

## Transforming Health System to Improve Outcomes—the Primary Health Care Approach

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Induction Program

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## Outline.

- National Health System
- State of Health
- Underlying Causes
- Recent PHC Initiatives & Progress
- Next Four Years
  - ▣ What Needs To Be Done!
  - ▣ What Your Excellencies Can Do

152 Million People



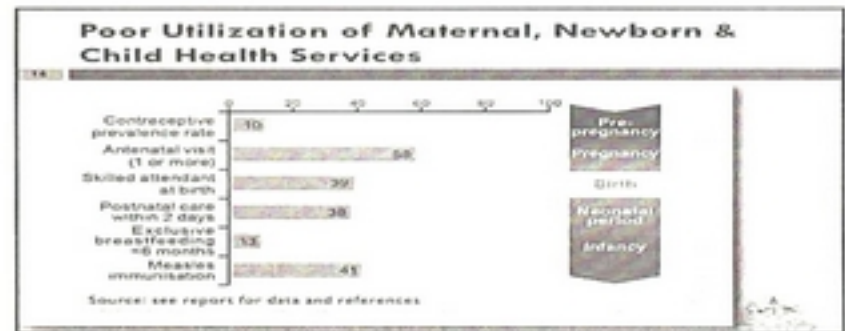
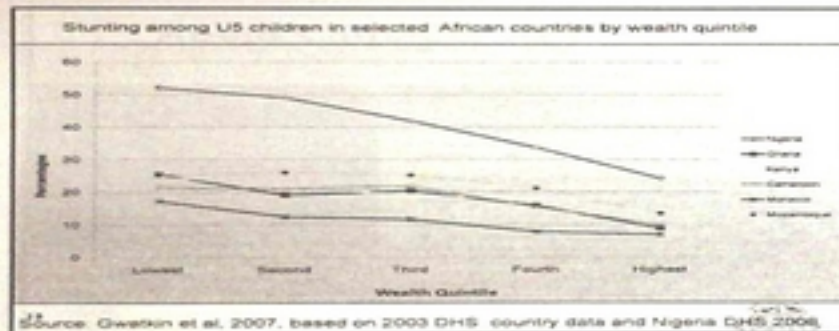
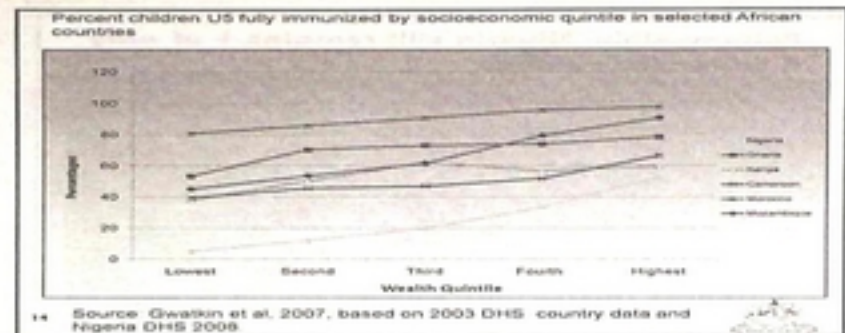
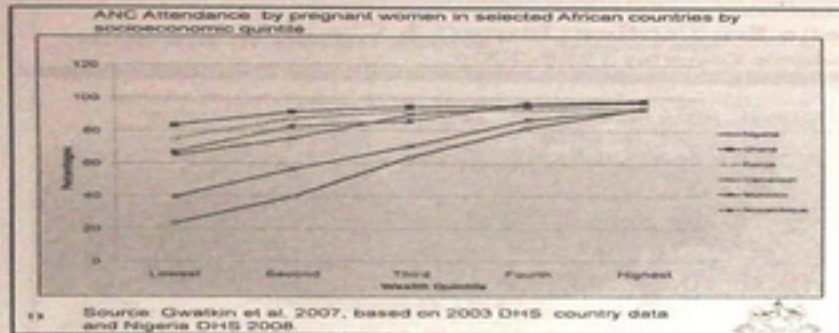
## The National Health System

## The Constitution and Policy

- 1999 Constitution:
  - ▣ Places Health on concurrent list
  - ▣ No explicit delineation of responsibilities amongst tiers of Government.
- 2004 Health Policy:
  - ▣ Primary Health Care (PHC); entry point and cornerstone of the National Health System.
  - ▣ Core strategy for ensuring access to health for all Nigerians
  - ▣ PHC service delivery targeted towards rural dwellers

## Responsibility for PHC (Health Policy)

- Local Government Authorities responsible for delivery of PHC services
- States to provide additional financial resources, skilled manpower (schools of health technology), regulation, supportive supervision, monitoring and evaluation;
  - ▣ Multiplicity in regulatory bodies at state level; SPHCDA, PHC Dept in SMoH, PHC Dept in LOA Service Commission
- NPHCDA to promote development and provide over-arching policy, guidelines, monitoring and evaluation etc for PHC



**Polio...**

- Polio irreversibly paralyses children.
- Polio can only survive in humans.
- Oral polio vaccine, given multiple times, completely protects children from polio paralysis and stops the spread of the virus.



## High out of pocket spend

(Sayilbe et al 2009)

### Nigeria Health Naira: Who Spends? (Financing Agents), 2005 (%)



## Continuously Scale-up Routine Through Multiple

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## Recent Progress

Preventing disease, disability and deaths



## 'Abuja Commitments' 2009



Feb 09: Special Governors Forum on PEI with Mr. Bill Gates Jr

### ABUJA COMMITMENTS TO POLIO ERADICATION IN NIGERIA

A commitment following the meeting of governors with Mr. Bill Gates

12 February 2009

We, the State Governors of the 36 states, DC, FCT of the Federal Republic of Nigeria, meeting in Abuja with Mr. Bill Gates, on 2 February 2009 in a group setting in which we were joined by the presence of Mr. Bill Gates, Chairman of the Bill & Melinda Gates Foundation, President of the United States of America.

