Report of One Day 8th Annual Meeting with the Health Professionals Association & Health Policy Update Nigeria

Held in Abuja Nigeria
Thursday, 19th September 2024

Cross-section of Participants

Contents

1. Introduction

1.1 Context

Since the emergence of the new administration on May 29, 2023, Nigeria has introduced several policy statements and initiatives aimed at revitalizing its healthcare system. Among these are the **Health Sector Renewal Investment Initiative (HSRII)** and the **Sector-Wide Approach**, along with the **National Policy on Health Workforce Migration**. These initiatives are designed to address critical health challenges, improve health outcomes, and enhance the overall efficiency of the healthcare system. As Nigeria moves forward with its ambitious health reforms, addressing these concerns and fostering genuine stakeholder engagement will be crucial for achieving sustainable improvements in health outcomes across the country. However, despite claims from the government that all relevant stakeholders were involved in the development of these policies, many health professional associations have contested this assertion. They argue that their participation was minimal or nonexistent, leading to concerns about the inclusivity and effectiveness of these initiatives. In response to these concerns, the **8th Annual Meeting with Health Professionals Association** was organized by the Development Research and Projects Centre (dRPC).

1.2 Primary Target Participants

Forty (40) stakeholders, comprising twenty-seven (7) males and thirteen (13) females from the Health Professional Associations (HPAs) as well as the government official particularly, the Special Adviser to the Nigerian President's Special Adviser on Health.

1.3 Objective of the Meeting

1. Create a platform for dialogue between health professionals and policymakers, ensuring the voices of practitioners are heard in the ongoing reform process.
2. Understand health policy updates in Nigeria.
3. Explore ways to improve the visibility and sustainability of HPAs.
4. Examine how HPAs' familiarity with new health policies affects their engagement and input in health policy development and innovation under the current administration.

1.4 Methodology

Four presentations were delivered by experts, sharing successful experiences of HPAs' participation in the policy process. A group exercise was conducted on the SWOT analysis and ways forward. Additionally, 21 reflection tools were administered to HPAs at the event to help plan future meetings and capacity-building initiatives, as well as to identify areas for improvement and enhance the role of HPAs in shaping health policies. The reflection tool uses a structured analysis across four thematic areas: familiarity with current health policies and programs, the level of engagement and input in shaping health sector reforms, access to grants and capacity-building opportunities, and future support needs and recommendations. This comprehensive self-assessment approach helps to strengthen HPAs' capacity for more impactful advocacy and participation in health policy development.

1.5 Welcome address

The welcome address was delivered by Dr Judith Ann-Walker PhD, (Executive Director/Co Founder (dRPC). Where she noted the following key points

- dRPC was established in 1993 by university lecturers, focusing on strengthening various civil society organizations (CSOs) such as community-based organizations (CBOs) and faith-based organizations (FBOs). Despite hesitations around working with FBOs, dRPC has collaborated with

ED.Judith-Ann Walker(Ph.D) giving welcome address

NGOs and later with health professional associations.

- In 2014-2015, dRPC started working with the Bill & Melinda Gates Foundation, conducting a study to map and identify key health associations and NGOs in Nigeria. The study led to the selection of five leading organizations in the health space to improve child and family health systems.
- At the time, health professional associations were not considered primary players. However, dRPC strongly advocated for their inclusion, recognizing them as key stakeholders in driving health system reforms.
- There was resistance to the idea that health professional associations should play a central role in health system advocacy and policymaking. dRPC continuously argued for their inclusion, believing they were the most impactful voices for health system improvements.
- dRPC secured funding of over $2.5 million for health professional associations, providing them with subgrants to manage their own activities, such as paying salaries, organizing meetings, and engaging with policymakers.
- Although the funding landscape is challenging, dRPC emphasized that health professional associations must improve their advocacy, visibility, and resource mobilization to remain influential.
- Many health professional associations face challenges with compliance, such as lacking Corporate Affairs Commission (CAC) registration. This has led to issues with audits and funding eligibility, as international funders like USAID require organizations to be fully registered to receive grants.
- That health professional associations to position themselves better in the evolving funding landscape. With funders now prioritizing "localization," there is increased opportunity for Nigerian organizations to access funding directly.
- Associations were advised to improve their online presence and professional operations to attract international funding and to establish themselves as key players in Nigeria's health policy environment.

"We have many of you in full positions in government while you are with your health professional associations. As you struggle, know that what health professionals see and feel is important for improving the health system, and we believe in that. Action is important, but driving policy change and system development is critical for sustainability. And this is where you come in. You are not just the people delivering healthcare services; you understand system strengthening and its importance. This is why the dRPC continues to convene meetings with health professional associations: to encourage you to do better, to raise your voice, gather evidence, and challenge policymakers to create better health policies for stronger health systems for all of us."
Dr. Judith-Ann Walker (Ph.D)

1.6 Introduction to the dRPC works

Dr. Stanley Ukpai. Director Project at dRPC

This session was presented by Dr. Stanley Ukpai, Director of Projects at the development Research and Projects Centre (dRPC). His presentation outlined the organization's decade-long work with Health Professional Associations (HPAs) under the PACFaH (2013-2017) and PAS (2017-2022) projects. These initiatives aimed to strengthen Indigenous Civil Society Organizations (CSOs) and HPAs, enabling them to advocate for health policy reforms. dRPC worked with 40 CSOs, of which 14 were HPAs, leveraging their influence and expertise in public health advocacy. Partner associations include the Pharmaceutical Society of Nigeria, Nigerian Medical Association, and Medical Women's Association of Nigeria, among others. HPAs, with their respected status and evidence-based approach, were vital in engaging key decision-makers and shaping health policies through annual conferences and policy dialogues.

