NIGERIAN ACADEMY OF MEDICINE (NAMed.)

2022
Annual Lecture

Theme:

2023 AND BEYOND - SETTING THE HEALTH AGENDA

Lecturer:
Emeritus Professor Nmi Briggs, FAS, FNAMed.

VENUE: NAF EVENT CENTRE, KADO, ABUJA.
DATE: THURSDAY,29TH SEPTEMBER 2022
TIME: 9.00AM

NIGERIAN ACADEMY OF MEDICINE (NAMed)

2022
ANNUAL LECTURE
and
INDUCTION CEREMONY

2023 AND BEYOND-
SETTING THE HEALTH AGENDA.

by

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Chairman, Committee of Prochancellors & Chairmen of Councils of Federal Universities.
Member, Board of Trustees of State Universities.

Thursday September 29, 2022.

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RESUME OF NIMI BRIGGS.

Nimi Briggs, who will deliver today's lecture, is Professor Emeritus of Obstetrics and Gynaecology at the University of Port Harcourt and chairman of the Committee of Prochancellors of Federal Universities (CPC) as well as member of the Board of Trustees of State Universities (COPSUN). He is the pro-chancellor and chairman of council of the Alex Ekwueme Federal University, Ndufu Alike, Ebonyi State as well the pro-chancellor and chairman of council of the Bayelsa Medical University, Yenagoa, Bayelsa State. He has served as the vice- chancellor of the University of Port Harcourt on three different occasions.

A Distinguished Fellow of the National Postgraduate Medical College of Nigeria, Briggs is also a recipient of the Hallmark of Labour award in recognition of his contributions in the field Education in Nigeria. Professor Briggs has chaired the boards of several agencies and parastatals; he has travelled extensively and has published widely. He is a Fellow of several other academic and professional bodies.

Opening Remarks

In June 2018, then Nigeria's Honourable Minister of Health, Professor Isaac Adewole, led Mr. President, His Excellency Muhammadu Buhari, GCFR, to launch the nation's Second National Strategic Health Development Plan (NSHDP) II.[1] Captioned: *Ensuring healthy lives and promoting the wellbeing of Nigerian populace at all ages,* the plan is designed to cover the period 2018-2022. The plan is anchored on the nation's 2016 National Health Policy[2] and it is expected to build on the successes and address the challenges of the NSHDP I. NSHDP II has as its overarching aspiration, the furtherance of Universal Health Coverage (UHC) by operationalising the policy of one functional Primary Health Care (PHC) Clinic per ward in the nation's 774 Local Government Areas. Such an ambition, it is envisaged, would not only bolster the unfinished business of the Millennium Development Goals (MDGs) but would also, be in keeping with the Sustainable Development Goals (SDGs) and Global Post 2015 Goals. Besides, it would be in alignment with important national policy frameworks like the Economic Recovery and Growth Plan (2017-2020) and the National Vision 20:2020. The National Health Act[3] -an A*ct* to provide a framework for the regulation, development and management of a *national health* system - which was signed into law in 2014 and gazetted in 2015 is to serve as the major legislative platform for the effective articulation and delivery of the strategies of the NSHDP II.

Such a busy and rich backdrop of significant events in Nigeria's health sector pre-2023 as described, would have, ordinarily, provided sufficient contextual framework around which a health agenda for 2023 and beyond would have been weaved. But the events cited in that period occurred before 2019 which saw the commencement of a foremost global health challenge – the COVID-19 pandemic- which, unarguably has had the most profound impact on humanity in living memory and as such, would suggest a different plan for a health agenda post-2023. For, when one reflects on the immense disruption to normalcy, untold hardship, crippling adversity, widespread morbidity and galloping mortality that COVID-19 pandemic caused the human race in the pre-2023 years of 2020 to 2022, it is tempting to overshoot in setting a health agenda for 2023 and beyond,

in favour of that malady . Indeed, one's experiences, harsh and devastating as they were, and still are, may lure one into advocating that a post-2023 health agenda should be predicated solely on *Pandemic* or *Epidemic Preparedness.* Such an action would be in consonance with a desire to urgently mainstream the lessons that were learnt and are still being learnt from the horrific encounter with that disease into contemporary health care policies and practices. This was the essence of the Global Health Security Conference 2022 on *Building Back Better* which was recently held in Singapore, June/July 2022.[4] However, a view in that mould, will be unbalanced because there were other serious challenges, within and related to the health sector, that helped to define the pre-2023 era which should also find some accommodation in a future health agenda.

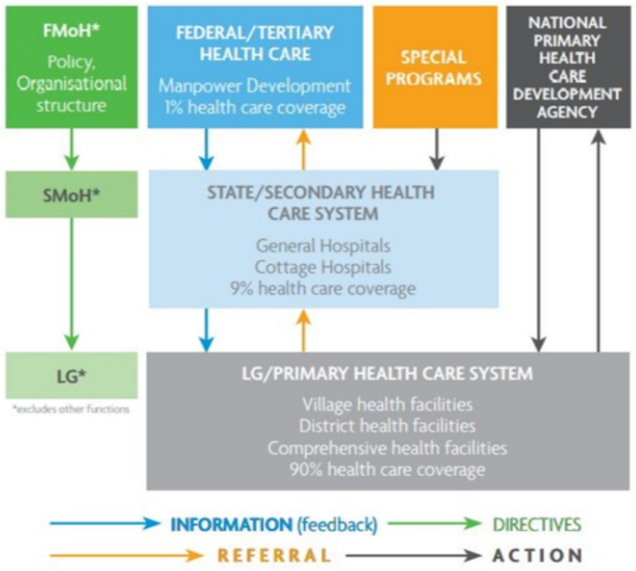
So, while the concept and aspirations of the NSHDPs subsist and will contribute to today's presentation, I will speak about COVID-19 and its conundrum as providing important lessons to contribute to the direction a health agenda post-2023 and beyond should go. I will also mention and where necessary, dilate on a number of other issues which affected the general living conditions and quality of life of many Nigerians during the pre- 2023 period that made it impossible for them to attain that definition of health as being *a state of complete physical, mental and social wellbeing and not merely the absence of disease.*[5] Some of these issues, like the nation's efforts at achieving UHC – the main focus of NSHDP II -, the unending appetite of Nigerians to seek medical care outside their country and the steep rise in the emigration of trained health manpower to other countries are matters that are firmly within the ambit of the health sector. On the other hand, others, such as the nation's demographics with its impact on health and national development, frightful level of insecurity that is now threatening the very fabric of the nation, soaring costs of living that are becoming unbearable, and the climate change saga that is posing existential threats will need some argument to be made on their behalf for critics to accept their inclusion in a health agenda. These multidimensional social determinants of health have deepened poverty especially amongst vulnerable groups and the underprivileged and accentuated poor health as well as a sense of hopelessness and despair. Taking together, these issues, metaphorically, form the *Minutes of the Previous Meetings* – of a pre-2023 period- which have to be

read, corrected and *Matters Arising* taken, as they would, to some extent, determine the *Agenda for the Next Meeting* – the era of 2023 and beyond. To this end, this paper will address how Nigeria can achieve better health for all its citizens in 2023 and beyond. But first, I will do a brief review of the Nigeria's health care system, to set the requisite platform for the paper.

