



APHPN NEWSLETTER

Quarterly Newsletter of the Association of Public Health Physicians
of Nigeria

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From the President

PROF. ALPHONSUS ISARA

I am still basking in the euphoria of the very successful Annual General Meeting and Scientific Conference of our Association held from 7th to 11th of March, 2022, at Ilorin, Kwara State. The active participation of members both physically and virtually, through paper presentations and robust discussions, was highly commendable. Words would not be enough to express our gratitude to the members of the Local Organizing Committee for the tenacity, zeal, and dedication they demonstrated before, during and after the conference.

Going forward, we have begun the implementation of the decisions reached at the conference. One of the key resolutions at the conference is the need for public health physicians and other public health specialists to be committed to strengthening the Nigerian health system so that it is more responsive to the health needs of the population. To achieve this, the establishment of the Departments of Public Health in secondary healthcare facilities in Nigeria is imperative.

Therefore, all APHPN State Branches are encouraged to engage and petition their respective State Ministries of Health and Houses of Assembly for the creation of Departments of Public Health in all their secondary healthcare facilities.



Our Association submitted a memorandum to the National Assembly, to oppose the proposed obnoxious and ambiguous Bill for an Act to establish the Public Health Practitioners Council of Nigeria charged with the responsibility of advancing the study, training and practice of public health management and administration in Nigeria.

We were physically present at the public hearing on the Bill held on the 22nd of March, 2022. We are very optimistic that the Bill will not see the light of the day. We will continue within our capacity, to defend the public health space in Nigeria.

Once again, I encourage APHPN members to contribute to the newsletter and give regular feedback to the Editorial Board. I wish you a happy reading.

Update from the Secretariat

DR ALPHONSUS AIGBIREMOLEN

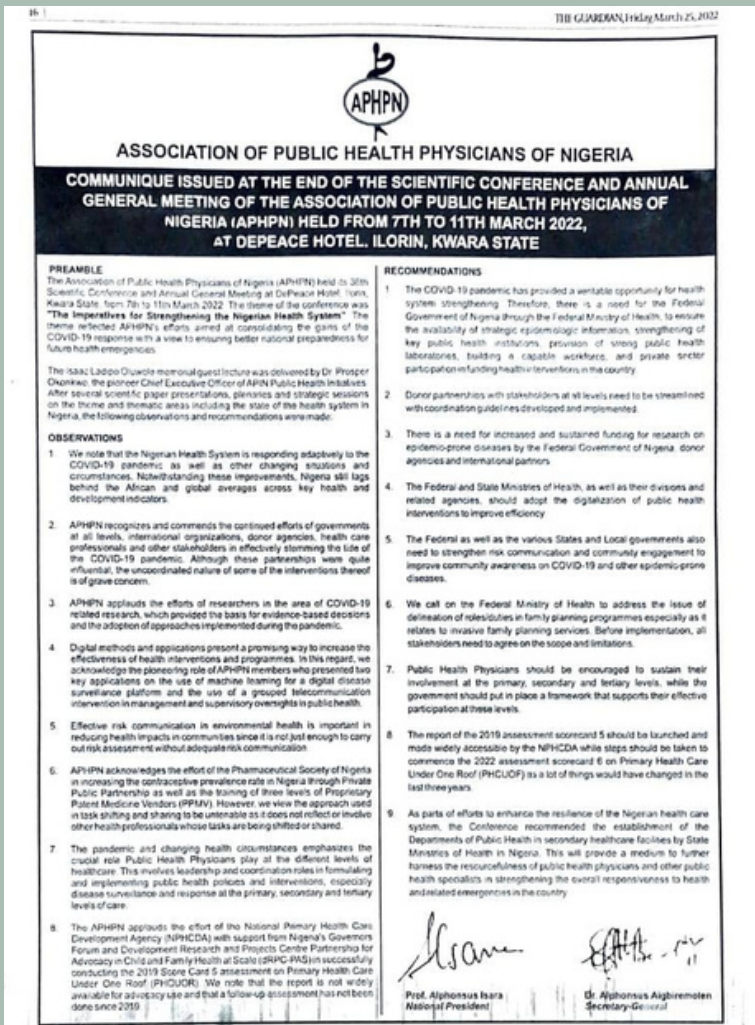
In the first quarter of 2022, the Annual General Meeting and Scientific Conference of APHPN was held from 7th to 11th March 2022 at Ilorin, Kwara State. Apart from the Annual General Meeting (AGM) where key decisions were taken and ratified, meetings of the Board of Trustees (BOT), National Officers Committee (NOC), and National Executive Committee (NEC) were held during the Conference. The Conference Communiqué was published in the Guardian Newspaper on Friday 25th March 2022, with sponsorship from Breakthrough Action Nigeria as part of its strategic collaboration with APHPN.

