



Inadequate Funding Of The Health Sector Resulting to Poor Primary Health Care Outcomes

Team Nigeria II - Pacesetters

**Dakar, Senegal
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Team Members

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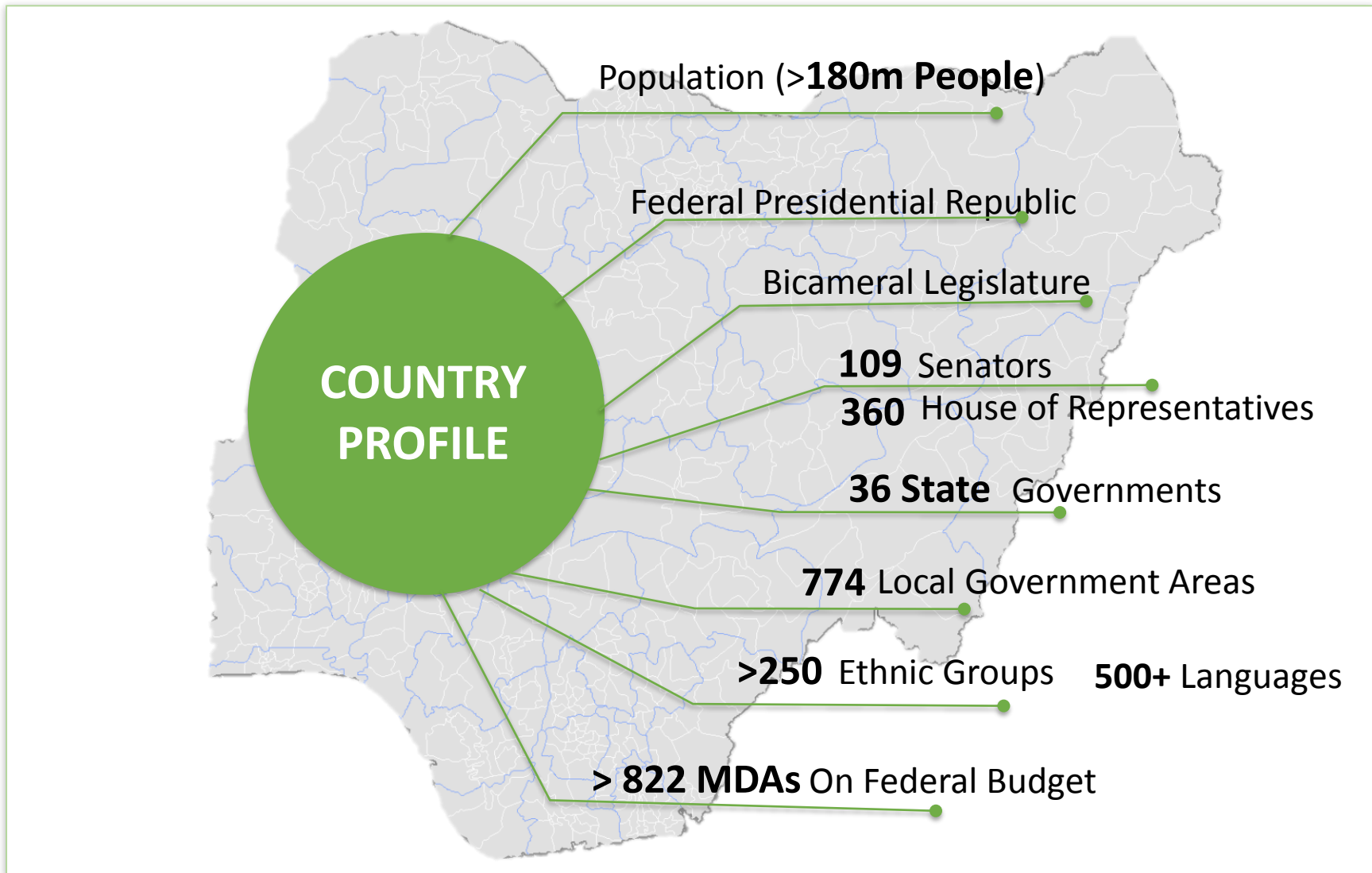
Coach
Neil Cole

