The Legislature and Nigeria's Health System: The journey so far

A Paper Presented during the Legislative Network on Universal Health Care Coverage Summit by;

Chair, House Committee on Healthcare Services Hon. Dcn. Chike Okafor;

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Protocols.

• Introduction

I want to start by welcoming The Senate President of the Federal Republic of Nigeria, Distinguish Senator (Dr) Bukola Saraki and his principal officers, the Speaker of the House Representatives, Rt. Hon Yakubu Dogara and his principal officers, the Hon. Minister of Health, Prof. Isaac F. Adewole, the Speakers of the State Houses of Assemblies and their Hon. Members, Clerks of the State Houses of Assemblies, Development and Implementing Partners and everyone to this all important summit on Legislative Network on Universal Health Coverage which is the first of its kind not only in Nigeria but probably in Africa. I do hope that the Legislative Network on Universal Health Coverage will be a model that will change the health care financing landscape in Nigeria and improve on the legislature- Executive interface that will foster greater coalition and consensus building towards the achievement of Universal Health Coverage in our dear Country, Nigeria.

My presentation today is on'The Legislature and Nigeria's Health System: The journey so far'. This is a broad topic, if you may all agree with me but I have decided to narrow it down to suit the purpose of the summit which is to launch a Legislative Network on UHC that will effectively leverage statutory functions of the legislature in Nigeria for improved health financing towards UHC in Nigeria. This is apt, given the recent drive by the House of Representatives to Support the repositioning of Healthcare Services in Nigeria through the formation of the PHC Revitalization Support Group. Consequently, UHC is best situated in the context of Primary Healthcare Development, given that about 70-80% of ailments and disease conditions can be managed at the PHC level, where functional. UHC therefore, must be situated in the context of a revitalized PHC System, a vision actively implemented by the Federal Government, through the Hon. Minister of Health, with active support from development partners. This initiative therefore, in building on the existing platform in Nigeria, is creating the needed synergy between the Executive

and the Legislature. However, health and development are intertwined, as events in the international scene depict.

Health in the Context of Development

In the transition from MDGs to SDGs, it has been recognized that the expansion of scope and the volume of global development goals will require countries to go beyond their current capacities, and that different operational and governance arrangements will be necessary to achieve desired health outcomes.

The health-specific SDG is Goal 3: Ensure healthy lives and promote well-being for all at all ages. SDG 3 includes 13 targets covering all major health priorities including the Expanded and unattained Millennium Development Goals (MDG) agenda, mental health, Non-Communicable Diseases (NCDs), injuries and environmental issues, and "means of-implementation" targets.

The target that focuses on Universal Health Coverage, as reported in the SDG framework document; (UHC), is very important in achieving the other targets and building strong and resilient health systems. To this end a UHC coverage index of essential health services was proposed as SDG indicator for services. UHC coverage index includes a set of tracer indicators grouped into four major categories with each category having four indicators. The four categories of tracer indicators for UHC service coverage are: (a) *Reproductive, maternal,* newborn *and child health;* (b) Infectious diseases; (c) Non-communicable diseases; and (d)*Service capacity and access;* and health security.

The PHC revitalization programme has been identified as the most suitable and effective strategy to achieve universal health coverage in Nigeria and hence key health related SDGs. The Government plans to make functional approximately 10,000 PHCs by 2019 (that is 1 PHC per ward). Functionality will require rehabilitation of existing facilities, provision of critical skilled workforce and essential supplies to provide basic health services as defined in the *Minimum Standards of Healthcare Package,* developed by the National Primary Healthcare Development Agency, Abuja. Revitalisation of PHC (NPHCDA 2015) guide anticipates that communities will participate in PHC in a number of different ways: in facility performance assessment, and quality assessment and recognition; in facility governance; in strategic planning, policy development processes, legislation, in the management of priority health conditions at community level through behaviour change communication activities and community radio initiative. It also provides a list of interventions that could be engaged to improve PHC in Nigeria.

- **Background**

Nigeria's Health System

The Nigerian health system is based on The National Health Policy and Strategy to Achieve Health for All Nigerians launched in 1988 which was Nigeria's first comprehensive national health policy. This was subsequently revised in 2004 and the current one in 2016. The thrust of the policy is based on the concept of Primary Health care and driven by the unfinished agenda of the Millennium Development Goals (MDGs), the new Sustainable Development Goals (SDGs), emerging health issues (especially epidemics), the provisions of the National Health Act 2014, the new PHC governance reform of bringing PHC Under One Roof (PHCUOR) and Nigeria's renewed commitment to universal health coverage. Nigeria's health system is run on a Concurrent basis at the 3 tiers of government i.e Federal, State and Local Government. This gives autonomy to all the 3 tiers of government in managing the affairs of the health system under their watch. All primary health care centres fall under the purview of the local government, while the secondary and tertiary fall under that of the state and federal government respectively.

