
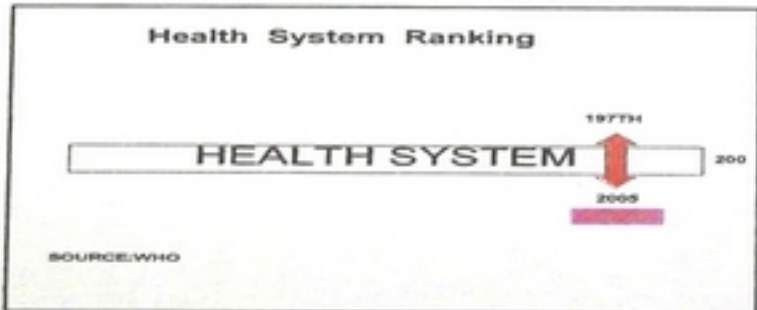
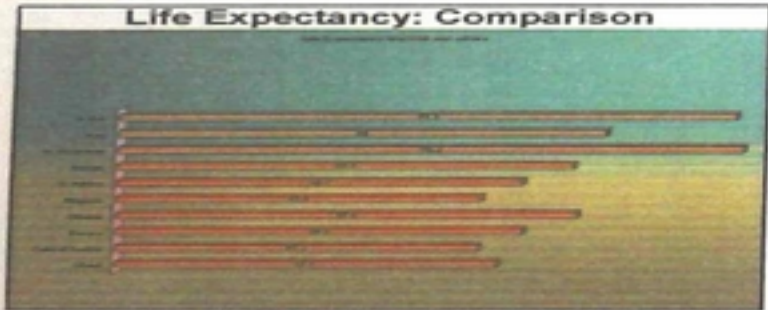
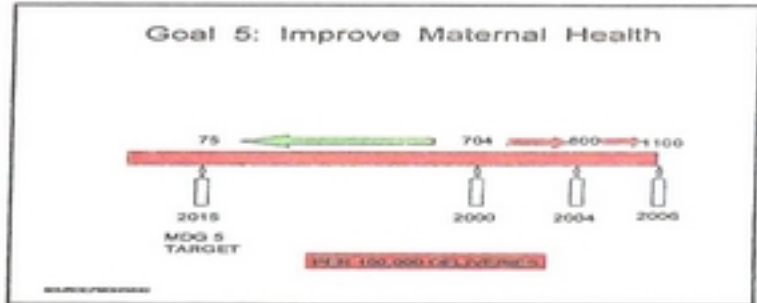
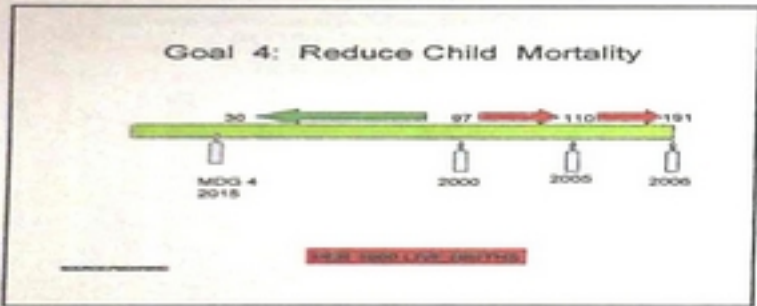
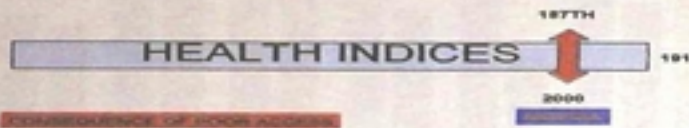

Transforming Nigeria's Health System to Improve Health Outcomes for the Poor


Health Indices Ranking



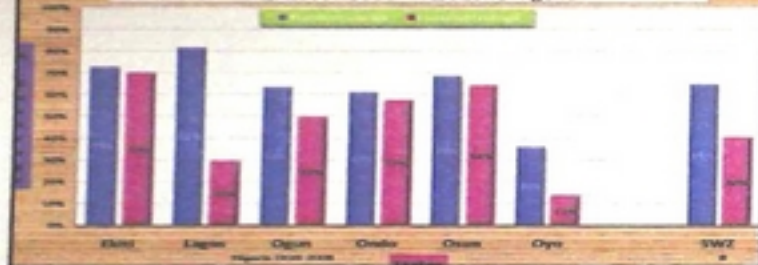
SOURCE:WHO

Zonal Variation in Child Health

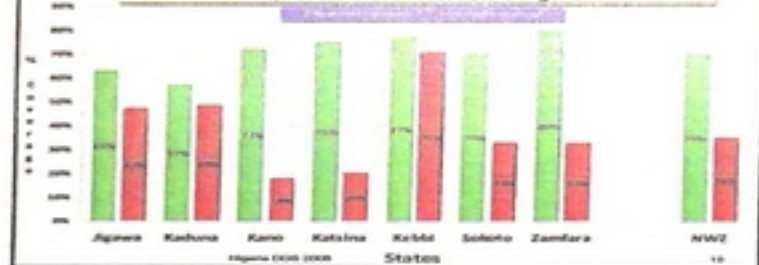
	<5yr Mortality per 1000	%age of 8yr with Chronic Malnutrition
North West	269	53
North East	260	37
North Central	165	31
South South	176	16
South West	113	23
South East	103	23

