Bringing primary health care

under one roof

1. Governance and Ownership

Checklist

- [ ] Do the members of the Primary Health Care Board have a clear understanding of the benefits of bringing primary health care 'under one roof'?
- [ ] Is there balanced representation of community, official and political stakeholders on the PHC Board governing bodies at state and sub-state levels?
- [ ] Do state health policy documents prioritise shared PHC responsibilities with the community?

What does PHC Under One Roof governance look like?

Under the proposed National Health Act, every state will have a single Primary Health Care Board. This Board will oversee and ensure the implementation of the state's approach to primary health care. Each state can decide how its PHC Board will operate, and what it will be called, provided it conforms to mandatory requirements in the final National Health Act.

The PHC Board consists of:

A state-level **governing body** (which meets at least quarterly)

A **management team** (full-time employees)

This structure is repeated at sub-state levels.

Key elements of the PHC Under One Roof policy

- Integration of all PHC services delivered under one authority
- A single management body with adequate capacity to control services and resources, especially human and financial resources
- Decentralized authority, responsibility and accountability
- The three ones principle:
  one management, **one** plan and **one** monitoring and evaluation system
- An integrated and supportive supervisory system
- An effective referral system between and across the different levels of care
- Enabling legislation and regulations

Steps to success

Step 1 Engage stakeholders in agreeing on the scope, mandate, membership and design of the PHC Board governing body.

Step 2 Ensure that the Law and Regulations reflect the agreed plan for the working of the PHC Board governing body at sub-state and facilities levels.

Step 3 Widely explain and publicise the changes.

to improve quality and increase access to health care services

The governing body

The governing body is crucial for setting the PHC vision, winning resources and holding those implementing the new policies to account. This role is sometimes called 'stewardship'.

Membership The membership of both state and sub-state governing bodies needs a balance of community and other members (e.g. health professional bodies). This balanced membership will ensure:

- a focus on the health needs of the entire population in the state
- a vision for how an integrated PHC approach can address these needs more effectively than existing fragmented approaches
- the sufficient level of influence and authority to address these needs.

The governing body should also have the necessary experience and expertise to advise the management team on clinical and financial matters.

Mandate The PHC governing body needs a clear mandate and role, distinct from both the Board management team and the state House of Assembly or other official bodies. It should address issues of policy, accountability and quality health care. It must remain outside the day-to-day running of services.

Design The design of the governing body should reflect practical considerations, such as an appropriate duration of appointment, and realistic requirements, including time and costs for travel and meetings. If the governing body is too large, more than 12 members, it becomes difficult to run a coherent body that can reach clear decisions.

Legislation and regulation should then provide clear criteria for governing body membership. Clear criteria for membership and the level of engagement expected from Board members and communities should be carefully formulated and documented.

Recommendations

Changing attitudes

The governing body at state and sub-state levels must learn to fully engage community members and use them effectively – simply appointing local people will not be sufficient. This will require stronger local engagement to bring out local concerns. 'Champions' of the system, including state and local government politicians and PHC service providers, should communicate the potential benefits of the new system to professional unions, health professions organisations, traditional and religious leaders and to the community at large. Their support will greatly enhance the proposed changes and ensure a smoother transition.

Proceedings and processes must allow for full participation

Innovative methods should be developed to engage communities in PHC delivery. The timing of meetings and language used, for example, can be adjusted to ensure the involvement from grassroots community people.

Ensure the inclusion of women

Specific notes in documents and selection/ appointment criteria should emphasise the need for the involvement of women in structures at all levels.

Provide technical and secretarial support to governing bodies

Effective PHC Board, sub-state and facility level bodies need strong technical and practical support to ensure members are well informed and able to make good decisions.

PRRINN-MNCH
Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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