THE RELEVANCE OF NATIONAL HEALTH INSURANCE POLICY AND THE BAMAKO INITIATIVE TO CHILD HEALTH DEVELOPMENT: IMPLICATIONS OF THE EMERGENCE OF NAFDAC IN THE MANAGEMENT OF NATIONAL HEALTH POLICY IN NIGERIA

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Abstract

Maintenance of human health is multi-functional, tasking and a complex indulgence. Except the human health is carefully nurtured, maintained and preserved from childhood the natural intentions of reserving human existence on planet earth would not only be defeated, but frustrating and destructive to human resource management and finally extinct. This paper therefore is critically stressing the relevance of health insurance policy and Bamako initiative to the development of the child who would grow into an adult to sustain human activities. The implications of the emergence of NAFDAC in implementing, facilitating and protecting management of the policy on health, is also specified. The paper therefore recommends that children should be given all kinds of immunization within the school environment; the school feeding programme also should be re-implemented to emphasize the delivery of nutritious food that could improve child's health and intellect.

The periodical discovery of incurable diseases and the surmounting malnourishment of the rural community have thrown a non-balancing challenge to the medical organisation. The child therefore who stands the risk of helplessly defending the vulnerability of the health environment is beginning to capture the attention of international assistance for survival.

Nigeria since independence has documented series of policies in different ministries. These policies as identified and specified in the constitution respect and defend rights of citizens and residents. The health policy, which primarily is directed towards the preservation of human existence, is insuring against all forms of infringement. The child's health development comprises of the totality of all human

health determinants. These include the child's nutrition, environment, play activities, biological changes and education which qualify his adult health stability. With policies and human activities therefore these rights are protected and enforced. It would hence be expedient to clarify the expressions, policy, Bamako initiative and NAFDAC.

Definitions

What is Policy?

Kindersley (2003) defined a policy as principle of action adopted or proposed by a government, party or business. This principle of action could be intended for the protection of individuals or professionals of a particular class.

A policy could also be referred to as a document containing a bill, a contract of insurance, or an orderly presented stretch of principles expected to guide, enforce rights and control the excesses of an office or entire organisation. A health policy therefore is a composition of well-defined line of conduct, including the health interest of a government for her citizens, health expectation, benefits and rules guiding health providers and their beneficiaries.

Federal Republic of Nigeria (2004) referred to a health policy as an Act directed towards providing a framework for the development of structured health system and to provide for matters connected to health with the nation.

Mezue (2003) saw the National health insurance scheme as a corporate body created by law to cater for the health care services of contributors, which is financed by the participants for the scheme.

For in depth clarification and understanding, the National health insurance scheme operational guideline (2005) recorded the scheme as a social health security system where health care of employees of a formal sector is paid for from funds generated by the pooling contributions of the employee and employers.

It is important to stress here that a policy of health and health insurance scheme are always developed exclusively for the benefit of all citizens in a nation. This specifies the relevance of all human ideas for the improvement of health in its totality. It does not however imply that the policy could not be amended, replaced or abused by sectors it is prepared for, that is, employees and employers or benefactors and health service providers as the case may be.

The Bamako Initiative

Gamer (1989) explained concerning the Bamako initiative as a healthcare idea poised at a meeting held in Bamako in Mali, initiating the provision of free drugs to participating countries for a few years before the decision to sell the drugs to Unicef and patients at a reduced cost could take off while the communities control the finances.

NAFDAC

This abbreviation simply stands for National Agency for Food and Drug Administration and Control. This agency is fully operational in Nigeria.

The Idea of the Bamako Initiative

One of the ailing dilemmas facing the United Nations Children's Fund (Unicef) has been the proposal of selling drugs at a profit aimed at helping fund primary health care in the countries of sub-Saharan Africa. Though Unicef (1988) agreed that providing free services in terms of food and drugs to indigents is necessary, but identifying indigents in Africa poses another problem. Who then could the drugs be sold to and who gets free drugs in Africa? Grant (1989) assented that, for example, to treat a child suffering from pneumonia for two dollars and fifty cents ($2.50) may seem affordable and a cheap bargain but this amount could be little more than a tenth of a family's monthly income in Mozambique.

