# End-Use Of Health Policy Analysis – The Case Of Maternal Mortality Reduction In Nigeria

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**Abstract**

Nigeria presently has one of the highest rates of maternal mortality (MM) in the developing world. As part of efforts to reduce her MM, Nigeria's Federal Ministry of Health has formulated policies on sexual and reproductive health, health sector reform and safe motherhood. However, actual implementations of these policies have been less successful, resulting in persisting high rates of MM in the country.

Part of the reasons for this state of affairs includes the non-inclusion in the policy development process, of issues such as unsafe abortion, adolescent sexuality and early marriage. Secondly, although MM is largely driven by poverty and under-development, there is very poor understanding of this inter-relationship, with little attention given to addressing the various multi-sectorial issues that impact on MM.

Thirdly, the lack of a conscientious and organized policy network to drive the process of policy implementation has ensured that health policies have never been implemented at a sustainable level. However, there is some evidence that political will for safe motherhood has recently increased in Nigeria, with efforts being given to prioritizing the problem as a major developmental and public health issue. Disappointingly, major challenges still remain in the actual implementation of health policies relating to the reduction of MM.

We believe that strategic advocacy and public health education, improved coordination of policy networks and the use of the human rights and gender analysis frameworks will ensure better use of policy analysis for the reduction of MM in Nigeria.

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## Introduction

Nigeria, Africa's most populous nation, has some of the most daunting indicators relating to maternal health in the developing world. Available statistics indicate that about 55,000 maternal deaths occur each year in Nigeria, accounting for approximately 10 percent of global estimates of maternal mortality[1]. Nigeria also accounts for 20 percent of global estimates of abortion-related deaths[2], and 40 percent of global burden of vesico-vaginal fistulae[3].

The medical causes of maternal deaths in Nigeria are well known, and they include postpartum hemorrhage, eclampsia, unsafe abortion, cephalo-pelvic disproportion, puerperal infection and ruptured uterus. However, it is becoming increasingly evident that while the medical conditions are the immediate causes of death, the real causes are the adverse proximate social and economic circumstances under which women grow up and become pregnant in the country. While developments in the health sector may the expected to reduce maternal morbidity and mortality in Nigeria, actual and significant declines cannot be attained and sustained unless there is overall improvement in the social and economic development of the country. Nigeria is the world's eighth leading exporter of petroleum products, and recently received debt relief from the World's major financial institutions with resultant significant improvements in economic and financial growth indicators. For these economic gains are to be meaningful, the country must show significant improvement in its social indicators, especially a reduction in its presently high rate of maternal mortality.

Maternal mortality was first recognized to be public health problem in Nigeria in the mid-1980s through the publications of Professor Kelsey Harrison[4]. Consequently, the country proceeded to adopt the principles and targets of the Nairobi Safe Motherhood Conference in 1987,

which aimed to reduce maternal mortality by half by the year 2000. Nigeria also participated actively at the International Conference on Population and Development (ICPD), in Cairo, Egypt in 1994[5] and the Fourth World Conference on Women in Beijing, China[6] . Nigeria also subscribes to the Millennium Development Goals[7] , especially Goal 5, which hopes to reduce maternal mortality by 75% between 1990 and 2015. Since these landmark agreements and conferences, Nigeria has striven to develop essential policies aimed at reducing the high rate of maternal mortality in the country.

Some of such policies include the national health policy, national reproductive health policy, national policy on women, national population policy, health sector reform policy, and roadmap for accelerating the achievement of MDGs relating to maternal and newborn health. In 2003, the Federal Government launched a National Economic Empowerment and Development Strategy (NEEDS) as a comprehensive policy to promote overall development and reduce poverty in the country. Furthermore, in April 2007, the Federal Ministry of Health launched the Partnership for Maternal and Newborn Health, whose primary objective is to adopt a national integrated maternal, newborn and child health strategy to promote maternal health and reduce maternal mortality in the country.

