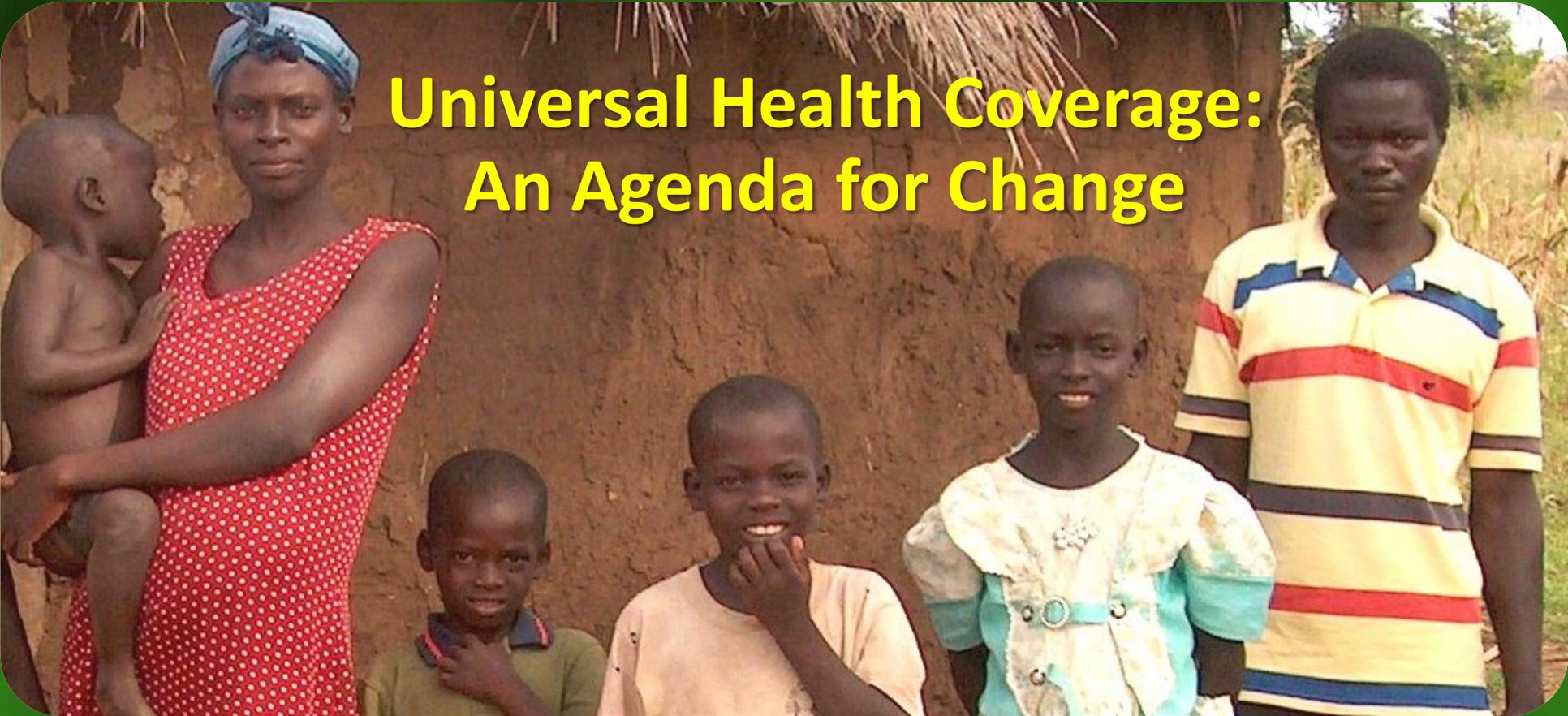


# Universal Health Coverage: An Agenda for Change

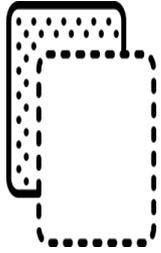


**FEDERAL  
MINISTRY OF  
HEALTH**



**The Honorable  
Minister of Health**  
Prof. I.F. Adewole *FAS*

# Agenda



1

## Background and country context

2

## State of the health sector

3

## The Change Mantra in the Health Sector

4

## Concluding remarks





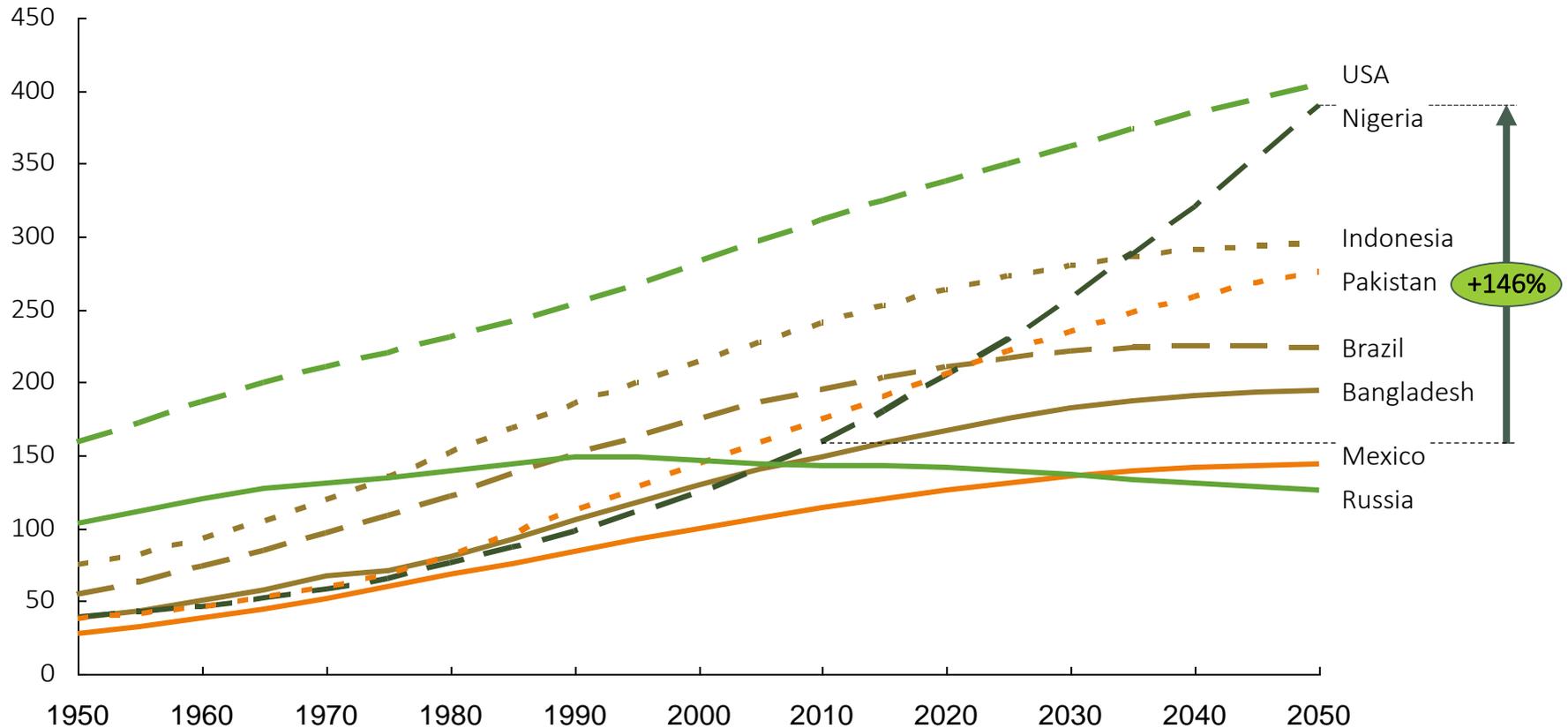
# ...and a diverse population of over 180 Million people



# The country's population is projected to double in 20 years and increase by 146% by 2050, to ~400 million making it the 4<sup>th</sup> most populous country in the world.

Estimated growth trends in the 10 most populous countries

millions



SOURCE: United Nations Population Division, Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects



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5

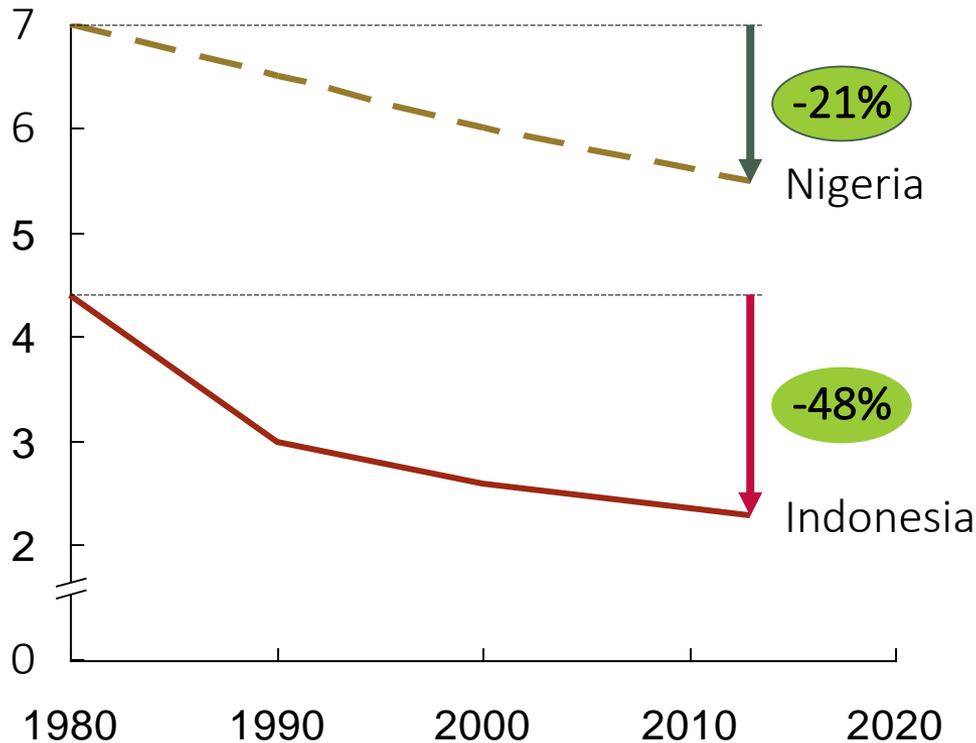
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# This has been largely driven by very high fertility rates that have persisted over the last 30 years

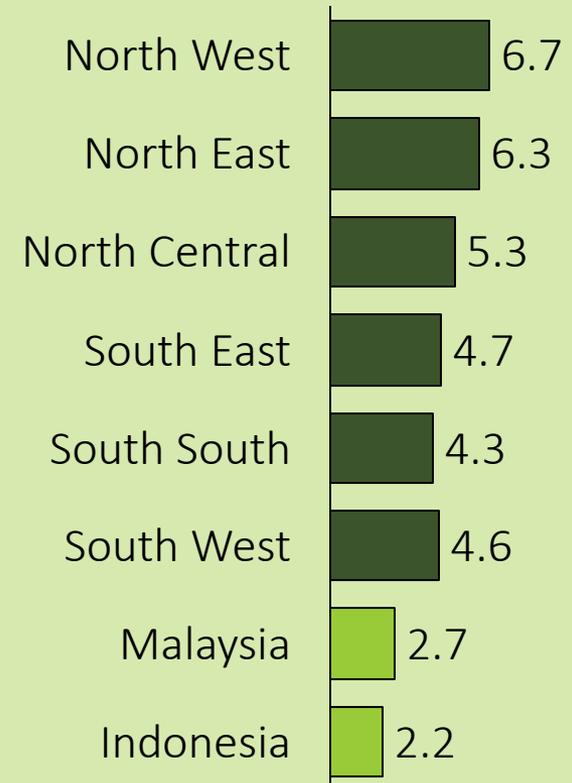
## Trend in total fertility rates

#



## Total fertility rate (2013)

#



Fertility rates have dropped at a significantly faster rate in comparable countries



