Draft

Health Promotion Policy for Nigeria

Federal Ministry of Health
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ABBREVIATIONS/ACRONYMS

AH	Adolescent Health
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CSO	Civil Society Organization
FGM	Female Genital Mutilation
FRSC	Federal Road Safety Corps
HIV	Human Immuno-deficiency Virus
HP	Health Promotion
HSR-	Health Sector Reform
HSRP	Health Sector Reform Programme
IEC	Information Education communication
LGA	Local Government Area
MDG	Millennium Development Goal
NAFDAC	National Agency for Food Drug Administration and Control
NDHS	National Demographic Health Survey
NGO	Non-Governmental Organisation
NHMIS	National Health Management Information System
NPHCDA	National Primary Health Care Development Agency
NPI	National Programme on Immunisation
OH	Occupational Health
PHC	Primary Health Care
RH	Reproductive Health
SON	Standard Organization of Nigeria
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBL	Tuberculosis and Leprosy
WHO	World Health Organisation

FOREWARD

The Federal Government of Nigeria (FGN) is committed to improving the health status of Nigerians. Government is also aware that Health Promotion is a rapidly emerging approach to health development. There is growing evidence, which shows that Health Promotion makes a positive contribution to the improvement of human health. The emergence of new dimensions of demographic trends , urbanization and changing lifestyles have associated risk factor with implications for health. Studies in Nigeria and around the world provide convincing evidence of the effectiveness of Health Promotion strategies in modifying these risk factors and offer practical approaches to pursuing equity in Health. While Health Education is central to Health Promotion, legal, fiscal, economic, environmental interventions are also essential. This leads to the concept of Health Promotion

The Health Promotion Policy contains guidelines to assist in creating positive outcomes such as empowerment for health action and increased community involvement. The Policy also prescribes an institutional framework for the organization and coordination of the Health Promotion programme nationally.

Health Promotion would enable individuals acquire information, knowledge, attitudes and skills as well as change attitudes and behaviour to facilitate the making of healthy choices.

It is hoped that this Policy document will provide the framework for Nigeria's bold attempt to enable Health Promotion to play a vital role in the National Healthcare delivery system.

Professor Eyitayo Lambo
HON. MINISTER OF HEALTH

1. Background to Policy

1.1 Introduction – the context for a Health Promotion policy.

The Nigerian Health System is said to have been performing poorly in the recent past. The dismal performance of the Health System is illustrated by the Nigerian Demographic and Health Survey (DHS 2003). To address the weakness of the Health System, Nigeria is currently undergoing a process of Health Sector Reform. As part of this process the Federal Ministry of Health has developed the following seven strategic thrusts**.**

1. ***Improving the stewardship role of Government.*** This entails revision of existing Health Policies, increased funding of the Health System, enactment of Health Legislations such as the National Health Bill, laws on Framework Convention on Tobacco Control, Female Genital Mutilation etc, deployment of Information Communication Technologies (ICTs) and development of strategic plans.
2. ***Strengthening the national health system and its management.*** This involves redefining essential Public Health functions, roles and responsibilities of FMOH and its agencies. Review laws setting up all National Health Institutions g. NPHCDA, NPI, NHIS, NMR, NAFDAC etc.
3. ***Improving availability of health resources and their management*** This entails construction and institutionalisation of National Health Account (NHA), stimulation of local production of health inputs e.g. drugs such as ARVs, vaccines, ITNs, Auto-disable syringes and the development of a National Strategy for Human Resource Development.
4. ***Reducing the burden of disease.*** This involves revitalization of the PHC system, promotion of healthy life styles through reduction of risk-factors, effective routine immunizations.
5. ***Improving access to quality health services*** This involves establishment of Quality Assurance/Certificate of Needs and Standards, registration and regulation of informal health providers, strengthening regulatory mechanisms including codes of conduct.
6. ***Improving consumers' awareness and community involvement***. This entails designing communication programmes and building capacity in basic communication skills, development of strategies to increase consumer's knowledge and awareness of personal obligation to better health, their rights to quality care and information on health.
7. ***Promoting effective partnership, collaboration and coordination***. This involves development of an effective public-private partnership policy and enhancement of effective donor coordination.

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The cross-cutting areas of work that will also receive focused attention include a communication strategy for mobilizing and sustaining the Health Sector Reform Programme HSRP and an effective health management information system (monitoring & evaluation).

A National Health Policy has been approved with a legal basis through a National Health Bill. The purpose of this document is to expand and elaborate on the Health Promotion component of the National Health Policy.

1.2. Current health situation in Nigeria

The deteriorating state of health of the people of Nigeria has been the driving force for current efforts to improve the health status through the Health Sector Reform and the revised National Health Policy

Extracts from National Health Policy

- Nigeria's overall health system performance was ranked 187th among the 191 Member States by the World Health Organisation in 2000 (*World Health Report*).
- Preventable diseases account for most of Nigeria's disease burden and poverty is a major cause of these problems.
- Nigeria's maternal mortality rate (about one mother's death in every one hundred deliveries) is one of the highest in the world.
- Some other health status indicators, such as under-5 mortality rate and adult mortality rate, are higher than the average for sub-Saharan Africa.
- Routine immunization coverage rate that had reached over 80% in the early 1990s has nose-dived to an all time low by year 2000.
- A very high proportion of primary health care facilities serve only about 5-10% of their potential patient load, due to consumers' loss of confidence in them, among other causes.

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

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

Data from the Demographic and Health Survey (DHS 2003) and other sources indicate an urgent need for action to improve the health of Nigerians by addressing both communicable and non-communicable diseases.

THE STATE OF HEALTH IN NIGERIA
Statistics From the National Demographic Health Survey (2003) and the World Health Organization (2005)

Communicable Diseases
Communicable diseases account for 72% of deaths in Nigeria (WHO, 2005).

Non Communicable Diseases
Non communicable diseases account for 21% of deaths in Nigeria (WHO, 2005).

Immunization
Only 13% of Nigerian children aged between ages 12-23 months have been fully vaccinated. (NDHS, 2003).
27% of Nigerian children aged between ages 12-23 months have no vaccinations (NDHS, 2003).

Nutrition
38% of children in Nigeria are stunted (NDHS, 2003).
29% of children under 5 are underweight (NDHS, 2003).

Infant Health
Infant Mortality Rate in Nigeria is 100 deaths/1000 (NDHS, 2003).
Under 5 Mortality Rateis 201 /1000 (NDHS, 2003).

Family Planning
20% of Nigerian women are teenage mothers (NDHS, 2003).
Only 13% of currently married women use a contraceptive (NDHS, 2003).
High Total Fertility rate in Nigeria of 5.7% (NDHS, 2003).

Overweight (Women)
21% of Women in Nigeria are overweight (BMI>25) (%) (NDHS, 2003).

Female Circumcision
Prevalence of Female Circumcision 19% (NDHS, 2003).
21% women in Nigeria support Female Genital Circumcision (NDHS, 2003).

Malaria
Only 6% of children under 5 years sleeping under bed nets (NHDS, 2003).

