Increasing Access to High Impact RMNACH+N Services

Delivered by Prof I.F Adewole at the 8TH IG meeting of the GFF
15th April 2019
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• Background

• Where we want to be

• Where we are

• Our approach to expanding access – Value add of the GFF

• Looking forward
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• Looking forward
Mr. President’s passion for a New Healthy Nigeria

Health is one of key promises of the current administration

A healthy nation is a wealthy nation

Health is a human rights issue as enshrined in Nigerian constitution

Access to health must be UNIVERSAL
Nigeria’s population is rapidly growing: This can be turned into a great opportunity for economic growth if the citizens are healthy and productive.

To reap this demographic dividend, the health system must perform optimally.

Despite key investments in health in the last two decades, health sector outputs and outcomes have not reflected sufficient progress;

The panacea is the effective funding of an explicit but guaranteed set of services, with a robust performance management system that tracks results and outcomes.
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Nigeria is unique among African countries – few others can rival its industriousness and cultural standing

Distinctive people, culture and heritage
- Africa’s most populous country and accounts for 47% of West Africa’s population
- Over 250 different ethnic groups with distinct heritage and tradition
- Youthful population
- Lovers of sport

Economic powerhouse
- Africa’s largest economy
- Middle income, mixed market, emerging economy
- Broadly diversified market with a large working age population

Centre of trade and industry
- Manufacturing, Textiles, consumer goods, auto assembly
- Agriculture
- Second largest producer of movies in the world
Such a frontrunner country deserves a world-class health system that meets the needs of the population

| Health status                  | Provides good quality health care that results in improvement in health outcomes |
|                               | Reduces inequity in health access and outcomes |
| Responsiveness                | Is sensitive to client demands and needs, including those of the poor and vulnerable |
|                               | Is resilient and can handle shocks |
| Financial protection          | Provides financial security for the poor at the point of accessing care |
|                               | Prevents impoverishment from catastrophic costs of health care |
| Resource efficiency           | Utilizes resources optimally to produce good health for the population, obtaining value for money |
|                               | Resources are allocated to where the needs are greatest |
### 3 principal Objectives of Universal Health Coverage (UHC)

<table>
<thead>
<tr>
<th>Equity in access to services</th>
<th>• Equity in access to health services - everyone who needs services should get them, not only those who can pay for them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of care</td>
<td>• The quality of health services should be good enough to improve the health of those receiving services</td>
</tr>
<tr>
<td>Financial protection</td>
<td>• People should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm</td>
</tr>
</tbody>
</table>
...and move the country closer to its goal of achieving Universal Health Coverage

Universal Health Coverage means that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Source: Pictures obtained from Google image
At the global level, reductions in mortality rates have typically preceded economic growth.
Countries that have achieved Universal Health Coverage have also benefited from the following:

1. Improved health indicators
2. Increased efficiency of the health system
3. Sustained economic development
4. Increased social harmony & political stability
5. Reduction in poverty and inequality
Imagine a future in which the major headlines on healthcare in Nigeria are positive.

**The Guardian**
December 2019
Nigeria reorganizes its Primary Health Care system for improved performance

**The New York Times**
Jan 2020
A new take on health reform takes shape in an unusual place: Nigeria

**This Day**
March 2021
President Buhari’s administration achieves SDG targets for Maternal and Infant Mortality rates, as Nigeria achieves Universal Health Coverage

With a bold vision backed by a renewed approach to delivery, Nigeria could assume its rightful place as the pacesetter in health in Africa.
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Health outcomes in Nigeria are subpar when compared to other countries in the continent.

