



National Health Promotion Policy

Federal Ministry of Health, Nigeria

Revised 2019



NATIONAL HEALTH PROMOTION POLICY

FEDERAL MINISTRY OF HEALTH, NIGERIA
Revised 2019

FOREWORD

Available evidence indicates that Health Promotion is an effective tool for galvanising individual and collective health actions aimed at preventing diseases, improving the health and wellbeing of the populace as well as ensuring a healthier society for all. In furtherance of the Federal Government of Nigeria's stewardship role of improving the health of the Nation, the first edition of the National Health Promotion Policy (2006) and the Strategic Framework for its Implementation (2007) were developed to strengthen the Health Promotion capacity of the National Health System.

The review of the National Health Promotion Policy (2006) is a major step towards effective re-positioning of health promotion in Nigeria. The process provided Nigeria's frontline health promotion managers, practitioners and technical assistants a strategic opportunity to examine the evolution of health promotion in Nigeria over the past thirteen years and the findings suggest that the key reasons for the underperformance include a weak road map and process for translating the National Health Promotion Policy (2006) into interventions; weak management structures, weak health promotion systems and infrastructure across the three tiers of government; usurpation of health promotion functions by programmes, projects, other sectors and sub-sectors in disregard of the policy; and non-prioritization of health promotion by the political class.

This 2019 revised National Health Promotion Policy sets standards and provides accurate guidance on best practices and what should be done by decision makers, managers and service providers of health promotion at various levels. The revised policy further identifies the relevant human resource necessary to implement health promotion activities effectively and efficiently by expanding the skills-base of Health Promoters to include persons with the minimum required qualifications and skills in line with global best practice. It aims to ensure that health promotion steps out of its less successful past. That way, it can become a formidable contributor to the achievement of the health-related Sustainable Development Goals, as well as the Universal Health Coverage; thereby improving the health and wellbeing of the Nigerian populace.

Rolling out and implementing this revised National Health Promotion Policy (2019) will entail strengthening our planning and review systems. Strategic and Annual Operational plans for health promotion, including a variety of guidelines will need to be developed urgently.

We count on the partnership, buy-in and continuous support of all stakeholders in the public and private sectors, including the development and implementing partners, non-government and civil society organizations, professional associations, regulatory bodies, academia, research institutions, traditional and religious institutions, and media for successful repositioning of Health Promotion programming in Nigeria.



Professor Isaac F. Adewole, FAS, FSPSP, FRCOG, DSc (Hons)
Honourable Minister of Health
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The revised National Health Promotion Policy is a product of the combined efforts of frontline, strategic, allied and collaborative stakeholders. The Federal Ministry of Health (FMOH) is appreciative of their specific and collective inputs.

We are particularly grateful to members of the National Health Promotion Forum, the team of resource persons and representatives of Federal Ministries, Departments, Agencies (MDAs) and Parastatals; State Ministries of Health, Agencies and the Federal Capital Territory Secretariat for Health and Human Services.

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The coordination of the review process under the leadership of Mrs. Ladidi K. Bako-Aiyegbusi (Director and Head, Health Promotion Division), Mrs. Patricia Freeman (former Head, Health Promotion Division); and other members of the Health Promotion Division is commendable. Your hard work, commitment and dedication towards moving Health Promotion programming in Nigeria to the next level are highly appreciated.



Dr. Adebimpe Adebisi, mni
Director, Family Health Department

ABBREVIATIONS AND ACRONYMS

AOPs	Annual Operational Plans
BA-N	Breakthrough Action Nigeria
BCC	Behaviour Change Communication
CAN	Christian Association of Nigeria
CBO	Community Based Organization
CCSI	Centre for Communication and Social Impact
CDC	Centre for Disease Control
CHAI	Clinton Health Access Initiative
CHIPS	Community Health Influencers, Promoters and Services
DfID	Department for International Development
FCT	Federal Capital Territory
FRCN	Federal Radio Cooperation of Nigeria
FRSC	Federal Road Safety Commission
FMoH	Federal Ministry of Health
HE	Health Education
HP	Health Promotion
HPD	Health Promotion Division
HPE	Health Promotion and Education
ICT	Information Communication and Technology
LGA	Local Government Area
LGC	Local Government Council
MDAs	Ministries, Departments and Agencies
MNCH2	Maternal, New Born and Child Health Programme 2
NCH	National Council on Health
NGO	Non-Governmental Organisation
NHPF	National Health Promotion Forum
NHPP	National Health Promotion Policy
NIFAA	Nigeria Inter-Faith Action Association
NMCN	Nursing and Midwife Council of Nigeria
NPHCDA	National Primary Health Care Development Agency
NSHDP II	National Strategic Health Development Plan II
NSP	National Strategic Plan
NURHI 2	Nigerian Urban Reproductive Health Initiative 2
OAU	Obafemi Awolowo University
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
SDGs	Sustainable Development Goals
SFH	Society for Family Health
UHC	Universal Health Coverage
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
UNN	University of Nigeria, Nsuka
WHO	World Health Organization

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CHAPTER ONE

1.0 BACKGROUND, POLICY CONTEXT, DEVELOPMENT AND REVIEW

1.1 Background

Nigeria is the most populous country in Africa with an estimated population of over 198 million in 2018, which is estimated to grow to 210 million by 2021 based on a growth rate of 3.2% (NPC 2018). Nigeria is a federation of 36 states and a Federal Capital Territory, Abuja as the national capital. There are 774 Local Government Areas (LGAs) distributed across 6 geo-political zones. The Nigerian 1999 Constitution (as amended) guarantees the right to health. A National Health Policy (NHP) 2016 provides the compass for the country's health system; while the National Health Act (2014) provides a framework for the regulation, development and management of the health system as well as set standards for rendering health services in the federation (NSHDP II 2018).

The Nigerian Government developed the National Health Promotion Policy (NHPP) in 2006 to strengthen the health promotion capacity of the National Health System to deliver health care that is promotive, protective, preventive, restorative and rehabilitative to every citizen of the country. However, the implementation of the NHPP (2006) was affected by some challenges such as weak intersectoral collaboration, weak management structures, poor infrastructure, and limited understanding of the concept of health promotion and consumer rights at all levels. These gaps, current trends in Health Promotion practices as well as emerging and re-emerging health issues of public health importance informed the revision of the 2006 edition and resulted in the NHPP 2019.

A Health Promotion Division exist at the Federal Ministry of Health and in each State Ministry of Health while the Local Government Areas (LGAs) operates Health Promotion Units. Across Nigeria, there are community structures such as Ward Development Committees, Village Development Committees and Health Facility Committees. The responsibilities of these committees include demand creation, monitoring of the accessibility and quality of health service delivery, community mobilization, and participation in health programme implementation, among others. However, these committees are often neither empowered nor adequately involved in the design and planning of interventions and are therefore unable to carry out their mandate within the community. Hence, the communities are often not able to hold the government and service providers accountable. However, in isolated cases where the committees are supported, they have proven to be instrumental in increasing demand for services (NHP 2016).

