

**THE IMPACT OF THE 2016 NATIONAL HEALTH POLICY OF NIGERIA ON HEALTH DELIVERY IN THE  
FEDERAL CAPITAL TERRITORY, ABUJA**

By

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**Abstract**

This paper is about the impact of the 2016 National Health Policy of Nigeria on health delivery in the Federal Capital Territory, Abuja. A crucial element of progress in any society is the delivery of healthcare, and the objective of the 2016 National Health Policy was to guarantee access to health services for all individuals, including those in the FCT, while also tackling the disparities in health service availability. This paper employed a secondary data-gathering approach and adopted an explanatory design to explore and analyse the subject. For its theoretical foundation, the paper drew upon the structural-functional theory. Although the 2016 National Health Insurance Policy has achieved notable advancements, it has not fully met its intended aims outlined in its guiding philosophy, mainly due to implementation obstacles. These challenges include: barriers to access, which involve the limited availability, affordability, and reach of healthcare services; quality concerns, evidenced by variances in care quality, patient safety, and patient satisfaction; shortages in the health workforce, highlighted by insufficient numbers or uneven distribution of healthcare providers; technological challenges related to the incorporation of technology into healthcare systems while ensuring data security and privacy; and corruption, which appears in the form of malpractices like bribery, nepotism, favoritism, and religious discrimination, negatively impacting the reputation of a policy meant to address health service inequalities among Nigerians. To address these issues, the paper recommends achieving a balance of conflicting interests to consider the needs and priorities of all stakeholders within the Area Councils of the FCT, with an emphasis on inclusivity and equity by taking into account the requirements and viewpoints of the diverse populations within the six (6) councils that make up the Federal Capital.

**Keywords:** Health, Policy, National Policy, Health Policy, National Health Policy, Health Delivery.

## **INTRODUCTION**

Nigeria ranks 142nd out of 195 nations, according to a Lancet evaluation that assesses health system efficiency based on healthcare accessibility and quality. The World Bank also reports that Nigeria has a poor ranking on the provision of universal health care services (Fullman, Yearwood, Abay, Abbafati, Abd-Allah, Abdela et al., 2016; World Bank, 2017). Although the National Health Act guarantees all Nigerians access to healthcare through a basic set of services, implementation and distribution of these services encounter significant challenges, with many state governments falling behind in execution at the community level (FGN, 2018; Wright, 2015). Moreover, a tendency towards hospital visits leads to the underutilization and neglect of primary healthcare facilities. The traditional role of primary healthcare (PHC) as the entry point into the health system is now obsolete due to inadequate connections among the different tiers of care. Often, patients opt for secondary and tertiary health facilities; however, the higher costs associated with these options make it hard for low-income individuals to secure healthcare (FMOH, 2019; Abimbola S, Oyedeji, 2014; Okpani A, Abimbola, 2015).

Guillem and Luis (2016) view the health sector as an essential component in enhancing human capital across nations. The World Health Organization emphasizes a correlation between inadequate economic performance and various negative health indicators, including high mortality rates, lower life expectancy, widespread poverty, and unhealthy lifestyles. Studies by Paul (2019) and Paul, Yakubu, and Apeh (2020) indicate that introducing new health programs that foster societal and economic activities can positively influence economic development by boosting productivity, increasing available labour hours, and advancing previously underutilized areas. Health initiatives have also been linked to heightened creativity and entrepreneurship, as individuals' perceptions of contributing to economic growth evolve (Andres, Iris, & Guerra-Turrubiates, 2015). Improved health outcomes lead to reduced mortality rates, which, according to theoretical models and empirical studies, account for approximately 11% of recent economic growth in low- and middle-income countries, reflected in their national income statistics (Dean & Lawrence, 2016). From another perspective, the health sector significantly contributes to every nation's economic infrastructure and employs a substantial segment of the workforce. However, despite the health sector's contribution to Nigeria's economic growth, numerous challenges have impeded the nation's progress and productivity, which are vital to economic development (George & Daniel, 2014).