- Appointments: Dr Sunday Aderibigbe was appointed as Chairman of the APHPN Family and Reproductive Health Caucus; Prof. Daprim Ogaji was appointed as Chairman of the Association of Schools of Public Health Committee, and Dr Terfa Kene was appointed as Chairman of the APHPN Public Health Liaison Committee.

- Reconstitution of APHPN Constitution Review Committee with Prof. James Bamidele re-appointed as Chairman. Other members of the Committee include Dr Mansur Raji, Dr Innocent Alenoghena, Dr Hadiza Agbo, Dr Obaji Akpet, Dr Mustapha Danimoh, and Dr Alphonsus Aigbiremolen (Secretary of the Committee).

- Completion of the first phase of furnishing of APHPN Liaison Office in Abuja. APHPN materials are now archived in the office and are accessible to members.

- The President and members of APHPN actively participated in the Primary Health Care Summit organized by the National Primary Health Care Development Agency (NPHCDA) from 23rd to 24th March 2022 in Abuja.



Other key activities during the period include:

- The partnership between APHPN and World Continuing Education Alliance (WCEA) was further strengthened with the creation of login access for APHPN members on the WCEA platform. With this development, members now have personalized access to all WCEA resources.

Creating a Functional Health System for Nigeria

OLUMUYIWA ODUSANYA

Building blocks of the health system

A health system is the sum of all the institutions, organizations and individuals whose primary purpose is to improve health. It requires staff, finance, medicines and leadership. A well-functioning health system works to improve the health of the people by protecting against health threats, restoring health, treating people decently, protecting against consequences of financial hardship and making it possible for the people to participate in their health. The World Health Organization (WHO) has produced a building framework for understanding and strengthening health systems. The framework has six blocks namely: human resources for health, service delivery, medicines, vaccines and technologies, health financing, health information system, leadership and governance.

The challenges of the Nigerian Health System

Nigeria runs a federal structure with three levels of governance namely federal, state and local government. Health is on the concurrent list which allows each level of government to determine its priorities and actions albeit within a broad framework of national goals. The 1999 constitution of Nigeria states that health is a fundamental right (although not justiciable) and function of government.

Health Workforce

Nigeria has different cadres of health workforce including medical doctors, nurses and midwives, pharmacists, physiotherapists, laboratory scientists and many categories of community health workers. These are formal or orthodox workers found mainly in urban areas and both government and private health facilities. Private health facilities provide services to about 60% of the population. There is a large army of traditional health providers and quacks who seem to be more trusted by the public. The problems facing the health workforce include inter-professional rivalry, unresponsiveness, slower pace in the acquisition of up-to-date and new skills because of limited opportunities for training and exposure, mal-distribution of health workers with many more being in urban areas, low morale, poor compensation and emigration.

Service delivery

In Nigeria, health facilities are often cited for political reasons, some are duplicated and many are understaffed and lack basic equipment, running water and adequate levels of sanitation. Long waiting times to receive service, bureaucratic bottlenecks to access care, bypass of lower-level facilities, and unavailability of bed spaces for in-patient care are among the myriads of problems that hinder service delivery.

*Prof Odusanya can be reached at the Department of Community Health & Primary Health Care
Lagos State University College of Medicine, Ikeja,
or via email at profodusanya@gmail.com*



Olumuyiwa Odusanya (FMCPH)

Medicines, Vaccines and Technology

Nigeria has largely been a net importer of medicines, vaccines, technologies and other medical equipment and devices. There is very little research and development in the country anymore and vaccines are not produced despite numerous approaches to stimulate vaccine production. These problems are the results of long term unfavourable investment climate, unreliable electricity supply, government policy somersault, high cost of doing business and neglect of research. Other problems include lack of standardisation, quality assurance, fake and adulterated medicines with increased morbidity, mortality and huge socio-economic costs.

