



NATIONAL OPEN UNIVERSITY OF NIGERIA
Plot 91, Cadastral Zone, Nnamdi Azikiwe Express Way, Jabi Abuja

B.Sc (Ed) Health Education

COURSE: HED206 HEALTH AGENCIES AND PROGRAMMES

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COURSE GUIDE

Introduction

Despite various efforts by local, state, national and international levels and programmes by governments, NGOs and developmental agencies in the 36 states of Nigeria that are working to address health problems affecting health care system of the country. In Nigeria, the health care system remains weak due to lack of coordination, fragmentation of services, dearth of resources, including drug and supplies, inadequate and decay infrastructure, inequity in resource distribution and access to care. The focus of this course is to give an overview of health agencies and programmes, non-governmental organisations and international health. The course also explains public health programmes, sustainable development goals and strategies for implementing public health programmes, financing of health agencies and evaluation of public health programmes

Course Competencies

The aim of HED206 (Health Agencies and Programmes) is to train you to understand the nature of health agencies and programmes and how they operate in the provision of health services to public.

- Identification of various national and international health agencies providing health services in Nigeria.
- Analysis of various programmes and services provided by these agencies in providing quality health care to Nigerian citizens.
- Identification of roles of health agencies in managing public health programmes.

Course Objectives

It is expected that at the end of this course you will be able to:

1. Describe the concept and nature of health agencies and programmes;
2. Explain the roles of international health agencies in the provision of health care;
3. Explain public health programmes and the fundamental services required to provide effective health care to citizens;
5. Demonstrate skills on how to manage public health programmes;
6. Evaluate public health programmes;

Working through this Course

You need a minimum of 48 hours of study to successfully complete this course. This includes the hours of studying the course guide and study units. Spend a minimum of 6 hours of study per study unit in a week.

In each unit, read the unit Intended Learning Outcome(s). When you are done studying the unit, check if you have been able to achieve the unit Intended Learning Outcome(s). If you are not, go through the study unit once more and ensure you are

able to achieve the stated Intended Learning Outcome(s) (ILOs) in the study unit before you move on to the next unit. Attempt all the self-assessment exercises in each unit. Your ability to attempt the self-assessment exercise will help you check your progress.

Take notes when reading and listening to the video clips. You may use your note pad and pen, or Microsoft Word document in your computer or use Google drive. This will help you create and organise your portfolio. Should you encounter any technical challenge while studying, contact the technical support in the direction or links provided.

You should take the three Tutor Marked Assignments (TMAs) in this course. Upon completing the TMAs to the course instructor, they will be marked and returned back to you.

Study Units

There are five (5) modules and fifteen (15) study units in this course. The modules and the units are presented as follows:

- Module 1: Health agencies and programmes
 - Unit 1 Overview of health agencies
 - Unit 2 Overview of health programmes
 - Unit 3 Development of health agencies and programmes in Nigeria

- Module 2: Non-governmental organisations and international health
 - Unit 1 Non-governmental organisations (NGOs)
 - Unit 2 International health
 - Unit 3 International health agencies
 - Unit 4 Port health

- Module 3: Public health programmes
 - Unit 1 What is public health programme
 - Unit 2 Fundamental services in public health
 - Unit 3 Population and public health
 - Unit 4 Public health law

- Module 4: Sustainable development goals and strategies for implementing public health programme
 - Unit 1 Sustainable development goals
 - Unit 2 Strategies for implementing public health programme

- Module 5: Health care financing and evaluation of public health programmes
 - Unit 1 Health care financing

References and Further Readings

The following reference links are provided for further readings.

BRAINKART (2018). (https://www.brainkart.com/article/Types-of-Health-Care-Agencies-and-services_2231/)

Centre for Disease Control (2011). *Introduction to programme evaluation for public health programme: Self-study guide*. Atlanta: Centre for Disease Control

Centre for Disease Control (2015). *Workplace health promotion: Workplace health model*.<https://www.cdc.gov/workplacehealthpromotion/model/implementation/index.html>

Center for Disease Control and Prevention (2013). *A sustainable planning guide for healthy communities*. http://www.cdc.gov/healthycommunitiesprogram/pdf/sustainability_guide.pdf

Centers for Disease Control and Prevention (2013). *National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services*. CDC.

Chen, L., Evans, T., Anand, S., Boufford, J.I., Brown, H. & Chowdhury, M. (2004). Human resources for health: overcoming the crisis. *Lancet* 364:1984-90.

Connell, J.P., Kubisch, A.C., Schorr, L.B. & Weiss, C.H. (1995). *New approaches to evaluating community initiatives*. New York, NY: Aspen Institute.

Davies, T. (2014). *Non-Governmental Organisations (NGOs): A New History of Transnational Civil Society*. New York: Oxford University Press.

Detels, R. & Gulliford, M., Karim, Q.A. & Tan, C.C. (2019). *Public Health*. Oxford Textbook of Public Health. London: Oxford University Press, pp. 261–271.

Elzinga, G. (2015). *Vertical–horizontal synergy of the health workforce*. Bulletin of World Health Organisation

Fawcett, S.B. Paine-Andrews, A. Francisco, V.T. Schulz, J. & Richter, K.P. (1999). Evaluating community initiatives for health and development. In: Rootman I,

Fetterman, D.M., Kaftarian, S.J. & Wandersman, A. (1996). *Empowerment evaluation: Knowledge and tools for self-assessment and accountability*. Thousand Oaks, CA: SAGE Publications.

Global Forum for Health Research (1999). *The 10/90 Report On Health Research*. Geneva: WHO

Gostin, L.O. (2008). *Public Health Law: Power, Duty, Restraint*. 2nd ed. Berkeley, CA: University of California Press

Harrison, K. A. (2009). Transforming health system to improve lives of Women and Newborn Babies in Nigeria. Keynote Address presented Annual National Conference of Nigerian Association of Health Education, Uyo, Nigeria, June 8, 2009.

Hilton, M., McKay, J., Crowson, N. & Mouhot, J.F. (2013). *The Politics of Expertise: How NGOs Shaped Modern Britain*. London: London School of Economics and Political Science

<https://www.cdc.gov/workplacehealthpromotion/pdf/Workplace-Health-Program-Definition-and-Description.pdf>

Ibrahim, H. J., et. al (2010). Nigeria's losing battle against AIDS. TRUST. Friday, 16 April, 2010.

Institute of Medicine (1998). *Committee for the Study of the Future of Public Health. The future of public health*. Washington DC: The National Academies Press.

Jacobson, D.M. & Teutsch, S. (2015). "An Environmental Scan of Integrated Approaches for Defining and Measuring Total Population Health by the Clinical Care System, the Government Public Health System, and Stakeholder Organizations." Available at <http://www.improvingpopulationhealth.org/PopHealthPhaseIICommissionedPaper.pdf>. Accessed 8-15.

Karns, M.P. "Nongovernmental organization". Encyclopaedia Britannica.

Kindig, D. Stoddart, G. (2003). "What is population health?" *American Journal of Public Health*. 93(3):380-383.

McLeroy, K.R., Bibeau, D., Steckler, A. & Glanz, K (1988). An ecological perspective on health promotion programs. *Health Educ Q*,15:351–77.

Moulton, A.D., Goodman, R.A. & Parmet, W.E. (2007). Perspectives: law and great public health achievements. *Law in Public Health Practice*. 2nd ed. New York: Oxford University Press.

Nash, D.B., Skoufalos, A., Fabius, R.J. & Oglesby, W.H. (2016). *Population Health: Creating a Culture of Wellness*. 3rd ed. Burlington: Jones & Bartlett Learning.

Newell, K.W. (1985). Global strategies – developing a unified strategy. In: Holland W.W., Detels, R. & Knox, G. (Eds). *Oxford Textbook of Public Health*. Oxford: Oxford University Press

Norbert, G. (2011). Civil Societies and NGOs: Far from Unproblematic Concepts: The Ashgate Research Companion to Non-State Actors. Bob Reinalda (ed.). Aldershot: Ashgate, 185– 196.

Olakunde, B.O (2012). Public health care financing in Nigeria: Which way forward?. *Ann Nigerian Med* , 6(1), 2012;6:4-10

Palmer, N., Mueller, D.H., Gilson, L., Mills, A. & Haines, A. (2004). Health financing to promote access in low income settings-how much do we know, *Lancet*, 364:1365-1370.

†

Patten, C. (1988). Britain's role and responsibility for health in the tropics. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 82,660-664.

Paul, M.N (2010). Public Health Law Basics; Public Health Law Center Available from <http://phlc.stylefish.com/topics/public-health-law-basics>.

Ransome-Kuti O. (1987). Finding the Right Road to Health. *World Health Forum*; **8**: 161- 163.

Sam, D. What are the functions of health care agencies. <http://www.preservearticles.com/health/basic-functions-of-the-health-care-agencies/828>

Scutchfield, F. D., Mays, G. P. & Lurie, N. (2009). "Applying Health Services Research to Public Health Practice: An Emerging Priority". *Health Services Research*. 44 (5): 1775– 1787.

The rise and role of NGOs in sustainable development". iisd.org. Retrieved 2013-12-24.

Thomas, R.F. (2014). Promoting public health research, policy, practice and education. *American journal of public health, 104(1), 17-2*

Thomas-MacLean, R. et al. (2014). No Cookie-Cutter Response: Conceptualizing Primary Health Care. Retrieved 26 August 2014.

United Nations (2015). 2015 United Nations sustainable development agenda. United Nations Sustainable Development. Washington DC: United Nations

United Nations (2015). Hunger and food security - United Nations Sustainable Development". United Nations Sustainable Development. Washington DC: United Nations

United States Department of Labour (2011). Employment and Training Administration: Health care. Washington DC: United States Department of Labour .

World Health Organization (2010). Anniversary of smallpox eradication. Geneva, 18 June 2010.

Presentation Schedules

The presentation schedule forwarded to you gives you provides dates for the completion of your TMAs and participation at facilitation. Remember, you are required to submit all your completed assignments at the appropriate time. You should be guarded against delays and plagiarisms in your work. Plagiarism is criiminal and is highly penalized.

Assessment

There are two (2) types of the assessments in this course. Tutor Marked Assignments (TMAs) is the first while written examination at the end of the course is the second one; which you will take through the use of the computer. You are expected to apply information, knowledge and techniques gathered during the course tackling the assignments. The assignments should be submitted through the links provided in the course page in accordance with the timelines for formal assessment and feedback. The TMAs shall form 30% of the course total marks. Your portfolio may form part of your TMA assessment.

At the end of the course, you will have to sit for two hours written examination. The examination shall be taken through the use of the computer or pen-on-paper. The system will be programmed to open at the start of the examination and automatically closes at the scheduled time to end examination. The examination takes 70 percent of the total marks.

How to get the Most from the Course

One of the greatest advantage of distance learning programme is that the students are given opportunity of working and studying through a well-designed study material at your own pace and at a time and place that suits you best. You need to read the material as against listening to a lecturer in the conventional school system. Meanwhile, the content of this course is complemented with audios teachings as well as watching related videos. The course lecturer might also recommend some reading materials and you will be told when to read recommended books or other materials and when to undertake practical activities. The lecturer might give you class exercises/activities and your study units provide exercises for you to do at the appropriate time. Each of the study units follows a common format. The first item is an introduction to the subject matter and how a particular unit is integrated with the other ones and the course as a whole. Second is a set of learning Intended Learning Outcome(s) which state what you will be able to do by the time you have completed the unit. The ILOs are set to guide your study. When you finish a unit, you have to go back and check whether you have achieved the Intended Learning Outcome(s) or not. If you cultivate the habit of doing this, you will make significant improvement in your chances of passing the course with good grade.

The main body of the unit gives you a guide on the required reading materials from other courses. This will either be from your recommended books or from a reading section. Self-assessment exercises are spread throughout the unit. You are expected to work on them as well. Working through these exercises will help you to achieve the ILOs of the unit and prepare you well for the assignments and the examination. You should attempt the self-assessment exercises as you come across them in the study unit. There will also be several examples given in the study units; work through them when you come across them.

Facilitation

You will receive online facilitation. The mode of facilitation shall be asynchronous. Your facilitator will summarise each unit of study and send to your mail weekly. The facilitator will also direct and coordinate your activities on the learning platform.

You should feel free to contact your tutor by telephone and e-mail. You can contact your facilitator if you:

- are not clear with any part of the study units or the assignment.
- have difficulty with the self-assessment exercises
- have a question or problem with an assignment or with your tutor's comments on an assignment.

You should read all the comments and notes of your facilitator especially those on your Tutor Marked Assignments, participate in the forums and discussions. This is the only chance you have to socialise with other students undergoing the programme. However, you can call the attention of your facilitator on any problem encountered in the course of your study. To gain the maximum benefit from the tutorials, you can

prepare a list of questions before the discussion session. It is important to know that you will learn a lot from participating actively in the discussions.

Course Information

Course Code: HED206

Course Title: Health Agencies and Programmes

Credit Unit: 2

Course Status: Compulsory

Course Blurb: This course aims to give an overview of health agencies and programmes, non-governmental organisations and international health. The course also explains public health programmes, sustainable development goals and strategies for implementing public health programmes, financing of health agencies and evaluation of public health programmes.