Injuries
Injuries and accidents account for 7% of deaths in Nigeria (WHO, 2005).

Responding to these needs, the Health Sector Reform Programme contains the following vision statement.

Vision Statement for Health Sector Reform in Nigeria

To reduce the morbidity and mortality rates due to communicable diseases to the barest minimum; to reverse the increasing prevalence of non-communicable diseases; meet the global targets on the elimination and eradication of diseases; and significantly increase the life expectancy and quality of life of Nigerians.

1.3 Health education terminology and the concept of Health Promotion

Health Education, Behaviour Change Communication, Information Education and Communication, and Health Communication. The approach taken in this policy is to accept that BCC, IEC, health communication and health education are overlapping terms without clear distinctions and drawing upon the same body of theories and concepts. Health education can be defined as "Any combination of learning opportunities designed to facilitate voluntary adaptation of behaviour which will improve or maintain health" (Lawrence Green). Health Education thus involves the use of a range of education and media methods directed at individuals, families and communities.

Health education has been part of the role of many field staff e.g. health workers, teachers etc. both inside and outside of health services in Nigeria. In addition, health education specialists have been employed by the Ministry of Health in specialist health education centres at National, State and LGA level.

Health Promotion. The concept of Health Promotion is broader than health education. There has been growing realization that health education can influence knowledge, but on its own may not result in behaviour change. The concept of Health Promotion was defined at the landmark First Global Conference on Health Promotion in Ottawa in 1986.

The Ottawa charter defined Health Promotion as consisting of five elements:

Development of healthy public policy
Creation of supportive environments for health
Strengthening of community action
Development of personal skills
Reorientation of health services.

These five elements can also be simplified into three basic components (see Figure 1 below)). The first component is health education with individuals and communities. The second component involves reorientation of health services to improve their accessibility, acceptability and appropriateness. The third component is advocacy to influence policy makers to adopt healthy public policies and enact/enforce laws that promote health and consumer rights. Over the years the concept has been further refined, most recently in the Bangkok Declaration in 2005.

Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and non-communicable diseases and other threats to health.

Sixth Global Conference on Health Promotion, Bangkok, Thailand, August 2005

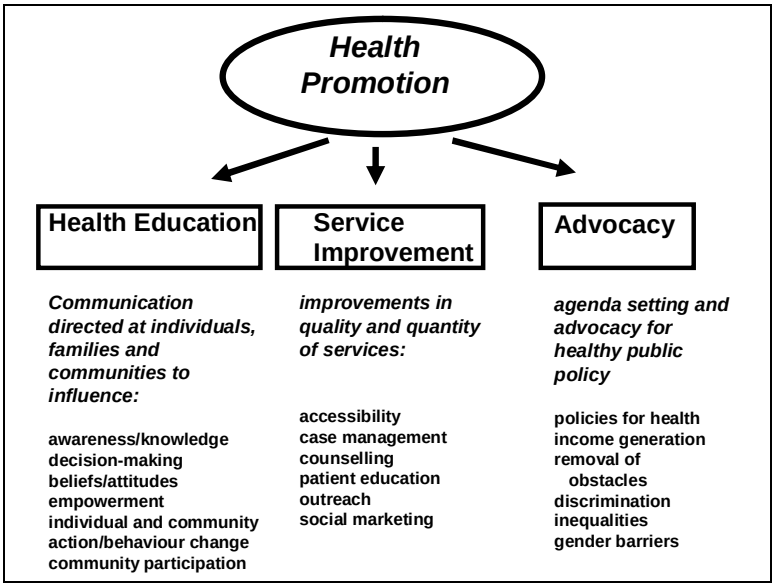

Figure 1 Three components of Health Promotion

Health promotion therefore involves a multidisciplinary application of skills in psychology, anthropology, economics, political theory, consumer rights/law, communication, media design, epidemiology , management, community mobilization and the application of research, planning and evaluation skills.

Who does health promotion?
Health Promotion is part of the role of a wide range of field staff within health and other services e.g. nurses, doctors, teachers, agricultural workers etc..

Health Promotion specialist. These are persons who have received specialist training in Health Promotion whose task is to act as resource persons for the planning, evaluation, training and support of Health Promotion. Accordingly the term Health Promotion Specialist will apply to this specific cadre whose function is to complement and support the Health Promotion role of the Ministry of Health.

Five key principles guiding Health Promotion

- ***Health promotion is context driven:*** Promoting health requires advanced knowledge about the interface between health and its determinants, social epidemiological skills for analyzing socio-economic, gender and ethnic gaps in health and disease patterns in populations, as well as effective mechanisms to maintain and improve good health for all, taking into account different historical, religious and societal values and practices.
- ***Health promotion integrates the three dimensions of the WHO health definition:*** Promoting health means addressing the multi-dimensional nature of health, its physical, social, and mental dimensions. For many countries and communities it has also been evident to include a fourth dimension, spiritual health, given their cultural context.
- ***Health promotion underpins the overall responsibility of the state in promoting health*** All levels of government have a responsibility and accountability for protecting, maintaining and improving the health of its citizens, and need to include health as a major component in all of its undertakings, i.e. policy development and service delivery. People have a right to equal opportunities to good health and well-being. In countries, or systems, with a weak role of the

government and a diminished public sector, voluntary organisations and parts of the private sector are significantly contributing to people's health.

- ***Health promotion champions good health as a public good.*** Good health is beneficial to the society as a whole, its social and its economic development. In this view health becomes a public good and a key component of modern citizenship. Being aware of health becoming increasingly inter-dependent, there is a need to ensure that health also is viewed as a global public good.
- ***Participation is a core principle in promoting health***. The participation of people and their communities in improving and controlling the conditions for health is a core principle in promoting health. Improved health literacy fostered by modern means of health education will make people better equipped in giving voice and contributing in participatory processes.

WHO Secretariat Background Document for the 6th Global Conference on Health Promotion in Bangkok, Thailand 7-11 August 2005.

The private sector
In this policy the term private sector refers to private health care providers and private-for-profit organizations.

1.4 The potential for promoting health in Nigeria
According to the World Health Organization "simple, cost effective public health measures could lengthen the average human life span by 5 to 10 years The top 10 risk factors accounting for about 40% of the 56 million deaths in the world each year are underweight in children and mothers; unsafe sex; poor water, sanitation and hygiene; indoor smoke from solid fuels; iron deficiency; high blood pressure; tobacco; alcohol; high cholesterol; and obesity."(*World Health Report 2002).* This provides a strong justification for the inclusion of these disease prevention priorities in the Nigerian Health Sector Reform Programme.

The National Health Policy identifies the following actions by individuals, families, communities and government as being essential for the promotion of health.

