



Summary Notes of the Meeting of Honorable Commissioners of Health and Executive Secretaries of State Primary Health Care Board on Implementation of PHCUOR

**1 Introduction**

The NGF in collaboration with the National Primary Health Care Development Agency (NPHCDA) and Network for Health Equity and Development (NHED) organized a one-day consensus building meeting on implementation of Primary Health Care Under One Roof (PHCUOR) at the subnational level was held in Abuja with Executive secretaries of the state PHC Board and Honorable Commissioners/ Secretary of Health, from the 36 states and the FCT on 15<sup>th</sup> November 2017. The meeting was a follow up to the meeting held in June 2017 with Executive Secretaries of State Primary Health Care Boards from the 36 states and the FCT. The Director General, Nigeria Governors' Forum, Executive Director, NPHCDA, Representative of the Honourable Minister of Health, twenty-five (25) Honourable Commissioners of Health, FCT Health Secretary, thirty-four (34) Executive Secretaries, Bill and Melinda Gates Foundation, Network for Health Equity and Development and other Partners attended the event..

The Honourable Commissioners of Health from Adamawa, Abia, Akwa Ibom, Ebonyi, Ekiti, Imo, Bauchi, Borno, Nasarawa, Kogi and Rivers States were absent from the meeting. The Executive Secretaries from Ekiti and Ogun States were also not in attendance. The Objectives of the Workshop were: 1) To review the identified barriers to effective implementation of the PHCUOR with the Honourable Commissioners of Health and the Executive Secretaries; and 2) To build consensus, proffer effective and practical solution to the identified barriers and accelerate PHCUOR implementation at State and Sub- state levels. Presentations were also held on the current status of the PHCUOR implementation and on Minimum Service package.

**2 Key Issues:**

The following key issues, earlier identified during the meeting with the Executive Secretaries, as factors militating against the effective implementation of the PHCUOR were discussed.

*2.1 Governance*

- Lack of uniformity in the nomenclature of the State Primary Health Care Boards.
- Lack of uniformity in the nomenclature of the Chief Executives State Primary Health Care Boards and the Board
- Lack of clarity on the reporting lines for the PHC Board executives.

*2.2 Repositioning*

- There is no clarity on the primary health care programs that should be moved from the State Ministry of Health to the PHC Boards.
- Clarity on roles for the Ministry of Health in the management of the Board.

*2.3 Funding Sources and Structures*

- Lack of clear guidance on the funding sources and funding mechanisms for the Board and organs responsible for managing the funds of the PHC Boards.

## 2.4 *Human Resources for Health*

- Lack of clear guidance on the process of movement of PHC staff from the Local Government to the Board.
- Options and lessons on how to handle non-health PHC staff in the Local Government.

## 3 **Resolutions**

### 3.1 *Governance*

- Nomenclature of the Board – Each state is free to choose the name of their board and board executive in accordance with the state's law. Many of the States however favour the use of the term Executive Secretary
- Executive Secretaries and Honourable Commissioners should promote mutual respect of established hierarchies and offices; this is critical as most of most the tension between the Board and MOH are due to personality clashes rather than structural challenges with nomenclature of the organization.
- Reporting Lines – The PHC Board Chief Executive reports to the Board, and through the Board to the HCH. A representative of the MOH is also a member of the Governing Board.

(Office of the Head of Service to be consulted for clearer directions on nomenclature and reporting lines as it relates to agencies and parent ministry.)

### 3.2 *Repositioning -*

- The following Primary Health Care programmes – Maternal and Child Health, Reproductive Health, Nutrition, Immunization, HIV/AIDS, TB, Malaria, Guinea Worm, Onchocerciasis, Other Vector Control programmes will be moved to the SPHCB Board.
- Non-communicable diseases and Epidemiological units will remain under the MOH.
- The SPHCB is responsible for the implementation of the programmes listed above while the SMOH, without prejudice to the functions of the Board, is responsible for Policies, setting standards, coordination, and oversight of all health activities in the state to enhance accountability.
- A committee should be set up to facilitate a consensus and timeline for the smooth transition of the programs to the Board

### 3.3 *Funding*

- Funding Sources and Structures – Contributions from LGA and State should be pooled together and the funds managed by the PHC Board.

### 3.4 *Human Resources for Health*

- States that are yet to move LGA staff to the Board - A multi-sectoral high level EXCO committee to handle the process of staff movement.

### 3.5 *Others*

- The NPHCDA in collaboration with the NGF Secretariat and other partners to review the PHCUOR management guidelines to reflect all the resolutions from the meeting.
- NGF Secretariat to advocate to Executive Governors to lend their voices on the inclusion of the Basic Health Care Provision Fund in the 2018 National budget.

## 4 **Conclusion**

The meeting ended with a call for the sustenance of interactions between the Executive Secretaries and the Honourable Commissioners of Health.