APHPN

ASSOCIATION OF PUBLIC HEALTH PHYSICIANS OF NIGERIA

PORT HARCOURT 2023

39th APHPN ANNUAL GENERAL MEETING AND SCIENTIFIC CONFERENCE

30TH JAN - FEB 3RD 2023

THEME

PUBLIC HEALTH PRACTICE:

NEW OPPORTUNITIES AND NEW CHALLENGES

L.A. KINGS DOME EVENT CENTER
No 31 Ken Saro-Wiwa Road, Port Harcourt

KEYNOTE SPEAKER

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MBBS; MPH; FWACP; Dip HSM
HEALTH MANAGER - COMMUNITY HEALTH, NIGERIA (SPDC)

KEYNOTE LECTURE

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ISAAC OLUWOLE LECTURE

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PAST ISAAC OLUWOLE MEMORIAL LECTURERS

Year	Guest Lecturer	Title
2006	Prof. Dora Akunyili	Control of Food and Drugs Standards In the Tropics
2007	Prof. B. A. N. Nwakoby	The Role of Public Health Physician in a Reformed System
2008	Prof. O. K. Alausa	Thirty years of Alma Ata: Whiter PHC in Nigeria?
2009	Prof. Babatunde Osotimehin	HIV/AIDS Control: The Journey So Far and The Way Forward
2010	Prof. O. O. Hunponu-Wusu	50 Years of Independence: State of Nigeria Health System
2011	Prof. S. Olu Oduntan	Nigerian Children of School Age. The Heritage of a Nation: Our Joint Responsibilities
2012	Sen. Victor Ndoma Egba	The National Health Bill: Issues Arising
2013	Dr. Ado J. G. Mohammed	Reducing Maternal Immortality in Nigeria: The Way Forward
2014	Dr. (Mrs.) Ngeri Setima Benebo	Environmental Health Strategies for National Development.
2015	Prof. M. C. Asuzu	Millennium Development Goals: Nigeria Now and Beyond 2015
2016	Dr. Clara Ejembi	Universal Health Coverage: The way Forward In Achieving SDGs in Nigeria
2017	Prof. O. K. Alausa	Non Communicable Disease Burden: Health System preparedness in Nigeria
2018	Prof. Obehi Okojie	Achieving Health Related Sustainable Development Goals in Nigeria: The Way Forward
2019	Prof. C. N. Obionu	Advancing A Health System that Works for All Nigerians
2020	Prof. M. N. Sambo	Epidemiologic Transition and Implications for Public Health Practice
2021	Dr. Faisal Shuaib	Strategies for Resilience and Recovery from Public Health Emergencies
2022	Dr. Prosper Okonkwo	The Imperatives for Strengthening the Nigerian Health System

Citation of Dr. Akinwumi Fajola

Dr Akinwumi Fajola is a Public Health physician, specialist and business leader. He is currently the Community Health Manager at Shell Nigeria. He leads and provides community health care support for communities and assets in Nigeria and Sub- Saharan African countries where Shell has its operations. A specialist in Public Health Medicine and Epidemiology, he has served as World Health Organization/NPI - N.I.D's consultant on immunization in Imo & Kano states of Nigeria and as In-Country coordinator Nigeria, for the Institute of Human Virology, University of Maryland USA, now IHV Nigeria, under its University Technical Assistance Program (UTAP), where he supported the commencement of the HIV/AIDS PEPFAR initiative (President Bush Emergency plan on HIV/AIDS Relief) in collaboration with the Government of Nigeria and CDC-gap Atlanta.

He was coordinator of the Ibarapa Primary Health Care program of the College of Medicine, UCH, Ibadan between 2003 and 2005. A Fellow of the West African College of Physicians, he is also an examiner with the College. Akin is a former Vice Chairman of the Association of Public Health Physicians of Nigeria (Rivers State Chapter).

A MASHAV scholar (under the aegis of Israel's Agency for International development), he holds an International Master's Degree in Public Health from the Braun School of Public Health & Community Medicine, Hebrew University-Hadassah, Jerusalem.

Using measurable data, he presently supports implementation of innovative public health, social investment and sustainable development initiatives that impact people and communities by partnering with governments, development partners, civil society and communities. One of this is a Shared Value initiative- the model pilot Obio Community Health Insurance program in Nigeria being implemented in collaboration with the Rivers state government, Shell (SPDC-JV) and host communities.

Akin co-led the Shell team in support of the national Ebola response in Rivers & Lagos state's and serves as a member of the Emergency Operations Center (response/preparedness) in Rivers State.

He was a member of the special committee on health - commissioned by former President Olusegun Obasanjos' Centre for Human Security, that produced the document; "Towards a new dawn for the Health Sector in Nigeria- Post 2015".

In 2020, he led Shell's external COVID-19 (private sector) response in Nigeria, coordinating and collaborating with key stakeholders like the Nigeria Centre for Disease Control, Federal Ministry of Health, State governments and key partners. It led to direct support across risk communication, logistics and equipment and consumables for the activation of molecular laboratories in 9 states, which contributed to improving testing capacity and efficiency in country.

He is also presently Business Opportunity Manager for the $5Million Oloibiri Health Program, catalyzed by Shell Group and delivered in partnership with the Bayelsa state

government, Ogbia LGA, with technical support from the International Finance Cooperation (IFC). He has co-developed value adding impact mitigation initiatives in Nigeria, Gabon, Mozambique and other operation hubs.

Dr Fajola delivered the keynote address at the inauguration of the World Bank funded Africa Centre of Excellence in Public Health and Toxicological Research (PUTOR) at the University of Port Harcourt in June 2019.

In 2022, Akin was inaugurated as a member of Nigeria's Country Coordinating Mechanism (CCM) for the management and oversight of Global Fund grants for Nigeria's health system for impact.