- Adoption of life style changes including diet, exercise and reduction of smoking and alcohol intake..
- Improved child care practices including uptake of immunization, exclusive breastfeeding, complementary feeding, uptake of child health services and meeting the needs of physically challenged children.
- Adoption of measures to prevent the spread of HIV and promote reproductive health through measures such as family planning, improved antenatal care, prevention of female genital mutilation, safer sex behaviours and utilization of STI services.
- Appropriate use of health services in the early stages of disease when they are still treatable e.g. malaria, TB and leprosy.
- Adherence to treatment regimes prescribed by health workers and support for actions to control the sale of counterfeit drugs.
- Participation in screening programmes for diseases such as hypertension and cancers
- Adoption of appropriate behaviours and safety measures to reduce injuries at work, home and on the roads.
- Participation in national programmes such as Onchocerciasis control.
- The strengthening of networks in families and communities to provide support and care to their members, maximise their potential to participate in health development, promote mental health and enhance social capital.
- Support for government introduction of improved health laws and public safety measures for reduction in injuries, food hygiene measures, housing, water supply, sanitation and other environmental measures.

Implementation of these measures will require an effective and sustained programme of Health Promotion focused on healthy behaviours in communities, improvements in the quality of health services and address social and economic determinants of health problems including poverty,

consumer rights, food security, environmental measures such as water supply and sanitation, education provision, gender rights etc.

1.5. Consumer rights and health

The community have both rights and responsibilities for health. Consumers have the responsibility to take the best possible action to ensure their health,, that of their family and community. In return they have the right to expect the health system to provide the services and enabling environment that will allow them to take those actions.

"Consumers, particularly women and key family members, play an important role in providing basic services to their families, especially to children and, given reliable information, they are likely to contribute to improved health outcomes with improved management and prevention of priority health conditions and early referral when indicated. Health care consumers in the country currently have inadequate access to information, either through the mass media, or take-home IEC materials or local alternative media. Communities, from past governmental and non-governmental efforts, have shown a willingness to be involved in health actions which affect them, but the policies, methodologies and the necessary coordination to ensure their effective and efficient participation have either been non-available or weak."

Health Sector Reform Programme, Strategic Thrusts with a Logical Framework and a Plan of Action, 2004 – 2007

Improving consumer awareness and community involvement is one of the thrusts of the Health Sector Reform Programme in Nigeria. This includes both the rights of the public to have access to quality health care services as well as the right to healthy environments. Measures set out include establishing guidelines to ensure quality of care, treatment of patients and enforcement through law of health protection measures e.g. enforcement of food hygiene, water quality measures, control of fake and sub-standard drugs, monitoring of unsafe working conditions etc, A legal basis for consumer rights is also set out in the National Health Bill. The strengthening of consumer awareness and involvement has been an important feature of the international Health Promotion movement and will form a major component of the national Health Promotion policy in Nigeria .

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." WHO Constitution

Six key links between rights and health have been reinforced by health research:

- The right to health is related to both political and democratic rights, as well to rights against any discrimination.
- Equal life opportunities for women and men are basic pre-requisites in achieving each one's highest health potential.
- Health status is determined by social structures and by the options available to people to participate and influence the society in which they live and work.
- Safe and health-supportive environments including access to safe water, sanitation, decent housing, protection against violence and sufficient nutritious food supply are all means to provide equitable conditions for maintaining and improving health and quality of life for all people.
- Sufficient economic resources and social acceptability, regardless of gender, ethnicity, age, sexual attitude or handicap are all matters of social justice and affecting objective and perceived health.
- Everybody's access to work in favourable work environments pursues valuable material standards both for the individual and the community, improved productivity and meaningfulness and coherence by nurturing social networks.

WHO Secretariat Background Document for the 6th Global Conference on Health Promotion in Bangkok, Thailand 7-11 August 2005.

1.6. Health promotion, Intersectoral collaboration and public private partnership

While the Ministry of Health has the stewardship role of improving the health of the nation, responsibilities for Health Promotion go beyond the Ministry of Health and will require the involvement and partnership of all the line ministries, parastatals, private sector, NGOs and CSOs. This holistic and all-encompassing vision of Health Promotion is shown in Figure 2. This is in keeping with the emphasis on public-private partnership that is a key component of the Health Sector Reform and National Health Policy.

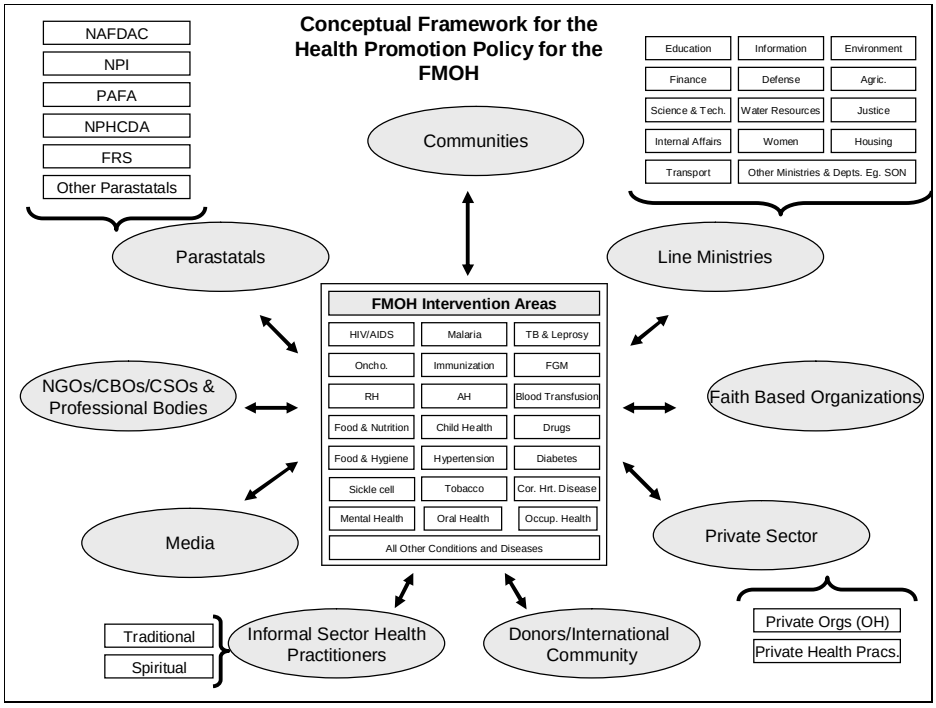

Figure 2 Conceptual framework for Health Promotion policy

1.7 Health promotion and the National Health Policy

The Health Promotion Policy set out in this document will use the term 'Health Promotion' specifically to refer to the concept of Health Promotion in the broad sense of the word as outlined in previous sections. Health promotion is to be considered as including all those activities previously undertaken under the name of health education together with improvements in the quality of service provision and advocacy to enforce/enact policies for improved health . Health promotion is therefore a cross-cutting issue that is embedded in the Overall Policy Objective, Specific Targets and specific measures for each of the health issues addressed in the National Health Policy. Health promotion is an essential component of the consumer rights approach adopted in the Health Bill.

