



**HEALTH REFORM FOUNDATION OF NIGERIA (HERFON)
*HEALTH SECTOR REFORM COALITION SECRETARIAT***

**REPORT OF HEALTH SECTOR REFORM COALITION MEETING WITH ALLIED HEALTH
PROFESSIONAL ASSOCIATIONS HELD ON MARCH 8, 2012
AT THE VELENCIA HOTEL WUSE 11 ABUJA**

1.0 BACKGROUND

In December 2011 the Health Reform Coalition organized a meeting at the Obudu Mountain resort purposely to discuss the reservations voiced by the Allied Health Professional Associations concerning some of the provisions of the Health Bill. At the meeting, areas of contention in the Bill were highlighted and extensively discussed. Suggestions were made for possible amendments of the areas so identified. However, at the end of the meeting, it was resolved that these suggestions be further discussed with the leadership and members of the various associations including those that were not represented at the meeting to ensure wider acceptance and consensus. A follow up meeting was held early in year 2010 to garner a unified health voice in support of the Health Bill.

Also, in February 2011 the core group of the Health Reform Coalition met at the Coalition secretariat to discuss status of the Health Bill and the legal implication of the President's non-assent of the Bill. It was noted that by law after 30 days of the President's inaction on the Bill, the bill is recalled to the National Assembly (NASS) for a 2/3 majority vote to override the inaction of the president to sign it into law. The other option is to send the bill for reconsideration and amendment. Information from reliable quarters shared during the meeting alluded that the President is considering returning the bill to NASS for reconsideration. However, it is expected that the Bill would benefit from the new legislative consistency law which provides for return bills that have gone through the full process to receive accelerated hearing.

The meeting also discussed the need for the coalition to begin to re-strategize on addressing some of the issues that contributed to the delay in the passage of the bill. It was noted that aside from the issue of cost, the other contributory factors to the non-assent of the Bill may have been the varying positions and dissenting voices from the Health Professions and the Religious community concerning some of the provisions in the Bill. Based on these and the expectation that the bill would be returned to NASS for reconsideration it was agreed that the coalition should be

proactive in utilizing the opportunity created by the delay to get from all stakeholders consensus on areas for possible amendment.

It was further agreed that the coalition will begin the process by engaging the Allied health Associations, thereafter engage the various religious group and any other significant group/community.

It was therefore on this basis that the Coalition organized a one day meeting with the other Allied Professional Associations on March 8th, 2012 at the Valencia Hotel Abuja. This meeting was considered a follow on to the Obudu retreat and deliberated on the resolutions at the Obudu retreat.

2.0 MEETING OBJECTIVES.

2.1 Overall Objective

The overall objective is to reach consensus and ensure a “unified health voice” particularly on the National Health Bill and other health sector reforms.

2.2 Specific Objectives

- To ensure that the “Obudu resolutions” are representative of the views of each professional association
- To reach consensus on recommendations for proposed amendment of the Bill
- To articulate the need for introducing “health rights” as an issue for the on-going constitutional review

3.0 AGENDA AND METHODOLOGY

The agenda was developed purposely to allow for the use of discussions in small groups and in plenary (See appendix i). However, the participants decided to hold all discussions in Plenary. The meeting was chaired by Dr Ben Anyene Chairman, Board of Trustees HERFON and Co- Chaired by Rev. Jaiyesimi A.O, National President, Nigeria Society of Physiotherapy.

4.0 PROFILE OF PARTICIPANTS

A total of 35 Participants attended the meeting Participants were basically heads and representatives of Medical and Health Professional bodies, Registered Trade Unions, International and National non- Governmental organisations and Civil Society organisations. (see appendix ii participants list) Nigeria Society of Physiotherapy

- Health Information Management Association of Nigeria
- Save the Children
- JHPIEGO
- Federation of Muslim Women Association of Nigeria (FOMWAN)
- National Hospital
- AfriHealth Optonet Association

