



Health for all:

protect everyone and build a more inclusive and productive economy

To build a safer and healthier future, we must invest in health systems that protect us all, now

Investments in health will also enable individuals to realize their potential as productive members of society. This is key to ending extreme poverty and creating more inclusive societies



Universal health coverage (UHC) means that all people have access to the health services they need, when and where they need them, without financial hardship [SDG 3.4]

Performance against UHC in Nigeria is poor:



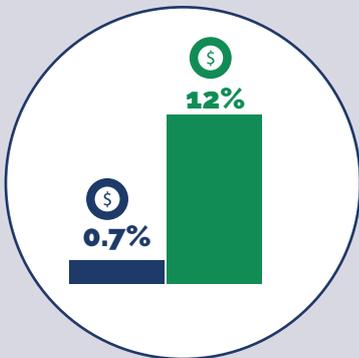
Public spending on health is chronically low at **\$12 per capita** compared to the estimated \$86 to ensure UHC for all



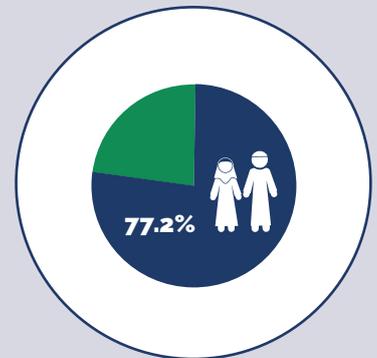
One in four married women aged 15-49 have an **unmet need for contraception**.



Health spending at state and federal level is skewed towards secondary and tertiary facilities with only **9% being channelled to primary health care (PHC)**. This is both inefficient and inequitable



National spending is equivalent to **0.7% of GDP**, compared to the benchmark of 5% recommended by WHO



More than $\frac{3}{4}$ of the population (**77.2%**) rely on out of pocket expenditures (OOPs) to access health care

Investing in primary health care and family planning contributes to health for all and sustainable human capital development.

The BHC PF is a critical mechanism for strengthening both health security and UHC in Nigeria

The Basic Health Care Provision Fund (BHC PF) has marked a significant step towards enhancing funding for UHC in Nigeria with funds specifically earmarked for **PHC**.

The **National Health Act 2014**, which provides the legal framework for BHC PF guarantees every citizen **the right to a minimum package of care**.

The choice is not between tackling health security or UHC: strong, equitable systems grounded in primary health care and human rights are needed for both.



Image credit: <http://www.health.gov.ng/doc/BHC PF.pdf>

Evidence shows widespread non-readiness of states in the implementation of BHCPF with visible gaps needing immediate state government attention.

NHIS gateway eligibility requirement	Borno	Jigawa	Kaduna	Kano	Yobe
Established State Health Insurance Scheme in line with National Health Insurance Scheme (NHIS) guidelines approved by National Council on Health	●	●	●	●	●
Functional Agency with relevant departments and personnel	●	●	●	●	●
Commenced some health insurance coverage	●	●	●	●	●
Equity funds Provision	●	●	●	●	●
Equity Funds Released	●	●	●	●	●
Released 25% of the total cost of population coverage	●	●	●	●	●
Basic ICT infrastructure	●	●	●	●	●
Accredit and empanel PHC and secondary health facilities by State Social Health Insurance Agency (SSHIA)	●	●	●	●	●
Service Level Agreement with accredited Healthcare Facilities to provide the basic minimum package of health services (BMPHS)	●	●	●	●	●
Capacity Building on roles and responsibilities (State Levels)	●	●	●	●	●
Capacity Building on roles and responsibilities (Local Government Authority (LGA) and health facility Levels)	●	●	●	●	●
Work plan by SSHIA	●	●	●	●	●
Received Funds from NHIS gateway	●	●	●	●	●
Commence Purchase of BMPHS	●	●	●	●	●
NPHCDA gateway eligibility requirement					
Functional State Primary Health Care Management Board (SPHCMB)	●	●	●	●	●
Agency set up in accordance with Primary Health Care Under One Roof (PHCUOR)	●	●	●	●	●
Reactivation of LGA health authority	●	●	●	●	●
Functional WDC (Ward Development Committee) and Facility Management Committees	●	●	●	●	●
Service level agreements with NPHCDA and PHCs	●	●	●	●	●
PHCs to benefit from BHCPF selected	●	●	●	●	●
Health facility baseline assessment conducted	●	●	●	●	●
Capacity Building on roles and responsibilities (State Levels)	●	●	●	●	●
Capacity Building on roles and responsibilities (LGA,WDCs and HFs Levels)	●	●	●	●	●
SPHCMB BHCPF coordinating staff identified and deployed	●	●	●	●	●
Received funds from National Primary Health Care Development Agency (NPHCDA) gateway	●	●	●	●	●
Tools and guidelines disseminated	●	●	●	●	●
Annual quality improvement plan and quarterly plans submitted by PHCs	●	●	●	●	●
State Verification conducted by NPHCDA and SPHCMB to authorise disbursement to PHCs	●	●	●	●	●
State commenced direct facility funding disbursement and utilisation of 10% for human resource funds	●	●	●	●	●

● Not started ● On-going ● Done

Lessons learned from the pandemic must be harnessed and should inform future policies and their implementation. It is critical not to wait until the crisis is past to **accelerate political and financial commitments** to achieve UHC and improve family planning. **State Governments** must **prioritize investments in BHCPF and Family Planning to protect everyone, respond to emergencies and leave no one behind** in the future. **Federal and State governments must lead the charge and act now**

We call on Federal government to:

- ➔ **Strengthen** the BHCPF mechanism by amending the National Health Act to capture increased Consolidated Revenue Fund contribution from **1%** to at least **2%**
- ➔ Increase funding for Family Planning to meet the **18.7 billion NGN** target of 2021

We call on State governments to:

- ➔ Ensure trainers, mentors and technical staff of the SPHCDA and SSHIA are **orientated** on the changes to the guidelines
- ➔ **Create** budget lines for counterpart funding for BHCPF and ensure **sustained allocation** of 25% counterpart funding in the yearly budget with **timely releases** of these funds.
- ➔ **Ensure** that the state meets all **eligibility requirements** for the implementation of the BHCPF

By prioritising investments in strong equitable health systems that protect everyone, State governments will also be paving the way for more productive economies and inclusive societies, thereby contributing to long term development goals.