1.2 The Context of the Health Promotion Policy

The National Health Policy (NHP) 2016 recognizes that Nigeria is saddled with an unbearable burden of Communicable and Non-Communicable Diseases (NCDs). This is coupled with issues such as low levels of health literacy, poor sanitation and inadequate attention to key social determinants of health. The revised NHPP (2019) is meant to contribute to achieving Nigeria's National Health Policy commitment; to deliver health care that is preventive, promotive, protective, restorative and rehabilitative to every citizen of the country.

Due to globalization and other factors, the country is experiencing drastic changes in consumption patterns of alcohol, food and tobacco. Disease patterns are changing with more

people affected by cancers, diabetes and hypertension. Mental health conditions, road traffic accidents, domestic violence, unsafe sex and insufficient physical activity are also on the rise. Other threats to the Nigerian populace include insecurity, floods, Lassa fever, Ebola, Cholera, Polio and Avian Influenza (NHP 2016).

Over the years, Nigeria's spending in the Health Sector has not fully met the 15 per cent commitment set out in the Abuja Declaration of 2001 whereby the African Union Member States committed to allocating at least 15% of annual national budget to health. The health inequities encountered reflects the linkage between peoples' health, their economic status and social conditions among states in Nigeria. This is responsible for almost all causes of illness and mortality driven by political, economic and social forces; thereby further complicating the inability of government to adequately address the social determinants of health. It is against this backdrop that health promotion becomes invaluable.

Health Promotion is defined in the Ottawa Charter (1986) as the process of enabling people to increase control over, and to improve their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions (WHO). There is growing evidence globally that Health Promotion is a pre-requisite for economic development because Health Promotion interventions makes positive contribution to the improvement of human health. It is a cost-effective approach which facilitates increased individual, family, community and social participation in health. It promotes wellbeing through the adoption of positive lifestyles by all, as well as disease prevention. It increases the use of available health services by combining approaches of equity, multi-sectoral collaboration, partnerships, alliances and networks. Health Promotion offers practical approaches to ensuring equal access to health through promotion of lawful, financial, economic and targeted environmental interventions. Hence, Health Promotion promotes high quality of life, healthy productive population with reduced morbidity, mortality and expenditure on health leading to resultant benefit of a prolonged life span.

Over the years, Health Promotion in Nigeria has remarkably evolved from purely Health Education-focused to a more holistic and inclusive era of promoting health and preventing diseases. As Nigeria experiences a demographic transition resulting in increased demand on a fragile health system, the country requires a vibrant, robust and sustained Health Promotion system. Deliberate efforts are required to integrate health interventions within a multi-sectoral context, addressing the broader determinants of health, promoting healthy lifestyles, and galvanizing health actions by individuals, families, communities and the entire populations.

1.3 Policy Development and Review

In 2006, the Health Promotion Division of the Family Health Department, Federal Ministry of Health (FMOH), developed the National Health Promotion Policy (NHPP). The process was supported by the World Health Organization (WHO) in collaboration with other development partners. The draft Policy was approved and adopted at the 49th National Council on Health (NCH) in 2006, and launched at the 50th NCH on 11th January 2007.

In 2017, the Federal Ministry of Health in collaboration with relevant Stakeholders commenced the review of the NHPP (2006) after more than a decade of implementation as well as emerging new trends in Health Promotion practices. Three meetings were held between June 2017 and March 2018, which produced the first draft of the revised National Health Promotion Policy (NHPP).

In April 2018, the FMoH with support from the DFID-funded Maternal Newborn and Child Health (MNCH 2) programme, and in collaboration with National Health Promotion Forum organized a five-day meeting to further review the first draft of the revised Policy document. The output of the meeting, the second draft revised NHPP was presented to stakeholders in June 2018 at the 61st NCH for further input and buy-in.

In July 2018, the FMoH with support from the UNICEF and NURHI 2 and in collaboration with the National Health Promotion Forum and other stakeholders organised a three-day meeting to validate the revised NHPP which was approved and adopted at the 62nd NCH held in Asaba, Delta State from 9th to 13th September, 2019.

CHAPTER TWO

2.0 POLICY STATEMENT, GUIDING PRINCIPLES AND VALUES

2.1 Policy Statement

The Federal Government of Nigeria (FGN) recognizes Health Promotion as an essential component to achieving the highest level of health and development of individuals, families, households and communities across Nigeria. Health Promotion interventions will be adequately resourced and deployed to effectively address the increasing burden of diseases, other public health challenges and social determinants of health.

The management and implementation of Health Promotion in Nigeria will be consistent with the National Health Act (2014), National Health Policy (2016) and other health-related policies; Resolutions of the World Health Assemblies, Regional Strategy for Health Promotion, Sustainable Development Goals (SDGs) and other international frameworks and best practices.

Across the tiers of government, Health Promotion programmes shall be led by qualified Health Promotion specialists, complemented by a variety of cadres and experts as may be required.

All Health Promotional interventions including materials to be administered on the Nigerian public MUST satisfy the underlisted minimum standards:

- Conform to the approved procedure for development of health promotion materials
- Be sensitive to religion, culture and gender
- Be conducted based on evidence including accurate data and information
- Be audience and geographically specific
- Be relevant to the issue it aims to address
- Have a Call to Action

2.2 Guiding Principles and Values

The National Health Promotion Policy (2019) is underpinned by the following principles and values:

2.2.1 Government Accountability and Responsibility

All levels of government have a responsibility and are accountable for protecting, maintaining and improving the health of its citizens; as health is a global public good. The pursuance of this responsibility comes with the need to mainstream Health Promotion as a major component of efforts aimed at the delivery of social services, development and environmental sustainability.

2.2.2 Equality, Equity and Social Inclusion

People have a right to equal opportunities and to good health and well-being. Interventions must take cognizance of generic, cross-cutting as well as the special needs of the under-reached and vulnerable members of the population; regardless of socio-economic status, gender, religion, ethnicity, literacy, race and location. Consequently, approaches determined by issues, population and settings must be carefully thought through, balanced and appropriately applied.

2.2.3 Ethics

All interventions will endeavour to engender respect, justice and fairness for persons or beneficiaries, end users and their rights.

2.2.4 Professionalism

Nigerians deserve the best that government and other entities, including professionals and service providers can offer. The outputs of Health Promotion interventions must aim at gold-standards and best practices. Quality Assurance, Monitoring and Evaluation will ensure optimal outcomes.

2.2.5 Efficiency

The design and implementation of interventions must aim at maximizing value for all the resources invested. Assigned responsibilities and roles must be delivered at the appropriate levels and by qualified persons. Actions must be driven by evidence, innovation, quality and results.

