

# Global Public Health Priorities versus Nigeria's Public Health Priorities – Challenges and Opportunities.

MININIM OSEJI

DELTA STATE MINISTRY OF HEALTH, ASABA,  
NIGERIA, SCHOOL OF HEALTH AND RELATED  
RESEARCH, UNIVERSITY OF SHEFFIELD, UK

[phirc@yahoo.com](mailto:phirc@yahoo.com)

[mioseji@gmail.com](mailto:mioseji@gmail.com)

PATRICK EZEPUE

AFRICAN HIGHER EDUCATION AND RESEARCH  
OBSERVATORY, SHEFFIELD, UK

# Introduction

- **Nigeria has benefited over the years from several global health initiatives more so after the entrenchment of a continuous democracy since 1999.**
- **It is the most populous black nation in the world with a population of over 140,000,000 inhabitants which is over half of the total population in West Africa.**
- There are 36 states and a Federal Capital Territory, and 774 Local Government Areas (LGAs). <sup>1</sup> Each LGA is made up of wards (consisting of 10,000 to 30,000 inhabitants) which number about 9,572 in the whole nation.<sup>2</sup>
- Health is on the concurrent list making it mandatory for each tier of government to play an active role in ensuring that its citizens enjoy the highest level of health as the available resources would allow.
- **This paper examines critically the extent to which global public health priorities and the public health priorities in Nigeria correspond.**

# Global Actors and Global Health Initiatives

- **Several global actors are involved in getting specific health issues onto the international agenda for them to be considered as global public health priorities.** They include the government (which controls legislation and policy formulation), international organisations such as World Bank, United States Agency for International Development, European Union, the media and the business community.<sup>3</sup>
- To date there are global health initiatives on: diseases or conditions with high mortality such HIV/AIDS, Malaria, obstetric conditions; as well as diseases associated with poverty, inequalities and urbanisation. There are also certain diseases such as malaria which respond to climate and the changes in the environment.<sup>4</sup>
- **Though there are over ninety global health initiatives being implemented by twenty-six UN agencies two of them stand out clearly: Millennium Development Goals and Primary Health Care.**

# Millennium Development Goals

- In 2000, world leaders summarised what people in the development world had been thinking for decades into **eight time-bound goals** that would produce, by 2015, a world with an acceptable standard of living, reduction in hardship from extreme poverty, eliminating threats to health, a better and safer environment and fair access to opportunities.
- However, it has been suggested that achieving **Millennium Development Goal 4 in sub-Saharan Africa may go beyond 2015 to possibly 2165 if current trends continue.**<sup>5</sup>

# Primary Health Care

- Primary Health Care is key to achieving not only the three health-related Millennium Development Goals but the other five as well. Thirty years after Alma Atta there are a lot of improvements in health through expanded health care networks in countries like **Oman, Chile, Malaysia, Portugal and Thailand** that resulted from **sustained political commitment.**<sup>6</sup>

## Challenges

- **In spite of huge funding from global health actors, Nigeria is still grappling with the challenge of showing commensurate results for the investment.**

# Nigeria's Revised National Health Policy

- The Revised National Health Policy developed by the Federal Ministry of Health in Nigeria in 2004 clearly states out the priority health issues for the nation in its overall objective which is to “**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).**”<sup>7</sup>

## Constraints identified by the National Health Policy

- Disease control and other health programmes being implemented within a weak health system
- Inefficient and non-functional referral system between levels of care
- Erratic supply and non-availability of essential drugs and materials
- Ineffective and inefficient management of the nation's limited health resources
- **Culture of corruption and promotion of self-interest**
- **Poor coordination of donor fund**



# 2008 National Demographic Health Survey

- Results from the 2008 National Demographic Health Survey in Nigeria provide the following statistics for some of the health-related MDGs – maternal mortality ratio is 545 maternal deaths per 100,000 live births, infant mortality rate is 75 deaths per 1,000 live births, children 12-23 months who have received all vaccinations at the time of the survey is 23 percent, and households that have at least one mosquito net were 17 percent. 88 percent of women and 94 percent of men have heard of HIV/AIDS but only 23 percent of women and 36 percent of men had comprehensive knowledge about modes of transmission and prevention (such as condom use and faithfulness to one lifelong partner).<sup>1</sup>

# 2008 National Demographic Health Survey

- Results of the **2008 National Demographic Health Survey** provide the following statistics for some health indices.

