



**SENATE OF THE
FEDERAL REPUBLIC OF NIGERIA
ORDER PAPER**

Thursday, 4th July, 2019

1. Prayers
2. Approval of the Votes and Proceedings
3. Oaths
4. Announcements (if any)
5. Petitions

ORDERS OF THE DAY

MOTIONS

1. The Need for increased funding to Primary Health Care Centres.

Sponsor: Senator Oluremi Tinubu (*Lagos Central*)

Co-sponsors:

- | | |
|---|--|
| Sen. Abaribe, Enyinnaya Harcourt (<i>Abia South</i>) | Sen. Abdullahi, Aliyu Sabi (<i>Niger North</i>) |
| Sen. Abdullahi, Yahaya Abubakar (<i>Kebbi North</i>) | Sen. Adamu, Abdullahi (<i>Nasarawa West</i>) |
| Sen. Adamu, Muhammad Aliero (<i>Kebbi Central</i>) | Sen. Adeola, Solomon Olamilekan (<i>Lagos West</i>) |
| Sen. Adetunmbi, Olubunmi Ayodeji (<i>Ekiti North</i>) | Sen. Adeyeye, Clement Adedayo (<i>Ekiti South</i>) |
| Sen. Ahmad, Babba Kaita (<i>Katsina North</i>) | Sen. Akinyelure, Patrick Ayo (<i>Ondo Central</i>) |
| Sen. Akpan, Albert Bassey (<i>Akwa-Ibom North East</i>) | Sen. Akwashiki, Godiya (<i>Nasarawa North</i>) |
| Sen. Alhaji, Ya'u Sahabi (<i>Zamfara North</i>) | Sen. Alimikhena, Francis Asekhome (<i>Edo North</i>) |
| Sen. Alkali, Saidu Ahmed (<i>Gombe North</i>) | Sen. Al-Makura, Umaru Tanko (<i>Nasarawa South</i>) |
| Sen. Amos, Bulus Kilawangs (<i>Gombe South</i>) | Sen. Amosun, Ibikunle Oyelaja (<i>Ogun Central</i>) |
| Sen. Apiafi, Betty Jocelyn (<i>Rivers West</i>) | Sen. Ashiru, Oyelola Yisa (<i>Kwara South</i>) |
| Sen. Balogun, Kola Ademola (<i>Oyo South</i>) | Sen. Bamidele, Micheal Opeyemi (<i>Ekiti Central</i>) |
| Sen. Basiru, Surajudeen Ajibola (<i>Osun Central</i>) | Sen. Bassey, Gershom Henry (<i>Cross River South</i>) |
| Sen. Barau, I. Jibrin (<i>Kano North</i>) | Sen. Bima, Muhammad Enagi (<i>Niger South</i>) |
| Sen. Barkiya, Abdullahi Kabir (<i>Katsina Central</i>) | Sen. Bomai, Ibrahim Mohammed (<i>Yobe South</i>) |
| Sen. Boroffice, Robert Ajayi (<i>Ondo North</i>) | Sen. Buhari, Abdulfatai (<i>Oyo North</i>) |
| Sen. Bulkachuwa, Adamu Muhammad (<i>Bauchi North</i>) | Sen. Bwacha, Emmanuel (<i>Taraba South</i>) |
| Sen. Dahiru, Aishatu Ahmed (<i>Adamawa Central</i>) | Sen. Degi-Eremienyo, W Biobarakuma (<i>Bayelsa East</i>) |
| Sen. Dimka, Hezekiah Ayuba (<i>Plateau Central</i>) | Sen. Diri, Douye (<i>Bayelsa Central</i>) |
| Sen. Egwu, Samuel Ominyi (<i>Ebonyi North</i>) | Sen. Ekpenyong, C. Stephen (<i>Akwa-Ibom North West</i>) |
| Sen. Ekweremadu, Ike (<i>Enugu West</i>) | Sen. Ekwunife, Uche Lilian (<i>Anambra Central</i>) |
| Sen. Ewhrudjakpo, Lawrence O. (<i>Bayelsa West</i>) | Sen. Eyakenyi, Akon Etim (<i>Akwa-Ibom South</i>) |
| Sen. Fadahunsi, Francis Adenigba (<i>Osun East</i>) | Sen. Folarin, Teslim Kolawole (<i>Oyo Central</i>) |
| Sen. Gaidam, Ibrahim Alhaji (<i>Yobe East</i>) | Sen. Gaya, Kabiru Ibrahim (<i>Kano South</i>) |
| Sen. Gobir, Ibrahim Abdullahi (<i>Sokoto East</i>) | Sen. Goje, Mohammed Danjuma (<i>Gombe Central</i>) |
| Sen. Gumau, Lawal Y (<i>Bauchi South</i>) | Sen. Gyang, Istifanus Dun (<i>Plateau North</i>) |
| Sen. Hadejia, Hassan Ibrahim (<i>Jigawa North-East</i>) | Sen. Isa, Shuaibu Lau (<i>Taraba North</i>) |
| Sen. Isah, Jibrin (<i>Kogi East</i>) | Sen. Ishaku, Elisha Cliff (<i>Adamawa North</i>) |

