

NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY ACT

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SCHEDULE

Supplementary provisions relating to the Board and the Agency

An Act to provide for the establishment of the National Primary Health Care Development Agency and for matters connected therewith.

[1992 No. 29.]
[26th June, 1992]

[Commencement.]

PART I

Establishment of the National Primary Health Care Development Agency and its Governing Board, etc.

1. Establishment of the National Primary Health Care Development Agency

(1) There is hereby established a body to be known as the National Primary Health Care Development Agency (in this Act referred to as "the Agency") which shall be supervised by the Federal Ministry of Health.

(2) The Agency-

- (a) shall be a body corporate with perpetual succession and a common seal; and
- (b) may sue and be sued in its corporate name.

2. Establishment and composition of the Governing Board of the Agency

(1) There is hereby established for the Agency a Governing Board (in this Act referred to as "the Board") which shall consist of-

- (a) a Chairman, who shall be a highly respected primary health care practitioner;
- (b) the Federal Director of Primary Health Care;
- (c) one person each to represent the following, that is-

(i) the Principals of Schools of Health Technology;

(ii) the Provosts of Colleges of Medicine;

(iii) the Principals of Community Health Officers Training institutions;

(iv) the Community Health Practitioners Association of Nigeria;

(v) the Nigerian Medical Association; and

(vi) the National Association of Nigerian Nurses and Midwives;

(d) one person to represent a State Ministry of Health from each Primary Health Care Zone, to be nominated by the National Council of Health;

(e) one person to represent a Local Government Area from each Primary Health Care Zone, to be nominated by the Conference of Local Government Chairmen;

- (j) one person to represent non-Governmental associations working in the field of primary health care;
- (g) one person to represent the National Planning Commission;
- (h) one person to represent the Directorate for Social Mobilisation;
- (i) one person to represent the Directorate of Food, Roads and Rural Infrastructures;
- (j) one person to represent the National Commission for Women; and
- (k) the Executive Director of the Agency who shall be the Secretary to the Board.

(2) The President shall appoint the Chairman of the Board, and the Minister shall appoint the other members of the Board, on the recommendation of the bodies concerned, if any.

(3) A member of the Board appointed otherwise than by office shall hold office for a period of four years, and subject to the provisions of subsection (4) of this section, shall be eligible for re-appointment for only one further period of four years.

(4) The office of a member of the Board shall become vacant if-

(a) he resigns as a member of the Board by notice in writing under his hand addressed to the Minister; or

(b) the Minister is satisfied that it is not in the interest of the Board for the member to continue in office and notifies the member in writing to that effect.

(5) The supplementary provisions set out in the Schedule to this Act shall have effect with respect to the proceedings of the Board and the other matters mentioned therein.

PART II

Functions of the Agency

3. The functions of the Agency shall be-

- (a) to provide support to the National Health Policy by-
 - (i) reviewing existing health policies particularly as to their relevance to the development of primary health care and to the integrated development of health services and health manpower and propose changes when necessary;
 - (ii) preparing alternative proposals for decision makers at all levels based on scientific analysis, including proposals for health legislation; and
 - (iii) assisting the translation of policies into relevant and feasible strategies, based on research evidence, wherever appropriate;
- (b) to provide technical support to the planning, management and implementation of primary health care by-
 - (i) stimulating and assisting States and Local Government Areas to initiate or accelerate primary health care development where none is taking

place or is at very slow pace, and specifically, by supporting the development of capabilities at Local Government Area level in the planning, reviewing and re-planning of their health programmes;

(ii) promoting the participation of women at all levels of primary health care planning, management and implementation particularly at the Local Government Area level;

(iii) conducting studies on health plans for primary health care at various levels to see whether they are relevant to the National Health Policy, feasible and multi-sectoral;

(iv) promoting the monitoring of plan implementation at various levels;

(v) stimulating the technical development of primary health care on an equitable basis in all Local Government Areas; and

(vi) providing strategic technical support to the implementation of selected primary health care components as may be required to enhance orderly development and improve upon or introduce new skills required for health services or to integrate new components into them;

(c) to mobilise resources, nationally and internationally, for the development of primary health care in support of the programmes of the Agency and to conduct or commission studies on resource mobilisation for health and on issues of cost and financing on equitable basis;

(d) to provide support to the monitoring and evaluation of the National Health Policy by-

(i) monitoring the development of the primary health care programmes to ensure that it keeps as much as possible within the guidelines set out in the National Health Policy;

(ii) developing guidelines and designing frameworks for periodic evaluation of primary health care at the various levels; and

(iii) checking the monitoring and evaluation process nationally, with particular respect to the developing of capabilities to analyse and make use of monitoring and evaluation data for management decision-making at Local Government levels;

(e) to promote health manpower development by-

(i) providing technical support to the preparation of health manpower policy, including manpower projections to enhance development of primary health care manpower plan;

(ii) providing advocacy and support for the orientation of medical under-graduate education and the education of other health professionals towards primary health care;

(iii) identifying the orientation and continuing education needs of primary health care manpower, including medical manpower and by organising

programmes to meet those needs, using the Schools of Health Technology as a resource;
and

