



FEDERAL REPUBLIC OF NIGERIA

2008 MINISTERIAL PRESS BRIEFING

By

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SUPERVISING HONOURABLE MINISTER
FEDERAL MINISTRY OF HEALTH

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PRESS BRIEFING BY THE SUPERVISING HONOURABLE

MINISTER OF HEALTH

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The Honourable Minister of Information & Communication,
Other Honourable Ministers here present,
Distinguished Senators and Honourable Members of the House of
Representatives,
Permanent Secretaries,
Directors of Federal Ministry of Health,
Directors of the Federal Ministry of Information & Communications,
Chief Executives of Parastatals & Agencies
Your Excellencies: Members of the Diplomatic Corps,
Development Partners,
Chief Executives of Media Organizations,
Members of the Press,
Distinguished Ladies and Gentlemen.

1.0 INTRODUCTION

It gives me great pleasure to welcome you all to this year's Ministerial Press Briefing on major issues and activities of the Federal Ministry of Health (FMOH). I would like to take the liberty, in total conformity and commitment to Mr. President's laudable 7-Point Agenda, to adopt for this press briefing the theme: "**Developing the Human Capital through Health**".

You will all agree with me that the need to develop the country's human capital is in itself tied closely to our socio-economic development as a people. The vision of a high and globally-acceptable human and socio-economic index can only be a realistic dream if we empower our people with health and education. There is no doubt that, in our march toward achieving the much-desired national development, we must not just take giant strides but those strides must be taken and sustained from the springboards of health and education. With the necessary infrastructural support, we will by so doing be able to pursue the journey of development with a healthy and educated populace that will translate to a productive workforce and a productive crop of entrepreneurs, and consequently a productive economy.

It is therefore pertinent to start this press briefing by a brief review of the current health status of the people by whom and for whom the better days we yearn for shall come to pass.

2.0 CURRENT HEALTH STATUS OF THE NATION

As you are aware, three of the United Nations' Millennium Development Goals (MDGs), to which Nigeria subscribes to, are directly related to health. Efforts to make the 2015 MDG target year realistic have brought about a number of initiatives such as the Nigerian Debt Relief Grant, which is an additional resource envelope from the government to the health sector, the Global Funds for AIDS, Tuberculosis and Malaria, and a few others.

Now that we are midway to the target year declared by the world community for the achievement of the MDGs, we remain challenged but decidedly focused, especially with a growing resource envelope to reverse our MDGs and other health indicators, especially our maternal mortality ratio, the under-5 mortality rate and the average life expectancy at birth.

The HIV/AIDS adult seroprevalence rate has improved from 5.2% in 2003 to 4.4% in the last sentinel survey carried out in 2005. However, this still means that 2.9 million Nigerians are living with the virus.

Nigeria still has a very low detection rate of tuberculosis at 30.3% when compared to the global goal of 70% and we are currently carrying a high TB burden. There are an estimated 380,000 new cases of tuberculosis annually of which 60% are smear-positive.

Malaria still presents a serious public health threat to our country. It is responsible for 60% of out-patient visits, 30% of childhood deaths, and 11% of maternal deaths. Economic loss due to malaria is enormous not only in the form of direct treatment costs but also costs of prevention, loss of productivity and man-hours.

Faced with this unwholesome situation, the Federal Government of Nigeria continues to discharge one of its statutory roles of effectively controlling the occurrence of vaccine-preventable diseases through immunization and provision of vaccines. Several other efforts are geared toward reversing the above situations. But unless we harness all these efforts with our human capital development efforts, our journey to the desired goals may continue to be too slow.

3.0 CHALLENGES OF THE NATIONAL HEALTH SYSTEM

It is noteworthy that most of our health expenditures are yet to translate into the level of the much desired improvements in the health of the populace due largely to the continued weak state of our health system especially at the state and local government levels health being on the concurrent list of the constitution. In 2000, the Nigerian health system performance was ranked 187th among the 191 Member States by the World Health Organization. The challenges in our health systems are common and remain major barriers to achievement of improved health status in developing countries such as ours.

