

## Primary Health Care Policy Dialogue



# PHC in Nigeria:

## Progress, Challenges and Collaborating for Transformation

**Thursday 16 September 2021**

**Moderated by Prof. Chima Onoka**

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## ACRONYM



## THE NIGERIA HEALTH WATCH PHC DIALOGUE



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## PANEL DISCUSSION



## INTRODUCTION



## PRIMARY HEALTH CARE FOR ACHIEVING UNIVERSAL HEALTH COVERAGE IN NIGERIA

- Challenges
- Recommendations; How can we Achieve UHC?



## WAY FOWARD

# ACRONYMS

ANC	Antenatal Care
BHCPF	Basic Health Care Provision Fund
CHIPS	Community Health Influencers, Promoters and Services
COVID19	Corona Virus Disease
CRF	Consolidated Revenue Fund
EHA	E-Health Africa
EHS	Essential Health Services
IPC	Infection Prevention Control
MNCH	Maternal, Newborn Child Health
MoU	Memorandum of Understanding
NCH	National Council of Health
NDHS	National Demographic and Health Survey
NGO	Non-Governmental Organisations
NHMIS	National Health Management Information System
NPHCDA	The National Primary Health Care Development Agency
OOPE	out-of-pocket expenditure
PACFaH	The Partnership for Advocacy in Child and Family Health
PAS	Partnerships for Advocacy in Child and Family Health at Scale
PHC	Primary Health Care
PHCUOR	Primary Health Care Under One Roof
REACH	Reaching Everyone with accessible Community health
UHC	Universal Health Coverage
WHO	World Health Organization

# BACKGROUND

The Alma-Ata Declaration is a document that recognizes Primary Health Care (PHC) as a means to achieve the objective of health for all people of all nations. It is a joint declaration of nations under the umbrella of the World Health Organization (WHO) that was adopted and announced to the world in 1978 during the International Conference on Primary Health Care in Almaty, Kazakhstan.

Primary Health Care as conceptualized by the declaration, is a grass-roots approach towards universal and equitable health care for all. The strategy is meant to address the main health challenges in the community by providing promotive, preventive, curative and rehabilitative services. It is the first level of contact of individuals, families and communities within the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of the continuing health care process.

The National Primary Health Care Development Agency (NPHCDA), in line with its mandate to provide technical and programmatic support to state-level and local government-level stakeholders in the functioning, planning, implementation, supervision and

monitoring of primary health care services in Nigeria, has maintained that PHC services are available to all Nigerians.

For improved integration of child and family health programming components within the Primary Health Care Under One Roof (PHCUOR) policy by national government officials, the NPHCDA usually conducts a nationwide assessment of the implementation of the PHCUOR yearly to inform, gauge and course-correct program implementation. To date, 5 assessments have been done and the NPHCDA's last assessment was the 2020 PHCUOR scorecard 5.

However, the NPHCDA scorecard 5 planned launch and dissemination were halted by the COVID-19 pandemic and is still stalling despite the timing being almost due for the PHCUOR scorecard 6.

On the 11th and 12th of August 2021, the Bill and Melinda Gates Foundation, Aliko Dangote Foundation and six state governments (Kano, Kaduna, Yobe, Borno, Sokoto and Bauchi) reaffirmed their commitments to the PHC Health MoUs via a video teleconferencing meeting, reviewing and addressing issues from the past year and states making commitments for the next year.

## 2020 NATIONAL BUDGET (ON HEALTH BUDGET)



**PROPOSED  
AND APPROVED ▼  
DECEMBER 2019**

**REVISED ▼  
2ND JUNE 2020**  
response to the realities  
of COVID-19.

**ASSENTED TO**



**JUNE 2020**



**INCREASE  
in health budget**

**22%**

**N126 billion**  
COVID-19 health  
intervention fund

**TOTAL FUNDS  
RELEASED BY END  
OF Q3, 2020**

**N426 billion**

**BUDGET  
PERFORMANCE  
76%**

Are there significant gains when compared to states in the same zones outside of this type of agreement and support?