(iv) supporting directly the strengthening of the Schools of Health Technology;

(f) to provide support to the village health system by-

(i) paying special attention and providing maximum support to the training, development, logistic support and supervision of the village health workers and traditional birth assistants, and to the relationship between those workers and their communities and the mechanisms which link those workers to the other levels of the health system; and

(ii) paying special attention to the involvement of women and grassroots women's organisation in the village health system;

(g) to promote health systems research by-

(i) promoting and supporting problem-oriented health systems research as a tool for finding better ways for the provision of essential care as a component of health for all and, in particular, by introducing health systems research in the Local Government Area health system and supporting the other levels in this effort;

(ii) undertaking or commissioning health systems and operations researches into the functioning of the primary health care programme; and

(iii) responding to requests from Government and other agencies in organising special studies and mobilising experts who will respond rapidly and in-depth to guide legislative and administrative actions;

(h) to promote technical collaboration by-

(i) stimulating Universities, non-Governmental organisations and international agencies to work with Local Government Areas in nurturing their capacity for problem solving;

(ii) encouraging Local Government Areas to seek technical collaboration from other local Government Areas and other bodies in developing and implementing their primary health care programmes;

(iii) promoting collaboration with other sectors at all levels in the development and support of the Local Government Area primary health care systems;

(iv) monitoring the collaboration of primary health care between the international agencies and Governments at all levels;

(v) promoting and organising the sharing of experience of the Agency with the world community through publications, reports, visitors and other means and the collection of all relevant information from other countries and international organisations and disseminating such information to all interested parties; and

(vi) promoting maximum support for all its efforts by networking and creating formal and informal collaboration with relevant Nigerian and international institutions;

(i) to promote primary health care by-

(i) advocacy at the level of community leaders, through the mass media and non-Governmental organisations to promote primary health care and by making particular efforts to ensure that elected and party officials are continually oriented towards primary health care and health for all;

(ii) re-orientating other health professional towards primary health care by means of conferences, seminars and other meetings;

(iii) supporting the documentation of primary health care through commissioning of case-studies, reviews, books, articles, newsletters and other media productions, as appropriate;

(iv) establishing resource centres to serve as national and zonal depositories of information on primary health care implementation;

(v) organising seminars, reviews and other meetings to promote primary health care and share experience in implementation with a view to strengthening the primary health care system in Local Government Areas; and

(vi) providing annual reports which are widely disseminated on the status of primary health care implementation national-wide; and

(j) to perform such other functions as may, from time to time, be assigned to it.

PART III

Staff of the Agency

4. Appointment of the Executive Director and other staff of the Agency

(1) There shall be appointed for the Agency by the President, an Executive Director whose rank shall be equivalent to that of a Permanent Secretary in the civil service of the

Federation. .

(2) The Executive Director shall be the head of the secretariat of the Agency and also head the team responsible for guiding the development of the primary health care system.

(3) The Executive Director shall be responsible for the day-to-day administration of the secretariat, keep the books and records of the Agency and be subject to the supervision and control of the Chairman and the Board.

(4) The Board may, from time to time, appoint for the Agency such other staff, as it may deem necessary, to assist the Executive Director in the performance of his functions under this Act.

(5) The members of staff of the Agency appointed under subsection (4) of this section shall be appointed on such terms and conditions of service as the Board may, after consultation with the Federal Civil Service Commission, determine.

(6) The staff of the Agency shall be public officers as defined in the Constitution of the Federal Republic of Nigeria 1999.

5. Pensions

(1) Service in the Agency shall be approved service for the purpose of the Pensions Act and accordingly, officers and other persons employed in the Agency shall be entitled to pensions, gratuities and other benefits as are prescribed there under.

(2) Notwithstanding subsection (1) of this section, the Agency may appoint 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 Pensions Act, any power exercisable thereunder by a Minister or other authority of the Government of the Federation, other than the power to make regulations under section 23 thereof, is hereby vested in and shall be exercisable by the Agency and not by any other person or authority.

PART IV

Establishment of Primary Health Care Zones

6. Primary Health Care Zones

For the purpose of effectively discharging its functions under this Act, the Agency shall decentralise its field activities and for that purpose, cause the country to be divided into four Primary Health Care Zones made up as follows-

(a) Zone "A" with headquarters at Enugu, comprising Abia, Akwa Ibom, Anambra, Bayelsa, Benue, Cross River, Ebonyi, Enugu, Imo and Rivers States;

(b) Zone "B" with headquarters at Ibadan, comprising Delta, Edo, Lagos, Ekiti, Ondo, Ogun, Osun and Oyo States;

(c) Zone "C" with headquarters at Kaduna, comprising Kaduna, Katsina, Kebbi, Kogi, Kwara, Niger, Zamfara, Sokoto and the Federal Capital Territory, Abuja;

(d) Zone "D" with headquarters at Bauchi, comprising of Adamawa, Bauchi, Borno, Gombe, Jigawa, Kano, Nasarawa, Plateau, Taraba and Yobe States.

PART V

Financial provisions

7. Fund of the Agency

(1) The Agency shall establish and maintain a fund from which shall be defrayed all expenditure incurred by the Agency.