- Health Reform Foundation of Nigeria (HERFON)
- Nigeria Optometric Association
- National Association of Nigeria Nurses and Midwives (NANNM)
- CAR-NET Consulting
- Nigeria Union of Pharmacist Medical Lab Scientist and Professional Allied to Medicine (NUPMTPAM)
- DFID/Nigeria
- NASU
- PATHS 2
- Centre for Social Justice (CSJ)
- Little Big Souls
- Association of Radiographers of Nigeria
- National Council of Women Societies (NCWS)
- Nigeria Dietician Association
- Federation of Nigeria Women Lawyers (FIDA)
- National Association of Community Health Practitioners of Nigeria
- Association of Medical Lab Scientists of Nigeria (AMLSN)

5.0 MEETING PROCEEDINGS

5.1 Formal Opening

The meeting started at about 2:40pm with an opening prayer offered by Rev. Jaiyesimi A.O. This was immediately followed by self-introduction of participants. Thereafter Dr. Nkem Ene, Program Manager HERFON led the discussion on objectives of the meeting.

5.2 Chairman's Opening Remarks

Dr. Ben Anyenein his opening remarks thanked participants especially those from outside of Abuja for making out time to attend the meeting. He affirmed the need to achieve the objectives of the meeting in readiness for possible amendment of the bill when it eventually returns to NASS. He hoped that the meeting and subsequent ones will provide the platform to address the contentious issues and forestall a re-occurrence of such opposition to critical health sector reforms in future

In conclusion he drew the attention of the participants to the on-going constitutional review and the need for the health community to articulate key health issues that could be included as citizens' rights to health in the constitution. He informed participants that Bar. Eze Onyekpere has been commissioned by HERFON to develop a paper on constitutional right to health and has been invited to the meeting to discuss the paper.

5.3. Responses to Chairman's Remarks

5.3.1 Responding to the chairman's remarks Prof.E. Otolorin, Country Director of JHPIEGO appealed to health professionals to focus on the

primary beneficiaries - the men, women and children who need the bill to seek health care services. He reminded participants that the National Health Bill took six and a half years to get to the level for the Presidential assent as such it was critical for the health community to unite in support of the passage of the bill into law. He told participants that the bill when passed into law will make it compulsory for government to pay for primary health care services

5.3.2 Summing up reactions to the Chairman's remarks, the Co-Chair Rev. Jaiyesimi said he hoped that at the end of the meeting the issues would be put to rest and the various Associations will work together to seek for the passage of the Bill.

6.0 TECHNICAL SESSION : REVISIT OF OBUDU RESOLUTIONS

6.1. Rev. Jaiyesemi briefed the meeting of the process that led to the issuance of the communique at the end of the retreat held in Obudu. He read the communique to refresh participant's memory of the resolutions reached. One of the resolutions agreed was the need for participants at the Obudu meeting to debrief the leadership and members of their organization in order to get consensus from all the professional groups. Rev. Jaiyesemi further gave a brief report on the follow on meeting he held with members of his professional group (Nigeria Society of Physiotherapy) and Trade Union (NUPMTPAM). He affirmed that their position is based on consensus from members.

6.2 Comments Arising from the Obudu communique

There were comments from some participants on the need:

- to engage other non- health stakeholders such as the religious community to provide a common front.
- To involve from onset the key political actors (such as the ministry of health, Governors, Local government Officials etc.) who are critical to the passage of the bill.
- sometimes lines to guide the series of stakeholders engagements required before the call for amendment of the bill.
- consider elements of the policy environment which may pose barriers to some the provision of the bill for example the issue of the federal government move to reduce recurrent expenditure.
- give opportunity to groups who were not in Obudu to state their reservations on the provisions of the bill

After several contributions on the best way to reach final consensus on the Obudu resolutions, it was agreed that further discussions will continue at 3:00pm in plenary after the lunch break.

7.0 CONSENSUS ON PRIORITIES FOR AMENDMENT

7.1 Discussions continued after lunch at about 3:02pm. The document titled "*Observations on the national health bill from joint assembly of health sector unions and professional associations*" which was a major product of the Obudu meeting was used by Rev. Jaiyesimi to facilitate the discussion. The discussions were laden with heated passionate and dispassionate arguments. However, due to constraints of time only part one and two of the Bill were exhaustively discussed. Worthy of note is that some of the earlier reservations were dropped based on clarification and verifiable evidence shared during the discussions. (See appendix iii: Final observations on the National Health Bill)

