Health research in Nigeria - a summary

Nigeria is one of the countries included in the African Consultative Process. The report gives an account of the consultations held in Abuja, Nigeria in March 2000 as part of that process with the national Consultative Team and the National Advisory Committee on Essential National Health Research. The consultations entailed a discussion of critical issues relating to health research in Nigeria and the formulation of recommendations.

Nigeria is a vast West African country of 923,678 square kilometres, with a multi-ethnic, multi-cultural population estimated at 103 million in 1997. The population growth rate of 3.5 percent per annum is one of the highest in Africa, with 48 percent of the population under 15 years of age. Seventy percent of the people live in rural areas. Per capita GNP was US$280 in 1997, a drop from $340 in 1995, despite the country's oil production (petrol constitutes 97% of exports). External debt was 75.6% of GNP and it was estimated that 29% of the population fell below the poverty line. Health status indicators are also a cause for concern: life expectancy at birth is 50 years; maternal mortality ratio is 100 per 100,000 live births; infant mortality rate is 112 per 1000.

Medical research began to develop in Nigeria in 1920 when the Rockefeller Foundation established the Yellow Fever Commission. By 1925, the Virus Research Institute was established to service the Commission. In 1954 the various medical research units in different parts of anglophone West Africa were brought together under the West African Council for Medical Research. Nigeria gained its independence in 1961. The report recounts the evolution of mechanisms in the country, from that date until the present, that were responsible for the management of science in general and health research in particular. The bodies mentioned include the Nigerian Council for Science and Technology (NCST, 1970), the National Science and Technology Development Agency (NSTDA, 1977) and The Nigerian Institute for Medical Research (NIMR, 1977).

By the time the Commission on Health Research for Development published its landmark report on "Health Research - Essential Link to Equity in Development" in 1990, a mechanism, namely the National Health Research Advisory Committee, was already in place in Nigeria for the adoption of the concept of essential national health research (ENHR). An International Conference on Health Research Priorities for Nigeria in the 1990s and Strategies for their Achievement was convened. A National Health Systems Research Programme was drawn up, but it was not until 1995 that a lasting mechanism was put in place for ENHR. In 1998 a consultative meeting established the ways and means of securing Federal and State Government support for the ENHR programme. A national seminar on ENHR followed in May 1999 and the National Advisory Committee on ENHR was inaugurated in March 2000.

Turning from past achievements to the present consultations, the report indicates that the objectives of the current exercise were to review the structure of health research in Nigeria, to identify its strengths and weaknesses, and to recommend action needed at the country level, as well as at the African regional and global levels. The methods used to achieve these goals began with data collection. Questionnaires were completed by senior Nigerian scientists and leaders of research institutes and university departments. The data were reviewed by the National Consultative Team and areas of apparent consensus and divergence of views were noted. A summary of the assessments was presented to a broader participatory meeting under the following general headings: enabling environment; research capacity; priority setting; resources for research; conduct and coordination of research; dissemination and utilization of research results; the evaluation of the impact of research.

A Consensus Meeting considered these issues. Participants in the consultation were the members of the newly formed National Advisory Committee on ENHR. Concern was expressed about the multiplicity of agencies involved in international health research and their roles. Questions were raised about the different conditions demanded by donors. There

was a felt need to have easy access to information about who does what and under what conditions.

It was agreed that an enabling environment for health research in Nigeria should include a national science and technology policy; public support for research; government recognition of health research as a tool for development; national ethical guidelines for research; and strong professional bodies. The consensus was that the present environment was not conducive to research, since government support was poor, as shown by the lack of funding and inadequate advocacy for research. This had demoralised the research community.

Institutional research capacity of the country was seen to be strong. The level of trained personnel also appeared to be adequate. But constraints on retaining researchers were enormous as a result of poor remuneration, equipment and funding for research projects. This had resulted in the brain drain becoming a major problem. There are government plans to tackle the problem, but results have yet to be seen.

Reference was made to the established process for setting priorities through consultation with stakeholders. But the priorities set are not always adhered to, as budget allocations do not always follow the priorities. Moreover external funding sometimes distorts the priorities. Although the total amount allocated annually for health research has increased in the last ten years, Government funding has declined in real terms due to devaluation and was said to be poor. Its plans to increase funding have yet to materialize. Nevertheless, national funding for health research is still much greater than external sources.

Attention was drawn to the critical lack of coordination of the efforts of the many stakeholders in the country. The poor dissemination of information on research and its findings was also cited as a major problem. In considering ways of improving dissemination reference was made to the many papers that had been published, in local and international journals and presentations at international conferences. But acceptance for publication remains a problem, highlighting the need for training in scientific writing.

Use of research findings by policy makers and communities was described as very limited. Lack of communication between researchers and policy makers was seen as the explanation. But the lack of involvement by policy makers and the community in determining the research to be done may be another reason. On the whole there was a strong feeling that research results were not being used and that scientists should do a number of things to correct this, including advocacy to enhance the awareness of policy makers and the preparation of briefs that are easy to understand for leaders.

The Consensus Meeting made a number of recommendations to remedy these constraints on health research in the country. It recommended that a body be established to coordinate research activities. It should secure and process funding for all health research, ensure that external funding is consistent with national priorities and promote the practical use of research results. It was further recommended that the National Advisory Committee, which had just been inaugurated, should assume this role.

By way of conclusions, three critical issues emerged from the consultations. Firstly, constraints to health research are not limited to any single aspect of research. Secondly, difficulties in accessing scientific literature and publishing research findings are emphasized as a national and regional problem. Thirdly, there is inadequate knowledge about the activities and interests of international research agencies. Two possible mechanisms may be considered to solve these problems. At the national level the responsibility for monitoring each aspect of research could be given to one organization. A similar arrangement could be made at the international level.