Primary health care in danger in Nigeria

Shima Gyoh reflects on what might have been if policies he helped set in motion 25 years ago had been built upon



Primary health care (PHC) was launched and implementation started during the last five years of Professor Olikoye Ransome-Kuti's tenure as Nigeria's Minister of Health. As the Director-General of the Ministry, I was familiar with the project. Olikoye never meant the Ministry to be a big implementing agency of anything, nor an arena for advancing the careers of professionals, but an efficient small organisation that sprouted new policy initiatives and provided technical assistance to the State and Local Governments. 'Directors and Chiefs should be in out there, in the field, where action for the benefit of the people is taking place, not in air-conditioned offices at the Ministry headquarters', he used to say. The very nature of PHC meant it could only be effectively implemented at the local governments (LGs) level by the communities themselves. The Village Health Committees would own and run the programmes. The LGs would only supervise through their own committees. The LGs were receiving their subvention directly from the Federal Government, and the Federal Ministry of Health (FMOH) selected a few to set up model PHC systems to be replicated over the entire country. We finally set up the National Primary Health Care Development Agency (NPHCDA) to free the Director of PHC to better concentrate on the foundation for Nigeria's healthcare.

Olikoye and I were basically tertiary health workers, but it is said that paediatricians can easily see the necessity of adopting PHC for national health systems. Olikoye did, but also found it easy to covert me because I had been a state commissioner for health and had done the tour of rural areas. I had seen how ridiculous it was for me to sit, waiting at the hospital for people to get sick and come to me instead of me going to the villages and implementing programmes that would stop them getting sick in the first place. PHC! We saw little to convince us that the interest of many of the people that came singing PHC extended beyond contracts and jobs. I once asked him; 'When there is a change of government, and when we are no longer here, will PHC survive?' Without any hesitation Olikoye said; 'Of course it will! The people would have acquired such a precious healthcare culture that they would not allow anyone to take it from them!'

Nigerians grow up in the tradition that health is something the government does to you, and you always need a doctor for all medical attention. The PHC philosophy was to make people realise that they were responsible for their own health, and could do a lot to remain healthy and treat many minor ailments. Primary health workers were to be volunteers from the community. Their remuneration would be from contributions and/or communal assistance on their farms, etc. All government assistance would be channelled to the Community or Village Health Committees, and hardly anything would be implemented directly from the state or federal governments. This constitutes genuine empowerment of and real ownership by the communities.

Instead of mounting training programmes for members of the various community and village health committees, government officials insisted on directly implementing PHC programmes on the excuse that the communities lacked the capacity to do so. The communities were therefore never empowered and owned nothing to protect, and it would seem that the NPHCDA continued this tradition.

The new National Health Act has created the Basic Health Care Provision Fund, to be 'disbursed' (whatever that means) by the agency for various purposes. The share of responsibility between the NHCDA, the LGs and the State government has not been clear. The Health Act has now expanded its responsibilities to fund 'disbursement'.

Empowering the people in health activities is not going on in Nigeria, and the Act seems to further facilitate development away from this ideal. LGs are for the guillotine if the majority of state governments eventually have their way.

The NPHCDA presently has big questions to answer. In 2002 the Gavi Alliance gave the agency vaccines worth US$165 million (then about NGN2.5 billion) and cash based support of US$143 million (NGN2.1b) to implement programmes in PHC. Gavi conducted an audit of this project in October 2014 and its report is devastating. It found numerous irregularities in the expenditure, and is demanding that the federal government refund about 420 million naira, and that the Economic and Financial Crimes Commission should conduct a more thorough investigation into what it believes to be gross misappropriation of the fund. Management of funds from foreign donors is hypersensitive for the reputation of Nigeria. If the Gavi audit report[1] is an example of the performance of the agency the act has just given custody of health funds, the mourning bells are now tolling even louder for the moribund Nigerian health sector many already regard as dead.

Shima Gyoh has held many posts ranging from village doctor to DG of Nigeria's Federal Ministry of Health and Chair of the Medical and Dental Council of Nigeria.

Reference

1. *Audit report: Nigeria* - Oct 2014. http://www.gavi.org/Library/GAVI-documents/Legal/



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