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REVITALIZING PHC: PHCUOR AS A POLICY IN FINANCING TOWARDS UHC

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- PHC & UHC
- PHC Governance and Policy Structure
- Role of the NPHCDA
- PHC Under One Roof (PHCUOR)
- Learning from Our Success Stories
- Persisting Challenges
- Towards Enhanced PHC Delivery
- The Preferred Future
- Conclusion



PHC & UHC

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- Defined as the ability of all people who need health services to receive them without incurring financial hardship, thereby achieving equity in access.
- Access to primary health care is the foundation of good health.
- It is the major determinant and driver of a nation's health outcome.



PHC & UHC Cont..

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- Like in many countries, the primary health care system is the cornerstone and the hub of Nigeria health system.
- However, over the years, primary health care system had remained inefficient.



PHC & UHC Cont..

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- There has been systemic weaknesses due to gaps ranging from infrastructural delay, inadequacy in human resources, essential drugs and other supplies
- The existence of a well-functioning health system and a timely access to services is critical for attaining UHC.
- There can be no UHC without PHC.
- Today Universal Health Coverage is a powerful concept in public health.



Ministerial Agenda for PHC

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- The FGN has recognized PHC as the path towards UHC.
- The government has equally recognized the existing gaps and inadequacies in PHC delivery.
- Consequently, FGN has targeted to rehabilitate and make functional, 10,000 PHC facilities, 1 facility in each of the political ward in the country between now and end of 2019.
- The Operational Design Shall be the Ward Health System (WHS)



The Operational Design: Ward Health System

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- One PHC facility is carefully selected in each political ward and is designated as the Ward Health Centre(WHC) and to be the hub of other satellite PHC Clinics/Posts.
- The centre would be upgraded in infrastructure, human resources, essential drugs etc, based on approved implementation framework.
- The WHC will provide integrated basic services at both the community and facility level.



WHS

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- Each Ward will be mapped into 6 designated health areas, with each health area having a JCHEW deployed to lead/anchor community health service delivery
- The WHC will have strong linkage with a referral General Hospital in the LGA.



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GOVERNANCE AND POLICY



GOVERNANCE STRUCTURE

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- **Nigeria** operates a Three Tier Health System in a Federal System
- **Strong Central Federal Government** : Responsible for Tertiary Health Care & Elements of PHC
- **Strong State Governments**: Responsible for Secondary Health Care & PHC manpower development
- **State PHC Agencies**: Now on board, pushing PHCUOR
- **Relatively Weak Local Governments**: Responsible for PHC Service Delivery
- **Political Ward**: Organisational unit for PHC Delivery



POLICY STRUCTURE

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- The National Health Policy still identifies PHC as the corner stone of National Health System.
- National institutions such as NPHCDA, and currently, the SPHCAs have been established to translate policies for PHC into action
- Various national strategies/plans such NSHDP have been established over the years.



PHCUOR

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- Weak Governance and management structures, in various aspects of the health system, especially in the organization of PHC at the State and LGA levels.
- Concept of bringing “Primary Health Care Under One Roof” (PHCUOR) was introduced to improve the implementation of PHC



PHCUOR Cont...

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- An integrated approach using the principles of one Management, one Plan and one Monitoring and Evaluation.
- PHCUOR policy was based on resolution 29 of the 54th National Council on Health meeting of May, 2011.
- It is also backed by the National Health Act of 2014.



PHCUOR Cont...

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- Under this policy, states are to establish an administratively autonomous and self-accounting State PHC Boards (SPHCB) to manage PHC.
- Local Government Health Authorities (LG-HA) to manage PHC.



ROLE OF THE NPHCDA

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- NPHCDA represents Federal Government support to PHC
- Provide technical support to PHC development, planning, innovation, management & programme implementation.
- Mobilize resources at the national and international levels for PHC
- Support the monitoring and evaluation of PHC and the National Health Policy.
- Promote Human Resource for Primary Health Care development.
- Promote PHC Systems Research



ROLE OF THE NPHCDA

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- The NPHCDA has over time implemented various agenda to effectively re-position PHC with varied outcomes
- Operates a Zonal Structure within the 6 geo-political zones of Nigeria.
- Zonal Officers assigned to State to provide direct support to State PHC departments and LGAs.



ROLE OF THE NPHCDA

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- To standardize the implementation of PHCUOR across states, the Agency has developed a Management Guideline to support State.
- This support is in the areas of leadership and management, planning for health resources, monitoring and evaluation, Operations Research, collaboration with community, partners including NGOs and the private sector.



