

STATE PRIMARY HEALTH CARE BOARD LAW

A Bill for a Law to Establish the State Primary Health Care Board and other Matters Related Thereto

[Date of commencement]

PART 1

Composition of the Governing Board, Powers and Functions

1. Establishment of the State Primary Health Care Board

- (1) There is hereby established a body to be known as State Primary Health Care Board (hereinafter referred to in this Law as “the SPHCB”)
 - (a) The SPHCB shall be a body corporate with perpetual succession and a common seal and may sue and be sued in its corporate name.
 - (b) The SPHCB may acquire, hold or dispose of any moveable or immoveable property.

2. Establishment And Composition Of The Governing Board Of The State Primary Health Care Board

- (1) There is hereby established for the State Primary Health Care Board a Governing Board (hereinafter referred to in this Law as “the Governing Board”)
- (2) The Governing Board shall consist of:
 - (a) a part-time Chairman with public health or health management experience who shall be a person of good character and proven integrity;
 - (b) a representative (not below the rank of a Director) from each of the following:
 - (i) State Ministry of Health
 - (ii) State Ministry for Local Government
 - (iii) State Ministry of Women Affairs
 - (iv) State Ministry of Budget and Economic Planning
 - (v) State Ministry of Justice
 - (c) the Chairman of the State Hospitals Management Board
 - (d) one Local Government Area Chairman from each senatorial district

- (e) the Chairman of the State Branch of Nigerian Medical Association
- (f) the Executive Secretary of the State Health Insurance Agency
- (g) the Chairman of the State Joint Health Sector Union and
- (h) the Executive Secretary of the SPHCB who shall be the Secretary to the Governing Board.

(3) At least, five (5) members of the Governing Board shall be women.

~~(5)~~(4) The Governor shall appoint the Chairman and members of the Governing Board on the recommendation of the Commissioner.

3. Tenure of Office

The part-time Chairman and other members appointed by the Governor other than ex-officio members shall hold office for a term of four years in the first instance and may be reappointed for a further term of four years and on such terms as may be specified in their letters of appointment.

4. Cessation of Membership of the Governing Board

(1) The office of a member of the Governing Board shall become vacant if he/she:

- a) resigns his appointment by notice in writing to the Governor
- b) dies
- c) completes his/her tenure of office
- d) is convicted of a crime by a Court of Law
- e) is declared bankrupt by a Court of Law
- f) is suspended as a member of a relevant regulatory body
- g) becomes incapable of discharging the functions of his/her office by reason of mental or bodily infirmity and
- h) has become unfit for membership by reason of having contravened the provisions of this Law or any regulations made generally for the carrying into effect the purpose of this Law.

(2) Where a vacancy occurs in the membership of the Governing Board, it shall be filled by the appointment of a successor to represent the same interest for the unexpired term of the member concerned.

5. Objectives of the Governing Board

The objectives of the Governing Board are:

- a) to fast track the development and operations of Primary Health Care system by bringing "Primary Health Care Under One Roof"

- b) to ensure equitable distribution and adequate maintenance of Primary Health Care facilities and effective access to services and
- c) to work with other relevant bodies to facilitate the implementation of the National Health Policy and National Health Act.

6. Functions of the State Primary Health Care Board

The functions of the SPHCB shall be:

- (a) to review and propose changes to the existing State health policies with regards to bringing “Primary Health Care Under One Roof” (PHCUOR) and ensuring the full implementation of PHCUOR in the State
- (b) to develop and implement all aspects of PHC human resources and services within the State in line with the “Primary Health Care Under One Roof” policy
- (c) to develop, promote and monitor health plans for the State and local government levels and to ensure their relevance to the National Health Policy and the National Health Act.
- (d) to take into cognizance the national guidelines for the development of Primary Health Care system in the execution of its mandate
- (e) to ensure effective community participation in all Primary Health Care activities
- (f) to strengthen referrals and linkages with other levels of the health care delivery system in the State
- (g) to develop a sound database for effective planning, Implementation and supervision of all Primary Health Care activities in the State
- (h) to develop effective capacity and skills of staff and communities
- (i) to encourage collaboration with other sectors (public and private) at State and local government levels in the development and support of the Primary Health Care system
- (j) to mobilize resources both nationally and Internationally and to work with all relevant development partners to support the development of Primary Health Care system at State and local government levels
- (k) to disburse funds provided for it through the National Primary Health Care Development Agency (NPHCDA) and other sources for Primary Health Care services and programmes in the State
- (l) to recruit, deploy, promote and discipline Primary Health Care employees provided that all matters relating to officers on Grade

