



NPHCDA



SPEECH BY DR. FAISAL SHUAIB, EXECUTIVE DIRECTOR/CHIEF EXECUTIVE OFFICER, NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY AT A MEDIA BRIEFING ON THE OFFICIAL LAUNCH OF COMMUNITY-BASED HEALTH RESEARCH, INNOVATIVE TRAINING AND SERVICES PROGRAM (CRISP), HELD IN ABUJA ON WEDNESDAY 17TH MAY 2023

PROTOCOL,

Distinguished Ladies and Gentlemen of the fourth estate,

1. Good morning and thank you for honouring our invitation. As has been our tradition at NPHCDA, we have invited you here today for a briefing on the efforts of the Agency towards addressing the issues affecting primary health care delivery in Nigeria – particularly the issue of inadequate human resource for health. If you cast your mind back to 2019, we declared a state of emergency on the number of mothers and children dying every day in Nigeria, NPHCDA set up a national coordination centre known as National Emergency Maternal and Child Health Intervention Centre (NEMCHIC) to provide oversight on reproductive, maternal, newborn, child and adolescent health plus nutrition in Nigeria. Through this centre, our Agency has conceived, and has been coordinating a set of related high impact interventions nationwide to reduce preventable maternal and under-5 mortalities across the country. One of such interventions has to do with provision of skilled health workers in our PHC facilities. The availability of skilled health workers in our PHC facilities is critical to curbing maternal, perinatal, neonatal morbidity and mortality. In pursuit of this and other goals for advancing primary health care in the country, you may recall that the Federal Ministry of Health in collaboration with NPHCDA held a well-publicized Primary Health Care summit in March 2022, during which we presented a 4-point agenda for PHC re-imagining. As part of this agenda, we discussed the need to close the gaps on the adequacy and distribution of human

resource for health at primary health care level. To be guided by evidence, we followed this with a national health facility assessment in 2022. Findings from the assessment revealed that only 1.8% (463 out of 25,843) Primary Health Care Facilities in our country have the minimum number of required Skilled Birth Attendants (SBA) which is 4 per facility. Aside from the gross inadequacy, there is the problem of unequal distribution of available SBAs in the PHC facilities.

2. To address this major challenge, the National Primary Health Care Development Agency has come up with an innovation called Community-based Health Research, Innovative-training and Services Program (CRISP), which we will be launched on Monday the 22nd of May 2023 at the Banquet Hall of the State House.
3. CRISP is a partnership between the Teaching Hospitals, Federal Medical Centres, National Primary Health Care Development Agency, State Primary Health Care Boards, Local Government Health Authorities and the communities to support primary health care development. The intervention specifically focuses on increasing, retaining and improving the quality, adequacy, competency, and distribution of a committed multidisciplinary primary health care workforce that includes facility outreach and community-based health workers supported through effective management supervision and appropriate compensation.
4. CRISP aims to leverage the rural posting of Resident Doctors from teaching hospitals to boost and guarantee the quality of care at the PHC level through their active involvement in primary health service delivery. This is targeted at improving Reproductive, Maternal, Newborn, Child and Adolescent Health, amongst other health services within the benefiting communities.
5. In addition, Human Resources for Health (HRH), particularly Skilled Birth Attendants, such as Medical Doctors, Midwives, Nurses, and Community Health Extension Workers

(CHEWs) that have been trained on how to manage emergencies would be recruited and deployed to priority PHC facilities across the country.

6. Distinguished ladies and gentlemen, we find it extremely important and helpful that we address the human resource for health gaps in our PHCs because 80% of the incidence of maternal and child deaths in Nigeria occur at the community levels, largely due to the lack of services of skilled health workers in the PHC facilities. Unfortunately, the primary health care centres are the most unattractive to our skilled health workers who prefer to be stationed at urban secondary and tertiary health facilities. While this fact has kept PHC delivery on a setback, we have scientific evidence, showing that the interventions provided by skilled health workers, namely doctors, nurses, midwives, or CHEWs trained on MLSS can reduce maternal and new-born mortality in low and middle-income countries, including Nigeria.
7. Consequently, our CRISP initiative will operate at scale involving Teaching Hospitals and Federal Medical Centres across the country. This means that the CRISP resident doctors from the engaged teaching hospitals and federal medical centres would be deployed to the primary health care facilities to support service provision and on-the-job capacity building of the PHC health workers. CRISP is targeted for implementation across the 36 states of the Federation plus the FCT in a phased manner.
8. As a multi-stakeholder investment, CRISP will be funded by the Government of Nigeria with support from development partners, philanthropists, among others. In your capacity, the media is also a stakeholder in CRISP. Our call to you is that you support the Government and the communities to create enabling information and environment for successful implementation of CRISP. As the saying goes, the wealth of a nation lies in the health of its people. The health and well-being of the people of Nigeria has remained the government's priority. We therefore count on

your understanding and support to draw up the need for human resource for health at the primary health care level.

9. I Thank you all for listening.

10. God bless you all!

God bless the Federal Republic of Nigeria!

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