Breaking the Jinx: A Neo-Synthesis Approach to Successful Implementation of Nigeria's National Health ICT Strategic Framework 2015 - 2020

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Abstract—*In Nigeria, formulating a policy is not a problem but rather it is in the implementation despite the potentials of academics and professionals in various fields that the country possesses. Meanwhile for a policy to succeed is not a function of dexterity in designing rather it relies on a well-managed implementation structure. This paper concentrates on exploring an alternative approach to implementing Nigeria's recent National Health ICT Strategic Framework 2015 – 2020 that will provide National Healthcare services for all its citizens. Neo-synthesis Approach (N-SA) model was adopted for this study as it combines synthesis and governance approach as a unifying approach that advocates for interaction between top-level actors (agency/policy makers/government) and the bottom-level implementer (Community/people) during policy design/formulation process. This approach supports that "local experience and perspectives are important factors which contribute to success or failure of any public policy". Besides, the model defines how policy implementers relate with the community (people) affected by this strategic framework, which makes the model unique and fit for this study. Although there are other models developed for successful policy implementation, N-SA is adapted as preferred model for this study as it places more emphasis on the role of the "community" who are the direct beneficiary of this policies. This paper noted that poor inputs (stakeholder's participation) into designing of an eHealth policy environment will ultimately result in poor outcomes and outputs. It is certain that no strategic framework/policy implementation will be 100 percent perfect as there are meant to be gaps. Nonetheless, the gaps are what draw learning curve experience over time which directly proffers more assuring option during the implementation of same or related policy in the future after review. Should this be dismissed, successful implementation of policies in Nigeria will continue to be elusive which explicate the appellative phrase – jinx!*

1. INTRODUCTION

Like every other sector in Nigeria, records have it that past policy initiatives for the Nigerian Health sector have failed to yield expected results after implementation. This position was supported by [1], in his review of all previously formulated plans and goals of the Nigerian Government aimed at providing National Healthcare services for all its citizens. Starting from the First Colonial Development Plan of 1945 – 1955 tagged *"Decade of Development"*; Second Colonial Development Plan (1956 - 1962), to the First National Development Plan (1962 - 1968); Second Development Plan (1970 - 1975); Third National Development Plan (1975 - 1980), Fourth National Development Plan (1981 - 1985); including Nigeria's 5-year Strategic Plan (2004 - 2008). In all of these, as [2] claims, policy implementation failure or implementation gaps have shown that government alone lacks the ability to effectively implement policies and programs.

There are divergent opinions on policy implementation success determinants. Existing literature have suggested bureaucratic alignment [3]; nature of the relationship between agenda-setting and implementation [4]; networked governance, socio-political context and the democratic turn, and new public management [5] as success determinants.

This paper tackles the jinx attributed to policy implementation in Nigeria while it reshapes thinking to the discourse and attempts to define alternative approach on how to avoid the same fate in this new National Health ICT Strategic Framework 2015 – 2020. Though there are several theories and models on policy planning including Casual Theory [6], Contingency-based models [7], Top-down and bottom-up approach [8]; Rational, Management, Organisational Development, Bureaucratic, and Political Model [9]. Neo-synthesis Model was adopted for this study as it brings into focus, combinations of synthesis and governance approach with the role of the community which will be affected by the policy. Besides, the model defines how policy implementers relate with the community (people) affected by this policy, which makes the model unique and fit for this study.

2. CONTEXT FOR EHEALTH DEVELOPMENT

eHealth is defined as the "cost-effective and secure use of information and communications technologies in support of health and health-related fields, including healthcare services, health surveillance, health literature, and health education, knowledge and research" [10]. eHealth as the new frontier for ensuring World Health Organization's (WHO) innovative

approach to healthcare services across the world originated from the 58th World Health Assembly (WHA) in May 2005 where all the Ministers of Health representing its 192 Member States approved a resolution on Health WHA58.28 and to be institutionalized at a global level following the approval of the Regional Committee's resolution [11]. In line with this resolution, the Regional Committee for Africa adopted Resolution AFR/RC60/R3 [12] and AFR/RC/63/9 [13] in 2010 and 2013 respectively to guide how African WHA member countries will implement the WHA 58.28 Resolution in their respective countries. An improvement on eHealth Standardisation and Interoperability as reflected in WHA66.24 was introduced at the 64th WHA in May 2013 as part of health system strengthening with a view to shaping the present and future of the global community towards the attainment of Universal Health Coverage (UHC) target of the WHA member countries [11]. The WHO and International Telecommunication Union (ITU) produced a National eHealth Strategy Toolkit which describes seven components ideal for a national electronic health (eHealth) environment thereby creating a platform for standardisation for eHealth strategy design and implementation at country level in its 192 member States across the world. These seven component are as follows: Leadership & Governance; Strategy and Investment; Legislation, Policy and Compliance; Infrastructure; Services and Applications; workforce; Standards & Interoperability; Standards and Investment.

