



# CITIZEN-LED HEALTH AGENDA

## **1. BACKGROUND**

The UHC 2023 Forum is a robust coalition of a wide array of stakeholders including donor agencies, development partners, and civil societies that are committed to taking advantage of the policy-reset window that will be created by the forthcoming general elections to put Universal Health Coverage (UHC) on the political front burner. The platform aims to mobilize health policy advocates, the media, citizens and political class towards charting a narrative-changing course of action that will accord the health sector appropriate political attention and set Nigeria on the course of UHC. The Forum has formed a robust partnership with a global policy think-tank, the Chatham House, to raise the political profile of health in Nigeria and create a ‘health manifesto’ for adaptation by the major political parties in Nigeria.

In pursuance of the objectives of the Forum, a UHC Summit was organized in December 2021 with the central theme of “Putting UHC and Health Security on the Political Front Burner”. Thereafter, the Forum articulated its roadmap which includes prioritized activities to be implemented before, during, and after the election. One of the activities included in the roadmap is the development of the health manifesto which will be adapted and adopted by the political parties and their candidates.

## **2. PROCESS OF DEVELOPING THE HEALTH AGENDA**

Health policy documents, existing literature, and recently published articles including the Lancet Nigeria Commission were x-rayed to prepare a detailed situation analysis of Nigeria’s health care system, thereafter there was consultation with key health policy advocates on their recommendations for setting Nigeria on the trajectory of UHC. The UHC 2023 Forum also organized a one-day participatory stakeholders’ workshop which was attended by diverse stakeholders including government institutions, donor agencies, development partners, Civil Society Organizations, representatives of the political parties and the media. Participants contributed to the development of the draft Health Agenda through group work and plenary sessions. The Health Agenda was further reviewed based on resolutions reached at the workshop.

## **3. ABOUT THE HEALTH AGENDA**

The Health Agenda is a citizen-led ‘health manifesto’ that is aimed at shaping the health policy direction of the major political parties and their flagbearers in the forthcoming general elections. The health agenda articulates clear health goals based on national priorities and international benchmarks and identify clear strategic policy shifts that should be prioritized by the political class toward setting the country on the trajectory of UHC.

## A. RESULTS AREAS

| S/N | Result area                        | Indicator  | Baseline  | Target   | Timeline |
|-----|------------------------------------|--|---|--|----------|
| 1.  | Universal Health Coverage progress | - Health Insurance Coverage  | The NHIS has recommended a base line increase of 7% | (5% yearly progression) 30-35% health insurance coverage | 2027     |
|     |                                    | - Out-of-Pocket Expenditure (OOPE) share of total health expenditure                     | 70% (NHA, 2017)                                     | Not more than 40% OOPE                                   | 2027     |
|     |                                    | - Percentage of annual government budget allocation and expenditure to the health sector | 5%  | 15%  | 2027     |
|     |                                    | - Counterpart Funding for Basic health care provision                                    | 0%  | 25% annually   | 2027     |
|     |                                    | - UHC service coverage index   | 45  | 60   | 2027     |
| 2.  | Primary health care                | - Percentage of children (12-23 months) who received all basic vaccinations              | 31% (NDHS, 2018)                                    | At least 80%   | 2027     |
|     |                                    | - Proportion of wards with a functional primary health care centre                       | N/A   | At least 80%   | 2027     |
|     |                                    | - Skilled birth attendance   | 43% (NDHS, 2018)                                    | 80% skilled birth attendance                             | 2027     |
|     |                                    | - Maternal Mortality Ratio   | 512/100,000 live births (NDHS, 2018)                | Less than 350/100,000                                    | 2027     |

| S/N | Result area                 | Indicator   | Baseline                            | Target   | Timeline |
|-----|-----------------------------|---|-------------------------------------|--|----------|
|     |                             | - Under five Mortality Rate   | 132/1,000 live births (NDHS, 2018)  | Less than 60/1,000 live births   | 2027     |
| 3.  | <b>Demographic dividend</b> | - Modern Contraceptive Prevalence Rate (mCPR)   | 12% (FP 2030)                       | 30%  | 2027     |
| 4.  | <b>Higher level of care</b> | - Volume of medical tourism   | Estimated at \$1billion per annum   | Reduce medical tourism by 50% through: (PPP, medical manpower training, boosting clients' confidence on the health system) | 2027     |
|     |                             | - No of functional comprehensive cancer care centres  | 9 comprehensive cancer care centres | At least 2 functional comprehensive cancer care centre per geo-political zone  | 2027     |
|     |                             | - Proportion of LGA with at least a functioning Secondary health facility                       | N/A                                 | 100%   | 2027     |
| 5.  | <b>Health security</b>      | - Joint External Evaluation (JEE) Score: composite score measuring health security preparedness | 46%                                 | At least 60%   | 2027     |
| 6.  | <b>Nutrition</b>            | - % of children under 5 who are stunted   | 37% (NDHS, 2018)                    | Less than 20%  | 2027     |
|     |                             | - % of children under 5 who are Anaemic   | 68% (NDHS, 2018)                    | Less than 30%  | 2027     |

