

HEALTH PROMOTION, WELLNESS AND SAFETY AS CRITICAL TOOLS FOR SUSTAINABLE NATIONAL DEVELOPMENT: A REVIEW

By

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Abstract

Every nation's dream is to achieve a sustainable improvement in the quality life of its citizens. This can only be achieved through good governance and planned actions that detail the vision, mission, goals/objectives and strategies to be attained over a given period of time. Health promotion is receiving more attention in the world today due to the associated benefits. This paper focuses on strategies in health promotion and wellness as a tool to sustainable national development. The paper identifies multiple challenges to health promotion which includes scarcity of data, rapid social changes, insufficient legislation, inadequate resources, limited inter-sectoral cooperation, inadequate involvement of the private sectors. Lack of capacity for health promotion practices, poverty and low priority placed on prevention to health promotion by decision makers in Nigeria. The paper concluded that strategies like human resource for health promotion and wellness, creating supportive environments, strengthening community actions, partnership for health promotion and wellness, research on health promotion and wellness, health financing and reorienting health services are going to be effective in addressing many of the health related issues in Nigeria. Having identified the challenges and strategies of health promotion, wellness and safety as a tool for sustainable development in Nigeria, it is recommended that there should be collaborative mechanisms that will involve all partners in the development and sustenance of the health sector so that public programs reach intended target populations in remote locations in order to attain sustainable development.

Introduction

"Health is Wealth" goes the popular saying and therefore in every country, the health sector is critical to social and economic development with ample evidences linking productivity to quality of health care. In Nigeria, the vision of becoming one of the leading 20 economies of the world by the year 2020 is closely tied to the development of its human capital through the health sector (Healthy people, 2020). In the world today, emerging issues in global health as social and economic conditions in developing countries change and our health systems and surveillance improve; more focus will be needed to address non communicable diseases, mental health, substance abuse disorders, healthy

eating, physical activity and injuries (Healthy people, 2020). Health promotion is the process enabling people to increase control over, and to improve, their health (WHO, 1986).

The word health and wellness is generally accepted to mean a condition of the body free from physical diseases. It is a condition of soundness of any living organism, that state in which all the natural functions are performed freely without pain or diseases, freedom from sickness or decay (European Health Forum, 2011). World Health Organization (1947) defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. While wellness encompasses emotional stability, clear thinking, the ability to love, create, embrace change, exercise, intuition, and experience a continuing sense of spirituality (WHO, 1947). The quality of life is therefore at the root of health and this quality is determined by how one feels physically, socially, mentally, emotionally and spiritually at any given point. Health and well-being are the outcomes of the constant interaction between the several natural dimensions of life and wellness. Each dimension is interrelated with each other. The aim is to be conscious of oneself as a whole and complete person, living life as fully as possible.

Health promotion is a broader concept that enables people to undertake a conscious control over their health, to achieve improved health and quality of life. While health promotion has emerged as a respected field of study in the United States and Europe, many African nations (including Nigeria) are also putting considerable efforts for advancement and recognition of the field (Onuzulike, 2006). These developments have generated a global desire for intense networking and international collaboration in the area of health promotion. Wise and Signal (2000) found that health promotion has become an established approach to addressing public health problems. Rapid changes in health promotion approaches which vary in content, direction and strength are seen in advanced nations (WHO, 2014). This is also good for the developing countries because health promotion has moved beyond maintaining health to improving health status and consequently is concerned with developing health potential and achieving health gains. Health potential may take the form of proper diet, good immunity and, physical fitness which enables a person to cope well with the stress which the body may face (Khayat, 1997). The double burden of disease and particularly the rising burden of non-communicable diseases in the world have made imperative the development of health promotion strategies and activities to prevent health problems and to add healthy years to life (Inyang & Oguchukwu, 2015).