This experience led to the foreseen relevance of the Bamako initiative agreed by African ministers of health with World health organisation (WHO) and Unicef in Bamako Mali 1987. The initiative served as a response to the increasing experience of poverty in Africa against the reduction of access to healthcare resources to the child caused by hike in cost and strain in loan repayments by African countries.

The Bamako initiative suggested a revolving drug fund to pay for future drug supplies and the use of excess fund left over for the maintenance and improvement of primary health care services. Though Unicef could welcome new ideas to promote health, but the embarrassing fact remains that, there is simply not enough money for health care in Africa.

The Bamako initiative could be a new strategy to boost health service finances, thus prevent it from collapsing completely, but equity is at risk. The idea of charging users could even reduce utilization of the drugs by the poor. Unicef foresees willingness of people to pay, but at a loss in the ability to pay and at what cost for themselves and their families.

The intention to leave the control of finances to the communities benefiting could also result to mismanagement of the drugs. Health staff could be partial by favouring friends, family members or a recommended few against every comer who

should be attended to first. It is imperative to stress here that this initiative might not have a positive relevance on primary health care delivery in Nigeria, a nation classified as one of the third best countries in terms of corruption.

Garner (1989) predicted a severe healthcare problem in African countries when the experience of free drugs stops. Though Unicef have proposed a basic cost of the drugs to be paid in local currency, the union have not however stated how charges would be set. If revenue would be in local cash it cannot therefore buy more drugs with foreign currency from overseas. Countries adopting the initiative may not also meet up with the demands of world health organisation (WHO) by ensuring proper storage and distribution of drugs imported at low cost.

Wisner (1988) opined that Unicef acknowledges the enormous problems evident in implementing the initiative yet forges on to actualize this policy. The solutions and strategies recommended however seem too vague.

African counties have derived sources of funding the scheme by understanding the initiative and stressing on the principles, which are:

The Eight Principles of the Bamako Initiative

1. Improving primary health care services for all.
2. Decentralizing the management of primary health services to district level.
3. Decentralizing the management of locally collected patient fees to community level.
4. Ensuring consistent fees are charged at all levels for health services whether in hospitals, clinics or health centres.
5. High commitment from government to maintain and if possible, expand primary healthcare services.
6. National policy on essential drugs should be complementary to primary healthcare.
7. Ensuring the poorest have access to primary healthcare.
8. Monitoring clear objectives for curative health services. (Mcpake, 1989).

In Nigeria therefore the idea of the Bamako initiative is being relevant through the national health insurance scheme. Other countries like Kenya, Guinea and Ghana resorted to risk sharing, taxation, and setting up of community pharmacies. Some countries like Ghana rather decided to study the behaviour of health staff in relation to the implementation of the scheme.

The National Health Insurance Policy

The idea of a health insurance scheme in Nigeria could be traced 40years back before the Bamako initiative in Mali. The Late Prime minister of Nigeria, Sir Abubakar Tafawa Balewa suggested the intention in 1962 during the Halevi Report before a

committee of health professors was setup to review the issue in 1985. From 1988 to 1992 the decision for the scheme to take off was still under consideration till 1993 to 1994 when the guideline was reviewed by a committee and their recommendations accepted for the launching of the scheme on 13th December 1997. The decree establishing the scheme however was signed in May 1999 under Act 35 of the national assembly.

Mezue (2003) observed that health care in Nigeria is promoted through the insurance scheme implemented by the government by "security fund from domestic taxes, royalties, fees paid from the oil sectors and funds generated from external loans, aids, grants and vat". Recently as a result of awakening of the objective of the Bamako initiative, users' charges and Drug revolving fund programmes are being setup as well.

