

Annex 4: COMMUNIQUÉ ISSUED AT THE END OF A RETREAT HELD BY NATIONAL HEALTH SECTOR REFORM COALITION (NHSRC) AT OBUDU RANCH RESORT, CROSS RIVER STATE.

The Health Sector Reform Coalition comprising of stakeholders met at the Obudu Ranch Resort, Thursday 1st to Sunday 4th December, 2011, and deliberated on the various challenges in the Health Sector including the delay in the Presidential assent to the 2011 National Health Bill.

The retreat highlighted the essence and benefits of the National Health Bill and considered the reservations from various Professional groups on a few sections in order to arrive at the way forward.

The retreat recognized that some of the reservations can be addressed at the implementation stage, while stressing the need for harmony among stakeholders in the health sector, without which the health of Nigerians may not be guaranteed.

The stakeholders therefore expressed the need for regular participation in the articulation of a unified health voice in Nigeria.

Attached is the summary of the deliberations.

A. National Health Bill

Benefits	Reservations	Recommendations
<p>1. Need for a framework for standards and regulations of health services in Nigeria – the bill provides a framework that will guarantee quality health services nationwide.</p> <p>2. Need for a clear definitions of rights and duties of health workers, establishment and users – all stakeholders now understand their roles and rights.</p> <p>3. Clearly defines the National Health System – duplication of efforts by tiers of governments is eradicated.</p> <p>4. There is need for monitoring, evaluations and analysis of health status of Nigerians and the performance of the functions – NHB establishes measures for monitoring, evaluation and analysis of health status of Nigerians.</p> <p>5. NHB provides mechanism of exemption thereby taking care of the needs of the poor and vulnerable</p> <p>6. Clear functions and deliverables of the NCH are defined – the NCH will be focused and easier to track their performance.</p> <p>7. There is need for a commission to coordinate and regulate the activities of tertiary hospitals – the NHB now ensures that there will be standard and quality services at the tertiary institutional levels.</p> <p>8. Provision of clearly defined source of funding for PHC – for the first time in Nigeria, PHCs will have improved funding where most Nigerians access health.</p>	<p style="text-align: center;">PART 1</p> <ol style="list-style-type: none"> 1. Compositions of the Professional association into NCH 2. The technical committee of the NCH is too large and may be ineffective 3. The Executive Chairman of THC does not have to be a Medical Doctor or a Professor 4. Administration of the fund as proposed in the NHB 5. The composition of the FCT primary health care board does not reflect the importance of the specialist in community health practice 6. There are two different definitions for the position of Executive Secretary for FCT PHC Board. 	<ol style="list-style-type: none"> 1. All health professional associations should be represented in NCH 2. The technical committee composition should be pruned down. 3. Appointments of THC Executive Chairman should be based on merit and experience 4. Community physicians and community health practitioners should be included in the FCT PHC Board. 5. Need to harmonize the definition of the position of the FCT PHC Board Executive Secretary section 11 (2)(b) and (d)

	PART 2	
<p>1.Appropriate classification of Health establishments and technologies (section 12 – 1a and b)</p> <p>2.Regulation of establishment, expansion and practice by issuance of certificate of standard by appropriate authority (section 13 (1))</p> <p>3.Adequate punishment for offenders of section 13 (1) (section 14)</p> <p>4.Basic minimum package for all and free.... For eligible persons as defined by minister and NCH (section 15 (3)(4))</p> <p>5.Recommendation for private public partnerships (section 18 (1) and (2))</p> <p>6. Addresses quality of care.</p>	<p>1. Same regulation for classification standards do not apply to private and NGOs (section 12 (2))</p> <p>2. Too much power given to Minister/Commissioner (15 (2) a & b)</p> <p>3. No mention of equivalent body for secondary and primary facilities. (section 19 (3))</p>	<p>1. Same standards to be applied to private/non-profit facilities at state and local government levels</p> <p>2. Each hospital's governing body should be involved in the management of generated revenue and scope of services.</p> <p>3. Equivalent body to be identified for monitoring quality in secondary and primary facilities</p>
	PART 3	
<p>1.No Health care providers or facility will deny patients of emergency treatments</p> <p>2.Ensures rights of health care provider</p> <p>3.Indemnifies the providers</p> <p>4.Disseminate health information</p> <p>5.Ensures good record keeping</p> <p>6.Ensures confidentiality</p> <p>7.Makes health records accessible to the providers</p> <p>8Protections health records</p> <p>9.Provides room for laying complaint</p>	<p>1. Reservation on payment for emergency treatment section 20 (1)</p>	<p>1. Provision for payment for emergency treatment should be made.</p>
	PART 4	
<p>1.This is the first time we are having a committee at national level that is looking at research and regulating the same – it protects the citizens from exploitations abuse, it provides a platform for coordination and exchange of scientific knowledge.</p>	<p>1. The list of the ethics committee membership omitted some professional bodies.</p>	<p>1. Need to include all other omitted professional bodies.</p>

<p>2. Research activities in Nigeria will now be better coordinated, regulated and documented.</p> <p>3. In the past, there has been a dearth of empirical on which to base projections / planning for health services in the country at all levels – policies and plans will now be evidence based if the provisions are properly implemented</p> <p>4. In the past, Nigerians that access private health services are not taken into consideration. This bill enforces private health care provides to collect and submit data – the data to be used for projection and planning will be comprehensive.</p> <p>5. It recognises and gives more relevance to NAFDAC in the system – if properly implemented, it gives room for quality and affordable drugs</p> <p>6. Establishes the relevance of NHIS in the system</p>		
	PART 5	
<p>1. Ensures provision, distribution, development, management and utilization of HRH section 41(1)</p> <p>2. Guidelines developed at National level for States and Local government distribution of personnel section 42</p> <p>3. Makes adequate provision for training and skill development at all levels of system</p> <p>4. Empowers the NASS to provide legal frame work for industrial worker safety and management – inclusion in the existing labour law.</p> <p>5. The health system is protected from total disruption resulting from industrial dispute – reasonable action to be taken by the Minister in council</p>	NIL	NIL

to resolve the matters needs to be clearly defined section 46 6.Limits use of public funds for medical investigation and treatment abroad		
	PART 6	
1.Gave teeth to the National blood transfusion service 2.Regulates the use of tissue and blood products in medical practices 3.Prohibits, reproductive, therapeutic cloning of human kind	1. The section for blood supply is unclear.	1. Revisit section 54 (1)a – remove ambiguity

B. Way Forward

NEXT STEP	TIMELINE	RESPONSIBLE
1. Marketing of the outcome of the retreat to respective professional organizations with more commitment	3 weeks	Representatives here present
2. Strengthen the HSRC by encouraging the participation of all stakeholders.	6 weeks	HERFON
3.Create more awareness about the Health Sector Reform	Continuous	HSRC and member organizations
4.Next meeting of the Coalition	8 weeks	HERFON
5. Amendment of 1999 FRN Constitution (input by member organizations)	8 weeks	HSRC and member organizations