2.2.6 Regulation and Legislation

Health Education, Sensitization, Communication, Community Mobilisation and Advocacy are undoubtedly effective in their own rights as strategies for influencing human behaviour. Hence, health promotion interventions shall be regulated and legislated to ensure achievement of Health Promotion outcomes.

2.2.7 Community Ownership

The role of individuals, families and communities are fundamental for preventing diseases, improving health and wellbeing as well as ensuring a healthy society. As communities are dynamic and differ, improving health literacy will be targeted based on the needs of entities, target groups and communities. Efforts shall be geared towards progressing from participation to ownership and sustainability.

2.2.8 Multi-dimensional Collaboration

This Policy recognizes the invaluable positive roles and immense contributions of the community, the Private Sector, Non-Governmental Organizations (NGOs), International Organizations and all other Donor Agencies in disease prevention, improving health and wellbeing as well as taking measures that ensure a healthy society.

As indicated in Figure 1 on page 6, the diversity of players has been classified into five major stakeholder groups: The Nigerian populace, Frontline, Strategic, Allied and Collaborative. The comprehensive roles and responsibilities of various players shall be as outlined in Appendix I.



Figure 1: Stakeholders for Health Promotion in Nigeria

CHAPTER THREE

3.0 GOAL, BROAD OBJECTIVES AND ACTION POINTS

3.1 Goal

To empower the Nigerian populace to take timely actions in disease prevention, improving their health and wellbeing as well as taking measures that ensure a healthy society.

3.2 Broad Objectives

- a) Foster health promotion interventions targeted at addressing social determinants of health, reducing inequities, and tackling priority burden of diseases in Nigeria
- b) Facilitate health promotion interventions in support of Government's efforts directed at ensuring and sustaining healthy behaviour, healthy lifestyle, and enabling environment including healthy public policy.
- c) Enhance human resource and capacity strengthening for the delivery of health promotion interventions.
- d) Strengthen systems to monitor, evaluate and manage evidence related to health promotion interventions.

3.2.1 Objective One

To foster health promotion interventions targeted at addressing social determinants of health, reducing inequities, and tackling priority burden of diseases in Nigeria

Action points

- i. Advocate for the development of appropriate policies, protocols, standards and regulatory practices, to ensure health equity within the populace focusing on the poor, vulnerable groups and people living with disability.
- ii. Participate in periodic Maximum Pressure Campaigns (MPC) activities to address prevalent disease conditions and for prioritised national programmes such as immunisation, family planning, malaria, leprosy, tuberculosis, onchocerciasis, viral haemorrhagic diseases, substance abuse and screening programmes for Noncommunicable diseases such as hypertension, diabetes and cancers.
- iii. Support health promotion interventions that:
 - strengthen legislation, regulation and taxation of unhealthy commodities
 - strengthen the functionality of the community health systems such as Ward Development Committee, Village Development Committee, Health Facility Management Committee, etc for effective participation in decision making and ownership of health promotion activities
 - promote health literacy and prevent the spread of Communicable and Non-Communicable Diseases
 - promote reproductive health that increases access and utilization of health services (family planning, antenatal care, Sexually Transmitted Infections, etc) that prevent and address determinants of reproductive health such as hygiene, legal aids against gender based violence including female genital mutilation, women empowerment and encouragement of safer sex practices.

- promote appropriate behaviours and safety measures to reduce accidents and injuries at work, home, school and on the road
- improve food safety and security at household, institution and community levels
- promote intersectoral action with responsible agencies to take appropriate measures for environment and public health thereby protecting the population from negative practices such as discharge of wastes into water bodies and in backyard farms, and the overuse of pesticides that affect human health
- increase access to health services by significant reduction of structural, system and societal barriers especially for the vulnerable groups

3.2.2 Objective Two

To facilitate Health Promotion interventions in support of Government's efforts directed at ensuring sustainable healthy behaviour, healthy lifestyle and enabling environment including healthy public policies

Action points

- i. Set up mechanisms for increasing awareness and understanding of global and national initiatives such as Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) for Health Promotion practitioners at all levels.
- ii. Mainstream health promotion across sectors and facilitate stronger collaborative work and dialogue among diverse partners and health providers to address health promotion related complex challenges for the attainment of healthy lifestyles.
- iii. Employ a systems approach to provide technical leadership in the mainstreaming of preventive, promotional and protective health behaviour into School Health programming targeted at students, management, staff, parents and the wider community. Interventions must be holistic; ranging from inclusion in school curricula to promoting a culture of **healthy schools**.
- iv. Put in-place an effective media strategy to include social and new media thereby ensuring effective engagement with media institutions and platforms to raise awareness about population health gradient and potential actions to be taken thereby promoting positive reinforcement of healthy behaviour and lifestyle.
- v. Commit Ministry of Finance, Budget and Planning to make inclusion of Health Promotion in intervention proposals a priority requirement for the approval of Development/Donor Agency interventions in Nigeria.
- vi. Promote positive behavioural measures to:
 - reduce maternal, newborn, child and adolescent morbidity and mortality including child and orphan support.
 - improve childcare practices including uptake of immunization, exclusive breastfeeding and additional feeding (complementary).
 - improve the health promotion component of School Health Programme at all levels of education.
 - encourage healthy lifestyle changes along life course in all settings such as healthy choices (e.g. diet, exercise).
 - reduce Non Communicable Disease risk factors such as smoking and alcohol intake as well as abstaining from the use of mood-altering substances (e.g. drugs).

- improve responsible consumption of Medicines; encourage compliance with treatment schedules prescribed by health workers, and support for actions to control the sale of fake and over-the-counter medicines.
- encourage people across different sectors to enrol in national, state and community-based health insurance scheme.
- reduce health risk cause by climate crisis, emergencies, disease outbreaks and environmental hazards.

3.2.3 Objective Three

To enhance human resource and capacity strengthening for the delivery of health promotion interventions

Action points

- i. Develop a clear framework for transforming and scaling up staff capacity strengthening including data base of Health Promotion specialists
- ii. Enhance competency-based capacity building in Health promotion at all levels
- iii. Design and establish Continuous Professional Education mechanisms including certification for Health Promoters
- iv. Secure buy-in of the policy with National Universities Commission (NUC) and other strategically relevant Agencies
- v. Establish a Community of Practice for Health Promoters

3.2.4 Objective Four

To strengthen systems to implement, monitor, evaluate and manage evidence related Health Promotion interventions.

Action points

- i. Institutionalize the production of the full suite of operational documents connected to the National Health Promotion Policy.
- ii. Secure budget lines and dedicated trust fund for Health Promotion at each of the three tiers of government.
- iii. Set up a National Health Promotion Data Bank and reactivate the Zonal Data Banks
- iv. Develop and operationalise a routine data collection and reporting system at all levels.
- v. Establish monitoring, evaluation and documentation mechanisms for generating, storing and sharing evidence through routine review meetings, global/regional/national conferences and research.

