

**Report of One Day Retreat with Nigerian News Editors**  
**Organized by National Health Sector Reform Coalition (HSRC)**  
**held on 4<sup>th</sup> June 2014 at Eko Tourist Beach Resort, Akodo, Ibeju – Lekki, Lagos**

## **Background**

The 1999 Constitution of Nigeria omitted provisions that would guaranty the right of all Nigerians to health as a fundamental human right. For the past ten years, 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 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, as health is now acknowledged worldwide as a key driver of economic growth and development as was demonstrated in the recently concluded World Economic Forum Africa, in Abuja.

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 groups and associations 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 19<sup>th</sup> Feb, 2014.

The NHB is before the House of Reps for concurrence, before reverting to Mr. President for assent and passage into law. Health Sector Reform Coalition (HSRC) is engaging with the Leadership of the House of Representative to do the needful and concur at the plenary to the NHB transmitted to the House from the Senate.

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.

However, to heighten the pressure and to bring the NHB to public discuss, Health Sector Reform Coalition amongst other strategies, organized retreat for the Nigerian News Editors on the 4<sup>th</sup> of June 2014 at Eco tourist Beach Resort in Akodo, Ibeju – Lekki, Lagos State. The retreat was organized with the following objectives.

### **Overall Retreat / Workshop Objective**

To sensitize and build capacity of Guild of Editors on National Health Bill (NHB)

### **Specific Objectives are to:**

- To introduce the National Health Bill; passed by the Senate on the 19<sup>th</sup> Feb, 2014.
- To broaden the understanding of the participants on the content (provisions) of the National Health Bill and stimulate buy in and knowledgeable reporting.
- To assist participants to define their roles and responsibilities to enhance / accelerate the passage of NHB by the National Assembly or Concurrence by the House of Representative, and Assent by Mr. President.
- To develop media plan and advocacy strategies for the National Health Bill.
- To form coalition for media advocacy for the National Health Bill.
- To provide clarifications on the contentious areas / session of the bill.

### **Expected outcomes**

At the end of the retreat, the following were achieved:

- All participants had clear understanding of the provisions of the NHB.
- HEWAN were committed to engage in media advocacy for the passage and signing into law the National Health Bill.

### **Testimonials:**

1. ‘...I have participated in several training on National Health Bill, but today's own actually opened my eyes more to the real issue’... Mr. Azoma Chikwe.
2. ‘... the group work was participatory. I thank the organizers of this meeting. Now I know better’... Mrs. Oluremilekun Osobu-Asubigo.
3. ‘...I am very happy that I participated in this workshop. Although I have not read all the sessions of the bill, but the aspect we treated in our group work is clear and the bill is not pro Doctors or any professional group. It is actually for all Nigerians both health providers and consumers’... Ms. Busayo Adekoya
4. ‘...when next they (JOHESU) call us for a meeting, I will ask them a lot of questions. They are just concerned about their own professional group not the women, not the children that are dying’... Mrs. Angel Iroh
5. ‘...the bill is interesting, I will go home and complete the reading’... Mrs. Julie Ekong
6. ‘we need to do more in the area of enlightenment’ – Mrs. Julie Ekong

### **Participants’ composition:**

The participants’ selection was based on the media houses that have their head offices in Lagos.

Therefore, the participants comprised of print and electronic media editors and health correspondence under the auspices of HEWAN and select representatives of HSRC members. **(Participants list attached as appendix).**

### **Venue/Duration**

The retreat was held for a day at **Eko Tourist Beach Resort, Akodo, Ibeju – Lekki, Lagos**. The venue was chosen away from Lagos main city so that the participants will achieve the expected outcome given the short period of time.

### **Methodology**

- PowerPoint presentations of overview of National Health Bill and Nigerian Health System.

- The National Health Bill was also reviewed in group work section by section and findings presented at the plenary, bringing out the benefits of the NHB to Nigerians and making recommendation on the areas that need to be addressed at the point of developing the implementation guideline.
- There were brainstorming and group work which allowed participants to share their views as well as learn from the experiences of others in their small groups.

## **Process and Discussion**

### **Opening:**

The moderator of this session Hajia Ramatu Aliyu asked participants to pray individually according to their religion and faith and commit the retreat to God. She also set ground rules to guide the workshop and bring about orderliness.

Mrs. Hope Oduma led the participants through the introduction and getting familiar with each other as well as prompting them to actively participate and contribute to discussions at plenary. She also assured them that all their questions would be addressed.

Presenting the objectives of the retreat, Mr. Nwankwo Ekene Innocent called on participants to engage in media advocacy to keep pressuring the House of Representatives to concur to the bill transmitted to the house from the senate. He also urged them to articulate into a work plan what they need to do so that HSRC can support them technically with relevant information and materials to enhance quality reporting.

### **Overview of the National Health Bill:**

Giving the overview of the National Health Bill, Dr. Ben Anyene religiously and passionately took the participants down the memory lane, explaining that the NHB is act to provide a framework for the regulation, development and management of a National Health System and sets standards for rendering health services in the federation, and other matters connected therewith.

According to him, the following are the benefits of the NHB:

- It defines and provides a frame work for regulation, development of National Health Systems and also sets standards for rendering health services in Nigeria.
- It aims to promote cooperation and responsibility among public and private health service providers.
- Set out rights and duties of health care providers, health workers, health establishments and users. Example: right to emergency treatment and confidentiality of information for users; right to non-discrimination, protection and indemnity for health workers.
- Defines roles and responsibility of Federal, State and Local Government within the National Health System.
- Provides for National Primary Health care development fund to be funded from consolidated accounts and grants and disbursed through all tiers of government.
- Regulate practice at health institutions and by providers through certificate of standards
- Provides guideline on National Health Research and information.
- Provides policies and guidelines for human resources management in the health sector.
- Provides guidelines for the use and control of blood, blood products, tissue and gametes in human.
- Provides for exemption of payment for treatment of vulnerable persons which include children, persons with disabilities, aged and women.

