UNIVERSAL HEALTH COVERAGE

A Nextier Health Dialogue Series

Revitalising Nigeria's Primary Healthcare System

Dialogue Report

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1. Introduction

Nextier Health held a virtual dialogue on 'Revitalising Nigeria's Primary Health Care System' on the 21st of June 2022 in continuation of the Nextier Health Universal Health Coverage (UHC) Series. Dr Uju Onyes, a health policy and financing expert, moderated the event, which was graced by a panel of health systems strengthening experts. Panelists at the event were Prof. Chima Onoka; Head of Operations at the Health Policy Research Group, Dr Sam Agbo; Senior Health Advisor at the Foreign Commonwealth Development Office, Nigeria; and Dr Emmanuel Okpetu; Head, Primary Health Care, Kuje Area Council. In addition, the Lagos State Commissioner for Health, Prof. Akin Abayomi, represented by Dr Ibrahim Mustapha, the Permanent Secretary of the Lagos State Primary Healthcare Board, delivered the keynote address.

In the keynote address, Dr Mustapha highlighted the urgent need to address the challenges in Nigeria's primary health care system, underscoring its importance as the system that provides the level of care closest to the people. The ensuing dialogue was engaging, and thought-provoking as the panelists and audience had robust discussions about the critical issues bedevilling primary healthcare in Nigeria. The foremost challenges identified include inadequate financing and human resources for primary healthcare, weak governance and accountability structures, poor data collection and transmission systems, limited access to medicines and essential infrastructure in primary healthcare settings and supply chain challenges. There was a unanimous agreement that the primary healthcare system would require significant improvement to achieve universal health coverage. Furthermore, all relevant stakeholders across the public and private sectors would need to intensify their effort and build sustainable partnerships to rejuvenate Nigeria's primary healthcare system. The dialogue lasted for two hours and ended with recommendations and suggestions from the panelists and audience. The key insights from the dialogue are curated below.

2. Key Insights from the Dialogue

I. Reduce the Fragmentation in the Health Governance Structure

Panelists identified that the health governance structures in Nigeria are highly fragmented, which negatively impacts the primary healthcare system. This challenge is further complicated by the absence of clear roles, responsibilities and accountability systems for primary healthcare stakeholders and institutions. Professor Chima Onoka highlighted the need for a clear delineation of the roles and responsibilities of the different tiers of government with unambiguous accountability processes. He also outlined that all levels of government should have financial autonomy to ensure they have the resources

to perform their roles and responsibilities. For instance, he cited that local governments have not been able to effectively provide primary healthcare services partly because they do not have direct control over their resources since the state governments handle most of the resources meant for local governments. He further advised that stakeholders at state and national levels should not only focus on programme implementation but also provide financial and technical support for the health system's leaders while holding them accountable for expected responsibilities and resources.

Dr Sam Agbo reiterated the need for a clear definition of roles and responsibilities. He recommended that the National Primary Health Care Development Agency (NPHCDA) should consider acting more as a supervisory agency and focus less on programme implementation. He emphasised the need for improved coordination and synergy between the state ministries of health and the states' primary healthcare development agencies. He agreed that local governments should have financial autonomy as it would empower them to take responsibility for organising the primary healthcare system while the other tiers of government provide the needed oversight and support.

Dr Emmanuel Okpetu opined that instead of directly implementing programmes, national and state government agencies should provide technical support and oversight for local governments to bridge gaps at the primary healthcare level with contextually appropriate solutions as that will help the three tiers of government to collaborate more effectively. He also agreed that a clear distinction between implementation and oversight roles of different stakeholders was important, noting that most of the oversight functions expected from national and state stakeholders/agencies have been overlooked because these stakeholders have paid more attention to programme implementation at the expense of their oversight and regulatory functions.