8

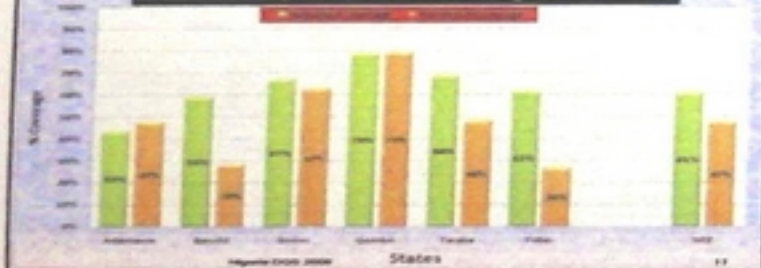
2007 State DPT3 Coverage: Comparison of Reported & Verified DQS 2008 - South West Zone Nigeria



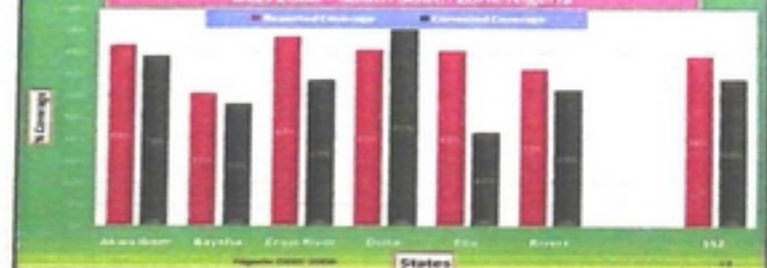
2007 State DPT3 Coverage: Comparison of Reported & Verified DQS 2008 - North West Zone Nigeria

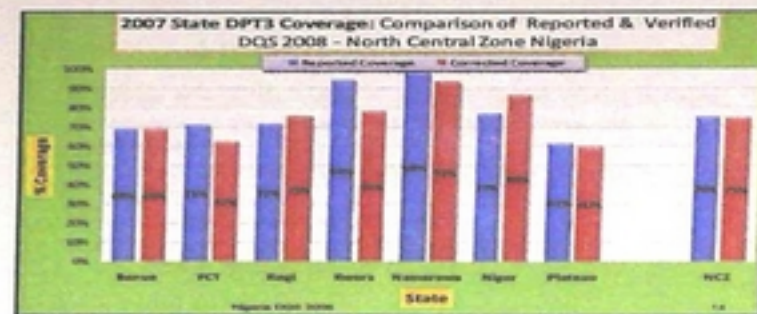
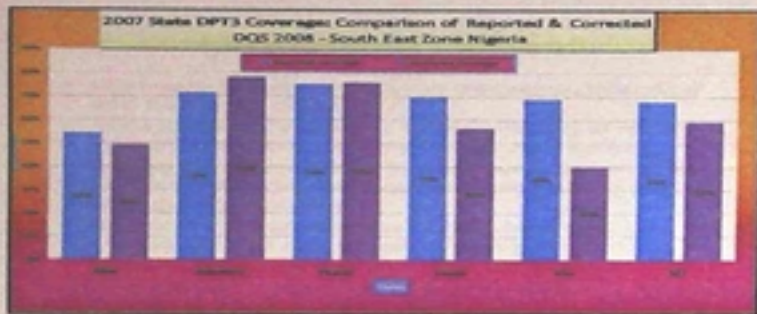


2007 State DPT3 Coverage: Comparison of Reported & Verified DQS 2008 - North East Zone Nigeria



2007 State DPT3 Coverage: Comparison of Reported & Verified DQS 2008 - South South Zone Nigeria





Confirmed Wild Polio Virus (WPV) Cases As At 2nd January 2009

Zone	No. of WPV Cases	State with Most WPV Cases/No.
North Central	75	Plateau (25)
North East	129	Bauchi (53)
North West	558	Kano (272)
South East	2	Enugu (2)
South West	28	Oyo (18)
South South	Nil	



Immediate Cause

- These dismal morbidity and mortality rates including the persistence of the polio epidemic are a result of failings of the PHC system
- PHC is largely under the LGAs and Your Excellencies remain its saviors.