The evidence shows that COVID-19 emergency health response has been disruptive to the provision of essential health services, as state governments shifted resources from Essential Health Services (EHS) to curb the COVID-19 pandemic. The impact of the COVID-19 pandemic on the EHS activities of Primary Health Care (PHC) centres became more apparent as the pandemic progressed. It was noted that essential service provision dropped from the pre-COVID period benchmark. EHS was mostly affected because of the conversion of some health service centres to COVID-19 emergency operation centres. Other factors included the repurposing of EHS funds to COVID-19 expenditure, increased delays in the timing of 2nd and 3rd quarterly releases of funds for EHS compared to the same quarter in 2019 at the national level and

in Kano, Kaduna, Lagos and Niger states, there were increases in percentage cuts to 2nd and 3rd quarterly releases for EHS compared to the same quarter in 2019 at national and state levels with the redeployment of Human Resources for Health from EHS to emergency services as well.

The 2020 national budget, which was proposed and approved in December 2019, was revised on 2nd June 2020 in response to the realities of COVID-19. This was assented to on the 11th of June 2020. While the approved health budget was increased by 22% as a percentage of the national budget, the health sector only hovered around 5.3%, still falling far from the Abuja Declaration of 15%. The increase was due to the N126 billion COVID-19 health intervention fund under the Service Wide Vote in the revised budget. However, a total of N426 billion was released for health-related expenditure as of the end of Q3 2020. This represented 74.2% budget performance.

# INTRODUCTION



Source: unicef.com

Nigeria Health Watch is a health communication and advocacy organization. Nigeria Health Watch focuses on various challenges and health issues in Nigeria like maternal health, Nutrition and Routine immunization. Primary healthcare focuses on these issues as well. The challenges facing the Primary Healthcare system in Nigeria is not far-fetched and to achieve universal health coverage for all Nigerians, this weakest

link will always remain an Achilles heel.

Many African countries like Rwanda have used varied mechanisms, like using community health workers, to strengthen the primary health care system. Some interventions in Nigeria include Primary Health Care Under One Roof and the BHCPF. This has been used as a mechanism to bring more funding into primary health care and these interventions are ongoing.



## THE NIGERIA HEALTH WATCH PHC POLICY DIALOGUE

The Nigeria Health Watch PHC Policy Dialogue formed part of a collaboration between the organisation and the Partnerships for Advocacy in Child and Family Health at Scale (PAS) project on a Primary Health Care series themed “40 Years After the Alma-Ata Declaration: Primary Health Care in Nigeria”.

### Objectives of the Nigeria Health Watch PHC Policy Dialogue

The Nigeria Health Watch 2021 PHC Policy Dialogue focused on:

- Discussing the Current Landscape of PHC in Nigeria - Various governments in Nigeria have over the years formulated policies and intervention strategies to improve primary health care funding and services. Recent examples include the PHC Under One Roof (PHCUOR), the Basic Health Care Provision Fund (BHCPF), State Health Insurance Funds and Social Health Insurance Funds. At the policy dialogue, speakers and delegates explored these strategies and what impact they have had on primary health care service delivery in the country.
- Exploring Challenges in Implementing PHC in Nigeria with a Focus on the States Signed unto the Tripartite PHC MoU- National plans, commitments,

and programs over the past two decades have reflected the government’s understanding that primary health care is critical to the basic health of Nigerians. It is in turn also essential for the country’s growth, development and prosperity. However, barriers to the successful implementation of quality primary health care services have not led to a significant improvement in health outcomes. Panelists and participants at the policy dialogue reflected on the challenges of the various PHC interventions, policies, and programs, and how plans have not successfully translated to considerable progress.

- Proffering Recommendations for the Improvement of PHC in Nigeria - It has been established that Primary Health Care is the bedrock of optimal health care for all. It occupies such a critical role that if adequately funded

source: [unicef.com](https://www.unicef.com)