II. **Design and Utilisation of Strong Accountability Systems**

The panelists and the audience agreed on the need for strong accountability frameworks within the primary healthcare system. They attributed the deplorable state of the PHC system and failed projects to poor accountability mechanisms in all tiers of government. Professor Chima Onoka noted the role of civil society organisations and development partners in ensuring accountability and emphasised the need for proper incentives to be considered in the design of accountability systems.

Furthermore, he called for a review of the scorecard for assessing performance in the primary healthcare system. Citing best practices from other countries, he recommended that stakeholders present performance scorecards at universities and similar independent institutions that can objectively assess the performance of primary healthcare programmes and interventions while allowing development

partners, relevant stakeholders, civil society organisations (CSOs) and the public to review the reports and ask the right questions. He opined that this approach would enable stakeholders to ask the right questions and review performance more objectively in contrast to the current practice in which performance scorecards are presented to the board of the same organisation or public without giving room for effective engagement and unbiased assessment of primary healthcare performance devoid of fear of retribution, coercion or bribery. A participant from the audience, Dr Francis Ayomoh, highlighted that an accountability system should be designed to reflect impact and link performance with health system outcomes/objectives. He also called for increased efficiency in utilising healthcare resources and an accountability system for financial and human resources to be strengthened at facility and health system levels.

Dr Sam Agbo encouraged professional organisations like the Nigerian Medical Association, National Association of Nigerian Nurses and Midwives, Association of Medical Laboratory Scientists of Nigeria, Pharmaceutical Society of Nigeria, non-governmental organisations, and civil society organisations to drive accountability. He also stressed the indispensable role of civil society organisations in increasing accountability within the primary healthcare system and challenged them to be more active, understand their roles, and strengthen their capacity to serve as drivers of accountability.

III. Leverage Key Actors to Strengthen the Primary Health Care System

Panelists agreed that all relevant stakeholders must work synergistically and deliver on their mandates as their collective action will strengthen the primary healthcare system and make it more resilient. Dr Sam Agbo elaborated on the roles and responsibilities to be adopted by each stakeholder in strengthening the primary healthcare system. He explained that the people are the foremost stakeholders in a primary health care system and that for the system to work, the people must know their rights, demand them, and hold leaders accountable. Furthermore, the people are responsible for applying basic health education principles. He also noted that countries like China, India, Pakistan, Rwanda, Mali, and Niger with high-performing primary healthcare systems all have a people-centred and driven system. He outlined the role of other stakeholders like civil society organisations, non-governmental organisations and faith-based organisations that are expected to act on behalf of the people. He called on these stakeholders to be people-oriented and advocate for interventions that mitigate disparities and protect vulnerable groups.

Panelists discussed the private sector's role as the stakeholders supporting the government to bridge gaps in the primary healthcare system. Dr Sam Agbo emphasised that the private sector should be given an enabling environment to support the government to deliver on its mandate of ensuring that the

primary health care system is built on the pillars of appropriateness, acceptability, accessibility, availability, affordability and, at the people's development levels. He recommended that the activities of development partners must be aligned and harmonised with government plans and people's needs, not substituting government programmes or implementing vertical interventions. He explained that aligning programmes of development partners with on-ground priorities remains a crucial strategy to ensure that donors' catalytic investments make a difference and have a far-reaching sustainable impact. A participant in the dialogue, Rukayat Akanji-Suleman, sought to understand how the diaspora community could get involved in the system in a deliberate and non-reactive way. Responding to her question, Prof Chima Onoka explained that health system leaders and stakeholders need to remove bureaucratic bottlenecks and create platforms that enable them to leverage available resources to achieve health system goals. He emphasised that state governments should create opportunities for relevant stakeholders, including the private sector, to contribute to their health systems, particularly at the primary healthcare level.

IV. Bridge the Human Resource Gap in Primary Health Care Facilities

Dr Emmanuel Okpetu acknowledged the role of a well-trained and motivated workforce in a functional primary health care system. He emphasised that the number, distribution, and quality of human resources for health in Nigeria's primary health care system are suboptimal. He attested to the value of task-shifting and sharing as a strategy to bridge human resource gaps based on his experience managing forty-seven primary healthcare facilities in Kuje Area Council within the Federal Capital Territory. He recommended that the government expand the scope of task shifting and sharing beyond maternal health services to include other conditions like non-communicable diseases.