8.0 PRESENTATION ON CONSTITUTIONALISATION OF RIGHT TO HEALTH BY BAR. EZE ONYEKPERE

8.1. Bar. Onyekpere's presentation made an argument justifying the need to specifically include health as a right into the Nigerian constitution. This he said is necessary to make right to health justiceable noting that rights are indivisible and citizens must enjoy the full complement. He supported his argument with verifiable evidence showing African Countries such as Ghana, Algeria, Angola, South Africa and Seychelles that have made progress to recognize health as a constitutional right. He noted that Nigeria as a signatory has ratified several International treaties that contain the right to health, these International Covenant on Economic, Social and Cultural Rights, Convention on the Elimination of all Forms of Discrimination against Women, Convention on the Rights of the Child etc. Nigeria is obligated as such to constitutionalize the right to health but domestic law such as the provisions made in the 1999 constitution make health non justiceable. He concluded that for this reason Nigeria is under obligation to modify her domestic laws to give effect to treaty obligations and the on-going constitutional review has provided the unique opportunity.

Bar. Onyekpere concluded his presentation saying that "the common wealth of Nigeria should decide the priorities of the country not just a few people". He suggested that the health community can identify least costly issues to advocate for inclusion in the Right to Health. These may include:

1. Free Medical Consultation in public health facilities
2. Free access to primary health Care services including reproductive health services
3. Free medical care for Pregnant Women, under 5 and the elderly
4. Free medical treatment for prisoners
5. Compulsory Medical Issuance for all citizens
6. Non denial of medical care to any citizen on whatever basis
7. All citizens should be entitled to full information about their health and medical records.

8.1 Comments from several participants indicated that the presentation was well received. Participants agreed that the presentation clearly reflect the

desire of most health workers and key stakeholders. There was also consensus that the concept paper when completed should be disseminated to the media and people in governance to stimulate public discourse.

8.2 Dr. Anyene summing comments on the presentation told participants that he has already initiated the discussion on Right to Health with the Speaker of House of Representatives. The Reps show interest and are open to work with the coalition on health issues and if necessary legislate to achieve MDG 4 and 5.

8.0 CLOSING.

8.1 Chairman's Closing Remarks

In his closing remarks the Chairman said he believed that from the robust discussions anyone who had come to the meeting with a mind-set would have been re-oriented to know that the process is genuine and necessary to get the health community to present a unified front. He also noted the need to advocate to the Presidents of PSN and Nigeria Medical Association (NMA) to attend subsequent meeting. He thanked Participants for their active participation and patience to stay up till 7:00pm

8.2 Prof Lai Erinsho while giving the vote of thanks appreciated the fact that progress was made in reaching consensus on key areas in the bill. He enjoined participants not to rest in their efforts until the bill is signed into law. He prayed for safe journey and asked God to bless and guide all.

8.3 The next meeting was scheduled for Thursday April 19th, 2012.

8.4 Closing Prayers were offered by Habibat Adamu, representing FOMWAN.

8.5 The meeting came to a close at 7:39pm after a group photograph.

APPENDIXES

- i. Agenda
- ii. Attendance sheet
- iii. Final observation on the National Health bill)



Health Reform Foundation of Nigeria (HERFON)

Agenda for the Health Sector Coalition Meeting

March 8, 2012. Abuja

Time	Session Subject and Objectives	Responsibility
11.00-12.00	Arrival and Registration	Secretariat
12.00-12.05	Opening Prayer	TBD
12.05-12.15	Recognitions/Introduction	Dr. Nkem Ene
12.15-12.20	Objectives of the Meeting	Dr. Olayemi / Dr. Nkem Eneh
12.20-12.50	Chairman's Opening Remarks	Dr. Ben Anyene - Chair
12.50-01.20	Revisit Obudu Resolutions	Revd. Adeolu Jaiyesimi - Co Chair
01.20-01.50	Lunch	Secretariat
01.50-02.30	Recommendations for Amendment (Group Work)	All Present
02.30-03.00	Presentation/ Feedback from group work	Reps of Each Group
03.00-03.50	Consensus on priorities for Amendment and Communiqué	All Present
03.50-04.00	Bathroom Break	All
04.00-04.20	Presentation on Health Rights	Eze Onyeokpere
04.20-04.40	Discussion / Contributions to Constitutional Review (Health Rights)	Eze Onyeokpere / Facilitator
04.40-05.00	Next Steps	Facilitator
05.00-05.20	Goodwill messages	Reps of Various Professional Associations
05.20-05.30	Vote of Thanks	Prof Lai Erinoshó
05.30-05.40	Closing Remarks /Prayers	Dr. David Olayemi
05.40-06.00	Group Photos	Secretariat

