



# INADEQUATE FUNDING OF THE HEALTH SECTOR RESULTING IN POOR PRIMARY HEALTH CARE OUTCOMES

*BUILDING PFM CAPABILITIES:  
PEER REVIEW SEMINAR*

Team Nigeria II - Pacesetters

**Dakar, Senegal  
December, 2018**

# Team Members

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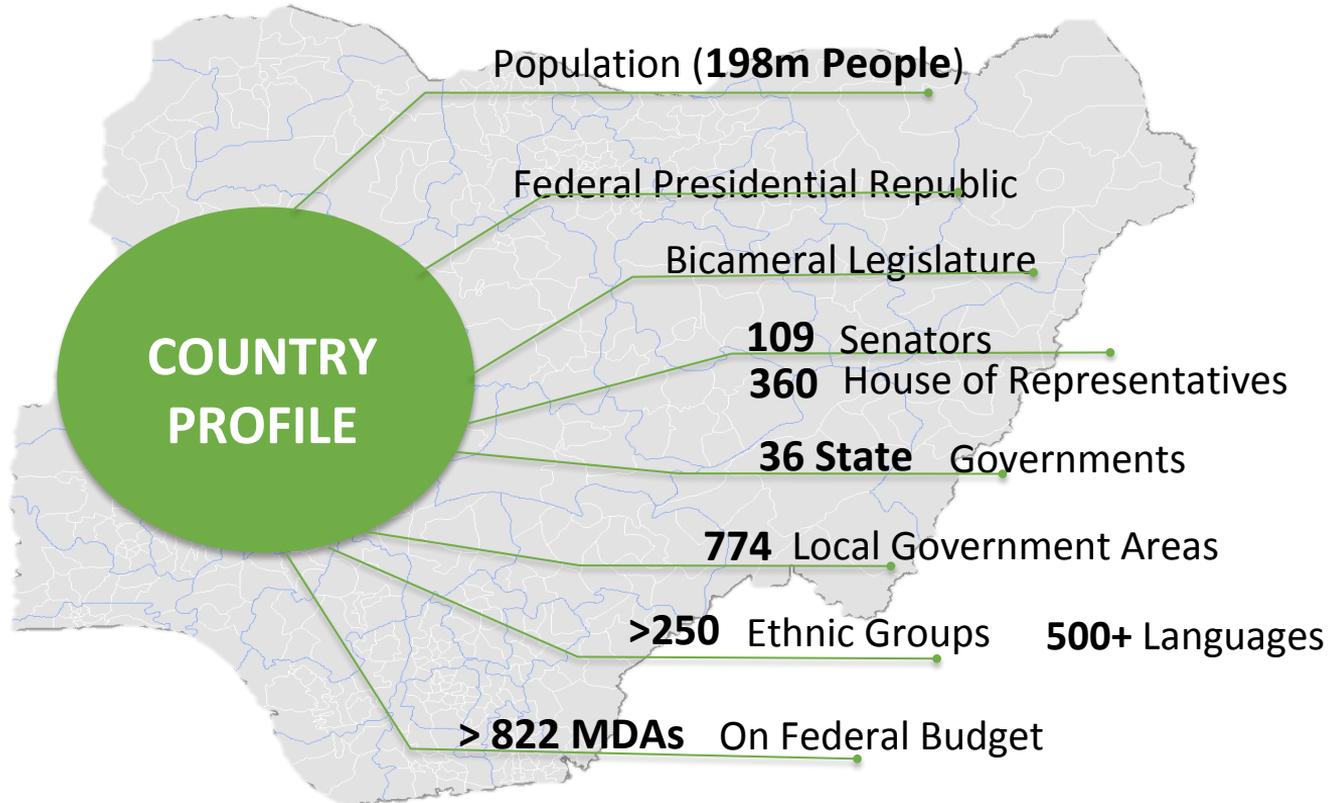
Coach  
Neil Cole

# OUTLINE

- 1 Introduction
  - Brief Country Profile
  - Problem Statement
- 2 Fishbone/Entry Points
  - Original
  - Revised
- 3 Key Actions
- 4 Outputs
- 5 Lessons Learned
- 6 Next Steps
- 7 Message from our authorizer



# BRIEF COUNTRY PROFILE

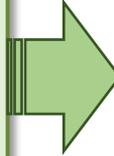




# PROBLEM STATEMENT

What is the Problem?

*Inadequate Funding Of  
The Health Sector  
Resulting in Poor  
Primary Health Care  
Outcomes*



## Narrative

- Loss of lives
- Low productivity level
- High dependency burden
- Low progress in universal health coverage
- Life expectancy rate - **Low**
- Highest number of unimmunized children in the world (4.3m)
- One of few countries in Africa not yet polio free
- Immunization coverage of only 33%
- Maternal health indices (MMR) at 576/100,000 live birth (highest in the world)
- Infant mortality rate of 70/1,000 live births
- Under 5 mortality rate of 120/1,000 live births



# World Bank Human Capital Index – Oct. 2018: Focus on Nigeria

Nigeria	Score			Ranking	
	Score	World Best	World Worst	Sub-S Africa	World
INDEX & PILLARS					
<b>HUMAN CAPITAL INDEX</b>	<b>0.34</b>	0.88	0.29	36 /41	152 /157
Probability of Survival to Age 5	90.0%	99.8%	87.7%	37 /41	125 /157
Expected Years of School	8.2yrs	14.0yrs	4.2yrs	21 /41	135 /157
Harmonized Test Scores	325	581	305	36 /41	151 /157
Learning-Adjusted Years of School	4.3yrs	12.9yrs	2.3yrs	30 /41	144 /157
<b>Fraction of Kids Under 5 Not Stunted</b>	<b>56%</b>	98%	44%	38 /41	101 /157
Adult Survival Rate	65%	96%	50%	36 /41	151 /157