Nigeria's overall health system performance was ranked 187th position among 191 member States on a list ahead of democratic republic of Congo, Central African Republic and Myanmar using performance indicators including overall level of health, distribution of health in populations, responsiveness and distribution of finance (WHO, 2016). Although there has been enormous improvement in relation to health in the last decades, with current statistics claiming 33,303 general hospitals, 20,278 Primary Health Centres and 59 teaching hospitals and Federal medical centres in the country (National Strategic Health Development (NSHD), 2009)., Nigeria continues to suffer crippling shortages in the health care institutions, and increase in the rate of health tourism, it is reported that Nigeria loses around \$1 billion to health tourism each year (NSHD, 2009). Therefore, an appropriate, robust, and sustainable model for improvement in health system performance is essential in order to reverse the declining trends in health and development status and break the vicious cycle of poverty and ill-health in Nigeria. Given the diversity of the health systems across Nigeria, improvement would be contingent upon the convergence of commitment, expertise, and resources throughout the system. A robust model for

improvement would embrace all the dimensions that are critical to health by addressing not only the risk factors of disease but also cross-cutting issues and linkages between health and employment, food security, nutrition, and financing for health. Such an approach would be better attuned to issues unique to the African continent, with enhanced responsiveness to the needs and capacities of the people.

Challenges to health promotion, wellness and safety in Nigeria

There are many challenges facing health promotion all over the world. Many countries lack capacity for health promotion practice. Potvin and Jones (2011) declared that an important challenge is to build capacity of the workforce, organizations and infrastructure for health promotion. In Africa this challenge manifest in the form of inadequate resources (both human and financial) for health promotion interventions and activities. Another challenge is in the field of research in health promotion. There is need for better use of research to understand how the values, principles and processes of health promotion can help to achieve public health mandates (Potvin & Jones, 2011). Nigeria is not left out in this burden because of scarcity of data to identify priority problems and evaluate health promotion interventions. Vested interest of various groups is also another challenge for health promotion. Due to economic reasons many influential industries, multinational companies like food chains selling junk 'food'; alcohol and tobacco industries; 'porn' media outlets tries so much to influence decisions made regarding health promotion programs (Livingstone, 2011). Other challenges exist but the unprecedented paradigm shift in the demography and disease patterns in the country has complicated the premise and the nature of these challenges. Efforts to promote health in the region must take into account these challenges as well as national context and priorities in addressing health issues and developing effective interventions. The challenges faced in the country include:

1. **Inadequacies in health research:** The factors responsible for the inadequacies in health research in Nigeria are lack of coordination in research, lack of regular forum to discuss health research, poor linkage between research and policy, as well as between international and national research agenda. Equally contributory are inadequate research priority setting, dearth of research infrastructure, sub-optimal capacity building strategies, ineffectual documentation and publication (Mfrekemfon & Ugwulor, 2015). The National Ethical Research committee though in place at the Federal level; there is poor adherence to ethical guidelines in medical research resulting possibly from absence of ethical review boards in most states and higher institutions. Also, monitoring and evaluation of research is limited and researchers are not adequately motivated (Onuzulike, 2006). Linking research for health with policies and decision-making on health care in a country is imperative to provide decision-makers with empirically based and scientifically valid information on service delivery and as such improve health promotion.
2. **Poverty:** The UNDP Human Development Report (2016) estimated that 62.6% of the total population of 170 million of Nigerians is living in absolute poverty. This poverty limits access to services, increasing vulnerability, while ill health directly affects productivity, especially in labour-intensive economies. The poor are the most exposed to the risks of hazardous environments, and the least informed about threats to health. It is the poor who bear the brunt of crude structural adjustment policies, unregulated globalization, HIV/AIDS epidemics, malaria, tuberculosis and now the non-communicable disease. Africa experiences a

disproportionate burden of poverty, disease, and death with appalling disparities within and between countries. This is complicated by the attenuation of the human resource capital through death, disease, civil wars, brain drain, as well as inappropriate training programs (WHO, 2000). Poverty compounds powerlessness and increases ill-health, as ill-health increases poverty (vicious cycle), making reform efforts that emphasize privatization impossible to implement on a large, sustainable scale. This situation perpetuates the entrapment of households (UNDP, 2016).

