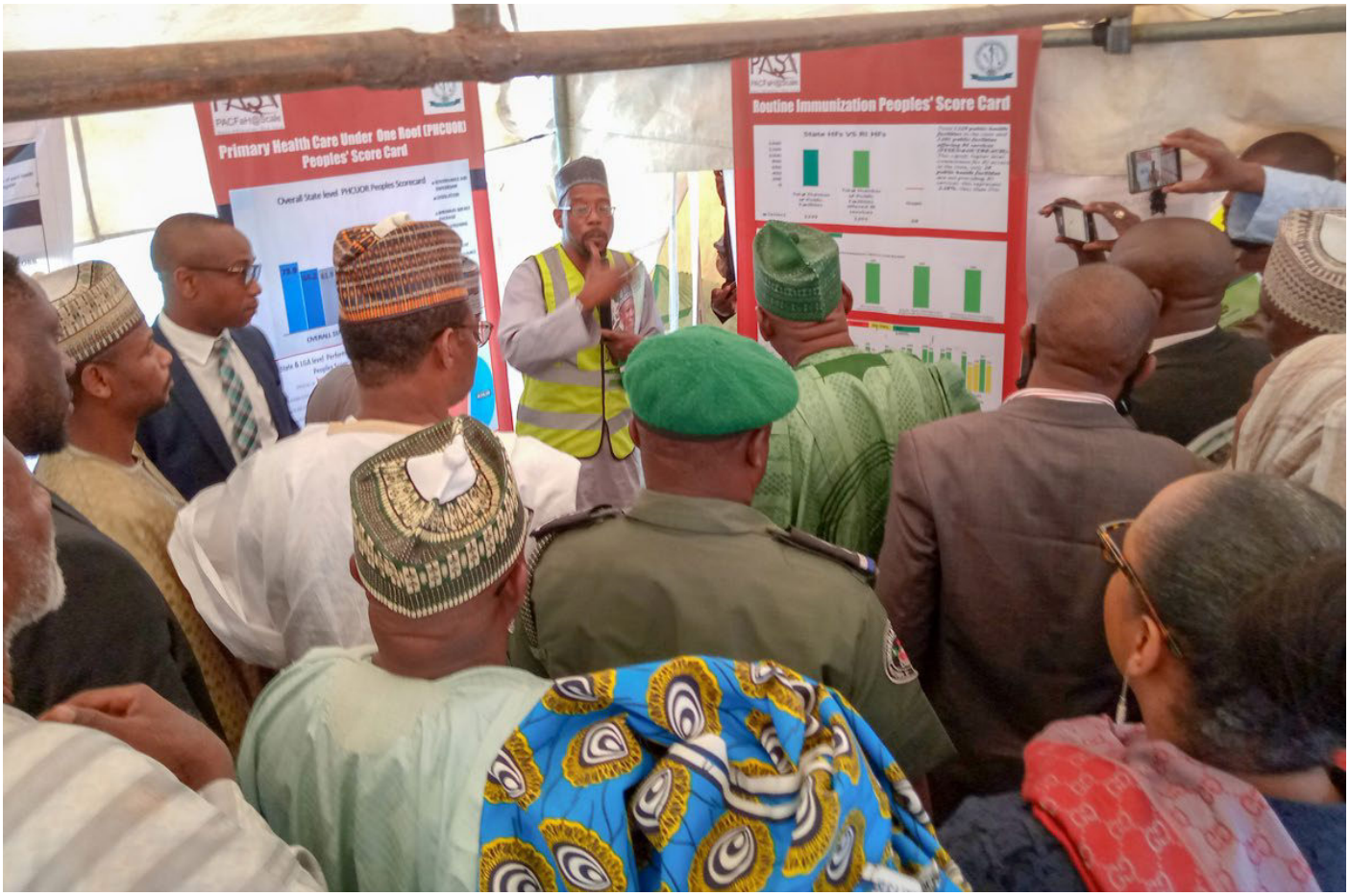
BACKGROUND INFORMATION BRIEF FOR PAS SUBGRANTEES - UNDERSTANDING THE PHCs ECOSYSTEM IN NIGERIA