2. Outline of critical issues concerning Health Promotion

2.1. Major weaknesses

Various studies have highlighted a number of weaknesses that could limit the capacity of the Nigerian Health System to effectively carry out health promotion. These include:

1. There is little understanding of concepts of Health Promotion, consumer rights, the need for multi-sectoral action and the promotion of supportive environments for health behaviour change.
2. Implementation of health education/Health Promotion at the three tiers of government is minimal, ad hoc and inconsistent.
3. The communication design process is very poor. Analysis is rarely conducted before embarking on health communication activities and educational materials are not always pre-tested. Most health educators are not qualified and lack key skills in communication.
4. Few health programmes are directed at building capacity at the community level. Community participation is limited to mobilizing communities to attend health talks, meetings or other specific events. Most health educators lack key skills in communication and community participation.
5. There is a lack of frameworks or guidelines that ensure systematic planning and management of health education interventions. The Health education unit is not adequately involved in the design of Health Promotion activities done within and outside the Ministry of Health.
6. There are no clear mechanisms for monitoring and evaluating health communication activities.
7. Health Education/Health Promotion is seen to be an activity for the Ministry of Health only and there has been a failure to mobilize the Health Promotion potential from other line ministries.
8. There is a lack of coordination of the different organizations carrying out Health Promotion.
9. The Health Education Branch/Units at the federal, state or local government levels do not have a consistent relationship with the numerous Nigerian NGOs and the private sector that work in the area of health.
10. Lack of resources from Government for Health Promotion activities.

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2.2. Major strengths

Despite the above weaknesses, there are also many strengths that can be built upon to enable the Health System to effectively undertake health promotion activities. They include:

1. Government commitment to health sector reform, new health policy and health bill all include Health Promotion amongst designated actions.
2. There is growing concern about state of health services and the need to promote consumer rights for healthcare.
3. There are many NGOs in Nigeria active in health communication with skills and expertise.
4. Evidence from other countries and also Nigeria demonstrate that well-planned Health Promotion can promote behaviour change and improve health.
5. A lively press that provides extensive coverage of health issues.
6. National and State level mass media networks which are already being used extensively for Health Promotion.
7. Involvement of Nigeria in International Health Promotion activities e.g. Framework Convention on Tobacco Control.
8. Structures exist at all levels that can be built upon for heath promotion (including training institutions).
9. Interest by donors and international agencies in supporting Health Promotion
10. Interest by Federal Government to prepare a Health Promotion policy

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3. Key features of Health Promotion Policy

3.1. Policy objective

To strengthen the Health Promotion capacity of the national health system to fulfil the National Health Policy Objective of improving the health status of Nigerians and the achievement of the health-related Millennium Development Goals

The national health system is defined in its broadest sense to include communities, health and other line ministries, the private sector, NGOs, health facilities, training and research institutions and other stakeholders in health.

3.2. Underlying Principles and Values

The following principles and values underpin the National Health Promotion Policy

1. Health and access to quality and affordable health care is a human right.
2. Health is affected by decisions at the individual, families, community, national and global levels.
3. Health Promotion priorities should reflect the health needs in Nigeria including both communicable and non-communicable diseases (such as injury prevention, mental health promotion and oral health).
4. Equity in health care and in health for all Nigerians regardless of income, gender, religion and location is a goal to be pursued.
5. Consumers play an important role in providing basic services to their families and, given reliable information, are likely to contribute to improved health outcomes.
6. Health promotion should empower individuals and communities to make informed decisions about their health.
7. Health Promotion should combine Health education, improvements in services and advocacy for healthy public policies.
8. Health promotion practice should be evidenced based.
9. Intersectoral collaboration – health, agriculture, education, labour etc. working together
10. Partnership and collaboration of all interested parties especially the private sector and NGOs.
11. Health promotion should be underpinned by the legal system.

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3.3. Thrusts

3.3.1 Stewardship role of the Ministry of Health in National Health Promotion Policy.
The Ministry of Health has the stewardship role in implementation of the National Health Promotion Policy and will provide the necessary technical assistance to the line departments within the ministry and other stakeholders including line ministries and private sector undertaking Health Promotion activities.

3.3.2 Broadening the narrow focus on health education in Nigeria to take into account current understandings of Health Promotion and Consumer rights.
The policy will broaden from the current narrow focus on health education in Nigeria to take into account current understandings of Health Promotion and the need to address the rights of consumers to health. It will do this through a process of advocacy at all levels for Health Promotion, dissemination of guidelines and the ensuring that Nigeria is a full participant in international movements for Health Promotion.

3.3.3 Action to improve quantity and quality of Health Promotion at community, LGA, state, national and international levels.
The policy will seek to mobilize and involve a wide range of individuals and organizations in Health Promotion action. It will work with existing structures at community, LGA, state, national and international level and where necessary establish new structures and provide the necessary support to enable them to operate effectively. The policy will strengthen the capacity of structures

at the national level to provide the necessary leadership and strategic planning for Health Promotion in Nigeria. Nigeria will maintain and strengthen its links with international Health Promotion and consumer rights movements and participate in global actions such as the Framework Convention on Tobacco Control to address issues of globalization that affect health and health promotion in Nigeria.

3.3.4 Action to promote the rights and responsibilities of consumers

Health promotion should support the consumer rights thrust of the Health Sector Reform and Health Bill. This will involve actions at all levels to :

- Inform communities of their rights to health and health care.
- Involve communities in decisions about the health services.
- Advocate for the enforcement of existing health protection laws.
- Advocate for the introduction of new laws to protect the health of communities.
- Provide mechanisms by which consumers can obtain redress.

3.3.5 Enhancing the quantity and quality of Health Promotion in key settings including community, schools, health facility and workplace.

In line with the settings approach in the international Health Promotion movement, the policy will set out to strengthen Health Promotion in key settings that reach large segments of the community. Settings to be mobilized as advocated by this policy include:

- **The community**; the community is one of the most important settings for Health Promotion considering the fact that individuals and community are the primary producers of health. Health promotion should involve individuals, local leaders, community based organizations, faith based organizations, informal health care providers. Health workers should work with other field staff in sectors such as agriculture, education etc. and adopt approaches which maximize community participation in health actions. Health promotion in Nigeria will incorporate the lessons of the Healthy Village, Healthy Cities and Healthy Municipalities movements that have sprung up in many parts of the world with support from WHO. Field staff from Ministries of Health, Environment, Education, Agriculture etc. and the LGA structure have a major role to play in Health Promotion in communities.

- ***Schools and higher education institutions*** provide an excellent way of reaching large numbers of young people to improve their health directly and also prepare the future generations. Nigeria will play an active role in the Health Promoting Schools Movement and seek to strengthen school health education through the introduction of life skills approaches, improving the quality of school environments including safe playing areas, water supply and sanitation and school health services including screening for vision, oral (dental) health and growth as well as factors that disadvantage children. The Ministry of Education has a key role to play in the support of Health Promotion in educational institutions, reviewing of training curricula and the training of teachers to work with pupils and parents to address school health issues.

- ***Health facilities*** at all levels including clinics, pharmacies, hospitals and primary, secondary and tertiary care are important settings for Health Promotion. Health Promotion is a fundamental component of primary health care. The policy recognizes the important contribution of movements such as the Baby Friendly Hospital Initiative and the Health Promoting Hospitals initiative in strengthening Health Promotion at the primary, secondary and tertiary levels. The policy will also seek promote positive attitudes by health workers towards clients, and the provision of clean, hygienic and properly maintained health facilities.