The National eHealth Strategy Toolkit envisaged that a country's eHealth strategy should be based on national health priorities, the available and potential resources, and the current eHealth environment. A national vision for eHealth also takes shape within a national context that can be considered in terms of two dimensions. The ICT environment (vertical axis) represents the national ICT market and overall penetration of computing and networking infrastructure. The enabling environment for eHealth (horizontal axis) is fundamental to scaling up and sustaining ICT adoption in the health sector. It includes aspects such as governance, policy, legislation, standards and human resources" [14]. Nigeria's eHealth ICT environment and enabling an environment for eHealth current status, according to a report [15], shows that Nigeria is transitioning from the level of "experimentation and early adoption" to "developing and building up" stage.

3. HEALTHCARE ECOSYSTEM IN NIGERIA

The existing ecosystem in the healthcare sector in Nigeria is characterised by a three-level system comprising Primary, Secondary and Tertiary levels. According to [16], these levels are run concurrently such that all the three levels of government in place in Nigeria (Local Government level, State/ Regional Level and National/Federal Level) provide services at any of the other two levels of care even though they hold primary responsibility for only one level of the system each. Further explanation on how this system structure is functionalized, as posited by [17] indicates that at the

primary level (Local Government) are the Primary Health Centres (PHCs) established in the rural/ semi-urban communities managed by a medical officer, community health officer and health extension workers. PHCs by roles as assigned by the National Health System Policy, are the first point of service to sick or injured people dwelling in the immediate and surrounding communities who are in need of primary health care services that are not too severe or critical in nature. Meanwhile, the Secondary level is under the control of the State Governments which are managed by established State Health Management Board. Found in this level are the Specialist hospitals, General (public) and Privately-owned hospitals or clinics depending on their capacity and level of sophistication. The secondary level hospitals handle emergency cases and accident cases and are well- equipped with diagnostic services facilities including X-ray machines, Ultra-scan machines, pathological machines and other high-end machines for treating life-threatening health issues. Lastly, is the Tertiary level under the management of the Federal Government under the supervision of the Federal Ministry of Health. This level is topicalized by University Teaching Hospitals that are better staffed with Health Specialists in areas of Surgery, Paediatrics, Dentistry, Psychiatry, general medicine, etc [18, 19] and is more Research oriented.

4. THE NATIONAL HEALTH ICT STRATEGIC FRAMEWORK 2015 – 2020

The National Health ICT strategic framework 2015 – 2020, launched on 10th March 2016 at the 58th session of National Council on Health (NCH) is Nigeria's roadmap for strategic adoption and application of ICT in health which will provide a vision and guide for alignment of current investments in technology within the health system towards a digitalized health system in order to achieve a Universal Health Coverage (UHC) in line with the WHO's focus. The framework is fashioned after the WHO-ITU eHealth strategy toolkit and it is expected that it will mark a turning point for Health sector development in Nigeria. Between late 2014 and early part of 2015, the Federal Ministry of Health (FMoH) and Federal Ministry of Communication Technology (FMCT) engaged the collaboration of other major stakeholders concerned in the health sector to develop the framework. The framework is divided into three parts; Vision, action plan and Monitoring & Evaluation and it is to be implemented in three phases over the next five years. The first phase is for set-up purpose which is to last for one year. The second phase is to cover the second and third year period during which it will be deployed, maintained and supported while the third phase will be for consolidation and continuous review between the fourth and fifth year [20].