	2008	2003	1990
● Total Fertility Rate	5.7%	5.7%	5.9%
● <b>Mat. Mort. Ratio</b>	<b>545/10<sup>5</sup></b>		<b>1000/10<sup>5</sup></b>
● Inf. Mort. Rate	75/10 <sup>3</sup>	100/10 <sup>3</sup>	87/10 <sup>3</sup>
● U-5 Mort. Rate	157/10 <sup>3</sup>	201/10 <sup>3</sup>	192/10 <sup>3</sup>
● Children 12-23 Months with vaccination cards	26%	21%	

# 10/90 GAP

- The advanced countries and less developed countries differ in research capabilities and utilization. It has become increasingly apparent to the international community that the imbalance in the allocation of global health research resources has prevented the funding and focusing on research activities and initiatives that address problems of middle and lower income countries. This has led to what is now widely recognised and quoted as the “10/90 gap” wherein **less than 10% of global spending on health research is applied to 90% of the world’s health problems.**

# Opportunities

- **Global health initiatives such as MDGs and PHC have been catalysts for great political commitment to the health of the citizens of Nigeria. Debt relief funds were channelled to support MDGs in Nigeria.**
- **However, there has to be greater investment in public health governance to improve service delivery, advocacy for transparent utilisation of resources, policy implementation, capacity building, health services research, participatory monitoring and evaluation using outcome indicators, supportive supervision, documentation and sharing of best practices, better collaboration and coordination starting from the community.**

# Health Services Research

- Capacity in health services research will enable the **health professional** to critically appraise research, undertake or commission research, fund or mobilise resources for research, apply research findings to training, advocacy and community health action (in other words **transforming research into policy**). It would also enable the use of research to **evaluate interventions and monitor progress to desired goals**.

## Health Services Research contd.

- Incorporating health services research into health programming at all levels requires commitment and attention to detail which results in a **more conscientious health professional** who is an asset to his employer. Presenting and publishing research work especially those that demonstrate positive health outcomes is the foundation for **sharing and adopting best practices** - a strategy currently being used in the South-South cooperation for development.

# Health Services Research contd.

## Other benefits of promoting Health Services Research

- Professionals are kept gainfully occupied in their place of work
- Capacity is built in critical thinking
- Experts in specific areas are produced
- Funding opportunities and partnerships with international research institutions, foundations and donor agencies are provided
- **Development of the health sector through evidence-based decision making is promoted**

## **Global Public Health Priorities versus Nigeria's Public Health Priorities**

- **To a large extent the global public health priorities and the local public health priorities in Nigeria correspond. However, there is need for better global health governance by instituting mechanisms for delivering on these priorities at both national and international levels.**
- The following recommendations could reduce the gap between global health priorities and Nigeria's local public health priorities.

