

COMMUNIQUE ISSUED AT THE END OF A 2-DAY WORKSHOP ORGANISED BY THE WEST AFRICAN HEALTH SECTOR UNIONS' NETWORK AND PUBLIC SERVICES INTERNATIONAL ON THE WEST AFRICAN HEALTH ORGANISATION AND THE PROMOTION OF QUALITY HEALTH CARE DELIVERY IN NIGERIA, HELD ON JANUARY 15-16, 2014, AT THE TOP RANK HOTEL, GIMBIYA STREET, AREA 11, GARKI-ABUJA

INTRODUCTION

The West African Health Sector Unions' Network (WAHSUN) in collaboration with the Public Services International (PSI) which represents over 20 million public sector workers across 148 countries and territories held a 2-day workshop on January 15-16, 2013. The theme of the workshop was *deepening collaboration between WAHSUN, the Federal Ministry of Health and the West African Health Organisation*. It was aimed at fostering institutional mechanism and concerted efforts that would promote the delivery of quality health at the local, national and sub-regional levels, realizing the interconnectedness of the health system at these different spheres of our social life.

Participants at the workshop included the national leaderships of the two WAHSUN member-unions in Nigeria (Medical and Health Workers' Union of Nigeria and the National Association of Nigeria Nurses and Midwives), the English-speaking (East and West) Africa sub-regional secretariat of the PSI and the department of the Federal Ministry of Health responsible for liaison with WAHO.

In the course of deliberation, participants at the workshop noted the following:

1. The state of health care delivery in Nigeria is worrisome. This is despite efforts by the Federal Ministry of Health and health workers in primary, secondary and tertiary health facilities. The reasons for this situation include: infrastructural deficits/decay; low level of employment of human resources for health, and; inadequate funding of public healthcare;
2. The requisite attention for capacity-building through the training and re-training of personnel has not been given by different tiers of government. There is equally the need for the development of curricular used for basic training of human resource for health to properly integrate new knowledge, including of non-communicable

diseases, to make the emergent generation of human resources for health fully equipped within the changing social and bio-medical world of today;

3. Optimal delivery of health services within the context of subsisting challenges is further hampered by professional chauvinism on the part of medical and dental practitioners. The potentialities for career progression of several other cadres in the health team is stunted by the seeming "natural" tendency of medical practitioners to head every aspect/division/department within the sector, including those which have aptly trained professionals for such responsibilities. This lowers morale and engenders avoidable industrial conflict;
4. The schemes of service for health workers in the country does not in many cases address their works schedules and the remuneration based on these do not adequately reflect the quantum of work that such personnel put into health services delivery. This de-motivates and could become a clog in the wheel of optimising the possibilities for Universal Health Coverage;
5. The rising spate of insecurity in several states of the federation which has led to the killings of health workers creates a siege mentality that could lead to the migration of human resources for health that have such opportunities open to them, while those who do not might be circumspect with their work time. Workplace violence is however not restricted to those states marked by insurgency as there have been increased cases of attacks on health workers by hoodlums and ritualists apart from that which at times take place with patients as occupational risks. This does not bode well for healthcare delivery;
6. There have been commendable attempts at synchronising health services delivery through the institutionalising of a national health system. These however are yet to be properly integrative within the sub-regional health system that the West African Health Organisation represents;
7. The promotion of quality health services delivery necessarily requires synergy between several structures of governments at all levels, and a broad array of non-state actors including trade unions, NGOs, other CSOs and community-based associations. This would be best situated within a context that is knowledge-based and passion-driven

In the light of the observations made by participants the following recommendations were arrived at:

- a. There is crucial need for infrastructural development for healthcare delivery. Employment of human resources for health has to be given top priority to ensure quality health services delivery, particularly in the area of primary healthcare that would promote preventive medicine. Central to this, there is a dire need to improve on the funding of the health sector. It is thus strongly recommended that the Federal Government of Nigeria and other member-states in the ECOWAS sub-region commit themselves to the fulfilment of the Abuja Declaration of African Heads of State to 15% of budgetary allocations for health;
- b. The importance of a well-trained health workforce can hardly be overemphasized. To achieve this, there is the need for a process-driven review of the curricular for training health workers in the sub-region, while on-the-job re-training of serving health workers of all cadres should be systematically improved upon;
- c. Inter-professional rivalry does not augur well for industrial relations in any sector of the economy or society at large. In the health sector it could be very disastrous, as it deepens frictions and industrial conflicts, with consequential loss of lives. There is the need for every cadre within the health team to be allowed to flourish and realise their fullest potentialities, including the heading of divisions, departments and agencies by the health professionals best suited to head each of these, based on these different cadre's training. Further, in line with universally recognised democratic ethos and culture within the health system, overall headship of health facilities should be open to all cadres, subsequent to training in health administration;
- d. The participants were bothered by the fact that there does not seem to be a very objective basis for quantifying the work of health workers. The need for Job Evaluation as a process-driven basis for formulating Job Descriptions was stressed by participants. Equally, participants called for such objective basis as a critical element for the review of the Schemes of Service of human resources for health by the National Council on Establishment. WAHSUN member-unions as well called on the PSI to organise training for its officers (and government officials) on modern Job Evaluation methods;
- e. Governments have a responsibility to ensure the safety and security of lives and properties of citizens. This is particularly so where such citizens are involved in providing social services as healthcare. The participants thus called on governments at all levels to do

everything possible to curb insurgency in the country and to put an end to the attacks on health facilities by armed bandits, ritualists and hooligans;

- f. Diseases do not know borders. It is thus very important for the national health systems across the sub-region to be better integrated across all levels in a systematic manner. The participants thus recommend that greater consciousness and work within the WAHO framework be projected and promoted at the primary, secondary and tertiary levels of healthcare delivery in Nigeria;
- g. Concerted efforts by state and non-state actors to foster necessary improvement in the health situation in Nigeria are more important now than ever. Participants committed the health sector unions to campaigns, lobby, and all other legitimate forms of advocacy aimed at securing legislation and practices that would help to promote the attainment of the goal of Universal Health Coverage in Nigeria and across the sub-region. It was further recommended that such joint efforts should nurture research-to-policy and policy-to-action linkages. The erudite report of the WAHSUN secretariat in conjunction with the PSI sub-regional secretariat on the West African Health Organisation was very much commended as a step in the right direction to guide the actions of WAHSUN member-unions in engaging with the WAHO structures and processes;
- h. The participants noted the importance of WAHO as a sub-regional organisation that could foster the growth and development of healthcare delivery across the different countries. It would however be apt for some steps to be taken for this possibility to be properly fulfilled. These include: adequate funding of country-level activities, structures and processes of WAHO and improved coordination of the activities at this level within the broader sub-regional framework of WAHO in general;
- i. Participants recommended to WAHSUN to consider the commencement of a *Campaign for Quality Health for ALL in West African* by July when the next WAHO day would be celebrated.

CONCLUSION

The participants expressed their satisfaction at the work being done at the sub-regional level with other member-unions of WAHSUN across the sub-region, and the PSI sub-regional secretariat. They agreed to establish lasting relations that would be leveraged towards consummating the quest for quality health for all in Nigeria and indeed West Africa, and the world as a whole.