Many Advocates, One Voice

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Introduction

To continuously monitor and hold the system accountable for strengthening the Primary Healthcare Centers (PHC), the PACFaH@Scale advocates must be able to update themselves and assess how the PHC structure, policy decisions, actions, and investments address the broader determinants of the PHC ecosystem and health while improving service coverage, financial risk protection, and ultimately the health of individuals and the populations where these PHCs are located. This background information provides a brief on select governance structures, policy frameworks, and regulations in support of PHC that build partnerships within and across sectors and promote community leadership and mutual accountability and the financing available for PHC at national and in PAS priority states that is mobilized and allocated to promote equity in access, to provide a platform and incentive environment to enable high-quality care and services, and to minimize financial hardship for the PHC clients.

Decoupling the National Primary Health Care Development Agency Select Interventions from Programmatic functions that coordinate the PHC implementation.

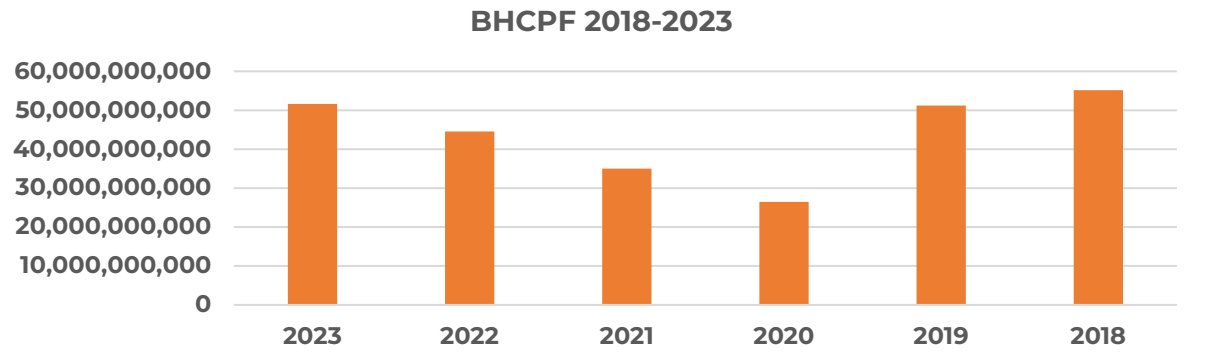
Recall that the federal government, by decree 29, set up the National Primary Health Care Development Agency (NPHCDA) as a parastatal of the Federal Ministry of Health to ensure the optimal functioning and performance of the PHC systems[1]. The agency mobilizes and supports the implementation and monitoring of PHC programming in Nigeria. The following highlighted below are programmatic interventions with connotations for the PAS PHC advocacy work. These Programs have been designed for efficient coordination, scale coverage, and sustainable financing of the PHC systems.

- **National Emergency Maternal and Child Health Intervention Centre (NEMCHIC)**: This is the national coordination center that provides oversight on reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH + N) activities at primary health care and community levels in Nigeria. Established in 2019 and operates across the recognized administrative levels in Nigeria (National, State, and LGA). At the state level, it is called the State Emergency Maternal and Child Health Intervention Centre (SEMCHIC). At the LGA level, it is called the Local Government Emergency Maternal and Child Health Intervention Centre (LEMCHIC).
- **The National Emergency Routine Immunization Coordination Center (NERICC)** was inaugurated on July 4, 2017, to improve detection and responsiveness in resolving routine immunization gaps. It also aims to strengthen leadership, accountability, and collaboration; increase data visibility, quality, and use for action at all levels; and expand fixed and outreach services for traditional vaccine immunization, particularly in the lowest-performing states.

[1] About us - NPHCDA

- **Technical Support Program (TSP):** This program is created to allow the agency to methodically harness the financial and technical capacities available both within and outside the agency to meet the technical assistance requirements of all 36 + 1 state primary health delivering, coordinating, and tracking delivery, coordination, and tracking of technical assistance to all federation states across all PHC focus areas.

