NATIONAL REPRODUCTIVE HEALTH POLICY AND STRATEGY TO ACHIEVE QUALITY REPRODUCTWE AND SEXUAL HEALTH FOR ALL NIGERIANS

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FOREWORD

The International Conference on Population and Development (ICPD) held in Cairo in 1994, marked a critical shift in the focus of population programmes and underscored the need to meet the reproductive health needs of individuals and couples, throughout the life- cycle, as a key approach to improving quality of lives of people and stabilizing the world population. Nigeria was numbered among the over 180 countries which approved the historic Programme of Action that emanated from the ICPD . Thus, Nigeria committed herself to the operationalisation of the Reproductive Health concept and the achievement of the ICPD targets in the interest of the health and development of her citizenry. The African region, of which Nigeria is a foremost member, had developed a regional strategy that would ensure the promotion of optimal reproductive health status and reduction of reproductive health morbidities and mortalities in member countries. Nigeria has since adopted this African strategy.

Reproductive Health, as a concept , is a more comprehensive and effective approach than that of maternal and child health and family planning, and actually represents a paradigm shift. Thus, it requires not only a re-direction in programming and service delivery methods, but also needs appropriate policies. It is in this regard that Nigeria has developed this National Reproductive Health Policy to provide the necessary guidance and framework for the promotion and implementation of reproductive health programmes and activities. The ultimate aim of this policy is to serve as an effective national platform for strengthening reproductive health activities in Nigeria and facilitating the achievement of relevant global and regional goals in the interest of improved health, well-being, and overall quality of lives of all peoples in Nigeria. Thus, this policy is a further demonstration of Nigeria's commitment to the achievement of the ICPD goals and targets within her national boundaries.

This policy has been developed through a highly consultative process involving various groups of stakeholders at various levels, and thus represents the aspirations of the peoples and governments of Nigeria to achieve an improved reproductive health status. The policy is in consonance with Nigeria's national commitments and development goals as enunciated in the National Health Policy and other relevant development policy documents. Policy documents that form critical input into the National Reproductive Health Policy include the policies on Maternal and Child Health, Adolescent Health. female Genital Mutilation, Breastfeeding, Nutrition, HIV/AIDS, Women, Youth, Population and guideline/plan of action for control of non-communicable disease.

In the presentation of this policy, our sincere hope and fervent desire is to encourage Nigerians from every walk of life to actively support the implementation of the policy and ensure that the national goals in the area of reproductive health are achieved within the desired time period.

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Hon. Minister of Health

AIDS	Acquired Immune Deficiency Syndrome
CBOs	Community Based Organisations
CHEWs	Community Health Extension Workers
CHOs	Community Health Officers
EOC	Emerge obstetric Care
FGM	Female Genit al Mutilation
FMOH	Federal Ministry of Health
HIV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
LGA	Local Government Area
LSS	Life Saving Skills
MCH/FP	Maternal and Child Health and Family Planning
MICS	Multiple Indicators cluster Survey
MTCT	Mother **to** Child Transmission
NDHS	Nigerian Demographic and Health Survey
NGOs	Non-Governmental Organisations
PLWH/A	People Living with HIV/AIDS
PoA	Programme of Action
RH	Reproductive Health
RVF	Recto-Vaginal Fistula
STIs	Sexually Transmitted infections
UNICEF	United Nations Children's Fund
VCCT	Voluntary Confidential Counselling and Testing
VVF	Vesico Vaginal Fistula

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1. BACKGROUND AND JUSTIFICATION FOR THE NATIONAL REPRODUCTIVE HEALTH POLICY IN NIGERIA

1.1 INTRODUCTION

In September 1g94, Nigeria participated in the International Conference on Population and Development (ICPD), held in Cairo, Egypt. The ICPD marked the beginning the paradigm shift from the concept of Maternal and Child Health and Fat Planning (MCH/FP) to Reproductive Health. At the ICPD, the nations of % world reached an understanding on the key concepts of reproductive health and reproductive rights and Armed that reproductive health is a right for all men, women and adolescents. The *global* community, at the ICPD, further agreed that reproductive health and rights are indispensable to people's health and development, and set the goal of achieving universal access ***to*** reproductive health information and services for the year 2015. Thus it becomes Imperative for every nation to operationalise the reproductive health concept and promote quality reproductive health services in the interest *of* the well-being of the people, enhanced social life of the community, national development, and the future of the human society.

As defined at the ICPD, reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. The concept is centred on human needs and development throughout the entire life cycle, from the womb to the tomb. Reproductive health care covets a wide range of services. These are defined as follows in the ICPD Programme of Action (PoA): family planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, and infant and women's health care; prevention and treatment of Infertility; prevention and treatment of infections, sexually transmitted diseases, including HIV/AIDS; breast cancer and cancers of the reproductive system, and other reproductive health conditions; and active discouragement of harmful traditional practices, such as female genital mutilation.

"Reproductive Rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. " (Principle 7.3 of the ICPD PoA)

In addition to the commitment at the global level and in order to achieve the targets set out in the ICPD PoA, the Member States of the African region adopted a regional strategy on reproductive health in September 1997 and committed themselves to implement the reproductive health concept for the next twenty years. The regional vision is that, within the next twenty-five years, all people of the region should enjoy an improved quality of life through a significant reduction of maternal and neonatal morbidity and mortality, unwanted pregnancy and sexually transmitted infections including mother to child transmission of HIV, and through the elimination of harmful practices and sexual violence.

Nigeria as a member of the global community and in the interest of her people's health and development is committed to the implementation of the concept of reproductive health and reproductive rights as agreed at the ICPD, and has adopted and launched the African regional strategy. This commitment would enable the country to effectively address the major reproductive health challenges and rev* the current trend of poor reproductive health status and services. This 0b1icy document is, among others, an expression of the desire and determination of the governments and peoples of Nigeria in this regard.

1.2 SITUATION ANALYSIS

1.2.1 Demographic Structure

Nigeria had a population of 88.99 million in 1991, according to the national population census, and is projected to reach 115 million by the year 2000 and 178.5 million by the year 2015. The age distribution shows that 45 percent are under 15 years of age and adolescents aged between 10 years and 19 years constitute 22.8 percent whilst "youths" aged between 15 years and 24 years constitute 20.6 percent of the 1991 population. Hence, the total percentage of "young people" aged between 10 years and 24 years is 32.8 percent. The economically productive age group of 15 years to 64 years and the elderly aged above 64 years are 51.8 percent and 3.3 percent respectively. There is therefore a high dependency ratio with about one dependent child to one person in the economically productive age group, compared to the child dependency ratio of about one child to two adults in developed countries. The rural and urban populations are 63.7 percent and 36.3 percent respectively. The male to female ratio is almost equal at 1:1.002 whilst women of childbearing age constitute 22.6 percent of the total population.