Sen. Jika, Dauda Halliru (Bauchi Central)	Sen. Kalu, Orji Uzor (Abia North)
Sen. Kwari, Suleiman Abdu (Kaduna North)	Sen. Kyari, Abubakar Shaib (Borno North)
Sen. La'ah, Danjuma Tella (Kaduna South)	Sen. Lawali, Hassan Anka (Zamfara West)
Sen. Longjan, Ignatius Datong (Plateau South)	Sen. Manager, James Ebiowou (Delta South)
Sen. Mandiya, Bello (Katsina South)	Sen. Melaye, Dino (Kogi West)
Sen. Mohammed, Hassan (Zamfara Central)	Sen. Mohammed, Sabo (Jigawa South-West)
Sen. Moro, Patrick Abba (Benue South)	Sen. Mpigi, Barinada, (Rivers South-East)
Sen. Musa, Mohammed Sani (Niger East)	Sen. Mustapha, Olalekan Ramoni (Ogun East)
Sen. Na'allah, Bala Ibn (Kebbi South)	Sen. Ndume, Mohammed Ali (Borno South)
Sen. Nnachi, Michael Ama (Ebonyi South)	Sen. Nnamani, Chimaroke Ogbornia (Enugu East)
Sen. Nwaoboshi, Peter Onyeluka (Delta North)	Sen. Odebiyi, Tolulope Akinremi (Ogun West)
Sen. Oduah, Stella Adaeze (Anambra North)	Sen. Ogba, Joseph Obinna (Ebonyi Central)
Sen. Oko, Rose Okoji (Cross River North)	Sen. Okorocha, Anayo Rochas (Imo West)
Sen. Oloriegbe, Yahaya Ibrahim (Kwara Central)	Sen. Omo-Agege, Ovie Augustine (Delta Central)
Sen. Onor, Sandy Ojang (Cross River Central)	Sen. Onyewuchi, Ezenwa Francis (Imo East)
Sen. Ordia, Akhimienmona Clifford (Edo Central)	Sen. Oriolowo, Adelere Adeyemi (Osun West)
Sen. Orji, Theodore Ahamefule (Abia Central)	Sen. Orker-Jev, Emmanuel Yisa (Benue North West)
Sen. Osinowo, Sikiru Adebayo (Lagos East)	Sen. Sani, Uba (Kaduna Central)
Sen. Sankara, D. Abdullahi (Jigawa North-West)	Sen. Sekibo, George Thompson (Rivers East)
Sen. Shehu, Tambuwal Abubakar (Sokoto South)	Sen. Shekarau, Ibrahim (Kano Central)
Sen. Shettima, Kashim (Borno Central)	Sen. Suswam, Gabriel Torwua (Benue North East)
Sen. Tanimu, Philip Aduda (F.C.T Senate)	Sen. Tofowomo, Nicholas Olubukola (Ondo South)
Sen. Ubah, Ifeanyi Patrick (Anambra South)	Sen. Umar, Sadiq Suleiman (Kwara North)
Sen. Urhoghide, M. Aisagbonriodion (Edo South)	Sen. Utazi, Chukwuka Godfrey (Enugu North)
Sen. Wamakko, Aliyu Magatakarda (Sokoto North)	Sen. Yakubu, Qseni (Kogi Central)
Sen. Yaroe, Binos Dauda (Adamawa South)	Sen. Yusuf, Abubakar Yusuf (Taraba Central)

The Senate:

Aware that Primary Health Care is a grassroots, community based initiative that provides Health Care services to Communities;

Also aware that it is universally accepted that access to health care for all is only possible through prevalence and accessibility of Primary Health Care;

Reminded that Primary Health Care in Nigeria was adopted in 1988 by the National Health Policy to provide promotive, preventive, curative and rehabilitative services;

Concerned that a lot of the problems in Nigeria's Health Sector can be traced to low performance of our Primary Health Care facilities. According to the World Health Organisation (WHO), Primary Health Care will meet 80 -90% of a person's health needs over the course of their life;

