COMMUNIQUE ISSUED AT THE END OF CIVIL SOCIETY CAPACITY BUILDING WORKSHOP ON BASIC HEALTHCARE FUNDING IN NIGERIA ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AT QUARTER HOUSE HOTEL, KANO 16TH AUGUST, 2018.

Preamble:

Civil Society Legislative Advocacy Centre (CISLAC) organised a Civil Society Capacity Building Workshop on Basic Healthcare Funding in Nigeria under the aegis of a project titled “Reinvestment: Increasing Legislative Oversight on Primary Health Care in Nigeria”. The Workshop aimed at educating the CSOs on techniques for engaging the legislators, building their knowledge on advocacy approach to legislative engagement and ensuring they have effective means of educating and informing state legislators and other policymakers about the importance of health care investments and other interventions. After exhaustive deliberations on various thematic issues such as “Understanding the Role of Legislature and Civil Society towards Primary Healthcare Revitalisation in Nigeria” and “Financing for Primary Healthcare: Harnessing Domestic Funding Opportunities, Enabling Policies and Legislation”, the following observations and recommendations were made:

Observations:

1. While adequate health system is key to the survival of every society, in Nigeria, Primary Health Care facilities are bedevilled by dearth of healthcare personnel, low maintenance culture, inadequate access to facilities and services, unethical attitudes of health personnel, ill-equipped and poor infrastructural services and human resource gaps; exacerbating maternal and child mortality and morbidity across the country.

2. As representatives of the people, the legislature has fundamental constitutional mandates in law-making, oversight functions, representation and constituency outreach towards improving efficiency in Primary Health Care service provision and delivery in the country, while the executives have coordinating roles in pro-poor policy initiation and implementation, timely release and judicious utilisation of appropriated funds in improving accessibility to adequate Primary Health Care services.

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. The role of civil society groups is paramount in the revitalisation of Primary Health Care process through holistic fact-findings to inform constructive information provision to educate legislators on their constitutional roles and
responsibilities towards adequate, accessible and affordable Primary Health
Care services in the country.

5. In revitalizing Primary Health Care in the country, the legislators have such
important roles as budgetary provision, pro-poor policy transformation into
legislation, women inclusive legislative process, network expansion, constituent
consultation in provision of comprehensive healthcare package and inter-
parliamentary partnership.

6. Wide capacity gap among the legislators to initiate appropriate oversight
functions to effect change in Primary Health Care financing.

7. The existing open-door policy maintained by Clerk of the State House of
Assembly is an enabling platform to provide linkage for the civil society groups
to constructively educate the legislators on their Constitutional mandates
towards Primary Health Care revitalisation in the state.

8. The law enabling the creation of Primary Health Care centres under one roof
was promulgated across the states to enhance adequate coordination,
decentralisation of authority, accountability and responsibility in Primary Health
Care service delivery for high impact and efficiency.

9. While health outcomes are determined by multiple interventions, financing for
Primary Health Care is hindered by such policy challenges as inability to
prioritize, identify befitting package, cost, criteria and beneficiaries; and delayed
consensus building among interest groups.

10. With three fundamental functions—revenue generation, resource pooling and
healthcare purchasing, Health Care Financing system constitutes a building
block of healthcare services in the country, giving cognizance to its supply
side—health outcomes, financial protection and consumer satisfaction; and the
demand side—political criteria, efficiency, affordability, sustainability and
equity.

11. The present rebasing of economy data initiated by the Nigerian government in
April 2014 with resultant transition from Low Income Country to Middle Income
Country presents the country with an emerging challenge that will soon be
rendering her ineligible to access development partners’ support in providing
for Primary Health Care services—Immunization and other Maternal New-born
and Child Health.

12. 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 challenge to improve public-private spending to create equity in healthcare distribution.

Recommendations:

1. Constructive advocacy by civil society groups in advancing Primary Health Care services delivery through research-based fact-findings, information analysis, publication and dissemination to educate the policy and legislative realms.

2. Full-fledged needs assessment and 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.

3. Ensuring well-informed and proactive legislators on Primary Health Care related issues through training and re-training programmes, appropriate constituent consultation and sustained civil society advocacy.

4. Integrating 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.

5. Persistent site visits by Civil Society to the Primary Health Care facilities to observe challenges, monitor situation, track progress and document reports to educate the policy and legislative realms.

6. 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 non-governmental actors and the tiers of government.

7. Consistent training/retraining programmes, 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.

8. Attaining Universal Health Coverage through a holistic multi-sectoral approach to healthcare financing mechanisms, appropriate community re-orientation to address existing socio-cultural barriers militating against access to Primary Health Care services.

9. Encouraging 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.

10. Critical evaluation of 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.

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

12. Encouraging local technical know-how in the production of drugs, laboratory reagents, medical equipment and spare parts to improve supplies and maintenance capabilities for cost reduction and high efficiency.

Signed:

1. Maimuna Umar Sheriff, Centre for Gender Base Violence Advocacy
2. Isiyaku Ahmed, Voice and Accountability Platform