall be made to promote the rational use of drugs through rational prescription and dispensing, and the establishment of Drugs and Therapeutic Committees. Government shall enact appropriate laws and regulations to define health professionals entitled to prescribe, dispense and sell drugs.

(vi) **Local Drug Production**

Government shall promote local drug production through a regime of incentives and active research and development into pharmaceutical raw materials. Research shall also be intensified into herbal medicinal products for the treatment of endemic and chronic diseases.

(vii) **Drug Registration and Quality Assurance**

Government shall strengthen the drug registration mechanism currently in place in NAFDAC by ensuring that all drugs (human and veterinary), traditional, homeopathic preparations, as well as vitamins and mineral supplements are registered.

(viii) Patents

Government shall take appropriate measures to ensure that public health interests are protected when commercial matters conflict with health.

6.14 National Food Hygiene and Safety Policy

1. Goal

Attainment of high level of food hygiene and safety practices which would promote health, control food-borne and food-related diseases, minimize and finally eliminate the risk of diseases related to poor food hygiene and safety.

2. Objective

- The objective is to prevent illness and diseases attributed to the sale and consumption of unwholesome foods by giving consideration to the intricate network of safe production, distribution and marketing of foods.

3. Strategic Thrusts

- (i) Advocacy through the mobilization of policy makers and key officials in government and the private sector, opinion leaders and NGOs, including the print and electronic media, to the policy objective.
- (ii) Enactment of current food hygiene and safety legislation, followed by effective surveillance of food, water, food premises, food handlers, etc.
- (iii) Multi-sectoral collaboration of all relevant government ministries and agencies, NGOs and the private sector in the planning and implementation of programmes.
- (iv) Undertaking relevant research in current food hygiene and safety technologies and their application.
- (v) Adoption and implementation of the Hazard Analysis Critical Control Point (HACCP) system in monitoring and evaluating the different aspects of food hygiene and safety from production through processing, storage, transportation, distribution, marketing and preparation for consumption.

(vi) CHAPTER 7: NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM (NHMIS)

7.1 Background

The availability of accurate, timely, reliable and relevant health information is the most fundamental step towards informed public health action. Therefore, for effective management of health and health resources, governments at all levels have an overriding interest in supporting and ensuring the availability of health data and information as a public good for utilization by the public and private sectors, as well as the NGOs.

The planning, monitoring and evaluation of health services are hampered by the dearth of reliable data on a national scale. Until recently, the basic demographic data about the size, structure and distribution of the population were unreliable. The system for the registration of births and deaths on a national scale is not satisfactory. Also, the system of collecting basic health data on births, deaths, the occurrence of major diseases, and other health indicators on a country-wide basis is still underdeveloped. The available estimates are obtained from some centres where such data are collected, from national surveys, from institutional records and from special studies.

7.2 Establishment of the System

A national health information system shall be established by the Governments of the Federation. It shall be used as a management tool for informed decision making at all levels of health care and related services to:-

1. Assess the state of health of the population, to identify major health problems and to set priorities for action at local, state and national levels;
2. Monitor progress towards the attainment of the stated goals, objectives and thrusts of health services;
3. Provide indicators for evaluating the performance of health services and their impact on the health status of the population; and
4. Provide information to those who need to take action, those who supplied the data and the general public.

7.3 Development of the System

The development of the information system shall include the following components:

1. The information system shall be developed in a phased manner, starting with the simplest data which can be collected at the peripheral institutions. Efforts shall be made to implement community-based systems for the collection of vital health statistics of births and deaths. Such data shall be used for the planning and monitoring of health services at the local level.
2. The State Ministry of Health shall promote and support the collection of health data by the Local Government Health Authorities to improve the quality and quantity of health information. The methods of collection and recording shall be standardized, as much as possible, to facilitate their collation and comparison.
3. As and when feasible, State Health Authorities shall use simple electronic data processing equipment for the storage, retrieval and analysis of health data.