Nigeria's Health Care System.

Public health care system in Nigeria is structured in tandem with the nation's governance system of Federal, State and Local Governments. Primary, Essential or Basic Health Care (PHC), where about 80 to 90% of the citizen's health care needs are expected to be met, is executed at the Local Government level. This tier of the system is designed to take health care, at affordable cost, to the grassroots, where people live and work and so, consists of health post, primary health care centre and comprehensive PHC facilities. At this level, the prevention of disease, promotion of healthy lifestyles and the provision of essential information on health and disease are paramount. Common and minor illnesses in the community are also to be effectively treated and antenatal care, delivery of pregnant women as well as immunizations are to be carried out. Facilities for transportation and other logistics should be readily available for the referral and transfer of patients who report at the PHC facility with ill health or complications that are beyond the competence of the staff and management capacity of the PHC centre, to higher level health care facilities. Furthermore, the PHC facility should be financed, managed and staffed by the authorities of the Local Government in which the PHC is located with appropriate PHC practitioners, supervised by a medical officer of health. The National Primary Health Care Development Agency, an organ of the Federal Government, coordinates PHC activities with the three levels of government, using the principle of PHC under one roof.

DIAGRAMMATIC REPRESENTATION OF PUBLIC HEALTH CARE DELIVERY SYSTEM IN NIGERIA



SOURCE: Adapted from NDES (2012). Human Health and Health Infrastructure in the Niger Delta Region. Volume 43: The Niger Delta Environmental Survey (1996-2000). Manchester, United Kingdom: Zippro Systems Limited; 2000 (Printed in 2012). ISBN: 978-1-908676-00-9.

Secondary Health Care is essentially curative care where about 10 to 19% of the health care needs of the citizens are expected to be addressed. This level of care is the responsibility of State Governments and takes place in General and Cottage Hospitals that are owned, staffed and operated by them. Under ideal conditions, the bulk of the patients seen in such facilities should be patients who had made initial contacts with the public health care system at the PHC level and had been referred to the Secondary Health Care facility.

A two-way referral system should be in place at such facilities – one, to refer patients that are too ill to be cared for at the secondary level to the tertiary level and two, to provide feedback to PHC facilities on the outcome of patients referred to secondary centres from the PHC centres.

The health care needs of the remaining 1% of citizens is expected to be

addressed at the Tertiary Health Care level where curative and rehabilitative services take place. The tertiary level of care which is the responsibility of the Federal Government also trains the bulk of the manpower for the public health care system. It is expected to be manned by highly qualified health professionals in various specialised fields and should be sufficiently equipped to deal with the most difficult cases of ill health and also produce properly trained health professionals for the country. Once again, a referral system should be in place to receive cases from lower tiers of the system and to give feedback on the outcomes of such referrals. Furthermore, the Federal Government is responsible for enunciating policies on health issues and also running special programmes that are directed at the eradication, elimination or containment of certain diseases and outbreaks.

As *Health* is on the concurrent legislative list in the nation's constitution, State Governments, can also take the liberty to operate at all three tiers of the system. Accordingly, outside the running of state and cottage hospitals as secondary health care facilities, many State Governments now have teaching hospitals, which are tertiary health facilities that are established as part of Medical Schools of State universities. These hospitals also carry out PHC services.

Beside this public health care system, there exists a huge, expanding but poorly regulated number of private health care facilities, some consisting of highly sophisticated medical establishments where quality tertiary care is available for user fees. Others are rank and file formations, including diverse forms of orthodox and unorthodox medical care, some, quite badly organised, others, bordering on quackery which are for profit and not-for-profit organisations. Available evidence indicates that, for many reasons, several Nigerians who seek health care first do so with private care providers, especially in rural settings.

The public health care system as structured and described in this presentation, has the potential to deliver a comprehensive health care for the generality of Nigerians, IF properly funded, well equipped, competently managed and freed from extraneous factors that deter good governance. It is an integrated system

which is expected to provide easy access and at affordable cost to basic and essential health care for all close to where they live and carry out their daily activities. This is the fundamental pillar of not just the health system, but also of the nation's strategic health development plans. Additionally, the integrated structure allows further recourse to higher and more complex levels of care through a referral system. Besides, the structure provides for the needs of the health system through policy enunciations, training of staff and production of goods and services at the secondary and tertiary levels. Accordingly, it can be surmised that it is largely to the extent that the precedent conditions required for its proper functioning are not satisfactorily met that the system has faltered and has been unable to provide the inclusive quality health care that is expected of it. These deficits include low levels of financing healthcare, dilapidated infrastructure, the out- of – stock syndrome, high cost of procuring health care, inefficient management of human and material resources and the absence of a reliable referral system to ensure proper integration of the services provided by the three tiers of the system. Furthermore, human and material resource allocation in the Nigerian health system, on the whole, is skewed in favour of tertiary and secondary as against primary care, resulting in undue emphasis on curative rather than preventive services. Thus, many patients attend tertiary and secondary facilities with ailments that can quite easily be handled at the PHC level.

Summarising this section of today's presentation therefore, it can be put forward that setting a health agenda for 2023 and beyond, should, involve strengthening and consolidating the public health care system. The system should be made to function to obtain most effective interventions, in a cost-effective manner with appropriate resource allocation to the three tiers of care as was intended in its formulation, within the context of the building blocks of a health system. Additionally, the system should be updated by complimenting it with private health care services, which are increasing in elegance, to boost preventive and curative care along with the infusion of technological innovations to mordernise the services that are offered. With this background, I will, for the balance of this presentation, elaborate on some of those issues which should rejuvenate and invigorate the health care system so as to involve

all aspects of governance and the whole of the society. For, this is the quality of health care that Nigerians should have and this aspiration should inform the health agenda for 2023 and beyond.

Some Evidence of Nigeria's Poor Performance in the Health Sector.