The presentation also highlighted several success stories resulting from HPA-led advocacy efforts, including government commitments to prioritize family planning, routine immunization funding, and addressing health workforce challenges. For instance, advocacy following the Medical Women's International Association conference in 2021 led to a government commitment to family planning. Moreover, following the 2019 SPHPN conference, findings were integrated into national primary health care

scorecard assessments. HPAs have also contributed to significant national policies such as the Family Planning Blueprint and the National Policy on Health Workforce Migration. Since 2013, HPAs have conducted 68 successful advocacies and issued numerous media statements, shaping health policies at both national and state levels.

dRPC's support for 18 Health Professional Association (HPA) conferences since 2017 through the PAS project. These conferences included national and international events like the International Family Planning Conference in Rwanda, Nigeria Family Planning Conferences, and the Medical Women's Association annual meeting, among others. The dRPC also played a key role in building leadership capacity within HPAs, notably through the SOGON-FIGO project, which focuses on improving maternal and newborn health outcomes. Despite these efforts, HPAs face several challenges, such as government resistance, bureaucratic delays, funding constraints, and politicization of conferences, which hinder their advocacy for health system improvements.

2. Health Association Branding, Policy Updates, and Leadership Insights

2.1 Reflections on Health Professional Association Branding and visibility

This presentation health professional associations' branding and visibility by Mr. Emeka Nzeogwu of Digital Bridge Institute emphasized the importance of using website analytics to enhance online presence. Website analytics help associations understand the average visitor rate, the most visited pages, geographic distribution, audience demographics, and user behaviour. These insights allow associations to optimize their website's performance and visibility by focusing on user engagement, reducing bounce rates, and tailoring content to their audience. Ensuring that websites are easy to navigate and have well-organized menus can further improve the user experience.

> ***"You will be present but not visible. Visibility and presence are completely different things, especially in today's world. We have a lot of organizations that have physical presence but may not be seen. The health professional associations are doing a lot; they gain a lot of traction for the kind of services they offer, but most times, people don't know about these services. Brand presence and visibility are very important."***
> *Mr. Emeka Nzeogwu*

To optimize website speed, HPA were advised to reducing the number of files loaded, combining CSS files, compressing images without losing quality, and avoiding unnecessary redirects. These actions can help prevent users from abandoning the website due to slow loading times. Enhancing user experience is crucial, which includes making websites responsive across devices, providing valuable and engaging content, and tracking user behaviour through tools like Google Analytics, heatmaps, and session recordings. This helps in identifying areas that need improvement and provides data-driven strategies to boost audience engagement.

The speaker highlights that relying on external platforms like Facebook for paid functions is not as effective as utilizing the association's own membership base to drive engagement. Encouraging members to "subscribe, like, and share" helps to promote content organically. Effective social media engagement requires regular content updates, such as project profiles, videos, and statements, which should be shared across platforms to drive traffic back to the association's main website.

> ***"...you can actually get better traction when you try to maximize your membership base. When you don't internalize what belongs to you, don't expect outsiders to push it. So, when people say, 'subscribe, like, and share,' it's because they know you are helping them. Most of our social media platforms should check engagement, and content should be present. Effective engagement includes things like two-minute lunch clips. Creating a YouTube channel is free and can be helpful. Every project that carries out a segment of work for the society should be shared publicly. The public, in this context, refers to both the Nigerian and global audience."***
> *Mr. Emeka Nzeogwu*

Improving search engine visibility is another critical factor for increasing brand presence. This can be achieved by identifying relevant keywords, optimizing website content, acquiring backlinks from reputable sites, and regularly testing and iterating website elements based on user feedback and data analytics. Mr. Nzeogwu also highlighted the need for regular reports to track progress, adjust strategies, and maintain up-to-date SEO techniques to keep up with changes in search engine algorithms and emerging trends. This holistic approach ensures that health professional associations enhance both their online visibility and effectiveness in reaching their target audience.

2.2 National Health Policy Updates

This was presented by Dr. Salma Anas Ibrahim, Special Adviser to the President on Health. The presentation addressed several key issues to advancing Nigeria's healthcare system. One central issue raised was the critical role of health professionals in policy ownership and decision-making. Her presentation emphasized that placing health professionals at the center of policy discussions ensures the sustainability of healthcare initiatives. This approach enables professionals to drive healthcare agendas forward, particularly by addressing core challenges such as unequal access to healthcare services and financing the quality of care.

Another key issue discussed was the dynamic nature of health policy, influenced by political factors. Health Professional Associations (HPAs) were highlighted as crucial players in driving policy change due to their ability to generate data, which informs policy development and implementation. The presentation emphasized the importance of HPAs being represented at all levels of policy formulation and in technical working groups, with the Federal Ministry of Health ensuring HPA inclusion in key thematic areas. This guarantees that professional perspectives shape policy decisions effectively.

The policy review process and gaps in existing frameworks were also discussed, particularly the evolution of national health strategies and human resource policies. While progress has been made, such as the 2024 launch of a national policy on health workforce migration, the presentation identified critical gaps, especially regarding gender responsiveness. Lessons from the COVID-19 pandemic revealed the need for policies with a gender lens, ensuring inclusivity and equity. Ongoing collaborations with HPAs focused on maternal and child health have demonstrated positive impacts, but continuous policy adaptation is required to address emerging issues and close existing gaps.

2.3 Roll Call of Past President of Health Professional Associations: Experience Sharing

This session, moderated by Dr. Mohammed Lecky, featured representatives from the Medical Women's Association of Nigeria (MWAN), the Nigeria Association of Community Health Practitioners (NACHP), and the Pharmaceutical Society of Nigeria Foundation (PSNF), who shared their experiences working with dRPC.

