



Private Sector  
Health Alliance of  
Nigeria

INNOVATION | PARTNERSHIPS | SAVING LIVES



# PRIMARY HEALTHCARE CENTRE (PHC) ADOPTION INITIATIVE

STAKEHOLDERS' ROUNDTABLE

Lagos | January 2020

# back ground

The Nigerian healthcare sector is plagued by several challenges across the value chain. Most primary health centres are poorly equipped, with only about one quarter of all facilities able to achieve up to 25% compliance with stipulated minimum requirements. Drug availability is also a cause for concern, with less than half of all Primary Healthcare Centre (PHC) facilities having the listed essential drugs in stock.

Healthcare is majorly driven by the private sector, which serves as the first point of call for over 80% of patients. In total, the private sector currently accounts for around 65% of all healthcare provision in Nigeria. Most Nigerians pay for healthcare services out of pocket.

The Private Sector Health Alliance of Nigeria

(PSHAN) seeks to improve the healthcare situation for everyday Nigerians by providing quality and affordable healthcare using ADHFP as a vehicle.

The Adopt-A-Health Facility Program (ADHFP) was conceptualized by Mr. Aigboje Aig-Imoukhuede and the Private Sector Health Alliance of Nigeria (PSHAN) with the primary aim of delivering, at least, one global standard Primary Healthcare Centre (PHC) in each of the 774 Local Government Areas (LGAs) in Nigeria.

The proposed initiative will implement a market-based private sector driven intervention to provide low-cost, high-volume health services to the public. ADHFP will operate through a chain of integrated Primary Healthcare Centres in each of the 774 LGAs and will be sponsored by high net worth individuals (HNIs)/private citizens who will be known as 'adopters'.

The primary target market consists of the low-income population, who reside in rural areas and urban slums. Adopters



will build or adopt the health facility, take responsibility for all aspects of making it functional, efficient and effective throughout the adoption period which, in the first instance, is 5 years.

PSHAN convened a roundtable of over 40 stakeholders to discuss the PHC Adoption Initiative, put forward learnings from similar programs, concerns, questions, suggestions and agree on various workstreams that will be required to take the initiative to the next level.



The roundtable was moderated by Mr. Aigboje Aig-Imoukhuede, a board member of PSHAN. There was a presentation on the brief history of PSHAN and the Adopt-A-PHC concept note. This was followed by an interactive Q&A session and allocation of stakeholders to various workstreams. Opening and closing remarks were made by Mr. Aigboje Aig-Imoukhuede.

The session consisted of the following key areas:

### The need to serve humanity

*“For I was hungry, and you gave me food to eat, I was thirsty and you gave me drink, I was sick and you visited me....”*

– mr. aiGBOJE aiG-imoukHUEDE

Mr. Aigboje Aig-Imoukhuede spoke about basic rights and the right to health. He also went further to emphasize the need to serve humanity quoting a passage in the Bible. He stated that there is a need to act in our capacity and also invite others to make a difference in healthcare in Nigeria.

He reiterated the need to create a private stakeholder group which can assist the government in improving healthcare in Nigeria, this led to the concept of the PHC Adoption Initiative where each of the 774 Local Government Areas (LGAs) in Nigeria has a functional PHC that can deliver global standard healthcare services to the surrounding communities.

Princess Adejoke Orelope-Adefulire from the Office of the SSA to President on SDGs lauded the initiative and also pledged her full support.

*“If we form a coalition of private sector stakeholders, we can work with government and do bold ambitious things in the health system”*

- mr. aiGBOJE aiG-imoukHUEDE



### Brief history of PSHAN

Mrs. Omobolanle Victor-Laniyan, head of sustainability Access bank and also a board member of PSHAN spoke about how it was founded by Messrs Aliko Dangote, Jim Ovia, Aigboje Aig-Imoukhuede and Stanbic-IBTC Bank (represented by Mrs. Shola David-Borha and its focus on the Saving One Million Lives initiative with Innovation, Advocacy, Partnerships and Impact investment being its pillars. She highlighted the recent strategy session that took place to review PSHAN's objectives and its subsequent evolution to become the go-to private sector led platform that mobilizes resources and capabilities; and leverages same to improve Nigeria's healthcare system

