UNIAFRICA JOURNAL OF EDUCATION (OCTOBER, 2025), VOLUME 4, ISSUE 3.
ISSN: 2971-6004
https://www.uniafricajournalofeducation.com

HEALTH EDUCATION: A PANACEA FOR MATERNAL AND CHILD HEALTH POLICY IMPLEMENTATION IN NIGERIA

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Abstract
The paper examines health education: A panacea for maternal and child health policy implementation in Nigeria. The aim of the paper is to understand the importance of maternal and child health policy and how health education can be employed in implementation of maternal and child health policy in Nigeria. Related literature were reviewed such as introduction, concept of health policy, health policy process and governance, concept of governance, health systems governance, health care governance, world health organization as health systems building block, universal health coverage (UHC), sustainable development goals (SDGs), philosophy: right to health, economics: health care financing, overview of public health policies in Nigeria, key health policies such as policy on prevention and control of non-communicable diseases (NCDs), barriers to effective health policy implementation in Nigeria, concept of maternal health, child health, maternal and child health policy in Nigeria, health education: a panacea for maternal and child health policy implementation through health advocacy, health literacy, health sensitization and health intervention, conclusion and recommendations among others include; Health educators should emphasise more on creating health education intervention programmes to provide awareness on maternal and child health policy adaptation and implementation.

Keywords: Health Education, Maternal and Child Health, Policy, Implementation, Policy

Introduction

Health policy can said to be as decisions, plans and actions that are undertaken to achieve specific healthcare goals within a society. According to the World Health Organization (2011) an explicit health policy can achieve several things: defines a vision for the future, outlines priorities and the expected roles of different groups and builds consensus and informs people through health advocacy and literacy. Health policy often refers to the health related content of a policy. Understood in this sense, there are many categories of health policies including global health policy, public health policy, maternal and child health policy, mental health policy, health care services policy, insurance policy, personal healthcare policy, pharmaceutical policy and policies related to public health such as vaccination policy, tobacco control policy, breast feeding promotion policy and communicable and non-communicable disease prevention policy. Health policy may also cover topics related to healthcare delivery, for example, financing and provision, access to care, quality of care, health equity and health related information (Barbazza & Tello, 2014). Health policy also includes the governance and implementation of health related policy and sometimes referred to as health governance, health systems governance or health care governance. Conceptual models can help to show the flow from health related policy development to health related policy and programme implementation and to health system and health outcomes (Kuhlmann, et al., 2015).

Concept of Health Policy

Health policy is defined in different ways based on the author's perception and here are some of the definitions as follows;

Suzanne, (2024), described health policy as more than a composite of individual policies targeting health, rather it is a set of principles, ideas, rules and boundaries that provide the foundation on which individual policies are structured. Health policy has a strong cultural component for example, around whether individuals should be given more responsibility for their health or whether private sector involvement such national health insurance Authority (NHIA) is good or not. Salma, (2023), defined health policy as form of decisions, plans and actions taken to achieve certain health goals in the society. The importance of health policies as part of public policies is increasing and is a hallmark or characteristic of the health sector. These characteristics exist because they affect the lives of many people, the interests of society and the uncertainty of medical conditions. According to Philipp, (2018), health policy entails the regulation, financing and provision of a wide range of medical and non-medical services to prevent and cure diseases. This complex task makes it one of the most multifaceted and expensive fields of public policy. Strong professional interests and autonomies, expensive treatments, equity of access, quality concerns and increasing costs render policy making challenging.

Health Policy Process and Governance

Policy should be understood as more than a national law that supports a programme or intervention. Operational policies are the rules, regulations, guidelines and administrative norms that governments use to translate national laws and policies into programmes and services (Cross, et al. 2001). The policy process encompasses decisions made at national level by federal law makers or at decentralized level by states house of assembly including funding decisions that affect whether and how services are delivered. Thus, attention must be paid to policies at multiple levels of the health system and over time to ensure sustainable scale up. A supportive policy environment will facilitate the scale up of health interventions. There are many aspects of politics and evidence that can influence the decision of a government, private sector business or other group to adopt a specific policy such as corruption, poor planning and culture. Evidence based policy relies on the use of science and rigorous studies such as randomized controlled trial to identify programmes and practices capable of improving policy relevant outcomes. Most political debates surround personal health care policies especially those that seek to reform health care delivery can typically be categorized as either philosophical or economic. Philosophical debates center on questions about individual right, ethics and government authority, while economic topics include how to maximize the efficiency of healthcare delivery and minimize costs (Hardee, et al. 2012).

