



**Federal Ministry of Health**

## **Where is Nigeria on Universal Health Coverage (UHC)?**

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# Definition of Universal Health Coverage (UHC)



- World Health Assembly (WHA) Resolution 2005: urged countries to develop their health financing systems to:
  - ☑ **Ensure all people have access to needed key promotive, preventive, curative and rehabilitative health services of good quality at an affordable cost without the risk of financial hardship linked to paying for care.**

# SUSTAINABLE DEVELOPMENT GOAL 3 AND ITS TARGETS

## **SDG 3:** ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

### **TARGET 3.8: ACHIEVE UNIVERSAL HEALTH COVERAGE, INCLUDING FINANCIAL RISK PROTECTION, ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES, MEDICINES AND VACCINES FOR ALL**

#### MDG UNFINISHED AND EXPANDED AGENDA

- 3.1:** Reduce maternal mortality
- 3.2:** End preventable newborn and child deaths
- 3.3:** End the epidemics of AIDS, TB, malaria and NTDs  
and combat hepatitis, waterborne and other communicable diseases
- 3.7:** Ensure universal access to sexual and reproductive health-care services

#### NEW SDG 3 TARGETS

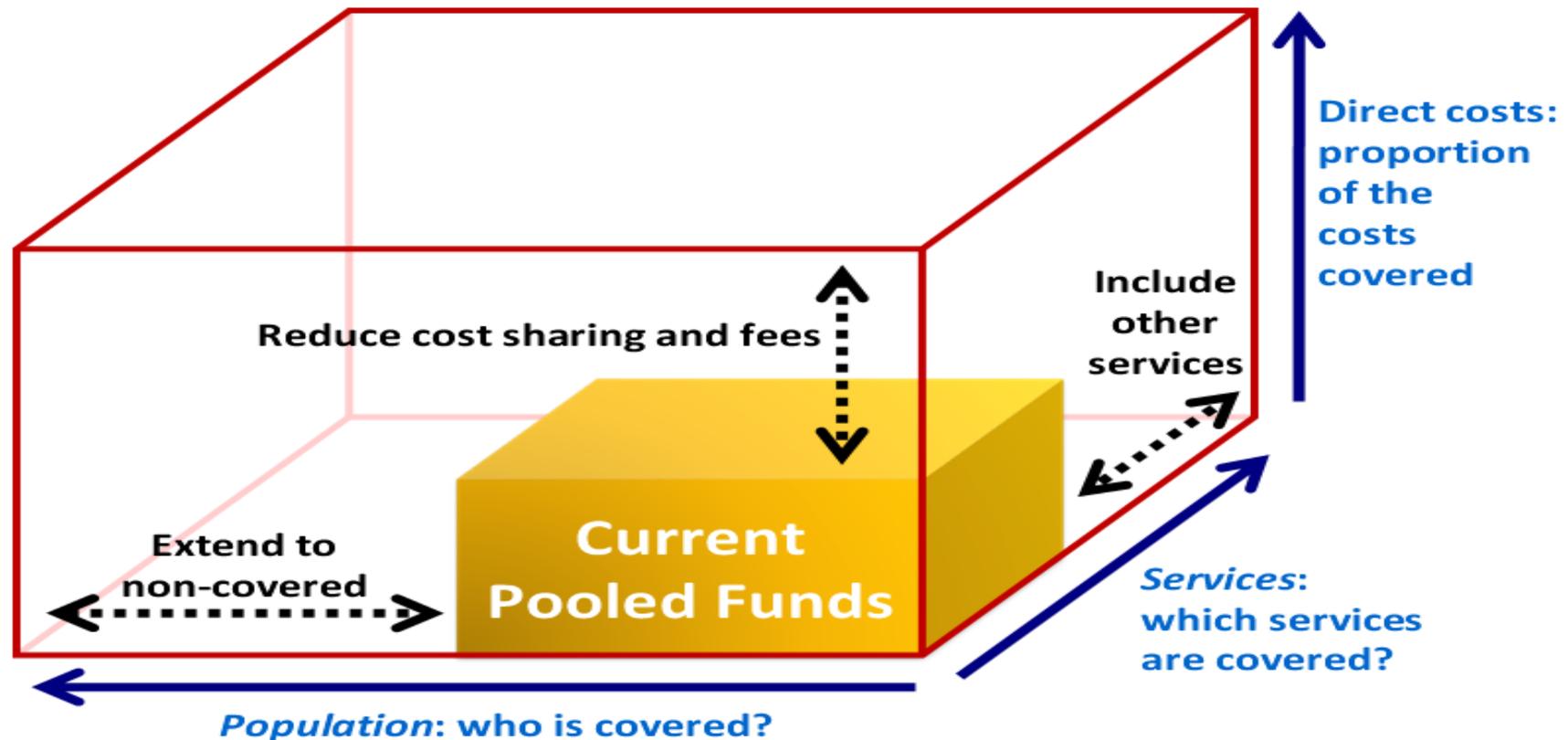
- 3.4:** Reduce mortality from NCDs and promote mental health
- 3.5:** Strengthen prevention and treatment of substance abuse
- 3.6:** Halve global deaths and injuries from road traffic accidents
- 3.9:** Reduce deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

#### SDG 3 MEANS OF IMPLEMENTATION TARGETS

- 3.a:** Strengthen implementation of framework convention on tobacco control
- 3.b:** Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all
- 3.c:** Increase health financing and health workforce in developing countries
- 3.d:** Strengthen capacity for early warning, risk reduction and management of health risks

# Dimensions of Universal Health Coverage (UHC)

## Towards universal coverage



# Dimensions of Universal Health Coverage (UHC)

## Who should be covered?

- **100% population coverage:**

- All population groups and their families need to be covered:
- Formal sector employees, informal sector workers, self-employed, unemployed, students, pensioners, ...

## Which services should be covered?

- **Defined package of services**

- Available resources: What can the country afford?
- Health service priorities
- Preferences for specific services

## How much of the costs should be covered?

- **Very high level of prepayment, not necessarily 100%**

- Moral hazard, rational consumption of services

# Target Indicators To Monitor Progress Towards UHC

Total health expenditure should be at least 4% - 5% of gross domestic product

Out-of-pocket spending should not exceed 30-40% of total health expenditure

Over 90% of the population is covered by pre-payment and risk pooling schemes

Close to 100% coverage of vulnerable population groups with social assistance and safety-net programmes

At least, 80% of the poorest 40% of the population have effective coverage to quality health services

# Is Nigeria on Track Towards UHC?

**Total health expenditure  
(THE) was *6.7% of GDP* in  
2009**

**(>4-5% Benchmark)**

**5-7% population  
covered by pre-payment  
and risk pooling schemes**

**(< 90% Benchmark )**

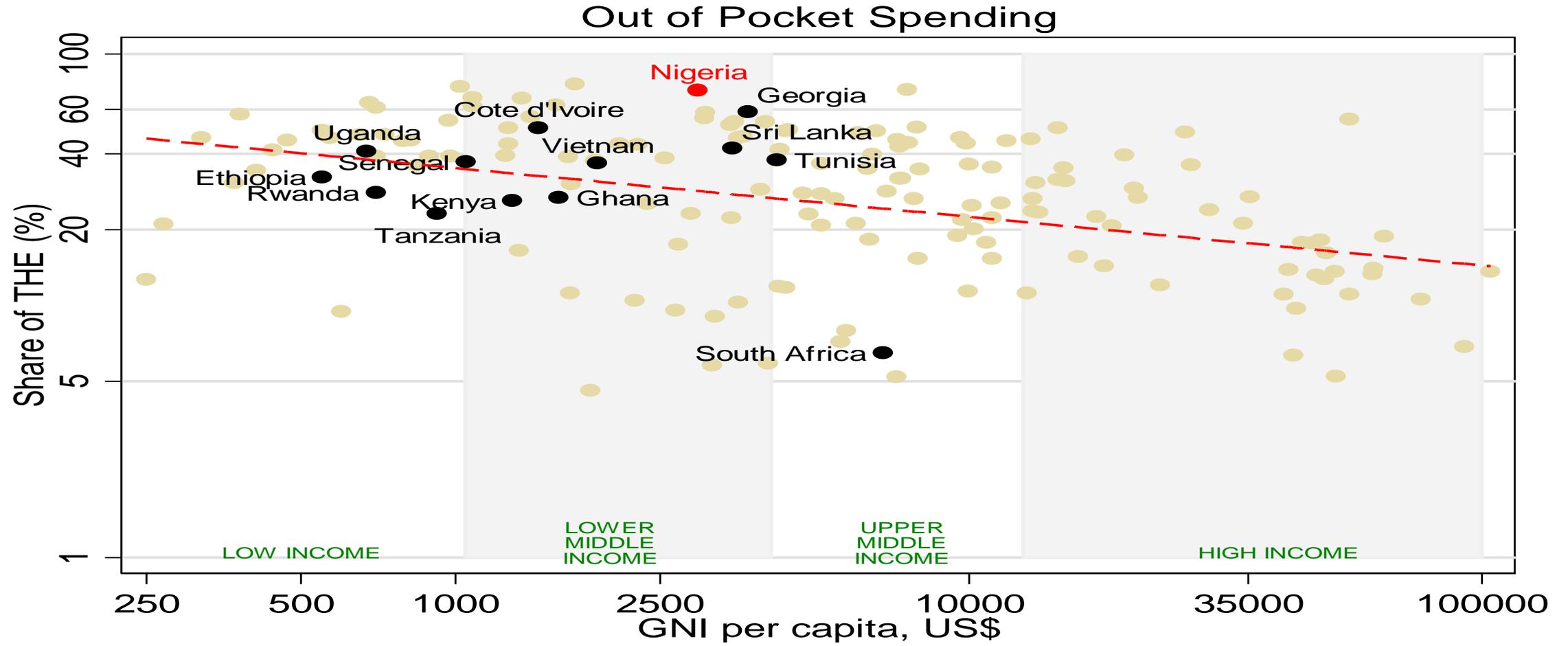
**< 2% coverage of  
population with social  
assistance and safety-net  
progs**

