



An assessment of the role of government health related policies in improving the oral health status of Nigerians.

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Abstract

Achieving good oral health is now considered an important component of good health for any population and the inclusion of an oral health component in national health policies is a good strategy for promoting oral health. This paper sought to examine the existing health-related policies of the Nigerian government in order to determine the position accorded oral health within the policy framework and to determine the role of these policies in improving the oral health status of Nigerians.

A detailed search of electronic sources and Nigerian government documents to identify the major health related policies of the government in the last decade was conducted. The policies identified and analysed were the Millennium Development Goals (MDG's), Vision 20:2020, National Economic Empowerment and Development strategy (NEEDS), the seven point agenda and the primary health care policy.

The analysis from this report indicates an exclusion of oral health from the framework of most of the policies designed by the Nigerian government. The most important barrier identified for excluding oral health is the inability of the oral health workforce to influence the policy process in Nigeria since policymaking is largely a political issue. Oral healthcare professionals in Nigeria need to be actively engaged in the politics of policymaking in order to promote the inclusion of oral health in the health related policies of government. This should stimulate positive action concerning oral health in the Nigerian polity.

Key words: Oral health, health policy, politics, power

Introduction

The achievement of good health for any population is strongly related to the policies adopted by the country because health policy is known to have an impact on the major determinants of health⁽¹⁾. Globally, the World Health Organisation (WHO) has been acting as a major advocate for good health by promoting the adoption of policies that would effectively promote health. One recent component of this advocacy is the inclusion of oral health as a component of general health policies and programmes.

Nigeria is a federation comprising 36 states, which is further divided into 774 local government areas. The estimated population of Nigeria was 140 million in 2006 i.e. almost one-quarter of Sub-Saharan Africa's population and one in every six black people in the world is predicted to be a Nigerian^(2,3). Over the years the Nigerian Federal government has developed and implemented various policies aimed at promoting good health among the populace. Nonetheless the nation has very poor health and oral health indices⁽⁴⁻⁸⁾. A large proportion of the Nigerian populace suffers from various oral conditions especially periodontal disease and dental caries⁽⁶⁾. Considering the fact that these oral health problems are largely preventable, the oral health situation of Nigerians constitutes a public health problem requiring immediate and urgent attention.

Achieving good oral health for the Nigerian people is important because of the possible impact of the poor oral health on individual productivity and consequently the

national economy and growth. Thus there is a critical need to identify and utilize cheap and effective methods for achieving good oral health for the average Nigerian. The most practical and cost-effective approach for improving the oral health status of any population is a shift in focus to total well-being for populations, rather than focusing on treating specific oral diseases⁽⁹⁾. Thus the implementation of an integrated approach to health promotion and disease prevention for oral disease control and public health, based on the common risk factor approach is being advocated⁽¹⁰⁾. There is however no evidence to suggest that oral health care is a consideration in the framework of achieving good health for the Nigerian people.

Therefore this paper sought to assess the major health-related policies of the Nigerian government in the last decade to determine the consideration of oral health within the framework of the identified policies. It attempts to answer the following questions:

- Was oral health mentioned in the documents?
- Was it given any consideration in the development of the policy documents?
- Is there a possible role for oral health care in the strategies adopted for achieving the reviewed policies?

Thus this analysis focused on the content of the policies in terms of content analysis. It is envisaged that the findings of this analysis would provide insight into some of the areas where oral health can be successfully included in the government's goal of achieving health for all and provide guidance for necessary action in future policy development.



Materials and method

Policy identification and selection

The first step was to assess current information on health and oral health indices in Nigeria from electronic sources (PubMed and Google scholar). This was followed by a detailed search of Federal Government gazettes and policy documents from the national archives to identify the major health related policies of the government in the last decade in order to determine which policies to review. Criteria for inclusion in this policy analysis were that the policy must have been adopted by the Federal Government for national implementation and should currently be perceived as important in shaping government action. Therefore we examined the following policies: the Millennium Development Goals (MDG's), Vision 20:2020, National Economic Empowerment and Development strategy (NEEDS), the Seven Point Agenda and the Primary Health Care Policy. These policies are presently the main drivers for national development in Nigeria and influence majority of government action concerning health. We also conducted further search of electronic sources to access information on global trends concerning oral health and health policy.

Summary of reviewed policies

The results obtained from the search on National health and oral health indices are depicted in Table 1. While Table 2 provides a summary of the reviewed policies⁽¹¹⁻¹⁹⁾.