- The ***workplace*** including companies, factories, offices, and uniformed services provide an excellent opportunity to address health needs of large numbers of people. Health promotion in the workplace setting can make a direct contribution to individual and national wealth

through improved productivity and reduced absenteeism through sickness. Health promotion activities should not only address occupational hazards in the workplace but also build on the potential of the workplace as a setting for addressing general health issues such as HIV/AIDS and non-communicable diseases. Health promotion action in the workplace involves a partnership of occupational health services, employers, trade unions, professional organizations and international organizations such as the International Labour Organization.

3.3.6 Mobilize the potential of the mass media for Health Promotion

The policy will build on successful mass media programmes that are currently being carried out in Nigeria and seek to further increase involvement of the mass media in Health Promotion. Activities will include training of journalists and broadcasters in Health Promotion, increasing the capacity of Health Promotion services to work with mass media and supporting the work of NGOs and international agencies involved in social marketing. The Ministry of Information has a key role to play in the mobilization of mass media for Health Promotion.

3.3.7 Strengthening intersectoral collaboration for Health Promotion

While recognizing the stewardship role of the Ministry of Health, a key component of the Health Promotion policy is increased involvement of other sectors in Health Promotion especially NGOs, and various ministries including education, environment, women's affairs, agriculture, information, finance, labour, defence (armed forces) etc. (see Figure 2 above) The Health Promotion policy will seek to strengthen the existing organizational mechanisms for existing intersectoral and inter-ministerial collaboration in primary health care at the LGA and State level and create a new body at a national level that will provide an intersectoral forum for Health Promotion.

3.3.8 Partnership between public and private sectors, NGOs and civil society

Health promotion will encourage partnership between public and private sectors, NGOs and civil society. It will do this by involving these organizations as genuine partners in the planning and implementation of Health Promotion activities. Example of private sector organizations include publishing companies, company occupational health services, pharmaceutical companies, health insurance companies, media companies, marketing companies, research institutions etc. Examples of NGOs include those with interests in media communication, community action, women, children, reproductive health, social development, education, consumer rights etc.

3.3.9 Capacity building in Health Promotion at all levels including channelling of resources both (human and financial) and training of personnel.

Capacity to plan, implement and evaluate Health Promotion will be strengthened at all levels. This will involve increasing human, technical and financial resources allocated to Health Promotion activities. A key feature of the policy will be the implementation of a human resource development programme for Health Promotion that will be an integral part of the human resources development strategy within the National Health Policy. This will involve assessing the capacity of current government and non-governmental organizations for Health Promotion and human resource development needs. There will be a programme of continuing education of existing personnel in post and improvements in the quality of initial training of new entrants to Health Promotion.

3.3.10 Strengthening of current health education services so that they can play a key role in the coordination, support, training and dissemination of guidelines of good practice and networking in Health Promotion.

Health Education Services will be strengthened to enable them to act as a focal point for Health Promotion in Nigeria. This will involve re-designating Health Educators to Health Promotion Specialists, elevating their status and upgrading the units to divisions. Training opportunities will be provided to reorient staff to the challenging demands of the shift of emphasis from health education to Health Promotion. A major function of these services will be to act as a resource centre for the collection and dissemination of guidelines on good practices making extensive use of new information technologies such as internet and CDROM. It is anticipated that additional Health Promotion specialists will be required at all levels and a programme of human resource development will be required.

3.3.11 Strengthening research, monitoring and evaluation of Health Promotion
Health promotion activities will be enhanced through the incorporation into planning research on community perceptions, cultural factors and influences on health and illness behaviour. Research methods will include quantitative, qualitative and participatory research methods. Health promotion activities will be monitored/evaluated and the results used to build up and disseminate local body of knowledge on evidence-based Health Promotion and used to design future programmes. Research and evaluation methods and research capacity will be strengthened through training of staff and production and distribution of guidelines on methodology. Health promotion programmes will draw upon the extensive research capability that exists in universities in Nigeria. Activities will be consistent with measures introduced within the provisions of the National Health Bill for a national health information system and a research databank and library.

3.3.12 Resource mobilization
Additional resources, human, technical and financial will be channelled into Health Promotion. This will require mobilization of resources from government, international agencies, donors, the private sector and through community support.

4. Roles and responsibilities in Health Promotion.

At the LGA, State and National levels of activity two bodies will operate. The first body will be a committee bringing together key persons from all sectors at that level to provide the coordination and strategic planning for Health Promotion see Figure 3 below. With the exception of the national level where a new body is proposed, these are to be based on existing multi-sectoral primary health care committees but with an expanded membership and a defined Health Promotion and Consumer Rights. The second set of bodies will be unit/divisions within the Ministry of health at National, State and LGA level whose function will be to provide a secretariat for the committees and technical support for Health Promotion and Consumer Rights activities at their level. This second group will be created by upgrading and strengthening existing health education services to undertake the broader Health Promotion functions.

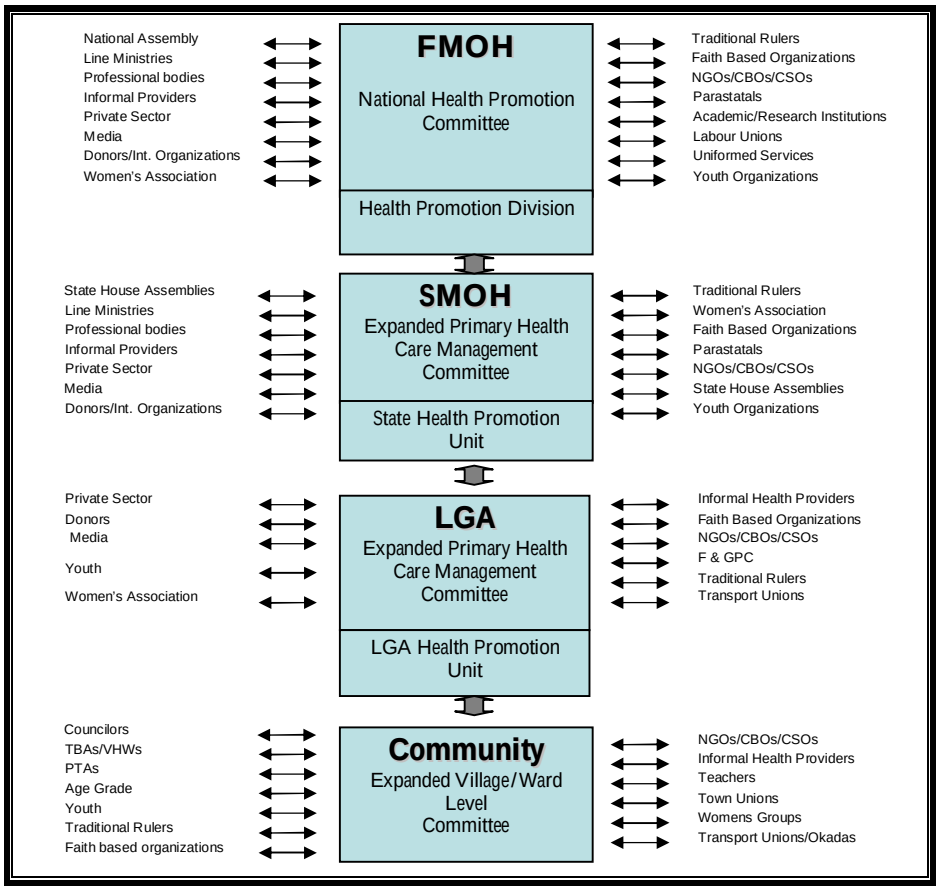

Figure 3 Framework for roles of different levels for Health Promotion.

