SECTION SIX

NATIONAL POLICY ON HEALTH

CONTENTS

FOREWORD

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

The document reflects the collective will of the governments and people of this country to provide for our people a comprehensive health care system that is based on primary health care. It has in some details, described the goals, structure, strategy and policy direction of the health care delivery system in Nigeria. The document defines the roles and responsibilities of the three tires of government without neglecting the non-governmental providers. Its long term goal is to provide the entire population with access not only to primary health care but also to secondary and tertiary care as needed through a well-functioning referral system.

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

On my assumption of office in March, 1995, and having familiarized myself with some of the critical problems plaguing the country's health care system, which primarily include:

weak political will, poor inter-sectoral collaboration, lack of relevant, accurate and reliable information, lack of active participation by the private sector, poor management capacity, and low community involvement and participation; I became convinced that an informed public debate had become necessary. if our health care system is to adequately cater for the present day needs of our population, and also meet tomorrow's challenges.

I therefore decided to call a national health summit of experts, leaders, policy makers, providers, planners and administrators in health and in other sectors influencing health throughout the country, in the public and private sectors, and from international and bilateral agencies 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 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 sound foundation for the planning, organization and management of the nations overall health care system, its review becomes essential when there is a widely perceived urgency for change and a general consensus of what changes are necessary. This was the message the nation received after the summit, and this is why we now have a Revised National Health policy to meet the new challenges ahead.

Dr. Ihechukwu Madubuike
Hon. Minister of Health
June, 1996

1. NATIONAL HEALTH POLICY DECLARATION OF THE FEDERAL REPUBLIC OF NIGERIA

1.1 The federal, state and local governments of Nigeria hereby commit themselves and all the people to intensive action to attain the goal of health for all citizens by the year 2000 and beyond, that is, a level of health that will permit them to lead socially and economically productive lives at the highest possible level.

1.2 All Government of the Federation are convinced that the health of the people not only contributes to better quality of lives but is also essential for the sustained economic and social development of the country as a whole.

1.3 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.

1.4 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. It shall form an integral part both of the national health system, of which it is a central function and main focus, and of the overall social and economic development of the community.

1.5 All Governments and the people are determined to formulate strategies and plans of action, particularly to be taken by local governments, to launch and sustain primary health care in accordance with this national health policy.

1.6 All 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 area directly concerns and benefits others in the Federation.

1.7 **The Federal Government undertakes:**

(a) 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 are accessible to all their people;

(b) to coordinate efforts in order to ensure a coherent, nationwide health system;

(c) to provide incentives in selected health fields to the best of its economic ability to promote this endeavour: and

(d) 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 health strategy.

(e) All Governments accept to exercise political will to mobilize and use all available health resources rationally.

2. EVOLUTION OF HEALTH DEVELOPMENT AND THE HEALTH STATUS OF PEOPLE IN NIGERIA

The health services of Nigeria have evolved through a series of historical developments including a succession of policies and plans, which had been introduced by previous administrations. The health services are judged to be unsatisfactory and inadequate in meeting the needs and demands of the public as reflected by the low state of health of the population.

BACKGROUND

2.1 This document has been prepared against the historical background of the growth and development of the health services, the previous attempts to formulate national policies on health and the present state of the health services. The Policy proposed and the strategies emerging from it have been based on an appreciation of the current status of the health of the people of Nigeria with a careful analysis of the major factors which affect the health *of* the population as well as the nature of interventions which can produce improvement most rapidly and economically-.

HISTORICAL PREMISES

2.2 The public health services in Nigeria originated from the British Army Medical Services. With the integration of the Army with the Colonial Government during the colonial era, Government offered to treat the local civilliaans lose by Government stations.

2.3 The Colonial Medical Service developed and was duty bound to provide fire medical treatment to the Army and the Colonial Service Officers. Medical treatment, which Government initially provided its officials, was made

available to the local population only as an incidental service. Various religious bodies and private agencies established hospitals, dispensaries and maternity centres in different parts of the country.

2.4 The first attempt at planning ahead for the development of health services in Nigeria took place in 1946, as part of the exercise which produced the overall Ten year Plan for Development and Welfare *(1946-56)* covering all aspects of governmental activities in the country. Since Nigeria was still a colonial territory, the proponents of this plan were mainly expatriate officials. It included 24 major schemes designed to extend the work of existing government departments but it was not an integrated development plan in current sense of the word. These schemes were not properly coordinated nor were they related to any overall economic target. Nevertheless, it was a modest, realistic, well though out plan for its time and purpose, and it served as the basis for subsequent health plans.

2.5 Since the country became independent in 1960, health policies have been enunciated in various forms, either in the National Development Plans or as Government decisions on specific health problems.

(a) The health component of the National Development Plan, 1970-1974, identified and aimed at correcting some of the deficiencies in the health services.

(b) In the 3rd Development Plan, 1975-1980. there was a deliberate attempt to draw up a comprehensive national health policy dealing with such issues as health manpower development, the provision of comprehensive health care services based on the Basic Health Services Scheme, disease control, efficient utilization of health resources medical research, health planning and management.

(c) The health policy content of the National Development Plan, 1981 - 1985 has been reflected in this policy document.

(d) Subsequently; the National Development Plan, 1987- 1991 which included some objectives of the 4th National Development Plan with more emphasis on Primary Health Care (PHC) and rehabilitation of secondary and tertiary health care institutions, was drafted.

(e) As a result of the Structural Adjustment Programme (SAP) introduced in 1986, the system of 3-year National Rolling Plan was introduced with effect

from 1990 - 1992. the health sector, in line with other sectors of the economy. has since adopted this strategy for national development plan.

STATE OF THE HEALTH SERVICES

2.6 The health services as currently organized show major defects which are widely recognized:

(a) The coverage is inadequate. It is estimated that about 54% of the population now has access to modern health care services. The rural communities and the urban poor are not well served.

(b) The orientation of the services is inappropriate with a disproportionately high expenditure on curative services as compared to promotive and preventive health services.

(c) The management of the services often shows major weaknesses resulting in waste and inefficiency, as shown by the failure to meet targets and goals. With several different levels of governments, voluntary organizations and other agencies providing health care, the various inputs are poorly co-ordinated.

(d) The involvement of the community is minimal at critical points in the decision-making process. Consequently, communities are not well informed on matters affecting their health.

(e) The lack of basic health data is a major constraint at all stages to planning, monitoring and evaluation of health services.

(f) The financial resources allocated to the health services, especially to some priority areas, are inadequate to permit them to function effectively.

(g) The basic infrastructure and logistic supports are often defective owing to inadequate maintenance of buildings, medical equipment and vehicles; inadequate and unreliable supply of potable water and electricity; and the poor management of drugs, vaccines and supplies system.

(h) Whilst the list is an accurate summary of the broad range of defects in the health services, there are also encouraging cases in which dynamic health administrators, professional persons and lay members of the communities have successfully corrected these faults within their local areas. Such successful programmes provide useful models of what can be done with limited resources in spite of various constraints.

STATE OF HEALTH OF THE POPULATION

2.7 It is not possible to make an accurate assessment of the health status of Nigerians. This is because the system of collecting basic health data on

births, the occurrence of major diseases and other health indicators on a country-wide basis is still developmental. The best available estimates are obtained from some centres where such data are collected, from national surveys, from institutional records and from special studies.

(a) The health data indicating the general state of health of the population are as shown below:

Infant Mortality Rate:	90 per live births
Childhood Mortality Rate:	191 per 1000 children aged 1-4 years
Maternal Mortality Rate:	8 per 1000
Crude Death Rate:	18 per 1000 population
Crude Birth Rate:	45 per 1000 population
Life Expectancy at Birth:	55 years
Total Fertility Rate	5.8
Rate of Population increase:	2.8%

(b) The Infant Mortality Rate (IMR) for Nigeria is 90 per 1000 live births. This represents a sensitive measure of the health status of Nigerians.

This compares poorly with the rates in most advanced nations which can be as low as 10 per 1000 live births. It also compares unfavourably with the rates of some poorer countries in Sub Saharan Africa.

However, the IMR is showing a favourable trend towards decreasing levels. Unfortunately. the under- 5 mortality rate is rising. The under-5 Mortality Rate is the single most important indicator of the state of the Nigerian children. The Maternal Mortality Rate (MMR) for Nigeria is 8 per 1000 total births in a year This shows that childbirth. which should be a normal process with minimal loss of life, is associated with a significant mortality among Nigerian women.

