

LOCAL GOVERNMENT REFORM & THE IMPLICATIONS FOR PRIMARY HEALTHCARE UNDER ONE ROOF POLICY IMPLEMENTATION

**DRPC-PAS SUPPORTS NIPSS TO CONVENE POLICY DIALOGUE ON
STRENGTHENING HEALTH GOVERNANCE AT LOCAL GOVERNMENT
LEVEL, SHOWCASING THE EFFECTIVENESS OF BMGF MOU STATES
(YOBE, BAUCHI, GOMBE AND KADUNA STATES)**

25th August 2022



Brief background

Recent reports suggest that the new initiatives to strengthen service delivery at LGA point of care are being frustrated by administrative, logistics, political and legal challenges. Against this background, MOU states are pioneer states which have had a head start at planning for and delivering PHC services at LGA point of care are invited to the NIPSS conference to share experiences of effective service delivery at LGA point of care. The NIPSS conference draws from the experience of these MOU states to learn and share from the experiences of deep investments in MOU states. Findings will have implications for other states across the Federation embarking on PHC service delivery at community level.

HIGHLIGHTS FROM THE POLICY DIALOGUE



Prof. Ayo Omotayo, Director General, National Institute for Policy, and Strategic Studies (NIPSS) in his welcome remarks noted that the health sector was confronted by severe crisis, hence the imperative for these deep reflections on health governance at the subnational level to identify the key drivers and evaluate the challenges confronting health governance at the local government levels. This is in alignment with the Senior Executive Course 44 theme; Strengthening Local Governance in Nigeria: Challenges, Options and Opportunities.

Dr Muhammad Saddiq, Advisor, and member of the Health Sector Reform Committee in his keynote presentation on strengthening health systems through local governance and the PHCs in Nigeria observed how local government reforms can strengthen primary health care delivery, while also stating how health care delivery can also strengthen reforms at local government levels. He noted that ***“health systems can be and has been a foundation of nation building. At the root of failure of the entire health systems in LMICs including Nigeria is the weakness or even absence of governance at the local level. Governance is closely linked with accountability. The ambiguity of who is responsible for health is also a root cause of weak health systems. The National Health Act defines who is eligible for health services, that is the best available health services within the limits of available resources which is good but does not define who bears that responsibility as an accountability mechanism”***.



HRM Da Dr Jacob Gyang Buba, Gbong Gwom Jos, represented by HRH John Hirse, mni, CON, MNIM Mishkaghham Mwaghavul in his goodwill message noted that ***“it is important to examine the critical issues that hinders the implementation of health care delivery at the local government levels, this is an important step to moving health forward in the right direction for Nigeria”***.

Dr Nimkong Lar- Ndam, Hon Commissioner of Health

Plateau state represented by Mrs Victoria Michael Director Health Planning, Research and Statistics as the special guest of honour noted that the inadequacy of operating autonomy, limited financial and human resources and the inadequate coordination between the tiers of government were some of the contributing factors to the current health situations. **“As the host state for the NIPSS SEC program we are keenly observing to see the policy recommendations as an outcome of this gathering”**. Local governance is part of health governance and vice versa.



PANEL DISCUSSION I:

LEGAL REFORMS TO INCREASE LOCAL GOVERNMENT AUTONOMY AND HEALTH SECTOR REFORMS TO IMPROVE DELIVERY AT PRIMARY HEALTH CARE LEVEL – EXPLORING THE INTERSECTIONALITY OF HEALTH AND LGA REFORMS.



This panel observed some of the health sector reforms and how they have improved health systems at the local government levels and if local government autonomy was the way to improve healthcare delivery at the PHC levels for the achievement of universal health coverage.



“The move to introduce the PHCUOR policy and the scorecards as a health reform has encouraged some levels of synergy between states and local government levels. Because Nigeria is a federation, there is currently no uniformity in how the PHC Boards are run. While there has been progress with the setup, there is still some need for clarity in many instances on who is responsible for what”.

Dr Tijanni Hussein, Executive Secretary, Kano state Primary Health Care Management Board

Dr Hamza Abubakar, Executive Secretary, Kaduna state Primary Health Care Development Agency noted that a series of health reform events has led to the establishment of the NPHCDA and even at the state levels to provide technical support to the PHCs. Their mandate isn't to replace the mandate of the local government. In their management, there is 100% involvement of the local governments. **“But if you have 774 different local governments**



running separately, you'll have 774 different standards, hence one of the aims of PHCUOR is to standardize quality and streamline management”.



Dr Karimatu Anka – Permanent Secretary Zamfara State Ministry of Health noted that Nigeria has had many reforms and health strategic plans in the last decade that aimed to improve healthcare delivery even the Executive Order 10. This in many ways have improved healthcare delivery in Nigeria. But the local governments need autonomy to effectively deliver primary

health care. The lack of autonomy and alignment was evident especially during the COVID-19 pandemic as an example of this. As a result, service provision was disrupted and the some of the PHC HRH were redistributed from an already underserved catchment to specialized centres in the curb of COVID-19.