S/ N	Name	Organization	Location	Phone	email
1	Dr Mark Okeji	ARN	Enugu	08039472126	markokeji@yahoo.com
2	Adepoju Kayode	HIMAN	Lagos	08037123773	Kayoed_adepoju@yahoo.com
3	Mr Badmus Yusuf	NANNM	Katsina	08037116206	yubadmus@gmail.com
4	Prof Emmanuel Otolorin	JHPIEGO	Abuja	094601970	eototorin@jhpiego.net
5	Mr Felix Faniran	NUPMTPAM	Osun	08060508721	fofaniran@yahoo.com
6	Rev Wole Jaiyesimi	NSP	Ibadan	08034546011	Goldenbelt1@yahoo.com
7	Comrade Lawrence Okebiorun	AGS	Ibadan	08033839122	nasuhq@hotmail.com
8	Dr G.C Okara	AMLSN		08036224817	gcokara@yahoo.com
9	Dr. E O Braimoh	OPTOMETRY	Ogun		
10	Mrs Emechete Anne	OCCUPATION THERAPY	Ibadan	08037276501	emeheteanne@yahoo.com
11	Mr. Wole Ajayi	HIMA	Lagos	08033453785	info@the_himan.org
12	Mrs Joy Odewale	NDA	Osun	08037151103	Joy_tk@yahoo.com
13	Dr Anyawu	NAHAP	Lagos		
14	Comrade O.C Ogbonna	NUPMTPAM	Osun	08036365524	Obbyoc@yahoo.com
15	Ibama Asiton	NACHPN	Port Harcourt	08033363952	asitona.ibama@yahoo.com
16	Michael	SCUK	Abuja	08026713353	milesanmi@scuknigeria.org
17	Habibat Ahuoiza Adamu	FOMWAN	Cross River	08036053358	Adam.zubair@unicem.coming
18	Christy Mojekwu	FIDA	Abuja	08036692577	fidanigeria@yahoo.com
19	Comrade Michael L Mallo	NASU	Abuja	08033538959	
20	Amrdu Paul U.	NCWS	Abuja	08167269336	ncwsnigeria@gmail.com
21	Kingsley Nnajiaka	Legal Adviser		08038254251	Kingfad2k2@yahoo.com
22	David Ukagwu	Prog Officer DFID	Abuja	08033478719	D_ukagwu@dfid.gov.uk
23	Chunduru	Tech Specialist PATHS2	Abuja	08033427063	c.chunduru@paths2.org
24	Babawemimo .O Felix	Director		08034365055	fohibawe@yahoo.com
25	Eze Onyekpere	Lead Director	Abuja	08055070909	censof@gmail.com
26	Jonathan Unutaro	Little Big Soul		08062571990	joetainment@yahoo.com
27	Adio Adeline	National Hospital	Abuja	08065485062	nhaadioyemi@yahoo.com
28	Uzodinma Adirieje	Afrihealth Optonet Association	Abuja	08034725905	uaadirije@yahoo.com
29	Theresa Effa	SAO, HERFON	Abuja	08033352183	tkeffa@yahoo.com
30	Olagbegi A	HERFON	Abuja	08164769289	golagbegi@yahoo.com
31	Adesuwa Agbontaen	Vice President Nigerian Optometric		08023232668	alphaazone@yahoo.com

		Association			
32	David Olayemi	SCUK	Abuja	08034705325	d.olayemi@scuknigeria.org
33	Tarry Asoka	CAR_NET Consulting	PH	08059122000	Tarrycarenet.info
34	Lai Erinoshoh	ES, HERFON	Abuja	08037040688	
35	Ben Anyene	Chairman BOT, HERFON	Abuja	08033472900	
36	Nkem Ene	PM, HERFON	Abuja	08169796960	
37	Nwankwo Ekene Inno	ACO, HERFON	Abuja	08034937509	