PATTERNS OF ILL HEALTH AND THEIR DETERMINANTS

2.71. Most of the causes of deaths and serious illnesses, which occur among Nigerians, can be treated or prevented with simple remedies. Communicable diseases, especially those which are associated with poor environmental sanitation, ignorance, superstitions and lack of information, education and communication (IEC) programmes predominate and are often compounded by malnutrition. Lack of timely and appropriate care often increases the risk of serious complications even for minor ailments. The current high rates of

morbidity and mortality can be substantially reduced by a more rational application of available resources and timely intervention through well articulated programme of emergency preparedness and response. There is also an apparent increase in the prevalence of certain non communicable diseases such as diabetes mellitus, hypertension, coronary artery diseases malignancies and stress related illnesses. Similarly, there is increased recognition of the problem of genetic diseases such as sickle cell, Glucose-6- phosphate dehydrogenase deficiency. Sexually transmitted diseases (STD) and HIV/AIDS due to unprotected sexual activities and substance abuse are constituting public health problems.

3. FUNDAMENTAL PRINCIPLES UNDERLYING THE NATIONAL HEALTH POLICY

This national health policy to achieve health for all Nigerians is based on the national philosophy of social justice and equity. A health system based on primary health care is adopted as the means of achieving the goal.

NATIONAL PHILOSOPHY

3.1 The national philosophy is founded on the principles of social justice and equity. This philosophy is clearly enunciated in the National Development Plan, 1970-1974, which described the five national objectives to make Nigeria:

(a) a free and democratic society;

(b) a just and egalitarian society;

(c) a united, strong and self-reliant nation;

(d) a great and dynamic economy;

(e) a land of bright and full opportunities for all citizens;

These principles of social justice and equity and the ideals of freedom and opportunity have been affirmed in the constitution.

NATIONAL HEALTH POLICY

3.2 The National Health Policy has been formulated in the context of those national goals and philosophy. Since development contributes to and results from socio-economic development, the sectors shall be mutually supportive and together contribute to the ultimate goals of the nation. Health development shall be seen not solely in humanitarian terms but as an essential component of the package of social and economic development as well as being an instrument of social justice and national security.

PRIMARY HEALTH CARE

3.3 Primary Health Care as defined in the Alma Ata Declaration shall be the key to the development of the National Health Policy: 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 and through their full participation and at a cost that the community and country can afford to maintain at evey stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contract of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

IMPLICATIONS

The adoption of the primary health care approach has a number of implications:

(a) The various governments of the Federation have responsibilities for the health of the people which shall be fulfilled by the provision of adequate health and social services. The citizens shall have the right and duty to participate individually and collectively in the planning and implementation of these services;

(b) Health care shall be accorded higher priority in the allocation of the nation's resources than hitherto;

(c) Health resources shall be equitably distributed giving preference to those at greater risk to their health and the under-served communities as a means of social justice and concern;

(d) Information on health shall be disseminated to all individuals and communities to enable them to have greater responsibility for their health;

(e) Self-reliance shall be encouraged among individuals, communities and on a national scale;

(f) Emphasis shall be placed on preventive and promotive measures which shall be integrated with treatment and rehabilitation in a multi-disciplinary and multi-sectoral approach;

(g) All social and economic sectors shall cooperate in the effort to promote the health of the population;

(h) That primary health care shall be "scientifically sound" implies that all health practices and technologies, both orthodox and traditional shall be evaluated to determine their efficacy, safety and appropriateness;

(i) Government shall ensure that a Minimum Health Care Package is accessible, available and affordable to every Nigerian citizen.

4. THE GOAL OF THE NATIONAL HEALTH POLICY

The goal of the national health policy shall be a level of health that will enable all Nigerians to achieve socially and economically productive life. The national health system shall be based on primary health care.

4.1 "Health for all by the year 2000" shall be accepted as a challenging 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 Within the overall fundamental obligations of Governments of the federal and the nation's socio-economic development, 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.

4.3 The health services, based on primary health care shall include at least:

(a) an articulated programme on information, education and communication (LEC), which should also include specific programmes on school health services;

(b) promotion of food supply and proper nutrition;

(c) inadequate supply of safe water and basic sanitation;

(d) 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:

i. preventing unwanted pregnancies;

ii. securing desired pregnancies;

iii. spacing of pregnancies; and

iv. 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;

(e) immunization against the major infectious diseases;

(f) prevention and control of locally endemic and epidemic disease:

(g) appropriate treatment of common diseases and injuries;

(h) provision of essential drugs and supplies;

(i) promotion of a programme on mental health; and

(j) promotion of a programme on oral health.

HEALTH SYSTEM BASED ON PRIMARY HEALTH CARE

The health system shall:

4.4 (a) 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;

(b) address the main problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly; 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, public works, communications, water supply and sanitation and 'other sectors, and demand the coordinated efforts of all those sectors

(c) promote maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making full use of local, State, Federal Government and other available resources and to this end, shall develop through appropriate education and information the ability of communities to participate.

5. NATIONAL HEALH CARE SYSTEM

Federal, State Local Government shall support in a coordinated manner a three tier system of health care. Essential features of the system shall be its comprehensive nature, multi sectoral inputs, community involvement and collaboration with nongovernmental providers of health care.

5.1 CONSTITUTIONAL BACKGROUND

(a) In the Nigerian Constitution of 1979, health is on the concurrent list of responsibilities with the exception of international health quarantine and the control of drugs and poisons which are exclusively the responsibility of the Federal Government, the Constitution also assigns specific responsibilities to the State and Local Governments.

(b) The national health care system is built on the basis of the three-tier responsibilities of the Federal, State and Local Governments.

(c) Schedules of responsibilities which are to be assigned to the Federal, State and Local Governments respectively, shall be prepared for approval by the Federal Ministry of Health, quarantine and the control of drugs and poisons are exclusively the responsibility of the Federal Government, the Constitution also assigns specific responsibilities to the State and Local Governments.

5.2 VOLUNTARY AGENCIES AND THE PRIVATE SECTOR

(a) A variety of non-governmental agencies, especially religious bodies, provide health care including both curative and preventive services.

(b) Private practitioners also provide care although their services are mainly concentrated in urban areas.

(c) Health care is also provided by public and private companies to staff members and their families.

5.3 A COORDINATED SYSTEM

(a) In discharging the responsibilities assigned under the Constitution, the Federal, State and Local Governments shall coordinate their efforts in order to provide the citizens with effective health services at all levels.

(b) 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 Hospital Management Services Commission would further enhance the coordination.

(c) 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, water supply. sanitation and communications are involved and their health related activities are coordinated.

5.4 COMMUNITY INVOLVEMENT

(a) Government of the Federation shall devise appropriate mechanisms for involving the communities in the planning and implementation of services on matters affecting their health,

(b) Such mechanisms shall provide for appropriate consultations at the community organizations (cultural and religious associations) and shall be fully utilized in reaching the people,

(c) The State and Federal Ministries of Health shall consult accredited groups and associations which represent the various interests within the society, including the various professional associations.

5.5 LEVELS OF CARE

(a) National Health Care System shall be developed at three levels viz:

Primary Health Care

i. Primary health Care shall provide general health services of 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, that there is no uniform system of traditional medicine in the country but that there are wide variations with each variant being 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 such 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 making use of the referral system in dealing 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. Practices and technologies of proven value shall be adapted into the health care system and those that are harmful shall be discouraged.

Secondary Health Care

b. The Secondary health care level 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, pediatric patients and community health services. Its shall also serve as administrative headquarters supervising health care activities of the peripheral units. Secondary health care shall be available at the district, division and zonal levels of the State.

Adequate specialized supportive services such as laboratory, diagnostic, blood bank, rehabilitation, and physiotherapy shall be provided.

Tertiary Health Care

(c) Tertiary health care, which consists of highly specialized services, shall be provided by teaching hospitals and other special hospitals which provide care for specific disease conditions or specific group of patients e.g. orthopedic, ophthalmic, psychiatric, maternity and pediatric hospitals. Care should be taken to ensure that these are evenly distributed geographically. Appropriate supporting services shall be incorporated into the development of these tertiary facilities to provide effective referral services. Selected centers shall be encouraged to develop special expertise in the advanced modern technology thereby serving as a resource for evaluating and adapting these new developments in the context of local needs and opportunities.

Referral System

(d) 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, 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 which have special logistic problems in providing access to the referral system.

6.0 NATIONAL HEALTH STRATEGY

The implementation of this national health policy, and progress towards the achievements of the goals, require the elaboration of strategies at the local, state and national levels. The roles and responsibilities of the different arms of government shall be defined from time. A managerial process for health development shall be established.

61 Governments of the Federation shall translate the national health policy into strategies to achieve clearly stated objectives and, whenever possible, specific targets.

