

## **FEDERAL MINISTRY OF HEALTH**

### **58<sup>TH</sup> NATIONAL COUNCIL ON HEALTH (NCH) MEETING HELD AT GIGINYA CORAL HOTEL, SOKOTO, SOKOTO STATE, 7<sup>TH</sup> – 11<sup>TH</sup> MARCH, 2016**

#### **COUNCIL COMMUNIQUE**

1. The 58<sup>th</sup> regular session of the National Council on Health (NCH) was held at the Giginya Coral Hotel, Sokoto, Sokoto State from the 7<sup>th</sup> to the 11<sup>th</sup> of March, 2016. The National Council on Health as provided for in the National Health Act is the highest policy making body on matters relating to health in Nigeria. It comprises the State Commissioners for Health of the 36 States, the Secretary of Health & Human Services Secretariat FCT, with the Honourable Minister of Health as the Chairman of Council. The 58<sup>th</sup> National Council on Health was chaired by the Honourable Minister of Health, Prof. Isaac F. Adewole FAS, FSPSP, DSc (Hons).
2. A total of 610 delegates participated from the Ministries, Departments and Agencies of the Federal Ministry of Health, State Ministries of Health and the Health & Human Services Secretariat of the Federal Capital Territory Administration, Abuja. Others in attendance were Development Partners and Civil Society Organisations drawn from WHO, UNICEF, UNFPA, USAID, USP, PATHS2, SFH, HERFON, Red Cross, Capacity Plus, CIHP, FHI 360, CS-SUNN/APHPN, Rotary International, Save the Children, Women for Health, ROCHE, JDC, Nigerian Health Watch, Global Affairs Canada among others, as well as delegates from the Federal Ministry of Science and Technology, the Bureau of Public Enterprises, the Health Regulatory Bodies, Professional Associations, MD/CMDs of Federal Tertiary Institutions, the Nigerian Army and the Nigerian Navy. Also in attendance were the Medical Services of the Nigerian Police Corps, Dept. of State Services (DSS), Federal Road Safety Corps, the Nigerian Prison Service and the Nigerian Civil Defence Corps.
3. The 58<sup>th</sup> NCH was preceded by a two-day Technical Session under the chairmanship of the Permanent Secretary (PSH) of the Federal Ministry of Health, Dr. (Mrs) Amina M. B. Shamaki, mni. The Technical Session received and evaluated a total of eighty-five memos (forty-one from the Honourable Minister of Health and forty-four from the States Commissioners of Health and FCT Secretary of Health) between 7<sup>th</sup> and 8<sup>th</sup> of March 2016. The appropriate

recommendations were put forward for the consideration of the Council. Goodwill messages were given by USAID, HERFON, UNICEF, Chairman Committee of CMDs.

4. The Council meeting commenced on the 10<sup>th</sup> of March, 2016 with an opening ceremony. The Honourable Commissioner for Health Sokoto State, Dr. Shehu B. Kakale gave the welcome address. In his welcome address, he commended the Federal Ministry of Health for organising the NCH and assured them of the support of the Government of Sokoto State. He thereafter welcomed the Council members to Sokoto State.
5. The Keynote address entitled “Universal Health Coverage (UHC) – An Agenda for Change” was given by the Honourable Minister of Health, in which he articulated the “Change Agenda for Health” an agenda geared towards improving the efficiency and responsiveness of the health system to the needs of citizens which includes striving to achieve UHC in Nigeria through the delivery of basic but essential health services by strengthening the functionality of at least one (1) PHC per ward. A key instrument in support of this agenda is the National Health Act (NHAct – 2014), which established the governance system and outlined potential opportunities for domestic resource mobilization and sustainable financing including the Basic Health Care Provision Fund (BHCPF) among others. He further observed that these policy thrusts and interventions will ultimately help the Nation achieve the Sustainable Development Goals (SDGs), and would require the sincere commitment of the three (3) tiers of Government as well as all stakeholders, both public and private, to ensure the realisation of our ultimate objectives.
6. His Eminence, the Sultan of Sokoto Alhaji Muhammadu Sa’ad Abubakar III CFR mni, in his remarks called for support to the Health Sector and enjoined Governments to focus on providing appropriate health service for the people before embarking on the construction of gigantic white elephant projects such as the construction of airports, which serve very few people. The 58<sup>th</sup> National Council on Health was thereafter declared open by the Executive Governor Sokoto State, His Excellency, Rt. Hon. Aminu Waziri Tambuwal CFR. He welcomed all participants and stated that the State has a good reputation on achievement of health research. He noted that the theme of the NCH is in line