Semester:

Course Duration:

Required Hours for Study

Course Team

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Ice Breaker

Have you ever imagined the strategic importance of critical stakeholders in providing affordable and qualitative health service delivery to different categories of people in the society? Efforts are being made by governments at all levels and international bodies to ensure that citizens are provided with effective and efficient health care system to reduce the level of mortality and morbidity within the community

Module 1: Health Agencies and Programmes

Module Introduction

This module explains the meaning of health agencies and the services provided in these agencies. It will also explain the meaning of health programmes, its two categories and characteristics. The module further explains the emergence of organized health care in Nigeria, the struggles for health care development before, during and after the independence.

Unit 1: Overview of Health Agencies

Unit 2: Overview of Health Programmes

Unit 3: Development of Health Agencies and Programmes in Nigeria

Unit 1: Overview of Health Agencies

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s) (ILOs)
- 3.0 Main Content
 - 3.1 Healthcare Agencies
 - 3.2 Services Provided by Healthcare Agencies
- 4.0 Self-Assessment(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/ Further Readings

1.0 Introduction

In this unit, you will learn the meaning of health agencies and their nature. You will also learn the services provided by health care agencies such as health promotion, illness prevention, physical examination, medical diagnosis, treatment and rehabilitation. This unit will also expose you to various functions of health agencies.

2.0 Intended Learning Outcome(s) (ILOs)

By the end of this unit, you will be able to:

- State the meaning of health care agencies
- Identify various services provided by health agencies.
- Highlight the functions of health care agencies.

3.0 Main content

3.1 Health Care Agencies

Health care agencies are organisations responsible for maintenance or improvement of health via the prevention, diagnosis, and treatment of disease, illness, injury, and other physical and mental impairments in people. Health care agencies deliver health care through health professionals in allied health fields, physicians and other specialist and administrative staff that are working in the organisation.

Health care agencies are established to meet the health needs of targeted populations. A well-functioning health care agency requires a financing mechanism, a well-trained and adequately paid workforce, reliable information on which to base decisions and policies, and well maintained health facilities to deliver quality health care.



Figure 1: Nigeria Centre for Disease Control

3.2 Services provided by health care agencies

3.2.1 Health promotion

- a. Prenatal classes
- b. Nutritional counselling
- c. Family planning
- d. Stress management

3.2.2 Illness prevention

- a. Immunization
 - b. Screening programmes (e.g hypertension and breast cancer screening)
 - c. Mental health counselling
 - d. AIDS control programme
- 3.2.3 Primary Care
- a. Routine physical examination
 - b. Follow up for chronic illness e.g epilepsy, cancer, diabetes
- 3.2.4 Diagnosis
- a. Laboratory investigations
 - b. Physical examinations
 - c. Radiological procedures (X-ray, USS, CT Scan, MRI)
- 3.2.5 Treatment
- a. Pharmacological therapies
 - b. Surgical procedures
 - c. Laser therapies
- 3.2.6 Rehabilitation
- a. Exercise and fitness programmes
 - b. Sports medicine
 - c. Mental illness programme

In-Text Questions

1. Health care agency is an organization responsible for these responsibilities except:
 - a. Prevention of disease
 - b. Maintenance of health
 - c. Diagnosis of disease
 - d. Maintenance of disease

3.3 Functions of Health Care Agencies

1. They provides health awareness to the community health by teaching them the importance of hygiene and sanitation.
2. Looking after the general-health of the people in the community and treating them free or at a minimal cost.
3. Helps in running government dispensaries by providing costly medicines free or at nominal cost.
4. Providing vaccinations against diseases like poliomyelitis, measles tuberculosis, and other epidemics.
5. Running family planning and maternity centres.
6. Organising drives to give people information about the prevention and causes of diseases like smallpox, cancer, AIDS, Hepatitis B, etc.
7. Practising preventive medicine in order to prevent the spread of diseases like dengue and malaria bycreating awareness to the public, fumigation of high risk areas, drainage of standing water, etc.
8. Providing emergency care in case of natural calamities, epidemics and accidents.

In-Text Question(s)

2. Health care agencies help in running government clinics and hospitals by providing drugs _____ or _____
3. Vaccination can be provided by health agencies on the following diseases except:
(a) Poliomyelitis (b) Malaria (c) Measles (d) tuberculosis

Answers

1. *d*
2. *Free or at a nominal cost*
3. *Malaria*

Discussion

In what ways do health agencies provide services to your community?

Post your answer to online forum for comment by other members (no scoring)

4.0 Self-Assessment Exercise(s)

1. _____ is an organisation responsible for maintaining or improving the health via the prevention, diagnosis, and treatment of disease, illness, injury, and other physical and mental impairments in people.
2. The following services provided by health care agencies except:
 - a. *Health promotion*
 - b. *Financial assistance*
 - c. *Primary care*
 - d. *Diagnosis*
 - e. *Rehabilitation*
3. One of these is not a function of health care agency
 - a. Providing loans to the citizens .
 - b. Looking after the general health of the people and treating them for common diseases free or at a nominal cost.
 - c. Running government dispensaries that provide even costly medicines free or at nominal cost.
 - d. Providing vaccinations and inoculations against diseases like tuberculosis, cholera, polio and other epidemics, free of cost.

Answer:

1. *Health care agency*
2. *'b'*

3. “a”

5.0 Conclusion

Health care agencies provide services to meet the health needs of different population groups in the society. This can be achieved through health professionals in allied health fields, other specialist and administrative staff that are working in the organisation.

6.0 Summary

You could call that, in this unit you have learnt that health care agency is an organisation responsible for maintenance or improvement of health via the prevention, diagnosis, and treatment of disease, illness, injury, and other physical and mental impairments in people. Meanwhile, you learnt about the services provided by health care agencies such as health promotion, illness prevention, diagnosis, treatment, surgical intervention and rehabilitation. Meanwhile, you are exposed to major functions of health agencies.

7.0 Reference(s)/ Further Readings

BRAIN KART (2018). (https://www.brainkart.com/article/Types-of-Health-Care-Agencies-and-services_2231/)

Sam, D. What are the functions of health care agencies. <http://www.preservearticles.com/health/basic-functions-of-the-health-care-agencies/828>

Thomas-MacLean, R. et al. (2014). No Cookie-Cutter Response: Conceptualizing Primary Health Care. Retrieved 26 August 2014.

United States Department of Labour (2011). Employment and Training Administration: Health care. Washington DC: United Nations Department of Labour.

World Health Organization (2010). Anniversary of smallpox eradication. Geneva, 18 June 2010

Unit 2: Overview of health programmes

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- 1.0 Introduction
- 2.0 Intended Learning Outcome(s)
- 3.0 Main Contents
 - 3.1 Health Care Programmes
 - 3.2 Categorisation of Health Care Programmes
 - 3.2.1 Horizontal Health Care Programmes
 - 3.2.2 Vertical Health Care Programmes
- 4.0 Self-Assessment(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/ Further Reading

1.0 Introduction

In unit 1 of this module, you have learnt about the concept of health agencies. In this unit you will learn the meaning of health programmes. The categories of health programmes will also be explained in this unit. You will also learn the characteristics of comprehensive health programme in this unit.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- State the meaning of health programmes
- Identify the types of health programmes
- Highlight six comprehensive elements of health programmes

3.0 Main Content

3.1 Health Programmes

Health programmes are comprehensive and coordinated set of health promotion and protection strategies implemented at the worksite. It includes, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the healthy and safe community. It is a comprehensive approach that puts policies and interventions in place that address multiple risk factors and health conditions concurrently that recognizes that the interventions and strategies chosen which may influence multiple organisation levels including individual employee behaviour change, organisational culture, and the worksite environment.

3.2 Categorization of health programmes

Health care programmes can be categorized in to horizontal and vertical programmes:

3.2.1 Horizontal health care programmes: This are general services, providing prevention and care for prevailing health problems.



Figure 2: Preventive programme



Figure 3: Preventive Programme

3.2.2 Vertical health care programmes: this are programmes for specific health conditions. They are found more frequently where poverty prevails and epidemics flourish; general health services are weakly developed under such conditions.

3.3 Characteristics of health programmes

Comprehensive health programmes contains the following:

1. Health education: This focuses on skill development and lifestyle behavioural change along with information dissemination and awareness building, preferably tailored to employees' interests and needs.
2. Supportive social and physical environments: This include an organisation's expectations regarding healthy behaviours and policies that promote health and reduce risk of disease.
3. Integrating the worksite programme into your organisation's structure
4. Linking related programmes like Employee Assistance Programme (EAPs) and other programmes to help employees balance work and family.
5. Worksite screening programmes: This are medical care programmes designed to ensure follow-up of appropriate treatment as necessary.
6. Comprehensive health programmes can benefit from community linkages that partnership with surrounding community organisations to offer health-related

programmes and services to employees when the employer does not have the capacity or expertise to do so or provide support for healthy lifestyles.

In-Text Question(s)

1. Health programmes are _____ set of health promotion and protection strategies.
2. _____ are found more frequently where poverty prevail and epidemic flourish

Answers

1. *Comprehensive OR Coordinated*
2. *Vertical health programmes*

Discussion

Health programmes are executed to different communities base on the needs and interest of the community. In line with this statement, interact with some members of your class to determine health programmes are in line with their health needs.

Post your answer to online for comment by other class members (no scoring)

4.0 Self-Assessment Exercise(s)

1. Health programmes include the following except:
 - a. policies
 - b. environmental supports
 - c. Feminism
2. _____ and _____ are categories of health programmes
3. _____ focuses on skills development and lifestyle behavioural change.

Answer

1. *C*
2. *Vertical and horizontal health programmes*
3. *Health education*

5.0 Conclusion

Health programmes has a comprehensive approach that puts policies and interventions in place that address multiple risk factors and health conditions concurrently that recognizes that the interventions and strategies chosen may influence multiple organisation levels.

6.0 Summary

In this unit, you have learnt the meaning of health programmess as: comprehensive and coordinated sets of health promotion and protection strategies implemented at the worksite that includes, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of the community. You have also learnt that health care programmess can be categorized in

to horizontal and vertical programmes. Moreover, characteristics of health programmes are also learnt.

7.0 References/Further Readings

Chen, L., Evans, T., Anand, S., Boufford, J.I., Brown, H., Chowdhury, M, et al. (2004). Human resources for health: overcoming the crisis. *Lancet*, 364:1984-90.

Elzinga. G. (2015). Vertical–horizontal synergy of the health workforce. *Bulletin of World Health Organisation*

<https://www.cdc.gov/workplacehealthpromotion/pdf/Workplace-Health-Programme-Definition-and-Description.pdf>

WHO (2005). The 3 by 5 Initiative. Geneva: Available from: <http://www.who.int/3by5/en>

Unit 3: Development of health agencies and programmes in Nigeria

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s) (ILOs)
- 3.0 Main Contents
 - 3.1 The Emergence of Organised Health Care Programmes in Nigeria
 - 3.2 The Emergence of Centralized Control of Health Care Programmes
- 4.0 Self-Assessment(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Readings

1.0 Introduction

In unit 2, you have learnt about the concept of health agencies and health programmes. In this unit, you need to know the emergence of health agencies and programmes in Nigeria. You will also learn the transformation of health agencies and programmes before Nigerian independence, during and after the independence. The contribution of international organisations in the transformation of health system in Nigeria will also be learnt in this unit.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

1. Highlight transformation in health agencies and programmes before, during and after independence.
2. Explain how international organisations contribute to the development of health agencies and programmes

3.0 Main content

3.1 The emergence of organized health programmes in Nigeria

In Nigeria, the earliest form of Western-style health care programmes was provided by doctors brought by explorers and traders to cater for their own wellbeing. The services were not made available to the indigenes. Christian missionaries such as Roman Catholic mission, the Church Missionary Society (Anglican) and the American Baptist Mission are the first organisations to established health care services

for the people. The first health care facility in the county was a dispensary opened in 1880 by the Church Missionary Society in Obosi, followed by others in Onitsha and Ibadan in 1886. However, the first hospital in Nigeria was built by Sacred Heart Hospital in Abeokuta in 1859.



@know_nigeria

Sacred Heart Hospital Abeokuta is the oldest medical hospital in Nigeria. It was built in 1859 to fight Leprosy.

Figure 4: Sacred Heart Hospital Abeokuta, the First Hospital in Nigeria

Towards the end of World War I (1914- 1918), a lot of military activities and programmes were introduced to Nigeria, leading to the establishment of many military health care facilities, some of which were left to function as civilian hospitals after the war. Thereafter, several government-owned health care facilities were established, ranging from rural health centers to general hospitals.

In-Text Questions

The first health care facility in the county was a dispensary opened in 1880 by the Church Missionary Society in Obosi, followed by others in Onitsha and Ibadan in 1886. However, the first hospital in Nigeria was built by Sacred Heart Hospital in Abeokuta in 1859.

1. The first dispensary in Nigeria was opened in the year _____
2. The second dispensary was open _____ and _____ town
3. The first hospital in Nigeria was built in _____ town

Answer

1. 1880
2. Onitsha and Ibadan
3. Abeokuta

3.2 The Emergence of Centralized Control of Health Care programmes

At the beginning of the century, the colonial administration determined the health services and programmes that were available and provided the manpower. However, industrialization in Nigeria brought the expansion and development of medical services. Within that period, most of the medical doctors were civil servants, except those working for missionary hospitals, who combined evangelical work with healing.

Among the civil service doctors, one was appointed the Chief Medical Officer, who became the principal executor of health care policies in Nigeria. Along with many of his other junior colleagues (Senior Medical Officers and Medical Officers), they formed the nucleus of the Ministry of Health in Lagos.

