National Health Policy and the Management of COVID-19 in Nigeria

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Abstract
The paper is an examination of the implementation of the National Health Policy (NHP) of 2016 and the Management of COVID-19 in Nigeria. The policy was initiated to address the various challenges facing the health sector in Nigeria with an aim to promoting the health of Nigerians and enhancing their socio-economic development. The researchers critiqued five out of the ten (10) policy thrusts of the NHP and their impact on the management of COVID-19. Secondary source of data was used to gather information for the study. This includes; journals, books and other relevant online materials. It was argued that the wellbeing of the citizens is a sine qua non for socioeconomic development, hence Nigeria government in the face of COVID-19, must take necessary actions to protect and safeguard the public in order to build a vibrant, inclusive, equitable, economically productive and healthy society. The researchers discovered that the implementation of the NHP 2016 has not transformed the Nigerian health sector as evidenced by the management of the COVID-19 pandemic. The researchers, therefore, concluded that there is poor implementation of the National Health policy of 2016. The researchers recommended among other things that government should be more transparent, accountable and forthright in its efforts toward the development of the health sector in Nigeria.

Keywords: Policy, Implementation, Health Sector, Management, COVID-19

Introduction
The goal of every health system is to ensure access to health services for all regardless of socioeconomic differentials. The major reason for this is due to the fact that the health sector is critical to social and economic development with ample evidence linking productivity to quality of health care. The development of a country is closely tied to its human capital through the health sector. It is imperative for the policy framework of the legislature in regards to health to ensure that in the case of disease outbreak, there would not be any catastrophic consequences, particularly for vulnerable populations in the country (Nnamuchi, Nwatu, Anozie & Onyeabor, 2019).

The development of the National Health Policy (NHP) emerged following an elaborate consultative process involving all stakeholders in the health sector. They include: Federal Government Ministries, Departments and Agencies, the National Assembly, the State Ministries of Health and the Federal Capital Territory (FCT) Department of Health Services, Academia, Public Health Experts, Civil Societies and Development Partners (Azodoh, 2016). Before the development of the policy, Nigeria had developed and implemented two National Health Policies in 1988 and 2004 respectively. Both were developed at critical stages in the evolution of the Nigeria Health System and had far-reaching impact on improving the performance of the system. However, there were several attempts to develop a holistic approach to addressing the challenges

of the health sector, such as the convening of the National Health Summit in 1995 which attempted to do a diagnostics of the Health Sector. The 2016 National Health Policy came at a most opportune time, shortly after the enactment of the first National Health Act 2014 for the country and at a time when there was global re-commitment to a new development framework, the Sustainable Development Goals (SDGs) and an increasing global support for the attainment of Universal Health Coverage (UHC) (Federal Ministry of Health, 2016).

The process for developing the new National Health Policy (NHP) started with the Federal Ministry of Health (FMOH) in consensus with other stakeholders. These stakeholders include the Technical Working Group (TWG) which comprises of representatives of the FMOH, the private health sector, Civil Society Organisations (CSOs), the Regulatory Bodies, Ministries of Health from the States/FCT and the Academia (National Health Policy, 2016). The TWG reviewed the 2004 NHP and progress made with its implementation. Emerging health challenges were also discussed and a new health policy theme was proposed. The theme adopted for the NHP 2016 was "Promoting the Health of Nigerians to Accelerate Socioeconomic Development" (Adewole, 2016).The situational analysis undertaken was based on examining the functioning of the Nigerian health system from the perspectives of the strategic thrusts of the National Strategic Health Development Plan(NSHDP) and the World Health Organisation (WHO) health system building blocks. The analysis showed that the Nigerian health system is weak and underperforming across the country blocks. There is an almost total absence of financial risk protection and the health system is largely unresponsive. There is inequity in access to services due to variations in socioeconomic status and geographic location. For instance, 86% of mothers in urban areas receive antenatal care from skilled providers, compared to only 48% of mothers in rural areas; and antenatal care coverage in the North West is 41% compared to 91% in the South East (National Health Policy, 2016).

Other problems related to health services include: curative-bias of health services delivered at all levels; inefficiencies in the production of services; unaffordability of services provided by the private sector to the poor; limited availability of some services, including Voluntary Counseling and Testing (VCT),Prevention of Mother-To-Child transmission(PMTCT) and Antiretroviral Therapy(ART); low confidence of consumers in the services provided, especially in public health facilities; absence of a minimum package of health services; lack of proper coordination between the public and private sectors; and poor referral systems (Federal Ministry of Health Report, 2012).

