

COMMUNIQUE ISSUED AT THE END OF A CAPACITY BUILDING WORKSHOP FOR THE MEDIA ON BASIC HEALTHCARE FUNDING IN NIGERIA ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AT CHESTERFIELD HOTEL, IKEJA, LAGOS STATE ON 13TH SEPTEMBER, 2018.

Preamble:

Civil Society Legislative Advocacy Centre (CISLAC) organised a Capacity Building Workshop for the Media 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 building capacity of media in Lagos state to engage in investigative journalism on government’s commitments to qualitative Primary Health Care to the citizens. After exhaustive deliberations on various thematic issues such as **“Unlocking Potentials from Primary Health Care through Investigative Journalism** and **“Financing for Primary Healthcare: Harnessing Domestic Funding Opportunities, Enabling Policies and Legislation”**, 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. Deliberate administrative bottlenecks frustrating adequate accessibility to healthcare information backpedal effective investigative reporting on the existing state of Primary Health Care, especially in the grassroots in Lagos state.
3. Investigative journalism aims at exposing secrecies, wrongdoings, abuses of power, incompetence, uproot fact-findings, and raise public and policy consciousness on contentious challenges to effect positive change in Primary Health Care system.
4. As related to Primary Health Care system, investigative journalism remains an effective tool to unlock challenges bedevilling access to affordable and efficient Care to inform evidence-based reportage in educating policy and legislative realms in the state.
5. In revitalising Primary Health Care in Nigeria, an investigative journalist has such important roles as harmonisation of holistic fact-findings and research-based data to educate primary beneficiaries as well as policy and legislative

realms on their constitutional roles and responsibilities towards adequate, accessible and affordable Primary Health Care services in the state.

6. In Nigeria, investigative journalism activities are enabled by Freedom of Information Act (FOI)—a legislation making public records and information more freely available; and providing for public access to public records and information.
7. 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.
8. Unlocking potential from Primary Health Care, an investigative journalist deploys some fundamental principles like enabling skills and attributes, well-conceptualised idea, appropriate strategies and tools, and evidence-based approaches to uproot facts for public and policy education.
9. 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.
10. While health outcomes are determined by multiple interventions, financing for Primary Health Care is stalled by such policy challenges as inability to prioritize, identify befitted package, cost, criteria and beneficiaries; and delayed consensus building among interest groups.
11. 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.
12. 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.
13. 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.

14. In Nigeria, out of pocket spending for healthcare presently constitutes 95.7% as against 20% international benchmark, as reported by the World Bank in 2017.

Recommendations:

Participants recommended as follows:

1. Constructive, fearless and selfless advocacy by the media in advancing effective Primary Health Care services delivery through proactive and evidence-based reportage, information analysis, publication and dissemination to educate the policy and legislative realms.
2. Well-informed and skilled journalists with supportive media outfits on the procedures, processes, basic principles, national and international legislation enabling investigative journalism as well as existing policy commitments to the health sector to effectively educate policy and legislative realms on their Constitutional roles and responsibilities towards Primary Health care revitalisation in the country.
3. Effective utilisation of the available healthcare data and information provided by international and professional authoritative bodies to ameliorate deliberate administrative bottlenecks in data accessibility in the state.
4. Upfront request for written acknowledgement from facilities to affirm denial of specific healthcare information or data.
5. Understanding existing rules and regulations, ethical standards and legislation guiding investigative journalism in the quest for accurate and verifiable data collection to support fact-findings and constructive reportage on Primary Health Care.
6. Integrating a community-driven risk-sharing approaches in healthcare financing mechanism through evidence-based reporting in educating policy and legislative realms on adequate, accessible and affordable Primary Health Care system to reduce healthcare financial burden on individuals or households.
7. Community consultation and sensitisation by the media to ensure well-informed individuals and harmonise needs assessment 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.

8. Enhanced media curiosity and reporting to unveil 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.
9. Consistent training/retraining programmes for the media; and 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.
10. Factual and evidence-based investigative fact-finding to identify alternative mechanism for financing Primary Health Care through domestic resource mobilisation to attain sustainable health development goals, especially in presence of dwindling donors' resources.
11. Creating formidable synergy among the media in factual and investigative reporting to educate the executives and legislature on their Constitutional mandates towards efficient Primary Health Care system in the state.
12. 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.
13. Encouraging organised private sector investment in the health sector through factual investigative to complement existing public effort, enable equitable distribution of Primary Health Care package and reduce healthcare financial burden on individuals and households.
14. 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.

Signed:

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