Analysis of Health Care Policies and Strategies in Nigeria

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ABSTRACT

The state of healthcare in Nigeria is a complex and multifaceted problem that encompasses various challenges related to staff, infrastructure, disease burden, and maternal and child health. While the country faces numerous issues, there is also potential for growth and progress. Regional disparities within Nigeria's healthcare system further compound the challenges. Rural areas often lack access to essential healthcare services, whereas urban centers tend to have better-equipped medical facilities, including hospitals and clinics. Nigeria, like many other countries, grapples with a significant disease burden. Communicable diseases such as malaria, tuberculosis, HIV/AIDS, and vaccine-preventable illnesses pose substantial health challenges. These diseases disproportionately affect vulnerable populations, including children, pregnant women, and those living in poverty. Additionally, non-communicable diseases such as cancer, diabetes, and cardiovascular conditions are on the rise. Addressing this disease burden requires a comprehensive strategy that integrates preventive measures, early detection, treatment, and health education programs to enhance knowledge of disease prevention and control. Recognizing the need to tackle these issues, the Nigerian government formulated the National Health Promotion Policy in 1988, which was revised in 2019. Through a comprehensive analysis of these policies, this paper's aim is to provide insights into the strengths and weaknesses of Nigeria's healthcare system and its legislative initiatives. This study adopted the doctrinal approach to legal research in analyzing the policy documents. Among other things the paper found that this policy serves as a guiding framework for promoting health and preventing diseases in the country. It emphasizes the importance of adopting a holistic approach that encompasses various sectors and stakeholders to address health challenges comprehensively. The policy focuses on health promotion, disease prevention, and health education, with an emphasis on community participation and empowerment. Furthermore, the Nigerian government has also developed the National Strategic Development Health Plan Framework, which has been in effect since 2009. This framework provides a roadmap for the development and implementation of healthcare programs and policies. It aims to improve access to quality healthcare services, strengthen healthcare systems, and enhance the overall health status of the population. The plan emphasizes the need for equitable distribution of healthcare resources, improved healthcare financing, and the integration of primary healthcare services. This extensively examines the role of both policy documents. By conducting a comparative analysis, the effectiveness of these legislative initiatives has been evaluated. The paper explored the extent to which these policies have been implemented, identified gaps or challenges in their execution, and assessed their impact on improving healthcare outcomes in Nigeria. The findings is expected to contribute to a better understanding of the progress made thus far, highlight areas that require attention and improvement, and inform future strategies to address the complex healthcare challenges faced by the nation. Ultimately, the study supports evidence-based decision-making and fosters sustainable advancements in Nigeria's healthcare sector.

Introduction

A vital component of any country's development is health promotion, which aims to enhance the general health and wellbeing of its populace. Evaluation of health promotion policies and strategic development are essential in the case of

Nigeria, a nation with a complicated healthcare system and a population that is quickly rising. Nigeria suffers several health issues, including infectious infections, a weak healthcare system, and a significant burden of non-communicable diseases. Therefore, tackling these issues and guaranteeing a healthy future for Nigerians depends heavily on the government's health promotion policies and strategic initiatives. Understanding Nigeria's current healthcare infrastructure is important for analyzing the country's health promotion strategies. The healthcare system in Nigeria is a complicated mixture of public and private providers, with differences in accessibility, quality, and cost. Between urban and rural locations, there are considerable differences in the accessibility and availability of healthcare services, with rural areas frequently having a difficult time getting to necessary healthcare facilities. Therefore, the need to eliminate these gaps and provide equitable access to high-quality healthcare services for all Nigerians must be considered when evaluating health promotion strategies.

This paper gives a general overview of Nigeria's National Strategic Health Development Plan Framework and National Health Promotion Policy. A nationwide framework for improving health and avoiding diseases has been updated in the nationwide Health Promotion Policy [NHPP]. It places a strong emphasis on evidence-based tactics like community mobilization, behavior change communication, and advocacy. To address the social determinants of health and achieve health equity, the policy encourages collaboration, partnerships, and stakeholder involvement. The importance of research and evaluation in determining the effectiveness of health promotion initiatives is also emphasized. While The National Strategic Health Development Strategy Framework, which has been in effect since 2009, is a long-term strategy that directs the creation and execution of health programs in Nigeria. It[1] establishes precise objectives, benchmarks, and metrics for numerous health domains. Priority issues like maternity and child health, disease prevention, the architecture of the healthcare system, and health finance are targeted by strategic objectives. The main objectives of implementation strategies are strengthening health information systems, developing policies, mobilizing resources, and increasing capability. To track progress and make required corrections, monitoring and assessment are essential.

