

Report of One Day Dialogue with Catholic Bishops
Organized by National Health Sector Reform Coalition (HSRC)
On National Health Bill, held on the 4th August, 2014 at Vines Hotel, Durumi, Abuja

Background

The 1999 Constitution of Nigeria omitted provisions that would guaranty the right of all Nigerians to health as a fundamental human right and establishment a responsive and evidence-based health system for the country. For the past ten years, Federal Ministry of Health, HERFON, some key stakeholders on health and the Health Sector Reform Coalition (HSRC) has been engaging the National Assembly and other stakeholders to ensure that the National Health Bill is passed into law to address this anomaly and recurring question in the Nigeria health sector.

The Bill provides a comprehensive legal framework for the coordination, administration, financing and governance of health care in Nigeria. In particular, it defines the roles and functions of the three levels of the National Health System (Federal, State and LGA) and emphasizes the need to strengthen the lowest tier of care (LGA) where capacity is weakest. The bill establishes the Basic Health Services Fund that would ensure free access by all Nigerians to primary health care services.

The implementation of the bill will provide enormous boost to economic development, since health is acknowledged worldwide as a key driver of economic growth and development as was demonstrated in the World Economic Forum Africa, held in Abuja in 2014.

The National Health Bill has stirred much legislative controversies in Nigeria. At its brightest moment, in May 2011, it was passed by the National Assembly but was not signed into law by Mr. President. Apparently, this was due to the wrangling from Professional associations, Religious groups and other parochial interests within the sector. However, with the engagement of the HSRC with all the interest groups (Professional/Allied Health Professional) and presentations made at the public hearing on the bill, the Senate has addressed all the issues raised with the version of NHB they passed on the 19th Feb, 2014 and also passed by the House of Representatives on July 01, 2014. A conference committee of the two chambers set up to harmonize the bill has also concluded their work waiting to be presented at the plenaries of both chambers. It is expected that the NHB will be endorsed by both chambers immediately they come back from their recess in October, 2014.

Advocacy efforts are ongoing to facilitate transmission of the NHB to Mr. President for his assent once the leaders of both chambers append their signatures on the harmonized bill.

HSRC is a Civil-Society platform for the purpose of providing voice and accountability to achieve **better health for all Nigerians**. Membership of the coalition includes: Health Reform Foundation of Nigeria (HERFON), Partnership for Transforming Health Systems 2 (PATHS 2), Save the Children International (SCI), Evidence for Action (E4A), Federation of Women Lawyers (FIDA), Federation of Muslim Women of Nigeria (FOMWAN), Advocacy Nigeria, Nigerian Urban Reproductive Health Initiative (NURHI), National Association of Women Journalists (NAWOJ), White Ribbon Alliance, Nigeria (WRAN), National Council of Women Societies (NWCS), State Accountability and Voice Initiative (SAVI), IPAS, Nigeria Medical Association (NMA) Allied Health Professionals, UNICEF and others.

Despite the efforts of both chambers of National Assembly to ensure that all the concerns of the interest groups concerning the bill is addressed, Dr. Chidi Njemanze in a memo recently to the Catholic secretariat raised issues alleging that the position of the secretariat were jettisoned by the National Assembly in the harmonized 2014 NHB. In attempt to understand the issues, the secretariat requested HSRC to provide clarifications on the following concerns:

“The National Assembly of the Federal Republic passed the National Health Bill (NHB) 2014, to address supposedly important issues for improving the primary healthcare services. The stakeholders in the health sector have carefully reviewed the proposed Sections of the NHB 2014, with serious concerns that, the Bill fails to protect the ‘Sanctity of Life’ and ‘Dignity of the Human person’ as enshrined in the UN Universal Declaration on Human Rights and the 1999 Constitution of the Federal Republic of Nigeria”. However, they further stated that:

- The NHB 2014 permits the trafficking in human ovarian eggs and sperms, by not mandating use under a consent clause, excluding ‘gametes’ in the definition of ‘tissue’ in the Interpretation section. The sale of human ovarian eggs would lead to medical complications that would result in deaths of over 10 million poor Nigerian women in the next five years, who may be forced by economic hardship to sell their ovarian eggs.
- The NHB 2014 does not provide for explicit DONOR consent for human organ transplantation in Sections 48 and 51, which creates room for human organ pouching and trafficking trade that would endanger the lives of many Nigerians. It is alarming the international organized crime cartels have become involved in Nigeria, seeking to open new opportunities after the closure of the illegal human organ sales in India and the Philippines.
- The NHB 2014 by mandating issuance of Certificate of Standards in Section 13, focused on building and equipment requirements rather than medical services. The Bill was deceptively crafted to mandate closure of many hospitals in Nigeria within the next 24 months, while providing for thriving foreign owned and

operated hospitals in Nigeria. The ensuing chaos in the health sector would lead to many Nigerians losing their lives and would threaten our National Security.