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

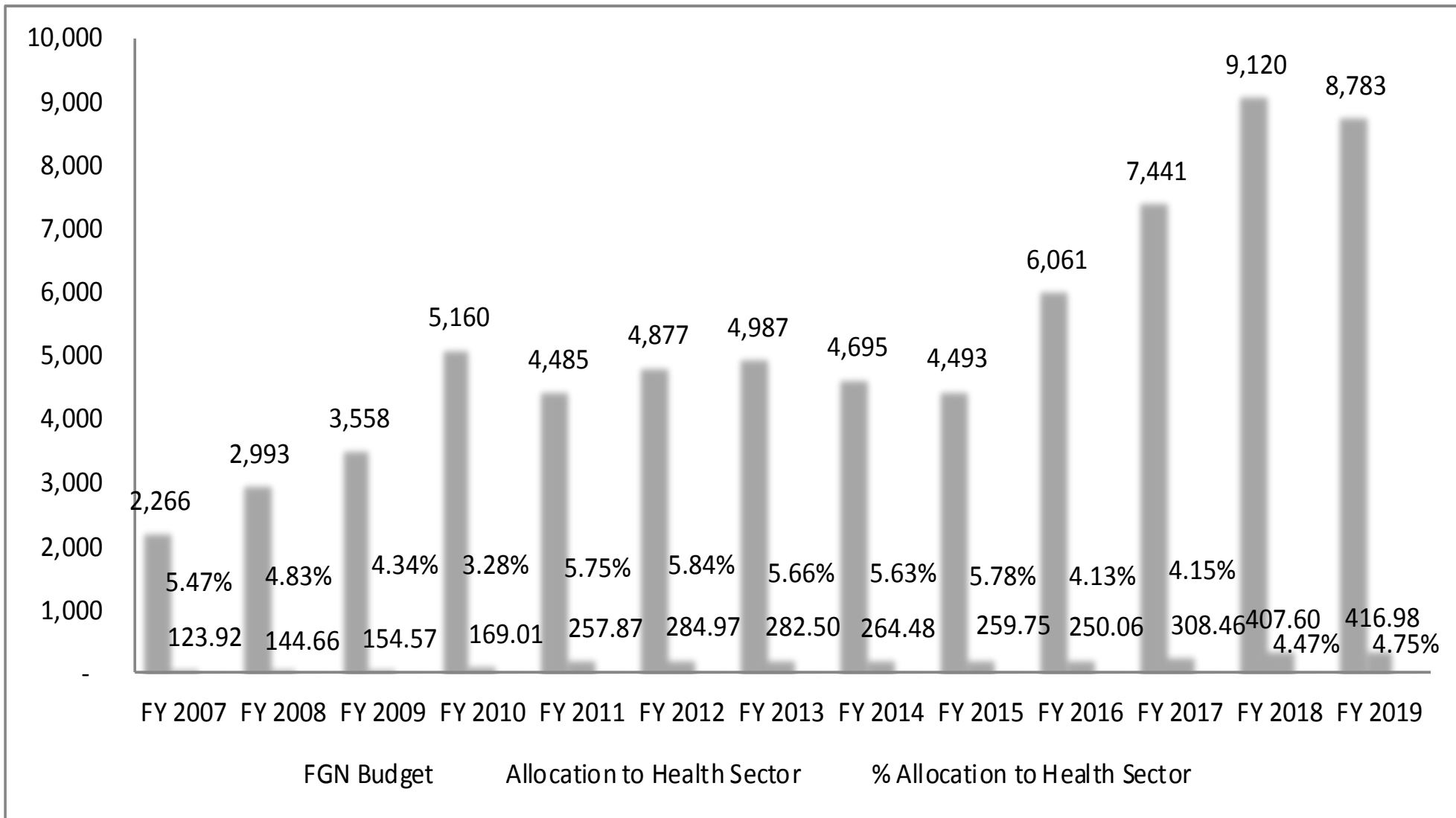
What is the Problem?

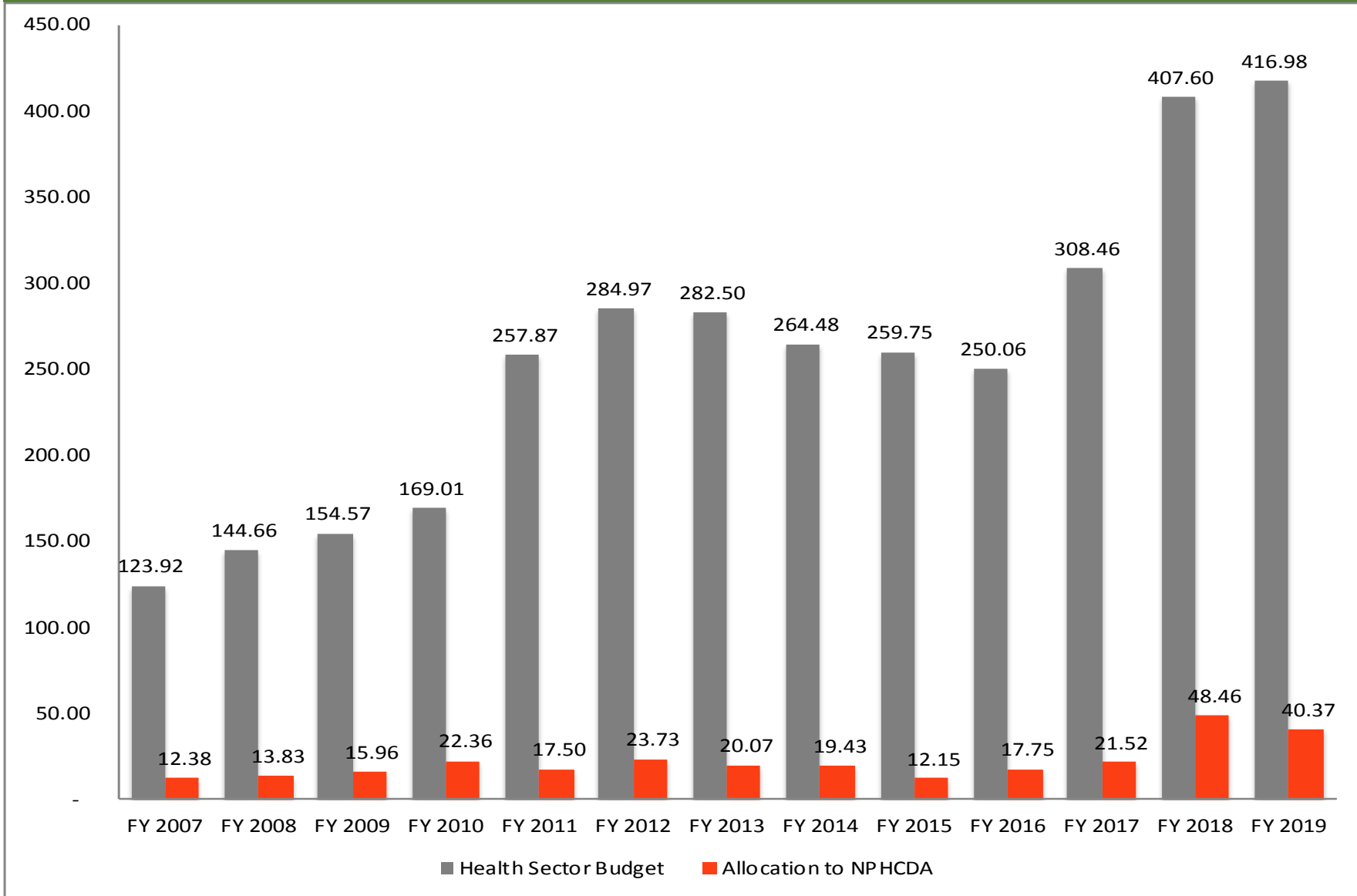
*Inadequate Funding
Of The Health Sector
Resulting to Poor
Primary Health Care
Outcomes*

