

Investing in Basic Healthcare to Save Lives

The Urgency of Accelerating Implementation of Nigeria's Basic Health Care Provision Fund

Overview

If implemented well, Nigeria's Basic Health Care Provision Fund (BHCPF) has the potential to unlock access to high-quality basic healthcare services across the country, particularly for the most vulnerable populations. The country's National Health Act mandates that at least one percent of Nigeria's Federal Consolidated Revenue be allocated to the BHCPF each year. In states that have met eligibility requirements, those funds would flow from federal- to state-level agencies to support 1) the provision of health insurance to deliver Nigeria's Basic Minimum Package of Health Services; 2) strengthening primary healthcare centers; and 3) the provision of emergency health services. However, more than a year after the government's first allocation to the BHCPF, the fund remains largely unimplemented and less than two-thirds of states meet eligibility requirements.¹

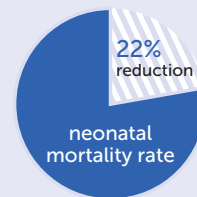
Benefits of Accelerating Implementation of the BHCPF

Nigeria's health outcomes are dependent on the BHCPF's implementation. Rates of early childhood death have steadily increased over the past five years, a trend that will only continue without immediate action. Successful implementation of the BHCPF would increase coverage of the more than 50 interventions offered in its Basic Minimum Package of Health Services; interventions like antenatal care, labor and delivery, and infant and child health that are critical to stemming the tide of early childhood and maternal deaths. Conversely, delaying the BHCPF's implementation any further will undoubtedly result in more lives lost.

Compared to a scenario in which the coverage of basic healthcare services remains constant (at 2018 levels), accelerating implementation of the BHCPF could, by 2022, result in²:



More than 105,000 cumulative newborn lives saved



39 in 2018³ to **30** in 2022 deaths per 1,000 live births



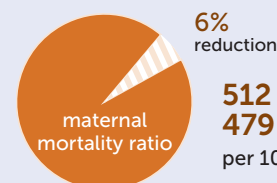
More than 395,000 cumulative child lives saved



132 in 2018³ to **97** in 2022 deaths per 1,000 live births



More than 4,000 cumulative mothers' lives saved



512 in 2018³ to **479** in 2022 deaths per 100,000 live births

How to Achieve These Benefits

Saving these lives will require taking key actions to fully operationalize the BHCPF at federal, state, and local levels:

- Cement the BHCPF as a statutory transfer, rather than a health capital expenditure
- Increase the share of Federal Consolidated Revenue allocated to the BHCPF to exceed the minimum one percent dictated by the National Health Act
- Release, on-time and in-full, the BHCPF allocation
- Bolster state readiness to implement the BHCPF, including through:
 - Providing counterpart funding (N100 million)
 - Establishing, operationalizing, and strengthening key agencies (e.g., state health insurance agencies and state primary healthcare development agencies)
 - Empaneling, accrediting, and controlling the quality of healthcare facilities
 - Opening health facility bank accounts
- Implement effective and transparent accountability mechanism to track the flow and use of BHCPF resources, particularly at facility and community levels

Methodological Note and References

¹ Agbajileke, Owede. 2019. “Fourteen states yet to register for N55bn BHCPF.” Available at: <https://businessday.ng/health/article/updated-14-states-yet-to-register-for-n55bn-bhcpf/>

² HP+ applied the Lives Saved Tool (LiST) for the 2018–2022 period to showcase the potential health benefits that could result from the BHCPF’s successful implementation. The LiST model allows

users to compute the impacts associated with changing the coverage of more than 70 different maternal, newborn, and child health interventions—from periconceptual care to childbirth, vaccinations, and curative services. These areas overlap closely with the 50+ maternal, newborn, and child health interventions that will be offered to Nigerians through the Basic Minimum Package of Healthcare Services (BMPHS). To quantify BHCPF impact, HP+ created two scenarios that assumed varied health coverage levels. The business-as-usual scenario assumes no changes to intervention coverage across the components of the BMPHS. The accelerated basic health scenario assumes gradual increases in coverage across each BMPHS intervention area, with coverage targets derived from national policy, where available (e.g., goals of the Second National Strategic Health Development Plan, National Strategic Plan of Action for Nutrition, and the Comprehensive Expanded Program on Immunization Multi-Year Plan). Lives saved were computed using the LiST model and account for increased coverage across interventions. These figures do not include deaths averted that would result from demographic shifts (e.g., decreased deaths resulting from decreased births).

³ (a) National Population Commission (NPC) [Nigeria] and ICF. 2019. *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria and Rockville, Maryland, USA: NPC and ICF; (b) NPC [Nigeria] and ICF International. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria and Rockville, Maryland, USA: NPC and ICF International. This analysis defines maternal deaths as those that occur during pregnancy or childbirth or within 42 days after the birth or termination of a pregnancy, featured within the 2018 Demographic and Health Survey. As a result, it is not directly comparable to the pregnancy-related mortality figures presented in the 2013 survey.

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