1. Overview of the National Health Promotion Policy in Nigeria

Any country's health policy creation and execution are challenging and dynamic tasks that require the active involvement of numerous stakeholders in a coordinated, strategic, and synergistic manner. Since each country's political, historical, and socioeconomic conditions are unique, there is no universal guide for executing policy processes [World Health Organization, 2020]. The Federal Ministry of Health as initiator, its agencies, representatives of developing partners, the private health sector, professional Regulatory bodies, civil society organizations, Ministries of health from States/FCT, and academia are just a few of the stakeholders in Nigeria's health policy development and implementation [National Health Policy, 2016]. The associations of healthcare professionals and certain healthcare providers are also consulted. The agencies must convert the policy declarations into a plan of action in order to implement health policy [2].

Numerous health policies have been devised over the past year at both the federal and state levels, but due to subpar implementation, they have not produced the anticipated results.

The absence of enforcement, according to critics, is the nation's prior health policy' final resting place. The majority of national health policies frequently face difficulties in implementation and are left unfinished. This division is caused, in part, by the inability to effectively utilize the skills of all pertinent stakeholders, including physiotherapists. Additional issues include insufficient budget, bad planning, corruption, and insufficient human and material resources. First, it would be appropriate to talk about how Nigerian health policy have changed through time. The nation's western-style health care delivery system came into existence between 1472 and 1880. Hospitals were built and staffed by Christian missionary medical personnel between 1880 and 1945. Starting with the First Colonial Development Plan from 1945 to 1955, several national health programs have been developed since then [3]. The national health insurance program was established in 2006 as part of the new national health strategy, which also ensured that healthcare was fairly financed and protected citizens from exorbitant treatment expenses [4]. The National Health Act of 2014 and the National Health Policy of 2016 were designed to set criteria for service delivery and to provide the foundation for the creation, regulation, and management of national health systems. The new policy was developed in response to several unfinished agenda items, including the Millennium Development Goals [MDGs], the new Sustainable Development Goals [SDGs], emerging health concerns [particularly epidemics], the National Health Act 2014's provisions, the new Primary Health Care [PHC] governance reform of bringing Primary Health Care under one Roof, and Nigerians' renewed commitment to Universal Health Coverage [UHC]. The primary health care [PHC] idea that the services offered can reach the rural communities, where most Nigerians reside, serves as the foundation and focal point of the National Health Policy.

As a major cause of morbidity, disability, and mortality, the disease is the focus of the PHC's prevention and treatment efforts [National Health Policy, 2016]. The inclusion of various health care professionals in PHC is a goal of the national health policy. This essay explores key action points to foster health promotion interventions in Nigeria, highlighting the importance of policy development, community engagement, disease prevention, and improved access to healthcare services [5].

One of the fundamental action points in fostering health promotion interventions in Nigeria is advocating for the development of appropriate policies, protocols, standards, and regulatory practices to ensure health equity within the population, with a specific focus on the poor, vulnerable groups, and people living with disabilities. By advocating for policies that prioritize the needs of these marginalized populations, it becomes possible to address the social determinants of health and reduce health disparities. This entails working closely with policymakers, stakeholders, and community leaders to develop and implement policies that promote equitable access to healthcare resources and services.

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1.1. Participation in Maximum Pressure Campaigns

Another important action point is the active participation in periodic Maximum Pressure Campaigns [MPC] activities. These campaigns play a vital role in addressing prevalent disease conditions and implementing prioritized national programs such as immunization, family planning, malaria prevention, leprosy and tuberculosis control, onchocerciasis management, and screening programs for non-communicable diseases [NCDs] like hypertension, diabetes, and cancers. By engaging in these campaigns, health promotion efforts can reach a wider audience, raise awareness, and ensure the delivery of essential healthcare services to those in need.