5. POLICY IMPLEMENTATION FAILURE IN NIGERIA: *THE JINX*

The reality today is that virtually all aspects of the societal enterprise are subjected and guided by policy one way or the

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other [21]. Before defining what policy implementation is, it is necessary to consider each word as a singular entity and understand various scholars' perception on the issue. Policy is a framework of government intervention which covers a variety of activities having a broad statement of future goals and actions that also defines how its attainment can be reached [9] or as a course of action by a government, political party or business designed to influence and determine decisions, actions and other matters [22]. Also as a tool for negotiation that conveys the realities and perspectives of the government to the people. On the other hand, implementation as posited by [23], is a distinct stage in the policy process towards remedying a social problem by transforming a policy idea or its expectation into action. [24] categorised policy process into seven (7) stages; agenda setting, issue definition, policy formulation, policy decision, policy implementation, evaluation and finally, maintenance, succession or termination. So what is policy implementation? It is a complex change process where government decisions are transformed into programs, procedures, regulations, or practices aimed at social betterment [5]. Therefore, a policy is termed to have failed when these objectives are not achieved.

In the case of Nigeria, formulating a policy is not a problem but rather it is the implementation [25] despite the potentials of academics and professionals in various fields that the country possesses. Meanwhile for a policy to succeed is not a function of designing an effective system rather it relies on a well-managed implementation structure. Scholars like [26] in a study on selected projects and programmes by the Nigerian government, identified the causative factors for its failure to include corruption, lack of continuity in government policies, and inadequate human and material resources. A similar casualty factors to the study report of [26] was reported in a study by [27] where his study assessed implementation issues with the Nigerian educational policies and results shows that lack of political backup, unsustainable program and corruption were the major issues. In the case of the Health sector, [28] suggested reform of the Nigerian Health system as a whole and not just a matter of formulating a new policy.

Furthermore, factors responsible for policy Implementation failures in Nigeria can be linked to similar factors identified by [5] in terms of networked governance, socio-political context and democratic turn, and new public management. Therefore, to avoid another case of policy somersault off the National Health ICT strategic framework, policy makers must be clear on the performance measuring metric set to assess policy performance in terms of Output and outcome; policy impact over time; and whether the policy target was achieved [9]. When implementation gap is so wide separating the underlying policy objectives away from its targeted outcomes/expectations that the policy has failed is certain.

6. THE NEO-SYNTHESIS APPROACH TO POLICY IMPLEMENTATION

The Neo-Synthesis Approach (N-SA) is model proposed by Russell Harry in 2011 [29]. His model is an integration of the synthesis approach and the governance approach for a successful public social policy implementation. The synthesis approach forms the major part of the foundation upon which N-SA is built as it supports the involvement of top-down and bottom-up approach to policy formulation. However, the emphasis is placed on inputs of the bottom-level actors i.e the community, so that their interest is captured during the policy formulation process but when in the case where their interests are misrepresented, such is fixed before implementation is done. This approach operates in a proactive manner where necessary care and consideration for a successful implementation is made rather than being reactive to preventable gaps after such policy has been implemented. This approach supports the position of [30] that "local experience and perspectives are important factors which contribute to success or failure of any public policy". Therefore, N-SA is a unifying approach that advocates for interaction between top-level actors (agency/policy makers/government) and the bottom-level implementer (Community/people) during policy design/formulation process with a view to assessing available data, resources, social-political-economic conditions that characterised the environment where the policy will be implemented.

N-SA was adapted from an earlier model on policy formulation by Van Meter and Van Horn in 1975. However, Russell's N-SA model (see fig.1a) modified the Meter and Van Horn's model and introduced new elements for a better result. For instance, he moved the "Implementers Disposition" box to the front end and introduced "Community Disposition" and "local planning council" element into the model and establish communication links between these elements for their inputs into policy standards and objectives settings, policy legislation, and Resources allocation and utilisation.
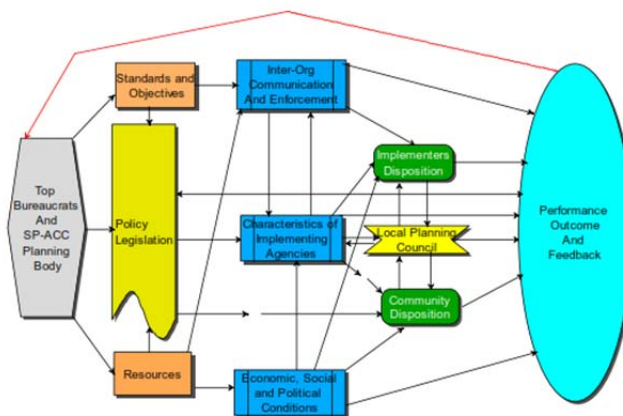

Fig. 1a: Neo-Synthesis Approach [29]

Although there are other models developed for successful policy implementation such as Khan and Khandaker (2016), which include; Rational, Management, organizational development, bureaucratic, and political Model, N-SA is preferable for this study as it placed more emphasis on the role of the "community" who are the direct beneficiary of this policies. Besides, it ensures that a two-way integration is sustained between top-down and bottom-up levels. Also, it provides a mechanism for inputs from the community during policy formulation and apportions roles and responsibilities during implementation at the grassroots level.