CHAPTER FOUR

4.0 INSTITUTIONAL ARRANGEMENTS, COORDINATION PLATFORMS, ROLES AND RESPONSIBILITIES

4.1 Institutional Arrangements

A Health Promotion Division (HPD) shall exist in the Ministry of Health at the national and state levels including the Federal Capital Territory (FCT). At the Local Government Area (LGA) level, a Health Promotion Unit shall exist in the Primary Health Care Department.

Across the three tiers of government, Media and Civil Society Organizations (CSOs) will facilitate accountability in Health Promotion. Development Agencies and Implementing Partners will support the mobilization and provision of resources, sustainable funding mechanism external to government and serve as agents for promoting global standards and best practices.

4.1.1 National Health Promotion Division, Federal Ministry of Health

The Health Promotion Division at National level will be strengthened to fulfil the following responsibilities:

- Overall leadership and national oversight
- National Policy formulation and roll out
- Mobilising additional resources for national and sub-national levels interventions
- Capacity building for health promoters
- Maintaining a National and Zonal Data Banks
- Monitoring and Evaluation nationally
- Signing up to global resolutions
- Sustaining Nigeria's relevance on international platforms

The Division will play the following roles:

- 1) Act as national focal point for Health Promotion
- 2) Act as secretariat for the National Health Promotion Forum
- 3) Serve as reference point for all Health Promotion messages and materials from vertical programmes, line Departments/Ministries/Agencies and other public and private sectors at all levels.
- 4) Advocate for increased government budgetary allocation and timely release of fund for Health Promotion activities at all levels to promote effective implementation of programmes.
- 5) Advocate for transparency and accountability of funds released for health promotion programmes at all levels
- 6) Provide technical assistance at Federal and State levels in planning, implementation, monitoring and evaluation of Health Promotion activities.
- 7) Act as a focal point for international movements to develop Health Promotion interventions within specific settings e.g. Health-Promoting Schools, Healthy Cities, Health-Promoting Hospitals, Healthy Village and Healthy Workplace.
- 8) Provide technical assistance to line Ministries, NGOs, CBOs, FBOs and Private Sector Organizations working to achieve optimal healthcare services for beneficiaries
- 9) Conduct and promote research into various aspects of Health Promotion and disseminate the findings.

- 10) Act as a focal point for actions to promote Consumer Rights within healthcare settings.
- 11) Develop guidelines on minimum resources (human, infrastructure, materials and equipment) requirements for health promotion at the three tiers of Government.
- 12) Promote Human Resource Development in Health Promotion at the three tiers of government and other sectors.
- 13) Develop, adapt or adopt global guidelines and prototype health information i.e. Social and Behaviour Change (SBC) materials.
- 14) Collaborate through partnership agreements with National and International Agencies and Non-Governmental Organizations (NGOs) on Health Promotion matters.
- 15) Produce quarterly and annual report on Health Promotion activities in Nigeria.
- 16) Establish an electronic and paper-based documentation centre which includes both general resources on Health Promotion and details of previous and on-going Health Promotion activities in Nigeria.
- 17) Make information from the documentation centre available to all interested groups through a website.

4.1.2 State Health Promotion Division, State Ministry of Health

Health Promotion Divisions in 36 States and FCT will be strengthened to fulfil the following responsibilities:

- Adaptation or adoption of the NHPP in accordance with best practices
- Manage, design and implement State Level Health Promotion activities
- Oversight of Health Promotion activities at LGA level
- Documentation

The Division will play the following roles:

- 1) Advocate for resource support for Health Promotion
- 2) Provide technical support to LGAs
- 3) Approve all developed Health Promotion messages and materials for all vertical programmes and line Departments within the State.
- 4) Promote Human Resources Development in Health Promotion at State and LGA levels.
- 5) Conduct and promote research in Health Promotion at the State level and document and disseminate findings.
- 6) Develop, adopt or adapt and distribute SBC materials on health and related issues
- 7) Collaborate with local NGOs, CBOs, FBOs and other relevant Stakeholders on Health Promotion and Consumer Rights matters.
- 8) Monitor and evaluate all Health Promotion activities at the State level.
- 9) Produce quarterly and annual report on Health Promotion activities within the State and send to National Health Promotion Division
- 10) Establish an electronic and paper-based documentation centre in the State and LGAs to provide general resources on Health Promotion activities.
- 11) Disseminate information from the documentation centre through existing electronic, print and other emerging platforms

4.1.3 LGA Health Promotion Unit, Primary Health Care Department

Each LGA Health Promotion Unit will be strengthened to fulfil the following responsibilities:

- Manage and implement Local Government Area level activities including Community Mobilization
- Oversight of Health Promotion activities at Ward and Community levels
- Documentation

The Unit will play the following roles:

- 1) Adapt or adopt National/State Health Promotion Guidelines for local use
- 2) Liaise with Health Promotion Divisions at the State and Federal Levels
- 3) Advocate for resource support for Health Promotion activities
- 4) Develop, adopt or adapt and distribute Social and Behaviour Change (SBC) materials to suit local requirements
- 5) Conduct training in Health Promotion and Consumer rights for staff in the LGA
- 6) Provide support to the Health Promotion and Consumer Rights activities at Ward/village level.
- 7) Carry out comprehensive Health Promotion activities in communities including community mobilization for health actions.
- 8) Assist in designing the Health Promotion component of LGA health interventions
- 9) Monitor and evaluate all Health Promotion activities at the LGA level.
- 10) Liaise with Federal, State and other Stakeholders on Health Promotion activities and research in the LGA.
- 11) Produce quarterly and annual report on Health Promotion activities within the LGA and send to State Health Promotion Division

4.2 Health Promotion Coordination Platforms

At National, State, LGA and Ward levels, a multi-sectoral committee made up of representatives of all key stakeholders will be in place. The committees are to be based on existing multi-sectoral arrangements but with an expanded membership and defined Health Promotion and Consumer Rights responsibilities.

4.2.1 National Level: National Health Promotion Forum

The Health Promotion Division of the Family Health Department, FMOH, has identified the National Health Promotion Forum (NHPF) as the major platform for successful engagement of all stakeholders in health promotion at the national level.

The NHPF is a multi-sectoral technical advisory forum focused on strengthening collaboration on the implementation of the National Health Promotion Policy nationwide. Membership will be based on institutional representation by designated focal persons. The corporate members include relevant Ministries Departments and Agencies (MDAs); Development and Implementing Partners, Non-Governmental Organizations, Professional Associations, Regulatory bodies, Academic Research and Training Institutions, Media and Telecommunication Organisations, Private Sector, Traditional Institutions, Faith Based Organisations and Civil Society Organizations working on communication activities related to health.