1. The National Health Policy and Strategy

The National Health Policy and Strategy to achieve health for all Nigerians was promulgated in 1988 and revised in 2004⁽¹¹⁾. The goal of the policy is to strengthen the national health system such that it would be able to provide effective, efficient, quality, accessible and affordable health services that will improve the health status of Nigerians through the achievement of the health-related Millennium Development Goals (MDGs). Primary Health Care (PHC) remains the bedrock of the policy. There was no mention of oral health in this document and no clearly articulated strategy for achieving oral health.

2. Primary Health Care (PHC)

The PHC system encourages countries to shift their national health towards prevention⁽¹²⁾. In August 1987, PHC was adopted as the cornerstone of the national health policy in Nigeria and it serves as the first level contact for the individual and community in the health system. It was designed to bring health care as close as possible to the people. Of the stated objectives, the Expanded Programme on Immunisation (EPI) was the most concrete and probably made the greatest progress initially. Despite its initial success the PHC policy has been faced with a lot of challenges^(13,14) and at the last national health conference a reform of the policy was suggested⁽¹⁵⁾. Oral health is mentioned as a component of the PHC, and it is suggested that basic oral health care to prevent the onset of diseases and dental pain should be included as an active component of the PHC system. However this is yet to be implemented.

3. Millennium Development Goals (MDG's)

The MDGs are the most broadly supported, comprehensive and specific goals ever agreed on globally. These eight time-bound goals provide concrete, numerical benchmarks for tackling extreme poverty in its many dimensions⁽¹⁶⁾. The goals provide a framework for the entire international community to work together to ensure that human development reaches people everywhere. Six of the eight MDG's are health related and this are goals 1,4,5,6,7 and 8 and as such a lot of focus has been directed towards improving the health status of Nigerians. There is no consideration of oral health in the documents developed for achieving the MDG's among the Nigerian populace⁽¹⁷⁾.

4. Vision 20:2020

Due to the growth turnaround experienced by Nigeria in the early part of the 21st century, the country was ranked amongst the N11 countries. These are the countries identified by Goldman Sachs to have the potential for attaining global competitiveness based on their economic and demographic settings and the foundation for reforms already laid. This spurred the last administration to develop the vision 20:2020 policy which was inspired by

Table 1. Key health indicators and oral health indicators for the Nigerian populace(4- 12)

Health Indicator	Value	
Life expectancy ⁽⁴⁾	48 years	
Infant mortality (per 1000 live births) ⁽⁵⁾	95.8/1000 live births	
Under-five mortality (per 1000 live births) ⁽⁵⁾	197/1000 live births	
Maternal mortality (per 100, 000 live births) ⁽⁴⁾	80/1000 live births	
Oral health indicators	Prevalence (%)	Incidence
Dental caries prevalence ⁽⁶⁾	4 - 30%	
	(DMFT index = 0.6)	N/A
Periodontal Diseases ⁽⁶⁾	15 - 58 %	N/A
Cancrum Oris ⁷	N/A	6.4/1000 population
Traumatic dental lesions ⁽⁶⁾	11%	N/A
Oral tumours ⁽⁶⁾	N/A	3.2/1000 population
Oral lesions in HIV positive patients ⁽⁸⁾	>40%	N/A



Table 2a. showing the analysis of the major policies of the Nigerian government

Policy	Major content of the policy	Source (who wrote it?)	Actors involved in producing the document	Reasons for producing document	Authors interest (Any interest in dentistry)	Was the document influenced by research?
National Health policy	<ul style="list-style-type: none"> National Health Systems and Management, National Health Care Resources, National Health Interventions, National Health Information System, Partnerships for Health Development, Health Research, and National Health Care Laws 	Federal Ministry of health	Federal ministry of health Various stakeholders including NGO's	To improve the health status on Nigerians	The authors are interested in improving the key health indices of Nigeria but have little interest in oral health	Largely influenced by research
MDG's	<ul style="list-style-type: none"> Eradicate Extreme Hunger and Poverty Achieve Universal Primary Education Promote Gender Equality and Empower Women Reduce Child Mortality Improve Maternal Health Combat HIV/AIDS, Malaria and other diseases Ensure Environmental Sustainability 	United Nations	United Nations Various national governments	To foster development globally.	No direct interest in oral health	Yes the document was influenced by research
NEEDS	<ul style="list-style-type: none"> Wealth creation Poverty reduction Value reorientation Employment generation 	Nigerian National Planning Commission	<ul style="list-style-type: none"> Federal Government of Nigeria State governments National orientation agency 	The necessity and urgency of building a modern Nigeria that maximizes the potential of every citizen, becoming the largest and strongest economy in Africa, and becoming a force to be reckoned with in the world before the middle of the twenty-first century	The authors are interested in the social, physical and economic of Nigeria and her people. The Authors have no clear interest in oral health	Yes the document influenced research but no oral health related research.
PHC	<ul style="list-style-type: none"> Accelerated health care personnel development Improved collection and monitoring of health data Ensured availability of essential drugs Implementation of an Expanded Programme on Immunization (EPI) 	Federal Ministry of Health	WHO Federal ministry of health Local government State governments	To tackle the "politically socially and economically unacceptable" health inequalities in the countries	Very little interest in oral health	Based on research however there is no oral health related content