Between 1952 and 1954, the control of medical services was transferred to the Regional Governments. Consequently, each of the three regions (eastern, western and northern) set up their own Ministries of Health, in addition to the Federal Ministry of Health. Though, the federal government was responsible for most of the health budget of the States, the state governments were free to allocate the health care budget as they deemed fit.

3.3 Nationwide Health Care Programmes

The major national development plans in Nigeria are as follows:

First Colonial Development plan: 1945- 1955 (Decade of Development)

Second Colonial Development plan: 1956- 1962

First National Development Plan: 1962- 1968

Second National Development Plan: 1970- 1975

Third National Development Plan: 1975- 1980

Fourth National Development Plan: 1981- 1985

Nigeria's Five year Strategic Plan: 2004 – 2008.

3.4 Health Care during the Struggle for Independence

The current traditional medical practices are very much a part of the health care delivery system in Nigeria as they were during and before the struggle for independence. Health care during the period of independence was oriented primarily to curative rather than preventive care. For example, as a result of the poor attempt to establish preventive programmes, measles remained the greatest killer of children. By this time, the WHO had proven beyond reasonable doubt that proper execution of preventive programmes can eradicate deadly diseases, and indeed, small pox was almost non-existent in Nigeria at this time.

3.5 Contributions from International Organizations to Health Care Development

Many international organizations have played significant roles in the development and maintenance of health programmes in Nigeria. Unfortunately most of these contributions pass through Federal and State governments, which has kept very little record of the impact these contributions have made. Also, records of the exact cash amount of these contributions are poorly recorded, partly because most of the contributions are in services, and in equipment and training, whose cash amount is normally difficult to establish. These organizations include the European Union,

World Bank, United States Agency for International Development (USAID), World Health Organisation (WHO), UNICEF and British Technical Assistance (BTA).

In-Text Question(s)

1. ----- brought expansion and development of medical services in Nigeria

Answer

1. *Industrialization*

Discussion

Form a small group of 4-6 students in your class and discuss Compare the current health services provided by government with what was obtained before the independence.

Post your answer to online forum for other members to comment (no scoring)

4.0 Self-Assessment Exercise(s)

Match the following as appropriate

- 1.

1962- 1968 "A"	Decade of Development "A"
1970- 1975 "B"	The First National Development Plan "B"
1945- 1955 "C"	The Second Colonial Development "C"
1981- 1985 "D"	Five year Strategic Plan of Nigeria "D"
1956- 1962 "E"	Third National Development Plan from "E"
2004 – 2008 "F"	The Fourth National Development Plan "F"
1962- 1968 "G"	First Colonial Development plan "G"

Answers

"A" "G"

"B" "C"

“C” “A”
“D” “F”
“E” “B”
“F” “D”
“G” “E”

5.0 Conclusion

There are many health agencies and programmes established from independence to date in Nigeria. But unfortunately these programmes have kept very little record in terms of impact and contributions they made in improving health care system in the country to be equated with other countries that got independence same time with Nigeria or thereafter.

6.0 Summary

You could recall that you have learnt about the earliest form of health care programmes provided by colonial government in Nigeria, which was provided by doctors brought by explorers and traders to cater for their own wellbeing. Then the services were not available to the indigenes. At the turn of the century, the colonial administrators determined the health services and programmes that were available and provided the manpower. However, as a result of industrialization in Nigeria medical services were developed and expanded. Several international organizations have played significant roles in the development and maintenance of health programmes in Nigeria, but these contributions yield little impact to the health system of Nigeria.

7.0 References/Further Readings

Harrison, K. A. (2007). Transforming Health Systems to Improve lives of Women and Newborn Babies in Nigeria. Keynote address. A Paper Presented at Annual National Conference of Nigerian Association of Health Educators at Uyo, Nigeria, June 8, 2009.

Ibrahim, H. J., et. al (2010). Nigeria's losing battle against AIDS. *Trust*. Friday, 16 April, 2010.

Ransome-Kuti, O. (1987). Finding the Right Road to Health. *World Health Forum*; **8**, 161-163

Module 2: Non-Governmental Organisations and international health

Module Introduction

You could recall that in module 1, you have learnt about the meaning of health agencies and services provided in such agencies, characteristics of health agencies, the emergence of organized health care in Nigeria, the struggles for health care development before and after the independence. In this module, you will learn about the concept of NGOs, the two major types of NGOs and the functions they performed and how NGOs influence the world affairs. This module, will also expose you to the meaning of international health regulations and its goals, mechanism of international cooperation and various types of international health agencies. Furthermore, you will learn the meaning of port-health and various health services provided at airports and seaports for the prevention of international diseases.

Introduce the module and state the units under the module.

Unit 1: Non-Governmental Organisations (NGOs)

Unit 2: International Health

Unit 3: International Health Agencies

Unit 4: Port-Health

Unit 1: Non-Governmental Organisations (NGOs)

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s) (ILOs)
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 - 3.1 Non-Government Organisations (NGOs)
 - 3.2 Types of NGOs
 - 3.2.1 By Orientation
 - 3.2.2 By Level of Operation
 - 3.3 Influence of NGOs on World Affairs
- 4.0 Self-Assessment(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/Further Reading

1.0 Introduction

You could recall that you learnt about the emergence of health agencies and programmes in Nigeria, including the international organisations and their contributions to health development. The meaning of non-governmental organisations (NGOs), types of NGOs and their influence to world affairs will be lean in this unit.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- Explain the meaning of NGO
- Identify the types of NGOs
- Describe the contributions of NGOs to world affairs

3.0 Main Content

3.1 Non-Government Organisations (NGOs)

Non-governmental organizations commonly are referred as NGOs. They are usually non-profit and independent of governments and international governmental organizations (though often funded by governments) that are active in humanitarian, educational, health care, public policy, social, human rights, environmental, and other areas to effect changes according to their objectives. They are sometimes subgroup of all organizations founded by citizens, which include clubs and other associations that provide services, benefits and premises only to members.

Meanwhile, NGOs are sometimes used as a synonym of "civil society organization" to refer to any association founded by citizens. Therefore, an NGO are any non-profit, voluntary citizens' group which is organized on a local, national or international level. NGOs perform a variety of service and humanitarian functions, bring citizen concerns to governments, advocate and monitor policies and encourage political participation through provision of information.



Figure 5: NGO Personnel Providing Free Medical Service to Rural Community

NGOs are usually funded by donations, but some avoid formal funding, they are run primarily by volunteers. They can be regarded as highly diverse groups of organizations engaged in a wide range of activities, and take different forms in

different parts of the world. Some NGOs have charitable status, while others may be registered for tax exemption based on recognition of social purposes. Others are concern with issues related to politics, religion, or other interests.

3.2 Types of NGOs

NGOs can be understood by their orientation and the level of how they operate.

3.2.1 By Orientation

- i. Charitable orientation: This includes NGOs with activities directed toward meeting the needs of the vulnerable and disadvantaged people.
- ii. Service orientation: This includes NGOs with activities such as the provision of health, family planning or education services in which the programme is designed by the NGO and people are expected to participate in its implementation and in receiving the service.
- iii. Participatory orientation: This is involves self-help projects, where people are involved particularly in the implementation of a project by contributing cash, tools, land, materials, labour etc.
- iv. Empowering orientation: This aims to help poor and vulnerable individuals to develop a clearer understanding of the social, political and economic factors affecting their lives, and to strengthen their awareness of their own potential power to control their lives. There is maximum involvement of the beneficiaries with NGOs acting as facilitators.
- v. Community-Based Organizations (CBOs): They arise out as a result of people's own initiatives. They are responsible for raising the consciousness of the urban poor, helping them to understand their rights in accessing needed services, and providing such services.

In-Text Questions

1. NGOs are sometimes called the following except _____
a. Civic society b. religious body c. non-profit organisations
2. NGOs recognize by its operation provide the following orientations except:
a. Charitable b. participatory c. Empowering d. School

Answers

1. B
2. d

3.2.2 By Level of Operation

- i. City-wide organizations: This are organisations such as chambers of commerce and industry, coalitions of business, ethnic or educational groups, and associations of community organizations.

- ii. State NGOs: This includes organisations at state-level, associations and groups. Many state NGOs also work under the guidance of National and International NGOs.
- iii. National NGOs: This includes national organizations such as professional associations and similar groups. Many have state and LGAs branches and assist local NGOs.
- iv. International NGOs: This range from secular agencies such as Save the Children to religiously motivated groups. They can be responsible for funding local NGOs, institutions and projects and implementing projects.

3.3 Influence of NGOs on World Affairs

- i. Service-delivery: NGOs provides public goods and services that governments from developing countries are unable to provide to society.
- ii. Service-delivery: NGOs serves as contractors or collaborate with democratized government agencies to reduce cost associated with public goods.
- iii. Capacity-building: They influence global affairs differently, in the sense that the incorporation of accountability measures in Southern NGOs can affect "culture, structure, projects and daily operations".
- iv. Advocacy and public education: They are concern with global affairs in its ability to modify behaviour through the use of ideas and advocacy and public awareness
- v. They strategically construct messages to mobilize communities in promoting social, political, or environmental changes.
- vi. Movement: NGOs mobilizes the public and coordinate large-scale collective activities to significantly push forward activism agenda.

Discussion

In what ways do you think NGOs can improve the life of rural community?

Post your answer to online forum for the comment of your classmate

4.0 Self-Assessment Exercise(s)

1. Types of NGOs are understood by _____ and _____
2. Highlight the influences of NGOs to world affairs?

Answer:

1. *By orientation and level of how they operate*
2. *a. Service-delivery*
 - b. Capacity-building*
 - c. Advocacy and public education*
 - d. They strategically construct messages to shape behavior,*

- e. Mobilizes the public and coordinate large-scale collective activities to push forward activism agenda.*
- f. Pursued international outreach*

5.0 Conclusion

NGOs perform a variety of service and humanitarian functions by bringing citizens concerns to governments, advocate and monitor policies and encourage political participation through provision of information.

6.0 Summary

You could recall that in this unit, you have learnt the meaning of NGOs, which refers to as non-profit and independent of governments and international governmental organizations that are active in humanitarian, educational, health care, public policy, social, human rights, environmental, and other areas to effect changes according to their objectives. You also learnt that NGOs are categorized based on orientation and level of how they operate. This unit also exposed you to various ways through which NGOs influence the world affairs such as; Service-delivery, capacity-building, advocacy and public education, constructing messages to shape behavior, mobilizing the public and coordinate large-scale collective activities to push forward activism agenda and persuading international outreach

7.0 References/Further Readings

- Davies, T. (2014). *Non-Governmental Organisations: A New History of Transnational Civil Society*. New York: Oxford University Press. p. 3.
- Norbert, G. (2011). *Civil Society and NGOs: Far from Unproblematic Concepts*. The Ashgate Research Companion to Non-State Actors. Bob Reinalda (ed.). Aldershot: Ashgate, 185–196.
- Hilton, M. et al (2013). *The Politics of Expertise: How NGOs Shaped Modern Britain*

Unit 2: International health

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s)
- 3.0 main Contents
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- 7.0 Reference(s)/Further Readings

1.0 Introduction

In the previous module, you have learnt about NGOs and how their activities influences the world affairs. However, in this unit you will learn the functions of international health in the promotion and maintenance of health and prevention of spread of diseases. You will also be exposed to the concept of International Health Regulations (IHR) and what it ought to achieve, and mechanisms in international health cooperation.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- Explain the meaning of international health;
- Describe the major functions of international health
- Describe international health regulations
- Identify the goals of international health regulations

3.0 Main Content

3.1 What is international Health?

International health simply means health activity involving persons, communities and/or institutions in two or more countries. The interest in international health has its origins in the early ventures of international trade and travel and it antedates recent global events.

3.2 Major functions of international health

1. Disease control

The eradication of smallpox is a typical example of the mutual benefit exist due to international health action. Globally, many countries had long eliminated this infectious disease from their countries but they faced the constant threat of the reintroduction of the infection from other countries. This make it necessary for these countries to establish and maintain mechanisms for protecting their populations from imported smallpox. The precautions against this smallpox is complex and costly. When smallpox was finally eradicated, they were able to dismantle the protective mechanisms. Now, that poliomyelitis has been eliminated from the western countries, there is still a strong drive to protect this gain by achieving global eradication of the infection.



Figure 6: Disease Control through Immunization

2. Health research

Health researches are organized through national institutions where there is a growing appreciation of the value of international collaboration with other countries and developmental partners. WHO is a leading international organisation in organising major health research programmes on human reproduction, maternal and child health and other tropical diseases. These international networks with many countries and organisations have produced useful products that are been successfully applied in health programmes.

3. Reverse benefits

Researches carried out by scientists in the developed countries had greatly benefited people living in Africa and other developing countries. In the field of health-care delivery, the developed nations have adopted some innovative ideas and mechanisms in pharmaceutical sciences and other allied health discipline that were first tested out in the developing countries.

Similarly, many experiments in the use of paramedical personnel in health-care delivery, innovative community-based programmes in mental health and similar initiatives in the developed countries have informed and influenced the health care system in the developing countries.

In-Text Questions

1. _____ is a function of international health

- a. Health research b. Perceive benefits c. Quarantine d. Endemic

Answer

1. A

3.3 International Health Regulations

International Health Regulations (IHR) was first introduced to help monitor and control four serious diseases, which had high potential to spread between one country to another. Meanwhile, the World Health Assembly has replaced the International Sanitary Regulations, which had been in use since 1951 with a current International Health Regulations (IHR) in 1971.