6.2 ROLES AND FUNCTIONS OF THE FEDERAL MINISTRY OF HEALTH

(a) The Federal Ministry of Health shall:

i. take the necessary action to have this national health policy reviewed and adopted by the Federal Government;

ii. devise a broad strategy for giving effect to the national health policy through the implementation by Federal, State and Local Governments in accordance with the provisions of the Constitution;

iii. submit for the approval of the Federal Government a broad financial plan for giving effect to the federal component of the health strategy;

iv. formulate national health legislation as required, for the consideration the Federal Government;

v. act as coordinating authority on all health work in the country on behalf of the Federal Government, with a view to ensuring the implementation of this national health policy;

vi. assess the country's health situation and trends; undertake the related

epidemiological surveillance and report thereon to Government;

vii. promote an informed public opinion on matters of health;

viii. support State and through them Local Governments in developing strategies and plans of action to give effect to this national health policy;

ix. allocate adequate federal resources in order to support selected activities to be undertaken by State and Local Governments in implementing their health strategies;

x. issue guidelines and principles to help States prepare, manage, monitor and evaluate their strategies and related technical programmes service and institutions;

xi. define standards with respect to the delivery of health care, and monitor and ensure compliance with them by all concerned; health technology, including equipment, supplies, drugs, biological products and vaccines, in conformity with WHO's standards; the human environment; and the education, training, licensing and ethical practices of different categories of health workers;

xii. promote research that is relevant to the implementation of this national health policy and State health strategies, and, to this end, to establish suitable mechanisms to ensure adequate coordination among the research institution and scientists concerned;

xiii. promote co-operation among scientific and professional groups as well as non-governmental organizations in order to attain the goals of this policy;

xiv. monitor and evaluate the implementation of this national health policy on behalf of Government and report to it on the findings.

International health

(b) The Federal Ministry of Health shall set up an effective mechanism for the coordination of external cooperation in health and for monitoring the performance of the various activities. Within the overall foreign policy objectives, this national health policy shall be directed towards:-

i. ensuring technical cooperation on health with other nations of the region and the world at large;

ii. ensuring the sharing of relevant information on health for improvement of international health;

iii. ensuring cooperation in international control of narcotic and psychotropic substances;

iv. collaborating with United Nations agencies, Organization of African Unity, West African Health Community, and other international agencies on bilateral and/or regional and global health care improvement strategies without sacrificing the initiatives of national, community and existing institutional and other infrastructural arrangements;

v. working closely with other developing countries, especially the neighbouring state within the region which have similar health problems, in the spirit of technical cooperation among developing counties, especially with regard to the exchange of technical and epidemiological information;

vi. sharing of training and research facilities and the coordination of major intervention programmes for the control of communicable disease.

6.3 ROLES AND FUNCTIONS OF STATE MINISTRIES OF HEALTH

(a) The State Ministries of Health shall be strengthened so that they become the directing and coordinating authority on health work within the State.

Ensuring Political Commitment

(b) i. The Ministries of health shall direct activities according to the strategy for health and co-ordinate them on behalf of the government;

ii. The Ministries of Health shall take initiatives to ensure the commitment of their government as a whole to the realization of this national health policy as adopted by all Government of the Federation. In addition, on behalf of the State Governments, they shall make efforts to ensure the support of public figures and bodies as appropriate, such as political, religious, trade union and civic leaders, and influential non-governmental organizations. They shall mobilize popular support by involving individuals and families in their own health care and by involving them collectively in technical and financial community action for primary health care.

iii. The Ministries of Health shall propose to their governments appropriate mechanisms for ensuring the action required in all

relevant social and economic sectors, such as inter-ministerial committees and multi-sectoral State Health Committees.

iv. The Ministries of Health shall advise on the introduction of health reforms and enabling legislation as necessary, for example, to define the rights and obligations of people concerning their health as well as those of various categories of health workers and institutions to protect people from environmental hazards; and to permit communities and to permit communities to develop and manage their health and related social programmes and services. Care should be taken to avoid protracted deliberations on legislation as a substitute for action, and to ensure that people understand the nature of the legislation and approve of it.

Ensuring economic Support

(c) i. Ministries of Health shall seize all opportunities of gaining the support of economic planners and institutions, by convincing them that good health is essential for overall human development and that it contributes positively to productivity. Furthermore, the Ministries of Health shall refute the contention that the pursuit of health consists merely in the consumption of scarce resources of marginally useful medical care that has limited impact on the health of the people.

ii. Ministries of Health shall also display vigilance, employing specialized personnel if necessary, in order to ensure that health needs and protective measures are made integral parts of development projects, taking account of cost-effectiveness for example, irrigation schemes, dams, and industrial development projects.

Winning over professional groups:

(b) To ensure the support of the health professionals. Ministries of Health shall consider ways of involving them in the practice of primary health care and in providing support and guidance to communities and community health workers. To this end they shall approach the health and health related professional organizations providing them with information, holding dialogues with them impressing upon them their

social responsibilities and indicating how they can best discharge these responsibilities. They shall also consider ways of providing tangible incentives.

Establishing a managerial process

(d) Ministries of Health shall establish systematic permanent managerial processes for health development as outlined in Section

Public information and education

(f) i. Ministries of Health shall assume a highly active role in disseminating the kind of information that can influence various target audiences. Thus, statements on the aims and potential socio-economic benefits of the State health strategy, as well as progress reports on its implementation, shall be disseminated to the public;

ii. Ministries of Health in collaboration with Local Governments shall promote health education activities through health personnel and the mass media and in educational institutions of all types, with the maintenance of the prevailing health problems in their state and community and on the most appropriate methods of preventing and controlling them,

Financial and material resources

(g) Just as the successful implementation of the State health strategy shall mean mobilizing all possible human resources, it shall also depend on mobilizing all possible financial and material resources. This implies first of all making the most efficient use of existing resources. At the same time, additional resources shall undoubtedly have to be generated. In this context Ministry of Health shall:

i. review the distribution of the State resources from all sources with particular reference to primary health care vis-a-vis secondary and tertiary levels, urban versus rural areas, and to specific under-served groups;

ii. reallocate these resources as equitably as possible or, at least allocate any additional resources for the provision of primary health care, particularly for under-served population groups;

iii. include an analysis of needs in terms of costs and materials in all consideration of health technology and of the establishment and maintenance of the health infrastructure;

iv. consider the benefit of various health programmes in relation to the cost, as well as the effectiveness of different technologies and different ways of organizing the health system in relation to the cost;

v. estimate the order of magnitude of the total financial needs to implement the State health strategy;

vi. attempt to secure additional resources for the strategy if necessary, having shown they have made the best possible use of existing funds;

vii. identify activities that might attract external support and Federal Government assistance;

viii. present to their government a master plan for the use of all financial and material resources, including for example government direct and indirect financing; social security and health insurance schemes; local community solutions in terms of energy, labour, materials and cash; individual payments for service; and the use of external loans and grants;

Intersectoral Action

(h) Ministries of Health have an important role in stimulating and coordinating action for health with other social and economic sectors concerned with State and community development, in particular, agriculture, animal husbandry, food, industry, education, housing, water supply, sanitation, communication, social development and non-governmental agencies.

i. Ministries of Health shall approach other sectors with a view to motivating them to take action in specific fields;

ii. Ministries of Planning, Finance, and Agriculture shall be approached, as appropriate, with a view to reaching a proper balance between food crops and cash crops;

iii. The agricultural and the housing and public works sectors shall be approached with respect to the provision of safe drinking- water and sanitation;

iv. Planning and development ministries shall be approached to ensure that proper attention is given to health aspects of development schemes, such as the prevention of certain parasitic diseases;

v. The education and cultural sectors shall be asked to participate in wide ranging health educational activities in communities, schools, and other educational training and cultural institutions:

vi. Those responsible for public works and communications shall be requested to facilitate the provision of primary health care through improved communication, particularly for dispersed population;

vii. Access to the mass media shall be facilitated through Ministries of Information and the like;

viii. The industrial sector shall be made aware of the measures required to protect the environment from pollution and to prevent occupational diseases and injuries;

ix. The industrial sector shall also he requested, as the need arises to consider the possibility of establishing industries for essential foods and drugs.

Coordination within the health sector

(i) to achieve coordination within the health sector, Ministries of Health shall pay attention to the following:-

(ii) Collaboration between the various health services and institutions, following agreement on allocation of responsibilities in order to make the most efficient use of resources. These shall include services and institutions belonging to government, the private sector, non-governmental and voluntary organizations active in the health sector as well as women's and youth organizations;

ii. Collaboration between the various levels of the health system following agreement on the distribution of functions and resources;

iii. Collaboration within and among the various categories of health workers following agreement on the division of labour.

Organizing Primary Health care in communities

(i) In order to facilitate intersectoral collaboration, primary heath care shall be organized taking account of administrative boundaries Communities shall be helped to organized themselves: and responsibility, authority, and appropriate budgets shall be delegated to them. The Ministries of Health shall provide guidelines and practical support as necessary to those communities that organize their own

primary health care. Government shall support and encourage private sector initiative and also provide necessary guidelines.

