

# FEDERAL MINISTRY OF HEALTH

**The Honorable Minister of Health**

Prof. I.F. Adewole *FAS*



# Increasing Access to High Impact RMNACH+N Services

Delivered by Prof I.F Adewole at the 8<sup>TH</sup>  
IG meeting of the GFF  
15<sup>th</sup> April 2019



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# Content

- 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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## 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



# Health at the Centre of a Broader Economic Agenda



- **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)

## **Equity in access to services**

- Equity in access to health services - everyone who needs services should get them, not only those who can pay for them

## **Quality of care**

- The quality of health services should be good enough to improve the health of those receiving services

## **Financial protection**

- People should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm



# ...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.

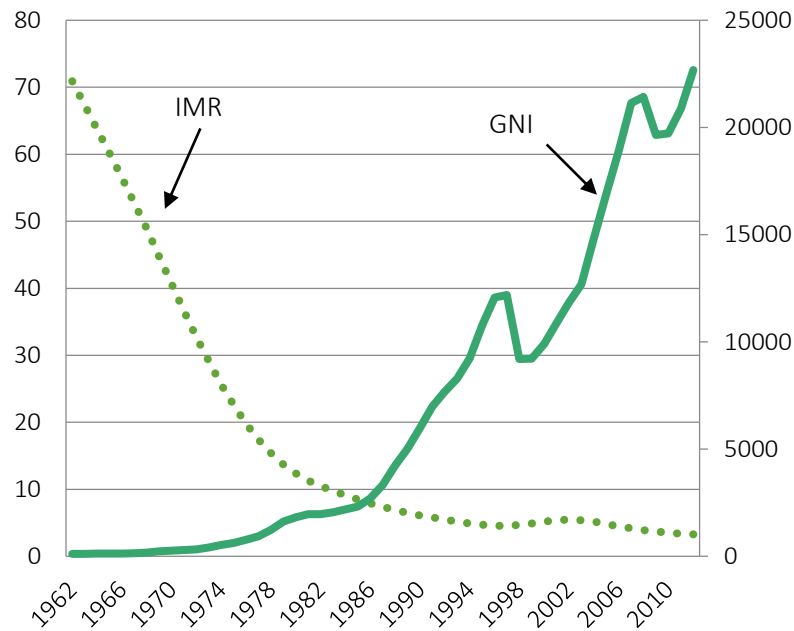


Source: Pictures obtained from Google image

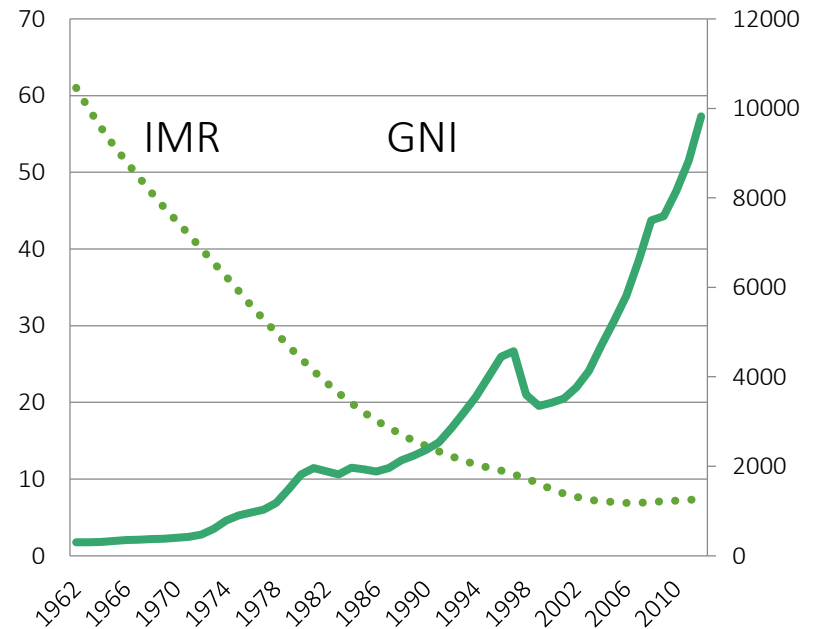
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**At the global level, reductions in mortality rates have typically preceded economic growth**

## SOUTH KOREA



## MALAYSIA



# 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**  
Conscience, Nurtured by Truth

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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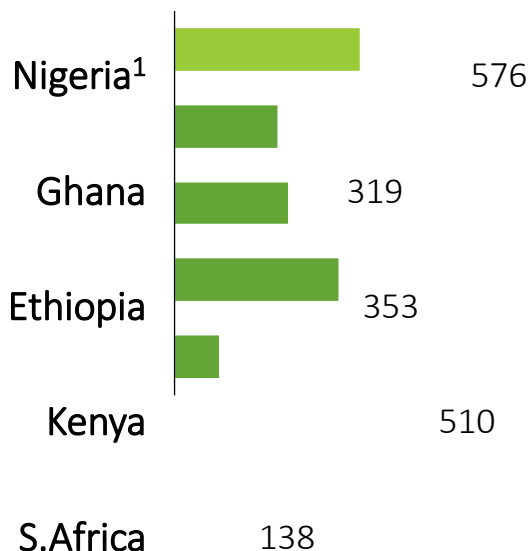
# Health outcomes in the Nigeria are sub par when compared to other countries in the continent

