

PRIMARY HEALTH CARE FOR UNIVERSAL HEALTH COVERAGE

PRESENTED

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PURPOSE AND THE RATIONALE

What is this primary health care and what is its purpose?

- ▶ Primary Health Care is defined as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self determination.

Principles of PHC

- ▶ This definition defines PHC timeless principles, core values and its culture.

PURPOSE

- ▶ In PHC, the people are the targets, the determinant and the beneficiary. It is often described as health of the people by the people and for the people.
 - ▶ It is the first level of contact of individuals, the family and the community with the national health system bringing health care as close as possible to where people live and work.
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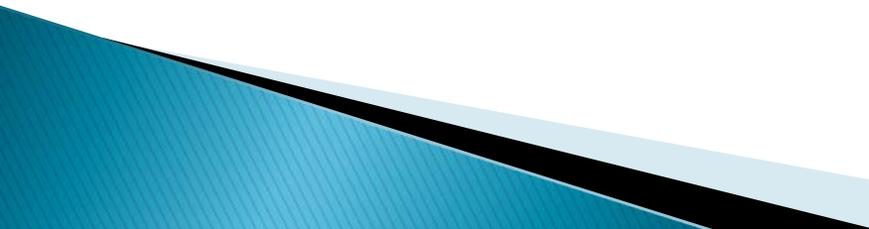
PURPOSE

- ▶ It is the only system of health care that addresses the basic health needs of the people in a way that guarantee equity and equality.
 - PHC is central to delivering on
 - Equity
 - Social justice
 - Universality
 - Accountability
 - Responsiveness
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Current Situation of PHC

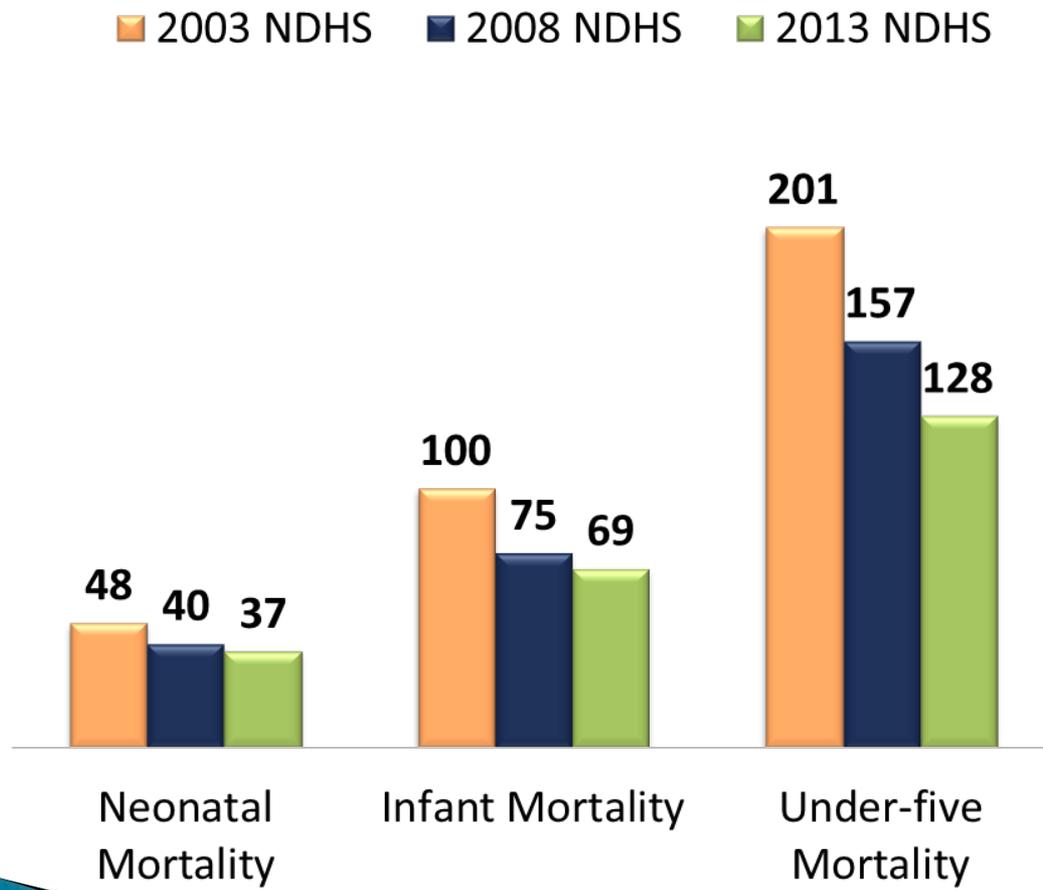
Each year in Nigeria ...