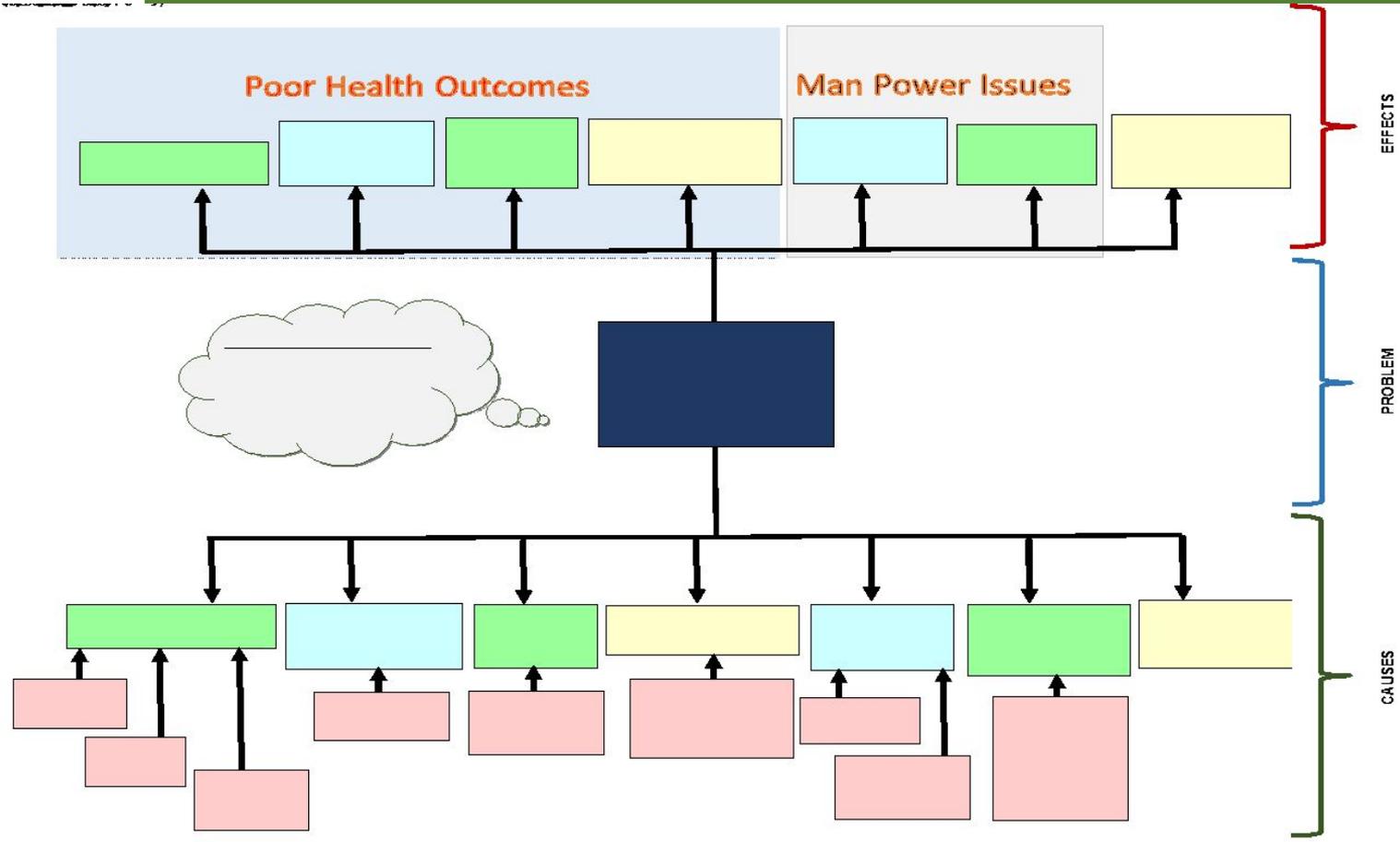
- Primary healthcare is the foundation/bedrock of the health sector and our BEST chance of reversing the poor health outcomes, hence the focus of the team on PHC. Although health is on the concurrent legislative list, FGN is taking leadership on this