## B. STRATEGIC SHIFTS (INTERVENTION AREAS)

| S/N | INTERVENTION AREAS  |  |
|-----|---|--|
| 1   | <b>Policy and resource optimization (Man, money, materials, and policy)</b> |  |
|     | <b>Background</b>   | <p>According to the World Health Organization, around 40% of health resources are wasted, stemming from health system design, health commodities, Human Resources for Health (HRH), and other sources. This highlights the importance of ensuring the efficient utilization of healthcare resources which includes an increased absorptive capacity of the health sector and the ability to obtain optimal outputs from the existing level of investment. There is also a need to optimize both government and donor financing for health and ensure aid effectiveness in Nigeria, to ensure there is a better alignment with government priorities and fungibility is avoided. Sub-optimal implementation of health policies, strategies, and legal frameworks is also one of the major obstacles that hinder progress in the health sector. Resource optimization could be achieved by moving from inefficient input-based financing to strategic purchasing, revival of the Medium-Term Strategy (MTSS), and other policy thrusts. Other areas of strategic shifts also contribute to this.</p> |
|     | <b>Policy Intervention</b>  | <ul style="list-style-type: none"> <li>- Migration from input-based budgeting to result-based budgeting through the implementation of Medium-Term Sector Strategy (MTSS) and Program-based budgeting</li> <li>- Automate financial management processes especially in health service delivery institutions (primary, secondary and tertiary)</li> <li>- Use of verifiable human resource data (from workforce registry/HRHIS) for workforce planning, management, and accountability</li> <li>- Introduction of a national policy on health workforce migration to forge a strategic and win-win alliance between Nigeria and recruiting countries in line with the WHO Global Code of Practice on International Recruitment of Health Personnel</li> </ul>  |

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|   |   | <ul style="list-style-type: none"> <li>- Regular policy audit and implementation tracking to optimize important but redundant policy thrusts e.g. provisions for the Certificate of Standards and Annual State of Health Report in the 2014 National Health Act</li> <li>- Removal of public finance management obstacles for optimal budget execution</li> </ul>   |
| 2 | <b>Sustainable financing and strategic investment</b> |   |
|   | <b>Background</b>                                     | <p>Nigeria’s health financing landscape is characterized by suboptimal government investment, low coverage of financial protection mechanisms, high out-of-pocket expenditure, and heavy reliance on development assistance for health, especially public health interventions. Existing policy interventions to address this include the State Social Health Insurance Scheme and the Basic Health Care Provision Fund. The recently introduced sugar taxes, the potential removal of petroleum subsidy, and the potential introduction of communication taxes also present significant opportunities for mobilizing additional financing for health in Nigeria. To achieve the desired results above there is a need to institute policies that will mobilize additional pooled resources for health and prioritize strategic areas of investment such as health insurance subsidization, family planning, priority disease program (HIV, TB, and Malaria), health security and immunization.</p> |
|   | <b>Policy Intervention</b>                            | <ul style="list-style-type: none"> <li>- Adopt optimal benchmark for public financing for health (15% of the government budget, 86 USD per capita, 5% of GDP)</li> <li>- Optimal allocation, release, and utilization of existing earmarked funding for health including the Basic Health Care Provision Fund (BHCPF) and Equity Fund at the national and state level respectively</li> <li>- Earmark telecom tax and at least 50% of the non-alcoholic beverage tax to the health sector</li> <li>- Removal of oil subsidy and reinvest substantially on human capital development with at least 20% on health insurance subsidization for the vulnerable population</li> <li>- Prioritize strategic areas of investment such as health insurance subsidization, family planning, priority disease program (HIV, TB, and Malaria), health security, and immunization</li> </ul>  |