The goals of the new National Policy, therefore, is to achieve a Universal Health Coverage (UHC) for all Nigerians by; providing stakeholders in health with a comprehensive framework for harnessing all resources for health development towards the achievement of Universal Health Coverage in tandem with the Sustainable Development Goals (SDGs); strengthen Nigeria's health system, particularly the primary health care sub-system; to deliver effective, efficient, equitable, accessible, affordable, acceptable and comprehensive health care services to all Nigerians. To achieve these goals, the policy focuses on ten (10) policy thrusts which are derived from NSHDP thrusts and the WHO health building blocks. They are: Governance, Health Service Delivery, Health Financing, Human Resources for Health, Medicines, Vaccines, Commodities and Health Technologies, Health Infrastructure, Health Information System, Health Research and Development, Community Ownership/Participation, and Partnerships for Health (Federal Ministry of Health, 2016). Thus, the researchers examined

the implementation of the NHP of 2016 by critiquing five out of these ten policy thrusts. The aim is to evaluate the effectiveness of the implementation of the NHP of 2016 based on the management of COVID-19 in Nigeria.

Conceptualisation of National Health Policy

According to the WHO, National Health Policies play an essential role in defining a country's vision, policy directions and strategies for ensuring the health of its population. Unfortunately, most nation states have taken "health policy" to mean "medical care," however, medical care is only one in a nation's health equation (Navarro, 2007). The establishment of health policy is key to the implementation of actions for health (De Leeuw, Clavier & Breton, 2014). In other words, National Health Policy describes the goals, structures, strategies and policy direction of the health care delivery system of a country.

Policy Implementation

A policy can be said to be successful only when it has been implemented. The term "policy implementation" has been defined by many scholars from various perspectives. It means the execution of the law in which various stakeholders, organisations, procedures and techniques work together to put polices into effect with a view to attaining policy goals (Khan, 2016). Even the very best policy is of little worth if it is not implemented successfully or properly. Implementation studies, therefore, place emphasis on understanding the success or failure of public policy by elaborating on factors that affect it. The concept of implementation helps to draw the attention of policy makers and implementers to study the processes that influence and establish the outcome of public policy (Bempah, 2012).

COVID-19 Outbreak in Nigeria

Coronaviruses are a large family of respiratory viruses that can cause illness in people and animals. An outbreak of the novel (new) coronavirus was first reported in December 2019 when cases of viral pneumonia with unknown origin were confirmed in Wuhan, Hubei Province, China (Nassiri, 2020). The Federal Ministry of Health announced her first case (index case) of COVID-19 on 27th February 2020 in Nigeria. The virus was said to have come from an Italian doing a business with Ogun State (FMOH, 2020). The minister of Health, at that point assured Nigerians that the Government of Nigeria, through the Federal Ministry of Health had put up a policy and has been strengthening measures to ensure an outbreak in Nigeria is controlled and contained quickly (Ehanire, 2020).

Theoretical Framework

The theory of structural-functionalism was first developed by Emile Durkhein in the late 19th century. This theory sees society as a complex system whose parts work together to promote stability in the society. The theory was further developed by other scholars such as Herbert Spencer who used the human organs to analyse parts of the society. He explained that just as the human organs work together for the proper functioning of the society, these parts of the society work towards the proper functioning of a society to ensure a stable and cohesive system (Spencer, 1901) Garner (2019) further explained that the functional-structural theory seeks to explain the roles or functions of structures and their contributions to the stability and persistence of societies.

The implication of the structural functional theory to this study is that the health system is a very vital aspect of the society. As a matter of fact, it is directly linked to the development of a society through the wellbeing of individuals or the human capital. It is due to this fact that government embarks on health policies to ensure the proper functioning of the health sector. However, the poor implementation of these policies and means will only cripple the health system and in turn affect the society negatively.

Methodology

The paper adopted the library research method where secondary data were collected from journals, books and other online materials. The data collected were used to explain the focus of the NHP of 2016 and the reality of the health system in Nigeria. The aim is to ascertain whether the NHP of 2016 has been well implemented by comparing the state of the health system during the COVID-19 period and the policy thrust of the NHP of 2016.

The Policy Thrust and the Management of COVID-19 in Nigeria

Five of the NHP 2016 policy thrusts are examined in this section and their impact in the management of COVID-19 in Nigeria.