4. At the Federal level, in collaboration with the National Population Commission, the Federal Office of Statistics, the Statistics Branch of the Federal Ministry of Health shall be responsible for obtaining, collating, analyzing and interpreting health and related data on a national basis. The branch shall support the State Health Authorities in the development of their information systems.
5. Data collection and reporting of epidemics.

7.4 Monitoring and Evaluation of Health Care

In order to ensure the comprehensive monitoring and evaluation of health care, the minimum categories of indicators shall be as follows:-

1. Health policy indicators,
2. Health status indicators,
3. Socio-economic indicators related to health and living standards, and
4. Provision and utilization of health care indicators.

7.5 The Health Indicators

1. Health Policy Indicators

Health policy indicators shall include:

- (i) A political commitment to the "Health for All" goal, especially the enactment of appropriate legislation to effect such commitment;
- (ii) Allocation of financial resources in terms of the proportion of the Gross National Product spent on health; the proportion of total government expenditures going to health and specifically to primary health care; and per capita government expenditure on health described by States and Local Government Areas;
- (iii) Distribution of health resources, financial and human resources, and physical facilities to reflect a real coverage and their urban/rural ratios;
- (iv) Degree of community involvement. Governments of the Federation are to devise appropriate mechanisms for supporting and involving communities in the planning and implementation of health services. At least one representative from women groups or similar associations should be a member of such committee(s);
- (v) Organizational framework for the managerial process; and
- (vi) Universal access to essential drugs and vaccines.

2. **Health Status Indicators**

Health status indicators shall include:

- (i) Nutritional status as indicated by birth weight of babies, weight and height measurements of infants and children in relation to age:
 - Birth weight 2500 gm or above,
 - Percentage of under - 5 malnourished,
- (ii) Infant mortality rate,
- (iii) Child (1 - 5 years) mortality rate,
- (iv) Maternal mortality rate,
- (v) Crude death rate,
- (vi) Crude birth rate,
- (vii) Life expectancy at birth, and at 5 years of age,
- (viii) Total fertility rate, and
- (ix) HIV prevalence.

3. **Social and Economic Indicators**

Social and Economic Indicators shall include:-

- (i) Rate of population increase,
- (ii) Gross national or domestic product,
- (iii) Income distribution,
- (iv) Work conditions,
- (v) Adult literacy rate by sex,
- (vi) Food availability,
- (vii) Housing condition,
- (viii) Basic sanitation/access to safe water,
- (ix) School enrolment by sex,
- (x) Integrated transport system,
- (xi) Unemployment rate, and
- (xii) Poverty index.

4. **Provision and Utilization of Health Care Indicators**

Provision and utilization of health care indicators shall include coverage by primary health care and referral support: in respect of the following:

- (i) Information on education concerning health; proportion of population with access to mass media outlets and measurement of adult literacy activities in the community;
- (ii) Food and nutrition indicators;
- (ii) Water supply and sanitation indicators;
- (iv) Family health indicators, including proportion of children receiving child health services, proportion of pregnant women receiving antenatal and post-natal care and proportion of eligible women receiving family planning advice;

- (v) Immunization indicators shall include the percentage of children at risk who are fully immunized against the major childhood diseases, the incidence of the six diseases in the children under 5 years of age, and mortality rate due to the six diseases in children under 5 years of age;
- (vi) Prevention and control of epidemic and endemic disease indicators shall specify disease and specific incidence and prevalence rate, mortality for selected number of diseases, proportion of mortality rates from communicable and non-communicable diseases, eyesight and vector indices;
- (vii) Treatment of common diseases and injuries indicators shall include proportion of cases of diarrhoea in children under 5 years, proportion of fevers treated with anti-malarial drugs, proportion of respiratory infections treated with common antibiotics, proportion of malnutrition treated with supplementary feeds, and proportion of injuries or accidents treated by first-aid or simple treatment;
- (viii) Provision of essential drugs indicators shall specify provision of essential drugs, vaccines and supplies, an essential drugs list, and availability and accessibility of such items;
- (ix) Coverage by referral system indicators shall state the proportion of population in a given area with access to referral services within 5 kilometres or 1 hour travel time, the proportion of referred cases who made use of the services, and the availability of referral services, e.g., paediatric, obstetric, surgical, medical, etc;
- (x) Proportion of referred cases that received feedback (two-way referral) indicators. Particular attention shall be placed by state/local health authorities on the needs of remote and isolated communities which have special logistic problems in providing access to the referral system;
- (xi) Promotion of school health services indicators shall specify school health instruction, school health environment (toilet, food, hygiene), school health periodic medical examination of children, and community participation (community/parents/teachers) in the provision of health services (school dispensary or infirmary);
- (xii) Promotion of mental health indicators; and
- (xiii) Promotion of oral health indicators.