Referral System:

(j) Ministries of Health shall review the function, the mechanisms and institutions in the health and related sectors, particularly at the first referral level, and shall motivate staff and retain them as necessary to provide support and guidance to communities and community health workers;

ii. Ministries of Health shall develop a system of referral of patients and problems so that the first referral level is not overloaded with problems that could be dealt with by primary health care in the community, and so that patients and problems are referred to those who sent them, accompanied by information on action taken and guidance for further action;

iii. Ministries of Health shall review transport and communication facilities together with local authorities and representatives of the other ministries concerned, to permit the referral systems to function efficiently.

Logistic System

(k) Ministries of Health shall review their logistic system to ensure regular and timely distribution of supplies and equipment, as well as the availability of transport and its maintenance, starting with facilities in communities and working centrally through intermediate to the peripheral levels.

Health Manpower

(l) i. State Ministries of Health, in collaboration with the Federal Ministry of Health and other ministries and education bodies concerned, shall ensure the education and training of health manpower to perform functions that are relevant to the country's priority health problems along the guidelines shown in Chapter 10.

ii. Ministries of Health and other Ministries concerned, for example, Education, Information, Culture, Water Resources, Works and Housing shall take steps to ensure that health workers are socially

motivated and provided with the necessary incentives to serve rural communities.

Health Care Facilities

(m) i. Ministries of Health, together with Ministries of Local Government and Public Works, shall review the distribution of existing health care facilities run by the State and Local Governments a well as other public, private and voluntary bodies, and shall continually update State master plans of requirements for health centres, clinics and for first referral hospitals. Accessibility to those most in need shall be the foundation of the master plans.

ii. Ministries of Health shall review the functions, staffing, planning, design, equipments, organization, and management of health centres, clinics and first-referral hospitals, in order to prepare them for their wider function in support of primary health care. Before investing in buildings, the cost of running them shall be carefully considered.

Priority Health Programmes

(n) Ministries of Health shall identify priority health programmes in the light of the essential programme elements of primary health care and the epidemiological situation in the State, and shall ensure that the delivery of those programmes is given top priority by all concerned.

(o) Ministries of Health shall make a systematic assessment of the health technology being considered for use in each priority programme with the aim of applying technology that is appropriate for the country or the state concerned (see Chapter II)

6.4 ROLES AND FUNCITONS OF THE LOCAL GOVERNMENT

(a) The Constitution assigns to local government councils certain functions, which are essential elements of primary health care: environmental sanitation; provision and maintenance of health services as well as the provision and maintenance of primary education,

(b) With the general guidance, support and technical supervision of State Health Ministries, under the aegis of Ministries of Local Government. Local Government Councils shall be designed to implement strategies to discharge the responsibilities assigned to them under the constitution, and to meet the health needs of the local community.

Motivation of the Community

(c) The Local Government Councils shall elicit the support of formal and informal leaders, traditional chiefs, religious and cultural organizations as well as other influential persons and groups in support of community action for health.

Local Strategy for health

(d) The Local Government Health Authorities shall:

i. determine how best to provide the essential elements of primary health care;

ii. identify for each priority programme the activities to be carried out by the individuals and families, by the communities, by the health service and by other sectors;

iii. identify the support action required for each component of the programme;

iv. provide relevant health information to the people on such matters as personal hygiene, environmental sanitation, prevention and control of communicable diseases as well as such matters where a change in the life style of the people can have significant impact of their health status;

v. design and operate mechanisms for involving the communities in the critical decisions about the health services;

vi. Mobilize resources to support the health programme. This shall include the use of voluntary effort and other traditional methods of achieving community goals;

vii. ensure that the essential infrastructures for the primary health care programmes are available and well maintained. With regard to physical facilities, the emphasis should be on making sure that they meet the requirements for providing service but are not overly elaborate to the point where their maintenance constitutes a drain on resources.

viii. Collect relevant data about the health resources, the health status of the community and about their health behaviour, including the utilization of health services. Such data shall form the basis of the information of the local health services.

7. NATIONAL HEALTH SYSTEM MANAGEMENT

It is generally recognized that a more effective 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, 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.

7.1 THE NATIONAL MANAGERIAL PROCESS

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

(a) **The national health policy -** comprising the goals, priorities, main directions towards priority goals, that are suited to the social needs and economic conditions in the different State and form part of national, social and economic development policies;

(b) **Programming** the translation of these policies through various stages of planning at the local, state and national levels into strategies to achieve clearly stated objectives;

(c) **Programmed budgeting** the allocation of health resources by Governments of the Federation for the implementation of these strategies;

(d) **Plan of action -** describing strategies to be followed and the main lines of action to be taken in the health and other sectors to implement these strategies;

(e) **Detailed programming -** the conversion of strategies and plans of action into detailed programmes that specify objectives and targets and the technology, manpower, infrastructure, financial resources, and time required for their implementation through the health system;

(f) **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 programmes and the services and institutions for delivering them, and the continuing follow-up of activities to ensure that they are proceeding as planned and scheduled;

(g) **Evaluation** - of health developmental strategies and operational programmes in order progressively to improve the effectiveness and efficiency of their implementation;

(h) **Reprogramming as necessary** - 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;

(i) **Relevant health information** - to support all these components at all stages to ensure regular and wide dissemination of needed information.

7.2 NATIONAL HEALTH PLANNING SYSTEM

Scope and Purpose

(a) The national health planning system shall form an integral part of the national health policy and any ensuing legislation. It will be an important administrative frame-work for assigning duties and responsibilities as well as determining the working relationships between different levels of health management;

(b) The national health planning system shall relate to the determination of broad policy and priorities, and their translation into forward plans or 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;

(c) The functions inherent in the health planning system shall be broken down between the research, analytical and considerative processes which result in strategic policy choices and long-term objectives shall be a continuous process which cannot appropriately be fit into an annual cycle, though an annual summary of long term aims and objectives shall be produced as background to programming decisions;

ii. the programming and budgeting process 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 allocate 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.

3.7 NATIONAL HEALTH PLANNING AND DEVELOPMENT GUIDELINES

(a) The Federal Ministry of Health shall include in the guidelines issued: guidelines concerning national health policies, plans and programmes, and shall, as it deems appropriate, by regulation, revise such guidelines.

(b) The Federal Ministry of Health shall include in the guidelines issued:

i. standards respecting the appropriate supply, distribution, and organization of health resources;

ii. 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;

(d) In issuing guidelines, the Federal Ministry of Health shall consult with, and solicit for recommendations and comments, the Ministries of Health, the State Ministries of Education and Local Government, professional associations and special societies representing health organizations.

7.3 NATIONAL COUNCIL ON HEALTH

(a) The National Council on Health shall advise the Government of the Federation with respect to:

i. The development of national guidelines;

ii. The implementation and administration of the National Health Policy; and

iii. various technical matters on the organization, delivery, and distribution of health services.

(b) The Council shall be composed of the following members:

i. The Minister of Health, as Chairman;

ii. The Minister of State for Health;

iii. The Commissioners for Health

(c) The Council shall be advised by the Technical Committee.

(d) The Federal Ministry of Health (Department of Planning and Statistics) shall service the National Council on Health.

7.5 TECHNICAL COMMITTEE OF THE NATIONAL COUNCIL ON HEALTH

The Technical Committee shall be composed of:

a. The Director-General, Federal Ministry of Health, as Chairman:
b. All Directors Federal Ministry of Health;
c. The Legal Adviser, Federal Ministry of Health
d. The Heads of major parastatals of Federal Ministry of Health;
e. The Directors-General in all State Ministries of Health;
f. At most four Directors from the professional departments and the Department of Planning, Research and Statistics, where they exist;
g. The Director of Health Services, FCT;
h. One Representative from each arm of the Armed Forces Medical Corps, viz., the Army, the Air Force, and the Navy;
i. One Representative from the Prisons Medical Service;
j. One Representative from the Police Medical Service;
k. One Representative from the National Institute of Medical Research (NIMR);
l. One Representative from the National Institute of Medical Research
m. National Health Insurance Scheme (NHIS);
n. National Primary Health Care Development Agency (NPHCDA);
o. National Agency for Food and Drug Administration and Control (NAFDAC);
p. Population Activities Fund Agency (PAFA);
q. Medical and Dental Council of Nigeria (MDCN);
r. Pharmacists Council of Nigeria (PCN);
s. Nursing and Midwifery Council of Nigeria (NMCN);
t. Two Representatives of the, viz., Committee of Chief Executives of Teaching and Special Hospitals and Federal Centres;
u. The Chairman of the Committee,
v. The Chief/Medical Director of the Teaching or Special Hospital or Federal Medical Centre in the NCI-t - meeting host state:

u. The Private Sector: One Representative from the Guild of Medical Directors.

7.6 EXPERT PANELS

(a) The Technical Committee shall set up as required, appropriate Programme expert panels including the representatives of health related Ministries:

i. Agriculture, Rural Development and Water Resources;
ii. Education;
iii. Science and Technology
iv Labour;
v. Social Development, Youth and Sports;
vi. Works and Housing
vii. National Planning;
viii. Finance.