SOURCE: United Nations Population Division, National DHS 2013

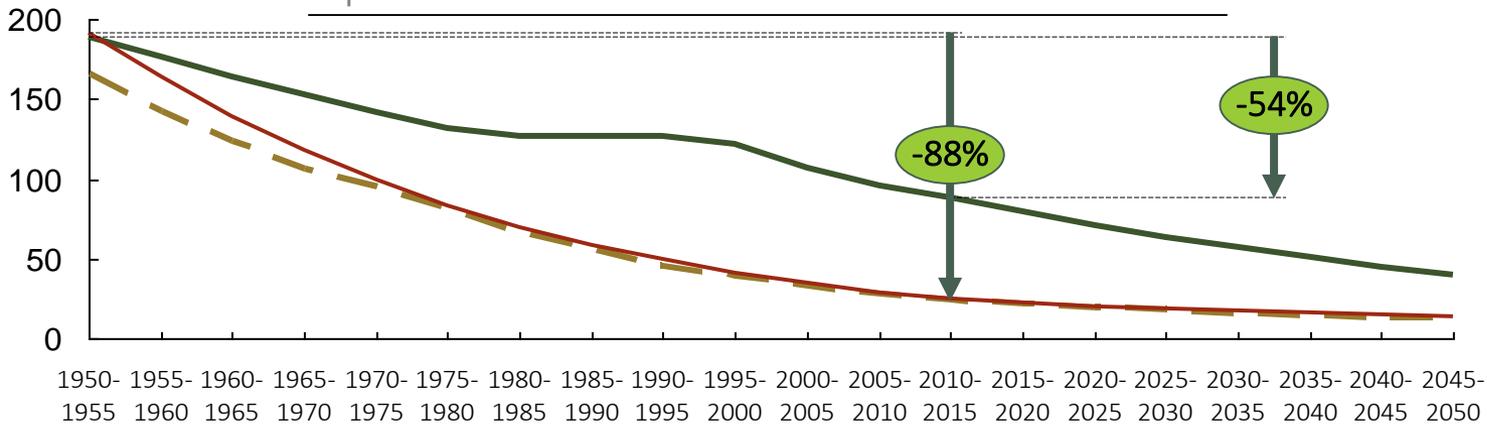
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# However, the persistently high infant mortality rates...

Infant mortality rates  
# per 1000 live births



— Nigeria  
- - SEA average  
— Indonesia

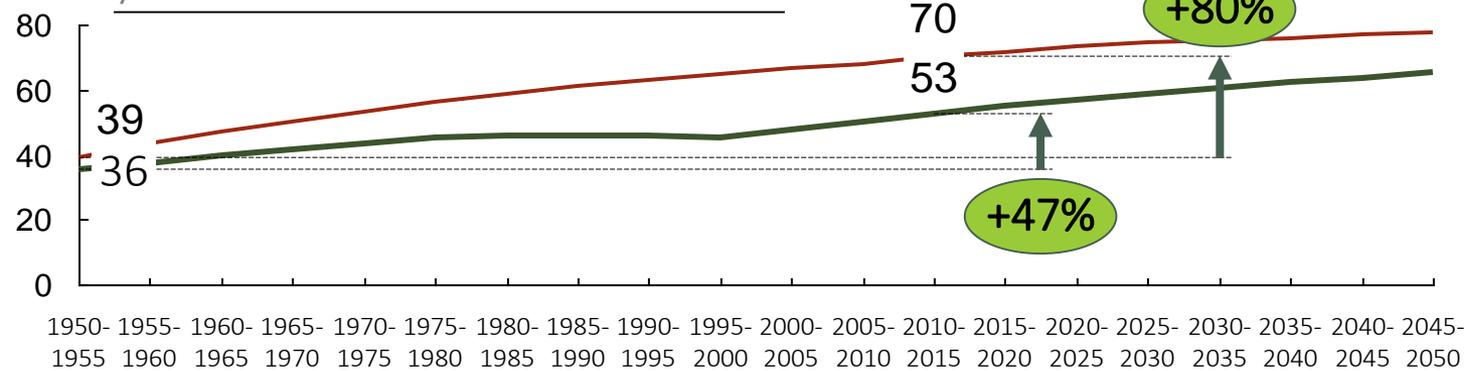
• In 1950, the IMR in South East Asia was close to that of Nigeria (165 and 188 respectively),  
However, in 2010-15, this was 24 and 88 respectively)

Although similar in 1950s, the difference in LE between Indonesia and Nigeria in 2010 is significant

Over the past 50 years, LE at birth increased by 80% in Indonesia, compared to 47% in Nigeria.

## ...have contributed to the low life expectancy at birth...

Life expectancy at birth  
years



SOURCE: United Nations Population Division



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# ...resulting in a pyramidal demographic profile, with higher dependency ratios than comparable SE Asian countries, whose profiles have evolved

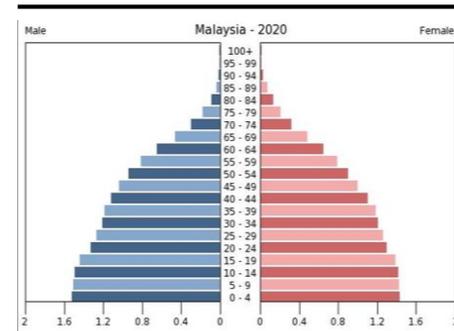
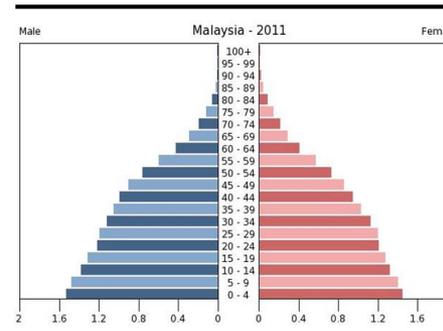
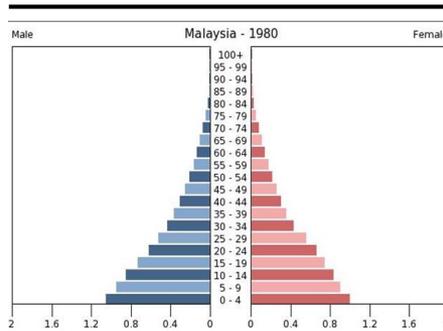
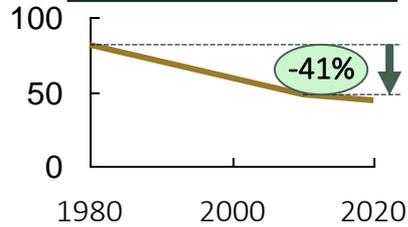
Dependency ratio

1980

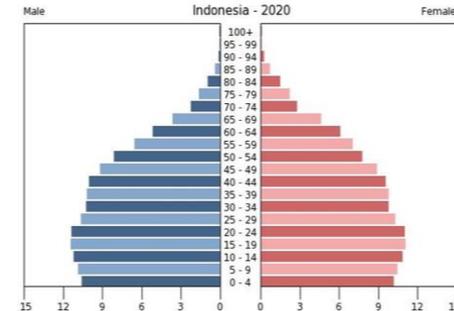
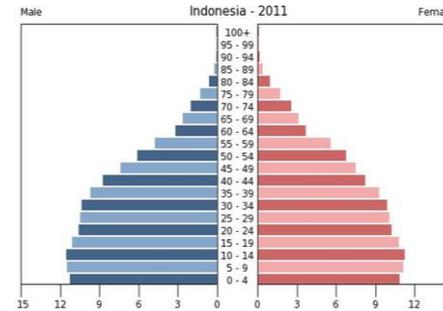
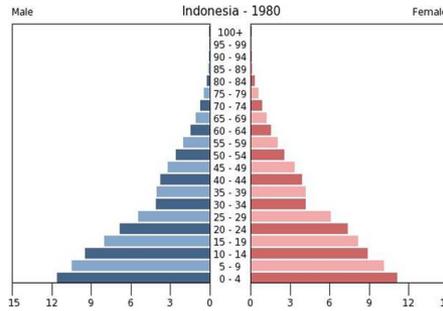
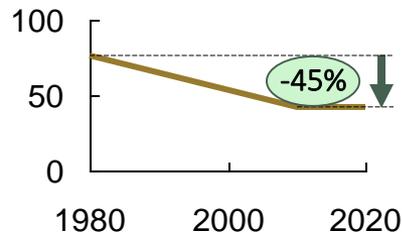
2011

2020

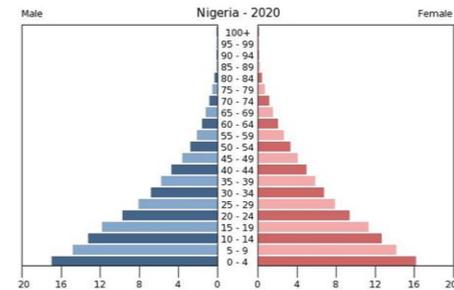
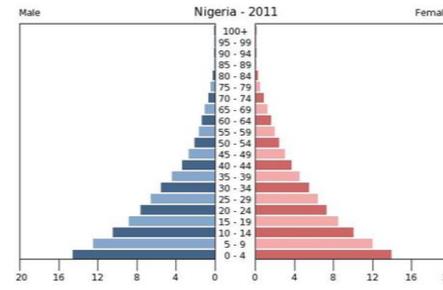
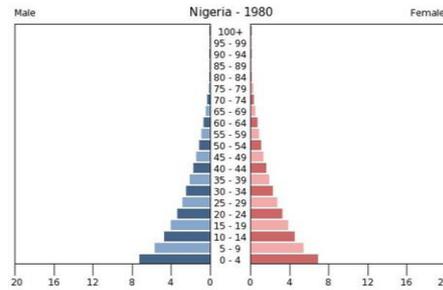
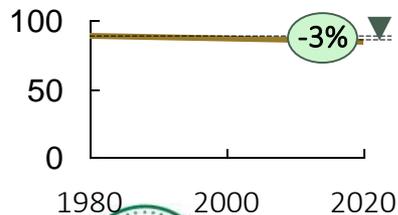
Indonesia



Thailand



Nigeria



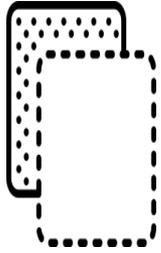
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SOURCE: US Census Bureau: International Database

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# Nigeria's health system is beset with several challenges and suboptimal health outcomes...



- **Maternal mortality** rate is 576/100,000 live births =
- 1 in 9 maternal deaths worldwide



- **health facilities** but with different levels of functionality
- Poor quality of care
- Shortage of critical human resources



- **Infant mortality** rate is 69/1,000
- 8% of the global total,
- An estimated 70% of these deaths are preventable



- **Supply challenges**
  - Inadequate power or water supply
  - Commodity stock-outs
  - Equipment inadequacy
  - Weak standards



- **Child mortality rate** is 128/1,000 = ~1 million deaths per year
- ~10% of the global total



- **Demand** for critical services very **low**, largely driven by a loss of confidence in the system e.g.
  - Only 38% of women have skilled births;
  - Only 58% have ANC



SOURCE: Nigeria Demographic and Health Survey, 2013; Images obtained from multiple sources via Google