While some successes have been achieved, there has been less than optimal implementation of the components and benchmarks of these policies, with resulting continuing high rate of maternal mortality in the country. The purpose of this paper are threefold: (1) to review the various policies that have been developed for promoting maternal health and reducing maternal mortality in Nigeria; (2) to analyze some of the critical elements that have impeded the implementation of the health policies in Nigeria; and (3) to propose a framework for promoting better end-use of health policy analysis for reducing maternal mortality in the country.

**Maternal Health Related Policies in Nigeria**

Nigeria runs a three tier federal system of democratic governance, with health being on the concurrent legislative and policy list. Under this arrangement, the Federal Government enunciates policies and administrative guidelines on health, while the 36 States and 774 Local Government Councils provide secondary and primary health care respectively, within their constituencies. To date, the Federal Government has been responsible for overall policy development and delivery of tertiary care for the prevention of maternal mortality in Nigeria.

Although maternal mortality received some policy attention in Nigeria in the early 1990s, it was in 1999 with the onset of democratic governance that actual development of policies to promote maternal health began in Nigeria. For the first time in 2001, the Federal Ministry of Health produced a national reproductive health policy[8] , and followed up a year later with the development of a national reproductive health strategic framework with specific maternal mortality reduction objectives[9] . When President Obasanjo was re-elected for a second term in office in 2003, one of his very first tasks was to create a NEEDS document[10] (National Planning Commission, 2003), a poverty reduction initiative that specifically lists maternal mortality reduction as one of its primary goals. NEEDS created an opportunity for the country to address safe motherhood as a multi-sectorial problem requiring multi-sectorial interventions for its solution.

In 2004, the Nigerian Federal Government revised its National Policy on Population for Sustainable Development[11] , which explicitly called for a reduction in maternal mortality rate by 75% by 2015, in accordance with the provisions of the MDGs. The Ministry of Health also established a multi-disciplinary Safe Motherhood Committee during the period, with specific mandate to coordinate activities for the reduction of maternal mortality in the country. The Ministry then secured a budget on reproductive health for the first time, with specific line item allocated to safe motherhood, and thereafter launched its birth preparedness plan.

In 2005, the Ministry of Health launched the Health Sector Reform program, whose objective included the improvement of the national health system as a strategy to reduce the high rate of maternal mortality in the country.

The health sector reform agenda specifically invokes the MDGs as a basis for its commitment to improving the health system in Nigeria. In 2005, the government adopted a roadmap to attain the maternal and child health components of the MDGs, with support from the World Health Organization[12] . Still worried about the high rate of maternal mortality in Nigeria, the President in 2005 commissioned a special initiative, which released a document titled

"Achieving Health-related Millennium Development Goals in Nigeria – A report of the Presidential Committee on Achieving Millennium Development Goals in Nigeria" [13]. The document listed several factors responsible for the high rate of maternal mortality in the country, and made recommendations on ways to rapidly stem the tide. Some of the recommended action plans included activities that needed to be undertaken at sub-national levels of government, for which the Federal Government does not have direct supervisory role. To assist in promoting sub-national activities aimed at reducing maternal mortality in Nigeria, and to bridge activities between different levels of government, the President in 2007 established the office of Honorary Adviser to the President on Maternal and Child Health.

**Policy Gains**

In sum, it is evident that laudable policies exist in Nigeria for the reduction of the high rate of maternal mortality. There is also data indicating that some of these policies have begun to manifest concrete results and positive intermediate outcomes. Some of the most notable of these successes include (1) the creation of an office of Senior Special Assistant to the President, to direct the implementation of MDG-related activities, and the appointment of a Presidential adviser on Maternal and Child Health, (2) the establishment of the National Health Insurance Scheme, with hopes that this will increase access to maternal health care for a sizeable proportion of Nigerian women; (3) the complete refurbishing and re-equipping of eight Federal Tertiary Institutions under the VAMED program, with increased likelihood that this would reduce institutional delays that often lead to maternal deaths in Nigeria; (4) increased funding of maternal health, through freeing of debt relief funds to activities aimed at promotion of maternal health; (5) increased political will at the Federal level for the promotion of maternal health; however, such political will needs to be matched at sub-national levels of government; (6) improvement and increased funding of primary health care in Nigeria; and (7) the recent announcement by Mr. President of a policy of free medical services for pregnant women and children less than five years of age, at all federal health institutions.