7.6 Sources of Health Data and Information

The principal sources of health data and information shall include the following:-

1. *Population and Household Censuses* as prepared and projected by the National Population Commission and the Federal Office of Statistics; household censuses will produce data on health-related services; such as housing, water supply, toilet facilities, overcrowding, etc;
2. *Vital Events Registers* - legal registration, statistical recording and reporting of vital events, such as births, deaths, marriages and divorces. Records of the registration of vital events shall be available at appropriate State authority;

3. Routine Health Service Data dealing with morbidity and mortality, immunization, disease treatment, out-patient attendances, admissions, etc. These data should be obtained from the records of health services in both public and private institutions;
4. *Epidemiological Surveillance Data* to cover immunization records, notifiable diseases, and indications of disease incidence and prevalence;
5. *Disease Registers* for specific morbidity and mortality shall be kept such as for cancer, sickle disease, handicapped persons, etc;
6. *Budgetary Allocation Data* to be obtained from the Federal and State Ministries of Finance, and Planning; as well as the Local Government Authority;
7. *Community Surveys* shall be undertaken in collaboration with the National Population Commission, Federal Office of Statistics, University Departments and non-governmental organizations;
8. *Sentinel Surveys on HIV/AIDs*;
9. *Data from School Health Periodic Medical Examinations*, e.g., prevalence of skin disease;
10. *Data/Information from Special National Health Programmes*, e.g., Roll Back Malaria;
11. (k) *Essential Drug Programmes* on family planning/reproductive health and Management Information Systems shall be an integral part of NHMIS; and
12. *Other Health Data Sources*, including registers of health institutions and health personnel.

7.7 Health Data Consultative Committee (HDCC)

Every State Ministry of Health shall establish a Health Data Consultative Committee to promote inter-departmental and inter-agency cooperation and collaboration in health data-related matters, taking due cognisance of the statutory responsibility of Department of Planning, Research and Statistics to coordinate health data and information in the state. The HDCC shall also address other critical issues in the state health data system.

7.8 Responsibilities of Each Level of the System

There shall be five levels of responsibility in the System as follows:

1. Community Level;
2. Facility Level (both public & private);
3. Local Level where the Local Government Health Authority shall be responsible for:
 - (i) The collection, analysis, utilization and dissemination of data in its area of jurisdiction;
 - (ii) Ensuring timely forwarding/sharing of data to and with relevant departments, agencies and programmes operating at the LGA level;