Many Nigerians, especially the elites, hold the public health system in disdain and would rather not patronise it except as a last resort in cases of dire emergencies. From issues of lack of equipment, dilapidated buildings and infrastructure to filthy environment, poor utilities, especially electricity supply, frustrated and unfriendly staff with poor work ethics, long delays in service delivery and much more, Nigerians express disapproval and dissatisfaction with their public health system at every turn. The situation is hardly different for the workers within the system. Here, inhospitable working environment and poor conditions of service, inter and intra professional as well as interpersonal rivalry, poor remuneration and unfavourable career prospects, among others, fuel frequent unrest and cycles of workouts and disenchantment.

This despicable state of affairs is reflected somehow in the country's health indices which are more often than not, below expectations, even for developing nations. With an estimated population of over 216 million, life expectancy of 55.44 years (not inclusive of COVID impact), a birth rate of 5.5 per woman, a population growth rate of 3.2% annually, Nigeria's population is estimated to reach 440 million by 2050 and 985 million by 2100 which will place the country among the world's most populated countries like China and India.[6] Maternal mortality ratios, infant mortality rates and under five mortalities are high at 512, 67 and 132 per 100,000 and 1000 live births respectively.

Furthermore, issues of open defecation, poor environmental sanitation, lack of pipe borne water persist and the country was unable to meet any of the MDGs (2000-2015) of which it was a signatory. The country is also not faring well in the health-related matters of the current SDGs, let alone its poor Human Development Index of 0.539, which places it in the low human development category, positioning it at 161 out of 189 countries and territories. Several factors

are responsible for this unsatisfactory performance but the poor state of the health system remains a major contributory one.

Additionally, there is a massive loss of trained professionals from the country, especially doctors and nurses because of lack of jobs, unfavourable conditions of employment and the general insecurity in the country who depart the country to live and work elsewhere. Between the months of June and July 2022 only, the General Medical Council of the United Kingdom is reported to have registered as many as 266 Nigerian doctors who were originally trained in Nigeria.[7] Apart from India and Pakistan, Nigerians constitute the highest number of foreign doctors in the United Kingdom. This is in spite of the fact that there are not enough doctors in the country to meet the WHO's recommendation of one doctor for 1000 of the population. Besides, Federal Government- owned universities in the country have been on strike since February 14, 2022, repeating a recurring pattern of frequent strikes which often stretch programmes that ought to have been completed in six years to eight or nine, including those for the training of various health professionals like doctors and nurses. Furthermore, the Medical and Dental Consultants Association of Nigeria (MDCAN) recently reported that over 100 consultants have left the services of 17 tertiary heath institution in the last 2 years. Nor can one forget the fact that poor health system has fueled medical tourism as billions of naira are spent annually by those who travel outside the country to seek medical attention, including routine medical examinations.

However, it cannot be said that it is all doom and gloom in the nation's health sector. Again, citing from the end of term evaluation of NSHDP I, significant progress was recorded in key public health programmes. Notably, increased investments in procurement and distribution of insecticide-treated-bed nets led to significant reduction in malaria incidence and reduction in HIV prevalence, especially among the youth. Wild polio virus transmission has been interrupted, Guinea worm disease has been eradicated and the country stemmed the spread of the deadly Ebola virus disease. While innovative programmes such as the Midwifery Service Scheme, the free Maternal and Child Health policy contributed to increased access to, and utilisation of Reproductive, Maternal, Newborn and Child Health and Nutrition services, which led to some reduction in maternal and

neonatal mortality in the country. These indicators are relevant to the Sustainable Development Goals and were prioritised in the NSHDP II. Furthermore, on the issue of malaria, Government has shown fresh commitment to addressing the challenges posed by the disease, when, only last month (August 18, 2022), Mr. President personally inaugurated a 16-member *Nigeria End Malaria Council* (NEMC) headed by Alhaji Aliko Dangote and charged it with the responsibility of eliminating malaria in the country. The President is of the view that such an action would save the country about N 687 billion in 2022 and N2tr by 2030 which is the estimated economic burden of the disease.[8]

It is also pertinent to state that the quality of practice is improving, if slightly, and many procedures, such as complex endoscopic interventions for investigative and operative purposes as well as intricate diagnostic imaging for which many persons hitherto traveled abroad, are now quite competently handled in the country, especially in big private health establishments. This is true of some staff of state and public health institutions, who have also been able to establish working relationships with colleagues outside Nigeria, who come over periodically for joint sessions of patient care. Above all, records in many major health institutions are now digitalised, making information storage and retrieval easy for routine work and research. So also is the use of modern technology to assist in various aspects of health care. Besides, the Dentistry and Oral Science programme of the country's Obafemi Awolowo University (OAU) has just been rated as being among the best 201-300 of such programmes in the world by the Academic Ranking of World Universities (ARWU), 2022.[9]

It is not surprising therefore that the Vice- President of the Federation, His Excellency, Professor Yemi Osinbajo, *SAN,GCON, against the run of play,* felt sufficiently comfortable to have had a surgical procedure on his right femur in July 2022 in a hospital in Nigeria! He went on recently, to publicly speak glowingly of his remarkable experience regarding the quality of care he received during the period of his treatment and lamented the fact that doctors are constrained from advertising themselves by the requirements of the ethics of their profession, On behalf of the Nigerian Academy of Medicine, and all of us

who work in the nation's health care industry, I thank and congratulate the Vice President for this outstanding show of confidence in the Nigerian health system and wish that other very important personalities (VIPs) could follow his remarkable example.

Challenges of COVID-19 Pandemic and Pandemic Preparedness.

Nothing in recent times has so utterly brought home the fact that health is a fundamental requirement that is akin to none other and a number one resource and capital for daily living and development as the coronavirus pandemic that hit the world commencing from the closing months of 2019.[10] The disease compromised the health of millions in quick succession, forcing the world to commit huge resources to its containment. And although the infection has abated somehow in many countries, it is beginning to show yet another rise globally, propelled by the arrival of new omicron and delta sub variants of the virus, stoking fears of a possible fifth wave of the pandemic and the issuance of fresh public health advisories. In some countries like China and Hong Kong however, the pandemic remains strong and the draconian *Zero COVID Policy* that has been instituted to curb it, is in itself causing monumental disruption to daily living, outside the burden of deaths and ill health directly associated with the disease.

First reported by Chinese authorities as *cases of pneumonia of unknown causes* to the World Health Organisation (WHO) on December 31, 2019, SARS-CoV-2 infection spread rapidly to literarily cover the entire globe within a year, visiting ill health and death on humans, while disproportionately affecting the frontline health workforce of physicians and nurses everywhere. Furthermore, the pandemic forced a new way of life on individuals, families and communities characterised by retreat, isolation, segregation, insularism, distancing, lockdowns, lockups, face masking and much more. Personal lifestyles changed as Governments imposed various levels of movement restrictions driving many to depend on food palliatives; industries and businesses collapsed from lack of attention and morbidity and mortality soared among nations as the disease was new and neither had an effective antidote for prevention, nor scientifically proven treatments for affected persons. The health and social consequences of these forced changes proved to be dire an immense.