Using data to tell our story

Narrative

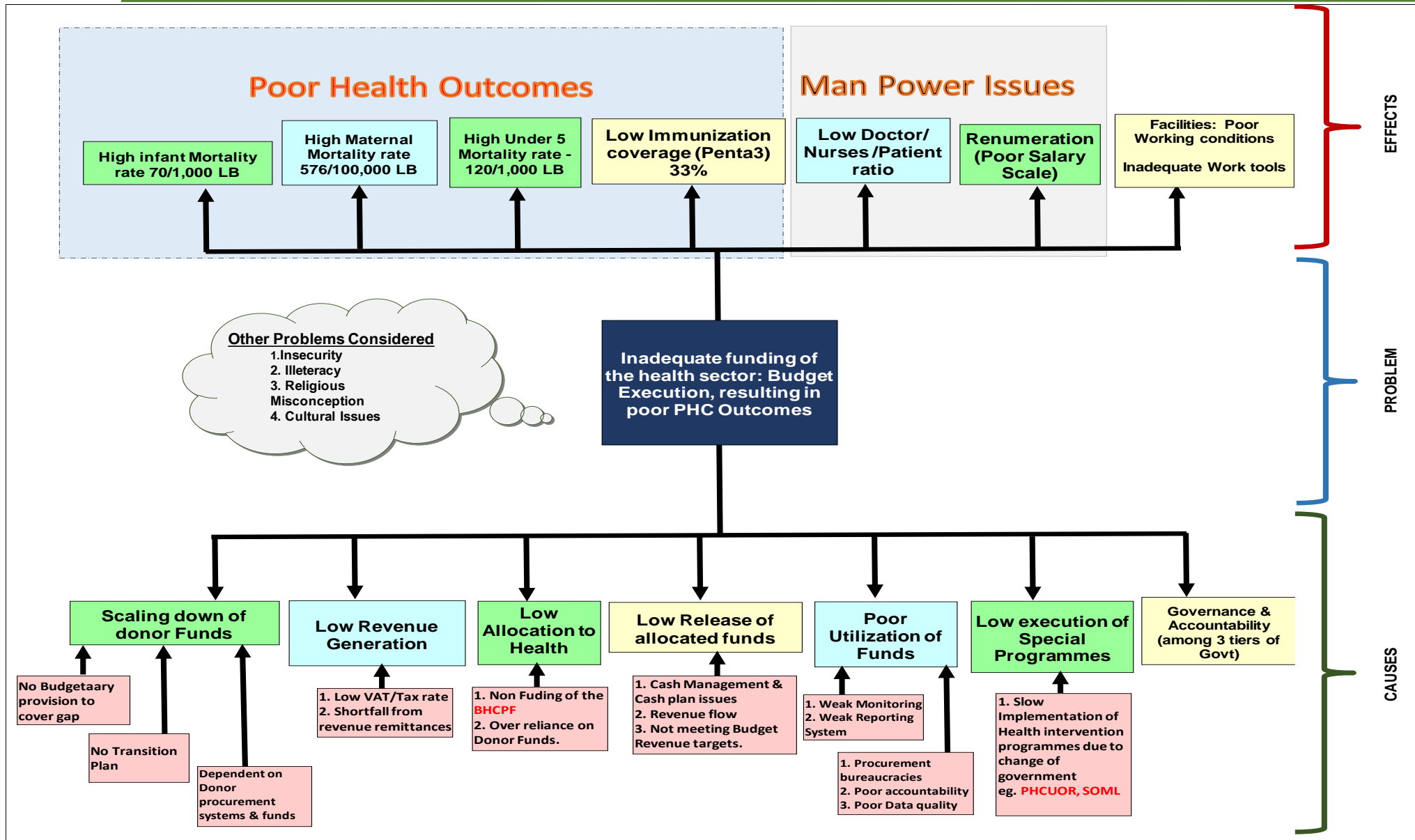
- Loss of lives
- Low productivity level
- High dependency burden
- Low progress in universal health coverage
- Declining of life expectancy rate
- Highest number of unimmunized children in the world (4.3m)
- Only country in Africa not yet polio free
- Immunization coverage of only 33%
- Maternal health 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







