COMMUNIQUE ISSUED AFTER A TWO-DAY RETREAT OF HOUSE OF REPRESENTATIVES, NATIONAL ASSEMBLY, FEDERAL REPUBLIC OF NIGERIA ON FINANCING PRIMARY HEALTH CARE IN NIGERIA ORGANISED BY HOUSE OF REPRESENTATIVES IN PARTNERSHIP CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) HELD AT HOLIDAY INN, ACCRA GHANA ON 7TH AND 8TH SEPTEMBER, 2016

The House of Representatives Committees on Appropriation and Health in partnership Civil Society Legislative Advocacy Centre (CISLAC) organised a two-day retreat for House of Representatives on financing Primary Health Care in Nigeria.

The retreat was aimed at providing a platform for the committees in the House of Representatives to discuss and review current challenges and opportunities in financing Primary Health Care in Nigeria. The retreat drew about 60 participants from House of Representatives, Ministries of Health, Budget and Planning, civil society, and development partners. It featured presentations from experts and representatives of Minister of Budget and National Planning and Health.

After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

**Observations:**

1. While adequate, accessible and affordable health care system is paramount to the survival of the citizens, Nigerian health care system is one of the worst hit by inadequate budgetary allocation, delayed release, lack of judicious utilisation of the existing funds, and poor monitoring that discourage transparency and accountability at all levels.

2. Although Primary Health Care (PHC) remains the most acceptable approach to deliver effective, accessible and acceptable health and services at all levels, effective implementation of PHC objectives has been hampered by lingering inadequate budgetary allocation.

3. Delayed domestication and implementation of the international, continental and regional conventions and protocols on health as well as the 2014 National Health Act, inadequate budgetary allocation to health sector, poor monitoring and lack of judicious utilisation of the existing funds has hampered accountability, and effective provision and distribution of basic health package across the country.

4. Revenue Deficit amounting to N2.2trillion in the 2016 Appropriation Act, and the existing lowest revenue-to-GDP ratio pose inherent challenge to the adequate financing for health care system in Nigeria, including the allocation of statutory 1% Consolidated Revenue Fund as provides in the 2014 National Health Act.

5. Delayed incorporation of Information Communication and Technology into health care management and delivery in the country impedes adequate tracking and monitoring and timely achievement of Primary Health Care objectives.
6. High level conflict of interest and lack of industrial harmony among medical professionals in the public sector.

7. Over-concentration of skilled health workers in the urban areas at the expense of the rural areas health impedes effective health delivery and access to adequate primary healthcare at the grassroots.

8. Improved access, quality and equity in the health sector are enabled by adequate investment, infrastructure, appropriate oversight and effective institutional governance.

9. Lack of political will by some State and Local Governments to fulfil counterpart commitments on health care financing is a great impediment to adequate primary health care in Nigeria.

10. Nigeria has hitherto not independently funded or produced its own vaccine as a result of inadequate funding for health and untapped capacity or technical know-how for the local production of vaccine.

11. Adequate revenue generation in Nigeria to financing critical sector like health is hindered by unchecked illicit financial flows, loopholes in tax collection and administration at all levels.

Recommendations:

1. **Institutional Strengthening and Policy Reforms**
   a. Integrating Primary Health Care under one roof to improve coordination, effective management, functional and quality healthcare system, especially at local levels.
   b. Adoption of ICT-based approach in the Nigeria health care system management and delivery to attain cost-saving, adequate, accessible and appropriate health service delivery at all levels.
   c. Provision of adequate technology and innovation to generate, analyse and communicate health data disaggregated by gender, age, geographical location, health status amongst others.
   d. Improved incentive and reward system aimed at encouraging and motivating health workers, especially in the rural areas to reduce rural-urban migration of skilled health workers.
   e. Ensuring flexibility in the implementation of the National Health Act 2014 through participatory and inclusive procedures to recognise the various local context and peculiarities impacting on the effective implementation of the Act by the State Governments.
   f. Creation of enabling institutional, legal and policy environment to ensure increased public-private investment in Primary Health Care in order to promote health care technology and innovation and accessible and affordable health care delivery at all level.
2. **Financing Primary Health Care Delivery in Nigeria**
   
a. Adequate Primary Health Care financing in Nigeria through enhanced political actions for resource mobilisation and full-fledged implementation of the National Health Act 2014 with prioritised attention to the 1% provision of Consolidated Revenue Fund from the national budget.
   
b. Improved budgeting system through performance-based approach to prioritising and addressing endemic challenges confronting the implementation of the National Health Act 2014 and adequate Primary Health Care financing in Nigeria.
   
c. Establishing a Ministerial Fund Disbursement Committee to ensure appropriate tracking, monitoring and effective management of the 1% statutory allocation to health, to address inherent problems of counterpart funding to the State Governments.
   
d. Development of sustainable self-funded and legislative-backed immunisation plan through the creation of an Immunisation Trust Fund (ITF), a public-private vehicle to fund procurement of vaccines and drive critical research and acquisition of appropriate technologies to encourage local production of immunisation vaccine, with the goal of reducing and eliminating reliance on importation.
   
e. Innovative financing of Primary Health Care delivery through various sources within short, medium and long-term such as economic diversification, use of % of existing taxes and additional taxes on Cigarettes and alcohol.
   
f. Investment in preventive healthcare services and infrastructure, including the reactivation of DDT as an immediate means to eradicating malarial at all levels.
   
g. Local and State governments ought to revive Primary health by making adequate budgetary provisions so the Federal government can face its responsibility of tertiary health care.

3. **Critical Legislative roles in Primary Health Care Delivery in Nigeria**
   
a. Strengthening legislative oversight in Primary Health Care financing through legislative-executive collaboration and creation of synergies to promote transparency and accountability in the management of funds for Primary Health Care system.
   
b. Proactively creating an enabling environment to ensure effective and sustainable Primary Health care and childhood immunization financing in Nigeria.

Signed:

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Hon (Mrs) Betty Apiafi  
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