1.2.2 The State of Reproductive and Sexual Health of the Population

Available statistics show that the reproductive health situation in Nigeria is poor. As the section below shows, the situation deteriorated further in recent times. Among others, Nigeria's maternal mortality has remained one of the highest in the world, neonatal mortality is on the increase, and the nation has one of the largest population of people living with HIV/AIDS globally. Moreover, there is wide geographical disparity in the reproductive health situation in the country.

Maternal morbidity and mortality

Maternal mortality in Nigeria is very high. The 1999 Multiple Indicators Cluster Survey (MICS), conducted by the Federal Office of Statistics in collaboration with UNICEF, puts the maternal mortality ratio as 704 deaths per 100,000 live births, with a wide geographical disparity ranging from 166 per 100,000 live births in the southwest to 1,549 per 100,000 live births in the northeast. The MICS figure on maternal mortality is generally believed to be an underestimate. According to the World Health Organisation and other United Nations statistical sources, Nigeria's maternal mortality is estimated to be 1,000 maternal deaths per 100,000 live births. An estimated 40 percent of pregnant women experience pregnancy-related health problems during or after pregnancy and childbirth.

More than 70 percent of all maternal deaths are due to five major complications: haemorrhage, infection, unsafe abortion, hypertensive disease of pregnancy, and obstructed labour with 15 percent of them suffering serious or long-term complications such as pelvic inflammatory disease and infertility. Maternal deaths as a result of high-risk teenage pregnancies either from unsafe abortion or delivery complications contribute significantly to the high maternal mortality rates recorded from different parts of the country. Low level of access to, and utilisation of quality reproductive health play significant roles In the high maternal mortality in Nigeria. Only 31 percent of deliveries, for example, were recorded by the 1999 NDHS to have taken place within health facilities.

Family Planning

The level of utilisation of modem contraceptive in Nigeria is still low, although It has increased over the last decade with an increase in the contraceptive prevalence rate from 3.5 percent to 8.6 percent as recorded in the 1990 and 1999 NDHS respectively. The level of contraception among sexually active adolescents is particularly low, contributing to the high level of teenage pregnancy, unsafe abortions and maternal mortality, among others. On the whole, the total dema nd for FP is still relatively low as only 29 percent of women demanded for family planning In 1999 as shown by the NDHS. The level of unmet needs for family planning reduced from 21 percent to 13.3 percent between 1990 and 1999.

Factors affecting the level of utilisation of family planning services in Nigeria Include low level of knowledge, myths and misconceptions, low quality of service including non-availability of contraceptive commodities and poor attitude of service providers , and low status of women.

HIV/AIDS and other Sexually Transmitted Infections

The HIV epidemic is spreading rapidly in Nigeria. HIV sero-positivity rate among antenatal clinic clients has risen from 1.4% in 1991/92 to 4.5% in 1995/96 and 5.4% in 1999. As a result, there are at least 2.7 million Nigerians estimated to be living with AIDS. Young people, between the ages of 20 and 24 years, have the highest rate of Infection with a 1999 HIV sero-prevalence of 8.1 percent.

At least 80 percent of HIV infections in Nigeria are contracted through sexual intercourse. Other causes of infection are through unsterile injections and the inadvertent transfusion of unsafe blood and body piercing, scarification or cutting. Between 25 percent and 45 percent of HIV positive women pass on HIV to their babies during pregnancy, delivery, or through breastfeeding (in the absence of appropriate care including the administration of anti- retroviral drugs), and thus the HIV situation has severe implications for child health. The increasing number of AIDS-orphans is an additional challenge to health and socio-economic development.

The HIV situation in Nigeria is fuelled by a number of factors including the following: ignorance and denial; stigmatisation of the infected people; inappropriate health care practices (including traditional ones); inadequate number of, and lack of access to voluntary testing and counselling facilities; lack of appropriate care for infected people; and, false claims about cure. The low level of education among females as indicated by, among others, an adult literacy rate of 40.7 percent compared td 58 percent for males, and generally low social status of women in the Nigerian society also play a part in the rising HIV rate as well as other reproductive problems. Urbanisation, unemployment and poverty have fuelled high-risk sexual behaviours including prostitution and thus contribute to the increasing rate of HIV infection.

Although reliable statistics are not available, field experiences indicate an increasing rate of sexually transmitted infections (STIs) in Nigeria. According to the Federal Ministry of Health, gonorrhoea and 'other ' STIs, including chlamydia, genital herpes, warts and trichomoniasis, are ranked among the ten most reported notifiable diseases in Nigeria in 1999.

Adolescent Reproductive Health

The reproductive health status of the Nigerian adolescent is poor. Paramount among the factors responsible for the current high levels of reproductive ill-- health among adolescents are the observations that for many reasons, the average age at first intercourse has declined and there is greater practice of unprotected sexual intercourse with multiple and casual partners by both boys and girls. From the NDHS (1990) study, the median age at first sexual intercourse was 16.6 years, whilst about one third of women had had their first sexual intercourse by the age of 15 years. In a study of about 5500 urban youths aged 12 - 24 years, 41 percent had experienced sexual intercourse and of these, 82 percent of girls and 72 percent of boys had had sexual intercourse by the age of 19 years.

As stated earlier, young people are the ones most affected by the HIV/AIDS epidemics. In 1998, 60% of the 20,334 reported AIDS cases in Nigeria were within the age group of 15' to 24 years. This age group also suffers disproportionately from other Sexually transmitted diseases. In an urban-- based study in Nigeria, 16.5 percent of 206 adolescents aged 17 to 19 years were found to suffer from various types of sexually transmitted infections. Recurrent or prolonged sexually transmitted infections constitute a high risk for subsequent development of cervical cancer.

There is a high rate of teenage pregnancy. According to the 1990 population census, young people of age 15-24 years contributed approximately 29.3 percent of deliveries in Nigeria About two-fifths of teenage pregnancies in Nigeria are believed to end up in induced abortion, with majority being carried out by quacks and in unsafe environment. On the whole, about 600,000 induced abortions are believe6o take place in Nigeria annually.