SUCCESS STORIES

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- **1986 – 1990:** Adoption of PHC in Nigeria in 52 LGAs and subsequent expansion to all the LGA, Attainment of Universal Child Immunization target: **+80% coverage.**
- **2000:** Operational Reform - Adoption of the Ward Health System.
- Special Projects: MDGs, MSS, SURE-P, GF, PRRIN ETC
- Successful introduction of New Vaccines and RI Coverage peaking in last 10 years.
- Containment of Ebola Virus Disease through enhanced Surveillance
- **2015: Interruption of WPV and delisting of Nigeria as a Polio endemic country.**



PERSISTING CHALLENGES

*Challenges &
Underlying Causes*



PERSISTING CHALLENGES

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- High burden of communicable and non communicable diseases
- Maternal, newborn and child mortality unfortunately remain high
- Sub-optimal coverage for health services
- Poor physical and financial access to care



ISSUES UNDERMINING THE PHC SYSTEM

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- ❑ Persistent challenges in the adequacy and distribution of the Health Work Force
- ❑ Institutional capacity limitations, including management capacity and governance
- ❑ Mismatch between resource allocation, spending and burden of disease and low accountability.



UNDERLYING ISSUES CONT...

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- Supply side constraints include sub-optimal skilled health workforce, inadequate infrastructure and poor quality standards, challenges in procurement and logistic systems for drugs and commodities
- Demand side constraints include high cost of access, lack of awareness and misperceptions, low community and household engagement



Health Care Funding

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- There are fiscal constraints due to dwindling economic fortunes – integration is more cost effective.
- Fragile Political commitment at State level and LGA levels.
- Parallel programmes have not guaranteed sustainability
- Weak and unfunded LGAs with limited Span of Control particularly HR for PHC



Health Care Funding Cont...

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- High out of pocket expenses by majority of the people due to poor access to PHC.
- High cost of PHC services especially at the private facilities whilst the public facilities remain inadequate.
- High financial burden on parents and individuals due to high cost of procuring health
- Availability of health insurance scheme for only the public servants.



Health Care Funding Cont...

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- Community-based health insurance scheme still in poor state and available only in few communities
- World Bank supported/NPHCDA PBF & RBF available in only a few selected States and LGAs.
- Health Finance coverage for the vulnerable group either through the WDC exemption mechanisms or other structure grossly inadequate and presently uncoordinated



TOWARDS ENHANCING PHC

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□ Guiding Principle:

Focus on CHANGE along Thematic Areas based on the Health System Building Blocks

Need to ensure that we AVOID what did not work in our previous efforts.



1. GOVERNANCE AND LEADERSHIP

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- **Focus on leveraging the National Health Act and the Basic Health Care Fund:** Efforts on-going to ensure operationalisation framework for implementation.
- **Ongoing establishment of SPHCA:** to institutionalize the PHCUOR agenda.
- **Need for a pro PHC National Health Policy:** to provide overall direction and address current concerns
- Further need to strengthen **Managerial Leadership** at all levels and establish Accountability Frameworks.
- **Need for transformational Operational Management at the NPHCDA and the SPHCBs to lead with the guidance of HMH AND Hon. Commissioners for Health**



2. ENHANCED HEALTH SERVICE DELIVERY

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- ❑ Reviving and Reinforcing the Ward Health System
- ❑ Ensure equitable access to health services by driving a “Functional PHC Concept” –geographical access, equipment and drugs/supplies including vaccines
- ❑ Engaging NHIS for Community Based Financing
- ❑ Fostering innovation such as scaling up of the **PBF**



2. ENHANCED HEALTH SERVICE DELIVERY.....

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- ❑ Development of a Quality Framework for PHC
- ❑ Making Monitoring and Integrated Supportive Supervision work
- ❑ Ensuring Effective Referral System
- ❑ Unified Health System (primary & secondary level) based on Integrated Network of Care – WHO DHS.



3. FINANCING FOR PHC

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- ❑ Develop a PHC Financing policy/blueprint
- ❑ Work with critical stakeholders on the management and administration of the BHCPF
- ❑ Advocate to States/LGAs for increased allocation to Primary Health Care
- ❑ Mobilize the private sector support for PHC
- ❑ Institute collaborative mechanism with NHIS
- ❑ Scale PBF
- ❑ Evolve innovative financing mechanism i.e Health Equity Funds, targeted VAT etc



4. COMMUNITY PARTICIPATION AND EMPOWERMENT

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- ❑ Support Reactivation/Establishment of Development Committees according to National Guidelines
- ❑ Push for alignment of all community structures used by various organization and Partners in the field
- ❑ Develop mechanisms to work with CSOs to promote ‘Voice’ for community engagement in PHC
- ❑ Inclusion of routine monitoring and supervision of WDCs as part of ISS



5. PARTNERSHIP FOR PHC

- Harmonization of the activities of stakeholders and clarification of roles and functions at all levels
- Supporting national and state PHC Boards for documentation and coordination of Partner programmes
- Establish mechanisms for routine Partner Consultation on PHC i.e. PHC partners Forum
- Promote effective partnership with Professional groups through jointly setting standards of training by health institutions.



OUR VISION

..... ***‘MAKING NIGERIANS HEALTHY’***



Let Us Join Hands
Towards.....DestinationPHC

THANK YOU