- Provides guidelines for management of National Information System and data base.

Talking about the PHC fund he explained that the fund which is valued at an amount not less than 1 percent of the consolidated revenue will 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% of the fund shall be used to provide essential drugs for primary healthcare;
- 15% of the fund shall be used for the provision and maintenance of facilities, equipment and transport for primary healthcare;
- 10% of the fund shall be used for the development of Human Resources for eligible Primary Health Care facilities; and
- 5% of the fund shall be used by the Federal Ministry of Health for National Health Emergency and Epidemic Response.

According to him, for states to benefit from the fund, they will establish State Primary Healthcare Development Agency (Board) as the case may be that will manage the funds as well as contribute the counterpart fund and account for the fund before next trench is released to that state.

In his conclusion, he called on media to take up the responsibility of holding the political officer holders to account, ensuring that health is top in the agenda of political parties. He recalled several retreat, workshops and meetings the coalition has organized with various stakeholders since 2014 and wondered why very little progress have been since then. Commenting on the wrangling amongst the Health Professional groups, he advised the media to help educate stakeholders to understand that national health bill is about women, children and difficult to reach Nigerians whose per capita income is less than \$1 per day. He state good health will guarantee economic development and security which will lead to provision of public goods. He called on government to reduce out of pocket expenditure of the citizenry by passing the NHB and signing it into law.

At the end of his presentation, the following questions were asked:

1. The percentage of the fund allocated to NHIS by the NHB is it an additional fund to what is already being budgeted for every year and how would they achieve universal coverage taking into account the percentage of the civil servants in the country?
2. How does the national health bill take care of the concerns of the Allied Health Professional?
3. The Roman Catholic group is concerned about blood, blood products and gametes, how does the national health bill address this?

The answers were given by Dr. David Olayemi, Dr. Tunde Segun and Dr. Ben Anyene. According to them, the PHC fund is an additional fund for PHC services for State and local government. States and local government will contribute 25% counterpart fund to qualify to access 75% coming from the consolidated revenue account. Hence, the fund is outside state and LGAs budget for health. The concerns of the Allied health Professionals have been revolved. Their presentation at the public hearing was considered at the retreat in Asaba and grounds were shifted to accommodation their concerns. The coalition has been engaging with the Catholic secretariat, providing clarification on the section that talked about use of blood, blood products, gametes etc. Issues raised by JNI have also been resolved through advocacy.

### **Group Work:**

This session was handled by Dr. David Olayemi. He divided the participants into three groups and also shared the NHB into three parts. He charged the participants to answer all the questions and make recommendations where necessary. He concluded by saying that most of the journalist have not seen the bill not to talk of reading it. He urged them to take advantage of the retreat to broaden their knowledge on the provision of NHB and report from informed perspective.

**Feedback from Group work:**

Group one:

Part 1: Responsibility for Health and eligibility for health services and establishment of national health system (section 1 – 11)

Part 2: Health Establishments and Technologies (section 12 – 19)

- a. How will these parts contribute to strengthening Nigeria Health System?
- b. In what way(s) will the provision of Basic Health Care Fund contribute to Nigerian Health System?
- c. Identify the various platforms and committees provided for by these sections. What, if any other way, do you think the section can be improved to get appropriate representation of all the states and stakeholders?
- d. Do these sections show any bias towards any health professional group in your opinion? If so, show in what ways? How can these be further improved.
- e. State 3 or more key highlights of part 1 and 2 of the bill

**Feedback from group one after reading through part 1 and 2 of the NHB:**

1. **These parts of the bill will definitely contribute to strengthening Nigeria health system by;**
  - a. General sectorial contributory efforts to development of healthcare delivery and healthcare system due to the involvement of all sectors and representatives opinions, ideas in the National Health Bill.
  - b. Everybody will have access to healthcare due to the provision of minimum package for the poor and the people in the grassroots. So there are no excuses of unavailability of finance to pay for health care in health facility.
  - c. Everybody's interest and groups are represented and protected in the National Health Bill.
  - d. There is sense of accountability in sectorial representation.
2. The provision of Basic Health Care Fund will contribute to Nigerian Health System by providing funds, drugs, and maintenance of resources, vaccines, emergency cases and basic minimum package for all citizens.
3. The various platforms and committees provided for by these sections are; (i) National Council on Health (ii) Technical committee of the National council (iii) National Tertiary Health Institutions Standards Committee
4. No bias, but there was an observation of omission of representation of the police force as noted in page 5, 6(e).
5. Key Highliths of Part 1

- unding

- Representation of Councils
- National Health System
- Primary Health Care fund.

#### Key Highlights PART 11

- revision of certificate of standard
- sanity and discipline to health care practitioner toward healthcare delivery.
- quality healthcare delivery and service.
- training and re-training of staff.
- revision of compliance and penalties.

#### Group Two Questions:

Part 3: Rights and obligations of users and healthcare personnel (sections 20 – 30)

Part 4: National Health Research and Information system (section 31 – 40)

- a. Does the current bill adequately safeguard the rights and privileges of health care providers and users? If not, what do you see as gaps and how do you think they should be rectified.
- b. Does the bill make enough provision for addressing grievances of Providers and users? If not, what else will you recommend?
- c. What committees are provided for by the sections being considered? What, if any other way, do you think the sections can be improved to get appropriate representation of all the states and stakeholders?
- d. Identify ways, if any, in which these sections are unfair to any cadre of Nigerian Health Profession
- e. State 3 or more key highlights of parts 3 & 4

#### Feedback from group two after reading through part 3 and 4 of the NHB:

1. Yes the current bill adequately safe guards the right and privileges of health users, but there are some major things lacking are:
  - a. A mental health clinic must be made readily available for users.
  - b. Not more privileges are given to health care providers
  - c. The bill does not give enough provision for health care providers there should be more provision given to them.
  - d. Ethics research committee has been provided and it has adequate representation of all states and stakeholders.
  - e. So far nothing from the bill is in favour of any health professional group. The bill has been brilliantly written to suite both the user and providers.