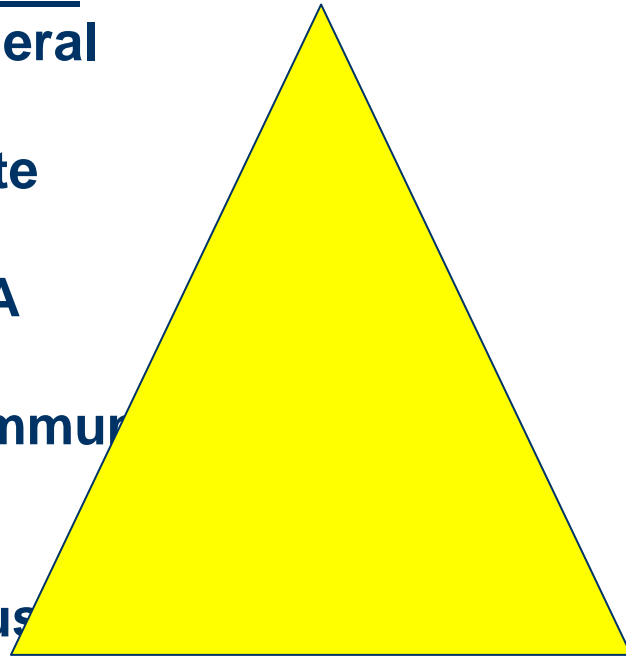


# Recommendations

- Global health actors should encourage the use of **participatory evaluation** of health interventions when working with local populations. By doing so health workers will not only fully understand what these organisations are doing but will be able to make the activities sustainable long after the donors are gone.
- Greater emphasis should be laid on **facility-based hands-on training (including distance-learning)** and supportive supervision.<sup>5</sup>
- Evaluation mechanisms should target outcome indicators in addition to process indicators as this could be the beginning of advocacy for sustainability.
- Evaluation of the utilisation of documents such as policies, annual reports, best practices, position statements etc. should be undertaken the promotion of documentary analysis as a form of research.
- **Greater spending should be done at community level incorporating strategies for scaling up interventions that work e.g. maternal death audits**

## More spending should be at the community level where the disease burden is greatest<sup>8</sup>

- Magnitude of Disease burden
- Federal
- State
- LGA
- Community
- Household



### Resource allocation/ release

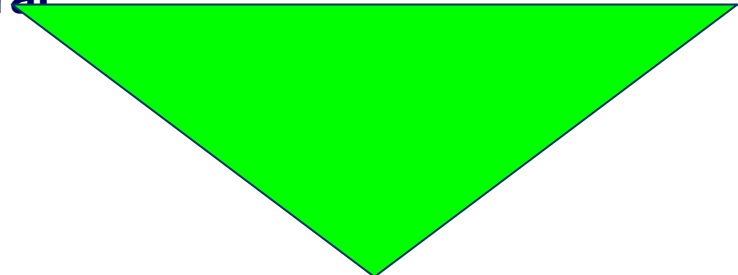
Federal

State

LGA

Community

Household



## Conclusion

- **It is not too late to seize and act upon the opportunities that can enable the twin goals of ensuring Primary Health Care for all and achieving Millennium Development Goals to be realised in Nigeria by 2015.**
- **While thinking global, we need to act local!**
- **You are cordially invited to the Workshop on “Managing human resources for strengthening health systems in developing countries – The role of continuous professional education, information communication technology and public health informatics” at 4.30 p.m. in Room F3 for more information on some of these issues**

## 6.0 REFERENCES

1. Walt, G. Health Policy: An introduction to process and power. Witwaterstand University Press. Johannesburg. 1994
2. WHO Country Strategy at a glance – Nigeria.  
[http://www.who.int/countryfocus/cooperation\\_strategy/ccsbrief\\_nga\\_en.pdf](http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_nga_en.pdf)  
accessed on 7<sup>th</sup> July, 2010.
3. Human Impact Report. Climate Change Global Humanitarian Forum. Geneva: 2009
4. Haines, A., Sanders, D. Building capacity to attain the Millennium Development Goals. Transactions of the royal society of Tropical Medicine and Hygiene (2005) 99, 721 – 726
5. World Health Report . Primary Health Care: Now more than ever. Geneva: 2008
6. National Population Commission (NPC) [Nigeria] and ICF Macro. Nigeria Demographic and Health Survey 2008. Abuja, Nigeria: National Population Commission and ICF Macro; 2009
7. Federal Ministry of Health, Nigeria. The Revised National Health Policy of Nigeria; Abuja: 2004
8. Fatunmbi, B. S. Updates on Global Approaches to Malaria Control and Prevention – Implications for Nigeria. Paper delivered at a the Post-AGM workshop organised by the Association of Public Health Physicians of Nigeria in Awka, Nigeria; August 2007



**THANK YOU**