COMMUNIQUE ISSUED AT THE END OF ONE-DAY REGIONAL POLICY DIALOGUE ON PRIMARY HEALTH CARE REVITALISATION IN NIGERIA ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AT WEST BROOK HOTEL, OWERRI IMO STATE ON 26TH OCTOBER, 2018.

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 East geo-political zone coupled with the need to revitalise the system for high impact and efficiency. With special site visits to Achigele Primary Health Care Centre and Ugiri Alike Maternity Referral Centre at Obowo Local Government Area, Imo 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. While adequate and optimal health care delivery constitutes component of governance and national development, in Nigeria, adequate access to Primary Health Care services is hindered by 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. Despite the tremendous efforts and resources allocated to reforms, effective Primary Health Care services still remain out of the reach in many communities across the South-East.

3. 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.

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. 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.

7. 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-East.

8. In 2018, through the Declaration of Astana, all WHO Member States (including Nigeria) pledged in four key areas including bold political choices for health across all sectors; sustainable primary health care; empowered individuals and communities; and aligned stakeholder support to national policies, strategies and plans.

9. Primary Health Care in Nigeria is recognised by the revised National Health Policy 2016, National Health Act 2014, Primary Health Care Under One Roof, Universal Health Coverage as the cornerstone of the health system.

10. Lack of financial modelling for the health sector results in disconnection between citizens’ expectation and health policy direction.

**Recommendations:**

Participants recommend as follows:

1. 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 190 million people in the country.

2. Prioritising awareness and adequate financing for nutrition to boost individuals’ immune system against illnesses to complement existing efforts towards revitalising Primary Health Care in the region.
3. Full-fledged community consultation in planning and processes establishing Primary Health Care to enable ownership, attendance and monitoring.

4. Well-coordinated public-private investment in the health sector to enable equitable distribution of Primary Health Care package and reduce healthcare financial burden on individuals and households.

5. 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.

6. Full-fledged implementation of relevant provisions as enshrined in the National Health Act to promote adequate, affordable and accessible Primary Health Care services in the region.

7. Creating community-friendly Primary Health Centre through enable standardisation including funding, facilities and personnel.

8. 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.

9. Building financial modelling for the Primary Health Care to ensure connectivity between policy direction and citizens’ expectations.

10. Leveraging corporate social responsibilities by the banking institutions to complement existing public efforts towards revitalising Primary Health Care in the region.

11. Training and retraining programmes of the Community Health Practitioners for deployment to effectively manage the under-staffed Primary Health Care centres in the region.

Signed:

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2. Hon. Chike John Okafor  
   Chair, House Committee on Health Services

3. Rt. Hon. Jones Onyereri  
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4. Hon. Henry Nwawuba  
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5. **Hon. Denis Nnamdi Agbo**  
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