Ladies and gentlemen, perhaps it is not out of place at this junction to highlights some of the key challenges facing the national health system, and these can be summarized as follows:

- i. While we must commend the Federal Government of Nigeria for the various Teaching Hospitals and Federal Medical Centers that are being upgraded and modernized under the VAMED programme, however, many facilities and equipments especially at the Secondary and Primary Health care levels need to be repaired for improved and effective health services delivery.
- ii. As you are all aware human capacity development is one of the 7-Point

Agenda of this administration. We want to seize this opportunity to call for more budgetary allocation particularly in the area of continuing education for Nurses, Midwives, and other medical personnel.

- iii. Our National Health Management Information Systems (NHMIS) though can be described as average still needs to be improved. This will lead to availability of basic health data and improved planning, monitoring and evaluation of health services in Nigeria.

It is against these challenges that the Federal Ministry of Health and its Parastatals are taking measures towards effective and efficient implementation of policies and programmes aimed at enhancing health care service delivery in the country. Highlights of such measures include but are not limited to the following:

4.0 DISEASE PREVENTION AND CONTROL

4.1 Malaria

There is a renewed effort to control malaria worldwide in order to achieve the Roll Back Malaria goal which is to halve the malaria burden by 2010 and move towards its elimination. In Nigeria, significant increases in funding have generated intense momentum towards reducing the malaria burden through scaling up of cost-effective strategies being implemented in the country. These are in the areas of case management, treatment, prevention as well as cross-cutting issues such as advocacy, communication, social mobilization, monitoring and evaluation, as well as partnerships. Specific strategies implemented include the following:

- Over 5 million doses of Artemisinin-based Combination Therapies (ACTs) were distributed to all the states in 2007. This brings to 22.5 million doses that have so far been distributed since the commencement of the exercise in 2006.
- The concept of Home Management of Malaria at the household level has been broadened with the training of over 9,000 Role Model Mothers (RMM) in the communities spread across the states. The strategy is now being implemented in 336 LGAs in the country.
- Health care providers have been trained on the management of malaria in all the states in the country. Between 2006 and 2008, about 11,700 health

care providers, including doctors, nurses and Community Health Extension Workers (CHEWs), have been trained on case management while over 1,500 pharmacists, store officers, M&E officers and NGOs have been trained on drug supply management, monitoring and evaluation.

- The Federal Government has increased the sentinel sites from 6 to 14 to monitor the efficacy of antimalarial medicines adopted by the country. The sites have been strengthened with the training of the teams and the provision of ultramodern equipment. The sentinel sites now conduct continuous surveillance.

- The National Malaria Programme, collaborating with National Agency for Food and Drug Administration and Control (NAFDAC), has developed a national workplan for the implementation of pharmacovigilance activities in the country.

- Over 4 million doses of Sulphadoxine-pyrimethamine (SP) have been distributed between 2006 till date for the prevention of malaria during pregnancy with the use of Intermittent Preventive Treatment. Additional 1.8 million and 1.4 million doses have been procured for distribution to the states supported by World Bank and Global Fund respectively. Several thousands of Long Lasting Insecticidal Nets have also been provided for pregnant women. Distribution of nets to pregnant women at antenatal clinics, through the use of free vouchers system, is currently being undertaken in 9 LGAs in Ebonyi, Ekiti and Zamfara states.

- In the area of prevention, 326,000 Long Lasting Insecticidal Nets (LLINs) have been distributed to 17 LGAs this year, bringing the total number of LGAs saturated with LLINs to about 300. In all, over 17 million treated nets have so far been distributed using various strategies such as integrated campaigns on Immunization Plus Days and Stand Alone Campaigns.

- The country has also completed the use of Indoor Residual Spray on a pilot basis in five LGAs namely: Damboa, Barkin Ladi, Epe, Magadali and Remo LGAs. The Federal Government is now set to scale this up in seven states supported by World Bank Malaria Booster Project.