Appendix iii

FINAL OBSERVATIONS ON THE NATIONAL HEALTH BILL FROM JOINT ASSEMBLY OF HEALTH SECTOR UNIONS AND PROFESSIONAL ASSOCIATIONS

(MEETING OF MARCH 8, 2012)

PART I: RESPONSIBILITY FOR HEALTH AND ELIGIBILITY FOR HEALTH SERVICES AND ESTABLISHMENT OF NATIONAL HEALTH SYSTEM

Section 1 (1) There is herebyservices insert without prejudice to existing regulatory professional statues and shall -

Section 2(1)(a) and (b)* To be inserted

(a) Composition of the Federal Ministry of Health - The Federal Ministry of Health shall be composed of the following Directorates/Departments - Administration, Food and Drugs Services, Finance and Accounts, Human Resources, Medical and Dental Services, Physiotherapy and Medical Rehabilitation Services, Information Planning and Research Services, Laboratory Radiographic and Related Diagnostic Services and Nursing Services, Procurement, Public Health Services among others.

(b) Every Health Professional group shall have at least one officer at the directorate grade/cadre at the Federal Ministry of Health to enhance robust policy formulation.

Section 2(2)(f) and (k)

(f) Coordinate health namely promotive, preventive, diagnostic, curative and rehabilitative services delivery at all times especially during national disasters

(k) Determine the minimum data required to monitor the status and use of resources through adequate health information management and research

Section 3(3)

Note: The minimum package of health services should be defined better in the National Health bill in a way that acknowledges revision over time

Section 4(1)(d) and (e)

(c) All registered Health Professional Associations

(Note: need to define registered as those gazetted or recognized by regulatory bodies)

(e) All registered Trade Unions in the Health Sector

Section 6(2)(m)

(m) one representative of the private healthcare providers

(Note: left for now as it is for further consultation on what obtains in other Ministries)

Section 7(2)

The Technical Committee shall strive to reach its decisions by consensus but where a decision cannot be reached by consensus; the decision of the majority of the members shall prevail and be regarded as the decision of the Technical Committee.

The resolutions on Section 8(2)

(Note: This commission should be stand-alone not part of this bill. Everything about the commission should expunge from the bill. If the session is smuggled into the bill again then Executive Chairman of the Commission should not be limited to Medical Doctors)

Section 11(2)(b) and (d)

(b) and (d) to be harmonised

(b) is more descriptive and preferred. (d) should be expunged

(G)Note: at the end of the sentence insert a proviso

(g) Provided that the members of the Board shall have cognate experience in Primary Health Care and/or Community Health practice.

PART 2

Section 15 (2)(a&b)

The Minister in respect of a Tertiary Hospital and a commissioner in respect of all other public Health establishment within the state in question shall in consultation with appropriate bodies

(a) establish the range of health services.....

(b) determine the proportion of revenue generated by a particular public health establishment classified as a hospital that may be retained by that hospital and how those funds may be used

Section 17(2)

If a public health establishment is not capable of providing the necessary treatment or care, the public health establishment in question must refer the user concerned to an appropriate(**delete public**) health establishment which is capable of providing the necessary treatment or care. Failure to do so will attract a sanction..(need to specify sanction)

Section 19(3)

The National Tertiary Hospital Commission shall monitor and enforce compliance with quality requirements and standards stated in subsection (1) as it relates to Tertiary Hospitals.(Step down reservation as it's overtaken by events)

(Section 19(4)

(4) Without prejudice to the above the House of Assembly in any State may makelaws for the provision of an equivalent body to monitor quality in secondary and

primary health facilities in the state.

The following recommendations are yet to be discussed. Will be discussed at the upcoming meeting schedule for April 19th 2012

Section 20(1)

(1) A health care provider(, health worker or health establishment)* shall not refuse a person emergency medical treatment for any reason.

*Totology

(1) A health care provider shall not refuse a person emergency medical treatment for any reason.

Section 21(1)

(1) No health care personnel shall be discriminated against* on account of his status and duties.

*Ambiguity

(1) No health care personnel shall be discriminated against by his/her employer on account of his status and duties.

Section 29(2)(j)(ii)

Section 29(2)(j)(ii) should end after 'kept'. That is:

(2) Any person who -

(a)

(b)

↓

(j)

(i)

(ii) any part of the programme user's records are kept;

- commits an offence and is liable on conviction to imprisonment for a period not exceeding two years or to a fine of N250,000.00 or both a fine and such imprisonment.