3. **The Disease Burden and Poor Indicators:** A wide range of economic, cultural, behavioral, political, demographic and biological factors create disease vulnerability in Nigeria. Fueled by these forces, communicable diseases ravage the country. However, vulnerability to diseases refers to not only an increased likelihood of exposure to or infection with agents of disease but also an increased likelihood of suffering needless consequences of infection (Lomerson et.al 2007). The biggest causes of morbidity in Nigeria are malaria, respiratory tract infections, diarrhoea, intestinal worms, HIV/AIDS, anaemia and malnutrition. The main cause of malnutrition is low caloric intake due to seasonal shortage of food, which results from low agricultural production compounded by poor dietary practices (Lomerson et.al 2007). In addition there is a rapid increase in lifestyle-related non-communicable diseases such as hypertension and diabetes making end stage renal disease a health problem that cannot be ignored. The life expectancy of Africans is, on average, declining. In spite of prolonged efforts in reforms, meetings, declarations, policy rhetoric as well as the massive input of financial and technical resources, the country records some of the highest rates of infant deaths and maternal mortality in the world (Onuzulike, 2006). Good health is linked to the human capacity to contribute to National development. In this regard, controlling diseases and investing in health is critical to achieving poverty reduction within the framework of the SDGs.
4. **Weak, Inappropriate Health Systems:** The health systems, as organized today, are not adequately addressing the increasing burden of disease. More recent cutbacks in health budgets have eroded previous advances in health care and weakened the capacity of African governments to cope with the growing health crisis; the poorest sections are being disproportionately hit by pro-rich national and international policy decisions (Livingstone, 2011). The health system is neither robust nor flexible enough to respond to emerging scenarios that lead to reversal of gains. Traditional, faith, and other informal sources of care are used more because they are more available, accessible, affordable, and acceptable yet they are ignored and therefore unregulated and unsupported (Khayat, 1997).

New and re-emerging diseases have created a new scenario in service delivery as many diseases have defied conventional medical technology. The development of drug resistance complicates the already unbearable situation and the situation worsens as people seek health care too late requiring sophisticated treatment, additional drugs, prolonged hospital visits, and unsatisfactory recoveries (WHO, 1999). This is aggravated by weak systems of governance on one hand and ecological stress on the other. Also, the inability to quantify and analyze the situation with credible data regarding the performance of the health system and the health status undermines the ability of effective decision-making.

5. **Human Resource Crisis in the Health Sector:** The planning and management of human resource in health sector still poses a major challenge to health development in the country as evidenced by absence of a human resource plan, especially at lower levels, lack of coordination, alignment and harmonization of human resource in health sector needs at all levels of government. In addition, dearth of skills, problems with human resource in health sector mix, poor motivation, differential conditions of service, remuneration and work environment; negative attitude to work and poor supervision are added challenges, some of which contribute to inequitable distribution to the disadvantage of lower levels of care, rural areas and northern parts of the country, and high attrition rates observed (Health Reform Foundation of Nigeria, 2007).
6. **Lack of clear policy framework to empower the community:** National efforts at promoting community participation in health began with the introduction of PHC in the country in 1986. National guidelines were developed for PHC planning and implementation, including those for community participation (Health Reform Foundation of Nigeria, 2007). The introduction of PHC in Nigeria also witnessed the development of training curricula for traditional birth attendant (TBAs) and village health workers (VHWs). The TBAs were to assist in home deliveries while the VHWs were to provide basic curative care and health education. While there were guidelines for linking this cadre of health care providers to the formal health sector, they were never implemented. The system for replenishing their health commodities were similarly not implemented as was the mechanism for their supervision, leading to the collapse of the programme (Laverack and Keshavarz, 2011).

There is minimal constructive engagement of communities in needs identification, planning and implementation of health programmes. To many, community participation was synonymous with provision of building for government to staff and provide curative services. Largely, communities remain reliant on government. Inadequate community participation has also resulted in inappropriate siting of PHC facilities in inaccessible or unacceptable locations and also, gross underutilization of the services rendered (Laverack and Keshavarz, 2011).