(b) Health related bodies:

1. National Institute of Medical Research;
ii. Medical Schools;
iii. Schools of allied health professionals;
iv. Non-governmental organizations;
v. Professional associations.

7.7 PLANNING FUNCTION BY THE FEDERAL MINISTRY OF HEALTH

(a) 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;

(b) Each National health plan shall be made up of 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;

(c) The Federal Ministry of Health shall assemble and analyze the following data and indicate how their quality can be improved:

i. The state of health of the nation and its determinants;
ii. the state of the health care delivery system in the country;
iii. The effect the health care delivery has on the health of the general public;
iv. the number, type and location of the health resources including health service manpower and facilities;
v. The pattern of utilization of health resources; and
vi. The environmental and occupational exposure factors affecting immediate and long-term health conditions.

(d) The Federal Ministry of Health shall also provide guidelines on planning approaches, methodologies; policies, standards, and development of health resources;

(e) 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 heath authorities.

7.8 NATIONAL HOSPITAL SERVICES COMMISSION

There shall be established a National Hospital Services Commission to monitor, control and standardize facilities and services at the tertiary and secondary levels in the private and public sectors.

7.9 MANAGERIAL PROCESS AT STATE LEVEL

(a) To permit them to develop and implement their strategies, Ministries of Health shall 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, specific targets. They shall 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. They shall 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 manpower planning and management shall be an inseparable feature of the process. For all the above, the support of relevant and sensitive information will be organized as an integral part of the health system.

7.10 STATE HEALTH ADVISORY COMMITTEE

(a) There shall be established, an advisory committee in each State known as the State Health Advisory Committee. The Committee shall advise the State Government on health policy and programmes and be chaired by the Commissioner for Health. The State Health Advisory Committee shall consist of representatives of:

i. State Ministry of Health;
ii. State Hospital Management Board;
iii. State Ministry of Local Government;
iv. State Ministry of Education (for school health);
v. Non-Governmental Organizations;
vi. Federal Health Institutions;
vii. Health related Ministries;
viii. Professional bodies;
ix. Private Health Providers including Traditional Medical Practitioners;
x. Voluntary Health Agencies;

(c) A State Health Advisory Committee shall perform the following functions:-

i. review and co-ordinate the medium and long-term as well as annual health plan of the State;
ii. review and revise as necessary (but at least annually) the State Health

Plan which shall include the health plans of the Local Government Health Authorities within the state;

iii. review annually the budget of each such Local Government Health Authority

iv. The Department of Planning, Research and Statistics shall coordinate the activities of the Committee and serve as the secretariat.

7.11 STATE HEALTH PLANNING FUNCTIONS

(a) Each Ministry of Health shall establish an appropriate mechanism for the implementation and planning of its development functions;

(b) The State Ministry of Health shall submit an annual health plan that shall outline the health problems, needs, goals and objectives, implementation and evaluation procedures for the State. It also shall submit medium and long-term plans to the Federal Ministry of Health after the approval of the State Executive Council;

(c) Each State Ministry of health shall perform within the State the following functions;

i. conduct the health planning activities of the State 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 Health Authority plans;

iii. assist the State Health Advisory Committee of the State in the review of the State health facilities plan and in the performance of its functions generally;

iv. review on a periodic basis (but not less often than every three years) all institutional health services being offered by the State.

7.12 TECHNICAL ASSISTANCE FOR STATE HEALTH SERVICES

(a) The Federal Ministry of Health shall provide to the State Ministry of Health:

i. assistance in developing their health plans and approaches to the planning of various types of health services;

ii. technical materials, including methodologies, policies and standards appropriate for use in health planning;

iii. other technical assistance as may be necessary in order that such institutions may properly perform their functions.

(b) The Federal Ministry of Health shall include in the materials the following:

i. specification of the minimum data needed to determine the health status of the nation and the determinants of such status;

ii specification of the minimum data needed to determine the status of the health resources and services of the country;

iii. specification of the minimum data needed to describe the use of health resources and services within the state;

iv. planning approaches, methodologies, policies and standards which shall be consistent with the guidelines established for appropriate planning of health resources, and which shall cover the priorities as Listed in Chapter 4;

v. Guidelines for the organization and operation of the State Health Planning Units, and Local Government Health Committees.

7.13 STATE HOSPITALS MANAGEMENT BOARD

(a) The State Hospitals Management Board shall function under the general supervision of, and policies established by, the State Ministry of Health which shall maintain overall responsibilities for the health service of the State.

(b) The Board shall be responsible for the management of hospitals which come under the jurisdiction of the State;

(c) The Board shall collaborate with the Local Health Authorities and their respective health committees to ensure close integration and continuity of services from peripheral units (under the Local Health authority) to the referral units which are administered by the Board,

(d) The functions assigned to the Ministry, to the Board and to the Local Health Authorities shall be clearly demarcated with unambiguous delineation of responsibilities and powers.

(e) The composition of the Board shall include representatives of the:

i. Ministry of Health;

ii. Community leaders;

iii. Professional associations;

iv. Staff members of hospitals and institutions managed by the Board;

vi Federal Health Institutions, where appropriate;' and

vi. Non-Governmental Organizations.

(f) The officials so the Board shall be selected with great care to ensure dynamic, efficient management of the programmes.

7.14 LOCAL GOVERNMENT HEALTH COMMITTEE

(a) The Local Government Councils in consultation with the State Ministry of Health shall establish Local Government Health Committees covering each Local Government Area for the purpose of delivering health services to the communities. The Committee shall be chaired by the LGA chairman, while the Medical Officer of Health in charge or the PHC coordinator in Local Government serves as Secretary to the Committee.

8.1 BACKGROUND

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 developmental. The available estimates are obtained from some centres where such data are colleted, from national surveys, from institutional records and from special studies.

8.2 A national health information system shall be established by Government of the Federation. It shall be used as a management tool:

(a) To assess the state of the health of the population, to identify major health problems and to set priorities on the local, state and national levels;

(b) To monitor the progress towards stated goals and targets of the health services;

(c) To provide indicators for evaluating the performance of the health services and their impact on the health status of the population;

(d) To provide information to those who need to take action, those who supplied the data and the general public.

8.3 DEVELOPMENT OF THE INFORMATION SYSTEM

(a) The development of 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 planning and monitoring of health services at the local level.

(b) The State Ministry of Health shall promote and support the collection of data by the Local Government Health Authority to improve the quality and quantity of the information. The methods of collection and recording shall be standardized as far as possible to facilitate their collation and comparison.

(c) As and when feasible, State Health Authorities shall use simple electronic data processing equipment for storage, retrieval and analysis of the data.

(d) At the Federal level, in collaboration with the Federal Office of Statistics, the Statistics Branch of the Federal Ministry of Health shall be responsible for obtaining, collation, 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.

8.4 MONITORING AND EVALUATION OF HEALTH CARE

For Comprehensive Monitoring and Evaluation of Health Care, minimum categories of indicators shall be as follows:

(a) Health Policy Indicators,

(b) Health Status Indicators,

(c) Socio-economic indicators related to health and living standard,

(d) Provision and utilization .of health care indicators.

8.5 The indicators to be selected shall be based on the available resources, relevance to the health policy and availability of the infonnation required. The four main indicators shall be as defined below:

Health Policy Indicators

(a) **Health Policy Indicators shall include:**

i. political commitment for "Health for All"; especially enactment of any necessary legislation to effect the commitment;

ii. financial resource allocation in terms of the proportion of the Gross National Product spent on health; the proportion of the total governments expenditure going to health and specifically to primary health care; and per capita government expenditure on health described by State and Local Government Areas;

iii. distribution of health resources, financial, manpower, physical facilities to reflect the degree of equity by geography and by the urban/rural ratios;

iv. degree of community involvement as indicated by the establishment of health development committees, community participation in health and health related programmes and contribution towards health care; and

v. organizational framework for managerial process.

Health Status Indicators

Health Status Indicators shall include:

(a) i. nutritional status as indicated by birth weight of babies, weight and height measurement of infants and children in relation to age:

- Birth weight 500gm or above,
- Percentage of under -5 malnourished,

ii. infant mortality rate,

iii. child (1 -4years) mortality rate, iv. maternal mortality rate,

v. crude death rate,

vi. crude birthrate,

vii. life expectancy at birth, and at 5 years of age,

viii. Total fertility rate.

Social and Economic Indicators

(c) 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,

ix. school enrollment by sex.