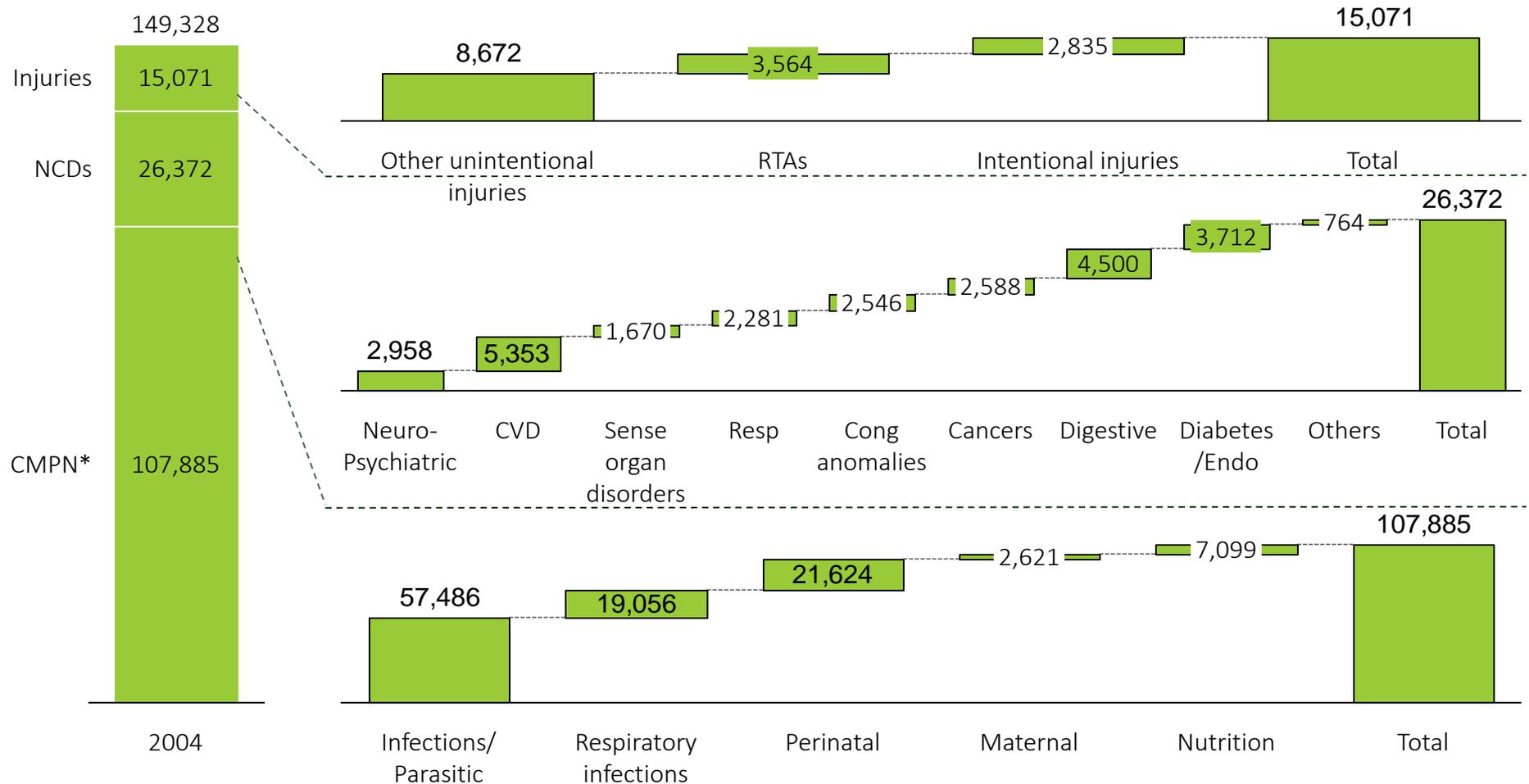
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# ..and characterized by a burden of disease driven by infectious and parasitic diseases

Estimated total DALYs (000s) by cause



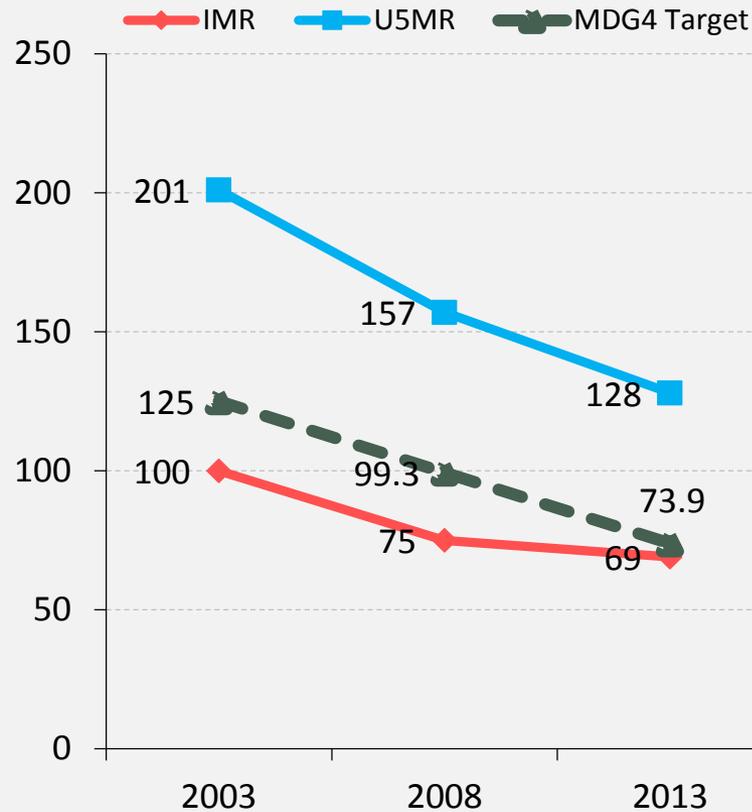
CMPN: Communicable, Maternal, Perinatal and Neonatal conditions

SOURCE: WHO Department of Measurement and Health information 2013. Based on 2004 DALYs

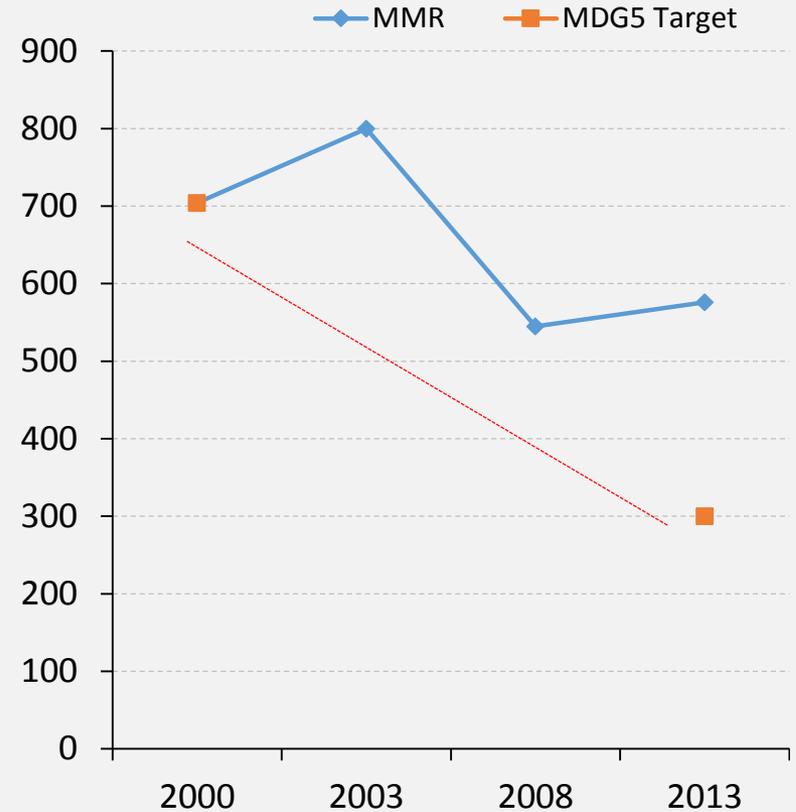


# Health sector outcomes show mixed performance ...

### Under Five Mortality (per 1,000 live births)



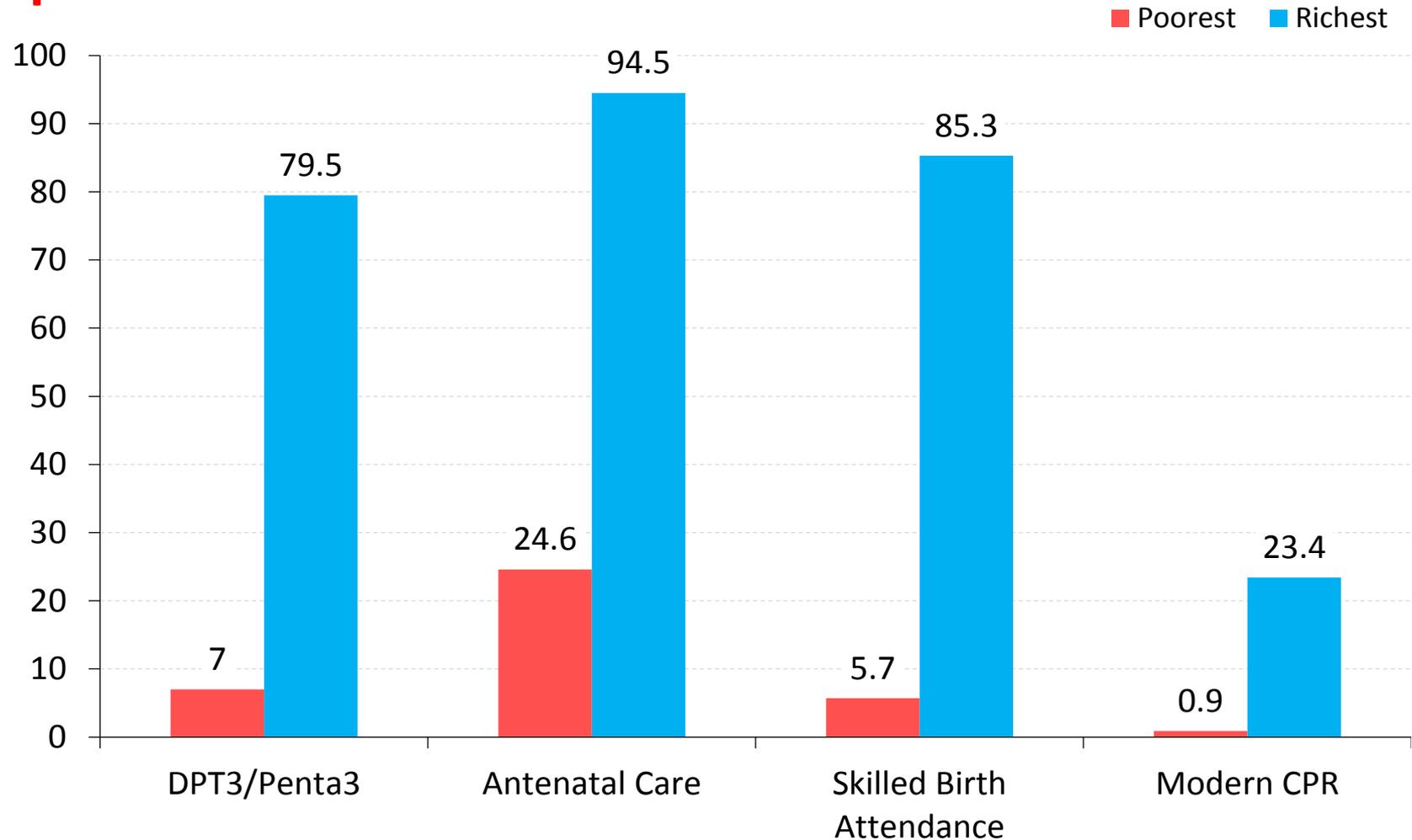
### Maternal Mortality Ratio (per 100,000 live births)



