

Public Health Laws in Nigeria: The Need for Review and Enforcement

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Abstract: Public health laws came into existence in Nigeria in the colonial era. The laws aimed at promoting health, which also is the goal of community medicine practice. Awareness of these laws appears to have become low among both the public and community physicians. There is the lack of promotion of the office of the Medical Officers of Health who are the custodians of these laws. Non-implementation of the laws has contributed to the country's poor health indices. The first versions of these laws were those for the various regions of the country. The Public Health Laws of Western Nigeria of 1957 was revised in 1958; and so were those of the other regions of the country then. The last attempt at revising the law was in 1998, when a draft titled 'Public Health Laws of Nigeria 1998' was produced and reportedly approved by the National Council on Health. This is now at the national level but is yet to be passed into law. We recommend that community physicians should familiarize themselves with the laws and remind the government about them through advocacy, preferably at the states, as of the previous laws. Public enlightenment about the laws should be carried out by the governments, spearheaded by community physicians. There should also be an intersectoral collaboration for their implementation involving the ministries of health, environment, lands and housing, education, justice, agriculture, police and other law enforcement agencies.

Keywords: Public health, laws, community medicine, Nigeria.

I. INTRODUCTION

Law is an important public health tool that plays a vital role in promoting health, and preventing diseases and premature death. According to the Centre for Disease Control, Public Health Laws establish the authority of the government at various jurisdictional levels to improve the health of the general population within societal limits and norms [1]. These laws ensure that people's activities do not constitute a hazard to the health of the public.

Laws similar to the present-day public health laws were recorded in the Holy Bible. Under the Mosaic laws in the bible (Leviticus chapter 13-15), the priests doubled as health officers and performed duties that are similar to those expected, by law, of the present-day Medical Officers of Health (MOH). According to the law of leprosy, as mentioned in the bible, the priests were expected to inspect lesions on skin and on house walls and decided whether the skin lesion was leprosy or the house was unclean. They prescribed treatments, as well as isolation and quarantine [2].

II. METHODOLOGY

This research used a review of published original research, review papers, as well as the authors' experiences. Search techniques involved the use of key words in google and other search engines. Search terms entered into the search engines included, but not limited to, public health laws, history, noise pollution, slaughter house regulation.

III. HISTORY OF PUBLIC HEALTH LAWS

Public health laws in Britain evolved over 4 periods, namely the Statute of West Minister (1285), the Sanitary Act (1388), the Medical Registration Act (1511) and the Poor Law Act (1601). John Simon was appointed as the Chief Medical Officer for Britain in 1858. The Sanitary Act of 1866 and the Public Health Act of 1875 gave detailed legal cover for environmental sanitation, while the Public Health Act of 1936 formed the legal basis for public health activities [3].

In Nigeria, the Public Health Ordinance came into existence in 1948. Later there was Public Health Laws of the various regions, the Western, Eastern and Northern Nigeria. The Public Health laws of Western Nigeria of 1957 [4] were revised in 1958. The last attempt at revising the laws was in 1998 when a draft Public Health Laws of Nigeria [5] was produced. It was reportedly approved by the National Council on Health, but yet to be passed into law. There is the Public Health Laws for Lagos State 2015 [6].

There is the Quarantine Act of 1926 which is still in force today. It gives legal backing to the president and the country's health authorities to deal with public health crises. The President is authorized, among other things, to declare any infectious disease a dangerous infectious disease, declare any area in or outside of Nigeria an infected area, and issue regulations to prevent the spread of any infectious disease. This power has been exercised with the issuing of the Quarantine (Ships) Regulations, which authorize or require port health officers to take a number of measures to prevent the importation into and spread of infectious diseases within Nigeria. A bill (SB 210) which is aimed at replacing the Quarantine Act is presently under consideration by the upper chamber of Nigeria's legislature [7].

IV. PUBLIC HEALTH LAWS IN OTHER COUNTRIES

Public Health Laws or Act also exist in other countries, having similar contents. These include the Public Health Act of Ghana 2012 [8], Public Health Act of Zambia 1930 [9], The Public Health of South Africa, Act 36 of 1919 [10], Public Health Act of Kenya 2012 [11], Public Health Law of Alabama 2012 [12], Public Health Codes of Illinois 2010 [13] and the Public Health Act of United Kingdom 1961 [14] (revised 26 times between 1991 and 2017).

