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# **Chapter 1**

# **Introduction**

**1.1 Background**

**1.1a Purpose/Justification of the Revised Second Strategic Health Development Plan II**

Health is a fundamental resource and a basic right for every citizen. It is therefore expected that government must ensure that this need is met and nurtured. Every economy is the mirror of the health status of the population thus; there must be consistent investment and strategic plan to improve the health of the people. Despite the development and implementation of various health sector reforms, the performance of Enugu’s health care system is quite disturbing especially when compared with other states in the country and considering the fact that the health related MDGs were not fully attained by the end of 2015. There is therefore need for extra efforts to be made if the state is to attain the Third Sustainable Development Goal (SDG 3) target of universal access to healthcare services. Access to quality healthcare and prevention services is considered vital for poverty reduction and economic growth, which is key to the attainment of her Vision 2020. The health system must be strengthened within the context of a costed State Strategic Health Development Plan (SSHDP), which serves as a framework for better health system delivery. A costed State Strategic Health Development Plan framework is used as basis for collective Ownership, Harmonization, Alignment, Mutual Accountability and Monitoring and Evaluation (M&E) for Results within the state health systems and for all actors: Local Governments, Development Partners & Non-State actors.

Following the directives of the Federal Government, the State Government embarked on the formulation of the second phase of the State Strategic Health Development Plan (SSHDP 2018 -2022) which described the State healthcare system. The SSHDP II Framework aligned health interventions, activities and tasks as well as their results of health impacts, outcomes and outputs with 15 priority areas. This Revised Second State Strategic Health Development Plan (SSHDP II) which covers the period: 2023 - 2025 is expected to leverage on the gains of the second plan and add other areas that were not included in the first plan. Therefore, the SSHDP II seeks to institute specific guidelines in fifteen (15) priority areas. Priority Area 2 was expanded to include Primary Healthcare System, for ensuring better health outcomes and evidence driven investments in the health sector which will improve in particular the life expectancy of the people, and in general strengthen the State’s health system.

**1.1b National / State Context**

Nigeria did not achieve health MDGs by 2015, and this poses a major developmental challenge, because our staggering and growing disease burden will itself slow and undermine whatever development and economic growth is presumed achievable. The Nigerian Government is still committed to achieving the health specific Sustainable Development Goals (SDGs). SDG3 focuses on health with a goal to ‘'Ensure healthy lives and wellbeing for all being’’, it has 13 targets which when achieved completes the agenda of the Millennium Development Goals (MDG), addresses other health threats, challenges and means of implementation.

Nigeria's Development Agenda, Vision 2050; which would be implemented using a series of 5-yearly medium-term plans, and it also aims at ensuring that Nigeria becomes one of the twenty largest economies in the world by the year 2050 and this can be achieved by the collaborative efforts at the State level. Through vision of the renewed hope agenda, it is expected the economy will become competitive, diversified, sustainable by innovatively managing her natural resources, the energies and talents of her people to improve quality of life and standard of living of her people, thereby improving the country's ranking in the Human Development Index (HDI). This vision can be achieved by a health sector that ensures a healthy and productive work force. However, the Enugu State Government has developed a roadmap towards “Building a Peaceful and Secure, Highly Developed and Prosperous State for All Ndi Enugu.” The State Government’s goal for healthcare is to make Enugu State a hub for medical tourism in West Africa.

On the other hand, the Nigeria's Economic Recovery and Growth Plan (ERGP) 2017-2020 which helped the country in economic recovery from recession was succeeded by the National Development Plan of 2021-2025, with the objectives to enhance economic growth, invest in her people, and build a global competitive economy: recognizes the key role of the health sector in achieving these three broad objectives.

Despite all these plans, Nigeria still ranks among the worst in the world with respect to some of our health indices like: life expectancy at birth; Infant Mortality Rates; Under-5 Mortality Rates; and Maternal Mortality Rates. The Country has a very high disease burden, with the highest burden of HIV/AIDS in Africa; 40% of MTCT. Centrality of health in national development is self-evident as shown by the need to improve our health status and increase our life. This is an important societal end in itself, and the very essence of economic development. Our health status is also a means to achieving all other efforts pertaining to poverty reduction. The legitimacy of our national health system depends on how best it serves the interest of the poorest and the most vulnerable people.

