

## **A 4-Point agenda from PACFaH@Scale CSOs to the Nigerian Government to leverage Primary Health Care in the fight against COVID-19**

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To date the Nigerian government's laudable response to Covid-19 has failed to chart a clear role for the Primary Health Care (PHC) level of the health system. It would seem that the PHC facilities have been under-emphasized and relegated to the background in the scheme of things. While infectious disease control requires highly specialized interventions with facilities removed from communities there is still an important role for PHCs in infectious disease prevention. Primary Health Care centres in Nigeria, even if equipped poorly, are the hub for health care in the community and well positioned as the primary point of care under the Primary Health Care Under One Roof (PHCUOR) National Policy. The fight against Covid - 19 should not be one which trades off PHCs against a specialized and central command system of service delivery. The Partnership for Advocacy in Child and Family Health at Scale (PACaH@Scale coalition of 24 Nigerian Civil Society organizations proposes the 4-point agenda below on how the PHC system can serve as an assets to strengthen national and state governments' fight against Covid-19.

1. The Government of Nigeria and the National Centre for Disease Control (NCDC) in particular, should pivot and leverage PHCs as centres for community-based trainings and sensitization engagements on hand washing and behaviour change communication on social distancing for local communities, especially in rural geographies. Under the PHCUOR National Policy, the PHC health system has already been entrusted key social and behavioural change communication roles in areas of nutrition, polio and routine immunization as well as prevention of diarrhoea and pneumonia of infants and children. In regions with limited access the internet where videos of hand-washing can be demonstrated, PHC staff are well placed to demonstrate proper hand washing and social distancing protocols.

2. Across Nigeria's 36 states and in the FCT, PHCs are struggling to respond to the demands of the National and State Primary Health Development Agencies to continue providing services. Experiences from the Ebola outbreak in West and Central Africa provide the evidence base for not disrupting PHC services during an epidemic outbreak and no doubt underpin the expectation of the National and State PHCDAs. The enlightenment campaign of the National Primary Health Care Development Agency (NPHCDA) to reassure all Nigerians that PHC services will continue<sup>1</sup> must be seen in this light. PHCs struggling to provide services for a mass clientele during this hot season or routine immunization services are in dire need of clear guidelines of how to remain active while not inadvertently spreading Covid-19. As the hot season approaches many states are coordinating Meningitis vaccinations programs within the PHC system; routine immunization has not stopped; women are giving birth; and research is being conducted in states with where new Vaccine-Derived Polio Virus type 2 (cVDPV2), cases have emerged. While PHCs are providing on-going public health services a strategic opportunity is being missed to incorporate Covid-19 protocols in their on-going services.

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<sup>1</sup> <https://authorityngr.com/2020/04/10/phcs-are-open-nationwide-despite-covid-19-lockdown-nphcda/>

Therefore, if PHC services are to remain undisrupted, critical questions must be asked about whether state governments have provided enough Personal Protective Equipment (PPE) to staff and whether they have received updates in hand-washing protocols?

3. Nigerian civil society community have been grumbling their under-presentation in National and State governments Covid-19 situation rooms and coordination points. They ask - "where are the Market Women Associations? Where are the health professional associations? Where is the guild of Nigerian Actors? Where are representatives of Nigeria's numerous religious and traditional leaders councils in these coordinating agencies and situational rooms"? Maybe if they sat in situation rooms our Imams and Pastors would not continue to curate their flock for religious worship and our Actors and Actresses will realize the seriousness of Covid-19 and lend their voice to the campaign. While we agree that Infectious Disease health professionals must take the lead in testing and treatment; and that Epidemiologist are vanguards for contact tracing, there is also an important role for civil society groups to mobilize communities for behavioural change to prevent the spread of the virus. The PHC level provides an effective opportunity to engage civil society groups, including traditional and faith leaders and their communities of faith at the local level. Traditional/Religious leaders served as gatekeepers, key influencers and guiding voices to most Nigerian communities. PHC centres can and should be positioned to serve as the NPHCDA/SPHCDA and the NCDC agents for interfacing with the Traditional/Religious leaders with regularity to support the process of community engagement, contact tracing and subsequently, referrals and reporting back to the NCDC. Despite their well-known limitations, one critical success factor of PHC centres all over Nigeria, is that they have well established lines of coordination with community-based associations, traditional and faith leaders on issues related to disease outbreaks, to complaints of poor service, to social welfare for indigent patients. This asset can and must be pivoted and leveraged in the fight against Covid-19.

4. Government's initiative to recruit 774,000 new sanitation officers in the fight against Covid-19 is commendable and has great potential for readdressing falling sanitation and hygiene standards in our over-crowded and infrastructure overburdened urban, peri-urban and rural centres across Nigeria. For hand-washing to be effective in the fight against Covid-19 there must be water; for water to be utilizable; it must be clean; for the 774,000 new sanitation officers to fulfil their role; they must be anchored within a PHC system. Within the PHC system their knowledge and skills will be stepped-down and reinforced. Water, Sanitation, Hygiene and Health are all interlinked and should not be separated in the fight against Covid 19. Government is already on the right track in recognizing this linkage with the proposal to engage 774,000 Female and Male Sanitation Officers. PACFaH@Scale health CSOs stand by these recommends and stands ready to provide support.

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***About PacFaH@Scale...***

The Partnership for Advocacy in Child and Family Health at Scale (PACFaH@Scale) intervention is a health accountability project which aims to catalyse action from national and state governments to increase funding for 4 health issue areas (family planning, Routine Immunization, Ending CKD and PHCUOR) and to implement its public policy promises. PACFaH@Scale is anchored by the development Research and Projects Center (DRPC) and implemented by 23 Nigerian CSOs.