Preamble:

Civil Society Legislative Advocacy Centre (CISLAC) organised a 2-day Regional Retreat 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 Retreat 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 geopolitical zone coupled with the need to revitalise the system for high impact and efficiency. With special site visits to Umurii-Uratta Health Care centre, Owerri North Local Government and Area L Health Centre, Owerri Municipal Local Government, Imo state, the Retreat 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 Minimum Standard for Adequate, Affordable and Accessible PHC in Nigeria, and PHC Revitalisation in the 8th Assembly: The Legislative Gaps and Opportunities, the following observations and recommendations were made:

1. 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 the South-East, as observed in case of Umuorii-Uratta Health Care centre and Area L Health Centre.

2. Giving the ongoing budgetary process across various Committees in the National Assembly, the Retreat is strategically critical to educate legislative process in constructive scrutiny into the Appropriations processes.

3. Increasingly financial gap with resultant decreased budgetary allocation to health sector hampers efforts at achieving adequate, accessible and affordable Primary Health Care system in the country.

4. Capacity building remains paramount to enhance the legislator’s understanding of the critical issues for consideration in the Appropriations process.

5. The existing poor coordination in the nation’s Primary Health Care system renders it inaccessible to effectively address about 80% disease burden and related health care expectations.

6. 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.

7. Delayed private sector investment into Primary Health Care services, hampers effort at achieving equitable, affordable and accessible distribution of basic health care at grassroots level.

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

9. 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.

Recommendations:

1. Enhanced coordination in the nation’s Primary Health Care system through strengthened oversight activities and supervision for more impact, efficiency and accountability.

2. Encouraging private sector investment in the Primary Health Care system to create standard modality for pattern emulation and replication by the public sector.

3. Strengthening collaboration with the State Houses of Assembly for sustained oversight and supervision of utilisation of budgetary allocation to Primary Health Care to ensure transparency and accountability in the system.

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

5. Discouraging medical tourism at all level through enable health care facilities and highly skilled health care personnel.

6. Appropriate individual orientation and re-orientation by the National Orientation Agency about health care services, processes and procedures.

7. Concerted effort by all stakeholders to revitalisation of Primary Health Care for high efficiency and accessibility.
8. Holistic needs assessment of existence, functionality and availability of services in Primary Health Care centre across the zone to under areas of priority for interventions.

Signed:

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2. Hon. Umar Abubakar
3. Hon. Henry Archibong
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