4.2 HIV/AIDS

Nigeria has recorded successes in the control of HIV/AIDS with the declining

prevalence rate. However, a lot still has to be done. At this juncture, I wish to thank all stakeholders for their collective efforts at reducing the prevalence, making treatment readily available, reducing stigma and supporting orphans. We currently have 210 ART sites, 263 PMTCT sites and 800 FCT sites nationwide. Our target to put 250,000 people living with HIV/AIDs on ART has been largely achieved as there are 226,000 people on ART (90%). This is made up of 200,000 adults, 12,000 children and 14,000 mothers covered in our ARV prophylaxis for PMTCT.

4.3 Other Diseases

Apart from malaria and HIV/AIDS, other leading causes of morbidity and mortality in Nigeria, especially in children under five years of age, remain largely communicable diseases such as tuberculosis, acute respiratory illnesses, measles, diarrhoeal diseases and other vaccine-preventable diseases. In adults, however, there is increasing incidence of non-communicable diseases with the emerging unhealthy lifestyle practices.

Guineaworm is a disease that has almost been eradicated in Nigeria. The 653,620 cases in 1988 have now been significantly reduced to 42 cases as at October 2007 in the entire country. We are making all efforts to ensure eradication of this disease by December 2008. We have thus identified the need for improved budgetary allocation and timely disbursement of funds at the LGA, state and federal levels. Surveillance activities will also be intensified in this last phase of guineaworm eradication. In order to achieve this, the intensification of Community Participatory Surveillance Strategy and integration of guineaworm surveillance activities with other grassroots health programmes are adopted as strategies.

There is an increasing trend in the magnitude and public health importance of Non-communicable Diseases (NCDs) and their risk factors. In many states, there is the absence of programmes focusing on NCD control. It is necessary to scale up NCD prevention and lifestyle and behavior change campaigns to check the increasing burden of NCDs. The FMOH has implored all states, as a matter of priority, to establish, strengthen and fund appropriately an integrated NCD prevention and control programme at the state and LGA levels. The FMOH will provide technical support to improve state capacities in the development, implementation, monitoring and evaluation of NCD programmes.

As you are aware, Nigeria ratified the WHO Framework Convention on Tobacco Control (FCTC) in October 2005. Efforts are in top gear to domesticate the FCTC. An inter-ministerial committee on tobacco control in

Nigeria has been inaugurated by the FMOH and the committee has developed a plan of action for Tobacco control.

It is widely acknowledged that blindness is a major cause of unnecessary human suffering, often leading to poverty, social exclusion and early death. The National Vision 2020 Strategic Plan has been adopted as a policy document for implementation at the tertiary, secondary and primary levels of health care services, for elimination of the main causes of avoidable blindness by the year 2020. All levels of Government should develop 5-year Action Plans for Eye Care Services within the context of the National Vision 2020 framework and strengthen inter-sectoral collaboration in the implementation of these plans.

5.0 PRIMARY HEALTH CARE

Some of the strategies adopted for the revitalization of the Primary Health Care System in the country are enumerated below:

5.1 Improving Physical Access and Quality of PHC Service Delivery:

A major deterrent to the development of the PHC system in Nigeria has been the poor state of basic infrastructure and poor physical access to care. Consequent upon a Needs Assessment Survey conducted by the NPHCDA in 2001, the federal government embarked upon the construction of model health centres nationwide. Between 2001 and 2008, provision has been made for the construction of 684 Model Primary Health Care Centres nationwide, where none exists. Of these, a total of 570 health centres have been completed and supplied with medical equipment, seed stock of essential drugs and forms for the collection of health statistics. The health workers are also trained on how to effectively run the health centres and manage the Ward Health System of which the Model Health Centre forms the central nucleus. The long term goal is to develop models for replication by the States and LGAs and ensure the availability of at least one (1) functional PHC Centre per political ward nationwide.

5.2 Improving Grassroots Participation in Health through the Ward Health System (WHS)

In order to ensure the effectiveness of the Ward Health System (WHS), which utilises the electoral ward (which has a representative councillor) as the basic operational unit for the delivery of PHC services, the NPHCDA has conducted the Sensitization of Community Members and the Formation/Reactivation of Ward and Village Development Committees (WDCs) which are particularly invaluable in promoting policy communication and behaviour change within

their wards. The Agency has also trained Ward and Village Development (Health) Committee members and health workers in the model Wards and LGAs. This training empowers the communities through their WDCs to actively participate in the mobilisation of persons and resources, planning, implementation, supervision and co-management of their health services.