Dr Fajola is a flagship course alumnus on Health systems strengthening and sustainable financing of the Harvard School of Public Health and World Bank Institute. He has over 32 research publications in peer reviewed journals, including abstracts and has contributed a book chapter. His areas of interest include data driven options in strengthening of health systems, development of sustainable health care financing models in resource limited settings (access to health), immunization against vaccine preventable diseases, remote health care, reproductive health & HIV/AIDS Epidemiology, including its care, treatment and support. Having worked in the Oil and gas industry for the last 16 years, he understands the business of health, impact management and non-technical risk management. Program sustainability & Change management are key elements he embeds into deliverables.

A trained Shell graduate assessor, he has been presenter and keynote speaker at national and regional events, including international conferences. He is also an advocate for renewable energy solutions.

Under the auspices of the United Nations Economic Commission for Africa and the African Union, he participated in the African Continental free trade Agreement (AfCFTA) Forum on "...inclusive economic development in Nigeria". He is interested in poverty reduction through addressing key social determinants of health, free trade opportunities around the business of health and industrial development in Africa. He is presently completing a Master's in Business Administration (MBA) in Energy & Sustainability.

Akin serves as advisory board member of the World Bank funded African Center of Excellence in Public Health and Toxicological Research - at the University of Port Harcourt, Nigeria (ACE – PUTOR), and doubles as advisory board member of the Nigerian Business Coalition Against AIDS (NIBUCA) and the HIV trust of Nigeria.

Between 2019 and 2021, Akin served on the board of the Cycling Federation of Nigeria, where he supports sports and youth development.

Dr Fajola is married to Olamide & their blessed with children

KEYNOTE ADDRESS/ ISAAC OLUWOLE MEMORIAL LECTURE AT THE ASSOCIATION OF PUBLIC HEALTH PHYSICIANS OF NIGERIA'S39TH ANNUAL GENERAL MEETING AND SCIENTIFIC CONFERENCE ON THE 31st of January 2023

DELIVERED BY:

Dr. Akinwumi Fajola

Health Manager-Community Health, Nigeria, @ The Shell Petroleum Development Company Of Nigeria Limited, Port Harcourt.

Protocols

- Chair of Occasion:
- All protocols observed
- Distinguished Ladies and Gentlemen

Background

I am both honoured and profoundly humbled to be asked to deliver the keynote address at this event– the 39th Annual General Meeting and Scientific Conference of The Association of Public Health Physicians of Nigeria. I say a big thank you to the leadership of APHPN led by Prof Alphonsus Isara, including the board of trustees and the LOC for counting me worthy of this honour. APHPN is an association of which truly I am immensely proud, especially in the last few years when the challenges that came spurred us into action.

Since I received the invitation as the Isaac Ladipo Oluwole key-note speaker, I have had quite some reflection on the theme "Public Health Practice: New Opportunities and New Challenges", what it means to us as public health physicians and practitioners and its meaning for the future of our health system and our country.

Public Health Practice: New Opportunities and New Challenges

TThe keywords of this theme place emphasis on practice, opportunities, challenges and new. They point to the 'how' of the journey to a refreshing start. This includes looking back, drilling down to understand the issues, re-calibrating, innovating, possibly rebranding, and maybe disrupting from within, in order to deliver a fit-for-purpose healthcare system. It is an opportunity to provide transformative and evidence-based solutions to sustain emerging challenges through partnerships, academic prowess, and the provision of policy direction. It is also an opportunity to make things right and do the right things.

I believe with the right focus and approach towards the new challenges and opportunities that public health practice is confronted with, we are set for a journey back to "Eden." Eden in the good book holds a lot of hope and promise. It is reminiscent of nature, greenness, life, excellence and everything health and well-being. A wise man once said, "To know where you're going, you have to know where you're coming from."

In looking back, it is therefore worth drawing from the wisdom of the Father of Public Health in Nigeria, who set its foundations, and, in whose honour, I am delivering this lecture today- Dr Isaac Ladipo Oluwole.

Dr Isaac Ladipo Oluwole – The Model Public Health Practitioner

He is regarded as the father of Public Health in Nigeria. Born in 1892, he attended CMS Grammar School and Kings College Lagos before proceeding to the University of Glasgow to study Medicine. He returned with an MBBS degree in 1918. Dr Oluwole showed interest in community health while he was in private practice in Abeokuta and went back for a doctorate in Public Health Hygiene (DPH), which prepared him for the public health success he went on to achieve. (Prosper Okonkwo keynote lecture book, APHPN Ilorin 2022).

Dr Oluwole established the first School of Hygiene in Yaba, Lagos, after he discovered the dearth of trained public health practitioners and sanitarians (wole-woles), which had led to the poor implementation of public health regulations at the time. He set up the Massey Street dispensary in Lagos Island, which has today morphed into the Massey Street Children Hospital, a Childcare health service. Other significant contributions were in environmental health, food hygiene and the establishment of school health and childhood immunization services. All these culminated in his appointment as the Medical Officer of Health in 1936. Men like this are our forerunners in public health and its practice in Nigeria, even with the many limitations at the time. His achievements earned him the award of the order of the British Empire OBE in 1940. After his death in 1953, it was clear that he was unarguably the father of public health in Nigeria.

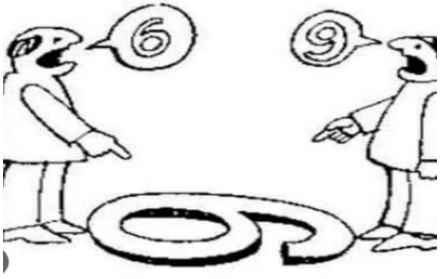
Painting the picture

I would like to share two or three pictures taken from our communities to build the foundation of this discourse. They will be a poser to the challenge we see in several communities where we practice public health which then lays the template for subsequent questions, we should ask ourselves i.e. (the what, why, how, when) and the solutions we need to proffer for the future that we seek for public health practice in Nigeria.

Reflections: What do these images tell us?

Opportunities and Challenges: Kindly note that when we speak of challenges or opportunities, perspective is key. Is the cup half full or is it half empty? When you look at the cartoon below, do you see a six or a nine?