Concept of Health Governance

Mohammad et al. (2023), described governance in the context of health as the formulation and implementation of appropriate policies and procedures that ensure effective, efficient and ethical management of all aspects of health systems in such a manner that is transparent, accountable and incorporated with the rule of law and minimizes corruption. Governance affects other functions of the health system positively or negatively, and good governance plays a crucial role in improving the system's performance and resulting to ultimate health outcomes.

Concept of Health Systems Governance

According to WHO (2025), health systems governance refers to the processes, structures and institutions that are in place to oversee and manage a country's healthcare system. It manages the relationships between different actors and stakeholders involved in healthcare including government agencies, healthcare providers, patients and their families, people and communities, civil society organizations and private sector entities. Health systems governance means ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, provision of appropriate regulations and incentives, attention to system design and accountability.

Concept of Health Care Governance

According to Lynne (2025), health care governance can be described as C-suite working in concert with frontline clinical and operational staff to ensure that policies and procedures solve real world problems, all while keeping a uniform and human centered approach enterprise wide. Such oversight is part of the full spectrum of operations, checks, and balances called health care governance, risk management and compliance. Health care governance works by realizing the unique roles, responsibilities and perspectives of clinical and operational staff throughout the enterprise. The goal is to ensure that systems, tools, policies and procedures work for and not against patients, clinicians and staff.

World Health Organisation as Health Systems Building Block

Governance was introduced into the health care literature following the world health report 2000 by the WHO. In this, WHO referred to stewardship as one of the main functions of the health system, along with financing, resource generation, and service provision, and defined it as the careful and responsible management of the welfare of the population and the essence of good government. This function has expanded over time and the WHO replaced stewardship with the phrase leadership and governance in a 2007 report. The governance function involves ensuring that strategic policy making is combined with effective oversight, coalition building, regulation, attention to system design and accountability (Mohammad et al., 2023).

Universal Health Coverage (UHC)

Achieving Universal Health Coverage (UHC) in Nigeria requires a concerted effort to expand health insurance coverage for all Nigerians, which can serve as a basis for strengthening primary care and as a foundation for secondary and tertiary health care services. Health financing is critical for any nation to achieve its goals for the health system, particularly UHC which requires deliberate policies to ensure that the populace are provided with access to quality health care that does not expose them to financial hardship. Although the Nigerian government recognises the vital importance of achieving UHC, as expressed in several health policies, the country has faced significant challenges in achieving the desired progress toward this goal. Available statistics show that more than 76 percent of Nigerians pay for health care out of pocket (OOP), which is associated with a heightened risk of catastrophic health expenditures, hampering the desired progress toward universal coverage. Achieving the financial protection goal of UHC can effectively prevent poverty by reducing catastrophic expenditure or impoverishment, which will ensure health security. This is particularly important for Nigeria, given the country's high poverty rate. The World Bank, in 2022, projected that 42.6 percent of Nigerians lived in monetary poverty. This percentage was higher for multidimensional poverty at 63 percent (Nigeria Economic Summit Group, 2024).

Sustainable Development Goals (SDGs)

Sustainable development goals (SDGs), goal 3 target is to ensure universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes to substantially reduce the number of deaths and illnesses from hazardous chemicals, air, water and soil pollution and contamination via health literacy channels, to strengthen the implementation of the world health organization framework convention on tobacco control in all countries as appropriate, support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines (United Nation, 2025).