**FISHBONE**





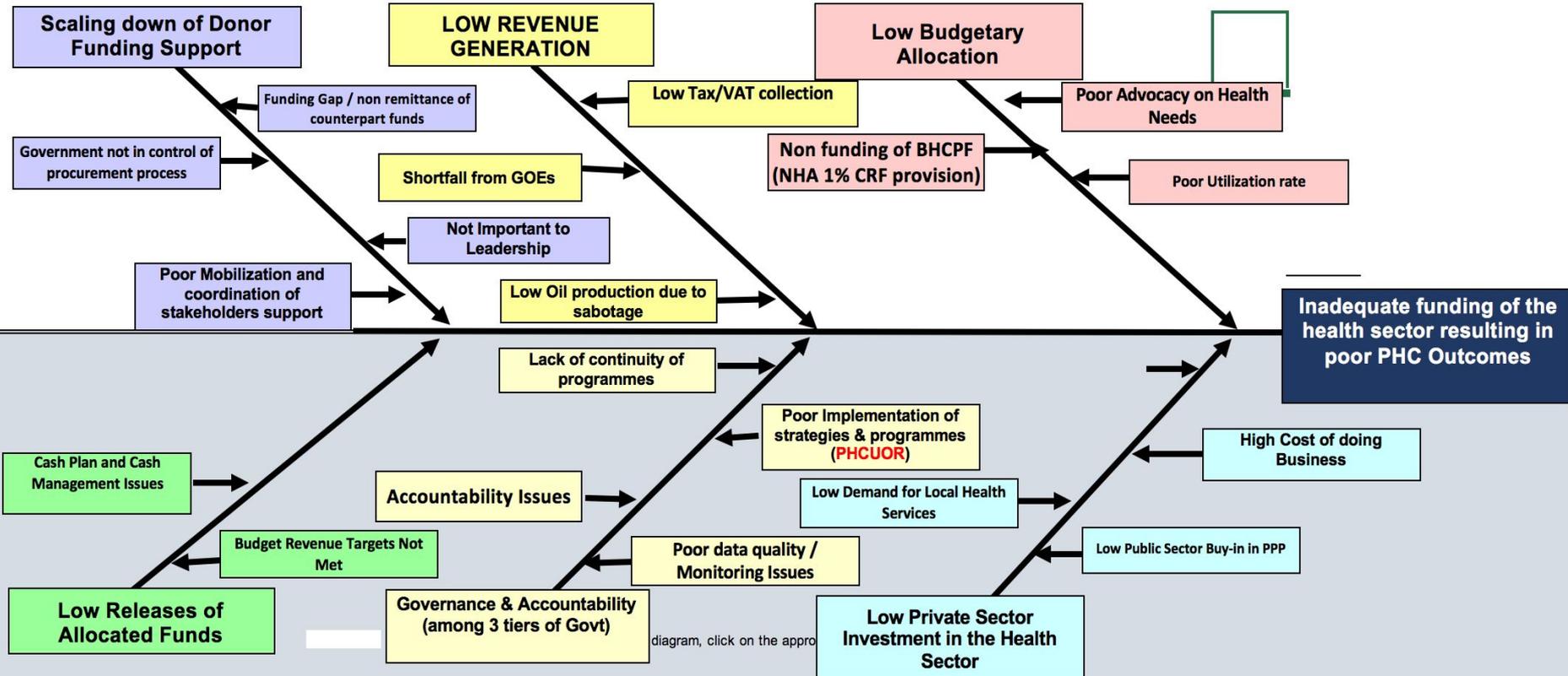
# Problem Tree – (Old *Fishbone*)





# Revised Fishbone

## Fishbone Diagram





## KEY ACTIONS



# Key Actions



Operationalization of the Basic Health Care Provision Fund



Developed an Aid Transition Plan



Increased Funding to the Health Sector



Extension of Gavi transition support from 2021 to 2028



Reviewed the implementation guidelines and funds flow arrangements (CBN) for the BHCPF to the 3 gates



Supply Chain Management (CCEOP, Harmonization of PSC, Vaccine accountability, Self procurement etc.)

## KEY OUTPUTS

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# KEY OUTPUTS

## ENTRY POINT 1

### Scaling Down of Donor Funding

## Problem Solved

- Aid Transition Plan
- GAVI Extension

## Output

- Secured approval for the setting up of the inter-ministerial Technical Working Group (TWG) to produce the Nigeria Aid Transition Plan.
- The TWG is being Chaired by the DG Budget
- The Team was the task team/secretariat for the TWG and:
  - Generally coordinated the activities of the Group providing logistic support, resource, and other information to members;
  - Developed draft letters of invitation for members of the TWG;
  - Dispatched and followed up the letters of invitation;
  - Developed presentation slides and speech for our authorizers; and
- Generally work on the central draft plan document



# KEY OUTPUTS

## ENTRY POINT 1

### Scaling Down of Donor Funding

#### Problem Solved

- Aid Transition Plan
- GAVI Extension

#### Output

- Worked with the Finance Task-Team to finalize the projection of the funding requirement for the implementation of the GAVI transition plan – before and in May 2018
- Worked with other key stakeholders to facilitated the release of an outstanding refund to trigger GAVI extension;
- Facilitated the production and signing of the commitment letter as part of the condition for the GAVI extension
- Funds were subsequently released by the Nigeria Government and an exceptional 10-year extension granted by GAVI.



# KEY OUTPUTS

## ENTRY POINT 1

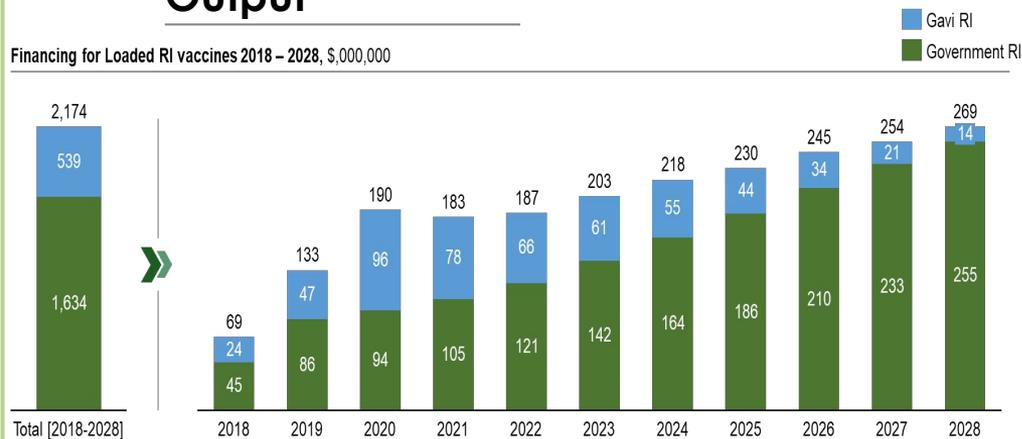
## Problem Solved

Scaling Down of Donor Funding

GAVI Transition Extension

## Output

Financing for Loaded RI vaccines 2018 – 2028, \$,000,000



- The extension allows Nigeria to introduce critical immunization antigens, ramp up coverage, and more importantly increase immunization expenditure in an orderly and sustainable manner
- A total of about US\$3 billion would be spent by FGN & GAVI on immunization during the period