**(100% Benchmark)**

**Out-of-pocket spending  
>60% of total health  
expenditure**

**(>30-40% Benchmark)**

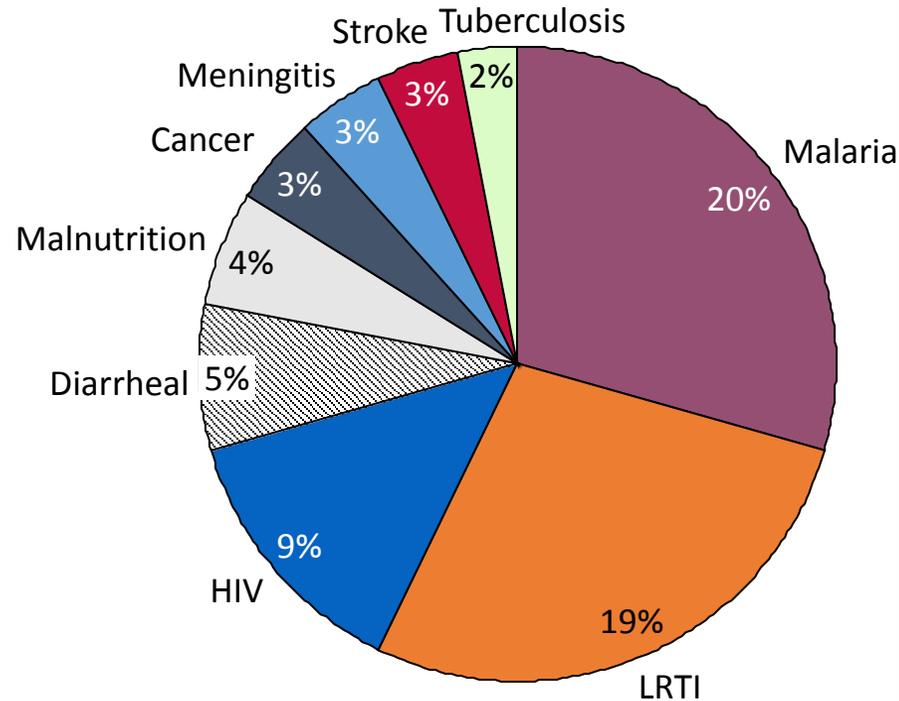
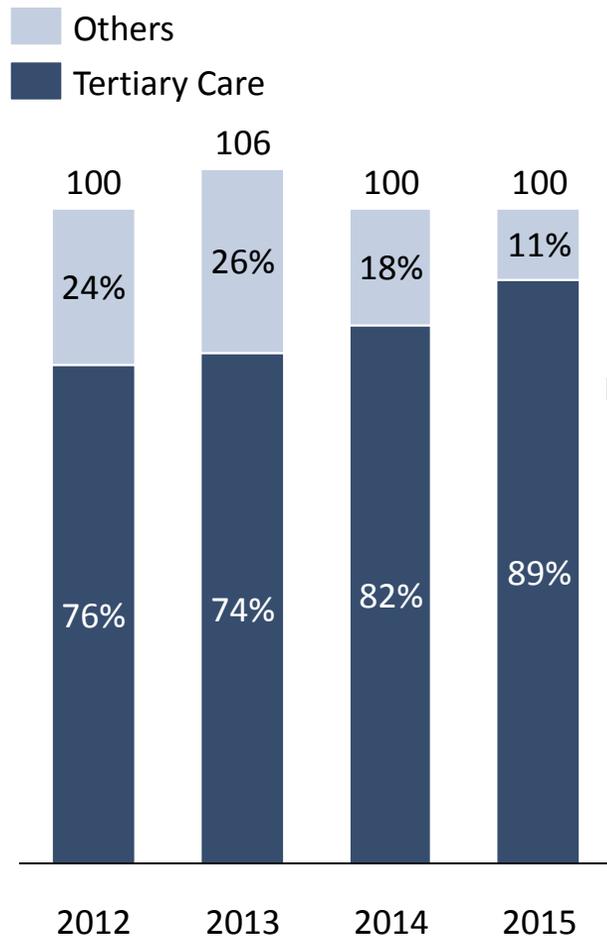
# Household out of pocket health spending as share of total health spending is among the worst.



Source: World Development Indicators database  
Note: Both y- and x-axes logged

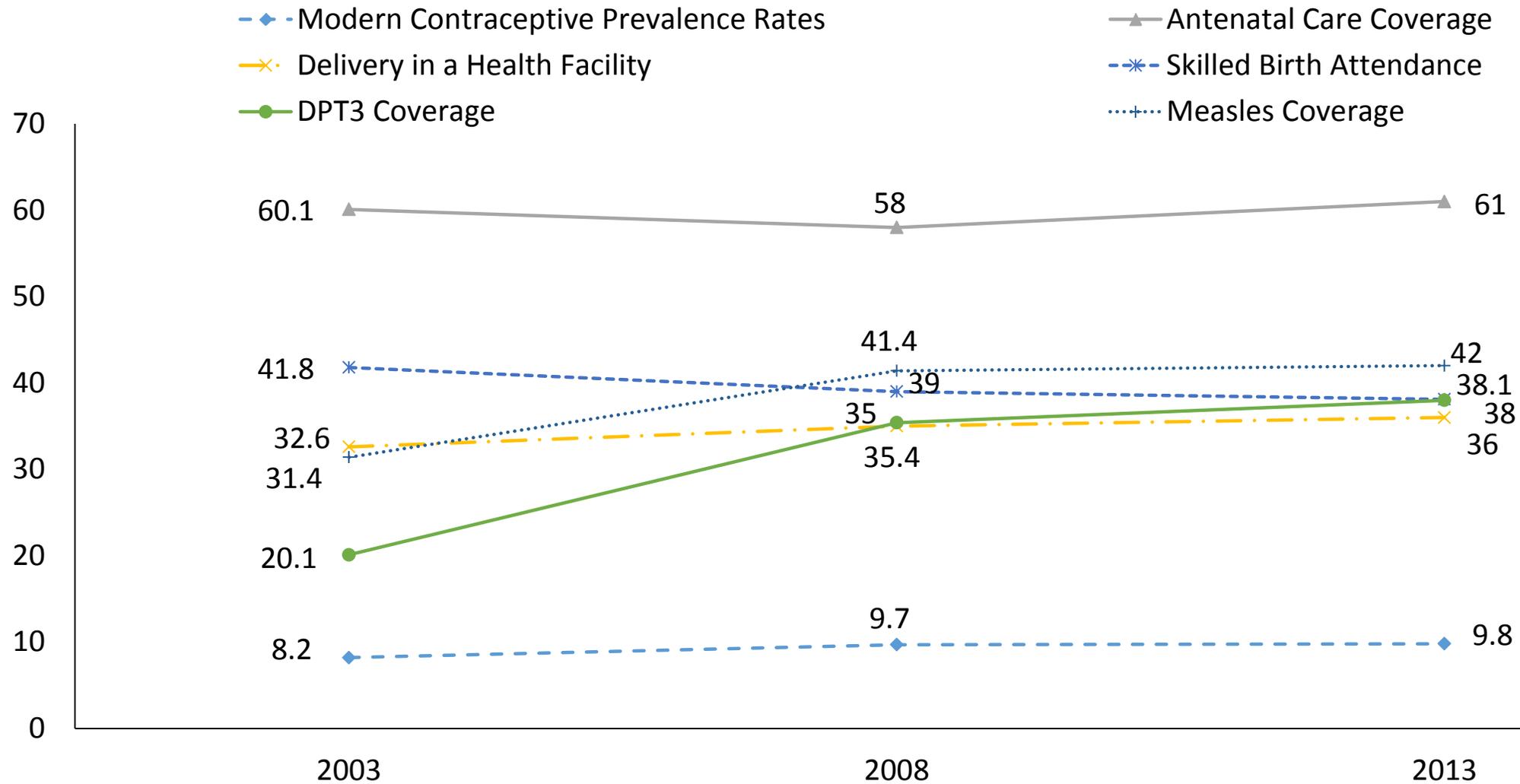
# Nigeria's Cost Efficiency is Low & Contributes to Poor Health Outcomes

% of Federal Health Budget Allocated to Tertiary Care

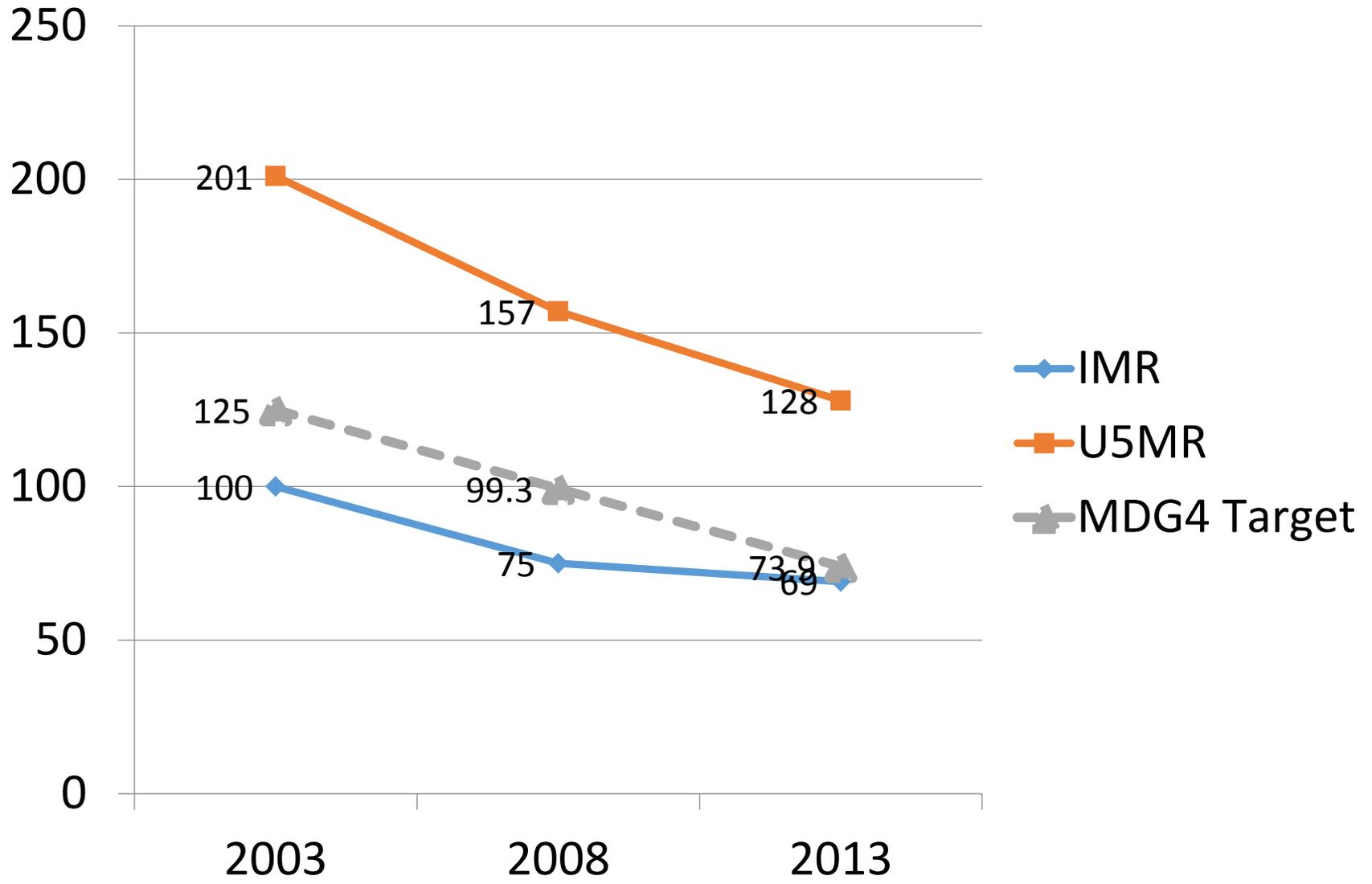


- Health ailments treatable at Primary Health Care levels, contribute 70% of total disease burden in Nigeria
- Yet Federal Government allocates ~80% of its resources to tertiary care
- By increasing allocative efficiencies, Nigeria could increase coverage of health care services.

