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 CHEZ MOI HOTEL, IKEJA-LAGOS ON 31ST JULY, 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 low maintenance culture, inadequate accessibility to facilities and services, unethical attitudes of health personnel, ill-equipped and poor infrastructural services and human resource gaps.

2. 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.

3. Civil Society legislative advocacy remains paramount to communicate and educate the legislators on constructive fact-findings from the observed situation of Primary Health Care systems in the country.

4. As against the popular demands for constituency projects from the legislators, the fundamental roles of the legislature are law-making, oversight, representation and constituency outreach.

5. 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.

6. Civil Society groups in revitalisation of Primary Health Care have key roles in policy and legislative awareness creation through education; information provision (in local
languages where necessary); and sustained constructive collaboration with relevant institutions including the media in deepening advocacy on fact-findings.

7. With three fundamental functions—Revenues generation, Resource pooling and Health care service purchasing, Financing for Health Care constitutes strategies for paying for healthcare expenditures involving the means in which funds are generated, allocated, and utilized for health care service delivery.

8. Financing for Primary Health Care on the supply side takes a critical consideration of important criteria such as political environment, efficiency, affordability, equity and sustainability; while on the demand side involves health outcome, financial protection and consumer satisfaction.

9. 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.

10. Out-of-pocket payments constitute 40% in Middle Income Countries and 15% in High Income Countries, while public government 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:**

Participants recommended as follows:

1. Full-fledged community consultation in planning and processes establishing Primary Health Care to enable ownership, attendance and monitoring.

2. Strategic community-oriented advocacy in demanding accountability from the policy and legislative realms.

3. Strengthened judicial institutions to enable social equity and justice, and appropriate implementation of existing legislation.

4. 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.

5. Increased focus on public-private spending to encourage equitable distribution of comprehensive Primary Health Care services in Nigeria, as a Middle Income Country.

6. Leveraging data technology and harnessing domestic resource mobilisation and holistic innovation dimension in Primary Health Care financing and revitalisation to enable equitable distribution and expand the horizons of healthcare service delivery in the country.
7. 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.

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. Enhanced 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, giving cognizance to the Constitutional roles and responsibilities of the tiers of government and non-governmental actors.

10. Addressing healthcare policy implementation associated challenges through identification of channel and beneficiaries of public subsidies, creation of community-based priority, consensus building with relevant stakeholders, comprehensive healthcare package, and appropriate criteria.

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

12. Consistent training, and retraining programmes and strict adherence to medical codes of conduct to improve better mind-sets and behaviour; and encouraged healthcare personnel and their supporting staff through pay-for-performance bonuses and other incentive programs for efficient high-quality care.

Signed:

1. Auwal Ibrahim Musa (Rafsanjani)
   Executive Director, CISLAC

2. Adetokunbo O. Laurence
   Save the Children, Lagos

3. Sunday J. Udoh
   Healthcare Rehabilitation Unit, Lagos

4. Bukola Osidibo
   WARDC

5. Dr. Noimat Abisola Balogun
   Linka Nigeria