Active Participation of Health Professional in Politics and Policy Making: A Veritable Tool in Effective Healthcare Delivery in Africa – A Review

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Abstract

Health Professionals in Africa in an attempt to improve healthcare delivery have brought up well thought out ways to offer better health care service, but for their lack of involvement in politics and legislation in their countries, efforts to implement their proposals have been met with brick walls. How much healthcare a people get is largely dependent on the health policies at work, and the quality of these policies are dependent on the policy markers The aim of this paper is to emphasize the need for Healthcare professionals to be involved in politics and policy making in their countries in order to champion health care policies that will improve health care delivery.

Key words: Health professionals, healthcare delivery, politics, policies, policy makers

1. INTRODUCTION

Policy is seen as ‘the continuing work done by groups of policy actors who use available public institutions to articulate and express the things they value.’ (M. Considine 1994). Health policy is a set course of action (or inaction) undertaken by governments or health care organizations to obtain a desired health outcome (Cherry & Trotter Betts, 2005). The overall health care system, including the public and private sectors, and the political forces that affect that system are shaped by the health care, policy-making process.

Healthcare is not just the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in human beings, it also refers to the work done in providing primary care, secondary care, and tertiary care, as well as in public health. Health system in Africa has met a lot of challenges over the years. There are serious leadership and governance challenges that include weak public health leadership and management and inadequate health-related legislations and their enforcement. The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa on Achieving Better Health for Africa in the New Millennium focused discussion on nine major priority areas, including leadership and governance for health.

Though there is a growing realization that health is an integral part of sustainable development efforts worldwide, and in Sub-sahara Africa, the role of health in development has rapidly grown but in the same region, the "bottom billion" living in 58 countries continues to be "trapped" in poverty, conflict, poor governance and poorly performing health systems (Oluwole, 2008).

2. NEED FOR HEALTH PROFESSIONALS IN THE LEGISLATIVE ARENA

2.1 Brain Drain

Most of the health policies made in the African Region have been very unfavourable to Pharmacists, and indeed, other health professionals. This has led to the mass exodus of these professional from their home country in search of a “greener pasture”, resulting in brain drain. It is estimated that since 1990 at least 20,000 people leave the continent annually and over 300,000 professionals reside outside Africa (Gumisai 2003 & Ainalem 2006). According to Dr. Ihechukwu Madubuike, a one time health minister in Nigeria, 21,000 Nigerian doctors were practising in the United States of America in 1995 (Augustine 2006 & Mike 2006). Pharmacists are not left out in this
mass exodus. Meanwhile, Nigeria's own health system is in a state of crisis. According to Dr. Lalla Ben Barka of the UN Economic Commission for Africa (ECA), “in 25 years, Africa will be empty of brains”. Creating policies that will not enable Health Professionals (especially the Doctors, Pharmacists, Nurses and others) will lead to mass exodus of these professionals leaving behind a system with compromised quality. Healthcare delivery will be grossly compromised when professional work are left in the hands of quacks.

2.2 Counterfeit and sub-standard drugs & medical devices

Counterfeits have harmful effects on patients' health and can kill some experts, rightfully, regarded it as an attempted murder (Aldhous, 2005; Akunyili, 2007). According to WHO, inadequate legislation and enforcement is the main reason for counterfeiting medical products, and so, counterfeiters face extremely low risks of being punished. Nobody can fight fake and substandard drugs better than a Pharmacist, who is a custodian of drug in all its ramifications. Drug counterfeiting was a major challenge in Nigeria in early 2001 until a Pharmacist took over the leadership of the National Agency for Food and Drug Administration and Control (NAFDAC). New York Times indicated in a report in 2001, that 109 Nigerian children died after taking medicine contaminated with Diethylene glycol. There were so many cases of drug counterfeits. Prof. Dora Akunyili, a Pharmacist, when she came on board as NAFDAC boss, made tremendous impact in curbing the menace of fake and substandard drugs circulating in markets across the country. Some porous government policies are also encouraging the dumping of these fake and substandard in the African Countries. It will take a pharmacist, using the instrument of legislation, to enact policies and its unconditional implementation that will ensure a radical result.

2.3 Open Drug Market

It is in most African countries (Nigeria as a case study) that you see open drug markets. Drugs are being sold to whoever wants them, just like any household goods. Drug markets have been hijacked by unprofessional business class, and not the Pharmacist, who has being well trained for that purpose. Drugs are sold without prescription, antibiotics are abused, encouraging drug resistance; storage facilities of these drug are nothing to write home about, causing destruction of the active ingredients with resulting therapeutic failures when they are administered. In Nigeria, for instance, several attempts have been made to close down these open drug markets but all have failed. The reason for the failure is not farfetched. How many Pharmacists are in the legislative arena to throw their full weight in policy making and enforcement to address the issue? How many are there to convince other legislators who may not be health professionals on the need to close open drug market?

3. Discussion

In view of the definition given to policy by (Condine 1994) as ‘the continuing work done by groups of policy actors who use available public institutions to articulate and express the things they value’, health professionals place a great value on health, both by reason of their profession and experiences. Therefore, nobody else can understand health issues better, and be able to articulate policies to address various challenges confronting health sector other than the Health professionals themselves.

Politics – defined classically as who gets what, when and how by Lasswell (1936) – affects the origins, formulation, and implementation of public policy in the health sector (Reich, 1995). Politics dictates, for example, who is entitled to services, which are the priority areas, who will provide services, who will be subsidized, and how the budget ought to be allocated and spent (Gonzalez-Rossetti and Munar, 2003). Entering the legislative arena is the first step in bringing about policy change. When Maggie Flanagan found herself with a musculoskeletal injury after years of bedside nursing, she spoke up in the legislative arena in her state to educate policy makers about the need for Safe Patient Handling legislation. When Karen Daley suffered a needle stick injury at work, she courageously carried her own experience into the legislative arena to advocate for Safe Needle Protection policy. When Patti Moss and Iva Hall, nurse researchers from Texas, identified the need for legislation to develop a comprehensive disaster preparedness plan that included home bound medically fragile patient populations, they went to the legislative arena to get needed legislation enacted (Hall & Moss, 2000).

Health workers in arena of legislation are not just to make policies that will impact directly on health, but they are also to make policies that will address rampant corruption in medical products and technologies procurement systems and wide variance in quality and safety. This, according to Kirigia and Wambebe 2006, has contributed to current situation where 50% the population in the Africa Region lack access to essential medicines.
Policies can also be made to tackle health financing challenges in the Region resulting from the lack of comprehensive health financing policies and strategic plans, extensive out-of-pocket payments, weak financial management, inefficient resource use, and weak mechanisms for coordinating partner support.

4. Conclusion
Healthcare professionals who understand the terrain of healthcare delivery better should be empowered through active political participation, to move into the legislative arena where health policies and their implementation will go on unhindered. This will dramatically improve the health system in the Africa Sub-region.

References

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