# KEY OUTPUTS

## ENTRY POINT 1

### Problem Solved

**Scaling Down of Donor Funding**

GAVI Transition Extension

### Output

- To ensure full implementation of the Plan in 2019, the Team:
  - Facilitated a meeting of our authorizers – the DG Budget and the ED NPHCDA on the Primary Health Care Budget
  - Worked with NPHCDA and the World Bank to determine the projected loan for immunization for 2019
  - Ensured the balance is FULLY captured in the 2019 Budget
  - Projected World Bank Loan component to 2021 and provided for the balance in the Medium Term Expenditure Framework



# KEY OUTPUTS - GAVI TRANSITION EXPERIENCE

High support to local effort

- Since the FGN showed commitment to immunization financing in Nigeria, there has been willingness with our partners to commit more resources. For instance:
  - **Partners are more willing to commit resources with properly planned transition. The following are key examples we have seen in the last few months:**
    - ✓ The MoF and the MoH are currently negotiating an IDA credit estimated to be between **\$300 million and \$500 million** for immunization in addition to a **\$150 million** credit under operation for financing both polio and routine immunization.
    - ✓ Gates Foundation is currently finalising a grant of approximately **\$75 million** to Nigeria to be a direct contribution to the health budget
    - ✓ Nigerian philanthropists are also mobilizing support for the course – **Dangote Foundation** currently supporting five states in Nigeria.



# KEY OUTPUTS

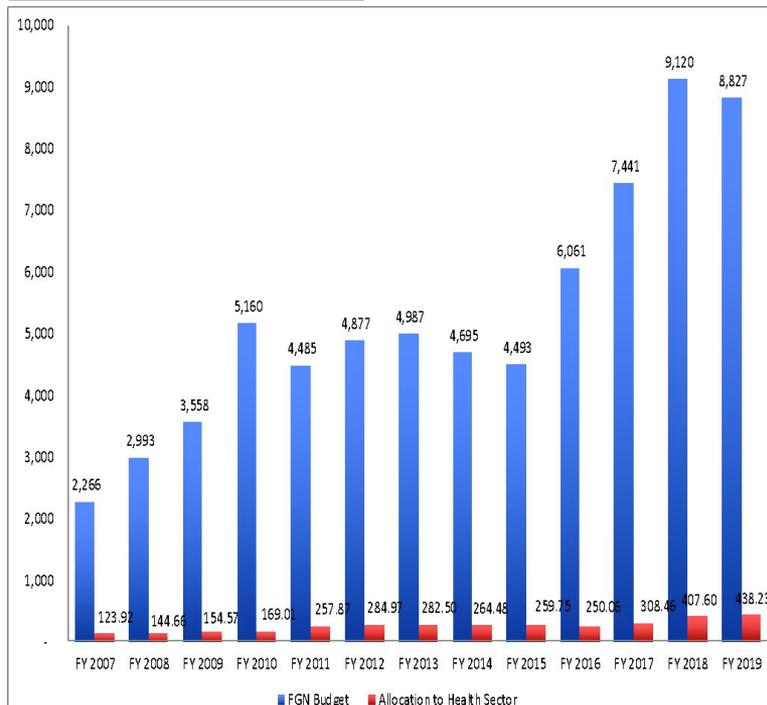
## ENTRY POINT 2

**Low Budgetary Allocation**

## Problem Solved

- BHCPF
- Gavi Funds
- Vaccine

## Output





# KEY OUTPUTS

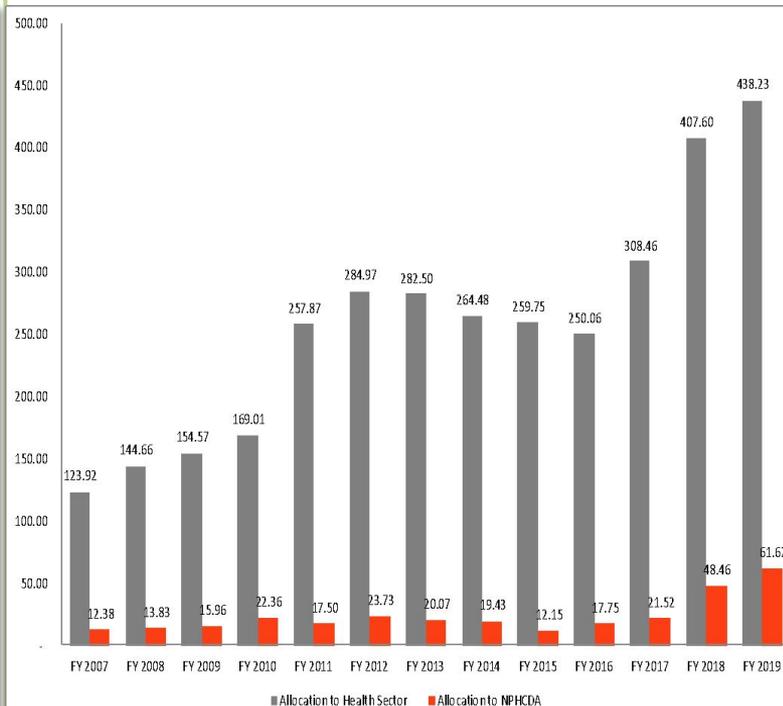
## ENTRY POINT 2

**Low Budgetary Allocation**

## Problem Solved

- BHCPF
- Gavi Funds
- Vaccine

## Output





# KEY OUTPUTS

## ENTRY POINT 2

**Low Budgetary Allocation**

## Problem Solved

- BHCPF
- Gavi Funds
- Vaccine

## Output

- Aggregate FGN reduced by **3.2%**, from **9.120trn** to **8.83 trn** in 2019 proposal
- Health sector budget for 2019 increased by **8%** over 2018
- NPHCDA budget for 2019 is **27% above 2018**
- Higher compared to its sister agencies
- Provision was made for Vaccine in the **2019 – 2021 MTEF**
- **BHCPF** was provided for in the Executive Budget proposal
- **GAVI/Immunisation** Fund provisioned for under SWV