Source: World Bank Estimates; NDHS 2003, 2008, 2013



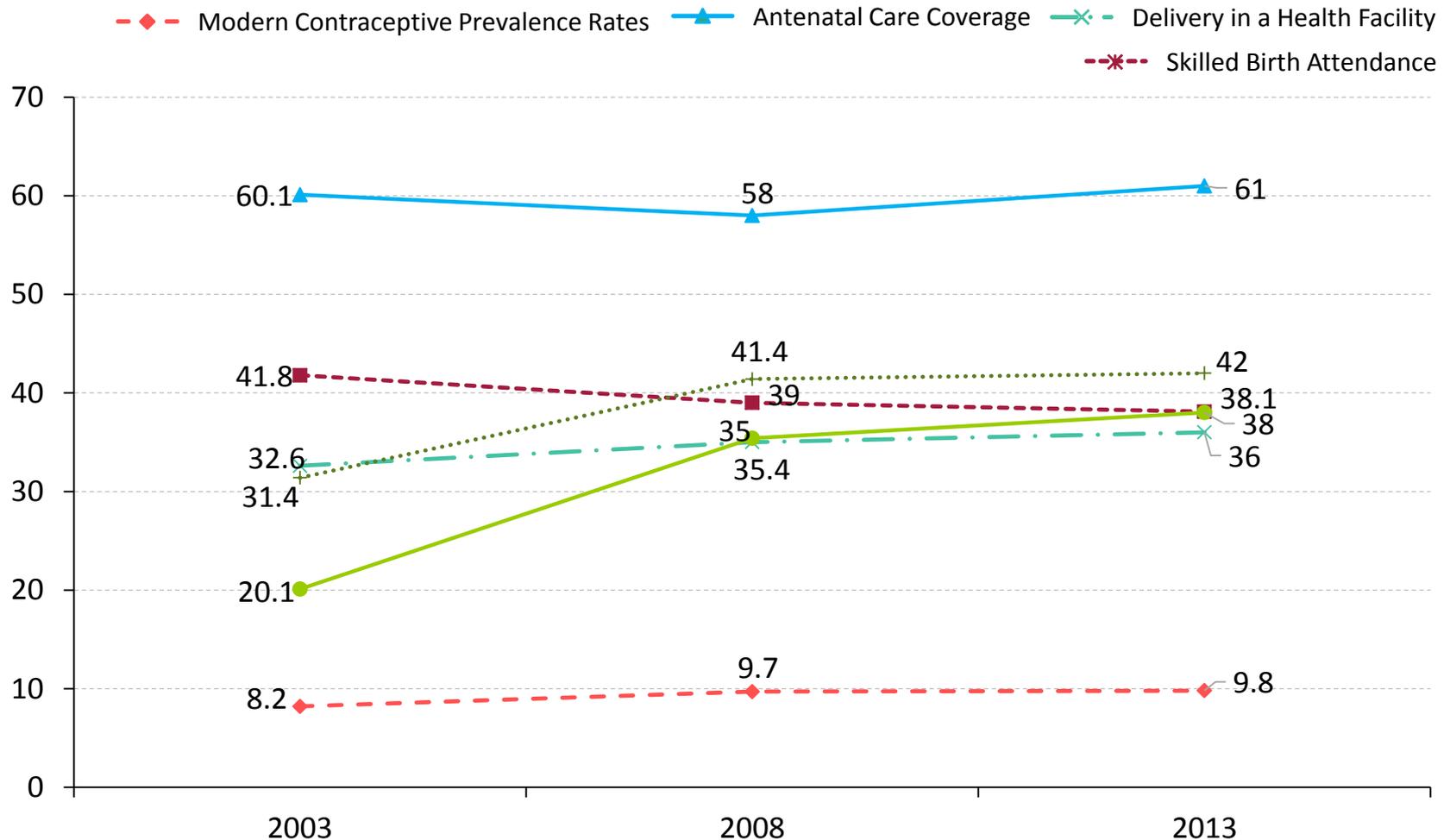
# Sector performance is disparate across income quintiles...



Source: NDHS 2003, 2008, 2013



# Nigeria has made limited progress in service delivery in the last decades.



Source: NDHS 2003, 2008, 2013



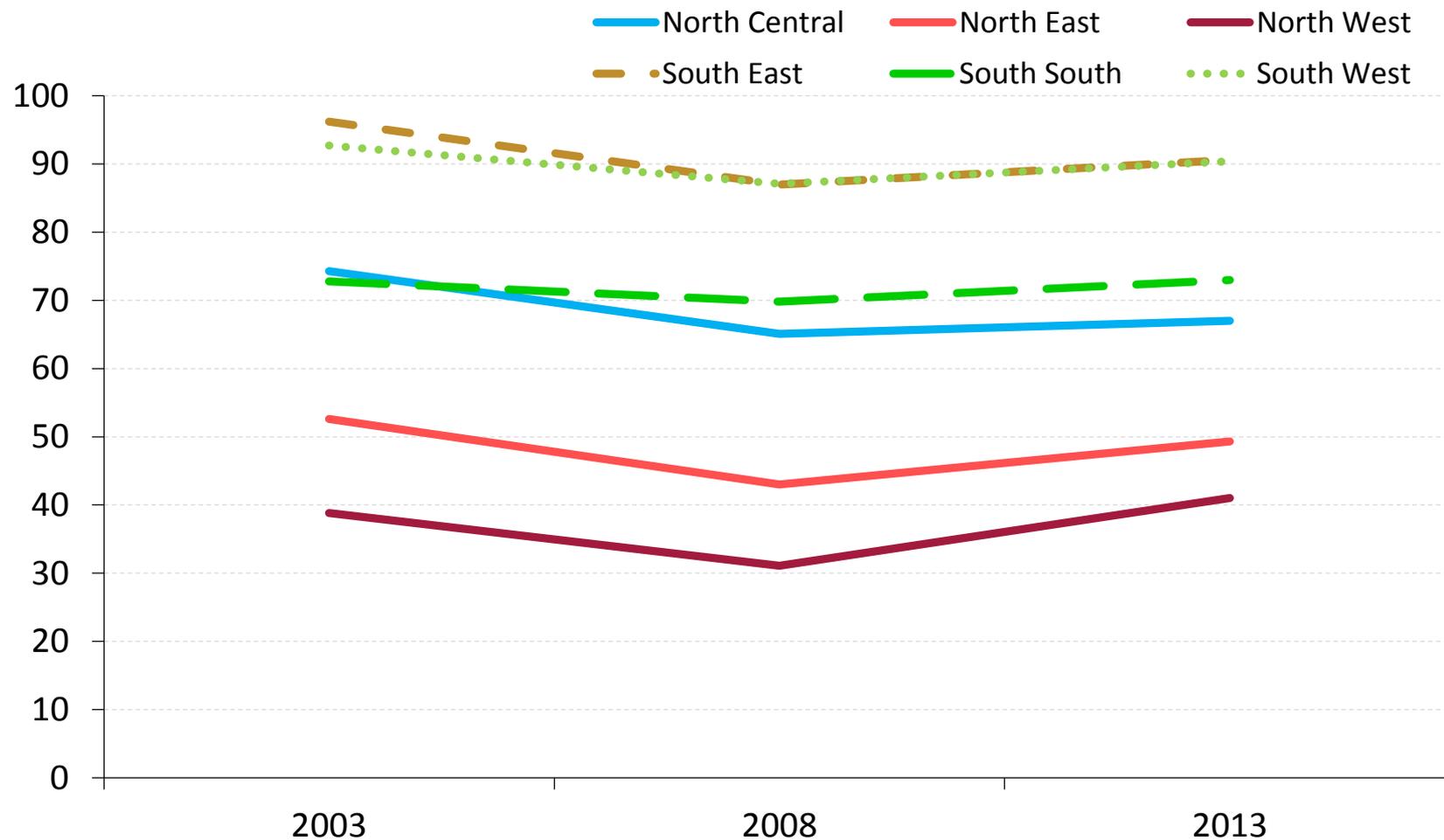
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## ... and varies across geo-political zones.

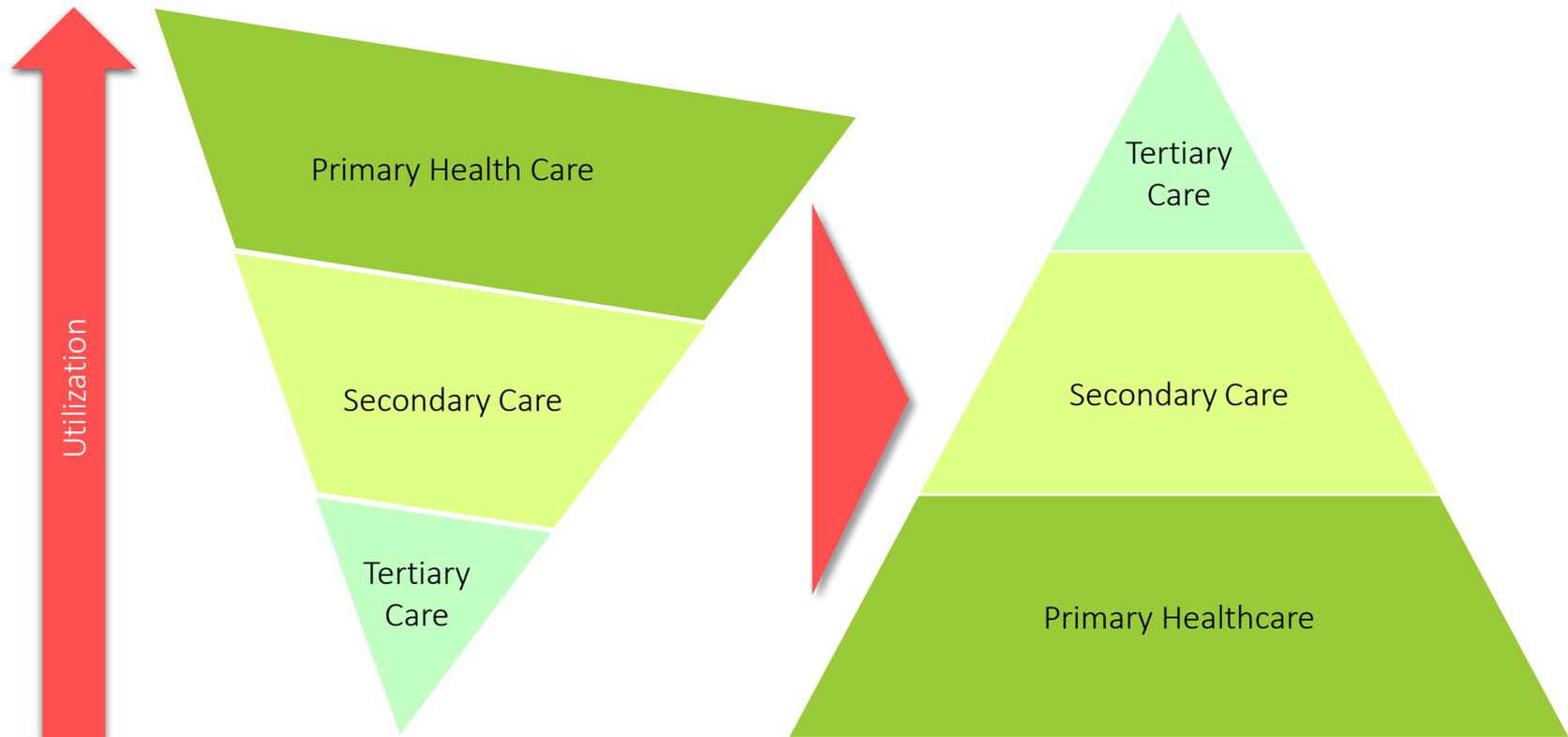
### Antenatal Care Coverage By Geopolitical Zones