2.3.1 Medical Women's Association of Nigeria (MWAN)

Dr. Mrs. Minnie Oseji, former National President shared MWAN experienced covering key areas of leadership, governance, advocacy, and impactful project implementation experience from working with the dRPC as follows

Cross Section of panellist

1. Leadership Continuity: Dr. Oseji emphasized the importance of building on the foundation laid by her predecessor. When she assumed leadership, she continued the association's engagement with the development Research and Projects Centre (dRPC), ensuring organizational continuity and sustained progress.
2. Governance and Organizational Strengthening: The dRPC partnership was instrumental in exposing MWAN to neglected governance issues. Through this collaboration, MWAN was able to register officially with the Corporate Affairs Commission (CAC), improving its compliance and standing with regulatory bodies. This training resulted in a stronger organizational framework, enabling MWAN to operate more efficiently.
3. Advocacy and Networking: Dr. Oseji highlighted the advocacy training and networking opportunities provided by dRPC. These engagements not only equipped MWAN with the skills to address key advocacy issues but also facilitated connections with other organizations like the National Council of Women's Societies (NCWS), broadening their advocacy reach and impact.

4. Project Implementation – 'Adopted Health Facility Project': One of the most remarkable initiatives led by MWAN during Dr. Oseji's tenure was the "Adopted Health Facility Project." This project focused on improving maternal, newborn, and child healthcare in 16 facilities across 14 states. With financial support in the form of monthly stipends from dRPC, the project involved regular data collection and provided stipends to focal persons in these facilities to cover related expenses. This project was notable for its grassroots impact and data-driven approach to improving healthcare outcomes.

5. Capacity Building and Public Engagement: MWAN also organized training sessions, created awareness campaigns, and produced educational materials such as jingles and flyers to enhance public engagement on maternal and child health issues, extending the impact of their advocacy efforts.

2.3.2 *Nigeria Association of Community Health Practitioners (NACHP)*

Mr. Samuel Alyewan, former Projects Director highlights key areas of advocacy, capacity building, and policy impact within the health sector as lesson from working with the dRPC:

1. **Advocacy for Routine Immunization and Primary Healthcare**: NACHP's engagement with the development Research and Projects Centre (dRPC) focused on advocating for sustainable financing of routine immunization (RI) and ensuring the effective implementation of Primary Healthcare Under One Roof (PHCUOR). This effort addressed challenges like insufficient budgetary allocations and slow policy adoption. With the support of dRPC, NACHP conducted advocacy at both state and national levels, targeting executives and legislators to push for increased financing of routine immunization.

2. **Capacity Building and Advocacy Training**: The dRPC provided comprehensive training for NACHP on how to conduct effective advocacy, including engaging stakeholders, improving quality of care, and understanding the financial implications of poor healthcare services. This training allowed NACHP to enhance its advocacy skills and apply them practically, helping increase financial support for RI and improving primary healthcare services. The training also included preparing press releases on RI financing, which contributed to raising public awareness and influencing policy changes.

> ***"The experience that I got working under the supervision of dRPC and the capacity they gave to us within one year is far more than the experience I got within the 35 years of working in the public service. Because for anything they want us to do they conduct a series of training"***
> Mr. Samuel Alyewan

3. **Policy and Strategic Plan Involvement**: NACHP, under the support of dRPC, conducted assessments of PHCUOR implementation in various states. They also help NACHP to play an active role in the development of Nigeria's GAVI Transition Policy (2018-2028) and participated in the formulation of the National Strategic Integrated Primary Healthcare Services and National Strategic Health Plan II. This involvement in national policy development and the two-week joint assessment of the strategic plan reinforced their contributions to strengthening the healthcare system.

4. **Comparison of Experience**: Mr. Alewa highlighted that the experience gained through the dRPC's supervision in just one year surpassed his 35 years of public service. The combination of advocacy training, focus on quality care, and the in-depth process undertaken to influence policy and budget allocations provided NACHP with the tools to effectively deliver impactful healthcare services.

2.3.3. *Pharmaceutical Society of Nigeria Foundation (PSNF)*

Pharm. Ijeoma Nkwakwu, Senior Programme Officer, identified key areas of collaboration, evidence-based policy engagement, and advocacy, as well as lessons learned from working with the dRPC:

1. **Strengthening Standard Treatment Guidelines and Essential Medicines List**: The collaboration between dRPC and the Pharmaceutical Society of Nigeria (PSN) began in 2015 with a focus on revitalizing the Nigeria Standard Treatment Guidelines (STG) and Nigeria Essential Medicines List (NEML). These documents had been stagnant within the ministry for years, and the engagement involved using evidence-based advocacy to prompt policy makers to review and update them. The partnership played a critical role in presenting evidence to highlight the importance of modernizing these policies for better healthcare outcomes.

2. **Advocacy, Visibility, and Media Presence**: One of the key learnings from the PSN's engagement with dRPC through the Partnership for Advocacy in Child and Family Health at Scale (PACHFaH) was the importance of visibility and presence. PSN-PACHFaH became widely recognized in health policy discussions due to its strong media presence, press statements, social media campaigns, and branding efforts. The visibility led to a situation where PSN-PACHFaH was regularly mentioned in policy forums, significantly elevating its influence in healthcare policy debates, particularly around budgetary allocations at both national and state levels.

3. **Engagement with National Assembly on Budgetary Allocations**: PSN-PACHFaH actively engaged with the National Assembly, focusing on increasing budgetary allocations for essential health commodities. This advocacy extended to both national and state levels and included the development of a costed implementation plan to ensure that critical health commodities were procured and made accessible to the public. This direct engagement with legislators was an important aspect of influencing health financing and resource allocation for the pharmaceutical sector.

4. **Development of a Tracker and Landscape Analysis**: Another important lesson from the partnership was the development of a tracker to monitor ongoing activities, such as landscape analysis to understand the current situation, identify gaps, and explore opportunities for effective policy engagement. While initially this approach did not seem impactful, over time, its value became apparent as it provided critical insights into the healthcare landscape, supporting more targeted advocacy and engagement strategies.

5. **Task Shifting and Task Sharing Policy (TSTSP)**: PSN-PACHFaH also worked on the Task Shifting and Task Sharing Policy using evidence-based research to advocate for its successful implementation. This policy allowed for the redistribution of specific healthcare tasks from highly qualified healthcare workers to less specialized personnel, addressing workforce shortages. The same advocacy techniques were applied in the engagement for the review of the Nigeria Essential Medicines List, contributing to meaningful policy reforms.

