COMMUNIQUE ISSUED AT THE END OF ONE-DAY NORTH EAST REGIONAL POLICY DIALOGUE ON PRIMARY HEALTH CARE REVITALISATION IN NIGERIA ORGANISED BY HOUSE OF REPRESENTATIVES COMMITTEES ON HEALTH IN COLLABORATION WITH CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AT CHARTWELL HOTEL AND SUITES, BAUCHI STATE ON 9TH FEBRUARY 2019.

Preamble:

Civil Society Legislative Advocacy Centre (CISLAC) organised One-day North East 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 North East geo-political zone coupled with the need to revitalise the system for high impact and efficiency. With special visits to Primary Health Care centres located at Buzaye and Marrarraban Liman Katagum communities, Bauchi State Local Government Area, 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 Financing for Primary Healthcare: Ensuring Implementation Compliance through targeted legislative oversight” the following observations and recommendations were made:

Observations:

1. Extensive and adequately-funded Primary Health Care system constitutes a key component of the National Health Act, 2014 with no fewer than 45% of the 1% Consolidated Revenue Fund dedicated to increase financial resources to Primary Health Care in the country.

2. The delay release and implementation of the health care provisions as contain in the 2018 Appropriation Act constitutes major impediment to the operationalization of Primary Health Care provisions in the National Health Act 2014.

3. 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 North East geo-political zones, as observed in case of
Buzaye and Marrarraban Liman Katagum communities, Bauchi State Local Government Area.

4. Over-ambitious healthcare policy initiation by different administrations results in persistent summersault, poor implementation and inefficient service delivery across Primary Health Care in the country.

5. While Bauchi state has hitherto consistently dedicated 15% (Abuja Benchmark) of its Appropriation Act to the health sector, adequate, accessible and affordable Primary Health Care remains out of reach in many communities in the state.

6. Lack of developmental focus and priority in budgetary provisions at all levels creates policy mismatch alongside global development agenda.

7. Continued implementation of constituency project by the legislators paves way for irresponsibility and persistent diversion of healthcare funds by the executive arm at all levels.

8. The legislators own the mandates to ensure functional, accessible and affordable Primary Health Care through sufficient oversight on budgetary allocation, releases and implementation; women inclusiveness legislation; comprehensive healthcare package; appropriate community consultation in health policy implementation and transformation into legislation; assessment of the Primary Health Care efficiency in their respective consistencies.
Recommendations

Participants recommended as follows:

In Short-term

1. Creating community-based approach for constant monitoring and reporting of Primary Health Care functionality for high impact and efficiency in the delivery of care.
2. Encouraged regional Civil Society and formidable media to demand accountability across policy and legislative realms for adequate and sustainable level of care.
3. Appropriate individual re-orientation to create self-sufficiency in financing for healthcare services.

In Medium-term

1. Provision of financial risk protection by the government to complement out-of-pocket spending and reduce Basic Health Care financial burden on individuals and households.
2. Encourage targeted developmental priority in budgetary provisions to enhance impactful healthcare service delivery in accordance with the global standard.
3. Adequate domestication and implementation of the Primary Health Care provision as enshrined in the National Health Act, 2014, to promote adequate, accessible and affordable healthcare system in the region.

In Long-term

1. Creating structural mechanism by the Federal Government to checkmate implementation of the Primary Health Care provision of the National Health Act to ensure compliance at state level.
2. Appropriate delegation of power and authority in the health sector to ensure compliance, coordination and harmonization to effective delivery with strident sanction against non-performance.

3. Realistic review and implementation of the existing laws with encouraged human resources to address systemic challenges bedeviling healthcare delivery in the country.