# Health Service Delivery Nigeria; 1990-2013 (NDHS)

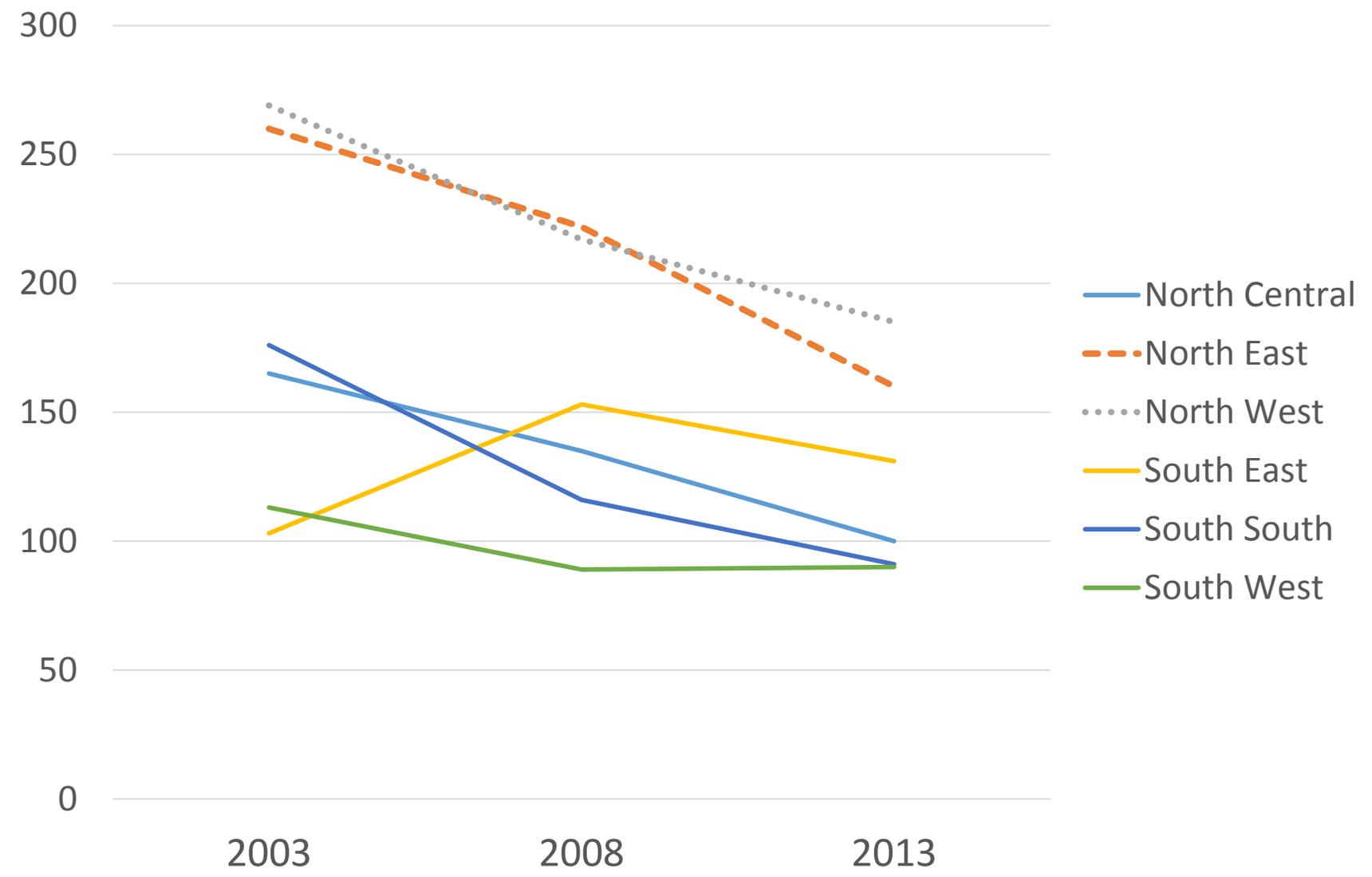


# IMR & U5MR from NDHS – some progress but not fast enough to accomplish mdg4

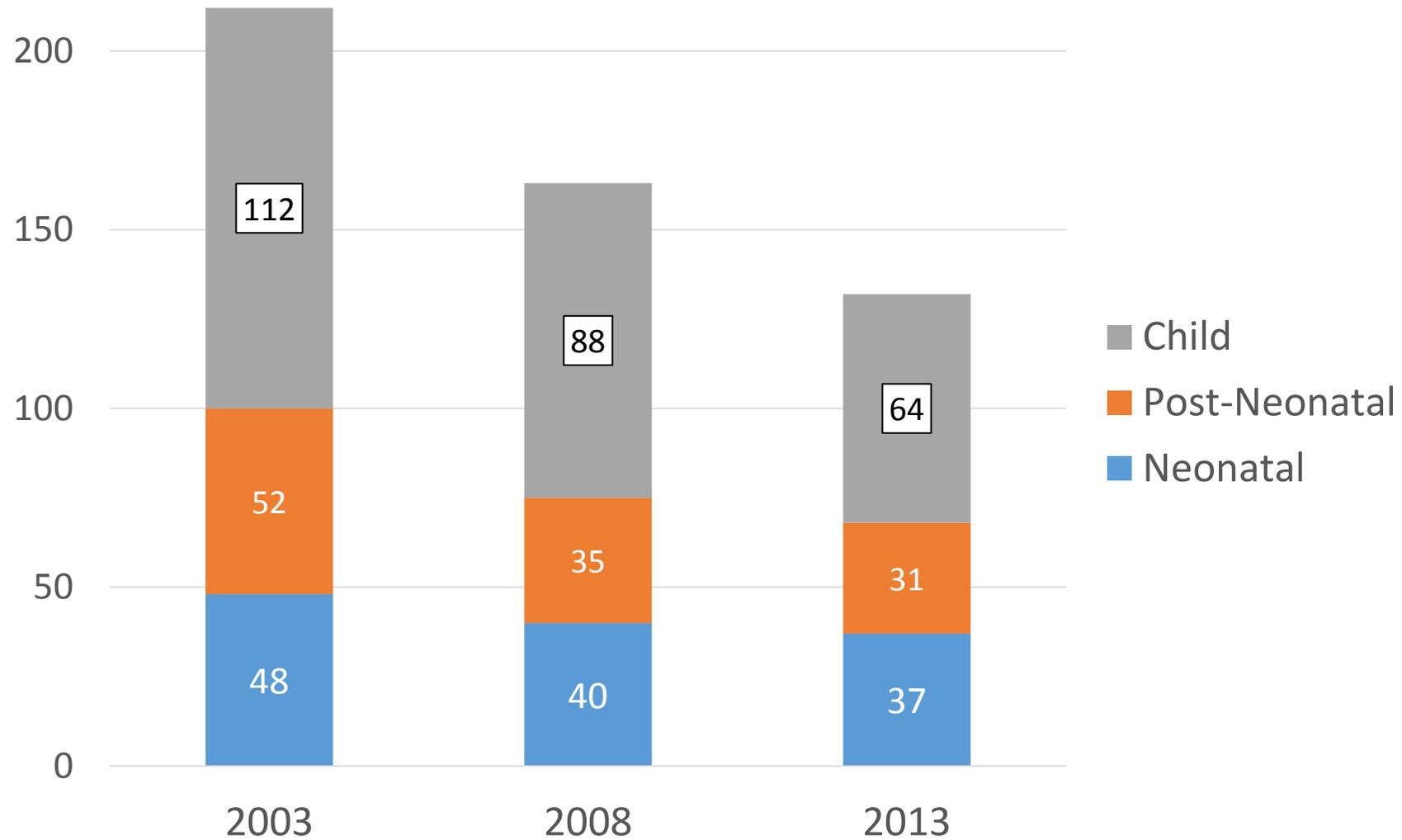


Source: Nigerian Demographic and Health Surveys - NPopC

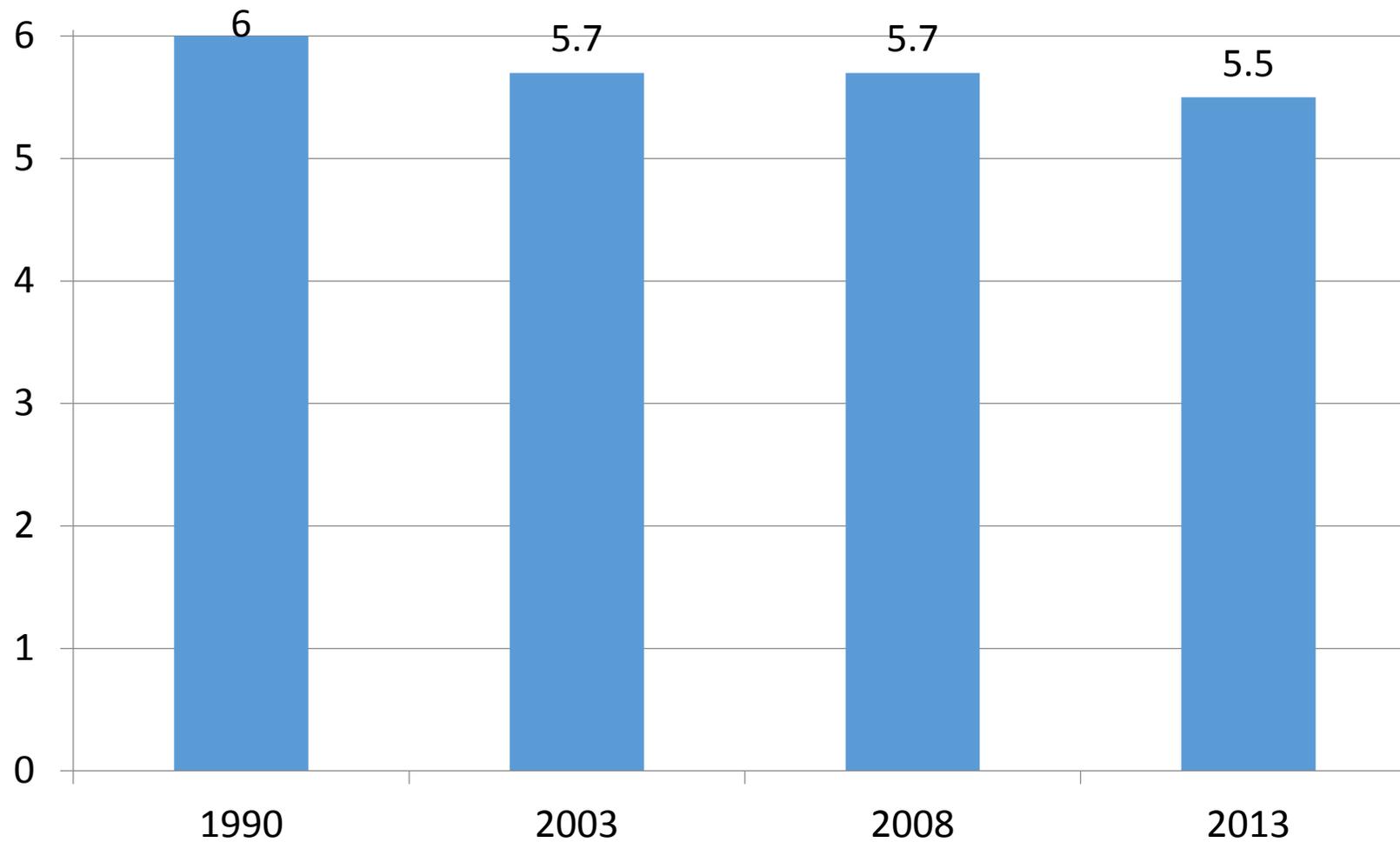
# U5MR by Geopolitical Zone 2003-2013 NDHS – North is Lagging



