



Replicating the East African Policy Framework: A Critical Analysis of Medicine Policy in Nigeria

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Published: 04 July 2014 | Received: 26 January 2014 | Accepted: 26 May 2014

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DOI: [10.5281/zenodo.18530250](https://doi.org/10.5281/zenodo.18530250)

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Abstract

The East African Policy Framework (EAPF) for medicines is often referenced as a model for improving medicine access and regulation. This replication study examines the applicability of its core principles within Nigeria's distinct political, economic, and health system context. The purpose was to replicate the EAPF's analytical approach to assess Nigeria's national medicine policy landscape. The objectives were to identify key national policy themes, evaluate their alignment with EAPF principles, and analyse contextual barriers to implementation. This study employed a qualitative document analysis and critical policy review. It involved a systematic examination of official Nigerian policy documents, strategic plans, and legislative acts concerning medicines. Thematic analysis was used to compare the findings with the original EAPF framework. The analysis revealed significant thematic divergence from the EAPF, particularly in governance and financing. A central finding was the predominant emphasis on out-of-pocket expenditure as a primary funding mechanism within Nigerian policy, contrasting with the EAPF's focus on pooled public funding. Regulatory fragmentation across different government levels was also a dominant theme. Direct replication of the East African Policy Framework is not feasible for Nigeria without substantial contextual adaptation. The Nigerian policy environment is characterised by distinct financial and structural challenges that the EAPF does not adequately address. Future policy development in Nigeria should prioritise creating sustainable public financing mechanisms for essential medicines. Strengthening regulatory harmonisation across states and fostering multi-sectoral governance structures are also critical. Medicine policy, Replication study, Nigeria, Policy analysis, Access to medicines, Health policy This study provides a critical, context-specific analysis that challenges the direct transferability of regional policy models. It contributes to health policy by demonstrating the necessity of contextual replication studies in obstetrics and gynaecology, highlighting the importance of local adaptation over standardised application.

Keywords: *Replication study, Policy transfer, Sub-Saharan Africa, Pharmaceutical policy, Health systems strengthening, Critical analysis*



ABSTRACT-ONLY PUBLICATION

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