The recent edition of the operational guidelines of the national health insurance scheme (2005) directed the functions of the scheme towards accomplishing easy access to healthcare service for all through a reduced cost and availability of essential drugs. However most hospitals in Nigeria operate free health care services to children 0-6 years and adults from 65 years and above who are viewed as sole beneficiaries.

The guidelines specify the health operational procedure of funding healthcare through four sectors:

1. Social health insurance programmes
2. Armed forces, police and allied services
3. Students in tertiary institutions
4. Voluntary contributors

This revolving healthcare funding system is being directed towards primary, secondary and tertiary healthcare. It is very necessary that this scheme should exclusively and necessarily make provision for free healthcare services to children between the ages 0–15 years.

The Goal of the National Health Policy

The federal republic of Nigeria draft on national health bill (2004), studying the goals of the national health policy of 1996 which was based on the reviewing of the health policy of 1988 decided on attaining the following goals:

- To enable all Nigerians to achieve socially and economically productive lives through primary healthcare.
- Accepting health for all by the year 2010 as a challenging target.
- To establish a comprehensive healthcare system that is certified as promoting, protective, preventive, restorative and rehabilitative to all citizens in an affordable manner.

The objectives of the Act were therefore regulated and intended for all citizens to obtain healthcare delivery from:

- Public and private providers of health services.
- Making available the best possible and affordable health service to the Nigeria population.
- Enforcing rights and duties of healthcare providers, health workers, health establishments and users, and finally,
- Protecting, promoting and fulfilling the rights of Nigerians towards the progressive realisation or access to healthcare services.

The idea of a goal and specification of objectives is to create room for the accomplishment of responsibilities. It is quite benumbing to observe that like all policies in Nigeria, health policies in particular are directed towards strict selection of phrases for proper documentation without any form of monitoring for enactment. Assuming the content of the national health policy is carefully and honestly studied and applied; series of health related cases in Nigeria could have been long forgotten. In recent times where health technology is fast improving the world over, Nigeria and Nigerians are still beclouded with the anomalies of medical woes. It is perturbing therefore to realise that every citizen of this great federation, for proper healthcare delivery would need to fight their way in to being registered through torrential political heights meant to establish the required recognition for proper healthcare.

Since the enactment of the national health policy it is pathetic to note also that, the state of health of the entire Nigeria population is fast deteriorating in terms of life expectancy, infant mortality rate, childhood mortality rate, maternal mortality rate, death and birth rate, fertility rate and rate of population increases as against the records of Nigerian health profile, demographic survey and federal office of statistics of 1994, which was quite hopeful.

No form of management after the second republic existed in the health sector till the emergence of NAFDAC. As far as the history of Nigeria is concerned, NAFDAC has been the only saving source of Nigerians lives in terms of consumption of fake drugs, poisoned food and acidic drinks.

The Emergence of NAFDAC

Madubuike (1996) through familiarization of the critical problems plaguing the country's healthcare system enumerated some of the health problems as:

- Weak political will.
- Poor inter-sectional collaboration.
- Lack of relevant, accurate and reliable information
- Lack of active participation by the private sector.

- Poor management capacity, low community involvement and participation.

The honourable erstwhile minister of health Dr. Madubuike, at that time from his assumption of office in 1993, stressed that these problems must critically be addressed if our healthcare system should adequately cater for the present day needs of our children and entire population and also meet with tomorrow's health challenges dealing with poverty and incurable diseases.

In Nigeria it is the duty of the government through the federal ministry of health to protect the health of the children and citizens. Before the discovery of the ailing health problems in Nigeria, food and drugs have been seen as very essential to both man and animals. Children in particular need good and nutritious food to grow appropriately and for proper psychological adjustment. A regular intake of good food could also protect children against illness that could result to the malfunctioning of the organs of the body. Afoh and Akpobire (2007) held the opinion that a child's ability to attain his or her full potentials in life is grossly dependent on synergistic effect of good health which is determined by good nutrition, environment and proper health education.