- f. The complaint system for the user emergency response treatment, obligation to keep records and national health insurance scheme.
2. Traumatized people are not also considered and provided for in the bill.

**Group Three Questions:**

Part 5: Human resources for Health (sections 41 – 46)

Part 6: Control of use of Blood, Blood products, Tissue and Gametes in Humans (sections 47 – 58)

Part 7: Regulations and Miscellaneous Provisions (sections 59 – 65)

- a. Are there adequate provisions for development of Human Resources for Health in Nigeria? If not, what are the gaps and what will you recommend?
- b. Is there enough provision in this Bill to forestall restiveness and conflict among health professionals? What are your recommendations?
- c. Is there any way in which this bill promotes unethical use of gametes, tissues and blood products?
- d. Is there a way in which this bill gives undue powers to any officer of the Federal Republic? How can this be moderated if necessary?
- e. State 3 or more key highlights of parts 5 to 7

**Feedback from group two after reading through part 5 and 7 of the NHB:**

1. No funding for specialist outside primary health care should be provided for.
2. Yes, but measures by minister of health should be spelt out.
3. No, at implementation stage, regulation of IVF should be enacted
4. No, the national council on health has to be consulted before taking some decision like setting up committees
5. Health should be made essential service in Nigeria and roles and responsibilities.
6. The NHB prohibits the unethical use of gametes, tissues and blood products.
7. No undue powers have been given to any officer of the federal republic according to the bill, further the nation council of health, balances and ministers, commissioners, permanent secretary of health

**Role of Media to ensure passage of the National Health Bill:**

The facilitator for this session was Dr. Tunde Segun. He reminded the participants that media key in our efforts to sustain the NHB to public discuss. Consequently, he asked participants to suggest how best they can support and sustain all the advocacy efforts by the coalition. However, he did not underscore the need for a dedicated group of journalists to follow the process to the victorious end by focusing on the issues, monitor the process, conduct interview with key influencers and constant reporting and publishing of NHB news in the national dailies. The group must also deliberately create a voice to continue to keep discussions around the passage of the bill alive. According to him, such a group already exists – Champions for Maternal and Newborn Health (C4MNH). He called on the media to develop a work plan with modest budget that could be supported by the coalition for the next four months. He also urged them to frequently conduct interviews with members of National Assembly and Federal Ministries of Health and Finance to ascertain their views and thinking of the Federal Government. He offered that MamaYe will support social media discussions in collaboration with development partners e.g. tweet chats on the NHB with expert opinions and evidence materials. He reminded the media that as soon as the bill is passed into law, work continues. Monitoring and reporting progress of implementation is k

**Agreed Next steps / statements of commitment:**

The session was also facilitated by Dr. Tunde Segun, Country Director Evidence for Action. The participants agreed to do the following to support/accelerate the process of passage and signing NHB into law.

- Read and digest the bill
- Share e-copies with other colleagues
- Serialise the bill in their dailies and media houses
- The group of editors (health writers association of Nigeria) are now partners (to the HSRC) in the campaign and now reports coming out will be positive in the area of passing the bill
- Reports coming out from health editors will be in support of the bill
- Editors will edit/rewrite the uninformed reports reaching their desks about the NHB
- Editors will publish what will push for the passage of the bill
- Will mount campaigns as individuals – via stories, blogs etc. Especially highlighting the human angle
- Can include the NHB in the HEWAN week/activities
- Come up with a work plan of activities to support and pressure for the passage of the NHB
- Hold the politicians to make the NHB to be part of the manifesto of political parties
- Set up a media coalition on the NHB
- Produce a citizen friendly version of the NHB
- Publish editorials in the print, electronic and social media platforms e.g. AIT big story
- Use in-house meeting fora to do “step down trainings”/disseminate information learnt from this workshop to others
- Separately engage the Guild of Editors (the question is HOW?!) e.g. key into their own “high profile” programs
- Set up an e-mail link serve or send an e-mail of activities to the group

**Challenges:**

1. The main challenge was getting the Guild of Editors to attend the meeting. The invitation was sent to Guild Editors but they sent their subordinates (Editors and Health Desk correspondents).
2. Venue of the retreat was difficult to locate.

**Recommendations:**

1. The Coalition should attend the meeting of Health News Writers Association of Nigeria (HEWAN)
2. The coalition should also make presentation at the meeting of Guild of Editors to enhance frequent publication of issues connected to passage of the NHB in the National Dailies.
3. Coalition members were advised to contribute to the implementation of the work plan that will be developed by HEWAN in support of advocacy for the NHB.
4. Participants were asked to engage in Media Advocacy for the NHB as a way of putting pressure on the government to pass and sign into law.

**Vote of Thanks**

The vote of thanks was given by Mr. Azoma Chikwe, Editor Sun Newspapers and Chairman HEWAN on behalf of the participants. In his speech, he thanked the coalition for putting together the retreat and confessed that he actually benefited a lot and promised to be ambassador of the National Health Bill.

**Annex 1: Photographs:**



**Annex 2: Agenda for the Retreat with Nigerian News Editors**

Time	Session	Lead	Objectives
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9:00	Welcome and Overview of the day  Introductions and Ground rules	Ramatu B Aliyu  Hope Oduma	Get to know each other and set ground rules
9:15	Workshop Objective	Mr. Ekene Nwankwo – HERFON	Participants clear about the scope of the workshop through roadmap of areas that will be covered
9:30	Introduction to the National Health Bill	Dr. Ben Anyene – PRINN-MNCH	Participants to be taken through the History of the Bill. The struggle put in developing it and how it has gone through the different stages with particular focus on what the bill aims to achieve.
10:30	Tea Break		
11:00	The Role of media in Health system Development ( Participatory)	Dr. David Olayemi - Save the Children	This session will aim to look at the role of media as change agents in the matrix of Health system Development. How media execute their social responsibility in National Development.
	Group Work (Reviewing the content of the National health Bill)	Dr. David Olayemi – Save the Children	What is the impact of each section to the common man/woman? Are there any controversial issues? What’s the role of media in addressing these issues?
2:00	Lunch and Prayer Break		
02:00	Group Work Continues		
03:00	Next Steps in taking the Bill Forward	Dr. Tunde Segun – E4A	What will be the role of media in ensuring the bill is passed and in the implementation of the bill when it’s passed?
4.45	Closing Remarks		Guild of Editors
5:00	Closing		