# KEY OUTPUTS

## ENTRY POINT 3

**Governance & Accountability Issues**

## Problem Solved

- Accountability Framework

## Output

Developed the Accountability Framework for implementation of GAVI Transition

- Team participated in the Accountability Framework Development Committee;
- Especially in areas of Health Financing and Sustainability Issues
- We provided input in developing the indicators for health financing and their targets for 2019 - 2028
- Members are also following up to ensure Nigeria do not default



# KEY OUTPUTS

## ENTRY POINT 3

### **Governance & Accountability Issues**

### **Problem Solved**

Implementation of NSIPSS & GAVI Transition Plan

### **Output**

- Vaccine Forecasting
  - Participated in vaccine forecasting workshop
  - Effective Budget for Immunization
  - Projected funding requirement for vaccine for the MTEF
  - Participated and provided input for budget bilateral of Health Ministry
  - Participated in review of BMGF grant MOU with the FGN
    - to increase fiscal space and accommodate higher expenditure for PHC in Nigeria

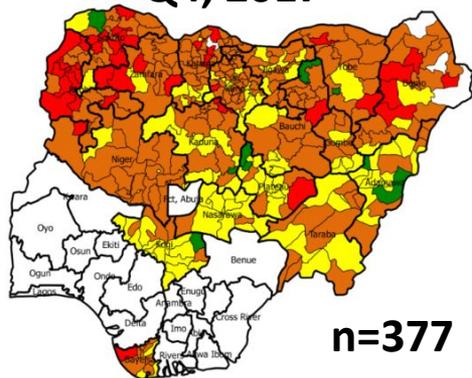


## LESSONS LEARNED



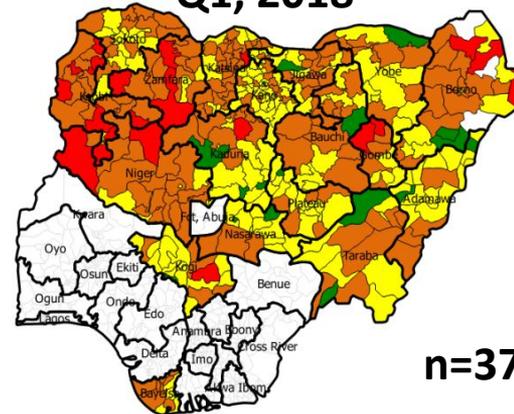
# Progress in Immunization Activities in Some Selected States from Q4 2017- Q3 2018

## Q4, 2017



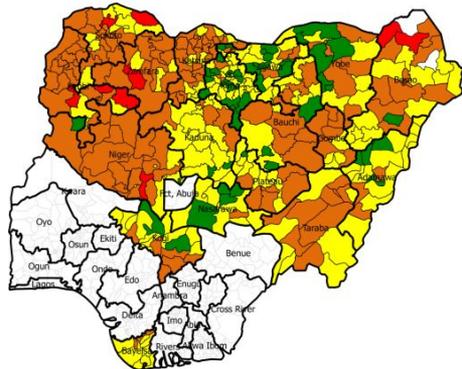
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## Q1, 2018



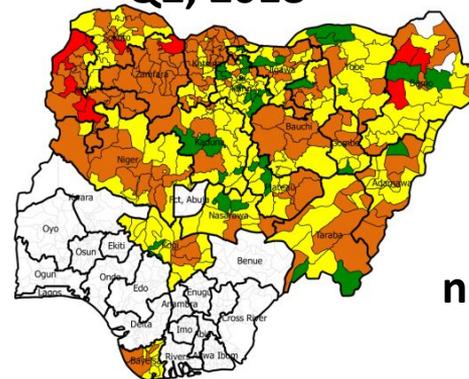
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## Q3, 2018

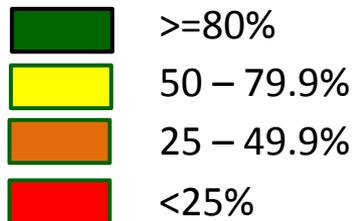


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## Q2, 2018



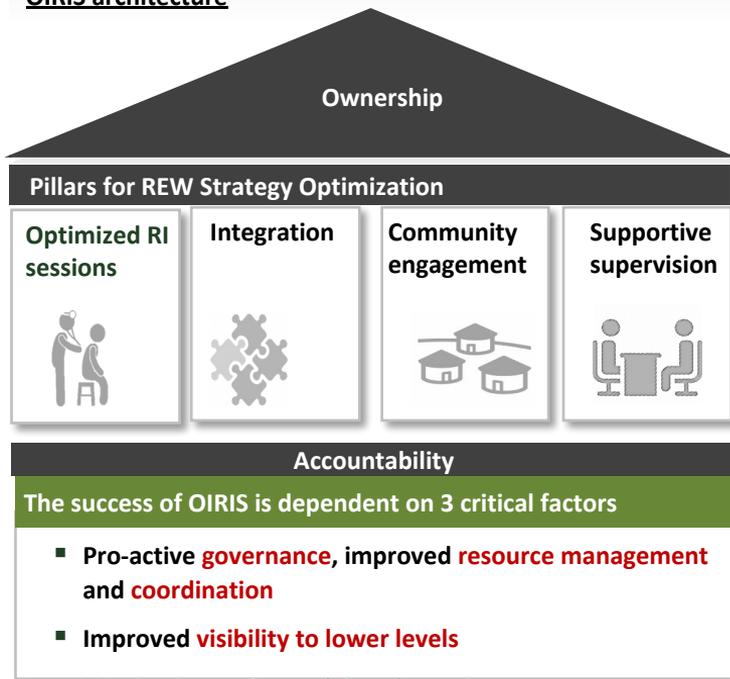
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# Revised approach to improving health coverage

