

**WORKSHOP ON HEALTH SECTOR REFORM AND REVITALIZATION OF  
PRIMARY HEALTH CARE AT THE BANQUET HALL, INTERNATIONAL  
HOTEL, MAIDUGURI ON THE 26<sup>TH</sup> JANUARY, 2006.**

**SUBJECT**

1. CONCEPT, CONTEXT, CONTENT AND IMPLEMENTATION OF HEALTH SECTOR REFORM
2. NETWORKING AND MEMBERSHIP DEVELOPMENT THROUGH THE STATE AND LOCAL GOVERNMENT SYSTEM
3. HEALTH SECTOR REFORM IN BORNO STATE

**BY**

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JANUARY, 26<sup>TH</sup> 2006

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## **ABBREVIATIONS AND ACRONYMS**

ES	Executive Secretary
EXCO	Executive Committee
FBO	Faith Based Organization
HCH	Honourable Commissioner for Health
HERFON	Health Reform Foundation of Nigeria
HSR	Health Sector Reform
LGA	Local Government Area
LOC	Local Organizing Committee
NGO	Non- Governmental Organization
ZC	Zonal Champion
TOR	Terms of Reference
CSO	Civil Society organization
BOT	Board of Trustees
SC	State Champion

## **ACKNOWLEDGEMENTS**

The facilitators extend their gratitude to all those who contributed in various ways to ensure the success of the one day workshop. They include the management of HERFON Head Office, the Executive Committee (EXCO), the BOT, the Champion, Coordinator/Chairperson of the Local organizing Committee and members of HERFON Borno State, the Borno State HERFON secretary and the over 50 participants that came from various organizations and institutions that include, Federal, State, Private, Civil Society organizations and LGAs.

The HERFON (Borno Chapter) appreciates the assistance of Hon. Commissioner for Health and Permanent Secretary Ministry of Health, Borno State for their support to this workshop. We are grateful to the management of international Hotel, Maiduguri for providing venue at a reasonable cost.

## **SECTION 2**

### **EXECUTIVE SUMMARY**

An advocacy workshop was carried out in Maiduguri, Borno State on 26<sup>th</sup> January, 2006 on the content, concept and context of Health Sector reform in Nigeria and Borno State.

The papers presented includes:

1. Herfon yesterday, today and tomorrow.
2. Overview of the Health Status of Nigerian.
3. Overview of Health Sector reforms
4. Borno State HSR responses and service delivery.

The methodologies of interactive participatory and learning approach were used, which were conducive to peer learning. The group works was designed to focus on the perceived problems or constraints to health providers and consumers and their solutions in the state. See appendix and tables 1 & 2 of the text.

The workshop was worthwhile and the participants appreciated the efforts to cascade HSR issues, policy and legislative expectations, the strategies for delivery of effective and efficient health care services down to the grassroots, with special emphasis on MDGs.

The recommendations include:

1. There should be aggressive awareness creation on Health reform in the country, states and LGAs.
2. A critical mass of change agents has to be created at state and local government areas where the bulk of health services are given. They are to focus on:
  - (a) Influencing policies, legislations and working environment to improve level of poverty, ignorance/illiteracy of health service providers and consumers. To reduce traditional, cultural and religious barriers to health service utilization.
  - (b) Regulating drugs production and storage; and distribution and prescription should be well instituted and strictly complied with.
3. Strategies to ensure community involvement into the reform programmes should be developed.

4. There should be technical, financial and material support to the zonal and state HERFON offices to ensure sustainability of the Reform agenda.
5. The outcome of this workshop should be properly disseminated.

## **The project aims and approach :-**

### **1. OBJECTIVES**

- i. To breath life into the activities of state chapters of HERFON.
- ii. To extend the sensitization and advocacy to key stakeholders at the LG level on issues, context and content of HSR.
- iii. To introduce HERFON, her vision, mission, activities and expected impact to the participations
- iv. To encourage the participants on the need for pro-active engagement with larger society on the benefits of HSR

### **2. SCOPE**

New invitees were carefully selected to ensure that at least 3 health actors in each LGA, representatives of NGOs, State and Federal institutions, the private sector (including FBOs) and consumers, were formally invited to participate. The Nigerian Medical Association, Pharmaceutical Society of Nigeria, National Association of Nurses and Midwives, Medical and Health Union of Nigeria, and the Association of Community health Officers were all invited and participated.