The NHPF will fulfil the following responsibilities:

- Establish successful network among all Partners supporting Health Promotion interventions at all levels.
- Strengthen the capacity of Government structures on sustainable development in Health Promotion Policy and Practice
- Mobilise resources outside Government Sector for Health Promotion interventions

The NHPF will play the following roles:

- 1) Facilitate the mobilisation of financial and technical support for the establishment or the adoption, launch and functioning of Health Promotion Forum or existing structure at the States, LGAs, Wards and Community levels;
- 2) Support the development, review, implementation and wide dissemination of all Health Promotion documents such as the National Health Promotion Policy (2019), Strategic and Annual Operational Plans, Coordination Guidelines, Standards, Monitoring and Evaluation tools, Training Manual, Protocols, and Social and Behaviour Change (SBC) materials for Health Promotion programmes;
- 3) Engage in High level Advocacy to the Policy and decision makers for increased commitment to provision of the required legislature and resources for Health Promotion programmes in all sectors and at all levels;
- 4) Facilitate the capacity development of Health Promotion focal persons and support Health Promotion interventions that will ensure active community participation and ownership for improvement of health and social wellbeing at all levels;
- 5) Build successful partnership with Agencies and Actors in Public and Private sectors, and advocate for inclusion of Health Promoting measures in all sectors' policies and strategies in line with the relevant areas of the National Health Promotion Policy (2019);
- 6) Advocate for Public-Private Partnership investment in multi-sectoral Health Promotion interventions that address the preventable causes of disease, disability and premature deaths in all population groups throughout the life course at diverse settings (workplace, community, school and health facility);
- 7) Participate in progress Monitoring and Evaluation of implementation of NHPP (2019) and Health Promotion programmes across sectors nationwide to ensure that Policy objectives are achieved;
- 8) Facilitate Resource Mobilization for planning and hosting of Annual commemorative days/weeks, International and National Health Promotion Conferences and follow-up with the implementation of the communiqué agreed upon at the Conferences;
- 9) Provide technical support on the content development and management of Health Promotion website and listserv;
- 10) Facilitate mapping of Donor Supported projects/interventions for decision-making, networking and programme planning. Donor mapping will be based on type of services supported, location and scope of support;
- 11) Support the FMOH to achieve the objectives of the National Health Promotion Policy (2019) by working with existing Coordination Guideline and Implementation Plans;
- 12) Facilitate the development of national research priorities and mobilize resources for conducting the research on Health Promotion with focus on personal skills development, community action, public policies, etc;

- 13) Support the use of the research outcomes in Evidence-Based Health Promotion programming and service provision;
- 14) Conduct Health Promotion Forum meetings on quarterly basis to plan activities and discuss appropriate communication strategies to adopt with Stakeholders.

4.2.2 State Level: State Health Promotion Forum

The Health Promotion Division of the State Ministry of Health will adapt existing coordination platform for successful engagement of all stakeholders in health promotion at the state level. The strengthened and expanded platform will perform same functions as the National Health Promotion Forum.

4.2.3 LGA Level: LGA Health Promotion Forum

The Health Promotion Unit of the LGA Primary Health Care Department will adapt existing coordination platform for successful engagement of all stakeholders in health promotion at the LGA level. The strengthened and expanded platform will perform same functions as the State Health Promotion Forum.

4.2.4 Ward Level: Ward Health Promotion Committee

In each Ward, a Health Promotion Committee will be set up. The Ward Development Committee as prescribed by the National Health Act (2014) and National Health Policy (2016) will adopt Health Promotion and Consumer Rights responsibilities.

The Committee will:

- Identify and prioritize Health Promotion and Consumer Rights needs in the Ward and villages
- Develop action plans for Health Promotion interventions at the ward level.
- Mobilise fund to implement planned activities.
- Support the Monitoring and Evaluation of Health Promotion and Consumer Rights activities.
- Coordinate the Health Promotion activities of different Stakeholders to ensure that Health Promotion messages are consistent and do not contradict each other.
- Advocate with local Stakeholders to increase their involvement in Health Promotion.
- Liaise with Health Promotion staff in the LGAs.
- Mobilize resources for Health Promotion from the local community and the LGA.
- Produce quarterly and annual report on Health Promotion activities within the ward and send to LGA Health Promotion Unit.

CHAPTER FIVE

5.0 POLICY IMPLEMENTATION PROCESS, DOCUMENTS AND RESOURCES

5.1 Policy Implementation Process and Documents

The revised National Health Promotion Policy (NHPP 2019) clarifies policy direction and sets standards. Translating the policy and standards into actionable interventions requires strengthening existing health promotion systems and setting up new ones such as planning and periodic implementation review systems where they do not exist. Additionally, implementation will be driven by ancillary documents including a variety of Plans, Guidelines, Standard Operating Procedures (SOPs) and Algorithms.

5.1.1 National Strategic Plan for Health Promotion

The National Strategic Plan for Health Promotion (NSPHP) will be the road map for Health Promotion programming in Nigeria. The NSPHP will provide a long range (up to 5 years) perspective of how evidence-based and cost-effective package of health promotion interventions will contribute to addressing Nigeria's health and development priorities. Against the backdrop of each broad objective and action points stipulated in the revised NHPP (2019), the strategic plan will determine how to apply relevant and applicable strategies; define demonstrable performance results and provide a monitoring and evaluation framework. It will also facilitate efficiency and harmonization among the frontline, strategic, allied and collaborative stakeholders as well as the beneficiary Nigerian populace.

In order to ensure cohesion, the NSPHP must be packaged in such a way that it will add value to the National Strategic Health Development Plan II. The NSPHP, apart from informing the development of the other ancillary documents, will also identify resource requirements over time and contribute to evidence-based budgeting across the tiers of government.

5.1.2 Federal and State Annual Operational Plans and LGA Work Plans

The process of developing costed Annual Operational Plans (AOPs) for Health Promotion will strengthen public management capacity by establishing a regular annual cycle of planning and budgeting, implementation and review. The National and State Health Promotion Forum will facilitate the development of annual operational plans at the Federal and State levels.

Health Promotion is multi-dimensional and cross-cutting and the efficiency and effectiveness of many of the interventions depend to a large extent on the forum's ability to maximize and synergize the efforts of all the diverse players and stakeholders involved. Participatory operational planning is one way to streamline the multiplicity of plans and increase efficiency in the application of resources for the good of the Nigerian people. AOPs establish clear annual objectives, activities and budgets for managers to implement, report on and serves as the basis for regular review. They are also formidable tools in advocating for costed interventions.

A major strategy for mobilising monetary resources and strengthening government ownership of Health Promotion efforts is to ensure that the cost of the operational plan for each year is part of the evidence base Federal and States' health sector budget for the year. In order for this to happen, the operational planning process must commence early and progress at such a speed as to provide cost estimate figures to respond to budget estimate call circulars.