## OIRIS architecture

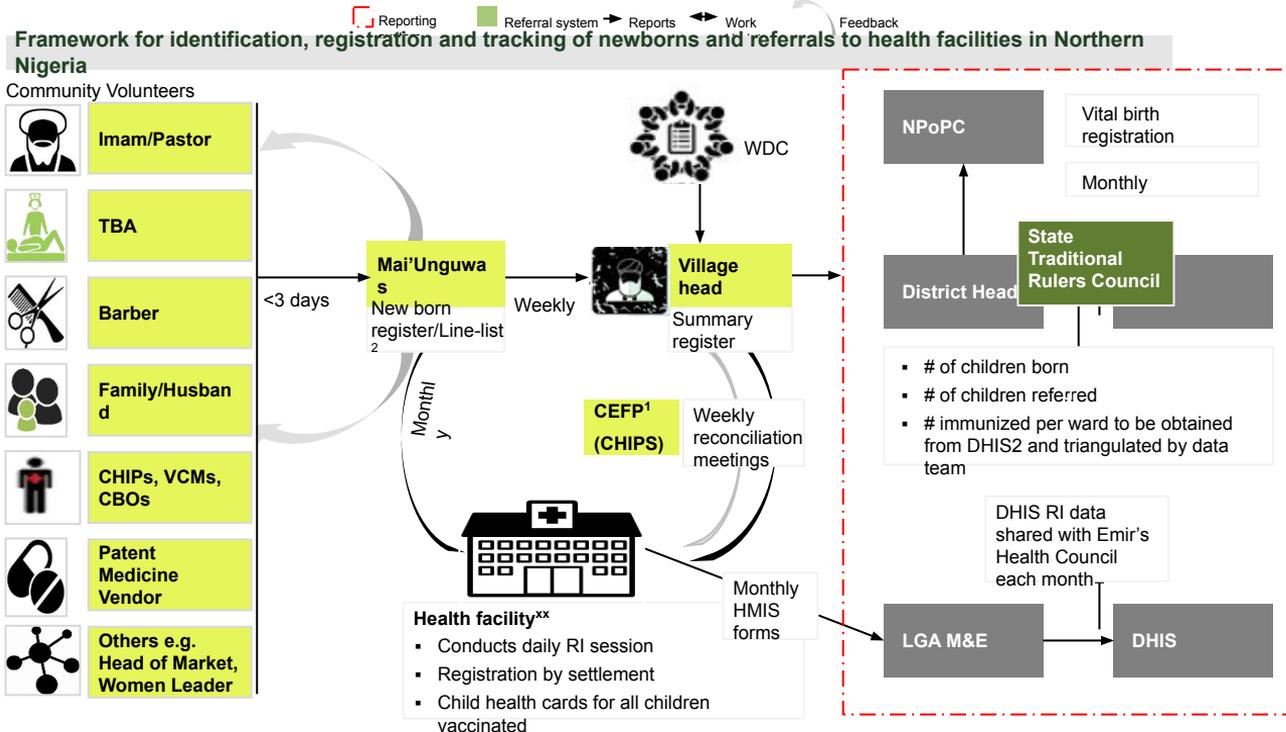


Pillars	Description
Ownership	<ul style="list-style-type: none"> <li>Primary Health Care Agencies/Boards responsible for <b>driving improvements</b> in RI performance and a strengthened PHC</li> </ul>
Optimized RI sessions	<ul style="list-style-type: none"> <li>Increase the frequency of fixed, outreach and mobile sessions to be able to <b>reach all partially immunized and unimmunized children</b> in the communities</li> </ul>
Integration	<ul style="list-style-type: none"> <li><b>Integrate RI with other health services</b> and commodities to attract caregivers to immunization and <b>strengthen PHC service delivery</b> in focal communities</li> </ul>
Community engagement	<ul style="list-style-type: none"> <li><b>Engage the community</b> and traditional leadership institutions to create demand for RI, <b>track and refer defaulters</b> and unimmunized children to health facilities</li> </ul>
Supportive supervision	<ul style="list-style-type: none"> <li>Rollout of standardized monthly RI <b>supportive supervision visits</b> to HFs with support from NERICC</li> </ul>
Accountability	<ul style="list-style-type: none"> <li><b>Rewards and sanctions</b> + vaccines accountability</li> <li>Data accountability – <b>zero tolerance for data falsification</b></li> </ul>