*"We have evolved to become the go to private sector led platform that mobilizes resources and capabilities and leverages same to improve Nigeria's health system"*  
— Mrs. OMOBOLANLE VICTOR-LANIYAN

### Presentation of the Adopt-A-PHC Concept Note

*"There is a general perception that the PHCs on ground are not fit to offer healthcare services"*

— Mr. SONNY NWARISI

The concept note was presented by Mr. Sonny Nwarisi, MD/CEO of PSHAN who reiterated the need for a functional primary healthcare system. He further explained the challenges currently being faced by the PHCs, categorizing them into demand sided challenges like poor quality of care, poor accessibility and inability to pay for services and supply side challenges like inadequate funding, talent, infrastructure and governance. He stated that it will cost NGN141m in the brownfield model and NGN182m in the greenfield model to adopt and run a PHC for 5 years.



### Expected impact from the initiative

Mr. Aigboje Aig-Imoukhuede stressed that the initiative will be funded by Nigerians and explained that if it is shown to work in a particular state, other philanthropists will be encouraged to replicate it in their own states and there is a potential for replication even beyond the borders of Nigeria. He went further to explain the various workstreams that will be constituted for the purpose of the initiative. The expected impact of the initiative includes:

- Saving lives
- Improvement in health outcomes
- Job creation
- Stronger civic engagement
- Greater government accountability
- More viable primary health value chain
- Gender empowerment
- Better quality and improved access to healthcare

- Micro health insurance at scale
- Entrepreneurship opportunities and startups
- Substantial policy reform
- Model for other African nations

### Questions and comments from participating stakeholders

Princess Adejoke Orelope-Adefulire stated that the brownfield model is better because constraints like acquisition of land will be avoided. She also stressed the importance of incorporating health insurance to the scheme and suggested using National Youth Service Corps Doctors to man the PHCs. She recommended that provisions should be made to accommodate the health workers close to the PHCs and also drew attention to the inadequacy of Schools Of Nursing. She promised to speak to the governors to get them on board.



Dr. Balogun from Eti Osa LGA stressed the importance of community participation in primary healthcare and pointed out that influx of patients will increase when PHCs are functional.

Ms. Zouera Youssoufou, CEO of The Aliko Dangote Foundation and also a board member of PSHAN highlighted the importance of focusing on the quality of service. She noted that patients will not come back if there is poor quality of service.

Dr. Olamide Brown from Flying Doctors Nigeria noted that unlike in the United Kingdom, patients in Nigeria visit secondary and tertiary health facilities without going through the PHCs leading to increased pressure on the secondary and tertiary health centres. PharmAccess' Dr. Ibironke Dada stressed the need for reorientation of health workers and also implementation of the Task Shifting Policy.

The IFC's Dr. Olumide Okunola mentioned various archetypes of similar programs such as the brownfield approach being undertaken by private sector organizations in Mowe, Lagos, PHCs being managed by companies like Shell and Chevron, the General hospital built by T Y Danjuma and a host of others. He suggested that we key into these existing initiatives to achieve impact at scale in a timely manner.

The Nigerian Stock Exchange's Mr. Olutobi suggested that we create financial instruments that can work for health which should be specific to the adoption initiatives.

Dr. Kemi DaSilva-Ibru from Women at Risk International Foundation asked if issues like sexual assault will be included in the services the PHCs will offer and Mr. Aigboje Aig-Imoukhuede responded, stating that issues peculiar to various regions e.g. sexual assault, snake bite etc. will be included.



*“The scale, magnitude and potential impact of this initiative is truly transformational”*

*-Mrs. CLARE omATSEyE*

The Health Federation of Nigeria's Mrs. Clare Omatseye noted that 26 states have signed the mandatory health insurance and that there's a need to look at partnerships with the state health insurance. She pointed out that power is still a major issue and severely limits the quality of healthcare that can be provided. She also reiterated the need for reorientation of health workers and suggested that advocacy should be done at various levels. She noted that the NGN21m budgeted for the brownfield model should be looked at because it would cost way more than this to restore a PHC in a very dilapidated state.

Mr. Yinka Sanni, CEO of Stanbic IBTC stated that knowledge is key to enable us get to grips with required steps to bring the initiative to fruition. This point of view was also shared by Mr. Aigboje Aig-Imoukhuede who noted that that was the reason for the stakeholders' roundtable.