Costed Annual LGA Work Plans will be used to extend the planning culture for Health Promotion to the LGA level. The Health Promotion Division at the State level, in collaboration with the State Health Promotion Forum will support Work Planning at the LGA level. The Work Plans will be kept simple and user-friendly. Each LGA Work Plan will address health promotional activities that support healthy and enabling environment, and determinants of health which include, but not limited to the following:

- Activities aimed at addressing health issues peculiar to the LGA
- Special activities that re-occur each year
- Routine activities
- Focused nationwide interventions
- Activities driven by State and implemented at the LGA, Ward and Community levels
- Health Promotion activities driven by stakeholders outside the health sector
- Emergencies (disease outbreaks and disasters) preparedness and response

It is essential to ensure a systematic linkage between the annual plans for health promotion across the three tiers of government. In the same vein, health promotion plans must synergize with the Annual Operational Health Plans for each tier.

5.2 Resources for Health Promotion

Nigeria's Health Promotion landscape is grossly under-resourced at all levels thereby inhibiting comprehensive programming and effective outcomes. Achieving the objectives of this policy calls for robust and sustainable mechanisms for mobilizing, utilizing and accounting for human, material and monetary resources.

5.2.1 Human Resources: Staffing and Management

Globally, Health Promotion has evolved into a specialised discipline and profession. In keeping with this trend, Health Promotion in Nigeria is transiting from being purely a Health Education intervention focus on individual behaviour to holistically include a wide range of social and environmental interventions aimed at enabling people to increase control over, and to improve their health. Naturally, the transformational process has had challenges; majorly in relation to staffing, nomenclature and person specifications. These issues must be confronted and objectively addressed in order to create an enabling operational environment and derive maximum benefits from Health Promotion interventions.

Beyond finding innovative ways to scale up the training and recruitment of appropriate professional cadres; the repositioning of Health Promotion programming in Nigeria requires that Health Promotion Divisions at Federal and State levels institutionalise concepts such as Public Private Partnerships, Outsourcing and hiring of Short-Term Technical Assistance.

Across board, professional Health Promoters and complementary experts such as Librarians, Information Communication and Technology (ICT) personnel, Photographers, Camera Operators, Graphic and Recording Artists, Editors and Producers are in short supply both in terms of quantity and quality. The Health Promotion Division of the Federal Ministry of Health shall produce, disseminate and facilitate compliance with guidelines spelling out minimum human resource requirements for each operational level.

As stated earlier, Health Promotion must be led by qualified Health Promotion specialists or officers complemented by a variety of cadres and experts as may be required. As part of its oversight role, the Health Promotion Division of the Family Health Department, FMoH, shall

undertake the following:

- A census to generate a comprehensive inventory of Health Promotion Officers and recommend to government for the required human resources across the country.
- Engage with all the States to ensure that all Heads of Health Promotion Divisions and LGA Units are qualified Health Promoters. Minimum requirements for various levels are as follows:
 - National and State levels: a Master's degree in Health Promotion; a Master's degree in Public Health or allied disciplines with specialisation in Health Promotion; a minimum of six months Health Promotion Certification in addition to other basic Professional qualifications in health.
 - Local Government Area level: a Degree (BSc, HND or OND) in Health Promotion; a minimum of six months Health Promotion Certification in addition to other basic professional qualification in health. Experience of working at the LGA level is required and proficiency in the local language is an added advantage.
- Facilitate the adoption of Health Promotion nomenclature across the three tiers of government
- Impress on States, the need for multiple Health Promoters and succession planning for Division and Unit Heads
- Engage with other frontline, strategic, allied and collaborative stakeholders to ensure compliance with the transition from health education to health promotion.

5.2.2 Materials and Infrastructure

Health Promotion Divisions, Units and staff can only fulfil their mandate if they have the required infrastructure, materials and equipment. The three tiers of government must systematically and progressively enhance the operating environment to achieve the desired level of functionality. Consequently, the Health Promotion Division of the Federal Ministry of Health will produce, disseminate and facilitate compliance with guidelines spelling out minimum requirements in terms of infrastructure, materials and equipment required at each operational level.

At Federal, State and LGA, the **minimum** requirements of Health Promotion office set ups shall include (but not limited to) the following:

- Dedicated furnished offices, including studio/documentation and library facilities
- Cameras, modern recording devices, television and radio
- General office equipment: public address system, projector and screen, photocopier, printer, computers (desk and laptop), microphone, tape recorder, handset, modem, etc.
- Project vehicle: four-wheel drive
- Backup power generating sets and/or solar inverters

5.2.3 Funding

The percentage of Health Sector budgets allocated and released for Health Promotion activities is a key indicator of the level of importance government attaches to such interventions.

The current situation of inadequate and arbitrary allocations of funds for Health Promotion programmes at all levels will need to be reversed in line with Nigeria's peculiarities to ensure

availability of adequate and sustained fund for successful implementation of Health Promotion activities at National and sub-national levels.

Since government alone cannot fund Health Promotion sufficiently, closer relations with resource partners, built on trust and mutual accountability will be strengthened. Other sources of funding that could be explored, mobilized, monitored and accounted for include:

- International Agencies and Donors
- Private sector
- Community support
- Sin taxation on products that are injurious to health

CHAPTER SIX

6.1 POLICY MONITORING AND EVALUATION

In many national public health and social development surveys, indicators on health promotion interventions are either absent or limited. There are no centralised data collection system to collect data on health promotion programming. Hence, the paucity of data is a major impediment for decision making in the design of health promotion activities that are evidence based, needs based and ethical.

Availability of standardised country specific data that is internationally comparable to global benchmarks will require Monitoring and Evaluation (M&E) mechanisms to generate information and evidence on the progress, extent and how well health promotion interventions are implemented in relation to existing Policies and Guidelines. An efficient M&E system is required to provide a dashboard on implementation as well as assist in the identification of bottlenecks and enhancers, leading to evidence based and timely management decisions.

