

ISSUE BRIEF

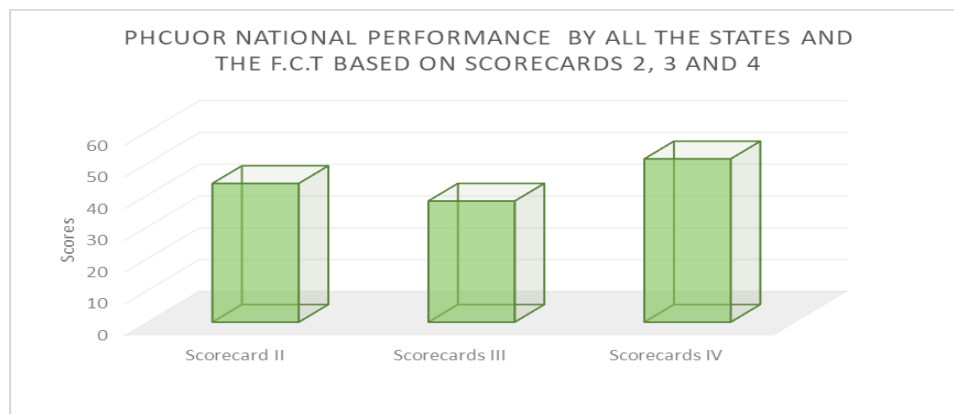
SCOPING MISSION ON PRIMARY HEALTH CARE UNDER ONE ROOF (PHCUOR) REFORM INITIATIVE IN NIGERIA

INTRODUCTION AND FOCAL POLICY ISSUE

Primary Health Care Under One Roof (PHCUOR) is a reform measure initiated in Nigeria, in 2005 by the National Primary Health Care Development Agency (NPHCDA) with the support of partners¹. Its aim is to collectively organize the operations of PHC along stated guidelines and structures so as to promote efficiency and effectiveness in services delivery. The major idea and goal of PHCUOR was to enable the roles of multiple Ministries, Departments and Agencies (MDAs) to be streamlined and made result oriented.²

Implementation of PHCUOR initiative at the state and local government levels has been assessed based on nine pillars with the assessment results organized using a Scorecard method. The four Scorecard Results produced so far and the respective National Annual PHCUOR Scorecard Results are: Scorecard 1 of (2011); Scorecard 2 of 2012 (43.7%); Scorecard 3 of 2015 (38.1%) and; Scorecard 4 of 2018 (51.4%). Thus, for the whole country, the highest annual PHCUOR implementation score attained so far is 51.4%.

Figure 1: PHCUOR National Performance by all the States and the FCT based on Scorecards 2, 3 and 4.



¹ World Health Organization. (2007). People centred health care. A policy framework. Geneva: World Health Organization Publications.

² Obansa, S. A. J. and Orimisan, A. (2013). Health care financing in Nigeria: Prospects and challenges. *Mediterranean Journal of Social Science*, 4(6), 221-2 236.

ISSUE BRIEF

After eight years of implementation, the rationale for PHCUOR policy is still widely accepted and regarded as being useful and needed for efficient management of PHC services across Nigeria but as clearly depicted by the Scorecard results, implementation of this reform policy of critical importance has been poor.

Challenges faced in the implementation PHCUOR policy include: poor policy governance, weak legislation, poor funding, inadequate manpower and poor stakeholders' buy-in.

There Is an Urgent Need to Accelerate the Implementation of PHCUOR Reform Initiative Towards Achieving UHC in Nigeria

Effective execution of PHCUOR policy would lead to more proficient delivery of PHC services across the nation through an articulate system of structured activities carried out by well-organized stakeholders and sector actors in ways that enable the government to achieve optimal impact for universal coverage of health services (UHC) that would reach members of the public (especially the rural dwellers) where they are, when needed and at costs they can afford in consonance with the Alma-Ata Declaration on PHC as well as the 2014 Presidential Declaration on UHC in Nigeria.

Efforts Committed to The Implementation of PHCUOR Reform

As at present, along the nine pillars of PHCUOR, all the States and FCT have enacted laws for the establishment of SPHCBs although only 25 of them have constituted their Boards. Similarly, all the States and FCT have provided physical offices for their Boards. But performance among the states has been prevalently worse with respect to four Pillars – Minimum Service Package; Repositioning; Human Resources for Health; and Sustainable Funding.

The NPHCDA, the flagship agency responsible for coordination of the PHCUOR reform at the national and sub-national levels, has been undertaking extensive advocacy efforts, especially through a strategic channel, the Nigeria Governors Forum (NGF); and providing vital technical assistance to the states for articulation of guidelines and manuals and conducting training and capacity building as well as scorecard assessments. However, all of these efforts cannot by themselves practically result in implementing PHCUOR requirements such as transferring staff from LGs to the SPHCBs; and increasing funding for the SPHCBs. Responsibility for actual execution of all of these critical PHCUOR tasks rests squarely on the shoulders of the states and local government authorities most of whom are not performing up to the level expected.

ISSUE BRIEF

What Needs to be Done to Accelerate the Implementation of PHCUOR Reform Initiative

It is imperative to speedily address the impediments to implementation of the PHCUOR policy and plausible recommendations for achieving this are based on the following considerations:

Being aware that it is only in eight states that LGHAs have been established and MSP investment plans developed, both of which are conditionalities for accessing funding from the BHCPF, there is urgent need for advocacy to be targeted and relevant technical assistance provided directly to LGs in the other states to meet these requirements without further delay.

At the core of feasibility of PHCUOR implementation is having an adequate stock of human resources and there has been a chronic and severe shortage of this crucial input at all levels of the health services as well as in NPHCDA (PHCUOR Unit in particular) and SPHCBs. All possible efforts should be made continually, especially through advocacy, to encourage the states to recruit more skilled workers as needed.

Due to its acknowledged vital importance to the viability of the entire PHC management and service delivery regimen in Nigeria, the PHCUOR program deserves a distinct budget line in the annual budget of the NPHCDA while the assistance it receives from partners should be increased remarkably and targeted to it more directly. States and LGs should also remarkably increase their funding support to the SPHCBs.