He called on the government to make the necessary policy changes that will make it easier for people to get trained to take up roles in the primary healthcare system as the system is in dire need of human resources to provide clinical, laboratory and surveillance services. He emphasised that the government should go beyond personnel recruitment and redistribution and ensure that appropriate incentives are in place to motivate the PHC workforce and encourage personnel retention in the primary healthcare system. He cited the instance of community health extension workers being less motivated because of ceilings which limit their career advancement. Incentives to be provided include providing career advancement opportunities and government-sponsored training with signed agreements for trained health workers to work for a specified time frame within the system or repay the cost of training.

Professor Chima Onoka advised that the government must apply contextualised and pragmatic solutions to bridge the human resource gap, which is expected to worsen in the coming years because of the mass

exodus of health care professionals to countries like the United Kingdom Canada and the United States. He further highlighted the need to revise the training curriculum of health workers and explained that the government could save money on capacity-building workshops for fresh graduates by incorporating the training content into the curriculum of relevant academic programmes.

V. **Emphasise Value for Money and Reduce Inefficiencies in Resource Utilisation**

The panelists and participants in the dialogue agreed that although the financial resources within the national primary healthcare system are inadequate, the significant inefficiency in resource utilisation is a more pressing challenge because any additional resources raised for the health system are likely to be used inefficiently. Dr Emmanuel Okpetu emphasised the need to allocate resources to carefully selected and clearly defined priorities. He encouraged donors and development partners to avoid duplication of efforts, build trust with local stakeholders and focus on addressing real challenges within the health system based on priorities identified by the government. Furthermore, he advised that all government tiers should consider innovative strategies to improve health system efficiency. For example, he mentioned that the government could contract the private sector to take over non-performing primary healthcare facilities and institute a pay-for-performance remuneration and financing system.

Prof Chima Onoka explained that it was pertinent for the government to work assiduously to build a high level of trust in the system as that would encourage more influx of funds both domestically and externally. Dr Sam Agbo opined that the health system has a low absorptive capacity for financial resources and emphasised the importance for the government to find mechanisms to ensure that all available funds for health are utilised efficiently before the end of each fiscal year as this would then create room for additional resources to be used effectively. The under-spend of the allocated healthcare resources, such as the Basic Health Care Provision Fund, was cited as an example of the low absorptive capacity of the health system. Dr Sam Agbo also called on relevant stakeholders to encourage results-driven investment and reward performance by prioritising investment in high-performing regions while supporting underperforming regions to improve. This approach contrasts with the status quo in which more resources are allocated to under-performing regions. This practice inadvertently rewards poor performance and inefficiency with additional resources.

Conclusion

In their closing remarks, the panelists encouraged the government and other stakeholders to work towards revitalising the system as investments in the primary healthcare system are more cost-effective and would help Nigeria inch closer to Universal Health Coverage. Dr Sam Agbo reminded the dialogue

that before the Alma Ata declaration on Primary Healthcare in 1978, Nigeria had a functional village healthcare system that provided services to the people at the community level and emphasised that despite the present challenges being experienced, the primary healthcare system can be revitalised if all stakeholders are committed, work tirelessly, acknowledge health as a human right and make it a political priority. He emphasised that health is a business with a great return-on-investments and should be seen as such. In his closing remarks, Prof. Chima Onoka encouraged increased sustainable investments in the primary healthcare system with a focus on results. He recommended learning from past failures and best practices and advised relevant stakeholders to provide health system leaders with the financial and technical resources they require to perform optimally and then hold them accountable for results.

The Nextier Universal Health Coverage Series will continue as one of the flagship programmes of Nextier Health that draws attention to contemporary health issues in Nigeria and globally through the views of health system experts and practitioners.

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