Health information system

The health system in Nigeria has a rich collection of data, in reports, bulletins, most of which are technical reports which are usually full of technical language, not available to the general public and are not designed to inform or educate the layperson. There is some degree of information hoarding and administrative difficulty in data sharing rather than open access. There is a huge gap on the supply side as funding to maintain a vibrant and functional health information system in terms of software, computers, and expertise is often not available within the government agencies responsible for producing health information.

Health financing

The continuous underfunding of health care at all levels of governance is a severe limitation to the functioning of the National Health System. The National Health Insurance Scheme (NHIS) which is to improve both funding and access has a very low coverage mainly amongst the formal sector not to mention the informal but funding and corruption have beset the scheme. The out-of-pocket expenditure is about 70% and many families experience catastrophic health expenditure which pushes them into poverty.

Leadership and Governance

There is a large gap between the political and technical leadership of the health sector. Appointments to technical positions are largely influenced by the political reward system rather than technical expertise or merit. Leadership is often top-down rather than bottom-up and decision making takes a long time. Health workers often lack pre-requisite leadership and managerial skills such as empathy, decision making, budget management, asset management, project management, economic analysis and human resource management. Part of the leadership deficit is a lack of effective community participation.

Creating an effective health system for Nigeria

Creating an effective health system for Nigeria requires strong political will particularly on the part of the government to prioritise the health of the people. If done, it has huge benefits in improving the health of the citizens and the larger socio-economic development of the country. Inter-sectoral and inter-ministerial actions are needed to improve water supply, power supply, food security, development of rural areas, and improve the proportion of children completing secondary school education. Many of these are the basic functions of the local government, but they are weak, and urgent actions must be taken to empower, adequately fund and make them accountable. One can imagine the quantum leap that will be recorded if every Local Government Area in the country faced the issues squarely and provided food security, water supply, access to schools and infrastructural development to at least 75% of its communities. The citizenry needs to be mobilised and helped to become self-reliant through purposeful engagement, dialogue and involvement so they can take ownership.

In the health sector, attention must be paid to the building blocks in several ways: Firstly the health workforce should be motivated by paying living wages, promoting decent work and the welfare of staff. Teamwork and industrial harmony should be encouraged to reduce friction. Continuous professional development should be on the front burner to improve the skills and competencies of the health workforce.

Accountability to the clients with direct access to complaints and seeking redress along with the ability to review the performance of the system are keys to effective service delivery. All aspects of services need to be improved. The requirements needed to empower staff in terms of logistics and other resources should be provided on a sustainable basis. One key component of service delivery is to strengthen PHC through the provision of sufficient resources. Health-related sectors such as agriculture, public works (water supply), the environment, and power must work in synergy with the health sector to improve the health of Nigerians.

To strengthen the area of medicines, vaccines and technology, Nigeria should as a matter of priority begin to mass-produce generic medicines to meet the needs of its citizens and then later for exports. Funding and support to indigenous pharmaceutical organizations should be created and sustained. Research and development need to be strengthened. Experts in clinical trials and drug development should be identified and trained.

The overall socio-economic climate for the country should be made more attractive. Mechanisms to strengthen quality assurance, the elimination of adulterated and substandard medicines need to be established. Rational prescribing and use of medicines should be strengthened. Information generation and synthesis need to be strengthened to enable Nigeria excel and make use of information to improve the health of the citizens. Working in silos and hoarding information should be discouraged. Open data sharing must be the new norm. Social media has come to stay and should be embraced as a way of communicating health information with the public. The citizens need information about the common health problems they encounter, the appropriate actions and solutions to them. A neglected aspect of health information is community surveillance, reporting and notification of priority diseases. This will help detect epidemics early and avoid severe problems associated with them.

Government must improve the funding available to the health system. Innovative ways of generating new funds are important without overburdening the private sector. Community insurance, health insurance, better coordination of donor funding and aligning them to national priorities are key. Health insurance should be mandatory. Aggressive mobilisation and information will be needed to increase the coverage of the NHIS. Transparency, accountability, and probity need to be assured to get the best value for money channelled to the NHIS. In the leadership block, technical leadership should be appointed on merit. Leadership skills should be taught at all levels for health workers and upgraded continuously. Leadership should be decentralised, held accountable and performance measured regularly. The political side of leadership must act as advocates and vanguards for the improvement of the health sector. Working with the community is one aspect of governance that is often neglected and needs to be addressed throughout the country.