From its commencement in 2001 to date, the Ward Health System has been successfully adopted nationwide, with the NPHCDA actively supporting its establishment in 574 LGAs with model wards. The process, which is being replicated nationwide by the States, LGAs and Partners, has also resulted in the capacity building and skill transfer to health workers in the 574 LGAs and over 16,410 community members. In addition, a grant of N1.3 million (One million three hundred thousand Naira) was provided to each of the model wards for the implementation of a community based health plan jointly developed by the community and LGA health department.

5.3 Ward Minimum Health Care Package (WMHCP)

As part of Government's efforts to ensure equitable access to quality health services nationwide, the NPHCDA through extensive collaboration with stakeholders developed the Ward Minimum Health Package Document. So far, seed copies of the document are being disseminated nationwide with on-going training of State and LGA officers across the nation on implementation of the package.

The minimum health care package outlines a set of cost effective health interventions with significant impact on morbidity and mortality, taking into cognizance the nation's burden of disease, current trends in disease prevalence and priority diseases of national importance. The package also outlines a set of health interventions which are expected to be provided in an integrated manner within the health facility.

The WMHCP further strengthens the Ward Health System and is expected to directly contribute towards the achievement of the Millennium Development Goals (MDGs) and the NEEDS 2 Strategy. The package consists of the following six (6) interventions:

- Child Survival
- Maternal and New Born Care
- Control of priority communicable diseases i.e. Malaria, HIV/AIDS and Tuberculosis
- Nutrition

- Prevention of non-communicable diseases
- Health education and community mobilization.

It is expected that the WMHCP would serve as an advocacy and planning tool for the equitable provision of PHC services nationwide and would also be indispensable as a guide for determining budgetary need and allocation for PHC in Nigeria.

5.4 Minimum Standards for Primary Health Care

One of the core functions of the NPHCDA is the development of an effective system of supervision, monitoring and evaluation of PHC based on national guidelines and standards. Over the years, the absence of such minimum standards for PHC service has deprived policy makers and health professionals of valuable advocacy tools and undermined efforts at effective supervision, monitoring and evaluation. In response to this, the NPHCDA in 2006 undertook the development of a Manual on the Minimum Standards for PHC in Nigeria. The draft document, which is expected to define minimum standards in terms of *health infrastructure, health equipment, human resources for health, and service provision adopted the National Essential Drug List as standard for Nigeria*. The document will soon be presented for inputs and ratification by stakeholders on a zonal basis and subsequently to the National Council on Health after which it will be printed and disseminated nationwide.

5.5 Routine Immunization

All over the world, immunisation remains accepted as the most cost effective strategies for the control of vaccine preventable childhood diseases; saving the lives of an average 3 million children annually. Nigeria has adapted WHO-recommended immunization strategies to address country-specific challenges. These innovative strategies have been used not only to strengthen routine immunization but also to intensify efforts aimed at eradication of Polio as well as the accelerated control of other vaccine preventable diseases.

To implement the above listed strategies, capacity was built for a total of 70 national level officers; 450 State level officers; 2,115 officers at LGA level and 52,633 officers at LGA and ward levels. In addition, there was strengthening of the nation's vaccine management, cold chain structures, stringent surveillance, monitoring and evaluation. These strategies were implemented with the support of our development partners.

Between 2007 and 2008, achievements recorded by the NPHCDA include the following:

- (i) **Increased immunization service delivery points:** Both fixed post and outreaches have increased nationally from 12,062 in 2005 to 31,437 as at 2007.
- (ii) **Improved routine immunization coverage:** For instance, routine coverage with OPV3 at the national level increased from 31% by end of 2005 to 62% by the end of 2007. The improvement in immunization coverage performance noted at the national level is also reflected at the sub-national level. In all, Nigeria has registered an 80% decline in all wild polioviruses and close to 90% decline in wild poliovirus Type 1 in 2007 compared to 2006.
- (iii) With the setting up of a Presidential Task Force on Interruption of the Wild Polio Virus, Polio Eradication and Routine Immunization, the rising trend in cases of Polio is taking a sharp downward turn. Within a few months of becoming active, the Presidential task Force has been able to bring the number of fresh Polio Virus cases down by a third from the preceding number. For instance, monthly cases in Kano state that were over 65 as at May this year, dropped to less than 10 as at August 2008. I must not fail to commend the support and cooperation of state governments, especially in the most affected Northern states.

