

Primary Health Care as an instrument for the attainment of Universal Health Care in Nigeria

About CPED Policy Brief

Centre for Population and Environmental Development (CPED) policy brief series is designed to draw attention of stakeholders to key findings and their implication as a research is conducted. The general objective is to contribute to a body of evidence that can influence the development, modification and implementation of policies across various sectors in Nigeria. The primary focus, therefore, is to outline actionable recommendations for policy influence and result utilization by government institutions and other key stakeholders in Nigeria.

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Introduction

Following the expiration of the eight Millennium Development Goals (MDGs) that have been used as the framework for shaping progress in development for 15 years, seventeen new Sustainable Development Goals (SDGs) were adopted by governments at the UN General Assembly in September, 2015. SDG3 focuses on health i.e. to “Ensure healthy lives and promote well-being for all at all ages”. This goal is translated into 13 targets: three relate to reproductive and child health; three to communicable diseases, non-communicable diseases, and addiction; two to environmental health; and one to achieving universal health coverage (UHC). Four further targets relate to tobacco control, vaccines and medicines, health financing and workforce, and global health risk preparedness.

Achieving the health the Sustainable Development Goals (SDGs), specifically Goal 3, requires a multiplicity of approaches that will not only strengthen health systems but also address social-cultural and economic challenges usually eminent and prevalent in Nigeria. The nine (9) health targets under SDG 3 are expected to “ensure healthy lives and promote well-being for all at all ages.” There is no doubt that achieving universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all is essential to the fulfilment of all of the other health targets. Universal Health Coverage means that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Background

This policy brief is based on the findings of CPED on-going implementation research on “*Enhancing the performance of Primary Health Centres for improved health systems’s performance in Nigeria*”. The project is one of the small scale implementation research programmes with support from the *Think Tank Initiative* funded by Canada’s *International Development Research Centre (IDRC)*, Ottawa and other donors. The general objective of the research programme is to contribute to a body of evidence on the strengthening of the primary health care systems in Nigeria that can influence the implementation of policies on equitable access to health care. The policy brief outlines some actions that need to be taken to improve the situation based on the findings of the action research carried out on primary health facilities in Delta State. This policy brief is abstracted from the commentary titled “*Achieving Universal Access to Health Care in Africa: The Role of Primary Health Care*” by Professor Emeritus Andrew Onokerhorye, Executive Director, which was published in *African Journal of Reproductive Health*, Vol. 20, 2016. We thank the Editor for permission to use parts of the publication.

UHC is a strategy to ensure that all essential health services such as HIV, tuberculosis, malaria, non-communicable diseases and mental health, sexual, reproductive, newborn and child health are available, accessible and affordable to all who require them. Universal Health Coverage however, cannot be achieved in Nigeria without revamping and strengthening the health system particularly the primary health care component. The fragmentation of the health system which in other words refers to the current vertical implementation of programmes means that while some health thematic areas are likely to see improvement, others are likely to be stagnant or witness little progress. Achieving universal health coverage calls for a robust health and financial system that does not exploit the poor but provides affordable health care for all irrespective of status in society. Essentially, this means that everyone must have access to affordable quality health services – well equipped health infrastructure with essential equipment, medicine and drugs and trained and skilled human resource for health.

The key challenge of Promoting Universal Health Care through Primary Health Care in Nigeria

While Nigeria cannot achieve Universal Health Coverage in a day, its adoption of a Primary Health Care (PHC) approach will facilitate achieving UHC under the SDGs 3. The key health challenges articulated in the SDG3 can be addressed through a population-based approach to primary health care services. Well integrated primary health care system has a key role in health emergency responsiveness, and it is essential for the achievement of UHC equitably and cost-effectively. At the same time, an effective primary health care system can contribute to the achievement of many of the 16 other SDGs. Primary Health Care is the foundation of every health care system: the first contact and ongoing link between people and their health providers. It is how individuals and families connect with the health care system throughout their lives, from prenatal checkups and routine immunizations to the treatment of illness, rehabilitation and the management of chronic conditions. Primary care teams in Nigeria can through the discharge of their main responsibilities make contributions across the SDGs, including helping to end poverty, improve nutrition, provide health education and promote lifelong learning, empower individuals and communities to reduce inequities and promote justice, enable access to safe water and sanitation, encourage productive and sustainable employment, advocate for healthy and sustainable living environments, and promote peaceful communities.

Despite the key role which PHC can play in the attainment of SDGs, the promotion of an effective and efficient primary health care system remains elusive to many governments, policy makers, funders, and health-care providers in most developing countries in general and African countries in particular. Thus about 40 years after the Alma-Ata declaration, the absence of reference to primary health care in the SDGs and their targets is obviously a major oversight. One major factor responsible for the failure of primary health care in many countries in Africa since the Alma-Ata declaration is the lack of effective strategies for implementation as well as the framework for their monitoring for accountability and scale-up purposes. This issue needs to be addressed by health policy makers and practitioners in African countries in the development of implementation strategies for the SDGs. If effective and tested strategies are not articulated on how primary health care systems in the various countries with good-quality comprehensive primary care can be achieved, or how to measure progress towards this goal, there is high probability that the failures of the past which have weakened the contributions of primary health care services to the health care system will be repeated in the implementation of the SDGs. It is essential that governments and other stakeholders in Nigeria need to be ambitious in measuring progress towards the delivery of PHC that will address the SDGs. This monitoring includes the use of indicators that can capture the principles of equity, community participation, prevention, appropriate technology, and inter-sectoral collaboration underpinning the Alma-Ata declaration, and which can also document the elements of first contact, continuity, comprehensiveness, coordination, and family and community orientation which, evidence suggests, make primary care services successful. Health financing

indicators need to track government expenditure in this area and provide information on the economic accessibility of primary care services.