### **Problem Statement**

Several authors, such as Obot (2023), Andres, Iris & Guerra-Turrubiates (2015) and Bjorkman, De Walque & Svensson (2017), have examined the health insurance policy even as it affects the 2016 National Policy on Health, without necessarily considering its implications for the FCT. However,

this study has to examine, in a specific way, whether the 2016 National Health Policy performed specific roles, whether the 2016 Health Policy is important for health delivery in the Federal Capital Territory (FCT), and, thirdly, whether there are challenges confronting the National Health Policy of 2016 in the FCT.

### **Objective of the Study**

The main aim of this paper is to examine the Impact of the National Health Policy of Nigeria 2016 on health service delivery in the Federal Capital Territory, Abuja, with specific objectives to:

- I. Investigate the roles of the National Health Policy 2016
- ii. Analyse the significance of the policy to healthcare delivery in the FCT
- iii. Identify the obstacles hindering the National Health Policy of 2016 in the FCT.

### **Methodology**

The analysis employs a secondary data collection method, utilising documentary evidence to support the claims and address the identified issues. Additionally, an explanatory design was utilised for conducting this study.

### **LITERATURE REVIEW**

In the literature review section, this study explores both the Conceptual Review and the Theoretical Framework. The conceptual review examines five key concepts: Health, Policy, Health Policy, National Health Policy, and Health Delivery. Moreover, the structural-functional theory is applied in the literature review to clarify the subject under discussion.

#### **i. Health**

Health is a multifaceted concept encompassing physical, mental, and social well-being. It transcends mere freedom from illness or impairment; it reflects a state of overall well-being that enables individuals to realise their potential, cope with everyday life challenges, perform effectively, and interact with their communities (Obot, 2023).

#### **ii. Policy**

Policy represents a set of principles, guidelines, or regulations that guide decision-making and actions within organisations, government entities, or institutions. It provides a framework aimed at achieving specific goals, objectives, or outcomes. Its features include Intentionality; policies are purposeful and crafted to achieve particular objectives, Guiding; they offer direction for decision-making and actions, Authoritativeness; policies are typically formulated and enforced by authorised individuals or organisations, and Consistency; they strive to ensure coherence and uniformity in both decision-making and actions (FMH, 2016).

### **iii. Health Policy**

Health policy refers to the strategies, plans, and actions implemented by governments or organisations to achieve specific healthcare goals and outcomes. It encompasses a wide range of issues, including access to healthcare, cost control, quality of care, and public health efforts (Bolaji, 2016). Effective health policies are essential for improving population health, addressing health inequities, and advancing health equity. Healthcare Access focuses on ensuring individuals can obtain necessary healthcare services regardless of their financial situation or geographical location. Cost Management aims at regulating healthcare expenditures to maintain sustainability and affordability. Quality of Care seeks to improve the quality of healthcare services to ensure favourable health outcomes. Public Health Initiatives comprise policies designed to prevent disease, promote health, and protect populations. Types of health policy include Regulatory Health Policy, Allocative Health Policy, and Global Health Policy, which addresses worldwide health issues, such as pandemics, and endeavours for global health equity (Bolaji, 2016).

### **iv. National Health Policy (NHP)**

The National Health Policy is a comprehensive, strategic framework that guides a nation's healthcare system, outlining its vision, objectives, and goals for improving citizens' health and wellness. It covers various aspects, including access to healthcare, quality, financing, and service delivery. This includes Universal Health Coverage, which guarantees that all citizens can access essential healthcare services without facing financial hardships; Primary Healthcare, which emphasises preventive care, health promotion, and community-oriented services; Healthcare Financing, which involves regulating healthcare costs, allocating resources, and ensuring sustainable funding; and Health System Strengthening, which concentrates on improving healthcare infrastructure, workforce training, and health information systems (Fulman et al., 2016).

### **v. Health Delivery**

Health delivery refers to the process of providing healthcare services to individuals or communities. It encompasses various aspects of healthcare, including preventive, diagnostic, therapeutic, and rehabilitative services. It also involves Healthcare providers, including professionals, organisations, and facilities that deliver healthcare services, as well as Healthcare systems, which are networks of organisations, resources, and individuals responsible for providing healthcare services. The categories of health delivery include Primary care, Secondary care, and Tertiary care (Garuba et al., 2019).

