



## **NIGERIA NATIONAL HEALTH CONFERENCE (NHC)**

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### **COMMUNIQUE ISSUED AT THE END OF THE 2009 NIGERIA NATIONAL HEALTH CONFERENCE WITH THE THEME: PRIMARY HEALTH CARE IN NIGERIA: 30 YEARS AFTER 'ALMA ATA'**

A three day National Health Conference with the theme 'Primary Health Care in Nigeria: 30 Years After Alma Ata', organised by the Health Reform Foundation of Nigeria (HERFON) in collaboration with the National Assembly Committees on Health and Federal Ministry of Health with support from Government of Akwa Ibom State, National Primary Health Care Development Agency, National Health Insurance Scheme, National Action Committee on Aids, PATHS/DFID, Health Insurance and Managed Care Association of Nigeria, Association of Public Health Physicians of Nigeria, Community Health practitioners Association of Nigeria, National Council of Women Societies and Society for Family Health held at the Le Meridien Ibom Hotel & Golf Resort, Uyo, Akwa Ibom State from 8th-10th June 2009.

The objectives of the Conference were:

- a. To create a forum for interaction among stakeholders in Nigeria's Health Sector, especially as it relates to PHC;
- b. To review PHC in Nigeria in view of the declarations of Alma Ata and Ouagadougou, and proffer strategies for their achievement;
- c. To review the country's health sector performance as it relates to the attainment of Millennium Development Goals 4,5 and 6; and
- d. To mobilize support for the attainment of the health and human development content of Mr. President's 7-point agenda.

A total of 650 participants attended the Conference. The key stakeholders represented at the Conference included members of the National Assembly drawn from the Senate and House Committees on Health, the Honorable Minister of Health, Commissioners of Health and other government officials from the Federal, State and Local Government Ministries of Health Departments and Agencies (MDAs), International and local development partners, UNFPA, UNICEF Health Maintenance Organizations, NCWS NIGERIA, MDG, HERFON staff, and members of various professional bodies in the health sector.

The Conference was declared open by the Deputy Governor of Akwa Ibom State who represented the Executive Governor of the State, Chief Godswill Obot Akpabio.

Following a keynote address by Professor Kelsey A. Harrison titled 'Transforming Health Systems to Improve Lives of Women and Newborn Babies' and remarks by the Honorable Minister of Health, Prof. Babatunde Osotimehin, HRH Dr. Haliru Yahaya, the Chairman of HERFON's Board of Trustees, Dr. Naawa Sipilanyambe of UNICEF on behalf of all development partners and Dr Alaba Ojomo, Chairman House Committee, a total of 13 papers were presented. A break-out session in groups deliberated on all the presentations and came up with recommendations.

The key issues and observations made were:

1. In spite of decades of implementation of PHC and short time left before 2015 for the attainment of MDGs, the progress made so far is very poor, coverage with key high impact cost-effective interventions remain very limited and health status indicators have remained unacceptable. At current rate of progress, Nigeria is unlikely to achieve the MDGs.
2. Although, maternal and child health indices are the most important for measuring a country's development, Nigeria's maternal and child health indices are among the worst in the world.
3. Despite investments in the health sector, the health system remains weak as evidenced by lack of coordination, fragmentation of services, dearth of resources, including drug and supplies, inadequate and decaying infrastructure, inequity in resource distribution and access to care and very deplorable quality of care. Lack of clarity of roles and responsibilities among the different levels of government has compounded the situation. The MDG funding is seen as a replacement of regular government funding, which should not be the case.
4. Human resource for health remains a challenge. While Nigeria's human resource availability is among the best in Africa, it is still inadequate. Attrition, maldistribution, non engagement, skewed mix, especially at PHC level, poor and inequitable remunerations, poor attitude to work and inadequate supervision remain major issues.
5. Primary health care, which is the bedrock of Nigeria's health policy and identified as central to the health care delivery system remains prostrate. The level of government saddled with the responsibility of primary health care services provision (LGA) is the level least committed and with the least capacity.
6. Funding has continued to be inadequate and has failed to meet the WHO, Abuja Declaration of 2001 and Macroeconomic Commission on Health targets. Out of pocket expenditure still accounts for 70% of health care financing in Nigeria, thus making health care services economically inaccessible especially to the populations in greatest need. The relaunched NHIS has the potential of increasing economic access to health care services but coverage still remains at less than 10%.
7. Leadership and governance for health remains poor. While many health policies and plans to address all the wide ranging issues in the health sector have been developed, they are yet to be domesticated at the state and LGA levels and thus implementation has remained low. The National Health Bill, while having been passed and harmonized by the Senate and the House of Representatives, is