Source: NDHS 2003, 2008, 2013

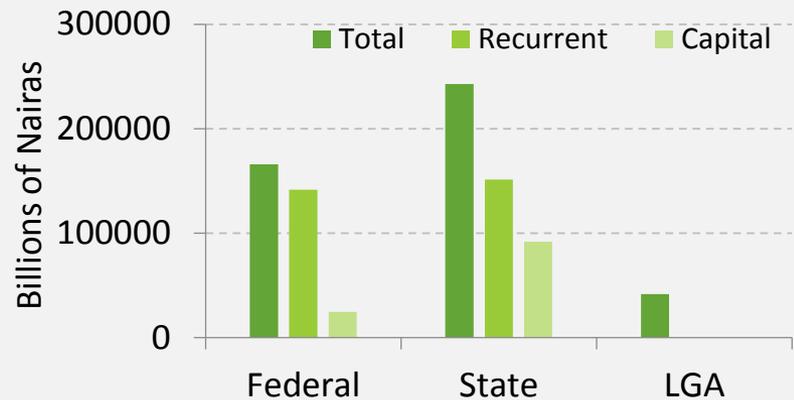


# Challenges span the systems building blocks ... & the roles of healthcare institutions have been reversed.

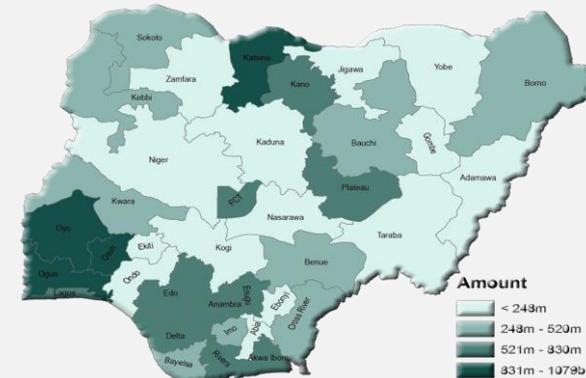


# Investments in health have not necessarily equated positive results.

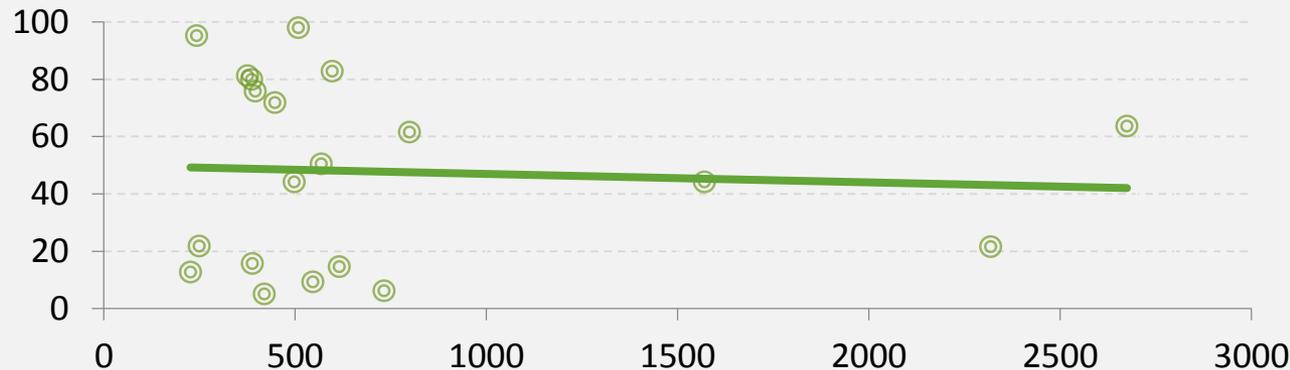
## Health Expenditure 2012



## Health Spending on HIV distributed by State



## Health spend per Capita (Naira) and Skilled Birth Attendance (%)



Between 2005 and 2010, investments in health care across 21 states suggested minimal correlation with utilization

Source: National Bureau of Statistics, National Health Accounts 2012; World Bank



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# There are sector specific and broader social and developmental issues affecting the health sector

## Health system-specific issues

1. Supply – Limited availability of quality services
2. Demand – Inequitable Poor financing mechanism
3. Governance – Weak accountability structures



© AFP/Getty Images



= Area of Focus

## Broad national development issues

1. Inadequate power supply
2. Weak infrastructure
3. Insufficient central planning



# This underperformance is driven by limited service delivery inputs 1/3...

## SDI indicators of public sector services

	Nigeria	Kenya	Senegal	Tanzania	Uganda
<b>INPUTS</b>					
Minimum infrastructure	18%	39%	39%	19%	47%
Minimum equipment	25%	77%	53% <sup>a</sup>	78% <sup>a</sup>	18%
Drugs availability	45%	52%	78% <sup>b</sup>	76% <sup>b</sup>	40%
Drugs availability – children	47%	69%	--	--	34%
Drugs availability – mothers	44%	41%	--	--	23%
Vaccines availability	73%	83%	--	--	58%
<b>EFFORT</b>					
Absence rate	29%	29%	20%	21%	47%
Caseload per day	1.5	8.7	--	--	10.0
Time spent with patients			39 min	29min	
<b>ABILITY (Share of providers able to...)</b>					
Correctly diagnose common conditions <sup>c</sup>	36%	74%	34%	57	58%
Adhere to clinical treatment guidelines <sup>c</sup>	31%	43%	22%	35%	35%
Correctly manage maternal and neonatal complications <sup>d</sup>	17%	44%	--	--	20%
<i>Notes: Public Facilities Only</i>					
<sup>a</sup> Only 3 items were considered: weighing scale, thermometer and stethoscope as opposed to 2 additional items in the other countries: refrigerator and sterilizing equipment.					
<sup>b</sup> Only 15 drugs were considered as opposed to 10 priority drugs for children and 16 priority drugs for mothers.					
<sup>c</sup> Acute diarrhea with dehydration, Malaria with anemia, Pneumonia, Tuberculosis, and Diabetes.					
<sup>d</sup> Post-partum hemorrhage, and Neonatal asphyxia.					

SOURCE: SDI



# High out of pocket payment at the point of use

## 2/3...

Preliminary

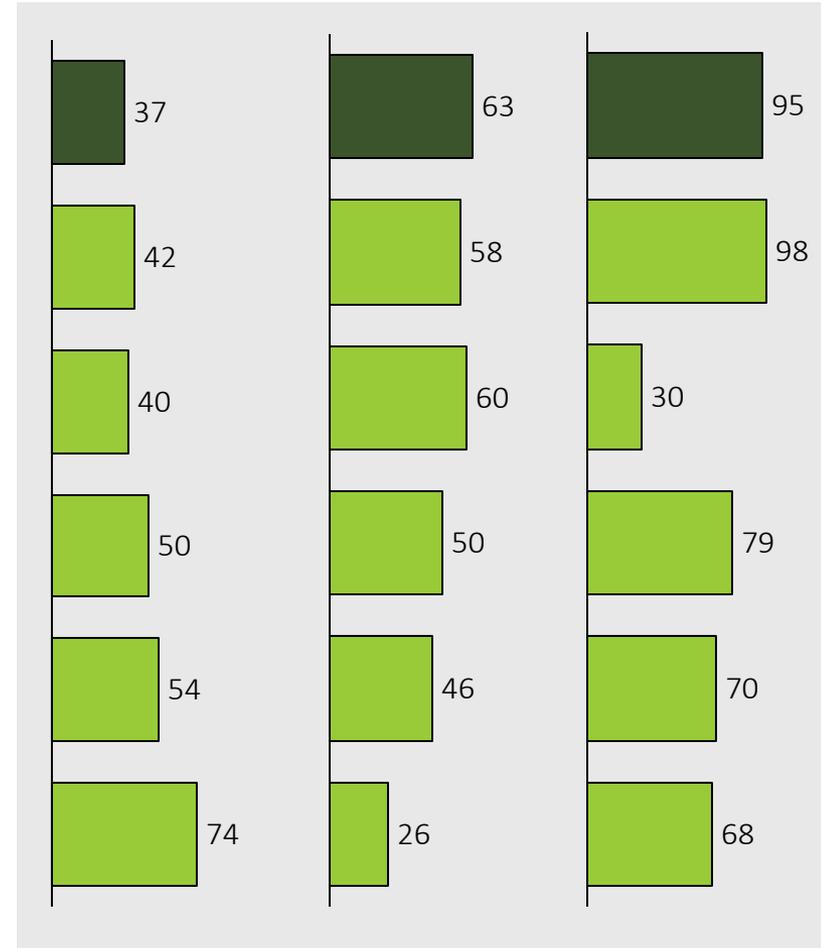
HC expenditure 2013

THE % of GDP      Per capita THE \$ (PPP)      Per Capita Govt Exp \$ (PPP)

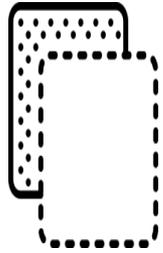


Source of financing 2013

Public % of THE      Private % of THE      OOP % of private



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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



# What is our vision?

To ensure that ALL Nigerians, especially the poorest, have access to basic, quality healthcare ...



... to ensure that mothers deliver their babies safely ...



... and that as many Nigerian children as possible live past the age of five ...



... and that Nigerians do not suffer financial hardship as a result of seeking healthcare



# To achieve Universal Health Coverage, we are setting a vision, bold in its scope and ambitious in its scale

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.
- Significant resources are required to achieve this



# To achieve this, we need to start thinking differently...

## Current View

- MDGs
- Silos of interventions
- **Multiple investments** without a strategically focused approach to addressing health issues
- Primary focus on **inputs**
- **Public sector lens** only
- **Poor data** management, utilization monitoring and evaluation
- **Fragmented** approach within Departments and Agencies and across sectors

## New Strategic Vision

- SDGs
- **Systems** reform
- More aggressive **prioritisation** of high impact interventions and innovations
- Focus on system **processes, outputs and outcomes**
- **Multi-sectoral** lens
- **Performance review and management**
- **Integration of programmes;** coordination of results and clear lines of accountability



# The National Health Act (2014) provides a framework for action supporting development of the sector broadly.

## Establishment of standards

- Recognises the need to classify all health establishments and the provision of certificate of standards
- Provides legislative support for clinical governance and provision of qualitative health care

## Increased financing for health

- Increased financing for health through the creation of a basic health care provision fund
- Addresses supply and demand side components

## Establishment of the Health Information System

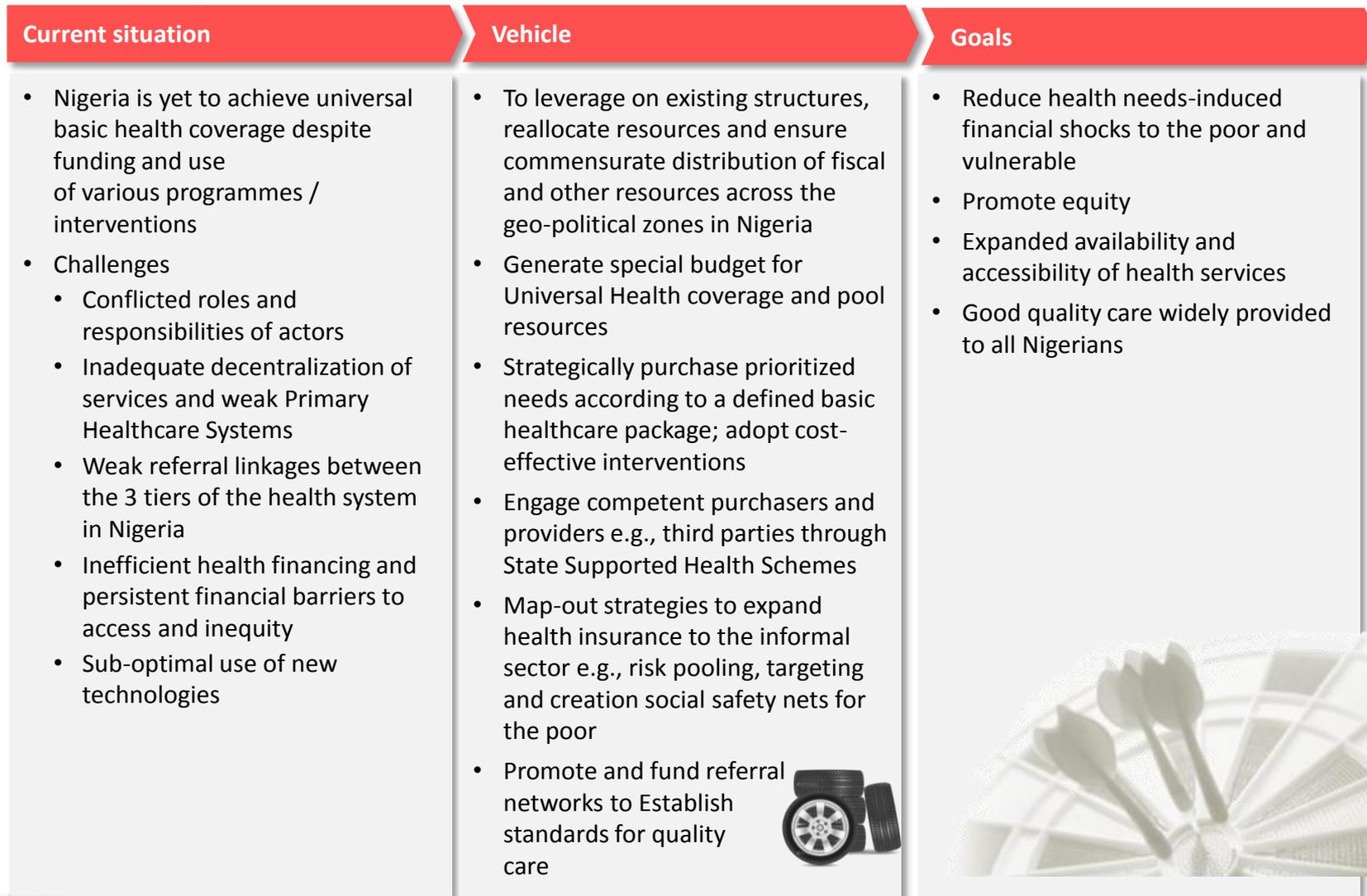
- Provides support for data strengthening and private sector reporting
- Recognises the need for robust health research guided by adherence to ethics