3.4 Goals of International Health Regulations

The major goals of the IHR are to:

- Detect, reduce or eliminate sources from which infection spreads;
- improve sanitation in and around ports and airports;
- prevent dissemination of vectors.

At initial stage, the IHR are concern with cholera, plague and yellow fever (smallpox was

removed in 1981). In those days IHR do not cover several diseases of international importance including ebola, Lassa fever, corona virus and other haemorrhagic fevers. However, the International Health Regulations (IHR) was revised in accordance with a resolution adopted by the World Health Assembly in 1995. The revision process aims to develop rules which will effectively adapt to emerging trends in the epidemiology of communicable diseases as well as international trade in the 21st century.

These regulations have been modified over time:

- Smallpox has been removed from the list of diseases subject to IHR and therefore an international certificate of vaccination should no longer be required from any traveler;
- Certificate (yellow fever vaccination) that is only required now from a limited number of international travelers from countries where there are cases of yellow fever;
- Cholera vaccine certification or indeed any other vaccination is in excess of the terms of the International Health Regulations.

3.5 Mechanism of international health co-operation

Mechanism of international health cooperation is classified in to two; bilateral agreement and multilateral co-operation.

1. Bilateral agreements: This is a co-operation among nations including financial and technical support, exchange of scientific information and various forms of assistance.
2. Multilateral Cooperation: This is a mutual cooperation among the governments of many nations on a regional or global scale.

Discussion

Go to your locality and ask health workers in the health facility nearest to you on the types of diseases that WHO, UNICEF and other international developmental partners are providing supports in their control. You should post your answers online.

In-Text Question(s)

1. International Health Regulations was established in the _____.
2. _____ is a cooperation among nations including financial and technical support and exchange of scientific information.

Answers

1. 1951

2. *Bilateral agreement*

4.0 Self-Assessment Exercise(s)

1. _____ refers to health activity involving persons, communities and/or institutions in two or more countries’.

2. The interest in international health has its origins in the early ventures of _____ and it antedates recent global events.

3. *The following are goals of the IHR:*

a. Detect, minimize or eliminate sources from which infection spreads;

b. Improve sanitation within and around ports and airports;

c. Prevent spread of vectors and infection.

d. Cooperation among government of various nations

Answers

1. International health

2. International trade and travels

3. d

5.0 Conclusion

International health has contributed a lot in monitoring, prevention and control of serious diseases, which have significant potential to spread from one country to another. It helps in detecting, minimizing or eliminating spread of infection and improving sanitation around the globe.

6.0 Summary

You could recall that in this unit, you have learnt about the meaning of international health, which refers to health activity involving of persons, communities and/or institutions between two or more countries. The functions of international health such as disease control, health research and reverse benefits are also learnt in this unit. You have also learnt about the concept of International Health Regulations (IHR) and its goals, and the mechanism for international health which are classified in to bilateral agreement and multilateral cooperation

7.0 References/Further Readings

Global Forum for Health Research (1999). *The 10/90 Report on Health Research*.
Geneva: WHO

Newell, K.W. (1985). Global strategies – developing a unified strategy. In: Holland
W.W., Detels, R. & Knox, G. (Eds). *Oxford Textbook of Public Health*.
Oxford: Oxford University Press

Patten, C. (1988). Britain's role and responsibility for health in the tropics.
Transactions of the Royal Society of Tropical Medicine and Hygiene, 82,660-664.

Unit 3: International Health Agencies

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- 2.0 Intended Learning Outcome(s) (ILOs)
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 - 3.1.1 Multilateral Organisations that Focus on Global Health
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 - 3.1.3 Non-Governmental Organisations
 - 3.2 Websites for Major Intergovernmental Agencies
- 4.0 Self-Assessment(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/Further Readings

1.0 Introduction

You could recall that you learnt about International health, international health regulations, its goals and mechanism for International health cooperation in the previous unit. In this unit, you will be exposed to diversity and intensity of global health challenges and various agencies that works together to tackle the global health issues.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- Describe the three categories of international health agencies.
- Discuss the responsibilities of each agency in providing health care
- Enumerate examples of agencies under each category

3.0 Main Content

3.1 International Health Agencies

As a result of diversity and intensity of global health challenges, no single country or agency can work alone to tackle such issues. Therefore, multiple international agencies and institutions are collaborating to help in shaping the global health policies and fund, implement, and evaluate programmes. International and multinational organizations and other global health agencies are working together to improve public

health outcomes, provide technical expertise, and employ new strategies to prevent diseases, promote and maintain public health.



Figure 7: UNICEF Headquarter at Washington DC, USA

The international health organizations are divided into three categories: multilateral organizations, bilateral organizations, and non-governmental organizations (NGOs). Funding from multilateral organizations comes from multiple governments and non-governmental sources and is distributed among many different countries. The common and prominent multilateral organizations are all part of the United Nations. However, there are other non-UN organizations that are at the forefront of tackling global health challenges, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

3.1.1 Multilateral organizations that focus on Global Health:

Multilateral organisations includes UN agencies such as World Health Organisation (WHO), UNICEF, UNFPA, World Bank and other regional groups of countries, e.g. the European Union.

i. World Health Organisation

The World Health Organization (WHO) was established as a multilateral health organization to unite countries for the purpose of tackling diseases and achieving better health globally. The organization have professionals with a wide array of expertise and experience, including medical doctors, researchers, epidemiologists, administrative staff (financial and information systems), statisticians, economists, and other related fields to operate a wide range of programmes and projects worldwide.

ii. World Bank

The World Bank is a leading institution for investments in health and development. It plays a critical role in shaping global health policy. The World Bank aims to alleviate poverty by providing loans, credits, and grants to poor countries to implement various development projects in the areas of education, healthcare, agriculture, environmental and natural resource management, infrastructure, and other relevant areas.-



Figure 8: World Bank Supporting Activities to Improve Agriculture and Safe Environment

iii. United Nations Children’s Fund

The United Nations Children's Fund (UNICEF) is a critical player in child health initiatives. It spends the majority of its non-administrative budget on promoting health

initiatives, and solve the needs of the world's most vulnerable children. UNICEF aims to address major health concerns such as HIV and AIDS, maternal and child nutrition, maternal mortality, increasing vaccination rates, among other areas of importance such as gender equality, and child survival and development.

3.1.2 Bilateral Organisations

These are government agencies or not-for-profit organizations that are based in a single country and provides funding to developing countries. Examples of bilateral organizations includes; Department of International Development (DFID), United States Agency for International Development, (USAID), Centre for Disease Control (CDC), Swedish International Development Agency (SIDA), among others.

In-Text Questions

1. International health agencies are divided into three categories, _____, _____ and _____

Answer

Multinational organization, Bilateral organisations and Non-governmental organisations

i. United States Agency for International Development (USAID)

USAID is one of the largest bilateral agencies involved in global health efforts. It is the lead United States government agency that aims to end extreme global poverty while assisting resilient, democratic societies to realize their potential. The organisation provides funding for and supports global health initiatives in areas such as emerging pandemic threats, family planning, HIV and AIDS, health systems strengthening, malaria, maternal and child health, neglected tropical diseases, nutrition, and tuberculosis (TB).

ii. Centre for Disease Control (CDC)

CDC is part of the United States Department of Health and Human Services. The organization is responsible for implementing public health initiatives in the United States. It also put its resources to advance global health initiatives. Other countries have bilateral organizations that perform similar functions.

3.1.3 Non-governmental Organizations (NGOs)

The Non-governmental organization (NGO) simply refers to any non-profit, voluntary citizens' group that is organized at the local, national or international level. These organizations are usually organized around particular issues such as health, education, environment, politics and human rights. NGOs are coordinated by people who share a common interest and perform a wide range of services and humanitarian functions.

Examples of NGOs

Doctors without Borders

International Red Cross Society

Save the Children

PATH2

Community Health Research Initiatives

Bill and Melinda Gate Foundation

3.2 Websites of Major Inter-governmental Agencies

World Health Organisation (WHO)

<http://www.who.int/>

World Bank

<http://www.worldbank.org/>

United Nations Children's Fund (UNICEF)

<http://www.unicef.org/>

United Nations Population Fund (UNFPA)

<http://www.unfpa.org/>

United Nations Development Programme (UNDP)

<http://www.undp.org/>

Discussion

Identify any health project in your locality supported by international health agencies.

4.0 Self-Assessment Exercises

1. Give examples of four health agencies under each of the following:

- a. Bilateral organisation
- b. Multilateral organisations
- c. Non-governmental organisations

Answer:

a. Bilateral organisation

- World Health Organisation (WHO), UNICEF, UNFPA, World Bank and European Union.

b. Multilateral organisations

- USAID, DFID, Swedish International Development Agency (SIDA), CDC, among others.

c. Non-governmental organisations

- Doctors Without Borders/Medecins Sans Frontieres, Save the Children, International Red Cross Society, Community Health Research Initiatives, and Bill and Melinda Gate Foundation

5.0 Conclusion

Promotion of optimal health through prevention of communicable and non-communicable disease could not be achieved if a single country or agency work alone to tackle these issues. To achieve these aims, multiple international agencies and institutions collaborate to help in shaping the global health policies and fund, implement, and evaluate programmes.

6.0 Summary

In this unit, you have learnt the diversity and intensity of international health agencies in tackling global health issues. The functions of international health agencies such as; improving public health outcomes, providing technical expertise, and improving new strategies to prevent diseases, promote and maintain public health were discussed in

this unit. Also, the categorisation of international health agencies in to bilateral organisations, multilateral organisations and non-governmental organisations were discussed in this unit

7.0 References/Further Readings

Center for Global Health (2019). What are the types of health Organisation working for global health? New York: School of Public Health, University of Albany

Unit 4: Port-health programmes

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- 1.0 Introduction
- 2.0 Intended Learning Outcome(s) (ILOs)
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 - 3.4 Passengers and Staff
 - 3.5 Aircraft
- 4.0 Self-Assessment(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/Further Readings

1.0 Introduction

In the previous unit, you have learnt about international health agencies responsible for provision of health care among countries globally. This unit will expose you to port-health programmes which aims in guiding passengers and staff of airports and seaports against import and export diseases which are transmitted by travelers from their countries of residents along their countries of destinations.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- Describe the health programmes conducted in the airports and seaports
- Explain how to safe-guard the lives passengers and staff against import and export diseases.

3.0 Main Content

3.1 Port-Health Programmes

Port-health programmes aims to guard against the import and export of diseases, thus keeping the indigenous population reservoir as small as possible and honestly notifying WHO of the latest situation in the country, irrespective of the local consequences. Port-health regulations supports epidemiological surveillance of

disease: the study of a disease as a dynamic process involving the ecology of the infectious agent, the host, the reservoirs, the vectors and the role of the environment.

Many countries have a Quarantine and Epidemiology Departments at the Ministry of Health which deals with:

- Port-health
- Airport health
- Vaccination
- Quarantine stations or hospitals



Figure 9: Health Workers Checking the Health of Travelers on Arrival to Airports

3.2 Seaports

It is the responsibility of seaports to take the following actions whenever a ship is infected (e.g. with a case of plague):

- Isolate suspected case(s)
- Isolation of close contacts (incubation period of 14 days)
- Revaccination of those passengers and crew without valid certificates
- Surveillance of other contacts after 14 days
- Disinfection of patient's cabin, not whole ship
- International notification.

In-Text Questions

1. _____ aims to guard against the import and export of diseases

Answer

Port-health programmes

At quarantine stations and hospitals, compulsory revaccination for suspected case(s) takes place, as well as group isolation and medical surveillance. Sanitary examination of ships, especially water, toilets, kitchen and food storage compartments should be carried out, and vaccines certificate should be examined.

With most travelers using air rather than sea nowadays and with the advent of container ships carrying relatively small numbers of crew members, port health is now a good deal less important than in the past. Human trafficking, smuggling of narcotics and arms now pose a greater threat than in the past.

3.3 Airports

The speed at which air travelers move from their country of destination, make infected travelers to feel quite well when they arrive in another country, especially if they are in the early stages of their illness. Due to these circumstances, the surveillance and the precautions taken at airports of arrival are often ineffective. Meanwhile, airport health services are rapidly being developed all over the world. They may perform the following functions:

3.4 Passengers and Staff

- Vaccination and inoculation of passengers and crews if there are suspected cases of infected travelers.
- Vaccination and inoculation of airport personnel who come in contact with aircraft from infected ports.

- Examination of passengers suspected with infection
- Placing of suspected passengers under surveillance when necessary.

3.5 Aircraft

- Inspection of aircraft coming from countries with epidemic or pandemic disease i.e yellow fever infected areas for the presence of *Aedes* mosquitoes

and to carry out disinfection, if necessary (knock down spraying to kill anopheles).

- Taken of specimens of toilet wastes from planes for bacteriological examination to ascertain whether adequate disinfection is being carried out.
- Regular and periodic sampling of food and potable water supplied to the aircraft to ascertain whether these are fit for human consumption and that they have not been contaminated by bacteria or chemical substances.

1. At quarantine stations, the following takes place except

- a. Vaccination b. Operation c. Inoculation d. Surveillance

Answer

1. b

Discussion

Between airports and seaports, which one do you consider as a best channel of importing and exporting international diseases.

4.0 Self-Assessment Exercise(s)

Self-Assessment Exercise

1. One of these is not an example of port-health

- a. Crew b. airport c. seaport

2. An international passenger suspected with international disease is quarantine on arrival of country of destination

- a. True b. False

3. Revaccination of the passengers and crew without valid medical certificate is the responsibility of _____

- a. Seaport b. Crew c. National hospital

Answers

1. c 2. a c. a

5.0 Conclusion

With effective port health programme, the health of passengers and staff will be safe guard against import and export diseases which transmitted from travellers countries of residence along country of destinations.

