COMMUNIQUE ISSUED AT THE END OF ONE-DAY NORTH WEST REGIONAL POLICY DIALOGUE ON PRIMARY HEALTH CARE REVITALISATION IN NIGERIA ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AT HOTEL 17, KADUNA STATE ON 17TH NOVEMBER, 2018.

Preamble:

Civil Society Legislative Advocacy Centre (CISLAC) organised One-day North West 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 West geo-political zone coupled with the need to revitalise the system for high impact and efficiency. With special site visits to two different Primary Health Care centres located at Kurmin Mashi, Kaduna South Local Government and Zango-Aya, Igabi Local Government, Kaduna 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 Financing for Primary Healthcare: Ensuring Implementation Compliance through targeted legislative oversight” the following observations and recommendations were made:

Observations:

1. While equity and social justice remains the cornerstone of Primary Health Care, however, adequate, accessible and affordable healthcare system is a formidable challenge in the region.

2. Increasing domestic resources for the management of Primary Health Care will provide acceptable level of care in accordance with the fundamental objectives of Universal Health Coverage.

3. With no fewer than 70% cases, Primary Health Care efficient management and adequate financing for Primary Health are less prioritised.

4. Over-reliance on budgetary provision in policy and legislative financial decision poses serious challenge to budgetary implementation in the region.

5. 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.
6. Among the three tiers of Government, Local Government is the worst hit by poor financing and other developmental challenges backpedalling efficient and qualitative service delivery in Primary Health Care system in the region.

7. 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.

8. 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.

9. 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.

10. 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.

11. 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.

12. Lack of continuity in policy programmes and initiatives on health backpedals sustainable interventions in Primary Health Care system.

13. 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 North West.

14. 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.
15. 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**

The participants recommend as follows:

1. 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.

2. 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.

3. Realistic budgetary allocation to health to enable appropriate and timely release and enhance accessibility to the efficient healthcare delivery, especially at grassroots levels.

4. Needs assessment and 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.

5. Appropriate inter-departmental collaboration among relevant institutions to create synergy in healthcare programmes’ planning and implementation.

6. Accurate health data collection and evidence-based fact-findings to inform legislative and policy decisions on healthcare service provision and delivery in the region.

7. Continuity in policy programmes and interventions on Primary Health Care service provision and delivery to enhance sustainability in the region.

8. Prioritised preventive approach to healthcare delivery system to avert dreaded effects of over-reliance on curative measures to care.

9. 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.
10. Increased human resources for health through persistent training/retraining programmes, task-shifting approach, recruitment of adequate number and unskilled distribution of healthcare workers, strict adherence to medical codes of conduct to improve better mind-sets, behaviour, encourage healthcare personnel, their supporting staff through pay-for-performance bonuses and other incentive programs for efficient high-quality care.

11. Committed and targeted 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.

12. 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.

13. Maintaining 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.

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

15. Encouraged 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.

16. 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.

Signed:

1. Hajia Hadizah Kangiwa  
   Member of the Board of CISLAC

2. Hon. Muhammed Usman  
   Deputy Chair, House Committee on Health Services

3. Hon. Bashir Baballe  
   Deputy Chair, House Committee on National Planning

4. Hon. Abubakar Chika Adamu

5. Member, House Committee on National Planning
6. Hon. Babangida Ibrahim  
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7. Hon. Sani Bala  
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