with the change mantra of the present administration; that the State was among the few states that have fully embraced the NHAAct and with a remarkable achievement in bringing PHC under one roof. He informed the NCH that the state had remained polio, lassa fever, Ebola and Zika virus free. He reiterated their commitment to build on existing achievements by embarking on environmental health. He further pointed out that the State Government in the spirit of collaboration has continued to support the UDUTH Sokoto. He assured Council members of their security while in the State. The Permanent Secretary of the Federal Ministry of Health gave the Vote of Thanks.

7. Council session commenced with the setting of the procedures by the Honourable Minister of Health, and a discussion of the Keynote address. The Honourable Minister of State for Health, Dr. Osagie E. Ehanire made a presentation on 'Emergency Preparedness: An Agenda for Nigeria'. He noted that this administration shall build on the existing template to achieve an integrated, coordinated, effective and efficient health emergency response system and set up a roadmap for action.
8. A summary of the presentations made at the technical sessions was presented by the Permanent Secretary Federal Ministry of Health, which included 1. 'Health: An Instrument for Economic Empowerment and National Security' (by Dr. Ali Gombe), 2. 'Inter-Sectoral Cooperation for Health' (by Prof. M. Asuzu), 3. 'Sustainable Financing for Health' (by Prof. E. Lambo) and 4. 'Operationalizing the National Health Act 2014, (by Dr. M. Lecky and presented by Prof. N. Sambo)'. She also summarized the proceedings of the technical session whilst Dr. Aderemi Azeez presented the status of implementation of 57<sup>th</sup> NCH resolutions. Council appreciated the presentations, recommendations and the feedback by participants at the Council session.
9. The proceedings and the status of the implementation of the 57th NCH were adopted as amended by the Council. Members also noted that the degree of implementation of the resolutions of the previous Councils was below average and called upon all Council members; FMOH, State Commissioners of Health and FCT Secretary of Health and Human Services to strive to ensure improved performance in implementing Council resolutions going forward. This will lead

to improved health outcomes for the population and increase the effectiveness and relevance of the National Council of Health. The Council further committed to institutionalising and strengthening monitoring of implementation.

10. Following extensive deliberation on each of the eighty-five memoranda, Council approved thirty-two (32), approved a further two (2) with modifications, stepped down eleven (11), noted thirty-six (36), while one (1) was deferred and three (3) were withdrawn. The following are the specific resolutions approved by Council:
  - i. the commencement of the process of developing a joint strategy and national coordination framework for the achievement of the health-related SDGs across the three tiers of Government in line with national priorities and current realities;
  - ii. the implementation of the National Task Shifting/Task Sharing Policy at all levels;
  - iii. the adoption and implementation of the National Quality Assurance Policy (NQAP) by the Federal and State Governments and the FCT along with all health programmes, partners and donors at Federal, State and Local Government Areas levels, including the provision of adequate budget for the implementation of the NQAP at all levels;
  - iv. the adoption and implementation of the National Guidelines on the Establishment of Poison Information Control and Management Centres (PICMC) in Nigeria and the establishment of one PICMC in each of the six geopolitical zones and a Comprehensive PICMC in the FCT, along with the prompt provision of adequate budgetary provisions for the comprehensive operations of Chemicals Management Programmes;
  - v. the adoption and implementation of the National Policy for the Control of Viral Hepatitis in Nigeria including creation of awareness at all levels, and the incorporation of hepatitis within disease control budgets at all levels;