Philosophy: Right to Health

Many countries and jurisdictions integrate human right philosophy in directing their health care policies. WHO reports that every country in the world is party to at least one human rights treaty that addresses health related rights, including the right to health as well as other rights that relate to conditions necessary for good health (WHO, 2011). Meanwhile The United Nations' Declaration of Human Right (UDHR) asserts that medical care is a right of all people (United Nation, 2025). According Maxwell and Ezekiel (2023), the suboptimal uptake of COVID-19 vaccines in many parts of the world has prompted unprecedented public debate concerning the ethics of mandatory vaccination. Some of these debates are outlined as follows;

1. Mandatory vaccination is coercive: Coercive policies use force or threats to compel individuals to do something they would not otherwise do in a real sense. Perhaps mandatory vaccination compels people to get vaccinated by for instance, threatening them with job loss or a fine if they aren't vaccinated, and are thus coercive and hence unethical.
2. Mandatory vaccination violates informed consent: Vaccination is a medical intervention for which there is an ethical and legal requirement to obtain informed consent which must be given voluntarily. Mandatory vaccination violates informed consent because the consent is not voluntary. Mandatory vaccination and laws requiring informed consent have co-existed for decades strongly suggesting that mandatory vaccination not needed; undermine legal requirements of informed consent. Mandatory vaccination would be involuntary if it were truly compulsory; that is, a forced injection. But typically, mandatory vaccination policies tend to require that one be vaccinated as a condition of work or to use a service.
3. Mandatory vaccination is discriminatory: Mandatory vaccination imposes restrictions or sanctions on individuals who are unwilling to be vaccinated. The discrimination against people is just because they are unvaccinated.
4. Mandatory vaccination infringes civil liberties: The imposition of direct or indirect restrictions or sanctions via vaccination mandates interferes with civil liberties, including the right to liberty, privacy and bodily integrity which renders them unethical.
5. Mandatory vaccination violates the Nuremberg code: The Nuremberg Code is a set of principles for the ethics of human experimentation delineated in the 1947. Principle one of Nuremberg Code emphasizes that voluntary consent is essential for human participation in research. Vaccination mandates violate the Nuremberg Code because COVID-19 vaccines are experimental and because mandates undermine the voluntariness of informed consent.

Economics: Health Care Financing

Several shades of health policies exist focusing on the financing of healthcare services to spread the economic risks of ill health. These include publicly funded health care (through taxation or insurance also known as single payer systems); mandatory or voluntary private health insurance and complete capitalization of personal health care services through private companies and medical savings account among others. The debate is on-going on which type of health financing policy results in better or worse quality of healthcare services provided and how to ensure allocated funds are used effectively, efficiently and equitably (Kereiakes & Willerson, 2004). Meanwhile, there are debates on both sides of the issue of public versus private health financing policies. And below are some of the claims narrated for public versus private health financing policy.

Lu et al. (2010); Smith et al. (2017); and William (2017), claim that publicly funded healthcare improves the quality and efficiency of personal health care delivery as follows;

i. Government spending on health is essential for the accessibility and sustainability of healthcare services and programmes.
ii. For those people who would otherwise go without care due to lack of financial means, any quality care is an improvement.
iii. Since people perceive universal health care as free, perhaps if there is no insurance premium or co-payment they are more likely to seek preventive care which may reduce the disease burden and overall health care costs in the long run.
iv. Single payer systems reduce wastefulness by removing the middle man, i.e. private insurance companies, thus reducing the amount of bureaucracy. In particular, reducing the amount of paperwork that medical professionals have to deal with for insurance claims processing and allows them to concentrate more on treating patients.

Heritage Foundation News Release, (2000); Friedmen, (2018); and Cato Institute (2005), claim that privately funded health care leads to greater quality and efficiencies in personal health care:

i. Perceptions that publicly funded health cares are free and can lead to overuse of medical services, and hence raise overall costs compared to private health financing.
ii. Privately funded medicine leads to greater quality and efficiencies through increased access to and reduced waiting times for specialized health care services and technologies.
iii. Limiting the allocation of public funds for personal health care does not curtail the ability of uninsured citizens to pay for their health care as out of pocket expenses. Public funds can be better rationalized to provide emergency care services regardless of insured status or ability to pay.
iv. Privately funded and operated health care reduces the requirement for governments to increase taxes to cover health care costs, which may be compounded by the inefficiencies among government agencies due to their greater bureaucracy.