- (iii) Ensuring the forwarding of aggregated data and signed prescribed forms to the State level;
 - (iv) Ensuring immediate submission of data in epidemic diseases to the Epidemiology Division of the Department of Public Health of the Federal Ministry of Health; and
 - (v) Training and supervision of relevant units of the health facilities within its area of jurisdiction.
4. State Level where the State Ministry of Health shall be responsible for:
- (i) Collecting and aggregating relevant health data and information from all local government areas within the State;
 - (ii) Ensuring timely forwarding/sharing of data to and with relevant departments, agencies and programmes operating at the State level;
 - (iii) Ensuring immediate submission of data in epidemic diseases to the Epidemiology Division of the Department of Public Health of the Federal Ministry of Health;
 - (iv) Ensuring the preparation of a State Health Profile for decision making, dissemination and feedback; and
 - (v) Training and supervision of State health facilitators and LGA officials.
5. National Level where the Federal Ministry of Health shall be responsible for:-
- (i) The development, introduction and maintenance of an effective National Health Management Information System (NHMIS);
 - (ii) The central coordination of the national health information data;
 - (iii) Collecting, processing and presenting relevant and necessary information required, both for national health planning and for monitoring the utilization of resources in accordance with national priorities and objectives; and
 - (iv) Providing technical and management support to strengthen national health management information systems at all levels.
 - (v) The flow and feedback paths of health data and information shall be from the community level to the national level.
 - (vi) A minimum of 1.5% of the budgetary allocation to health shall be set aside by all levels of government as support for the development and operations of the NHMIS.

7.9. Establishment of a Health Data Bank

A Health Data Bank shall be established by the national and state health authorities to facilitate standardization and ensure cooperation and coordination among relevant agencies and make information available to communities, individuals and research groups. Local Government Health Authority Monitoring and Evaluation Officers shall store data at the local government health authority level.

CHAPTER 8: FOSTERING PARTNERSHIPS FOR HEALTH DEVELOPMENT

8.1. Background

There are many stakeholders and interest groups in the Nigerian health sector. Government at all levels provide and finance health services. However, numerous bodies at national, state, local government and community levels, as well as religious and professional organizations also play active roles in the sector. Similarly, health is one of the sectors that receive assistance from a large number of international agencies and non-governmental organizations. It is, therefore, essential for government, and the Federal Ministry of Health in particular, to establish and sustain coordination of the roles of all the agencies that are active in the health sector, through effective partnership and collaboration.

In order to attain and sustain the desired levels of health development, partnerships and collaboration between the governments in the health sector and government establishments in other sectors, as well as public/private partnerships and collaboration are essential and will be actively promoted. Such partnerships and collaboration will be guided by the following considerations:

- (i) The publicly funded health services alone cannot provide the services required by the populace, especially with regard to the provision of quality care and national coverage;
- (ii) The activities of the health services alone cannot lead to the achievement of the specified health status objectives;
- (iii) The private sector, especially the non-governmental organizations (NGOs) and the community-based organizations (CBOs) are more innovative in providing peripheral services and mobilizing community participation in and support for health programmes; and
- (iv) The basis for partnerships will be mutual trust, sharing of information, joint planning, policy formulation, implementation and evaluation, as well as joint financing of programmes and activities.

Accordingly, the Federal and State Ministries of Health and Local Government Health Authorities shall undertake appropriate measures to foster the necessary partnerships.

8.2. Inter-sectoral Collaboration and Action

Ministries of Health have an important role in stimulating and coordinating action for health with other social and economic sectors that can participate in the processes of achieving health development. These include agriculture, animal husbandry, the food industry, education, women development, finance, planning, science and technology, housing, water supply, sanitation and information. Ministries of health and health authorities shall approach other sectors with a view to mobilizing them to take action in specific aspects, such as the following:

1. Ministries of Planning and Finance shall be approached, as appropriate, with a view to ensuring that health is accorded a central place in development planning and that health programmes receive adequate funding;

2. The Agriculture, Housing and public works sectors shall be approached with respect to guaranteeing food security and appropriate balance between the production of food crops and cash crops, and the provision of safe drinking water and sanitation;
3. The Education sector shall be requested to participate in wide-ranging health educational activities, such as curriculum development and teaching and the propagation of health education subjects and issues;
4. Sectors responsible for public works, information and communication shall be requested to facilitate the provision of primary health care and to enhance the people's access to health services and information;
5. The industrial sector shall be made aware of the measures required to protect the environment from pollution and to prevent occupational diseases and injuries; and shall be encouraged to facilitate the implementation of such measures;
6. Additionally, the industrial sector shall be encouraged to consider the possibility of establishing industries for the production of essential foods and drugs; and
7. Science and Technology shall be encouraged to give scientific and technological support in the realization of health goals.