### HEALTH WORKERS IN DIFFERENT FIELDS

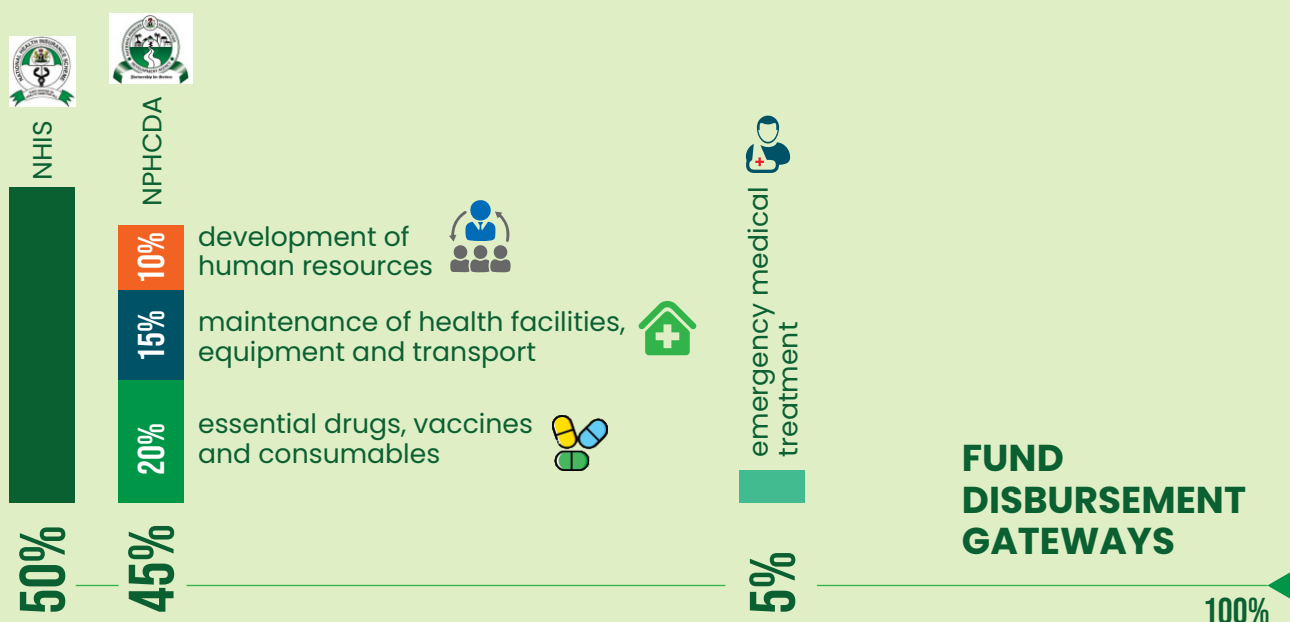


Many African countries like **Rwanda** have used varied mechanisms, like using community health workers, to strengthen the primary health care system



and managed, it can cater to over 80% of an individual's health care needs throughout his or her life. The delivery of PHC services in Nigeria is still far from achieving this.

The policy dialogue garnered insights from the diverse group of stakeholders on how we can build a functional primary health care system that meets the basic health needs of all Nigerians for actionable, timely, tailored, and sustainable solutions.



### Initiative and Interventions for the Promotion of Primary Health Care include:

● Primary Health Care Under One Roof (PHCUOR)



● The Basic Health Care Provision Fund



● Saving One Million Lives



● Community Health Influencers, Promoters and Services (CHIPS)



● Revitalization of Primary Healthcare Centres (PHCs)



● Midwifery Service Scheme



● Maternal, Newborn Child Health (MNCH) Week



● Strengthening of National Health Management Information System

● Quarterly PHCs Reviews





## PRIMARY HEALTH CARE IN NIGERIA: PROGRESS CHALLENGES AND COLLABORATING FOR TRANSFORMATION

PHC is conceptualized by the Alma Ata declaration of 1978, and the aim is to ensure that the world has equitable access to health care. Primary Health Care is the first contact with the national health care system, although it is not very much so in Nigeria for some reasons. PHC is supposed to be the first point of access to health care by individuals, families and communities. It should be the bedrock for achieving Universal Health Coverage in Nigeria. In Nigeria, before the coming up of PHC, there was a basic health services scheme between 1975–1980. To achieve



There can be no Universal Health Coverage without effective Primary Health Care and Primary Health Care is the cornerstone of the National Health System.”

– **Professor Tanimola Akande,**  
Consultant, University of Ilorin  
Teaching Hospital

### Why is PHC Important?

UHC, everybody must have access to quality health care without suffering any financial hardship. The National Health Policy recognizes PHC as the bedrock of the National Health System and so achieving UHC is not possible without effective primary health care.