Happily, the arrival of effective vaccines, approved by the WHO against the virus from many sources, including those from – PfizerBioNTech,---OxfordAstraZeneca, Sinopharm BIBP, Moderna, Janssen from December 2020, proved to be a game changer. Through vaccination programmes, infection rates and mortalities declined in many countries, especially among fully vaccinated individuals, leading to the lifting of a number of restrictions and the return of some normality to several aspects of life in a good number of countries. Overall, as at July 1, 2022, SARS-CoV-2 is reported to have infected 552,823,436 persons globally of which 6, 358, 318 died and 528, 044,279 recovered – some with little or no sequelae, others with considerable long- term consequences.[11] And so effective have the vaccines been in bringing succour to a beleaguered world that, based on officially reported COVID-19 deaths, it is estimated that vaccinations prevented 14·4 million deaths from COVID-19 infections in 185 countries and territories between Dec 8, 2020, and Dec 8, 2021.[12]

In Nigeria, where, fortuitously, the disease has not been as ferocious as it has been in a number of other countries, the index patient was confirmed on the 27th of February 2020 by the Federal Ministry of Health in Lagos. Government worked with unusual speed and sense of purpose and set up a multi-sectoral COVID-19 Preparedness Group, led by a Presidential Steering Committee on COVID – 19 (PSC-COVID – 19) and with the Nigeria Centre for Disease Control (NCDC) and the National Primary Health Care Agency in charge of the public health response. Again, as at July 1, 2022, it was reported that the illness had affected 257, 290 persons in the country of which 3,144 died and 250, 229 recovered.[11]

The arrival of the pandemic in Nigeria exposed the weak underbelly of the health system in the country: it was frail; its infrastructure dilapidated; it was largely uncoordinated and was mostly unprepared to respond to a disease burden of that magnitude. There were additional problems associated with obtaining the vaccines when production commenced and other non-pharmaceutical agents needed to control the pandemic. Rich and developed countries bought up the vaccines in advance at high costs from manufacturers for use and storage even

when developing countries, like Nigeria, had received none to commence their vaccination programmes against the disease. The disparity, disrespect, discrimination and lack of equity exhibited by rich nations prompted His Excellency President Muhammadu Buhari to comment extensively on the matter at his Nigeria's 61st. Independence Day Address on 1st. October 2021. The President expressed his disappointment that a handful of countries were keeping the global vaccine supply to themselves. He then went on to announce the directives he had given to various agents of government to address the situation.

Here, it must be said that Nigeria, literarily *put its money where its mouth is* on this occasion as the President's directives provoked strong and immediate reactions that were aimed at tackling the consequences of the COVID-19 pandemic and lay a foundation for preparing the country for future pandemics, under the overall supervision of the Nigerian Centre For Disease Control (NCDC). Government provided money to tertiary hospitals to serve as COVID-19 Intervention Funds and also extended support to State Governments. Central Bank of Nigeria granted loans at favourable terms to private health and pharmaceutical organisations for expansion and improvement in services while the universities, the Tertiary Education Tax Fund (TETFund) and the Nigerian Institute of Medical Research (NIMR) collaborated in various aspects of work to understand the disease and bring it under control. Furthermore, the FGN established its first Federal University of Health Sciences in Otukpo, Benue State and directed that it should be a Centre of Excellence for Pandemic Research. The ground-breaking ceremony of the institution was conducted by Mr. President on Monday 18 June 2022. Philanthropists, religious organisations, charity homes and various communities also contributed in many ways to alleviate the hardship posed by the disease.

Such a massive infusion of funds and coordinated actions have left the health system in a better form not just to respond to future epidemics and pandemics but also to render a better quality of service. Capacities for case detection, contact tracing and disease surveillance have been better established and several molecular diagnostic centres and treatment centres have sprung up. With this, Nigeria was able to determine circulating variants within the country and carry out research on repurposed drugs like chloroquine and invermectin.

This is just as well because in addition to the large number of communicable diseases that are endemic in the country and as such can break into epidemic proportion at any time, monkeypox infections (name currently under review by WHO) are gradually becoming of some concern. Thus, there is a need for sustained support to the health sector for pandemic preparedness in Nigeria especially through public health measures, including emphasis on Water, Sanitation, Hygiene (WASH) in public places such as schools, markets, prisons, health care facilities. The Hon. Minister of Health, Dr. Osagie Ehanire pointed this out when he recently launched the country's policy guidelines on WASH.[12]

The opportunity must also be taken to ramp up efforts directed at local vaccine production, considering the presence of many vaccine preventable diseases (VPDs) in Nigeria - tuberculosis, polio, pertussis, measles, diphtheria, meningitis – let alone the disgrace and disrespect the nation suffered in the politics of COVID-19 vaccine distribution.[10] The burden of VPDs and associated outbreaks constitute a major threat to Africans as every year, more than 30 million African children under the age of five suffer from VPDs. Of these, more than half a million die due to limited access to immunization services – representing 58% of global deaths from VPDs.[5] So, in its health agenda for 2023 and beyond, Nigeria must continue its collaboration with other African countries on the issue of vaccine purchase, production and distribution.

Two important conferences have recently been held at the global level to assimilate and incorporate the lessons that have been learnt so far and also to ameliorate some of the deleterious effects that the disease has had on health systems in the world. The first is the Global Health Security Conference 2022 on *Building Back Better* to which reference had earlier been made in this presentation.[3] Following discussions at that conference, the World Bank, on the 30th of June 2022, approved the setting up of a *Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response (PPR)* which is to be dedicated to long-term financing to build global, regional, and country-level capabilities, with a focus on strengthening PPR capacities and addressing gaps in the International Health Regulations in lower- middle- income countries, like Nigeria.[3] The second is the 75th World Health Assembly which took place in

Geneva Switzerland, again, in June 2022, where discussions were held on how the disruption of the timetable of action on the global *Immunization Agenda 2030* which envisions a world where everyone, everywhere, at every age, fully benefits from vaccines to improve health and well-being could be ameliorated.[13] The outcome of such discussions, should be incorporated into future health agenda in Nigeria.

Primary Health Care.

Primary or *Essential Health care* based on scientifically sound and socially acceptable methods and technology that would be accessible to all individuals in a community, has already received some coverage in this paper. The concept was adopted and promoted by the WHO in Alma Ata (now Almaty – Apple City), Kazakhstan in 1978 as a major milestone of the 20th century in the field of public health and has become the cornerstone of the health policies of many nations for the provision of *Health For All*.

