NIGERIA HEALTH WATCH

Informed commentary, intelligence and insights on the Nigerian health sector

PRIMARY HEALTH CARE POLICY DIALOGUE

Strengthening Human Resources for Health and Achieving Sustainable Financing for Primary Health Care


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Primary Health Care
Policy Dialogue


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Theme: Strenghtening Human Resources for Health and Achieving Sustainable Financing for Primary Health Care

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Introduction

"Due to its significance, primary health care is everyone's business, from the federal level to state and local governments"

Vivianne Ihekweazu, Managing Director, Nigeria Health Watch

Nigeria Health Watch, being at the forefront of advocating for Primary Health Care (PHC) strengthening in Nigeria organized a policy dialogue themed Strengthening Human Resources for Health and Achieving Sustainable Financing for Primary Health Care on Thursday, June 16, 2022, at Bristol Palace Hotel, Kano State. The event was the first subnational policy dialogue held by Nigeria Health Watch. Given the key role of adequate quality Human Resources for Health (HRH) in the delivery of healthcare services, how financial constraints affect the delivery of quality health care to people as and when needed, and the need to accelerate attainment of Universal Health Coverage (UHC) by 2030, it was imperative that key stakeholders come together to discuss learnings, gaps and opportunities to strengthen PHC at the subnational level.

The goal of the policy dialogue was to create a platform to understand the key issues surrounding Human Resources for Health (HRH) and health financing at the Primary Health Care level, two critical building blocks of a resilient health system.

Attendees and panelists from public, private and development sectors in Kano State presented the current HRH and health financing landscape for PHCs, discussed current gaps in HRH and health financing for PHCs, and highlighted solutions that could address HRH shortfalls and financial constraints in PHCs.

In her welcome remark, Vivianne Ihekweazu, Managing Director, Nigeria Health Watch emphasised that as shown by the COVID-19 pandemic, PHC continues to be the frontline pillar of every health system. She added that due to its strategic positioning closest to the people, it is the first port of call for majority of the population, either seeking routine healthcare services or presenting with an emergency. Given this significance, PHC could be said to be everyone's business, from the federal to states and local governments. Ihekweazu however, highlighted that challenges have mitigated against quality primary healthcare delivery in Nigeria, thanks to years of neglect by governments at all levels. Some of these challenges, she said, revolve around HRH and financing.

Goodwill Message

"To move the needle on Nigeria's health outcomes, particularly for children and women, the health sector, particularly primary health care, must be funded"

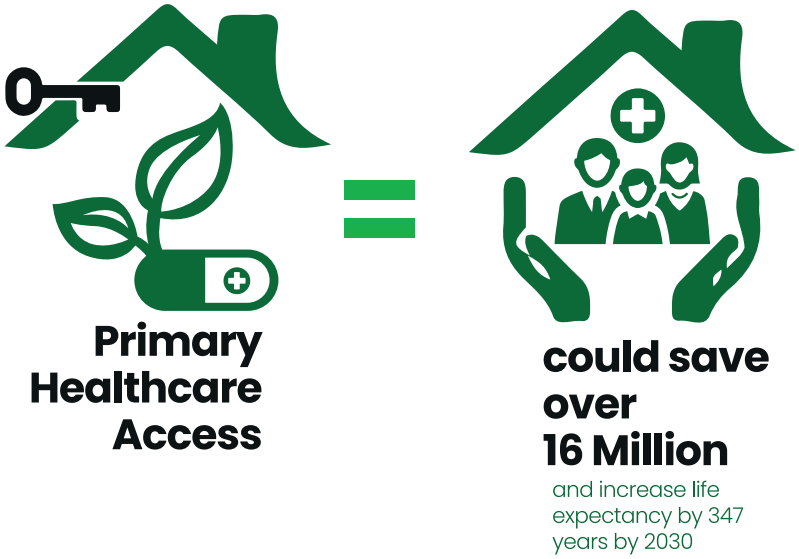
Paula Bertrand, Head, Health Systems Strengthening, UNICEF stated that the policy dialogue's theme is critical. She highlighted that to move the needle on Nigeria's health outcomes, particularly for children and women, the health sector, particularly primary health care, must be funded, even though the greatest barrier to accessing health care in Nigeria is out-of-pocket expenditure. So, the financial barrier, as well as properly financing not only human resources, but commodities and primary health care, as well as having an adequate number of skilled health professionals, is critical.