Funding of the Health Sector has remained poor. There is therefore the need to significantly reverse upward the level of spending that is available for the health sector in order to address these challenges. It is estimated that a minimum financing need of $30- $40 per person per year would be required to provide essential interventions, including HIV/AIDS. This level of funding is possible through appropriate and creative mixture of financial resource mobilization, including proven pooling and prepayment mechanisms. Additional financing for health must be generated

**State context**

Enugu State recognizes the pivotal role of a healthy populace in the overall pursuit of her socio-political and economic development. Its strategic plan is driven by the desire of the government to harness and manage her human resources to produce a competitive and sustainable economy. Also, other strategic intents are aligned to fill the gaps identified by the SSHDP I. The Enugu State Ministry of Health adopted the Frameworks of the Revised National Strategic Health Development Plan (NSHDP II Revised) in developing the State Revised Second Strategic Health Development Plan (rSSHDP II) with the purpose of directing the health sector development in Enugu State with a scope coverage of three years from 2023- 2025. The rSSHDP II and other Operational Plans for health are means of achieving the health-specific Sustainable Development Goals (SDGs).

The vision of Enugu State is to ‘make the state a Hub for Medical Tourism in West Africa’. The mission is ‘To ensure that Enugu State populace have universal access to comprehensive, accessible, appropriate, affordable, efficient, equitable, and quality healthcare through a strengthened health system’ by 2025 and the delivery of affordable, acceptable and adequate health services in all health facilities. It aims to improve the promotive, preventive, curative and rehabilitative health services, through community participation and ownership, resource pooling and allocation, and increased synergy between private and public health facilities in health service delivery.

The State has Ministries, Departments and Agencies (MDAs) through which the executive arm of the State Government discharges its numerous socio-political and economic responsibilities to the people. With the Enugu State health sector reform law, no. 7 2017, the State Ministry of Health as one of the MDAs, is responsible for ensuring a healthy and productive population in the State. The Ministry has the following:

1. the Policy Development and Planning Directorate (PDPD) and
2. the State Hospital Management Board (SHMB) that has the responsibility of ensuring an efficient, effective, quality, pro-poor real-time health services to the people of the State.

The State queues into the National health policy mission Statement, which is "to provide stakeholders in health with a comprehensive framework for harnessing all resources for health development towards the achievement of Universal Health Coverage, as encapsulated in the National Health Act in tandem with the Sustainable Development Goals (SDGs)”. The Policy has a primary focus on the health system. The goal is “To strengthen Nigeria’s health system, particularly the primary health care sub-system, to deliver quality, effective, efficient, equitable, accessible, affordable, acceptable and comprehensive healthcare services to all Nigerians.” Furthermore, the Policy proposes strategic actions in fifteen health areas: Governance and Stewardship for Health; Health Service Delivery; Human Resources for Health; Health Financing; National Health Management Information System; Partnerships for Health; Health Promotion, Community Participation and Ownership; Health Research and Development; Medicine, Vaccines and other Health technologies and Health Infrastructures.

The strategies for achieving these objectives have been adequately situated in this rSSHDP II.

**1.1c Policy Environment**

Nigeria constitution of 1999 (as amended) allows the three tiers of government – federal, State, and LGA – responsibilities for healthcare. The National Health Act 2014, articulates that the Nigerian Health System consists of: (a) The Federal Ministry of Health; (b) States’ Ministries of Health and the Federal Capital Territory’s Department of Health; (c) Parastatals under the federal and State Ministries of Health; (d) all Local Government health authorities; (e) the ward health committees; (f) the village health committees; and (g) the private health care providers. The National Health Act further defines the relationship between various tiers and provides a framework for standards and regulation of health services, as well as for the establishment of a Basic Health Care Provision Fund.

In addition to the National Health Act -2014, the National Health Policy-2016, with the theme “Promoting the Health of Nigerians to Accelerate Socio-economic Development” provides direction in health care delivery in the country. The NHP-2016 comes at a time when there is global re-commitment to a new development framework, the Sustainable Development Goals (SDGs); and an increasing global support for the attainment of Universal Health Coverage as well as a Presidential Summit on Universal Health Coverage, convened in March 2014. The summit reiterated the country’s commitment to achieving UHC and sustainable health development through the strengthening of Primary Health Care and providing access to suitable financial risk protection mechanisms.