8.3 Non-Governmental, Voluntary, Religious and Community-Based Organizations and Professional Associations:

Government authorities shall:

1. Work closely with voluntary organizations, professional associations and the private sector to ensure that the services provided by these bodies are in consonance with the overall national health policy. The establishment of a Hospital Management Services Agency would further enhance the coordination;
2. Promote the optimal participation of non-governmental (NGOs), voluntary, professional associations, religious and community based organizations (CBOs) in the planning, organization, operation and management of health programmes and services, particularly primary health care;
3. Work closely with health professional associations, groups and individuals to strengthen their role in promoting research and other technical disciplines and in improving the quality of health practice and services;
4. Devise appropriate mechanisms for involving the communities in the planning and implementation of services and matters that affect their health; and
5. To this end, the authorities shall facilitate capacity building of the various categories of organizations to play their expected roles effectively and adequately; provide them with relevant information and engage them in dialogue as appropriate;

8.4 International Agencies, Donor and Non-Governmental Organizations

The Federal Ministry of Health shall:

1. Develop modalities and institutionalize appropriate processes for the effective coordination of international agencies and NGOs operating in the health sector;
2. Collaborate with United Nations agencies, international, multilateral, bilateral, non-governmental and donor agencies and institutions, regional and sub-regional organizations, to coordinate and optimally mobilize and harness their support and assistance in the health sector;
3. Coordinate the planning and implementation of the programmes of all international agencies assisting in the health sector to ensure that such programmes and operations are in consonance with government's priorities and are designed within the context of government's national and sectoral plans;
4. Encourage international agencies to buy into the national health programmes and interventions while discouraging their implementation of vertical programmes and interventions;
5. In collaboration with the National Planning Commission and other relevant Federal Government establishments and in consultation with States and Local Governments, indicate sites and locations for the operations of the respective international agencies in the Nigerian health sector at Federal, State and Local Government levels;
6. Collaborate with the national Planning Commission for proper coordination of the activities of international and donor agencies in the health sector; and
7. Be the point of entry for requests for health information by international agencies, donors and NGOs.

CHAPTER 9: NATIONAL HEALTH RESEARCH

9.1 Background

Priorities for health service and biomedical research shall be set and reviewed in collaboration with the Federal Ministry of Education, the Federal Ministry of Science and Technology, and the Federal Ministry of Justice. Mechanisms shall be devised to promote support and co-ordinate research activities in the high-priority areas and to strengthen the research capabilities of national institutions to enable them to undertake these essential tasks. The objectives of the health research policy shall be to:-

1. Establish the criteria for identifying priorities;
2. Provide the operational guidelines for health research (ethical, institutional, social, legal, monitoring and evaluation etc);
3. Provide the framework for the coordination of health research;
4. Identify the roles and functions of various actors and institutions and empower them;
5. Establish a sustainable mechanism for capacity development and enhancement of health research;
6. Establish the mechanism for funding;
7. Build consensus on health research outcomes through advocacy;
8. Disseminate information on health research outcomes widely; and
9. Promote the use of health research outcomes in addressing major health issues and problems.

9.2 Research Activities

In collaboration with the Federal Ministry of Education, the Federal Ministry of Science and Technology, the Federal Ministry of Justice, and other related Ministries the Federal Ministry of Health shall set and review:-

1. The priorities for health services and biomedical research in Nigeria. Particular attention shall be paid to practical, problem-solving activities, including the assessment of health technologies that are being selected for use in the health services;
2. The scope, location, capacity and content of activities in the field of biomedical and health services research at academic and other institutions;
3. Mechanisms for promoting and financing research activities that are judged to be of high priority, and co-ordinating the activities of the various scientists, researchers and institutions involved;
4. The training of research scientists, technicians and other support staff, especially in the priority disciplines where there are marked shortages, e.g., epidemiologists, medical biologists, Health Care Law specialists, etc.;

5. The strengthening of Ministries of Health and other institutions to enhance their capabilities to undertake relevant research;
6. The establishment and sustainability of an outreach programme that encourage private sector participation in health research activities; and
7. The flow of more government resources to research, including tax exemptions and rebates for research in the health sector, and encourage the private sector, especially companies that engage in health-related activities, to evolve and sustain research activities that enhance health.