①

## Mortality

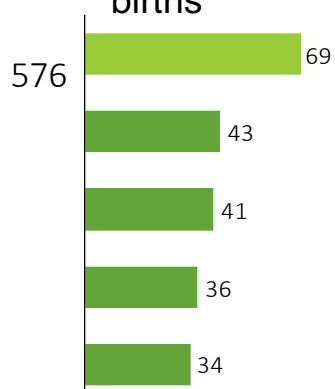
### Maternal Mortality Ratio, 2015

Deaths of women per 100,000 live births



### Infant mortality, 2015

Deaths up to age 1 year per 1000 live births

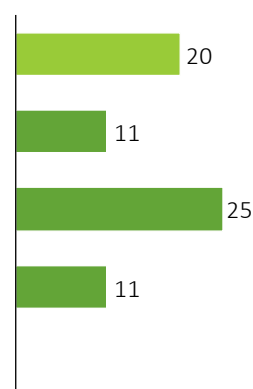


②

## Morbidity

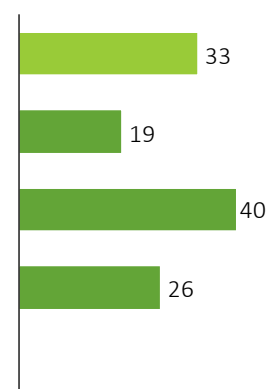
### Prevalence of Underweight, 2014

% of children Under - 5 with low weight for age



### Prevalence of Stunting, 2014

% of children under – 5 With low height for age

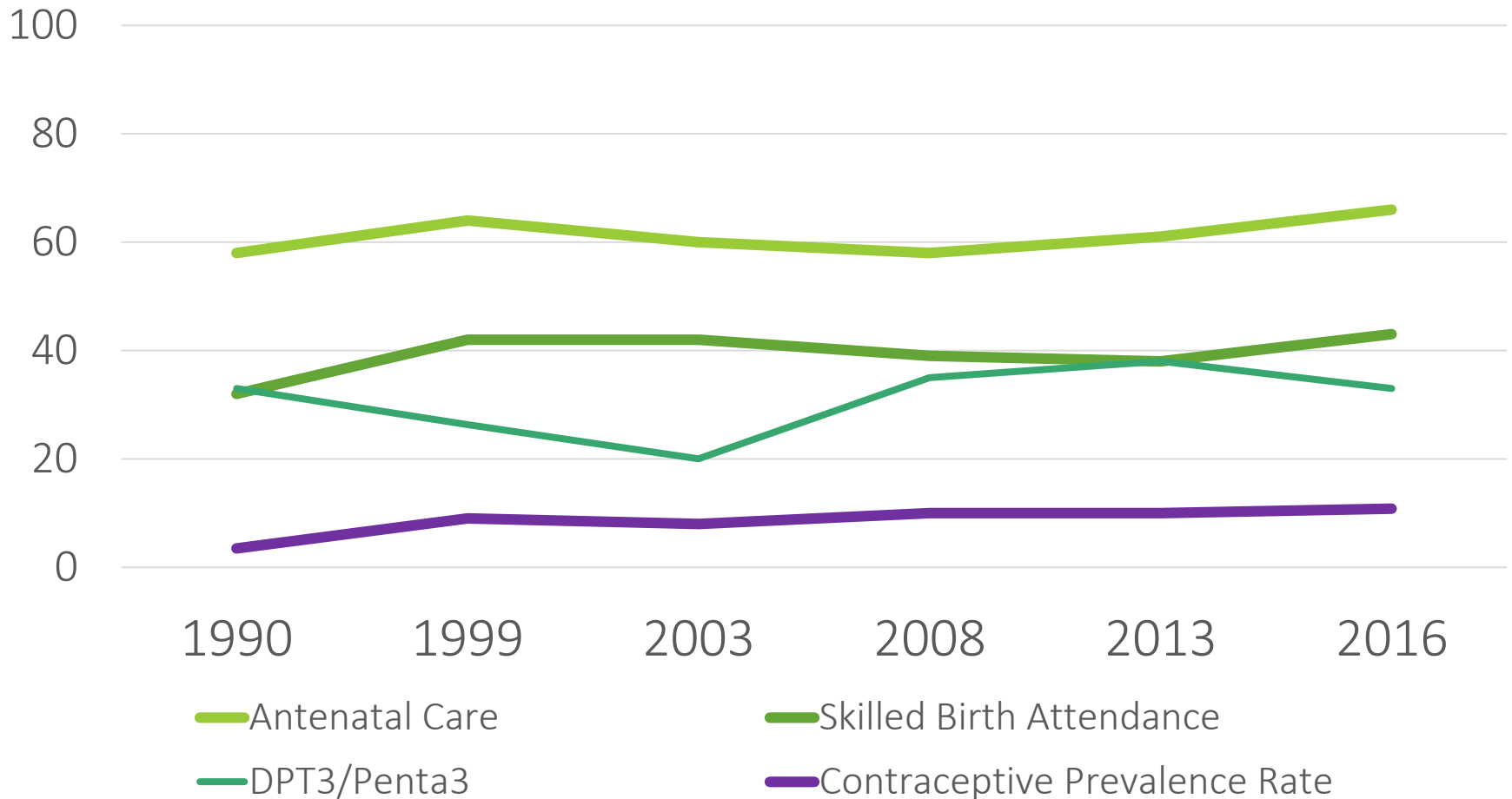


1: Nigerian data was sourced from NDHS 2013  
SOURCE: World Bank 2015 data



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## Decades of limited progress on service delivery