The State has a Health Policy which was developed in 2003. There is presently a health bill, which has been passed and is awaiting governor’s assent. It was formulated in the context of the State goals and philosophy. The health bill places poverty reduction at the heart of its development strategy through empowerment of human capacities, including improving the effectiveness and efficiency in the delivery of basic social services. It emphasizes the need to reduce inequality by targeting vulnerable and marginalized groups, especially women, children and adolescents. The bill envisions collaborations with the private sector, civil society and international development partners and encourages citizens’ participation and ownership in the determination of health objectives and in holding government accountable for their delivery.

In addition to the State Health Policy, there are many health programme policies that contributed to the development of the SSHDP II.

**Table 1.1: Key Policy documents that contributed to the development of SSHDP 11**

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| **Focal Area** | **Key Policy Document** |
| Maternal and Child Health | Free MCH Policy and operational guideline 2003 |
| Human Resources | Human Resource Policy 2011 |
| Health Financing | Health Financing and Equity Policy 2014 |
| Public- Private Partnership | PPP Policy 2014 |
| Community health Insurance | Enugu State Community Health Insurance Scheme guideline 2016 |
| State Health Policy | State health Policy, 2003  State Health bill, passed and ready to be signed by the Governor. |
| HIV/AIDS | State HIV/AIDS Strategic Plan 2017 |
| Drug Supply System | Sustainable Drug Supply System Policy and operational guideline 2014  Essential drug policy 2013 |

**1.2 State Profile**

Enugu came into limelight following the discovery of Coal in 1909 and popularly known as the Coal City State. In the three regional structure of Nigeria, Enugu became the capital of Eastern Region of Nigeria from 1958 to 1967. In the 12-State structure, Enugu was the capital of East Central State.

In 1976, two States, Anambra and Imo, were carved out of the then East Central State and Enugu continued to serve as the capital of Anambra State until 1991. Enugu State was created on August 27, 1991 following the splitting of old Anambra State into two, namely Enugu and new Anambra State with the city of Enugu still as the capital of Enugu State. In 1996, the Abakaliki area, one of the three political and administrative divisions of Enugu State, was carved out and added to a part of Abia State to make up Ebonyi State, which was created in that year along with five others. To date, the State remains a home for all Nigerians, particularly the South Easterners.

Enugu State is located in the southeast and is one of the thirty-six States that make up the Federal Republic of Nigeria. The people are Igbos, one of the three major ethnic groups in Nigeria and predominantly Christians. The State shares boundaries with Ebonyi State to the east, Benue State to the northeast, Abia State and Imo State to the south, Kogi State to the northwest and Anambra State to the west. The State is about 732ft above sea level and is surrounded by high lands of Udi –Agwu hills. The State has a land area of 7,617.82sq km and a population density of about 360 persons per square kilometer which is 3 times the mean national population density of 96 persons per square kilometer.

Based on projection from 2006 census, Enugu State had a population of 4,377,536 in 2016 with an annual growth of 3.0%. Females comprise 2,193,146 (50.1%) of the population while 2,184,390 (49.9%) are males (SMOH, DPH). Children aged under 5 makeup 20% of the population (875507) and pregnant women make up 5% of the population (217877) (SMOH, DPH). The State is divided administratively into 3 senatorial districts, with 17 Local Government Areas headed by an elected Chairman. There are 260 political wards, 472 autonomous communities and rural/urban population ratio of 5:12. (2012 joint Annual review and 2013 Midterm review) There are 610,000 households of which 34.3% own insecticide treated nets (MICS,2016). Majority of Enugu State indigenes are farmers who produce a wide variety of staple crops and cash crops other activities of majority of the population are raring of domestic animals and trading.