- ... **33,000 mothers die**, three-quarters of which could have been prevented with existing health interventions
 - ... **946,000 of children under five die**
 - ... **241,000 newborns die**, 70% of which could have been prevented using existing health care packages

 - This means that a total of ~1 million women and children die in Nigeria each year, equalling ~3,000 deaths per day and 2 per minute
 - Urgent action is required to **change** this situation
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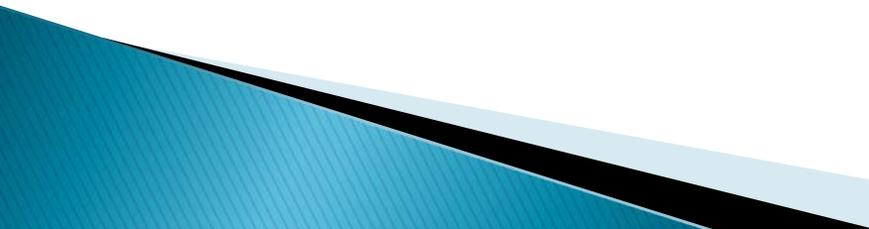
Trends in maternal and child mortality

Deaths per 1,000 live births for the 5-year period before the survey



- High maternal mortality (576/100k live births)
- High Under 5 mortality (128/1000 live births)
- Low SBA coverage (39%)
- High fertility rate (5.7)
- Large annual birth cohort (>6million)
- Large variation across zones; rural-urban location; income; maternal education