6.0 Summary

You have learnt about the aims of port-health programmes; to guard against the import and export of diseases, thus keeping the indigenous population reservoir as small as possible and honestly notifying WHO of the latest situation in the country,

irrespective of the local consequences. You also learnt about different port-health programmes such as isolation of suspected cases, vaccination of passengers and crew without valid certificates, quarantining, isolation of close contacts, surveillance of other contacts, disinfection of infected passenger's cabin, and international notification.

7.0 References/Further Readings

Global Forum for Health Research (1999). *The 10/90 Report On Health Research*.
Global Forum for Health Research, Geneva: WHO

Newell, K.W. (1985) Global strategies – developing a unified strategy. In: Holland W.W., Detels R. and Knox G. (Eds) *Oxford Textbook of Public Health*. Oxford University Press.

Patten, C. (1988). Britain's role and responsibility for health in the tropics.
Transactions of the Royal Society of Tropical Medicine and Hygiene, 82, 660-664.

TMA 1

1. With clear examples, describe the roles of NGOs in influencing the global health (10 marks)
2. International Health Regulations were modified overtime. Clearly explain the medication that occurs in relation to disease subject and certificate of vaccination (10 marks).
3. Identify the categories of international health agencies (1 marks x 3 = 3marks)
4. Explain three the types of organisations under each category above (2 marks x 3 = 7 marks).

Module 3: Public Health Programmes

Module Introduction

You could recall that in the previous module, you have learnt the concept of NGOs, the two major types of NGOs, the functions they performed and how they influence the world affairs. You also learnt about the meaning of international health regulations and its goals, mechanism of international cooperation and various types of international health agencies, port-health programmes and various services provided at airports and seaports for preventing and controlling the spread of international diseases. However, in this unit, you will learn about what constitute public health programmes and their functions. You will also learn about assessment, policy development and assurance as fundamental services in public health. In this module, you will also learn about the relation population and public health and public health activities that influence population's health. Furthermore, the concept of public health law, its scope and sources will also be learnt in this module.

Introduce the module and state the units under the module.

Unit 1: Public Health Programmes

Unit 2: Fundamental services in Public Health

Unit 3: Population and Public Health

Unit 4: Public Health law

Unit 1: Public Health Programmes

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s) (ILOs)
- 3.0 Main Contents
 - 3.1 Public Health Programmes
 - 3.2 Function of Public Health Programmes
- 4.0 Self-Assessment(s)
- 5.0 Conclusion
- 6.0 Summary

7.0 Reference(s)/Further Readings

1.0 Introduction

Specific health programmes conducted in airports and seaports to guide travellers against imports and exports diseases were discussed in the last unit of module two. Therefore, in this unit you will learn about the general programmes design to prevent diseases and other health conditions, and to promote healthy behaviours in the community.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- Explain what is public health programmes.
- Identify various methods use in designing public health programmes.
- State the major functions of public health programmes.

3.0 Main Content

3.1 Public Health Programmes

Public health programmes are set of activities design to prevent and reduces the occurrence of diseases, injuries and other health conditions through surveillance of cases and the promotion of healthy lifestyles in the communities and environments.

Many diseases can be prevented through simple, non-medical methods. For example, the simple act of hand washing with soap can prevent the spread of many communicable diseases. In other cases, treating a disease or controlling a pathogen can be an important preventing the spreading the infectious agents, either during an outbreak or through contamination of food or water supplies. Public health communication programmes, vaccination programmes and distribution of condoms are examples of preventive public health measures. Meanwhile, these measures have contributed immersely to the health of populations and increases in life expectancy.

Public health programmes plays an important role in an effort to prevent diseases both in the developing world and the developed countries through local health systems and non-governmental organizations. The World Health Organization (WHO) is the international agency that coordinates and acts on global public health issues. Most countries have their own public health agencies, such as the State and Federal Ministries of Health, with responsibility for domestic health issues.



Figure 9: Husband and Wife Receiving Oral Contraceptive Pills after Counselling from a Midwife

In-Text Questions

1. Population health increases_____.
 - a. Number of citizens
 - b. Life Expectancy
 - c. Male and female population
2. Diseases cannot be prevented from simple non-medical methods.
 - a. True
 - b. False

Answers

1. b
2. False

3.2 Functions of public health programmes

The World Health Organization (WHO) identifies core functions of public health programmes including:

- i. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- ii. Shaping a research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- iii. Providing vaccinations that made giant strides in promoting health, including the eradication of smallpox, a disease that plagued humanity for thousands of years;
- iv. Developing norms and standards in promoting and monitoring implementation of public health programmes;
- v. Developing ethical and evidence-based public health policy options;
- vi. Designing programmes in reducing the incidence of disease, disability, and other physical and mental health conditions;

- vii. Monitoring of health situation and assessing health challenges.
- viii. Serve as an early warning system for impending public health emergencies;
- ix. Document the impact of health interventions and track progress towards specified goals;
- x. Monitor and clarify the epidemiology of health problems, allow priorities to be set;
- xi. Investigate and diagnose health problems and hazards of the community.

Discussion

1. What are the four (4) major methods you can consider/used while designing public health programmes in your community.

Post your response on the forum page for other class members to comment.

4.0 Self-Assessment Exercise(s)

1. Public health programmes are set of _____ design to prevent diseases and injuries
 - a. Health facilities b. medical terminologies c. vaccinations d. Activities
2. Many non-medical procedures can be used to improve population health.
 - a. True b. False
3. Investigating and diagnosing health problems and hazards in the community is not a function of population health
 - a. True b. False

Answers

1. d 2. a 3. b

5.0 Conclusion

Public health programmes plays a significant role in disease prevention efforts in both the developing world and in developed countries through local health systems and non-governmental organizations.

6.0 Summary

In this unit, you have learnt about the meaning of public health programmes which is defined as set of activities design to prevent and mitigate diseases, injuries and other health conditions through surveillance of cases and the promotion of healthy behaviours in the community and the larger environment. You also leant about various method used in designing public health programmes such as non-medical method such as hand washing, immunization programmes and distribution of condoms, water sanitation, treatment and controlling pathogens, among others. Meanwhile, you learnt about the various functions of public health programmes as identified by WHO.

7.0 References/Further Readings

Centers for Disease Control Foundation (2017). What is Public Health". Atlanta, GA: Centers for Disease Control.

Joint Task Group on Public Health Human Resource (2005). Advisory Committee on Health Delivery & Human Resources; Advisory Committee on Population Health & Health Security. Building the public health workforce for the 21st century. Ottawa: Public Health Agency of Canada. OCLC 144167975.

Garrett, L. (2007). "The Challenge of Global Health". *Foreign Affairs*. 86 (1): 14–38.

Unit 2: Fundamental Services in Public Health

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s) (ILOs)
- 3.0 Main Contents
 - 3.1 Fundamental Services in Public Health
- 4.0 Self-Assessment(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/Further Readings

1.0 Introduction

In unit 1 of this module of this module, you have learnt about the meaning of public health programmes, methods used in designing such programmes and their functions. This unit will expose you to various ten fundamental services provided in public health programmes.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- Demonstrated the skills of planning public health programmes.

3.0 Main Content

3.1 Fundamental Services in Public Health

Fundamental services in Public health are organized according to the three fundamental purposes of public health. They are as follows:

1. Assessment
2. Policy development,
3. Assurance

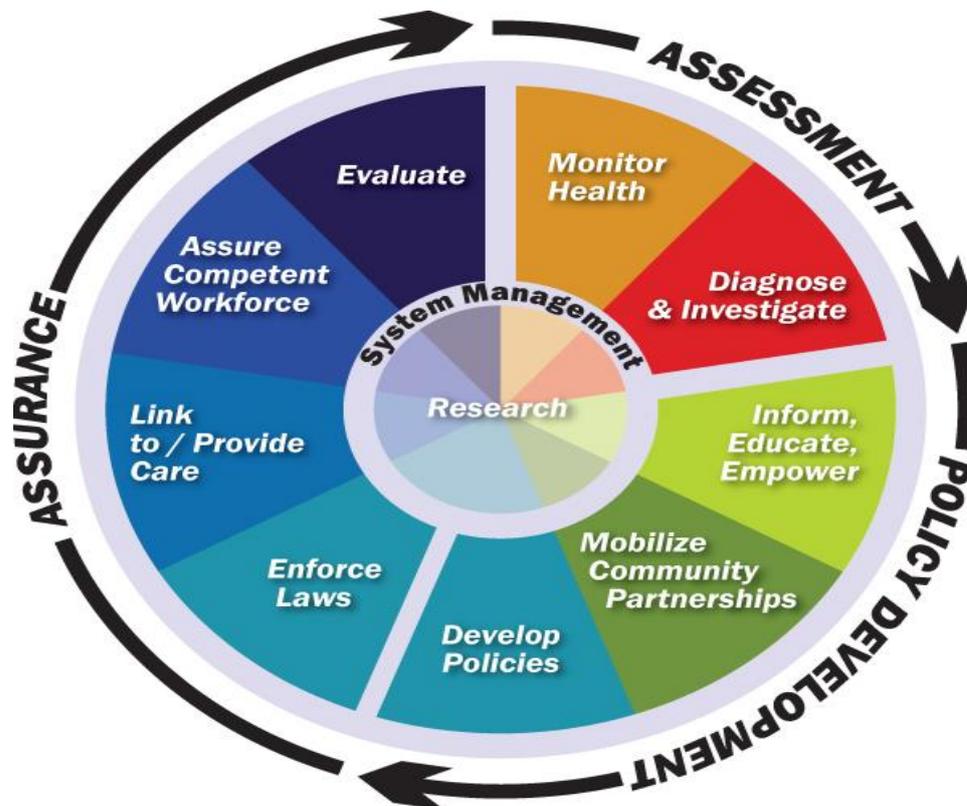


Figure 10: Ten Fundamental public health services

Copy and click the link below to watch video on fundamental public health services
<https://vimeo.com/40604902>

- i. Monitor and evaluate health status to identify community health problems.

It is vital for public health organizations to monitor and evaluate the health status of populations in order to identify trends and to target health resources. This includes: utilization of appropriate tools to interpret and disseminate data to audiences of interest; collaboration in integrating and managing public health; and accurate and periodic assessment of the community's health status. Meanwhile, public health agencies can monitor and evaluate the health status of the population by creating a disease reporting system, community health profiles, and health surveys.

- ii. Diagnose and investigate health problems and hazards in the community

To allocate public health resources appropriately, it is essential to diagnose and investigate health problems and hazards in the community. This service include: population-based screening of diseases; access to public health laboratories capable of completing rapid screening and high volume testing; and epidemiologic investigations of disease outbreaks and patterns of disease.

- iii. Inform, educate and empower people about health issues

Health Education to activities to promote and improve health should be conducted once public health priorities have been established through monitoring and investigation of health problems in the community. This services could be achieved

through media advocacy, increasing awareness about appropriate portion sizes using advertisements on buses, billboards and social media. However, health education and health promotion programme should be established in partnerships with organizations in the community, such as schools, mosques, churches and employment facilities.

In-Text Questions

1. _____, _____ and _____ are the purposes why public health services are organized.

Answer

1. Assessment, policy development and assurance

iv. Mobilize community partnerships to identify and solve health problems

Local, state and federal public health agencies can mobilize community partnerships to identify and solve health problems. The components of this services includes; building coalitions to utilize the full range of available resources; facilitating partnerships that will undertake defined health improvement projects; and providing assistance to partners and communities to solve health problems.

v. Developing policies and plans to support individual and community health efforts

Effective policies can be developed to modify human behaviour and reduce negative health outcomes. This can be achieved through: alignment of resources and strategies for community health efforts; and systematic health planning strategies to guide community health improvement.

Develop Policies and Plans That Support Individual and Community Health Efforts

- Develop leadership at all levels of public health.
- Plan community-level and state-level health improvement in all jurisdictions.
- Develop and track health objectives to measure quality improvement.
- Collaborate with medical communities to create policies on prevention and treatment services.
- Develop codes, regulations, and legislation to guide the practice of public health.

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vi. Enforce laws and regulations that protect and ensure public health safety

This involves complying with existing organisational laws and regulations in order to ensure the overall health and safety of the general public. This includes reviewing, evaluating, and revising laws and regulations put in place to protect the health and safety of the public; educating persons and organizations about these laws and

regulations to improve compliance and encourage enforcement of them; and enforcing actions that protect the health of the public (e.g., protection of drinking water; enforcement of clean air standards; enforcement of laws prohibiting the sale of alcoholic and tobacco. laws concerning the use of seat belts and child safety seats; mandating childhood immunizations. ensuring food safety; and enforcing housing and sanitation codes).

- vii. Linking people to personal health services to ensure the provision of health care when available

Having access to care when it is needed is important preventing and avoiding unfavorable health outcomes and medical costs. At local level, this service includes; identifying populations that face barriers to accessing health services and addressing their personal health needs, assuring the linkage of these populations to appropriate health services, and developing and implementing programmes that will address the barriers peoples face in attempting to access care. At the state levels, the services includes; assessing access to and availability of state health services and partnering with public, private, and non-profit sectors to provide quality health care..