<table>
<thead>
<tr>
<th>Country</th>
<th>Mortality</th>
<th>Mother Mortality Ratio, 2015</th>
<th>Deaths of women per 100,000 live births</th>
<th>Infant Mortality, 2015</th>
<th>Deaths up to age 1 year per 1000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>576</td>
<td>151</td>
<td>69</td>
<td>43</td>
<td>36</td>
</tr>
<tr>
<td>Ghana</td>
<td>319</td>
<td>119</td>
<td>43</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>353</td>
<td>119</td>
<td>36</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Kenya</td>
<td>510</td>
<td>151</td>
<td>34</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>S.Africa</td>
<td>138</td>
<td>138</td>
<td>20</td>
<td>19</td>
<td>33</td>
</tr>
</tbody>
</table>

1: Nigerian data was sourced from NDHS 2013

SOURCE: World Bank 2015 data

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</tbody>
</table>
Decades of limited progress on service delivery

With sub-national analysis providing a truer reflection of the challenges – Urban vs Rural

Antenatal Care Coverage by Urban and Rural Areas 2003-13

With sub-national analysis providing a truer reflection of the challenges – Wealth Quintiles

Coverage of Key Health Interventions by Income Quintile

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Poorest</th>
<th>Richest</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT3/Penta3</td>
<td>7</td>
<td>79.5</td>
</tr>
<tr>
<td>Antenatal Care</td>
<td>24.6</td>
<td>94.5</td>
</tr>
<tr>
<td>Skilled Birth Attendance</td>
<td>5.7</td>
<td>85.3</td>
</tr>
<tr>
<td>Modern CPR</td>
<td>0.9</td>
<td>23.4</td>
</tr>
</tbody>
</table>
The poor are particularly worse off, with the poorest 40% of population 2.6 times more likely to die Under 5
We invest too little, and inefficiently, in the health of our people

[Source: Global Burden of Disease Health Financing Network. 2017.]
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Using levers available at our disposal, we developed a plan to change how the health care is financed and delivered

Policy

Strategic framework

Implementation Approach

Partnership and collaboration
In 2016 we developed and launched the third National Health Policy, comprising 10 policy thrusts to enable us achieve UHC.

..... 10 thrusts for the new Policy derived from the WHO HSS Building Blocks and the NSHDP.
We also developed several other policy documents geared towards improving health outcomes

<table>
<thead>
<tr>
<th>Policy Document</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nigeria Every Newborn Action Plan</strong></td>
<td>Seeks to end preventable newborn deaths and stillbirths, accelerate progress, and scale up high-impact, cost-effective interventions.</td>
</tr>
<tr>
<td><strong>RMNCAH+N Investment case</strong></td>
<td>Defines a set of interventions to address reproductive, maternal, neonatal, child and adolescent health challenges</td>
</tr>
<tr>
<td><strong>National Strategy For Scale-Up of Chlorhexidine</strong></td>
<td>Aims to save newborns and reduce neonatal mortality through application of chlorhexidine to the umbilical cord.</td>
</tr>
<tr>
<td><strong>Incentivizing Healthcare Investments</strong></td>
<td>Provides a framework that can be adopted at state level to attract private investments for primary and secondary care</td>
</tr>
</tbody>
</table>
These policies cover the breadth of the health systems building blocks.
We focused attention on MNCH, EMTCT, NCDs and Public Health Emergencies

<table>
<thead>
<tr>
<th>Maternal and Neonatal Mortality Reduction</th>
<th>Elimination of Mother to Child Transmission of HIV</th>
<th>Cancer Prevention, Treatment and Care</th>
<th>Emergencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated programmatic approach</td>
<td>Programmes Integration</td>
<td>Advocacy</td>
<td>Coordination of actors</td>
</tr>
<tr>
<td>Adopt and scale-up low cost, high impact interventions</td>
<td>Scale-up proven approaches</td>
<td>Develop National Framework</td>
<td>Create awareness</td>
</tr>
<tr>
<td>Demand creation</td>
<td>Demand creation</td>
<td>Adoption of international best practices</td>
<td>Resource Mobilization</td>
</tr>
<tr>
<td>Resource mobilization</td>
<td>Private sector engagement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GFF Investment Case: a Phased Approach

• PHASE 1: NSHIP NORTH EAST
• PHASE TWO: BHCPF IN THREE STATES
• PHASE THREE: BHCPF IN ALL STATES AND FCT
• PHASE FOUR: NUTRITION INTERVENTION
• PHASE FIVE: EXPAND BASIC BENEFIT PACKAGE
With support from the GFF, we prioritized our MNCH goals along the following thematic areas:

1. **Increased domestic resource mobilisation**
   - Received grant of $20m to demonstrate a proof of concept
   - Mobilised resources for the Basic Health Care Provision Fund

2. **Equity**
   - Expanding access to some of the hardest to reach areas using programmes like the NSHIP additional financing in the North East

3. **Efficiency**
   - Achieving more using similar amount of resources.
   - Under the NSHIP and ANRiN programs we aim to achieve more results by focusing on outcomes

4. **Leaving no one behind**
   - Using the social determinants of health such as education, water and sanitation to improve health outcomes
With the GFF, the Government has mobilized $180m domestically for purchasing an explicit but guaranteed set of services to focus on maternal and child health through a network of 10,000 PHCs.

Outcomes include:
- Increased coverage
- Increased productivity at PHC

Government of Nigeria funded the BHCPF in the 2018 budget with $180m. This additional resources will enable Nigeria increase coverage of high impact interventions.

Received catalytic fund of $20m from the GFF to demonstrate a proof of concept for the Basic Health Care Provision Fund (BHCPF) in selected States.
The Basic Health Care Provision Fund will focus on results and outcomes...

- **Defined package of care** that focuses on maternal and child health services and clearly explained to beneficiaries.
- **Package address 60% of Nigeria’s burden of disease**

- **Accreditation system** to ensure a stepwise approach to improving quality of care.
- **Program will strengthen continuous quality improvements and clinical governance**

- **Performance framework and data management framework** to guide allocative and operational efficiencies.

- **Governance and accountability** through the management secretariat that will oversee program implementation and ensure periodic audits of the program to guarantee effectiveness.

- **Payment mechanism** that incentivizes service provision, improves efficiency of fund use.
- **Leveraging on technology, reimbursements will be carried out electronically, with potentials for corruption minimized**

- **Outcomes driven investments** through the purchasing of high impact maternal and child health services.
In developing the operations of the BHCPF, four priority areas were considered:

<table>
<thead>
<tr>
<th>Gateway Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>- What have we learnt from previous experiences</td>
</tr>
<tr>
<td>- What should we be doing differently</td>
</tr>
<tr>
<td>- What objectives do we aim to achieve</td>
</tr>
<tr>
<td>- How do we ensure complementarity rather than substitution</td>
</tr>
<tr>
<td>- What should the basic package comprise</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Governance and Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Given that the Act stipulates multiple sources of funding: (i) what should the governance look like? (ii) how do we strengthen accountability and transparency in a manner that gives comfort to donors but also does not create multiple layers of bureaucracy thus rendering the program implementable?</td>
</tr>
<tr>
<td>- How do the different players work in a concerted manner</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial Management &amp; disbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>- How should the funds flow</td>
</tr>
<tr>
<td>- What measures do we put in place to guarantee fund sustainability</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>- What do we want to measure?</td>
</tr>
<tr>
<td>- What are the sources to be used? Surveys, administrative data etc</td>
</tr>
<tr>
<td>- How do we want to measure?</td>
</tr>
<tr>
<td>- Use of data</td>
</tr>
</tbody>
</table>
Implementation will commence with Twenty (20) States of the Federation and the FCT
Guided by the program objectives, resources under the NHIS gateway will guarantee an explicit package of services:

- **Ante Natal Care**
- **Delivery**
- **Under 5 Illnesses**
- **Family Planning**
- **Screening for NCDs**
- **Treatment of Malaria**
A quality improvement assessment with scorecards have been developed to measure performance under the NPHCDA gateway.

