

CENTRE FOR SOCIAL JUSTICE

(Mainstreaming Social Justice In Public Life)

No. 17, Flat 2, Yaounde Street, Wuse Zone 6, P.O.Box 11418, Garki, Abuja.

Tel: 08055070909, 09092324645. Website: www.csj-ng.org; E-mail: censoj@gmail.com; www.facebook.com/censoj; Twitter: @censoj; YouTube: www.youtube.com/user/CSJNigeria.



August 17, 2018

COMMUNIQUE OF THE STAKEHOLDERS FORUM ON MAINSTREAMING HEALTH IN GOVERNANCE AND POLITICAL DISCOURSE

1. Introduction

Centre for Social Justice (CSJ), a Nigerian Knowledge Institution, with support from USAID's Strengthening Advocacy for Citizens Engagement (SACE) organised a two day Stakeholders Forum on the 15th and 16th of August 2018 with the theme of "*Mainstreaming Health in Governance and Political Discourse*" at Barcelona Hotel, Wuse 2, Abuja. The Stakeholders present at the Forum include 2019 Presidential Election Aspirants, Political Parties and Civil Society Organisations (CSOs). The overall goal of the Forum was to get political parties and the aspirants to unveil their agenda for the health sector post 2019 elections. The specific objectives of the Forum include:

- Review extant health financing with a view to proffering strategies for Universal Health Coverage;
- Introduce the right to health, Universal Health Coverage and health financing especially on Maternal, New Born and Child Health into the mainstream of political discourse in the run up to the 2019 elections; and
- To have a closer look at political parties (and aspirants) manifestoes with specific and special focus on health.

2. The Discussions

On the first day of the discourse, two panel discussions were held. The first panel comprised of three (3) Presidential Aspirants and the Executive Secretary of National Health Insurance Scheme (ES NHIS): Jaye Gaskia of Praxis Centre; Tsado Mathias of Action Democratic Party; Omoyele Sowore of AAN and Prof. Usman Yusuf of NHIS. The session was moderated by Dr. Laz Ude Eze. During the session, the aspirants spoke on their plans for the health sector if elected as President. Issues discussed include: workability of the sectoral policies; improved data collection, curbing medical tourism; disclosure of health status of presidential aspirants/candidates (as it is done in the United States of America); need to improve emergency services; childhood immunisation; eliminating strike actions and inter-agency rivalries; and biometric validation of health insurance enrolment using National Identification Number in collaboration with the National Identity Management Commission.

Directors: Eze Onyekpere Esq, Dr. Jane Francis Duru, Dr. Uzochukwu and Kalu Onuoha Esq.

The ES NHIS spoke on the topic of Universal Health Coverage (UHC) and reiterated the need to properly domesticate health management practices copied from other countries before implementation in Nigeria. He also spoke on the reforms in NHIS which seek to reposition the Scheme to be patient-centric, improve transparency, accountability and best value for money for the benefit of the Nigerian people, especially the poorest of the poor.

The second panel discussion, which was moderated by Dr. Ifeanyi Nsofor, included political party representatives: Mega Party of Nigeria (Mr. Gallio Methuselah); Democratic Peoples Party (Garshon Benson); National Conscience Party (Abe Fisayo Makanjuola); People for Democratic Change (Amos Elegbe); Better Nigeria Progressive Party (Prof. Godswill Nnaji) and Abundant Nigeria Renewal Party (Tope Fasua). The party representatives presented their manifestoes for the health sector and also entertained questions from the audience. Issues discussed include sanitation and grassroots health education; expansive malaria treatment; cottage clinics and hospitals in communities; improved health funding; progressive taxation and levies, etc. to be used as sources of new revenues to fund healthcare.

On the second day, more party representatives took to the podium to speak on their parties manifestoes. The first panel session, which was moderated by Dr. Ifeanyi Nsofor, comprised of the following panelists: All Grassroots Alliance (Dr. Emeka Sam Ukaegbu); Fresh Democratic Party (Victor Apaila Esq); Social Democratic Party (Engr. Augustine Goodluck); Nigeria Peoples Congress (Bello Dantani Mikailu) and Freedom and Justice Party (Dr. Emmanuel Ikpe). Issues discussed by the panelists include addressing citizens health needs; adequate budgetary provisions and appropriate financing of the sector; Universal Health Coverage (UHC); curbing medical tourism; investment in health infrastructure; scaling up of primary health care; and improving inclusiveness in health services, especially for the disabled.