6.0 SECONDARY HEALTH CARE

Secondary Health Care stands at a very critical position in linkage with PHC and THC. A complete audit of the health care delivery system in all the States of the Federation will soon be undertaken with a view to identifying any weaknesses in the quality of care and implementing changes that may be required to assure high quality health delivery.

7.0 TERTIARY HEALTH CARE

In realization of the importance of tertiary health care services to our referral system and the need to strengthen, improve and properly coordinate this level of care, the FMOH is committed to and currently making all necessary arrangements for the full take-off of the National Tertiary Hospitals Commission. The FMOH is also determined to improve and sustain the infrastructural development and funding situation of our teaching hospitals

and federal medical centres.

In line with Resolution WHA55.18 of the 55th World Health Assembly, the recommendations of the 1st African Regional Workshop on Patient Safety themed "Clean Care is Safer Care", and the 58th Session of the Regional Committee for Africa, the FMOH fully supports the use of standard precautions and best practices to reduce or prevent healthcare-associated infection and improve patient safety. In this regard, I wish to mandate our teaching hospitals and federal medical centres as follows:

- All hospitals must ensure and set examples of facility and environmental cleanliness;
- All hospitals must be re-painted every 3 years using spirit / alcohol and other safe substances;
- All hospitals must prepare and compete for the Hon. Minister of Health's Prize for the Cleanest Hospital which will soon be introduced.

I would also like to implore all other hospitals and health facilities to be shining examples of cleanliness.

8.0 MATERNAL, NEONATAL AND CHILD HEALTH

There has been slow progress made towards reducing maternal, newborn and child mortality midway to the target year for the attainment of the MDGs, due to poor access to high impact, evidence-based, cost-effective interventions. The Ministry has adopted Integrated, Maternal, Newborn and Child Health (IMNCH) Strategy to promote a more holistic, comprehensive, integrated approach to maternal, newborn and child health issues and services as well as the accelerated scaling-up of programmes to reach the target groups. IMNCH strategy represents the articulation of a bold new thinking on fast-tracking comprehensive action to change the course of maternal, newborn and child health in Nigeria. It is a continuum of care that goes from pre-conception through pregnancy, childbirth, infancy, early childhood and household care to PHC centres and other referral centres where care is needed.

As part of the Federal Government's efforts at reducing maternal, newborn and child mortality, the FMOH has finalized arrangements for remuneration and kitting of midwives involved in the Midwifery Corps Scheme a mandatory

one (1) year national youth service in the rural areas for both basic and post-basic midwives.

At this juncture, I would like to use this opportunity to re-iterate the benefits of exclusive breast-feeding for newborns while taking cognizance of the challenges posed to working mothers in implementing the strategy.

9.0 FOOD AND DRUGS

An efficient drug distribution system in the country will promote bulk procurement of medicines from reputable sources at highly competitive prices. This will lead to a drastic reduction of fake and counterfeit drugs in circulation. It will also significantly reduce the current high prices of medicines thereby making medicines more affordable for our teeming population especially the low income group.

The Pharmaceutical Manufacturing Laboratory in Yaba is currently being upgraded in preparation for the local production of antiretroviral drugs for people living with HIV/AIDS. This arrangement is in collaboration with the Government of Brazil for which an Agreement is soon to be signed. Other opportunities involving Public Private Partnership are being explored with a view to increasing the availability of Essential Medicines and also improving the operational efficiency of the government owned manufacturing outfit.