PHC was introduced into Nigeria's health system as part of a National Basic Health Services Scheme (NBHSS) in the late 1970s. But it could not attain its goals, especially, its development across the country, due to implementation challenges until late Professor Olikoye Ransome-Kuti, Honourable Minister of Health of the Federation, 1985-1992, made it the pillar of a new comprehensive and first National Health Policy in 1988. Emphasis was placed on preventive medicine, and basic health-care services, especially those that promote health, were established at the grass root. With time, the Hon. Minister expanded PHC to most Local Governments and achieved tremendous success in the provision of several aspects of basic health care in Nigerian communities.

In 1992, a National Primary Health Care Development Agency (NPHCDA) was established to ensure that the PHC agenda is continued and sustained but the military that took over the Government of the Federation in 1993 could not maintain the tempo and PHC activities suffered a major decline, due largely to abandonment.

Realising the pivotal position of this system of care in the overall health delivery

system several efforts have been made to address infrastructural deficit and management issues that had caused the collapse and to expand its reach to all Local Governments in the country with varying degrees of success. In 2017 Government indicated that it had concluded plans to rehabilitate 10,000 primary healthcare facilities spread across the six geopolitical zones of the country beginning in 2019. The Government announced that the 2018 and 2019 appropriation bills would provide funds for the exercise, through the Basic Health Care Provision Funding. Sadly, this did not quite happen and currently, only about 20% of the 30,000 PHC facilities across Nigeria are fully functional. Of the rest, many are closed, again, for varying reasons, while others are unable to provide the essential services for which they are set up.

Consequently, the need to strengthen the PHC in Nigeria to restore its relevance becomes urgent and should be a preoccupation for a health agenda for 2023 and beyond. Such a restoration should not just be in an increase in number and physical structure, but should also address the problems of management, community ownership and sustainable finances, which are some of the most perennial challenges that the system suffers in Nigeria.

Efforts by a number of agencies, to keep PHC constantly on the front burner on the understanding of its pivotal position in the health system, cannot go without commendation. In June 2022, Nigeria Health Watch, a pressure group that seeks to use advocacy and communication to foster better health and access to health care, organised a policy dialogue on the theme **"***Strengthening Human Resources for Health and Achieving Sustainable Financing for Primary Health Care"* in Kano State. It transpired that the State's good performance so far in PHC activities is predicated on a number of factors.[14] The State allocates 15% of its annual budget to the health sector in consonance with the second Abuja Declaration which committed African heads of state to allocate that proportion of their annual budgets to health as well as mobilize resources for improved access to HIV medications, vaccine research and prevention programmes.[15] Furthermore, a good number of the staff are trained and deployed as appropriate. The agenda for 2023 and beyond will include a replication of such fine actions by many other States and Local Governments as a strong PHC

system is foundational for health security to be strengthened at the community and sub – national levels.

Universal Health Coverage and Health Financing.

Expanding UHC should constitute the core of a health agenda for 2023 and beyond along with strengthening and consolidation of the health care delivery system, especially at the PHC level. This is the first step in ensuring health security and should entail the provision of a range of health care services from which all can benefit without crippling out- of- pocket expenditure at the point of service and it is this purpose that represents the overall intent of PHC – affordable health services to all, rich or poor. UHC therefore offers financial risk protection and improved access to quality health services which ultimately improves national health related indices and prosperity.

That Nigeria is in support of the objectives of UHC has never been in doubt judging from the many policies and conferences it has had with the objectives of UHC in mind. These include the 2014 Presidential Summit on UHC, the 2014 Health Act and its derivatives, 2018 NSHDP II. But so far, progress has been unsatisfactory.

Financing the public health system in the country is done as part of overall government expenditure using general tax revenue for all government owned enterprises which it services from its pool of annual budgets, by way of sectorial allocations. That for the health sector comes from the annual sectorial allocation to health which, in recent times, has been in the range of 4 to 7% of the total budget, far short of the second Abuja Declaration of 15%.[15] For instance, out of the N14.77 trillion Federal Government's budget for 2022, only N724.9 billion (4.9 per cent) was allocated to the health sector. Monthly releases are then made from the health budget allocation to public health institutions to cover capital, recurrent and overhead expenses.

Expenses are also incurred when goods and services are procured from public or private health institutions. Such expenses are met either through direct out of pocket payments (OOP) or through other sources, such as coverage by a pre-

paid health insurance scheme.

In 2021, the National Assembly enacted The National Health Insurance Act (NHIA), which repealed an earlier National Health Insurance Scheme. This Act was signed into law on Thursday May 19, 2022 by President Muhammadu Buhari and it is to facilitate health insurance coverage for all Nigerian residents by overseeing the promotion, regulation, integration of health insurance schemes and other related matters in the country. Furthermore, it is to harness private sector participation in the provision of health care services and assist in achieving UHC for all Nigerians. To do this, the NHIA, in collaboration with States in the Federation as well as the Federal Capital Authority is to secure mandatory health insurance for every Nigerian and legal resident and establish a basic minimum package of health service, in accordance with the National Health Act 2014, across all health insurance providers in the country. The Authority is also to provide health insurance schemes for the employees of Ministries, Departments and Agencies in the Federal Civil Service. The Basic Health Care Provision Fund (BHCPF) is to be used for this purpose. By this law, health insurance became mandatory for all employers and employees in the public and private sectors with five staff and above, informal sector employees, and all other residents in Nigeria. While population-based services like health talks, vaccinations, health promotion activities will be completely financed by Government, personal services, such as attendance at health facilities for treatment, would be covered through public and private contracts monitored, regulated and supervised by NHIA

Accordingly, Health Maintenance Organisations (HMOs), Mutual Health Associations (MHAs) and Third-Party Administrators became accredited as authorised agents who negotiate payments for health care with Health Care Providers (HCPs) on behalf of various companies, which they represent. Thus, the HMOs receive franchise from various organisations who would have negotiated directly with HCPs to do so on their behalf, on the expectation that such an arrangement would make it possible for a large number of persons to receive health care at no cost to themselves.

Financing the procurement of goods and services in the health sector is a core

function of health systems that enables progress towards UHC as it improves effective service coverage and financial protection. In the case of Nigeria, financing the system has been difficult as it is reckoned that only about 3 - 5% of Nigerian population, currently have health insurance coverage.[16] This leaves a large section of the population to pay for health services directly from their own resources (OOP) whenever they fall ill or require such specialised services – a situation that can lead to a catastrophic loss of revenue and savings. Many are unable to, on account of system-wide inequalities and as such, resort to other means of self-help. Reforming health care financing as is envisaged in the NHIA is an urgent priority for a health agenda 2023 and beyond.