### Annex 3: Participants attendance list

S/N	Name	Organisation	Email	Phone
1	Babatunde Folorunsho	Save the Children	<a href="mailto:Babatunde.folorunsho@savethechildren.org">Babatunde.folorunsho@savethechildren.org</a>	08033833097
2	Angel Iroh	The Union	<a href="mailto:angelisticak@yahoo.com">angelisticak@yahoo.com</a>	08062862239
3	Obiechina Adaobi Maureen	NTA	<a href="mailto:Adaobi1884@yahoo.com">Adaobi1884@yahoo.com</a>	08037012884
4	Dr. Tunde Segun	Evidence for Action	<a href="mailto:b.segun@evidence4action.net">b.segun@evidence4action.net</a>	08023200884

5	Dr. David Olayemi	Save the children	<a href="mailto:David.olayemi@savethechildren.org">David.olayemi@savethechildren.org</a>	08034705325
6	Appolonia Adeyemi	New Telegraph	<a href="mailto:appoloniaadeyemi@gmail.com">appoloniaadeyemi@gmail.com</a>	08033294462
7	Nwankwo Ekene Innocent	HERFON	<a href="mailto:Brightkenny2000@yahoo.com">Brightkenny2000@yahoo.com</a>	08034937509
8	Ramatu Budah-Aliyu	SC	<a href="mailto:ramatubudah@yahoo.co.uk">ramatubudah@yahoo.co.uk</a>	08035839589
9	Hope Oduma	SC	<a href="mailto:Hope.Oduma@savethechildren.org">Hope.Oduma@savethechildren.org</a>	08039216999
10	Wole Oyebode	The Guardian Newspaper	<a href="mailto:woleoyebode@gmail.com">woleoyebode@gmail.com</a>	08028140681
11	Ben Anyene	HERFON	<a href="mailto:benanyene@gmail.com">benanyene@gmail.com</a>	08033472900
12	Julie Ekong	Radio Nigeria	<a href="mailto:juliafrn@yahoo.com">juliafrn@yahoo.com</a>	08033266918
13	Thomas Ogbetere	NTA	<a href="mailto:Maxitom1@yahoo.com">Maxitom1@yahoo.com</a>	08037918525
14	Atinuke olayoriju	Cool FM-Wazobia	<a href="mailto:aolyoriju@coolwazobiainfo.com">aolyoriju@coolwazobiainfo.com</a>	08035846778
15	Oluremilekun Osobu-Asubigo	The News Magazine and PM News	<a href="mailto:osubumamabisi@yahoo.com">osubumamabisi@yahoo.com</a>	07031219611 08026660263
16	Busayo Adekoya	Thisday Newspaper	<a href="mailto:busayo.adekoya@gmail.com">busayo.adekoya@gmail.com</a>	08139399848
17	Judd- Leonard Okafor	Daily trust	<a href="mailto:juddleonard@yahoo.com">juddleonard@yahoo.com</a>	08069084340
18	Azoma Chikwe	SUN	<a href="mailto:azomachi@yahoo.com">azomachi@yahoo.com</a>	08033270960
19	Vera Onyeaka	PATHS2	<a href="mailto:v.onyeaka@paths2.org">v.onyeaka@paths2.org</a>	08036003155

#### Annex 4: Power point presentation on overview of NHB

<p><b>National Health Bill: A Response to a near absence &amp; Inefficient Health System</b></p> <p><b>Retreat Organized by Health Sector Reform Coalition (HSRC) with Nigerian News Editors on National Health Bill</b></p> <p>June 04, 2014 Dr Ben Anyene</p>	<p><b>Products of Inefficient Nigeria Health Systems</b></p> <ul style="list-style-type: none"> <li>• 100/1000 infant mortality and 200/1000 U-5 mortality</li> <li>• U-5 deaths from malaria are about 258,000 annually</li> <li>• 65,758 women of childbearing age die from HIV/AIDS annually</li> <li>• Immunization coverage 18.1% (excluding HepB1,2 &amp; 3) – NICS '06</li> <li>• Out of Pocket Expenditure (OOPE) 65 - 70%</li> </ul>
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<p><b>Products of Inefficient Nigeria Health System</b></p> <ul style="list-style-type: none"> <li>• National HIV prevalence rate among adults (ages 15-49): 4.1 percent</li> <li>• Adults and children (ages 0-49) living with HIV at the end of 2005: 2.9 million</li> <li>• AIDS deaths (adults and children) in 2005: 220,000</li> <li>• AIDS orphans at the end of 2005: 930,000</li> </ul>	<p><b>Products of Inefficient Nigeria Health System</b></p> <ul style="list-style-type: none"> <li>• 52,900 yrly maternal deaths [abt 1,000/wk] <ul style="list-style-type: none"> <li>- crashing wkly abt 10 medium sized planeloads of the most critical asset for its development – the women of childbearing age.</li> </ul> </li> <li>• One of the worst health indices in the world</li> <li>• Contributes to the endemic poverty in the land</li> <li>• Very High Burden of Disease (Primary care level, rural, urban slums, hard to reach areas, women and children)</li> </ul>
<p><b>Why National Health Bill</b></p> <ol style="list-style-type: none"> <li>Health not mentioned directly as an issue/service in the 1999 Constitution of the Federal republic of Nigeria</li> <li>Health is mentioned in the following ways in the constitution:- <ul style="list-style-type: none"> <li>-in relation to industrial safety – (Section 17 (3)c)</li> </ul> <p>“The State shall direct its policy towards ensuring that ---- (c ) the health, safety and welfare of all persons in employment are safeguarded and not endangered or abused”</p> <p>whereas for education the constitution provides in section 18 (2), (3) (a, b, c, d)</p> <p>1 (1) Government shall direct its policy towards ensuring that there are equal and adequate educational opportunities at all levels.</p> </li> </ol>	<p><b>Why NHB</b></p> <p>Health is mentioned in the 4<sup>th</sup> schedule of the constitution under L.G. Councils functions as follows:-</p> <p>(2)“The functions of a local government council shall include participation of such council in the Government of a state in respects of the following matters-----©“The provision and maintenance of health services”</p>
<p><b>Why NHB</b></p> <p><b>In the Constitution</b></p> <ul style="list-style-type: none"> <li>➤ EXCLUSIVE LEG. LIST- has 68 items <ul style="list-style-type: none"> <li>- Health is not mentioned</li> <li>- Drugs and Poisons mentioned as item 21.</li> </ul> </li> <li>➤ Concurrent list has 30 items:- <ul style="list-style-type: none"> <li>- No Health</li> <li>- Health mentioned in relation to Industrial safety</li> </ul> </li> </ul>	<p><b>Implications of non-Constitutional Provision for health</b></p> <ul style="list-style-type: none"> <li>➤ No clear definition of roles &amp; responsibilities of different Tiers of Government (thus no one is held responsible for poor health)</li> <li>➤ All tiers are involved in all aspects of Health system, resulting in ineffectiveness and inefficiency</li> <li>➤ Inadequate co-ordination and collaboration by different tiers</li> <li>➤ Inadequate funding</li> <li>➤ Absence of effective linkages and referrals</li> </ul>