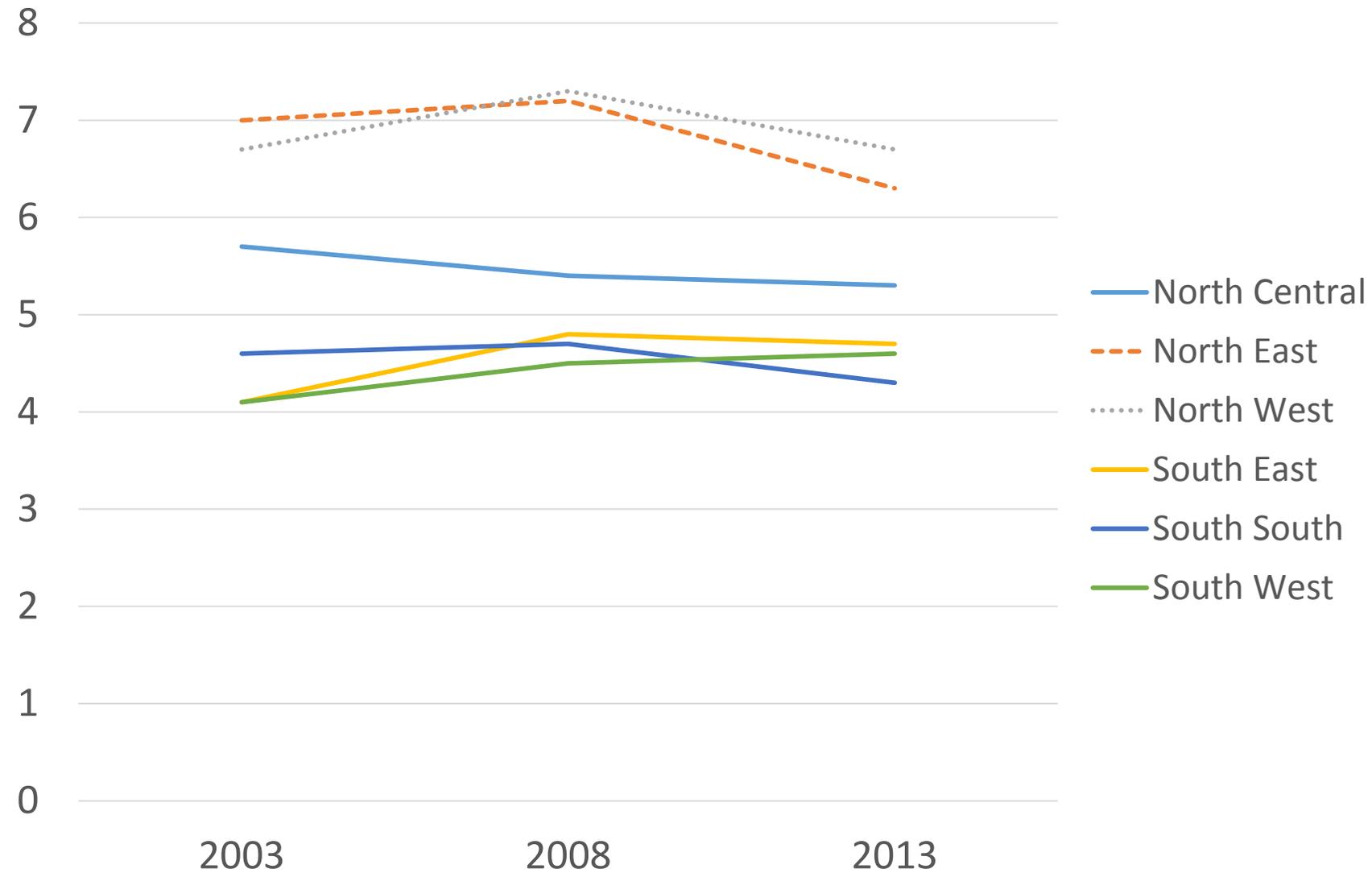
# Post-Neonatal Mortality Accounts for 71% of U5MR in 2013 NDHS



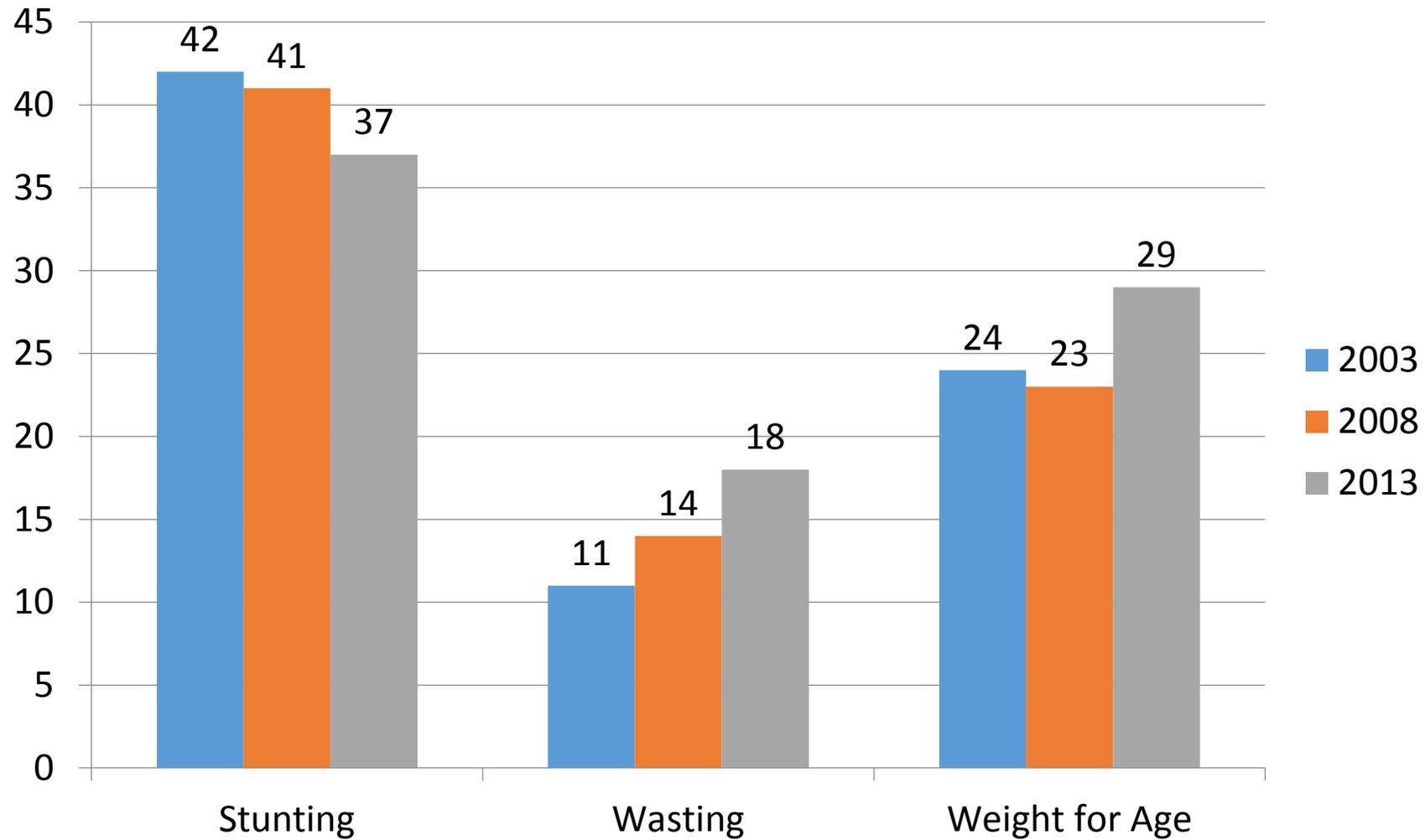
# Total Fertility Rate – NDHS: Very Slow Progress