Keynote Address

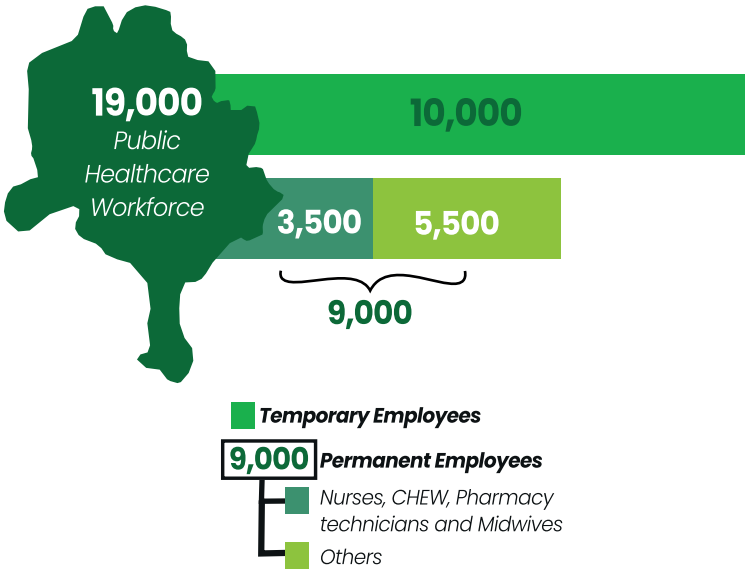
"Increased access to primary health care in low-and middle-income countries could save over 16 million lives and increase life expectancy by 347 years by 2030"

Dr. Tijjani Hussaini, Executive Secretary of Kano State Primary Health Care Management Board

In his keynote presentation, Dr. Tijjani Hussaini, Executive Secretary of the Kano State Primary Health Care Management Board stated that increased access to primary health care in low-and middle-income countries could save over 16 million lives and increase life expectancy by 347 years by 2030, adding that adequate health financing and a health workforce of sufficient size and skills are essential for achieving universal health coverage. According to Dr. Hussaini, Nigeria as a country, has adopted and developed policies and programs addressing health financing and human resource challenges. Primary healthcare under one roof, task shifting and task sharing policies, minimum service package, basic health care provision fund and other interventions are examples of these policies. Despite these policies he said challenges still mitigate against delivery of quality primary care to the people.



For instance, in Kano State, the PHC system has approximately 19,000 health workers, of which only 9000 are permanent staff, with much of the remaining staff being volunteers. Of the permanent staff, only about 3,500 are qualified health professionals such as nurses, midwives, community health extension workers, pharmacy, and laboratory technicians. This, among other challenges according to Dr. Hussaini continue to hinder optimal service delivery by PHCs in Kano State.



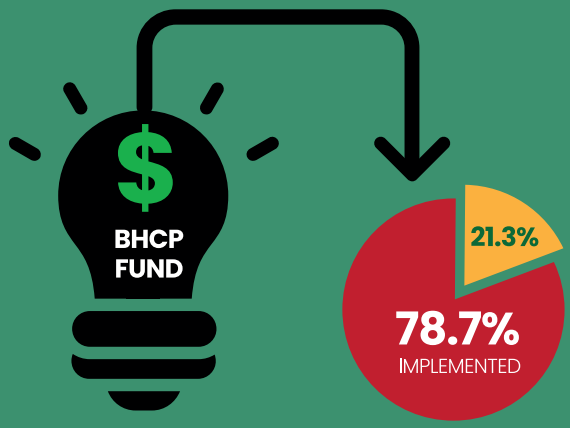
"As part of efforts to improve service delivery at the PHC level in the state, Kano State has initiated local policies to address some challenges. These include, in 2017, the adoption and implementation of Task Shifting and Task Sharing (TSTS) policy to address human resource shortages that impede the optimal provision of quality critical services"

Dr. Aminu Ibrahim Tsanyawa, Commissioner for Health, Kano State.