Further concerned as World Bank Service Delivery Indicators Survey shows that though available, performance of the Primary Health Care is hampered by lack of financial resources, infrastructure deficit, insufficiency/lack of drugs, equipment and vaccines etc;

Notes that Primary Health Care has improved population health in low and middle income Countries;

Saddened that According to a journal published by Frontiers in Public Health, only about 20% of the thirty thousand (30,000) Primary Health Care Centres in Nigeria are working, with most of them lacking capacity to provide essential health services;

Worried that Failure of Primary Health Care and the belief that it is for lower-income earners has led to an influx of patients to Secondary and Tertiary Health Care Facilities;

Further worried that our Secondary and Tertiary Health Care Facilities are burdened with treating common ailments that could have been handled at a Primary Health Care Center;

Concerned that the average Nigerian is one illness/tragedy away from poverty;

Distressed to see an upsurge in pleas for crowd funding via social media, to enable access to healthcare facilities;

Further distressed that Nigeria was only recently, rated as one of the poorest in the world;

Notes accordingly, the Need for comprehensive government backed Health Insurance;

Also notes that until accessible and affordable health cover is provided, emergency and non-emergency situations will remain a burden;

Reminded that Health care accessibility is a fundamental right and must be treated as such,

Accordingly Resolves to:

- i. Increase budgetary allocation for management of Primary Health Care;
 - ii. Urge the Ministry of Health to create awareness on the benefits of Health and Life insurance;
 - iii. Direct the Ministry of Employment to put in place policies to ensure that every employer of labour has Health Insurance package for employees;
 - iv. Direct the Ministry of Health to ensure that government backed Health Insurance Scheme is accessible; and
 - v. Urge the Ministry of Health at Federal and State levels to encourage medical technological innovation in Primary Health Facilities.
2. The urgent need to make the National Health Insurance Scheme (NHIS) Work for Nigerians.

Sponsor: Sen. Oloriegbe Yahaya Ibrahim (*Kwara Central*)

Co-Sponsors: Sen. Chimaroke O. Nnamani (*Enugu East*)

Sen. Isah Jibrin (*Kogi East*)

Sen. Ewruhjakpo Lawrence O. (*Bayelsa West*)

Sen. Oluremi Tinubu (*Lagos Central*)

Sen. Umar Suleiman Sadiq (*Kwara North*)

Sen. Yusuf A. Yusuf (*Taraba Central*)

Sen. Odebiyi T. Akinremi (*Ogun West*)

Sen. Kwari Suleiman Abdu (*Kaduna North*)

The Senate:

Notes that the Health of the nation is the wealth of the nation and human life begins and ends with health. A baby comes to life with the aid of a mid-wife and when a human dies he is certified dead by a health worker. In between these two, we must be healthy to function effectively;

Notes that the NHIS was established by the National Health Insurance Scheme Act No 35 of 1999, Cap N42 LFN 2004, Vol. 11 and is a beneficiary of 50% of Basic Health Care Provision Funds by virtue of Section 11 of the National Health Act 2014. To ensure that every Nigerian has access to quality and affordable health care services through the provision of affordable health insurance;

Aware that the Scheme has a Presidential mandate of achieving Universal Health Coverage by 2015, it has failed in this regard as available information shows that it currently boasts of a little above 6 million enrollees even as at the middle of 2019;

Bothered that in spite of the provision of regular budgetary allocation and release, the availability of 50% of the Basic Health Care Provision Fund, (1% OF Consolidated Revenue Fund of Federal Government) 6.1 Billion naira which was released to the Scheme in May 2019, it has fallen short of the attainment of its objectives;

Worried that despite the importance of the agency to the attainment of Universal Health Coverage for Nigerians, the NHIS has been without a substantive Chief Executive (Executive Secretary) since October 2018. A new Executive Secretary was just appointed on 1st July, 2019;

Concerned that it has been under the management of an 'Overseeing Director' appointed from the Office of the Head of Civil Service of the Federation. This has affected many critical and important operations of the Scheme; including:

- Non-approval of the 2017/2018 Health Maintenance Organization (HMOs) reaccreditation exercise report which has allowed for those HMOs not fit for operation to still continue to provide service despite their deficiencies;
- Non-approval of the 2018 Staff promotion exercise; with the likely consequent delay in the conduct of the 2019 exercise and imperative staff dissatisfaction;
- The approach to dealing with contentious issues with the various stakeholders has been rather not pragmatic. The uncertainties surrounding a lack of substantive CEO has caused a delay in approval and release of revised guidelines, drug and professional service price lists which have been long overdue for review;
- Certain operations of the Scheme such as Quality Assurance and Improvement exercises conducted periodically on Health Care Providers and Health Maintenance Organizations have not been done as expected;