<h3>Milestones on NHB Development</h3> <ul style="list-style-type: none"> <li>• Ist drafted in 2004</li> <li>• Amended 2004, 2005, 2006, 2008, 2009, 2010</li> <li>• Approved by FMOH TMC 2005</li> <li>• Advocacy on HSR &amp; NHB to all states of the Federation in workshop settings by HERFON 2005</li> <li>• National Stakeholders meetings 3no. (Ministries of health – Federal/States, Parastatals, Regulatory bodies, Professional Associations &amp; the private sector) with over 450 participants were held. Chaired by the then HCH Edo state reviewed and recommended the bill 2005</li> <li>• Approved by NCH 2005</li> <li>• Retreat in Kaduna for NASS Senate &amp; House Committees on health in Kaduna 2005</li> <li>• Approved by FEC 2006</li> <li>• Federal Ministry of Justice vetted and approved the Bill 2006</li> <li>• Public hearing by Senate Committee on Health 2006</li> </ul>	<h3>Milestones on NHB Development cntd</h3> <ul style="list-style-type: none"> <li>• Public Hearing by House Committee on Health 2006</li> <li>• Reviewed by Senate Health Committee in Port Harcourt 2006</li> <li>• Approved by National Economic Council 2006</li> <li>• Passed by House of Reps 2007</li> <li>• Senate Health Committee class of 2004 – 2007 did not pass the bill thus no harmonized bill</li> <li>• Resurrected and reviewed by NASS 2008</li> <li>• Reviewed by Senate Committee on health in Ghana 2008</li> <li>• Reviewed by House of Reps 2008</li> <li>• Passed by Senate &amp; House of Rep 2009</li> <li>• NASS Legal Dept referred it back to the NASS to rectify conflicts with existing regulations 2009</li> <li>• Reviewed by Senate and House of Reps to reflect the suggested amendments by legal Dept 2010</li> <li>• Harmonized version passed May 19, 2011</li> <li>• Presidential assent not given</li> </ul>
<h3>Milestones on NHB Development cntd</h3> <ul style="list-style-type: none"> <li>• Resurrected by the Senate Committee on Health 2011</li> <li>• 1<sup>st</sup> and 2<sup>nd</sup> Reading at the Senate Plenary 2012</li> <li>• Public Hearing 2013</li> <li>• Passage by the Senate in Plenary February 19, 2014</li> <li>• Awaiting House of Rep concurrence / Passage, harmonization and presentation to the President for assent</li> </ul>	<h3>National Health System - NHB</h3> <ul style="list-style-type: none"> <li>• (a) the Federal Ministry of Health;</li> <li>•</li> <li>• (b) the State Ministries of Health in every State and the Federal Capital Territory;</li> <li>•</li> <li>• (c) parastatals under the federal and state ministries of health;</li> <li>•</li> <li>• (d) all local government health authorities;</li> <li>•</li> <li>• (e) the ward health committees;</li> <li>•</li> <li>• (f) the village health committees;</li> <li>•</li> <li>• (g) the private health care providers; and</li> <li>•</li> <li>• (h) traditional and alternative health care providers.</li> </ul>
<h3>Key Highlights of NHB – Managerial &amp; Performance Measurement Issues</h3> <ol style="list-style-type: none"> <li>1. Establishes and Defines the National Health System</li> <li>2. Defines Responsibilities for Health by Stakeholders</li> <li>3. Establishes right to Minimum packages by all citizens</li> <li>4. Defines roles and responsibilities of Federal, State and LGA in the National Health system.</li> </ol>	<h3>Key Highlights of NHB - Managerial &amp; Performance Measurement Issues</h3> <ol style="list-style-type: none"> <li>5. Establishes formally the National Council on Health with roles and responsibilities and operating mechanism</li> <li>6. Establishes National Hospital Services Agency to set standards for tertiary Health Establishments</li> <li>7. Establishes the institution of Certificate of standard for the establishment of health facilities</li> <li>8. Create the National Primary Health Care Fund to ensure Joint funding of PHC by all government tiers</li> </ol>