Health Promotion Strategies

There are several strategies that could and should be further utilized to strengthen existing health systems, these strategies include:

1. **Research on Health promotion and wellness**

Research for health is defined as the generation of knowledge that can be used to promote, restore, maintain, protect monitor or conduct surveillance of health of populations. Health research is the systematic generation of new knowledge in the field of medical, natural, social, economic and behavioural science and its use to improve the health of individuals or Group. This is a strategic way of utilizing research to inform policy, programming, improve health, achieve nationally and internationally health-related development goals and contribute to the global knowledge platform (Mfrekemfon&Ugwulor, 2015).

Universities can address a broad range of conditions essential to ensuring the well-being of individuals, communities, and nations and have high-powered, often idle, human resources. Linkages and cooperation among universities, governments, international organizations, non-

governmental organizations, and faith-based organizations have great potential in contributing to the transformation of the health situation in Nigeria. Their role includes finding the proper nexus between research, policy, and action to improve the evidence base.

2. Health Financing

Currently, healthcare is financed in Nigeria from a mixture of budgetary allocations from the Federal, States and LGAs, private out-of-pocket expenditure, external development funding, grants from corporations and charities and a small but growing social health insurance contributions. In order to ensure adequate and sustainable funds are available and allocated for accessible, affordable, efficient and equitable health care provision and consumption at LGA, State and Federal levels, the first intervention of the health financing strategic framework is to develop and implement evidence-based, costed health financing strategic plans at LGA, State and Federal levels in line with the National Health Financing Policy. This will require the setting up of technical working group for health financing at each tier of government and capacity building for the development and implementation of the Strategic Plans at all levels. There may be a need for the Federal Ministry of Health to provide technical assistance to support this process (Mfrekemfon & Ugwulor, 2015).

3. Partnership for health promotion and wellness

Health is a multidimensional issue and government alone cannot meet the all the health needs of the people in Nigeria. Partnership with the private sector, non-governmental organizations, communities and development partners (donors) as well as other social and economic sectors is essential to deliver health services that can meet the needs of the population on a sustainable basis (Olubayo-Fetiregun, Ayedele & Olorunisola, 2014). There is a growing, but poorly regulated, private sector and a plethora of private sector providers ranging from private hospitals, clinics, to pharmaceutical stores, patent medicine stores and traditional healers used increasingly by growing numbers of people to access health services. Most of such facilities are unregistered; employ unqualified health workers and dispense counterfeit drugs despite the regulatory framework provided by the National Agency for Food and Drugs Administration and Control (NAFDAC). (NAFDAC, 2005) It has been shown that there is a higher utilization of the private sector health facilities than public ones in Nigeria (Health Reform Foundation of Nigeria, 2007).

Public-private partnerships can be established through discussions on how the formal and informal private sector can assist in expanding access and opportunities for quality care to the vast majority of Nigerians. The participation of the organized private sector as investors, equity partners, managers and operators of health facilities and programs in Africa remains modest (Health Reform Foundation of Nigeria, 2007).

4. Strengthening community participation and action

Community participation has been defined as the process of enabling individuals, families and communities to take greater control over their health, on health promotion interventions to prevent disease, and take actions in the event of ill health on what to do and when and where to seek health care. It seeks to establish a partnership between government and local communities in the planning, implementation, utilization, monitoring and evaluation of services so that the community can benefit from increased self-reliance and social control over

the infrastructure and technology of PHC (Laverack and Keshavarz, 2011). Community participation in health is therefore considered a fundamental human right as individuals and families have a right to participate in decisions affecting their health and are known as "right holders". The Alma Ata declaration identified community participation as a key principle of PHC and central to the attainment of the goal of Health for All (Laverack and Keshavarz, 2011).