Level 06 and below may be delegated to the Local Government Health Authorities

- (m) to maintain and update personnel records of all Primary Health Care employees in the State
- (n) to pay salaries and allowances to all Primary Health Care employees in the State
- (o) to ensure all Primary Health Care workers in the Local Government Areas are moved to the Local Government Health Authorities and their salaries and allowances deducted at source from the Joint Account Allocations Committee (JAAC) and paid through the State Primary Health Care Board
- (p) to apply the applicable Pension Laws of the State
- (q) to ensure manpower planning, development and training of Primary Health Care employees in the State employment
- (r) to appoint the Director PHC and other members of the Management Team for each LG Health Authority in the State
- (s) to constitute an Advisory Committee headed by the LGA Chairman with a balanced representation of PHC stakeholders at the LGA and community levels including the Director PHC as Secretary for each LG Health Authority in the State
- (t) to ensure annual budgetary provision, monitoring and evaluation of all Primary Health Care services in the State for the maintenance of the minimum standard.
- (u) to ensure the development and publication of a costed Minimum Service Package (MSP) policy and document for Primary Health Care facilities and services in the State
- (v) to ensure that medical auditing of Primary Health Care facilities in all LGAs of the State is carried out every two years and the report is published
- (w) to ensure compliance with minimum standard and issue annual certificate as appropriate to Primary Health Care facilities in all LGAs of the State
- (x) to do all such other things expedient for carrying out its functions and which will facilitate its activities

7. Roles and Powers of the Governing Board

(1) The Governing Board shall:

- (a) provide guidance and oversight for the provision and efficient running of Primary Health Care systems for all residents of the State

- (b) approve all appointments, promotions and discipline, annual work plans, budgets, programmes, capital expenditures and projects, any other major undertaking, that may be necessary to enhance the functions of the SPHCB
 - (c) mobilize funds necessary for the provision of effective and efficient PHC services
 - (d) approve capital projects to be undertaken as needed to improve Primary Health Care services in the State
 - (e) ensure the publication of annual report of activities and financial auditing of the State Primary Health Care Board including LGHAs and Primary Health Care facilities and submit a copy to the Commissioner before the end of the first quarter of the following year.
 - (f) advise the Commissioner and LGAs on all matters concerning Primary Health Care implementation in the State
 - (g) perform such other functions as assigned to it by the Governor
- (3) The Governing Board shall not be involved in the day-to-day running of the State Primary Health Care Board.

8. Remuneration and Allowances of the Board

The Chairman and members of the Governing Board shall be paid such emoluments, allowances and benefits as the State Government may from time to time direct.

PART II

Executive Secretary

9. Appointment of the Executive Secretary

- (1) There shall be appointed for the SPHCB an Executive Secretary who shall be appointed by the Governor at the level of a Permanent Secretary on the recommendation of the Commissioner.
- (2) The Executive Secretary shall be a health professional of good character and proven integrity, with additional qualification in public health and cognate experience of not less than fifteen years, five of which must be in Primary Health Care
- (3) The Executive Secretary shall:
 - a) be the Chief Executive Officer and Chief Accounting Officer of the SPHCB
 - b) be responsible for the day-to-day administration of the SPHCB

- c) be the Secretary to the Governing Board and ensure the implementation of the decisions of the Governing Board and
 - d) report to and be supervised by the Governing Board.
- (4) The Executive Secretary shall hold office for a period of four years and shall be eligible for reappointment for a second and final term of four years on such terms as may be specified in his Letter of Appointment.

10. Remuneration of the Executive Secretary

The Executive Secretary shall be paid such salary and allowances as approved for a Permanent Secretary in the State Civil Service.

11. Vacancy

The Governor may declare the office of the Executive Secretary vacant if the Executive Secretary resigns his/her appointment by notice in writing under his hand to the Governor or is removed by the Governor.