Table 2b. showing the analysis of the major policies of the Nigerian government

Policy	Major content of the policy	Source (who wrote it?)	Actors involved in producing the document	Reasons for producing document	Authors interest (Any interest in dentistry)	Was the document influenced by research?
Vision 2020	<ul style="list-style-type: none"> Improved nutrition Promotion of health awareness Development of a national family health program Widespread promotion of oral rehydration therapy for treatment of diarrheal disease in infants and children <p>Working on more than 30 thematic areas including the following</p> <ol style="list-style-type: none"> 1. Agriculture & Food Security 2. Business 3. Environment and Competitiveness 4. Education 5. Employment 6. Energy 7. Environment & Sustainable Devt 8. Health 9. Housing 10. Science & Tech 	Technical team comprising members from various sectors of the Nigerian economy	<ul style="list-style-type: none"> Federal Ministries of Health Education Finance Labour and productivity Environment Agriculture 	<p>By 2020 Nigeria will be one of the 20 largest economies in the world able to consolidate its leadership role in Africa and establish itself as a significant player in the global economic and political arena.</p>	No interest in oral health	Yes the document was influenced by research.
Seven point agenda	<ul style="list-style-type: none"> Power and energy Food Security and agriculture Wealth creation and employment Mass transportation Land reform Security Qualitative and functional Education 		Federal Government of Nigeria	To fast track development process	None	To some extent influenced by research

the MDG's and which has a target date of year 2020⁽¹⁸⁾. The key goal and vision statement is that "By 2020 Nigeria will be one of the 20 largest economies in the world able to consolidate its leadership role in Africa and establish herself as a significant player in the global economic and political arena"⁽¹⁸⁾. A total of twenty thematic areas were identified which included health and some other health related areas such as housing, agriculture, water and sanitation, education and development. It was recommended that the vision should be implemented in three phases all of which would include health. However there is also no mention of oral health care within the framework of strategies developed for achieving the health-related goals of this policy.

5. The National Economic Empowerment and Development Strategy (NEEDS)

This is Nigeria's plan for prosperity; although Nigeria is rich in natural and human resources, seven of every ten Nigerians live on less than \$ 1 a day.⁽¹⁹⁾ The policy focuses on four key strategies reorienting values, reducing poverty, creating wealth and generating employment. NEEDS seeks to make poverty a thing of the past and aims to create a country that her citizens are proud of, that rewards hard work, protects its people and their property, and offers its children better prospects. Concerning health the major impact of NEEDS is in the adoption of the public private partnership policy in providing health services for the populace. There is no consideration of oral health care in the policy document.

6. Seven Point Agenda/The Nigeria Project Agenda



This policy was announced in the presidential campaign as means of tackling the myriad of problems facing the nation. The policy has also been adopted the succeeding government as a blueprint for future government action. While health is not one of the major components of the policy there are plans of improving the health status of the people indirectly by providing other necessities such as power, and food.⁽²⁰⁾ There is also no reference to oral health in this document.

Table 3: Possible areas where oral health may be included in the reviewed policies

Policy areas where oral health could be included

National Health Policy and Strategy

- Creation of a national sustainable oral health system.
- Creation of Oral Health information system as part of the national health information system
- Forum for the conduct of high quality oral health research.

Primary Health Care

- Inclusion of oral health as a basic component of health care
- Provision of oral health education as a component of general health education

Millennium Development Goals

- Development of Curriculum for teaching oral health in schools
- Provision of oral health education and basic care for all mothers and children,
- Inclusion of oral health as a component of care for patients with HIV/AIDS

Vision 20:2020

- Inclusion of oral health as a basic component of health care
- Inclusion of oral health as a component of care for patients with HIV/AIDS and other life-threatening conditions.

National Economic and Empowerment Strategy

- Inclusion of oral health as a component of care for patients with HIV/AIDS and other life-threatening diseases
- Provision of oral health education as a component of health education
- Provision of oral health care facilities
- Development of local materials for oral health care.