- **Community Health Influencers, Promoters, and Services (CHIPS**) Programme are designed to improve on the Village Health Worker (VHW) concept. The program allows clients to acquire critical PHC services by bringing these services closer to their homes through home visits by CHIPS Agents, particularly in rural and underserved areas. The program is expected to help bridge gaps in access to health care, improve the continuum of care, connect households to healthcare systems, supplement national data systems, improve health outcomes, and strengthen the community component of Primary Health Care (PHC), all of which are critical to achieving Universal Health Coverage.
- **Basic Health Care Provision Fund (BHCPF):** It was created under section 11, paragraph (2) of the National Health Act of 2014 [1]. According to the section, "there is hereby created a fund to be known as the Basic Health Care Provision Fund." The Basic Health Care Provision Fund is funded by the Federal Government's yearly grant of not less than one percent of its Consolidated Revenue Fund, according to paragraph (2) of the section. The fund is meant to provide for essential drugs, vaccines, and consumables; provisions and maintenance of facilities, equipment, and transportation in PCSs; and emergency medical treatments. The Basic Health Care Provision Fund has been increasing. In 2023, the federal government allocated N51.64 billion; Kano State received N750 million; and Niger State received N1 billion. However, between 2018 and 2023, a sum of 264.06 billion was allocated for the BHCPF by the federal government.



From their pathway, the National Primary Health Care Development Agency (NPHCDA) and National Health Insurance Scheme (NHIS) have been disbursed to the following PAS states.

1. **NPHCDA Path Way:** The National Primary Health Care Development Agency (NPHCDA) has made disbursements to PAS-State Primary Health Care Boards (SPHCBs): Lagos, Kaduna, Kano, and Niger. N497 million was disbursed to Kaduna State in 2020, N850 million to Kano in 2019, and N480 million to Niger in 2020. The amount paid to Lagos could not be ascertained when writing this brief.
2. **SPHCMB Pathway Disbursement to PHCs:** Kaduna and Niger States Primary Health Care Boards have pushed N143 million in 2020 and N102 million, respectively, to the PHCs in the states that have met the readiness criteria and undergone a baseline assessment and capacity building for health workers in PHCs on the basic health care minimum package. It should be noted that the N102 million disbursed in Niger State was distributed in N61 million tranches for the years 2020 and 2021.
3. **NHIS Pathway:** The National Health Insurance Scheme (NHIS) has disbursed the PAS-States Social Health Insurance Schemes (SSHISs): Lagos, Kaduna, Kano, and Niger. N683 million was paid to Lagos in 2019, N552 million to Kaduna State in 2020, N948 million to Kano in 2019, and N500 million to Niger in 2020. The Niger Social Health Insurance Schemes also disbursed the sum of N61 in 2021.
4. **SSHIS to Pathway:** From the Social Health Insurance Scheme Pathway (SSHIS), only Niger State has disbursed N20 million to PHCs to cover the cost of the basic health minimum package of the care provided at the PHCs. Other states, such as Kano, Kaduna, and Lagos, have yet to disburse funds from the state's social health insurance path to the various PHCs chosen to provide the basic health minimum package of care.

Key Information to consider from previous PAS PHC assessments on PHCs for advocacy efforts

i. **Increased Awareness:** There is widespread knowledge of primary healthcare problems among stakeholders, including traditional rulers, religious leaders, youth groups, community-based organizations, etc. Many of these individuals are now aware of the issues affecting PHCs.

ii. **Increased Stakeholders involvement:** Various stakeholders, including the private sector and other local stakeholders, are actively fighting to ensure that PHCs achieve their stated and intended goals of achieving Universal Health Coverage. Many of them are champions in the space, speaking out to policymakers and legislators about the importance of PHC investment.

iii. **Quality of service:** Nigeria has about thirty-eight thousand PHCs across its 36 states, many of which provide quality services while others still suffer from dilapidated infrastructures. The declaration of Nigeria as polio-free a few years ago indicates that PHCs continue to give their best despite several challenges. Without them, such a feat will be elusive.

What Is Not Working In The PHC Ecosystem?

PHC budget provisions: Public health care investment increased by 318 percent between 2015 and 2023. Over this period, N5 trillion naira was invested in health care by the Federal Government of Nigeria. In 2022 alone, the Federal Government of Nigeria and the 36 states will spend N1.65 trillion on healthcare. To many, the investment in health care should translate to adequate primary health care funding, but this was not the case. The Minister of Health, Dr. Osagie Ehanire, recently acknowledged this poor investment in February 2023. He lamented that despite massive public and private investment in the nation's healthcare system, only a fraction of the investment goes to primary healthcare (PHC).