12. Removal from office

- (1) The Chairman may, after a Governing Board majority vote of no confidence recommend the removal and replacement of the Executive Secretary to the Governor if:
- (a) the Executive Secretary derelicts in the performance of his/her duties or
 - (b) after an investigation and hearing, the Executive Secretary was found to be engaged in gross misconduct
- (2) The Governor shall, within six weeks after the submission of the recommendation contemplated in subsection (1), determine whether the Executive Secretary's appointment should be terminated.
- (3) Notwithstanding any other provision of this Law, the Governor may:
- (a) suspend the Executive Secretary in the event of serious allegations of financial misconduct or other inappropriate activity or behavior and/or
 - (b) terminate the employment of the Executive Secretary if, after investigation and hearing, he/she was found guilty of financial misconduct or other inappropriate activity or behavior.

PART III

Management Team and Staff

13. Management Team

- (1) The Management Team shall comprise of the Executive Secretary and the Directors of Departments in the SPHCB.
- (2) The Executive Secretary shall head the Management Team and each of the Directors shall report directly to him/her.
- (3) All staff in the employment of the Primary Health Care Department of the State Ministry of Health and Local Government Areas in the State automatically becomes staff of the State Primary Health Care Board.
- (4) Staff of the State Primary Health Care Board shall include such officers as may be employed directly or drawn from within the State Civil Service through posting, transfer of service or secondment from time to time with the approval of the Governing Board.

14. Discipline and Conditions of Service

- (1) The State Primary Health Care Board shall have power to exercise disciplinary control over its staff as it may deem necessary for the discharge of its functions under this Law and in accordance with the State Civil Service Rules.
- (2) The terms and conditions of service of the employees of the State Primary Health Care Board shall be determined by the Governing Board in accordance with the State Civil Service Rules.

15. Pension and Gratuity

- (1) It is hereby declared that service in the SPHCB shall be approved service for the purpose of the Pension Reform Law and accordingly, employees of the SPHCB shall be entitled to pensions, gratuities and other retirement benefits as prescribed under the Law.
- (2) Nothing in this Law shall prevent the appointment of a person to any office on terms which preclude the grant of a pension, gratuity or other retirement benefits in respect of that office.
- (3) For the purpose of the application of the provisions of the Pension Reform Law, any power exercisable by the Commissioner or other authority of the State Government other than the power to make regulations under the Pension Reform Law, is hereby vested in and shall be exercisable by the Commissioner and not by any other person or authority.

PART IV

Establishment and Functions of the Local Government Health Authority

16. Establishment of Local Government Health Authority

- (1) There is hereby established a Local Government Health Authority (LGHA) for each Local Government Area in the State. It shall consist of the Advisory Committee and the Local Government Health Authority Management Team (LGHA MT) both reporting to the Executive Secretary of the SPHCB.
- (2) The LGHA Advisory Committee shall consist of:
 - (a) Local Government Area (LGA) Chairman as Chairman
 - (b) LGA Supervisory Councilor for Health
 - (c) Directors of other departments in the LGA (Works, Agriculture, Finance, Education, Community Development and Personnel)
 - (d) One representative of the National Orientation Agency
 - (e) One representative of LGA Traditional Council
 - (f) One representative of Religious Leaders
 - (g) Head of one referral public hospital
 - (h) One representative of private health sector
 - (i) One representative of women leaders
 - (j) One representative of health training institutions where available
 - (k) One representative of Civil Society Organizations/Community Based Organizations
 - (l) Two representatives of Ward Development Committee (on a rotational basis) and
 - (m) Director PHC as Secretary
- (3) The LGHA Advisory Committee shall:
 - (a) primarily advise the Governing Board of the State Primary Health Care Board and the LGHA Management Team
 - (b) set the overall vision and mission of the LGHA
 - (c) provide strategic direction to LGHA Management Team
 - (d) mobilize and allocate resources
 - (e) hold implementers to account for effective and efficient use of resources
 - (f) develop effective working relationship with the management team and communities
 - (g) receive and deliberate on health reports of LGA and advise LGHA MT on decisions to improve health outcomes
 - (h) support LGHA MT on implementation of PHC in the LGA and
 - (i) identify and fund the PHC capital projects
- (4) The LGHA serves as the secretariat and is responsible for convening the quarterly meeting in consultation with the LGA Chairman.