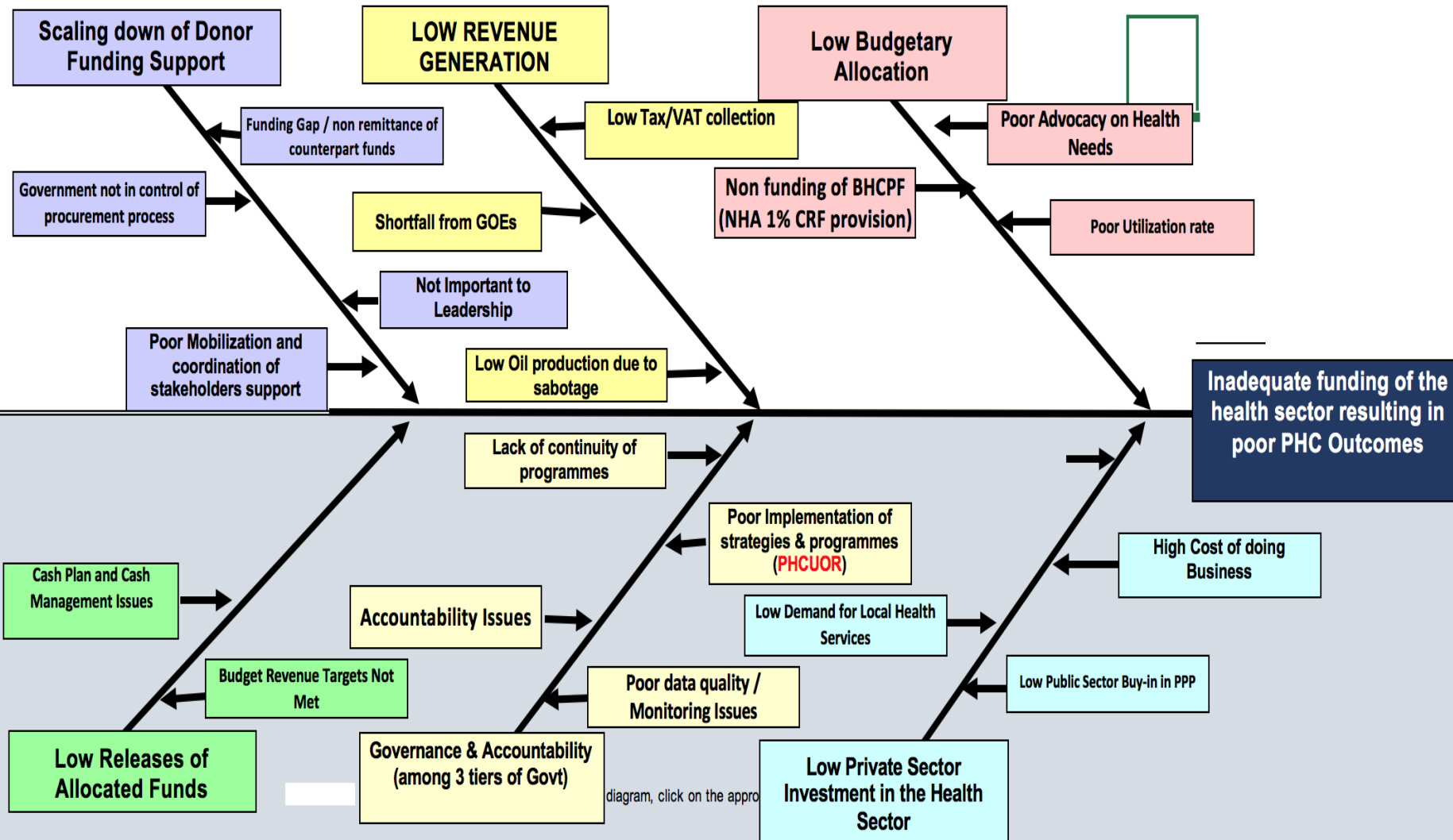
Problem Tree – (Old Fishbone)