Initiative and Interventions for the Promotion of Primary Health Care

include:

- Primary Health Care Under One Roof (PHCUOR)
- The Basic Health Care Provision Fund
- Saving One Million Lives
- Community Health Influencers, Promoters and Services (CHIPS)
- Revitalization of Primary Healthcare Centres (PHCs)
- Midwifery Service Scheme
- Maternal, Newborn Child Health (MNCH) Week
- Strengthening of National Health Management Information System
- Quarterly PHCs Reviews

All these are aimed at strengthening Primary Health Care and driving Universal Health Coverage.

### Primary Health Care Under One Roof (PHCUOR)

At the 56th meeting of the National Council of Health (NCH) in 2011, PHCUOR policy was adopted. The guideline was also adopted in 2013 and meant to strengthen the primary health care system through the implementation of the principle of “Three Ones”:

- One Plan,
- One Management and
- One Monitoring and Evaluation System

The 58th NCH adopted the PHCUOR implementation guidelines in 2013. The federal government initiatives towards improving PHC are:

- Revitalization of PHCs
- Midwifery Service Scheme (MSS)
- Strengthening of the National Health Management Information System (NHMIS)
- Quarterly PHC Reviews

The 2014 National Health Act stipulated the establishment of the Basic Healthcare Provision Fund and this was expected to be financed by not less than 1% of the Consolidated Revenue Fund (CRF) of the Federal Government including money from donors and other sources.

The fund disbursement was expected to be through the following gateways:

- 50% is given to National Health Insurance Scheme (NHIS)
- 45% is through the National Primary Health Care Development Agency (NPHCDA)
  - 20% for essential drugs, vaccines and consumables
  - 15% for maintenance of health facilities, equipment and transport
  - 10% for development of human resources
- 5% is for emergency medical treatment.

## **Challenges Mitigating the Efficient Implementation of Primary Healthcare**

### **The challenges include:**

- Fragmentation in governance and coordination – Human Resources for Health is still largely under the local government service commission.
- Poor funding – programmes/interventions largely donor dependent
- Poor infrastructure
- Shortage of human resources for health
- Inadequate supply of commodities: power, water supply, drug and stock-out of other commodities, lack/ non-functional equipment.
- Services not well integrated – Poor and vertical PHC services
- Poor demand for services is largely driven by a loss of confidence in the system. For example, according to the Nigeria Demographic and Health Survey 2018, 67% of women aged 15-49 who gave birth in the 5 years preceding the survey received antenatal care (ANC) from a skilled provider during the pregnancy. However, for their most recent birth, 57% had at least four ANC visits.
- Poor health data management systems and poor health record-keeping for patients
- Poor community engagement and demand for PHC services.

PHC is designed to cater for more than 70% of Nigerians, but only caters for very much less than 20% and this is because Nigerians do not have confidence in the PHC level of care. They bypass primary healthcare and go to secondary and tertiary levels of care.

## Performance of PHC

The deficient performance of PHC in Nigeria has contributed to the weak health system.

- The maternal mortality rate of 512 per 100,000 live births,
- Infant mortality: 75/1,000 live births
- Under five mortality: 132/1,000 live births
- Of which about 70% of the deaths are preventable.

Routine Immunization coverage is improving gradually but still incredibly low. According to the 2018 NDHS, vaccination coverage in Nigeria has improved over the past 10 years. The percentage of children age 12-23 months who received all basic vaccinations increased from 23% in 2008 to 31% in 2018, and the percentage of children who received none of the basic vaccinations declined from 29% to 19% during the same period. While these trends show improvement, they still fall short of Sustainable Development Goal 3, for

which the target is achieving over 90% coverage of all basic vaccinations among children age 12-23 months. We also have a high burden of communicable diseases and non-communicable diseases which are high.

## Recommendations;

Positioning PHC through the Health Sector Reform Committee. What can the Committee do?