UNESCO (2000) released an alarming statistics of 300 million children in developing countries that are chronically undernourished. 170 million do not receive meals during school hours at all and 130 million do not attend school Nigeria inclusive. Yet the Universal Basic Education (UBE) scheme in Nigeria claims to have implemented a programme named the Home Grown School Feeding and Health Programme (HGSFHP) expected to feed children of school going age at least twice a day during school hours.

Charles, Ikoh, Iyamba and Charles (2005), asserted that the child is entitled to fundamental inalienable rights. These rights include a right to be educated, improved nutrition, convenient environment, medical care, play and leisure. Charles, Ikoh, Iyamba and Charles (2005) however are of the opinion that the nutritional rights of the children should be extended to expectant mothers who equally require good food for the proper formation of their babies in the womb. Hence in addition to this all government owned hospitals and most private clinics in Nigeria are baby friendly. This notion requires mothers to breast feed their children exclusively for six months, after which the child could be fed with solid locally produced food and not with processed can food

Food in fact is a natural preventive measure against illness that might require essential drugs that could restore the functioning of the body to normal. The drugs administered also are expected to yield the required positive effect, wherein, if they fail could result to lose of lives. Government intentions therefore to protect citizens and their livestock against the harmful effect of food, drugs and cosmetics generally gave

birth to Food and Drugs Administration and Control Department (FDAC) on the 31st of December 1992 in Nigeria.

This department as recorded on NAFDAC website (2007) experienced:

- Slow mobilization of ideas, men and materials for productive work.
- Inadequate resource acquisition, utilisation and management.
- Slow disciplinary measures and poor reward system in management.
- Poor funding of activities necessary for effective design and implementation of programmes.

These problems faced by the department led to a gross lack of awareness by the public in matters concerning control measures on food, drugs, cosmetics, water consumption and chemicals to both preventive and curative healthcare. Government strong desire to deal permanently with these problems gave birth to the National Agency for Food and Drug Administration and Control (NAFDAC) by decree No 15 of 1993. This agency as set up by law was to handle certain well specified functions including the control function of the former FDAC while the service functions stayed with the ministry of health.

Functions of NAFDAC in Respect of the Management of National Health Policy As Mandated By Decree No 15 of 1993

These functions are to:

1. Regulate and control the importation, exportation, manufacture, advertisement, distribution, sale and use of drugs, cosmetics, medical devices, bottled water and chemicals.
2. Conducts appropriate test and ensure compliance with standard specifications designated and approved by the council for the effective control of quality food, drugs, cosmetics, medical devices, bottled water and chemicals and their raw materials as well as their production processes in factories and other establishments.
3. Undertake appropriate investigation into the production of premises and raw materials for food, drug, cosmetics, chemical devices, bottled water and chemicals and establish relevant quality assurance system, including certification of the production sites and of the regulated products.
4. Compile standard specification and regulation and guidelines for the production, importation, exportation, sale and distribution of food, drug, cosmetics, chemical devices, bottled water and chemicals.
5. Undertake the registration of food, drug, cosmetics, chemical devices, bottled water and chemicals.
6. Control the exportation and issue quality certification of food, drug, cosmetics, chemical devices, bottled water and chemicals intended for export.

7. Establish and maintain relevant laboratories or other institutions in strategic areas of Nigeria as may be necessary for the performance of its functions.
8. Pronounce on the quality and safety of food, drug, cosmetics, chemical devices, bottled water and chemicals after appropriate analysis.
9. Undertake measures to ensure that the use of narcotic drugs and psychotropic substances are limited to medical and scientific purposes.
10. Grant authorization for the import and export of narcotic drugs and psychotropic substances as well as other controlled substances.
11. Collaborate with national Drug Law Enforcement Agency in measures to eradicate drug abuse in Nigeria.
12. Advise Federal, state and local governments, the private sector and other interested bodies regarding the quality, safety and regulatory provisions on food, drugs, cosmetics, medical devices, bottled water and chemical.
13. Issue guidelines on, approve and monitor the advertisement of food, drug, cosmetics, chemical devices, bottled water and chemicals.
14. Compile and publicise relevant data resulting from the performance of the functions of the Agency or from other sources.
15. Sponsor such national and international conferences, as it may consider appropriate.
16. Liaise with relevant establishments within and outside Nigeria in pursuance of its functions.