The situation analysis contained in the Revised National Health Policy 2016, showed that;

'Nigerian health system is weak and hence, underperforming across all building blocks. Health system governance is weak. There is almost total absence of financial risk protection and the health system is largely unresponsive. There is inequity in access to services due to socio-economic status and geographic location. For instance, 11% of births to uneducated mothers occur in health facilities while 91% of births in mothers with more than secondary education occurs in health facilities; 86% of mothers in urban areas receive ANC from skilled providers compared to only 48% of mothers in rural areas; while ANC coverage in the North West is 41% compared to 91% in the South east. Other problems related to health services include: curative-biasedness of health services delivered at all levels, inefficiencies in the production of services, unaffordability of services provided by the private sector to the poor, limited availability of some services including VCT, PMTCT and ART, low confidence of consumers in the services provided, especially in public health facilities, absence of provision of minimum package of health services, lack of proper coordination between the public and private sectors and poor referral systems. However, Nigeria has achieved some milestones in recent years with the eradication of guinea worm, control of the Ebola Virus Disease outbreak and the interruption of Wild Polio Virus transmission in the country[1]'.

Furthermore,

'The average life expectancy at birth has increased from 46 in 2008 to 52.62 in 2013[2]. The Under-5 mortality declined from 201 deaths per 1,000 live births in 2003 to 128 deaths in 2013, a decline of 31 percent, while the infant mortality declined from 100 deaths per 1,000 live births in 2003 to 69 in 2013.At the current mortality levels, one in every 15 Nigerian children die in their first year, and one in every eight do not survive to their fifth birthday. The neonatal mortality rate, at 37 deaths per 1,000 live births, has not declined to the same extent as the infant and under-five mortality[3].Twelve percent of women and men are likely to die between the ages of 15 and 50. These probabilities have decreased since 2008 by 23 percent for women and 27 percent for men. Maternal deaths account for 32 percent of all deaths among women age 15-49. The maternal mortality ratio was 576 maternal deaths per 100,000 live births for the seven-year period preceding the survey. The lifetime risk of maternal death indicates that 1 in 30 women in Nigeria will have a death related to pregnancy or childbearing[2].

- **Health care reforms launched in Nigeria**

In order to contextualise our health care development in Nigeria, it is important to take a journey into the past and trace our history so as to provide a clue to fashion the future. Below is the developmental milestone of the Nigeria's Health System.

Multi-year health developmental planning

Following persistent Nationalist agitations by Nigerian health personnel trained overseas who were discriminated against, the colonial Government tried to extend modern health and education facilities to much of the Nigerian Population. This, in **1946** led to the drawing up a 10- year health development Plan, **(1946-1956**) and also the establishment of the **Ministry of health** to coordinate health service delivery throughout the country. This was inclusive of services provided by the Government, private companies and mission hospitals.By the end of the 2nd World War in 1945 there were a total of **116** hospitals in the country – government owned **69,** -Christian *Missionary owned* **46** and one was private. There were **118** such *mission facilities* in Nigeria at Independence in 1960.

The ***second*** health development Plan then involved the expansion of health services within the six- year plan period; **1962-1968.** A total Capital

budget of **GB 10.304m Pounds** was proposed, out of which **53%** *was for training of doctors, nurses, pharmacists and other medical auxiliary staff,* **27%** was for the *expansion of Preventive medical work*, while **20%** was to be allocated to *other medical projects*. It was planned that the increased expenditure for financing the expanded and modernised medical services would be funded by the people through a ***'Contributory Health Insurance Scheme'***The Federal Government was to contribute an amount equivalent to its present expenditure in the medical services as at then, while all employers of labour and employees were also to contribute to the scheme. The self- employed was also to contribute in proportion to their incomes.*(Majekodunmi M O.1998)*. This scheme was approved in principle by the National Council on Health in March 1962, while the Prime Minister, Alhaji the Rt. Hon. Sir Abubakar Tafawa Balewa, K.B.E, M.P while addressing the Parliament referred to the scheme, and hoped it would be be established the same year; 1962 after due parliamentary Passage of the bill. The Health Bill was later withdrawn by the Minister of Health in March 1963 after the 'Western Region Emergency' (where he had gone to serve as Administrator from May through October, 1962) due to strong opposition by the Doctors and Pharmacists.