Provision and Utilization of Health Care Indicators

(c) Provision and Utilization of Health Care Indicators shall include coverage by primary health care and referral support:

i. Information and education concerning health; proportion of population with access to mass media outlets and measurement of adult literacy activities to the community;

ii. food and nutrition;

iii. water supply and sanitation as above;

iv. family health indicators including proportion of children receiving child health services; proportion of pregnant women receiving antenatal, 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 children under 5 years of age;

vi. prevention and control of epidemic and endemic diseases indicators shall specify diseases; proportion of mortality rates from communicable diseases; proportion of leprosy and tuberculosis detected as well as under regular treatment; and lastly vector indicies.

vii. treatment of common disease and injuries indicators shall include proportion of cases of diarrhoea in children under 5 years, proportion of fevers treated with chloroquine, proportion of respiration 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, standard drug list and availability of such items;

ix. coverage by referral system indicators shall state the proportion of population in a given area with access to the services within 5 kilometers or I hour travel time, the proportion of referred cases who made use of the services and the availability of referral services, e.g., pediatric, obstetric, surgical, medical, etc

x. promotion of mental health indicators;

xi. promotion of oral health indicators; and

xii. promotion of school health services.

8.6 SOURCES OF HEALTH DATA AND INFORMATION

Principal Sources of Health Data and Information shall include the following:

(a) Principal and household censuses as prepared and projected by the National Population Commission and Federal Office of Statistics; household censuses will produce data on health related services such as housing, water supply, toilet facilities, overcrowding;

(b) Vital Events Register-legal registration, statistical recording and reporting of vital events such as births, deaths, marriages, divorces. These registrations of vital events are available at appropriate State authority;

(c) 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;

(d) Epidemiological Surveillance Data to cover immunization records, notifiable diseases, and indication of disease incidence and prevalence;

(e) Disease Registers for specific morbidity and mortality shall be kept such as for cancer, sickle disease, handicapped persons, etc;

(f) Budgetary Allocation Data to be obtained from the Federal and State Ministries of Finance, and Planning; as well as the Local Government Authority;

(g) Community Surveys shall be undertaken in collaboration with the National Population Commission, Federal Office of Statistics, University Departments and non-governmental organizations; and

(h) Other health data sources including registers of health institutions and of health personnel.

8.7. LEVEL OF FUNCTIONING

Level of Functioning shall be as follows:

(a) Local Level:- The Local Government Health Authority shall be responsible for the collection of data in its area of jurisdiction;

(b) State Level: State Ministry of Health shall be responsible for collecting health information from the Local Government Areas and preparing State Health information data;

(c) National Level: The Federal Ministry of Health shall be responsible for:

i. the development, introduction and maintenance of an effective national health information system;

ii. the central coordination of the health Information data; and

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.

9.0 NATIONAL HEALTH MANPOWER DEVELOPMENT

Ministries of Health shall ensure that medical, nursing, public health and other schools of health sciences under their jurisdiction include in their education programmes the philosophy of "Health for All", the principles of primary health care, and the essentials of the managerial process for national health development, and to provide appropriate, practical training in these areas. In a similar manner, efforts shall be made to involve technical workers in other sectors having a bearing on health. The selection, training and deployment of health manpower shall reflect the national objectives with particular emphasis of the primary health care approach. Appropriate policies shall be evolved to secure a more equitable distribution of health personnel throughout the country,

9.1 Ministries of Health, in collaboration with other Ministries, particularly Education, and educational bodies concerned, especially the Universities, shall take steps at the highest government level to introduce the policy of educating and training health manpower to perform functions that are highly relevant to the country's priority health problems. In fulfillment of this policy they shall review the functions of health personnel throughout the health system, and shall take the necessary measures to ensure their re-orientation as necessary,

9.2 Ministries of Health, together with other Ministries concerned such as the Ministries of Labour, Employment and Productivity, National Planning, Education and Science and Technology, shall plan health manpower in specific response to the needs of the health system, with a view to placing at the disposal of the system the right kind of manpower, in the right numbers at the right time and in the right place.

9.7 TRAINING OF TRADITIONAL HEALTH PRACTITIONERS

(a) Traditional health practitioners shall be retrained in order to increase their skills and effectiveness and to promote their integration with the primary health care system;

(b) As judged appropriate training programmes (courses, seminars, and workshops) shall be organized for traditional health practitioners. In particular, traditional health practitioners shall be encouraged to support priority programmes such as nutrition, environmental sanitation, personal hygiene, oral rehydration and immunizations. They shall be instructed on how to make effective use of the referral system of orthodox medical care. In particular, traditional health practitioners shall be encouraged to support priority programmes such as nutrition, environmental sanitation, personal hygiene, oral rehydration and immunizations. They shall be instructed on how to make effective use of the referral system of orthodox medical care.

10. NATIONAL HEALTH TECHNOLOGY

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.

10.1 The policy on national health technology shall be directed to ensuring the selection, development and application of appropriate technology at each level of health care. Appropriateness shall be judged on the basis of effectiveness, safety, the ability of the community to pay and the availability of expertise to utilize and maintain the technology,

10.2 A systematic assessment shall be made of health technology being considered for use in each priority programme. This shall include measures for health promotion, disease prevention, diagnosis, therapy and rehabilitation.

10.3 The process of determining health technology shall also entail specifying for each programme what measures shall be taken by individuals and families in their home 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.

10.4 To arrive at appropriate technologies, mechanisms for consultations with other relevant government departments, institutions as well as communities shall be established,

10.5 Emphasis shall be given to:

(a) Devising and applying appropriate technology for providing safe water supplies and basic sanitation in different ecological zones of the country. Preference shall be given to systems, which can be adequately maintained, by communities and available expertise,

(b) Fostering agricultural programmes including home gardening and food distribution mechanisms, which shall promote and facilitate adequate nutrition of all segments of the population. Emphasis shall be placed on making the communities self-sufficient as far as possible with regard to essential food commodities,

(c) Developing and using health education and techno-biological information for the promotion of health practices and behaviour. Such technologies shall be made compatible with local cultures.

DRUGS, VACCINES, DRESINGS AND QUALITY CONTROL

National drug programmes will be formulated to ensure the quantification of needs, procurement, production as necessary and feasible, distribution and management of essential drugs. Steps will be taken to:

(a) Draw up a list of essential drugs and vaccines and set up mechanisms to ensure that these drugs are available at all levels of the health care system;

(b) Develop local capability to produce essential drugs, vaccines and dressings and to reduce the dependence of imports by offering suitable incentives to firms, which are engaged in the local manufacture, research and development of drugs;

(c) Keep surveillance on the quality of locally produced and imported drugs. prevent malpractice and develop a system of monitoring drugs with adverse side effects:

(d) Establish efficient systems for the procurement. storage and distribution of drugs and vaccines including reliable" cold chain" for the latter:

(e) Allocate resources for relevant drug research including traditional remedies:

(f) Control the advertisement of drugs and other health related regulated products.

10.7 EQUIPMENT

(a) The selection, ordering and maintenance of equipment (e.g., x-ray machines, anaesthetic equipment, refrigerators, transportation) shall be rationalized so as to obtain savings in the cost of purchase and maintenance as well as ensuring reliable service,

(b) Ministries of Health shall co-operate by exchanging information, by standardization of specifications and by the sharing of facilities for the maintenance of equipment.

10.8 HEALTH CARE FACILITIES

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 requirements for health centres, dispensaries and first referral hospitals. These plans will include the repair, refurnishing, 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 this master plan.

11. NATIONAL HEALTH CARE FINANCING

Priorities for health service and biomedical research shall be reviewed in collaboration with the Federal Ministry of Science and Technology Mechanism 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,

11.1 In collaboration with the Federal Ministry of Education and the Federal Ministry of Science of Technology, the Ministry of Health shall review:

(a) The priorities for health services and biomedical research in Nigeria. Particular attention will be paid to practical, problem solving activities including the assessment of health technologies that are being selected for use in the Health Services:

(b) The scope and content of activities in the field of biomedical and health services research at academic and other institutions;

(c) Mechanisms for promoting and financing research activities that are judged to be of high priority, and of co-ordinating the activities of the various scientists and institutions involved;

(d) The training of research sciences, technicians and other support staff especially in the priority disciplines where there are marked shortages, e.g. Epidemiology, medical biologists, etc.

(e) The strengthening of Ministries of Health and other institutions to enhance their capabilities to undertake relevant research,

(e) The establishment and sustainability of an outreach programme that will encourage private sector participation in health research activities.

11.2.1 Government shall provide more resources 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.

11.3 Biomedical and health services research shall cover the following areas:

(a) **Epidemiological research:** to identify the major health problems and their determinants in different parts of the country and in different segments of the population;

(b) **Operational Research:** to test the efficacy of health technologies and various methods of applying them in the local situation;

(c) **Development Research:** to develop new and improved tools for the prevention, treatment and control of diseases of local importance. This will 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.

12.0 NATIONAL HEALTH CARE FINANCING

The Federal and State Governments shall review their allocation of resources to the health sector. Within available resources, high priority shall be accorded to primary health care with particular reference to under-served areas and groups. Community resources shall be mobilized in the spirit of self-help and self- reliance.