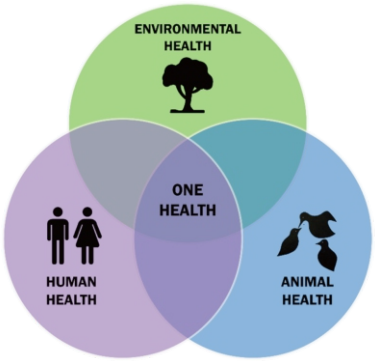
In 2019, it was estimated that up 70.5% of payment for health care services in Nigeria were out of pocket making the country one of the highest in the world with this mode of payment.[17] However, Federal and State governments are taking steps to increase the number of persons with health insurance even as the country seeks to be part of the global movement of those driving towards the achievement of UHC for the substantial number of its citizens by 2030 (UHC2030). In this regard, Nigeria is making some progress as in the past couple of years more than thirty states have enacted social health insurance legislations. Kwara and Lagos States are two states that have gained some mileage on this. Using public-private partnership arrangements, they have collaborated with health care stakeholders in the insurance sector and are deepening operations in their states. At the national level, the National Health Insurance Act now makes it mandatory for the government to cover the poorest 83 million Nigerians.[18]

One Health and The Triple Helix Paradigm of Development.

The One Health concept recognises the fact that human health is closely related to those of animals they interact with and the environment in which they live. Population expansion into fresh geographical areas, effects of climate change, deforestation, forest fires, hunting for pleasure and trade in animal parts, flooding, use of pets and movement of peoples and animals across borders have all increased contact and brought about changes that encourage disease migration from animal vectors to humans.

Therefore, a collaborative effort of multiple disciplines is required to obtain optimal health collectively for humans, animals and the environment with all its contents. Putting and addressing together the health of people, animals and the environment makes the One Health Triad. In that triangle, physicians, nurses, public health practitioners for *human health*, veterinarians for *animal health* and ecologists for *environmental and plant health* can collaborate and coordinate their activities to advance health care better.

In 2017, Nigeria, mindful of zoonotic diseases that are endemic in the country, like Lassa fever, tuberculosis, rabies and yellow fever, and as the first country in Africa, developed a One Health Plan to meet its human, animal and environmental health challenges. Jointly created by the Federal Ministries of Health, Agriculture and Rural Development (FMARD), and Environment as well as their agencies, the plan reinforces Nigeria's commitment to strengthen a multi-sectoral collaboration for health security. This plan is envisaged to be implemented over a five-year period (2018 - 2023) and is to strengthen the prevention, detection and response to infectious diseases that affect humans,



THE ONE HEALTH TRIAD.
SOURCE: WIKIPEDIA.

It is this framework that enabled the Tertiary Education Trust Fund (TETFund) to include ONE HEALTH as one of 13 Thematic Research Groups it formed in 2019 in a bold step to anchor research and innovation as the new cornerstone for Nigeria's sustainable development.

The One Health Thematic Group, consisting of physicians, veterinarians, social scientists and ecological experts, among others, reviewed policy and legal frameworks for the health sector in the areas of surveillance and disease intelligence, emergency preparedness, laboratory system and network, information system and public health research as those that would make the concept of One Health to function in the country. The group undertook visits to some research centres as well as a few human health and animal health institutions in the country and made far reaching recommendations which are still under consideration. The One Health approach has to be incorporated into a future health agenda as zoonotic diseases are increasingly affecting humans. Only recently, WHO declared monkeypox a Public Health Emergency of International Concern (PHEIC) to encourage governments to take measures to contain the outbreak of the disease[20] even as Nigeria continues to record sporadic cases.[21]

The intersectoral and multidisciplinary collaboration on which the Triad of One Health is anchored, is also evident in another triangular relationship – The Triple Helix- which many nations have used, within the context of their circumstances, to sustainably and successfully develop their human and material resources and build prosperity. Here, the tripartite relationship is between educational institutions like research centres, universities and their affiliate health institutions – where useful knowledge is generated, government – which provides the enabling policies and environment and industries – where knowledge is converted into goods and services through manufacture for individual wellbeing, comfort, prosperity and national development. This model can and has indeed been successfully applied to the health sector even though the original concept was developed by two social scientists[22] who took their cue from the DNA structure, which consists of three separate strands that have congruent geometrical spirals within the same axis. Nigeria is also seeking to exploit this model of development as a partnership now exists between the Nigeria Economic Summit Group (NESG)– representing the manufacturing base, the National Universities Commission (NUC)– representing the nation's universities and the Tertiary Education Trust Fund (TETFund)– representing Government to forge a closer

working relationship between industries and academia so as to make universities and research institutions to become more relevant to society and national developmental aspirations, through the use of the Triple Helix Model.[23]

The health sector at the global level is replete with such examples of successful collaborations. In 1921 Frederick Banting a surgeon and Charles Best, a medical student working at the University of Toronto and the Toronto General Hospital first extracted insulin from the islets of Langerhans in the pancreas of a dog. The Medical Drug Firm Eli Lilly took on large-scale manufacture of this substance. Today, insulin has saved the lives of millions of diabetics all over the world. Frederick Banting got a Nobel Prize and Toronto General Hospital has become one of the most famous hospitals in the world. In 1928, Alexander Fleming, Professor of Bacteriology at the University of London, working at the St. Mary's Hospital in London, discovered penicillin from mold in a Petri dish full of staphylococci bacteria which heralded the advent of antibiotics into clinical care. Antibiotics are manufactured in large quantities by many industrial concerns and the drugs save millions of lives every year. George Papanikolaou, a cytologist, working with a gynaecologist, Herbert Traut at Cornell University founded the use of exfoliated cervical cells from the cervix in the diagnosis of pre-cancerous cervical lesions through cervical smears which has led to massive reduction in deaths from cervical cancers. Invitro fertilization was pioneered by Dr. Patrick Steptoe and Dr. Robert Edwards working at the Oldham General Hospital, near Manchester, United Kingdom. The innovation has since led to several devices which are used globally let alone the joy it has brought to countless infertile couples. Nor can one end without mentioning the recent case of the development of Oxford-AstraZeneca's COVID-19 vaccine which was done as a collaboration between Oxford University and its affiliate hospitals and the manufacturers AstraZeneca and COVISHIELD.