### **3. EXPECTED OUTPUT**

Workshop report

### **4. EXPECTED OUTCOME**

- Participants introduced to and/or acquire improved knowledge of HSR
- Percolation of the need for HSR to lower levels through proactive engagement of the health/political environment.

- The state HERFON membership increased
- State HERFON in Borno reactivated.

## **5. METHODOLOGY**

The workshop methodology was participatory, interactive peer learning process and group discussions. The group discussions were on identification of problems in Health Services delivery and solutions/strategies of improving it in Borno State in relations to the providers and consumers of the service.

### **Build up to the workshop**

There were numerous interactions between the National office and Borno Chapter of HERFON, at the workshop venue and at the end telephone numbers, E-Mail addresses was exchanged among members with a promise to keep in touch. This was to ensure the achievement of the expected output and outcome.

The participants were mobilized by:

- a. Invitation letters: The Hon. Commissioner, Ministry of Health invited participants from Local Government through the Hon. Commissioner of Local Government & Chieftaincy Affairs, while the state coordinator invited the state, CSOs, NGOs and other groups from in state.

A local organizing committee was inaugurated on 2<sup>ND</sup> December 2005 and is made up as follows:

- Dr. (Mrs) Kaka El-Yakub
- Dr. Largema Bukar
- Dr. M. Ghazali
- Mr Yusuf Mbi
- Mal. BabaGana Allamin

### **THE WORKSHOP ACTIVITIES:**

The Herfon Advocacy meeting took place at the Banquette Hall, Maiduguri International Hotel Ltd, on the 26<sup>th</sup> day of January, 2006. The workshop started at 10:40am with an opening prayer said by Mal Kyari Kolo. The participants and facilitators introduced themselves.

The state chairperson ( Dr. Mrs Kaka El-Yakub) represented by Largema Bukar, gave a welcome address and in it she encouraged members to take up the challenges of health sector reform under the auspices of Health Reform Foundation of Nigeria.

The Hon. Commissioner for Health gave a brief account on the state of Health care delivery in the state (the highlights include training and re-training, funding, facilities provision and focus on PHC delivery) and declared the workshop open.

The following papers were presented:-

- i. Herfon, yesterday, today and tomorrow.
- ii. Health Sector Reform (HSR)
- iii. Borno State HSR responses and service delivery.

The presentations on HSR included

- a. The overview of health status of Nigerians
- b. Overview of health sector Reform (why, what, vision/mission, thrusts, assumptions and principles.

The presenters solicited the support of all stakeholders in the Health Sector of the Nation, so as to move the health care delivery system forward in the service of humanity and mankind; and for public good. Two groups to review the Borno State Health care delivery system, identify the constraints, and propose solution/strategies in 2 dimension i.e. as health services providers and as health services consumers were formed.

## **GROUP WORK**

### **GROUP 1**

#### **HEALTH SERVICE DELIVERY**

##### **A. Provider**

## **A1 Problems:**

1. Lack of health facility
2. Political instability
3. Inconsistency in policy formulation and implementation
4. Lack of working tools/equipments
5. Inadequate funding
6. Poor attitudes of workers
7. Inadequate infrastructure
8. Lack of political will coupled with corruptions
9. Inter/intra cadre conflicts

## **A2 Solutions:**

1. Provision of adequate health facilities with equal distribution.
2. Legislation/budget for continuity in health service delivery.
3. Proper planning for sustainability..
4. Provision of adequate funding tools and equipments. (3m's (manpower, materials and money)
5. Adequate budgeting at least meeting the minimum of 5% as recommended by WHO.
6. Incentives/motivation of manpower .
7. Provision of adequate infrastructure and conducive working environment.
8. Commitment to health service delivery and health sector reform from top to bottom.
9. Energetic and co-ordinated tackling of corruption at all levels

## **B. Consumers Problems**

1. Lack of access to health care facility.
2. In ability to afford the cost.
3. Cultural and religious inhibitions
4. Illiteracy
5. Awareness is not created
6. Poor manners of providers
7. Lack of drugs

## **Solutions**

1. Health care facility should be made accessible, affordable available and acceptable (4As)
2. Mobilization/education of rural populace by all stakeholders.
3. Bad cultural prejudices should be discouraged (e.g., early marriage, refusing to allow women to access ANC etc).
4. Essential drugs should be made available at all times.