**OIRIS strengthens the operationalization of the Reach Every Ward Strategy**



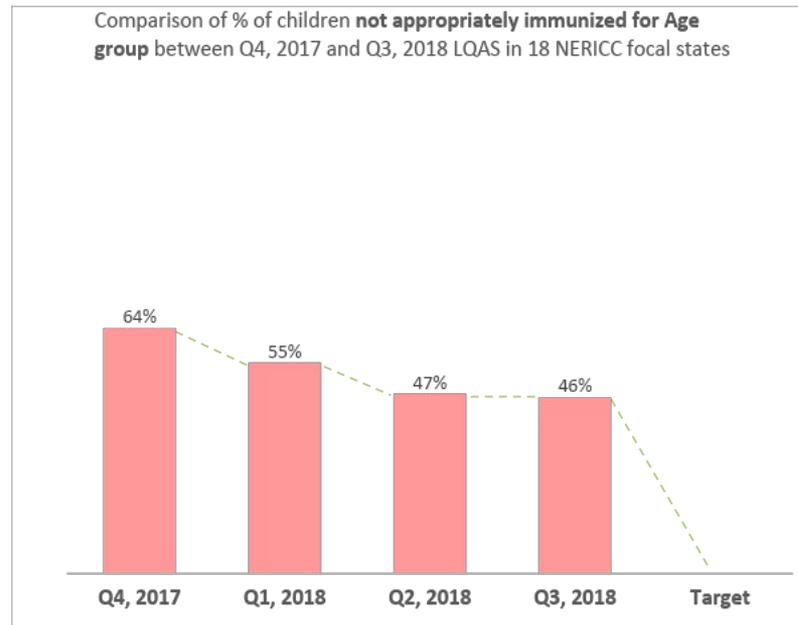
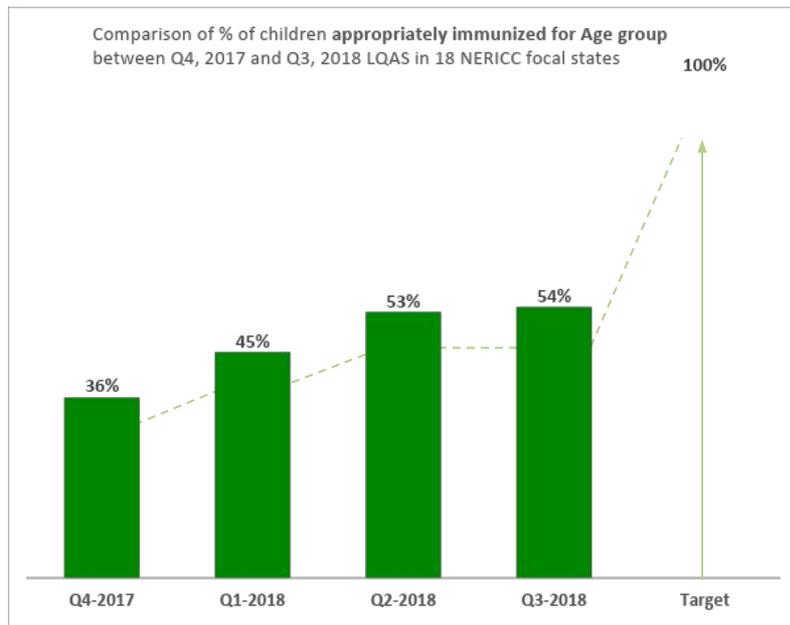
- Community volunteers are identified by the traditional leaders and community for the conduct of line-listing, defaulter tracking and referrals. This is in alignment with their work roles
- A reporting system also ensures that the Emirate Council tracks improvements made with accountability