### Draft BHCPF Quality Scoring Tool Scorecard

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Baseline</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Systems and Infrastructure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Systems</td>
<td></td>
<td></td>
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<tr>
<td>Human Resources</td>
<td></td>
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<tr>
<td>Patent Care Management</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Essential Drugs and Commodities</td>
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<td></td>
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<tr>
<td>Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal and Child Health Services</td>
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<td></td>
<td></td>
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<tr>
<td>Health Management Information Systems</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Utilization and Clinical Outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community/ Clients Views</td>
<td></td>
<td></td>
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</tbody>
</table>

**Key:**
- Green: > 6.1
- Yellow: 4.1 - 6.0
- Red: 0.0 - 4.0
Now is the time for partners to coalesce behind the BHCPF

- The BHCPF is the flagship program of the Government, and represents a step change in how health is financed and delivered.

- Partners have commended the design and provided resources.

- Now is the time to commit strongly to supporting government in implementing the program.
Expanding access to care for Nigerians especially the poor and vulnerable using NSHIP additional financing

- $20m GFF grant unlocked $125m additional credit
- This enabled Nigeria expand the NSHIP project to fragile and conflict setting in the North Eastern part of Nigeria
- Program focused on
  - Strengthening community outreach to vulnerable areas
  - Increased focus on malnutrition
  - Provision of psychosocial support & mental health services
  - Innovative partnerships to strengthen service delivery
  - Rigorous verification and counter verification mechanism

- 40,000 children Immunized
- 43,000 ANC Services
- 51,000 skilled birth delivery
Under the NSHIP additional financing, services have been expanded to 39 LGAS covering 13.3m people

5
Total number of Primary Health Care Development Agencies supported

38
Total number of Secondary Facilities revitalized

Increased vaccine coverage from 34% in 2017 to 48% in 2018

6
Total number of contract management & verification agencies

437
Total number of PHCs revitalized

Increase in Skilled birth attendance from 60% in 2017 to 70% in 2018
Increasing efficiency in the use of resources, by focusing on outcomes rather than inputs using a new Nutrition project

- Government of Nigeria initiative
- Long-term commitment from the World Bank
- Focused on **Accelerating Nutrition Results in Nigeria (ANRiN)**
- In addition, ANRiN is keen to increase access to SBCC and other nutritional needs for adolescents

**Objective:** To contribute to expanding access to cost-effective nutrition services for children, adolescent girls and pregnant women in select areas in Nigeria

- Two tiered approach:
  - National activities
  - Deeper focus on service delivery in an initial set of states

- State selection: 12 States
  - Each geo-political zone represented, with greater focus in geo-political zones with more stunted children

- Results-based approaches
- Leveraging capacity of non-State actors
Our nutrition project provides a window of opportunity to address malnutrition that affects children in the first 1,000 days of life

• Sets the life-long foundation for human capital

• Adequate nutrition, early stimulation and caring environments in this 1000-day window is imperative for brain development

• If not, the damage to future human capital is largely irreversible

Healthy, cared for child

Child with stunted brain development
Support to mobilise private sector expertise to innovatively address public sector challenges

• The Nigeria Service Delivery Innovation Challenge (NSDIC) was a competitive process to identify, showcase and spur innovations in service delivery to improve the quality and coverage of RMNCAH and nutrition interventions primarily in North East Nigeria

• Contract for the winners are being finalized
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In summary

• The GFF has served as a catalyst to unlock additional resources and helped sharpen our approach to prioritization
What does tomorrow hold – unfinished business of health

Partnerships

- Our partners have shown tremendous willingness to support over the years, but more needs to be done.
- The Government has prioritised the BHCPF as a key reform initiative to improve health outcomes in Nigeria. We strongly urge our partners to pull support towards the program.

Financing

- We have mobilised significant amount of resources over the last 3.5 years to support health systems delivery but more needs to be done to turn the tide on the burden of diseases.
- We will continue to call on our partners to support us.

Measuring Impact

- Program impact is dependent on how well it is measured and results evaluated.
- We seek support of partners to push the boundaries of knowledge by holding us accountable to performance management of programs implemented.
Partnerships – working together to strengthen the BHCPF

• A huge appreciation to our partners who have been supportive so far

• As we commence the implementation of the BHCPF (our flagship program in health t), we call strongly on our partners to coalesce efforts around the BHCPF to ensure its success.