Revised Fishbone

Fishbone Diagram





KEY ACTIONS

Key Actions



Operationalization of the Basic Health Care Fund



Developed an Aid Transition Plan



Increased Funding to the Health Sector



Implementation of GAVI Transition Plan



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



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

KEY OUTPUTS





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

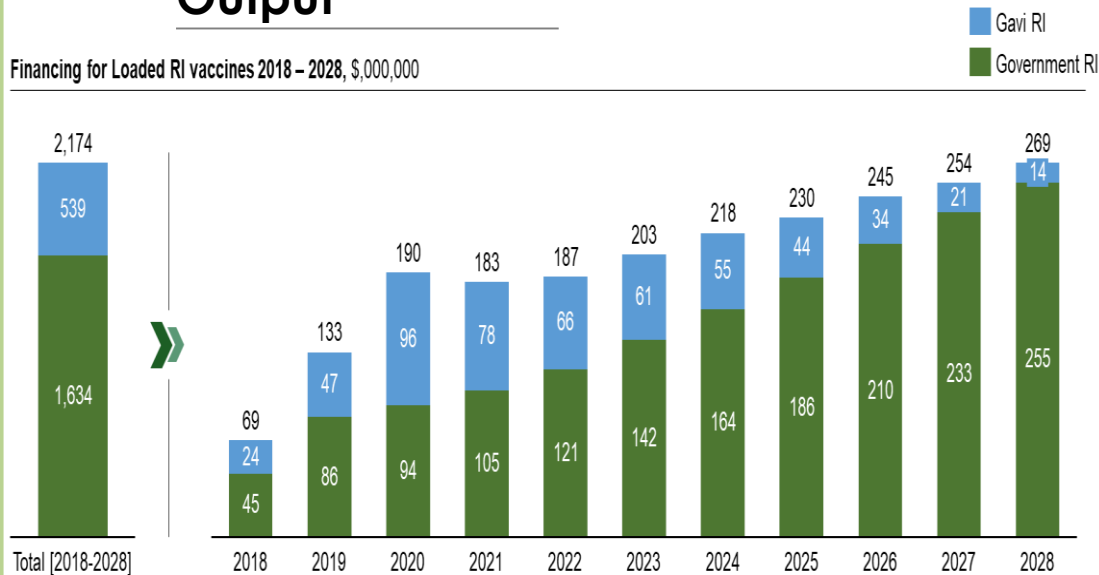
Scaling Down of Donor Funding

Problem Solved

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 (MTEF)



KEY OUTPUTS

ENTRY POINT 2

Low
Budgetary
Allocation

Problem Solved

- BHCPF
- Gavi Funds
- Vaccine

Output

- Health sector budget for 2019 increased by 8% over 2018
- NPHCDA budget for 2019 is 27% above 2018, despite the fact that FGN budget for 2019 is 4% less against 2018
- Provision was made for Vaccine in the 2019 – 2021 MTEF
- BHCPF was provided for in the Executive Budget proposal
- GAVI/Immunisation Fund provided for under SWV
- NPHCDA budget for 2019 is higher compared to other sectors



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

Implementation of NSIPSS & GAVI Transition Plan

Problem Solved

- Effective Budget for Immunization

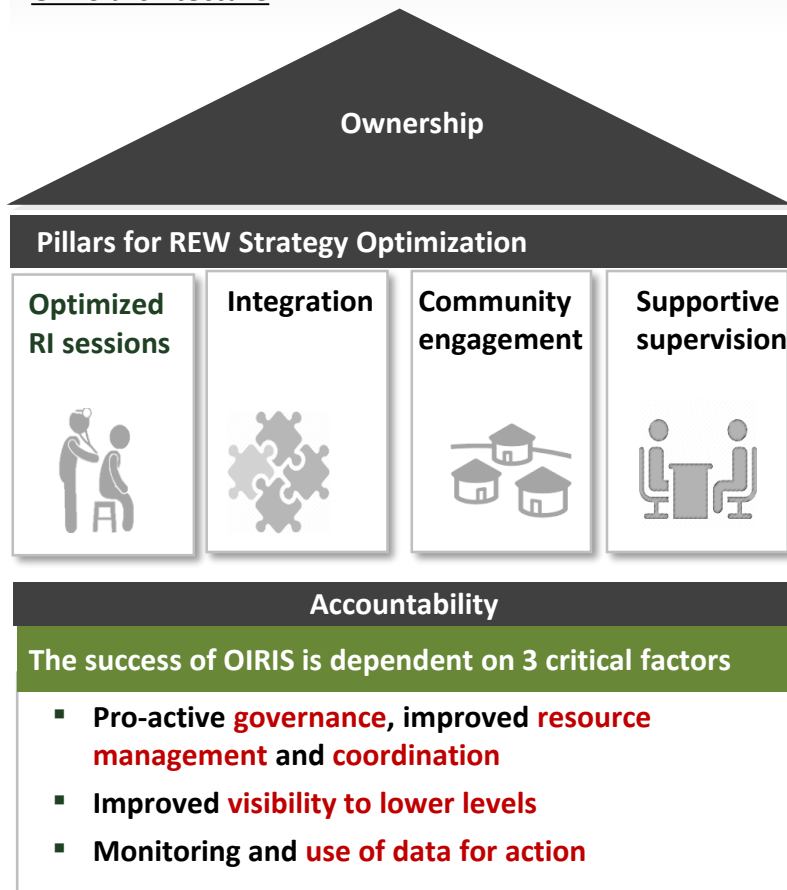
Output

- Vaccine Forecasting
 - Participated in vaccine forecasting workshop
- Immunization Budgeting
 - Estimated immunization budget
 - 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



Revised approach to improving health coverage (immunisation and PHC) by the NERICC team