As a result of increasing poverty and other adverse social conditions, there is an increasing rate of antisocial practices including drug abuse and violent crimes such as rape and armed robbery.

Harmful practices and reproductive rights

Various harmful practices, which may be encountered throughout the life span, contribute to reproductive ill health in Nigeria and constitute a violation of reproductive rights. The types of harmful practices commonly encountered in the traditional setting include female genital mutilation, forced early marriage, traumatic puberty initiation rites, labour and delivery practices, wife inheritance and sexual hospitality practices. Some of these practices such as wife inheritance and group circumcision could facilitate the spread of HIV

Female genital mutilation/cutting is practised in every state in Nigeria in various forms from infancy to adulthood. A recent national survey revealed that the prevalence of female genital mutilation/cutting varies widely from the lowest rate at 0.6 percent to the highest at 98.7 percent. Nearly 80 percent of all cases are Type 1, 9.6 percent are Type II, 10.4 percent are cases of infibulations and 1.9 percent are 'zurgu' cut, 'angrya' cut and 'gishiri' cut. These practices cut across religious and cultural boundaries and the victims are unaware of the associated potential dangers such as haemorrhage, shock, and infections including Hepatitis B and HIV/AIDS. The long-term complications include psychological consequences, recurrent urinary tract infections, sexual dysfunction, chronic pelvic infection, infertility, prolonged obstructed labour, vesico-vaginal and recto-vaginal fistulae (VVF and RVF). Early forced marriage is also associated with similar negative reproductive consequences.

A subtle form of harmful practice is the discriminatory upbringing and socialisation of girls and boys to the disadvantage of the girls. This has often led to malnutrition and anaemia in the girl child. Poor nutritional status of children and especially the gi rl child from birth adversely affects their reproductive health during adolescence progressing into their childbearing years.

Gender-based violence is another harmful practice that is prevalent in Nigeria. Violence against women is defined as "any act of gender-based violence that results In, or Is likely to result In , physical, sexual and psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life". Worldwide, It has been estimated that between 16 percent and 52 percent of women suffer physical violence from their male partners, and at least one in five suffer rape or attempted rape in their lifetime. A nationwide survey indicates that wife battering occurs in about 20 percent of Nigerian households. Violence has both short and long-term detrimental effects on women's health, thus violating the right to the enjoyment of the highest attainable standard of physical and mental health. The health care system has an important role to play in collaboration with other systems such as the legal, police, media, social and education sectors, and civil society organisations to give necessary support to the victims and to give evidence when required.

Other reproductive health conditions

Although there are no reliable statistics relating to reproductive cancer, there is evidence of an increasing incidence of reproductive cancers, with cancer of the cervix and breast as the Commonest in females and cancer of the prostate as the commonest in males.

With increasing life expectancy the reproductive health challenges of the elderly are becoming increasingly relevant in Nigeria. Issues of menopause and andropause, for example, need to be given more attention.

1.2.3 Access to and Utilisation of Reproductive Health Information and Services

Currently, there is a low level of access to quality reproductive health information and services at the three levels of health care delivery viz. primary, secondary and tertiary. Some of the major problems in this regard are highlighted below.

A) Access to reproductive health information and services is highly limited and especially to some vulnerable groups such as adolescents. Information and access to appropriate health care services for some reproductive problems such as harmful practices and gender-based violence is relatively scarce. Specialised services such as voluntary confidential counselling and testing for HIV positive pregnant women are currently at the pilot phase.

B) Low level of availability and utilisation of relevant reproductive health services.

The data on use of maternal health facilities illustrate the low level of utilisation of relevant reproductive health services. Only 63.6 percent of mothers received antenatal care whilst trained health personnel attended 41.6 per cent of births. There were great disparities in the utilisation of modern services between the rural and urban areas. In the rural and urban areas, the proportions of mothers who did not receive antenatal care were 37.2 percent and 10.3 percent respectively. The proportion of deliveries that took place in health deliveries in the urban area is more than twice that of the rural areas. The proportions of urban women that received antenatal care from a doctor and a nurse-midwife were 40.1 percent and 43.4 percent respectively. In contrast to the urban areas where 42.2% of the deliveries occurred at home, 64.5 percent of births in the rural areas were delivered at home.

In general, the utilisation rates of reproductive health services were higher amongst populations with formal educational status and low quality of services and financial constraints have been identified as some of the factors affecting service utilisation negatively.

C) The basic infrastructure and logistic support are often defective owing to inadequate maintenance of buildings, medical equipment and vehicles; inadequate and unreliable supply of potable water and electricity; and the poor management of drugs, vaccines and supplies system.

D) The orientation of the services is inappropriate with an imbalance between resources for curative services and promotive services.

E) There is also a low level of male participation in promoting positive attitude and behaviour.

F) The lack of basic health data *is a* major constraint at all stages of planning, delivery, monitoring and evaluation of health services;

G) The financial resources allocated to health services in general and reproductive health services in particular are inadequate to permit them to function effectively;

H) The management of the services often shows major weaknesses resulting in waste and inefficiency, as shown by the failure to meet targets and goals. The inputs in the delivery of reproductive health care by the different levels of governments, voluntary organisations and other agencies are generally poorly coordinated.

I) The participation of the community is minimal at the critical points of decision-making process. Thus, communities are not well informed on matters concerning their health.

Underlying the medical causes of maternal death, disability and all forms of reproductive ill health in women in general are a range of social, economic, and cultural factors, which include inadequate education, low social status, and lack of income and employment opportunities and poor access to reproductive health services. Lack of male involvement and participation in the planning and implementation of relevant programmes has contributed to ineffective action.

1.2.4 State of RH-related laws and policies in Nigeria

Various laws - statutory, customary and religious - in force in Nigeria, address different areas of reproductive health. However, many of these laws do not reflect the reproductive health concept and so are inadequate to meet the needs of actualizing reproductive rights as contemporarily understood.

Nigeria has a number of policies in the health sector that are relevant to reproductive health. Foremost among these, is the National Health Policy and Strategy (1988, 1998), which emphasizes Primary Health Care as the *key* to the development of the health care delivery system in Nigeria. The National Health Policy has a number of provisions which, if strictly implemented, could have led to improved access to basic health services including reproductive services for all population groups. However, the current level of access does not reflect strict adherence to this policy.