12.1 In the light of the importance of health in socio-economic development, all Governments of the Federation shall review their financial allocation 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,

12.2 Within the health care system, efforts shall be made to redistribute financial allocation among promotive, preventive and curative health care service without compromising curative health service,

12.3 Government of the Federation shall explore additional avenues for financing the health care system especially health insurance schemes,

12.4 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,

12.5 Government of the Federation shall encourage employers of labour to participate in financing health care services to employees,

112.6 Within the right of individuals to participate in the economy of the nation, private individuals shall be encouraged to establish and finance private health care services in under-served areas.

12.7 Within the concept of self-reliance, communities shall be encouraged to finance health care directly or find local community solutions to health problems through contribution of labour and materials.

12.8 Mechanisms shall be established to undertake continuing studies on:

(a) the benefit of various health programmes in relation to the costs, as well as the effectiveness of different technologies and ways of organizing the health system in relation to the cost; and

(b) the inclusion of an analysis of needs in terms of cost, material and personnel in all consideration of health technology and of the establishment and maintenance of health infrastructures.

13.0 NATIONAL HEALTH CARE LAWS

The absence of a composite policy on health care laws relating to the protection of providers and consumers and the lack of organizational structures for its development would require the setting up of a suitable mechanism for the development of literature and strengthening of institutional basis to facilitate its development,

13.1 The inadequacies in the health care sector have been further underscored by the absence of awareness of health care laws or ignorance of their existence, their importance and the benefits and interests they serve,

13.2 Government shall encourage the development of forensic medicine, medical jurisprudence and medical ethics, both in training institutions and practice,

13.3 The Federal Government of Nigeria in collaboration with, States, and LGAs and relevant private sector shall develop and promote health care laws through the adoption of the following instruments:

(a) Development of relevant organizational structure;

(b) Continuous research on activities to promote health care laws, and the utilization of findings to propose new areas of legislation;

(c) Integration of compulsory course in health care laws into the curriculum of all health training institutions;

(d) Active collaboration of the following institutions on the issue of health care laws:

i. Legal Unit, Federal Ministry of Health

ii. Department of Planning, Research and Statistics, Federal Ministiy of Health,

iii. Legal Unit, NAFDAC,

iv Health Law Unit, Federal Ministry of JUSTICE,

v. National Institute for Medical Research,

vi. Institute of Advanced Legal Studies,

vii. The law-making body,

vii. Colleges/Faculties of Medicine in Nigerian Universities

viii. Faculties of Law in Nigerian universities;

ix. Professional Regulatory bodies;

x. Legal Unit, National Health Insurance Scheme.

(e) Establishment of effective Information, Education and Communication(IEC) system on health care Law policy through:

i. wide circulation of policy on Health Care Laws, and

ii. periodic publication on Health laws.

ANNEX I
ABUJA HEALTH DECLARATION

The maiden National Health Summit in Nigeria, meeting in Abuja this Ninth Day of September in the Year Nineteen hundred and Ninety Five, and comprising representatives from various levels of government, private and public sector professionals in the health care industry, consumers of health care services, international agencies and non governmental organizations (NGOs), having exhaustively reviewed the health care situation in Nigeria and recognizing the very low health status of the country, hereby makes following Declaration:

I

The Summit finds health services in Nigeria deficient in key aspects which have resulted in widespread consumer disaffection. The primary factors involved include poor intersectoral cooperation, poor management capacity, low community participation and weak political will to implement necessary changes.

II

Health care service in Nigeria shall be steered towards a new approach based on promotive health care to achieve health for all. Public enlightenment, community participation, consumer empowerment and emphasis on preventive health care shall be the key elements of this approach.

III

Primary Health Care shall remain the foundation of health care services in Nigeria.

IV

The National Health Policy of 1988 shall be reviewed and modified to include adequate provision for private sector participation in health policy development.

V

The gross inequality in the health status and the gross inequity in access to health services particularly between the rich and the poor, and between urban and rural dwellers, are socially and economically unacceptable and shall be reduced by government intervention.

VI

Government leaders at all levels require a clear perception of health problems in order to give proper leadership for the improvement of health services. The Summit strongly desires that the national, state and local political leadership be continuously sensitized to the provision of adequate health services for all Nigerians.

VII

Poor management accounts for much of the waste in the health sector and is largely responsible for its ineffectiveness. The summit desires that formal and informal management training be made a necessary requirement for health care professionals in Nigeria.

VIII

Government has a responsibility to make essential drugs affordable and to achieve national self-sufficiency in the production of vaccines and the manufacture of essential drugs.

IX

Government spending on health care and other related services shall be increased to produce a healthy population.

X

Government shall ensure that a Minimum Health Care package is accessible, available and affordable to every Nigerian citizen.

ANNEX II
NATIONAL HEALTH STATUS

i.	Nutritional status as indicated by birth weight of babies, weight and height measurement of infants and children in relation to age:-		
	- Birth weight 500gm or above	-	83%
	- Percentage of under-5 malnourished	-	36%
ii.	Infant Mortality Rate:		90 per 1000;
iii.	Child (1-4 years) Mortality Rate:		191 per 1000
iv.	Maternal Mortality Rate:		8 per 1000
v.	Crude Death Rate:		18 per 1000
vi.	Crude Birth Rate:		45 per 1000
vii.	Life Expectancy at birth:		55 years
viii.	Total Fertility Rate:		5.8%
(c)	Social and Economic Indicators:		
	i. rate of population increase:		3.0%
	ii. gross national or domestic product:		$.250/capital
	in. income distribution:	Agriculture	60.30%
	iv work conditions:	Sales	18.40%
		Production	8.20%
		Professionals	6.90%
		Others:	6.30%
	v. adult literacy rate by sex:	Total	55%
		Males	60%
		Females	44%
	vi. food availability housing condition:		
	vii Housing condition:	Electricity:	
		None	66.29%
		Public only	33.53%
		Private only	0.17%
	viii. water and sanitation: Water:		
		Well Water	37.00%
		Stream/Pond	31.30%
	ix. basic water and sanitation Pipe borne		
		Bore Hole	24.70%
		Pit toilet	7.00%

	WC	63.30%
	Pail	3.50%
	Others	1.90%
	Refuse Disposal:	
	Within compound	49.43%
	Govt. Bins	1.81%
	Private Bins	11.11%
	Others Places	37.66%
x. School enrollment sex:	National	69.43%
	Boys	71%
	Girls	67%

Sources: i. The Nigerian Health Profile, Federal Ministry of Health. 1994
ii. National Integrate Survey of Households, 1995 (Federal Office of Statistics).

MORBIDITY PATTERN

The common causes of morbidity in Nigeria are still preventable infectious diseases. The common causes of visits at clinics and outpatient departments of hospitals and the relative percentages of these causes are shown in the table below:

1.	Infective and parasitic diseases.	38.2%
2.	Nutritional and metabolic diseases.	1 .5%
3.	Respiratory diseases.	12.7%
4.	Ill-defined conditions	9.2%
5.	Skin diseases	8.4%
6.	Digestive system	4.7%.
7.	Accidents	3.1%
8.	Muscles and skeletal disease	2.9%
9.	Genito-urinary diseases	27%
10.	Blood diseases-anemia, etc	2.5%
11.	Diseases of nervous system and organ.	9.9%
12.	Others	3.9%

The causes for admission into hospitals, and the relative percentages, are as follows:

1.	Infective and parasitic diseases	31.3%
2.	Nutrition and metabolic related diseases	2.8%

3.	Pregnancy and child birth	23.1%
4.	Respiratory diseases	9.8%.
5.	Genito-urinary diseases	5.3%
6.	Accidents	5.0%
7.	Digestive system diseases	3.2%
8.	Disease of nervous system	3.3%
9.	Blood diseases	3.0%
10.	Ill-defined conditions	3.2%
11.	Skin diseases	3.4%
12.	Others	5.0%

Common types of infective and parasitic diseases in order of occurrence are:

1. Malaria
2. Dysentery and
3. Measles
4. Pneumonia
5. Gonorrhoea
6. Whooping Cough
7. Schistosomiasts
8. Chicken Pox
9. Tuberculosis
10. Meningitis

CAUSES OF MORTALITY

The five most common causes of death in hospitals in Nigeria are very similar to those causing high morbidity. They are as follows:

1. Infective and parasitic diseases,
2. Diseases of respiratory system,
3. Accidents, poisons and violence.
4. Diseases of circulatory system,
5. Diseases of digestive system.

