

LEAD DEBATE ON NATIONAL PAEDIATRIC CENTRE YALA (ESTABLISHMENT, ETC.) BILL, 2021 (SB. 734).

Sponsor: Sen. Odey, Stephen Adi (*Cross River North*).

Mr. President, my highly respected Colleagues, permit me to lead debate on this very important bill seeking to provide for a legal framework for the establishment of the National Paediatric Centre, Yala, Cross River State, and to make provisions for its management, operations, remuneration and discipline of staff, in addition to other matters necessary for smooth running of the Centre, and for related matters.

This Bill was read for the first time on the Tuesday, 1st June, 2021.

The objectives of this bill are to:

- Facilitate access to healthcare services to children who continually suffer health challenges due to dearth of affordable healthcare delivery;
- Provide facilities for diagnosis, curative, promotive and rehabilitative services in medical treatment of children; and
- Maintain and operate such clinics, out-patient departments, laboratories, research or experimental stations and other like institutions necessary for the efficient paediatric healthcare delivery.

Mr. President, Distinguished Colleagues, paediatric mortality has continued to be on the rise in Nigeria, and this has become a source of concern. Available statistics show the imperative of a legal framework to specifically address paediatric health needs in Nigeria. According to World Data Atlas, in 2019, child mortality rate for Nigeria was 117.2 deaths per 1,000 live births. This is disheartening even as child mortality rate of Nigeria has been seen to have fallen gradually from 281.4 deaths per 1,000 live births in 1970 to 117.2 deaths per 1,000 live births in 2019.

Mr. President, Distinguished Colleagues, there is no doubt that children are the most vulnerable in the society, and require adequate medical attention if their survival and growth is to be achieved in the interest of continuity of human race. Paediatric hospitals play a central role in advancing the health of all children. From prevention to critical care, paediatric hospitals meet the health care needs of children. Such hospitals also provide a disproportionately large share of the nation's health professional's training and research aimed at producing the best possible medical outcomes for kids. Well-equipped paediatric hospitals lead to improvement initiatives for children that yield

long-term benefits, including a healthier adult population and workforce, and countless costs avoided by early intervention in—or even prevention of—chronic health problems.

Mr. President, Distinguished Colleagues, the proposal to site this Centre in Yala, Cross River North, is against the backdrop of the peculiar challenges of the Senatorial District that have led to disheartening avoidable paediatric deaths. In November 2020, five children who had emergency health challenges died before being moved from Yala to Calabar for medical attention. In the same month, there were not less than 15 cases of paediatric mortality in Obudu, 16 in Obudu, 26 in Obanliku and 17 in Bekwara, all in Cross River North Senatorial District. The challenge is complicated by poor road network from the Senatorial District to Calabar.

Mr. President, Distinguished Colleagues, Universal Health Coverage (UHC) is established on the achievement of three pillars: Access (Distance); Quality; and Financial risk protection. To ensure Nigeria achieves UHC by 2030, there is need to invest more in the health sector. The distance of health facilities to residents is one of the major factors that affect utilization of health services and ultimately health outcomes. Increased distance leads to decreased utilization. Thus, the physical access to this infrastructure will play a significant role in improving the health status of the residents.

Mr. President, Distinguished Colleagues, the health challenges of the people of Cross River North are complicated by the fact that the few private hospitals, which are ill equipped, are out of reach of the people. In addition, the few government hospitals are moribund and do not serve the health needs of the people in the face of various health challenges. The need to establish the proposed National Paediatric Centre is amplified by the recent outbreak of strange diseases, which have claimed over 250 lives of children in Cross River North.

Mr. President, Distinguished Colleagues, the above statistics shows the urgent need for establishment of a National Paediatric Centre as this Bill proposes. Research has shown that tertiary health facilities make up only 0.25% of health facilities in the country. The low number of tertiary health facilities per unit population can lead to lengthy wait time for specialized care and thus more needs to be done to provide more tertiary facilities in the country.

In line with Order 77(3) of the Senate Standing Orders 2015 (as amended), a compendium of financial implications of the establishment of National Paediatric Centre, Yala, Cross River State is hereby attached.

I therefore urge Mr. President and my respected colleagues to support the second reading of this bill.

Thank you.

COMPENDIUM OF FINANCIAL IMPLICATIONS OF THE ESTABLISHMENT OF THE NATIONAL PAEDIATRIC CENTRE, YALA, CROSS RIVER STATE.

Sponsor: Sen. Odey, Stephen Adi (*Cross River North*).

In compliance with Order 77(3) of the Standing Orders of the Senate 2015, with respect to the procedure of Bills, Compendium and Consolidation, which states, inter alia, that "on the introduction of a Bill, a compendium of background information and financial implications of such Bills if passed into law, shall be delivered to all Senators", the following compilation with regard to the aforementioned Bill is hereto presented for the general information of Senators.

It is noteworthy that the compilation shown below is a summary of the anticipated recurrent and capital expenditure in the first twelve months immediately following the commencement of this Act.

TOTAL:	
National Paediatric Centre, Yala, Cross River State	1,126,529,588
TOTAL ALLOCATION:	1,126,529,588.
PERSONNEL COST	737,640,699
SALARY:	655,680,621
SALARIES AND WAGES	655,680,621
CONSOLIDATED SALARY	655,680,621
ALLOWANCES AND SOCIAL CONTRIBUTION:	81,960,078
ALLOWANCES:	81,960,078
NON REGULAR ALLOWANCES:	32,784,031
FOREIGN SERVICE ALLOWANCE:	49,176,047
TOTAL GOODS AND NON-PERSONAL SERVICES GENERAL	111,111,111
OVERHEAD COST:	111,111,111
TRAVEL & TRANSPORT - GENERAL:	111,111,111
LOCAL TRAVEL & TRANSPORT: TRAINING:	111,111,111
CAPITAL EXPENDITURE:	277,777,778
CONSTRUCTION / PROVISION:	277,777,778
CONSTRUCTION / PROVISION OF FIXED ASSETS - GENERAL:	277,777,778
CONSTRUCTION / PROVISION OF INFRASTRUCTURE:	277,777,778
TOTAL PERSONNEL:	737,640,699
TOTAL OVERHEAD:	111,111,111
TOTAL RECURRENT:	848,751,810
TOTAL CAPITAL:	277,777,778
TOTAL ALLOCATION:	1,126,529,588