# TFR by Region 2003-2013 – NDHS Limited Progress Everywhere

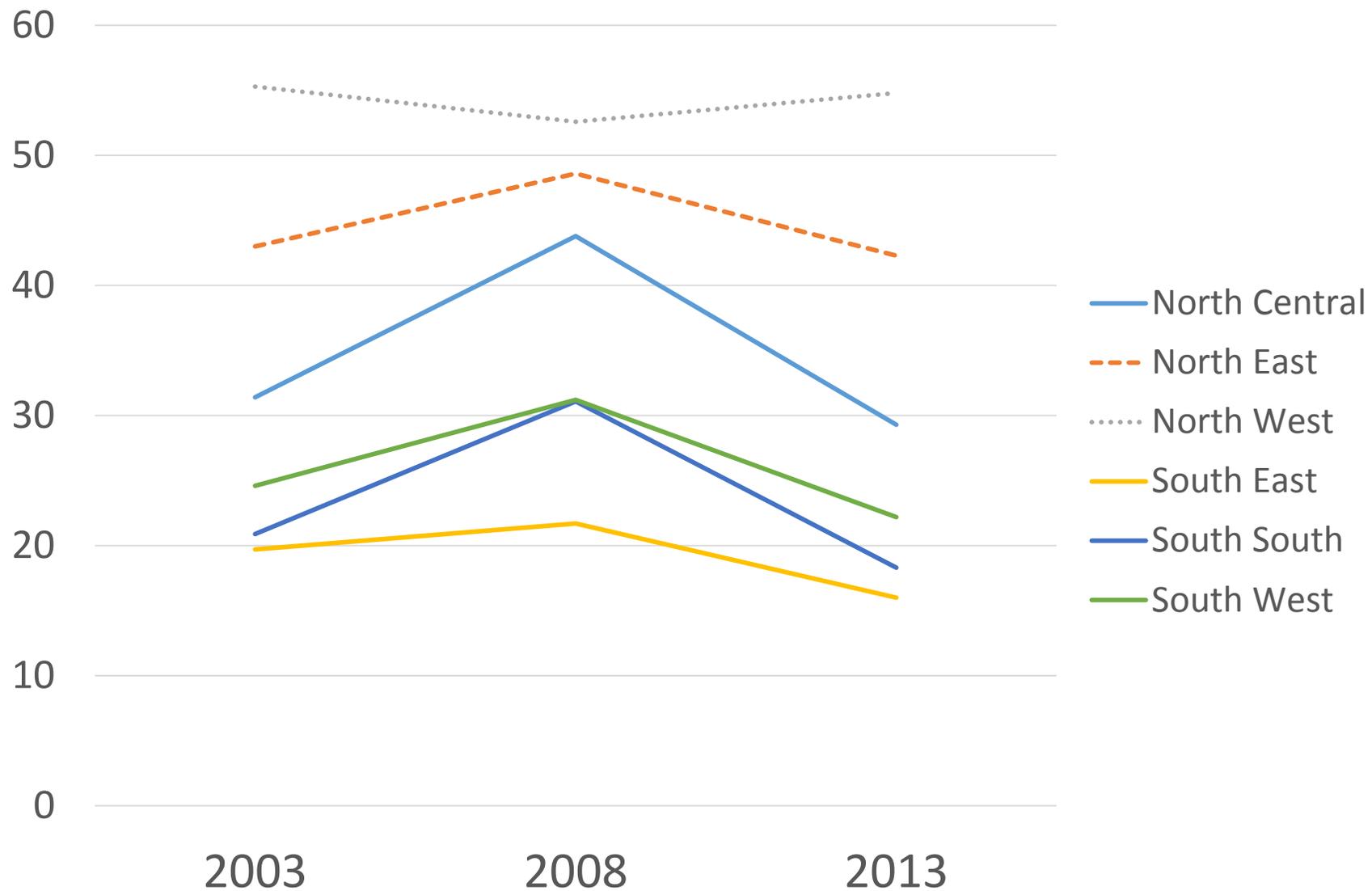


# Child Nutritional Status 2003-13: mixed results

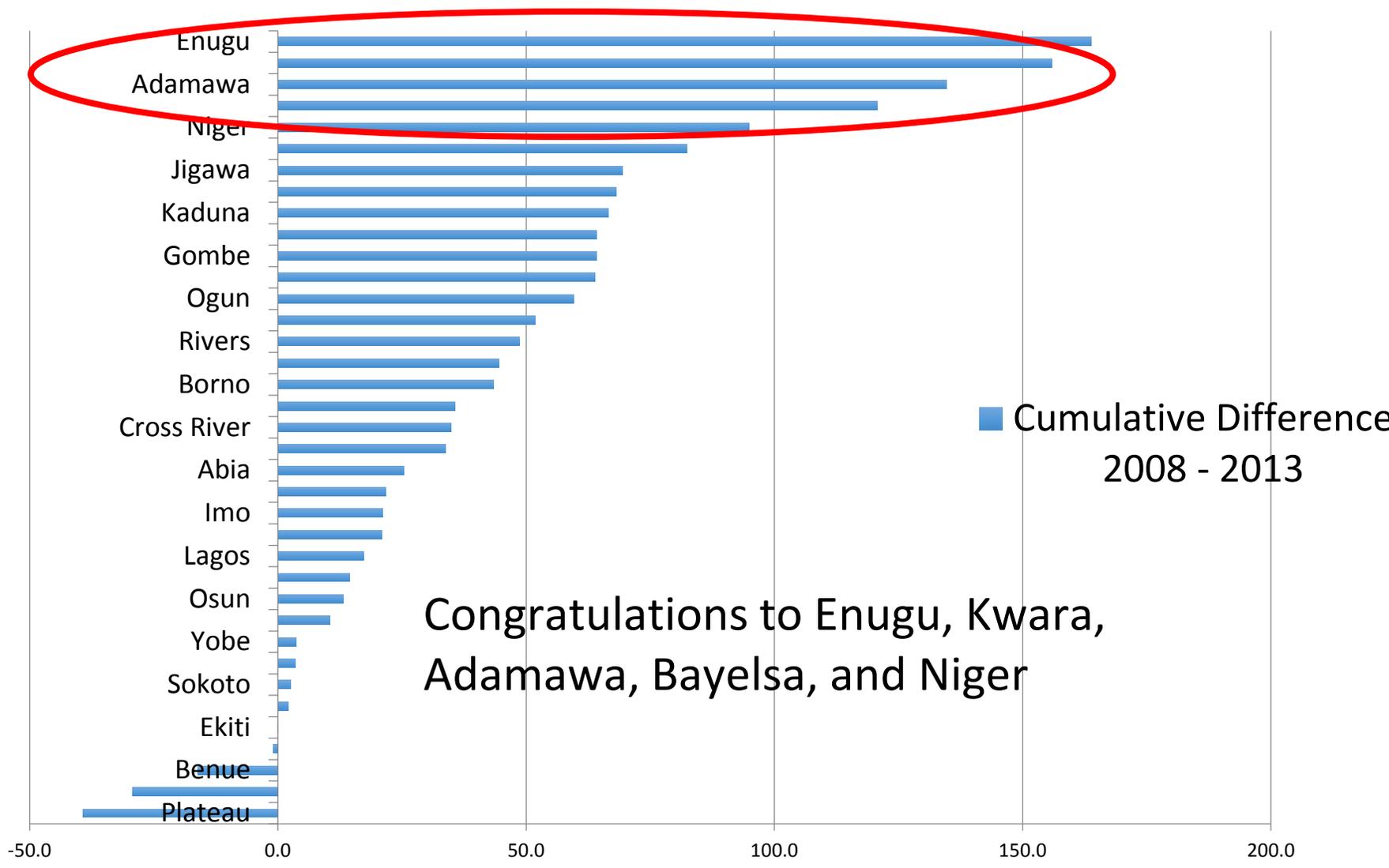


Source: NDHS 2003, 2008, 2013

# % of Children Stunted by Region 2003 to 2013 - NDHS

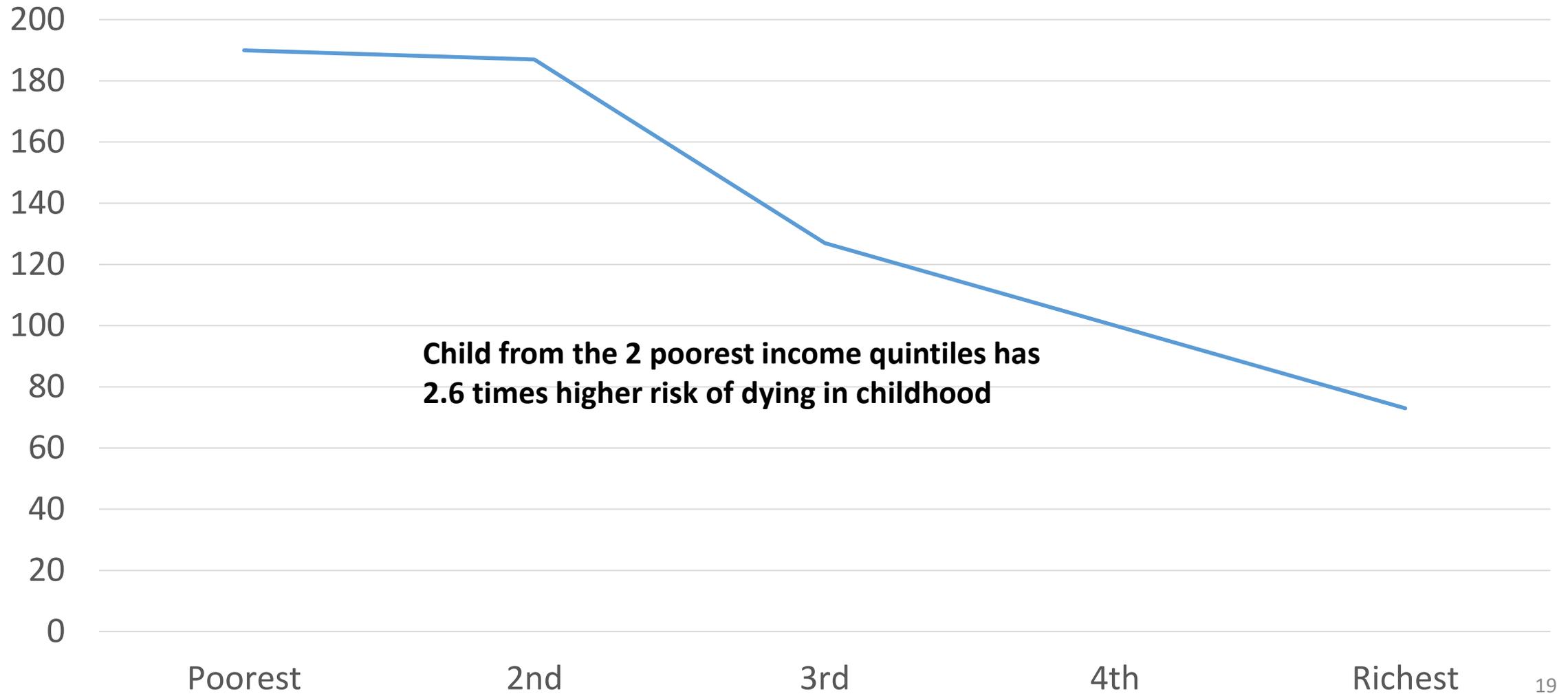


# Progress is Possible: Changes in 8 Key Maternal and Child Health Indicators 2008-2013

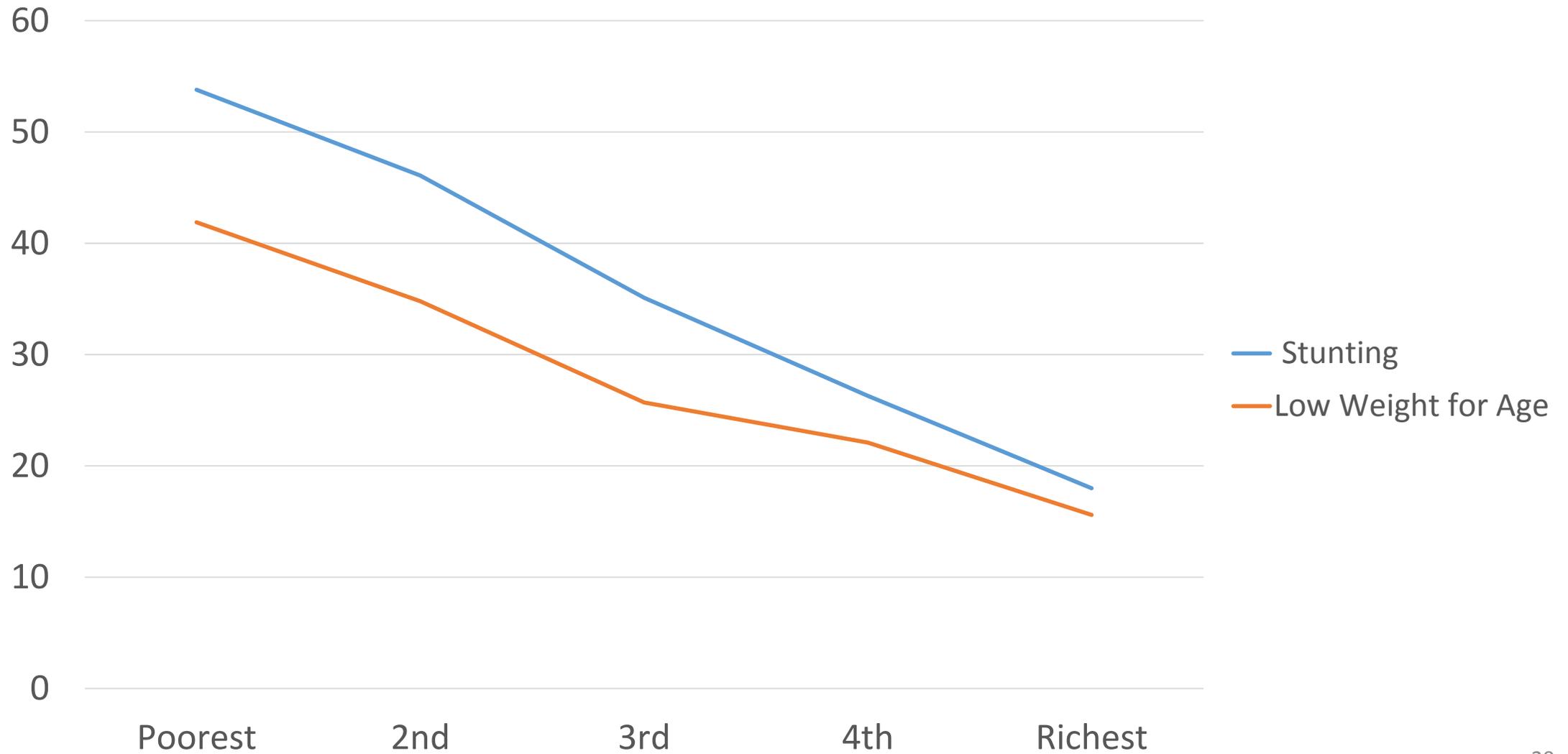


Congratulations to Enugu, Kwara, Adamawa, Bayelsa, and Niger

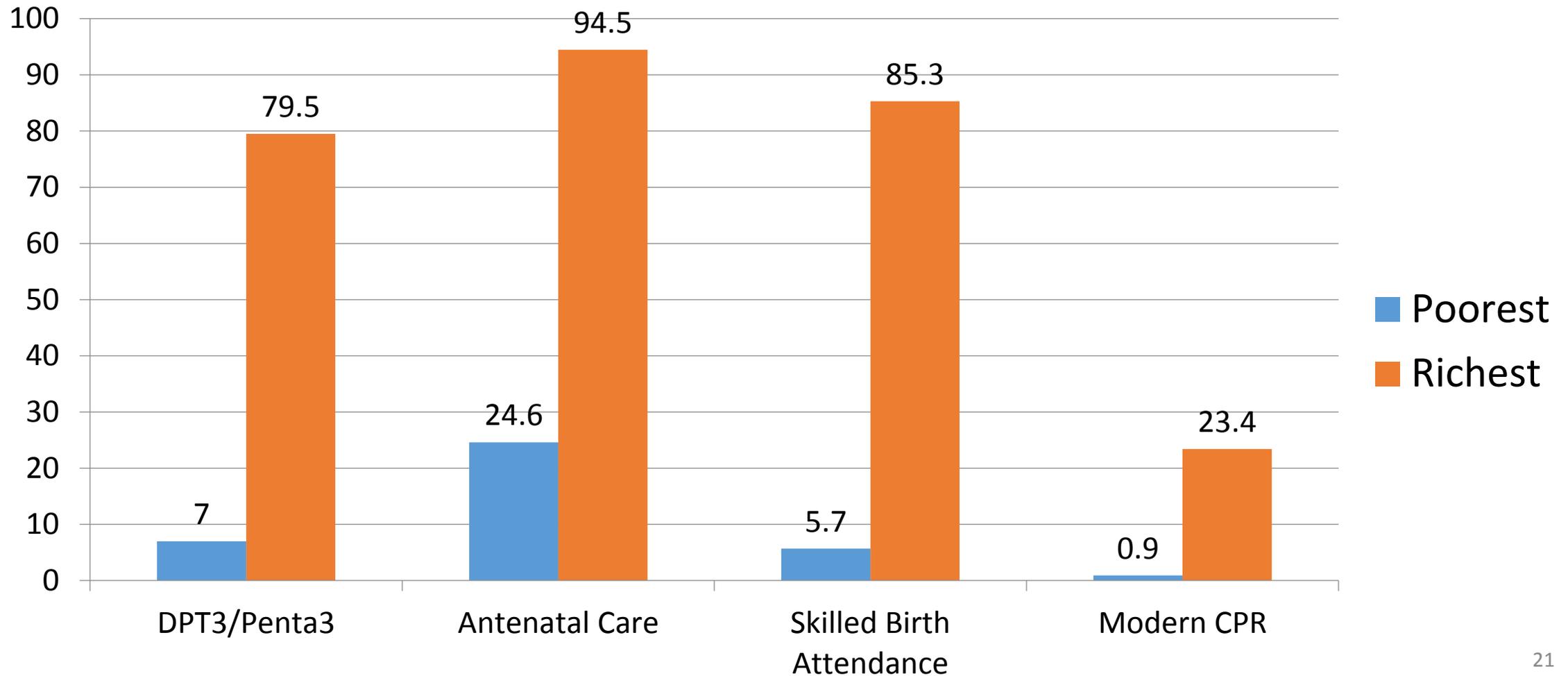
# Poorest 40% of Population Accounts for 56% of all U5 Mortality



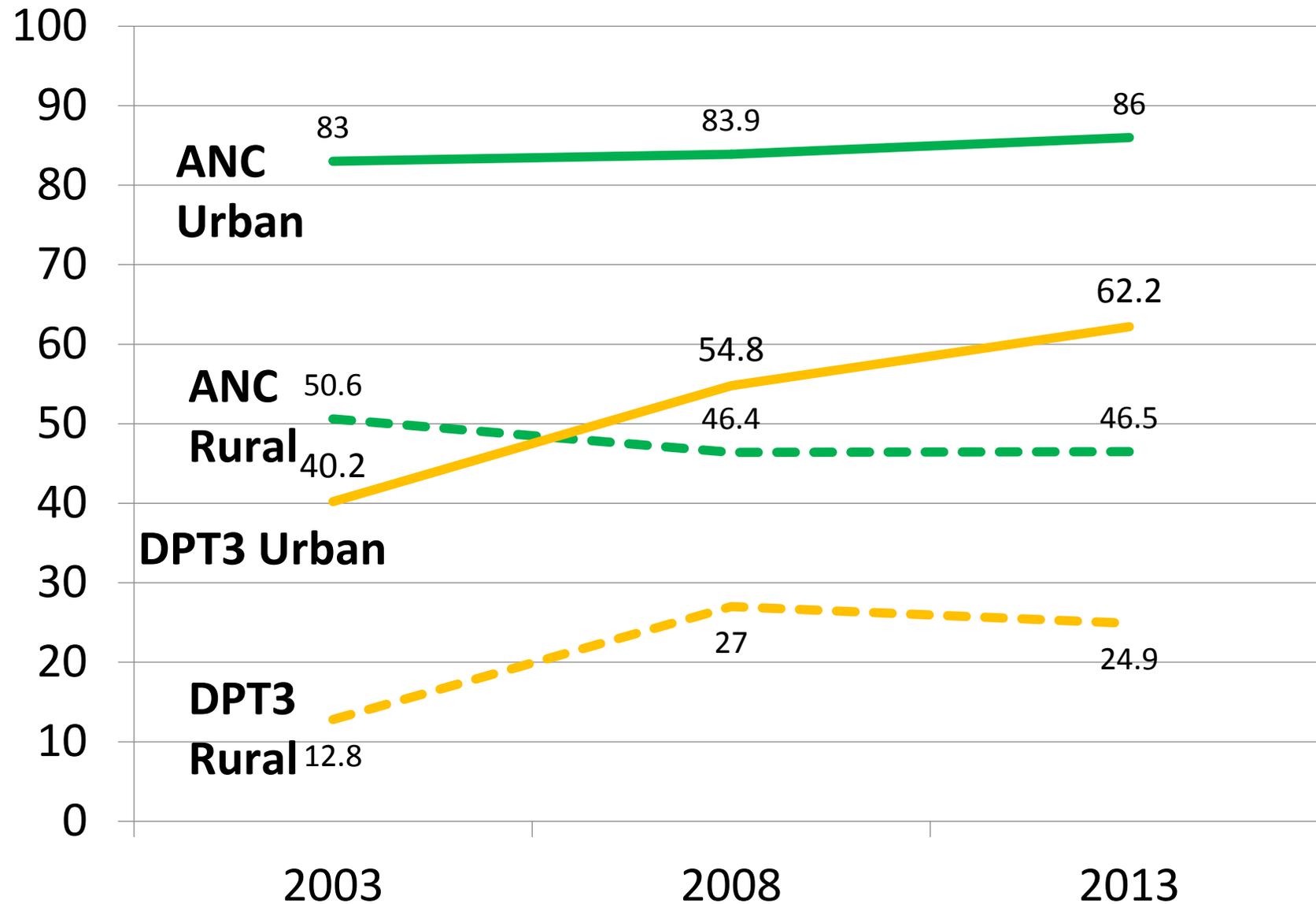
# % of Children who are Malnourished by Income Quintile – 2013 NDHS



# Coverage of Key Health Interventions by Income Quintile – NDHS 2013



# Service Delivery 2003-13 in Urban and Rural Areas:



Source: NDHS 2003, 2008, 2013

# Need for Clear & Strong Government Leadership & Commitment



# Key Outputs from Presidential Summit on UHC: March 10, 2014

- I. Financial access
- II. Physical access
- III. Quality of services

**Governments at all tiers should  
declare that the achievement of  
Universal Health Coverage in  
Nigeria is a priority goal**

- **Commitment by all tiers of government to ensure every Nigerian has financial access to health services through mandatory health insurance and other financial risk protection mechanisms**
- **Fast-track the amendment of the NHIS Act to ensure that all employers in formal, informal and organized private sector cover their employees with mandatory health insurance**

## Recommended Actions for improving financial access (2)

- **Establish a Universal Health Coverage (UHC) fund with innovative funding sources – general tax revenue with budget line for UHC, Sin tax (alcohol, tobacco), air-ticket levy, percentage of VAT, GSM contributions, etc.**