Governance

Nigeria is a federal state with its governmental powers shared amongst three levels of government (the federal, state and local government). The National Health Act 2014 is the first legislative framework for the health system of Nigeria. The reason for this is because the constitution of Nigeria did not emphasize on health and did not clearly indicate the roles and responsibilities on the three tiers of government in health systems management and delivery (Nwatu, Anozie & Onyeabor, 2019). Although, the National Health Act 2014 has not fully been able to make up for the gap in the constitution, there are sub-sectorial policies and plans such as the Reproductive Health Policy (RHP), the National Human Resources for Health (HRH) policy and plan, the National Promotion Policy, the Health Financing Policy and the National Strategic Plan of Action for Nutrition and to mention but a few.

Despite these health policies and plans, health system governance is weak from the perspectives of the strategic thrusts of the NSHDP and the WHO health system building blocks. There are several challenges related to leadership and governance such as lack of political will and commitment to health. This is evident in low budget allocation for health and lack of transparency in the budgetary process. For example, Nigeria's health sector appropriation in the 2020 budget is 4.5% of the total federal budget, about #427.3 billion. This is far below the 15% agreed in the 2001 Abuja Declaration, when African Union member countries pledged to improve spending on their health sector and urged donor countries to scale up support (Onwujekwe, orjiakor & Agwu, 2020). The New National Health Policy was set to tackle these challenges among others.

The outbreak of COVID-19 in Nigeria has shown that the implementation of good governance in the health system is still poor. COVID-19 pandemic is a public health emergency, therefore, it is the responsibility of the public health to respond to the outbreak through the Federal Ministry of Health (FMOH). From the moment the first case was reported in Nigeria, the Nigerian government and its different agencies initiated several health, economic, security and

social responses to contain the disease and its impact on society (Ehanire, 2020). One major response is the government-funded #500 billion COVID-19 crisis intervention fund, and enhanced support to states for critical healthcare expenses (Alagboso &Abubakar, 2020). This effort is more than what was budgeted annually for the health sector. It therefore means that the government can do better if there is the political will. The outbreak compounded Nigeria's numerous pre-existing crises. There was already the case of the Lassa fever outbreak that claimed more than one hundred lives in 2020, the aftermath of recession, conflict and insecurity within its borders. The COVID-19 period is when the citizens ought to place their confidence on their leaders. However, the President only made few appearances in regards to the management and fight against the coronavirus (Obilade, 2020). In the absence of a reliable social safety net, Nigerians trust and rely on their families, communities and the informal economy to see them through difficult times. It is these informal mechanisms that have enabled the society to function and continue while a largely disconnected political class has focused on self-enrichment (Donnelly & Hassan, 2020).

But how can a government achieve its goals without a high level of trust form the citizens? Due to lack of transparency and accountability by the levels of government, many Nigerians still consider the pandemic as a joke and a political strategy to siphon public funds by politicians to enrich themselves. Earning the trust of Nigeria citizens is a big battle for government and the political class to win. It also poses a great challenge for the implementation of the New National Health Policy to achieve an effective health system through effective governance.

Health Service Delivery

In Nigeria, the availability of health facilities does not necessarily mean that there is the availability of quality health care services. Health services in Nigeria are delivered through primary, secondary and tertiary health facilities by both the public and private sectors. However, certain services are not generally available to a large percentage of the population (Aworinde, 2020). There is consistent disruption of health care services, due to incessant industrial action by all cadres of health care providers in public facilities. Accessing health facilities seems to be a big challenge especially in rural areas as a result of certain barriers such as the cost of services, distance to the health facility, and the attitude of health workers (FMOH, 2008). Other problems related to health services include: inefficiencies in the production of services; non-provision of a minimum package of health services and poor referral systems.

The COVID-19 pandemic has further exposed the lapses in the Nigerian health sector even as medical workers battle to curtail the spread and treat the infected. Research has underscored the vulnerability of Nigeria's health system. A consistently solid and accountable health system has eluded the country. The requisite health resources are also in short supply. The reality is that citizens, health workers and international development partners worry that Nigeria's health system is very weak and may be unable to adequately combat COVID-19 (Onwujekwe, Orjiakor &Agwu, 2020). Evidence abound in literature that indicate structural and facility-level corruption as well as accountability issues. These compromise efforts in the provision of healthcare, including containing COVID-19 pandemic and its impacts. More so, there is high level of distrust in public policies, poor welfare conditions for healthcare workers and health service users, and a lack of effective equipment. For instance, in July 2019, the National

Association of Resident Doctors threatened to embark on strike over three major grievances against the Federal Government, including unpaid salary arrears, skipped salaries of #23.6bn and irregularities in the implementation of the Resident Doctors' Act. Amid all of these, multimillion naira offices of several, duplicated government agencies litter the Federal Capital Territory while federal teaching hospitals are in a sorry state (Aworinde, 2020).