2.4. Feedback and Key strategy for improving HPA in policy process

- The policy process is highly consultative, requiring the active involvement of various stakeholders. Health Professional Associations (HPAs) must proactively engage with policymakers and other stakeholders to ensure their voices are heard. This includes advocating for regular reviews of health policies, as seen with the National Health Policy, which was last reviewed in 2016. HPAs must be persistent in their demand for inclusion in the policy review process.

- HPAs should establish dedicated policy desks, arms, or units within their organizations to address policy-related issues effectively. These units would focus on gathering data and evidence to support their advocacy efforts, enabling them to engage policymakers with credible information.

- HPAs should actively join existing coalitions, such as the Health Sector Reform Coalition, to amplify their voices in health policy discussions. Being part of a coalition strengthens their collective influence on policy decisions and ensures that their concerns are taken seriously.

- HPAs can use policy letters to engage people in authority. A standard policy letter should demonstrate awareness of ongoing efforts or decisions, include a detailed analysis of the new policy, and provide a series of concerns and recommendations. This approach is constructive and presents HPAs as cooperative rather than adversarial, increasing the likelihood of policy influence.

- HPAs should actively seek representation on government health committees. If not invited, they should proactively request to be included, as policies developed within these committees directly or indirectly affect their members. Representation ensures that the interests of HPAs and their members are considered in policy development.

- HPAs must engage in every stage of the policy process, from development to implementation and evaluation. This comprehensive involvement ensures that their expertise and concerns are integrated into policy decisions at all levels.

- HPAs should produce policy briefs, position papers, and other advocacy documents that articulate their stance on key health issues. These documents should be published on their websites for wider visibility, making their policy positions accessible to the public and policymakers.
- HPAs need to ensure that they are seen as professional bodies that engage in meaningful discussions on policy and healthcare issues, rather than focusing solely on the welfare of their members. While welfare is important, policy makers need to perceive HPAs as contributors to broader health system reforms.
- Key barriers to HPA participation in the policy process include poor consultation and internal issues, such as corruption and mismanagement of funds within health facilities. HPAs must address these internal challenges to maintain credibility and effectiveness in policy advocacy.
- HPAs should not stop at policy advocacy but also engage in practical initiatives and projects that demonstrate their impact on health outcomes. Concrete, actionable initiatives that improve healthcare delivery will strengthen their reputation and influence.
- HPAs must be persistent, even when there is a lack of immediate response from policymakers. Rather than becoming discouraged, they should balance policy advocacy with on-the-ground initiatives that directly improve healthcare services.

3. Strengthening HPAs: Compliance and Advocacy

3.1 Strengthening HPAs ' compliance with new statutory reporting requirements

This presentation was presented by Alh. Yazid Aliyu, Former Director of Corporate Affairs Commission. It was emphasised that the registration process for NGOs in Nigeria has become significantly more streamlined over the past 30 years. Previously, the process was cumbersome, involving lengthy verification by the Department of State Services (DSS) and requiring evidence of certificate of occupancy, often taking up to a year. Today, however, NGOs can be registered within a year, thanks to reforms such as the enactment of the Company and Allied Matters Act (CAMA) in 1990 and its amendments in 2020. Health Professional Associations (PHAs) must adhere to a structured registration process overseen by the Corporate Affairs Commission (CAC). This involves several key steps:

Alh. Yazid Aliyu, making presentation

1. Obtain Consent for the NGO Name: It is advisable to prepare at least three name options.
2. Appoint a Board of Trustees: This board will be responsible for managing the organization.
3. Publish Intent to Register: Notifications must be published in three newspapers for 28 days, including one that is widely circulated locally.

With today's online capabilities, these processes can often be completed in a single day. Once the application is submitted, the CAC reviews it, and upon approval, a certificate of registration is issued, allowing the NGO to begin operations. However, NGOs currently face challenges related to the nature of support they receive, particularly amid rising security concerns. Some NGOs have been misused as conduits for illegal activities, leading to heightened scrutiny. Without CAC registration, NGOs struggle to secure funding from international donors, and the lack of registration raises suspicions among security agents, necessitating backchecks on their activities. Thus, registration is crucial for accountability.

The CAMA (2020) mandates that any association wishing to function effectively must be registered. Furthermore, registered associations are required to file annual statements detailing their activities, including funds received and assets acquired. There are strict restrictions on the payment of bonuses; associations may only compensate for services rendered, and funds must be used exclusively for the organization's objectives. If an association is found to promote personal interests, the CAC has the authority to suspend all trustees and appoint interim management to oversee operations.

Key compliance requirements include:

- The association's name must align with its stated objectives. The CAC can cancel registrations for noncompliance.
- Associations cannot operate as personal enterprises and may change trustees or the organization's name, provided the new name is published in a national daily for 28 days.
- If accounts appear dormant and are not reported, all trustees may be held liable for any offenses, facing potential prosecution. Proper accounting and filing are essential.

Participants Concern and Feedback

- Distinction Between Associations and Foundations: Foundations are collective entities, while associations represent groups.
- Trustee Age and Tenure: There are no strict age limits or tenure requirements for trustees; these are determined by the association's policies.
- State vs. National Registration: While individuals have the right to associate, if an organization is registered nationally, it may also register at the state level as a branch, subject to the national body's regulations.
- Trustee Accountability: Trustees can be held responsible for offenses committed by the association.
- Taxation: While NGOs are generally not taxable, individuals within the organization may be subject to tax.
- Foundation Establishment: An association has the capacity to set up a foundation to further its goals.

3.2 Strengthening HPAs as Advocate

The HPA participants at the meeting were divided into three groups to conduct a self-assessment of their strengths, weaknesses, opportunities, and threats (SWOT) in advocating for health sector reforms. They also identified the necessary support to address the issues raised in the SWOT analysis for more effective advocacy.