- viii. Competent public and personal health care workers

Competent health care workers and staff i.e., skilled in the core principles of public health practice are more likely to provide effective care and compared to those who are not. This can be achieved by making sure that the workforce meets the health needs of the population, maintaining public health workforce standards by developing and implementing efficient licensure and credentialing processes and incorporating core public health competencies into personnel systems.

- ix. Evaluating effectiveness, accessibility and quality of personal-based health services

This involves assessing whether or not health programmes/policies have produced intended outcomes. This could be achieve by assessing the accessibility, quality and effectiveness of services and programmes delivered; providing policymakers with the information they need in order to make well-informed decisions regarding the allocation of scarce resources; tracking efficiency, effectiveness, and quality of services analyzing data on health status and service utilization; and striving to improve the public health system's capacity to well serve the population.

10. Research for innovative solutions of health problems

Through research, the health problems individuals and the community are facing can be better understood, and therefore be better and more appropriately addressed given the evidence provided by such research efforts.

Discussion

Interact with 3-4 members of your class, brainstorm and identify the services provided by Primary Health care Centres and State Ministries of Health.

Post you answers on online forum for class members to make their comment

4.0 Self-Assessment Exercise(s)

1. Public health agencies can _____ and _____ health status by creating disease reporting system, community health profiles and health surveys.
 - a. Manage and direct
 - b. Access and coordinate
 - c. Manage and coordinate
 - d. Monitor and evaluate
2. Local, state and federal agencies can _____ partnership to identify and solve health problems.
 - a. Mobilize community
 - b. Health programme
 - c. Health Information
 - d. Bilateral health
3. Having access to medical care when needed is important in prevention and avoiding ----- and medical cost
 - a. Health outcomes
 - b. Health education
 - c. Health Programme
 - d. Evaluation

Answers

1. d
2. a
3. a

5.0 Conclusion

To achieve health for all citizens, public health practitioners should develop competency to execute fundamental services in public health programmes.

6.0 Summary

Fundamental services in public health are organized according to three fundamental purposes of public health; (i) assessment (ii) policy development, and (iii) assurance. Assessment involves: Monitoring and evaluating health status to identify community health problems; diagnosing and investigating health problems and health hazards in the community. Policy development involves: informing, educating, empowering people about health issues; and mobilize community partnerships to identify and solve health problems; and developing policies and plans that support individual and community health efforts. Assurances involves: Enforcing laws and regulations that protect and ensure public health and safety, Linking people to needed personal health services; assuring a competent public and personal health care workforce; evaluating effectiveness, accessibility and quality of personal-based health services; and research for new insight and innovative solutions to health.

7.0 References/Further Readings

CDC (2018).

<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

Centers for Disease Control and Prevention (2013). Ten Essential Public Health Services. National Public Health Performance Standards Programmes.

Institute of Medicine (1998). The future of public health. Committee for the Study of the Future of Public Health Washington DC: The National Academies Press.

Unit 3: Population Health and Public Health

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s)
- 3.0 Main Contents
 - 3.1 — Definition of Population Health
 - 3.2 Public Health and Public Health
 - 3.3 Public Health Programmes that Influence Population Health
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/Further Readings

1.0 Introduction

You have learnt about various methods, functions and fundamental services of public health programmes in the previous units of this module. Therefore, this unit will expose you to the meaning of population health, how public health programmes influence population health and various activities of public health activities that contribute to development of population health.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- Explain the meaning of population health
- Identify how various public health activities that can influence population health.

3.0 Main Content

3.1 Definition of Population Health

Population health refers to health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is made up of three main components: health outcomes, health determinants, and health policies. Therefore, population health is a science of analyzing the inputs and outputs of the overall health and well-being of a population and using this knowledge to produce desirable population outcomes.



Figure 11: Indicators of Population Health

Population health outcomes are the product of multiple determinants of health, including policies, clinical care, public health, genetics, behaviours (e.g., smoking, diet, and treatment adherence), social factors (e.g., employment, religion, education, and poverty), environmental factors (e.g., occupational, food, and water safety), and the distribution of priorities in the population.

3.2 Public health and population health

Public health is concerned with protecting the health of entire populations, from the community level, to national and global levels. The primary concern of public health is to help identify and establish the conditions in communities under which people can live healthy lives. Meanwhile, population-based disease prevention, health promotion programmes and policies that extend beyond medical treatment by targeting underlying risks, such as tobacco, drug, and alcohol use, diet and sedentary lifestyles; and social and environmental factors or determinants are the focus of public health activities.

Population health is a major concern of public health, because improving the health of populations is a major goal of public health activity. In fact, improving population health is one of the three pillars of the Triple Aim, a framework for health system optimization, along with the pillars of improving clinical outcomes and lowering healthcare costs.

Public health agencies and experts carry out the work of population health by assessing community needs, designing, implementing, and evaluating programmes that prevent injuries and disease, working to reduce health disparities, issuing guidelines and recommendations, identifying best practices, performing population

health surveillance and data analysis, and providing resources to other organizations to carry out these efforts.

The population health is an expansion of the public health agenda, such that all the major forces shaping society can see themselves as contributors towards this common goal. The success of this paradigm shift will depend on how well different entities (healthcare providers, payers, public health agencies, policymakers, businesses, and community-based organizations) internalize the framework and collaborate with one another.

In-Text Questions

1. Population health is made up of all of the above except:

- a. Health outcomes b. Health agencies c. Health determinant d. Health policies

Answer

1. b

3.3 Public health activities that influence population health

The following are public health activities that influence the health of the population:

- a. Immunizing and controlling infectious diseases
- b. Ensuring motor vehicle safety
- c. Ensuring workplace safety
- d. Ensuring food safety
- e. Sanitizing water
- f. Protecting maternal and child health and access to family planning
- g. Preventing chronic disease

Discussion

“Population health can be improve by the actions of non-health workers in the community”. Do, you agree on that? If so, what are the your reasons?

Post your answer to online forum for comment from class members

4.0 Self-Assessment Exercise(s)

1. Population health is concern with _____ of the entire populations, from community level to global level.

- a. Providing drugs b. Protecting the health c. Health communication d. ORS

2. Improving population health is one of the three pillars of the Triple Aim.

- a. True b. False

3. Public health activities cannot be influence by ensuring workplace safety.

- a. True b. False

Answers

1. b. 2. a 3. b

5.0 Conclusion

Population health is majorly concern with the work of public health, because improving the health of populations is a major goal of public health activity.

Improving the health of the population is one of the three pillars of the Triple Aim, a framework for health system optimization, along with the pillars of improving clinical outcomes and lowering healthcare costs.

6.0 Summary

You could recall that in this unit, you have learnt about the meaning of population health, which is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group; and that population health is comprised of three main components: health outcomes, health determinants, and policies. You also learnt that public health organizations and professionals carry out the work of population health by assessing community needs, designing, implementing, and evaluating programmes that prevent or mitigate injury and disease. Furthermore, you learnt about various activities that influence population health such as immunization and control of infectious diseases, ensuring motor vehicle, workplace and food safeties, sanitizing water, protecting maternal and child health and access to family planning and preventing chronic disease.

7.0 References/Further Readings

Kindig, D. & Stoddart, G. (2003). What is population health? *American Journal of Public Health*. 93(3):380-383.

Nash, D.B., Skoufalos, A., Fabius, R.J., & Oglesby, W.H. (2016). Population Health: Creating a Culture of Wellness (3rd ed). Burlington: Jones & Bartlett Learning.

Nash, D.B., Skoufalos, A., Fabius, R.J. & Oglesby, W.H. (2016). Population Health: Creating a Culture of Wellness. 3rd ed. Burlington: Jones & Bartlett Learning.

Jacobson, D.M. & Teutsch, S. (2015). “An Environmental Scan of Integrated Approaches for Defining and Measuring Total Population Health by the Clinical Care System, the Government Public Health System, and Stakeholder Organizations.” Available at <http://www.improvingpopulationhealth.org/PopHealthPhaseIICommissionedPaper.pdf>. Accessed 8-15

Unit 4: Public Health Law

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s) (ILOs)
- 3.0 Main Contents
 - 3.1 Public Health Law
 - 3.2 Scope of Public Health Law
 - 3.3 Sources of Public Health Law
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/Further Readings

1.0 Introduction

You could recall that in unit 3 of this module, you have learnt about various methods, functions and fundamental services of public health programmes, concept of population health and how public health programmes influence population health. Therefore, in this unit, you will be exposed to concept of public health law, scope and sources of public health law. This will make you understand the legal conditions that will make people to be healthy in the society.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- Explain the meaning of public health law
- Describe the scope of public health law
- Identify the major sources of public health law

3.0 Main Content

3.1 What is Public Health Law?

Public health law refers to a field that focuses on legal practice, scholarship and advocacy on issues involving the government's legal authorities and duties "to ensure the conditions for people to be healthy. It also concerns with how to balance these authorities and duties with "individual rights to autonomy, privacy, liberty, property and other legally protected interests.

3.2 Scope of public health law

Public health law is a broad discipline. It ranges from narrow questions of legal interpretation to complex matters involving public health policy, social justice and ethics. Some generics, which are used as legal tools such as statutes, regulations and litigation have played a vital role in historic and modern public health achievements including advances in infectious disease control, food safety, occupational health, injury prevention and emergency preparedness and response.

For example, local government have can pass clean indoor air legislation to address tobacco as a health hazard, state courts can upheld vaccination mandates and federal regulations can established vehicle performance crash standards to promote motor vehicle safety.

3.3 Sources of public health law

Legal authority relevant to health of the citizens comes from five basic legal sources and constitutions of each level of government. All government action to advance public health must be in-line with constitutional authority and constitutional protections of individual rights.

3.3.1 Legislative branch: National assembly, state assemblies and local government councils develop policies and distributes public funds by enacting statutes, which are commonly called ordinances.

3.3.2 Executive branch: the President, governors, local government chairmen, executives of agencies such as departments of public health issues rules and regulations based on authority delegated by the legislature through statutes.

3.3.3 Board of health agencies: This are administrative bodies whose members are appointed or elected to lead, guide and oversee the public health services and activities. The role this boards play in public health generally depends on their legal authority and powers as defined in federal, state or local governments statutes. The boards are also authorized to issue legally binding executive orders.

In-Text Questions

1. Public health law has limited role to play in occupation health safety and control of infectious diseases.

- a. True b. False

2. The scope of public health law include all the following except_____.

- a. Legal interpretation b. Social justice c. Ethics d. Jurisprudence

3. National and state assemblies and local government councils are examples of _____:

- a. Judicial Councils b. Executive branch c. Legislative branch
d. High Court

Answer

1. *False* 2. *c* 3. *b*

3.3.4 Judicial branch: Through court of law, the judicial branch resolves dispute and interprets laws including balancing community needs with constitutionally- protected rights of individuals.

3.3.5 Police: They have the power to promote laws in the interests of the general welfare and health of society. Examples of government’s police power include laws authorizing: (i) isolation and quarantine of suspected disease cases; (ii) enforcing vaccination; (iii) licensure of medical professionals; and (iv) responding health emergencies, such as bioterrorism or infectious disease outbreaks.

Discussion

“Nigerian Judicial system have a role to play in the promotion and development of health”. What is your opinion? Kindly support your opinion with reasons.

Post your answer to online forum for the class members to make comment

4.0 Self-Assessment Exercise(s)

1. Public health law focuses on legal practices, scholarship and _____ to protect health and lives of the citizens.

- a. Advocacy b. Legal framework c. Court of law d. Magistracy

2. Heads of PHCs, Departments of Public Health are regarded as_____.

- a. Legislators b. Board Members c. Executive branch d. Directors

5.0 Conclusion

Many legal tools such as regulations and litigations, statues, and so on have played a vital role in modern public health achievements including advances in infectious disease control, food safety, occupational health, injury prevention and emergency preparedness and response.

6.0 Summary

You could recall that in this unit, you have learnt about the meaning of public health law, which simply means a branch of law that is concern with legal practice, scholarship and advocacy on issues involving the government’s legal authorities and duties “to ensure the conditions for people to be healthy, and how to balance these authorities and duties with “individual rights to autonomy, privacy, liberty, property and other legally protected interests. Public health issues have a wider scope which ranges from narrow questions of legal interpretation to complex matters involving public health policy, social justice and ethics was also leant in this unit. Meanwhile, in this unit, you leant about five basic legal sources of public law, which comprises legislative branch, board of health agencies, the judicial branch and the police.

7.0 References/Further Readings

Gostin, L.O. (2008). Public Health Law: Power, Duty, Restraint. 2nd ed. Berkeley, CA: University of California Press.

Paul, M.N. (2010). Public Health law Basics

<http://phlc.stylefish.com/topics/public-health-law-basics>

Moulton, A.D. Goodman, R.A. & Parmet, W.E. (2007). Perspectives: law and great public health achievements. Law in Public Health Practice (2nd Ed). New York: Oxford University Press.