Other relevant policies include the National Policy on Population for Development, Unity, Progress and Self Reliance (1988); Maternal and Child Health Policy (1994); National Adolescent Health Policy (1995); National Policy on HIV/AIDS/STIs Control (1997); National Policy on the Elimination of Female Genital Mutllatioi11998); and Breastfeeding Policy (1994). While the provisions of many of these policies are relevant to promotion of reproductive health, their *gets are sometimes contradictory.

Furthermore, some of the existing relevant laws do not support some of the principles enunciated in this policy whilst some are non-committal.

1.3 JUSTIFICATION FOR THE REPRODUCTIVE HEALTH POLICY

Addressing the various reproductive health problems in Nigeria requires, among others, a comprehensive and sustainable policy which provides an appropriate framework for addressing relevant problems and design and implement appropriate programmes that would result in well-functioning health care delivery system and ensure access to affordable good quality care at all levels.

This policy has been developed to address the following:

- The unacceptably high levels of maternal and neonatal morbidity and mortality;
- The increasing rate of infec tion with the human immuno-deficiency virus (HIV) including MTCT and the prevalence of other STIs;
- Increasing high-risk behaviour of adolescents leading to premarital sexual encounters, early marriage, unintended pregnancies, unsafe abortions and the social consequences such as school dropout with subsequent negative inte rgenerational effects;
- The persistence of harmful practices including imported and dangerous family health values and practices;
- The serious consequences of domestic violence and sexual abuse against women and girl children;
- The current fragmentation of reproductive health activities and the limited impact of existing programmes in reducing sexual and reproductive ill- health, and improving reproductive health and well-being;
- The low level of male involvement in reproductive health;
- The low level of awareness and utilization of contraceptive and natural family planning services;
- Inadequate services for infertility and the associated misery.
- To further the implementation of the programme of action of the International Conference on Population and Development (ICPD, 1994).

2. POLICY FRAMEWORK, DECLARATIONS AND GUIDING PRINCIPLES

2.1 POLICY FRAMEWORK

The reproductive health policy is set within the framework of the Nigerian health policy, which upholds primary health care as the key to health development in Nigeria. This policy also recognises that the implementation of reproductive health should be in the context of primary health care, as stated at the ICPD. The national reproductive health policy recognises the following provisions of the national health policy as being critical to the achievements of its goal and targets.

i) Nigeria operates a three tier national health care system: Primary Health Care, by the provision of the Nigerian Constitution, is the responsibility of the Local Government Councils; Secondary Health Care provided by the State Governments, and Tertiary Health Care is the responsibility of the Federal Government;

ii) The various governments of the Federation have responsibilities for the health of the people that shall be fulfilled by the provision of adequate health and social service. The citizens shall have the right and duty to participate individually and collectively in the planning and implementation of services;

iii) Health care shall be accorded higher priority in the allocation of the nation's resources than hitherto ;

iv) Health resources shall be eq uitably distributed giving preference to those at greater risk to their health and the under-served communities as a means of social justice and concern;

V) Information on health shall be disseminated to all individuals and communities to enable them to have a greater responsibility for their health;

vi) Self-reliance shall be encouraged among individuals, communities and on a national scale;

vii) Emphasis shall be placed on preventive and promotive measures which shall be integrated with trea tment and rehabilitation in a multi-disciplinary and multi-sectoral way;

viii) All social and economic sectors shall cooperate in the effort to promote the health of the population; and

ix) That primary health care shall be "scientifically sound" implies that all health practices and technologies , both orthodox and traditional shall be evaluated to determine their efficacy, safety and appropriateness.

2.2 POLICY DECLARATION

2.2.1 Whereas Governments and people of Nigeria realize that women, men and adolescents have specific sexual and reproductive health needs that must be met and past efforts to meet these needs have resulted in a proliferation of various policies and programmes which have had limited impact in reducing sexual and reproductive ill-health of the vulnerable groups, all Governments and people in Nigeria hereby adopt and undertake to subscribe to this National Reproductive Health Policy with the following declaration:

2.2.1.1 All tiers of Government hereby agree that the reproductive health of the people does not only contribute to better quality of lives but, is also essential for the sustained economic and social development of the nation.

2.2.1.2 The people of Nigeria shall participate individually and collectively in the planning, implementation and evaluation of their reproductive health care.

2.2.1.3 The Government and people of Nigeria affirm that the National Policy on Reproductive Health shall be complementary to the National Health Policy and its strategies to achieve health for all Nigerians;

2.2.2 To this end Government shall:

2.2.2.1 Establish a sustainable framework to regulate and facilitate the implementation of the reproductive health policy, strategy and interventions;

2.2.2.2 Promote the Reproductive Health Concept throughout the country using a multi-sectoral approach within the broader context of macro-economic policies;

2.2.2.3 Review and update relevant policies, laws, strategies and programmes to encompass the broad spectrum of reproductive health issues in a coherent and integrated manner, with particular attention to priority-setting;

2.2.2.4 Ensure compliance by all tiers of government and individuals with all relevant treaties, policies and laws supporting the attainment of the highest level of reproductive health irrespective of age, sex, ethnicity, religion and socio-economic status;

2.2.2.5 Protect reproductive tights through the creation of an enabling legal environment by, the amendment and repeal of all laws contradicting reproductive rights principles and the enactment of appropriate legislation;

2.2.2.6 Protect the rights of all people to make and act on decisions about their own reproductive health free from coercion or violence, and based on full information within the framework of acceptable ethical standards;

2.2.2.7 Formulate and enforce legal instruments to support activities aimed at eliminating the practice of female genital mutilation and other forms of harmful practices such as gender-based violence especially sexual violence and rape, through intensified focus on public education and involvement of health care providers in the recognition and management of the problems

2.2.2.8 Ensure access of the public to scientifically proven preventive and curative reproductive health conditions including HIV/AIDS and protect them from unproven claims.