1.2. Supporting Comprehensive Health Promotion Interventions

To effectively foster health promotion in Nigeria, it is imperative to support comprehensive interventions that address various aspects of health and well-being. This includes strengthening legislation, regulation, and taxation of unhealthy commodities to promote healthier behaviors and discourage the consumption of harmful substances. Additionally, empowering community health systems such as Ward Development Committees, Village Development Committees, and Health Facility Management Committees is vital for effective participation in decision-making and ownership of health promotion activities. Promoting health literacy, both for communicable and non-communicable diseases, is essential to prevent the spread of illnesses and empower individuals to make informed health choices.

1.3. Reproductive Health and Gender Equality

A critical component of health promotion is the promotion of reproductive health, which includes increasing access and utilization of health services such as family planning, antenatal care, and sexually transmitted infection prevention. To address determinants of reproductive health, health promotion initiatives should focus on areas such as hygiene, legal aids against gender-based violence [including female genital mutilation], women's empowerment, and the encouragement of safer sex practices. By prioritizing reproductive health, it becomes possible to enhance the well-being of women, reduce maternal and infant mortality rates, and promote gender equality in healthcare [6].

1.4. Promoting Safety Measures and Environmental Health

Health promotion interventions should also aim to promote appropriate behaviors and safety measures to reduce accidents and injuries in various settings, including workplaces, homes, schools, and roads. Emphasizing the importance of safety awareness and preventive measures can significantly reduce the occurrence of accidents and mitigate their impact on individuals and communities. Furthermore, health promotion efforts should address food safety and security at household, institutional, and community levels. By improving food handling practices, ensuring access to nutritious food, and implementing effective quality control measures, the risk of foodborne illnesses can be minimized, positively impacting the overall health of the population.

1.5. Intersectional Collaboration and Improved Access to Healthcare

To effectively address the social determinants of health and reduce inequities, health promotion interventions must involve intersectional collaboration with responsible agencies. This collaboration should aim to take appropriate measures for environmental protection and public health, safeguarding the population from negative practices such as the discharge of wastes into water bodies and backyard farms, as well as the overuse of pesticides that adversely affect human health.

1.6. Increasing Awareness and Understanding

A key action point is to establish mechanisms that increase awareness and understanding of global and national initiatives, such as the Sustainable Development Goals [SDGs] and Universal Health Coverage [UHC], among Health Promotion practitioners at all levels. By equipping practitioners with knowledge and information about these initiatives, they can align their efforts with national and international goals, ensuring that health promotion interventions are strategically designed and implemented. Enhancing awareness and understanding also involves disseminating information about evidence-based best practices in health promotion. This can be achieved through capacity-building programs, workshops, and training sessions that empower practitioners to employ effective strategies and interventions in their work. By equipping practitioners with the necessary tools and knowledge, health promotion efforts can be more targeted, impactful, and sustainable.

1.7. Mainstreaming Health Promotion Across Sectors

Another important action point is the mainstreaming of health promotion across sectors. This approach involves fostering stronger collaboration and dialogue among diverse partners and health providers to address the complex challenges related to health promotion. By engaging sectors such as education, employment, urban planning, and transportation, comprehensive strategies can be developed to promote healthy lifestyles and create environments that support health.

For instance, incorporating health promotion components into school curricula can help promote healthy behaviors among students. This includes educating students about proper nutrition, physical activity, mental health, and hygiene practices. By integrating health promotion into educational systems, schools become catalysts for fostering healthy behavior, not only among students but also among teachers, staff, parents, and the wider community [7].

2. Evaluation of the National Strategic Development Health Plan Framework

Nigeria's overall health system performance was ranked 187th position among 191 member States by the World Health Organization [WHO] in 2000. Primary Health Care [PHC], which forms the bedrock of the national health system, remains in a prostrate state due to gross under funding, mismanagement and lack of capacity at the LGA level. The 2003 NDHS indicators demonstrating the

performance of the health system indicate an immunization coverage of 23%; 6% of under-fives sleeping under insecticide treated nets [ITNs] with only a third of children with fever appropriately treated with antimalarials at home and less than half of deliveries attended to by skilled health personnel. It is noted that wide variations of these indicators exist in different geographical zones, states and rural/urban locations [8].