Enugu State implements the Ward Health System Approach to health care delivery which was adopted in 2004, although the State health law establishing it was enacted in 2005. The State has one government owned tertiary hospital and 3 federal owned tertiary hospitals, 7 district hospitals and 2 sub-district hospitals. The 7 District hospitals are supervised by the District Health Board (DHB) viz: Enugu metropolitan, Udi, Nsukka, Isi-Uzor, Enugu Ezike, Awgu, and Agbani, while the sub districts are the Oji and Dental hospitals. The health boards are responsible for overall service delivery within their respective health districts and management of local health authorities (LHAs). The 17 LHAs are responsible for the management of all the health facilities in the LGAs including primary and secondary facilities. The apex tertiary facility is the Enugu State University of Science and Technology (ESUT) Teaching Hospital. The Federal Government owned tertiary institutions in the State include University of Nigeria Teaching Hospital, Orthopedic Hospital and Neuropsychiatric Hospital; while Memphis Specialist Hospital and Annunciation Hospital are privately owned. The State has 896 health facilities: 513 public facilities and 383 privates/faith-based facilities.

**Fig. 1.1 Map of Enugu State**

**1.3 Methodology for developing the State Strategic Plan**

**Approach**

The development of the Revised Enugu State Strategic Health Development Plan 2023-2025 was driven by the people and the guidance of the State appointed consultant with the support of many stakeholders, including development partners, CSOs, Private sectors of multidisciplinary backgrounds. The preparation of the plan was guided by evidence-based framework proposed by the National Strategic Committee.

**Process**

The State was invited to adapt the Revised National Strategic Health Development Plan for the development of the SSHDP II (Revised). The Technical Working Group (TWG) comprising of the Key health officers were commissioned by the Honorable Commissioner of health on September, 1st 2023, with the directive to come up with the 2-year plan for the period 2023-2025. The process was facilitated by one planning and one costing consultant. Next was the formation of State Planning Team. The whole process was participatory, collaborative and transparent. Preliminary investigation and agenda drawing meetings were held by the Consultants and key Officers of the Ministry of Health. Relevant documents were reviewed and these included: Annual Operational plan (2023); A series of lectures by the representative of the FMoH on strategic planning on Revised NSHDP II and AOP tool. Based on the fifteen thematic areas, individual thematic area plan was presented for comments, inputs and observations by a wider spectrum of stakeholders at the strategic planning workshop.

The consultants finished off the output of the strategic planning meetings into a draft plan and presented to the State Government for validation and approval before producing a final copy for adoption and implementation.

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# **CHAPTER 2: PRIORITY AREA 1 - LEADERSHIP AND GOVERNANCE**

Context

Being a State in which the associating 17 Local Government Areas and the State Government derive their powers from the Nigeria constitution, health is on the concurrent legislative list and is considered as a collective responsibility of the three tiers of governments (Federal, State, and LGAs). But until recently, roles and responsibilities were not clearly defined.

Apart from a few places where health is mentioned, the current Nigeria constitution of 1999 (as amended) is largely silent on matters concerning health. In an attempt to correct this constitutional omission (or commission), an overarching health law, the National Health Act (NH Act)[[1]](#footnote-0) enacted in 2014 sets out a new structure and responsibilities for the health system across Federal, State and Local government levels, responsible for Tertiary, Secondary and Primary levels of care respectively.

ARMS OF THE STATE MINISTRY OF HEALTH AND THEIR RESPONSBILITIES

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| S/N | Agency | Mandate |
| 1 | Enugu State Ministry of Health (SMoH) | Policy formulation, regulation and coordination of health care services at all levels |
| 2 | Enugu State Health System Regulation (ESHSR) | Registration and Licensing of Private and Mission Health Facilities, including Maternity, hospital, laboratories, clinics, eye and dental facilities |
| 3 | Enugu State Primary Health Care Development Agency | Implementation of the 4 pillars of Primary healthcare, which are equity, use of appropriate technology, service integration and community participation |
| 4 | Enugu State Hospitals Management Board (SHMB) | Management of secondary healthcare level, including dental care and mental health care |
| 5 | Enugu State University Teaching Hospital (ESUTH) | Provision of Healthcare Services at Tertiary level and training of the healthcare workforce and researching of medical disorders |
| 6 | Enugu State Agency for Control of AIDS (ENSACA) | Coordinates multi-sectorial response to HIV working with SASCP in the Ministry of Health, Ministry of Youth & Sport, Ministry of Education and Ministry of Women Affairs |
| 7 | Enugu State Agency for Universal Health Coverage | To promote, regulate, supervise and ensure effective administration of Enugu State Universal Health Coverage |