In his keynote speech, Dr. Aminu Ibrahim Tsanyawa, honorable commissioner for health, Kano State stated that as part of efforts to improve service delivery at the PHC level in the state, Kano state has gone a step further by initiating local policies to address some challenges. These include the adoption and implementation of Task Shifting and Task Sharing (TSTS) policy to address human resource shortages

that impede the optimal provision of quality critical services. Under the policy, health workers are being trained to provide services in the areas of maternal and child health, and are bridging the gap, in the short to medium term, of health workers shortage especially in rural communities. Similarly, Dr. Tsanyawa added that the Kano State Primary Health Care Management Board (KNSPHCMB) has developed a human resource for health information management system that captures all its health workers biodata for official purposes. The Minimum Service Package (MSP), one of the nine components of the PHCUOR outlines how much human resources, how many services, what services, and what quality of services are expected to be provided by every primary health care facility in Nigeria. In 2019, with support from partners, Kano State adopted this policy, domesticated it, and created an investment plan to ensure that Kano State met the minimum service package in their primary healthcare facilities. According to Dr. Tsanyawa, Kano State has 484 wards which means there should be at least 484 primary health facilities providing the basic minimum PHC services. Being an enormous task that required huge resources, the KNSPHCMB began by adopting 46 minimum service package facilities to serve as a pilot. He added that the state was further divided into smaller units to facilitate implementation by not only seeking resources from the government, but also from within these facilities, because some of these facilities generate resources that can be used to improve their state and services, in addition to funding from the National Health Insurance Scheme (NHIS), the Kano State Contributory Health Care Scheme (KSCHMA), BHCPF and the Kano State Health Trust Fund.

On the health financing front, Dr Tsanyawa said the KNSPHCMB has a dedicated budgetary allocation from the state government, with over two billion naira appropriated in 2022 for the provision of quality primary healthcare services in the state. To institute financial risk protection and support the delivery of quality services in the state through resource mobilization, the Kano state government established the Kano State Contributory Health Care Management Agency, which currently has over 120 PHC facilities providing services to the residents under it. Furthermore, he said the Kano State government established the Kano State Health Trust Fund, which receives 1% of local government consolidated revenues and 5% of the state's internally generated revenue to improve funding for healthcare, including primary healthcare services. Dr Tsanyawa concluded that Kano State is also implementing the federal government's Basic Health Care Provision Fund to provide adequate and sustainable funding that will be used to deliver PHC services in an efficient and equitable manner. The BHCPF is being implemented in 381 of the 484 primary healthcare facilities in the state.



The Basic Health Care Provision Fund (BHCPF) is being implemented in 381 of 484 PHCs in Kano State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Panel Discussion One

Human Resources for Health in PHCs: progress, challenges, gaps, and opportunities

MODERATOR

Dr. Bashar Abubakar
Community Engagement Manager,
Nigeria Health Watch

PANELIST

Dr. Tijjani Hussaini
Executive Secretary of Kano State Primary Health Care Management Board

PANELIST

Paul Hogan
Executive Vice President of EHA Clinics

PANELIST

Dayyabu Yusuf
North-West Regional Coordinator of Society for Family Health

Dr. Hussaini opined that one of the biggest impediments to achieving ideal human resource for health in PHC facilities in Nigeria, and Kano State is the unwillingness of health workers to work in hard-to-reach communities, where the health facilities are located. He said poor access roads, lack of basic amenities such as potable water and electricity as well as lack of or inadequate accommodation are identified to be contributing factors.

Poor access roads, lack of basic amenities as well as lack of or inadequate accommodation are factors discouraging health workers working in rural areas.

Dr. Hussaini recommended the homegrown health workers scheme initiative, which was piloted in some northern Nigeria states, including Kano State with funding from the United Kingdom Department of International Development as a potential solution to that challenge. Under the project, female secondary students in rural communities were engaged, trained on basic health science subjects, and enrolled in health training institutions, with the costs of their education covered. These students, who would graduate as nurses, midwives, and community health extension workers, are then posted back to their communities to work in their local health facilities. This model has helped mitigate the challenge of inadequate health workers in those communities according to Dr. Hussaini, and has increased demand, especially for maternal health services seeing as the health workers providing the services are members of the communities, thus making community members, especially women more comfortable in accessing these services.