In the Japanese lexicon, the word crisis (kiki), means both danger and opportunity.



Opportunity: Colleagues, opportunities are sometimes not clad in the usual apparel. We need to look out for them intentionally as they do not always have a sticker or label on them. Opportunities are sometimes hidden in plain sight- presenting as challenges, we therefore need to look out for them in both peace time and in crisis situations

- Lets flip the switch!

Public Health and its Practice

Let me give perspective to the discourse today by going back to our simple basic definition of public health and its practice, as I am sure it will set the foundation for our conversation.

The World Health Organisation defines Public Health as all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population (WHO 2000).

- The American Public Health Association expatiates a little further as the "…practice of preventing disease and promoting good health within groups of people, from small communities to entire countries." (Allender et al 2013)

- According to CEA Winslow in 1923, Public Health is defined as the science and art of preventing disease, prolonging life and promoting health (physical and mental well-being) through organized efforts and informed choices of society, organizations, communities and individuals …..It focuses on the sanitation of the environment, control of communicable diseases, education in personal hygiene, organization of health services for early disease detection, preventive treatment of disease and the development of a social system that provides a standard of living adequate for the maintenance of health for everyone (Novick et al 2008).

"It's through curiosity and looking at opportunities in new ways that we've always mapped our path."
- Michael Dell

In summary, therefore, public health entails advocacy and educating people about promoting healthy lifestyles, researching to identify the cause of disease, and tracking,

preventing, and responding to disease outbreaks and disasters. It creates strategies for influencing change, through the passing of enabling policies that affect the population and improve their quality of life.

Over time the field of public health has gone beyond just infectious and communicable diseases to include chronic diseases, non-infectious diseases, occupational-related diseases, and mental health disorders to mention but a few.

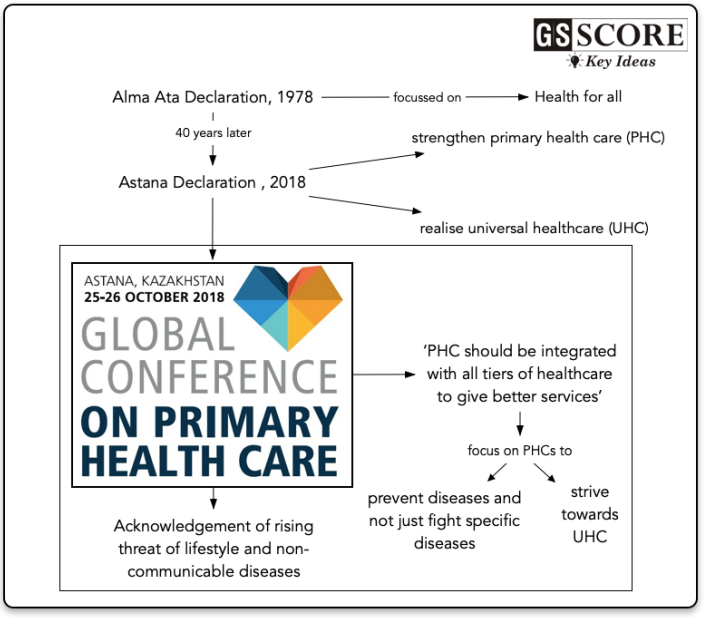
So, my question is, has our public health practice fulfilled these definitions above? Has our practice of public health provided solutions, or have we just stayed with its theory?

Public Health Interventions we have seen through our times

Public health practice dates to ancient times as seen in religious books where hand washing was instituted as a practice. We now know the enormous benefits this practice has in breaking the chain of disease transmission. More recently we have had global interventions like the Declaration of Alma Ata, Millennium Development Goals, Sustainable Development Goals the Astana declaration. We have also had regional interventions like the Bamako Initiative and the Abuja Declaration for the preservation of regional population health. We have had a few notable public health events especially, HIV epidemics, Ebola Outbreaks and more recently the COVID-19 pandemic.

Interventions at the local level include those at the primary healthcare level, free healthcare initiatives and the establishment of public/population health preservation structures like the NPHCDA, NHIS and NCDC.

The 17 Sustainable Development Goals – Achieving SDG3 will depend on progress in about 8 other SDGs (all public health related)



Alma Ata and Astana Declarations

SDG 3 and health related Linkages and other SDGs

Gains of Public Health Practice in Nigeria

Public health in Nigeria has recorded many achievements over the years, and we have recorded notable milestones in the control of many infectious diseases. We have made progress in malaria control, we are not doing badly with HIV and TB control, and the hope of kicking wild poliovirus out of the country is more alive than ever as we had celebrated three years of zero reports of wild poliovirus. We had even started paying more attention to the endemic Lassa fever with the hosting of the first ever Lassa Fever Conference in 2019 i.e. (50 years after the disease was first discovered in Nigeria). We gallantly contained the outbreak of Ebola Virus Disease (EVD) in 2014 contrary to global expectations. So, we were ready to build on the lessons, resources and expertise gained from the control of EVD, to control Lassa Fever as well. There is also quite some focus on the control of non-communicable diseases.

Towards the end of 2019, The COVID-19 pandemic threw the entire world off-balance, shook the core of our health systems and brought some countries to their knees. It was a public health challenge and at the same time a public health opportunity. More than ever, the field of public health gained publicity. The relevance of public health at every level of governance became undeniably evident. The whole world

listened to us public health physicians and professionals, and we leveraged the attention to influence every sector of human existence.

The field of public health is one where opportunities come in form of challenges.

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- ·where our ability to maximize those opportunities lies in how much of the challenges, we are ready to embrace;
- ·how ready we are to deviate from the norm; how prepared we are to "shake the table" and sometimes even "break the table".
- The science of public health is embedded in epidemiology, biostatistics, environmental health and others but the practice of public health is one that is very dynamic and requires the ability to innovate and embrace changes. **As the "how" of diseases is changing (i.e. cause, course, and complications), the "how" of public health intervention must also change.**

With the challenge of the changing pattern of diseases, comes the opportunity to innovate and try new methods of preventing diseases.