Participant during group session

3.2.1 Strengthens, weaknesses, opportunity and threat (SWOT)

The summary self assessment of strengths, weaknesses, opportunities, and threats (SWOT) highlights the Health Professional Associations' (HPAs) strategic position to advocate for health sector reforms. While HPAs have strong recognition, policy understanding, and community connections, they face challenges like funding constraints, interprofessional rivalry, and limited continuity, yet opportunities for leveraging trust, networking, and access to government remain significant despite threats such as policy instability and brain drain. The details are as stated in table 1 below.

Table 1: Strengthens, weaknesses, opportunity and threat (SWOT)

Strength	Weakness	Opportunity	Threat
• HPAs members. • Being well-positioned as HPAs. • Better understanding of health policy issues. • Being a recognized body. • Capacity and track record. • Acts as a bridge between policymakers and the people. • Community-based. • Close interaction with the people. • Communication • Positive impact • Presence in every LGA • Custodian of valuable health information for decision-making • Presence of statutory regulation • Networking (intra) collaboration between members & branches of the HPAs	• Not a permanent job • Transition of power • Lack of continuity • Lack of interest • Entitlement mentality • Lack of funding and limited resources • Misappropriation of resources • Poor logistics • Low membership engagement • Resistance to change • Limited sectoral engagement in developing policies • Lack of mutual commitment/purpose • Interprofessional rivalry • Poor interprofessional collaboration • Poor digital visibility • Poor skills in grant writing	• Established group • Trust • Perception of being a noble group of the people • Leveraging on past achievements • Connection within the whole health sector • Access to data that enables evidence-based policy • Social media presence • Access to government • Numerical strength • Professional scientific conferences/workshops/training for advocacy • Membership coalition • Funding opportunities/resources mobilization • Research opportunities	• Interprofessional rivalry • Conflict of interest among HPA • Individualism in HPA affairs • No coordination, no linkage among HPAs despite having the same objectives within hospital walls • Policy somersault • Insecurity • Unfriendly economic policies • Strikes • Weak policy implementation • Brain drain

Source: Compiled from the participant group presentation

3.2.2 HPA's Identified Support Needs to Address SWOT Issues for Improved Advocacy

The three groups identified key areas of support needed to address the issues raised in the SWOT analysis for more effective advocacy. These areas include:

- resource availability,
- fostering partnerships,
- training and capacity building,
- transparency,
- promoting harmonized relationships between HPAs,
- capacity building in grant writing, and
- ensuring effective health policy implementation.
- They also emphasized that the government should fund CSO activities through budgetary provisions, and there should be continuous policy and advocacy engagement with stakeholders using a bottom-up SWAP approach.

4. Analysis of the Reflection Tool

The reflection tool is organized into four key thematic areas: Familiarity with Health Policies and Programs, Health Professional Association's Engagement and Input, Grants, Charitable Funds, and Capacity Building, and Future Capacity Building Support and Recommendations.

4.1. Familiarity with Health Policies and Programs

Familiarity with New Health Policies and Programs: The analysis of familiarity with new health policies and programs of the current administration shows that 8 respondents (38%) consider themselves "Very familiar" with these policies, indicating a strong awareness among a portion of participants. Meanwhile, 5 respondents (24%) identified as "Moderately familiar," suggesting a fair understanding but room for improvement. Another 5 respondents (24%) described themselves as "Not very familiar," highlighting a significant gap in awareness. Finally, 2 respondents (10%) rated themselves as simply "Familiar." This spread suggests that while some members have a high level of familiarity, there is a need for greater engagement and information dissemination to increase overall awareness.

Table 2: Health policies or programs introduced by the current government aware of by HPAs.

New Policy or Program	Source of Knowledge
Review of NHIA Fees	TV, Ministry of Health
National Policy on Health Workforce Migration	NHIA, This meeting, FMoH, social media, Policy document, NMA WhatsApp Group

New Policy or Program	Source of Knowledge
Health Sector Reforms	Public newspaper
Forensic Medicine Status	Hospital circular
Increase in Health Workers Training Positions	Public newspaper
National Health Promotions Policy	WAIPH, social media
National Policy for Health	Marie Stopes International Nigeria
Review of Nigeria Health Policy	Population Council of Nigeria, social media
Medical Retention Policy	Newspaper
Expansion of Public Health	Newspaper
Health Sector Renewed Investment Initiatives	Newspaper
Task Shifting and Task Sharing Policy (TSTSP) to Combat NCD	Media
Combating Relic Cancer with Strategic Policy	Media
Health Value Chain Policy	FMoH
Health Sector Renewal Improvement Program	FMoH
National Health Sector Strategic Blueprint	TWG and Committee
Universal Health Coverage Expansion	Media
Health Financing Reform	Media
Sector-Wide Approach (SWAP)	FMoH
National Prescription and Dispensary Policy	FMoH
Nigeria Digital in Health Initiative	FMoH
NHSRII	FMoH
Health Insurance	Nigerian Government
MPDSR	FMoH
Elimination of Tariffs and Excise Duties on Imported Pharmaceuticals	MDCAN WhatsApp Group
Increasing Enrolment Quota for Midwifery, Nursing, and Other Health Schools	Delta State MDCN WhatsApp Group
HPV Vaccination Rollout	MWAN WhatsApp Group
Establishment of Ten Oncology and Diagnosis Facilities	News
Policies to Reduce Suicide and Address Mental Health Conditions	Media

Perceptions of Government Transparency and Communication: The analysis shows that the majority of respondents, 16 out of 21 (76%), believe that the government has not been transparent or proactive in making new policies and programs public on a regular basis. A smaller group, 2 respondents (9.5%), feel that no new policies or programs have been introduced in their specific health professional area, while another 2 respondents (9.5%) do not believe that the government has introduced any new policies or programs at all. Only 1 respondent (4.7%) cited a lack of time to monitor and follow up on health policies and programs as a reason for their limited familiarity. This indicates that communication from the government is the primary issue affecting familiarity.