Overview of Public Health Policies in Nigeria

Prior to the development of 2016 National Health Policy document, Nigeria had developed and implemented two National Health Policies in 1988 and 2004 respectively. Both were developed at critical stages in the evolution of the Nigeria health system and had far reaching impact on improving the performance of the system. In between these efforts, there were several attempts to develop a holistic approach to addressing the challenges of the health sector, including the convening of the National Health Summit in 1995 which attempted to do a diagnostics of the health sector. The 2016 national health policy, however, is coming at a most opportune time shortly after the enactment of the first National Health Act 2014 for the country and at a time when there is global recommitment to a new development framework of the Sustainable Development Goals (SDGs) and an increasing global support for the attainment of Universal Health Coverage (UHC). Over the last two and a half decades, Nigeria has recorded some progress in the performance of its health system. Progress includes improvements in key indices for major communicable diseases such as HIV/AIDS, TB and malaria as well as in maternal and child health. Recently, Nigeria has been able to halt the transmission of the wild poliovirus, eradicate guinea worm disease and successfully controlled the spread of the deadly Ebola virus disease. The key lesson from these successes is the need for the country to build a resilient health system that assures access to basic health care services in a sustainable manner. The Presidential Summit on Universal Health Coverage convened in March 2014, reiterated the country's commitment to achieving UHC and sustainable health development through the strengthening of primary health care and providing access to suitable financial risk protection mechanisms.

National health policy further notes that the imperative of a legislative framework for health necessitated the development of a new national health policy with a view to providing the appropriate framework that would enhance the relevance of the document to our national health efforts and make the goals of our health care system more achievable. This new policy, therefore, provides the direction necessary to support the achievement of significant progress in improving the performance of the Nigerian health system. It also lays emphasis on strengthening primary health care as the bedrock of

our national health system. The National Health Policy and Strategy to Achieve Health for all Nigerians launched in 1988, was Nigeria's first comprehensive national health policy. This was subsequently revised in 2004. However, it has become necessary to develop a new national health policy to reflect new realities and trends, including the unfinished agenda of the Millennium Development Goals (MDGs), the new Sustainable Development Goals (SDGs), emerging health issues especially epidemics, the provisions of the National Health Act 2014, the new PHC governance reform of bringing PHC Under One Roof (PHCUOR), and Nigeria's renewed commitment to universal health coverage (National Health Policy, 2016).

National Health Policy (2016) further explains that, the Ebola outbreak in 2014 raised awareness of the need to have strong coordination mechanisms at all levels to prevent the disease from spreading within and outside the country. We were fortunate to have contained the outbreak at the time, although those events highlighted the chaos and potential economic damage and loss of life that can occur if we were not prepared. Since then, we have been faced with several outbreaks and public health emergencies including monkey pox, yellow fever, Lassa fever, measles, cholera, cerebrospinal meningitis, floods, and insurgency. These events have highlighted that efficient government collaboration and health literacy are critical for effective preparedness and response to these emergencies when they arise. The Joint External Evaluation (JEE) conducted in 2017, demonstrates many critical gaps that need to be filled to prevent us from the next major event. These results have helped to guide the National Agency for Public Health Service (NAPHS) planning process and to develop a roadmap for health security strengthening in Nigeria. Preparedness for health security is like an insurance policy for our national health and prosperity which can solely be achieved through health education.

The process of developing the new national health policy was initiated by the FMOH, through consensus building among stakeholders. A technical working group (TWG) comprising some officials of the federal ministry of health (FMOH) and its Agencies, and representatives of development partners, the private health sector, Civil Society Organisations (CSOs), the Regulatory Bodies, and Ministries of Health from the States/FCT and the Academia was constituted. The first meeting of the TWG was held in January 2015 in Calabar to review the 2004 National Health Policy and the progress made with its implementation. Also emerging health challenges were discussed and a new health policy theme was proposed. The theme adopted for the National Health Policy 2016 was "Promoting the Health of Nigerians to Accelerate Socioeconomic Development." The Calabar meeting ended with the production of a sub-zero draft of the Policy, the second meeting of the TWG in Enugu State in February 2016, which had six participating states resulted in the development of the standard draft of the Policy (CDC, 2018).

Key Health Policies in Nigeria

In year 2013, a policy was developed with title National Non- Communicable Disease (NCD) Policy which is aimed at preventing and controlling NCDs, such as cardiovascular disease, cancers, chronic respiratory diseases and diabetes which are the major public health burden in Nigeria. Meanwhile, other policies include: Maternal and child health policy, tobacco control policy, prevention and control of communicable disease policy and policy on food and nutrition among others (Federal Ministry of Health, 2013).