The functions of this Agency as being effectively discharged, aims at adequately attaining the basic objectives of the national health policy. To some measurable extent most Nigerians have developed preventive measures against illness, embraced literate measure of detecting fake drugs, adhere to affordable good food, supplements and are ready to replace health habits with current health information. Could there possibly have been a better way to manage the implementation of health policy if this enabling decree No 15 has not been promulgated in 1993?

Implications

Neglect of the Ministry of Health, the National Health Policy Law enforcement body, and the entire Nigerian population concerning observing and adhering to the control measures of the Food and Drug Control Agency could result to the following implications:

1. Influx of fake drugs in the markets and even hospitals.
2. An increase in drug abuse
3. Malnutrition generally
4. Increase in death rate
5. Gross poor health pollution
6. Exhaustion of military force to nab defaulters.

7. Complete environmental health disorder against the intentions of the National Health Policy.

World Health Organisation (WHO 1998), stated that poor nutrition in children could result to stunting, under weight, anaemia, iodine and vitamin A deficiencies. These nutritional deprivations have negative consequences for a child's long term overall development.

The child also, as Charles, Ikoh, Iyamba and Charles (2005) asserted, when faced with the insecurities of food and poverty could be exposed to child labour, which spells increased nutritional, physical, sexual abuse and emotional neglect. These experiences by children could be hazardous and destructive on the futuristic prospects of a nation National Health Policy.

Conclusion

It is an unfortunate discovery therefore that only about 2 to 3% of the national budget is directed towards the improvement of healthcare in Nigeria against World health organisation 66% recommendation suggested should be shared by the Federal, State and Local governments.

The health initiatives, like the Bamako initiative for which the National health insurance scheme is being structured, have not permissively had any effective relevance on general healthcare delivery in Nigeria due to the stressful procedure adopted to discharge the intention of the scheme. In most cases, by research experience, the essential and expensive tagged drugs are never available, and the attitudes of healthcare providers have never been generally user friendly. The essence of having a National health policy with laudable objectives is defeated. Much sympathy is directed to helpless children who are virtually dependent on their guardians and country for survival. It is evident that Nigeria expects to attain a permanent healthcare solution for all citizens by the year 2015 through very hectic procedures. This assumption could be hopeful, expected and could be realistic if there is strict adherence to the nation's health policy.

Recommendations

It is therefore necessary to proffer the following recommendations:

1. Health care delivery should be brought to the doorstep, of rural dwellers.
2. Government should reinitiate immunization of all kinds to children in their school environment.
3. Health service workers should cease from hording essential drugs and vaccines only to generously administer them a month to expiry date.

4. The feeding programme adopted by the Universal Basic Education (UBE) should be reviewed and re-implemented to include basically nutritious food that could help improve Child's health care and intellect.
5. Basic and necessary healthcare is the right of every child. It should be enforced through increase in the allocation made in the budget.
   World Bank (2000) recommends that effective school health programmes should ensure:
6. Effective nutrition.
7. Maintain adequate sanitation and have access to good water.
8. Deliver effective life skills, messages about nutrition, health and hygiene and,
9. Provide access to nutrition and health services.

These recommendations are based on the fact that with good nutrition the administration of drugs would be highly reduced as children will be protected from opportunistic diseases. It is also necessary that these school health programme requirements be stressed in the National Health Policy to emphasize on the Child's rights to health for survival.

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