V. CONTENT OF THE PUBLIC HEALTH LAWS OF NIGERIA AND THE SITUATION IN PRESENT-DAY NIGERIA

Some of the laws as contained in the earlier documents are obsolete. So also are the fine penalties which were stated in pounds [4]. Some of the laws have been revised, while a few have been removed. The laws on smallpox vaccination are not found in the recent document since smallpox has been eradicated. Many new laws addressing issues of public health importance have been added.

The Public Health Laws of 1998 (draft) [5] is an 88-page document, containing 274 laws spread across 20 chapters/parts. The appendix contains 21 environmental health (E.H.) forms. The areas covered in the document include the appointment of Medical Officer of Health, nuisances, duties of occupiers of premises, communicable diseases, building regulations, drinking water quality, market sanitation/street trading and illegal markets regulation, food and food premises regulation, and local liquor regulation. Other areas are abattoir and slaughter houses regulation, slaughtering of animals' regulation, sale of meat regulation, births and cemetery regulation and disposal of the dead, dog regulation, pest and vector control regulation, and noise pollution control regulation.

Terms used in the 1998 document were defined under the introductory part thereof. A Medical Officer of Health was defined as a medical officer with specialized training in public health assigned to an LGA and includes any officer who is acting in his place. The law says that the Government shall appoint a qualified Public Health/Community Health Physician to be the MOH for the purpose of this law in any LGA, in the absence of such qualification, a qualified medical practitioner may be designated as the MOH for the area, usually the medical officer in charge of the general hospital serving that local government.

The duties of the MOH were spelt out. These include the abatement of nuisances. Penalties of fine and jail terms for defaulters are all documented. A review of the function of the MOH currently in Nigeria showed declining recognition in the Nigeria health system and in the implementation of PHC at the grassroots [15]. The article recommended that efforts should be made at all levels to reverse policies that are hindering the implementation of PHC at the grassroots through the MOH. Similar efforts to recover these lost components of community and primary health care are now going on under the Primary Health Care Under One Roof (PHCUOR) efforts [16]. Community health physicians across the country should seek the ways to restore the office of the MOH within the Nigerian health system as no one else will do it for them. The necessity of health systems reform in Nigeria have been brought to the limelight over a decade ago [17].

The duties of members of the public are also stated under the various chapters (or parts, as the document called them). A few examples include that every owner or occupier of any premises shall clear all weeds, filth and rubbish from the streets and gutters in front, back or either side of the premises. If there are other premises, opposite or adjacent, the owner or occupier shall be responsible for only half of the street or gutter nearest to his premises. Any person who litters any street,

premises or open place shall be arrested. This is a far cry from what is obtainable in the present-day Nigeria. A multi-site study covering the six geopolitical zones in Nigeria done in 2008 found that the litter problem was quite intense in all the 120 streets surveyed. It was found that respondents littered the streets for several reasons (absence of bins, inefficiencies of local authorities, ignorance, weak legislation, anger, stress, etc) [18]. A hospital-based study have shown challenges with proper disposal of plastic wastes [19].

The law says that any building to be erected must have a plan approved by the health officer and the town planning authority. A building plan shows boundaries of the proposed buildings in relation to one another and to the site. It also shows other details like the position of drainage system, the percentage of the site to be built upon, the set back (which is the distance of the building from the road), building material, depth and thickness of foundation, number and size of rooms, ventilation, toilet facilities and fire escape route. A study investigated the extent to which private residential buildings complied with urban development and planning regulations in Ibadan, Nigeria. It was found that while the average household was aware of the existence of planning regulations, it did not translate into compliance. According to the study, the most violated aspects of building regulations are plot coverage, setback stipulations, room size, provision of utilities, and a change of use from a wholly residential to the incorporation of home-based businesses [20].

The laws on food and food premises regulations states that food for sale should be kept in appropriate containers to protect them from contamination; and cooking and other food vessels should be kept in clean and sanitary conditions among other things. Premises for preparing food shall be inspected by a Health Officer from time to time and duly registered. A study found that about a quarter (23.81%) of street food vendors in Owerri, Nigeria prepared food in unhygienic conditions. About half (42.86%) did not wear aprons; 47.62% handled food with bare hands, 52.38% did not cover hair and 61.90% handled money while serving food. Some wore jewelry while serving food (19.05%), 28.57% blew air into polythene bag before using them, 9.52% displayed cooked food openly in the stalls while 23.81% served food from wheelbarrows and 42.86% had leftovers for serving the next day with poor storage facilities. About a half (47.62%) of the vendors washed their utensils with dirty water which is recycled and used severally in 28.57%, surprisingly only 9.52% of them complained of water shortages [21]. This level of compliance is a far cry from what is expected as documented in the laws.