PHC spending in total health care has been disappointing at the state and state government levels. According to a seven-year analysis of public investment in PHC financing, the FGN and Kaduna have an annual decrease in PHC allocation as a percentage of the health budget. PHC funding as a percentage of the overall health budget was reduced from 6.81% in 2017 to 1.69% in 2023 at the national level. In Kaduna State, it was reduced from 43.44% in 2017 to 8.36% in 2023, and an identical situation occurred. Lagos and Niger States also saw decreases compared to prior years. Only Niger State, on the other hand, has seen a sustained rise in PHC allocation.

Table 1: PHC Allocation as % of the Total Heath Budget

Year	National	Kaduna	Kano	Niger	Lagos
2023	1.96%	8.36%	10.88%	25.79%	-
2022	2.91%	21.29%	11.12%	24.97%	9.94%
2021	3.47%	27.87%	10.29%	21.05%	11.22%
2020	3.49%	29.36%	7.31%	20.7%	9.72%
2019	3.99%	27.17%	4.45%	26.74%	10.77%
2018	6.08%	27.79%	7.39%	34.34%	4.44%
2017	6.81%	43.44%	3.42%	11.09%	6.19%

Source: Compiled from Various Appropriation Acts and Laws

Health systems are led by their financing arrangements, which include how much money is received, how it is distributed throughout the system, and how it is used to provide equitable access to services and sufficient infrastructure. Apart from Kaduna State, the national, Lagos, and Kano states had poor budget results in 2022. In 2021, the national, Kaduna, and Niger states did admirably, while Kano and Lagos performed poorly. Significant investment is required to build state health financing capability.

Table 2: PHC Budget Releases and Performance (~~N~~)

Year	National	Kaduna	Kano	Niger	Lagos
2022	N/A	65%	4%	12%	36%
2021	99%	97%	9%	85%	3%
2020	100%	67%	10%	17%	83%

2019	**46%**	**74%**	**28%**	**N/A**	**47%**
2018	**93%**	**59%**	**33%**	**N/A**	**72%**

Note: The 2022 Kano and Niger States' performance is Q1-Q3, while the Kaduna and Lagos are Q1-Q2.

PHC Investment/service delivery plans: Another significant issue affecting the effectiveness of the PHC in Nigeria is this. Public investment of N1.65 trillion will be allocated under the National Development Plan 2021-2022 to achieve (a) an integrated healthcare system, (b) extend universal healthcare coverage to more than half of the population in Nigeria's rural and urban areas, (c) ensure the availability of quality essential medical personnel, medicine, and medical supplies within the country (d) promote healthy habits, healthy behaviors, and healthy lifestyles across all life stages. The plan is generic. The investment plan is silent on who brings what, how, when, and for what because the plans are anticipated to be funded by private investors and the general public (FGN, states, and LGAs). How much money goes to tertiary, secondary, and primary care is also unclear.

PHC Revitalization: In 2016, the PHC revitalization strategy was introduced. [2] The goal is to revitalize the 10,000 dormant PHCs in each of Nigeria's 774 local governments' 9,423 districts. The revitalization of the PHC entails upgrading existing PHCs to the World Health Organization's acceptable minimum level (WHO). This necessitates the availability of competent medical staff, facilities, and medical equipment in each of these wards.[3] Despite significant investment in this area between 2016 and now, many revitalized PHCs still needed to reach the anticipated standards. A multi-stakeholder accountability platform is required, with each actor reporting their actions for effectiveness. Indeed, issues such as a lack of personnel, drugs, and required equipment continue to exist.

PHC fund's consolidation efforts: Efforts to consolidate PHC funding have been unsuccessful. Many organizations, mainly local and foreign development partners, the government, and private investors, support the activities of the PHCs, each on their terms and conditions. The government has called for the consolidation of healthcare funding to handle primary care and essential public health functions to solve the issue of financing primary healthcare and meet the demands for a responsive and high-performing health system. Due to concerns about accountability, the business sector objected to the consolidation. This was not working, as the private sector requested that the government provide them with a list of PHCs to revitalize for them to do so by world standards.