(2) There shall be paid and credited to the fund established in pursuance of subsection (1) of this section such payments as may be made to it by the Federal Government for the running expenses of the Agency and all other assets accruing, from time to time, to the Agency.

8. Expenditure of the Agency

The Agency may, from time to time, apply the proceeds of the fund established in pursuance of section 7 of this Act-

(a) to the cost of administration of the Agency;

(b) for reimbursing members of the Board or of any committee set up by the Board for such expenses as may be expressly authorised by the Board in accordance with the rates approved by the President;

(c) to the payment of salaries, fees or other remuneration, allowances, pensions and gratuities payable to the officers and servants of the Agency;

(d) for the maintenance of any property vested in the Agency; and

(e) for and in connection with all of its functions under this Act.

9. Annual estimates and accounts

(1) The Board shall, not later than 31 October in each year, submit to the Minister an estimate of the expenditure and income of the Agency during the following year.

(2) The Board shall keep proper accounts of the Agency in respect of each year and proper records in relation thereto and shall cause the accounts to be audited not later than six months after the end of each year by auditors appointed from the list and in accordance with guidelines supplied by the Auditor-General of the Federation.

PART VI

Miscellaneous

10. Annual reports

The Board shall prepare and submit to the President through the Minister, not later than 30th June in each year, a report in such form as he may direct on the activities of the Agency during the immediately preceding year, and shall include in the report a copy of the audited accounts of the Agency for that year and the auditor's report thereon.

11. Access to records, etc.

(1) For the purpose of carrying out the functions of the Agency under this Act, the Executive Director or any other officer of the Agency authorised in that behalf shall-

(a) have a right of access to all the records of any health institution or authority engaged in primary health care;

(b) by notice in writing served on a person in charge of any health institution or authority require that person or authority to furnish information on such matters as may be specified in the notice.

(2) It shall be the duty of any person or authority required to furnish information pursuant to subsection (1) of this section to comply with the notice within a reasonable period of time.

12. Power of Minister to give directives

The Minister may give directives of a general or special character to the Agency relating to the performance by the Agency of any or all of its functions under this Act, and it shall be the duty of the Agency to comply and give effect to the directives.

13. Regulations

The Minister may make regulations for carrying into effect the provisions of this Act.

14. Interpretation

In this Act, unless the context otherwise requires-

"Agency" means the National Primary Health Care Development Agency established by section 1 of this Act;

"functions" includes duties and powers;

"Minister" means the Minister charged with responsibility for matters relating to health;

"primary health care" includes care designed to prevent disease and promote health and out-patient care, including general medical care, maternal and child health care, domicilliary health care and rehabilitation and nursing care, including home visits.

15. Short title

This Act may be cited as the National Primary Health Care Development Agency Act.

SCHEDULE

[Section 2 (5).]

Supplementary provisions relating to the Board and the Agency Proceedings of the Board

1. Subject to this Act and section 27 of the Interpretation Act, the Board may make standing orders regulating the proceedings of the Board and any committee thereof.

2. Every meeting of the Board shall be presided over by the Chairman and if the Chairman is unable to attend a particular meeting, the members present at the meeting shall elect one of their number to preside at the meeting.

3. The quorum at a meeting of the Board shall consist of the Chairman (or in an appropriate case, the person presiding at the meeting pursuant to paragraph 2 of this

Schedule) and six other members.

4. Upon any special occasion, the Board may co-opt any person to be member for as many meetings as may be necessary, and that person while so co-opted shall have all the rights and privileges of a member, except that he shall not be entitled to vote or count towards a quorum.

Committees

5. (I) Subject to its standing orders, the Board may appoint such number of standing and *ad hoc* committees as it thinks fit to consider and report on any matter with which the Agency is concerned.

(2) Every committee appointed under the provisions of sub-paragraph (I) of this paragraph shall be presided over by a member of the Board and shall be made up of such number of persons, not necessarily members of the Board, as the Board may determine in each case.

6. The decision of a committee shall be of no effect until it is confirmed by the Agency.

Miscellaneous

7. The fixing of the seal of the Agency shall be authenticated by the signature of the Chairman and of the Executive Director of the Agency or such other member authorised generally or specially by the Board to act for that purpose.

8. Any contract or instrument which, if made by a person not being a body corporate, would not be required to be under seal, may be made or executed on behalf of the Agency by the Executive Director or by any other person generally or specifically authorised by the Board to act for that purpose.

9. Any document purporting to be a contract, an instrument or other document signed or sealed on behalf of the Agency shall be received in evidence and, unless the contrary is proved, be presumed, without further proof, to have been so signed or sealed.

10. The validity of a proceeding of the Board or a committee thereof shall not be adversely affected-

(a) by any vacancy in the membership of the Board; or

(b) by any defect in the appointment of a member of the Board or committee; or

(c) by reason that a person not entitled to do so took part in the proceeding.

11. A member of the Board or committee who has a personal interest in any contract or arrangement entered into or proposed to be considered by the Board or committee shall not vote on any question relating to the contract or arrangement.

No Subsidiary Legislation