Conclusion

Nigeria has enough strategies to improve its health system and make it functional. Attention must be paid to addressing the social determinants of health and other broad-based interdependent factors that affect health. Political will is key to promoting citizen welfare, enlightenment, and engagement. Focused attention must be paid to the building blocks of the health system to strengthen them. Community participation remains a key element in improving the health of Nigeria.

News in Brief

BY OMOISIVIE MADUKA & TERKAA BITTO

APHPN President Pays Courtesy Visit To The Executive Secretary, FCT Primary Health Care Board

On the 22nd of February 2022, the APHPN National President, in the company of the EXCO of APHPN, FCT Branch paid a courtesy visit to the Executive Secretary, FCT Primary Health Care Board, Dr Ndaeyo Akpan Iwot, at the FCT PHCB Complex, Abuja. The visit was to solicit his support for APHPN activities and explore opportunities for collaboration between APHPN and the Board. The President, on behalf of the Board of Trustees, Executive Council, and members of APHPN, expressed appreciation to Dr Iwot for graciously approving the formal ratification of the APHPN liaison office located within the Board.



APHPN President Visits Ebonyi State

The National President, APHPN, paid a working visit to Ebonyi State on Friday 11th of February 2022. During this visit, he interacted with the EXCO and members of the Ebonyi State Branch of APHPN who expressed their excitement and pledged increased commitment to the APHPN activities in the State.



APHPN President attends Rivers State HCiD Workshop

The National President participated in the APHPN/ICRC Health Care in Danger (HCiD) training for 50 lecturers from UPTH, RSUTH and PAMO University of Medical Sciences. The branch was honoured to host the National President (Prof Alphonsus Isara) during the training which was held at the NMA house, Port-Harcourt.



APHPN FCT Elects New Executives

FCT branch of APHPN had its AGM on 15/3/2022 to elect a new executive to pilot the affairs of the association for the next two years.



From Right to Left: Dr Sabastine Esomonu (Chairman), Dr Ramsey Yalma (Vice-Chairman), Dr Austin Ajogwu (Secretary), Dr Aderonke Akande (Treasurer), Dr Esther Cegbeyi (PRO), and Dr. Dan Gadzama (Ex-Officio 1).

APHPN attend Public hearing at National Assembly

Our representatives were at the public hearing in the National Assembly on 22nd March 2022. The hearing was for a bill for an act to establish the Public Health Practitioners Council of Nigeria charged with the responsibility of advancing the study, training and practice of public health management and administration in Nigeria and related matters (HB.1236)



From left to right: Dr. Tolu Fakeye (Chairman, SPHPN-FCT), Prof. Alphonsus Isara, (President, APHPN), Dr. Esther Cegbeyi-Danlami (PRO, APHPN-FCT) and Dr. Ramsey Yalma (Vice-Chairman, APHPN-FCT)

Obituary

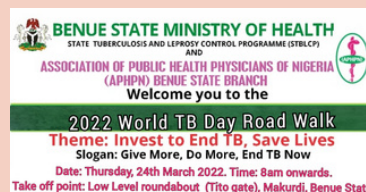
Dr. Nkiru Vivian Obierika
November 17 2021
Enugu State Branch



APHPN State Branches Commemorate World TB Day

APHPN Benue

The state commemorated World TB Day 2022 with a Road Walk at Makurdi on the 24th of March 2022, and a live TV programme on Friday, 25th of March 2022 by 7.30 pm. Both events were aimed at targeted advocacy for the prevention and control of Tuberculosis. These activities were held by the TB Collaboration Network of partners which includes APHPN Benue State.



APHPN Akwa Ibom

The state hosted a zoom webinar on the Theme Investing to End TB Saves Lives to commemorate World TB day 2022. The webinar was held on the 28th of March, 2022. She also had radio appearances. These events were a collaboration with SMOH, KNCV, and Breakthrough Action. The focus was to sensitize the public on issues around tuberculosis prevention and care.