- Improve funding of health care - consider Health Tax Fund
- Public funding for PHC must be significantly improved
- Reliance on out-of-pocket expenditure (OOPE) must decline, insurance coverage towards UHC target of 90%
- Fast track progress towards achieving UHC by upgrading PHC infrastructure

PHC is a major backbone to our health system to achieve Universal Health Coverage in Nigeria. Initiatives that have been put in place have not made a significant impact, although in some aspects. A lot still needs to be done to strengthen PHC. To achieve UHC in Nigeria, the Health Services Research Center committee needs to put in place policies, initiatives and effective implementation of programmes based on lessons learnt so far

# PRIMARY HEALTH CARE FOR ACHIVING UNIVERSAL HEALTH COVERAGE IN NIGERIA

## Challenges

There are 30,000 primary health care centres in Nigeria and 20% of these centres are currently functioning. The impact of COVID-19 pandemic in Nigeria has led to issues around human capital flight out of Nigeria. The adoption of technology and data capture at the moment is still extremely low. The implementation of the Basic Health Care Provision Fund guidelines is in line with

the National Health Act, earmarking the BHCPF from service-wide vote to first-line charge. Increasing budgetary allocations through the intervention of legislators remains a challenge. The release of authorized funds is still a challenge and so while there are great allocations from different states and at the national level, there are still some challenges.

## Recommendations;

How Can We Achieve UHC?



1

**Public-Private Partnerships**



2

**Setup Medical Development Fund**



3

**Health Insurance System**



4

**PHC Board and Agency Autonomy**



5

**Government's Political Will and Commitment**

# PANEL DISCUSSION



Keynote Speaker



**Prof. Tanimola Akande**

Consultant, University of Ilorin Teaching Hospital

Moderator



**Prof. Chima Onoka**

Director, Institute for Excellence in Healthcare and Leadership



**Ekenem Isichei**

CEO, ACIOE Associates

Panelists



**Dr. Oyebanji Filani**

Honourable Commissioner for Health & Human Services, Ekiti State



**Dr. Antonia Hananiya**

Chief Medical Officer, EHA Clinics



**Dr. Ezuma Ngwu**

President & Financial Director, Healthcare Innovation in Delivering Financial Analysis and Actionable Business Insight



**Dr. Rahila Mukhtar**

President, Medical Women's Association of Nigeria, Kano State Chapter

## PANEL DISCUSSION

Last year, in September 2020, one of the first things done was to conduct a diagnostic assessment for the drivers of underperformance in Ekiti State.

Subsequently, stakeholder retreat was done to facilitate the creation of solutions aimed at improving health system performance which priorities a set of high-impact interventions for immediate and long-term implementation.

Outcomes from the meeting include;

- Forward-looking PHC agenda as a foundation for UHC.
- Ensuring improved stewardship and performance management financing and quality of service delivery.
- Strengthening public health security.

It is important to improve the capacity and capabilities of human resources and begin to implement some of these interventions. Specifically, around funding, clear discussion was done with the finance and budget department. This made room for increased health sector capital budget in 2021 by 200%. The state leveraged heavily on partner resources and mobilized close to N1 billion in cash and kind support to optimize service delivery in Ekiti State in 2021.

### Concerning human resources:

- Sourcing for human resources for

health, to ensure more numbers because of low resources.

- The state re-distributed nurses and midwives within the senatorial zones to ensure more equitable access to scaled health care services. Over 600 primary health care workers across Ekiti State were trained. The State deployed the use of data for performance management to ensure informed decisions and cost corrections. The state also instituted a Continuous Quality Implementation mechanism and deployed Electronic Medical Records (EMR) to enhance data reporting and minimize wastages.

There has been progress in the outcome and several investments made in Ekiti State. The state is tracking these investments using administrative data from the National Health Management Information System (NHMIS) to determine how well investments can address and translate into results. Looking at the coverage rate, for instance, immunization rate is over 90% in Ekiti State. Skilled birth attendant rate is trending in the right direction and access to malaria services and family planning services are improving slowly.

One main reason EHA clinics was founded was to serve as primary health

## PANEL DISCUSSION

care and preventative health facility. Dr Anthonia mentioned that the primary goal is to provide quality health care that is accessible and patient-centered. EHA clinics set out for an integrated health care system where you get all your services under one roof from your dental to your eye to your general medical services.