4.1. Community-level Health Promotion

A Health Promotion Committee will be set up at the community level. The Ward Health Committee or Village Health Committee established in the National Health Bill/National Health Policy shall be expanded to include community members from the following areas of interest.

Traditional Rulers
Councillors
Women's Associations
NGO/CBO/CSOs
Age Grade associations
Youth organizations
Parent teachers associations
Informal Health Providers
Health Providers including TBAs/VHWs
Teachers
Town Unions
Faith Based Organizations
Transport unions/okadas

The Committee will meet at least quarterly and undertake the following responsibilities:

1. Identify, prioritize Health Promotion and Consumer Rights needs in the Ward/village and develop action plans for Health Promotion.
2. Implement, monitor and evaluate Health Promotion and Consumer Rights activities.
3. Coordinate the Health Promotion activities of different stakeholders to ensure that Health Promotion messages are consistent and do not contradict.
4. Advocacy with local stakeholders to increase their involvement in Health Promotion
5. Liaise with Health Promotion staff in the LGAs.
6. Mobilize resources for Health Promotion from the local community and the LGA.

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The Health Promotion unit at the LGA level will provide support to the Health Promotion and Consumer Rights activities at Ward/village level.

4.2. LGA level Health Promotion

LGA Level Committee
The existing LGA Primary Health Care Management Committee shall be expanded to include representation from the following:

Members of the Finance and General Purpose Committee of the LGA
Traditional Rulers
Women's Assoc.
NGO/CBO/CSOs
Youths
Media
Donor community
Private sector
Transport unions
Informal Health Providers
Faith Based Organizations

The Committee's functions shall include the following:

1. Identify Health Promotion and Consumer Rights needs in the LGA and develop action plans for Health Promotion responding to needs.
2. Provide Health Promotion support for all components of PHC within the LGA.
3. Liaise with State and Federal Ministries of Health on Health Promotion and Consumer Rights issues.
4. Coordinate, monitor and evaluate Health Promotion activities by the various organizations within the LGA area.
5. Coordinate the Health Promotion activities of different stakeholders to ensure that Health Promotion messages are consistent and do not contradict.
6. Mobilize resources for Health Promotion at the community and LGA levels.
7. Ensure adequate support and funding for the work of the LGA Health Promotion Unit.

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LGA Health Education Unit
The Health education service at the LGA level will be upgraded to a Health Promotion Unit within the Primary Health Care Department with the following responsibilities.

1. Adapt national/state Health Promotion guidelines for local use
2. Liaise with Health Promotion divisions at State and Federal level.
3. Develop/adapt and distribute IEC materials to suit local requirements.
4. Conduct training in Health Promotion and Consumer Rights for other field staff workers in the local government.
5. Carry out Health Promotion activities in communities include community mobilization
6. Monitoring and evaluation of all Health Promotion activities at the LGA level.

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1.7. Assist Federal, State and other stakeholders conducting research on Health Promotion in the LGA.

4.3 State level Health Promotion

State Level Committee
The existing State Primary Health Care Management Committee will be expanded. The membership of this committee shall include representatives from the following bodies operating at a State level:

State House of Assembly
Women's Association
NGO/CBO/CSOs
Relevant line ministries
Youth organizations
Media
Donors
Private sector
Traditional Rulers
Informal Health Providers
Faith Based Organizations
Professional Associations
Parastatals/Government Agencies

The committee will meet quarterly. Its functions shall include:

1. Adapt national policies and guidelines on Health Promotion and Consumer Rights to meet needs of the State and LGA.
1.2. Coordinate, monitor and evaluate all Health Promotion activities at the state level.
1.3. Coordinate the Health Promotion activities of different stakeholders to ensure that Health Promotion messages are consistent and do not contradict.
1.4. Advocate for Health Promotion and Consumer Rights within the State.
1.5. Strengthen Health Promotion component of primary health care.
1.6. Liaise between the Federal and Local Governments on Health Promotion matters
1.7. Mobilize resources for Health Promotion.

State Health Promotion Division
The Health education service at the State level shall be upgraded to a Health Promotion Division within the Primary Health Care Department with the following responsibilities

1. Provide technical support to LGAs in the development and implementation of Health Promotion activities.
1.2. Approve all developed Health Promotion messages and materials for all vertical programmes and line departments within the State.
1.3. Develop appropriate Health Promotion activities for implementation in the State.
1.4. Promote human resource development in Health Promotion at State and LGA levels.
1.5. Conduct and promote research in Health Promotion at the State level and document/disseminate the findings.
1.6. Develop/adapt and distribute I.E.C materials on health and related issues.
1.7. Collaborate with local NGOs, CBOs and other relevant stakeholders on Health Promotion and Consumer Rights matters.
1.8. Produce an annual report on Health Promotion activities within the state.
1.9. Establish an electronic and paper-based documentation centre which includes both general resources on Health Promotion and details of previous and on-going Health

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Promotion activities in Nigeria. Make information from the documentation centre available to all interested groups through a web site.

4.4. National level Health Promotion

National Health Promotion Committee
At the national level a National Health Promotion Committee will be formed with representatives from the following bodies:

National Assembly
Women's Assoc.
NGO/CBO/CSOs
Relevant line ministries
Uniformed services
Youth organizations
Labour organizations
Media
Donor community
Private sector
Traditional Rulers
Informal Health Providers
Faith Based Organization
Professional Associations
Parastatals/Government Agencies
Academia/research institutions

The Committee will meet quarterly. Its functions will include the following:

1. Advocate for Health Promotion and Consumer Rights at all levels.
2. Identify Health Promotion and consumer rights needs for Nigeria
3. Develop appropriate policies and strategies to promote health and protect consumer rights.
4. Initiate, implement, monitor and evaluate mechanisms to protect consumer rights.
5. Coordinate Health Promotion activities at all levels.
6. Provide a forum for information exchange/sharing/networking on Health Promotion through quarterly meetings and an annual conference on Health Promotion
7. Monitor and evaluate the implementation of Health Promotion policy in Nigeria.
8. Mobilize resources for Health Promotion

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Health Promotion Division

The National Health Education Unit will be reorganized, strengthened to become a Division to carry out the following roles:

1. Act as secretariat for the Health Promotion Committee.
2. Act as national focal point for Health Promotion and Consumer Rights.
3. Approve all Health Promotion messages and materials from vertical programmes and line departments at the Federal level.
4. Provide technical assistance at Federal and State levels in planning, implementation, monitoring and evaluation of Health Promotion activities.
5. Act as a focal point for international movements to develop Health Promotion within specific settings e.g. health promoting schools, healthy cities, health promoting hospitals, healthy village, healthy workplace and provide technical assistance to line ministries, NGOs, CBOs and private sector organizations working in these and other important settings.