At the nucleus of the changing risks and modes of disease transmission lies the change in lifestyle and human behaviour. CEA Winslow recognized that Public Health is not a single discipline nor a single specialization of the health profession. More than ever before, the current public health challenges underscore the fact that Public Health is not a lone field and the best practice of it is not for loners.

"If opportunity doesn't knock, build a door."- Milton Berle

We can never get the best from the practice of public health in isolation. We are in a time and era where the increasing prevalence of non-communicable diseases and mental health disorders can be best controlled by the coming together of various public health sub-specialties e.g., epidemiologists, biostatisticians, specialists in rehabilitative medicine, social scientists, occupational and mental health professionals. This will also engage social media as well as ICT experts to develop appropriate and acceptable ways to disseminate interventions to the target populations.

The practice of public health in Nigeria, therefore, presents an opportunity for limitless collaboration. **It is high time we allowed our "right hand to know what our left hand is doing". We should allow our right hand to collaborate not just with our left, but with the hands of others**. Only then would we be able to give the best of ourselves to the populace. There is a need for a collaborative effort to deliver a "one-stop shop" practice of public health, especially in a developing country like ours, where resources are scarce. We need to collaborate to develop interventions that would be capable of preventing disease, promoting health and prolonging life, all at the same time.

Issues and Concerns about Public Health Practice in Nigeria

The landscape of public health has become increasingly complex.

- ·It is crowded - with multiple partners and actors implementing programs, sometimes overlapping, and sometimes fragmented.
- ·We also have academic institutions, government agencies and corporate bodies working in silos to deliver a common goal. Where is the

efficiency? Where is the economics of scale?

Although disease outbreaks and epidemics drawing worldwide attention emphasize the importance and acute need for public health professionals, the world faces a longer-term challenge - a public health workforce that is truly effective in the 21st century and fit for the future.

As I highlighted earlier, our country experienced the Ebola crisis in 2014. Through prompt interventions and the dissemination of accurate information to the public, we were able to stem a pandemic. However, lives were lost, and healthcare workers were not spared. Although halting the epidemic which swept through West Africa was a huge win for the country;

- the Ebola crisis revealed gaps in our health care system - a weak health system with inadequate human resources for health and infrastructure, and a clear lack of coordinated responses to emerging health threats.
- ·Following this, the country has faced outbreaks of Yellow Fever, Lassa Fever, Monkey Pox, Measles, the COVID -19 pamdemic and most recently the re-emergence of Diphtheria cases. While we are winning with Polio eradication, there are still struggles on many other fronts.

TThe question then is, has our health system improved to address current and prepare for emerging regional health needs? Are we now integrated with global health warning systems to respond to the next pandemic?

"We need diversity of thought in the world to face new challenges"
- Tim Berners-Lee

Who are the Practitioners of Public Health?

It is essential that we know who they are, in order to have clarity of who does what. We need to know those who will deliver and embed the solutions from the new opportunities and new challenges that come to the fore.

According to the Faculty of Public Health UK, public health practitioners are a vital part of the public health workforce and have a huge influence on the health and well-being of individuals, groups, communities and populations.

- They work in various areas of health improvement, health protection, health information, community development and health care service delivery. They contribute to public health outcomes, improving health and well-being.
- Among them are public health physicians, epidemiologists, public health nutritionists, occupational health professionals, health leaders in public service, public health sanitarians, public health nurses, public health educators, health systems specialists, environmental health officers, public health technicians, engineers and others on the exhaustive list. They work across the academia, teaching hospitals, the private sector, international agencies, implementation partners (NGOs), and local government sectors.

APHPN and its Role

The Association of Public Health Physicians of Nigeria (APHPN) is a professional association made up of physicians who beyond their primary qualifications, have additional postgraduate training(s) in various aspects of Public Health and Community Medicine. In our four decades of existence, we have been involved in providing promotive, preventive, curative, and rehabilitative health care services. The association is on a mission to develop and sustain excellence in public health practice by public health physicians at all levels through world-class training, mentorship, leadership, public health research and information dissemination to strengthen health systems.

When I look back, I would say one of the game changers for APHPN was birthed at the Porthacourt conference in 2014 if my recollection serves me right. The highlight for me was the plenary on tobacco control, where an out-of-the-box public health agenda came up at the conference. We took the challenge on, with APHPN going after it. I am proud that the association followed up across the end-to-end process, contributing to the passage of the current Nigeria Tobacco Control Act (TCA).
APHPN was represented at all the sessions held at the National Assembly regarding the TCA. There was coordination, prompt information dissemination and follow up countermotions, with APHPN steering the course to the end. The energy in the states and national association is heartening. We were at the forefront during the waves of the COVID -19 response at national and subnational levels leading teams across all elements of the interventions.

"A good system shortens the road to the goal"
- Orison Marden

Today we are back again in Portharcourt for another conference about a decade after, discussing another out-of-the-box theme. Issues of climate change are presently here with us, COOIP27 just happened in Egypt, and there are other issues around environmental health, I hear the environmental health officers are no longer under the MoH's. Dr Isaac Oluwole will be unhappy to hear what worked seamlessly then, has taken a downward spiral with the removal of EHOs from the MOH's. Hopefully, this will be part of our conversations at this conference. I hope like we did in 2014, that this meeting will lead to another landmark national outcome aimed at addressing an issue of public health importance and impact. This is the true role of APHPN; to set agenda and deliver impactful policies that deliver value for the population.

A Snapshot and Glance at the Nigerian Health Care System

It is often said that "the best marker of a thriving nation is the health of its citizens." (Hone et al, 2014)) As we continue in our discourse, it is important to take a quick glance at Nigeria's health profile, in order to be clear about where our current challenges are, and where we have inherent opportunities to do better.