17. Appointment of Director PHC

- (1) The Executive Secretary shall appoint a medical officer and where none exists, any Health Officer with relevant qualifications and experience as Director PHC for each LGHA in the State.
- (2) The appointment shall be subject to confirmation and approval by the Governing Board of the State Primary Health Care Board.

18. Tenure of Office

The Director PHC of the Local Government Health Authority, if not an employee of the SPHCB, shall hold office for a period of four years subject to renewal for another four years and no more in the same Local Government Health Authority.

19. Appointment of Deputy Directors, Programme Officers and Ward Focal Persons/Supervisors

The Director PHC shall be assisted by suitably qualified officers with relevant qualifications designated as Deputy Directors in charge of divisions, Programme Officers in charge of units in the LG Health Authority and Ward Focal Persons/Supervisors in charge of political wards in the LGA.

20. Composition of LGHA Management Team

- (1) The LGHA Management Team shall be made up of the following:
 - (a) Director PHC
 - (b) Two Deputy Directors
 - (c) Programme Officer, Planning, Research and M & E
 - (d) Programme Officer, Disease Control
 - (e) Programme Officer, Immunization
 - (f) Programme Officer, Essential Drugs, Equipment and Logistics
 - (g) Programme Officer, Health Promotion
 - (h) Programme Officer, Nutrition
 - (i) Programme Officer, Reproductive, Maternal & Child Health
 - (j) Administrative Officer and
 - (k) Finance and Accounts Officer
- (2) The LGHA Management Team is under the leadership of the Director PHC and the Administrative Officer shall serve as the Secretary.
- (3) Director PHC reports directly to the Executive Secretary.

21. Roles and Responsibilities of LGHA MT

- (1) LGHA MT is responsible for the day-to-day management of the LGHA.

- (2) The LGHA MT is responsible for overall management of LGHA resources through effective planning, implementation and coordination of PHC activities in the LGA including the following:
- (a) ensure that health system performance gaps (clinical and management/administrative) identified during supervision are addressed through appropriate capacity building and quality improvement interventions
 - (b) enable and encourage community members to participate in initiating, devising, implementing and monitoring decisions and plans based on their local health needs, priorities, capacities and resources
 - (c) provide LGA-wide partner coordination and alignment with priorities and planning to prevent duplication
 - (d) work with partners in other sectors (e.g. education, agriculture, infrastructure) on initiatives aiming to promote health
 - (e) advocate for, identify and mobilize resources to address current and future gaps in health service delivery
 - (f) provide technical and management support to WDCs and facilities to achieve better health outcomes and
 - (g) supervise the LGHA staff

22. Functions of the Local Government Health Authority (LGHA)

- (1) The Local Government Health Authority shall:
- (a) be responsible and accountable to the SPHCB
 - (b) plan targets in line with the overall objectives of the SPHCB taking into due cognizance the policy direction of the LGA Chairman
 - (c) monitor performance against set targets
 - (d) develop budgetary proposal for services offered in the Primary Health Care facilities in the LGA
 - (e) exercise powers to recruit, promote and discipline staff on Grade Levels 01 – 06 subject to supervision of the SPHCB
 - (f) replicate the Ward Health System in all the wards of the LGA

- (g) appoint Ward Focal Person/Supervisor and ensure appropriate mix of clinical and support staff for the Ward PHC Team for all the wards in the LGA
- (h) provide and maintain infrastructures, equipment and supplies to all Primary Health Care facilities in the LGA and
- (i) collate and submit monthly and annual service utilization data along with financial statements and progress reports to the SPHCB

23. Ward Health System

- (1) The implementation of PHC services in the LGAs of the State shall be based on the Ward Health System.
- (2) The Ward Health System in the State shall consist of the Ward Development Committee (WDC) at the ward level, the Village Development Committees (VDCs) at the village level and the Facility Management Committee (FMC) for each Primary Health Centre and Primary Health Clinic.

24. Transfer of Primary Health Care Facilities

- (1) All Primary Health Care facilities in all the Local Government Areas of the State shall be transferred to the State Primary Health Care Board within 180 days of this Law coming into effect.
- (2) The State Primary Health Care Board shall be responsible for the ownership, control and management of Primary Health Care facilities, buildings, equipment, medical supplies, vehicles and other items for the provision of Primary Health Care services.

