Nigeria’s Journey toward Universal Health Coverage: HP+ Support in the FCT and Three States

Introduction

Nigeria is undergoing significant health sector reforms. The country-driven process is aimed at achieving universal health coverage and repairing the country’s fragmented primary healthcare system. The Primary Health Care Under One Roof (PHCUOR) initiative aims to improve the supply side of healthcare by strengthening the governance and operation of Nigeria’s primary healthcare system. The Basic Health Care Provision Fund (BHCPF) aims to improve the demand and supply sides of healthcare by substantially increasing resources for health, extending primary healthcare services across the country, and providing financial protections for some of Nigeria’s most vulnerable groups. Meanwhile, state-level health insurance schemes aim to expand access to high-quality healthcare services and provide additional financial protections.

From October 2017 to April 2020, the U.S. Agency for International Development-funded Health Policy Plus (HP+) project provided support to Nigeria’s Federal Capital Territory (FCT) and Abia, Ebonyi, and Osun states to:

- Mobilize domestic resources for health by improving the availability and quality of evidence to inform advocacy and policy reforms
- Improve healthcare access by expanding health insurance coverage
- Strengthen quality services by implementing PHCUOR
- Ensure financial risk protection and basic health services for Nigeria’s most vulnerable groups by operationalizing the BHCPF

Over the course of these 18 months, HP+ supported the rapid strengthening of Nigeria’s health system, both nationally and at the state level, to increase equitable, affordable, and high-quality health services for its citizens.¹ This brief highlights key achievements by those states and offers important lessons for the Nigerian government and its stakeholders as they seek to expand health reforms across the country. These lessons may also be informative for other low- and middle-income countries looking to implement similar reforms.

¹ HP+ support to Abia, Ebonyi, and Osun states commenced in October 2018. Support ended in December 2019 for Ebonyi and April 2020 for Abia and Osun states. Support to the FCT started earlier (October 2017) and ended in December 2019.
Mobilizing Domestic Resources for Health by Improving Evidence Generation

To improve domestic resources for health, HP+ provided a range of support to states (see Box 1), including helping states qualify for legal and financial backing from the federal government and reactivate and strengthen multisectoral health financing, equity, and investment technical working groups. These technical working groups continue to champion the implementation of evidence-based, state-specific resource mobilization plans and major health financing and governance reforms.

According to state agencies’ treasury single accounts and government approval memos, technical working group efforts have improved budget allocation and resulted in the mobilization of new resources for health by over US$60 million so far (see Figure 2). In Abia, the FCT, and Osun, budget allocation was improved by US$52.6 million (US$8.3 in Abia, US$15.1 million in the FCT, and US$29.2 million in Osun). Across the three HP+-supported states and the FCT, the technical working groups also successfully mobilized over US$8.3 million in new funds.

*Abia and Eboyin had not started providing services under the BHCPF when HP+ ended its support in March 2020, but both have since begun BHCPF service provision.

**FCT’s state health insurance agency law was passed by the legislature but has not yet been signed by the president.
Box 1. HP+ Support to Increase Domestic Resources for Health

- Advocated successfully for the enactment of laws to provide legal backing for state primary healthcare development and health insurance agencies, to satisfy BHCPF requirements and ensure government financial backing.

- Conducted health financing landscape assessments (including fiscal space analyses, public expenditure reviews, and household health expenditure surveys) that states used to develop five-year resource mobilization plans.

- Launched/reactivated and strengthened health financing, equity, and investment technical working groups to champion implementation of the resource mobilization plans and advocate for successful implementation of major health financing and governance reforms in each state.

Figure 2. Over US$60 Million Mobilized in Domestic Resources for Health

for health. The new resources mobilized include BHCPF counterpart funding in Ebonyi and the FCT (US$550,000) and BHCPF funds released from state primary healthcare development agencies and health insurance schemes to health facilities in all HP+-supported states and the FCT (US$1.3 million). Mobilized resources also include equity funds for health insurance in the FCT and Osun (US$2.1 million); take-off grants for Abia and Osun state health insurance schemes (US$552,112); health insurance premiums through salary deductions and a government matching grant in Osun (US$1.7 million); and settlement of outstanding fees owed to health maintenance organizations (US$2.1 million).