Private sector could help bridge the gap

Paul Hogan, Executive Vice President of EHA Clinics, opined that with Nigeria's increasing population, coupled with mounting challenges public PHCs face, there is an opportunity to leverage private healthcare providers to bridge

The REACH Program, run by EHA Clinics, is providing primary healthcare services to over 12,000 enrolees in Kano State using the concept of community-based health insurance scheme

the gap. He said the REACH Program, run by EHA Clinics, is providing primary healthcare services to over 12,000 enrolees in Kano State. According to Hogan, the program, driven by community health extension workers uses the concept of community-based health insurance scheme to enrol community members to various package plans, and provide them with healthcare services, including home follow up and medication refills. The program forms partnerships with community pharmacies and clinics to help bring healthcare into the homes of patients from low-income families and in remote locations.

Through the IntegratE project, health care workers who have established patent medicine stores in most of the hard-to-reach communities, are selected and trained by the Society for Family Health to provide basic primary health care services

Society for Family Health (SFH), an indigenous nongovernmental organisation is also leveraging the community pharmacies and patent medicine vendors to provide services, according to Dayyabu Yusuf, North-West Regional Coordinator of SFH. Through the IntegratE project, funded by the Bill & Melinda Gates Foundation, Yusuf said, health care workers who have established patent medicine stores in most of the hard-to-reach communities, are selected and trained to provide basic primary health care services. Citing Kano State, where there are approximately 7000 patent medicine vendors, and approximately 40% of them are nurses, midwives, community health extension

workers and pharmacy technicians, who have shops in rural and hard-to-

reach communities where they are known and respected. The project brings these healthcare workers and provides them with the necessary training that they require on provision of basic integrated community case management for malaria, pneumonia, diarrhoea, malnutrition management, and professional family planning services. Yusuf revealed that integratE is a pilot project that is attempting to support the Nigerian government in determining how policy reform can be implemented to formally integrate these health care workers into the health system. By doing that, Yusuf said gaps will be filled in terms of shortage in the health workforce, in addition to relieving some of the pressure on public PHCs.

Technology could help in optimising available workforce in PHC facilities

Dr. Hussaini added that the KNSPHCMB in 2021 developed and launched a human resource for health information management system, to among others, determine the available PHC workers, their cadres, where they work, unit and what they do. The system, he said revealed many discoveries, including a total workforce of 19,000, out of which only 9,000 are permanent employees of which only 3,500 are nurses, community health extension workers, pharmacy technicians and midwives with most of the remaining working in environmental health offices that are rarely utilized to provide essential primary health care services. Dr. Hussaini added that also using the system, the KNSPHCMB conducted a profiling of all midwives, community health extension workers, both senior and junior, and surprisingly found three midwives in some health posts, and only one midwife in some PHCs, proving the distortion in distribution of even the inadequate number of health workers. These findings, Dr. Hussaini said, are helping the KNSPHCMB to reorganise the health workforce, through reposting, task shifting and task sharing. Dr. Hussaini revealed that Kano State, as it stands, requires approximately 23,000 frontline health care providers in its PHCs.

Kano State, as it stands, requires approximately 23,000 frontline health care providers in its PHCs

Panel Discussion Two

Innovative Health Financing Mechanisms for Strengthening PHCs

MODERATOR

Dr. Bashar Abubakar
Community Engagement Manager, Nigeria Health Watch

PANELIST

Dr. Ashiru Abubakar
Senior Associate, Health Systems Strenghtening, Clinton Health Access Initiative

PANELIST

Dr. Abdullahi Sa'ad
Director of Programmes, Kano State Contributory Health Care Management Agency (KSCHMA)

PANELIST

Dr. Nura Idris
Executive Secretary of the Kano State Health Trust Fund

Dr. Ashiru Abubakar, Senior Associate, Health Systems Strengthening at Clinton Health Access Initiatives described health financing as the use of resources to ensure that health systems can adequately cover the collective and health needs of the people. Dr. Abubakar further stated that money is often referred to as a mitochondrion, so health financing is also the enabler upon which health systems rely, allowing the health system to perform optimally.

