Preamble:

Civil Society Legislative Advocacy Centre (CISLAC) organised One-day Regional 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 providing an enabling platform for legislators to interact in proffering holistic solutions to the current trend and challenges confronting adequate, accessible and effective Primary Health Care system in the South South geo-political zone coupled with the need to revitalise the system for high impact and efficiency. With special site visits to a Primary Health Care at Ididep Ibiono Local Government Area, Akwa Ibom State, the Dialogue provoked critical discussions towards harnessing potential for revitalising Primary Health Care to inform appropriate legislative decisions and policy directions for the zone. After exhaustive deliberations on various thematic issues such as “Revitalising Primary Healthcare: Understanding the Role of Legislature and Financing for Primary Healthcare: Ensuring Implementation Compliance through targeted legislative oversight” the following observations and recommendations were made:

Observations:

1. Despite the tremendous efforts and resources allocated to reforms, in Nigeria adequate access to Primary Health Care services is hindered by poor governance and accountability, unethical attitudes or dearth of healthcare personnel, low maintenance culture, ill-equipped and poor infrastructural services; exacerbating maternal and child mortality and morbidity across the country.

2. While Primary Health Care is the cornerstone of the health system, effective Primary Health Care services remain out of the reach of the people in many communities across the South-South, as observed in case of Ididep Ibiono Primary Health Care.

3. The National Health Act, 2014 provides dedicated provisions for the Primary Health Care revitalisation in the country, while Local Government Autonomy with clear accountability framework and efficient Local Government Councillors are paramount to enable effective implementation and actualisation of the provisions.

4. Actualising the implementation of Primary Health Care provisions as enshrined in the National Health Act 2014 remains paramount to achieve the fundamental objectives of Universal Health Coverage in Nigeria.
5. The delayed domestication of an Act enabling Local Government Autonomy by the State Governments constitutes a serious setback to existing efforts at securing adequate financing for Primary Health Care systems in the country.

6. With 5% level of funding, Primary Health Care services are bedevilled by 80% disease burden as against 15% and 5% in Secondary and Tertiary Health Cares which are having 15% and 80% funding capacity respectively.

7. In the revitalisation of Primary Health Care, the legislators have such important roles as sufficient oversight on budgetary allocation, releases and implementation; women inclusiveness legislation; ensuring comprehensive healthcare package for constituents; appropriate community consultation in health policy implementation and transformation into legislation; assessment of the Primary Health Care efficiency in their respective consistencies.

8. The existing legislation bringing the Primary Health Care management under one-roof aims at enhancing coordination and supervision, eliminating inherent inefficiency in the organisation of Primary Health Care for accountability.

9. With Universal Health Coverage situated in the context of Primary Health Care Development, about 70%-80% of ailments and diseases conditions can be managed through adequately financed and functional Primary Health Care facilities across the South-South.

10. Out-of-pocket payments for healthcare services constitute 40% in Middle Income Countries and 15% in High Income Countries, while public spending accounts for less than 50% in Middle Income Countries and over 60% in High Income Countries; presenting a country like Nigeria (as a Middle Income Country) with the emerging challenges to improve public-private spending to create equity in healthcare distribution.

11. In Nigeria, out of pocket spending for healthcare presently constitutes 95.7% as against 20% international benchmark, as reported by the World Bank in 2017.

**Recommendations:**

Participants recommended as follows:

1. Maintaining harmony and standardization levels within the context across Primary Health Care systems to address 80% of diseases at local level and
reduce needless health seeking burden on Secondary and Tertiary healthcare institutions.

2. Embracing strategic legislative functions in revitalising Primary Health Care to enhance strong legislative ownership, increase legislative priorities for healthcare strengthening, expose the root causes of health system challenges, build Inter-sectoral trust, provide enabling results in practical tools, and create opportunities for responsive stewardship.

3. Enable Local Government autonomy to ensure full financial independence in the management of Primary Health Care systems for transparency and accountability.

4. Value re-orientation in the healthcare coordination and administration system to promote passion and curiosity for Primary Health Care development in the region.

5. Encourage organised private sector investment in the health sector to complement existing public effort, enable equitable distribution of Primary Health Care package and reduce healthcare financial burden on individuals and households.

6. Integrate a community-driven risk-sharing approach in healthcare financing mechanism through adequate, accessible and affordable Primary Health Care system to reduce healthcare financial burden on individuals or households.

7. Full-fledged community consultation in processes leading to the creation of Primary Health Care to understand expectations and priorities, encourage accountability and ownership in tracking and monitoring of progress or challenges at facility levels.

8. With Universal Health Coverage situated in the context of Primary Health Care Development, about 70%-80% of ailments and diseases conditions can be managed through adequately financed and functional Primary Health Care facilities across the South-South.

9. Appropriate legislative oversight on Primary Health Care in revitalisation process to increase access to essential health services, expand health care coverage, improve quality of care and patient safety, promote citizens' health and wellbeing, and extend quality first line health coverage to more than 190 million people in Nigeria.
10. Create regular synergy among the executive and legislative arms (and other stakeholders) at national and state levels to enrich constructive dialogues and discussions on Primary Health Care revitalisation in the country.

11. Critically evaluate local contextual funding approach to understand priorities and befitting internal sources of financing for the Primary Health Care services provision and delivery in the country.

12. Appropriate legislative oversight on the implementation of the National Health Policy and Legislation to clarify and expand financial options for the healthcare, adequately review and redefine goals, structure, strategy and direction of the health care delivery system in the country, considering the Constitutional roles and responsibilities of the tiers of government and non-governmental actors.

13. Identify alternative mechanism for financing Primary Health Care through domestic resource mobilisation to attain sustainable health development goals, especially in presence of dwindling donors’ resources.

Signed:

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