## **Theoretical Framework**

This paper can be explained using various relevant theories; however, structural-functional theories have been chosen as the theoretical framework for the discussion and analysis (Paul et al, 2020).

Structural functionalism is a sociological viewpoint that views society as a complex system in which interrelated components, or structures, work together to promote cohesion and stability. Prominent supporters of this theory include Herbert Spencer and Robert Merton, with the fundamental essence revolving around core principles and interconnected elements. Key concepts involve likening society to a human body, in which each institution plays a vital role in ensuring the system's survival and equilibrium. Society is made up of diverse social institutions, including family, religion, education, and the economy (Hearne, 2019).

The theory posits that each segment of society serves a function that contributes to the stability of the entire system, similar to the 2016 Health Policy, which is primarily designed to improve service delivery in the Federal Capital Territory, Abuja. Nonetheless, Abuja's society tends to maintain a sense of balance or equilibrium, in which changes in one sector trigger adaptive adjustments in others to restore stability. This is because health is considered a form of wealth, with both health and wealth being interdependent on those responsible for ensuring effective health delivery. The structural-functional theory, in relation to Nigeria's Health Policy of 2016, examines the effects of social patterns on the functioning of society as a whole, including both the intended, recognised, and commonly observable positive outcomes of a social pattern, as well as the unrecognised, unintended, or unexpected positive outcomes (Fore et al, 2019).

## **Analysis**

The health policies in Nigeria comprise five key components, including the National Health Act (NHA) of 2014, which established the Basic Healthcare Provision Fund (BHCPF) and aims to achieve Universal Health Coverage (UHC); Nigeria includes the National Health Act (NHA) 2014, which created the Basic Healthcare Provision Fund (BHCPF) to attain Universal Health Coverage (UHC) (Bruckner, 2019).

The National Child Survival Action Plan (latest version 2025-2029) concentrates on improving the health of children younger than five; the National Policy on Health Workforce Migration deals with the relocation and retention of healthcare professionals; the National Quality Assurance Policy (2016) outlines standards for healthcare quality; and the National Health Insurance Policy intends to ensure access to essential healthcare services (Paul et al, 2020).

A summary of these policies is as follows:

**i. National Health Act (NHA) 2014:**

This comprehensive act lays the groundwork for Nigeria's healthcare system by establishing the Basic Healthcare Provision Fund (BHCPF) and making Universal Health Coverage (UHC) an explicit policy goal. It aims to address issues concerning health financing and governance by providing consistent funding for the primary healthcare system (Msuya, 2015).

**ii. National Child Survival Action Plan (2025-2029)**

This plan offers a strategic approach to improving health and survival rates for children under five in Nigeria. It prioritises critical areas such as reducing under-five mortality, supporting a continuum of care for maternal, newborn, and child health, and enhancing access to healthcare services for vulnerable populations (Guillem et al, 2016).

**iii. National Policy on Health Workforce Migration**

This policy addresses the challenges posed by the migration of health workers, aiming to develop effective strategies to manage and oversee the movement of healthcare professionals within the country (Okpani et al., 2015).