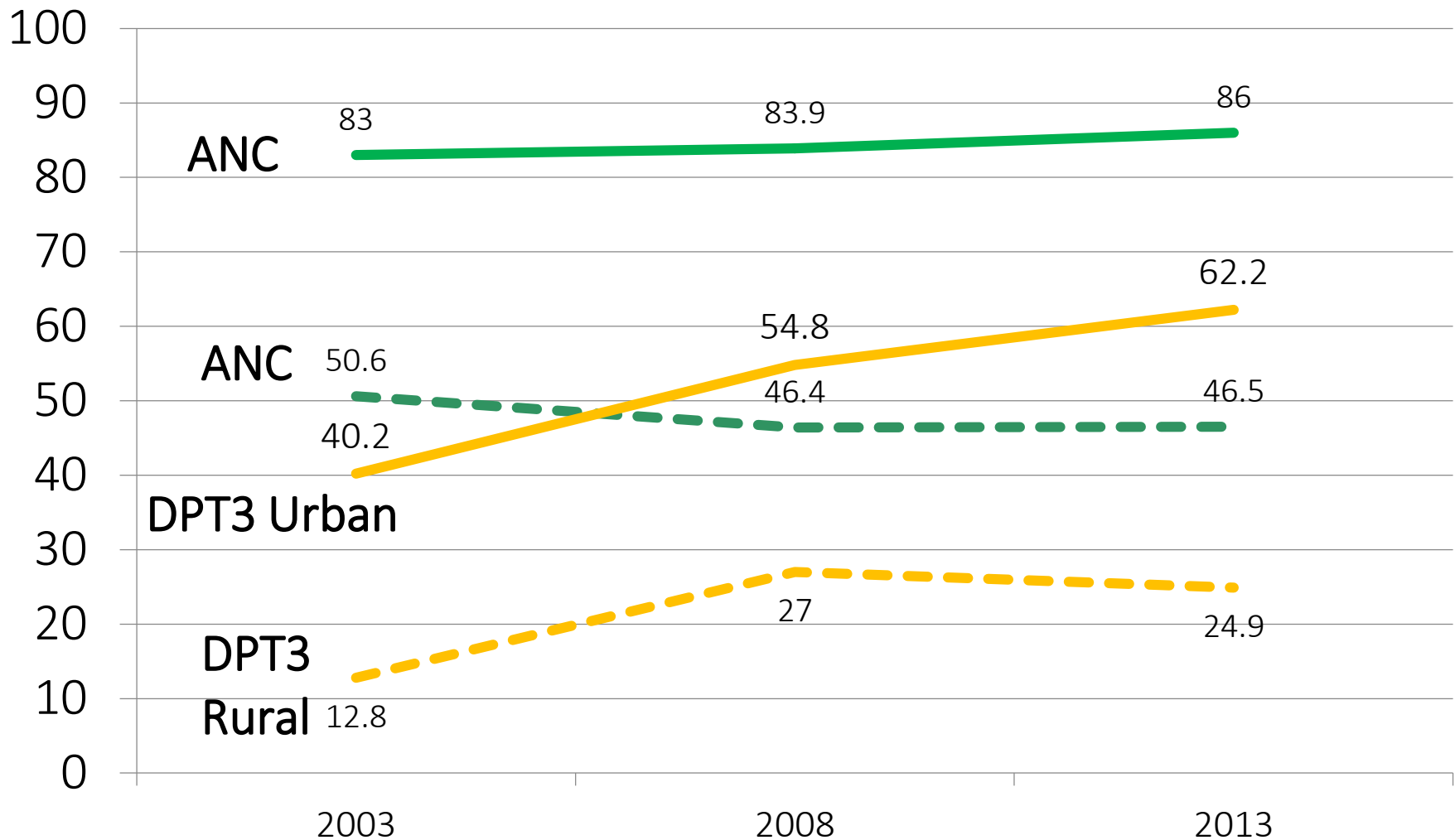


Sources: NDHS 1990, 1999, 2003, 2008, 2013 & MICS 2016-17



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

Antenatal Care Coverage by Urban and Rural Areas 2003-13



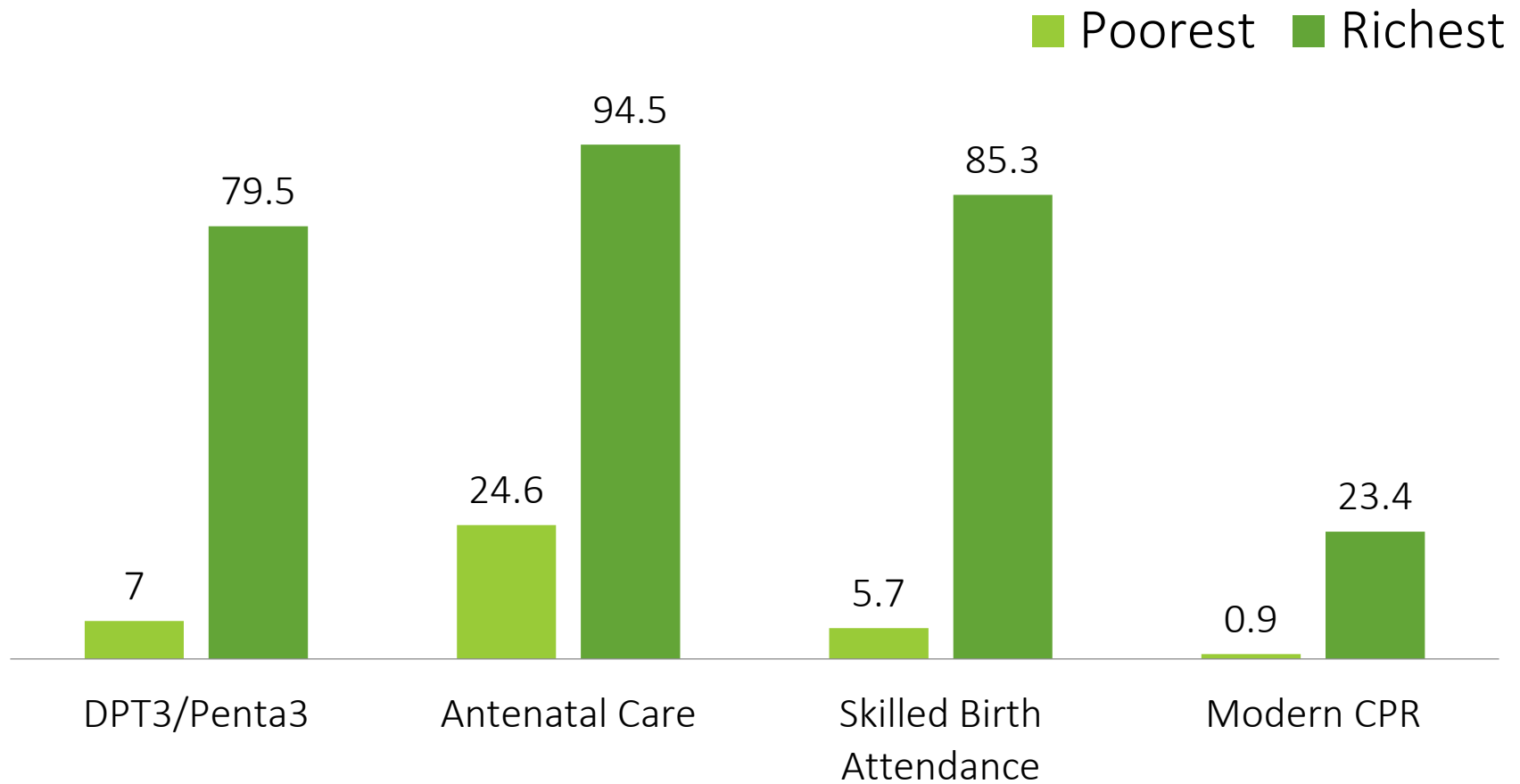
Source: NDHS 2003, 2008, 2013



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