In other to attain effective community participation in health development and management, as well as community ownership of sustainable health outcomes, the target population should play an active role in the design, implementation, monitoring and evaluation of health programs intended to meet their felt needs. It is crucial to incorporate the household- and community-based resource people as equal partners in all initiatives designed to improve their situation, because their experience provides essential information about what does and what does not work. Participants' involvement in design contributes to a program's success in a multiple ways, thus leading to sustainable national development. (Lomerson, McGaffngan, O'Connor&Wamback,2007)

5. **Human resource for health promotion and wellness**

Human resources for health (HRH) comprise of trained health personnel in the public and private sector (doctors, nurses/midwives, pharmacists, relevant technicians, and community health workers etc.), untrained informal health workers, including community-based health care providers e.g. herbalists, traditional birth attendants and volunteers, who play complementary roles in health care service delivery. Human Resources for Health (HRH) plays an important role in improving health system performance and should reflect the right number, mix, distribution and appropriate skills set (experience & qualifications) to provide the services required. (National Health Development, 2009).

In proposing a sustainable Nigerian health system, it is important to appreciate the fact that the human resource issue is both a quantitative (appropriate numbers) and qualitative (appropriate skills, mix, motivation) issue. Focusing on such issues as the shortage of the right people, in the right place, with the right attitudes and skills mix must be addressed in order to produce professionals with skills that are not only technical but also managerial and relational. Health professionals need to be able to see beyond direct causes of ill health to indirect and proximate determinants of health such as poverty, disparity, ignorance, and marginalization. They should be able to facilitate, mobilize, organize, discuss, work, and provide feedback with people as partners (World Bank, 2004). Traditional healers are integral to Nigerian culture. Chatora (2003) has shown that availability of traditional practitioners generally far outstrips that of doctors in most parts of the country. Expanding the utility and integration into the health system of traditional healers would relieve conventional western practitioners to concentrate on the areas they do best, while improving and regulating traditional practices for the benefit of the clients (Kasilo, 2003). Engagement with this widespread human resource and further enhancing its utility to the populace through training, inclusion in health services, regulation and enhanced practice would be essential steps and the evidence exists that this can help sustain national development.

6. **Re-orientation of health service delivery**

Health care services are activities geared towards the provision of a comprehensive package of integrated care to beneficiaries through the primary, secondary and tertiary levels. This

includes increasing both demand and supply of services with the goal of expanding coverage for improving the health status of the citizenry. It is recognized that health care services in Nigeria are provided by a multiplicity of health care providers - public, private including for profit and not-for-profit, patent medicine vendors and the traditional health care providers (WHO, 2000).

To improve the functionality, quality of care and utilization of services so as to positively impact the health status of the population, universal access to a package of cost-effective and evidence-based interventions is needed. This would of necessity require interventions that transform the way the health care system is resourced, organized, managed and services delivered

Conclusion

For development to be sustainable, it must benefit the health and well-being of both present and future generations. Development policies and economic strategies must be aligned to health objectives, as sustainable development is not possible where health is sacrificed for short-term sectoral or economic gain; there is clearly a need for greater inter-sectorial and multi-disciplinary approaches to address the impact which social, economic and environmental factors have on the physical, mental and social well-being of individuals and communities. A more comprehensive policy of "health proofing" would ensure that the determinants of health, particularly those beyond the remit of the health services, are considered in terms of their direct or indirect impact on health. The continuous use of the strategies for health promotion described in this paper has the potential to maintain sustainable national development.

Recommendation

Having identified the challenges and strategies of health promotion, wellness and safety as a tool for sustainable development in Nigeria, the following recommendations are suggested;

1. There should be collaborative mechanisms that will involve all partners in the development and sustenance of the health sector so that public programs reach intended target populations in remote locations in order to attain sustainable development.
2. There is the need for maintenance of minimum health standard, improved housing condition, adequate potable water supply, environmental sanitation and food supply for the sustenance of good health condition.
3. Government at all levels should ensure that health education and well trained health educators should form part of the medical team in the PHC centers.
4. High priority should be placed on disease prevention and health promotion from decision makers and other stakeholders rather than treatment

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