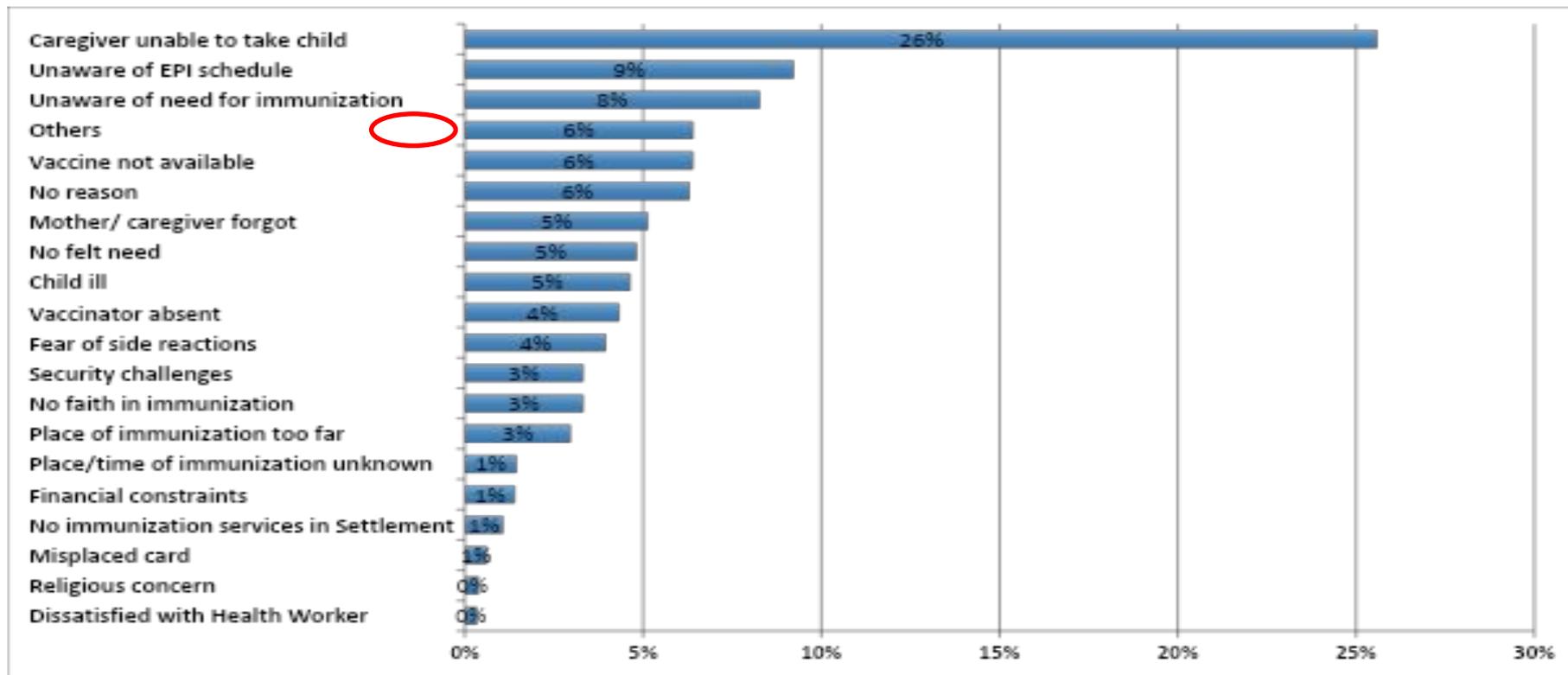
# Outcome of Revised Strategy 2017-2018

**There is some improvement in the immunization status of sampled children from some selected states**



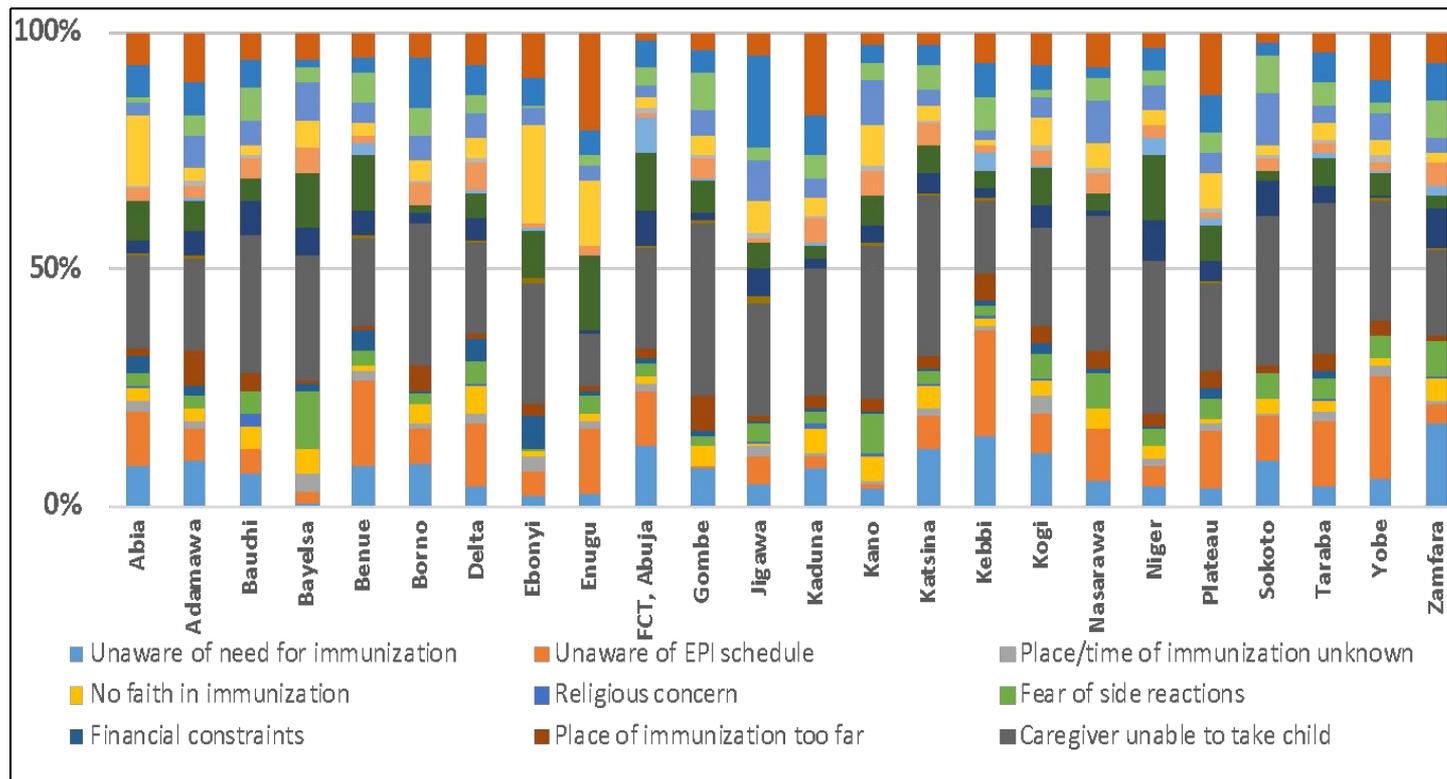


## REASON FOR NOT APPROPRIATELY IMMUNIZED FOR AGE, QUARTER 3, 2018





# REASONS FOR NOT APPROPRIATELY IMMUNIZED FOR AGE, BY STATE



Source:



# GENERAL LESSONS LEARNED

- Solving problems at a lowest level makes an achievement look less cumbersome as initially envisaged
- Small actions are critical
- Development Funding could be used to galvanize local actions and achieve:
  - ✓ Reform objectives
  - ✓ MDAs collaboration
  - ✓ Engagement of various stakeholders
- When problems are deconstructed, they become easier to solve
- We achieve more working as a team than as individuals
- When problems are presented and supported with data, buy-ins become easier
- A supportive authorizing environment makes success easier



**NEXT STEPS**



# NEXT STEPS

Maximize value-for-money (Value-for-Money Stakeholders Workshop planned for January 2019)

Ensure the implementation of the Financial Accountability Framework for the GAVI Transition Plan

Ensure strict adherence to the manual for the disbursement and implementation of BHCPF

Engage continuously with other stakeholders (CHAI, MoH, NASS, NPHCDA)

To review and identify alternative sources of funding aside FGoN budgetary provisions as donor funding is being scaled down gradually (incentives to leverage private capital for the health sector)

Domesticate donor procurement/supply chain processes (Knowledge Management and Capacity Building)

Allocative Efficiency



# TEAM PHOTOS





# TEAM PHOTOS





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**THANK  
YOU !**

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