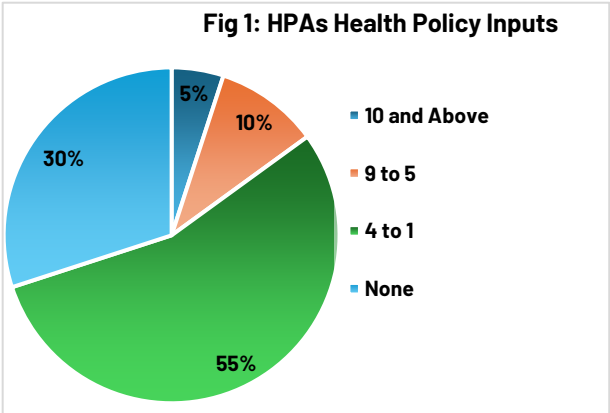
Table 3:New health policies or programs directly related to respondents health professional area introduced by the current government.

New Policy or Program	Source of Knowledge
National Policy on Health Workforce Migration	FMoH
National Prescription and Dispensary Policy	PSNF support the process
Electronic Pharmacy Policy	PSNF support the process
Task Shifting and Task Sharing Policy (TSTSP) to Combat NCD	Media
Policies to Reduce Suicide and Address Mental Health Conditions	Media
HPV Vaccination for Children	FMoH
MPDSR (Maternal Perinatal Death Surveillance and Response)	SOGON/WHO
Labour Care Guide	Public physician, stakeholders' meetings, conference, news
National Action on Health Security	FMoH, NCDC
PHC Strengthening	News
HSSBP (Health Sector Strategic Blueprint)	Being a member of the Care Group TWG
Maternal Perinatal Death Surveillance Response	Conference, news

PHC Revitalization	FMoH
Health Sector Renewal Improvement Program	FMoH
Childhood Nutrition	FMoH
Childhood Immunization	FMoH
Expansion of Tele-health Services	Technology org
Integrated Health System	WHO
Health Equity and Tracking Racial Disparities	USAID
Forensic Medicine Status of the Tertiary Mortuaries	Government circular
Increase Enrolment in Medical Schools, Nursing, and Other Health Schools	Government circular, Delta State MDCAN
Establishment of Ten Oncology and Diagnostic Facilities	News

4.2 Health Professional Association's Engagement and Input

Participant Involvement in Health Policy Input: Out of the participants, 5% (1 participant) indicated that their health professional association made input into or was consulted on 10 or more health policies, programs, or initiatives introduced by the new government. 10% (2 participants) were involved in 9 to 5 policies, while the majority, 55% (11 participants), reported involvement in 4 to 1 policy. Additionally, 30% (5) participants) stated that their association had not been consulted or made any input into the new government's health initiatives.



Participants were asked to list out all the health policies, programs, or initiatives introduced by the new government that your health professional association made input into or was consulted on. The following were mentioned by the participants

1. Reproductive, Maternal, Newborn, Child, Adolescent Health + Nutrition (RMNCAH+N)
2. Community Systems Action Plan (CSAP)
3. Health Sector Strategic Blueprint (HSSBP)
4. Primary Health Care Revitalization
5. National Prescription and Dispensary Policy
6. Electronic Pharmacy Policy
7. Labour Care Guide
8. HPV Vaccination
9. Maternal and Perinatal Death Surveillance and Response (MPDSR)
10. Nutrition Assessment of Nigerian Children
11. Universal Health Coverage Expansion
12. Primary Health Care Strengthening
13. Health Equity and Inclusion Policy
14. Investment in Health

The analysis of participants' responses regarding their HPAs' level of engagement in health policy and program innovation at the national level shows that only 1 respondent (5%) rated the engagement as "Very high," and 4 respondents (21%) described it as "High." However, the majority—13 respondents (69%)—assessed the engagement as "Not very high," while 1 respondent (5%) reported "No engagement." This indicates a generally low level of engagement, with most participants seeing room for improvement in their HPAs' involvement at the national level.

Fig 2: HPAs Policy Egengament Rate

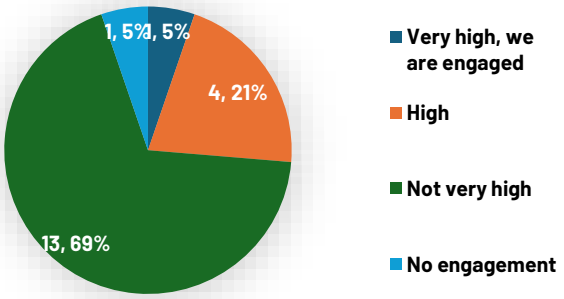
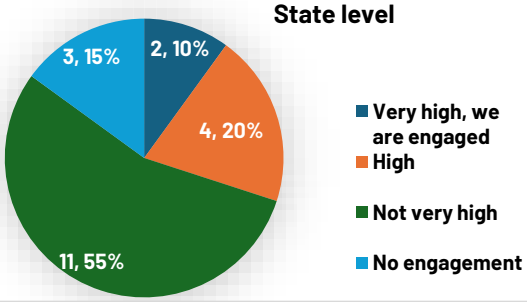


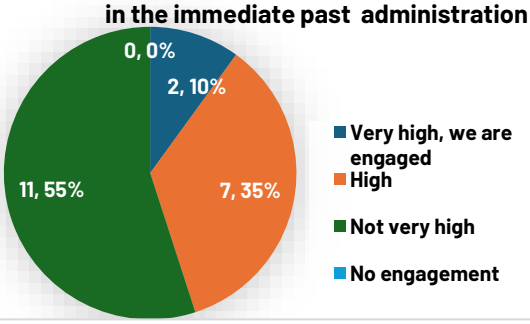
Fig 3: HPAs Policy engagement at State level



The participants' responses regarding their HPAs' engagement in health policy and program innovation at the state level reveals that 2 respondents (10%) rated the engagement as "Very high," and 4 respondents (20%) rated it as "High." However, the majority—11 respondents (55%)—described the engagement as "Not very high," and 3 respondents (15%) reported "No engagement." This suggests that while some engagement exists, a significant portion of respondents feel that HPAs' involvement at the state level remains limited.