Aware of the increasing importance of traditional medicines in the country, the Federal Ministry of Health has been mandated to find ways of effectively integrating it into the healthcare delivery system. A Presidential Initiative Committee with mandate to implement an approved workplan for the promotion and commercialization of traditional medicines with a view to generating revenue for the country has since been inaugurated and will be given full support by the Ministry to succeed. Also, the Ministry has succeeded in unifying the various Traditional Medicines groups under one umbrella called the National Association of Nigerian Traditional Medicines Practitioners (NANTMP). The Traditional Medicines Practitioners will be trained and the quality of their products will be carefully monitored with a view to ensuring their safety and efficacy.

The importance of food, water and chemical safety is being seriously addressed by the Ministry. There is ample evidence to suggest that the safe use of these products can significantly lower the incidence of diseases resulting from the consumption of contaminated food and water and from exposure to harmful chemicals. Appropriate policies are therefore being packaged to safeguard the health of the public.

In exercise of its mandate to regulate and control the manufacture, importation, exportation, distribution, advertisement, sale and use of Foods, Drugs, Cosmetics, Medical Devices, Bottled Water, Chemicals and Detergents (known as regulated products), the National Agency for Food and Drug Administration and Control (NAFDAC) carried out enlightenment campaigns in the country. The Agency also successfully undertook 779 sanctions, 27 seizures, 5 investigations, 5 Holds and few cases of chemical poisoning. These include but not limited to the following:

i. The Agency publicly destroyed fake, expired, substandard and unwholesome regulated products worth seven hundred and forty seven million, three hundred and thirty one thousand, nine hundred and forty five naira and forty-four kobo (N747, 331,945.44). Currently, the Agency is processing documents for the destruction of Ten (10) illegally imported bales of pharmaceutical products seized by the Nigeria Customs Service (NCS) in Minna, Niger State; worth Eight million, five hundred and ninety-seven thousand and three hundred and forty naira (N8,597,340.00).

ii. NAFDAC Officers in Kano stumbled onto a sulphuric acid dump with nine hundred and seventy seven (977 x 20liters) jerry cans at No. 7, Stadium Road, Sabon Gari. The owners of the sulphuric acid dump were found not to be operating in compliance with NAFDAC regulation. The illegal products have since been evacuated to the Agency's warehouse for safe keeping pending conclusion on the investigations being carried out. This timely intervention by the Agency has prevented possible use of the dangerous chemicals illegally with its devastating and deadly implications.

iii. Placed on hold 3,016 cartons x 24x 250mls of Blox Energy Drink.

iv. 870 cartons x 24 x 330mls of fake and unregistered Power Ox Energy Drink imported were seized at Alaba International market, Ojo, Lagos.

v. Carried out raids on harmful imported mosquito coils containing a high level of chemicals and other unregistered pesticides which are highly carcinogenic and harmful to human health. The Agency is currently mopping up banned imported mosquito coils and fake Fansidar tablets from the markets.

vi. A joint team of officers from the Enforcement Directorate and Establishment Inspection Directorate raided and arrested a suspect in connection with adulterated palm oil at Yaba, Lagos. A total of 25 kegs, each weighing 25 kilograms of the suspected palm oil were evacuated and

samples were taken for laboratory analysis.

vii. The Agency seized and evacuated from Apapa Port, a 20ft container packed full of twenty fake pharmaceutical products which came aboard a vessel MV Maersk Izmir that berthed on the 15th May, 2008. The products are mostly fake and counterfeit of fast moving drugs belonging to Multinational companies.

viii. Iodine deficiency is the single most common cause of preventable disorders such as mental retardation and brain damage in the world, leading to reduction in mental capacity and work potential. It has been recognized as a major public health problem in many parts of the world, putting over one billion people at risk. Data from the WHO shows that 14 out of the 54 countries worldwide that have populations with insufficient iodine intake are in the African region. Nigeria is not one of the 14 countries. As a matter of fact, **our country is the first and only developing country in Africa to achieve Universal Salt Iodization (USI) Status, having attained 98% iodization.** While this achievement is highly commendable, our efforts must not be only sustained, we must institute eternal vigilance in the face of exogenous challenges such as:

- Smuggling of non-iodized salt through land borders, for which we require bilateral cooperation to overcome;
- Re-bagging of industrial salt for sale as table salt using bags of iodized table salts by unscrupulous persons;
- Improper handling and prolonged storage (such as selling in open Basins), of iodized salt leading to loss of iodine content.