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1.6. Conduct and promote research into various aspects of Health Promotion and disseminate the findings.
1.7. Act as a focal point for actions to promote consumer rights within health care settings.
1.8. Promote human resource development in Health Promotion at the three tiers of government and relevant stakeholders.
1.9. Develop guidelines and prototype Information (IEC) materials on health and related issues.
1.10. Collaborate informally and through partnership agreements with national and international agencies and NGOs on Health Promotion matters.
1.11. Establish an electronic and paper-based documentation centre which includes both general resources on Health Promotion and details of previous and on-going Health Promotion activities in Nigeria. Make information from the documentation centre available to all interested groups through a web site.

The organization of Health Promotion at the national level - options

Model A
The National Health Promotion Committee operates at the level of the Director of Public Health. with the Health Education Unit upgraded to a division status and headed by a Deputy Director

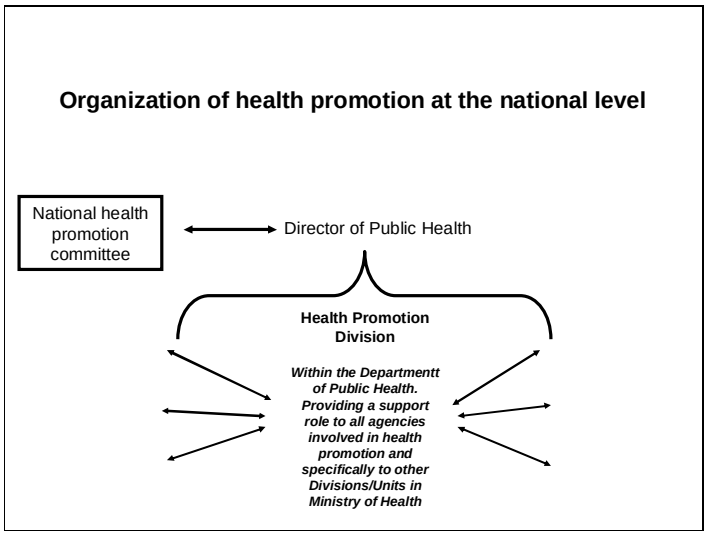

Figure 4a Model A

Model B
The National Health Promotion Committee operates at the level of the Minister of Health with the Health Education Unit upgraded to a division status and headed by a Director of Health Promotion.

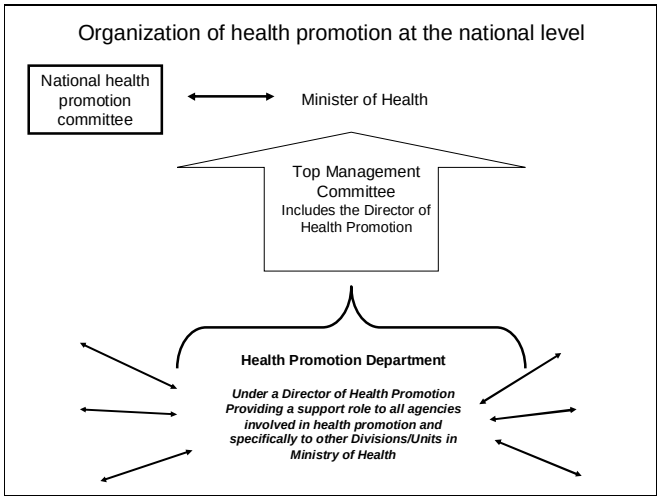

Figure 4b Model B

5. The Role of different sectors in Health Promotion

5.1 Line Ministries

Ministry of Education
Collaborate with the Health Promotion Division/Unit at various levels in the implementation, monitoring and evaluation of school health activities including school health education, school health services, screening and improvements in the school environment including water and sanitation. Facilitate the incorporation of Health Promotion into school curriculum and teaching. Assist in the distribution and use of relevant IEC materials as well as promote Human Resource Development in Health Promotion. Advocate for policies to support girl and boy child education.

Ministry of Agriculture
Collaborate with the Health Promotion Division/Unit at various levels in the promotion of nutrition education Assist in the distribution of IEC material through Agricultural Extension Workers. Contribute to the achievement of food security in Nigeria.

Ministry of Information
Collaborate with the Health Promotion Division/Unit at various levels in the development and production of publicity/advocacy packages on Health Promotion. Foster collaboration between the various media bodies within the Ministry of Information and the various levels of Health Promotion divisions/units. Assist in the distribution of IEC material. Coordinate activities between public and private media houses.

Ministry of Environment
Collaborate with the Health Promotion Division/Unit at various levels in the development of messages/materials on environmental health issues. Advocacy on environmental protection issues such as environmental degradation, pollution, etc. Advocate for policies on environmental protection. Assist in the development and distribution of IEC materials.

Ministry of Women Affairs
Collaborate with the Health Promotion Division/Unit at various levels in the development of messages/materials on the health of women and children. Assist in the distribution of IEC

materials. Advocate on issues relating to the rights of women, girl child education, FGM, gender inequality, etc. Advocate for policies that affect women and children.

Ministry of Water Resources
Collaborate with the Health Promotion Division/Unit at various levels in the development of messages/materials on water. Contribute to a supportive environment that ensures the availability and quality of potable water.

Ministry of Finance
Ensure health is accorded a central place in the development and planning of national programmes. Ensure adequate budgetary provision and prompt budgetary disbursement for health. Collaborate with the Federal and State Ministries of Health on matters relating to Health Promotion.

Ministry of Local Government
Liaise between State and LGA on all matters relating to health. Ensure effective implementation of Health Promotion activities at the LGA level. Collaborate with the Federal and State Ministries of Health on Health Promotion.

Ministry of Science and Technology
Provide scientific and technological support towards achieving the realization of the health goals of Nigeria. Collaborate with the Federal and State Ministries of Health on Health Promotion issues.

Ministry of Housing
Provide enabling supportive environment for the development of housing schemes which safeguard and protect human life. Collaborate with the Federal and State Ministries of Health on Health Promotion issues.

Other Line Ministries (involved in Health Promotion)
Provide enabling supportive environment for Health Promotion activities. Collaborate with the Federal and State Ministries of Health on Health Promotion issues.

5.2. Parastatals/Government Agencies

NAFDAC
Ensure food and drug safety. Reduce the prevalence of fake and sub standard drugs and food substances on the market through research, policy formulation and enforcement. Collaborate with the Federal and State Ministries of Health in Health Promotion activities. Promote consumer awareness of the safe use of medicines.

NPI
Promote primary prevention of Vaccine Preventable Diseases. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

NPHCDA
Formulate policies and guidelines to enhance Health Promotion. Monitor and evaluate Health Promotion activities. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

FRSC

Advice on and enforce policies/laws on road safety to prevent or reduce road traffic accidents or fatalities arising out of the latter. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

SON
Ensure high standards of consumables and non-consumables. Reduce the prevalence of goods with poor standards on the market. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

Other Parastatals/Government Agencies (involved in Health Promotion)
Collaborate with the Federal and State Ministries of Health in Health Promotion issues. Create an enabling environment for Health Promotion activities.