- The NHB 2014 in Sections 43 and 45 does not offer job security for Nigerian public health workers during resolution of industrial disputes.
- The NHB by proposing FREE Emergency Services in Section 20, though laudable is impractical and unsustainable; rather Nigeria should aim at Universal Health Coverage Insurance Scheme. It is an unacceptable abuse of human rights to waive the CONSENT clause even for free emergency treatment, since it would expose patients to many abuses including organ pouching for sale as in Section 51.

Consequently, in the bid to share the harmonized copy of NHB and to explain to the Roman Catholic Bishops that the bill is comprehensive and robust and have clearly supported their position on issues raised above, the HSRC requested for a dialogue with the Catholic Bishops which was granted. The dialogue meeting was held on the 4th August, 2014 at Vines Hotel Durumi, Abuja. The meeting had in attendance the Hon Minister of Health, Prof Onyebuchi Chukwu and some of the Directors from the Ministry of Health as well as leaders of various organizations that made up the HSRC on one hand and Archbishop of Abuja, His Eminence Cardinal John Onayikan and other Bishops along with most of the Senior Rev Fathers and some Medical Doctors within the Roman Catholic faith on the other hand.

The meeting started at 1:15pm with prayers at the Catholic Secretariat and lunch at the venue of the meeting.

Overall objective of the Dialogue / Workshop

To share the content of the harmonized NHB and to explain the provisions as it relates to the concerns of the Roman Catholic Bishops in a dialogue with their leadership and to convince them to join voices in asking Mr. President to assent to the harmonized National Health Bill (NHB) once it is transmitted to his office.

Specific Objectives are to:

- To introduce the National Health Bill; as harmonized by the National Assembly.
- To broaden the understanding of the Religious leaders on the content of the National Health Bill.
- To ask the Religious leaders to join voices in calling on Mr. President to assent to the NHB.
- To provide clarifications on the contentious areas / sections of the bill.

Expected outcomes:

At the end of the Dialogue, the following were expected to have been achieved:

- All participants had clear understanding of the provisions of the harmonized NHB.
- All contentious issues by the clerics are clarified.
- Informed support from the clerics in pushing for assent by Mr. President.

Participants' composition:

The participants' comprised of Hon. Minister of Health, Archbishop of Abuja, Roman Catholic Bishops, some Senior Rev Fathers and Medical Doctors of the Roman Catholic faith, Directors from FMOH and select representatives of HSRC members and media **(Participants list attached as appendix).**

Venue/Duration

The dialogue was held for a day at **Vines Hotel, Durumi Abuja on 4th August, 2014.** The venue chosen by the Roman Catholic Secretariat was close to the Secretariat to enable the Bishops locate the venue easily.

Methodology

The dialogue had PowerPoint presentations on the Highlights and purpose of the harmonized National Health Bill 2014 as well as discussions, questions and brainstorming on the concerns of the Roman Catholic Bishops. Dr. Muhammed Lecky presented highlights of the NHB while Hon Minister of Health, Prof Onyebuchi Chuwku presented the purpose of the NHB.

Process and Discussion**Opening:**

The moderator of this dialogue congratulated His Eminence Cardinal John Onaiyekan for his 45years anniversary in the mission work and urged participants to emulate the leadership style of the Archbishop and thanked him for convening the dialogue meeting to discuss the grey areas in the NHB with a view to finding common ground for all the health stakeholders and interest group.

After self-introduction by all participants, His Eminence Cardinal John Onaiyekan gave his opening remarks. In his speech, the cardinal thanked participants for coming for the dialogue and added that it is the duty of all Christians to speak out on issues that may hinder the progress of the common man. He explained that people refer to their concerns as Roman Catholic position but what they want is in the best interest of the country. The catholic are ridiculed sometimes because of their positions on issues that concerns humans. He cautioned that Nigeria and indeed Africa should be mindful of programmes and interventions they introduce in the country, noting that in several occasions United Nations and indeed the

International communities have failed. He gave instances of gay marriage, security challenges and poor health indices world over, adding that NGOs and CBOs should not accept funds from the international communities to do their bid but do things that will add value to the sanctity of humanity in all their interventions. He also expressed worry over the use of language to situate these issues well. He noted that abortion is not good hence; there is no need for somebody to say safe motherhood so that it will sound acceptable. 'Save for the mother but dangerous for the baby'.