ANNEX III

RESPONSIBILITIES OF THE VARIOUS LEVELS OF GOVERNMENT

FEDERAL MINISTRY OF HEALTH

The Federal Ministry of Health shall be responsible for health care services and for training institutions or other services of common usage among the states or of national concern or character. Such services and institutions include:

1. Special Hospitals (Orthopedic, Eye, Neuropsychiatry),
2. Federal Medical Centres,
3. Teaching Hospitals,
4. National Laboratories,
5. Communicable and Endemic Diseases Control (Designated as National Programmes),
6. International Health and Quarantine,
7. Regulation and Surveillance of standard training of health Personnel,
8. Regulation, Control and Surveillance of health care standards,
9. External health Relations,
10. Drugs and Poison Control,
11. National Intersectional health Care Linkages,
12. Primary Health Care Support (national planning, training, technical assistance, programme support).

STATE MINISTRY OF HEALTH

The State as required for the well being of the people of the state. To avoid overlapping of responsibilities, the State Government shall provide:

1. Specialist care in wards of general hospitals especially for acute service,
2. General hospital care services including outpatient care,
3. Training institutions especially for sub-professional level such as technologist, technicians, assistant and aid levels,
4. Public health programmes,
5. Intersectional health care, linkages at State level; State public health laboratories.
6. Any health programme of particular relevance to the state,
7. Primary health care support (state planning. training, financial programming and operational support).

LOCAL GOVERNMENT AREA: HEALTH AND ENVIRONMENTAL DEPARTMENT

The department is responsible for providing the following services to the community:

i. Primary Health Care services - including maternal and child welfare services,
ii. Family Planning,
iii. Immunizations against infectious diseases,
iv. Adequate supply of basic sanitation,
v. General outpatient services,
vi. Health Education,
vii. Inspection of offices, food premises, homes, etc..
viii Construction and care of public toilets and cemeteries,
ix Disposal of refuse,
x Removal of corpses from the roads,
xi Registration of births and deaths

ANNEX IV

NATIONAL POLICIES IN THE HEALTH SECTOR

1. Abuja Health Declaration
2. Maternal And Child Health Policy
3. The National Drug Policy
4. The National Mental Health Policy for Nigeria
5. The National Adolescent Health Policy
6. National Immunization Policy and Standard of Practice
7. National Breast feeding Policy
8. National Acute Respiratory Infections Programme: National Policy and Plan of Actions 1991-1995
9. The National Nutrition Policy: Health Sector
10. National Policy on Population for the Development
11. Nigerian Country Plan of Action for Implementing the Minimum District Health for all Package, 1995-2000
12. Social Development Policy for Nigeria

ANNEX V

HEALTH PROGRAMME GULDELINES

1. National Guideline on Community Development in Nigeria
2. Guidelines on Implementation of Primary Health Care
3. Guidelines from Drug Registration in Nigeria
4. Guidelines on Secondary Health Care
5. Guidelines for the Registration of Food, Cosmetics, Medical Devices and Bottled Water
6. Procedure for Processing of Application for Regulated Product/ Advertisement Promotion
7. Bottled Water Labelling Regulation
8. Food Products Registration Regulation
9. Pre-Packaged Food (Labelling) Regulation
10. Drug Products Advertisement Regulation
11. Bottled Water Advertisement Regulation
12. Cosmetics Product (Prohibition of Bleaching Agents etc) Regulation
13. Food Grade (Table Cooking) Salt Regulation
14. Guidelines on the Issuance of Patent and Proprietary Medicine Vendors Licence
15 Policy/Guidelines on Blood Transfusion

ANNEX VI

FEDERAL LEGISLATIONS RELATING TO HEALTH

1. The Constitution of the Federal Republic of Nigeria (Promulgation) Decree 1989, Decree No. 12 (Section IX sub-Section 3 of the 1979 Constitution).
2. S.17 (3) C&D of the 1979 Constitution of the Federal Republic of Nigeria states(S.3 1,1 (a)(b).
3. The National Institute for Pharmaceutical Research and Development Order 5. 1.13 of 1987 (Under National Science and technology Act 1980)
4. The Counterfeit and Fake Drugs (Miscellaneous Provisions) Act Cap 73 of 1990
5. The Factories Act Cap 126 of 1990
6. Food and Drugs Act Cap 150 of 1990
7. The Regulated and other Professions (Private Practice Prohibition) Act Cap 3 90 617 1990

8. The National Water Resources Institute Act Cap 284 of 1990
9. The Marketing of Breast Milk Substitutes Decree No. 14 of 1990
10. Radiographers (Registration etc.) Act Cap 3 86 of 1990
11. Dental Technologists (Registration etc.) Act Cap 69 of 1990
12. Medical Rehabilitation Therapists (Registration etc.) Act Cap 222 of 1990
13. The Nursing and Midwifery (Registration etc.) Act Cap 332 of and Amended by Decree No.83 of 1992
14. The Community Health Practitioners Registration etc. Decree No. 61 of 1992
15. The National Environmental Protection (Pollution Abatement in Industries and Faculties Generating Wastes)Regulations 1991
16. The Medical and Dental Practitioners Act Cap 221 of 1990 amended by Decree 78 of 1992
17. Dangerous Drugs Act Cap 91 of 1990, (ii) S.3 and (I) Dangerous Drugs Regulations Act Cap 91 of 1990.
18. Harmful Wastes Special Provisions Act Cap 165 of 1990
19. Health Records Officers (Registration etc.) Act Cap 166 of 1990
20. National Eye Centre Act Cap 25 8 of 1990
21. Criminal Code Act Cap 77 ofi 990
22. Indian Hemp Act Cap 176 of 1990
23. Criminal Procedure (Disposal of certain exhibit) Act Cap 43 of 195 8
24. Counterfeit and Fake drugs (Miscellaneous Provisions) Act Cap 73 of 1990
25. National Drug Formulary and Essential Drug List Act Cap 252 of 1990
26. Nursing and Midwifery (Registration, etc.) Act Cap 332 of 1990
27. Psychiatric Hospitals Management Board Act Cap 3 74 of 1990
28. University College Hospital Act Cap 450 of 1990
29. Dental Therapist Registration Decree No. 81 of 1993
30. Drugs and Related Products Registration etc. Decree No. 19 of 1993
31. National Agency for Food and Drugs Administration and Control Decree No. 15 of 1993
32. National Primary Health Care Development Agency Decree No. 29 of 1992
33. Tobacco Smoking (Control) Decree No.20 of 1990
34. Advertisement Practitioners (Registration, etc) (Amendment) Decree No. 116 of 1993
35. Pharmacists Council of Nigeria Decree No.91 of 1992
36. Institute of Public Analysts of Nigeria Decree No. 100 of 1992
37. Orthopedic Hospitals Management Board Act Cap 341 of 1990
38. Optometrists and Dispensing Opticians (Registration, etc) Act Cap 340 of 1990

39. Pharmacist Act Cap 357 Of 1990
40. Pest Control of Produce (Special Powers) Act Cap 349 of 1990
41. National Medical College Act Cap 266 of 1990
42. The National Environmental Protection: Effluent Limitation Regulations 1991 S. 18 of 1991
43. University of Benin Teaching Hospital Act Cap 45 I of 1990
44. University of Nigeria Teaching Hospital Act Cap 460 of 1990
45. University of Teaching Hospital (Reconstitution of Boards, etc) Act Cap 463 of 1990
46. Lagos University Teaching Hospital Act Cap 201 of 1990
47. Institute of Medical laboratory Act Cap 349 of 1990
48. Nuclear Safety and Radiation Protection Decree No. 19 of 1995
49. Environmental Impact Assessment Decree No.86 of 1992
50. Population Activities Fund Agency Decree No. 19 of 1994
51. Federal Environmental Protection Agency Decrees No. 58 of 1988 and No. 59 of 1992, as amended.
52. Import Prohibitions Decree No. 36 of 1989 (confiscations or release of contaminated food, vegetables, meat and dairy products).
53. Births and Deaths (Compulsory Registration) Decree 39of 1979.
54. National Population Commission Decree No 23 of 1989

SOME FEDERAL LEGISLATIONS TRANSFERRED TO STATE LAWS

1. Leprosy Act Cap 104 of 1958 omitted under Federal Law now Lagos Law
2. Liquor Act Cap 105 of 1958 omitted under Federal Law now Lagos Law.
3. Lunacy Act Cap 112 of 1958 omitted under Federal Law now Lagos law.
4. Native Liquor (Township and Certain Areas Act Cap 127 of 1958 omitted under Federal Law now Lagos State Law
5. Private Hospitals Act Cap 160 of 1958 omitted under Federal Law now Lagos law
6. Public Health Act Cap 165 of 1958 Omitted under Federal Law now Lagos law
7. Vaccination Act Cap 208 of 1958 Omitted under Federal - Law now Lagos law
8. Venereal Disease Act Cap 209 of 1958 Omitted under Federal – Law now Lagos law
9. Pharmacy Act (Renamed Poison and Pharmacy Act Cap152 of 1958) partly repealed by Decree No.26 of 1964; Omitted in Lagos State Laws.