<p><b>Key highlights of the NHB - Managerial &amp; Performance Measurement Issues</b></p> <ul style="list-style-type: none"> <li>9. Provides guidelines for management of Health human resources</li> <li>10. Provides for use and control of blood, Blood products, tissue and Gametes in Human</li> <li>11. Provides guideline on National Health Research and Information</li> <li>12. Provides guidelines for management of National Information System</li> </ul>	<p><b>Key provision of NHB – Policy Framing</b></p> <ul style="list-style-type: none"> <li>• The Minister, in consultation with the National Council on Health may prescribe conditions subject to which categories of persons may be eligible for exemption from payment for health care services at public health establishments</li> </ul>
<p><b>Key provisions of NHB – Policy Framing</b></p> <p>1 (a) encompass public and private providers of health services;</p> <ul style="list-style-type: none"> <li>• (b) promote a spirit of cooperation and shared responsibility among all providers of health services in the Federation and any part thereof;</li> <li>• (c) provide for persons living in Nigeria the best possible health services within the limits of available resources;</li> <li>• (d) set out the rights and duties of health care providers, health workers, health establishments and users; and</li> <li>• (e) protect, promote and fulfil the rights of the people of Nigeria to have access to health care services.</li> </ul>	<p><b>Key Provisions of NHB – Core Outcomes</b></p> <p>In prescribing any condition under (exemption from payment) subsection (1), the Minister in council shall have regard to:-</p> <ul style="list-style-type: none"> <li>• the provision on the needs of vulnerable groups such as women, children, older persons and persons with disabilities</li> <li>• ensure that children between the ages of zero and five years and pregnant women are immunized with vaccines against infectious diseases</li> <li>• coordinated health services rendered by the Federal Ministry with health services rendered by the States, Local Government, Wards, and private health care providers and provide such additional health services as may be necessary to establish a comprehensive national health system</li> <li>• integrated the health plan of the Federal Ministry of Health and State Ministries of Health annually; and</li> </ul>
<p><b>Key Provisions of NHB – Core Outcomes</b></p> <p>In prescribing any condition under (exemption from payment) subsection (1), the Minister in council shall have regard to:-</p> <ul style="list-style-type: none"> <li>• the provision on the needs of vulnerable groups such as women, children, older persons and persons with disabilities</li> <li>• ensure that children between the ages of zero and five years and pregnant women are immunized with vaccines against infectious diseases</li> <li>• coordinated health services rendered by the Federal Ministry with health services rendered by the States, Local Government, Wards, and private health care providers and provide such additional health services as may be necessary to establish a comprehensive national health system</li> <li>• integrated the health plan of the Federal Ministry of Health and State Ministries of Health annually; and</li> </ul>	<p><b>Key provisions of the NHB</b></p> <ul style="list-style-type: none"> <li>• 3) Money from the fund shall be used to finance the following:-</li> <li>• (a) 50% of the fund shall be used for the provision of basic minimum package of health services to all citizens, in primary health care facilities through the National Health Insurance Scheme (NHIS);</li> <li>• (b) 25 per cent of the fund shall be used to provide essential drugs for primary healthcare;</li> <li>• (c) 15 per cent of the fund shall be used for the provision and maintenance of facilities, equipment and transport for primary healthcare; and</li> <li>• (d) 10 per cent of the fund shall be used for the development of Human Resources for Primary Health Care.</li> </ul>

<p><b>Regulatory Responsibilities of NPHCDA – PHC Fund</b></p> <ul style="list-style-type: none"> <li>• The National Primary Health Care Development Agency shall disburse the funds for items 3 (b, c, d) above through State Primary Health Care Boards for distribution to Local Government Health Authorities</li> </ul>	<p><b>PHC Fund Disbursement</b></p> <ul style="list-style-type: none"> <li>• For any State or Local Government to qualify for Federal Government block grant pursuant to sub-section 1(1) of this section, such State or Local Government shall contribute - <ul style="list-style-type: none"> <li>• (a) in the case of a State not less than 10 per cent of the total cost of projects; and</li> <li>• (b) in the case of a Local Government not less than five per cent of the total cost of projects as their commitments in the execution of such projects.</li> </ul> </li> </ul>
<p><b>PHC Fund Disbursement</b></p> <ul style="list-style-type: none"> <li>• 6) The National Primary Health Care Development Agency shall not disburse money to any- <ul style="list-style-type: none"> <li>• (a) Local Government Health Authority if it is not satisfied that the money earlier disbursed was applied in accordance with the provisions of this Act; and</li> <li>• (b) State and Local Government that fails to contribute its counterpart funding.</li> </ul> </li> <li>• State and local Governments that fail to implement the national health policy, norms, standards and guidelines as prescribed by the National Council on Health</li> <li>• (7) The National Primary Health Care Development Agency shall develop appropriate guidelines for the administration, disbursement and monitoring of the fund.</li> </ul>	<p><b>Regulatory powers of NCH</b></p> <ul style="list-style-type: none"> <li>• (d) advise the Government of the Federation on technical matters relating to the organization, delivery and distribution of health services;</li> <li>• e) issue, and promote adherence to, norms and standards, and provide guidelines on health matters, and any other matter that affects the health status of people;</li> <li>• (f) identify health goals and priorities for the nation as a whole and monitor the progress of their implementation;</li> <li>• (g) promote health and healthy lifestyles;</li> <li>• (h) facilitate and promote the provision of health services for the management, prevention and control of communicable and non-communicable diseases;</li> </ul>
<p><b>Some Regulatory Powers of NCH</b></p> <p>The Minister-in-Council shall by regulation –</p> <ul style="list-style-type: none"> <li>• (a) classify all health establishments and technologies into such categories as may be appropriate, based on: <ul style="list-style-type: none"> <li>• (i) their role and function within the national health system;</li> <li>• (ii) the size and location of the communities they serve;</li> <li>• (iii) the nature and level of health services they are able to provide;</li> </ul> </li> </ul>	<p><b>Regulatory Powers of NCH</b></p> <ul style="list-style-type: none"> <li>• (iv) their geographical location and demographic reach;</li> <li>• (v) the need to structure the delivery of health services in accordance with national norms and standards within an integrated and coordinated national framework; and</li> <li>• (vi) in the case of private health establishments, whether the establishment is for profit or not; and</li> <li>• (b) in the case of federally owned tertiary hospitals, determine the establishment of the hospital board and the management system of such tertiary hospital.</li> </ul>