## Others

- Control of use of blood, blood products, tissues and gametes of humans
- Delineates functions of health care managers
- Outlines the rights and duties of users and health care personnel



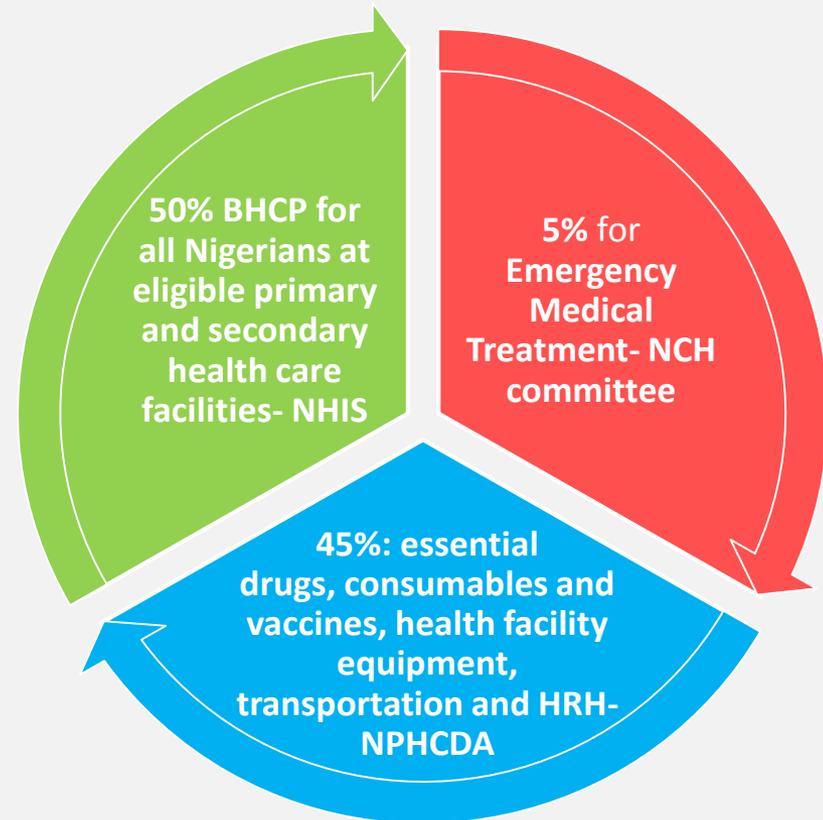
# ... and a springboard for achieving Universal Health Coverage ...



# It makes dedicated resources available to the lowest levels of care for strengthening Primary Healthcare.

- Moving forward with the “One PHC per Ward” agenda
- Operationalizing the Basic Healthcare Provision Fund
- Refine Minimum Standards and Basic Healthcare Package requirements
- Adopting proven results-focused approaches to reform
- Addressing value chain challenges such as health worker motivation and distribution
- Engender accountability
- Enable client’s voice

## Operationalizing the Basic Healthcare Provision Fund



# And makes provisions for regulation and assurance of Quality of Care ...

- **Review and adopt regulatory standards for all services offered in the health sector**
  - Clinical e.g., establish the National Tertiary Health Institutions Standards Committee
  - Pharmaceutical/Food and Drug Supply
  - Laboratory e.g. use of blood, blood products, tissues and gametes
  - Health Personnel
- **Institute and enforce regulatory standards** for all public, private and alternative providers including a function inspections and certifications systems
- **Enforce sanctions and fines for defaulters**



# Nigeria is also currently reviewing its strategic plans for health (NSHDP 2016-2020) -

	Past	Future
<b>Current situation</b>	<ul style="list-style-type: none"> <li>• Focus on inputs</li> <li>• Weak accountability and oversight mechanisms</li> <li>• Poorly defined benefit package</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on results and outcome</li> <li>• Increased accountability structures in place</li> <li>• Focus on Universal Health Coverage</li> </ul>
<b>Strategic objectives</b>	<ul style="list-style-type: none"> <li>• Limited integration of the health system components</li> <li>• Weak prioritisation of high impact interventions</li> <li>• Poorly defined health financing strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Improved integration and coordination of the health systems</li> <li>• Focus on high impact maternal and child health interventions</li> <li>• Robust health financing strategy</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>• Poorly defined roles with focus on secondary and tertiary care</li> </ul>	<ul style="list-style-type: none"> <li>• Primary health care under one roof</li> <li>• Defined roles and funding structures for secondary and tertiary care</li> <li>• Establish administrative and clinical governance structures</li> </ul>
<b>Data</b>	<ul style="list-style-type: none"> <li>• Lack of demand for data</li> <li>• Limited use of data to inform policy</li> </ul>	<ul style="list-style-type: none"> <li>• Institutionalise performance management cycles</li> <li>• Creation of data scorecards and use of data in policy making</li> </ul>



# We are employing a set of options to increase health as a priority within the government budget

## Funding sources

## Funding initiatives

## Ideas being developed by the team

1 **Overcoming the perception of an unproductive and inefficient sector**

Improve strategic planning and budgeting

Strengthen transparency and accountability

Enhance budget execution

- Improved policy based budgeting and ensure consistency with government policy
- Improve budget credibility and comprehensiveness

---

- Improve data availability of resource flows and service utilization
- Audit – Scrutiny of use of public funds

---

- Explore possibility of multi-year WB loan to cover funding shortfalls

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- Strengthening information and demonstrating value of health as a net contributor to the Nigerian economy
- Effective engagement of Federal Ministries of Finance and Budget and National Planning
- Networking with NASS

2 **Advocating for health**

Increased engagement with key stakeholders



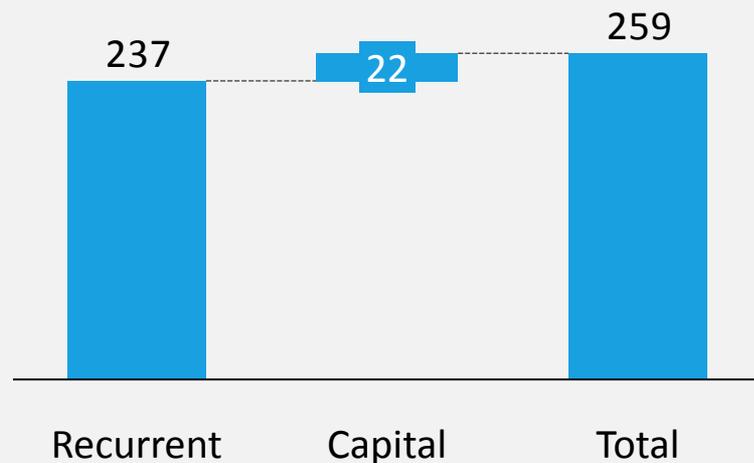
## ... and increasing fiscal space for health.

### 2015 Appropriation

**Total – N259, 752 Billions**

- Recurrent – 237, 075 Billions
- Capital – 22,676 Billions

### Federal budget for health 2015 (Nbn)



### How do we expand the fiscal space particularly for capital investments?

- **Prioritization of health** e.g., Mr President's inclusion of BHCPF for 2016 budget
- **Earmarked funds, special taxes and levies** e.g., implementation of Nigeria Tobacco Bill, alcohol levies / taxes
- **Innovative Financing Instruments** e.g., Results Based Approaches, Health Bonds, Crowdfunding
- **Private Sector Investments**
- **Grants**
  - Foreign donors
  - Domestic philanthropic



# Mr. President has committed to the inclusion of the Basic Healthcare Provision Fund in Nigeria's 2016 Budget.

 **The Guardian**  
Conscience. Nurtured by Truth

April 23, 2016

## President Buhari scales up basic health services through the "One PHC Per Ward Initiative"

The President of the Federal Republic of Nigeria, Gen. Muhammadu Buhari (Rtd.), today commissioned the first thousand primary healthcare centres of the "One PHC per Ward" initiative. These are a product of the Federal Government's recent investment in Primary Healthcare through the Basic Healthcare Provision Fund



## The New York Times

June 4 2017

## Health reform takes a new shape in Nigeria as Nigerians gain access to basic services



## The Washington Post

December 15, 2016

## Nigeria Makes Massive Strides Towards Universal Health Coverage

Nigeria's Federal Government has made huge strides towards achieving Universal Health Coverage. More than twenty million Nigerians have been enrolled through the State Supported Health Insurance Schemes



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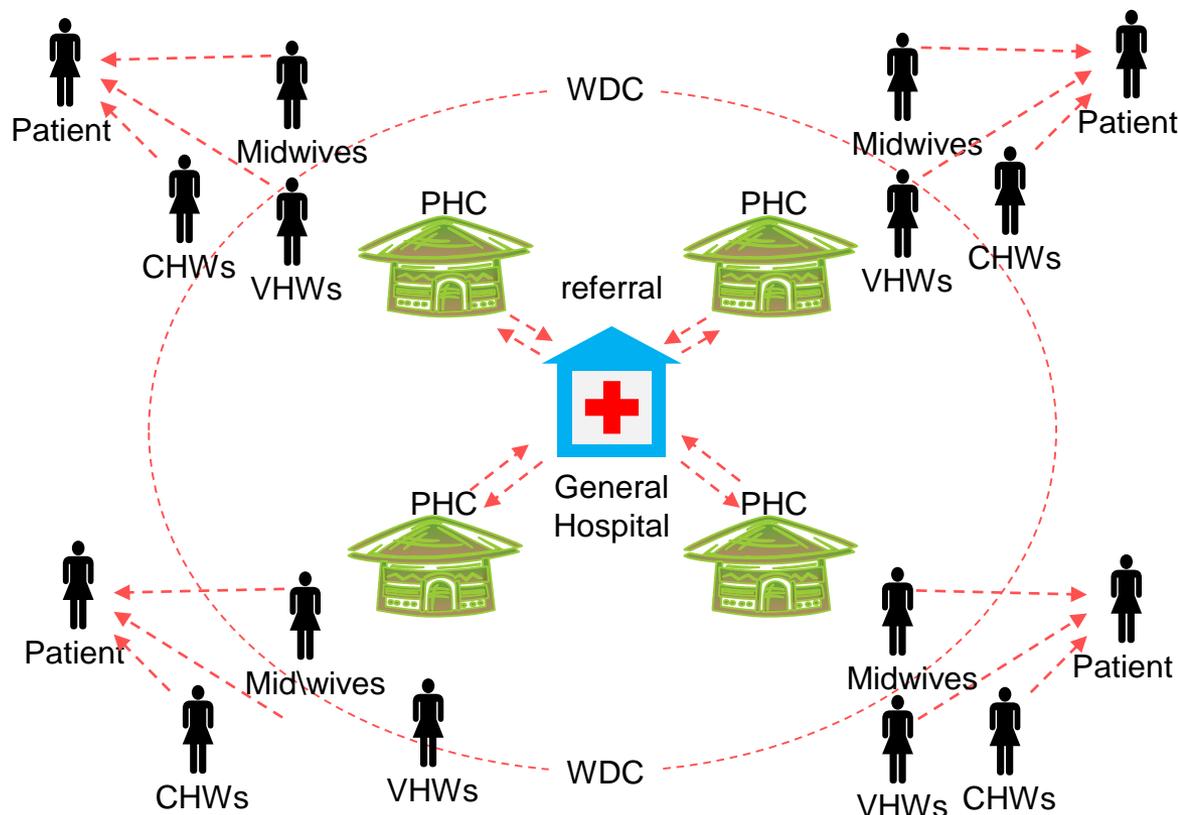
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# The platform for delivery towards achieving Universal Health Coverage is ...