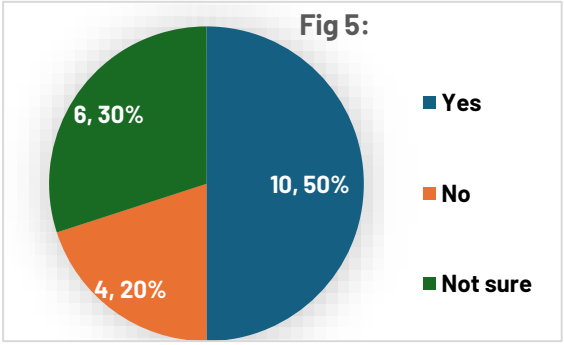
The respondents' assessment of their HPAs' engagement in health policy and program innovation during the immediate past government at the national level shows that 2 respondents (10%) rated the engagement as "Very high," and 7 respondents (35%) rated it as "High." However, the majority—11 respondents (55%)—indicated that engagement was "Not very high." Notably, no respondents (0%) reported "No engagement," suggesting that while engagement levels varied, all participants recognized some level of involvement.

Fig 4: HPAs Health policy engagement in the immediate past administration



In response to whether health associations have been represented on new health policy advisory committees or boards in the past year, 12 respondents (60%) indicated "Yes," showing a significant level of representation. Meanwhile, 5 respondents (25%) answered "No," and 3 respondents (15%) were "Not sure," reflecting some uncertainty and gaps in representation across associations. The specific boards and health committees represented by the health associations as mentioned include:

- Labour Care Guide
- HPV Vaccination
- National Prescription and Dispensary Policy
- NHIA (included in the recent price review)
- Board of Tertiary Hospitals
- Board of MDCN
- Committee on the National Health Act
- National Health Policy
- National Primary Health Care Development Agency (NPHCDA) Policy Committee
- National Health Insurance Scheme (NHIS) Policy Committee



In the immediate past administration, 10 respondents (50%) reported that their association had representation on health policy advisory committees or boards, indicating a notable level of involvement. In contrast, 4 respondents (20%) stated there was no representation, while 6 respondents (30%) were unsure, highlighting a significant uncertainty about past engagement in health policy discussions. Respondents mentioned specific boards or health committees represented by the association to include: MPDSR, Mental Health Policy, National Drug Formulary/Essential Drug List (NDF/EDL), National Drug Distribution Guidelines (NDDG), Essential Drug Distribution Guidelines, National Treatment Guidelines, Board of Teaching Hospitals, Board of MDCN, and the Committee on the National Health Act.

4.3 Grants, Charitable Funds, and Capacity Building

Funding access: In the past year, 12 respondents (60%) indicated that their Health Professional Association accessed grant or charitable funds, while 6 respondents (30%) reported that they did not. Additionally, 2 respondents (10%) were unsure about the status of fund access, suggesting a generally positive trend in funding acquisition among the associations. Participants indicated the following grants and charitable funds, along with their purposes and sources:

Table 4: HPAs grants and charitable funds

Title of Grant	Funder (donor, government, private)
FIGO/LDI	FIGO
AMPILI-PPHI	JHERGO/RCOG
Essential Gynaecology care	RCOG
Electronic Pharmacy for Family Planning P (EP4FP)	BMGF
PAW/IPA Immunization Champion Grant	International Paediatric Association
Global Health women Leadership	Myram WILAM
HPV Vaccine Awareness Campaign	Pathfinder International

Capacity-Building Support: Over the past year, 9 respondents (45%) indicated that their association benefited from capacity-building support or training, while 11 respondents (55%) reported that they did not receive such assistance. This division highlights a disparity in access to capacity-building resources and points to opportunities for improving engagement and resource allocation. Training received included advocacy sessions from dRPC, leadership training from the FIGO LDI project, and workshops on anti-lobbying, anti-sexual harassment, anti-corruption, and corporate governance. Additional support focused on adolescent health and maternal and child health issues, along with training from the Johns Hopkins International Vaccine Access Center (IVAC) for the implementation of HPV vaccination steps.

Clinical Support and Training: Over the past year, 6 respondents (30%) reported that members of their association benefited from clinical or medical support or training, while 14 respondents (70%) indicated they did not receive such support. This indicates a notable gap in access to clinical training and support, suggesting a need for improved resources and opportunities in this area. The participants who did benefit mentioned various training programs under their sub-associations, including training on essential gynecological care.

Assessment of Capacity to Evaluate Organizational Support: In assessing their association's capacity to evaluate organizational capacity-building support from 2018 to 2022, 3 respondents (15%) rated it as "Very high," while 4 respondents (20%) assessed it as "High." However, a majority, comprising 5 respondents (25%), felt it was "Not very high," and 8 respondents (40%) rated it as "Low." This distribution indicates a general perception of insufficient capacity to assess such support, suggesting a need for improvement in this area. An example of organizational capacity-building support includes training for executive committee members on leadership skills, provided by the Academic of Public Health through its Young

Professionals in Public Health program. Additional support has focused on enhancing organizational communication, alongside leadership training organized by the national MWAN body. There has also been emphasis on building members' capacities in research writing and grant funding applications. One participant also mentioned that they applied for and obtained a grant in 2021 for a project to fight gender-based violence.

Assessment of Capacity to Evaluate Clinical Support: In evaluating their association's capacity to assess medical and clinical capacity-building support from 2018 to 2022, 3 respondents (15%) rated it as "Very high," and 4 respondents (20%) assessed it as "High." However, the majority expressed concerns, with 5 respondents (25%) rating it as "Not very high" and 8 respondents (40%) indicating "Low." This distribution underscores a perceived inadequacy in capacity to evaluate clinical support, suggesting a need for targeted improvements in this area. Respondents mentioned examples of medical and clinical capacity-building support received, including a grant from the World Diabetes Federation aimed at reducing diabetes, which concluded in 2020. Another participant mentioned that the association was supported to attend Lagos Business School. Additionally, they highlighted the importance of budget analysis and health advocacy in their activities.