In Nigeria, instances in which knowledge generated in the health sector has been translated into innovations that have led on to the production of goods and services by industrial concerns are not common, despite the fact that a good number of research work of immense scientific and public health value

have been carried out in the country – Umaru Shehu in Zaria, Kelsey Harrison in Zaria, Ladipo Akinkugbe in Ibadan and Adetokumbo Lucas in Ibadan and of course, the pioneering work of Osato Giwa Osagie in the invitro fertilization field. It will be surprising to say that no product of value except scientific publications in renowned journals and books would have emanated from those great works. It may well be that the entrepreneurial culture was not strong then, causing some products that could have sprung up from those great works to sadly not see the light of day. In 1995, Nimi Briggs and his colleagues at the University of Port Harcourt and its teaching hospital, in collaboration with Lauretta Brabin and others from the Liverpool School of Tropical Medicine, United kingdom, and with sponsorship from the then Overseas Development Administration (ODA) carried an extensive research on Reproductive Tract Infections in Rivers State of Nigeria. Several top rate publications, including one in the Lancet as *Original Research* emanated from this study[24]. Unfortunately, the Port Harcourt group failed to follow up on the issue of *Prevention of Reproductive Tract Infections* on which platform research on *microbicides* as agents that could prevent transvaginal transmission of HIV[25] , with all the promises that it holds, regarding collaboration with big Pharmaceutical industries and the production of valuable goods and services, is now developing.

But the urgency of the COVID-19 pandemic has given some fillip that this may now change for the better. Many universities with their affiliate teaching hospitals, research institutes threw their hats into the fray during the height of the pandemic to fight the disease with knowledge and expertise. In addition to research papers, they got their relevant departments to make customised face masks, hand sanitizers, personal protective equipment and decontaminants, among others. The University of Ibadan developed a Geographic Information System (GIS) Platform, just like Johns Hopkins University did, that provided real-time information on the status of COVID-19 in Oyo State, Nigeria, and the World. Doctors at the Afe Babalola University and its affiliate hospital developed herbal virucidine liquid which was found to boost immunity against the infection for which the National Agency for Food and Drug Administration and Control (NAFDAC) has issued a license for commencement of production.

Furthermore, a number of items which were imported during the height of the pandemic are now being manufactured locally. These items are face masks, including the n95 variety, face shields, medical gown, patient gown, surgical scrubs, drapes and shoes, hand sanitizers and personal protection equipment.

In 2023 and beyond, the health sector should seek to convert the immense knowledge within its large retinue of professionals into a currency that will develop its sector as well as the nation. Teaching Hospitals should not only be treatment and learning centres but also knowledge generation and incubation centres to produce commodities, goods and services to build the national economy.

The Triple Helix paradigm is the way to go. Properly executed, Triple Helix will incorporate One Health which, among others, addresses health inequities that are being made worse by the climate crisis, currently devastating global populations. Government should provide the enabling environment – particularly electricity- and hold the institutions to account on what it expects of them. The recently established National Tertiary Health Institutions Standards Committee (NTHISC) as was empowered by the National Health Act of 2014, has sufficient powers to coordinate this function.[26] In so doing, Government should draw from the unparalleled entrepreneurial spirit so evident in two of Nigeria's big cities – Aba and Kano – to actualise this idea of exploiting health knowledge to create viable products for national development. Industries, on their part, should abandon short-term profits and invest for long-term gains.

Putting it all in context.

2023 is an election year in Nigeria when the president, members of the upper and lower legislative chambers and state governors will be elected, safe in a few instances where tenures have not expired. Drawing the attention of those who wish to be so elected, especially that of the would-be president to the state of affairs in the country in today's address is necessary because it will be a reckless waste of time to isolate a health agenda and expect it to be successful post-2023 without something being urgently done about current realities in Nigeria's nationhood

Nigeria has continued to be in the throes of fragility and protracted conflicts despite several previous efforts directed at ameliorating its numerous problems. Insecurity in the country now constitutes a challenge of monstrous proportions. From armed robberies to kidnappings, arson, religious and ethnic-inspired killings, child and women trafficking, ritual killings, killings and abductions for the harvest of body organs for sale, politically motivated violence, insurgencies and many other kinds of banditry, Nigeria, from its Southern coastal Atlantic shores to its savannah and arid North and from its Eastern flange to its Western boarders, has become a haven for violent and heinous social vices. Activities by many organised militant groups across the country have increased fueling internal displacement, food insecurity, and political instability despite interventions by the military. Double digit inflation at over 19%, high food prices that have escalated four-fold since 2019, crushing national debt burden incurred largely for consumption, not production, increasing disparity between the naira and international currencies, labour unrest, soaring energy cost from electricity, kerosine, petrol and diesel coupled with high levels of unemployment and much more are combining to push Nigeria to the brink. These factors are further exacerbated by the climate change crisis which poses existential threats and to which Nigeria is vulnerable.

Such a near state of anomie in the country affects everything and it is cold comfort for Nigerians to be told that banditry and terrorism now exist everywhere in the world and that the ongoing Russian-Ukraine war has brought hardship to everyone. For health care delivery, outside the major cities where security agents with guns are often used to provide cover for most activities, nothing practically works. Doctors are often kidnapped by ransom seeking bandits forcing their colleagues to go on strike as a means of getting governments to make living environment safer. Health officials are hesitant to serve in the hinterland for fear of being overrun by bandits and militant groups. Transportation and delivery of health commodities like vaccines for routine and special purposes are not carried out because the safety of the individuals involved cannot be guaranteed. Desperately ill patients cannot access health facilities for fear of being kidnapped, assaulted, traumatised, killed or

dispossessed of their wares. Not surprisingly, Katsina State is reported to have closed down no fewer than 69 healthcare centres as bandits had taken control of them, while Zamfara and Sokoto States, hotbeds for banditry are among the 16 worst performing states for PHC delivery.[27] Consequently, it becomes evident that no post-2023 and beyond health agenda will stand a chance of succeeding if this state of chaos, lawlessness and absence of core values is not addressed. A transformative, rather than transactional leadership will be needed to confront the issues.

With specific reference to the health agenda, I am proposing that in 2023 and beyond, Nigerians should have health security based on the following three-point agenda:

- **Identify and address the gaps in the health system.**
- **Incrementally expand Universal Health Coverage.**
- **Use Research and Innovation to drive development in the health sector.**

The overriding objective remains that of putting in place a health system that will be sufficiently robust and resilient to offer satisfactory health cover and security to all Nigerians and it's legal residents at costs that are not prohibitive. Additionally, such a health system should prepare the country and also enable it to contend with future health and related challenges.