## ENSURING '1 FUNCTIONAL PRIMARY HEALTHCARE CENTRE PER WARD'

- 30, 000 primary healthcare facilities in Nigeria (~20% of which are fully functional)
- Focus will be on 10, 000 PHCs (1 functional PHC per ward)
- ~10,000 political wards
- ≈ 10,000 population per ward
- NPHCDA will map the facilities with corresponding functionalities based on the **Minimum Standards for PHC**

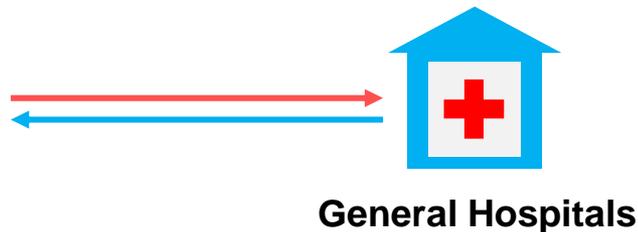
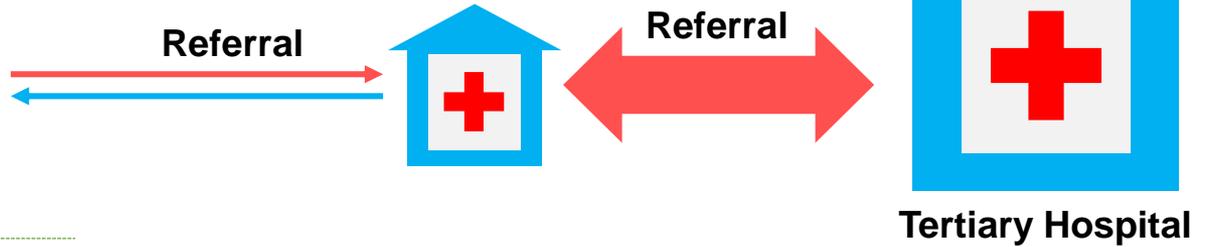


# ... and an effective referral system across the levels of care.

Ward Level

Local Government Level

State Level



One PHC per Ward



# With integration of high impact, cost-effective interventions at all 3 levels of care (Our Signature Projects)

## Maternal and Neonatal Mortality Reduction

### Elimination of Mother to Child Transmission of HIV

### Cancer Prevention, Treatment and Care – National Agency for Cancer Control

### Emergencies – National Health Emergency Response Programme

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		



# There are 6 key elements necessary for the successful delivery of the 1 PHC per ward strategy ...

<b>HRH Sourcing &amp; Distribution</b>	Recruitment, deployment & training of new HRH
<b>Infrastructure Upgrade, Maintenance &amp; Utilities</b>	Facility renovations, power supply, toilet and water amenities
<b>Commodities and Consumables</b>	Basic tracer drugs, essential consumables required for deliveries, family planning and other services
<b>Equipment</b>	Required for basic consultation, basic tests and minor surgical procedures
<b>M&amp;E/ Performance Management</b>	Routine program monitoring, surveys, production of tools
<b>Communication and advocacy</b>	Demand generation, Behavioral Change Communication, IEC materials



## Primary Health Care Revitalization

The emphasis is on utilizing Primary Healthcare Systems as a pivot for delivery



- Over a six week period, we revitalized the a PHC in Kuchingoro to enable it deliver qualitative health care services.
- This effort is the 1<sup>st</sup> of a proposed 110 PHCs spread across the 109 senatorial zones
- At N5mn per PHC, we can increase the input required for effective and efficient service delivery as seen here in Kuchingoro



## Primary Health Care Revitalization

The emphasis is on utilizing Primary Healthcare Systems as a pivot for delivery

Before



During



After



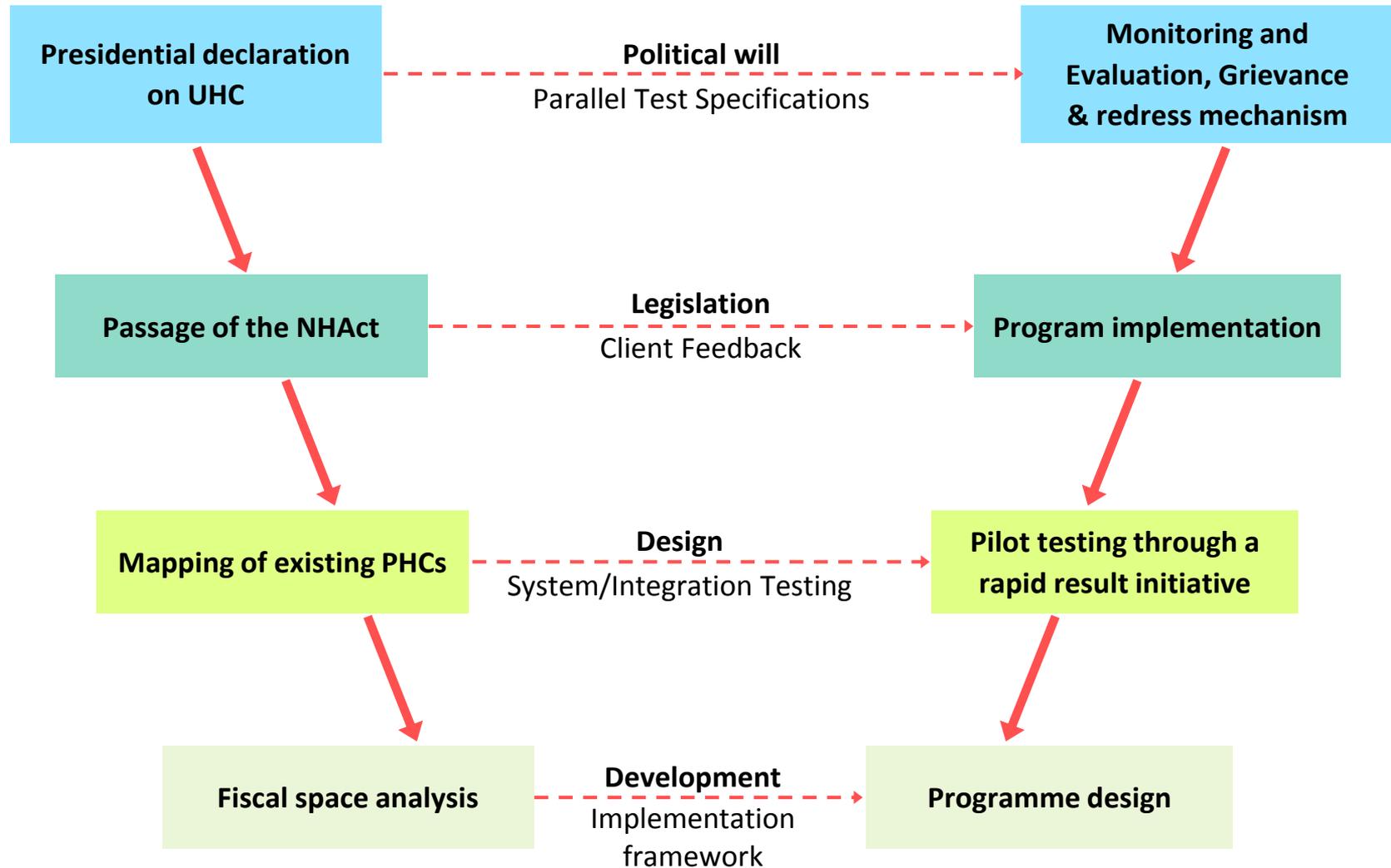
# The Flag-off of PMB PHC Revitalization Agenda at Kuchigoro



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# ... and critical actions must be taken at Federal and State levels.



# Presentation and Launch of Basic Healthcare Provision Fund Policy Document by Mr President



# At the primary care level, the BHCPF is guided by a set of principles that focuses 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



... and will reach 8 million Nigerians in the three start up States in the first year



**Coverage:**  
**8 million RURAL Uninsured Nigerians**

**State Selection:**  
**Readiness to Implement**



**ABIA**



**NIGER**



**OSUN**



**\$20 million Grant**



**Funding:**  
**high impact maternal and Child Health services**



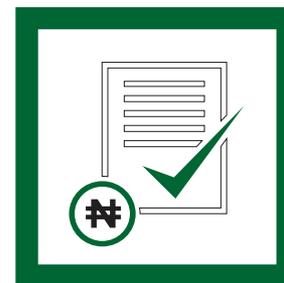
**FEDERAL MINISTRY OF HEALTH**

**The Honorable Minister of Health**  
Prof. I.F. Adewole FAS

## Expected Outcomes:

### PHC Revitalization & Basic Healthcare Provision Fund

**Service Delivery:**  
Improved service delivery at the front lines



**Access:**  
Increased access and use of services with concurrent reduction in inequality.

**Financial barrier:**  
Reduction in exposure to financial catastrophe for the poorest Nigerians

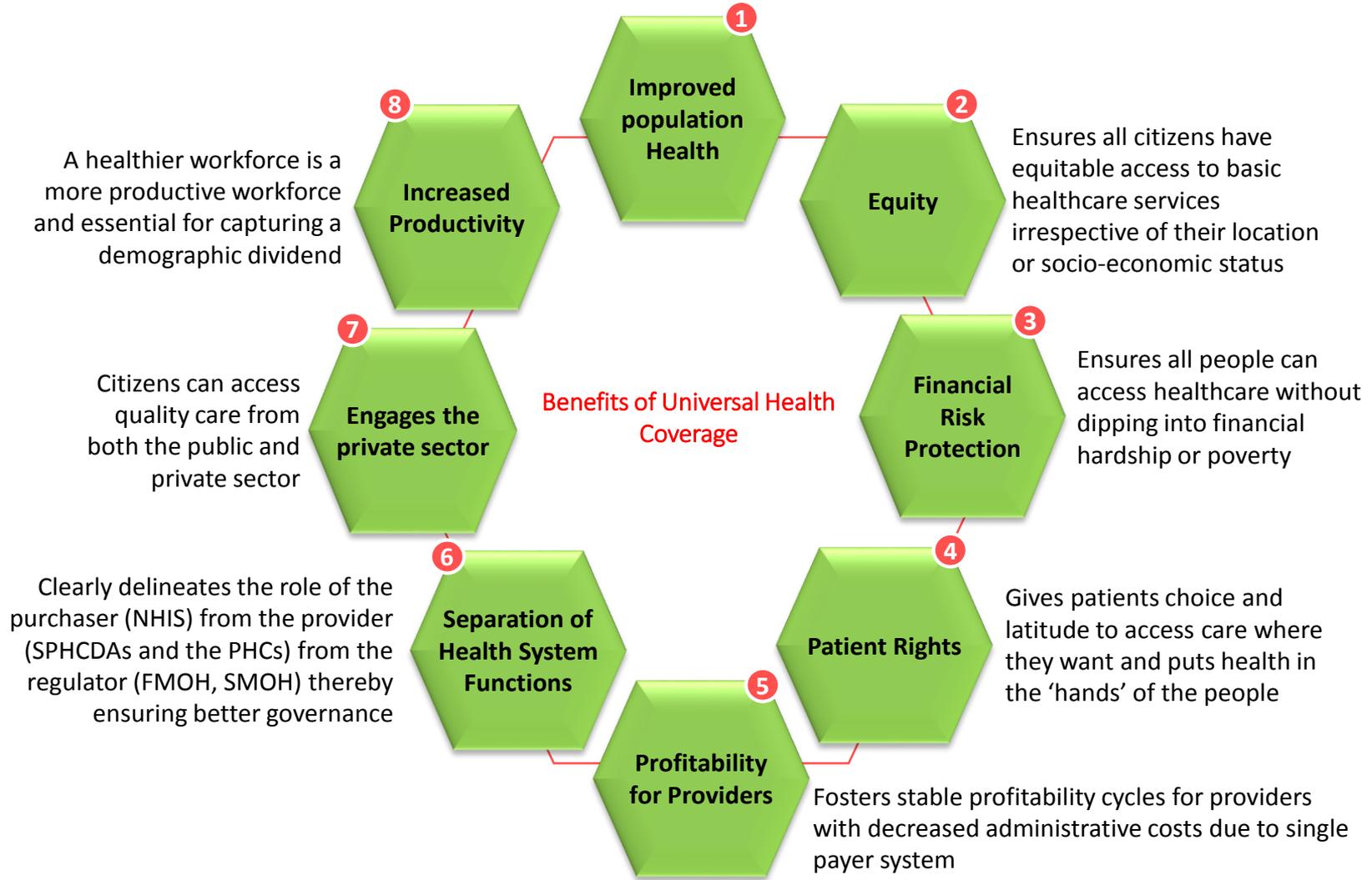


# To finance these programs, Nigeria will explore the following options ...

	Existing options	Additional options
Public sector funding	<ul style="list-style-type: none"> <li>• The Basic Health Care Provision Fund</li> <li>• NHIS efficiency savings</li> <li>• Increased allocative efficiency of budgeted resources</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct taxation</b> of company earnings, capita; gains and household income</li> <li>• <b>Indirect taxation</b> on public consumption of goods and services through VAT, excise duties</li> <li>• <b>Non- tax revenues</b> earmarked funds from proceeds accruing from sale of natural resources e.g. natural gas</li> <li>• <b>Debt instruments</b> such as external credits and bonds tied to improved health sector performance</li> </ul>
Private sector funding	<ul style="list-style-type: none"> <li>• Formal sector health plans</li> <li>• Social responsibility by the organised private sector</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary solidarity contributions made by individuals at the time of purchase of selected services</li> </ul>
Innovative financing	<ul style="list-style-type: none"> <li>• SOML P4R</li> </ul>	<ul style="list-style-type: none"> <li>• Sin taxes on unhealthy foods and/or drinks</li> <li>• Telecoms taxes</li> <li>• Air travel taxes</li> <li>• National lotteries</li> </ul>
Development Assistance for Health	<ul style="list-style-type: none"> <li>• Nigerian State Health Investment Program (NSHIP)</li> </ul>	<ul style="list-style-type: none"> <li>• Basket fund mechanism to pool donor support for health</li> </ul>