## **Group 2**

### **Provider (Constraints)**

1. Political/Equity
2. Poor maintenance culture
3. Lack of commitment
4. Poor Infrastructure
5. Lack of skilled staff and understaffing
6. Lack of equipment
7. Lack of data
8. Inadequate and obsolete Government Policies/Legislations
9. Weak maintenance of standards
10. Expensive, hence they can't reach out to all.

### **Solutions**

1. Proper funding
2. Good political will/equitable distribution of health facilities
3. Good maintenance culture
4. Make available quality and adequate infrastructure
5. Commitment at all levels
6. Skilled manpower
7. Need to motivate providers
8. Proper data management
9. Flexible government policies
10. Observance of the ethics and ethos of the profession

### **Consumers (Constraints)**

1. Affordability, accessibility, acceptability
2. Poverty
3. Ignorance
4. Lack of proper information/communication

### **Solution**

1. Job creation/poverty alleviation
2. National Health Insurance
3. Accessibility – improved road networks
4. Acceptability – Community participation and education of the populace.

## **RECOMMENDATIONS**

1. There should be aggressive awareness creation on Health reform in the country, states and LGAs.
2. A critical mass of change agents has to be created at state and local government areas where the bulk of health services are given. They are to focus on:
  - (a) how to influence policies, legislations and working environment to improve level of poverty, ignorance/illiteracy of health service providers and consumers. To reduce traditional, cultural and religious barriers to health service utilization.
  - (b) regulation on drugs production and storage, distribution and prescription should be instituted and strictly complied with.
  - (C) There should be good partnership between the private and public health institutions
3. Strategies to ensure community involvement into the reform programmes should be developed.
4. There should be technical, financial and material support to the zonal and state Herfon offices to ensure sustainability of the Reform agenda.
5. The outcome of this workshop should be properly disseminated.

## **CONCLUSION**

The advocacy workshop was hugely informative and the materials used were self-explanatory. There was high level participation and interaction all through the sessions.

At the end of the workshop, the objectives were attained, the participants were very happy and expressed the desire to join Herfon. The members of the Herfon Chapter resolved to be more active and determined to implement purposeful HSR changes at their places of primary assignment in Borno state.

We remain grateful to Herfon for the technical and financial assistance and thank Dr Anyene, for technical guidance and facilitation of the workshop.

THANK YOU.

## **SECTION 4**

### **COMUNIQUE ISSUED AT THE END OF A ONE DAY WORKSHOP ORGANISED BY HEALTH REFORM FOUNDATION OF NIGERIA, ON HEALTH SECTOR REFORM AND REVITALIZATION OF PRIMARY HEALTH CARE AT THE BANQUET HALL OF THE MAIDUGURI INTERNATIONAL HOTEL ON 26<sup>TH</sup> JANUARY, 2006**

The workshop was organized by HERFON Borno State branch and declared open by the Honourable Commissioner of Health Borno State at 10.00am on 26<sup>th</sup> January, 2006. The workshop was necessitated by the fact that over the years, the Nigerian Health System was found to be characterized by high disease burden, wide spread poverty, rapid population growth, inefficient health facilities, poor management information system, inadequate inter-ministerial and state collaboration.

There is also poor legislation and regulation, inadequate monitoring and evaluation, inadequate finances and poor organizational structure and reporting relationships. Because of these lapses, the HERFON was established in pursuance of the on going health reform program of the federal government in order to promote, facilitate and sustain the health reform programme. The workshop included resource persons from Lagos, Borno State Ministry of Health, private organizations and participants from the stakeholders and the members of the Community. Several issues affecting the Nigerian health system were deliberated upon, and the following communiqué were drawn:-

1. The health system reform should start at the household and the community levels and not at government levels alone, so that a good health habit can be developed and sustained. Every member of the family should have a defined role to play.
2. A proper legislation on health by the appropriate body should be put in place and there should be an improved stewardship role by the Government.
3. Improvement in the availability of health resources and prudent management with proper accountability will improve the health status of Nigerians.
4. Government/private partnership collaboration and coordination is pivotal to an improved health care delivery system.
5. Consumers of healthcare services should be involved in the planning of the health care services of their community in order to have an efficient, accessible and sustainable health care programme.
6. Equitable distribution of health resources will help in reducing the disease burden on the citizens.