Recognizing that recent improvement in Nigeria's macroeconomic performance have not translated into discernible improvement in the health system and quality of life of Nigerians, the Federal Government's 7-Point Development Agenda has underscored human capital development as the bedrock of this national agenda with explicit reference to the health sector. Access to quality health care and prevention services are therefore considered vital for poverty reduction and economic growth, particularly as Nigeria is lagging in attaining the health- related MDGs.

To meet the challenges of achieving improved health status particularly for its poorest and most vulnerable population, the health system must be strengthened; proven cost-effective interventions must be scaled up and gains in health must be sustained and expanded. The Federal Ministry of Health [FMOH] appreciates that this can best be done within the context of a costed National Strategic Health Development Plan [NSHDP], which is aimed at providing an overarching framework for sustained health development in the country. The NSHDP is to be developed in accordance with extant national health policies and legislation, and international declarations and goals to which Nigeria is a signatory to, namely, MDGs, Ouagadougou Declaration on PHC and the Paris Declaration on Aid Effectiveness. World Health Organization [WHO] actively supported the validation of NSHDP II framework, as part of the larger process that aims to align country priorities with the real health needs of the population so that people across the country will have access to quality health care, and live longer, healthier lives [9]. It will also generate buy-in across different tiers of government, health and development partners, civil society and the private sector in order to optimize the utilization of available resources for health. [10]

The National Strategic Health Development Plan Framework [2009-2015] emerged as a response to the pressing need for a comprehensive strategy to tackle significant health challenges faced by nations during that time. This essay aims to explore the reasons behind its implementation and the problems it intended to solve. By analyzing the framework's goals and objectives, we can gain insights into the initiatives undertaken to enhance healthcare delivery, address public health concerns, and ultimately improve the well-being of the population. Several significant causes led to the implementation of the National Strategic Health Development Plan Framework [2009-2015]. The framework's primary goal was to offer a strategic roadmap for directing initiatives in the health sector and ensuring effective use of the resources at hand. It sought to encourage continuity and consistency in healthcare policies and programs by taking a long-term perspective. The framework also acknowledged the need for a comprehensive strategy that went beyond specific illnesses or healthcare issues. It attempted to address the fundamental socioeconomic determinants of health, including access to healthcare, education, and poverty, while also taking the influence of environmental elements into account. A number of major issues confronting healthcare systems at the time were addressed by the framework. The presence of communicable diseases, such as HIV/AIDS, malaria, and tuberculosis, posed a serious obstacle. The framework concentrated on awareness campaigns, extending access to testing and treatment, and enhancing surveillance and

response systems in an effort to better prevention, control, and treatment efforts for these diseases [11].

The poor healthcare infrastructure and restricted access to high-quality treatments in some areas were another issue the framework sought to address. It acknowledged the need to improve physical infrastructure, healthcare personnel distribution, and supply chain management to close gaps in healthcare provision. The framework emphasized the value of primary healthcare and sought to improve the provision of necessary medical services, particularly in underprivileged areas. Through a comprehensive approach at the federal, state, and local government level, this generic framework examines eight important areas supported by research. They are community engagement and ownership, partnerships for health, leadership and governance, service delivery, human resources for health, funding for health, health information system, partnerships for health, and health research. The framework offers consistent guidance for each of these priority areas, outlining a goal with corresponding strategic objectives and suggested interventions for the States to consider. It is acknowledged that the precise steps taken to deliver the various interventions, which in turn help achieve the goals, can change depending on the level of government, the state, and the LGA.

There are certain challenges faced in the implementation of the framework such as:

3.1 **The implementation of health initiatives and programs may be hampered by insufficient funding for the sector**.

In the case of the NSHDP [2009-2015], a lack of funding may have had an impact on the provision of vital healthcare services, the purchase of medical equipment and supplies, and the upkeep and improvement of healthcare infrastructure. Inadequate funding may also result in healthcare workers receiving low pay and insufficient incentives, which may worsen labor shortages and lower the standard of care [12].

3.2 **Weak governance and coordination**.

The successful execution of a national health strategy depends on effective governance and coordination. Fragmented decision-making processes, a lack of clarity regarding the duties and responsibilities of various government bodies, and insufficient accountability systems are all signs of weak governance. This can have led to difficulties allocating resources, weak monitoring and evaluation procedures, or delays or inconsistent policy implementation in the framework of the NSHDP. To ensure effective implementation and achieve targeted health results, it is crucial to strengthen governance and coordination mechanisms.