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|   |   | <ul style="list-style-type: none"> <li>- Implement the legal framework that promotes mandatory participation of all Nigerians in health insurance and mandatory subsidization</li> </ul>  |
| 3 | <b>Raising the accountability bar for health system performance</b> |   |
|   | <b>Background</b>   | <p>While increased investment is central to improving the health system, it must be coupled with increased accountability with increased transparency, answerability (asking appropriate questions), and controllability (effecting desired changes). There is also a need for increased accountability for resource utilization, policy implementation, system performance to ensure that the different organs involved are alive to their responsibilities, and health MDAs and institutions are held to account for their stewardship and other roles. Part of the measures needed to raise the accountability bar is mandatory and periodic release of information to the public on resource utilization, policy implementation, and system performance by relevant health MDAs. Others include the creation of robust accountability frameworks on resource utilization, policy implementation, and system performance. The lawmakers, relevant MDAs, the media, and civil society should also be alive to their responsibility of holding implementers accountable.</p> |
|   | <b>Policy Intervention</b>  | <ul style="list-style-type: none"> <li>- Enforce the legislation mandating MDAs to publish information on resource utilization, policy implementation, and system performance (finance and service provision) annually</li> <li>- Establishment of a multisectoral ministerial committee on accountability saddled with the responsibility of reviewing reports published by MDAs</li> <li>- Ensure that the National Assembly acts on the annual audit reports received from health MDAs</li> </ul>  |
| 4 | <b>Citizen Engagement</b>   |   |
|   | <b>Background</b>   | <p>Effective citizen engagement is central to aligning interventions to the cultural context of the people which will ultimately improve their awareness and health-seeking behavior. It also ensures the local ownership of health intervention and infrastructure. There should be a concerted approach to strengthening the Facility Health</p>  |

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|          |   | Committee, Ward Development Committees, institute health town hall meetings, and intensify health promotion campaigns on both traditional and social media.   |
|          | <b>Policy Intervention</b>  | <ul style="list-style-type: none"> <li>- Strengthening the existing community structures e.g Ward Development Committees, VDCs</li> <li>- Citizens’ enlightenment on all interventions, i.e., their importance, the resources released, etc. through CSOs and religious organizations</li> </ul>  |
| <b>5</b> | <b>Strengthen the capacity of health institutions at all levels</b> |   |
|          | <b>Background</b>   | The capacity of health institutions, including administrative, regulatory, and service delivery institutions, is very important for effective policy design, implementation, and delivery of quality and responsive healthcare services. To effectively reposition the health system and expand access to care, the capacity of public and private institutions must be strengthened to deliver high-quality health services, especially to the poor and vulnerable citizenry. As an eighteen-century institution will not deliver a twenty-first-century development, there is an urgent need to reposition our institutions through corporate repositioning where mandates are clarified, functions appropriately defined, needed tools are provided and reward is linked to performance. |
|          | <b>Policy Intervention</b>  | <ul style="list-style-type: none"> <li>- Corporate repositioning of health institutions through corporate planning (mandate clarification, establishment planning, appropriate definition of functions, provision of needed tools, linkage between reward and performance)</li> <li>- Institutionalize annual state of health reports at all levels of governance (federal, state, etc)</li> <li>- Enforce the Certificate of standards provision in the National Health Act (technically and politically attractive because legal frameworks exist and it can strengthen the health system, e.g. making facilities more self-sustaining through improved performance)</li> <li>- Compulsory leadership and management training for key roles within institutions</li> </ul>                |



| 6 Multisectoral collaboration / Health in all policies |  |
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| <b>Background</b>                                      | Interventions outside the health sector accounted for about 50% reduction in the burden of maternal and child health as seen under the MDGs. This underscores the need for effective collaboration and partnerships between the health sector and other social sectors, especially education, food and agriculture, water, sanitation, and the environment. Therefore, it is extremely important to foster a policy direction that will improve the social determinants of health through effective collaboration between the health sector and other sectors. |
| <b>Policy Intervention</b>                             | <ul style="list-style-type: none"> <li>- Incorporate the role of other sectors in all health policy design and implementation</li> <li>- Leverage Human Capital Development as a springboard for multi-sectoral and coordinated actions that include the health, education, nutrition, WASH, and livelihood sectors</li> <li>- Establish mechanisms for multi-sectoral accountability around human capital development that holds policymakers accountable for policy implementation, resource utilization, and system performance across sectors</li> </ul>   |

## UHC 2023 FORUM



**AFRICA HEALTH  
BUDGET NETWORK**



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