Investment Case Priorities

1. Mobilize additional resources for health care at the front lines (in primary health care centers and for community-based approaches) by:
   - Prioritizing domestic resource mobilization through the operationalization of the Basic Health Care Provision Fund in three states.
   - Contributing to the commitment of achieving universal health coverage by focusing on primary health care.
   - Seeking efficiencies in service delivery through results-based approaches for facility-based and community-based delivery modalities by scaling up performance-based financing in areas of high need in five conflict-affected states in the Northeast of the country.

2. Create a financing mechanism to facilitate pooling of donor resources to match domestic resources, in order to scale up the Basic Health Care Provision Fund in the remaining states.

3. Learn and innovate to increase private sector participation in improving quality and access to services.

RMNCAH-N Data

**Maternal mortality ratio**
- Ratio: 576 per 100,000 live births

**Neonatal mortality rate**
- Ratio: 37 per 1,000 live births

**Under-five mortality rate**
- Ratio: 120 per 1,000 live births

**Adolescent birth rate**
- Ratio: 120 per 1,000 women aged 15-19 years

**Stunting among children under 5 years of age**
- Percentage: 44%

**Moderate to severe wasting among children under 5 years of age**
- Percentage: 11%

**People living with HIV receiving ART**
- Percentage: 30%

**Coverage of pregnant women who receive ARV for PMTCT**
- Percentage: 32%

**Children aged <5 years with pneumonia symptoms taken to a healthcare provider**
- Percentage: 24%

**Modern contraceptive prevalence rate**
- Percentage: 11.1%

**Coverage of pregnant women who receive ARV for PMTCT**
- Percentage: 32%

**DTP3 coverage**
- Percentage: 33.6%

**DTP3 dropout rate**
- Percentage: 24.5%

**ANC dropout rate**
- Percentage: 25%

**Health budget execution rate**
- Percentage: 91.33%

**World Bank-funded Project (IDA/IBRD/ODA)**

- **Project approved and available online**: No
- **Country has identified implementation sector intervention**: Yes
- **Country has identified or included in the investment case**: Yes
- **Private sector engagement not identified at this time**: No
- **OFC priority funding identified as a priority in the investment case**: Yes
- **Coverage not identified as a priority**: No
- **Supply share management interventions identified**: No
- **Country identified as a priority in the investment case**: Yes
- **CRVS not identified as a priority**: No
- **CRVS priority funded (for example GFF Trust Fund)**: No
- **CRVS priority funded (for example RMNCAH-N)**: No

**Ratio of government health expenditure to total government expenditure**: 5.3%

**Percent of current health expenditures on primary/ outpatient health care**: 8%

**Incidence of catastrophic and impoverishing health expenditures**: 26% catastrophic, 6.5% impoverishing

**Nigeria**

- **Disease burden**: 20%
- **Prevalence rate**: 27.85%
- **Outpatient health expenditures**: 8%

**Country platform**

- Missed key drivers: supply chain interventions

- **Implemented or updated a resource mapping exercise**: Yes

- **Resulting in improved catastrophic and impoverishment rates**: Yes

Health Financing Indicators

**Core Health Financing Impact Indicators**

- **Health expenditure per capita from domestic sources**: 16.08%

- **Ratio of government health expenditure to total government expenditure**: 5.3%

- **Health financing reforms identified**: Project

- **World Bank-funded project in support of the IC**: Project

- **Private sector engagement**: Project

- **Civil registration and vital statistics (CRVS) made a priority**: Project

- **Management of medicines and supplies/ supply chain interventions**: Project

**Geographic Focus Areas**

- **Focus Areas**

**Investment Case in Health Financing**

- **Mobilize additional resources for health care at the front lines (in primary health care centers and for community-based approaches)**

**Investment Case being fully funded**: No

**Core drivers of reform**

- **Identified options for strengthening domestic resource mobilization**: Yes

- **Implemented strategies to reduce key drivers of inefficiency**: Yes

- **Identified drivers of limited financial protection**: Yes (especially related to RMNCAH-N services)

**Coverage of pregnant women who receive ARV for PMTCT**

- **Country has identified implementation sector intervention**: Yes

- **Country has identified or included in the investment case**: Yes

- **Private sector engagement not identified at this time**: No

- **OFC priority funding identified as a priority in the investment case**: Yes

- **Coverage not identified as a priority**: No

- **Supply share management interventions identified**: No

- **Country identified as a priority in the investment case**: Yes

- **CRVS not identified as a priority**: No

- **CRVS priority funded (for example GFF Trust Fund)**: No

- **CRVS priority funded (for example RMNCAH-N)**: No

**Cost savings from a phased, prioritized investment case which has strong ownership from a range of national stakeholders, including from civil society and the private sector.**

**World Bank-funded Project (IDA/IBRD/ODA)**

- **Project approved and available online**: No
- **Country has identified implementation sector intervention**: Yes
- **Country has identified or included in the investment case**: Yes
- **Private sector engagement not identified at this time**: No
- **OFC priority funding identified as a priority in the investment case**: Yes
- **Coverage not identified as a priority**: No
- **Supply share management interventions identified**: No
- **Country identified as a priority in the investment case**: Yes
- **CRVS not identified as a priority**: No
- **CRVS priority funded (for example GFF Trust Fund)**: No
- **CRVS priority funded (for example RMNCAH-N)**: No

**Ratio of government health expenditure to total government expenditure**: 5.3%

**Percent of current health expenditures on primary/ outpatient health care**: 8%

**Incidence of catastrophic and impoverishing health expenditures**: 26% catastrophic, 6.5% impoverishing

**Nigeria**

- **Disease burden**: 20%
- **Prevalence rate**: 27.85%
- **Outpatient health expenditures**: 8%