He urged participants to approach the workshop in a simple manner but be very strategic in bringing out the merit and demerit of the NHB in the interest on humanity at large with a view to proffer solutions on way forward. Bills are beautiful but often times come with poisonous parts. He advised that such poisonous parts should be discarded in conclusion.

B. Presentation by Dr. Muhammed Lecky on the Highlights of 2014 National Health Bill:

Presenting the highlights of 2014 harmonized National Health Bill; Dr. M. Lecky passionately stated that the Health Bill is a framework for regulation, development and management of National Health System and sets standards for rendering health services in the federation. The bill is divided into seven parts and 65 sessions. According to him, it represents the first attempt to provide legislative clarity and funding sources to support PHC. It includes provisions for a national PHC Fund; if passed, will significantly increase government financing for primary health care. The Bill targets universal coverage with at least basic services.

He further stated that specifically, the Health Bill establishes the Basic Health Care Provision Fund which is to be financed from:

- Federal Government Annual Grant of not less than one percent of its Consolidated Revenue Fund
- Grants by international donor partners; and
- Funds from any other source.

The NHB proposed that the fund would be disbursed in the following manner:

- 50% of the fund shall be used for the provision of basic minimum package of health services to all citizens, in eligible primary health care facilities through the National Health Insurance Scheme (NHIS);
- 20 per cent of the fund shall be used to provide essential drugs, vaccines and consumables for eligible primary health care facilities
- 15 per cent of the fund shall be used for the provision and maintenance of facilities, laboratory, equipment and transport for eligible primary healthcare facilities;
- 10 per cent of the fund shall be used for the development of Human Resources for Primary Health Care ; and

- 5 percent of the fund shall be used for Emergency Medical Treatment to be administered by a Committee appointed by the National Council on Health. According to him, the Bill proposes that NPHCDA has the responsibility for disbursing the funds for essential drugs for PHC, facility maintenance and human resource development through State Primary Health Care Boards for distribution to Local Government and Area Council Health Authorities. The Bill indicated that for any State or Local Government to qualify for Federal Government block grant, the state and LGA must contribute not less than 25% respectively of the total cost of the projects as their commitment in the execution of such projects.

He also said that the bill is comprehensive and that it will protect, promote and fulfil the rights of the people of Nigeria to have access to health care services including rights of health providers and users. It also defined the roles of all the actors, sets platform for the health system to thrive. He said that the NHB confers six major benefits when signed into law: equity, efficiency, access, quality, accountability and sustainability of the health systems.

More so, he said that National Health Research Ethics Committee which the Minister shall establish shall include religious leaders of both Christian and Islamic faith of not more than 15 members. He dwelled so much on the issue of consent and also explained how hospitals will be categorised in terms of the healthcare services they are providing through the issuance of certificate of standards and also that the bill made provision for sanctions and penalties for people that will violate the law.

Finally, he explained that the bill is a framework that stakeholder's participation including religious organs and allied health professional working with FMOH to develop implementation guidelines and mechanisms for operationalization of the bill.

C. Presentation by the Hon. Minister of Health

The Hon Minister used the opportunity to thank His Eminence Cardinal John Onayekan and the Catholic Bishops for supporting the convening of the dialogue meeting to openly discuss their concerns and agree on how to move the health sector forward. He also apologized for coming into the meeting late, stating that it was due to the outbreak of Ebola virus in the country. He announced the second case of the virus in the country and urged everybody to be careful and take all the precautionary measures to curb the spread of the virus.

He gave the history of the NHB, that it was introduced by the former Minister of Health, Prof Eytayo Lambo. He also corrected the impression from various quarters that the progress in the health sector is slow despite the flow of funds from both international communities and federal government interventions/programmes.

Furthermore, he said that the efforts of the federal government towards getting the NASS to pass the NHB shows that the government is serious because the NHB is the first legal framework to guide how healthcare services are developed, managed, regulated and monitored. He added that the NHB provides for more funding for the health sector that is predictable and accessible to help deliver primary health care services to the grass root as well as accelerate Nigeria towards the achievement of the universal health coverage.

He called on the participants to accept the NHB the way it is or the country will go back to the chaotic system that is currently being operated, where people do things because there is no law preventing them. He was optimistic that the dialogue will produce desired result, confessing that he strongly believes in the Roman Catholic Faith and its tenet.