Barriers to effective Health Policy Implementation in Nigeria

According to Nwankwo (2023), there are many barriers facing health policies implementation in Nigeria. These include the following:

i. Corruption and Misuse of Funds: Corruption and misuse of funds is one of the challenges facing successful implementation of health policies in Nigeria because people who were mandated with the responsibilities of making health policies are redirecting the fund allocation meant for the implementation processes for their personal consumption.

ii. Unavailability of Fund: The budgetary allocations of fund usually become pervasive meaning that, it will not be enough for health policy enactment and implementation, perhaps unavailability of fund result as a barrier to effective policy implementation.

iii. Community Participation and Public Enlightenment: Some health policies lack community participation due to problem of enlightenment. Community are usually not been provided and informed with necessary information on the importance of new enacted health policy, meanwhile serves as a barrier for policy implementation.
iv. Change of Policy by government: Change in government and frequent interruption of policy thrusts in Nigeria also become a barrier for health Policies implementation despite policies adopted by the previous administration are usually neglected by the new government.
v. Cultural Belief: Health policies that do not commensurate with the cultural and traditional belief of the people usually encounter extreme challenges and could fail during implementation due to lack of community support.
vi. Lack of Trained Personnel: There are inadequate trained personnel for the implementation of the health policy and those that are available are not properly trained to understand the meaning and context of health policy, for example in a situation whereby a medical laboratory technician who is expected to be in a laboratory to diagnose diseases is employed to serve the role of health educator in providing awareness is totally not in line with national health ethics rather to be given appropriate training for proper deliveration.

Concept of Maternal Health

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience ensuring women and their babies reach their full potential for health and wellbeing. The most common direct causes of maternal injury and death are excessive blood loss, infection, high blood pressure, unsafe abortion and obstructed labour. Other indirect causes are anaemia, malaria and heart disease. Most maternal deaths are preventable through health education and with timely management by skilled health professionals working in supportive environment. Ending preventable maternal death must remain at the top of the global agenda. At the same time simply surviving pregnancy and childbirth can never be the marker of successful maternal health care. It is critical to expand efforts in reducing maternal injury and disability via health education, health sensitization and health interventional programmes. This will promote health and wellbeing in spite of the uniqueness of pregnancies. Addressing inequalities that affect health outcomes especially sexual and reproductive health, is therefore, fundamental to ensuring all women have access to respectful and high quality maternity care (WHO, 2025).

Concept of Child Health

Child or paediatrics health focuses on the wellbeing of children from conception, through adolescence. It is concerned with all aspects of children's growth and development and the unique opportunity that each child has to achieve their full potential as a healthy adult (David & John, 2025).

Maternal and Child Health Policy in Nigeria

The National Child Health Policy serves as reference document for providing a sound foundation for planning, organizing and managing the health of children in Nigeria to address current realities. Nigeria is a member of the African Union (AU) and the West African Health Organization. Through the African Union, Nigeria, like other sub-Saharan African nations has demonstrated her commitment to the attainment of global and regional development goals which aim at optimizing the health and development of children through all the stages of development from age 0-18 years. The region signed to the Convention on the Rights of the Child and thereafter adopted the African Charter on the Rights and Welfare of the Child which defined all the rights a child in Africa is entitled to, including the right to optimal protection from various childhood causes of death as defined by the Save the Children's 2021 Report on Children. To actualise the right of the child to optimal survival, growth and development, the continent adopted Primary Health Care and plans to strengthen its implementation through the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (FMOH, 2022). According to National Health Policy, (2016), the goal of maternal and child health is to reduce maternal and child morbidity and mortality in Nigeria and promote universal access to comprehensive sexual and reproductive health services including health education for adolescents and adults throughout their life cycle.

Objectives:

a. To reduce childhood mortality and ensure optimal growth, protection and development for all new born and children under-five.
b. To reduce maternal morbidity and mortality of children.
c. To promote the healthy growth and development of school age children.
d. To ensure the awareness and access to comprehensive reproductive health services.
e. To improve access to adolescent health information and services.