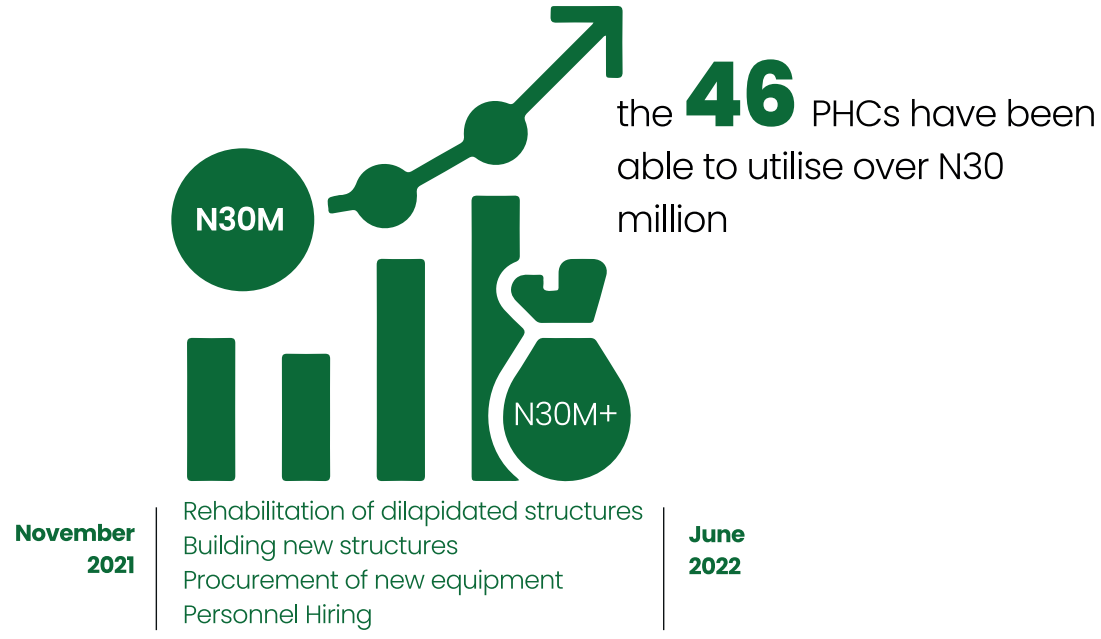
However, Dr. Abubakar lamented that in Nigeria, the total health expenditure, both as a percentage of gross domestic product and as a percentage of government expenditure, is quite low, and as a result, approximately 90 million Nigerians who live on less than $1 per day incur out-of-pocket expenses, which will inevitably lead to catastrophic outcomes both health and economic wise. Dr Abubakar said one of the most impactful initiatives carried out by CHAI was assisting the KNSPHCMB to implement the minimum service package in PHC, where 46 PHCs are now being supported to utilise resources from their internally generated revenue, the BHCPF and KSCHMA to improve service delivery through infrastructure and equipment revitalisation and workforce optimisation.

Implemented in **46** Primary Health Care Centers in **2021**

Dr. Abdullahi Sa'ad, Director of Programmes, Kano State Contributory Health Care Management Agency (KSCHMA) said the agency was established in 2016 to ensure that quality healthcare is provided to all residents of Kano State. Dr. Sa'ad added that since its establishment, the agency has supported numerous PHCs across the state to provide affordable healthcare services to the people, especially pregnant and breastfeeding women and children. He said the capitations provided by the agency to the PHCs have been used to construct laboratories, dispensaries, and maternity wards in several PHCs, which has improved service delivery.