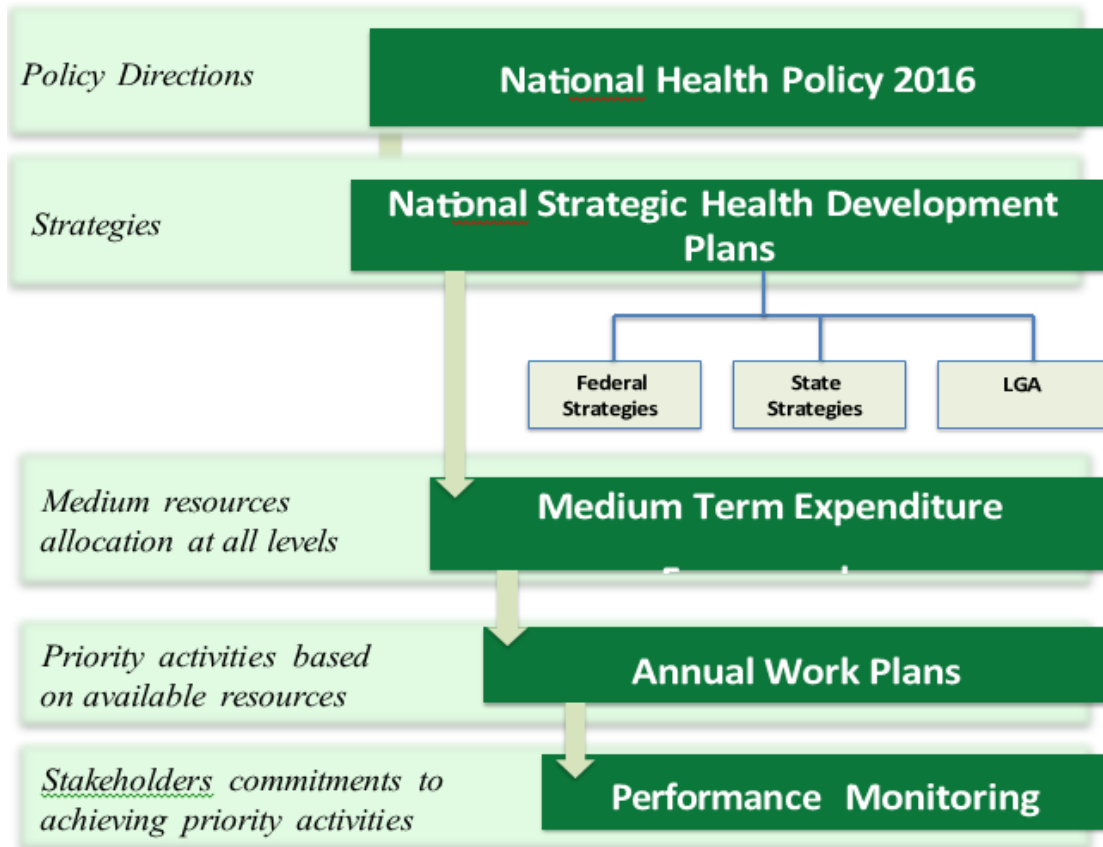
**iv. National Quality Assurance Policy (2016)**

This policy aims to ensure the delivery of high-quality healthcare services nationwide. It establishes standards and mechanisms to regulate and improve the quality of care across various healthcare facilities (Hearne, 2019).

**v. National Health Insurance Policy (2016)**

The goal of this policy is to improve access to and affordability of healthcare services. It aims to accomplish this through various initiatives, such as the National Health Insurance Scheme (NHIS), which oversees both public and private health insurance providers to guarantee comprehensive coverage for Nigerians. The National Health Policy and Strategy to Achieve Health for All Nigerians, introduced in 1988, marked Nigeria's first comprehensive national health policy, which was subsequently revised in 2004. However, creating a new national health policy has become crucial to address ongoing realities and trends, including the incomplete agenda of the Millennium Development Goals (MDGs), the new Sustainable Development Goals (SDGs), emerging health challenges like epidemics, the provisions of the National Health Act 2014, the new governance reform of Primary Health Care unifying PHC under a single framework (PHCUOR), and Nigeria's renewed commitment to achieving universal health coverage. Moreover, there is an