- vi. the adoption and implementation of the Emergency Medical Service (EMS) policy;
- vii. the adoption and implementation of the Operational Guideline for the National Ambulance Service at all levels and the establishment of State Ambulance Services structured in line with the national ambulance service;
- viii. the adoption and implementation of the National Policy on Food Safety and its implementation strategy at all levels and the provision of adequate budgetary allocation for its operation while the States Ministry of Health are to institutionalize Office of State Coordinator on Food Safety with Desk Officer (s) at the State Ministry of Health to coordinate all the activities of food safety at the State level;
- ix. the adoption and implementation of the Nigeria Supply Chain Policy (NSCP) for Pharmaceuticals and other Health Products at all levels and the provision of adequate budgetary allocation for its operation;
- x. the implementation of strategies for revitalizing the Primary Health care system towards the achievement of Universal Health Coverage (UHC), the setting up of an Inter-Ministerial Committee comprising the Ministries of Health and Finance, etcto work out innovative funding mechanisms to sustain the revitalization of PHC systems towards the achievement of UHC in Nigeria and the use of the National Health Insurance Scheme (NHIS) intervention fund for improving health care service delivery at the three (3) levels of care.
- xi. all Donor funded implementing partner interventions in the Nigerian Health Sector are to be preceded by a Tripartite Agreement between the Government (Federal and State) of Nigeria, the Donor and the implementing Partner to give oversight power to the Government of Nigeria or its representative in line with the Paris Declaration on Aid Effectiveness and the International Health Partnership (IHP+), as well as to ensure that the implementing Partner responds to the needs of the country by deriving their activities from the National Strategic Health Development Plan;

- xii. States should buy-into the process of development of the Second National Strategic Health Development Plan (NSHDP II) in line with guidelines by the Federal Ministry of Health, and that the implementation period of the first NSHDP be extended until the NSHDP II is developed and available for implementation by the end of the year;
- xiii. Screening of International Certificate of Vaccination and Prophylaxis (Yellow Card) for travellers arriving from Countries at risk of yellow fever transmission be re-strengthened and a user fee of \$50 or equivalent be charged to travellers without valid evidence of vaccination against yellow fever. A certificate of vaccination against Yellow fever is valid for the life of the person vaccinated.
- xiv. Health facilities should be designated and a referral system/service be created to facilitate the prompt and effective management of medical/public health emergencies that may arise at all points of entry across the country;
- xv. The setting up of a committee to review all IDSR guidelines, policies and data capturing tools in use to reflect current diseases, emerging and re-emerging diseases in line with global and WHO guidelines;
- xvi. That Lagos State proceeds with its ongoing initiative to foster the domestication of the National Health Act 2014; and to subsequently ensure alignment with the guideline from Federal Ministry of Health for uniform domestication of the Act by all States;
- xvii. States' Ministry of Health to invest in and scale up the implementation of the National Guideline on Integrated Community Case Management (iCCM) of Childhood illness for the reduction of under-5 mortality;
- xviii. all States of the Federation and the FCT are to adopt and implement the State Blood Safety Programme as a means of ensuring the effective implementation of the National Blood Policy and ensure the sustainable availability of safe blood and blood products in adequate quantities;
- xix. interventions targeted at addressing Neglected Tropical Diseases (NTDs) be sustainably scaled up in all endemic LGAs and at risk populations; that financial

support and budget lines be provided, that surveillance be increased for Guinea Worm Disease and other IDM and Zoonotic NTDs programme activities nationwide and all data generated be made available to the NTDs National Programme for the overall coordination of NTDs control and elimination in Nigeria;

- xx. the State Ministries of Health should further strengthen efforts towards Drug-Resistant Tuberculosis (DR-TB) control through designation of isolation wards, provision of stipend for transportation to all DR-TB patients in their States to nearby treatment centres; and the development of human resource capacity on the clinical and programmatic management of Drug Resistant Tuberculosis;
- xxi. Governments at all levels should commit more resources for Leprosy Control, domesticate the United Nation's Convention on the rights of persons with disabilities including Leprosy disabilities; support capacity building of healthcare workers and upgrade infrastructure in referral centres and Leprosy settlements while providing social support to Leprosy patients with disability;
- xxii. States should improve the management and treatment of Cholera and other epidemic prone diseases through the maintenance of functional Epidemic Preparedness and Response (EPR) Committees, Rapid Response Teams (RRT) and a dedicated budget line for epidemic response among others;
- xxiii. the Nigeria Family Planning Blueprint be adopted and implemented by the thirty-six states and the FCT, along with the development of a Costed Implementation Plan (CIP) backed up with budget line for facilitation of its operation;
- xxiv. an inter-state and effective response plan be established to check the transmission of Cerebrospinal meningitis in Nigeria along with an emergency fund for procurement of Meningitis A and C vaccines, with contribution from State Governments with most at risk communities; the Federal Ministry of Health should fast track the acquisition of vaccines through the International Coordinating Group (ICG) and also through bilateral collaboration with a developing country manufacturer for immediate deployment to states at highest risk;