9.3 Biomedical and Health Services Research

The scope of biomedical and health services research shall include the following areas:

1. *Epidemiological research*: to identify the major health problems and their determinants in different parts of the country and in different segments of the population and to incorporate the outcomes of social impact assessments and the acceptability of certain treatments into research;
2. *Operations research*: to test the efficacy of health technologies and various methods of applying them in local contexts, subject to the observance of medical ethics;
3. *Developmental research*: to develop new and improved tools for the prevention, treatment and control of diseases of local importance. This would include traditional medical practices so that useful ones can be incorporated into the health care system and the practitioners can be persuaded to abandon the use of any agents or procedures (including traditional surgical operations) which are shown to be unacceptably dangerous;
4. *Basic biomedical research*: to broaden fundamental knowledge of the biological and other sciences and fields relevant to health, such as forensic medicine, medical jurisprudence and medical ethics; and
5. *Research on socio-cultural factors affecting health*: to identify determinants of gender issues, domestic violence, disaster/conflict management, migration/displaced people, poverty alleviation, social security system for the underprivileged and the disabled; and to monitor the impact and efficacy of IEC material.

The highest priority shall be accorded to epidemiological, developmental and operational health systems research in support of primary health care programmes. Results of such research shall inform policy formulation and implementation.

9.4 Research Data Bank and Library

In order to ensure that the priority problems in health shall be identified and addressed, and that the research results shall be adopted and applied, the Ministries of Health shall be closely involved in the planning, execution and evaluation of research activities. The Ministries of Health shall provide a Research Data Bank and a Library for the storage of research results and seek to have a law that makes it mandatory to deposit a copy of all health-related research projects, reports and theses, including those leading to the award of academic certificates or degrees carried out in Nigerian universities, with the Ministries of Health's Research Data Bank and Libraries.

9.5 Quality Assurance for Research

As a component of the health research policy, there shall be established a Good Laboratory Practice (GLP) monitoring programme in the Federal Ministry of Health to:

1. Ensure that the data received from research laboratories can be relied upon when making assessments of health hazards or risks to man, animal and/or the environment; and
2. Examine the procedures and practices used by test facilities to carry out studies and evaluate the integrity of data and the re-constructability of studies.

CHAPTER 10: HEALTH LEGISLATION

10.1 Background

One of the major weaknesses in the health sector today is the non-existence of important health legislation as well as the outdatedness, contradictions and ambiguities of some existing health laws. For example, the 1999 Constitution fell short of specifying what roles the various levels of government must play in the national health care delivery system. Therefore, one important health legislation that needs to be put in place immediately is the National Health Act which shall define the national health system and spell out the health actions of each level of government, among other things. Indeed, such an Act is necessary in order to give legal backing to this Revised National Health Policy.

10.2 Policy Objective

To review and develop relevant legal instruments that govern and regulate health and health-related activities in the country in order to ensure that the principles and objectives of this Policy are attained.

10.3 Policy Thrust

Formulate, update and disseminate laws, regulations and enforcement mechanisms related to the following:

1. The development and management of the national health system (National Health Act);
2. The registration and regulation of the activities of health professionals (e.g., medical and dental practitioners, pharmacists, medical laboratory scientists, public health analysts, nurses and midwives, community health practitioners, chartered chemists, radiographers, optometrists and dispensing opticians, medical rehabilitation therapists, health records officers, dental technologists, traditional practitioners and other health professionals);
3. The registration, manufacture, importation, storage, sale, distribution and dispensing of pharmaceuticals, vaccines, health equipment and appliances, and other medical supplies;
4. The general provisions for the management of the various health parastatals, e.g., National Immunization Programme, National Agency for Food and Drugs Administration and Control, National Primary Health Care Development Agency, University Teaching Hospitals, Psychiatric Hospitals Management Board, Orthopaedic Hospitals Management Board, Federal Medical Centres, National Medical College, National Post-graduate Medical College of Nigeria and National Eye Hospital;
5. The control of public advertising with negative impact on health and health care;
6. Stigmatisation and denial due to ill-health or incapacity; and
7. Other relevant legislation.