Other policy measures that helped the health service reorganisation plan as part of the broader health development Programme included the enactment of the Medical Practitioners Act which provided for the registration, discipline and training of medical practitioners, the Nurses and Midwives Act, the Pharmacy Act, the Food and Drug Act as well as the building of more health centres. The Planning and operation of the Health Centres for the first time provided the Integration of Curative and preventive Health services. *(Majekodunmi M O, 1998)*

- **The evolution of primary health care system**

The Federal Government's introduction of the Basic Health Services Scheme (BHSS) in 1977 led to establishment of the Basic Health Services Implementation Agency (BHSSIA) of the Federal Ministry Health to undertake a lot of far reaching reforms in the Health sector, including

regrouping the various types of Health Workers into four cadres of 'core' polyvalent workers. These have remained the core primary Health care workers in the Country's PHC System. These cadres of health workers are: Community Health Officers, Community Health Supervisors, Community Health Assistants andCommunity Health Aides. The Community Health Supervisor cadre was eventually phased out, while the Community Health Assistant and Community Health Aide were renamed Community Health Extension Workers. (CHEWs)

August 1987, the federal government launched its primary health care plan with the following major objectives: [7, 8, 9]

1. Improve collection and monitoring of health data
2. Improve personnel development in the health care
3. Ensure the provision essential drug availability
4. Improve on immunization programs
5. Promote treatment of epidemic diseases
6. Improve food supply and nutrition
7. Improve material and child care, and family planning
8. Educate people on prevailing health problems and the methods of preventing and controlling them.

This health care plan apparently made little impact on the health sector, as it continued to suffer major infrastructural, and personnel deficit, in addition to poor public health management.

- **National Health Insurance Scheme**

As an effort by the federal government to revitalize the worsening state of health, the National Health Insurance Scheme (NHIS) that was established in 2005 by Decree 35 of 1999 provided for the establishment of a governing council with the responsibility of managing the scheme[10]. However, the scheme was first proposed in 1962 under a bill to parliament by the then Minister for Health[8].

The objectives of the scheme were to[10, 11]

1. Ensure that every Nigerian has access to good health care services
2. Protect Nigerians from the financial burden of medical bills
3. Limit the rise in the cost of health care services
4. Ensure efficiency in health care services
5. Ensure equitable distribution of health care costs among different income groups; equitable patronage of all levels of health care
6. Maintain high standard of health care delivery services within the scheme
7. Improve and harness private sector participation in the provision of health care services

8. Ensure adequate distribution of health facilities within the Federation
9. Ensure the availability of funds to the health sector for improved services.

The objectives and functions of the NHIS[11, 12] according to this present review have hardly been attained to any significant height, as health care delivery continues to be limited; not equitable and does not meet the needs of the majority of the Nigerian people. This is best illustrated by the very low National coverage of the scheme at the moment, currently estimated to be in the range of **1.5-2.0%** of Nigeria's population.

- **The Legislature and the development of the Nigerian Health System**

The basic functions of the Legislature include Appropriation and Oversight Responsibilities. Legislators also carry out incidental functions as exigencies demand, all in the quest to advance the cause of the voiceless Nigerians, whose Voice we have, by the grace of God assumed, holding it in thrust for them.

Legislation.

Except when the military have been in power, whereby the parliament is the only arm of government suspended, the legislature has been an integral part of policy formulation in Nigeria, even prior to independence. The National Health Act, passed by the 7th National Assembly in 2014 contain significant innovations aimed at strengthening the health system in Nigeria, especially in the area of Universal Health Coverage in the context of improved access to basic healthcare services. Secondly, through the various appropriation bills passed into law, the legislature have provided a balancing and fair distribution of health expenditure across Nigeria in an equitable and just manner. For instance, the intervention of the Legislature in the 2017 budget law ensured that Nigeria provided the required refunds to international development partners like Global Fund, GAVI, for monies not spent following due process, running into millions of dollars. Though painful;, this has restored some credibility to the country, while the government plans to sanction the erring officials.

Oversight

Monitoring and evaluation of healthcare related budget and finances cannot be undertaken by the executive, given that one cannot be an unbiased judge in his own case. Herein lies the beauty of frequent oversight visits, which have historically yielded, in some cases, surprising findings. This, and other findings during scheduled, and unscheduled oversight visits have strengthened the contribution of the Legislature to the development of the health sector, and to a larger extent, the other

sectors of the economy, since a health man is a most useful asset in the economic development of any Nation.