The driving force should be the vigorous pursuit of UHC which has been shown to positively affect all health indices that are descriptive of individual and population health status.[28] This should be done within the objectives of the National Health Insurance Act, including accountable governance, responsible system regulation and diligent service delivery. The country should address current inadequacies and gaps at all tiers of the system, especially, that of the absence of a properly functional referral system. It should invest sufficiently in the training, procurement and deployment of human and material resources that would ensure a stable and strong health system. Development of infrastructure and upgrade of dilapidated ones is essential. This should be at the primary, secondary and tertiary levels, but those at the primary, are paramount. As was stated recently by the Hon. Minister of Health, Dr. Osagie

Ehanire,[29] the country must fully revitalize its PHC centres as PHC remains the foundation of any strong health system on which UHC rests. It is therefore gratifying to note that the Nigeria Governor's Forum recently committed itself to promote increases in funding and human resource capacity in PHCs by launching a Primary Health Care Leadership Challenge Fund.[27]

At the PHCs, attempts should be made to keep a permanent register and identity of users of the system through one of the many national identification platforms that now exist: permanent voters' card, national identification number and bank verification number and also cell phone numbers. The personal information so obtained will be further corroborated by the one that would be come from the nationwide population census that is planned for early 2023 . Such information will enable better planning and service delivery not only in the health sector but also in many other aspects of the national life. For instance, useful information about health can easily be transmitted digitally to registered individuals through their cell phones.

Nigeria's large informal sector makes implementing contributory insurance schemes for UHC difficult. So, aggressive efforts should be made to fund the system through multiple sources like the use of pro-health taxes - those on alcohol and cigarettes and the new ones on carbonated Sugar Sweetened Beverages (SSB) and telecommunication which are slated for 2023 as well as community-based taxes. Since the pro-health taxes are meant to serve as deterrents and also as revenue sources, they should be ringfenced and utilized to expand UHC. The Input of Nigerians in the diaspora should also be explored.

The expansion in UHC should be incremental and for now should cover poor Nigerians, including the 29 million Nigerians living with disabilities[30] who cannot afford to pay for health premiums. The approach for achieving the expansion should be structured and explicitly indicated in the third National Strategic Health Development Plan (NSHDP) III which is expected to come on board at the expiration of NSHDP II at the end of 2022.[5] It should be supported by a budget exclusively made for the purpose and should extend beyond the current provision for five years.[5]

Current efforts at expanding the social safety nets should also be seen as contributory to the overall drive towards better health as they help fight extreme poverty and promote shared prosperity. The National Home-Grown School Feeding Programme which aims to improve the enrolment of primary school children and reduce dropout rates also helps to fight childhood malnutrition and boost immunity to intercurrent infections. So also are the *TraderMoni* for petty traders and artisans as well as the recent substantial intervention in the health sector by the Joint Admission and Matriculation Board (JAMB). The organisation secured over N4 billion worth of equipment for 11 tertiary hospitals,[31] to enable the health institutions free up funds for utilization in other areas that benefit the poor.

Furthermore, the system should now address the issue of existing and working in silos and seek to extend its reach into collaboration with relevant industries through a triple helix arrangement. These fundamentals must be made to work for Nigeria as they have done for other nations, especially the developed countries.

Digitalization of all records and use of modern technology should be incorporated, especially with the country hoping to roll out 5th generation (5G) network next year and the improved service delivery now evident in the private health care system should be taken advantage of by encouraging private sector partnership.

Such a health agenda for 2023 and beyond will be salutary in many respects as it will

- boost trust in the nation's health system, especially the public health system,
- enhance national pride,
- bring health care within the reach of all,
- stratify patients' demand on the health system and reduce the pressure on the tertiary tier of care,
- lower the number of persons who seek medical care abroad,

- drop the rate at which trained health professionals leave the country to work elsewhere,
- improve the country's health indices,
- contribute to the attainment of the Sustainable Development Goals, and
- contribute to national productivity through the better and greater input of healthier citizens.

Concluding Remarks.

Let me commence my concluding remarks by thanking the Board of Trustees of the Nigerian Academy of Medicine for granting me the privilege and honour to deliver today's lecture. It is an honour I cherish tremendously. I recognise the President of the Academy, Professor Tolu Odugbemi and also Presidents of other Academies that are present on this occasion, especially Olorugun, Dr. Sonny Kuku, the Prochancellor and Chairman of Council of the University of Benin and the President of the Nigerian Academy of Medical Sciences. In the same vein, I pay my respect to all the dignitaries and you great men and women who have made out the time to be at this event today.

In a very special way, I wish to extend my congratulations to the persons who would be inducted today as Fellows of this great Academy. The criteria for your selection, includes integrity, which means that you are men and women who are honest, dependable and can be trusted in all circumstances and that, additionally, you all possess strong moral principles. This is a powerful statement for the Academy to make publicly through your induction today and I implore you to live your lives to that expectation. Academies everywhere, since the days of Plato's School of Philosophy in ancient Greece, are learned associations of distinguished men and women who commit to the promotion and maintenance of knowledge and standards in a particular field. By your induction today, you will all be Fellows of the Academy of Medicine in Nigeria with all the appurtenances thereof. May you be a worthy Fellow that would bring honour and respect to the Academy by your lifestyle, and advocacy for the health of all Nigerians. Furthermore, I wish to observe that affordable good health care, like inexpensive quality education generates national pride and

patriotism in citizens of every country where this important social contract between government and the people is well established. Again, like quality education, it unleashes the potentials for the common good and fosters cohesion, civility, respect and above all, love for country. By your induction today into the Academy of Medicine, I expect you to play your part in ensuring that Nigeria's health system truly serves its people in a satisfactory manner and so becomes one that all Nigerians will be proud of.

Nigeria, over the years, has developed health sector policies to support the furtherance of the health of its people, outline its health priorities in the context of existing realities and delineate responsibilities to the components of its health care system, in an effort to strengthen its health system. So far, there have been three such National Health Policies in 1989, 2004 and 2016. The NSHDPs that evolved from these health policies have proved to be important avenues for strengthening and making the health system more resilient as they involve participation at national and subnational levels of States and Local Governments. However, both the 2016 National Health Policy and the NSHDPs – the second edition of which expires in 2022, have tried, rather unsuccessfully, to evolve a system that would truly address the health needs of all. Not surprising therefore, only recently, the Federal Government called for Memoranda from the general public to assist a Health Reform Committee it had formed under the Chairmanship of the Vice President, His Excellency. Yemi Osinbajo, GCON, *to develop and implement a Health Sector Reform Programme*.[32] But the point must be made that by the signing into law of the NHIA on May 19, 2022, Nigeria has a unique opportunity to improve its health system. 2023, with all it portends as an election year, therefore offers Nigeria a unique opportunity for a reset not just in its health sector but indeed in all aspects of its national life. The country should seize the moment and this time around, get things right.

I thank you all for your attention.

Acknowledgment.
I wish to acknowledge and express my gratitude to colleagues who read the draft copy of this presentation and made useful suggestions.

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