**African Health Economics and Policy Association**

**TITLE OF PAPER**

**‘The government cannot do it all alone’: Realist analysis of the minutes of community health committee meetings in Nigeria**

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**ABSTRACT**

Since the 1980s, community health committees have been widely established in Nigeria and across Africa to promote engagement in and sustainability of primary health care. But so far, the committees have not been evaluated with the intent of understanding the details of how they function and under what circumstances. To understand these details – which are necessary for policymakers to tailor specific support to different circumstances – we requested from 150 communities across four states in Nigeria, the minutes of the last ten committee meetings held within the previous five years for which minutes were available.

From 129 communities (86% of the 150 we approached), 581 minutes were submitted. We adopted the realist approach, on the understanding that complex social interventions work by providing participants with ideas and opportunities that influence their reasoning. We identified the implicit meanings and underlying reasoning (i.e. mechanism) for each minuted event resulting from committee actions, decisions or relations (i.e. outcomes). We then identified the factors that enabled or constrained those events (i.e. context).

We found that the committees provide opportunities for improving the demand and supply of primary health care in their community. Five modes of reasoning inform their functioning – through meetings (as “village square”), reaching out within their community (as “community connectors”), lobbying governments for support (as “government botherers”), inducing and augmenting government support (as “back-up government”) and taking control of health care in their community (as “general overseers”). In performing these functions, the committees operate within and through the existing social, cultural and religious structures of their community, thereby providing an opportunity for the health facility with which they are linked to be responsive to community needs and values.

But due to power asymmetries, committees have limited capacity to influence health facilities for improved performance, and governments for improved health service provision. This is because the national guidelines are not clear on their accountability functions; they are not aware of the minimum standards of services to expect; and they have a limited sense of legitimacy in their relations with sub-national governments because they are established as the consequence of a national policy. Committees therefore promote collective action for self-support more than for demanding accountability. To function optimally, committees require governmental or non-governmental organisation mentoring and support; they need to be enshrined in law to bolster their sense of legitimacy; and they require financial support to subsidise their operation costs especially in geographically large communities.