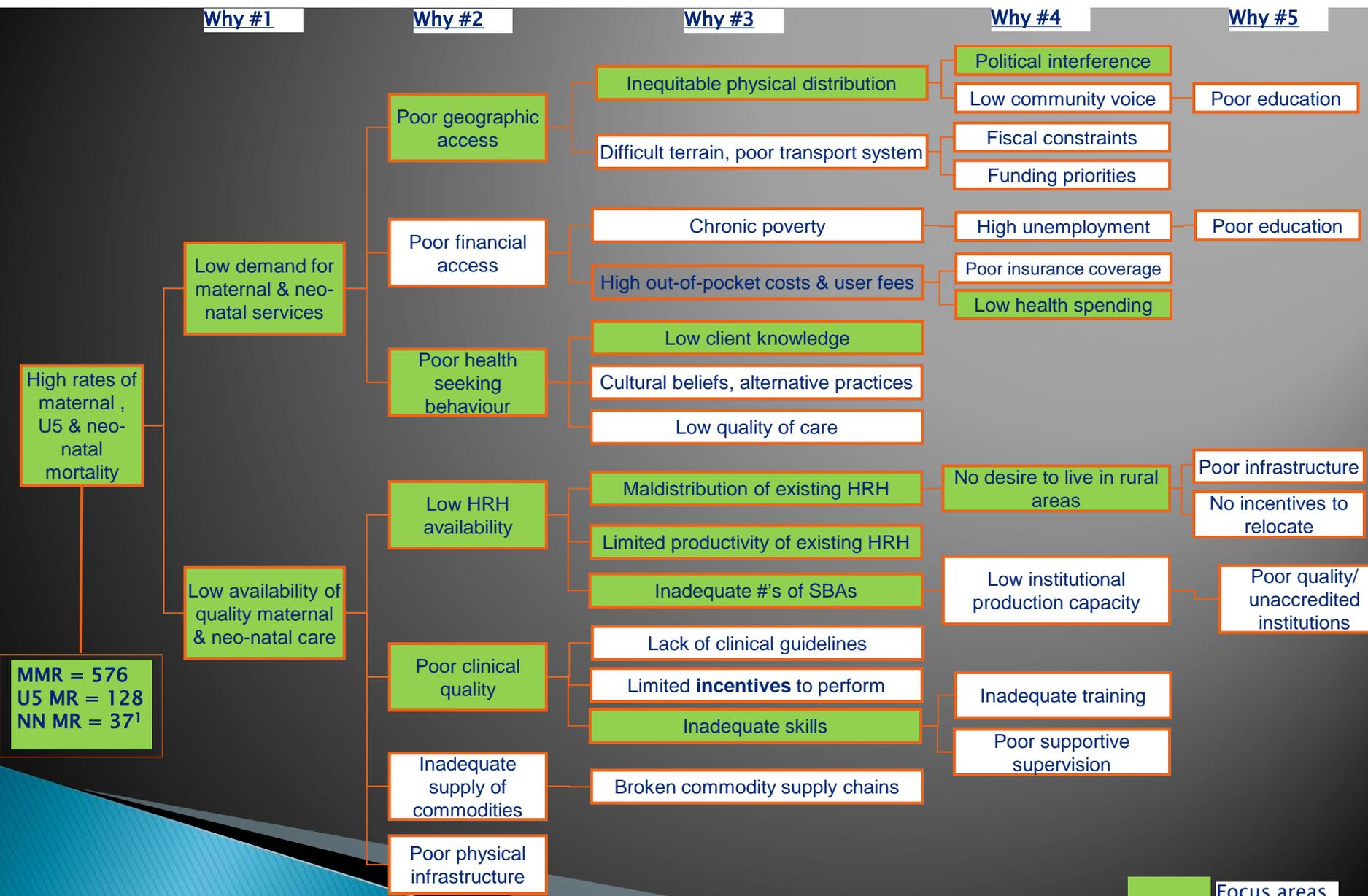
Health Policy Environment

- **National Health Act**
 1. Framework for regulation, development and management of a health system and sets standards for rendering health services in Nigeria
 2. Includes Basic Health Care Provision Fund funded from $\geq 1\%$ CRF
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Health Policy Environment Cont...

- **The National Strategic Health Development Plan (NSHDP)**
 - Clearly defines Nigeria's health priority areas
 - ▶ **Integrated Maternal Newborn and Child Health Strategy**
 - ▶ **Governance for PHC aligned under PHC Under One Roof (PHCUOR) to integrate all PHC services delivered under one authority, with a single management body – SPHCHA/Board**

Key determinants and factors driving poor health status of vulnerable Nigerian women and children