2.2.2.9 Remove all forms of barriers that limit access to comprehensive, integrated and qualitative reproductive health care;

2.2.2.10 Adapt health facilities to the new concept of reproductive health as part of primary ,health care through expansion and strengthening of outreach efforts at community level;

2.2.2.11 Establish appropriate mechanisms for the review of relevant curricula and training manuals of schools of medicine, nursing and health technology in order to incorporate reproductive health concepts, principles, strategies and methodologies;

2.2.2.12 Sustain and increase support to appropriate training of all cadres of health personnel (including various categories of community health workers) in reproductive health;

2.2.2.13 Establish an enabling environment for all cadres of service providers through support for continuing education, constant supervision, provision of incentives and removal of all harriers to the delivery of quality reproductive health care including counseling

2.2.2.14 Develop and encourage use of technologies and methodologies appropriate to effective delivery of quality reproductive health care at all levels;

2.2.2.15 Promote access to information on family planning and provide wide choices of contraceptive methods including surgical methods and encourage the development of new initiatives for identifying and solving logistical problems at all levels;

2.2.2.16 Provide comprehensive (including referral), client-oriented reproductive health services that are of good quality, equitably accessible, affordable and appropriate to the needs of individual men and women, families and communities, especially under- served groups such as adolescents and youths, persons with disability, underprivileged populations and people living with HIV/AIDS (PLWHA);

2.2.2.17 Lower the risk of maternal and perinatal deaths through improved access to Emergency Obstetric Care (EOC) and post-abortion services;

2.2.2.18 Develop appropriate, culture- and gender- sensitive information, education and communication materials in support of reproductive heath so as to enhance the adoption of healthy reproductive health behaviour and lifestyles;

2.2.2.19 Promote male involvement and support for reproductive health programmes in its entity;

2.2.2.20 Remove all institutional and legal barriers, including barriers to education for girls, that prevent women from becoming equal partners in decision-making and development;

2.2.2.21 Ensure that young people have the information, skills and means to prevent unwanted pregnancies, HIV/AIDS and other sexually transmitted infections;

2.2.2.22 Develop appropriate criteria and guidelines to provide support for the development of minimum packages of reproductive health services appropriate for delivery at various levels of health care as well as for programmes and activities based on priority needs;

2.2.2.23 Promote and support research relevant to reproductive health;

2.2.2.24 Recognise and support the role of professional bodies, non-- governmental organisations, CBOs, the private sector, international bilateral and multilateral agencies in reproductive health programmes;

2.2.2.25 Promote collaboration, partnerships and networking among all stakeholders in reproductive health projects and programmes;

2.2.2.26 Establish mechanisms to co-ordinate all reproductive health activities in order to facilitate the mobilisation of resources for effective joint prioritisation, planning and implementation of the various components of the Reproductive Health Strategy;

2.2.2.27 Provide adequate funding of reproductive health programmes through increased and timely financial contributions, judicious and transparent use of funds available to the programmes;

2.2.2.28 Establish mechanisms for monitoring the quality, cultural acceptability, gender-sensitivity, comprehensiveness of, accessibility to, reproductive health information and care, particularly at community level using selected indicators within the broader framework of the National Health Management Information System;

2.2.2.29 Strengthen the institutional capacity of the national health management information systems in order to adequately address reproductive health needs;

2.2.2.30 Support the production, storage, retrieval and distribution of relevant literature/reports on reproductive health programmes and activities.

2.3 GUIDING PHILOSOPHY AND PRINCIPLES OF THE NATIONAL REPRODUCTIVE HEALTH POLICY

The Nigerian Constitution affirms the national philosophy of social justice and equity into these five national objectives:

a) A free and democratic society;
b) A just and egalitarian society;
c) A united, strong and self-reliant nation;
d) A great and dynamic economy;
e) A land of bright and full opportunities for all citizens.

Following on the above, the comprehensiveness, effectiveness and sustainability of the national reproductive health policy will be enhanced by incorporating the following:

- Democratic governance, peace and security;
- Political commitment, national ownership and country leadership
- Enabling political, economic, legislative, cultural and media environment;
- Decentralisation of services to state, local government and community
- Gender equity and equality in access to national resources;
- Ethical considerations, confidentiality and culture-sensitivity;
- Development/adaptation and use of appropriate terminologies, technologies and methodologies;
- Effective preparation of young people for timely participation in the development of the nation, based on the national philosophy.
- Effective partnerships among the key actors, including the informal and private sector, non-governmental organisations and international agencies;
- Men and women to take responsibility for their own sexual behaviour, fertility, health and well-keg as well as that of their partners and families;
- Community participation And ownership of programmes
- Attainment of a minimum level of education by all citizens
- Commitment to continuous evaluation based on regular research for effective health services and policy determination

3. GOALS AND OBJECTIVES OF THE NATIONAL REPRODUCTIVE HEALTH POLICY

3.1 Goal

The overall goal of the Reproductive Health Policy shall be to create an enabling environment for appropriate action, and provide the necessary impetus and guidance to national and local initiatives in all areas of Reproductive Health.

3.2 Objectives and targets

The specific objectives and targets for 2001-2006 are as follows:

3.2.1 To reduce maternal morbidity and mortality due to pregnancy, childbirth by 50%

Targets:

- Increase access to qualitative and affordable maternal and child health services including post-abortal care by 40%
- Reduce prevalence of anaemia among women of reproductive age by 50%
- Reduce the prevalence of other micro-nutrient deficiencies among women by 50%
- Increase access to safe blood transfusion, all biological tissues and emergency obstetric care for women of reproductive age by 50%
- Increase access to reproductive health information and services by 50%
- Ensure LSS training for all cadres of health care providers

3.2.2 To reduce perinatal and neonatal morbidity and mortality by 30%;

Targets:

- Reduce incidence of low birth weight from 17% to10%
- Increase the practice of exclusive breastfeeding of babies for the first six months of life by 50%.
- Reduce prevalence of neonatal tetanus by 50%
- Establish appropriate services such as VCCT to pregnant women, appropriate treatment of neonates born to HIV positive mothers and counselling on infant feeding options in order to minimise the risk of MTCT

3.2.3 To reduce the level of unwanted; pregnancies in all women of reproductive age by 50%;

Targets:

- Raise the contraceptive prevalence rate from 8.6% to 20%
- Reduce unwanted pregnancy, among adolescents by 50%
- Increase access to reproductive health information and services by 80%
- Train all family planning providers on current trends in family planning technology

3.2.4 To reduce the incidence and prevalence of sexually transmitted infection including the transmission of HIV infection;

Targets:

- Increase the proportion of people, including adolescents, who have access to accurate and comprehensive reproductive health information and services by 50%;
- Reduce the prevalence of sexually transmitted infections by 50%;
- Manage effectively at least 80% of cases of sexually transmitted infections brought for treatment;
- Increase the proportion of pregnant women who are screened and treated for syphilis and other STIs by 50%;
- Establish at least one voluntary counselling and confidential testing center in every state of the Federation for HIV/AIDS;
- Train at least 60% of health care providers to care adequately for and protect the rights of people living with HIV/AIDS (PLWH/A) and people with other STIs;
- All blood and blood products as well as other biological products are properly screened for HIV and hepatitis prior to transfusion;
- Protect the public from willful/deliberate transmission of HIV/AIDS by HIV patients through adequate education and provision of condoms;

3.2.5 Limit all forms of gender-based violence and other practices that are harmful to the health of women and children.

Targets:

- Create awareness on what constitutes domestic and sexual violence;
- Develop action plans to address domestic and sexual violence;
- Ensure adequate training for Obstetrics and Gynaecology surgeons and other relevant health professionals in the management of VVF, RVF and other FGM related complications;
- Provide appropriate care and support including counselling for victims of violence including sexual violence
- Ensure appropriate training for health care providers, social welfare workers, and law enforcement agents, legal officers and judiciary to handle cases of gender violence;
- Promote the enactment of laws to eliminate gender violence and review existing laws to make them user-friendly by promoting unbiased investigation and prosecution.

- Promote the enactment of laws to eliminate gender violence including FGM, rape and domestic assaulted battering.

3.2.6 To reduce gender imbalance In availability of reproductive health services.

Targets:

- Create gender sensitive management systems In the health sector to enhance gender responsive policies and programmes
- Conduct policy oriented research on reproductive health throughout the life cycle including menopause sad andropause.

3.2.7 To reduce the Incidence and prevalence of reproductive cancers and ether non-communicable diseases.

Targets:

- Promote screening programmes for early detection of cervical, breast and prostatic cancer
- Establish effective referral system for the management of cancer patients
- Strengthen information base for reproductive health cancers i.e. cancer registries
- Strengthen the existing system to manage reproductive health cancers
- Promote screening programme for non-communicable diseases that affect reproductive health e.g. diabetes, sickle cell diseases and hypertension
- Reduce the mortality and morbidity from reproductive health cancers by 30%

3.2.8 To increase knowledge of reproductive biology and promote responsible behaviours of adolescents regarding prevention of unwanted pregnancy and sexually transmitted infections;

Targets:

- Increase access to appropriate reproductive health information to allin-school and out-of school adolescents.
- Introduce into school curricula, sexuality and family life education.
- Increase access to comprehensive youth-friendly health services including counselling for all young people, and youths with disabilities to 20%.
- Initiate and support the enactment and review of laws relevant to adolescent health.

3.2.9 To reduce gender imbalance In all sexual and reproductive health matters

Targets:

- Expand gender analysis of health to include not only the biological aspects but also social expectations and other developmental issues like education, poverty and male-female power relationships
- Allocate adequate resources to local levels in order to provide basic health and social services, the lack of which increase women's workload.
- Set standards of care through gender-sensitive programmes based on best practices.
- Promote the enactment of laws to eliminate early marriage by determining a minimum age for marriage
- Eliminate all forms of discrimination and coercion against women in reproductive health issues with respect to the right to choose whom and when to marry

3.2.10 To reduce the prevalence of infertility and provide adoption services for infertile couples

Targets

- Provide adequate training for health care providers for counselling and management of infertility
- Establish/strengthen at least one properly equipped infertility management centre in every State of the Federation
- Establish at least one efficiently functional adoption centre in every State.

3.2.11 To reduce the incidence and prevalence of infertility and sexual dysfunction In men and women

Targets

- Create an information base for infertility and sexual dysfunction in men and women
- Incorporate management of infertility and sexual dysfunction in all health programmes at all levels
- Reduce the incidence and prevalence of Infertility through the management of sexually transmitted infections, post-abortal and post- partum sepsis
- Strengthening the capacity of reproductive health workers on the prevention and management of infertility and sexual dysfunction in men and women at all levels
- Strengthening of referral centres in the management of infertility and sexual dysfunction in secondary and tertiary health institutions

3.2.12 To increase the involvement of men in reproductive health issues

Targets

- Increase male utilisation of reproductive health services by 50%
- Promote male support for the utilisation of reproductive health services by women
- Increase male involvement in the promotion and upholding of reproductive rights of women.

3.2.13 To promote research on reproductive health issues

Targets

- Obtain baseline information on reproductive health issues
- Build capacity of staff at all levels to conduct research on reproductive health data
- Encourage the use of information from research to plan, implement reproductive health programmes and effect policy changes in reproductive health

4. STRATEGIES AND INSTITUTIONAL FRAMEWORK FOR POLICY IMPLEMENTATION

4.1 Strategies

The following shall constitute the major thrusts of the strategic approach to achieving the goals and objectives of the national reproductive health policy

- Advocacy and social mobilisation
- Promotion of healthy reproductive behaviours
- Equitable access to quality' health services
- Capacity building
- Research promotion

Further details about strategies and implementation approaches are given in the strategic framework and plan of action.

4.2 ROLES AND RESPONSIBILITIES

4.2.1 Federal Ministry of Health:

4.2.1.1 ***Technical Advisory Committee:***

The Federal Ministry of Health shall setup a Multidisciplinary and multisectoral Technical Advisory Committee- the National Reproductive Health Working Group - made up of professionals drawn from relevant arms of the ministry and other ministries, academic institutions, the private sector, non-- governmental organisations and international agencies. The Federal Ministry of Health shall provide the Secretariat

4.2.1.2 Training:

The Federal Ministry of Health shall establish guidelines for planning, organising, conducting and supervising training of all health personnel at all levels. It will provide appropriate technical support for curriculum development, training, and continuing education.

4.2.1.3 Services:

The Federal Ministry of Health shall:

i) Regularly assess the country's reproductive and sexual health profiles;

ii) Define and ensure standards with respect to. the delivery of reproductive health services;

iii) Issue guidelines to assist State and Local Government Areas to plan, Implement, monitor and evaluate their reproductive health programmes.

iv) Facilitate intra and inter collaborative approaches to reproductive and sexual health care;

V) Initiate and maintain a multi-sectoral approach to reproductive health care, It shall involve for example, Ministries of Agriculture and Water Resources, Education and Communication, Women Affairs and Youth Development, Sports and Social Development, Non-Governmental Organisations

4.2.1.4 Drugs, Commodities and Equipment:

The Federal Ministry of Health shall:

i) Set guidelines and provide an enabling environment for the procurement of drugs by States, Local Government Areas, NGOs and CBOs.

ii) Promote the implementation of a sustainable mechanism for drug availability and affordability;

iii) Facilitate the procurement and supply of equipment and materials for smooth running of activities relevant to reproductive health programmes in identified health facilities/institutions.

iv) Provide an enabling environment for quality assurance on drugs at all levels.