While these gains have been phenomenal, it is noteworthy that much of the successes were achieved outside the policy implementation process. Without such successes being policy-driven, there will be little chance that they will be sustained over time to achieve the overall goal of significantly reducing maternal mortality in Nigeria.

**Factors Limiting End-use of Health Policies**

As noted above, much of the gains in improving maternal health in Nigeria have been made on an adhoc basis and not necessarily because of a systematic implementation of the health and social policies. By contrast, the essence of this paper is to show that although Nigeria currently witnesses a plethora of state policies aimed at addressing the high rate of maternal mortality, there has been limited success in the implementation of the policies. Some of the factors which have hindered the end-use of policies for reducing maternal mortality in Nigeria include the following: (1) non-involvement of key stakeholders in the development of the policies; (2) non-inclusion of key determinants of maternal mortality in the policy analysis framework; (3) the intermediating effects of cultural norms and religious practices; (4) lack of a state policy implementation action plan; (5) failed diffusion of policies and lack of coordination between different levels of government; and (6) the lack of a conscientious and organized policy network.

***Non-involvement of Key Stakeholders in Policy Development***

One of the major problems that have limited the end-use of health policy analysis for the reduction of maternal mortality in Nigeria is the non-involvement of key stakeholders in the design of the health policies. First, although safe motherhood is often positioned as a health issue in Nigeria, much of what needs to be undertaken to reduce maternal mortality are in non-health sectors. Apart from improvements in the health sector, attention also needs to be paid to the educational sector (in particular, female education), poverty alleviation initiatives, the improvement of water and energy supplies, information dissemination, communication and transportation. Thus, the overall developmental process within the country needs to be considered in the health policy analysis, and maternal mortality should be seen as a multi-sectorial problem requiring multiple inputs right from the beginning of the policy analysis process.

Secondly, a health policy approach that utilizes a top bottom approach rather than a bottom top approach in its analysis framework has limited chance of success. With respect to maternal

mortality reduction in Nigeria, multiple layers of public health authorities and stakeholders are involved. These include local communities, Local Government Councils, States Governments and the Federal Government. The private sector contributes up to 60% to maternal health service delivery in Nigeria, and so, this sector needs to be involved as well, in addition to civil society organizations. Unfortunately, most health policies relating to maternal mortality reduction in Nigeria have often been "handed down" by the Federal Government, without any systematic efforts made to engage lower levels of government, the private sector and civil society organizations at the stage of policy development. With such a scenario, the policies are likely to be poorly understood by sub-national levels of government, and therefore stand limited chances of being used for policies and program implementation.

Thirdly, women who are the major beneficiaries of the health policies analysis for maternal mortality reduction have been little involved in the policy development and implementation processes. Women must be seen as key stakeholders who can make critical inputs into health policy developments relating to maternal mortality reduction, and who can be important gatekeepers to oversee the policy implementation process.

***Non-inclusion of key determinants of maternal mortality in the policy analysis framework***

Another factor which has limited the end-use of health policies for maternal mortality reduction is the non-inclusion of key determinants of maternal mortality in health policies analysis. A classical example is unsafe abortion. Although the Federal Government recognizes that unsafe abortion contributes up to 40% to maternal mortality in Nigeria[14] , none of the health policy documents have yet made concrete provisions for addressing the problem. In particular, the national reproductive health policy does not explicitly address the problem of unsafe abortion, neither is there a specific and purposeful national guideline for dealing with the problem as an important component of maternal health. Additionally, although issues such as early marriage are well recognized as critical determinants of maternal morbidity and mortality in some parts of Nigeria, there has been limited attempt to evolve state health policies to address the problem.