TMA 2

1. Explain any three methods use in designing public health programmes.
2. As an in-charge of PHC center in your locality, state the strategies you will adopt in planning public health programmes.
3. Explain how public health can improve the practices of public health experts

Module 4: Sustainable Development Goals and Strategies for Implementing Public Health Programme

Module Introduction

You could recall that in module 3, you have learnt about public health programmes and their functions, fundamental services in public health such as assessment, policy development and assurance. You also learnt about the relationship between population and public health, public health activities that influence public health, concept of public health law, scope and sources of public health law. In this module, you will learn about the concept of Sustainable Development Goals 2030, its six key areas and relationship of these goals to development of public health will be discussed. The module also describes the involved steps in designing strategies for implementation of public health programmes. Furthermore, the six strategies necessary for effective implementation of public health programmes will be discussed

Unit 1: Sustainable Development Goals

Unit 2: Strategies for Developing Public Health Programmes

Unit 1: Sustainable Development Goals

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s)
- 3.0 Main Contents
 - 3.1 Sustainable Development Goals 2030
 - 3.2 Six Key Areas Addressed by Sustainable Development Goals
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/Further Readings

1.0 Introduction

In module 2, unit 2, you have learnt about the functions of international health regulations. Therefore, this unit will expose you to concept of sustainable development and the link between sustainable development and public health programmes which aims in preventing the spread of diseases, promotion and maintenance of health, particularly to people living in abject poverty in developing countries.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- Discuss the concept of sustainable development goals

- Highlight six key areas addresses by sustainable development goals.

3.0 Main Content

3.1 Sustainable Development Goals 2030

In order to address the present and future challenges of health issues in the world, the United Nations had developed the Sustainable Development Goals to continue with the Millennium Development Goals of 2000 to be completed by 2030. These goals encompass the entire aspects of development across Nations, However, Goals 1-6 directly address health disparities, primarily in developing countries. These 6 goals address key issues in global public health: poverty, hunger and food security, health, education, gender equality and women's empowerment, and water and sanitation. The public health experts can use these goals to develop their own agenda and plan for smaller scale initiatives for their organizations. It is the hope of United Nations that this goals will lessen the burden of disease and inequality faced by developing countries.



Figure 12: Seventeen Areas Address by Sustainable Development Goals 2030

3.2 Six key areas address by sustainable development goals:

There a synergy between the various sustainable development goals and public health. The following are six key areas addresses by sustainable development goals:

3.2.1 Poverty: Being poor is attributed to poorer health outcomes and can be even worse for persons living in developing countries where extreme poverty is more common. A child born from a poor family is twice as likely to die before the age of five compared to a child from a wealthier family.

3.2.2 Food security and hunger: Hunger and malnutrition arise due to systemic challenges of food security. The World Health Organization estimates that 12.9 percent of the population in developing countries is undernourished.

3.2.3 Gender equality: Many women are facing health challenges in the developing world, with only half of them receiving the recommended amount of healthcare they need. Combating these disparities has shown to also lead to better public health outcomes.

3.2.4 Health education: Lack of health information or awareness can lead to poorer health outcomes. This is shown in children whose mothers have no health knowledge, facts or information to have lower survival rates compared to children born to mothers with greater levels of awareness.

In-Text Questions

1. When is it expected to complete Sustainable Development Goals?

- a. 2022 b. 2025 c. 2030 d. 2035

2. How many goals of SDG directly address health?

- a. 5 b. 6 c. 7 d. 9

Answers

1. c 2. c

5. Women empowerment: When women are empowered and have more control over household resources, the children benefit through better access to food, healthcare, and education.

6. Water and sanitation: Basic sanitation and access to clean water in the community are basic human right. It was estimated that over 1.8 billion people globally use a source of drinking water that is contaminated, and 2.4 billion people lack access to basic sanitation facilities such as toilets or pit latrines. Lack of these resources are what causes died of children from diarrheal diseases approximately 1000 in day. However, this could have be prevented from better water and sanitation infrastructure.

Discussion

SDG could used to solve many health challenges and improve the health care system in Nigeria. What is your opinion?

Post your answer to online forum for your classmates to make comment.

In-Text Question(s)

1. Neglecting women will make women to have more control of household resources.
a. True b. False

Answer

False

4.0 Self-Assessment Exercise(s)

1 Sustainable Development Goals encompasses entire aspect of _____ among nations.

- a. Life b. Ecosystem c. Culture d. Development

2. _____, _____, _____, _____, _____ and _____ are six key areas of SDG addressing global public health.

Answer

1. d

2. *Poverty, hunger and food security, health education, women empowerment, gender equality and water and sanitation*

.

5.0 Conclusion

Sustainable development goals in their entirety encompasses the entire aspects of development across all nations. Public health experts can use these goals to develop their own agenda and plan for initiatives for their organizations.

6.0. Summary

You could recall that in this unit, you have learnt about the concept of sustainable development goals is aim to address the current and future challenges in addressing health issues in the world. The United Nations have developed the Sustainable Development Goals building off the Millennium Development Goals of 2000 to be completed by 2030. These goals hope to lessen the burden of disease and inequality faced by developing countries and lead to a healthier future. You also learnt about the six key areas address by sustainable development goals which includes; Poverty, hunger and food security, health education, gender equality and women's empowerment, and water and sanitation.

7.0 References/Further Readings

NCCP (2015). Child Poverty. Available from www.nccp.org.

United Nations (2015). 2015 United Nations. United Nations Sustainable Development.

Unit 2: Strategies for Implementing Public Health Programme

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s)
- 3.0 Main Contents
 - 3.1 Strategies for Implementing Public Health Programmes
 - 3.2 Six Strategies Necessary for Effective Implementation of Public Health Programmes
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/Further Readings

1.0 Introduction

You could recall that in unit 1 of module 3, you have learnt about the concept of public health programmes and its functions. Therefore, in this unit, you will learn about the six key strategies use for effective implementation of public health programmes. They includes; innovation, technical package, partnership, management performance, communication and political commitment

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you **will** be able to:

- Explain the meaning of strategies for implementing health programmes.
- **H**ighlight six strategies use for effective implementation of health programmes.

4.0 Main Content

3.1 Strategies for Implementing Health Programmes

The strategies for implementing health programmes are steps needed to put health promotion activities into place and make them available for public utilization. In designing health care programmes, once assessment and planning have been completed, the next step is implementing the strategies and activities that will comprise the workplace health care programme. Other steps include the following:

- Developing Communications strategies for the management staff and the employees

- Securing for resources such as staff, equipment, or vendor contracts to provide programmes and services
- Providing data and informatics systems for programme planning and evaluation

3.2 Six strategies necessary for effective implementation of public health programmes

There are six strategies necessary for effective public health programme implementation; innovation, technical package, partnership, management performance, communication and political commitments.

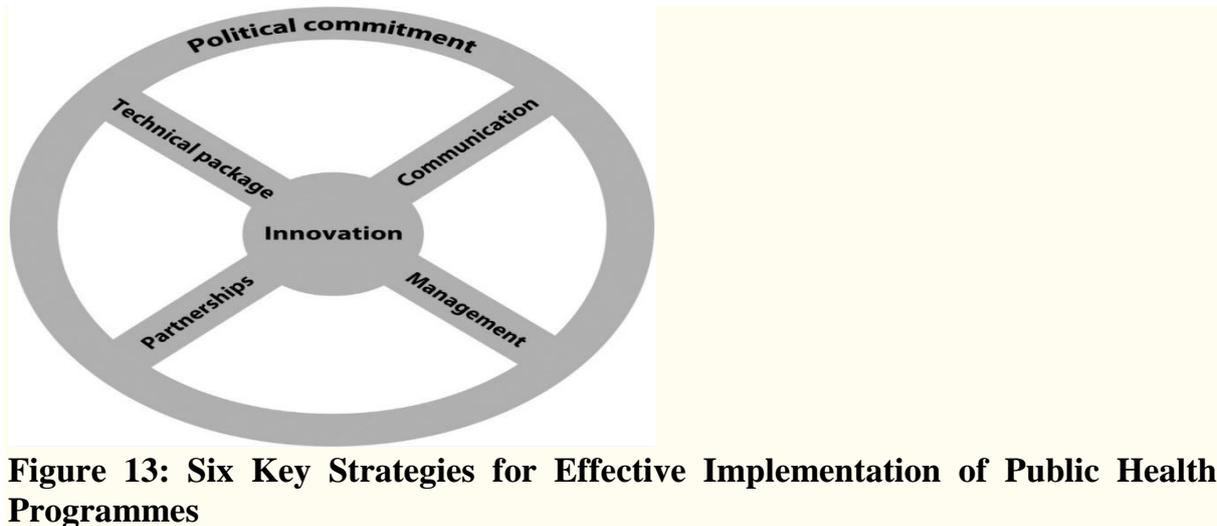


Figure 13: Six Key Strategies for Effective Implementation of Public Health Programmes

3.2.1 Innovation

This is essential to all aspects of public health strategy and programme development and is very vital in developing the evidence base needed to establish and refine the technical elements of successful programme implementation. A new diagnostic technique, treatment, or vaccine can make a previously unattainable goal possible.

One of the importance of innovation in public health is that it improve programme management to scale up, disseminate, and sustain high-impact interventions. It was as a result of that smallpox was eradicated through continuous introduction and implementation of innovations, including new organizational methods, new ways to find smallpox cases, new approaches to targeting which groups to vaccinate, new types of needles, and new ways to vaccinate different groups of people.

3.2.2 Technical package

The most effective public health programmes are based on an evidence-based technical package. It helps to avoid a scattershot approach of using a large number of programmes which have small impact.

This package in surveillance and vaccination has brought the mechanism of polio eradication. Surveillance of acute flaccid paralysis in children through collection and laboratory examination of stool specimens enables public health programmes to determine whether children with symptomatic polio are being diagnosed and reported.

In-Text Questions

1. In designing health programme, once _____ is completed, the next step is _____
- a. Planning , implementation
 - b. Implementation, planning
 - c. Evaluation, planning
 - d. Planning, evaluation

Answer

1. a

3.2.3 Managing performance

Success of effective public health programmes requires accurate, timely information systems for disease or risk factor surveillance and programme implementation. Periodic monitoring and evaluation are essential for both progress and sustainability.

Continues analysis of every aspect of programme operations and management is important to innovation and progress. Meanwhile, information technology can facilitate the establishment of feedback loops that enable real-time programme assessment and improvement

3.2.4 Partnership

Partnership is a coalition between organization, states, countries or private sectors to achieve the stated goals of a particular organization. International and local partners can supplement available resources to support and undertake critical health activities. Partnership in health between public- and private-sector plays a vital role in sustaining and improving the population's health.

Collaboration between organisations can be slow and frustrating but is often crucial to create the advocacy needed to support budgetary, legislative, or regulatory change and to implement new or improved programmes. Government programmes are more likely to succeed—and to be sustained—when organizations outside of government advocate for them.

Examples of effective multi-sectoral partnerships include immunization coalitions at the national and state levels that involve partners such as international developmental agencies (USAID, DFID, etc), government agencies, community organizations, corporations, foundations, individual philanthropists, patients, and volunteers. These partnerships build comprehensive, sustained community programmes that advocate for policies that will result in the immunization of people against vaccine-preventable diseases.

3.2.5 Communication

Effective communication can bring positive behavioural change. It can also lead to increased political commitment and programme effectiveness by engaging a wide range of civil society sectors and by contributing to a change in the public perception of an issue. With the advent of the internet, social media, and other communication technologies, more information is available from various sources than ever, although some is incorrect or potentially harmful. New communication tools and technologies facilitate interactive conversations, giving public health practitioners the ability to have dialogues with people from affected communities and other stakeholders. With the increase in communication channels and voices, public health communications can be drowned out unless communication strategies are timely, well defined, well executed, and sustained to meet specific objectives.

3.2.6 Political commitments

Political commitment provides government with a strong foundation for action. Effective political commitment leads to the resources and support needed to coordinate, implement, and sustain public health interventions, including policy change.

Discussion

“If Sustainable Development Goals is implemented, the health challenges in Nigeria would be overcome”

State your opinion in an online forum for your classmate to make comment (No scoring)

In-Text Question(s)

1. Partnership is a _____ between state, countries and private organization to achieve stated goals of an organization.
- a. mutual relationship b. symbiotic relationship c. understanding
d. coalition

Answer

d

4.0 Self-Assessment Exercise(s)

1. Strategies for implementing health programmes are _____ needed to put health promotion activities into place and make them available for _____
- a. Factors, societal use b. Steps, public utilization c. Factors, Public Utilization
d. Steps, Societal use
2. _____, _____, _____, _____, _____ and _____ are the six components necessary for effective public health programme implementation

Answers

1. b

2. Innovation, technical package, partnership, management, communication and political commitment

5.0 Conclusion

Health programmes are implemented to improve the health of individual employees and of the overall organization. The selection of strategies and interventions that make up the overall programme can focus on different levels within the organizations including.

6.0 Summary

You could recall that in this unit, you have learnt about the six strategies used by public health expert in order to implement effective public health programmes. They include; innovation, technical package, partnership, management performance, communication and political commitment. You also learnt that strategies for implementing health programmes are steps needed to put health promotion interventions into place and make them available to the public.

7.0 References/Further Readings

CDC (2015). Workplace health promotion: Workplace health model.

<https://www.cdc.workplacehealthpromotion/model/implementation/index.html>

CDC (2013). A sustainable planning guide for health community.

<http://www.cdc.gov/http://www.cdc.gov/healthycommunitiesprogram/pdf/sustainableplanningguide.pdf>

McLeroy, K.R., Bibeau, D., Steckler, A. & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15, 351–77.

Thomas, R.F. (2014). Promoting public health research, policy, practice and education. *American journal of public health*, 104(1), 17-2

Module 5: Health Care Financing and Evaluation of Public Health Programmes

Module Introduction

In module 4, you have learnt about Sustainable Development Goals 2030, its six key areas and the relationship of these goals to development of public health were discussed. The module also described the steps involved in designing strategies for implementing public health programmes. The six strategies necessary for effective implementation of public health programmes were also discussed. However, in this module, the concept of health care financing will be explained. Methods of health care financing such out-pocket payment, direct and indirect taxes, donor-funding, co-funding and voluntary payment will be discussed. Furthermore, in this module, you will learn about the programme evaluation, its characteristics, ways through which health programmes can be evaluated, reasons why public health programmes are evaluated and the questions usually asked while evaluating health programmes.