- **Governments (Federal and states) should ring-fence the UHC fund for ensuring compulsory coverage for the poor and vulnerable groups including, pregnant women, children, those physically challenged, etc.**

- **Governments at all levels should increase their budgetary allocations to health to reach the “Abuja Declaration”**
- **Establish mechanisms to ensure all government workers pay the 1.75% salary contributions for the Formal Sector Social Health Insurance Programme of the National Health Insurance Scheme.**

## Recommended Actions for improving physical access

- **Governments at all levels should ensure the presence of at least one functional primary health care centre per ward and one general hospital per LGA that can deliver the minimum defined benefit package.**
- **All states should reactivate their Central Medical Stores to conform to a minimum standard for the supply chain management of health products**
- **Governments at all levels should ensure that their health facilities have the availability of the minimum standards (numbers and skill sets) defined for human resources for health at each level**

- **Training institutions should ensure that there is competency-based training of all health professionals. around priority health needs**
- **The government should address mal-distribution of health workers through policies and incentives around retention**

## Recommended Actions for improving quality of health services

- **Governments at all levels should conduct a health system needs assessment for improvement of quality of services**
- **Governments should strengthen existing systems for supervision and monitoring of quality of healthcare provision and institutionalize monitoring and evaluation of health system in Nigeria**
- **Governments should explore the use of an Independent Health Quality System for issues relating to quality in health services**