Being in total and complete agreement and in doing so to have a healthy population, we are determined to ensure that all children survive, including girls and other vulnerable populations, and to international standards in a world free of polio.

Having made a commitment to the world with Mr. Bill Gates, we are committed to all those states of Nigeria that are not yet polio-free, and that Nigerian children are protected from Polio for a very long time to come.

## Overview of Abuja Commitments

In Feb 2009, Governors committed themselves to:

1. Providing active leadership of Polio Eradication Routine Immunization and PHC
2. Improving operational quality of PEI/RI/PHC activities through chairing at least quarterly meetings with LGA chairmen
3. Allocating additional financial and human resources for PEI/RI/PHC in their states
4. Providing quarterly reports on the status of Polio Eradication/Routine Immunization in their states to HE President
5. Improving immunization activities through the establishment of Community Health Insurance schemes



## Abuja Commitments: State Indicators

1. Personal involvement of HE Governor in public event in support of Polio e.g. meeting with key stakeholders, flag off ceremonies.
2. At least one meeting between Governor (or his representative) with LGA chairmen to discuss priority actions to improve PEI/RI each quarter
3. At least one meeting between Governor (or his representative) with traditional leaders to review their involvement in PEI/RI each quarter
4. At least one meeting of State Task Force or similar high-level oversight committee established by Governor to oversee PEI/RI activities each quarter.



## Abuja Commitments: LGA Indicators

1. Personal involvement and engagement of LGA chairman in polio eradication/routine immunization activities
2. Presence of functional LGA Task Force (or equivalent LGA coordination mechanism) that meets at least once a month
3. Proportion of LGAs where daily IPDs review meeting chaired by high level LGA official i.e. LGA chairman or LGA HOD/PHC Dept



## Introduction of New Vaccines

### The need for New vaccines in Nigeria

High burden of Mortality and Morbidity associated with Pneumonia, Bacterial meningitis and Diarrhoea diseases amongst children in Nigeria

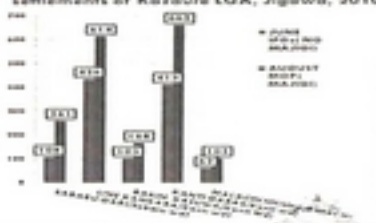
- Its an important step towards achieving MDG 4.
- An Effective and safe vaccines against these diseases are available and in use
- Nigeria has recently taken a decision to introduce Hib as Pentavalent (having DPT,HepB and Hib together)

## Community Mobilization Through Majigi

- Majigi is three-part short film, with time for Q&A.
- NPHCDA scaled up the Majigi for polio eradication to all High Risk LGAs.



More Children Immunized after Majigi in settlements of Kassarau LGA, Jigawa, 2010



## COLD CHAIN TRANSFORMATION

- To meet requirement for routine and new vaccine cold storage capacity need to be expanded by 68% at National, Zonal, State and LGA; and 156% at PHCs to accommodate single dose vials, with significant space saving with multiple doses.
- Already efforts are already being made to address this funded With MDG DRG.



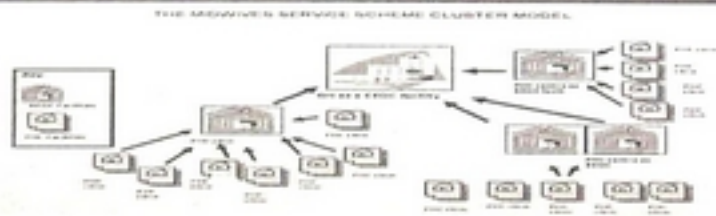
## Midwives Service Scheme (MSS)



## Midwives' Service Scheme (MSS)

- 36 States and FCT—MOUs with FG
- 4,000 Midwives deployed to 1,000 PHCs in most needy areas
- Additional 1,000 Community Health Workers (Northern Zones only) recently deployed to close persisting gaps in under-served areas without midwives
- 4 MSS facilities are clustered around 1 referral General Hospital in a Cluster Model
- A total of 250 General Hospital supporting MSS PHCs
- MSS Facilities and provided with medical equipments and essential medical supplies

## MSS Cluster Model



## Improved Physical Access: FG, GAVI, Global Fund



## Promoting PHC Under One Roof (PHCUOR)



## Making Next Four Years Healthy!

Implementing NHSDP to improve service delivery and outcomes

## Breaking The Vicious Cycle—Virtuous Cycle



## What Needs To Be Done?

- Interrupt and Eradicate Polio from Every State
- Improve Routine Immunization and ensuring New Vaccines Introduced
- Ensure control of CSM and Measles



## What Needs To Be Done?

- Support reorientation of health system to PHC
- Improve PHC Infrastructure by targeted Renovations
- Improve Logistics for PHC and access to quality medicines
- Improve financial access through the NHIS
- Support and fast-track the de-centralization of priority interventions: HIV/AIDS, Malaria, TB, PMTCT
- Prevention of non-communicable diseases

### Facilitate and Actively Support Community Engagement For Immunisation and PHC



### PHC Under One Roof

- Passage of National Health Bill as an opportunity
- 2% Consolidated Revenue in the National PHC Development Fund
- States to access funds through SPHCDA's
- Counterpart contributions, investing in PHC
- Supply and Demand Sides
- Rigorous Monitoring and Evaluation

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Leave a Lasting Legacy !

Thanks for your attention