4.4Future Capacity Building Support and Recommendations

The HPA's members mentions the following specific organizational capacity building supports that their organization would like to receive.

Table 5: Organizational Capacity Building Needs

S/N	Top training	For whom in your HPA
1	Strategic leadership training	National Excos
2	Proposal Writing for funding/ resource mobilization	National Exco and other relevant members; members of MWAN, NAMED; SOGON council members, all staff
3	Training on advocacy/ New approach to policy advocacay	HPA programme team; MWAN members to train CHEW; NAMED, National President MWAN,
4	Financial management / frameworks	HPA programme management, National President MWAN, all staff.
5	Capacity building for members	MWAN members
6	Leadership capacity	NMA
7	Evidence research to support policy development	

The HPA's members the following specific clinical/medical capacity building supports that their organization would like to receive.

Table 6: Clinical/Medical Capacity Building Needs

S/N	Top training	For whom in your HPA
1	Life saving skills	Members
2	Grant access	Members
3	Social media engagement	Members
4	Emergency resuscitation training	Members and fellows
5	Training on maternal health	Members
6	Training on policy development	Members, council members
7	Resources allocation	Members
8	Tele medicines	Members
9	Basic life support	All member s
10	Advance training on continuous education	All members
11	Strengthening diagnosis on treatment skills	All member s
	Support to train CHEW etc on common health issues in the community	MWAN members to train CHEW

	Support to conduct health awareness campaign, creating of reproductive cancers, breast	MWAM members

HPAs mentions the following health policies, programs, or initiatives that their HPA was not consulted on, where they would have made different recommendations from the government.

Table 7: Health Policies, Programs, or Initiatives

S/N	2 top health policies, programs, initiatives, SOPs made by the current government your HPA was not consulted on	What would you HPAs have done or recommended differently?
1	HPV immunization	Sensitization and advocacay to community and stakeholders
2	Vaccine procurement receipt	To adhere to the guideline
3	Health Workforce Migration Policy	N/A
4	Increase in training capacity of health training institutions	To match any capacity increase wit facilities

The HPAs, mentioned the following recommendations to the new national government that they believe will improve the health care system.

Table 8: Recommendations to the New National Government to Improve the Healthcare System

Category	Recommendations
Access to Resources	- Improve/increase budget for health - Reduce out-of-pocket expenses - Provide more basic health facilities
Health Insurance	- Strengthen NHIA - True and working health insurances across all sectors - Extension of health insurance coverage to involve the self-employed - Drive compulsory health insurance - Enhance health insurance and insurance coverage - Revamp health insurance enrollment
Policy and Governance	- Enact laws to reduce preventable diseases - Curtail corruption in the health sector - Good policy implementation - Better financial corporate governance with sanctions for mismanagement
Health Infrastructure	- Strengthen PHCs - Strengthen primary health care infrastructure - Examine issues of health facility standards - Enhance health information systems
Training and Workforce	- Training and retraining of personnel - Improve healthcare workforce training and retention - Reverse brain drain - Incentivize health workers with rewards and sanctions
Monitoring and Evaluation	- Institute efficient monitoring and evaluation systems using objective, verifiable indicators - Improved collaboration with HPAs - Placement of HPA members in relevant health committees
Public-Private Collaboration	- Encourage public-private partnerships - Adopt and scale up best practices from states
Sustainable Interventions	- Implement sustainable interventions that outlive the regime - Focus on policies that ensure implementation - Bottom-up approach for policy development and review

Pharmaceutical Development	- Increase local drug manufacturing - Make treatment more affordable
Miscellaneous	- Reduce medical tourism - Address fuel pricing issues - Improved data generation and management capacity - Support for HPAs

The HPAs mentioned the following recommendations to the new state government that they believe will improve the health care system in a state where your HPA has an active branch.

Table 9: Recommendations to the New State Government to Improve the Healthcare System

Category	Recommendations
Policy and Governance	- Adopt national policies and guidelines - Recognition of HPAs in relevant committees - Consult healthcare professionals - Adopt implementation of policies set by the national government
Funding and Resource Allocation	- Increase funding for public health programs - Allocate resources equitably - Fund PHCs - Provide funding for HPAs, especially for AGMs
Healthcare Workforce	- Employ more health workers and improve their welfare - Improve health workforce training - Take human resource availability in HPAs into account
Community and Preventive Health	- Promote community health initiatives - Adopt preventive measures for preventable diseases at the community level - Expand demand-side engagement through CSSOs
Quality Improvement	- Improve quality of health services using maternal and neonatal death surveillance responses - Reverse medical tourism with quality assurance and performance measures
Data and Reporting	- Develop soft tools for data generation and collation - Build capacity for reporting and documentation
Access and Collaboration	- Make treatment accessible - Improve access to government officials - Form strategic partnerships with stakeholders, emphasizing measurable actions
Complaint Resolution	- Address complaints in the health sector effectively

4.5 Migration Considerations

In the past year, 75% of health professionals surveyed (15 individuals) indicated that they had considered migrating to another country to practice, while 25% (5 individuals) said they had not. For those who considered migration but ultimately decided not to, reasons included completing their residency, family responsibilities, and planned relocations at a later date, such as 2026, to seek opportunities abroad, including lecturing roles.

Among those who chose not to migrate, a strong sense of commitment to Nigeria and its healthcare system emerged as a recurring theme. Many expressed a desire to give back to society by contributing their skills and experience to public healthcare and improving the system. Personal motivations included better job satisfaction in Nigeria, playing a critical role in healthcare reforms, and long-term career prospects. Factors such as family commitments, social ties, and the belief in addressing ongoing challenges within Nigeria's health sector also played a significant role. Others noted their passion for Nigeria, their confidence in their value within the local system, and their aspirations to achieve more within the nation's healthcare landscape.

Appendix

Demographic Information