25. Dissemination of Service Provision Information

- (1) All Local Government Health Authorities shall ensure that appropriate and comprehensive service provision information is displayed at facility level on the available health services in every facility.
- (2) This information shall include:
 - a) the health services available
 - b) the organization of health services
 - c) hours of operation
 - d) procedures for laying complaints and
 - e) the rights and duties of clients and health care workers

26. Primary Health Care Management Information System

There shall be established a Primary Health Care Management Information System (PHCMIS) which is a sub-set of the National Health Management Information System (NHMIS) to guide strategic planning, implementation and management of Primary Health Care at all levels in the State.

PART V

Financial Provisions

27. Funds of the State Primary Health Care Board

- (1) The funds of the State Primary Health Care Board shall be derived from the following sources:
 - (a) funds from the Basic Health Care Provision Fund (BHCPF) as provided by the National Health Act 2014
 - (b) funds from the State Government
 - (c) funds from the Local Governments
 - (d) funds from donors, non-governmental organizations and development partners
 - (e) subscriptions, commissions and consultancy fees charged by the State Primary Health Care Board
 - (f) grants, gifts, donations, earnings, testamentary dispositions, endowments and
 - (g) all assets that may from time to time accrue to the State Primary Health Care Board
- (2) The State Primary Health Care Board shall be jointly funded by the State Government (by an amount equivalent to a minimum of 20% of the total annual health budget of the State) and the Local Government Areas (by the total annual Primary Health Care budget of each LGA) as appropriated by the State House of Assembly in the approved budget of the year.

28. Expenditures of the State Primary Health Care Board

All expenditures incurred by the SPHCB including the payment of salaries, allowances, the cost of administration and payment of service fees shall be defrayed from the funds of the SPHCB.

29. Bank Account

The SPHCB shall maintain bank account(s) with any reputable bank(s) in the State.

30. Accounts and Audit

- (1) The Governing Board shall cause to be kept proper accounts of the funds and proper records in relation thereto and when certified by the SPHCB such accounts shall be audited by auditors appointed by the Governing Board from the list and in accordance with the guidelines provided by the Auditor-General of the State.
- (2) The Governing Board shall not later than three months after the end of the year, submit to the Commissioner a report on the activities and the administration of the SPHCB in relation to the fund during the immediately preceding year and shall include in such reports the auditor's report thereon.

31. Power to Accept Gifts

- (1) The State Primary Health Care Board may accept gifts of land, money or other property upon such terms and conditions, if any, as may be specified by the person making the gift.
- (2) The State Primary Health Care Board shall not accept any gift if the condition attached by the person making the gifts are inconsistent with the functions of the State Primary Health Care Board.

PART VI

Miscellaneous Provisions

32. Directive by the Governor

The Governor may from time to time give to the State Primary Health Care Board directives of a general nature as to the manner in which the State Primary Health Care Board shall exercise its functions under this Law and it shall be the duty of the State Primary Health Care Board to give effect to such directives.

33. Regulations

The Commissioner shall make such regulations as in his/her opinions are necessary or expedient for giving full effect to the provisions of this Law and for the due administration of its provisions.

34. Transitional Provisions

The provisions of the Local Government Service Commission shall not apply in relation to this Law and accordingly:

- (1) Any matter concerning the appointment, promotion, discipline, transfer, retirement of Local Government Primary Health Care staff handled by the Local Government Service Commission immediately before the commencement of this Law, or which would have been handled but for this Law, shall be transferred to the State Primary Health Care Board.
- (2) Any person who at the commencement of this Law had a valid and subsisting appointment to serve in any of the Local Government Primary Health Care Department shall be deemed to have been appointed by the State Primary Health Care Board pursuant to the provisions of this Law provided such person satisfies the minimum requirements for such appointment.
- (3) Notwithstanding anything to the contrary in any other law, on the commencement of this Law, the functions of the Primary Health Care Department of the State Ministry of Health, with the exception of School/College of Technology, are hereby transferred to the State Primary Health Care Board.

35. Interpretation

In this Law, unless the context otherwise requires:

“Chairman” means the Chairman of the Governing Board of the SPHCB.

“Commissioner” means the State Commissioner of Health.