Improving Healthcare Access by Expanding Health Insurance

Recently, Nigeria decentralized national health insurance, making each state responsible for establishing its own state health insurance agency and state primary healthcare development agency to manage and deliver state-level insurance. Establishing these agencies is also a prerequisite for states to access resources through the BHCPF.

In 2017/18, when HP+ began its support to the states, Abia and Osun had health insurance agencies but had not clearly defined the structures, guidelines, and business procedures for their health insurance schemes. The FCT already had a health insurance scheme but, due to administrative and technical shortfalls, it was only covering public servants at the time. Ebonyi had no agency at all.

HP+ successfully supported the state health insurance agencies in each of the three states and the FCT to accelerate the implementation of their health insurance schemes (see Box 2). Assistance varied across the states, but included:

- Establishing information and communication technology systems to support health insurance enrollment
- Helping states develop strategies to engage informal sector groups and expand insurance beyond the traditional formal sector
Supporting multisectoral advocacy efforts for payroll deductions and government employer contributions for formal sector workers, and the release of equity funds to increase enrollment among vulnerable groups

Since HP+’s support to help catalyze government action, Osun state has fully operationalized its insurance scheme; Abia and Ebonyi’s require only some financial commitments from their respective state governments (in the form of take-off grants, equity fund, and matching grants) to make them fully operational; and the FCT has resolved technical and administrative hitches, allowing expanded informal sector coverage. Health insurance coverage has also expanded dramatically in Osun and the FCT (see Figure 3).

### Box 2. HP+ Support to Expand Health Insurance

- Assessed the organizational capacity of state health insurance schemes, provided institutional strengthening support for the legal and institutional design of the schemes, and identified staffing, procedural, and technical gaps.
- Worked with state health insurance agencies to finalize operational guidelines and business process manuals, treatment guidelines, and informal sector strategies.
- Provided guidance for state health insurance agencies to develop or revise their health insurance benefits packages and determined premiums.
- Strengthened operational capacity of state health insurance agency staff.
- Conducted actuarial analyses of health insurance schemes and supported state health insurance agencies to use findings to develop sustainability projections.
- Advocated for, and supported the inauguration of, state health insurance agency governing boards.

- Supporting multisectoral advocacy efforts for payroll deductions and government employer contributions for formal sector workers, and the release of equity funds to increase enrollment among vulnerable groups

Since HP+’s support to help catalyze government action, Osun state has fully operationalized its insurance scheme; Abia and Ebonyi’s require only some financial commitments from their respective state governments (in the form of take-off grants, equity fund, and matching grants) to make them fully operational; and the FCT has resolved technical and administrative hitches, allowing expanded informal sector coverage. Health insurance coverage has also expanded dramatically in Osun and the FCT (see Figure 3).

### Strengthening Quality of Services by Implementing Primary Healthcare Under One Roof

Backed by Nigeria’s National Health Act (2014), PHCUOR requires states to establish administratively autonomous state primary healthcare development agencies and outlines nine pillars for addressing fragmentation in

2 At the time of writing, confirmed enrollment numbers were unavailable for Abia and Ebonyi states.

2 Figure 3. State Health Insurance Enrollees Before and After HP+ Support

2 Before HP+ (October 2017)
2 After HP+ (April 2020)

HP+ supported the FCT and Abia, Ebonyi, and Osun states to develop operational guidelines for their state primary healthcare development agencies; regulations for the agencies’ laws; unified annual operational plans for all local government areas in each state; and a minimum service package, investment plan, and human resources for the primary healthcare system. PHCUOR also mandates that states work with local government authorities to establish health authorities to manage primary healthcare centers.
health strategy policy for each state-level agency (see Box 3). HP+ also engaged each state to reposition primary healthcare-related programs under the authority of their state primary healthcare development agency. These efforts led to a marked improvement in the management of states’ primary healthcare systems, with each HP+-supported state receiving higher marks in annual scorecards than the previous year (see Figure 4). PHCUOR scorecards are issued based on independent assessment by the National Primary Health Care Development Agency, conducted annually to evaluate each state’s progress in the implementation of PHCUOR and management of states’ primary healthcare systems. While nationally states saw an average 23 percent improvement from 2018 (Scorecard 4) to 2019 (Scorecard 5), HP+-supported state improvements ranged from 34 percent (Eboyni) to 55 percent (Osun).