Hon. Kolade David Alabi, National President, ALGON – The Association of Local Government in Nigeria believes in the bottom-up approach. ***“However, we believe that all the level of governments needs to collaborate to complement the effective provision of comprehensive health centres. There is still paucity with the release of funds through budgets. The Out-of-pocket expenditure is still too large when you consider the rural poor. There is also low capacity at the PHCs to deliver effective health services”.***



Mr Asishana Okauru, Director General, Nigeria Governors Forum represented by Dr Oreh Chinekwu noted that the NGF secretariat aims to ensure accountability by keeping the governors and their state team up to date to ensure the reforms and policies from the national level are domesticated at the state levels. The PHCUOR policy is a good example. There is an intersectionality between health and LGA reforms and the NGF secretariat is providing technical support for states to make that alignment.

“The legislations are too prescriptive and sometimes not very practical. With the current out of pocket spending at above 70%, Nigeria needs to evolve with a mechanism that will efficiently use the funds that people are spending by allowing them to interact with system as individuals. Legislatives must be from the perspectives of the clients; they have shown us what they want and how they want to be reached by what they are already using currently instead of creating new systems”

Dr Muhammad Saddiq

PANEL DISCUSSION II:

STRENGTHENING THE PHC HEALTH CARE DELIVERY SYSTEM THROUGH MOUs – BEST PRACTICES AND IMPLICATIONS FOR LGA AUTONOMY



The Health/PHC Memorandum of Understanding (MOU) signed by 10 states (Kaduna, Kano, Bauchi, Niger, Nassarawa, Gombe, Lagos, Borno, Yobe and Sokoto states) was an innovative, multi-partner approach to improving integrated primary healthcare programs through a sustainable funding approach. This panel observed learnings and best practices from Kaduna, Gombe, Yobe and Bauchi states from their implementation and also exploring the implications of this approach for strengthening PHC health care delivery systems in Nigeria.



Dr Muhammad Lawal Gana, Honourable Commissioner of Health Yobe state represented by **Dr Umar Chiroma** Director Disease Control and Immunization– ***“Yobe is one of the states that have benefitted from the value the MOU has added to health care even at the local level. It started with routine immunization and suffice it to say progress has been made rising from 9% to 65% with many milestones reached”.***



Alhaji Ali Babayo, Ag Honorable Commissioner of Health, Bauchi state – *“the essence of the MOU for Bauchi state is to ensure that health services are made available for its citizens. Bauchi states contribution to the basket has increased exponentially from its first year in the MOU mechanism and last year Bauchi state provided 100% of the funding leaving the partners to provide technical support. This is testament of how the MOU has strengthened the health*

systems in the state. The state also complied with the Abuja declaration as a result. The issue now for the government is the human resource for health and the government is working to resolve. In the case of autonomy, Bauchi state is well underway with this process”.

Dr Habu Dahiru, Honorable Commissioner of Health Gombe state represented by Dr Suraj Kwami– *“the MOU aided us identify HRH and data management as the weakness of our health systems. Through the support from the MOUs, the state commenced and completed the renovations of many PHCs as well as improving the governance and management of the PHC facilities. The state successfully established a coordination mechanism that has aided synergy and experience sharing thus improving the implementation of PHCUOR in the state”.*



Dr Amina Baloni, Honorable Commissioner of Health Kaduna state represented by Dr Hamza Abubakar noted that learnings from the implementation of the RI MOU were that to strengthen routine immunization, you had to strengthen the whole PHC and health systems, this led to the expansion of the MOU from RI to the integrated PHC MOU. **“The key principles which guided the MOUs were that it was to be government**

led and must leverage on government plans and government structures supporting local capacity. The MOU has created an avenue for PHCUOR through the integration of all services. The performance-based MOUs has also boosted the state to do more in the achievement of milestones. The accountability component of this MOU is an important component that is strengthening the health systems and the ability of the state to deliver”.



Dr Faisal Shuaib, Executive Director, National Primary Health Care Development Agency represented by Dr Onojo Otowo Zonal Director North Central Zone of the NPHCDA – the NPHCDA is the coordinator for the state to ensure the implementation of the national policy. NPHCDA supports the reviews of the MOUs signed for the implementation. One of the benefits of the MOUs is the development of annual work plans by the states making them intentional to

delivering and funding their programs for success. The NPHCDA will support the states with technical capacity to deliver on their mandate.

The MOU approach has been critical to the accountability process in these states and also for the achievement of their set milestones especially with routine immunization, the delivery of primary health care and ultimately strengthening the health systems.

Conclusion

This conversation on health governance at the local government level is important and urgent because resolving health challenges at this level will imply meeting the health needs of many Nigerians. This is because this level of government is the closest to the people and many Nigerians reside and carry out livelihood activities either in the rural or urban local government areas.

Media Links

- [2023: National Institute tasks political parties to inculcate health issues in electioneering campaigns](#)
- [Prioritise health issues in campaigns, NIPSS DG urges politicians](#)
- [dRPC-NIPSS hold dialogue to promote health governance at local level](#)
- [NIPSS-Plateau course participants call for health sector reform](#)

Many Advocates, One Voice