Mr. Aigboje Aig-Imoukhuede opined that it will be easier for Philanthropists to get the government of their respective LGAs on







board since they will have more influence in their states of origin. PharmAccess' Dr. Ibrionke Dada further stressed the need to get the legislators, LGA chairmen, union of PHC workers etc. on board because some health workers may think the private sector wants to take their jobs.

## Workstreams and stakeholders

Participating stakeholders volunteered to be members of workstreams based on their interests and expertise or experience as follows:



S/N	WORKSTREAMS	ORGANIZATIONS
1	Health System	Eti Osa LGA, ABC Health, GBC Health
2	Economics and Financing	MTN Nigeria plc, BMGF, Health Federation of Nigeria, Flying Doctors Nigeria, Access bank, Office of the SSA to President on SDGs, World bank, PharmAccess foundation, CEDAR advisory partners
3	Policy Challenges and Reform	Lagos state government, Health Federation of Nigeria, Flying Doctors Nigeria, Office of the SSA to President on SDGs, World bank, One campaign, Johnson and Johnson, Vesta healthcare partners, Health law, Africa Practice, Nigerian Economic Summit Group
4	Technology	MTN Nigeria plc, Lagos state government, CISCO Nigeria, PharmAccess foundation, Health Federation of Nigeria, Flying Doctors Nigeria, Office of the SS to President on SDGs, MSD for mothers, JNC International ltd
5	Public-Private Partnerships	MTN Nigeria Plc, Lagos state government, BMGF, PharmAccess foundation, Health Federation of Nigeria, Flying Doctors Nigeria, World bank, Vesta healthcare partners, Zenith bank, JNC International Ltd, GBC Health
6	Supply Chain Management	BMGF, Health Federation of Nigeria, JNC International ltd
7	Legal Systems	Johnson and Johnson, Health law
8	Talent Management and Capacity Development	Nurse Charity
9	Citizens Engagement	Lagos state government, Eti osa LGA, Justice in healthcare, Access bank, Women At Risk International Foundation, One campaign, Nurse Charity, Zenith bank, Health law, GBC health, MSD for mothers



S/N	WORKSTREAMS	ORGANIZATIONS
10	Monitoring and Evaluation	Lagos state government, CISCO Nigeria, BMGF, Office of the SSA to President on SDGs, Nigerian Economic Summit Group
11	Power	MTN Nigeria plc, Health Federation of Nigeria,
12	Standards and Design	PharmAccess foundation, Office of the SSA to President on SDGs, JNC International ltd
13	Governance and Hospital Management	Eti osa LGA, Justice in healthcare, Women At Risk International Foundation
14	Program Management	PharmAccess foundation, Access bank
15	Project Management Office	PSHAN, Coronation Ecosystem, PwC; Dr. Bala Liman



## Participating Organizations

- › ABC Health
- › Access Bank
- › Africa Practice
- › Bill & Melinda Gates Foundation
- › Cedar Advisory Partners
- › CISCO Nigeria
- › Eti-Osa Local Government
- › Flying Doctors Nigeria
- › Ford Foundation
- › GBC Health
- › Global Citizen
- › Health Federation of Nigeria
- › Health Law
- › International Finance Corporation
- › Ikate Primary Healthcare Centre, Lagos
- › JNC International Ltd
- › Johnson & Johnson
- › Justice in Healthcare
- › Lagos State Government
- › MSD for mothers
- › MTN Nigeria Plc
- › Nigerian Economic Summit Group
- › Nigerian Stock Exchange
- › Office of the SSA to President on SDGs
- › ONE Campaign
- › PharmAccess Foundation
- › PSHAN
- › Stanbic IBTC
- › UN-ECA
- › Vesta Healthcare Partners
- › Women-At-Risk International Foundation
- › World Bank

## Final thoughts

“The initiative has faced no resistance so far and there is great support from outside Nigeria.”- Mr. Aigboje Aig-Imoukhuede

## Host

PSHAN

## Moderator

Mr. Aigboje Aig-Imoukhuede

## Opening & closing remarks

Mr. Aigboje Aig-Imoukhuede

## What's next?

- › Workstreams will be defined
- › Development of Terms of Reference
- › Constitute program management workstream