Seven Point Agenda

- Development of Curriculum for teaching oral health in schools
- Development of local material for oral health care

Discussion

The WHO Global Oral Health Programme suggests that developing policies which includes oral health based on the common risk factor approach is an effective way of improving the oral health and the general health of any population⁽²¹⁾. Our analysis indicates that oral health has been overlooked as an important component of general health in most of the Nigerian policies reviewed. There is no specific mention or inclusion of an oral health component in most of the policies reviewed. Even in the PHC policy where oral health was mentioned as a component, it is yet to be functional despite the suggestions emanating from research that its inclusion will be beneficial to the country⁽²²⁾. Dental care is unavailable at most primary health facilities and there is no dentist or

oral health personnel employed in any of the 774 local government areas in the country⁽¹¹⁾.

The adoption of the MDG's should have provided further impetus for the integration of oral health into general health programs. However, in Nigeria oral health has not been included as a component of the programmes and strategies designed towards achieving the MDG's. This is heedless of recent suggestions that there is a link between oral health and achieving the MDG's⁽²³⁾. In addition there is no representation from the oral health community in most of the implementation committees for the policies reviewed^(15, 18, 19). Improving the oral health status of the populace should be given appropriate consideration in any government's bid to achieve overall health for the people as obtains practiced in many other nations. However, we opined that the assumption in Nigerian policy making circles might be that oral health is a component of general health and therefore requires no explicit mention. A pertinent question therefore arises: why is there little or no action regarding oral health in the Nigerian polity if it is indeed viewed as a component of overall health?

The possible reasons for the inactivity of the Nigerian government concerning oral health are varied and complex. Firstly oral health is not routinely included in the national health surveys in the country and, collected data on oral health surveys are not utilized in health planning⁽¹¹⁾. Thus there is inadequate information on the oral health status of the Nigerian populace to stimulate the policymaking process regarding oral health. Moreover oral health is culturally considered unimportant because teeth are viewed as expendable and oral diseases are viewed as not life threatening. Consequently oral health registers conceivably low in the reckoning of many national policy makers. In addition, dentists and other oral health professionals have taken little interest in advocacy to promote good oral health, preferring to treat rather than prevent oral diseases⁽²⁴⁾. This inactivity concerning oral health is worrisome because some of the policies reviewed have health related goals which would benefit from the inclusion of an oral health component (**Table 3**). It has been suggested that national governments, UN agencies and nongovernmental agencies need to make a tremendous coordinated effort to improve the oral health situation in developing countries like Nigeria in order to achieve good overall health⁽⁹⁾.

Another author argued that health policy is largely influenced by politics, thus the policy process can safely be described as a political issue⁽²⁵⁾. Considering the poor attitude to oral health, it is unlikely to be a major feature in the policy agenda of the Nigerian government. This view is supported by another author who argued that lack of political will is the major reason why oral health is poor in developing countries⁽⁹⁾. In addition, it has been suggested that power plays an important role in determining which issues will feature on the policy agenda. Power has been therefore defined as the ability to influence and in particular control resources⁽²⁶⁾. It refers to who makes and implements policy decisions and the process of how these decisions are initiated, developed, formulated, communicated, implemented and evaluated. Presently, the oral health workforce in Nigeria is not actively involved in the national policy process. It also lacks the appropriate tools to affect legislative decisions, which include direct contact with legislators, use of the media, ability to influence ideologies and beliefs of the legislators as well as influence on consumers. It can thus be inferred that it lacks the power to move the national policy process in favour of oral health. It is therefore not surprising that the



making is largely a political issue that oral health has been relegated to the background in favour of other areas in which there is strong advocacy. Consequently such areas are perceived as more important and deserving of attention.

There must be a deliberate effort by oral health professionals to create linkages and foster cooperation with other units in government and in the health sector in order to achieve good oral health for Nigerians. They need to identify and engage the various interest groups who are presently actively involved in the policy process. This would be as a first step to getting oral health into national policy reckoning. For example, the Nigerian Dental Association could sponsor a formal group whose role would be the analysis of existing government policies, and formulation of responses to government's position on issues that would affect oral health. This is a method that has yielded positive results in developed countries such as Australia and the United Kingdom.

Research findings are important in providing government with policy direction and evaluating the impact of implemented policies. Although many oral health workers in the country are involved in research the amount of research is inadequate in quantity and quality⁽²⁷⁾ to influence the policy process. In addition these research findings appear to have little impact on policymaking in the country because of the gap between policymakers and researchers. Therefore oral health researchers need to ensure dissemination of research findings in a simple and user-friendly manner for policymakers and consumers⁽²⁶⁾. The production of user-friendly summaries as well as the inclusion of practical policy implications for research findings is suggested.

In conclusion the time for definitive action by all stakeholders in oral health to achieve good oral health for the Nigerian populace is now. The oral health status of the populace will continue to be poor if health policies continue to ignore oral health. The inclusion of an oral health component in the health-related policies of the Nigerian government would be beneficial in achieving good health for the people and reducing the cost of health care.

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