Introduce the module and state the units under the module.

Unit 1: Health Care Financing

Unit 2: Evaluation of Public Health Programmes

Unit 1: Health Care Financing

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s)
- 3.0 Main Contents
 - 3.1 What is Health Care Financing?
 - 3.2 Methods of Financing Health care
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/Further Readings

1.0 Introduction

You could recall that in unit 2 of module 2 you learnt about ten fundamental services for public health programmes. In this unit, you will learn how to mobilize fund to finance the services and programmes learnt previously.

2.0 Intended Learning Outcomes (ILOs)

By the end of this, you will be able to:

1. Explain the meaning of health care finance
2. Highlight any five methods of financing health programmes

3.0 Main Content

3.1 What is health care financing?

Healthcare financing refers to the mobilization of funds for planning, organizing and implementing healthcare programmes and services. It is also a process by which revenues are collected from primary and secondary sources e.g out-pocket payment (OPP), indirect and direct taxes, donor-funding, co-funding and voluntary prepayment and mandatory payment to support health programmes and provide services that will cater for the health needs of the population.



Figure 14: Health Care Financing

3.2 Methods of Financing Health Care Programmes

In Nigeria, health care is financed by a combination of tax revenue, out-of-pocket payments, donor funding, and health insurance (social and community). Health care expenses in Nigeria's is relatively low even when compared with other African countries. Basically, there are five methods of funding health programmes:

3.2.1 Tax Revenue

This is a health financing systems where government revenues are the main source of health care expenditure. Funds are usually generated through taxation or other

government revenues. In this system, revenues are raised at the federal, state, or local government levels. However, the revenue generated at federal level which is shared according to a formula forms the majority of the funds for the other tiers of government. The states and local governments provides funding for PHC.

In-Text Questions

- i. Health care expenses in Nigeria is not relatively low if compared with other African countries.
 - a. True b. False
- ii. In Nigeria, health care is financed basically using _____ methods.
 - a. 2 b. 3 c. 4 d. 5

3.2..2 Out-of-Pocket Payments

Out-of-pocket payment involves payment for health care at the point of service. The charges levied for health care services are referred to as user fees. This includes any combination of drug costs, medical material costs, entrance fees, and consultation fees.

3.2.3 National Health Insurance Scheme

National Health Insurance Scheme (NHIS) is a system of financing health care through contributions to an insurance fund that operates within a tight framework of government regulations. It is a form of insurance scheme (normally on a national scale). It provides a pool of funds to cover the cost of health care and it also has a social equity function which eliminates barriers to obtaining health care services at the time of need especially for the vulnerable groups. In NHIS, every citizen is required to make contributions. Governments may contribute on behalf of the poorest and the unemployed; employers also usually contribute on behalf of their employees.

3.2.4 Community-Based Health Insurance

Community-Based Health Insurance (CBHI) is a form of private health insurance whereby individuals, families, or community groups finance or co-finance costs of

health services. Other forms of private health insurance include non-profit and for-profit plans. Usually, private health insurance is voluntary compared with SHI schemes which tend to be mandatory.

CBHI is designed for people living in the rural areas and people in the informal sector who cannot get adequate public, private, or employer-sponsored insurance. It usually involves some form of community involvement in their management.



Figure 15: Community Based Health Insurance

3.2.5 Donor Funding

Donor funding is a financial assistance given to developing countries to support socioeconomic and health development. Health care in Nigeria is financed through bilateral organization or non-profit organizations. Examples of bilateral organizations that finance health programmes includes, United States Agency for International Development, (USAID), Department of International Development (DFID), Swedish International Development Agency (SIDA), Centre for Disease Control (CDC), among others through bilateral agreement between Nigeria and many UN agencies such as WHO, UNICEF, UNFOA.

Discussion

Out of the five methods of financing health care system, which one(s) do you think Nigerian health care system should concentrate and improve upon towards financing health care system in the country.

Give your reasons for selecting any of the methods and post the answer to online forum.

In-Text Question(s)

1. _____ is a financial assistance given to developing countries to support health development

- a. Tax payment b. Donor funding c. NHIS d. All of the above

Answer

1. b

4.0 Self-Assessment Exercise(s)

1. Health care financing refers to mobilization of fund for _____, _____ and _____ health care programme and services.

- a. Planning, organizing and implementing b. Taxation, supplying, organizing
c. All of the above d. None of the above

2. Each of these is a method of financing health care programmes except:

- a. Out-of-pocket payment
b. Tax revenue
c. Revenue bias
d. Donor funding

Answer

1. a

2. C

5.0 Conclusion

In Nigeria, health care is financed by a combination of tax revenue, out-of-pocket payments, donor funding, and health insurance (social and community). Nigeria's health expenditure is relatively low, even when compared with other African countries.

6.0 Summary

You could recall that in this unit, you have learnt about the meaning of healthcare financing, which refers to mobilization of funds for planning, organizing and implementing healthcare programmes and services. You also learnt about five methods of funding health care programmes, such as tax revenue, out-of-pocket

payment, community –based health insurance, social health insurance and donor funding.

7.0 References/Further Readings

Olakunde, B.O (2012). Public health care financing in Nigeria: Which way forward?. *Ann Nigerian Med*, 6(1), 6:4-10

Palmer, N., Mueller, D.H., Gilson, L., Mills A. & Haines A. (2004). Health financing to promote access in low income settings-how much do we know. *Lancet*, 364:1365-1370. †

Unit 2: Evaluation of Public Health Programmes

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcome(s)
- 3.0 Main Contents
 - 3.1 What is Programme Evaluation?
 - 3.2 Characteristics of Programme Evaluation
 - 3.3 Ways through which Health Programmes could be Evaluated
 - 3.4 Reasons why Public Health Programmes are Evaluated
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 Reference(s)/Further Readings

1.0 Introduction

In units 1 and 2 of module of module 3, you have learnt about the concept of public health programmes and fundamental services in public health programmes. In this unit, you will learn about the concept of programme evaluation, characteristics of programme evaluation, how you will evaluate various public health programmes and reasons why you evaluate public health programmes.

2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

1. Explain the concept of programme evaluation.
2. Identify the characteristics of programme evaluation.
3. Highlight reasons why we evaluate public health programme
4. Identify the nature of questions usually ask during programme evaluation

3.0 Main Content

3.1 Definition Programme Evaluation?

Programme evaluation is the assessment of any set of organized activities supported by a set of resources to achieve a specific and intended result. Meanwhile, programme evaluation also referred to systematic collection of information about the activities,

characteristics, and outcomes of programmes to make judgments about the programme, improve programme effectiveness, and/or inform decisions about future programme development.

Programme managers assess the impact of their work or programme when they consult partners, ask questions and obtain feedback. Managers and public health experts use the information collected to improve the programme. However, any organized public health programme can be evaluated.

Staff may be pushed to do evaluate a programme by external mandates from funders, authorizers, or others, or they may be “Pulled” to do evaluation by an internal need to determine how the programme is performing and what can be improved. Sometimes the conditions of practice in an organisation motivate evaluation of its programme.

Evaluation will be effective and meaningful when staff see the results as useful information that can help them do their jobs better.

3.2 Characteristics of Programme evaluation

1. Programme evaluation is conducted according to set of guidelines.
2. Programme evaluation does not occur in a vacuum; rather, it is influenced by real-world constraints.
3. Evaluation should be practical and conducted within the confines of resources, time, and political context.
4. It should serve a useful purpose, be conducted in an ethical manner, and produce accurate findings.
5. Evaluation findings should be used both to make decisions about programme implementation and to improve programme effectiveness.

In-Text Questions

1. Programme managers assess programme when they consult partners, -----
--- and obtain feedback.
 - a. Source
 - b. health agency
 - c. ask questions
 - d. external judgment

Answer

1. c

3.3 Ways through which health programmes can be evaluated

The following are ways through which health programmes can be evaluated:

- 3.3.1 Direct service interventions (e.g., a programme that offers free breakfasts to improve nutrition for grade school children)
- 3.3.2 Research initiatives: This is an effort to find out whether disparities in health outcomes based on race can be reduced
- 3.3.3 Advocacy work: This involves campaign to influence the government and policy makers to accept public health programmes
- 3.3.4 Training programmes: This includes job training programme to reduce unemployment in urban neighbourhoods

3.4 Reasons why public health programmes are evaluated

- i. To monitor progress toward the programme set objectives.
- ii. To determine whether the programme components are producing the desired results or outcomes.
- iii. To compare groups, particularly among populations with disproportionately high risk factors and adverse health outcomes.
- iv. To justify the need for further funding and support.
- v. To find opportunities for continuous quality improvement.
- vi. To ensure that effective programme are maintained and resources are not wasted on ineffective programmes.

In-Text Questions

1. Campaign to influence government and policy makers to accept public health program is called _____.
 - a. Advocacy b. Health Education c. Health awareness
 - e. None of the above

Answer

1. a

3.4 Questions on Programme Evaluation

A lot of questions can be part of a programme evaluation, depending on how long the programme has been in existence. Appropriate evaluation questions might be asked with the intention of documenting programme progress, demonstrating accountability to funders and policymakers, or identifying ways to make the programme better. In general, evaluation questions fall into these groups:

- 3.4.1 Effectiveness: To assess whether the programme is achieving the goals and objectives it was intended to accomplish?
- 3.4.2 Implementation: This has to do whether the programme's activities are put in place as originally intended?
- 3.4.3 Efficiency: Are your programme's activities being produced with appropriate use of resources such as time, budget and staff?
- 3.4.4 Cost-Effectiveness: Does the money and resources put in place to achieve your programme's goals and objectives exceed the cost of producing them?
- 3.4.5 Attribution: Can progress on goals and objectives be shown to be related to your programme, as opposed to other things that are going on at the same time?

Click the following links to read more on programme evaluation resources

Centers for Disease Control and Prevention: <http://www.cdc.gov/eval/>

Community Tool Box, University of Kansas: <http://ctb.ku.edu/>

Harvard Family Research Project: <http://www.gse.harvard.edu/hfrp/>

Evaluation Resources: <http://www.uwex.edu/ces/pdande/>

Discussion

Despite various strategies employed by health agencies in Nigeria to evaluate their programme, yet there is still a setback in the way and manner most of such agencies operates. In your own opinion, what practical steps do you think will help to evaluate evaluating programmes at Primary Health Care level ?

4.0 Self-Assessment Exercise(s)

1. Programme evaluation is bilateral agreement of any organisation set to achieve intended result.
a. True b. False
2. Evaluation in a health organisation should be confined the economy of the country.
a. True b. False
3. One of the reasons why we evaluate health programme is to determine whether the programme is producing desired_____.

- a. Feedback b. Rules c. Objectives d. Results

4. All of these are reasons why appropriate questions were asked while evaluating public health programmes except:

- a. cost effectiveness
b. community mobilization effort
c. research initiatives
d. Training programme

Answer

1. b
2. a
3. b
4. d

5.0 Conclusion

To conduct effective evaluation of health programme, relevant evaluation questions need to be asked with the intention of documenting programme progress, impact of the programme, demonstrating accountability to funders and policymakers and identifying ways to make the programme better. The aims of evaluation are more likely to be achieved when staff see the outcome as useful information to help them do their jobs better.

6.0 Summary

You could recall that in this unit, you have learnt about the meaning of programme evaluation. This refers to systematic collection of information about the activities, characteristics, and outcomes of programmes to make judgments about the programme, improve programme effectiveness, and/or inform decisions about future programme development. You have also learnt about the characteristics of programme evaluation; and the ways to evaluate health programmes such as direct service intervention, community mobilization efforts, research initiatives, advocacy work and training programmes. Reasons why health programmes are evaluated and nature of questions for evaluation were parts of what you learnt in this unit

7.0 References/ Further Readings

Centre for Disease Control (2011). Introduction to programme evaluation for public health programme: Self study guide. Atlanta: Centre for Disease Control

Connell, J.P., Kubisch, A.C., Schorr, L.B. & Weiss, C.H. (1995). New approaches to evaluating community initiatives. New York: Aspen Institute.

Fetterman, D.M., Kaftarian, S.J. & Wandersman, A. (1996). Empowerment evaluation: Knowledge and tools for self-assessment and accountability. Thousand Oaks, CA: SAGE Publications.

TMA 3

1. Explain any four key areas address by sustainable development goals
2. Highlight the categorization of evaluation questions used in evaluating health programmes
3. Briefly explain any three methods used in financing health programmes in your state.

Please complete this online questionnaire (Submit online for scoring)

You should do this after submitting TMA 3

Your name(s)* _____

Your surname(s)* _____

Type of Employment: _____

1. Did you find the format easy? a. Yes b. No
2. Where you able to read, and understand easily? a. Yes b. No
3. Was it very easy for you to move from one unit to another: a. Yes b. No
4. Did the videos make it easier for you to understand the topics? a. Yes b. No
5. Would you like to recommend this course to someone? a. Yes b. No
6. State the Module you find most useful _____
7. State the Unit you find most useful _____
8. Which Module/Unit did you find any difficulty to understand _____

9. State three things you did not like in the material:

i. _____

ii. _____

iii. _____

10. Make your suggestions on how the material can be improved upon.

i. _____

ii. _____

iii. _____