

# Bringing primary health care under one roof

## 5. Systems Development

### Checklist

- Is the structure of the Primary Health Care system in line with the principles of the 'three ones' – **one** management, **one** plan and **one** monitoring and evaluation system?
- Has your state appointed a PHC governing body?
- Has the PHC Board developed a strategic health plan and costed annual operational plans?
- Has the PHC Board developed and implemented financial management policies?
- Has the PHC Board developed and implemented integrated supportive supervision policies and plans?

### How do the new structures work?

Governance and management systems need to reflect the needs of stakeholders (see Factsheet 1), and to be implemented in line with legislation (see Factsheet 2).

State legislation will establish the new structure, the PHC Board. At each level there is a governing body and a management team. At state level, the governing body is composed of respected political, religious, traditional and technical leaders. It is required to meet on a regular basis and ensure the delivery of PHC services. The head of the management team reports to this governing body. The governing body approves the strategic health plan and costed annual operational plans and oversees the development, and monitors the implementation, of policy. Policies will cover all systems e.g. finance, human resources, performance and supply chain management. Policies will be developed by the management team and approved by the governing body. All policies need to be aligned with relevant national and state government policies.

At the sub-state level the relevant management team oversees the functioning of the PHC facilities (and if the new structure integrates both PHC and SHC services, hospitals) within its geographical boundaries. In turn, the sub-state management team reports to and is managed by the Board management team.

### 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

The structures that can be created at state and sub-state level vary enormously across the states and reflect the fact that 'no-one-size-fits-all'. The structures should be determined in the state Law and regulations, with line function management clearly specified.

## Creating the right team

It is essential that the right people are in the right roles in these new structures. These are key positions and the appointment of poor or weak managers or individuals can impact on the functioning of the new structures. There will be a lot of interest from a number of people in the state to ensure that they influence the selection. The committee tasked with overseeing the transformation needs to play an important role here, to ensure that the Governor and other influential leaders are well briefed on the selection process.

## Steps to success

**Step 1** Ensure that the transformation committee drives the process of establishing the PHC Board governing body and management teams to manage the new system.

**Step 2** Establish the PHC Board governing body and management teams. The transformation committee must drive this process. An essential requirement for effective integration is that existing PHC staff, including staff currently employed by an LGA, LGSC and/or SMoH, will all come under the management of the PHC Board and the decentralised structures that are created. Payment of staff will be through the PHC Board.

**Step 3** Establish sub-state health authorities. The principles for establishing lower level structures are:

- \* single lines of accountability between each level
- \* well-established accountability lines upwards at every level for finance, staff and service delivery
- \* the creation of structures of an appropriate size with borders that are coterminous with current political borders
- \* the creation of structures with sufficient levels of control.

## Recommendations

### Election processes must be fair and transparent

There is a danger in the creation of new structures with new posts that powerful people will want to install their preferred candidates. Inappropriate or unpopular appointments will diminish the credibility of the new state and sub-state structures and thus the success of the new policies. The transformation committee needs to ensure that a transparent and fair selection process is adopted and followed

### There must be clarity between the governing body and the management team

In the design of the new system there is a clear distinction between the role of politicians and administrators. For many years, this distinction has not been clear. This has led to inappropriate interference in the functioning and management of the health services, with disastrous effects. The new Law and regulations must clarify the roles and responsibilities of the politicians, the state and sub-state governing bodies and related management structures. Line function management should rest with the full-time state and sub-state management teams. The governing body has the overall responsibility for policy development and approval and oversight of the state and sub-state management teams but should not become involved in the day-to-day management of the health service. That is entrusted to the state and sub-state management teams.

### Ensure a good gender balance in the governing bodies

Health services are provided to mothers and children who make up the bulk of the patients. However, governing bodies often have a history of inadequate representation from women. This must be addressed.



Partnership for Reviving Routine  
Immunisation in Northern Nigeria;  
Maternal Newborn and Child Health Initiative

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

[www.prrinn-mnch.org](http://www.prrinn-mnch.org)  
Email: [info@prinn-mnch.org](mailto:info@prinn-mnch.org)

