PRIMARY HEALTH CARE UNDER ONE ROOF – AN OVERVIEW

AT

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IMPLEMENTING PRIMARY HEALTH CARE UNDER ONE ROOF

OUTLINE

- Background on PHCUOR
- Governance Structure
- Policy Structure
- The need for PHCUOR
- Principles of PHCUOR
- Step by Step Approach for implementing PHCUOR

Background on PHCUOR

- PHC 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.
- Access to primary health care is the foundation of good health.
- Considerable achievements in Nigeria as a result of implementation of the Primary Health Care.

Background on PHCUOR Cont...

- There has been systemic weaknesses due to gaps ranging from infrastructural decay, 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.
- Unsatisfactory governance system stands out as a major constraint that has continued to undermine the delivery of primary health care.

Background on PHCUOR Cont..

- Though some challenges have been blamed on lack of effective governance system, much has to do with poor management, especially in the organization of PHC at the state and LGA level & the difficulties faced in translating PHC principles into practice.
- Significant challenges continue to exist despite several laudable initiatives, including inequity in health care delivery.

GOVERNANCE STRUCTURE

- 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

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

NEED FOR PRIMARY HEALTH CARE UNDER ONE ROOF (PHCUOR)

- 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.
- An integrated approach using the principles of one Management, one Plan and one Monitoring and Evaluation.

PHCUOR Cont...

- 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.
- Under this policy, states are to establish an administratively autonomous and self-accounting PHC Board/Agency (SPHCB) to manage PHC.
- States/LGAs to fast-track the organization of Local Government Health Authorities (LGHA) to manage PHC.

Principles of "PHC Under One Roof".

- The "PHC under One Roof" is modeled on guidelines developed by the World Health Organization for integrated district-based service delivery and on the following key principles:
- 1. Integration of all PHC services delivered under one authority, at a minimum consisting of health education and promotion, maternal and child health, family planning, immunization, disease control, essential drugs, nutrition and treatment of common ailments.

Principles of "PHC Under One Roof" Cont...

- 2. A single management body with adequate capacity to control services and resources, especially human and financial resources. As this is implemented, it will require repositioning existing bodies.
- 3. Decentralized authority, responsibility and accountability with an appropriate "span of control" at all levels. Roles and responsibilities at the different levels will need to be clearly defined.

Principles of "PHC Under One Roof" Cont...

- 4. Principle of "three ones": one management, one plan and one monitoring and evaluation (M&E) system.
- 5. An integrated supportive supervisory system managed from a single source.

Principles of "PHC Under One Roof" Cont...

- 5. An **effective referral system** between/across the different levels of care.
- Enabling legislation and concomitant regulations which incorporate these key principles.

"All PHC-related Functions under one roof"

SPHCB maintains and coordinates all PHC activities in the State

PHC Services

 Coordinates plans budgets and monitors all PHC services

Human Resources

- Recruits, disengages, promotes, disciplines, transfers and retires all PHC staff
- Pays salaries and allowances of all PHC staff
- Maintains personnel records of all PHC employees

PHC advisory services

Advices
 commissioner and
 local government on
 all matters
 concerning PHC



Improved quality and increased access to health care services

LEGISLATION

PACKAGE

MINIMUM SERVICE

REPOSITIONING

SYSTEMS DEVELOPMENT

OPERATIONAL GUIDELINES

HUMAN RESOURCES

FUNDING SOURCES & STRUCTURE

OFFICE SET U

State Primary Health Care Board/Agency

GOVERNANCE & OWNERSHIP

STEP BY STEP APPROACH FOR THE IMPLEMENTATION OF PHCUOR

• Step 1: Establishment of a Technical Committee for PHCUOR: PHCUOR like any other health sector reform requires a multi-stakeholders buy-in and strong political will.