Nigeria has an estimated population of 213,400,000 (World Bank 2021). The World Health Organization ranked the health

system of its member states in its (2000 World Health Report – Health systems, Improving performance.) by developing a series of 8 performance indicators to measure the overall health system performance. In the assessment, Nigeria beat only about four countries. These were fragile countries struggling with or recovering from conflicts which could be causative of their poor health indices. While fortunately, we have started seeing concerted efforts to strengthen the health sector, through more funding from government and partners, including more focus on primary health care, there is still a lot to do.

Some of our health indices are still low

- Maternal mortality is 596 - 1180 per 100, 0000 (women dying during pregnancy & childbirth).
- Communicable and infectious diseases are the major health problems in Nigeria. The top causes of death in Nigeria are malaria, lower respiratory infections, HIV/AIDS, diarrheal diseases, road injuries, cancer, stroke and tuberculosis. Nigeria contributes about 30% of Africa's Malaria caseload and deaths (Muhammad et al, 2022)
- We have good news from HIV/AIDS. The National AIDS Indicator and Impact Survey (NAISS, 2018) revealed a national HIV prevalence of 1.4%. This is a significant drop from the previous 2.8% estimate of national HIV prevalence. We continue to win with surge initiatives like those happening in Rivers in collaboration with PEPFAR/US government.
- The Primary Healthcare Systems (PRIMASYS) Case Study from Nigeria reveals a national average of 12 doctors per 100,000 population, and a national average of 21 nurses and midwives per 100,000 population; Under-5 mortality rate: 128/1000 live births; Infant mortality rate: 69/1000 live births. (UNICEF 2018)

> ***"All great changes are preceded by chaos"***
> ***- Deepak Chopra***

- Total expenditure on health (as % of GDP) in 2020 was 3.6%
- Out-of-pocket payments as a proportion of total health expenditure- 69.35% (2013)
- Average life expectancy is at 52years
- The 2016 Multiple Indicator Cluster Survey (MICS) reveals that 23% of children aged 12 – 23 months are fully immunized; 43% of women aged 15-49 years with a live birth in the last 2 years were attended by skilled health personnel during their most recent delivery (UNICEF 2016).
- The question is what happens to the other 57% of pregnant women not receiving skilled delivery services?
- At present, our country boasts 30,034 Primary Health Centres, 3,839 secondary health facilities and 78 tertiary health facilities. We have so many facilities but yet minimal health care and minimal coverage.

It is obvious that we still have a problem. What should be our approach? The way I see it, we have to put in concerted efforts as public health professionals to fix the gaps in our healthcare system

We do not need grandiose infrastructure or the best health professionals. What we need is a resilient health system with requisite infrastructure, good governance, quality services, and clear financial mechanisms. We need a health system that can reach farther and do better; a health system that can respond to the needs of the people which includes addressing the social determinants of health in addition to the structure and functionality of the health system.
Having seen the gaps in our system, we can assess our challenges and see the inherent opportunities therein, to deliver a fit-for-purpose system.

Emerging Challenges of Practice of Public Health and the Inherent Opportunities

I have created a list of public health challenges with inherent opportunities and solutions. (You can add yours to the list)

- ·A history of poor leadership and governance in the health sector
- ·Inadequate financing and dearth of policies that can steer our health system to her UHC aspirations
- ·The economics of population control and demographic dividends
- ·The presence of emerging and re-emerging diseases of Public Health Importance
- ·The "Japa syndrome" i.e. The human capital brain drain (especially in the health sector) and the dire shortage of skilled workforce
- ·Limited sector planning and budgeting for essential health services (examining the best-case and worst-case scenarios in Nigeria)
- ·Rising Social Protection Gap (Health, Food Insecurity, Poor Housing and Environmental degradation, education, quality, and essence of life)
- ·The rising epidemic of chronic lifestyle diseases and the paucity and poor spread of advanced treatment facilities for specialized care i.e. the NCDs conundrum – the need for lifestyle medicine.
- Lack of innovation within the health sector, including weak private-sector engagement
- Climate change
- Disaster management
- Conflicts and internal displacements
- Public Health Emergencies of International Concern (PHEIC) – COVID-19, Ebola etc.

Current Challenges and Opportunities of Public Health Practice in Nigeria

- Poor integration between Academia and Industry (What has become of 'Gown to Town'?)
- Scale and Scope of Current Public Health Research fails to meet system needs (Problem of vision and financing)
- Human Resources for Health and Training challenges
  - o Minimal exposure and opportunities for PH-Practitioners in training – adequacy, robustness, practice-oriented versus academic

"Most people miss Opportunity because it is dressed in overalls and looks like work."

- Thomas A. Edison

- Public Health Careers - conventional career paths versus emerging career paths, new roles, new opportunities
- Public Health Team - mono-disciplinary versus multidisciplinary, intra-disciplinary versus interdisciplinary

Poor collaboration with other sectors to direct the health system of the future, most notably:

- Finance (the multiverse of financial institutions and other sources of finance (Corporate Social Responsibility, Philanthropy etc.)
- Information Technology
- Environment
- Press and Civil Society Organisations

New Challenges in Public Health Practice

- Emerging and re-emerging infectious diseases, some reaching pandemic proportions (e.g. COVID-19, Monkeypox, other potential pandemics)
- Widespread conspiracy theorists and anti-vaccine groups spreading falsehoods
- Looming global recessions from pandemics and epidemics of public health significance
- Rising unemployment and loss of livelihoods as fallouts of public health measures
- Rising global insecurity hindering the practice of public health (e.g. aid workers in crisis communities).

New Opportunities in Public Health Practice

- Telehealth/telemedicine
- New vaccines technologies shorten the lead time for the development and discovery of vaccines (e.g., mRNA vaccines in the COVID era)
- Artificial intelligence in Public Health: we will speak further about this below.

Possible Delivery Model to Harness the Challenges to Opportunities to Strengthen Public Health Practice in Nigeria.