## Recommended Actions for improving quality of health services

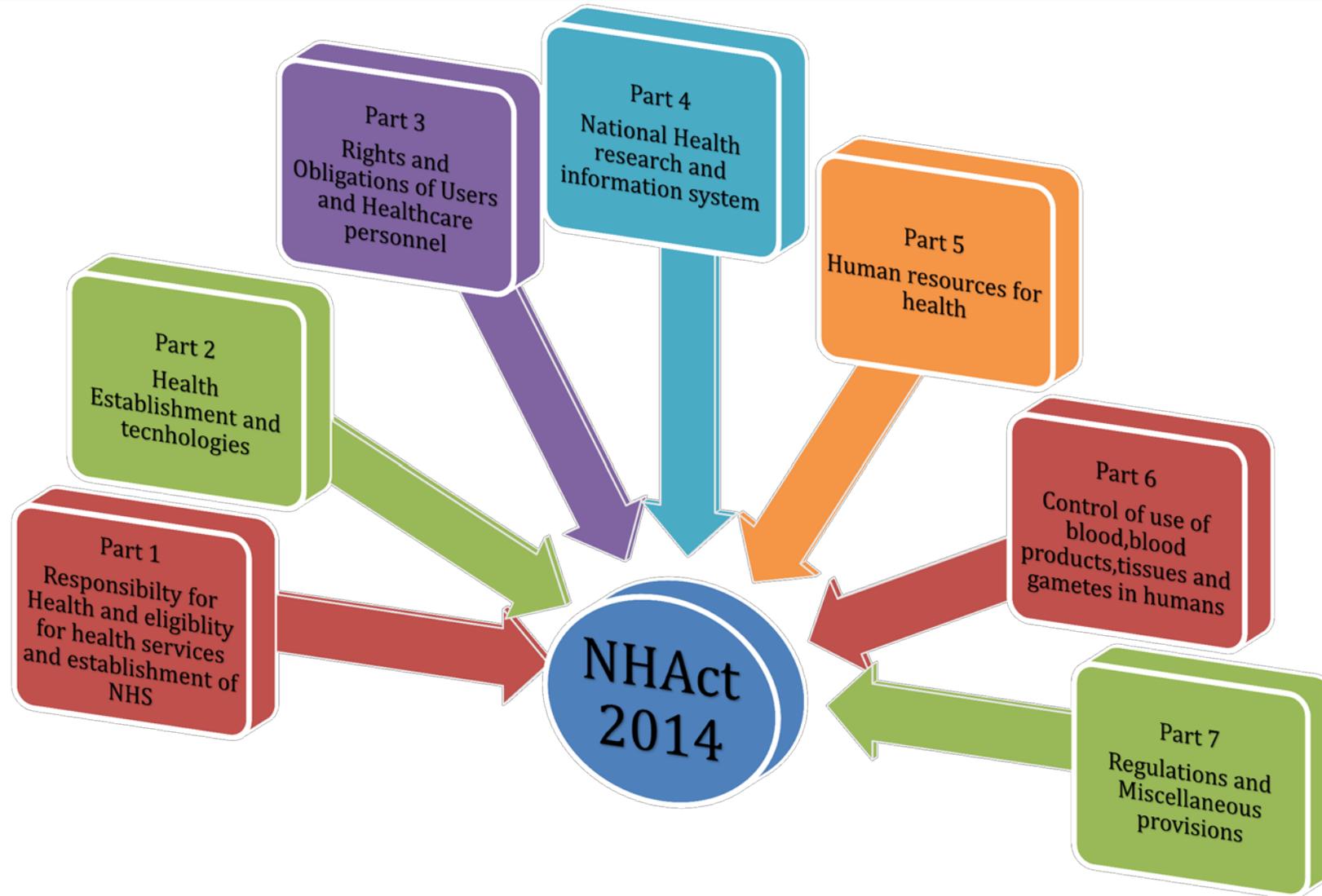
- **Strengthen existing consumer protection agencies including SERVICOM and every hospital should have its own SERVICOM desk**
- **Governments should establish a Clinical Governance body or bodies to protect both providers and consumers at all levels**
- **Governments at all levels should improve healthcare infrastructure and equipment (including maintenance strategy).**

- *Affordability* is important but may not be enough
- Target the *poor*, but keep an eye on the non-poor
- Benefits should be closely linked to *target populations' needs*
- Highly *focused interventions* can be a useful initial step toward UHC

- **Strive for more health for money (improved efficiency in use of available funds)**
- **Advocacy to decision makers and all Nigerians to understand and be fully involved in interventions to achieve UHC**
- **UHC will save millions of lives in Nigeria**

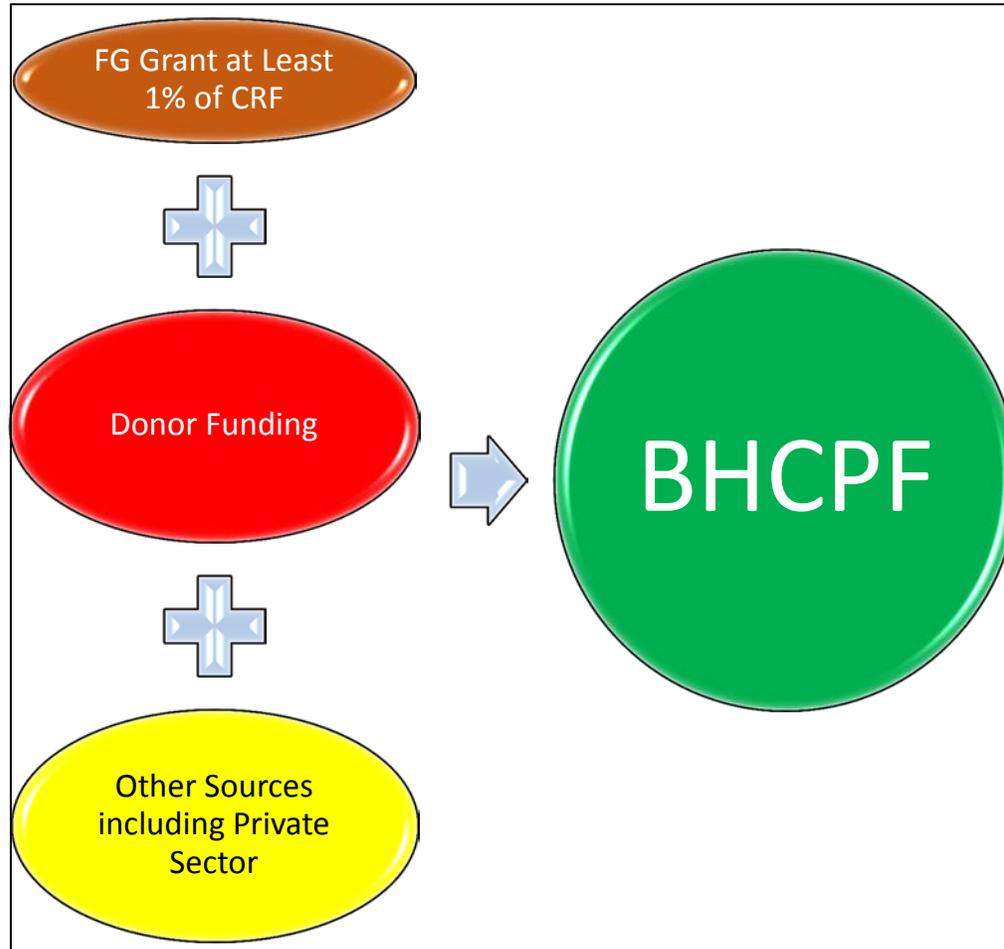
# OPPORTUNITIES

# THE NHA<sub>ct</sub> 2014: VEHICLE FOR ACHIEVING UHC

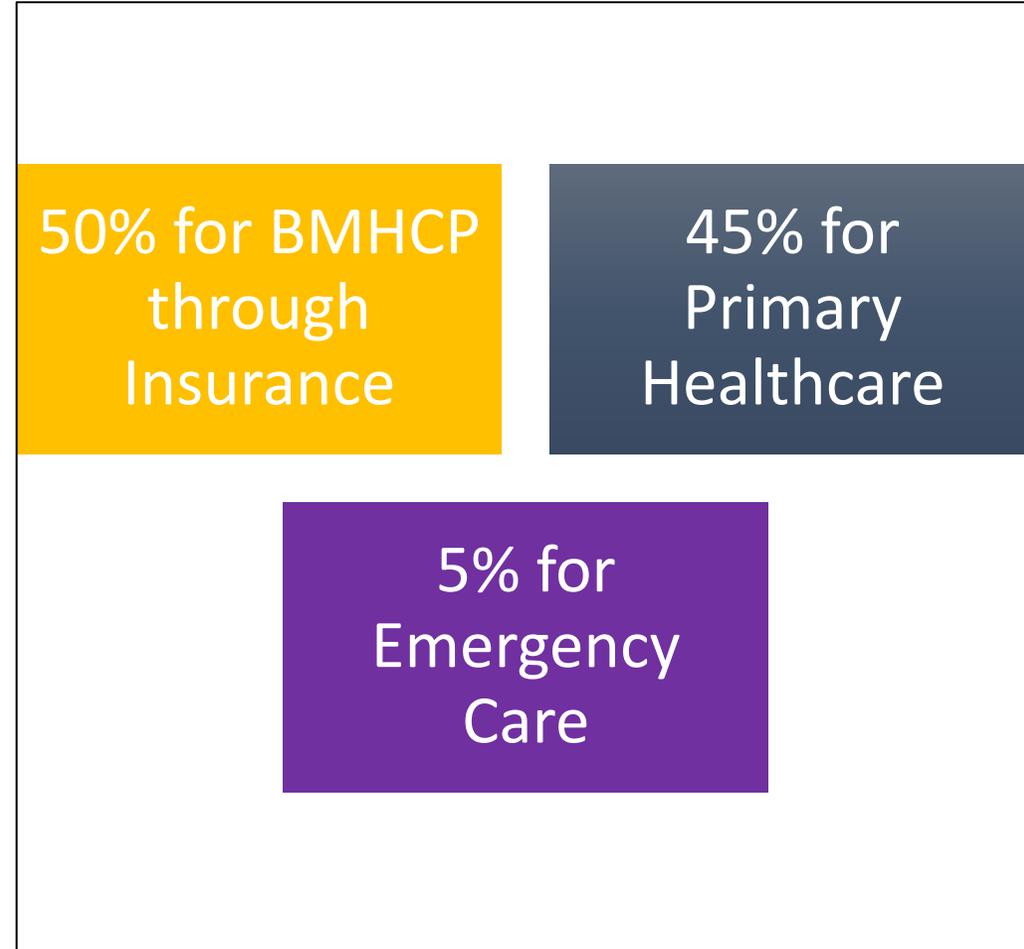


# Basic Healthcare Provision Fund (BHCPF)

## 3 Main Sources



## Distribution



# The Global Financing Facility (GFF)



1. Investment Case
2. Healthcare financing strategy
3. Joint financing for investment case



# And the SOML P4R Program

Code	Disbursement Linked Indicator	Means of Verification	Indicative Allocation (\$m)	% of Total
1A.	Performance-based grants to States - quantity	SMART Surveys	289	58
1B.	Enhanced MNCH weeks	SMART Surveys	16	3
2.	Performance-based grants to States - quality	Health Facility Surveys	54	11
3.1	Improving data collection	Review by WB and IVA	35	7
3.2 & 3.3	Improving data utilisation	Review by PMU	45	9
4.	Encourage private sector innovations	Third party verification	29	4
5.	Increasing transparency, management & budgeting for PHC	Review by WB and IVA	41	8
Total			500	100