10.0 HEALTH INSURANCE

As part of the Health Sector Reform embarked upon by the Federal Ministry of Health, the National Health Insurance Scheme (NHIS) carried out fundamental changes in the structure and programmes of the Scheme. The programmes of the Scheme are divided into Formal Sector Programmes and Informal Sector Programmes. The informal sector programmes are targeted towards rural community dwellers, urban self-employed persons, vulnerable groups which included children under-5 years of age, pregnant women, permanently disabled persons and prison inmates.

With the successful take off of the public sector component of the Formal Sector Social Health Insurance Programme, attention is now being focused on rolling out the Formal sector programme to the Organized Private Sector (OPS).

The success of any social health insurance scheme the world over is the extent to which it covers the informal sector. This is especially so in developing countries like Nigeria that have very high poverty index with significant percentage of their population being vulnerable to contracting diseases. The NHIS developed a blueprint for the engagement of the nation's rural communities. The blueprint is currently being reviewed by the Federal Ministry of Health and will soon be presented to all stakeholders for discussions and adoptions.

I am happy to inform you that the National Assembly, through the 2008 budget, has provided funds for MDGs 4 and 5 for the purpose of provision of health care to pregnant women and under-5 year old children in six states of the federation which is expected to be scaled up subsequently. Aside from efforts being made by the federal government on pooling of resources for health care, there are pockets of successful community-based social health insurance programmes in various parts of the country, a few of which are supported by foreign donors.

The NHIS has within the past three years of its operation shown great promise in the financing of health care delivery in Nigeria. It is promoting access to qualitative health care delivery at minimal cost to the enrollees and is truly serving as a protection against financial burden of ill health.

The following are some of the major milestones in the operation of Social Health Insurance in the country:

- i. Successful registration and coverage of 2.5 million principals and dependants of employees in Federal Ministries, Departments and Agencies (MDAs), including Police, Military and other Uniformed Services.
- ii. Establishment of a Central Database for the production of registration forms and ID cards. Initial ID cards were outsourced, but the Scheme has acquired the capacity to produce ID cards in-house.

iii. Accreditation of over 7,000 health care providers (HCPs) consisting of Primary, Secondary and Tertiary HCPs; 39 Health Maintenance Organizations (HMOs); 25 Banks, 5 Insurance Companies and 3 Brokers, to participate in the programmes of the Scheme.

iv. Injection of additional funds outside the normal budgetary allocation into the health care delivery system.

v. Paradigm shift to demand-driven health care in the country.

vi. Promotion of Public Private Partnership in health care delivery and strengthening of the referral system.

vii. Development of Framework for the operations of the Community-Based programme.

viii. Establishment of a National Call Centre for responding real-time to enquiries and complaints.

ix. Successful integration of Cross River State into the Formal Sector programme. Arrangements are at advanced stage to launch the programme and fold in Bauchi State. Twenty-one other states have shown interest in the Scheme.

Challenges encountered in the implementation of the formal sector programme are as follows:

i. Problem of enrollee registration and identification system, overcoming skepticism and public apathy towards insurance in general and creating mass public awareness on the principles of social health insurance. The latter is still one of the big challenges being addressed by the Scheme through various information communication and education tools and the constant engagement of various interest groups.

ii. With the adoption of patient-centered management as one of the yardsticks of promoting easy access, the Scheme is being confronted with the age-long professional rivalry within the healthcare industry.

iii. Demands by many groups for extension of coverage to the community especially the vulnerable groups constitute a major challenge to the Scheme.

iv. The enabling law establishing the NHIS similarly has some few inadequacies that tend to limit the attainment of the Scheme's objectives. Based on wide consultations held with all stakeholders, a Draft Amendment Bill is now ready for presentation to the National Assembly through the Executive Arm of Government.

v. There are also a number of provider-related and HMO-related challenges in the operation of the scheme.

