NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY

POSITION PAPER ON THE FRAMEWORK FOR THE IMPLEMENTATION OF THE OUAGADOUGOU DECLARATION ON PRIMARY HEALTH CARE AND HEALTH SYSTEMS IN AFRICA; Achieving Better Health for Africa in the New Millennium

Statement of Issue:

With an approximate 60% of Nigeria's 140million population living in the rural areas, ensuring access to quality primary health care services remains a major challenge that is steadily being addressed. Physical and financial barriers to care, coupled with constraints with human resources for health, weak capacity at PHC level and persistent high burden of disease from preventable causes amongst others have contributed to high morbidity and mortality figures. In addition, tackling other social determinants of health notably poverty, illiteracy and poor social infrastructure (which influences emergency response) in rural areas are pertinent issues to be addressed by the government. Nigeria is also currently on the last mile to polio eradication.

Introduction and Background:

Following the Alma Ata declaration in 1978, Nigeria recorded significant strides in the development and implementation of its PHC system. In line with the nation's constitution and health policy, PHC. is the corner stone of the health system and is expected to be provided by the local government authorities (LGA) which is the lowest of the three tiers of government. For a majority nation's rural poor, PHC remains the first and possible only contact with the public health system. Following a systemic decline in the 1990's; there has been a reawakening of the centrality of PHC to our ensuring universal access to quality health care, scaling up of priority interventions and achieving the MDGs. As part of the revitalization process, Nigeria established the Ward Health Services System (WHS) which utilizes the political wards (under the LGA) as the community level unit for PHC service delivery. The WHS was designed to improve grass root political commitment to PHC and increase levels of community participation.

This renewed drive towards the restoration of quality and accessible PHC services has been further reinforced by the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving better health in Africa in the New Millennium which was adopted during the international conference on Primary Health Care (PHC) and health systems in Africa held in Ouagadougou, Burkina Faso from 28 to 30 April 2008; and focusing on the nine major priority areas of Leadership and Governance for Health; Health Services Delivery; Human Resources for Health; Health Financing; Health Information Systems; Health Technologies; Community Ownership and Participation; Partnership for Health Development; and Research for Health.

WHO/AFRO Resolution:

The WHO/AFRO resolution emanating from the 58th assembly (AFR/RC58/R3), explicitly calls on member countries to take appropriate action to update their health policies and relate~' plans in line with the Ouagadougou declaration on PHC and health systems; and to establish a framework for its implementation.

Current Strategies and Achievements:

In line with the guiding principles of the Declaration which calls for Country ownership;

Adequate resource allocation and reallocation; Intersectoral collaboration; Decentralization; Equity and sustainable universal access, Aid harmonization and alignment, Mutual accountability for results; Solidarity, and community level involvement and evidence based decision making; Nigeria is steadily putting in place mechanisms to improve its health systems in totality with a focus on PHC. The following key strategies have recently been put in place'to address the nine priority arrears;

- Leadership and Governance for Health: The federal government of Nigeria has taken leadership in this regard through the development of a National Health Systems Development Plan, which would guide stakeholders' investment in health. The plan which was developed with full participation of all tiers of government and partner agencies is structured along the nine areas of the Declaration, addressing most of the pertinent issues. However, in the spirit of promoting harmony and synchronized linkages within the three tier health system, the plan goes beyond PHC to address issues related to secondary and tertiary care. Furthermore, the National Health Bill is awaiting final assertion thereby providing clear legislative and regulatory framework for health development; strengthening accountability, transparency 'and responsiveness of the national health system. Importantly, innovative mechanisms have been instituted for the engagement of States Governors and Traditional Institutions for PHC. This is already yielding significant impact in the polio eradication initiative.

- Health Service Delivery: In order to ensure equitable access to health, a Ward Minimum Health Care Package plan document is to be implemented between now and 2012. This package also captures the essence of Integrated Maternal, Newborn and Child Health Strategy. In addition, routine immunization is being strengthened to function on a sustainable basis.

- Human Resources for Health: Nigeria has formulated a comprehensive human resource for health policy with a strategic plan for implementation from 2008-2012. In addition, to address the critical. Shortage of skilled attendance at birth in the PHC frontlines, the federal government has initiated the National Midwifery Service Scheme to mobilize unemployed, newly graduated and recently retired but able midwives for rural postings. The Scheme which is currently deploying 2,500 midwives is expected to galvanize the resuscitation of basic PHC services and effective referrals for comprehensive obstetric care services. Furthermore, Nigeria has concluded the training of Middle level Managers for Immunization across the country and efforts are underway to evolve a more comprehensive managerial training for the PHC managers at State and IGA levels.

- Health Care Financing: Nigeria operates a National Health Insurance Scheme (NHIS), which currently covers the formal sector and is on the verge of launching the community based insurance scheme. As a stop gap measure, provision is being made through a special federal government grant to provide financial cover for maternal and child health services in 6 selected states and this is to be scaled up gradually. The expected passage of the health bill into law would provide a consolidated PHC Fund from which conditional grants can be made to State and LGAs. At the State level various state governments have initiated programmes with incentives to ensure increased utilization of health services and improve community participation in health. Such social safety net programmes include free maternal and child health services and conditional cash transfers.

- Community Participation: Significant strides are being made in this aspect with the IJ,litablishment of wards and Village development committees which are health services oriented by the government and its partners. It is estimated that over 70% of political wards in Nigeria have development committees in various states of functionality. These committees serve as entry points to the community and serve to mobilize them for developmental programmes with focus on health

- Partnership: A singular major achievement in this regard is the revitalization of the Health Systems Strengthening Committee chaired by the Honorable Minister of Health. The Committee which holds its meeting monthly has all stakeholders with HSS components represented. The committee has served as a. useful forum for harmonizing and ensuring synergy in the implementation HSS initiatives such as *GAVI,* the Global Fund and other stand alone initiatives.

Challenges:
A major challenge to the effective implementation of PHC in Nigeria remains the three tier system of government in which the IGAs with the weakest *financial* and human resource base is saddled with PHC. This

coupled with non-alignment of health investment with disease burden (which is highest at the PHC level) has l-ed to the deterioration of PHC infrastructure and services, human resource constraints and poor linkage being the three tiers of the health system.

Conclusions and Recommendations:
PHC remains the key for ensuring universal access to quality health care and scaling up priority interventions particularly maternal, newborn and child; and malaria, tuberculosis and HIV control, in order to ensure achievements ofthe MDG.

It is recommended that the African Health Community, mandates the regional bodies and international partners to support countries in undertaking operational research to determine best mechanisms for restructuring health resource allocation in order to ensure more resources for PHC at the operational level where the disease burden is highest.

Furthermore, the WHO Regional Committee for Africa should re-emphasize the international call for donor efficiency by monitoring the amounts of donor resources committed to PHC at country level.

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