## Coverage of Key Health Interventions by Income Quintile

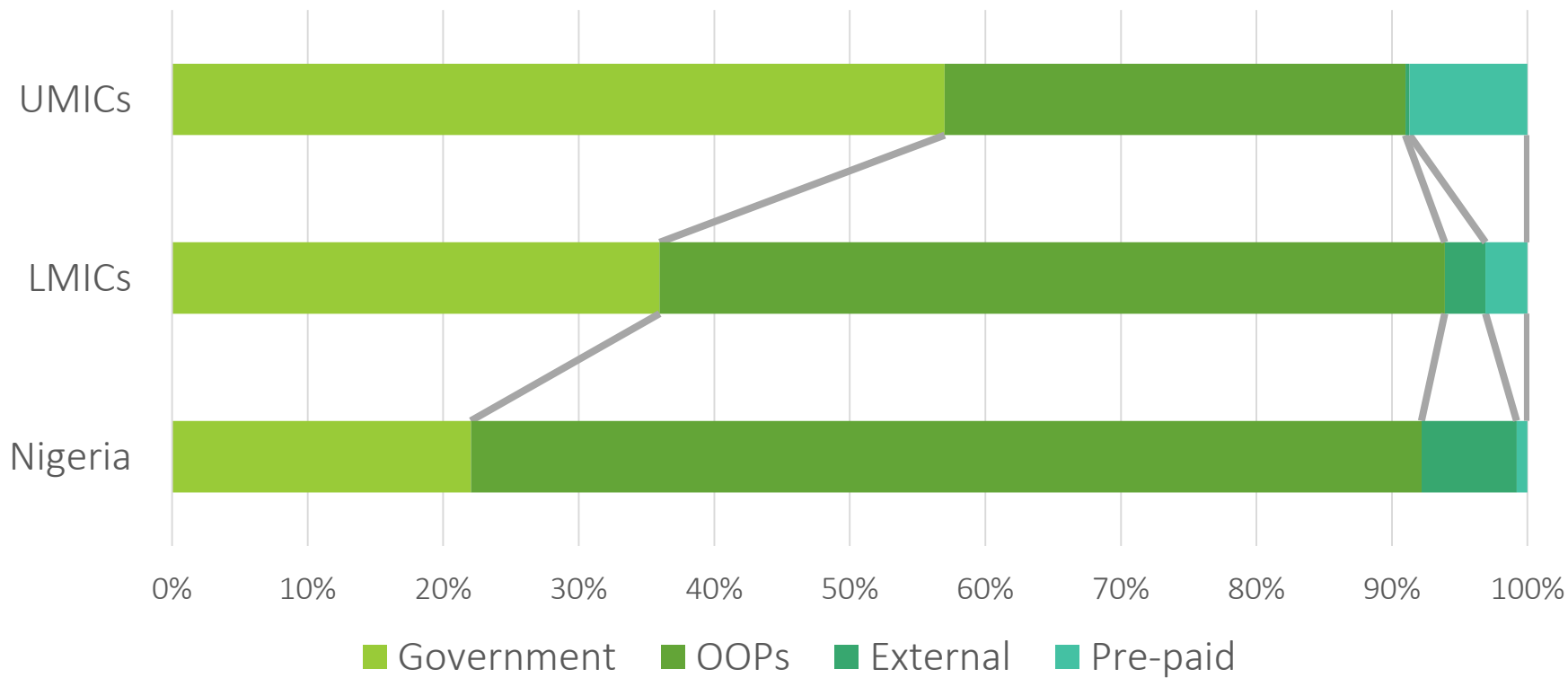


**The poor are particularly worse off, with the poorest 40% of population 2.6 times more likely to die Under 5**

Under 5 mortality rates by Income Quintile



# 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**

### **Nigeria Every Newborn Action Plan**

Seeks to end preventable newborn deaths and stillbirths, accelerate progress, and scale up high-impact, cost-effective interventions.

### **RMNCAH+N Investment case**

Defines a set of interventions to address reproductive, maternal, neonatal, child and adolescent health challenges