Finally, the Hon. Minister stated that NHB will do the following:

1. Provide a platform for efficient coordination of the Health System and proper definition of roles and responsibilities
2. Provide for minimum package of essential health services
3. Make provision for social inclusion and address the issue of equity in health
4. Protect families from catastrophic health expenditure and going under
5. Accelerate Nigeria's progress towards Universal Health Coverage (UHC)
6. Cumulatively save 3,131,510 lives of mothers, Newborns and Under 5s by 2022 and thus support Nigeria's response to poor health indices
7. Provide a better legal basis to address restiveness of Health professionals
8. Eliminate quackery

He called on the Cardinal and other Bishops to add their voice in asking Mr. President to assent to the bill once it is transmitted to his office.

D. Presentation by the Roman Catholic Bishops/Secretariat:

Presenting the position of the Roman Catholic Bishops, Dr. Okechukwu asked to know if the dialogue is still useful since both chambers of the National Assembly has passed and harmonized the NHB. On the other hand, Dr. Chidi Njemanze added that the National Health Bill 2014, a legal framework being used which clearly started by exempting gametes in the 'interpretation of tissues' does not provide for CONSENT protection for poaching of ovarian eggs and sperms, as well as in Sections 48 and 51, that waives the DONOR's right to CONSENT before organ transplantation. According to him, Nigeria would supply the entire Biotechnology Laboratories in the world with over 100 million ovarian eggs needed annually for tissue cloning research, from ten million poor Nigerian women who would die 2-3 years later from ovarian hyper stimulation syndrome (kidney failure, liver failure, cancers, infections and infertility). In view of Sections 48 and 51 of the NHB 2014 (regrettably passed by the National Assembly) all Nigerians have become donors of their organs to the entire world, who are all now seeking to establish hospitals in Nigeria for Human Organ Tourism. The NHB 2014 closes all Nigerian built hospitals within 24 months on the basis of Section 13 on Certificate of Standards for construction

based on the International Building Codes of Hospitals. The foreign hospitals built to standard would be in place as 'killing houses' for organs of Nigerians and saving the foreign organ tourists. He concluded by saying that free emergency treatment as provided in the bill will lead to abuse because every case will be interpreted as an emergency situation so as to be treated free.

In a swift reaction to the issues raised above, Dr. Ben Anyene said that anything that has to do with organ transplant will be determined by the Ethics Committee. He stated that the claims of Dr. Chidi Njemanze have nothing to do with the provisions of the National Health Bill 2014. And that all the fears highlighted at the public hearing has been rectified. Consent is clearly defined; boundaries are well defined as burden of disease is in the PHC. All we need now is to be organized to deliver on health outcomes if the bill is signed into law. He further stressed that it is almost midnight for the bill and pleaded for acceptance for the sake of women, children, voiceless and hard to reach Nigerians.

Dr. David Olayemi in reacting to the issues said that personal interpretation is seen in the disagreement. That section 51 made reference to 48 where the issue of consent has been mentioned. He added that there are no statutory laws right now guiding the practitioners on the code of conduct but the medical laws/ethics and that consent has been mentioned and dealt with in section 48, therefore no need for repetition.

Dr. Ngozi Azodoh also added that she encouraged all to read the bill in whole and not in parts. She said consent was already considered in section 48. She reminded all that there is no law that cannot be abused. She further added that International regulations only provide guidelines for other countries to domesticate. It is we that will set out our standard. And that International guidelines cannot in anyway bound on Nigeria if we are funding our activities. She also said if the bill is signed into law, it will help us to criminalize some acts if they happen. e.g. collecting organs for sale. She conclusively said that all issues cannot be covered by the bill at once, but there will be rooms for amendment.

Bishop Lucius Ugorji quickly suggested that a smaller group should sit with Dr. Chidi Njemanze and Dr. Okechukwu to review and sort out their fears

Dr. Mike Egbo appealed to all to consider the less privileged in the society and support the bill to be assented to by Mr. President. He stressed that for any amendment in the bill at this stage will mean going back and starting afresh with all the processes.

His Eminence in his closing remark affirmed that nobody is going against the intention of the bill. A good job has been done; if possible we make it better or the best.

Vote of Thanks

The vote of thanks was given by Rev. Fr. Evaristus Bassey, the organizer of the dialogue. In his speech, he thanked the Hon. Minister, His Eminence and all the participants at the dialogue on the National Health Bill. The meeting ended around 6:30pm.