Mobilising resources to implement the Minimum Service Package scheme

Dr. Abubakar said that Kano State is one the few states in Nigeria that have adopted and are implementing the minimum service package of care in PHC facilities. Due to the high number of PHC facilities in the state, he said 46 PHCs were chosen in the initial phase after an assessment of over 200 PHCs. The assessment was heavily focused on infrastructure and human resources for health, basic equipment, healthcare provider skills, and others. The 46 PHCs were chosen using defined criteria to ensure that the facilities, most importantly, had the potential to fill the immediate gap that would be identified. Between November 2021 and June 2022, Dr. Abubakar added, these facilities have been able to utilise over N30 million to rehabilitate dilapidated structures, build new ones, buy new equipment, and hire more personnel. The money came about through capitations from KSCHMA and the BHCPF, as well as community support.



Dr. Nura Idris, the Executive Secretary of the Kano State Health Trust Fund admonished that when it comes to quality healthcare delivery, money can never be enough. This highlights the importance of having numerous sustainable health care financing

mechanisms, especially the need for additional, domestically mobilized resources to continue to support Kano state's health sector to provide quality healthcare services. He said this was the essence of establishing the Kano State Health Trust Fund

The essence of establishing the Kano State Health Trust Fund was to mobilise resources towards improvement of healthcare services in Kano State

in 2017. The two major sources of money for the Fund are 5% of the state's internally generated revenue and 1% of the statutory allocation of the 44 local government areas of the state. According to Dr. Idris, since establishment, the Kano State Health Trust Fund has made some interventions and investment in improving healthcare services in the state, including primary healthcare system. One notable intervention launched by the Fund in strengthening PHCs, he said was, in collaboration with the KNSPHCMB identified and selected 12 PHCs and provided diagnostic equipment to them to ease service delivery, in addition to strengthening the PHCs both in human resources and equipment to provide dental and ophthalmic services.

2 major sources of money for the Kano State Health Trust Fund

Way forward

The primary healthcare system in Nigeria is continuing to face numerous challenges, which has hindered it from meeting the healthcare needs of Nigerians. The World Health Organisation estimates that more than 70% of a person's healthcare needs throughout their lifetime could be met at the PHC level. With PHCs lacking in critical health workforce and funding inadequate to deliver quality healthcare, Nigeria continues to be plagued by poor health indices, including high maternal and infant mortality and low life expectancy. Improving the primary healthcare system would unlock the health sector's potential to meet most of the people's health needs and translate to economic growth.

To achieve all of this, participants and panelists at the 2022 Nigeria Health Watch PHC Policy Dialogue made some keyrecommendations

key recommendations from Nigeria Health Watch PHC Policy Dialogue

"Community Based Health Insurance Schemes (CBHIS), such as the REACH program can improve equitable access to healthcare for Nigerians in the informal sector. The National Health Insurance Scheme should work with private health sector, states, and local governments to facilitate the take-off and operationalisation of CBHIS across the country."

"There is a need to address the skills gaps in HRH by leveraging the existing Task Shifting and Task Sharing policy like the KSPHCMB did in 2017, where health workers with minimal or no health training were trained to provide skilled services especially in the areas of maternal, newborn and child health."

"Mitigate the HRH shortage by adopting the home-grown health worker scheme where young girls and boys are recruited and sent to health training institutions where they acquire the necessary skills and upon graduation, are deployed back to their communities to fill the HRH gaps. The concept was demonstrated by Women for Health in a programme designed to bridge the HRH gap in PHCs."

"Leverage private sector models for health financing and HRH in the delivery of PHC services. Programmes like integratE leveraged community pharmacies and PPMV stores to provide services to complement primary health care facilities."

"Address health worker unwillingness to be deployed to rural and hard-to-reach areas by ensuring that all PHCs around the country are equipped with vital infrastructure and social amenities to enable the deployment of health workers to communities facing health worker shortages."

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Nigeria Health Watch is a not-for-profit health communication and advocacy organisation that seeks to advocate for better health for Nigerians. We have worked to actively engage and support the governent in raising awareness and increasing knowledge on a wide range of health issues in Nigeria. We aim to hold duty bearers accountable for delivering affordable and quality healthcare to Nigerians. The unique capacity of Nigeria Health Watch lies in the combination of its commuication and health expertise, which enables the organisation to provide solutions for evidence-based communications and advocacy in the health sector.

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