About 80% of ailments can be handled through the primary health care sector. This avoids the inundation of the tertiary health care center. This also helps to change patients from being sort of reactionary to preventative. EHA clinic also instituted chronic care management, which is to ensure that patients prioritize preventative care. EHA then set up a programme called 'Health Tribe' where chronic care patients are followed up to ensure zero complications.

The first clinic was set up in Kano State and then in Abuja. A pilot programme called the REACH Programme which is an acronym for Reaching Everyone with accessible Community health, was also deployed where hired nurses within the community take care of people within the community.

Partnerships with pharmaceutical companies were prioritized to bring the

cost for medications and care down, reaching into the community and meeting the patients where they are has resulted in tremendous growth. Almost 11,000 people have visited the clinic at the community level. Plans are underway to expand into other states.

Furthermore, a lot of resources are put into building infrastructure and deploying technologies. Going into the communities cost a whole lot of resources and EHA is also involved in warehousing and distribution with some of the pharmaceutical companies. Another crucial factor put in place is negotiating prices for medications, collaborating with the private sector, pharmaceutical companies to reach as many patients as possible.

The Medical Women's Association of Nigeria data project did a lot of advocacies regarding PHC and PHC Under One roof such as:

1. Funding of the capacity building under the PACFaH Project
2. Various engagements at the executive level to the Executive Governor of Kano State.
3. Paving the way for the PHC amendment to be endorsed and signed into the State Law.
4. A strong advocacy engagement with the State House of Assembly, leading to mass recruitment of PHC human resources in the state where over

## PANEL DISCUSSION

2,000 qualified health workers were engaged in the Kano State Civil Service.

5. Advocated for Routine Immunization Strengthening.
6. Surveys were conducted, the results were disseminated, and this led to the first Primary Health Care Summit conducted in Kano State in 2020.
7. Participated in facility engagements in the social mobilization of PHC services and this improved facility uptake of services.
8. Strong capability building for traditional leaders was conducted.
9. Involvement of the Kano State Emirate Council Committee on Health towards the improvement of PHC services at various levels was done.
10. Identified gaps and challenges to guide the State towards attaining health security.

Lack of sustainable funds is a prominent issue. States must look at the most cost-effective method of reaching the low-income population. For hospitals and larger health care systems, several payment systems could work, such as the global health budget, which is being used in some economies in Asia and Europe and has led to some remarkable results.

Regarding the challenges COVID 19 has on the health systems, The state has aligned the resources mobilized during

COVID-19 to strengthen infrastructure in primary health care facilities, some of which have facilitated the deployment of COVID-19 vaccines. The state created awareness programs among existing health facilities and services and distributed rapid diagnostic tests to the private sector. The state also collected data and trained health workers on how to use it. PHC workers have also been trained on IPC to enable them to treat diseases properly while preventing the infection of other diseases as well. About 107 refrigerators have been purchased for health care facilities.

The public sector needs to understand that funding is essential. Creative partnerships are important to lower costs. It is important to improve the quality of care by training and using data to monitor every step and supporting health workers is essential. Training Community Health Extension Workers on delivering quality health care services will help to improve the quality of health care.



PHC can handle  
**80%**

of an individual's health care needs throughout his or her life  
*if adequately funded and managed*

## Performance of PHC

The deficient performance of PHC in Nigeria has contributed to the weak health system.