<h3>Regulatory Powers of NCH</h3> <ul style="list-style-type: none"> <li>• (1) Without being in possession of a Certificate of Standards, a person, entity, government or organization shall not :-</li> <li>• (a) establish, construct, modify or acquire a health establishment, health agency or health technology;</li> <li>• (b) increase the number of beds in, or acquire prescribed health technology at a health establishment or health agency;</li> <li>• (c) provide prescribed health services; or</li> <li>• (d) continue to operate a health establishment, health agency or health technology after the expiration of 24 months from the date this Act took effect.</li> </ul>	<h3>Regulatory Powers of NCH</h3> <ul style="list-style-type: none"> <li>• The Minister in Council may prescribe –</li> <li>• Minimum standards and requirements for the provision of health services in locations other than health establishments, including schools and other public places</li> <li>• The National Council shall develop policy and guidelines for, and monitor the provision, distribution, development, management and utilisation of human resources within the national health system</li> </ul>
<h3>Regulatory Powers of NCH</h3> <ul style="list-style-type: none"> <li>• Control of use of Blood, Blood Products, Tissue and Gametes in Humans</li> </ul>	<h3>Rights and Duties of Users and Health Care Personnel</h3> <ul style="list-style-type: none"> <li>• A health care provider, health worker or health establishment shall not refuse a person emergency medical treatment for any reason</li> <li>• No health care personnel shall be discriminated against on account of his status and duties</li> </ul>
<h3>Taking the Health Bill to Implementation</h3> <ul style="list-style-type: none"> <li>• The Minister may in consultation with the National Council, establish such number of advisory and technical committee as may be necessary to achieve the objects of the bill</li> </ul>	<h3>What NHB will do</h3> <ul style="list-style-type: none"> <li>• <b>Address Institutional and Managerial Weaknesses</b> <ul style="list-style-type: none"> <li>- Define Roles and Responsibilities</li> <li>- Improve Coordination across Three Tiers of Government;</li> <li>- Rationalize Government Structures and strengthen systems</li> <li>- Institutionalize processes &amp; procedures for sustainability (integration and decentralization of services)</li> </ul> </li> </ul>

<p><b>What NHB will do</b></p> <ul style="list-style-type: none"> <li>• <b>Resource Allocation</b> <ul style="list-style-type: none"> <li>- Ensure Universal Access to a Minimum Package of Cost-Effective Health Services <ul style="list-style-type: none"> <li>- HR</li> <li>- Essential drugs</li> <li>- infrastructure</li> </ul> </li> </ul> </li> <li>• <b>Revival of Primary Health Care</b> <ul style="list-style-type: none"> <li>- Revitalize PHC through <b>State Primary Health Care Board</b>, increased allocations, stewardship and community empowerment</li> </ul> </li> </ul>	<p><b>What NHB will do</b></p> <ul style="list-style-type: none"> <li>• <b>Reduce Barriers to Access Health Care</b> <ul style="list-style-type: none"> <li>- Ensure Financial and Physical Access through Targeted Subsidies and regulation</li> <li>- Ensure Geographical and Cultural Access through Rational Deployment of Physical and Human Resources, Education and Effective Communication</li> </ul> </li> <li>• <b>Encourage evidence-based Partnership</b> <ul style="list-style-type: none"> <li>- Insist on donor coordination and Aide Effectiveness</li> <li>- Exploit the Full Potential of Public-Private Partnerships</li> <li>- Strengthen integration, ownership and sustainability of systems</li> </ul> </li> </ul>
<p><b>What You Should do</b></p> <p><b>Ensure Health Information, Communication, Promotion and Education</b></p> <ul style="list-style-type: none"> <li>• Interpersonal relationship between the consumers and providers</li> <li>• Demand creation for health services</li> <li>• Communication, Health Promotion &amp; Education</li> <li>• Platform for addressing family health rather than individual health</li> <li>• Appropriate data for Health Research , planning &amp; monitoring</li> </ul>	<p><b>Conclusion</b></p> <p>...<b>"There is a clear need for political leaders to take urgent and concerted action, or many millions of people will not realize the basic promises of the MDGs in their lives....."</b></p> <p>...<b>"The MDGs are still achievable if we act now. This will require inclusive sound governance, increased public investment, economic growth, enhanced productive capacity, and the creation of decent work..."</b></p> <p><b>Ban Ki-Moon</b>  <b>Secretary General United Nations</b>  <b>MDGs Report 2007</b></p>
<p><b>Conclusion</b></p> <p>When your neighbour dies from measles, during child birth, in a car accident, rather than conclude it was as "God wanted it", think, ask and act on the failures; the missed chance at vaccination, inadequate antenatal care or non-existent emergency services that might have prevented these deaths. The alternative would be to conclude that God really has a problem with us Nigerians; why else would he let so many of us die from causes no one else is dying from? We will ask the hard questions.</p> <p><a href="#">Nigeria Health Watch</a></p>	<p><b>Words on Marble</b></p> <p><b><i>"It is insanity to expect to do what we've always done, in the same way we've always done it, and to expect to achieve dramatically improved results"</i></b></p> <p><i>Health &lt;-&gt; Development &lt;-&gt; Security &lt;-&gt; Public Good</i></p> <p><b>Thanks for the Audience</b></p> <p><i>Ben Anyene</i></p>

