COMMUNIQUE ISSUED AT THE END OF EXECUTIVE, LEGISLATIVE, CSOs AND MEDIA DIALOGUE ON REVITALISATION OF PRIMARY HEALTH CARE IN SOKOTO STATE ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AT GRAND IBRO HOTEL, SOKOTO STATE ON 19TH MARCH, 2020.

PREAMBLE:

Civil Society Legislative Advocacy Centre (CISLAC) organised a Policy Dialogue on Primary Health Care Revitalisation in Sokoto state under the aegis of a project titled “Reinvestment: Increasing Legislative Oversight on Primary Health Care in Nigeria”. The Dialogue aimed at deepening critical discussions on fact-findings from the site visit, while providing enabling platform for holistic recommendations in harnessing potentials for revitalising Primary Health Care to inform appropriate legislative decisions and policy directions in the state. With a special site visit to Kofar Kade Primary Health Care centre, Sokoto state, the Dialogue provoked critical discussions towards harnessing potential for revitalising Primary Health Care to inform appropriate legislative decisions and policy directions for the state. After exhaustive deliberations on the thematic issue -- “Situation of Primary Healthcare in Sokoto state: Understanding the Minimum Standard for Adequate, Affordable and Accessible PHC in Nigeria”, the following observations and recommendations were made:

1. In Nigeria, as the condition of Primary Health Care worsens, holistic financial and political commitment are lacking at all levels.

2. Despite tremendous efforts and resources committed 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.

3. In the last three (3) years, Sokoto State Government has fulfilled its commitment to tripartite agreement with development partners to sustain service provision in the eradication of polio virus.

4. Existing community mistrust of various government’s commitment and intervention on health care services delays effort at achieving adequate, accessible and affordable Primary Health Care services in the state.

5. Inadequate independent control of resources at Local Government level weakens adequate, affordable and accessible Primary Health Care service provision and delivery.

6. Adequate, accessible and affordable Primary Health Care service provision and delivery are principled on equity, appropriate technology, community
participation, inter-sectoral collaboration, and essential health care service delivery.

7. Minimum standard for Primary Health Care is measured by estimated coverage, type of services, hours of operation, personnel and minimum infrastructure.

8. **Recommendations:**

**In short-term:**

1. Constant review of the existing plan of action for Primary Health Care system in Sokoto state for impactful legislative and policy intervention.

2. Embracing sincere and proactive deliberation on the exiting condition of Primary Health Care for prompt and holistic policy intervention.

3. Targeted advocacy to the State Government by Civil Society groups and the media for adequate and sustained policy intervention in the provision of functional facilities and services across Primary Health Care centres in the state.

4. Increased synergy and constructive working relationship among executive, legislature, CSOs and the media for open-door deliberation/dialogue on PHC revitalisation.

**In medium-term:**

1. Encouraging community involvement in Primary Health Care operationalization and service provision for constant supervision and ownership.

2. Full autonomy to Local Government Authority for enhanced financial capacity to bridge funding gaps for services across PHC centres.

3. Proactive consideration for economic realities, timely passage of Appropriation Act and release of funds, adequate funding, sufficient use of funds and appropriate accountability in the revitalisation of Primary Health Care system in the state.

4. Holistic situation assessment of existence, functionality and availability of services across Primary Health Care facilities in the state.

**In the long-term:**

1. Encouraging private sector investment in the Primary Health Care service provision and delivery to complement existing effort of the state.
Action points/commitments

- The State House of Assembly committed to eliminate sentiment in human resource for health recruitment as well as considering review of existing law for efficient PHC operationalization.
- State House of Assembly committed to strengthen oversight activities on PHC functionality and efficiency.
- State House Assembly committed to extend constituency outreach to identify needs and priority of the people on PHC.
- CSOs to conduct massive community sensitisation and awareness on the minimum standard and governance structure for PHC system for well-informed demand creation and ownership.
- CSOs to scrutinise existing policy for prompt advocacy for implementation to create enabling avenue for improved services and availability of necessity in the PHC.
- CSOs to conduct budget monitoring for proactive advocacy towards adequate budgetary allocation to PHC.
- CSOs committed to intensify advocacy for sustained policy implementation for adequate, accessible and affordable PHC services.
- SPHCDA to review strategic operational plan of the state to effectively capture existing PHC needs and priorities.
- SPHCDA to prioritise as a matter of urgency appropriate human resource, messages, data collection and utilisation, commodities and services at PHC levels to address peoples’ concerns.
- SPHCDA to intensify focus on health research, Monitoring and Evaluation and capacity building of human resource.
- To organise constant review meeting comprises relevant stakeholders for improved PHC service provision and delivery.
- Media committed to set agenda on issues affecting PHC service provision, delivery and accessibility.
- Media to conduct massive awareness creation for well-inform demand creation at PHC level.
- Media to identify appropriate audience for specific message on PHC for impactful awareness at all levels.

Signed:

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