APHPN must play a role in these key areas;

- Intra-sectoral cohesion, collaboration and partnerships
- Robust mentorship programs for young public health physicians and other practitioners in the sector to drive innovations and new thinking
- Research, Innovations, and Information Dissemination
- Impartial Gatekeepers

(Government and Populace)

- Deepening the conversation of Curbing Poverty, Population control, and demographic dividend
- Advocacy for sustainable and efficient reforms, financing, and delivery (leadership, governance, and implementation framework) on all PH and social protection concerns
- Monitoring and Evaluation, data management, electronic medical records and Artificial Intelligence for predicting public health events

We must see the present public health emergencies as opportunities to reshape our practice. As public health physicians we need to "Think globally and Act locally". This requires that we change our thinking and how we respond. This is where the 4Cs of the 21st Century skills come in - Communication, Collaboration, Critical Thinking and Creativity. Our public health is evolving daily into global health due to the effects of globalization

Though globalization has crept on us with its attendant health concerns, we must learn new/cross-cutting skills (re-invent ourselves), to keep up and stay relevant.

"Expect change. Analyze the landscape. Take the opportunities. Stop being the chess piece; become the player. It's your move."- Tony Robbins

Pragmatic Solutions In Line with the WHO Building Blocks of the Health System

Digital Innovation, Research and Entrepreneurship in Public Health Practice

The current global economy has opened various opportunities for public health practitioners, as governments, organizations and philanthropists are now using various economic evaluation approaches to decide which health interventions would be worth investing in. "Evidence-based" is not just from descriptive and inferential statistics, we now have disease modelling and data analysis to forecast diseases and outbreaks. COVID-19 is not likely going to be the last pandemic, but the people of the world do not want to be caught unawares and they are banking on the diverse fields of public health for sustainable solutions. Hence, for public health practitioners not to be left out, we need to take up the challenge of unlearning some old ways, re-learning some of the things we thought we knew and learning some entirely new ways of data usage (collection, analysis, interpretation and even display). To embrace the challenge to "unlearn, re-learn and learn" is to embrace the opportunity for global relevance and more seats for public health practitioners at the decision-making table. If there is no seat, create one and take it along to the table!

- ICT is a sine qua non
- The role of machine learning and artificial intelligence in public health for forecasting and predicting epidemics is gaining ground
- Python software for machine learning algorithms for medical diagnostics
- SPSS is no longer enough – we, therefore, need to re-engineer ourselves and re-position

Innovation is not solely the use of technology or using entirely new strategies to solve our problems but tweaking existing solutions to be more efficient. Of course, the use of technology is very important to drive innovation and take solutions to scale.

Sustainable Financing for Healthcare in Nigeria

Financing is another challenge - or is it an opportunity? (Remember- opportunities are embedded in challenges)

Money is no longer enough; we, therefore, need to begin to evolve other forms of financing.

Partnerships are the way to go. Pooling together the complementary strengths of various sectors is critical to making headway. This is what I call, public, private people, partnership (PPPP) and we will be amazed at the number of resources available to deliver for our public health when we think innovatively. This is what public health needs now. Many times, it's not only about resources but resourcefulness.

Community participation: Need for communities not just to pay lip service to their health and development but should own and be in charge of the driver's seat of their development. Communities should take responsibility. I have an experience which I call - A tale of two communities

- Community A was waiting for consumables and did not follow up. When it came, they asked for money before the consumables could be discharged to their facilities for use.,
- Community B came out and got vehicles to come into town to pick up their consumables. They offered land free for partners to join them in strengthening the health infrastructure of their community. Clearly, Community B has shown capacity and brought in counterpart resources and it's easy for partners to collaborate with Community B.

So, the need to advocate accountability by Communities is Key:

- Negotiate accountability from communities
- Rethink and renegotiate with communities
- Re-orientation of the communities and we must be intentional
- A lot of Strategic Behavior Communication

Training/HRH

- Residents – How else do we incentivize residents
- Affiliation with Royal College – after part 1, do one year in the UK, get MRCP and mandatorily comeback?

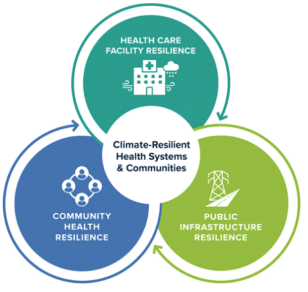
People and Processes

Other Pragmatic Solutions

Building Resilience in Health

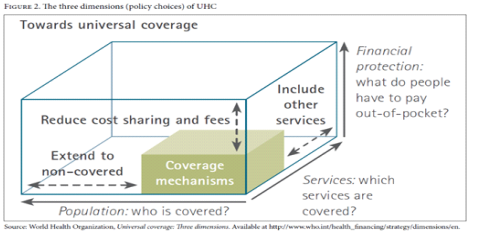
- Building resilience allows us to position our healthcare delivery to withstand shocks
- Building resilience requires investing during peacetime, in anticipation of a crisis
- Building resilience requires strong community involvement and ownership of health services
- Health worker jobs are attractive on the global stage and will consistently migrate.

- How might we produce enough health workers to equitably serve all parts of Nigeria and also serve high-income countries?
- It is estimated that 80% of a person's healthcare needs throughout their lives are primary healthcare needs and not Tertiary health needs. How can our investment model demonstrate a re-prioritisation towards primary healthcare infrastructure, supplies, and human resources?
- How can we strengthen local manufacturing of Health products that meet global pre-qualification and standards to help us maintain supply lines during a crisis, create local jobs, and boost local economies?
- Ward Development Committees and Traditional Stools have been instrumental in polio eradication. How might we deepen the engagement of the health system with community systems?
- Our health system has multiple platforms for administrative data with no interoperability – DHIS2, LMIS, LoMIS, Vaccine Open LMIS, SORMAS, etc. How can we catalyse an e-health approach that deploys one system across all public healthcare settings and with an opportunity to incorporate the private sector?



