

# Bringing primary health care under one roof

## 2. Make Legislation

### Checklist

- Has the state drafted a Primary Health Care Bill and regulations?
- Has the PHC Bill been passed by the state House of Assembly?
- Has the PHC Bill been assented to by the Governor?
- Have the regulations been assented to by the Governor or Commissioner of Health, as applicable, in terms of state law?
- Have the PHC law and regulations been gazetted?

### Why does PHC Under One Roof need legislation and regulations?

Legislation provides the framework on which everything else depends. Without legislation, managers in the public sector have no framework to guide them in the performance of their duties and no legal footing to backstop their actions. Legislation provides for clear delineation between roles and responsibilities of the policy makers (the politicians) and the implementers (managers in the public sector).

There is a need for both legislation and regulations. Legislation enables and provides the long-term vision. It is anticipated that legislation will remain in place for at least 20 to 30 years. Regulations map out the details and actions required to realise the vision, and can be more responsive to changing conditions. It is critical that there is wide consultation on the development and passage of any Bill. This is true to a lesser extent for regulations, which are generally more technical.

### Key elements of the PHC Under One Roof policy

- Integration of all PHC services delivered under one authority
- A single management body with adequate capacity to control services and resources, especially human and financial resources
- Decentralized authority, responsibility and accountability
- The three ones principle: **one** management, **one** plan and **one** monitoring and evaluation system
- An integrated and supportive supervisory system
- An effective referral system between and across the different levels of care
- Enabling legislation and regulations

to improve quality and increase access to health care services

Most states are now introducing the PHC Under One Roof policy and have drafted legislation to create one structure to manage all PHC services.

## Sub-state structure

In creating a single system for the management of PHC services, and in Jigawa State both PHC and secondary health care services, states have created different institutional structures below the state level (e.g. Gunduma Councils, health zones or LGAs). These sub-state structures should follow existing constitutionally mandated geopolitical boundaries, as well as traditional or cultural practices, to ensure harmony and ease of administration. The different structures that have been adopted reflect the principle of no-one-size-fits-all and the need for states to tailor their approach and legislation to fit their state context.

## Steps to success

**Step 1** Build strong consensus among all stakeholders.

**Step 2** Involve local government chairmen and PHC co-ordinators and teams: some of the expected changes will affect how local government personnel and finances are managed, so they should be engaged in the planned changes.

**Step 3** Establish a technical committee to facilitate the process and drafting of a law.

**Step 4** Strengthen advocacy initiatives around the PHC Under One Roof policy changes: for the initiative to move forward and the PHC system to be unified and decentralised, many stakeholders need to be informed and involved in the discussion and development of reforms.

**Step 5** Develop the Bill and regulations.

## Recommendations

### Consult thoroughly and be realistic about timescales

To develop effective legislation, all stakeholders should be adequately consulted, understand the proposed changes and have ownership of the process and product. Restructuring services is a major task and will take at least five to 10 years to complete. It is important that all stakeholders understand the implications, the challenges and the benefits of the proposed changes. Shortcutting this process is likely to cause problems and challenges further down the line as the new system is implemented. This requires time and should not be rushed.

### Ensure there is clarity on budgets

It is critical that politicians understand the budget implications of what is being proposed. This requires realistic estimates of both savings and increased costs.

### Develop the Bill and the regulations at the same time

Generally, the PHC Bill will not provide sufficient detail for health managers to implement the policy. However, the focus is often on the Bill, with regulations only developed after the Bill has become law. It is crucial that the vision and the detail are developed simultaneously.

### Form a committee to shepherd and monitor the Bill through the legislative process

Draft Bills can often be substantially revised during their passage through the legislative process. Indeed, alterations should be expected. However, substantive changes could impact on the suitability of the final Bill and the viability of PHC service delivery. A committee with oversight can help to maintain the correct focus from inception to assent by the Governor.



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