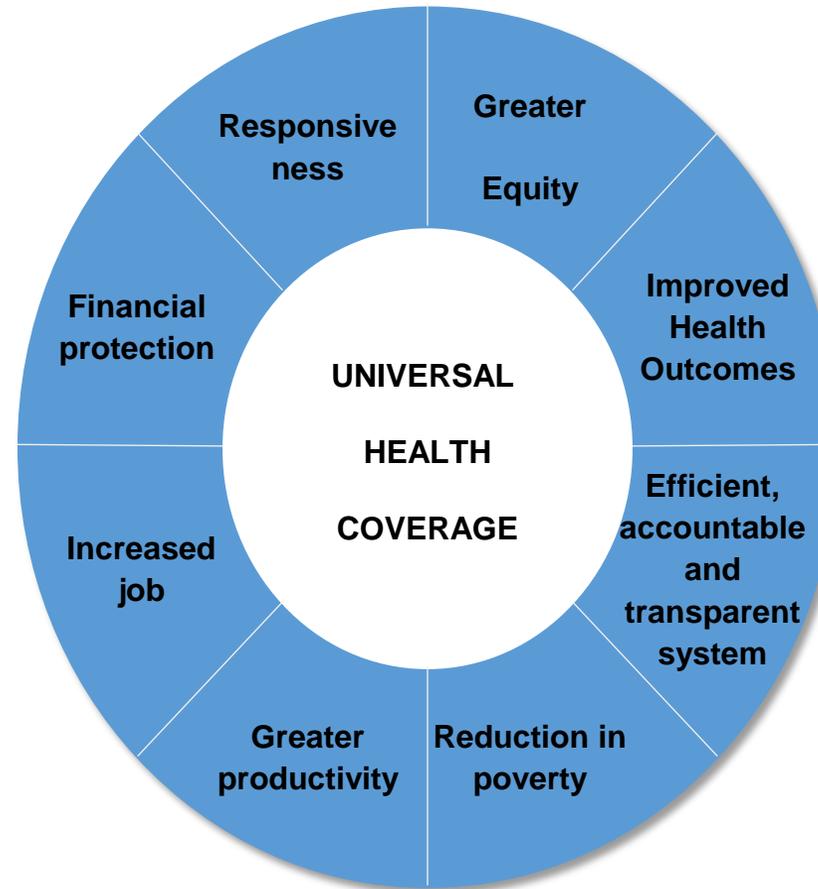
# The PHC revitalisation program will serve as the basis for achieving Universal Health Coverage

- Achieve Universal Health Coverage by ensuring 1 functional PHC per ward in Nigeria

- To achieve UHC, Nigeria will scale up the inputs required for efficient service delivery

- 10, 000 PHC facilities will be revitalised over the next 2 years.

- 100m Nigerians will have access to qualitative health care

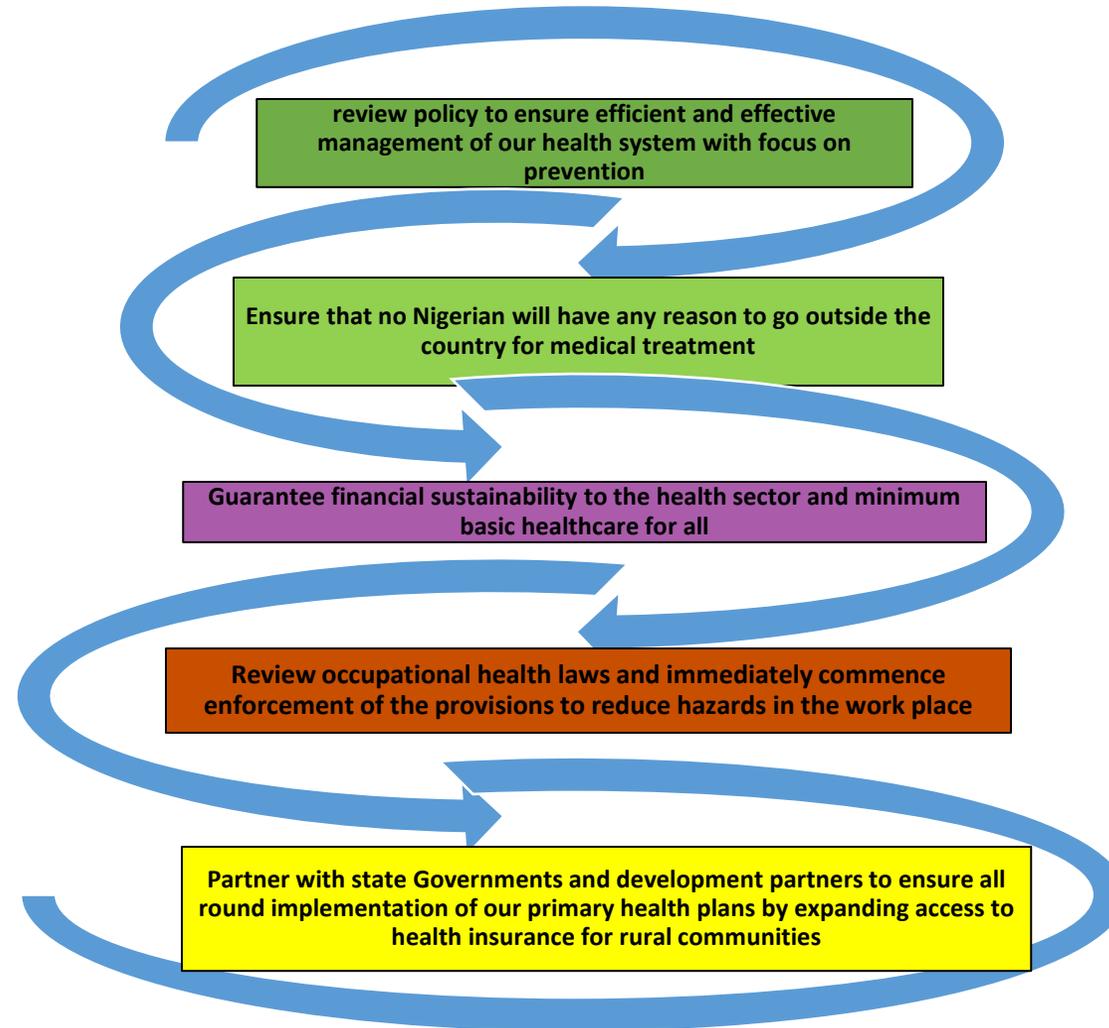


- **Significant resources are required to achieve the goal.**
- **Government thus needs to determine a financially sustainable mode of financing**

# And Health As an Investment that yields huge returns to the National Economy

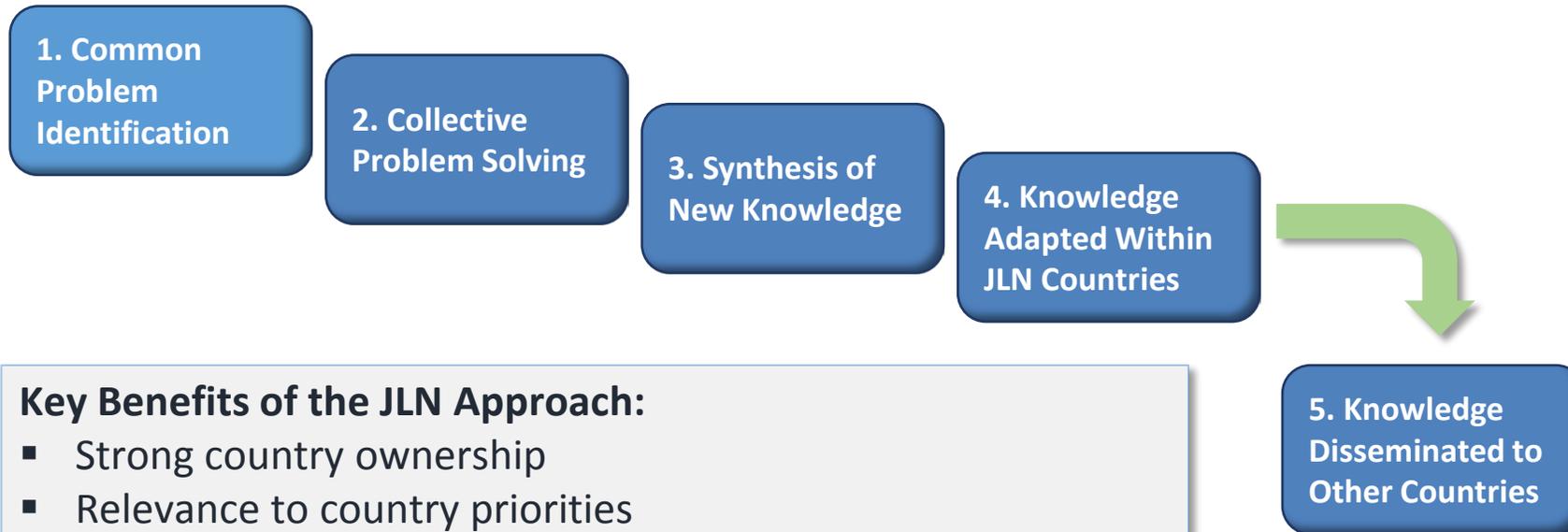


# The President's Pledge for Health



# The Joint Learning Approach

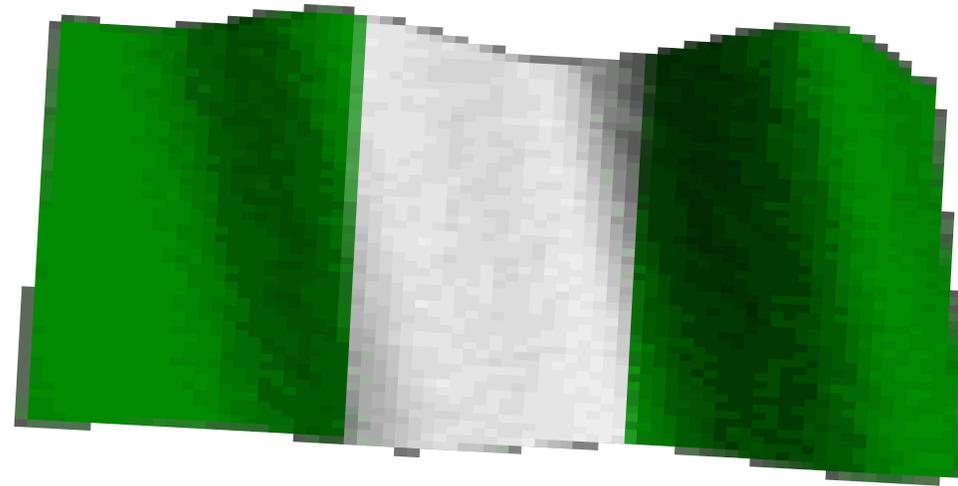
Using collaborative learning among practitioners to co-develop global knowledge on the practical “how-to’s” of achieving UHC



## Key Benefits of the JLN Approach:

- Strong country ownership
- Relevance to country priorities
- Space to analyze root causes
- Builds trust, safe space, and community
- Results in practical tools/knowledge products that can be used & shared
- Creates opportunities for responsive follow-up by partners

**How Do I Support My State Achieve  
UHC?**



Thank You