PHC management committees: A management committee should be established in each LGA to plan, administer, monitor, and evaluate PHCs. These committees ensure that individuals and families in the community take responsibility for their and the community's health and develop the capacity to add to their and the community's development. These groups include the village management committee, wards development committee, PHC technical committee, and LGA PHC management committee. Many of these committees do not exist, making it challenging to hold the PHC accountable at the grassroots level.

Local Government PHC investment: The LGA's involvement in health services is well established by law. Local government officials in Nigeria are empowered to ensure the provision and maintenance of health services under Section 2 paragraph (c) Fourth schedule of the 1999 Constitution, as amended. Despite this constitutional mandate, the state government's statutory joint accounts operation hampered access to resources for

[2] https://nigerianobservernews.com/2016/08/fg-releases-n420m-to-each-state-fct-to-revitalise-phc-centres/
[3] https://www.sunnewsonline.com/revitalising-phcs-in-nigeria/

this activity. Section 162 subsection 6 of the 1999 Constitution as amended stated: "Each state shall maintain a special account to be called the "State Joint Local Government Account," into which shall be paid all allocations to the local government councils of the state from the Federation Account and from the government of the state." [4] The state government did control the statutory funding for local governments, which in most instances, chose the chairmanship of the LGAs that got it.[5] With this, they determine what amount goes to the local government. Even though the federal government stipulated in Executive Order 10 of 2020 that financial autonomy for the State House of Assembly, Judiciary, and other related matters, such as local government autonomy, was guaranteed, [6] the 36 state governors took the federal government to court, and the Supreme Court of the justice nullified the order. [7] Two months later, in March 2022, the National Assembly passed a constitutional amendment measure ensuring the state government's financial autonomy. [8] Despite these efforts, the amendment did not approve with a two-thirds majority in the State Assemblies, and the president did not sign it into law.

Insecurity and PHC: Rising insecurity in many parts of the nation, particularly the northwest, northeast, north-central, and southeastern regions, has had a devastating impact on access to care at the grassroots level. There is a need for PHC security and safety strategic plans that will ensure and boost people's confidence in accessing health care at their different locations.

Human resources at PHC: Access and availability of professional health care personnel. In most cases, non-health workers, such as environmentalists, have assumed the job of skilled health workers, attending to patients, diagnosing them, and prescribing medications. Only 8,225 of the 21,654 HRH requirements for PHC are accessible in Kano State, leaving a gap of 15,703 people. [9] The number of environmental health professionals hired exceeds the required amount due to the need for more professional health workers. Of 497 needs, 2916 were filled, resulting in a 2,419 surplus. There is also the human resource challenge for a health information system to guide HRH strategic planning decisions, such as recruitment, production, succession, planning, capacity building, and performance management.

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[4] Section 162 (6) 1999 CFRN as Amended.
[5] https://www.pulse.ng/news/local/local-government-autonomy-will-clip-governors-wings-curb-corruption-sen-gumel/enehp0f page 1.
[6] Buhari Executive order for Financial Autonomy, May 2020
President Buhari signs Executive Order on Financial Autonomy of State Legislature, Judiciary - Federal Ministry of Information and Culture (fmic.gov.ng)
[7] Supreme Court declared Buhari Order 10 Ilegal, February 2022
Supreme Court declares Buhari's Executive Order 10 unconstitutional | Dailytrust
[8] National Assembly Passed Financial Autonomy for LGA bill in to law, March 2022
N'assembly passes bill granting financial autonomy to LGAs | TheCable
This has not been signed into law by the President
[9] Kano State Minimum Service Package for PHC Adaptation and Costing Preliminary Report, December, 2019.

The Accountability Role for PAS CSOs

The accountability goal for PAS CSOs regarding the strengthening PHC is for all civil society and other accountability players without distinction to be able to track how all the decisions, actions, and investments in PHC across the different value chains and also how each of these are addressing and making progress towards the desired results. The evidence will then be used for advocacy to policymakers to inform evidence-based decision-making.

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