The strategic and annual operational plans to guide the implementation of the Revised National Health Promotion Policy (NHPP, 2019) will include indicators and monitoring and evaluation frameworks. Notwithstanding, the Health Promotion Division of the Family Health Department, FMoH will ensure Institutionalisation of the following:

1. **Routine Reporting System (RRS):** Government will institute a national Routine Reporting System as a sub-system of the National Health Management Information System.
 - a) The Federal Ministry of Health (Health Promotion Division) in collaboration with Stakeholders will develop and mainstream a set of health promotion indicators into the National Health management Information System data collection mechanism at all levels to monitor and evaluate the implementation of the National Health Promotion Policy (2019), health promotion programmes as well as all international health promotion conventions and statutes that Nigeria has signed up to.
 - b) Quarterly monitoring of sectoral health promotion activities shall be carried out at Community, LGA, State and Federal levels to ensure that each sector mainstream health in public policies.
 - c) A comprehensive national survey of health promotion programmes in the country will be carried out every five years using the standardised indicators.
2. **Planned Preventive Maintenance (PPM).** Health Promotion utilizes diverse equipment; ranging from logistic to Information Technology to Materials Development equipment, etc. As Nigeria invests and mobilises more resources towards Health Promotion, a Planned Preventive Maintenance (PPM) culture needs to be clearly defined and factored into the Routine Monitoring and Evaluation of Health Promotion activities. A PPM guideline shall be part of the requirements for driving this process.
3. **National Health Promotion Conferences** organised periodically to:
 - a. Monitor and evaluate the roll out of the NHPP (2019)
 - b. Measure responses and reactions to Health Promotion activities and their immediate short-term effects.
 - c. Determine Stakeholders' understanding of the revitalized Health Promotion activities and programs; minimize the risk of project failure; and assess progress in implementation.
 - d. Facilitate learning and sharing information among all stakeholders at different levels.

APPENDIX I

STAKEHOLDERS ROLES AND RESPONSIBILITIES

1 Line Ministries

1.1 Ministry of Education

Collaborate with the Health Promotion Division/Unit at various levels in the implementation, monitoring and evaluation of school health activities including School Health Promotion and Education, School Health Programme, screening and improvements in the school environment including Water and Sanitation. Facilitate the incorporation of Health Promotion into school curriculum and teaching. Assist in the distribution and use of relevant Social and Behavioural Change Communication materials as well as promote Human Resource Development in Health Promotion. Advocate for policies to support girl and boy child education.

1.2 Ministry of Agriculture

Collaborate with the Health Promotion Division/Unit at various levels in the promotion of nutrition education. Assist in the distribution of Social Behavioural Change Communication materials through Agricultural Extension Workers. Contribute to the achievement of food security in Nigeria.

1.3 Ministry of Information

Collaborate with the Health Promotion Division/Unit at various levels in the development and production of Publicity/Advocacy packages on Health Promotion. Foster collaboration between the various Media bodies within the Ministry of Information and the various levels of Health Promotion divisions/units. Assist in the distribution of Social Behavioural Change Communication materials. Coordinate activities between public and private media houses.

1.4 Ministry of Environment

Collaborate with the Health Promotion Division/Unit at various levels in the development of messages/materials on environmental health issues. Advocacy on environmental protection issues such as Environmental Degradation, Pollution, Climate Change etc. Advocate for policies on Environmental Protection. Assist in the development and distribution of Social Behavioural Change Communication materials.

1.5 Ministry of Women Affairs

Collaborate with the Health Promotion Division/Unit at various levels in the development of messages/materials on the health of women and children. Assist in the distribution of Social Behavioural Change Communication materials. Advocate on issues relating to the rights of women, girl child education, FGM, gender inequality, etc. Advocate for policies that affect women and children.

1.6 Ministry of Youth and Sports development

Collaborate with the Health Promotion Division/Unit in the development and implementation of sporting activities at all settings (schools, communities, health facilities, workplace, etc) to ensure an active and healthy population.

1.7 Ministry of Water Resources

Collaborate with the Health Promotion Division/Unit at various levels in the development of messages/materials on water. Contribute to a supportive environment that ensures the availability and quality of potable water.

1.8 Ministry of Finance

Ensure health is accorded a central place in the development and planning of national programmes. Ensure adequate budgetary provision and prompt budgetary disbursement for Health Promotion. Ensure innovative HP financing through taxation of harm producing products e.g Tobacco, Alcohol, Sugar, Salt, Vehicular emissions etc. Collaborate with the Federal and State Ministries of Health on matters relating to Health Promotion

1.9 Ministry of Local Government

Liaise between State and LGA on all matters relating to Health Promotion. Ensure effective implementation of Health Promotion activities at the LGA level. Collaborate with the Federal and State Ministries of Health on Health Promotion.

1.10 Ministry of Labour and Productivity

Collaborate with the Health Promotion Division/Unit at all levels to promote healthy work environment and prevention of diseases in work places. Establish mechanisms to promote efficient productivity and work interest at workplaces.

1.11 Ministry of Science and Technology

Provide scientific and technological support towards achieving the health goals of Nigeria. Collaborate with the Federal and State Ministries of Health on Health Promotion issues.

1.12 Ministry of Works, Housing and Land/ Urban planning

Provide enabling supportive environment for the development of healthy cities including housing schemes which safeguard and protect human life. Ensure workplace safety. Collaborate with the Federal and State Ministries of Health on Health Promotion issues.

1.13 Ministry of Defence

Provide security and enforce public health regulations and laws to facilitate the achievement of the health goals of Nigeria. Institutionalise Health Promotion services in Police, Military and Para military formations/ Collaborate with the Federal and State Ministries of Health on Health Promotion issues.

2 Parastatals and Government Agencies

2.1 National Population Commission

Ensure the provision of quality and timely data on population and health related information such as risk behaviour. Collaborate with the Federal and State Ministries of Health on Health Promotion issues.

2.2 National Agency for Food and Drug Administration Control (NAFDAC)

Ensure food and drug safety. Reduce the prevalence of fake and sub-standard drugs and food substances in the market through research, policy formulation and enforcement. Collaborate with the Federal and State Ministries of Health in Health Promotion activities. Promote consumer awareness on the safe use of medicines.

2.3 National Primary Health Care Development Agency (NPHCDA)

Collaborate with the Federal and State Ministries of Health to ensure the provision of quality Health Promotion services at PHC facilities. Monitor and evaluate the implementation of Health Promotion activities at LGA and Ward levels.

2.4 Federal Road Safety Commission (FRSC)

Advice on, and enforce policies/laws on road safety to prevent or reduce road traffic accidents or fatalities arising out of the later. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

2.5 Standard Organisation of Nigeria (SON)

Ensure high standards of consumables and non-consumables. Reduce the prevalence of goods with poor standards on the market. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

2.6 National Orientation Agency (NOA)

Collaborate with the Federal and State Ministries of Health in Health Promotion issues. Create an enabling environment for Health Promotion activities.

