



Health Policy Plus: Nigeria

Overview

Since 2015, the USAID-funded Health Policy Plus (HP+) project has supported government and health agencies in Nigeria to conduct evidence-based advocacy, develop and modify policies, and establish monitoring and accountability structures to strengthen health financing and reduce reliance on donors. This support helped to boost health sector management, assess financing gaps, and identify feasible strategies for raising domestic resources. It facilitated the integration of tuberculosis (TB) and HIV into national and state health insurance schemes, thereby increasing access to those services. Overall, the work contributed to increased government commitment and expenditure for health.

Nigeria’s Journey toward Universal Health Coverage

To help meet the country’s goal to achieve universal health coverage amid a fragmented primary healthcare system and undeveloped state-level health insurance schemes, HP+ focused its work in three states (Abia, Ebonyi, and Osun) and the Federal Capital Territory (FCT). HP+ conducted a [health financing landscape analysis](#) and then worked to improve evidence of resource needs, examine insurance legal structures, and expand coverage of state health insurance schemes (see Box 1). Results from this work—which include increased mobilization of domestic funds for health and increased enrollment into newly established state health insurance schemes—are summarized in an [HP+ policy brief](#).

Box 1. HP+ Support to Expand State Health Insurance Schemes

- Assessed organizational capacity; strengthened legal and institutional design; and identified staffing, procedural, and technical gaps.
- Worked with state insurance agencies on operational guidelines and business processes, treatment guidelines, and informal sector strategies.
- Provided guidance to develop or revise benefits packages and determine premiums.
- Strengthened operational capacity of staff.
- Conducted actuarial analyses and supported use of findings to develop sustainability projections.
- Advocated for and supported the inauguration of state health insurance agency governing boards.

To improve service quality under the Primary Health Care Under One Roof (PHCUOR) initiative, HP+ mentored staff at primary healthcare development agencies and state health authorities to manage primary healthcare centers. This led to improvement in primary healthcare systems, demonstrated by improved PHCUOR scores in 685 centers that had implemented quality improvement measures.



To ensure access to quality services for the most vulnerable, HP+ helped coordinate implementation of the [Basic Healthcare Provision Fund](#), trained 3,000 implementers, enrolled 282,630 beneficiaries, and helped facilities create business plans and complete claims. The project also assisted states to generate evidence, strengthen staff capacity on resource mobilization, and reactivate technical working groups for health financing. These efforts helped to mobilize over US\$60 million for health in 2020.

Sustainable Financing for Nigeria's Tuberculosis and HIV Program

To reduce Nigeria's dependence on external funds for TB and HIV detection and treatment targets, HP+ and stakeholders developed [national blueprints](#) outlining key steps for [integrating TB](#) and HIV into state health insurance schemes. HP+ also supported pilot programs in Lagos and Kano states to develop and implement state-specific roadmaps for integrating the two disease programs. In Lagos, through HP+ support, 119 HIV facilities and 60 TB facilities were enrolled to provide services through the scheme. Coverage was expanded to 200,000 civil servants, 30,000 informal sector workers, and over 100,000 poor and vulnerable people, which helped increase the scheme's financial capacity for HIV/TB integration and ensure financial protection to enrollees. In 2021, 52 percent of enrolled HIV facilities received funds, began diagnosis, and—within four months—had administered 2,850 HIV tests.

To increase domestic resources for HIV and TB, HP+ [assessed the impact of user fees for HIV](#) and identified bottlenecks that impeded TB and HIV budget allocation and spending. The evidence aided advocacy to increase appropriations. HP+ support helped raise the HIV budget by 25 percent in Kano and by 28 percent in Lagos and facilitated the release of US\$480,000 for HIV activities in Lagos, including the purchase of test kits. The targeted effort to add HIV to insurance resulted in increased testing, which

meant more infected people knew their HIV status and could be linked to care. At the national level, HP+ supported the National Agency for the Control of AIDS to develop a national strategy expected to raise up to US\$662 million for HIV over five years.

The Way Forward

Nigeria will need to sustain the efforts it made with HP+ support to strengthen primary healthcare, scale implementation of the Basic Healthcare Provision Fund, and sustain integration of TB and HIV into health insurance to fund diagnosis and treatment. Box 2 provides important lessons for the way forward. The success of HIV integration in Lagos has set the stage for similar positive achievements in other states and bodes well for Nigeria's health systems strengthening and progress toward universal health coverage.

Box 2. Lessons Learned

1. Evidence-based advocacy yields better results.
2. Multisectoral collaboration and strategic stakeholder engagement can help mobilize resources.
3. Resource mobilization for health is more political than technical, requiring continuous monitoring of the environment and balancing competing interests.
4. Ongoing communication fosters trust and accountable stewardship of health policy.
5. A notion that HIV and TB financing is the domain of external funders is often the first hurdle in domestic resource advocacy.

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