4.2.1.5 Finance:

The Federal Ministry of Health shall:

i) Collaborate with national and international agencies and NGOs to secure financial and technical assistance for implementation of reproductive health programmes.

ii) As appropriate, male funds available for research, maintenance of health care facilities and implementation of reproductive health programmes

4.2.1.6 Research:

The Federal Ministry of Health shall encourage the development of a research culture within the Federal Ministry of Health, National Primary Health Care Development Agency, State Ministries of Health, Local Government Areas, training and research institutions, private organisations and the mass media, including small scale studies relevant to reproductive health programmes ensuring the full application of acceptable ethical standards.

4.2.1.7 Information Education and Communication (IEC):

The Federal Ministry of Health shall:

i) Adopt a multidisciplinary approach in disseminating information to relevant national institutions, States, Local Governments, NGOs, donors, CBOs and other stakeholders on Reproductive Health issues.

ii) Declare a day to create awareness on reproductive health issues.

iii) Develop suitable materials for IEC for effective coverage of RH programmes.

4.2.1.8 Monitoring and Evaluation

The Federal Ministry of Health shall:

i) Encourage and support the capacity of Health Management Information Systems to provide information at all levels on progress made in all areas of the reproductive health programme in all areas of the reproductive health programme including changes in morbidity and mortality arising from reproductive health problems.

ii) Support the supervision, monitoring and evaluation of reproductive health problems

4.2.2 State Ministry of Health shall be responsible for:

4.2.2.1 Training to:

i) Ensure that appropriately qualified and adequately skilled health personnel are available for provision of reproductive and sexual health services.

ii) Ensure that health personnel update their knowledge and skills on a continuous basis to perform functions relevant to the country's reproductive and sexual health priorities.

4.2.2.2 Services to:

i) Ensure effective implementation of reproductive health programmes in public and private health institutions;

ii) Review the distribution of existing health care facilities in order to promote equity;

iii) Identify priority health programmes related to women and adolescents of reproductive age;

iv) Facilitate intra and inter collaborative approaches to reproductive health care;

V) Involve professional organisations in policy planning and implementation of reproductive health services;

vi) Encourage functional community-based midwifery services by hospitals, maternity centres, health centres, clinics and private sector as appropriate;

vii) Review and improve systems and institutions at the first referral level, with a view to encouraging and strengthening a two-way referral system

4.2.2.3 Drugs and Equipment:

i) Ensure regular and timely procurement and distribution of drugs;

ii) Review periodically the existing logistic system to ensure regular and timely distribution of supplies and equipment;

iii) Promote maintenance culture with regard to infrastructure, equipment and vehicle;

iv) Conduct a systematic assessment of the health technology required for reproductive health services.

4.2.2.4 Finance:

Explore and implement appropriate mechanism for mobilising and allocating resources for reproductive health care including cost recovery.

4.2.2.5 Monitoring and Evaluation:

Facilitate data collection and processing, use and dissemination of information on reproductive health

4.2.2.6 Information, Education and Communication (IEC):

Promote health education through health personnel, mass media, non- governmental organisations, communities, families and individuals.

4.2.3 Local Government Areas shall:

- Motivate the community by carrying along traditional chiefs, religious leaders, other influential persons, and groups, cultural organisations on the one hand and on the other, elicit the support of formal and informal leaders, for community action in favour of reproductive and sexual health.
- Local Government Area Strategy for RH based on the principles of Primary Health Care delivery shall be as follows:
  - i) Determine the local situation of the various components of RH
  - ii) Involve key individuals and groups in the planning and implementation of RH programmes taking special cognisance of women and youths.
  - iii) Provide health information to the community in RH and in such other matters that can enhance the RH status of all.
  - iv) Develop and put in place mechanisms for informing individuals and the communities on the clinical decisions in RH.
  - V) Train the traditional birth attendants and voluntary village health workers in the appropriate delivery of RH services
  - vi) Organise and maintain linkages between Traditional Birth Attendants and midwives serving in their areas:
  - vii) Harness resources to support RH programmes.
  - vii) Ascertain the availability and maintenance of basic RH infrastructures.

viii) Collate relevant data about the reproductive health resources, the health condition of the women and their utilisation of available maternal health services.

4.2.4 Non-Government Organisations and Communities

NGOs shall in collaboration with the Federal, State and Local Governments:

i) Identify the reproductive health needs of the communities, through studies to provide relevant data.
ii) Initiate pilot schemes that will serve as models for replication
iii) Use innovative approaches in addressing Reproductive Health needs of the communities.
iv) Identify and carry out human resources development in reproductive health care within the community.
V) Assist in developing Information, Education and Communication materials and programmes.
vi) Train the Traditional Birth Attendants and Voluntary Village Health Workers in the appropriate delivery of RH services.
vii) Assist in Monitoring and Evaluation programmes.
viii) Mobilise the community to embark on awareness campaigns to eradicate Harmful Practices.
ix) Set up an affordable community based delivery of RH services.
x) Provide technical assistance to LGAs on fund raising activities, resources utilisation, planning, implementation, monitoring and evaluation.
xi) Assist in the development and maintenance of a functional referral system.
xii) Initiate studies on the knowledge, attitude, beliefs, practices and ethical considerations on RH issues within the communities.
xiii) Assist in the collation and updating of relevant data about reproductive health resources, health conditions of all persons and utilisation of available maternal and child health services.
xiv) Assist in the retraining of various levels of health workers involved in RH duties.

4.2.5 Mass Media

The mass media shall:

i) Create and maintain awareness of issues concerning reproductive health;
ii) Promote the dissemination of information;
iii) Make conscious effort to include reproductive health issues in their publications;
iv) Be involved in the networking activities of Non-Governmental Organisations, CBOs, Private Voluntary Organisations and relevant health professional bodies.