Policy Orientation/Initiatives

a. Promote the optimal health of the child through implementation of child survival strategies.
b. Reduce the risks associated with pregnancy and childbirth through promotion of comprehensive obstetric care at all levels.
c. Promote the provision of essential care services for the new born as well as prevention and management of babies with other special needs.
d. Promote mechanisms to ensure access to quality reproductive health services.
e. Promote and integration of maternal and child health services and programs along the continuum of care.
f. Promote the provision of services that address the needs of school-age children.
g. Promote the enactment and implementation of legislation for mitigation of harmful cultural practices including female genital mutilation.

Health Education: A Panacea for Maternal and Child Health Policy Implementation

According to Donatelle (2009), health education can be defined as any combination of learning activities that aim to assist individuals and communities improve their health by expanding knowledge or altering attitudes. Meanwhile, health education can be a panacea for maternal and child health policy implementation in the following ways:

i. **Health advocacy:** It involves a process of enlightening individuals, policy makers, government and stakeholders about health and wellbeing of children. This is usually carried out through the means of modern information and communication technology, such as internet, social media, social platforms and, radio and television stations. Health advocacy remains a paramount panacea for maternal and child health information dissemination regardless of the individual and community proximity.
ii. **Health literacy:** It involves a process of educating people about the health of children on the basis of taking a trip at various levels of individual, community and population level. At the individual level, it can be done through contact or visit which can aid one-on-one conversation on particular disease prevention and control such as tuberculosis, HIV/AIDS and hepatitis. Community level attract a small group discussion with community members on health related issues or problems that affect children such as malaria prevention and control, it can also be done via social/religious institutions such as mosques, churches and market places. Finally, the population level involves large group of people. This type of health literacy employs the use of radio and television programmes, social media and town criers activities in rural areas for health information dissemination. This could be done on a particular disease prevention and control, for instance obesity, diabetes, cardiovascular disease among others.
iii. **Health Intervention:** This is a programme of health education that emphasises on assisting individuals with the knowledge, skills, facilities and materials aimed at improving health and wellbeing of children. Health interventions need to be systematically and substantially planned, organised and carried out in order to solve particular children health related problem.
iv. **Health Sensitization:** It is the adaptation of strategies to train individuals on the emergence and distribution of the newly detected disease that affect children in a giving community and to bridge the gaps that exist as well as the harmful effects of the disease.

Conclusion

Policy should be understood as more than a national law or health policy that supports a programme or intervention. Operational policies are the rules, regulations, guidelines and administrative norms that governments use to translate national laws and policies into programmes and services. The policy

process encompasses decisions made at a national or decentralized level including funding decisions that affect whether and how services are delivered. Thus, attention must be paid to policies at multiple levels of health system and over time to ensure sustainable scale up. A supportive maternal and child health policy environment will facilitate the scale up of health literacy, health advocacy, health sensitization and health interventions in achieving the sustainable development goals, this will also reduce maternal and child associated risk factors as well as mitigates to an extent the prevalence of child morbidity and mortality in Nigeria.

Suggestions

The following are suggestions made by the researchers:

1. Health educators should emphasise more on creating health education intervention programmes to provide awareness on maternal and child health policy adaptation and implementation.
2. Policy makers should ensure proper implementation of maternal and child health policy at all levels of health care.
3. Government at all levels should provide avenues for health education campaigns as well as trainings of personnel for proper maternal and child policy adaptation and implementation.
4. Non-governmental organisations and stakeholders should support the implementation and adaptation of maternal and child health policy by providing the adequate facilities and materials necessary for the policy to be implemented.

References

Barbazza, E., & Tello, J. E. (2014). A review of health governance: Definitions, dimensions and tools to govern. *Health Policy*, 2(3), 13-20. doi:10.1016/j.healthpol.2014.01.007

CDC (2018). National Action Plan for Health Security Federal Republic of Nigeria, 2018-2022. https:/ncdc.Gov.ng/themes/common/files/stablishment

Cross, H., Jewell, N. & Karen H. (2001). *Reforming operational policies: A pathway to improving reproductive health programs*, policy. Occasional Paper, No. 7. Washington DC: The Futures Group International, Policy Project.