- awaiting assent to be passed into law.
8. Health improvement cannot occur in isolation from other environmental, social, cultural and economic factors, all of which constitute the social determinants of health still remain in poor state of development.
  9. Dearth of credible data has remained the major challenge to evidence-based planning, monitoring and evaluation and also, convincing the politicians of the realities of the situation.
  10. The effort of the Northern Governors through convening of the first ever Northern Governors' Health Summit is a welcome development and the declaration as presented was applauded.
  11. The ongoing development of the National Strategic Health Development Plan is observed as a strong indication of government's commitment to strengthen the health care system through improved coordination, harmonization, alignment and mutual ownership and accountability in the health sector.

In view of the aforementioned, the Conference recommends the following:

1. Expedite action towards the passage of the National Health Bill to improve funding for primary health care and enhance coordination through clear delineation of roles and responsibilities of the different levels of government. Plans should be put in place for the wide dissemination of the National Health Act once passed. Guidelines for implementation should be drafted urgently for all stakeholders.
2. The development of the National Strategic Health Development Plan should be speedily concluded, ensuring inclusivity of all stakeholders.
3. PHC remains the cornerstone of health system development in Nigeria and the key to the attainment of health for all Nigerians. Therefore all stakeholders should invest in the revamping of PHC in the country, with the Ward Health System and the Ward Minimum Health Care Package given priority.
4. States are called upon to take greater responsibility for PHC implementation and coordination, including the establishment of States' Primary Health Care Development Agencies.
5. All levels of government should increase the level of funding to at least meet the Abuja Declaration of 15% of the budget. NHIS should be empowered to implement all the components of the NHIS programmes, especially the informal sector programme that has the potential of reaching 70% of the population. States and private employers of labour should buy into the NHIS scheme for the formal sector.
6. The Human Resource Policy developed by the FMOH should be implemented. In addition, States should develop their human resource plans taking cognizance of their human resource challenges.
7. Recognizing the centrality of drugs in service quality and utilization, systems should be put in place to ensure sustainable supply of quality and affordable essential drugs and supplies in all health facilities. Private-public partnership should be strengthened to achieve this.
8. The Conference noted the declaration from the first Northern Governors Summit

that held in 2007 and calls for its speedy implementation so as to redress the disproportionately poor health indicators in the region.

9. Intersectoral collaboration and integration of interventions remain the only strategy for dealing with the social and cultural determinants of health. Government at all levels should evolve concrete strategies for the promotion of intersectoral collaboration.
10. Community participation and ownership are key to sustainability, ownership and self-reliance in health development. All health programmes must mainstream community participation.
11. HIS should be adequately funded, the capacity of staff built at all levels, the system and indicators reviewed, resources for implementation provided and the system for feedback strengthened.

In conclusion, the Conference commended the Akwa Ibom State Government for their hospitality and support and calls on all stakeholders to step up advocacy and actions that will lead to the realization of quality health for all Nigerians.

Signed by:

1. Health Reform Foundation of Nigeria (HERFON) - DR AHMED MUHAMMED GANA, Executive Secretary
2. Federal Ministry of Health (FMOH) - DR. MOHAMMED LECKY, DPRS
3. National Assembly - DR.IYABO OBASANJO BELLO, Chairperson, Senate Health Committee
4. National Assembly - DR. ALABA OJOMO, Chairman, House of Representatives Health Committee
5. Nigerian Medical Association (NMA) - DR. PROSPER IGBOELI, President
6. The Presidency (MDG Office) - DR. ADO J.G. MUHAMMAD
7. States' Ministries of Health - DR. LOUISA UKPEH, Hon. Commissioner for Health, Akwa Ibom State
8. States PHC Boards (Lagos SPHCB) - DR. O. A ABOSEDE, Lagos
9. National Primary Health Care Development Agency (NPHCDA) - DR. IBRAHIM LABARAN, representing Executive Director
10. National Health Insurance Scheme (NHIS) - DR. WAZIRI DOGO MOHAMMED, Executive Secretary
11. Development Partners - DR. SUOMI SAKAI, Unicef Country Representative
12. Health Maintenance Organisations (HMOs) - DR. SEGUN OGUNDIMU
13. Civil Society Organizations - MRS.RAMATU BALA USMAN, mni; President, National Council of Women's Societies
14. Chair of Communiqué Drafting Committee - DR. CLARA EJEMBI