Underlying Causes

- Mismatch between resource allocation, spending and burden of disease
- Polio crisis symptomatic of wider failing of routine immunization and primary health care system
- Supply side constraints include sub-optimal skilled health workforce, inadequate infrastructure and poor quality standards
- Demand side constraints include high cost of access, lack of awareness and misperceptions.
- Institutional capacity limitations, including management capacity and governance

18

Health Infrastructure

- Bias towards urban areas than rural areas;
- Physical access and quality remains a problem
- Large private ownership (60%), mostly secondary
- Not accessible to the poor
- Option for public-private partnerships to improve services delivery

Options

- **Option 1: Maintain the Status Quo**
- **Option 2: Marginal Improvement in Federal intervention without increased leadership and coordination at State and LGA levels**
- **Option 3: Strong Leadership at State Government Levels compelling LGA leadership to take action.**

21

Way forward: Polio

- Adopt a State-based approach: 'Keep my State Polio-free'
- Excellencies to lead Campaigns
- Hold LG Chairmen to account when Polio cases are found in their LGAs.
- Request Monthly Polio updates at the SEC
- Support LGAs to ensure Routine Immunisation in all PHC facilities.

22

Way forward: Primary Health Care

- Communiqué from Governors Forum expressing support to sustain PHC as the Cornerstone of the Health System
- Allocate and Release additional N2million/LGA monthly for Primary Health Care Services
 - Routine Immunization (FG provides vaccines)
 - Supplemental Outreach and Operating costs
 - Essential drugs
 - Health Promotion and Community Mobilization

23

Way forward: Primary Health Care

- Human Resources
 - Sign MOUs with the Midwifery Scheme;
 - Prioritize frontline health workforce development
 - Strengthen health management capacity
- Support streamlining PHC drugs and commodities procurement and distribution systems

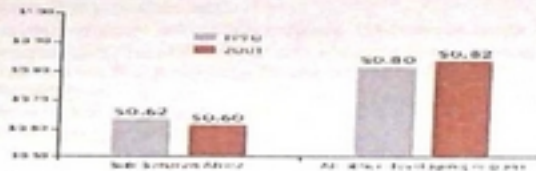
24

Way forward: Primary Health Care

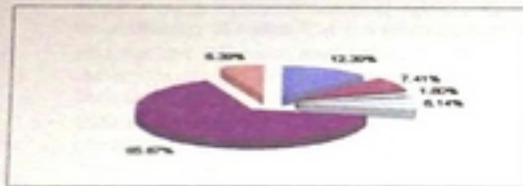
- Direct Ministries of Health to ensure close monitoring and supervision of primary health care activities, incl. the Referral system
- Renovate and equip dilapidated PHC facilities and provide one where there is none.
- Support demand-side interventions such as CBHIS and others.

"The very poor are getting poorer"

Average income of people living on less than \$1 a day, 1990 and 2001 (US dollars)



Features of Health Care Financing



Federal 12.4%
 State 7.4%
 Local Govt 1.8%
 Firms 6.4%
 Donors 5.1%
 Out of Pocket 55.2%

Methods of Financing Health Care Services

- General Revenue/Public Budget/General Tax
- Dedicated TAX-SIN tax
- Out of pocket – At the point of enjoyment of service.
- Social Health Insurance - Contributions
- Private Health Insurance - Individual Deposit
- Loans Development Banks
- Grants-Susidy from Developing Partners, Donor Nations
- Charity-Religious Organizations, ETC.

Social Health Insurance

- Special social security arrangement (based on concept of solidarity and equity) to provide financial protection to participants against ill health.
- Combines risk pooling with mutual support
- Cost effective/containing
- It is a paradigm shift with global acceptability
- In tandem with African social solidarity as depicted by the extended family system
- In harmony with religious concept of "be your neighbour's or brother's keeper"
- Contribution based on ability to pay
- Enjoyment of service based on need

Challenges

- Large number of the Informal sector of the populace (>70% live in rural and suburban areas)
- >70% of the populace live below \$1 a day (they bear >90% of disease burden)
- Lack of "safety net" to address subsidy gaps
- Three tiers of governance in the country

Challenges cont...

- Presidential directive of attaining universal coverage by 2015
- Lack of clear apportioning of responsibility to the three tiers of governance in the constitution

21

Federal Intervention

- Maternal and Child Health Project (addressing MDGs 4 and 5)
- Midwifery Scheme
- Procurement of All Vaccines (Routine and Polio)
- Proposed Health Bill that will capture some Resource for primary level of care for all Nigerians
- Other sources of funding: -
VAT, DEDICATED-TAX, ETC.

Governance

- National Council of Health (NCH) is the highest policy making body for health involving State Commissioners of Health.
- All NCH Resolutions would be effectively communicated to the States for Implementation.
- State Councils on Health should as a matter of policy make inputs into the NCH.
- Your Excellences to request reports from these bodies.

22

Expected Results

- Improvement in health indicators:
- Maternal mortality
 - Infant and under-five mortality
 - Reduce proportion of household expenditure for health
 - Improve immunization coverage
 - Access and utilization improves (geographic/financial)
 - increased number of LGAs implementing Community health Insurance programme

Summary/Prayers

- Increase funds for RI/PHC
- MOU on Midwifery scheme
- State-focused polio efforts
- Hold LGAs accountable for polio and PHC outcomes
- Buy in to the CBHIS
- Appeal to Excellencies to support the Universal coverage goal by 2015

23