 The committee should include representatives of government Ministries, Departments and Agencies (e.g. SMoH, MOLG, LGSC, MOF, MOJ, State CSC, MOWA); legislators; LGA council chairmen, council and management; partners, CBOs, professional groups; traditional and religious leaders; private health professionals

 Step 2: Advocacy, stakeholders' engagement and building strong consensus around PHCUOR: Key stakeholders to be consulted about the plan to consolidate PHC structures and decentralize roles.

 Policy dialogue involves workshops, meetings, retreats, study tours and one-onone dialogue to discuss existing situation of PHC and advocate for reform options - frank discussions to ensure sound reasoning towards any consensus that will be reached.

 Step 3: Establishment of a technical subcommittee to draft the SPHCB bill, facilitate process of passage into law, assent by the **Executive Governor and publishing of its gazette.:** This subcommittee should include those technically skilled in drafting of health legislation and those with a sound knowledge of the PHCUOR policy. Although, a subcommittee of the technical committee to bring PHCUOR, the ministry of justice and health committee of the state house of assembly can provide valuable inputs.

 Step 4: Development of SPHCB Regulations, Policy Document and Annual Work Plan: It is essential for the SMOH to develop regulations that will enhance the effective implementation of the law. Regulations provide less legal jargon of the law for managers and staff to read, understand, and follow. When setup, the SPHCB management team can then develop its policy documents including annual work plan, implementation and monitoring systems to guide its operations.

• Step 5: Establishment of SPHCB Governing Board and Management Team: The establishment of the governing board and management team is under the purview of the governor however, there are always vested interests which must be tactically guarded against.

• Step 6: Reposition MDAs to transfer PHC responsibilities in the State to SPHCB: The SPHCB takes over all responsibilities for PHC service delivery in the State. It is essential to reposition the SMOH, by collapsing its existing PHC department and all programmes into the SPHCB.

- Similarly, all PHC related functions in the State Ministry of Local Government and Local Government Service Commission should be transferred to the SPHCB.
- The LGA PHC department becomes the LGHA in line with the PHCUOR Agenda.

Step 7: Allocate well-equipped office building at State capital and all LGAs for SPHCB and LGHAs respectively. Release of take-off grant for the SPHCB: The State government should adequately equip the SPHCB and LGHAs to commence their duties.

 Well-equipped office building and a take-off grant should be provided for their operations at the State and LGA level.
 Systems for managing staff and assets should be developed to ensure smooth and sustained growth and development of the SPHCB.

Step 8: Establishment of Local
Government Health Authority
Management Team and Advisory
Committee: The Governing Board and
Management Team of the SPHCB should
establish Management Teams and Advisory
Committees for all the LGAs.

 The key principles for establishing the LGHA are single lines of accountability between this level and the SPHCB, wellestablished accountability lines upwards from LGHA to SPHCB, creation of LGHA structures.

Step 9: Build Capacity of Governing Board and Management Team of SPHCB and LGHAs: It is also critical to build the capacity of new managers in the system on PHCUOR policy, guidelines and their new roles.

 A structured management capacity building programme needs to be developed and implemented - Guideline on PHCUOR, The National Guidelines for Development of Primary Health Care in Nigeria (PHC Green Book) are readily available resources apart from other resource materials that focus on specific capacity in systems management in a decentralized setting.

Step 10: Orient and Reorient Stakeholders and SPHCB/LGHA Staff on PHCUOR Policy, new roles and responsibilities: As proposed PHCUOR reform begins to produce a unified and decentralized PHC system, more attention should be shifted to improving PHC service delivery.

 This attention should focus on the orientation and reorientation of key policy makers and managers from the MOH, MOLG, SPHCB and LGHA staff, state assembly and other PHCUOR 'champions' of the reform system to deepen their understanding and practice of the PHC law and regulations.

Step 11: Adoption and Utilization of the **WMHCP approach**: A key technical step is for the new SPHCB management team to focus on improving PHC services. The Ward Minimum Health Care Package (WMHCP) approach is appropriate step towards achieving this and guidelines for its implementation are available as resource materials from the NPHDCA and the NHAct.

Conclusion

THANK YOU