Section 31(2)(a)

(2)(a) The membership of the Research Committee shall consist of not more than 15 members appointed by the Minister on the recommendation of the various research institutions and other related bodies in the Federation.

Instead*

(2)(a) The Research Committee shall be made up of 15 members including at least 3 women appointed by the Minister, on the recommendation of the various research institutions, health professional associations and other related bodies in the Federation. The membership shall consist of a Chairman, a Secretary and at least one researcher in each of the health professions with impeccable track record.

Section 33(2)

(2) The membership of the Ethics Committee shall consist of not more than 15 persons which shall include -

(a) a Chairman;

(b) a person each to represent the various health professions;

(c) a legal practitioner;

(d) two religious leaders representing the Christian and Muslim religions;

(e) three other persons one of whom shall be a woman who in the opinion of the Minister are of unquestionable integrity.

GENERAL

There shall be health professional associations registered and recognised by the federal Government in the National Health system. Their role shall be to advise the Government and the Public on matters affecting the various professions to promote effective healthcare delivery.

There shall be trade unions registered and recognised under the various laws of the Federation. Their role shall be to encourage collective bargaining and maintenance of industrial peace and harmony in the health sector.

Section 46

There is the need to put in place, measures to prevent industrial disputes and not just be talking about addressing them.

Photographs



Prof. Emmanuel Otolorin of JHPIEGO(2nd from left), Dr Adirieje (3rd from left) and others at a Health Sector Reform Coalition Meeting to discuss the National Health Bill with the leadership of Health Professional Associations and notable NGOs in attendance. The meeting was facilitated by HERFON and held at the Valencia Hotel on the 8th of March 2012.



L-R: Dr Olagbegi of the HERFON FCT Chapter, Dr Tarry Asoka of CareNet Consulting, Barr Christy Mojekwu of FIDA, Dr Ben Anyene, Chairman of HERFON Board and Rev. Wole Jaiyesimi, President, Nigerian Society of Physiotherapists who is captured making a presentation during Health Sector Reform Coalition Meeting to discuss the National Health Bill with the leadership of Health Professional Associations and notable NGOs in attendance. The meeting was facilitated by HERFON and held at the Valencia Hotel on the 8th of March 2012.



Dr Godwill Okara of the Assoc. of Medical Lab Scientists in Nigeria (backing the Camera), Dr David Olayemi of Save the Children (fourth from left) and others look on as Rev Wole Jaiyesimi, President of the Nigerian Society of Physiotherapists makes presentation at the Health Sector Reform Coalition Meeting to discuss the National Health Bill with the leadership of Health Professional Associations and notable NGOs in attendance. The meeting was facilitated by HERFON and held at the Valencia Hotel on the 8th of March 2012.



Sitting on Bottom row (R-L): Prof Lai Erinsho, Executive Secretary HERFON, Barr. Christy Mojekwu, FIDA, Dr Nkem Ene, HERFON Programme Manager and Dr Ben Anyene HERFON BOT Chairman, Mrs Anne Emechete of Nigerian Assoc. of Occupational Therapists, Mr Badmus Yusuf, Nat. Assoc. of Nigerian Nurses and Midwives, Dr Mark Okeji, President of Assoc. of Radiographers of Nigeria.

Standing in back row (L-R): Comrade Lawrence Okebiorun of AGS, Ibadan; Wale Adeleye, Capacity Building Officer, HERFON; Comrade Michael Mallo, NASU; Ibama Asiton, National Secretary, Nat. Assoc. of Community Health Practitioners of Nigeria; Dr E. Braimoh, National Assoc. of Optometrists in Nigeria; Comrade O. C. Ogbonna of Nig. Union of Pharmacists, Medical Lab Scientists and Professionals allied to Medicine; Habiba Adamu of FOMWAN; Joy Odewale of Nigerian Dietician Association; Rev. Wole Jayiesimi, President, Nigerian Society of Physiotherapists; Godswill Okara, President Association of Medical Lab Scientists of Nigeria; Dr Olagbegi of the HERFON FCT Chapter; Felix Babawemimo; Mrs Theresa Effa, HERFON Senior Advocacy Officer.