**Annex 5: Pretest for Nigerian News Editors Retreat on National Health Bill (NHB)**

*Choose the most correct answer from the suggestions*

1. The National Health Bill has now been in legislative landscape in Nigeria for approximately how many years?
  - a) 3 years
  - b) 5 years
  - c) 8 years
  - d) 10 years
  - e) 14 years
2. Nigeria needs a National Health Bill because *(circle the most appropriate answer)*
  - a) The Nigeria Health System is weak and is not backed by law
  - b) Basic health is a human right but it is not backed by law in Nigeria
  - c) The tiers of government in Nigeria do not have their responsibilities on health clearly spelt out and supported by law
  - d) Rights and responsibilities of Health providers are not clearly articulated in the Nigerian extant laws and policies
  - e) All of the above are correct.
  - f) None of the above
1. The first draft of the National Health Bill was produced by a committee comprising of *(circle the most appropriate answer)*
  - a) Medical doctors only
  - b) Members from across all health professions
  - c) Members from across the Nigerian community including doctors, Nurses, journalists and several others.
  - d) Members across the Nigerian community including the Executive arm of government
  - e) None of the above is correct.
  - f) Don't Know
2. One of the main aims of the National Health Bill is to *(circle the most appropriate answer)*
  - a) Subject all health professions to serious regulation under one roof
  - b) Establish standard for service delivery by providing certificates of standard for all health services in Nigeria
  - c) Make provision for cloning and other tissue related researches under the guidance of the Hon. Minister
  - d) Legalize abortion
  - e) All of the above
  - f) None of the above
3. True or False: The current bill before the 7<sup>th</sup> class of the National Assembly is a private member's bill supported by all the members of the Senate Committee on Health
4. True or False: The current bill before the 7<sup>th</sup> class of the National Assembly has a provision for Primary Health Care Fund which is 2% of Consolidated Revenue from the Federation Account
5. True or False: The current bill before the 7<sup>th</sup> class of the National Assembly has a provision for Basic Health Care Fund which is at least 1% of Consolidated Revenue from the Federal government Account
6. True or False: The current version of the bill before the 7<sup>th</sup> class of the National Assembly provides for Tertiary Health Commission headed by a medical Doctor
7. True or False: The Exclusive Legislative list in the current constitution has 68 items and health is not mentioned even once.
8. True or false: In all the 30 items in the concurrent list of the Nigerian constitution, health is mentioned only in relation to industrial safety.
9. The current version of the NHB was passed by the senate on:

a) 02/10/2012 b)12/12/2012 c)19/02/2014 d)18/02/2014 e)19/03/2014

10. The current health bill is divided into \_\_\_\_\_ parts and \_\_\_\_\_ sections.
11. True or False: Part 1 of the current version of the NHB is on Health Establishments and Technologies
12. True or false: Part V of the current Bill is on Human Resources for Health
13. True or False: Part VII of the current Bill is on Rights and Obligations of Users and Healthcare Personnel
14. Yes or No: I would like the National Health Bill to be signed into law by Mr. President this year

### **Annex 6: Editors' Retreat on NHB: Guides to group work**

Group One: Guide to working on National Health Bill: Parts 1 & 2

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Part 1: Responsibility for Health and eligibility for health services and establishment of national health system (section 1 – 11)

Part 2: Health Establishments and Technologies (section 12 – 19)

- f. How will these parts contribute to strengthening Nigeria Health System?
- g. In what way(s) will the provision of Basic Health Care Fund contribute to Nigerian Health System?
- h. Identify the various platforms and committees provided for by these sections. What, if any other way, do you think the section can be improved to get appropriate representation of all the states and stakeholders?
- i. Do these sections show any bias towards any health professional group in your opinion? If so, show in what ways? How can these be further improved.
- j. State 3 or more key highlights of part 1 and 2 of the bill

Group Two: Guide to working on National Health Bill: Parts 3 & 4

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Part 3: Rights and obligations of users and healthcare personnel (sections 20 – 30)

Part 4: National Health Research and Information system (section 31 – 40)

- f. Does the current bill adequately safeguard the rights and privileges of health care providers and users? If not, what do you see as gaps and how do you think they should be rectified.
- g. Does the bill make enough provision for addressing grievances of Providers and users? If not, what else will you recommend?
- h. What committees are provided for by the sections being considered? What, if any other way, do you think the sections can be improved to get appropriate representation of all the states and stakeholders?
- i. Identify ways, if any, in which these sections are unfair to any cadre of Nigerian Health Profession
- j. State 3 or more key highlights of parts 3 & 4

Group Three: Guide to working on National Health Bill: Part 5 – 7

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Part 5: Human resources for Health (sections 41 – 46)

Part 6: Control of use of Blood, Blood products, Tissue and Gametes in Humans (sections 47 – 58)

Part 7: Regulations and Miscellaneous Provisions (sections 59 – 65)

- f. Are there adequate provisions for development of Human Resources for Health in Nigeria? If not, what are the gaps and what will you recommend?
- g. Is there enough provision in this Bill to forestall restiveness and conflict among health professionals? What are your recommendations?
- h. Is there any way in which this bill promotes unethical use of gametes, tissues and blood products?
- i. Is there a way in which this bill gives undue powers to any officer of the Federal Republic? How can this be moderated if necessary?
- j. State 3 or more key highlights of parts 5 to 7

**Annex 7: Objectives of the workshop:**

One Day Retreat for Guild of Editors  
By National Health Sector Reform Coalition  
Eko Tourist Beach Resort, Akodo, Ibeju – Lekki, Lagos

4<sup>th</sup> June 2014

**Overall Workshop Objective**

To sensitize and build capacity of Guild of Editors on National Health Bill (NHB)

**Specific Objectives are to:**

- To introduce the National Health Bill; passed by the Senate on the 19<sup>th</sup> Feb, 2014.
- To broaden the understanding of the participants on the content (provisions) of the National Health Bill and stimulate buy in and knowledgeable reporting.
- To assist participants to define their roles and responsibilities to enhance / accelerate the passage of NHB by the National Assembly or Concurrence by the House of Representative, and Assent by Mr. President.
- To develop media plan and advocacy strategies for the National Health Bill.
- To form coalition for media advocacy for the National Health Bill.
- To provide clarifications on the contentious areas / session of the bill.