Health Financing

Health financing in Nigeria comprises revenue-generation, revenue-pooling and purchasing. It is one of the building blocks of health system and the level of functionality has direct effect on the overall functioning of the health system. A persistent and major weakness of the country's health system is the poor functioning of the health financing building block, which is characterised by low public spending, very high levels of out-pocket spending (one of the highest in the world), high incidence of catastrophic health spending and impoverishment due to spending on healthcare (Onwujekwe, Onoka, Nwakoby, Ichoku, Uzochukwu & Wang, 2018).

Onwujekwe *et al* discovered that Nigeria's health financing mechanisms were not functioning optimally and recommended that more funds should be allocated to purchasing health care services, and that such expenditures be evidence-based and strategic (Onwujekwe, Mbachu, Ezenwaka, Arize & Ezumah, 2020). This recommendation can be said to be a reminder of the 2001 Abuja declaration of AU member states agreement of 15% annual budgets to improving health care in the continent. Nigeria's total allocation to health in 2020 was 4.5% (Toluwani, 2020). It implies that the most that Nigeria has spent on health after 2001 was 6% in 2012, while in 2018 it spent only 4% of its budget on health. These are not up to the agreed budget by the AU which Nigeria is a signatory to. Nigeria's budget allocation for health care has been consistently below the continental average of 9.8% since the 2001 agreement (Adepoju, 2019). In addition, allocation and use of resources are neither evidence-based nor results-driven. Resources are not allocated equitably or in a manner that minimises wastage and improves efficiency. None of the mechanisms effectively protects individuals/households from catastrophic health expenditure (Global Health Expenditure Database, 2016).

The pandemic has further demonstrated the weakness of the health system as a result of poor health financing among others. It has also shown how the country can do things differently as regards financing health care in Nigeria. The contagiousness of the disease, the havoc it has been wrecking in European countries with strong health systems and the perceived weakness of Nigeria health system led to simultaneous rapid responses on many fronts by the federal government, state governments, private sector players, international donors and individuals. Some of these responses included: setting up isolation centers, provision of medical supplies and personal protective equipment, renovation of hospitals, setting up testing laboratories around the country, and provision of relief items to cushion the effects of the pandemic. One of the greatest efforts for tackling the coronavirus in the country is the Coalition against COVID-19, which consists primarily of private sector players. The group has raised over $64million to tackle the pandemic and support government efforts (Toluwani, 2020). The impact of these efforts cannot be over-emphasised. The treatment of COVID-19 patients gave citizens a taste of what universal health coverage is, in terms of cost of care where there was no payment of user fees at the point of care. This was only enjoyed by those in the formal sector through the National Health Insurance Scheme (NHIS) (Toluwani, 2020).

Human Resources for Health (HRH)

Nigeria has one of the largest stocks of human resources for health in Africa but still suffers from inadequate numbers of various categories of health workers (FMOH, 2013). The lack of appropriate infrastructure and under-qualified tutors, thereby impacting negatively on the country's ability to produce adequate numbers of health workers in the medium to long term. This also points to a reduction in the quality of training provided to health workers in the country. Other major challenges of HRH include: poor management of HRH (including retention, remuneration, supervisory and logistics support); poor working environment; limited opportunities for continuing education; migration to "greener pastures;" professional rivalry; divided/conflict of interests of health staff and frequent strike actions (FMOH, 2008). The bedrock of the country's health system; the Primary Health Care system and the Community Health Workers (CHWs) are considered to be its backbone for several reasons. In addition to contributing to several successful immunisation, maternal, newborn, child health and reproductive health services, CHWs also played a critical role in the epidemic response to the 2014 Ebola Viral Disease Outbreak (EVD) across several West African countries, including Nigeria (Perry, Dhillon, Liu, Chitnis, Panjabi, Palazuelos, Koffi, Kandeh, Camara, Camara & Nyenswah, 2016); yet, they are not effectively engaging in community healthcare especially in responses to COVID-19. There is critical shortage of skilled health workforce in sub-Saharan Africa (World Health Organisation, 2016) and an effective strategy for the COVID-19 response within the region should involve CHWs, especially as flattening of the epidemic curve is hinged on preventive measures. It is, therefore, important to engage the CHWs and ensure they are trained even on the job. It is no longer news that many clinical activities were reduced or halted in order to control COVID-19 transmission. More so, these workers should be protected as there have been numerous complaints about the shortages of personal protective equipment and ventilators needed to combat COVID-19 (World Ecomic Forum, 2020). This is further compounded with reported COVID-19 infection among healthcare workers as a result of occupational exposures, a figure estimated as 113 (about 6% of confirmed COVID-19 cases) as of 1 May 2020 (Abu-bashal, 2020).