3.3 **A lack of human resources**

The effective provision of healthcare services and the implementation of health initiatives depends on the availability of a sufficient and well-trained health personnel. Nigeria, like many other nations, has experienced difficulties because of a lack of human resources in the health sector. This shortage can be attributed to a few things, including poor hiring and training of healthcare professionals, low retention rates because of things like unfavorable working

conditions and few opportunities for career advancement, and skilled healthcare workers leaving their jobs in search of better opportunities abroad. To address the lack of human resources, comprehensive strategies must be used. These strategies include expanding the number of healthcare training facilities, enhancing working conditions and incentives, and putting in place efficient retention and recruitment procedures that will draw and keep healthcare professionals in underserved areas [13]. the evaluation of the National Strategic Development Health Plan Framework has provided valuable insights into our healthcare system's current state and future direction. Through a thorough examination of its goals, strategies, and key indicators, we have gained a deeper understanding of its strengths, weaknesses, opportunities, and challenges. This evaluation highlights the importance of collaboration, innovation, and investment in our healthcare system to achieve sustainable and equitable health outcomes. By implementing the recommendations identified, we can strengthen our National Strategic Development Health Plan and work towards a healthier and more prosperous future.

3. Comparative Analysis: National Health Promotion Policy and National Strategic Development Health Plan Framework in Nigeria

To improve health outcomes in Nigeria, two crucial policies are the National Health Promotion Policy and the National Strategic Development Health Plan Framework. We will examine the similarities, contrasts, and complementarity between these programs in this comparative analysis. We will also assess how well they adhere to worldwide best practices and standards for health promotion and analyze how this may affect Nigeria's overall health outcomes.

The promotion of health and wellbeing of Nigerians is a goal of both strategies. To reduce the burden of diseases and enhance overall health outcomes, they understand the significance of preventative measures, health education, and behavioral adjustments.

Both programs emphasize the integration of multiple sectors, including as healthcare, education, the environment, and social welfare, taking a holistic approach to health. They understand that there are many factors that affect health and that a multi-sectoral approach is necessary for effective implementation. Both strategies place a strong emphasis on the participation of several stakeholders, such as governmental bodies, groups from civil society, local communities, and private citizens. They understand that partnerships and collaboration are essential to achieving health promotion objectives [14].

The National Health Promotion Policy primarily focuses on promoting healthy lifestyles, disease prevention, and health education. It places emphasis on individual behavior change and community participation. In contrast, the National Strategic Development Health Plan Framework has a broader scope and focuses on health system strengthening, infrastructure development, healthcare financing, and service delivery improvement.

4.1 Timeframe and Implementation

The National Health Promotion Policy is typically implemented over a shorter timeframe, usually three to five years, with periodic reviews and updates. On the other hand, the National Strategic Development Health Plan Framework spans a longer period, often covering ten to fifteen years, and

provides a strategic roadmap for healthcare development and reform.

The National Health Promotion Policy provides more specific and detailed guidelines on health promotion interventions, target populations, and implementation strategies. In contrast, the National Strategic Development Health Plan Framework outlines broader goals, objectives, and strategies, leaving the specific implementation details to subsequent operational plans.

4.2 Complementarity

Although the two policies have distinct focuses, they complement each other in achieving overall health improvements in Nigeria. The National Health Promotion Policy provides the necessary strategies and interventions to promote healthy behaviors and prevent diseases at the individual and community level. The National Strategic Development Health Plan Framework, on the other hand, addresses the broader health system challenges, ensuring the availability, accessibility, and quality of healthcare services for all Nigerians [15].

4.3 Implications on Health Outcomes

The implementation of these policies holds significant implications for overall health outcomes in Nigeria. By promoting healthy behaviors, disease prevention, and health education, the National Health Promotion Policy can contribute to reducing the burden of preventable diseases and improving the overall well-being of individuals and communities. Similarly, the National Strategic Development Health Plan Framework, with its focus on health system strengthening and service delivery improvement, can enhance access to quality healthcare services, reduce health disparities, and improve health outcomes across the country.