Nigeria reaffirmed its commitment to PHC at the Ouagadougou Declaration on PHC and Health Systems in Africa. The National Health Insurance Scheme (NHIS) and Community-based Health Planning and Services (CHPS) which seek to make health services easily available to communities are some strategies Nigeria has adopted to ensure universal health coverage under its primary health care approach. Though laudable, these strategies are beset with many challenges including inadequate skilled staff and lack of logistics. For instance, the NHIS which is essential in promoting universal health coverage, equity in health service delivery and addressing poverty and financial challenges is faced with challenges such as cash flow bottlenecks. Delays in reimbursing health facilities for services delivered, inadequate logistics and human resources, limited space within health facilities to cope with the increasing number of clients are also some challenges that affect ability to effectively implement primary health care. Furthermore, Nigeria continues to invest heavily in tertiary and secondary care while little stride has been made to change the strategy of vertical disease programming.

Proposed Solutions to Make PHC Effective in the achievement of Universal Health Care

Achieving UCH and essentially the health SDGs, Nigeria will have to review its current PHC strategies and road maps while ensuring that best PHC approaches are enforced nationally and particularly at the local government and community levels. This requires supporting the health system infrastructure with health facilities, capable, motivated, well trained and skilled health personnel and essential equipment and drugs at all levels.

Nigeria will also have to consistently allocate a minimum of 15% of its annual budget to the health sector as part of its commitment to the Abuja Declaration. Harnessing resources from the private sector is also vital and will ensure sustainability of the health system and reduce the over dependence on foreign resources and expertise. Furthermore, Nigeria must place emphasis on coordination and integration of vertical programmes to ensure more equitable allocation of resources. Further, the involvement and participation of communities in health service delivery must be intensified. This will strengthen PHC as a strategy for achieving UHC and inadvertently the health SDGs.

For PHC to be effective as an instrument for the achievement of UHC, it is also important to address and monitor a number of issues as outlined below:

1. **Location of Primary Health Care Centres:** It's essential to measure where primary care centres are based in relation to the populations they serve. If half the population of a country is living in rural areas, then half of the health services, and half of the doctors and nurses and community health workers, should also be based in rural areas. We also need to measure whether primary health care centres are effectively supporting those populations in greatest need, including the poor and disadvantaged.
2. **Size and Training of Health Workforce:** There is need to regularly evaluate the numbers of primary care nurses, midwives, birthing attendants and community health workers available to meet the needs of local populations. In addition, there is need to measure the percentage of graduates from professional health training institutions who are expected to work in community-based health services. We know that many governments and indeed the private sector in Nigeria are training too many hospital-based medical specialists at the expense of strengthening their primary care medical workforce. This leads to health services not being available in the communities where they are needed most.
3. **Value of Primary Care Providers:** Developing measures of whether a country values health care professionals who work in rural communities is essential. For example, do nurses and doctors working in primary care, especially in remote rural areas; receive higher incomes than nurses and doctors working in

hospitals in big cities? If not what can be done to reverse the situation?

4. ***Patient and Health Worker Interactions:*** One of the great challenges to achieving health care for everyone is ensuring services are focused on the entirety of an individual's health needs, with attention to how and when they need to access them. This can be measured through indicators such as patient satisfaction; access to care after hours, home-based care, interpreters, disability-friendly services; and the integration of preventive care and health promotion into primary care services.

Conclusion

There is a desperate and urgent need to improve health and health indicators in Nigeria. A focus on the development of healthcare delivery system that incorporates primary health care strategies having symbiotic relationship with secondary and tertiary level of health care and all stakeholders is the way forward and will improve the much needed healthcare delivery in Nigeria.

Acknowledgment

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ABOUT CPED

The Centre for Population and Environmental Development (CPED) is an independent Think Tank organization dedicated to promoting sustainable development and reducing poverty and inequality through policy oriented research and active engagement on development issues. CPED is located in Benin City, Edo State, Nigeria. The Organisation was formally registered in Nigeria by the Corporate Affairs Commission (CAC) in 1999. CPED is a member of different Think Tank Networks including the “West Africa Think Tanks Network (WATTNet)”, and also a beneficiary of the Think Tank Initiative (TTI), a multi-donor program of the *International Development Research Centre (IDRC)*, Canada. The Centre’s Executive Director is **Professor Emeritus Andrew Godwin Onokerhoraye**, vice chancellor University of Benin (1992-1998).

CPED core programme areas can be broadly categorized into: Action Research; Policy Engagement, Communications and Advocacy; Intervention Programme and Capacity Building for Policy makers, CSOs and Mentees from allied institutions. CPED research agenda covers (1) Climate change with particular reference to the wetland and coaster regions (2) Gender and development (3) Health Systems and Health Care Service Delivery (4) Research on Governance and Development (5) Peace Building and Development in Niger Delta Region (6) Growth, Development and Equity.

CPED has three major organs designed to achieve its mission as follows: Board of Trustees; Committee of fellows and Management. The Board of Trustees comprised of people who have distinguished themselves in public and private service and are mainly interested in contributing to development in Nigeria through policy research and intervention activities. The Board of Trustees has the responsibility of assisting the organization in raising funds for its activities and in monitoring all its programs and expenditure. The Board meets every quarter to review the activities of the Centre. CPED committee of fellows comprise of Nigerian-based researchers and those based abroad. The fellows are involved in the various research, advocacy and intervention projects of CPED both at the proposal development stage and during execution. Most members of the Board of Trustees are also fellows of the Centre since they are involved in some of the action research and intervention project activities that are in their area of specialization. The executive Director of the Centre is the head of the management of CPED and he supervises the overall activities in each of the Divisions.