

Coming up next / À suivre:



African Health Economics and
Policy Association
Association Africaine d'Economie
et Politique de la Santé

Progress in the face of cuts: a qualitative Nigerian case study of maintaining progress towards universal health coverage after losing donor assistance

Presenter(s): Uche Shalom Obi, Osondu Ogbuoji, Wenhui Mao, Minahil Shahid, Obinna Onwujekwe, Gavin Yamey

Virtual Conference

2022 AfHEA Biennial
Scientific Conference

Conférence Virtuelle

2022 AfHEA Biennale
Scientifique Conférence



African Health Economics and
Policy Association
Association Africaine d'Economie
et Politique de la Santé

Outline

Introduction

Methods

Results

Conclusion

Recommendation

policy implication

Virtual Conference
2022 AfHEA Biennial
Scientific Conference

Conférence Virtuelle
2022 AfHEA Biennale
Scientifique Conférence



Introduction

- Development Assistance for Health (DAH) has been an important source of health funding in Nigeria and other low- and middle-income countries
- DAH is changing -
 - countries are growing and becoming ineligible for funding based on economic growth
 - ineligible countries with are expected to transition out of DAH
- Increase in economic growth or GDP doesn't always translate to a reduction in disease burden



Problems

- Despite being a MIC, Nigeria stands out as very unprepared for the upcoming transition –
 - Poor health indices
 - Very low domestic financing for health
 - Poor government commitment to health
- The possibility of losing funds at a time when there is a need for accelerated progress towards UHC is a source of concern



Objectives

This study explored stakeholders' perspective on-

- the preparedness of the Nigerian health system for a responsible transition
- policies and strategies in place for implementing such transition
- the potential challenges ahead on transitioning to domestic funding of health
- how Nigeria can make progress towards UHC



Methods

With HIV and immunization as tracer services, we used qualitative research methods to explore stakeholders' perception of transition from external funding to domestic funding for health

- seventeen in-depth interviews – eleven males and six females
- ten national level - six state-level - one donor interview conducted with stakeholders in Nigeria and Geneva
- data analysis - Vogus and Graff's expanded framework



Analytical framework

The policy environment	The institutionalization of processes	Integration of programs into the wider health system
Identification of alternative funding sources	Leadership and management	Political and economic factors
Stakeholder engagement	The strength of procurement and supply chain management.	Identification of staffing and training needs

Vogus and Graff's- expanded framework

The "Sustainability Index Tool and Dashboard" by PEPFAR &
The "Capacity Assessment Tool for Country Ownership of HIV Care and Treatment" –



Result

We identified-

- more transition preparedness plans within immunization program compared with HIV program
- steps taken to integrate and institutionalize service delivery processes toward sustainable immunization and responsive primary healthcare in line with UHC
- ongoing discussions on integrating HIV services with other services and the possibility of covering HIV services under the National Health Insurance Scheme (NHIS)



We identified gaps in all the nine components of the analytical framework-

- policy implementation gaps
- funding gaps
- poor stakeholder engagement
- lack of program integration
- poor leadership and management
- Poor institutionalization of processes
- political and economic gaps
- gaps in procurement processes
- inadequate human resources for health



Conclusion

- Nigeria lacks well-developed preparedness plans for transitioning out of DAH
 - Available pro-UHC policies and strategies are in place to enable a smooth transition
 - NHA and the BHCPF are major health service and financing policies to protect poor populations
 - Hindered implementation as a result of -
 - systemic inefficiencies
 - poor budgetary allocation to health
 - poor leadership and governance



Recommendation

- The Nigerian government should identify and address implementation gaps as well as systematic gaps in using domestic resources for financing critical health services
- The government should redirect funds to building the overall system—consolidating and coordinating programs and linking them into the overall health system, health financing priorities, and policies
- Policymakers must identify clear road maps for the implementation of the existing pro-UHC policies with proper stakeholder engagement



Policy implication

- Transition plan should not be an afterthought but a well-incorporated aspect of health program plans
- Donors and recipient countries should endeavor to have inbuilt transition plans to give direction to program implementation and to enable the institutionalization of service delivery processes for continuity
- Institutionalizing a comprehensive and functional structure will provide continuity even in the event of decreasing external funds or donor exits