Sustainable Financing

- Budget commitments to health must show that health is a priority
- Health Budgets need to be publicly available and developed through an inclusive process that allows the budgets to be streamlined
- Even within a shrunken fiscal space, there is a need to expand the inflow mechanisms to fund health
- The large informal sector and high levels of poverty hamper taxation and limit resource mobilisation. How might we engineer multi-sectoral action for health, towards re-engineering financial inclusion?
- Accountability on the allocation, release and effective utilisation of State funding for health remains a burning issue. How can we leverage basket fund approaches to bring in private equity, private sector management experience, and accountability?
- The impact of SARS-COV-2 on the local and global economy continues to impact the fiscal space for health. How can ensure a dedicated budget line for emergency preparedness and response, to support the early detection and containment of outbreaks?
- How can we progressively achieve a general government health expenditure (GGHE-FS) that is at least 15% of total general government expenditure (GGE)?
- How can we achieve a national Total Health Expenditure (THE) per capita of >$85 per capita per annum for Nigeria?



Innovations, Research, and Enterprise

- Whilst the technological revolution continues at an unprecedented rate, social and business innovations have a key role to play in improving health
- Research Governance and Financing mechanisms in the country need to provide an enabling environment to spur research and development
- Continued catalytic support is instrumental to drive enterprise models in health, especially in shaping health product availability and data assets
- How might we leverage multisectorality to mobilise resources towards establishing innovation hubs charged with providing capital and incubation for innovators?
- What are opportunities to review and integrate National regulatory agencies towards strengthening research governance, including oversight of health facility-based IRBs and Ethics Boards?
- Innovation and enterprise in health are capital-intensive, within a market that is not typically as responsive to market forces. How might we provide financial platforms to drive enterprises in health through loans and equity?

"In truth, however, making a difference in our world is not so much about resources as it is about resourcefulness"

- Anon

Environmental contamination and Climate Change

- Climate emergencies deepen health inequities and retard progress in achieving health outcomes
- Air, Water, and Land pollution contribute significantly to a worsening double burden of communicable and non-communicable diseases
- How might we provide financial risk protection for access to health services that are driven or worsened by environmental contamination?
- How might we leverage population-health-environment (PHE) strategies to prevent continued environmental degradation in at-risk communities?
- How might we exercise a climate tax to contribute to financing critical health services and financing emergency responses to climate emergencies?

Ageing Populations

- Medical tourism and the accompanying capital flight are a drain on individuals and the wider economy
- Geriatric health services provide a niche for enterprise and new solutions in health in

Nigeria

- How might we innovatively provide financial risk protection for the elderly, focusing on preventing illness and complications from existing illnesses?
- How might we again leverage multisectorality to mobilise resources and establish supportive capital for enterprise and innovations targeting geriatric health?
- How might we limit medical tourism funded by public resources and provide alternatives for medical tourism funded by private resources?

Learnings from the Field

My experiences 'in the field' and working in the private sector has brought up quite some learnings.

The oil and gas industry is one where teamwork is everything. It is embedded in its foundation and organisational culture because a chain is only as strong as its weakest link. The ability to pool ideas together strengthens the team and delivers productivity. Doing differently, working in silos, without linking the dots can lead to safety issues, an incident, a blowout, a fatality, or shut down of business continuity and production that leads to loss of lives and even revenue. We need to think about our practice this way. How does our way of working in our microcosm contribute to or detract from our health care system? This is one of the takeaways I will like us as practioners to review and go home with. We can only continue to innovate, by partnering and evolving through joint up thinking.

In the programs we deliver, partnerships have been at the center and have become the clincher.

- Our recent collaboration with the Medical Women association of Nigeria MWAN (Rivers State branch), has delivered cancer care to women with breast and cervical cancer, with benefits from diagnosis to management, across chemo, radiotherapy and surgeries. It shows that the right partnerships can deliver for the population in our practice of public health
- ·Likewise, the opportunities present in sustainable health care financing when we pool our complementary strengths together. This has delivered the Obio Community Health Insurance Scheme (Obio CHIS) which we catalysed in partnership with four communities and the Rivers State Government. It is in the13th year, and running sustainably, adding value to thousands of people with evidence-based data. I must thank the Rivers state government and the I.A cluster of communities for a true collaboration. Multiple local and international visitors and bodies are learning from this model that delivers affordable, accessible, quality-assured care to our people. It has been a demonstration of collaboration for health improvement and provision of evidence-based data.
- ·The Oloibiri Health Program in collaboration with Bayelsa state, a local government-wide health system strengthening initiative is another that has taken health and its social determinants to another level. It embeds all the building blocks of systems strengthening and truly delivering public health in our communities.

- Others are Driver's health initiative, which the United Nations Road Safety Fund acknowledged, and the Vision First initiative, being linked to primary health care facilities to place emphasis on eye health at the community level.

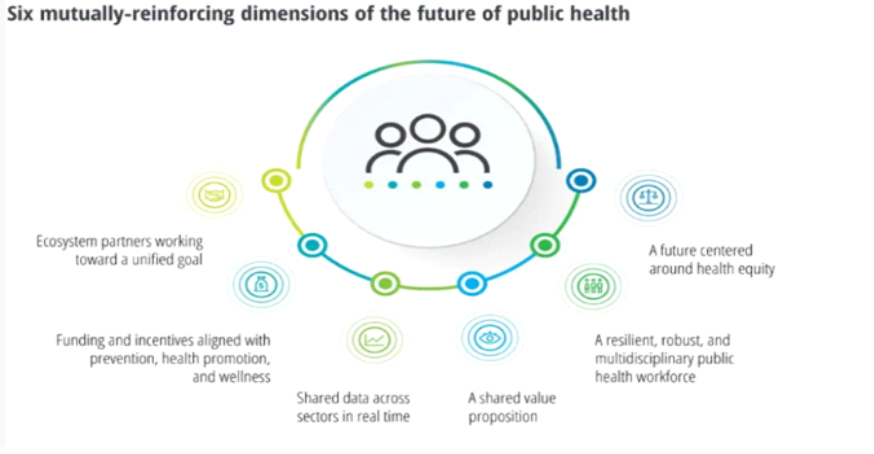
The list is exhaustive. Through the public health approach, we have worked with stakeholders in communities to create solutions that meet the felt needs of community members. We have taken health to the doorsteps of our people rather than wait for the people to seek health thus influencing the health-seeking behaviours of the people by enabling them to appreciate better the value of healthcare.