- xxv. the Federal Ministry of Health coordinate the Health Sector's response to the humanitarian crisis in the North East and Internally Displaced Persons (IDPs) nationwide;
  - xxvi. the inclusion of Perinatal Death Review into the already approved Maternal Deaths Review (MDR) in Nigeria, the implementation of maternal and perinatal deaths surveillance and response in Nigeria and the use of the name Maternal and Perinatal and Deaths Surveillance and Response (MPDSR) for the reviewed MDR in Nigeria, as well as the use of the National Guideline and Tools for Maternal and Perinatal and Deaths Surveillance and Response at all levels of health care in Nigeria; all births are to be appropriately registered;
  - xxvii. the draft National e-Health Strategic Framework be adopted as a framework for sustained Integration of ICT in healthcare in Nigeria; that all health programs designed to strengthen routine health data management or service delivery plan their activities in collaboration with HMIS units/Division at the LGA, State and Federal levels leveraging technology as much as possible; and that a blue print be developed in collaboration with the Health Record Officers Registration Board of Nigeria for transition from a paper-based health record to an electronic health record (HER) system;
  - xxviii. Health Information emanating from the Traditional Birth Attendants (TBA), Junior Community Health Extension workers (JCHEW) and Village Health Workers (VHW) should continue to be captured in the NHMIS data tools version 2013 by factoring-in the community form (000);
  - xxix. all State Ministries of Health, Tertiary Health Institutions, Research Institutes and other institutions that are active in health research establish and register their ethics committee with the National Health Research Ethics Committee (NHREC) in line with provisions of the National Code of Health Research Ethics.
11. Council decried the Chlorhexidine poisoning incident in Yobe, Borno and Adamawa States and called for a detailed investigation report to be submitted to the Federal Ministry of Health in order to inform strategies to forestall future occurrence and explore compensation.

12. Council approved that States can establish community midwifery programme but must approach the NMCN to ensure that approved guidelines are used and met. In addition, those wishing to scale up must approach the NMCN for resource verification. Council commended the efforts of the Sokoto State Government in bringing this to the fore.
13. Council approved the establishment of a unified emergency response system (**Emergency Services under one roof**) along with a unified information management system. Council strongly recommended to the FRSC to continue to enforce the regulation that all Nigerians wear seatbelts while moving in vehicles irrespective of where they are seated. Council further also noted the status of preparedness for National emergencies of each of the 36 states and the FCT.
14. Council approved the institutionalisation in the Federal Ministry of Health, of a mechanism for periodic follow up and review of the status of implementation of Council's resolutions.
15. The Council approved that the Saving One Million Lives Program for Results (SOML PforR) Steering Committee meeting should take place on the sidelines of every NCH meeting, regular or emergency.
16. Council noted the special meeting on bringing "**Primary Health Care Under One Roof (PHCUOR)**", which was convened on its instance to address challenges encountered by the States in implementing the PHCUOR policy. Council noted the decision reached at the meeting that all SPHCDB/A would be established or further aligned to the provisions of the PHCOUR Guideline and the Basic Health Care Provision Fund Guideline in their administration and operations; as well as the decision that the FMOH would continue to advocate for the proper implementation of the PHCUOR initiative to the State Governors through the mechanism of the Nigerian Governors Forum and the National Economic Council among others.
17. The Council also noted the power of the Council to establish structures to move the agenda of the Government forward as established in the NHAct-2014.

18. Council noted that the FCT and all the States of the Federation except Kogi and Bayelsa States were represented.
19. Council appreciated the support and hospitality extended to it by the Government and people of Sokoto State.
20. Council further appreciated the role of development partners in health, the media and other stakeholders for their contribution towards the success of the meeting.
21. Council agreed that the 59<sup>th</sup> NCH will hold in Umuahia, Abia State at a date to be determined in consultation with the State.
22. The 58<sup>th</sup> Session of the NCH was closed following a Vote of thanks by the Permanent Secretary, Federal Ministry of Health Dr. (Mrs) Amina M. B. Shamaki, mni and a motion moved by the Honourable Commissioner for Health, Bauchi State seconded by the Honourable Commissioner for Health, Delta State.
23. The Communiqué for the 58<sup>th</sup> National Council on Health was adopted by members of Council.