While unsafe abortion, early marriage, polygamy and adolescent reproductive health are regarded as socially sensitive issues in Nigeria, the official response has been to neglect the development of health policies to address the issues. Even when a policy has been developed through a process of purposeful negotiations and intense advocacy, states governments have often neglected to implement the tenets and principles of the policies.

***The intermediating effects of cultural norms and religious practices***

Although Nigeria is constitutionally a secular state, the country is often influenced by religious considerations in matters relating to maternal health. The two dominant religions in the country – Islam and Christianity – hold strong views on matters relating to reproductive health, sexuality and women's health, which have often come to the fore when policies are being developed for maternal health in Nigeria. Lately, the religious movement has been very aggressive in its opposition to efforts to enunciate evidence-based policies to promote maternal health in Nigeria. Unfortunately, the Nigerian state as an arbiter for equity and social justice has often failed to step in to insist on its right to enunciate policies and laws to protect socially vulnerable persons in the country. This may be because state officials themselves are influenced by and consider religious doctrines and views in their approach to health policy formulation.

Clearly, the religious group is strongly opposed to free reproductive choice in Nigeria, and it is worrisome that the official response to this development has been lame, undecided and sometimes timid. Unless, this bottleneck is addressed, there is little hope that Nigeria will be able to develop progressive health policies to reduce maternal mortality in the country in the near future.

***Lack of a state policy implementation action plan***

For a health policy analysis to translate into action, there should be adequate plans made for its implementation, and such plans should be adequately funded. Unfortunately, there has been little evidence that systematic plans have been made to implement the various health policies related to maternal mortality reduction in Nigeria. Whereas HIV/AIDS policies are being implemented in Nigeria through the instrumentality of the National HIV/AIDS Control Agency (NACA), there is no commensurate agency or institution for maternal mortality reduction. The Federal Ministry of Health is

expected to implement and diffuse health policies for maternal mortality reduction, but it is buoyed down by several other health issues, and has little time and resources to devote to maternal mortality reduction.

The national Safe motherhood committee in the Federal Ministry of Health has no specific plans or work schedule, meets only occasionally and has limited funds to carry out its mandate. The situation in States and Local Government Councils is even worse, where there are hardly any safe motherhood action committees. Although primary and secondary maternal health care are supposed to be provided by Local and States Governments respectively, the situation has been that many sub-national levels of government often do not make budgetary allocations for safe motherhood activities in their constituencies.

To date, most funding for maternal mortality reduction in Nigeria has been provided by donor agencies, who have their own understanding of the problem, and who hardly target their funding to national priorities or to specific national policy plans. In efforts to show measurable outputs and impact, these agencies have often directed their funding to a few states, while a large proportion of Nigerian states do not receive specific donor funding for safe motherhood. Indeed, there have been few programmatic activities to address the problem of unsafe abortion in Nigeria, due to the USA Gag rule, which prohibits government and civil society organizations working on abortion-related issues from obtaining funding from the USAID. This attitude has discouraged the implementation of some of the best practices for reducing maternal mortality that have been successful elsewhere.

***Poor Diffusion and coordination of policies***

A major problem has been that even when health policies relating to maternal mortality reduction have been developed at the national level, such policies have not been adequately advertised or made available to sub-national levels of government. Some state health officials often claim ignorance of major health policies relating to maternal mortality reduction, which may be one reason that these policies are often not adopted or implemented at States and Local Government levels.

