

Policy Dialogue Report - Nigeria

Title: Enhancing health financing governance and domestic funding for achieving Universal Health Coverage (UHC) in Nigeria

Context:

The Nigerian National Centre (NC) of the African Health Observatory Platform (AHOP) organized a policy dialogue (PD) that brought together key members of the National Healthcare Financing (HCF) and equity Technical Working Group (TWG) (HCF-TWG) and FMOH to discuss the current policy issues on health financing (interest on health financing governance and domestic resource mobilization (DRM)), with a focus on universal health coverage (UHC). The dialogue was to brainstorm about the future directions in terms of strategic activities or actions that will be taken to make a change in the context of strengthening the Nigerian health system and achieving UHC. The dialogue explored how to specifically enhance efforts towards achieving UHC in Nigeria through domestic funding lenses and improved health financing governance.

Participants

The participant for the dialogue comprised 17 people drawn from the NC (HPRG) and the National HCF-TWG: FMOH (5), International/Development partners (4), National Health Insurance Scheme (NHIS) (2), NC (5), and Academia (1). Details of the participants are summarized in Table 1.

Table 1: Details of the policy dialogue participants

Name	Sex	Organization	Designation/Position	Role in HCF-TWG
Dr. Emma Okechukwu	Male	Veritas University	Coordinator, Health & Development Research	- AHOP Nigeria National partner
Dr. Hope Uweja	Male	Result for Development (R4D)	Country Director	Member
Stanley Ezenwa	Male	R4D	Senior Program Associate	Member
Dr. Nneka Orji	Female	FMOH	Technical Advisor to the Hon. Min. of Health for State & Health Financing Officer	Member
Dr. Eke Jonathan	Male	National Health Insurance Scheme (NHIS)	General Manager	Member
Misari Ibiam	Female	NHIS	Deputy General Manager	Member
Dr. Ngozi Azodoh	Female	FMOH	Director, Health Planning Research & Statistics (DHPRS)	Chairperson
Dr. Harri Bala	Male	FMOH	Technical Advisor, DHPRS	Member
Dr. Frances Ilika	Female	Palladium - USAID Health Policy Plus Project	Country Director	Member
Joy Nwizu	Female	Health Policy Plus	Health Financing Advisor	Member
Dr. Ayoola Oluola	Male	FMOH	Planning Officer	Member
Dr. Aadaeze Okonkwo	Female	FMOH	Head, Health Policy Unit	Member

HPRG Staff				
Prof. Obinna Onwujekwe	Male	HPRG	Director, HPRG	Facilitator
Prof. BSC. Uzochukwu	Male	HPRG	Deputy Director, HPRG	Member (Facilitator)
Dr. Enyi Etiaba	Female	HPRG	Researcher	-
Dr. Aloysius Odii	Male	HPRG	Researcher	-
Uchenna Ezenwaka	Female	HPRG	Researcher	-

Main sessions:

➤ Presentation session

Presentation 1: Introduction of AHOP project to the dialogue audience by Enyi Etiaba, AHOP project manager (Annex 1).

Presentation 2: Evidence on health financing governance and domestic resource mobilization towards achieving UHC in Nigeria, also citing cross-country experiences by Uche Ezenwaka, the PD sub-team lead. The major themes presented include current policy issues on health financing, notable progress made so far towards achieving UHC, bottlenecks, and challenges with health financing governance for UHC, domestic resource mobilization (DRM) as an approach for funds generation toward the achievement of UHC and ways of improving health financing governance for achieving UHC. Key points presented include:

- o Inadequate/low funding to health – government poor commitment to increase health expenditure to 15%, in line with the 2001 Abuja declaration, while several African countries (for instance, Rwanda, Botswana, Malawi, Zambia, Burkina Faso) have surpassed the 15% health expenditure declaration.
 - o Low spending at PHC facilities
 - o Weak governance and accountability of the health system
 - o DRM as a viable option to achieve UHC, through different strategies have been demonstrated by a number of countries (Ghana, South Africa...)
- (Refer to Annex 2 for further information).