**KEY HEALTH AND DEMOGRAPHIC FACTS ABOUT ENUGU STATE**

Number of Health Facilities (HFs): 896

Number of Public Health Facilities: 513

Number of Private Health Facilities: 383

Number of Faith-Based HFs: 35

Number of Federal Health Institutions: 3

Number of State-Owned Health Training Institutions: 8

Number of Federal Health Training Institutions: 7

Number of Faith-Based Health Training Institutions: 4

However, due to prolonged absence of an appropriate legislative environment, efforts of the tiers of government remain poorly coordinated and lack accountability. Moreover, the autonomous system of government in Nigeria further complicates healthcare delivery and governance of the health system. For example, constitutionally the LGA Supervisory Councilors of Health are accountable to their LGA Council Chairmen and not to the Commissioner of Health or State Ministry of Health (FMoH). Chairmen of LGAs frequently follow their own agenda. While the State Government leads in setting polices, regulations and guidelines, there are no means of enforcing and ensuring compliance at the LGA levels of government. Unfortunately, there is no forum that brings together the State Commissioner for Health, Heads of Agencies in Health, the LGA Chairmen and Supervisory Councilors for Health into an engaging platform for collective decision making on Health, hence formation of such platform is now imperative because of its salutary effects on the overall health of the populace.

The poor performance of the health system which is not helped by the autonomous governance is further compounded by inadequate political commitment especially at lower levels, poor coordination, lack of communication between various actors, lack of transparency and poor accountability[[2]](#footnote-1). In addition, the private sector, a major contributor to health care delivery in the State, is poorly regulated due to weak capacity of State government to set standards and ensure compliance as well as inability of government to provide enabling environments for the private sector to thrive. All these factors have led to the lack of strategic direction and an inefficient and ineffective health care delivery system in Enugu State.

Moreover, the actual delivery system is a pluralistic one with government-run modern health care services (primary, secondary, and tertiary care) operating alongside the private sector, traditional, and complimentary medicine – all recognised by law. Therefore, effective leadership and governance of the health sector are prerequisites to assisting the SMoH and the LGAs in establishing a well-coordinated and integrated health systems which are able to deliver a cost-effective package of essential health care, as well as foster community demand for better health services and the ability to promote and protect their own health.

This priority area of the revised SSHDP2 seeks to reorientate, streamline, and empower the State Ministry of Health and LGA Health Departments to reposition their organisational and management systems to provide the strategic and tactical leadership and governance for health that demonstrate full ownership of all actions and inactions.

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| **Goa**l: To provide effective leadership and an enabling policy environment that guarantees ownership, adequate oversight, and accountability for the delivery of quality health care for sustainable development of the State health system. | | | |
| **Strategic Objective** | **Objective Indicator** | **Strategic Intervention** | **Intervention Indicator** |
| 1.1. Strengthened stewardship role of governments at all levels (State & LGAs) | Clear guidelines for policy/budget cycle, public financial management, sector coordination and demonstration of ownership, & performance management provided | *1.1.1 Strengthen development & revision of relevant policies, plans & laws.* | Number of policies, laws and plans that have been developed in line with national guidelines. |
| *1.1.2 Improve planning, Public Financial Management, Budgeting, and accountability framework.* | 1. Degree of transparent budgeting and financial systems in place at State and LGA levels  2. percentage increase in per capita public expenditure on health at the State and LGA levels  3. Percentage Reduction in variation between budget allocation and actual expenditure at all levels  4. Percentage of capital share of public health expenditure on health at all levels  Tracking of budget implementation with supporting documents |
| *.1.1.3 Improve health sector performance through regular reviews* | Number of Joint Annual, Mid-Term, and End-Term Reviews of State Strategic plans and MTSS conducted  Number of Joint annual programme and operational plan review meetings |
| *1.1.4 Strengthen health sector coordination, ownership, harmonisation, and alignment at all levels* | 1. Number of State Councils on Health meetings held  2. Number of Top Management Meetings held at all levels  3. Number of State-led Health Partners coordination forum |

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1. [↑](#footnote-ref-0)
2. [↑](#footnote-ref-1)