Focus areas

Our Universal Health Care (UHC) goals

UNIVERSAL HEALTH COVERAGE GOALS

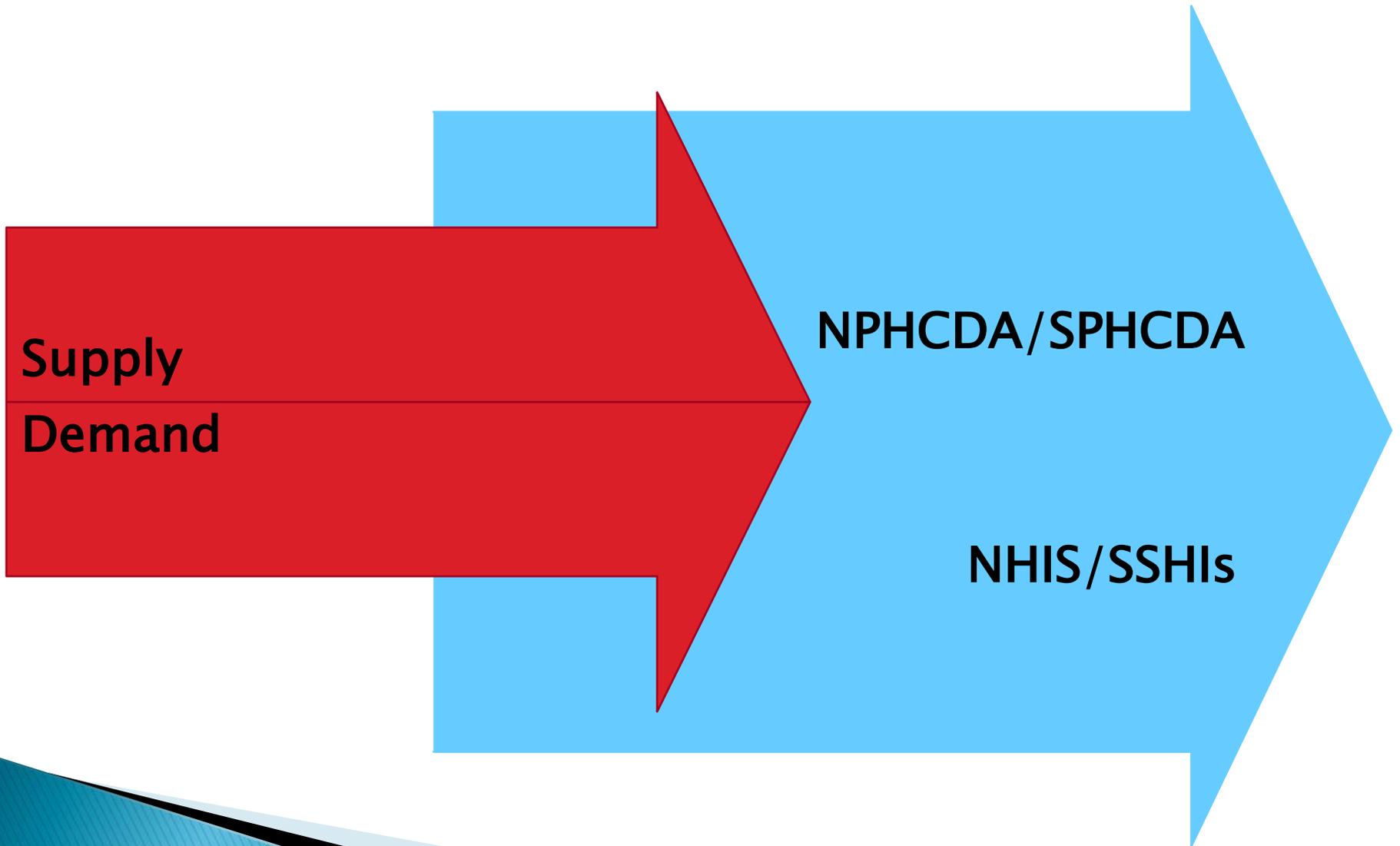
Ease of access to healthcare

Financial risk protection for socially excluded Nigerians

- **INCREASED COVERAGE**
- **IMPROVE HEALTH STATUS AND OUTCOMES**

Quality assurance and client satisfaction

KEY ROLE PLAYERS

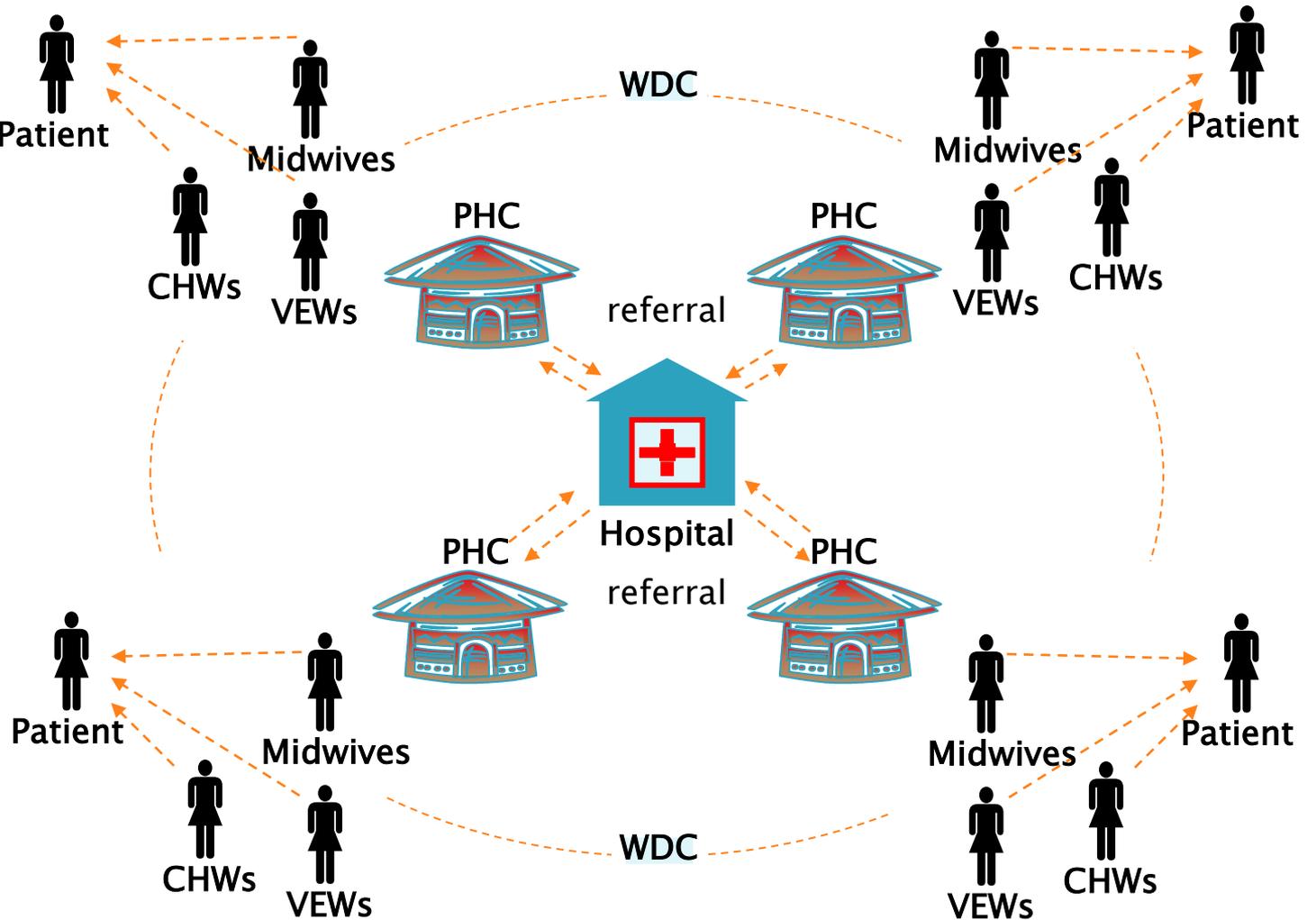


IMPLEMENTATION STRATEGY

- ▶ WARD HEALTH SYSTEM APPROACH

The Ward Health System – ensuring ‘1 functional PHC Per Ward’

- ≈ 10,000 population per Patient ward
- ≈ 30,000 PHC facilities nationwide
- 80% of primary healthcare centres are non-functional
- NPHCDA will map the facilities with corresponding functionalities based on the **Minimum Standards for PHC**
- Weak referral between the



One functional PHC facility in every ward:

Health care at your doorstep

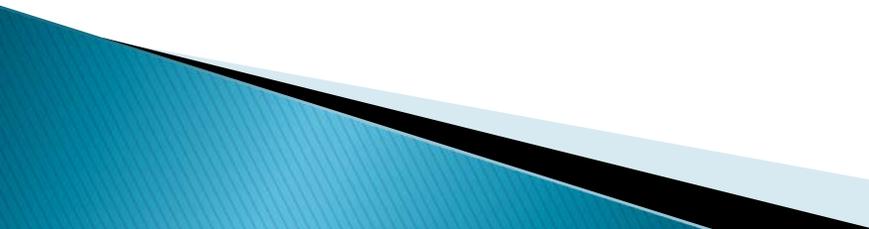
- ▶ Does NOT involve building new facilities!
- ▶ It addresses:
 - 1) Integrated PHC service delivery with facilitated referrals
 - 2) Human resources for health (*skilled, motivated, supervised*)
 - 3) Equipment, medicines and consumables
 - 4) Infrastructure upgrade
 - 5) Community engagement, demand creation – Ward and Village Development Committees
 - 6) Data management
 - 7) Supervision
 - 8) Strong collaboration with education, agriculture, environment and water resources

Target population for UHC goals

| Who? | Where? | Health conditions? | Financial conditions? |
|---|--|---|---|
| General Population | | <ul style="list-style-type: none"> Wellness checks and facility based health promotion | |