“Ex-Officio” means a person who serves on a statutory body by virtue of the office he holds and includes his designee.

“Executive Secretary” means the Executive Secretary of the State Primary Health Care Board.

“Functions” means duties.

“Governor” means the Executive Governor of the State.

“Member” means a member of the Governing Board of the SPHCB and includes the Chairman.

“PHC” means the components of Primary Health Care programme which are health education concerning prevailing health problem; promotion of food supply and proper nutrition; adequate supply of safe water and basic sanitation; maternal and child health care including family planning; immunization against major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment for common ailments

and injuries; supply of essential drugs; oral health and mental health. This is subject to any additional component(s) that may be approved by the National Council on Health from time to time.

“PHCUOR” means “Primary Health Care Under One Roof”.

“Power” means authority and the legal right to act in his/her capacity.

“SPHCB” means the State Primary Health Care Board established under Section 1 of this Law.

“State” means _____ State of Nigeria

36. Short Title

This Law may be cited as the “State Primary Health Care Board Law” or “SPHCB Law”.

SCHEDULE ONE

Supplementary Provisions Relating to the Governing Board

1. Proceedings of the Governing Board

- (1) The quorum for the Governing Board shall be the Chairman and six other members.
- (2) The Governing Board shall meet at least four times in the year (except when there is a need for an emergency meeting).
- (3) The Chairman shall preside at every meeting and in the event of the absence of the Chairman, any member amongst the members present shall be appointed to act for that particular meeting.
- (4) Any question proposed at a meeting of the Governing Board shall be determined by a simple majority of the members present and voting and in the event of a tie the Chairman shall have a second or casting vote.
- (5) Where the Governing Board requires specialized advice or services on a particular matter, it may co-opt the services of a qualified person to assist it with making an informed decision but a person who is a member by virtue of this provision shall not be entitled to vote at any meeting of the Governing Board and shall not count towards the quorum.
- (6) The Governing Board may appoint one or more committees to carry out on behalf of the Governing Board such of its functions as the Governing Board may determine.
- (7) A committee appointed under this provision shall consist of such number of persons (not necessarily all members of the Governing Board) as may

be determined by the Governing Board and a person other than a member of the Governing Board shall hold office on the committee in accordance with the terms of his appointment.

- (8) A decision of a committee of the Governing Board shall be of no effect until it is confirmed by the Governing Board.

SCHEDULE TWO

1. Structures of the State Primary Health Care Board

- (1) The SPHCB shall have Departments headed by Directors based on the PHCUOR Implementation Guidelines as follows:
- a) Department of Administration and Human Resources (DA&HR)
 - b) Department of Finance and Accounts (DF&A)
 - c) Department of Community and Family Health Services (DC&FHS)
 - d) Department of Disease Control and Immunization (DC&I)
 - e) Department of Essential Drugs, Equipment and Logistics (DEDE&L)
 - f) Department of Planning, Research and Monitoring & Evaluation (DPR&ME)
- (2) The State Primary Health Care Board shall have units in the Office of the Executive Secretary as follows:
- a) Audit Unit
 - b) Special Duties Unit
 - c) Legal Unit
 - d) Procurement Unit
 - e) Public Relations, Information and Protocol Unit
- (3) Changes in departmental and unit structures may be recommended by the Management Team to the Governing Board for approval.

2. Meetings, Procedures and Processes

- (1) The LGHA Advisory Committee shall:
- (a) meet quarterly
 - (b) record minutes of meetings
 - (c) adopt minutes of meetings and ensure that the Chairman and Secretary sign them and
 - (d) comply with the quorum set for starting meetings.

- (2) The LGHA MT shall:
- (a) meet monthly
 - (b) record minutes of meeting
 - (c) adopt minutes of meeting and ensure the Chairman and Secretary sign them
 - (d) comply with the quorum set for starting meeting
 - (e) maintain files of all minutes of meetings
 - (f) ensure that all LGHA accounts are opened with reliable commercial banks
 - (g) keep records of all financial transactions of the LGHA
 - (h) ensure Director PHC is a compulsory signatory to all LGHA bank accounts and
 - (i) report through the Director PHC to the Executive Secretary of the SPHCB on its day-to-day operations and where necessary, to the Advocacy Committee on broad policy, planning, implementation and PHC outcomes.