Another learning from the Oil and gas industry is the use of the ESSA **approach – Eliminate, Standardize, Simplify and Automate.** As public health physicians and practitioners, we need to eliminate activities that do not add value, standardize, simplify the cumbersome processes, and automate our processes for a strong and viable healthcare system

A good example of this is the residency training program. We need to eliminate the components of the curriculum that are not adding value to the skills required in the marketplace and standardize the training process such that the products of this training are predictably equipped with the necessary skills to respond to emerging public health concerns. The process should also be simplified to allow for ease and creativity so that the residents can think up solutions to current public health challenges. Then finally automate the process for efficiency and predictability.

Learnings in the Environmental Space.

Its important to highlight some collaboration on the soot situation that covered our skyline. The oil industry including our organization partnered with the Rivers State government, Civil society, abattoir association and others through the Port Harcourt Air Quality Working Group to proffer solutions and root out sources of particulates. This has been one of the successes of all-round collaboration and public health practice and slowly but surely with technology, we are able to decipher and monitor air particulates including timelines of



highest concentrations and locations.

I expect the APHPN to leverage the already present partnerships to take evidence-based research and environmental monitoring to another level. The collaboration with various partners is exciting and will be critical to the success of public health practice in Nigeria. Collaborations across academia, private and public sector involved in health development will also enhance the success.

t's important to collaborate on particulate matter analysis and join forces to support our environment and provide objective evidence to policymakers for informed decision-making and appropriate action.

Way Forward

The pandemic taught us to be resilient and brought us as public health physicians to the limelight in its over two to three years of incessant waves. It retuned some of our skills and made us think on our feet. The age-long strategic behavior communication and risk communication which seemed old fashioned became what saved many, just by following simple measures of face masks, no handshakes and other infection prevention control measures.

We were the subject matter experts and go-to individuals during the height of the pandemic. We need to be the leading light. The population and the health care space looked and continue to look to us for leadership, direction and expertise in health and its governance.

Remember that across the broadcast, print and social media, we were there to give our experts' views and quell 'infodemics'. Our institutions and places of business across all sectors and country needed us for business continuity. So, we must continue to reach for better. We are adept at using objective data to communicate results and interventions.

It is clear that we bring value and we have a seat on the table. But do we have a voice? Is our voice strong and impactful enough?

We must hold on to the positives, evolve with the changing times, adapt, reinvent ourselves, extend our reach and expand our circle of influence to seemingly unseen opportunities by exploring the power of collaboration and partnerships.

We need to continue to knock on the door of the policy makers due to the many public health issues we are delaing with.

The need to begin to retune our training as public health physicians to fit our evolving environment and what is needed in the marketplace is also essential.

APHPN as it did with the Tobacco Control Act needs to continue to be

the voice for public health practice.

Following the excellent leadership showed by APHPN during the COVID-19 pandemic, it is clear we cannot afford to rest on our oars. We need to stay and steer the boat of public health practice in Nigeria for impact.

As regarding sustainable financing, we need to think innovatively to draw resources for delivery. We need to think outside the box and in fact possibly 'throw the box away' to we mobilize resources for public health delivery. Yes, resources may be scarce, but for accessible health care resources are key. What have we done with the learnings from the recent PHEICs? It is important to know that another pandemic may be lurking in the corner. **"Never let a serious crisis go to waste" Rahm Emmanuel.**

In Closing,

In closing I again congratulate the president and all members of the national executive of our great association, the chairman of LOC, and members of the LOC for the success of this conference. Like I posited earlier, I believe this conference will again set the agenda for a new day in public health practice in Nigeria. Our communique will not end here, but will get to the policy makers, with strong advocacy following, where it will reach farther and do better.

Let me reiterate that the practice of public health in this part of the world is clad with numerous challenges, but inherent in those challenges are opportunities to innovate and take a leap to the next level. From leadership and governance, to financing the health system, to human resources for health, the challenges are calling out for us to dive in and take advantage of the opportunities to build resilience. We need to innovatively develop sustainable financing mechanisms through research and enterprise to set public health practice in Nigeria on its way to its glory days.

The playwright, George Bernard Shaw said, "The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore, all progress depends on the unreasonable man."

The scientist Charles Darwin also said, **"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."** As APHPN, we must therefore look at our countries public health emerging challenges as an opportunity to evolve our practice, to change and set ourselves and our health care system on a steady part to progress.

Thank you very much distinguished ladies and gentlemen for you kind attention.

"Time and Time again our species have escaped existential threats by reinventing ourselves, finding new skills not coded in our genes to survive new challenges not previously encountered"

- David Grinspoon

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I thank you all, my teachers, mentors and colleagues in public health, for the role you have all played in my growth. I have lots of names on my list, but I must stay within space limits. However, permit me to particularly mention Prof M.C Asuzu, who not only modeled and embedded many public health ideals to me, but who took time to mentor and continues to follow up. He is not just a teacher but a great friend.

I thank all others, dear to my heart, who laid the foundation in Ilorin, Ibadan, Israel, IHV Maryland, Portharcourt, West African College of Physcians, Shell Health (across the group), and other locations, who still daily deliver public health with me, you know yourselves and I doff my hat.

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I thank my organization, The Shell Companies in Nigeria for the opportunity to initiate, develop, collaborate and implement diverse programs that impact people and provide a net benefit to communities across health and its social determinants. It has given me the opportunity to traverse numerous communities, working with key stakeholders, to truly practice and embed the essence of public health, deliver shared value, strengthen our health system and enjoy my passion all at the same time.
To Mrs. Faj and the 'Akin-Fajola clan', I greet you specially, and I thank the Lord who refreshes and daily loads us all with benefits.

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