3 Private Health Providers

Create awareness on healthy lifestyles and practices to clients. Disseminate information on Consumer Rights and Responsibilities. Prompt referral of consumers to secondary and tertiary healthcare facilities. Carry out Health Promotion activities with patients. Collaborate with the Federal and State Ministries of Health and other Partners in implementing Health Promotion activities

4 Professional Bodies

Regulate activities and practices of their members. Advocate for healthy lifestyles and Consumer Rights for members and clients. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

5 Civil Society Organisations

Promote healthy lifestyles and practices among members. Collaborate with the Federal and State Ministries of Health in Health Promotion activities. Promote Consumer Rights and the protection/enforcement of such rights. Additionally,

- Strengthen the capacity of Civil Society Organisations and members on Social Determinants of Health.
- Conduct Social Marketing Campaigns to increase public and decision makers' awareness on Social determinants of health.
- Increase Health literacy around Political Determinants of Health
- Generate evidence on the contribution of health promotion in the quality of health
- Generate evidence on economic benefit of health promotion to the overall quality of health.
- Participate in the development of Health Promotion interventions at all levels
- Build capacity of CSO to monitor and track government Health Promotion funding
- Track and monitor government HP funding at national and state level
- Build a constituency of HP champions that advocate for HP at different level including Media to continuously make HP a development priority

6 NGOs and CBOs

Plan and implement sustainable Health Promotion activities at the community level. Liaise with the Federal and State Ministries of Health and Health Departments of Local Government Areas on matters relating to Health Promotion. Promote human resource development for Health Promotion.

7 Faith Based Organizations

Mobilize followers and community members for Health Promotion activities. Collaborate with the Federal and State Ministries of Health in Health Promotion activities. Fund Health Promotion activities and initiatives at all levels, Create, fund and support programmes (e.g. Subsidised cost of Diabetes and hypertension medicines, equipment, anti- smoking programmes, food labelling, salt, sugar and fat reduction in foods, support to physical exercise clubs, etc.)

8 Donors/International Organizations

Provide financial and technical support for Health Promotion activities. Provide capacity building for health practitioners, CBOs, NGOs, Informal Health Service Providers, etc. Collaborate with the Federal and State Ministries of Health in Health Promotion activities.

9 Financial institutions and other business organisations

Fund Health Promotion activities and initiatives at all levels. Create, fund and support programmes (e.g. Subsidized cost of Diabetes and Hypertension medicines, equipment, Anti-Smoking Programmes, Food Labelling, salt, sugar and fat reduction in foods, support to physical exercise clubs, etc.).

10 Informal Health Service Providers

Mobilize community members for Health Promotion activities. Collaborate with the Federal and State Ministries of Health and LGAs in Health Promotion activities.

11 Private Organisations/Companies

Provide a healthy work environment for all employees. Disseminate information on Healthy lifestyle and practices. Address issues related to Occupational Health. Address Health Promotion needs of surrounding communities. Collaborate with the Federal and State Ministries of Health in Health Promotion activities. Fund Health Promotion activities and initiatives at all levels, Create, fund and support programmes (e.g. Subsidised cost of Diabetes and hypertension medicines, equipment, anti- smoking programmes, food labelling, salt, sugar and fat reduction in foods, support to physical exercise clubs, etc).

12 Private Media Companies/Organisations

Provide information on healthy life styles and practices. Create enabling environment for the adoption of healthy behaviours. Advocate for the enactment of legislation to support Health Promotion activities. Set an agenda for Health Promotion nationwide. Collaborate with the Health Promotion Divisions of the Federal and State Ministries of Health in the development, dissemination and evaluation of Health Promotion messages. Additionally,

- Strengthen the capacity of Media Professionals on Social Determinants of Health.
- Conduct Social Marketing Campaigns to increase public and Decision Makers' awareness on Social Determinants of Health.
- Increase Health Literacy around Political Determinants of Health.
- Inform, enlighten and empower individual communities so that they are aware of the gap in health equity.
- Foster debate and discussions of the necessary actions to address inequities in health at all levels.
- Generate evidence on the contribution of Health Promotion in the quality of health.
- Generate evidence on Economic Benefit of Health Promotion to the overall quality of health.
- Participate in the development of Health Promotion interventions at all levels.
- Build capacity of media to monitor and track government Health Promotion funding.
- Track and monitor government Health Promotion funding at National and State level.
- Continuously update the public on progress of government investment in Health Promotion.
- Build a constituency of Health Promotion champions that advocate for Health Promotion at different level including media to continuously make Health Promotion a development priority.

13 Private Research Companies/Institutions

Collaborate with the Federal and State Ministries of Health in Health Promotion activities. Disseminate findings on Best Practices and lessons learned from evaluated Health Promotion interventions to Stakeholders.

APPENDIX II - LIST OF CONTRIBUTORS AND CONSULTANTS

Frontline stakeholders (Federal) - Federal Ministry of Health (FMOH) - Nigeria Centre for Disease Control (NCDC) - National Primary Health Care Development Agency (NPHCDA) Frontline stakeholders (State) <i>State Ministries of Health</i> Edo, Ekiti, Imo, Kano, Kwara, Nasarawa, Ogun, Osun and Rivers <i>State Primary Health Care Agencies / Boards</i> Abia, Adamawa, Bauchi, FCT, Jigawa, Kaduna, Katsina, Lagos, Niger, Oyo, Sokoto and Yobe Allied stakeholders - Association for the Advancement of Family Planning in Nigeria (AAFP) - Adriel Centre - Christian Association of Nigeria (CAN) - Development Communications Network (DevComs) - News Agency of Nigeria (NAN) - Nigerian Inter-Faith Action Association (NIFAA)	Strategic stakeholders - Bayero University, Kano - Breakthrough ACTION-Nigeria - Centre for Communication and Social Impact (CCSI) - Clinton Health Access Initiative (CHAI) - Health Communication Capacity Collaborative (HC3) - Ipas - Marie Stopes International Organisation, Nigeria - Medical and Dental Council of Nigeria - DfID funded Maternal Newborn and Child Health (MNCH2) Programme - Nigerian Communication Commission (NCC) - Nigerian Urban Reproductive Health Initiative (NURHI 2) - Nursing and Midwifery Council of Nigeria (NMCN) - Pathfinder International - Society for Family Health (SFH) - United Nations Population Fund (UNFPA) - United Nation Children Fund (UNICEF) - World Health Organisation (WHO) Collaborative stakeholders - Federal Ministry of Agriculture and Rural Development - Federal Ministry of Education - Federal Ministry of Environment - Federal Ministry of Information and Communication - Federal Ministry of Justice - Federal Ministry of Labour and Productivity - Federal Ministry of Youth and Sports - Federal Ministry of Women Affairs & Social Development - Federal Radio Corporation of Nigeria (FRCN) - Federal Road Safety Commission (FRSC) - Nigeria Civil Aviation Authority (NCAA) - Nigerian Police - National Orientation Agency (NOA) - National Population Commission (NPopC) - Nigeria Television Authority (NTA)
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CONSULTANTS

Mr. William Anyebe - Lead Facilitator
 Professor Oladimeji Oladepo
 Dr. Fredrick O. Oshiname
 Dr. Caleb Aderemi Adegbenro
 Dr. Emmanuel Nwobi

Treeshade Associates Nig. Ltd
 Dept. of HPE, University of Ibadan, Oyo State
 Dept. of HPE, University of Ibadan, Oyo State
 Dept. of Community Health, OAU, Ile-Ife, Osun State
 UNN, Enugu Campus, Enugu State

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