11.0 BIOMEDICAL AND PHARMACEUTICAL RESEARCH

11.1 Biomedical Research

The Nigerian Institute of Medical Research (NIMR) conducts research into health problems in the country in the areas of communicable and non-communicable diseases of public health importance. The Institute also engages in human and infrastructural capacity developments and laboratory services for clinical and biomedical research in collaboration with medical schools and health-related institutions within and outside the country. It recently succeeded in refurbishing existing laboratories and providing them with up-to-date research equipment.

Current research thrusts of the Institute for which it has earned itself national recognition are in the following areas:

- i. HIV/AIDS with a National Reference Laboratory in place possessing adequate human and infrastructural capacities for basic, operational and applied research;
- ii. Tuberculosis also with a National Reference Laboratory adequately equipped for basic, operational and applied research on TB;
- iii. Malaria research;
- iv. Provision of laboratory and research backup services to the Schistosomiasis and Onchocerciasis Control Programme in the country;

11.2 Pharmaceutical Research

The National Institute for Pharmaceutical Research & Development (NIPRD) has the mandate to engage in basic and translational research for the development of pharmaceutical products and raw materials from local sources. In the past one year, the Institute has undertaken a number of initiatives to attain its set objectives in the area of improved research infrastructure, manpower and drug development, viz:

- i. Procurement of critical analytical equipment required for high level research such as High Performance Liquid Chromatography (HPLC), Fourier Transformed Infra Red (FTIR) and Differential Scanning Calorimeter (DSC). Hitherto, the absence of such equipment has been a major hindrance in the comprehensive analysis and characterisation of pharmaceutical raw materials. In order to ensure the safety of drugs especially phytomedicines developed in the Institute, a CVS monitoring apparatus has also been acquired.
- ii. Completion of 2 blocks of laboratories in December 2007 now being occupied by two research Departments involved in drug quality assessment and development of drugs for HIV/AIDS. These laboratories have improved the research environment and increased the rate at which research results are obtained.
- iii. Commissioning of a Chemistry and Microbiology laboratory built by the US National Institute of Health (NIH) in the last quarter of 2007. The laboratory, which is the best of its kind in the sub-region, is presently being utilized by NIPRD, NIH researchers and other scholars for investigating the Nigerian flora for potential anti-Tuberculosis agents and other research works.
- iv. Resumption of construction work on the Institute's permanent laboratory complex which was started about 15 years ago and abandoned for the past 12 years. It is expected that the 5-storey complex will be completed by the end of the year. This will no doubt increase R&D output and improve our collaborations with international partners. It would also protect and extend the life span of the equipment being procured for the Institute.
- v. Development of phytomedicines based on recipes obtained from traditional medicine achieved significant progress between 2007 and 2008. Such projects include Antimalaria phytomedicine (AM-1), Phytomedicine for boosting the immune system (Ah-1), Tropical preparation for the treatment of dermal fungal infections (AF-1), Laboratory scale extraction of some

pharmaceutical excipients, Bioavailability (BA), Bioequivalence (BE) and Stability Studies, Extraction of artemisinin from the Artemisia plant growing in the different climatic zones of the country

12.0 CONCLUSION

Distinguished Ladies and Gentlemen, the fact that a healthy population is critical to productivity and national development cannot be over-emphasized. We have come a long way in terms of efforts, but the task ahead is still great and the challenges are daunting. I therefore wish to implore all and sundry that all hands must be on deck to continue pooling efforts and resources together toward improving the health status of Nigerians within the shortest possible time.

At the FMOH level, I have approved the commencement of the process to put together a new National Strategic Health Development Plan (NSHDP), which will include a National Health Strategic Health Investment Plan, as a follow-up to our previous Health Sector Reform Programme (HSRP 2003-2007). This document, which will be completed by the first Quarter of 2009, will provide a much-needed overarching framework for re-positioning health development in Nigeria over the next intermediate period.

I believe that concerted and proper implementation of our health sector strategies would enhance the pace toward the achievement of our national health policy goals and the health-related MDGs in Nigeria.

May I seize this opportunity to express our profound gratitude to all our development partners such as WHO, UNICEF, DFID/PATHS, World Bank, USAID, MacArthur Foundation, and all others too numerous to mention here.

Chairperson, Colleagues, Gentlemen of the Press, Ladies and Gentlemen, I thank you all for your attention.