4. Challenges in the Implementation Of Healthcare Legislations

The essence of health care to the local government is to make the management of PHC services more effective and closer to the grassroots. However, in view of the level of health awareness, one begins to question the extent to which health care has been taken to the doorstep of the rural people. One of the hindrances to the development of health especially in Nigeria has to do with insufficient number of medical personnel as well as their uneven distribution. The Third Development Plan [1975 to 1980] for Nigeria focused on the inequity in the distribution of medical facilities and manpower/personnel. Despite the desire by the government to ensure a more equitable distribution of resources, glaring disparities are still evident. The deterioration in government facilities, low salaries and poor working conditions had resulted in a mass exodus of health professionals [16].

There has been too much concentration of medical personnel at the urban to the neglect of the rural areas. Another significant problem in the management of PHC is transportation. It has been reported in LGA PHCs that there are not enough vehicles for workers to perform their task especially to the rural areas. Immunization outreach services are inadequately conducted. The maintenance culture of the existing vehicles is poor while PHC vehicles were used for

other purposes other than health related activities. To put succinctly, many of the PHC vehicles donated by UNICEF in the 1980s are totally non- functional [17].

Access to many parts of the communities is a function of: natural topographical and weather conditions inadequate finance; over dependence of the LGA on federal, state and international agencies for support - the internally generated revenue of the LGA is meager-low level of community involvement general misuse and abuse of the scarce resources by some political and administrative leadership and high leadership turnover at LGAs [18].

PHC facilities serve as screening units for patients who need specialized care at higher levels of care. Radiotherapy, orthopedic procedures, and surgery are the only specialized medical services that don't exist. The methods used to provide medical care to rural residents vary widely. Rural residents' psychological health is a neglected part of services. The knowledge of rural health professionals is still insufficient to adequately address recognized issues. Since patient satisfaction with healthcare is a crucial health outcome that affects capacity utilization, this gap needs to be closed.

Additionally, in health systems that prioritize community collaboration and participation in resource management and contribution, patient satisfaction with health care assumes a significant role in terms of its implications for the success of public health initiatives. Some healthcare professionals are uneducated, and those that are qualified do not understand the contemporary PHC practice. Although intrasectoral and intersectoral coordination as well as community involvement are required in theory for PHC, in fact they are frequently absent. Most community members are unaware of such services because the majority of the services provided lack community connections [19]. The most disadvantaged and consistently ignored group in rural areas is generally comprised of nomadic women and children, especially in the northern region of the nation. According to research, rural women, especially nomads, dramatically underuse maternity and child health services as compared to the metropolitan population.

5. Recommendations

In an attempt to find solutions to the aforementioned challenges, this paper proffers the following recommendations:

5.1. Awareness Creation

A national strategy for behavior modification, health promotion, and education is required. Currently, in order to properly carry out her duties, the PHC's health promotion unit needs to be supported and reinforced. Community-based initiatives ought to encourage greater involvement of families in their own healthcare. To do this, you should teach them about what services they might anticipate from PHC, as well as campaigns and messaging promoting active lifestyles and the early diagnosis and treatment of common illnesses. The PHC ought to deal with a number of communications- and health-related issues related to raising awareness and bringing about behavior change. It ought to contain community- and family-focused communication strategies.

It is crucial that people understand the necessity for such services if we want to increase the amount of health care that people use. They won't feel this desire unless they begin to view their health as a valuable resource. They require adequate, pertinent, scientific information about health, sickness, and dangerous settings for this. Maximum efforts should be undertaken to research the prevalent health and illness beliefs and practices among various tribes and population groupings. The best knowledge in this area can be found from traditional healers. Practices should be divided into those that are obviously helpful and those that are obviously destructive. Starting with basic topics like personal cleanliness and gradually proceeding to more in-depth health education, supporting behavioral changes and community action for health, the information supplied should be stated simply but quantitatively. The educational program should be carried out by trained and experienced local staff, the audiovisual aids utilized must be manufactured locally and be appropriate, and the language used for communication should be the same as that of the local population. Health professionals need to be aware of the risks associated with quick intervention. Practices are simpler to alter than ideas because the latter have a stronger hold, particularly among rural populations. The religious fervor of rural residents can be used to promote the health messages through quotations from the Bible, the Quran, and Hadith. It is possible to interpret local beliefs so that they support the desired health behaviors. Folk songs and dramas are excellent examples of traditional media that may be used to educate illiterate people, especially rural women who require a strong campaign to make the most of the maternity and child health care offered at PHC facilities. The public should have access to health information through the communication channels they are familiar with and frequently utilize [World Health Organization, 1991]. Appropriate techniques must always be used in conjunction with enough information, positive attitudes, and practices [20].