Box 3. HP+ Support to Implement PHCUOR

- Supported the development and implementation of state-specific improvement plans based on measured performance, helping states improve implementation of PHCUOR’s nine pillars (NPHCDA, 2018):
  - Government and ownership
  - Legislation
  - Minimum service package
  - Repositioning
  - System development
  - Human resources
  - Funding sources and structures
  - Operational guidelines
  - Office set-up

- Assessed and strengthened organizational capacity of state primary healthcare development agencies.

- Trained, accompanied, and mentored state primary healthcare development agency staff to conduct supportive supervision in health facilities.

- Inaugurated and/or strengthened 66 local government health authorities.

Ensuring Financial Protections and Basic Health Services by Operationalizing the Basic Healthcare Provision Fund

Nigeria’s BHCPF, also known as Huwe, was established to extend healthcare services to all Nigerians, with a special focus on meeting the basic healthcare needs of vulnerable populations.³ The BHCPF’s minimum services package includes interventions for pregnant women and children under five, screening tests for diabetes and hypertension, diagnosis and treatment of malaria, and provision of family planning (Government of Nigeria, forthcoming).

HP+ worked with the National Primary Health Care Development Agency, the National Health Insurance Agency, the Federal Ministry of Health, and various civil society organizations to develop and pilot BHCPF training curricula for trainers and for facility- and ward development committee-level staff. The participatory trainings—paired with supportive, phased out mentoring—ensures staff and agencies at every level have the knowledge, tools, capacity, and support to carry out their roles and effectively implement the BHCPF.

³ Huwe means “life” in Ebira, the dialect of one of Nigeria’s minority tribes. Vulnerable populations is defined in the BHCPF operational manual as pregnant women, children under five years of age, the elderly (over 85 years of age), the disabled, and the poor.
HP+ and its partners trained 47 master trainers who, in turn, trained 199 state trainers. From June to September 2019, these state-level trainers trained 3,278 ward development committee members and primary healthcare staff across 845 wards of the FCT and the three states.4 This training accelerated BHCPF implementation and facilities’ readiness to provide healthcare services to enrolled beneficiaries.5

“The training by HP+ enlightened us as staff and community on how we can mobilize resources for our health facility. This alone has led to the ongoing construction of a medical laboratory building for our health facility.”

—Healthcare worker, Osogbo, Osun

Meanwhile, HP+ also assisted the FCT and Abia, Ebonyi, and Osun states to meet readiness requirements for accessing the BHCPF (see Box 4). Among those requirements is for each primary healthcare center to have a business plan detailing how the facility will use BHCPF funds to improve quality of care at the facility. Facilitated by HP+’s training and technical assistance, 685 primary healthcare centers (186 in Abia, 117 in Ebonyi, 62 in the FCT, and 320 in Osun) have begun implementation of their business plans, improving the quality of care for thousands of Nigerians (ASPHCDA, unpublished; ESPHCDA, unpublished; FPHCDA, unpublished; OSPHCDA, unpublished). Funded primary healthcare centers are procuring drugs, consumables, laboratory tools, and reagents that were lacking or inadequate prior to BHCPF rollout. For their part, ward development committees are taking on an increased role in facilitating these changes, acting as co-signatory to primary healthcare center bank accounts, ensuring accountability around how the funds are disbursed to the centers and what they are used for.