Fig. 1b below presents an idealised model adapted from Russell's Neo-Synthesis Model. Taking into account opinions from various scholars according to reviewed literatures that corruption embedded in the systemic bureaucratic process is the major reasons why public or social oriented policies fail in Nigeria, the idealized model introduces "Anti-graft Observer" element which acts as a non-partisan, independent actors (*represented by the dotted arrow lines*) connecting the "Top Bureaucrats and Planning Body", "Resources" and the "Performance Outcome and Feedback" elements together. The "Anti-graft observer" will be informed of the standards and objectives, legislations and resources expected of the proposed policy as defined by top-down and bottom-up stakeholders involved in the whole policy process.
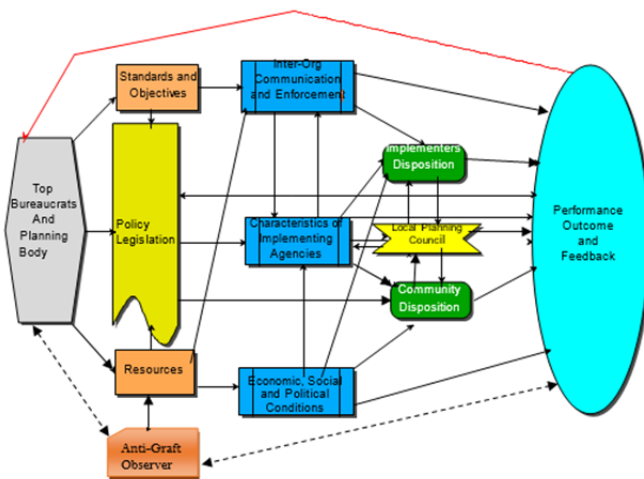

Fig. 1b: Idealized Neo-Synthesis Approach (adapted from [29])

As the implementation "watch-dog", it will establish an as clear metric for measuring the final "performance outcome and feedback" report against the set agenda and allocated resources for the whole process. Overall, this "Anti-graft observer" role, if not politicised and manipulated by the executives and other concerned superior arm of government, should create the necessary "checks and balances" needed for an effective policy implementation ecosystem to deliver particularly in a developing country like Nigeria.

7. CONCLUSION

While this paper reviewed various literature, reports and position papers within its contextual boundary, it noted that the hallmark of any policy (public or social) is to successfully convey the intentions of government to the people. But then, its ability to maintain covalence between outcomes and policy objectives has been the main hurdle to cross in every policy. More importantly, it should be known that implementation is a critical stage in policy making where its success relies largely on the commitment and impression of the beneficiary (*people*).

On the other hand, observations from a report [31] on assessment of enabling environment for ICT Health interventions in Nigeria such as the ICT for Saving One Million Lives (ICT4SOML) shows that despite the success of the survey, no part of the lessons learned reflects the community's perceptions in their report. A major focus was on the health sector, ICT, health service providers. The only point in the report where mentioned "all relevant stakeholders" was actually mentioned referred to (regulators, policy makers, implementers, vendors, users). It assumes that when the participation of all these actors is captured, then program sustainability will be promoted. This is in contrast to the Neo-Synthesis Approach. It must embrace both synthesis approach and governance approach where all the "community" "beneficiaries" is part of the whole policy making process. Part of the process means, inclusive of implementation and evaluation stages. When this is done, then the program evaluators can produce an unbiased report which conveys the true field situation/ result of the implementation as against the initially set objectives.

In conclusion, it must be known that poor inputs into designing of an eHealth policy environment will ultimately result in poor outcomes and outputs. Hence, the role of an Anti-graft observer becomes important. It is certain that no strategic framework/policy implementation will be 100 percent perfect as there are meant to be gaps. Nonetheless, the gaps are what draw learning curve experience over time which directly proffers more assuring option during the implementation of same or related policy in the future after review. Should this be dismissed, successful implementation policies in Nigeria will continue to be elusive which explicate the appellative phrase – jinx!

8. ACKNOWLEDGEMENT

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