Incidental Functions.

Legislators also undertake Public hearings to provide an avenue to interact with Nigerians from different walks of Life to gauge their opinions with a view to reflecting such in relevant laws, or initiate a cause of action they deem fit.

-The 2017 Appropriation Bill Public Hearing.

In an unprecedented move in the history of the Legislature in Nigeria, the 8th National Assembly organised a public hearing through the joint Appropriation Committees to harvest inputs from Nigerians in the making of the 2017 budget law. The move elevated ***Participatory Citizen Governance*** to another level, which could not have been possible outside a democratic setting.

-The PHC Revitalization Support Group (NASS-PHCRSG)

That our health outcomes are abysmally poor, occasioned by a weakened health system, facilitated by chronic years of neglect and underfunding is already common knowledge among Nigerians. Given the key role the Parliament plays as a bridge between the government and the people, and in response to calls by well- meaning individuals, organizations, National and international development partners, I moved a motion on the 20th October, 2016 at the floor of the House of Representatives on the 'urgent need for adequate funding and revitalization of the Primary Health care system in Nigeria'. The House took some resolutions that have formed the basis of the Public hearing on November 22-23, 2016. Amongst the resolutions taken by the House to enable the kickoff of this Public Hearing were

- Urging the Federal Government to commence in the fiscal year 2017 the implementation of the African Heads of States 2001 Abuja Declaration of allocating 15% of the budget to the health sector

- Mandating the committee on Healthcare Services to convene a public hearing to identify, harmonize and streamline additional sources of funding from stakeholders and report back to the House within four (4) weeks for further legislative action and

- Also to urge the Federal Government to declare a state of emergency in the Primary Healthcare Sector in Nigeria.

At the end of the hearing, actionable resolutions were not going to be lost in the pages of the report as recommendations. The Committee also created an innovation by setting up a multi-stakeholder Group, with a view to advocate for, and Support the implementation of such resolutions; the PHC Revitalization Support Group. The Group already has a 3 year Strategic Plan, with buy in from critical stakeholders like WHO, UNICEF, National NGOs, FBOs, etc., all working to support the Vision of the Hon. Minister of Health, and help Nigeria attain Universal Health Coverage. I urge you all here to reach out to the group, co-chaired by HE, Mrs. Toyin Saraki, and Dr. Ben Anyene through the secretariat at my office to enable us work together to further seek to attain UHC in Nigeria.

The 3-year Strategic plan, which ends in December 2019, is premised on four thematic areas;

1. Promote Coordination and Participation for PHC Revitalization;

2. Sustain Advocacy and Sensitization on increased Funding, Release and Utilization of Health Budgets at Federal, State and Local Government levels.

3. Advocate for Scale up of Service Delivery, and Cross cutting Issues like Accountability, monitoring and Evaluation.

4. Promote Community Engagement, Social Inclusion and Value for money.

- **The way forward for the Nigerian health care system/recommendations**

*UHC, anchored on a revitalized PHC System, is the missing link in our healthcare delivery system. We must strive to provide basic essential healthcare system that is accessible, affordable, and available with effective linkage between NHIS and NPHCDA through the implementation of the Basic Healthcare Provision Fund, and other schemes in the National Health Act.

* There should be a mechanism put in place for harmonization of all donor resources that support our health system for greater Effectiveness, efficiency and Value for Money.

* There should be put in place an Accountability Framework for Use by all cadres of health personnel

* There should be Sustained and Sensitization on the need to implement the Abuja declaration of 2001 which requires African Countries to allocate and spend 15% of their National budgets on Health

* The *Strategic Plan of the PHC Revitalization Support group*, if well implemented, will provide a realistic set of impactful interventions that will yield better outcomes in our health sector

Conclusion

The Nigerian health care system is underfunded and poorly developed and has suffered several backdrops, especially at the Local Government Levels. The legislature has over the years risen to the task of providing its support through the discharge of its legislative duties and functions for the overall development and success of the Nigeria's health sector. This summit on Legislative Network on Universal Health Coverage is yet another clear cut demonstration of the conscious efforts by the legislative arm of government to demonstrate greater commitment and support for the development and progress of the health sector in Nigeria. However, this must be situated in the context of existing platforms, especially the PHC Revitalization Support Group, because collaboration will produce greater synergy, in the overall interest of Nigerians.

I wish you successful and fruitful deliberations during the summit and to also pledge the continuous support of the House of Representatives to the Legislative Network on Universal Health Coverage and the health sector in general in Nigeria. May God bless a United, Prosperous, Federal Republic of Nigeria.

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