### **National Strategy For Scale-Up of Chlorhexidine**

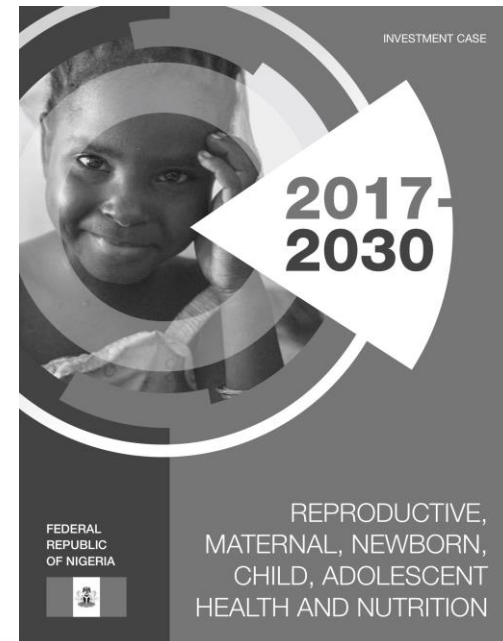
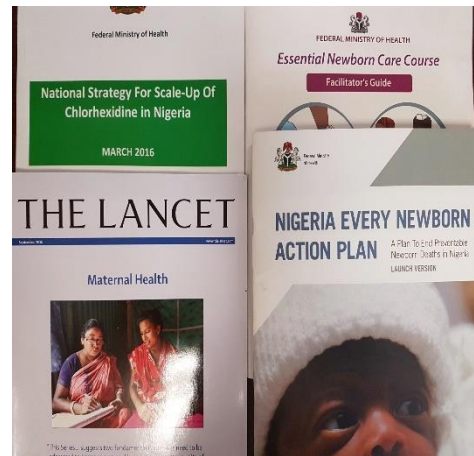
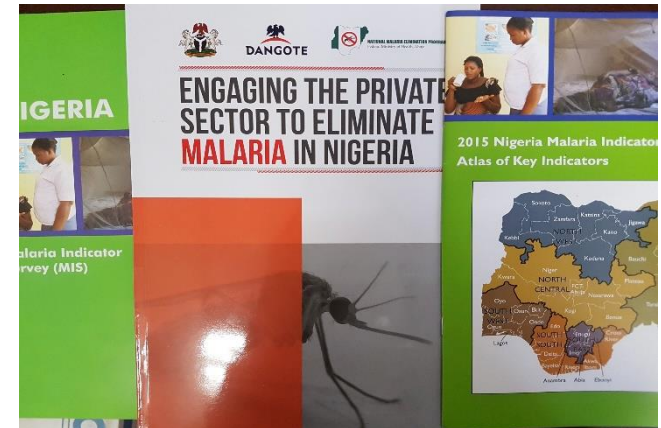
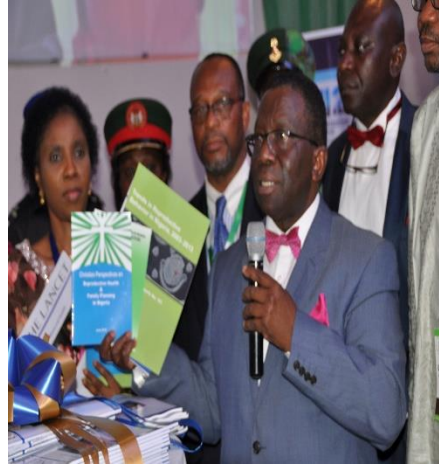
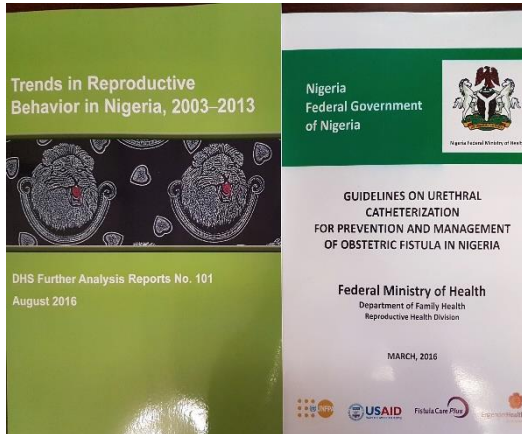
Aims to save newborns and reduce neonatal mortality through application of chlorhexidine to the umbilical cord.

### **Incentivizing Healthcare Investments**

Provides a framework that can be adopted at state level to attract private investments for primary and secondary care



# These policies cover the breadth of the health systems building blocks



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# We focused attention on MNCH, EMTCT, NCDs and Public Health Emergencies

Maternal and Neonatal Mortality Reduction			
	Elimination of Mother to Child Transmission of HIV		
		Cancer Prevention, Treatment and Care	
		Emergencies	
Policy	Research and Policy	Research and Policy	Policy and guidelines
Integrated programmatic approach	Programmes Integration	Advocacy	Coordination of actors
Adopt and scale-up low cost, high impact interventions	Scale-up proven approaches	Develop National Framework	Create awareness
Demand creation	Demand creation	Adoption of international best practices	Resource Mobilization
Resource mobilization	Private sector engagement		



## 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



1

## With the GFF, the Government has mobilized \$180m domestically for purchasing an explicit but guaranteed set of services



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



Government of Nigeria funded the BHCPF in the 2018 budget with \$180m.

This additional resources will enable Nigeria increase coverage of high impact interventions



Focus on maternal and child health through a network of 10,000 PHCs

Outcomes include:

- Increased coverage
- Increased productivity at PHC



# 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



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



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



- **Governance and accountability** through the a 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

## Gateway Operations

- What have we learnt from previous experiences
- What should we be doing differently
- What objectives do we aim to achieve
- How do we ensure complementarity rather than substitution
- What should the basic package comprise

## Governance and Administration

- 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?
- How do the different players work in a concerted manner

## Financial Management & disbursement

- How should the funds flow
- What measures do we put in place to guarantee fund sustainability