| Women and adolescent girls, particularly the poor and vulnerable <ul style="list-style-type: none"> Pregnant women Women and adolescent girls aged 15–49 | <ul style="list-style-type: none"> Rural areas/hard to serve communities Urban slums Internally displaced camps | <ul style="list-style-type: none"> Low % of women and adolescent girls using modern contraception Low % of women whose deliveries were attended by a skilled birth provider Low % of women delivering in a health facility Low % of women receiving at least 4 ANC visits | <ul style="list-style-type: none"> High out-of-pocket spending for the predictable costs of basic primary care – approx. 70% OOP costs |
| Children under 5, particularly the poor and vulnerable | <ul style="list-style-type: none"> Rural areas/hard to serve communities Urban slums Internally displaced camps | <ul style="list-style-type: none"> Low % of children receiving full immunization Low % of MUAC Green Low % of newborns exclusively breast fed for 6 months Low % of children under 5 for whom treatment was sought from a health provider Low % of households with at least one insecticide treated mosquito net | <ul style="list-style-type: none"> High out-of-pocket spending for the predictable costs of basic primary care – approx. 70% OOP costs |



Conclusion

- ▶ PHC remains the best approach to attain universal health coverage worldwide
 - ▶ All hands must be on deck to ensure the success of bringing PHC under one roof is the poor governance structures currently in place will be improved upon.
 - ▶ I WISH TO ACKNOWLEDGE SLIDES TAKEN FROM PAST PRESENTATIONS BY DPHCSD & DPRS FROM NPHCDA RESPECTIVELY.
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Conclusion Cont...

▶ **THANK YOU FOR LISTENING**