Annex 1: Photographs:





Annex 11

SPECIAL DIALOGUE ON THE NATIONAL HEALTH BILL (ACT)

HOLDEN AT VINES HOTEL, BEHIND PROTEA APO

SEQUENCE OF ACTIVITIES

- | | | | |
|---|----------------|---|-------------|
| 1. ARRIVAL | 1.05 – 1.10 PM | | |
| 2. OPENING PRAYER/BLESSING OF MEAL
Onaiyekan | 1.15PM | - | Cardinal J. |
| 3. RELOCATION TO THE HALL | 1.50PM | | |
| 4. WELCOME/ RECOGNITIONS
EVARISTUS BASSEY | 2.00PM | - | FR. |
| 5. OPENING REMARK
LUCIUS UGORJI | 2.10PM | - | BISHOP |
| 6. PRESENTATION OF PURPOSE OF NHB
MINISTER OF HEALTH | 2.15PM | - | HON. |
| 7. SECTION BY SECTION HIGHLIGHTS OF NHB
LECKY | 2.30PM | - | DR. |

8. HIGHLIGHT OF DISAGREEABLE ELEMENTS OKECHUKWU CSN	3.30PM	-	DR. E.
			DR. NJEMANZE
9. CLARIFICATION MINISTER ETC	4.00PM	-	HON.
10. PLENARY	4.30PM	-	ALL
11. CLOSING REMARKS CARDINAL ONAIYEKAN / BISHOPS UGORJI/DUNIA/ SECRETARY GENERAL	5.00PM	-	
12. VOTE OF THANKS EVARISTUS BASSEY	5.45 PM		FR.

Annex 3

Review of Concerns raised by Catholic Secretariat on the National Health Bill 2014

ISSUES RAISED	REVIEW/ADDRESS
1. The NHB 2014 permits the trafficking in human ovarian eggs by not mandating use under a consent clause, excluding “gametes” in the definition of “tissue” in the Interpretation section. The sale of human ovarian eggs would lead to medical complications that would result in deaths of over 10 million poor Nigerian women in the next five years, who may be forced by economic hardship to sell their ovarian eggs.	After a review of the NHB 2014, there is no section of the Bill which expressly permits the trafficking of Human ovarian eggs. *The linking of the sale of human ovarian eggs with medical complications as well as futuristic statistical data is not within the purview of the NHB 2014.
2. The NHB 2014 does not provide for explicit DONOR consent for human organ transplantation in section 48 and 51, which creates room for human organ trafficking and trafficking trade that would endanger the lives of many Nigerians. It is alarming the International organized crime cartels have become involved in Nigeria, seeking to	S.48 (1) (a) provides not only for consent but informed consent of the person from whom the tissue, blood or blood product is removed granted in prescribed manner. At any rate the issue of obtaining written consent from prospective clients by health providers is a standard medical practice that cannot

<p>open new opportunities after the closure of the illegal human organ sales in India and the Philippines.</p>	<p>be vitiated by any law.</p>
<p>3. The NHB 2014 by mandating issuance of certificate of Standards in S.13 focused on the building and equipment requirements rather than medical services. The Bill was deceptively crafted to mandate the closure of many hospitals in Nigeria within the next 24 months, while providing for thriving foreign owned and operated hospitals in Nigeria. The ensuing chaos in the health sector would lead to many Nigerians losing their lives and would threaten our National Security.</p>	<p>S.13 (d) talks about the operation of health establishment or agency, so it is misleading to state that the focus is on building and equipment requirement</p> <p>The later part of the statement is assumptive in nature.</p>
<p>4. The NHB 2014 in Sections 43 and 45 does not offer job security for Nigerian public health workers during resolution of industrial disputes.</p>	<p>The proviso to section 45 explicitly states “without prejudice to the rights of all cadre and all groups of health professional to demand for better conditions of service”- Therefore, the section has recognized the rights of the health care workers/professionals and they would not be denied such rights in a bid to resolve disputes. This is absolutely clear enough.</p>
<p>5. The NHB by proposing FREE Emergency Services in Section 20, though laudable is impracticable and unsustainable; rather Nigeria should aim at Universal Health Coverage Insurance Scheme. It is an unacceptable abuse of human rights to waive the CONSENT clause even for free emergency treatment, since it would expose patients to many abuses including organ pouching for sale as in section 51</p>	<p>The statement is assumptive and it should be subjected to further proof.</p> <p>Also there is no provision expressly waiving consent from an emergency patient in the Bill. The Section only provides that a health care provider or establishment should not refuse a person emergency medical treatment for any reason whatsoever ever and goes ahead to lay down penalty for contravention. Please also refer to section 32 of the National Health Bill for provision on consent.</p>