Further worried that the dysfunctionality on the organization has resulted to various complaints of dissatisfaction by the health care providers and beneficiaries of the scheme these include:

- Enrollees complaint of being frequently told to purchase drugs outside of the hospital (under the guise of either the drug being out-of-stock or not covered under the Scheme);
- Prolonged waiting time and discrimination in accessing health services by enrollees and discrimination against NHIS enrollees in the hospitals compared to fee paying patients;
- Failure to convene regular meetings with the various stakeholders (including capacity building workshops and HMO Standing Committee meetings);
- Failure to review Fees and charges paid by the NHIS to meet the current economic realities in the country;
- NHIS accredited HMOs owe debts of several months due to unpaid capitation and fee for service and have resorted to unethical means to avoid payments. The National Hospital Abuja is owed more than 500 million naira while other Teaching Hospital and federal medical centre are owed huge sum of money;
- Poor regulation and supervision of State Social Health Insurance Agencies. Several of the States that have established their own Agencies introduced Benefit Packages, capitation fees and fee for service tariffs that are not viable;

Demands that the senate should rise up and join hands to ensure proper action is taken for effective working of the scheme to attain universal health care for Nigeria,

Accordingly Resolves to:

- i. Urge the NHIS to direct all Health Maintenance Organization (HMOs) to ^{2. 3 months} within two weeks settle all outstanding debt owed all health care providers in Nigeria; and

- ii. Order for an investigation into the activities of the NHIS to enable necessary actions are taken to improve the services of the scheme for the attainment of Universal Health Coverage for Nigerians.

Health investigations

3. Benue Tanker explosion: urgent need to curb incessant explosions of Petroleum Tankers in Nigeria.

Sen. Emmanuel Y. Orker-Jev (*Benue North West*)

The Senate:

Notes the unfortunate explosion of a petroleum tanker in Ahumbe village, along Makurdi-Aliade-Otukpo Federal Highway in Gwer East Local Government Area of Benue State on Monday 1st July, 2019;

Further notes that the driver of the tanker had lost control of the vehicle after trying to dodge a pothole at a very dilapidated portion of the Federal Highway around Ahumbe village and crashed by the roadside;

Regrets that people from the nearby villages defied warning from security personnel and were scooping fuel from the fallen tanker, then a passenger bus maneuvering its way suddenly scratched its exhaust on the road which sparked the fire killing over 50 people and over 100 others secured various degrees of burns and injuries;

Worried that several cases of similar incidents are relatively common in Nigeria as fires and explosions often occur due to badly maintained roads or because people attempt to siphon off fuel from tankers and pipelines;

Disturbed that the death toll could rise as many of the injured were in a critical state at the Benue State University Teaching Hospital (BSUTH) as most victims were severely burnt, while the least of them secured 75 percent lower degree burns and that more critical cases were being referred to other hospitals;

Concerned that nearby houses, shops, cars and other valuable properties were also burnt down in the explosion worth millions of naira;

Aware that the Federal Government has awarded contracts for the dualization of the Keff-Lafia-Makurdi-Enugu Road covering the Makurdi-Aliade-Otukpo Federal Highway where the incident occurred;

Cognizance of the urgent need to end the unfortunate incessant incidents of petroleum tanker explosions in Nigeria by proffering sustainable solutions;

Accordingly resolves to:

- i. Commiserate with the people and Government of Benue State for the ugly incident and the painful death of over 50 people in the inferno;
- ii. Urge the National Emergency Management Agency (NEMA) and the Federal Ministry of Health to quickly intervene and assist the families affected and victims undergoing medical attention in different hospitals; and
urge relevant committee
- iii. Set up an Ad-Hoc Committee to liaise with relevant agencies, organizations and stakeholders to identify the remote and immediate cause of incessant petroleum tanker explosions in Nigeria and recommend appropriate and sustainable solutions to the Senate within 8 weeks.

COMMITTEE MEETINGS				
No.	Committee	Date	Time	Venue
1.	Pipeline Explosion (Ad-Hoc)	Thursday, 4 th July, 2019	2.00pm	Meeting Room 430 Senate New Building
2.	Senate Legislative Agenda (Ad-Hoc)	Thursday, 4 th July, 2019	12 Noon	Committee Room 224 Senate New Building