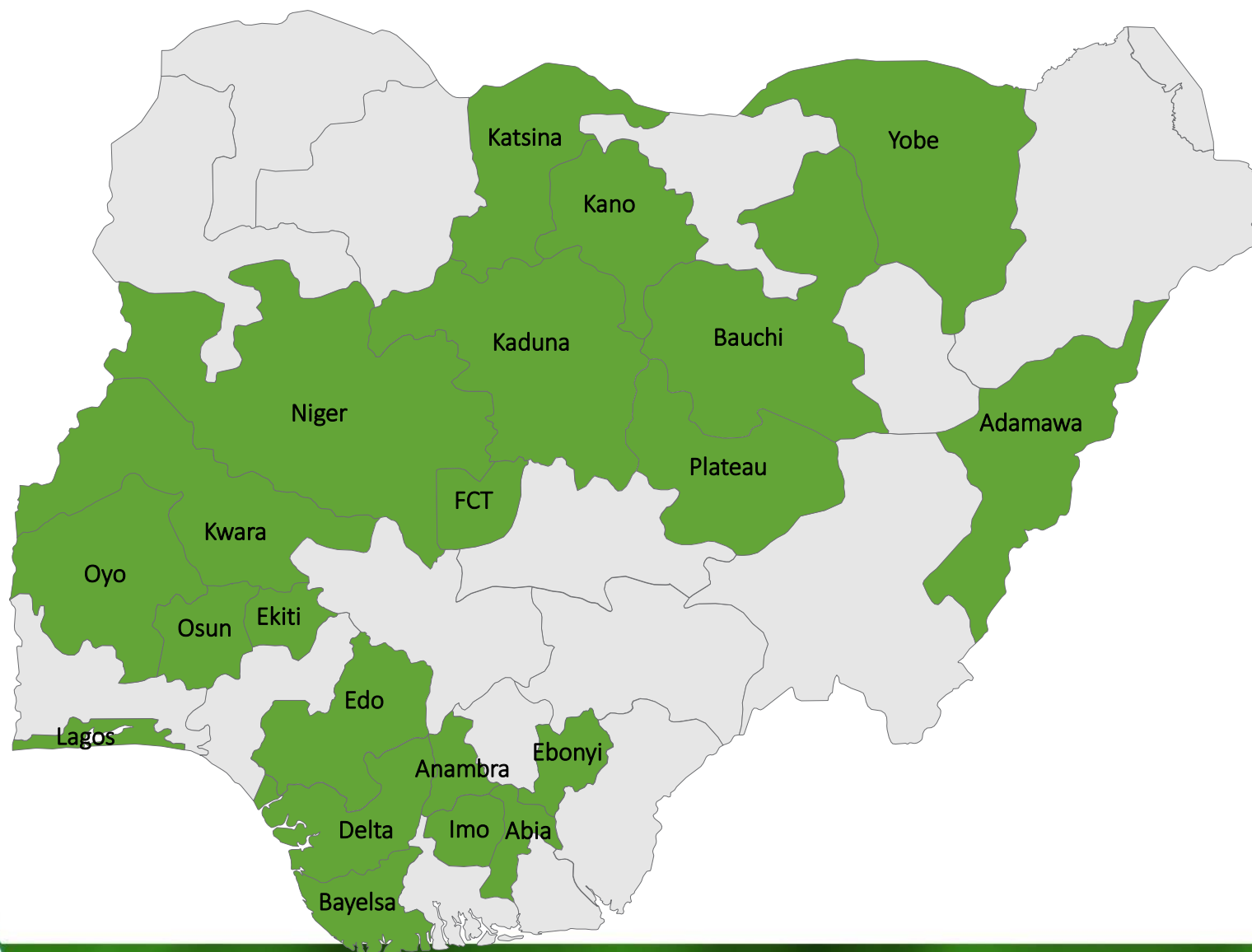
## Monitoring and Evaluation

- What do we want to measure?
- What are the sources to be used? Surveys, administrative data etc
- How do we want to measure?
- Use of data



1

## Implementation will commence with Twenty (20) States of the Federation and the FCT



1

**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

Name of Health Facility: \_\_\_\_\_

Priority Areas		Assessments		
		Baseline	2nd	3rd
	Administrative Systems and Infrastructure			
	Financial Systems			
	Human Resources			
	Patent Care Management			
	Essential Drugs and Commodities			
	Laboratory			
	Maternal and Child Health Services			
	Health Management Information Systems			
	Utilization and Clinical Outcomes			
	Community/Clients Views			