10.4 Strategy

In formulating, updating and disseminating the laws and regulations as well as enforcing them, effective collaboration shall be maintained with the relevant stakeholders, including the Federal and State Ministries of

Health, the Federal and State Ministries of Justice, professional regulatory bodies and the National and State Assemblies. An effective Information, Education and Communication system shall be put in place to ensure that every health legislation would be widely publicised.

CHAPTER 11: POLICY IMPLEMENTATION, INCLUDING MONITORING AND EVALUATION

11.1 Policy Objective

The overall policy objective would be to strengthen the national health system such that it would provide effective, efficient, quality, accessible and affordable health services to improve the health status of Nigerians, through the accelerated achievement of the health-related United Nations Millennium Development Goals.

11.2 Policy Implementation

In order to achieve the stated policy objective, the Federal Ministry of Health shall develop and/or implement the following programmes, in collaboration with all the relevant stakeholders:

1. National Health Act,
2. Health Sector Reform Programme, 2004 – 2007,
3. Strategic Plan for Accelerating the Attainment of the Millennium Development Goals, 2004 – 2007,
4. Recommendations on Repositioning the Federal Ministry of Health, 2004,
5. Recommendations on Strengthening the Coordination and Management of the Tertiary Health Institutions, 2004,
6. Blueprint for Revitalization of Primary Health Care in Nigeria, 2004,
7. Blueprint for Accelerating the Implementation of the National Health Insurance Scheme, and
8. Strategic Plans for the Priority Health Problems e.g., Roll Back Malaria, HIV/AIDS, Reproductive Health, Polio Eradication and Routine Immunization, Tuberculosis and Leprosy, etc.

States shall be expected to develop and implement similar plans and programmes within the context of national guidelines on health.

11.3 Monitoring, Evaluation and Feedback

1. Tools

Relevant indicators shall be developed for monitoring and evaluating progress made in the implementation of the Revised National Health Policy. Most of the indicators cover input, process and impact indicators and they have already been spelt out clearly in the documents entitled: 'Health Sector Reform Programme,' 'Strategic Plan for Accelerating the Attainment of the MDGs,' the 'Blueprint for the Revitalization of PHC' and the various 'Strategic Plans for Priority Health Problems.' The following indicators of health-related MDGs shall receive the major focus:

1. Prevalence of underweight children under 5 years of age,

3. Under-5 mortality rate,
 4. Infant mortality rate,
 5. Proportion of 1-year-old children immunized against measles,
 6. Maternal mortality ratio,
 7. Proportion of births attended by skilled health personnel,
 8. HIV prevalence among young people aged 15 to 24 years,
 9. Number of children orphaned by HIV/AIDS,
 10. Prevalence and death rates associated with malaria,
 11. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures,
 12. Prevalence and death rates associated with tuberculosis,
 13. Proportion of tuberculosis cases detected and cured under Directly Observed Treatment Short-course (DOTS), and
 14. Proportion of population with access to affordable essential commodities on a sustainable basis.
2. **Mechanism**

Programme managers shall do quarterly monitoring of policy implementation. However, joint reviews shall be done annually and these shall involve all major stakeholders – Federal Ministry of Health officers and programme managers, relevant State and Local Government officials, representatives of development partners, representatives of professional health associations, representatives of the House Committee and Senate Committee on Health and representatives of health providers and consumers using the tools that have been defined.

3. **Feedback**

The results of the reviews shall be analysed and processed for feedback to the general public, the National Council on Health and the Federal Executive Council, among others.