Source: rnz.co.nz | Photo: Supplied: Larissa Tuohy



maternal  
mortality  
rate  
**512/100,000**  
live births

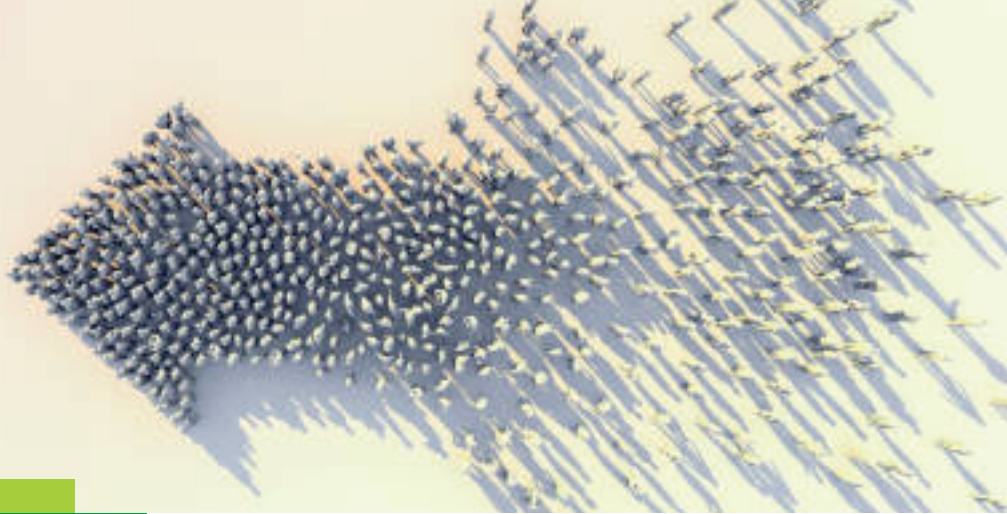
Infant  
mortality   
**67/1,000**  
live births



Under five  
mortality  
**132/1,000**  
live births

**70%**   
of the **deaths** are preventable

Source: NDHS 2018



It is essential to look back in order to develop essential strategies to move forward but this must be done properly.”

- Dr. Charles Ezuma-Ngwu

## WAY FORWARD

Looking at the Public-Private partnerships system, the allocations ideal for our PHCs are in places that are accessible or non-accessible. This has led to social pressure that our population puts on the three levels of healthcare.

- Important things to consider include location, data collection and low-cost technological solutions.
- The setup of a good development fund will go a long way in providing a sustainable funding stream.
- Having clear frameworks with the private sector.

For the health insurance system, communities should be involved. Nigerians need to understand the importance of insurance, getting health care coverage and how that will reduce the cost of care.

- There must be political will and commitment. Kano, Nasarawa, and Kaduna States health care

development agencies have more independence, and do not necessarily go through the state or the ministry of health but have autonomy to make certain decisions.

- Government needs to allocate more funds towards health.
- There is a need to have a stronger PHC framework and a good reward system.
- Nurses, doctors and other health workers in the system should be rewarded.
- Having a stronger health system will save lives and money.
- If all the recommendations are addressed, healthcare access will increase and the health system will be stronger to combat future pandemics.



“We need to think about the value of investing in health. The value proposition for health is not sold well so most times even people do not want to invest in the health care system. We need to create a stronger value reward system in health care. We need to review the system, enhance proper communication to conclude on strategies that would move the health care service system forward.”

- Ekenem Isichei

# APPENDIX

TIME	ITEM	FACILITATOR
14.00 – 14.05	Kick-off and introduction	Vivianne Ihekweazu, MD, Nigeria Health Watch
14:05 – 14:15	<b>Keynote Presentation</b> Primary Health Care in Nigeria: Progress, Challenges and Collaborating for Transformation	Professor Tanimola Akande, Consultant, University of Ilorin Teaching Hospital
14.15 – 14.20	<b>Presentation</b> Primary Health Care for Achieving Universal Health Coverage in Nigeria	Ekenem Isichei, CEO, ACIOE Associates
14.20 – 14.50	<b>Panel Discussion</b> Primary Health Care in Nigeria: Progress, Challenges and Collaborating for Transformation	Panelists 1.)Dr. Oyebanji Filani, Honourable Commissioner for Health & Human Services, Ekiti State 2.)Dr. Antonia Hananiya, Chief Medical Office, EHA Clinics 3.)Dr. Ezuma Ngwu, President & Financial Director, Healthcare Innovation in Delivering Financial Analysis and Actionable Business Insight 4.)Dr. Rahila Mukhtar, President, Medical Women’s Association of Nigeria, Kano State Chapter
14.50– 15.15	Questions & Answers from Delegates	Moderator Professor Chima Onoka, Director, Institute for Excellence in Healthcare and Leadership
15.15 – 15.25	Recap & Summary of Discussions	Moderator Professor Chima Onoka, Director, Institute for Excellence in Healthcare and Leadership
15.25 – 15:30	Vote of Thanks	Vivianne Ihekweazu, MD, Nigeria Health Watch
15.30	Closing	



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