Key:  > 6.1  4.1 - 6.0  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.**



## 2 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



2

## 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



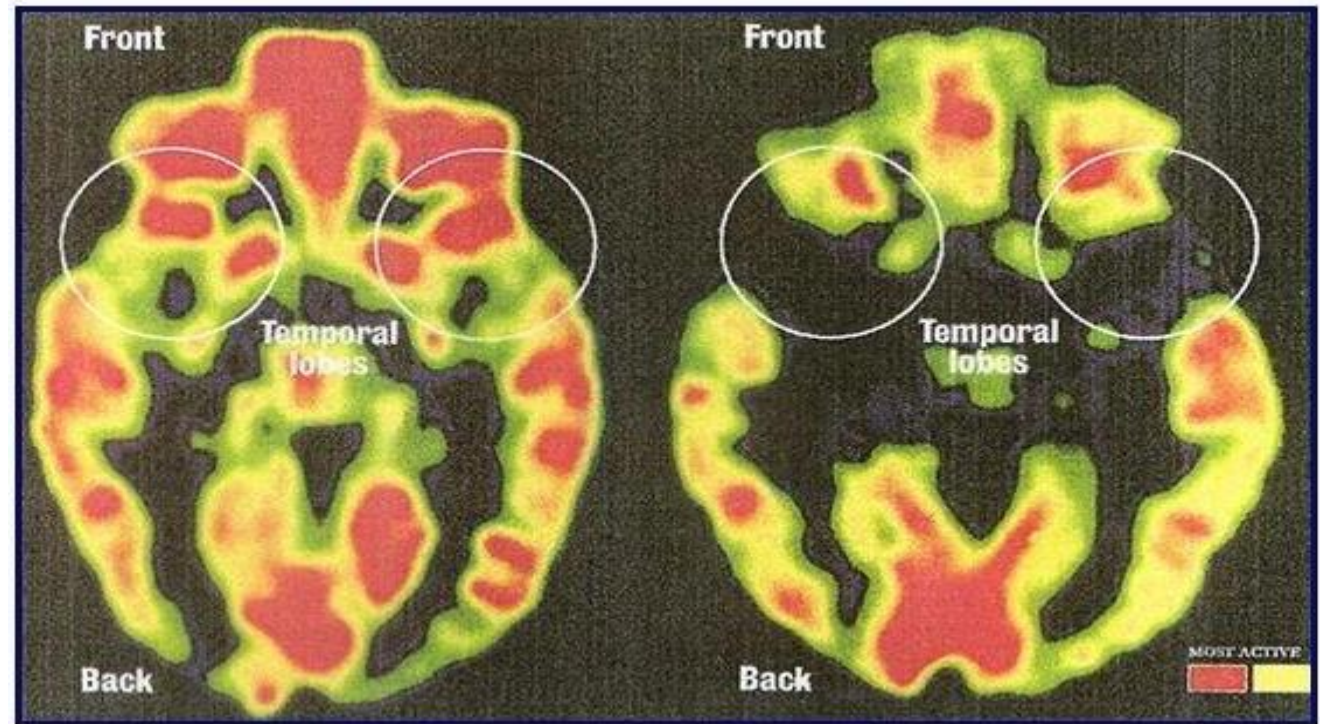
- State selection: 12 States
  - Each geo-political zone represented, with greater focus in geo-political zones with more stunted children
- **Results-based approaches**
- Leveraging **capacity of non-State actors**



3

## 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



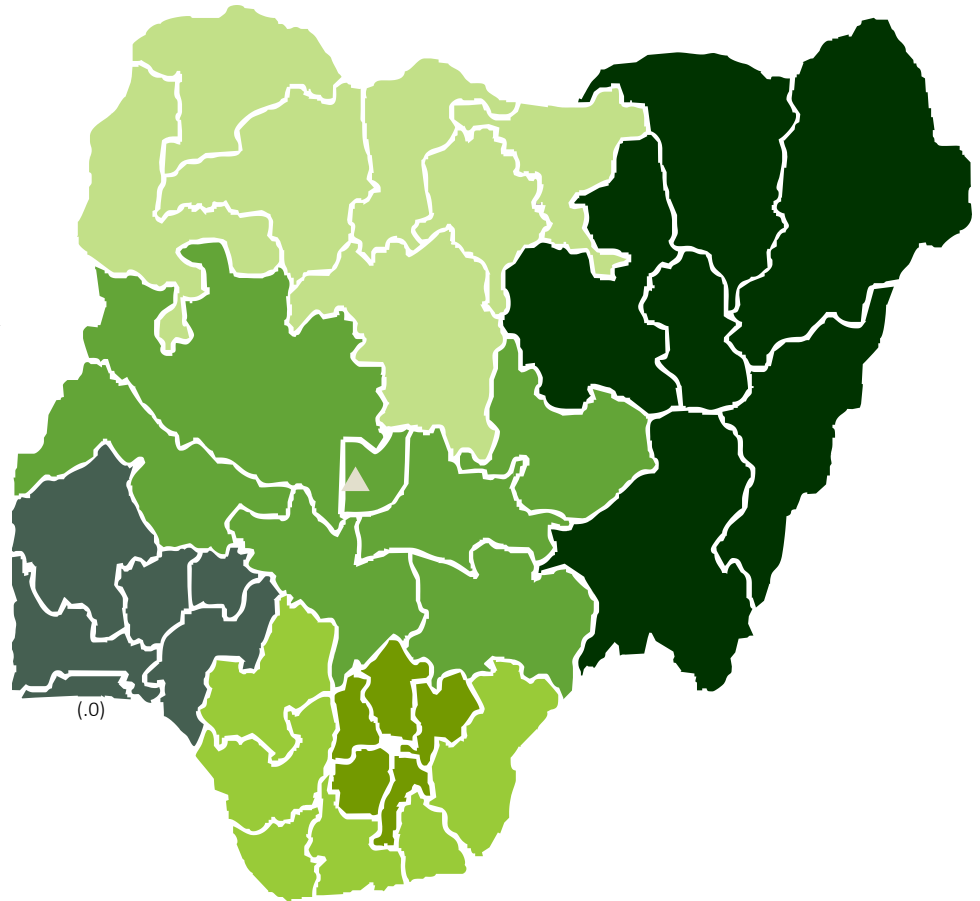
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## In summary

- 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.

