

**COMMUNIQUE ISSUED AT THE END OF SOUTH WEST POLICY DIALOGUE FOR MEMBERS OF RELEVANT COMMITTEES ON REVITALISATION OF PRIMARY HEALTH CARE IN NIGERIA ORGANISED BY HOUSE OF REPRESENTATIVES COMMITTEES ON HEALTH AND APPROPRIATIONS IN CONJUNCTION WITH CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AT EKO HOTELS & SUITES, ON 6<sup>TH</sup> DECEMBER, 2019.**

**PREAMBLE:**

Civil Society Legislative Advocacy Centre (CISLAC) organised a Policy Dialogue on Primary Health Care Revitalisation in Nigeria under the aegis of a project titled **“Reinvestment: Increasing Legislative Oversight on Primary Health Care in Nigeria”**. The Dialogue aimed at deepening critical discussions on fact-findings from the site visits, while providing enabling platform for holistic recommendations in harnessing potential for revitalising Primary Health Care to inform appropriate legislative decisions and policy directions in the country. With special site visits to **Power line Primary Health Care centre and Soretire Orile-Agege Primary Health Care centre at Agege Local Government Area, Lagos state**, the Dialogue provoked critical discussions towards harnessing potential for revitalising Primary Health Care to inform appropriate legislative decisions and policy directions for the country. After exhaustive deliberations on various thematic issues such as **“The Role of Relevant Legislative Committees in Actualising the Basic Health Care Package, PHC Revitalisation in the 8th Assembly: The Legislative Gaps and Opportunities, and Understanding Minimum standards for Primary Health Care in Nigeria**, the following observations and recommendations were made:

1. The site visit to Primary Health Care facilities across the regions has helped relevant committees in the House of Representatives to understand existing challenges and appreciate the importance of basic health care to common Nigerians.
2. Inadequate financial and human resources allocation and dissemination are systemic challenges bedevilling efficient and effective health care service provision and delivery across the Primary Health Care centres in the region.
3. Prompt revitalisation of Primary Health Care centres across the six geo-political zone is paramount to drive socio-economic prosperity of the country.
4. As the first state to legislate PHCDA law in the country, the presence of the Permanent Secretary of Lagos State Primary Health Care Development Agency in the Dialogue is a welcome development to ensure appropriate domestication of the various observations and recommendations on Primary Health care revitalisation in the state and beyond.
5. Misplaced priority in resource allocation for the revitalisation of Primary Health Care creates mismatch in budgetary implementation at PHC levels.

6. Existing human resource gaps across Primary Health Care facilities creates serious discrepancies among various levels of health personnel service delivery and delays comprehensive and acceptable provision of basic health care services across the region.
7. Socio-cultural, political and religious factors constitute major impediments to appreciable accessibility to Primary Health Care facilities at all levels.

## **RECOMMENDATIONS:**

Participants recommended as follows:

### **In short-term:**

1. Full implementation of the Basic Health Care Provision Fund as a statutory provision by the National Assembly with constructive advocacy to the executive arm to efficiently deliver on the minimum health care package.
2. Prompt population control through sustained budgetary provision, timely release and delivery of Family Planning consumables across the Primary Health Care facility to aid appropriate national planning and enhance demographic dividend in the country.
3. Comprehensive needs assessment of Primary Health Care centres across the six geo-political zones to create synergy in the legislative provision for the needs and priority of each region.
4. Creating synergy in the budgetary provision for basic health care for coordinated impact.

### **In medium-term:**

1. Collective effort through encouraged public-private investment towards the revitalisation of primary health care centres in Nigeria.
2. Development of holistic Legislative Health Agenda across the State House of Assemble in the country to achieve effective appropriation, ownership, oversight, relevance, accountability and representation in the revitalisation of Primary Health Care.
3. Development of a blue print to harmonise and present the important of Basic Health Care to efficiently deliver a child physical and cognitive development, especially in 1000 days window of opportunity.
4. Full community consultation, involvement and participation in the provision of Primary Health Care services for ownership, high impact and efficiency in the country.

**In long-term:**

1. Development of private-support trust fund across the regions to address existing inadequacy/shortfall in the budgetary provision for basic health care services.
2. Sectoral coordination among health care institutions to create synergy and brainstorm on enabling ground for the implementation of community-oriented priority.
3. SMART target for the operationalization of PHC and full implementation of the minimum standard of Primary Health Care service provision.
4. Local Government Autonomy to support revitalisation process of Primary Health Care facilities in the country.
5. Integrating inter-personal communication skills in the training curriculum of the health workers to address unethical attitudes of the healthcare workers.

**Action points:**

1. Collective advocacy action will be championed by the Chairs of relevant Committees to prioritise revitalisation of Primary Health Care in their constituency project.
2. Hon. Babatunde Adejare representing...constituency, Lagos state to ensure prompt revitalisation and support to Power line PHC in Agege Local Government.
3. Committees will refocus attention on revitalisation of existing facilities instead of construction of new ones.
4. Committees to call for public hearing comprising Ministry of Health and Primary Health care Development Agency to conduct comprehensive needs assessment of the PHCs in the regions.
5. The Committees to critical assess the Primary Health Care Development Agency quality control and monitoring unit to ensure compliance to the minimum standards of care at basic health care level.

**Signed:**

Hon. DR. S.B. Adejare

Hon. Otumba Oriyomi Onanuga

Hon Abass Adigun

Hon. Henry Nwawuba

Hon. Dawodu Ayinla

Hon Beni Lar

Hon. Jimoh Olajide

Hon Dekor, Dumameye

Hon Tajudeen Adefisoye

Hon Hamisu Ibrahim