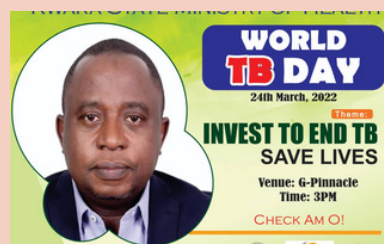
APHPN Anambra

Activities to Mark World TB Day included: A press briefing on TB by the Permanent Secretary, Ministry of Health and a brief road walk. Other events included a seminar/Symposium on TB at COOUTH, health education on TB to patients at CHC NAUTH Neni, health education on TB to patients at NAUTH Annex Ukpo, health education on TB to patients at NAUTH Nnewi, medical outreach and TB screening for inmates of Nigeria Correctional Center Awka



APHPN Kwara

APHPN Kwara collaborated with the Kwara State Ministry of Health to commemorate World TB Day with a symposium on the 24th of March 2022. Dr Gafar Alawode was the keynote speaker who shared thoughts on the theme for this year



APHPN Cross River

State Chairman, Dr Obaji E. O. Akpet, led members of the Association to pay a courtesy visit to one of their members, Dr Mrs Linda Ayade First Lady Cross River State, in her office as part of the activities to commemorate this year's World TB Day.



Appointments and Promotions

OMOSIVIE MADUKA

APHPN congratulates Dr Eytipe Amu on her elevation to the rank of Professor of Public Health at the Ekiti State University



APHPN congratulates Dr Kingsley Douglas on his elevation to the rank of Professor of Public Health and Occupational Medicine at the University of Port Harcourt.



APHPN congratulates Dr Otaniyenuwa Obarisiagbon on her appointment as the Executive Secretary, Edo State Primary Health Care Development Agency



APHPN congratulates Dr Adesola Olumide on her elevation to the rank of Professor of Public Health at the University of Ibadan



Memories and Appreciation: APHPN Annual General Meeting and Scientific Conference, Ilorin 2022

The National President Prof Alphonsus Isara and the entire executive of our great association express sincere appreciation to everyone who contributed to the success of the just-concluded 38th Annual General Meeting and Scientific Conference of the Association of Public Health Physicians of Nigeria which was held in Ilorin Kwara State from Monday 7th to Friday 11th March 2022 at DePeace Hotel Ilorin, Kwara State. The Conference theme was 'Imperatives for Strengthening the Nigerian Health System'.

Members of the APHPN Board of Trustees – Prof Alausa, and Prof Obionu were in attendance alongside the National Executive, 302 virtual participants and 205 physical participants. There were a total of seven plenary sessions, 44 oral and 29 poster presentations. The Isaac Oluwole Memorial Lecture was delivered by Dr Prosper Okonkwo the Chief Executive Officer, APIN Public Health Initiatives.

We appreciate the Chairman, members and advisers of the Ilorin Local Organising Committee and indeed all the good people of Kwara State. Your organisation was superb, your hospitality fantastic and your attention to detail excellent. We had a most rewarding experience. We also sincerely thank all sponsors and partners who supported this conference in cash and kind. We are grateful for your partnership. God sparing our lives we will gather again come January 2023 in the city of Port Harcourt. We hope for your partnership and participation one more time.



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Do you have an article, feature or report for our newsletter, please email it to the Editor APHPN Newsletter omosivie.maduka@gmail.com

Global Public Health Dates of Significance: April - June 2022

CULLED FROM THE WORLD HEALTH ORGANIZATION AND UNITED NATIONS WEBSITES



7 April
World Health Day



24-30 April
World Immunization Week



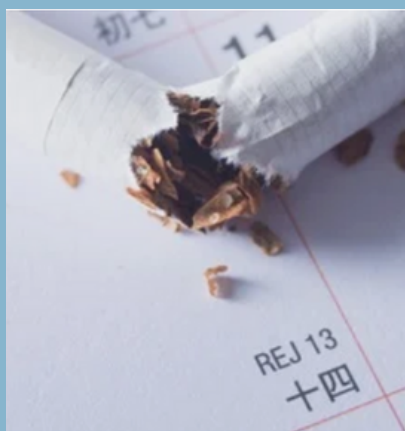
25 April
World Malaria Day



World Day
FOR SAFETY AND HEALTH AT WORK
April 28



May 17 2022
World Hypertension Day



31 May
World No Tobacco Day



Jun 05 2022
World Environment Day



14 June
World Blood Donor Day