The second session had National Rescue Movement (Senator Shedu Dansadau) and Peoples Party of Nigeria (Mr. Williams Moses). Issues discussed include access to affordable healthcare for all; curbing medical tourism; improved remuneration and conditions of service for medical doctors and other health professionals to incentivize them to stay back in Nigeria instead of migrating abroad; family planning and plans to engage cultural and religious leaders and MNCH issues. The session also entertained questions from the audience.

3. Key Points of Note

A. Nigeria is a State Party to various international standards that have made provisions on the right to health, starting from the standard setting Universal Declaration on Human Rights, International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of the Child, Convention on the Elimination of all forms of Discrimination against Women, African Charter on Human and Peoples Rights, etc. Nigeria is also a member of the World Health Organisation. These standards all speak to the good life, of improvements in preventive, promotive and curative health as well as bind Nigeria to respect, protect and fulfill the right to health. Again the standards impose obligations of conduct and obligations of result.

B. Nigeria has implemented two National Health Plans of 1988 and 2004 and we are in third, being the plan of 2016. We have a National Health Act of 2014; subscribed to the Sustainable Development Goals and to Universal Health Coverage. We have implemented a National Strategic Health Development Plan (NSHDP) 2010-2015 and started the implementation of the second NSHDP 2018-2022.

C. That the rights to life and health are inextricably linked and the easiest way to deprive a person of his right to life is to deprive him of health supporting conditions to the point of abrogation.

D. That Nigeria's health indicators (life expectancy, maternal and child mortality and morbidity, VVF, HIV/AIDS, neglected tropical diseases, etc.) are one of the worst in the world.

E. Various Nigerian political parties, aspirants and candidates (in the past and presently) have produced manifestoes with promises of what they intend to do on health. Participants noted that the manifestoes of the political parties were not SMART (specific, measurable, achievable, realistic and time-bound) and do not cover the building blocks of health.

4. Resolutions

Aspirants and political parties are encouraged to get their manifestoes to cover the following building blocks:

1. **Governance and Stewardship for Health:** Legal and policy frameworks; coordination and oversight; executive legislative collaboration for health; benchmarking and positive competition; accountability, transparency and civil society partnership, standards, monitoring and evaluation.
2. **Health Financing** to cover issues around meeting the Abuja Declaration of 2001 (15% of the national budget for health); improved appropriation, releases and utilisation; need to change the status quo in health; access to the Basic Health Care Provision Fund (BHCPF); prioritisation in health care; economic accessibility (affordability); health insurance; balance between recurrent and capital expenditure, and reduced borrowing for health care.
3. **Human Resources for Health:** Increasing the number of physicians and other health personnel; even geographic distribution of health personnel; retention of health personnel and curbing the brain drain; taming industrial disputes in the sector, and curbing medical tourism.
4. **Medicines, Vaccines, Health Technologies and Research:** Addressing fake and substandard drugs; local manufacture of medicines and health commodities; supportive technologies and health; health research, and private sector participation in research.
5. **Health Information System** to include health governance information; regular update of health statistics and data; information about existing facilities and competencies, and information accessibility.

6. Health Promotion, Community Ownership and Partnerships For Health to cover issues around community participation, and public private partnership.
7. Service Delivery to include MNCH; immunisation coverage; obstacles to MNCH coverage to be overcome; harmful traditional practices and discrimination against women; response to diseases like malaria, HIV/AIDS pandemic; Vesico Vaginal Fistula (VVF); family planning; patients bill of rights; emergency care and environmental health.

POLITICAL PARTIES


ALL GRASSROOTS ALLIANCE


CSOS
REWOFO/NYC4UHC


DEMOCRATIC PEOPLES PARTY


WYEAHI


NATIONAL CONSCIENCE PARTY


WOMEN ADVOCATES FOR VACCINE ACCESS


SOCIAL DEMOCRATIC PARTY


ASRAN KATSINA


FRESH DEMOCRATIC PARTY


GEONITA IWACHD


MEGA PARTY OF NIGERIA


EBE DINYEKPAZE
Centre for Social Justice