OIRIS architecture



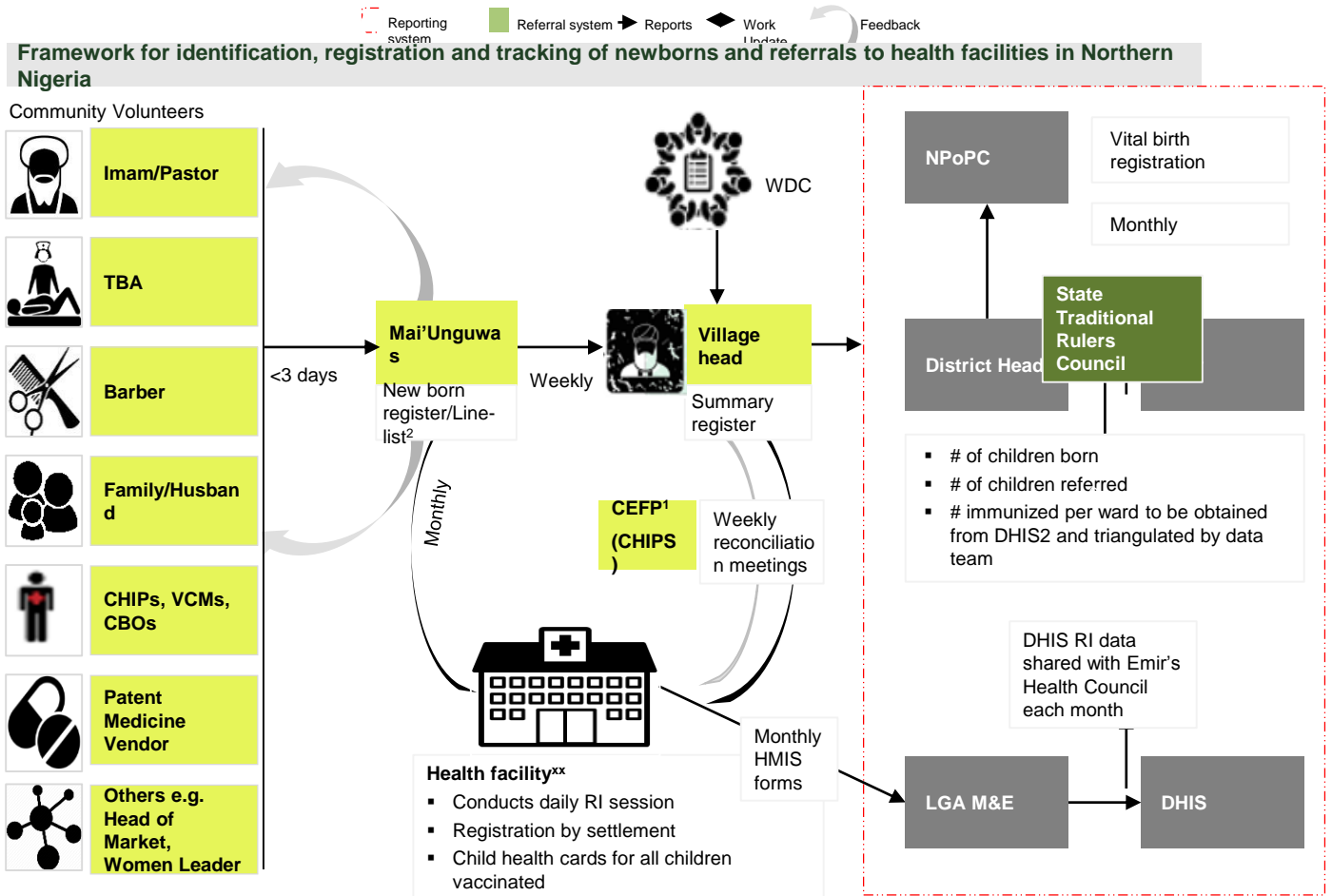
Pillars	Description
Ownership	<ul style="list-style-type: none"> Primary Health Care Agencies/Boards responsible for driving improvements in RI performance and a strengthened PHC
Optimized RI sessions	<ul style="list-style-type: none"> Increase the frequency of fixed, outreach and mobile sessions to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

OIRIS strengthens the operationalization of the Reach Every Ward Strategy



Revised community engagement framework developed by the NERICC's Team

- 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





LESSONS LEARNED



LESSONS LEARNED

- Solving problems at a lowest level makes an achievement look less cumbersome as initially envisaged
- Small actions are critical
- Strategic Statements from world leaders matters
- 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 becomes easier
- A supportive authorizing environment makes success easier



LESSON LEARNED— GAVI TRANSITION EXPERIENCE

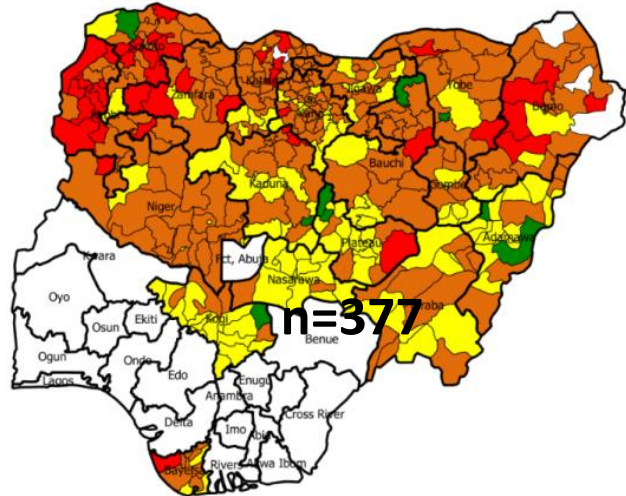
High support to local effort

- 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 negotiating 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.