5.2. Advocacy And Political Support/ Commitment for Health Equity

In global health, the issue for health equity is not new. The 1946 constitution of the World Health Organization [WHO] and the efforts that led to the 1978 Declaration of Alma Ata had equity at their core. Despite this, the majority of the health agenda has been devoted to ensuring advancement on pressing issues. The average life expectancy has increased significantly as a result in the majority of the world. However, the global health community has frequently looked helpless in the face of the escalating injustices brought on by uneven development. The World Health Assembly could mark a turning moment in the fight against health disparities. Two resolutions should be adopted, and they should both fundamentally care about equity and social justice. One should address strengthening primary healthcare systems and the other should address lowering health inequities by addressing social determinants of health. A high-level policy assessment can seem far removed from actual implementation that affects the situation in the real world.

Here, three things are crucial. First, social inequality and health disparities are linked. Health outcomes are correlated with socioeconomic class, as measured by income, occupation, and education, as well as with gender, ethnicity, and place of residence, such as rural vs urban areas. Poor health outcomes are particularly prevalent in locations where social inequities converge, such as for children of uneducated mothers living in low-income rural homes. Children from the lowest fifth of households are more likely to die before turning five than the next poorest, and so on across the distribution, according to studies in low- and middle-income nations in Africa and Asia. The social gradient in health, which is a pattern that may be found for a

variety of health outcomes, states that people's standing in the social hierarchy and health outcomes are related. The social gradient has significant policy-related ramifications since it implies that in order to address the social gradient in health, policies and programs must not just target the most disadvantaged members of society but also address the conditions of the entire population [21].

The second, and most important, aspect of the social determinants of health approach is that, in cases where there is a connection between social inequality and different health outcomes, action to enhance health outcomes must also involve work to lessen social inequality. With this in mind, it can be said that every industry, including those in finance, business, agriculture, commerce, energy, education, employment, and welfare, has an impact on health and health equity. Thirdly, community-based health workers have a crucial role to play in promoting social determinants awareness, calling for action, and designing and assessing local and national action [22]. To address the current disparities in the delivery of healthcare, a clear political commitment to equity in all spheres and to health for all is necessary.

Health policy makers and planners should be aware that maintaining good health requires a significant social investment. To refocus national health efforts, particularly the transfer of a larger proportion of resources to marginalized groups, formal support from the government and community leaders is necessary. Local governments should have the power to make choices on issues pertaining to their needs. Particularly in rural and nomadic communities, those in authority must travel to the people in order to hear their grievances and take the required action to address them. In order to ensure enough services are provided to the underserved segments of society, political commitment is a critical component in the process of policy formulation and execution.

6. Conclusion

Examining Nigeria's National Health Promotion Policy [1988, amended 2019] and National Strategic Development Health Plan Framework [2009-to-date] demonstrates important advancements in the fields of strategic development and health promotion. The landscape of health promotion in the nation has been significantly shaped by these two publications, which also set the stage for bettering health outcomes. Through its amendment in 2019, the National Health Promotion Policy exhibits a commitment to remaining current and responsive to the changing health concerns in Nigeria. It strongly emphasizes the integration of health promotion into diverse sectors, collaboration, and health promotion initiatives. There have been difficulties in implementing these frameworks and policies. Nigeria, a nation with a sizable and diverse population, presents several challenges when it comes to successfully implementing and overseeing health promotion initiatives. The development of interventions may be hampered by a lack of funding, poor infrastructure, and sociocultural issues. Additionally, for these policies to be implemented successfully, political will, steadfast commitment, and ongoing monitoring and evaluation are necessary. Despite these obstacles, Nigerians' health needs are being met thanks to the National Health Promotion Policy [1988, amended 2019] and the National Strategic Development Health Plan Framework [2009–present]. They have opened the door for stakeholder cooperation, enhanced health governance, and the prioritization of evidence-based interventions. Nigeria must continue to build on these successes and intensify its efforts to promote health going forward. This necessitates ongoing investments in healthcare staff development,

infrastructure, and the integration of health promotion principles across industries.

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