One of the laws under the food and food premises regulation states that no loaf of bread, cake or any confectionery shall leave the premises of production without being labelled, wrapped and sealed. Local liquor regulation states, among other things, that the owner of a drinking house shall obtain an annual license. There shall be no sale of liquor before 12 noon or after 10 p.m. The owner shall not permit drunkenness or any quarrelsome conduct, sale of liquor to any person already drunk, any person under 18 years, or in exchange for valuables other than money. He or she shall not permit his premises to be used as brothel or habitual meeting place of prostitutes or for unlawful games.

Under the abattoir and slaughter houses regulations, all animals to be slaughtered shall be examined and issued a certificate of fitness by the health officer/veterinary officer. Persons who take part in slaughtering, dressing or handling of animals or carcasses shall be licensed to do so. Such persons shall, before leaving, brush, sweep, thoroughly wash and clean away all blood, dirt, offal, filth and rubbish. Slaughtering of animal regulations says that meat must be inspected and passed as fit for human consumption before removal from the slaughterhouse. Any meat considered unfit shall be destroyed. The butcher and his assistants shall wear white or brown overall, rain boot, headgear, gloves, etc. All food handlers shall undergo routine medical fitness test at least twice a year. Studies have documented surface water pollution as a result of discharging untreated abattoir effluent into rivers [22], [23].

Noise pollution control regulation says that any business or activity likely to be a source of noise must be duly registered. The Federal Environmental Protection Agency (FEPA) guideline specifies the distance from residential area that a noise-producing commercial or industrial activity shall be carried out. The operational hours shall be 7 a.m. – 7:30 p.m. and noise level must not exceed 90 decibel. Noise levels in some of Nigeria's metropolitan cities were found to be above the World Health Organization's recommendation [24], [25]. Some workers do not have adequate knowledge of occupational hazards [26], [27].

Smallpox eradication was achieved through mandatory vaccination. Studies have shown that some healthcare workers were not willing to take COVID-19 vaccine nor to recommend it to patients [28], [29]. Hence there is the need for legislation on vaccination for communicable diseases when necessary. The laws have guidelines for communicable diseases. These will be necessary for the enforcement of COVID-19 control strategies like social distancing, use of face masks and hand hygiene [30], [31], [32], and for other diseases when needed.

VI. CONCLUSIONS

Nigeria was designed to be a good place to live in. It is good to know that Nigeria had good plans for her citizens' health but it is sad to note that many of those plans on paper are now not implemented, like many other documents in Nigeria [33], [34] due to lack of political will, ignorance of the law among the general public, as well as the community physicians in whose duty and utmost interest it is to have those laws fully enacted and implemented. There is inadequacy and incompetence of governance. There is also inadequacy and legal ignorance of Medical Officers of Health and their organization in Nigeria currently [35], [36]. As these officers are now appointed in several states in the country as well as have a national association (Association of Medical Officers of Health in Nigeria), it will be the duty of this association and the wider Association of Public Health Physicians of Nigeria (APHPN) to educate themselves on this matter and work to see this office and public health practice restored. There is absence of an enabling environment and lack of resources for the health officers to perform duties expected of them. There is our national bribery and corruption culture and resistance to change.

VII. RECOMMENDATIONS

The people in government should be enlightened about the importance of the public health laws and the community physicians should lead this campaign. Community physicians and especially the MOHs, should get their acts together regarding the place and importance of the public health laws in the nature and practice of their professional discipline. There should be an inter-sectoral collaboration for their implementation (Ministries of Health, Environment, Lands and Housing, Agriculture, Education, Justice, and Police and other law enforcement agencies, etc); with emphasis on the integration of these services under the LGA functions as of old. This should be part of the goals of the present Primary Health Care Under One Roof (PHCUOR) movement.

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Conflict of interest

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Authors' contribution

Nwachukwu CC and Asuzu MC contributed to the search for information and the final manuscript.

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