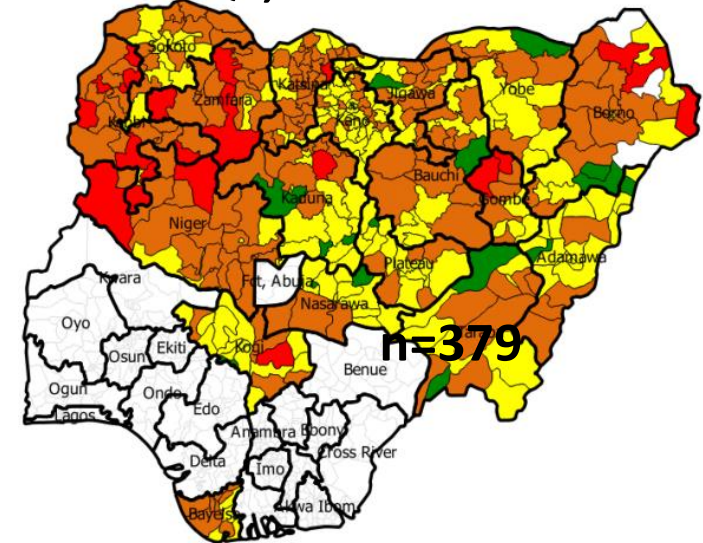


LESSONS LEARNED - RI LQAS RESULTS IN 18 NERICC PRIORITY STATES, 2017-2018

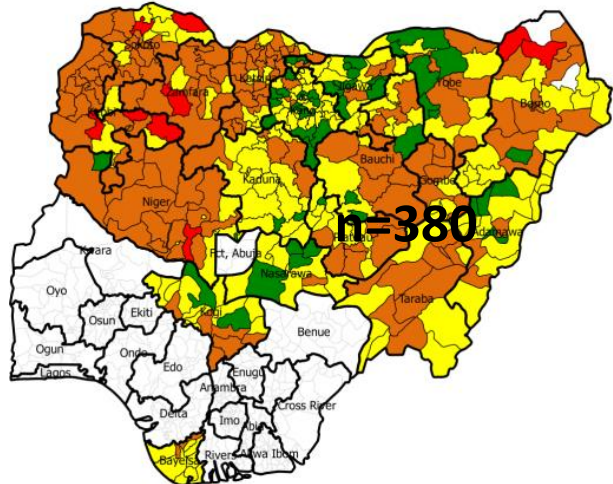
Q4, 2017



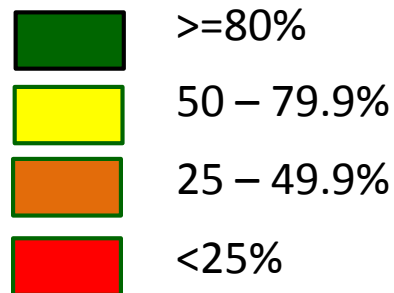
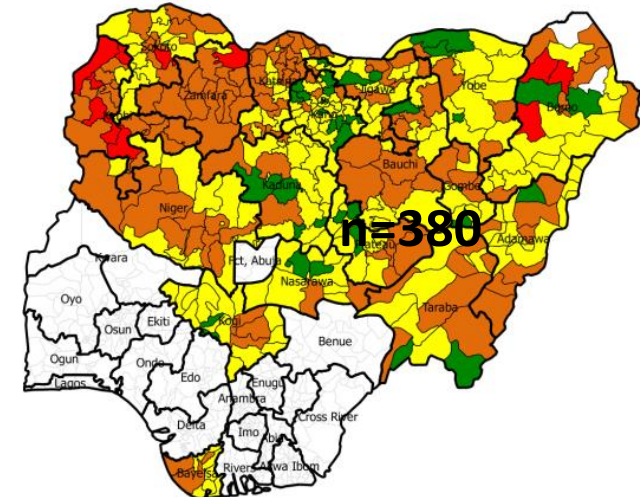
Q1, 2018



