



NIGERIA :

MOVING FROM A FEDERAL COORDINATION PROCESS TO THE LOCAL HRH COMMITTEE

Key facts

- Population: 140,003,542
- Infant mortality rate: 201/1,000 live birth
- Maternal mortality rate: 800/100,000 live birth
- Physicians in country: 39/100,000 population
- Nurses and midwives: 124/100,000 population

The health indicators for Nigeria are among the worst in the world. Nigeria shoulders 10% of the global disease burden and is making slow progress towards achieving the 2015 targets for the health related MDGs. The Nigerian health sector is facing a major human resources for health crisis with mal-distribution of the available workforce, and the increasing "brain drain" resulting in shortage of critically needed health professionals. The health sector recognizes that human resources for health are critical in the provision of quality health care. To address the current crisis efforts are being made to re-position the public health sector to work in close collaboration with the private sector, development partners and all stakeholders to mobilize resources to develop and retain capable and motivated health workers.

The Federal Ministry of Health developed a comprehensive National Human Resources for Health Policy in consultation with all the key stakeholders. A National Human Resources for Health Strategic

Plan (2008-2012) was developed to operationalize the Policy. The strategies and activities in the Plan provides a framework to guide and direct interventions, investments and decision making in the planning, management and development of human resources for health at the federal, state, LGA and institutional levels. The HRH strategic plan acknowledges the importance of stakeholder involvement in its implementation.

Challenges

One of the major challenges in Nigeria is how to ensure the continual availability of an adequate pool of skilled human resources for health. The private sector is also large in Nigeria and meaningful engagement of these important stakeholders has been a challenge even in terms of providing data and relevant information.

The Human Resources for Health policy is the most important of the Health Systems strengthening efforts in Nigeria. The main lines of action identified in the Human Resources for Health policy are communication and advocacy, creation of Human Resources for Health divisions at all Ministries of Health, preparation of Human Resources for Health action plans, maintaining Human Resources for Health database, focus on pre-service and in-service training, recruitment and retention.

A Technical Working Group (TWG) was established by the Hon. Minister of Health and conducted an extensive desk review of existing health and related policies, health

millennium development goals and reforms documents available in the country. The TWG also conducted an in-depth assessment of current human resources for health management systems, procedures and practices in 16 states, both urban and rural, selected from the 6 geo-political zones of the country. Extensive consultations were held with the broad spectrum of stakeholders in HRH, both in the public and private sector, all with the aim of ensuring that the HRH policy reflects the hopes and aspirations of all.

HRH coordination challenges

To adopt consensual HRH strategies there is a need to replicate the HRH programme at the state level (37), This means training of 37 state HRH focal persons

- Technical support visit to the states will also be essential
- FMOH as well as its agencies, and each state will develop its own HRH strategic plan linked to the national HRH strategic plan with: prioritised and costed annual implementation plans at state level; and a consolidated annual implementation plan and monitoring mechanisms at federal level

- There is a need to print and disseminate HRH policy and strategic plan to all stakeholders in all states
- There is a need to produce health workforce statistics at the state level, to supplement the national HRH statistics
- Ceilings by professional regulatory agencies in the number of students to be admitted in health training schools, particularly in Nursing schools
- Engagements going on with states on an individual basis
- The pensionable/Contract hiring issue – this is the cause of the Qualified professionals since non indigenes are not offered pensionable contracts

Lessons learned

- Shortage of staff at the partner level: no unique Human Resources for Health desk officer at the WHO Country level. Short term HRH consultancy not effective
- Nigeria should be handled in a unique way-federal level statutorily negotiates with partners. The states should be treated as basic units of budgeting