An important step in health policy development is to ensure that end-users are adequately made aware of the policy, and that systematic plans are made to encourage them to use the results of the policy analysis. In particular, communities and civil society organizations need to be informed about the new policies so that they can pressure governments at all levels to adopt and implement the policies. For optimal effects, any new health policy should be followed by intense advocacy and public health education, to ensure widespread dissemination to all stakeholders in the country

Unfortunately, most health policies developed in Nigeria have not always been accompanied by post-policy action plan or implementation strategies. A new health policy analysis should spell out plans for its implementation and sustenance, how to disseminate the policies to sub-national levels of government, and how to coordinate the expected and projected activities relating to the implementation of the policies at all levels of government.

***Lack of an organized policy network***

Added to the above mentioned deficiencies is the lack of an organized policy network to push a consistent policy agenda for promoting reproductive health and safe motherhood in Nigeria. Several non-governmental organizations are currently engaged in the promotion of safe motherhood in Nigeria. While many of these NGOs are actively involved in promoting the technical aspects of safe motherhood, only a few are working to push the policy and political aspects of the issue. Yet, without implementing and scaling up policies, there will be limited chance of achieving a significant technical and programmatic success for maternal reduction in Nigeria. In particular, the Policy project, funded by the USAID, which has now transformed into the ENHANSE Project, has done well in the past years to assist governments and non-government organizations to develop policies for promoting reproductive health and safe motherhood in Nigeria. However, much more work needs to be done to build an organized policy network that will stimulate political will needed to promote the end-use of policies for maternal mortality reduction in Nigeria.

The Nigerian Partnership for Safe Motherhood (NPSM) was formed as a civil society coalition in 2005, with funding from the Macarthur Foundation, to provide a forum for civil society organizations to work with relevant government agencies at national and sub-national levels to promote the implementation of policies related to safe motherhood in Nigeria. However, the Partnership is yet to come out as a strong force with

clear and purposeful strategies for stimulating the end-use of policies for promoting safe motherhood in Nigeria. Perhaps, the recent formation of an integrated Partnership for Maternal and Newborn Health, led by the Federal Ministry of Health, will add to the work of NPSM and create the necessary environment for inter-sectorial collaboration and discourse needed to promote better use of policies to reduce maternal mortality in Nigeria.

National safe motherhood policy communities consisting of advocates in government, civil society, the academia, women associations and donor agencies, have considerable legitimacy in Nigeria and can work hard to create awareness about the problem and encourage governments at national and sub-national levels to act. Governments often fail to act because they do not see the connection between safe motherhood and the immediate political and developmental needs of the country. However, the policy community must be able to present statistics that show that economic improvement of a nation can only be meaningful if there is a concomitant improvement in the indices of social development. Thus, efforts should be made to convince government officials at all levels that maternal mortality is one of the best indicators of social development, which needs to be promoted by countries desirous of achieving full social and economic development.

Furthermore, maternal mortality affects mainly the poor and less educated women in any society. Thus, the issue needs to be strongly positioned as one related to equity, social justice, human rights and gender.

**Conclusion**

Maternal mortality is a major public health problem in Nigeria, and an important cause of social disequilibrium in the country. While several policies exist in the country for the promotion of safe motherhood, the major challenge has been the less than optimal implementation-use of the policies to achieve a significant reduction in the high rate of maternal mortality in the country. Better use of health policies for maternal mortality reduction will be achieved if steps are taken to involve all stakeholders and to include all issues during the process of policy development, and to widely disseminate the policy at national and sub-national levels. A concrete policy implementation plan should also be developed as part of the policy evolution process. Additionally, policy activists, advocates and change agents must be ready to work in harmony as an organized policy network to push the implementation of the policies, and to create political will and attention for issues related to maternal mortality reduction.

Clearly, maternal mortality is one of the most important socially divisive issues of our time, affecting disadvantaged women in neglected and rural communities in Nigeria. Governments and policymakers must be made aware of the human rights, gender and ethical dimensions associated with maternal mortality in Nigeria, and are encouraged to formulate and implement the right kinds of policies to address the problem.

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