# There are several positive externalities to achieving Universal Health Coverage.



# Achieving Universal Health Coverage is consistent with broader Sustainable Development Goals (SDGs).

## 6 CLEAN WATER AND SANITATION



- Safe drinking water and water points in 10,000 PHCs across the country,
- An army of 100,000 committed Community health workers across Nigeria engaged in behavior change towards hygiene, sanitation and fighting against open defecation and promoting hand washing with soap and beyond

## 8 DECENT WORK AND ECONOMIC GROWTH



- Creating and maintaining 260,000 jobs
- Pharmaceutical industry involvement for PHC to leading to more employments
- Capital and Maintenance costs for PHC of NGN 130 billion annually an opportunity for private sector involvement

## 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



- Sustainable growth of informal sector with increased support for artisans
- Development of the health industry in general as well as determinants for health



# Achieving Universal Health Coverage is consistent with broader Sustainable Development Goals (SDGs).

## 10 REDUCED INEQUALITIES



- Having at least 1 functional health facility per ward offering quality health services 24 hour 7 days a week for **FREE**, will go along way of closing the gap between rich and poor as well a jump start to tackle geographical inaccessibilities for health services

## 11 SUSTAINABLE CITIES AND COMMUNITIES



- One functional PHC per ward concept will offer one of the fundamental right of communities to free health, which is basic primary health care contributing to keep human settlements safe from diseases, resilient and suitable for development.
- One functional PHC per ward concept also fosters employment and development, reduces inequities absolutely critical for creating sustainable cities and communities

## 12 RESPONSIBLE CONSUMPTION AND PRODUCTION



- A functional primary health care system is an ideal setting to implement a 10-year framework of on sustainable consumption and production in relation to the pharmaceutical sector publicly financed leading opportunity for growth and sustainable development
- The above argument is also valid for Capital and Maintenance costs for PHC an opportunity for growth and sustainable development



# Expected Impact

**1 Reducing out-of-pocket expenditure by 20%**

About **20% of the population living below poverty lines would have been catered for in Yr 1** (70% of the Nigerian populace, 128,100,000 fall below poverty lines)

**2 Improvement in health indices**

Approximately a quarter of **individuals (6,405,000 households) that fall within the bottom two quintiles will have access to healthcare**

**3 Creating jobs**

**210,000 jobs** in PHC centers alone  
~Additional jobs created across the healthcare value chain

**4 Local economic multiplier effect**

Creating a market for the local pharmaceutical industry.

**5 Expanding private sector involvement in healthcare**

Creating a market for private sector investment in health infrastructure, equipment and maintenance services.

**6 Expanding private sector involvement in healthcare**

Better quality of healthcare services results in increased utilization and improved trust for the health system and government at large

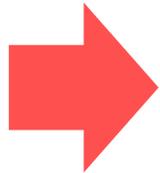


# A Rapid Results Initiative to deliver quick tangible results to Nigerians within 100 days will require collaboration across MDAs and between Federal and States.

- 1 Making pilot PHC's functional
- 2 Mutual Health Associations up and running
- 3 Creating trust and accountability through media campaigns
- 4 Provide free surgeries to Nigerians who cannot afford them
- 5 Provide nutrition support to IDP camps
- 6 Operationalize NCDC Laboratory



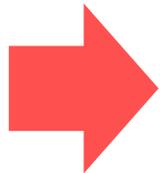
# Program for Results for Saving One Million Lives: SOML-PforR presents an opportunity for priming PHC to attract more resources. Launching date:



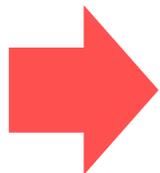
All state plans concluded and approved



Final Federal Government steps for implementation have been triggered



Provides a leveraging platform for states to access more funds for Primary Healthcare service delivery and strengthens PHC management



FGoN with support of donors and private sector, putting in place plans for technical assistance to states to enable them make progress towards results



# Public Private Partnerships also present an opportunity to leverage expertise, resources and capabilities of the private sector.

1

Innovative service delivery models to engage small scale providers to provide Primary Healthcare services in a regulated manner

2

FGON exploring opportunities for PPPs in each geopolitical zone with local and foreign investors

3

Incentivizing Healthcare Investments policy document provides a framework that can adopted at state level to attract private investments for primary and secondary care

4

SOML Innovation Fund provides an opportunity for government to test out high impact innovations with support from the private sector



## We are investing in Tertiary Health Care to reverse the rising trend of Medical tourism.....

We are investing in 7 tertiary Institutions to be Center of Excellence in Specialised Medical Care

Another 7 tertiary institutions will be upgraded to serve as Center of Excellence for Cancer Care.

We are resolute to .....

Ultimately save about 1 billion USD – the average cost expended on medical tourism outside Nigeria annually



# Several High Impact programs are being carried out

55

## PHC Revitalization efforts – with States and development partner contributions



Over 600 facilities across six states have been revitalized under the MNCH2 program



Over 1300 facilities revitalized under the Nigeria State Health Investment Program (NSHIP)



Several States have heeded the call and have begun revitalizing PHCs for improved performance

Through the SOML P4R, States are being supported to revitalize PHC



**We have also supported local manufacturers of pharmaceutical commodities through procurement and donation of same to neighboring countries**

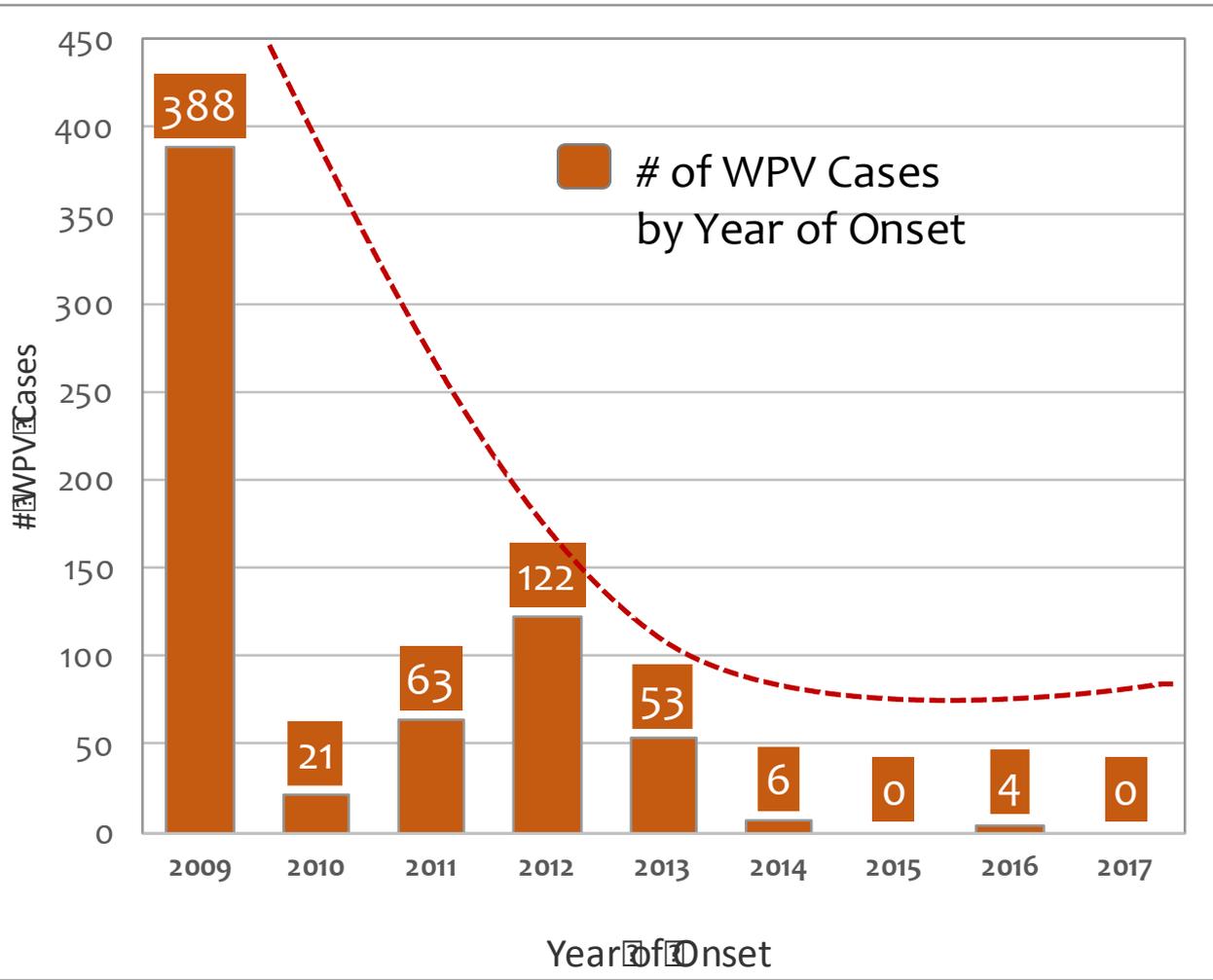
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## ...and addressed nutritional emergencies in the North East



# We have not detected any other reported case of WPV, however the job is not yet done!!!



- Pakistan: Reported 2 cases of WPV1 (last case Feb. 13, 2017)
- Afghanistan: Reported 3 cases of WPV1 (last case Feb. 21, 2017)
- Nigeria: No reported case in 2017 (last reported case August 21, 2016)

NASS is critical to attainment of UHC: FMOH is grateful for the support thus far but we need more....



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# Our prayers...



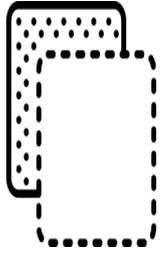
Mobilising resources for the Revitalization of PHC towards the attainment of UHC

Increase budgetary allocation for Public Health emergency

Soliciting for partnership enactment of laws that will fast track UHC



# Agenda



1

Background and country context



2

State of the health sector



3

The Change Mantra in the Health Sector

4

Concluding Remark



## At the FMOH.....

Promote Efficiency by Establishing Efficiency Management Unit

Promote Transparency: Displaying the budget on the FMOH web; Regular briefing of the public at every stage of implementation

Accountability: We will want to be held accountable for our actions



## Conclusion

We need to DELIVER health to ALL Nigerians especially those who are poor...

**EVERY LIFE COUNTS**

and

**The time to start is NOW!**



**Come and join hands with us ...**

# **TOGETHER EVERYONE ACHIEVES MORE (TEAM)**



# Thank You



**FEDERAL  
MINISTRY OF  
HEALTH**

**The Honorable Minister of Health**  
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