Q3, 2018



Q2, 2018

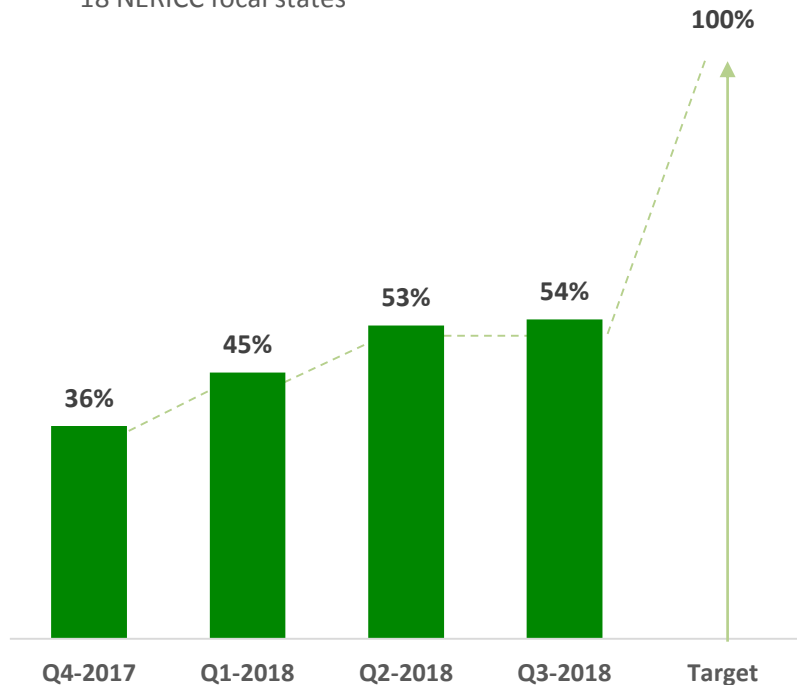




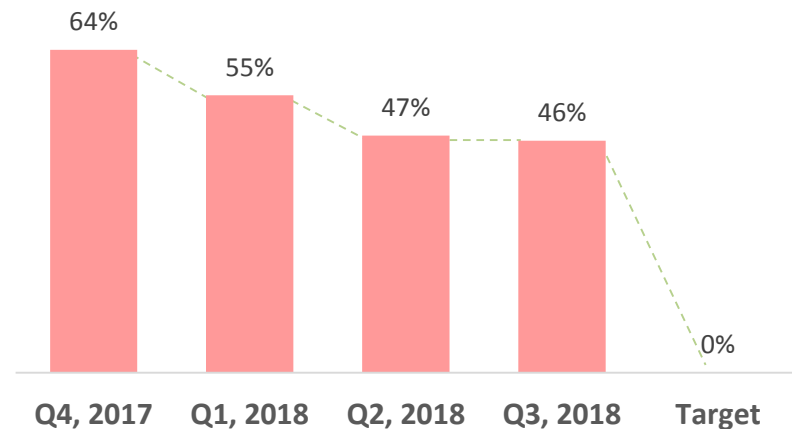
LESSONS LEARNED - RI LQAS RESULTS IN 18 NERICC PRIORITY STATES, 2017-2018

There is some improvement in the immunization status of sampled children from the last RI LQAS, 18 NERICC states

Comparison of % of children **appropriately immunized for Age group** between Q4, 2017 and Q3, 2018 LQAS in 18 NERICC focal states

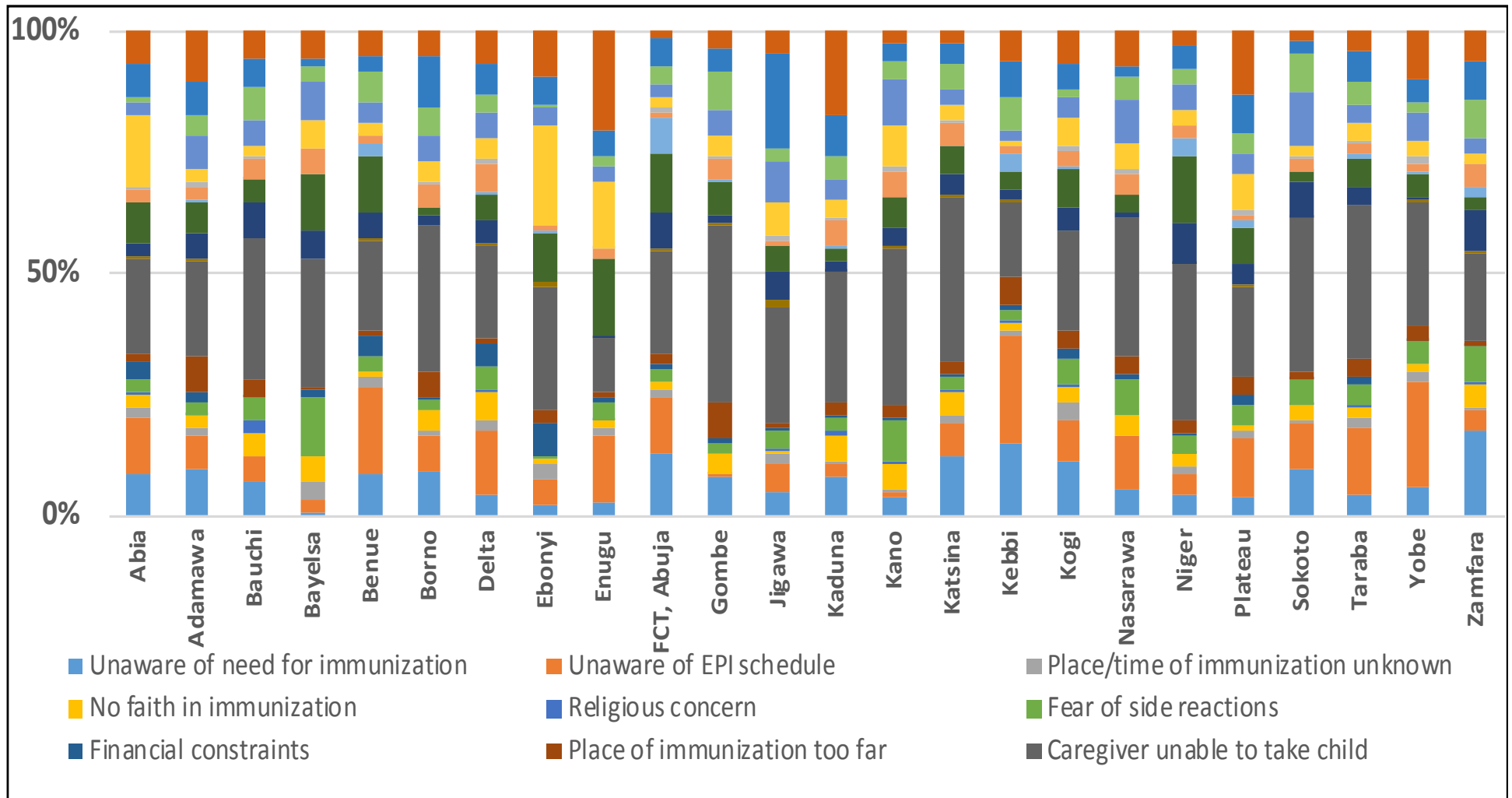


Comparison of % of children **not appropriately immunized for Age group** between Q4, 2017 and Q3, 2018 LQAS in 18 NERICC focal states





LESSONS LEARNED – REASON FOR PARTIALLY/NOT APPROPRIATELY IMMUNIZED FOR AGE, QUARTER 3, 2018





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



END

THANK
YOU !