Box 4. HP+ Support to Operationalize the BHCPF

- Facilitated establishment and strengthening of state steering committees to coordinate BHCPF implementation.
- Collaborated with national agencies to develop two training manuals (a training-of-trainers manual and a facility/ward development committee curriculum) and supported state-level agencies and civil society organizations to cascade the training in all participating wards.
- Coached ward development committees and civil society organizations to conduct town halls to sensitize 113,805 citizens on the benefits of enrolling in the BHCPF and their rights.
- Aided state steering committees to develop, review, approve, and implement quality improvement and business plans and to mentor health facilities to enroll beneficiaries, complete claims, and provide high-quality services.

“We have been fully involved in the quality improvement plan and we make sure that we spend according to what we have in our business plan, placing priority on the things we need the most based on our scorecard.”

—Ward Development Committee Chairman, Osogbo, Osun

---

4 Ward development committees were established to help bridge the gap between health facilities and communities, monitor the quality of services, and provide a measure of transparency and accountability.
5 The project’s ability to collect data on service provision was limited by HP+’s closeout in Nigeria. Anecdotally, progress has continued after the end of project support and states are continuously scaling up service provision.
HP+ also guided local government health authorities, ward development committees, and civil society organizations to hold town hall meetings to introduce the BHCPF to area residents and encourage them to enroll. According to an internal BHCPF community engagement report, nearly 114,000 citizens attended these meetings (40,471 in Abia, 29,706 in Ebonyi, 7,729 in the FCT, and 35,999 in Osun) and over 302,630 (113,103 from Abia, over 20,000 from Eboyni, 40,302 from the FCT, and 129,225 from Osun) have enrolled in the program as of March 2020. In Osun, over 90 percent of those enrolled have received free healthcare services through the BHCPF from 313 primary healthcare centers (data obtained from the state’s BHCPF enrollment records; service provision data was not available for states other than Osun).

“I can state firmly that before the implementation of BHCPF, we normally [had] an average of 250 patients monthly, but it has been overwhelming lately with over 1,000 patients.”

—Healthcare worker, Osogbo, Osun

### Conclusion and Lessons Learned

Through its country-driven systems approach, HP+ has had a great impact in Nigeria, specifically in the FCT and Abia, Ebonyi, and Osun states. These areas have made significant progress in improving prioritization, government commitment, and domestic financing of the health sector with improved ownership and sustainability. The three supported states and the FCT have put in place:

- Functional health insurance schemes that will expand access to health insurance coverage and remove financial barriers to accessing healthcare
- Strengthened primary healthcare systems that will ensure access to high-quality healthcare
- Improved institutional structures and capacity, through context-appropriate, evidence-based, and locally driven methods

The states have shown that strengthening primary healthcare by implementing reforms, such as PHCUOR and the BHCPF, expanding health insurance, and improving domestic resources for health helps to improve community healthcare. This has clear, positive implications for Nigeria’s journey to self-reliance, progress toward universal healthcare, and attainment of the Sustainable Development Goals.

### Lessons Learned

As the Nigerian government and its partners seek to expand universal health coverage reforms across the country, and other low- and middle-income countries mount similar efforts, HP+’s experience in Nigeria’s FCT and Abia, Ebonyi, and Osun states offers some important lessons learned.

1. Promoting the awareness of policymakers (especially legislators) on health initiatives and reforms, through materials that are tailored for a non-technical audience, can boost the government’s responsiveness, promote ownership, and increase funding of health interventions.

2. Even within a limited resource settings, the government can mobilize additional resources for health through strategically assertive engagements with public sector stakeholders and decisionmakers.

3. Continuous appraisal of the political economy is necessary to successfully balance the influence and interests of multiple agencies involved in complex health policy initiatives, like the BHCPF.
4. By fostering effective, continuous communication between stakeholders involved in the administration and implementation of health policies, implementing partners can promote trust among all actors and across all tiers of government and community. This promotes accountable stewardship of health policy. Partners can do this by working alongside national agencies to strengthen the capacity of subnational agencies and by promoting frequent exchanges of technical information and support between the two levels of government to help create an environment of continuous improvement and sustainable policy implementation.

References