5.3 Private Sector

Private Health Service Providers
Create awareness on healthy lifestyles and practices. Disseminate information on consumer rights and responsibilities. Prompt referral of consumers to secondary and tertiary healthcare facilities Health Promotion to patients. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

Private Organizations/Companies
Provide a healthy work environment for all employees. Disseminate information on healthy lifestyle and practices. Address issues related to Occupational Health. Address Health Promotion needs of surrounding communities. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

Private Media Companies/Organizations
Provide information of healthy life styles and practices. Create enabling environment for the adoption of healthy behaviours. Advocate for the enactment of legislation to support Health Promotion activities. Set an agenda for Health Promotion nationwide. Collaborate with the Health Promotion/Education divisions of the Federal and State Ministries of Health the development and dissemination of Health Promotion messages.

Private Research Companies/Institutions
Collaborate with the Federal and State Ministries of Health in Health Promotion activities. Disseminate findings on best practices and lessons learned from evaluated Health Promotion interventions to stakeholders.

5.4 Others

Professional bodies
Regulate activities and practices of their members. Advocate for healthy lifestyles and consumer rights for members and clients. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

Civil Society Organizations
Promote healthy lifestyles and practices among members. Collaborate with the Federal and State Ministries of Health in Health Promotion activities. Provide Consumer Rights and the protection/enforcement of such rights.

NGOs and CBOs

Plan and implement sustainable Health Promotion activities at the community level. Liaise with the Federal and State Ministries of Health and Health Departments of Local Government Areas on matters relating to Health Promotion. Promote human resource development on Health Promotion.

Donors/International Organizations
Provide financial and technical support for Health Promotion activities. Provide capacity building for health practitioners, CBOs, NGOs, Informal Health Service Providers, etc. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

Faith Based Organizations
Mobilize followers and community members for Health Promotion activities. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

Informal Health Service Providers
Mobilize community members for Health Promotion activities. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

6. Resources for Health Promotion

6.1 Human resources

A human resource development strategy will be developed for Health Promotion. It will be implemented by National and State level Health Promotion Services in collaboration with the Training and Manpower Development Division of the Ministry of Health and key training institutions for health and relevant sectors. It will include the following elements.

- Inventory of human resources for Health Promotion including assessment of current capacity and future needs for trained health promoters within government ministries, NGOs/CBOs,parastatals, uniformed services, companies, media etc.

- Review of the job descriptions of key field staff in different sectors to ensure that they adequately reflect Health Promotion functions.

- Review of curriculum of initial training courses for relevant field staff from health e.g. medicine, nursing, dentists, pharmacists, public health and other sectors e.g. teachers, agricultural extension workers so that the health content reflects the needs of the Health Promotion policy.

- Reorientation/training of existing field staff in health and other sectors to improve delivery of the Health Promotion component of their work. This would involve a combination of specific workshops on Health Promotion, including Health Promotion into on-going programmes of continuing education.

- Review of conditions/scheme of service of specialist health educators/ promoters to take into account their Health Promotion specialist role and the need to elevate their role and improve morale, attract and retain staff.

- Re-orientation/training of specialist health educators within health and other sectors, NGOs, parastatals, media etc. to enable them to implement the Health Promotion approach.

- Review of current numbers of Health Promotion specialists in at National, State and LGA Health Promotion services, identifying shortfalls and initiation of measures to fill vacant posts.

- Strengthening of capacity of institutions to provide training in Health Promotion. This will include training of trainers/curriculum developers in Health Promotion and development of materials to support training activities. This would include the identification of efficient and

cost-effective ways for updating field staff through courses, workshops, distance learning, web-based learning, CD-roms and provision of manuals and guidelines.

6.2 Technical resources

The implementation of the National Health Promotion Policy will require a range of technical resources including equipment for media design, information technology and specialist expertise for operating and maintaining equipment. Equipment will be needed at National, State, LGA and Community level.

Health Promotion Committees supported by National and State level Health Promotion Services will play a lead role in identifying and meeting needs for technical resources which will involve

- Assessment of needs for technical equipment at the LGA/State Level/National Level.
- Inventory of available equipment including its level of functioning.
- Identification of sources of necessary equipment e.g. through partnerships with the private sector and NGOs.
- Identification of shortfalls.
- Formulation of requests for necessary equipment either from ministries or donors.

6.3. Financial resources

A budget will be provided to the Health Promotion Divisions/Units at National, State and LGA level.

Supported by their counterpart Health Promotion services, the various committees at the National, State and Local Government Levels shall prepare costing for the activities they include in their Health Promotion plans. They will seek to obtain funds in the following ways:

- Through the various budgets of the line ministries and other member organizations of the various committees with responsibility for Health Promotion.
- Through mobilization of funds from sources in the local and international community e.g. donors, the private sector and individuals.

7. Monitoring and evaluation of the Health Promotion policy.

The National Health Management Information System will be used to monitor and evaluate the implementation of the National Health Promotion Policy. Health promotion staff will work with other sections of the Ministry of Health to identify a set of indicators that can be incorporated into on-going data collection mechanisms.

Peer Participatory Rapid Health Appraisal for Action (PPRHAA) will be used to monitor the implementation of the Health Promotion programme.

A set of indicators will be developed to monitor and evaluate the Health Promotion policy including the Health Promotion activities of the Ministry of Health and partners. Examples of some indicators that could be used include the following:

- Health status indicators
    - maternal mortality
    - infant mortality,
    - under 5 mortality rate
    - nutrition status – low birth weight
    - HIV prevalence
- Provision and utilization of health care indicators
    - Uptake of antenatal care
    - Immunization
    - Family planning
- Social and economic indicators
    - Access to safe water

  - Access and utilization of latrines
  - Food availability
- Health behaviour indicators
  - Smoking
  - Road traffic injuries
  - Use of insecticide treated bednets
  - Use of condoms
- Consumer Rights indicators
  - Actions to protect/enforce consumer rights.
  - Public awareness of consumer rights.
- Health Promotion policy indicators
  - Functioning of Health Promotion committees including preparation of plans, implementation of plans, advocacy, involvement of different sectors.
  - Quantity, quality and impact of Health Promotion activities at National, State, LGA, community level.
  - Quantity, quality and impact of Health Promotion within key settings including community, health facility, schools and workplace.
  - Implementation of human resource development activities for Health Promotion including training, recruitment, curriculum development.
  - Implementation of Health Promotion within settings including health facilities, schools, workplace and community.

When not covered by routine data collection, specific Health Promotion activities will be evaluated using tailor made surveys or surveillance programmes for specific conditions e.g. diabetes, obesity, mental health, oral health and hypertension

The Department of Public Health will produce an annual report on Health Promotion activities.

Evaluations of Health Promotion activities will be documented and disseminated through the web site, reports and presentations at meetings