David, P. & John, M, (2025). Child health. https://www.medicinenet.com/childrens_health/article.htm

Donatelle, R. (2009). *Promoting healthy behavior change, health: The basics*. 8th edition, San Francisco, CA: Pearson education, pp. 4.

Federal Ministry of Health (2013). Annual report.

Federal Ministry of Health (2022). National child health policy. https://nationalqoc.fmohconnect.gov.ng/wp-content/uploads/2023/07/NCHP2022.pdf

Friedmen, D. (2018). *The machinery of freedom*. Arlington house publishers: New York.

Hardee, K., Ashford, L., Rottach, E., Jolivet, R. & Kiesel, R. (2012). *The policy dimensions of scaling up health initiatives*. Washington, DC: Futures Group, Health Policy Project.

Heritage Foundation News Release (2000). British, Canadian experience shows folly of socialized medicine. September 29, 2000.

Kereiakes, D. J. & Willerson, J. T. (2004). *US health care: Entitlement or privilege?*, Circulation. doi:10.1161/01.CIR.0000124795.36864.78.

Kuhlmann, E., Blank, R. H., Bourgeault, I. L. & Wendt, C. (2015). Healthcare Policy and Governance in International Perspective, *The palgrave international handbook of healthcare policy and governance*, London: Palgrave Macmillan UK, doi:10.1057/9781137384935_1

Lu, C., Schneider, M. T., Gubbins, P., Leach, K. K., Jamison, D. & Murray, C. J. (2010). Public financing of health in developing countries: A cross-national systematic analysis. *The Lancet*, doi: 10.1016/S0140-6736(10)60233-4

Lynne, R. E. (2025). Healthcare governance & why it matters. https://www.symplr.com/blog/healthcare-governance-why-it-matters

Maxwell, J. S. & Ezekiel, J. E. (2023). *Learning from five bad arguments against mandatory vaccination.* doi: 10.1016/j.vaccine.2023.04.046

Mohammad, F. K., Ali M. M. & Mohammad, A. (2023). Health system governance evaluation: A scoping review. *Iranian Journal of Public Health*, *52*(2), 265–277.

National health policy (2016). Promoting the health of Nigerians to accelerate socio-economic development. Federal Ministry of Health, 018-022.

Nigeria Economic Summit Group (2024). Health financing for universal health coverage in Nigeria. https://www.nesgroup.org/blog/health-financing-for-universal-health-coverage-in-Nigeria.

Nwankwo, F. C. (2023). Challenges of implementation of health policies in Nigeria: The way forward. *International Journal of Health and Social Inquiry*, *9*(1) 16-25.

Philipp, T. (2018). Health policy. Journal of Animal Science and Biotechnology. doi:10.1007/978-3-319-92381-9_19.

Salma, A. R. (2023). Definition, importance, and formulation of health policy and financing. fujitsu/Downloads/125988988.pdf

Smith, S. A., Arnett, K. R., Nowels, M. A., Colborn, K., Lum, Hillary, D. & Nowels, D. (2017). Interactions with the healthcare system influence advance care planning activities: Results from a representative survey in 11 developed countries. *Family Practice*, *35*(3) 307-311.

Suzanne, W. (2024). What is health policy? The health policy partnership. https://www.healthpolicypartnership.com/what-is-health-policy/

The Cato Institute (2005). Cato Handbook on Policy, 6th Edition, archived 2006-12-29 at the Way back Machine Washington, chapter 7.

United Nation (2025). Sustainable development goals 3 good health and wellbeing. https://nigeria.un.org/en/sdgs/3

United Nations (2025). The universal declaration of human rights, adopted on December, 10, 1948 by the general assembly of the united nations. https://www.Un.org/en/documents/udhr/index.shtml

WHO (2025). Health systems governance. https://www.who.int/health-topics/health-systems-governance#tab=tab_1

WHO (2025). Maternal health. https://www.who.int/health-topics/maternal-health#tab=tab_1

William, F. (2017). The ethical foundations of health care reform, the Christian Century. pp. 572–76.

World Health Organization (2011). Health and human rights. https://web.achieve.org/web/20021001182659/https:/www.who.int/hhe/en/

World Health Organization (2011). Health policy, https://web.achieve.org/web/20110205085601/https:/www.who.int/alliance-hpsr/en/