4.2.6 Professional Groups:

i) The health professionals shall be responsible for preparation of professionally competent and versatile practitioners who are capable of providing high quality care to the expectant mothers in homes, community health centres, hospitals and clinics in the served and under-served areas in the Federation.

ii) The health professionals shall enforce effective monitoring of the activities of the practitioners at all levels in order to maintain and ensure efficient, effective and quality service within the framework of acceptable ethical standards

iii) The Medical School, Schools of Nursing and Midwifery and Public Health Nursing, Schools of Health Technology, and other schools of health sciences shall reflect in their curricula, the philosophy of Reproductive Health and shall provide appropriate practical training in these areas. Similarly, efforts shall be made to involve technical workers in other sectors having a bearing on the health of women.

iv) The regulatory body of the CHOs ad CHEWs, shall reflect in their curricula, the philosophy of Reproductive Health and shall provide appropriate practical training in these areas.

V) The Nigerian Medical and Dental Council shall incorporate the Expanded Life Saving Skills Initiative in the curriculum of medical practitioners so that they can give the deserved support to Midwives.

vi) The Nursing and Midwifery Council shall incorporate the life saving skills programmes in the Midwifery Curriculum so that Midwives can be legally protected in meeting the needs for obstetric emergencies.

vii) The Nursing and Midwifery Council should support and encourage qualified midwives to utilise life saving skills in Maternal Health Services in order to effect a decline in high maternal and morbidity rates.

viii) The health professionals shall ensure that the rights of all persons, particularly PLWHAs and people with other STIs are protected and they do not suffer discrimination in any form.

ix) Health and health related professional organisations shall dialogue with the FMOH to ensure their involvement in complementing the government's effort in reducing maternal and child mortality and morbidity rates.

x) The professionals shall ensure that relevant, practicable and effective referral system is designed by Government to enhance the success of the reproductive health programme.

4.3 MONITORING AND EVALUATIONOF POLICY IMPLEMENTATION

In addition to the general monitoring of indicators of social and economic development, specific indicators for the evaluation of Reproductive Health shall be developed by the Technical Advisory Committee in collaboration with the Department of Health Planning and Research of the Federal Ministry of Health. Periodic monitoring of each sector shall be carried out to ensure each sector meets the targets. The Federal Ministry of Health shall have the overall responsibility of compiling the reports of the activities of the various sectors.

4.3.1 The Federal Ministry of Health shall:

i) Encourage and support the capacity of the National Health Management Information System to provide information at all levels on progress made in reducing mortality and morbidity arising from reproductive health issues.
ii) Support the supervision, monitoring, and evaluation of reproductive health programmes at State and LGA levels

4.3.2 The State Ministry of Health shall:

i) Facilitate data collection processing, use and dissemination of information on reproductive health

4.3.3 The Local Government Area shall:

i) Collate relevant data about the reproductive health resources, the health condition of the women and their utilisation of available maternal health services.

4.3.4 Non-Governmental Organisations shall:

i) Assist in the collation and updating of relevant data about the reproductive health resources, health conditions of all persons and the utilisation of available maternal and child health services.

Annex 1

Components of Reproductive Health

- Safe motherhood comprising prenatal care, safe delivery, essential obstetric care, perinatal and neonatal care, postnatal care and breastfeeding;
- Family planning information and services;
- Prevention and management of infertility and sexual dysfunction in both men and women;
- Prevention and management of complications of abortion;
- Provision of safe abortion services where the law permits;
- Prevention and management of reproductive tract infections, especially sexually transmitted infections (STIs), including HIV infections and Acquired Immunodeficiency Syndrome (AIDS);
- Promotion of healthy sexual maturation as from pre-adolescence, responsible and safe sex throughout the lifetime and gender equality;
- Elimination of harmful practices, such as female genital mutilation (FGM), premature marriage, and domestic and sexual violence against women;
- Management of non-infectious conditions of the reproductive system, such as genital fistula, cervical cancer, complications of female genital mutilation and reproductive health problems associated with menopause.

Annex 2

The Reproductive Health Rights

The Right to Life: which includes the right of women not to have their lives put at risk by reason of pregnancy;

Right to freedom from torture: inhuman and degrading or cruel treatment which extend to freedom from domestic and sexual violence as ell as the right to human dignity;

Right to freedom: from all forms of discrimination which secures the right of all persons to equal treatment and entitlement to equal enjoyment of all rights including sexual rights;

Right to privacy: meaning that all sexual and reproductive health care services should be confidential, and all woman have the right to autonomous reproductive choices;

Right to freedom of thought and opinion: which includes freedom from restrictive interpretation of religious texts, beliefs, philosophies and customs which curtail freedom of thought and choices in relation to sexual and reproductive health issues;

Right of men and women of marriageable age : to marry and found a family based on full and free consent;

Right to information and education: which include access to full information on the benefits, risks, effectiveness of all methods of fertility regulation, in order that **all** decisions are made on the basis of full, free and informed consents;

Right to Preventive and Curative Health Care;

Right to the benefit of scientific progress: which includes the rights of sexual and reproductive health service clients to new reproductive health technologies which are safe, effective and acceptable;

Right of individuals and couples: to decide on the number and spacing of their children and the right to information and accessible services to that end;

Right to food: which includes the right to adequate nutrition especially for the girl child and women to ensure positive pregnancy outcome;

The Right to Equality, and to be Free from all forms of Discrimination: including the Right to sexual and reproductive life;

The Right to Freedom of Thought: which includes freedom from the r estrictive interpretation of religious texts, beliefs, philosophies and customs as tools to curtail freedom of thought and sexual and reproductive health care and other issues.

The Right to Choose whether or not to Marry and to Found and Plan a Family.

The Right to Health Care and Health Protection: which includes the rights of health care clients to the highest possible quality of health care and the right to be free from traditional practices which are harmful to health.

The Right to Freedom of Assembly and Political participation: which includes the right of all persons to seek to influence communities and government to prioritise sexual and Reproductive health and rights;

The Right to Dignity

Annex 3

Relevant Policies developed by the Federal Ministry of Health

- National Policy on Women (2000)

Plan of Action for Control of Non-Communicable Diseases in Nigeria (1999)

- National Policy on the Elimination of Female Genital Mutilation (1998)
- The National Health Policy and Strategy (1988, 1998)
- National Policy on HIV/AIDS/STIs Control (1997)
- National Food and Nutrition Policy (1995)
- National Adolescent Health Policy (1995)
- Maternal and Child Health Policy (1994)
- Breastfeeding Policy (1994)
- National Policy on Population for Development, Unity, Progress and Self Reliance (1988)