Health Infrastructure

In Nigeria, more than 66% of the health facilities are public owned (FMOH, 2011), yet the health system is still inadequate. Some health bodies have expressed concern over the state of the Nigeria health system. The concern is based on the fact that the Nigeria healthcare system is not strong (Olawale, 2020).

There have been continuous neglect and protests over basic entitlements, not to mention institutional and infrastructural decays in the health sector. Physical structures, such as buildings and other physical facilities, such as pipe borne water, good access roads, electricity and transportation are deficient in most locations. Also, technological equipment meant for hospital use, such as surgical equipment, computers, power generating plants and consumables are inadequate. Poor location of healthcare facilities leads to under-utilisation of healthcare services. Also, there is a poor facility management and maintenance culture and a lack of standardisation for health infrastructure (FMOH, 2016). There was hope in 2015 when President Buhari came into power because he had made many promises, several of which pertained to the health sector. The President promised to increase the number of physicians from 19 per 1,000 population to 50

per 1,000 through deliberate medical education as epitomised by nations such as Ghana, as well as to increase national health expenditure per person per annum to about #50,000 (from the less than #10,000 then).He also pledged to invest in cutting-edge technology such as tele-medicine in all major health centres in the country through partnership programmes with communities and the private sector and increase the quality of all Federal Government-owned hospitals to world-class standard by 2019 (Aworinde, 2020).

However, those were, but mere promises as even the president cannot even trust the health system enough to receive health attention in the country due to poor health facilities. Of the total #9.45tn budgeted for 2020 by the Federal Government, only #427.3bn (4.5 per cent) was allocated to health (Aworinde, 2020). In fact, there are better-equipped private hospitals than government-owned ones in Nigeria. This explains why many citizens would rather seek medical attention in private facilities. The impact of lack of health infrastructure during the COVID-19 outbreak in Nigeria cannot be overemphasised. It got worse when the country started running out of bed space and isolation centers for COVID-19 patients. The first COVID-19 case was recorded in February 2020, but as at May 2020, 20 states were yet to have testing laboratories (*Daily Trust News*, 2020). Though few more laboratories have been provided, they are still not enough. The implication of this is that the number of people who have tested for COVID-19 is a very small percentage of the entire population.

Conclusion

The researchers investigated the National Health Policy and the Management of COVID-19 in Nigeria. They examined five of the ten policy thrust of the NHP 2016. From evidences gathered from the study, it is evident that these policy thrusts have not been successfully implemented as stipulated by the NHP. Most of the challenges faced in managing COVID-19 pandemic in Nigeria are as a result of the unsolved problems in the health sector the NHP was supposed to have addressed. The health system governance is still not effective and the health infrastructure deficient. More so, health funding in the country is not commensurate with expectations as well as being worse when compared with that of other countries in the region. Human resources are not properly utilised and catered for, plus the fact that health service delivery is devastating. It was concluded that health challenges NHP was meant to ameliorate still persist in the health sector in the management of COVID-19. Thus, the following recommendations are hereby given:

1. The impact of the weak health system in Nigeria in the management of COVID- 19 calls for sincerity, transparency and accountability on the parts of the government and health sector.
2. Health insurance coverage in the country should be extended to capture the informal sector in order to reduce cost of health care for every citizen of the country.
3. Government should also increase the budget allocated to the health sector in order to provide quality health care system in the country.
4. Community Health Workers (CHWs) should be fully engaged by the government in building a resilient health system. This is achievable through a review of their curriculum, current roles career pathways, training and development. By so doing, the country's health care system will be more reliable and prepared to tackle any sort of diseases events, whether communicable or non-communicable diseases.

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