urgent need for strategies that can effectively address globalization, climate change, and the influence of insurgency on the Nigerian health system. Additionally, the country's experience in implementing the Revised National Health Policy 2004 and the National Strategic Health Development Plan (2010-2015) has laid the groundwork for developing a new National Health Policy. This newly crafted health policy comes at an opportune time, following the passage of the National Health Act 2014, which provides a legal basis for the new National Health Policy (Msuya, 2015). The National Health Policy 2016 serves as the primary policy document outlining a long-term vision for health development in Nigeria spanning 2016 to 2030. The implementation and operationalization of the National Health Policy will occur in three phases of National Strategic Health Development Plans (NSHDP 2016–2020, NSHDP 2021–2025, and NSHDP 2026–2030), along with Annual Operational Plans formulated by the Federal Ministry of Health (FMOH), health agencies, State Ministries of Health (SMOHs), State Primary Health Care Boards (SPHCBs), relevant health institutions across all levels, and Local Government Area (LGA) Health Authorities (HAs). The execution will be overseen through a comprehensive monitoring and evaluation framework that aligns with the objectives and targets set out in the policy and the NSHDP (Andres et al., 2015). The monitoring and evaluation (M&E) system will also be implemented through Joint Annual Reviews (JAR) coordinated by the FMOH. At the end of each Strategic Plan cycle, an evaluation of the plan will be conducted, followed by the establishment of a new Strategic Plan. The policy will be subject to periodic assessments. The National Strategic Health Development Plans will pinpoint priority areas for investment. At the same time, Operational Plans will be developed for specific decision-making levels within healthcare systems and units, such as those at the State and Local Government Area levels, which are equipped to plan and allocate resources for designated services. In this regard, it is vital to highlight that referral services are essential delivery units at both the state and National levels (Bolaji, 2016). The National Strategic Health Development Plans will provide insights and direction on annual targets and budgeting processes. Consequently, the budgeting framework will be shaped by the prioritised investments identified in the investment plans. During the budgeting phase, these investment priorities should be derived directly from the National Strategic Health Development Plans. The policy directives will establish the foundation for sector programs within the budget, around which the priorities and financial allocations will be defined. These established priorities and budgets will provide the framework for developing Annual Work Plans that outline the key activities for immediate execution, while factoring in available resources (FGN, 2018).



**Monitoring & Evaluation Framework for National Health Policy 2016**

**Importance of the Nigerian Health Policy of 2016 to Health Delivery in FCT**

- i. Promoting Health Equity by reducing health inequalities and ensuring all residents of the FCT have equal access to healthcare services.
- ii. Enhancing Population Health: Elevating the overall health and wellness of communities.
- iii. Addressing Health Emergencies: Responding to health crises such as pandemics and mitigating their impacts (Fore et al, 2019).

**The Challenges of the National Health Policy 2016**

The challenges affecting the National Health Policy of 2016 are:

- i. Access Barriers: Limited availability, affordability, or access to healthcare services.
- ii. Quality Issues: Variability in care quality, patient safety, and patient satisfaction.
- iii. Health Workforce Shortages: Insufficient numbers or uneven distribution of healthcare professionals.

iv. Technological Challenges: Integrating technology into healthcare delivery while safeguarding data protection and privacy.

v. Corruption: Corruption encompasses any form of dishonesty, and during the policy's implementation, it appears as bribery, ethnic favouritism, and religious bias, undermining the policy's goal to address health service inequalities among Nigerians (Obot, 2023).

## CONCLUSION AND RECOMMENDATIONS

The National Health Policy 2016 has established strong, evidence-based strategies and guidance to significantly improve the health status of all citizens, enabling them to lead healthy and fulfilling lives. The policy's goal is to ensure Nigeria successfully meets current national and global objectives such as the Sustainable Development Goals, Universal Health Coverage, and Vision 20.2020. Additionally, it will provide a practical basis for the National Health Act 2014. Given the previously outlined challenges impacting the 2016 National Health Policy in the Federal Capital, Abuja, the following recommendations are suggested:

i. A balance of competing interests should be attained to integrate the priorities of all stakeholders within and among the Area Councils of the FCT.

ii. Effective management of health resources allocated to the Abuja Area Councils of the FCT is essential.

iii. Addressing the complex health issues facing Abuja residents should not rely solely on the Ministry of the FCT. However, they should also engage the Ministry of Health with assistance from the Federal Government.

iv. Emphasising inclusivity and equity is crucial when addressing the needs and perspectives of different populations within the six Area Councils that comprise the Federal Capital.

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