➤ Introductory panel discussion session to trigger the dialogue

To trigger the dialogue, the presentations were followed by discussions/reflections (by the participants) on Nigeria's healthcare financing, based on some guiding questions:

What are the notable steps towards achieving UHC in Nigeria and how can DRM be harnessed for UHC in Nigeria? The TWG is currently focusing on DRM and is exploring the following options:

- o Working with the Federal Ministry for Finance (FMoF) who is commencing taxes on sweetened beverages, telecommunications, and alcohol taxes for DRM.
- o Discussions on exploring Marginal Oil Fields as an important strategy that can be used to increase domestic funding for health.
- o Demonstrating efficiency in the health sector, through, for example translating health gains into money saved, hence making it easier for the FMoF to relate to the value for more money for health.

What are the constraining and enabling factors towards achieving UHC in Nigeria? In Nigeria, resources can be adequately mobilized domestically. However, it is not being done presently due to:

- o Poor funding for health
- o Lack of earmarking of funds for the health care, due to public finance management restrictions
- o The current political structure, as states are at liberty to adopt or reject national initiatives
- o Inadequate involvement/engagement of the private sector including faith-based organizations (FBO), especially with resource management, as they are allegedly efficient in managing resources for health care delivery.
- o Poverty level impacts proposed voluntary contributions
- o Corruption and poor governance within the health sector

How these challenges can be/are being addressed in Nigeria?

- o Advocacy for State-level health insurance (SHI). Although most states have now adopted and are implementing SHI. However, some states are lagging behind, thus the need for advocacy on SHI and voluntary based insurance.
- o Increase allocation and health expenditure to 15% as per Abuja declaration.
- o Strengthening accountability through better coordination
- o Exploring other means of DRM for health such as health taxes

➤ Dialogue session

The dialogue was guided by three key questions below:

Evidence-Informed Policy Making for UHC and health financing governance

- The FMOH has recently completed National Research and Policy Priorities with recommendations to ensure that research meets the needs of policymakers.
- Evidence is required on how to trigger political commitment/support towards increasing funding for health at both the national and sub-national governments

What should be done to close the evidence gaps for UHC, Health Financing governance, and DRM?

- Identification of evidence-based strategies that have been successfully employed for DRM, and limitations/challenges encountered at the implementation stage.
- Imbibing policies of integrated knowledge translation (continuing policymaker-researcher engagement).
- Developing a financial sustainability plan as a way of sustaining health financing.

What clear frameworks are available or can be developed for getting evidence into policy and practice for UHC and health financing in Nigeria?

- Institutionalizing a structure/platform for integrating research evidence into policy and practice in FMOH
- A health system that clearly demands accountability
- A coordination and collaboration framework, especially amongst national stakeholders (FMOH and its parastatals, FMOF, Development Partners, private sectors, etc).

Key findings:

Summary -Key takeaway points

Towards DRM, the TWG is currently:

- Incorporating telecommunications tax into the amended NHIS Bill
- Expanding the SHI into the informal sector
- Developing a financial sustainability plan for three key disease areas (Malaria, HIV/AIDS, and Tuberculosis) initially but now expanded to cover the overall health system.
- Engaging the FMOF on “Sin taxes” and other broad areas. Towards this, a health sector memo has been generated on the platform of the National Council on Health (NCH).
- Working with the World Bank to generate further evidence on taxing alcohol, sugar beverages, and fatty foods.
- Have opened discussions with the Nigerian Investment Promotion Commission, on ways to create incentives for the private sector to invest in the health sector.

To achieve these TWG tasks, the next steps include:

- Initiating a multi-sectoral collaboration especially with the FMOF, Budgeting, and Economic Planning
- Advocacy and lobbying for earmarking health sector funds
- Proof of principle projects/program to produce evidence for scaling up health financing and coverage aspirations

HPRG (during and beyond AHOP) will be further engaged by the TWG/FMOH for further evidence on the above key areas, and:

- Health technology assessment (HTA) to address efficiency issues in the language the FMOF will understand.
- Integrating and mainstreaming HPRG into the health sector quarterly board meetings/forum (involving FMOH directors and some members of the HCF TWG) to make presentations, (research evidence) at FMOH/National forum for better evidence-informed policy/decision making toward health financing for the achievement of UHC.

Agreed follow up:

- The FMOH is open to a further PD (no specific policy mentioned) as a follow up but this has not been firmly agreed,

List of slides attached:

Annex 1- Presentation 1: Introduction of AHOP project to the dialogue audience

Annex 2- Presentation 2: Evidence on health financing governance and domestic resource mobilization towards achieving UHC in Nigeria