



**Nigeria Health Care System
and
The Second National Strategic Health Development
Plan (NSHDP II)**

Dr. E. Osagie Ehanire
Honourable Minister of Health
At the
Meeting of the Nigeria Governors Forum
18th March, 2020.

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Presentation Outline

Priority Areas of the NSHDP II

Primary, Secondary and Tertiary Health Care

Basic Health Care Provision Fund

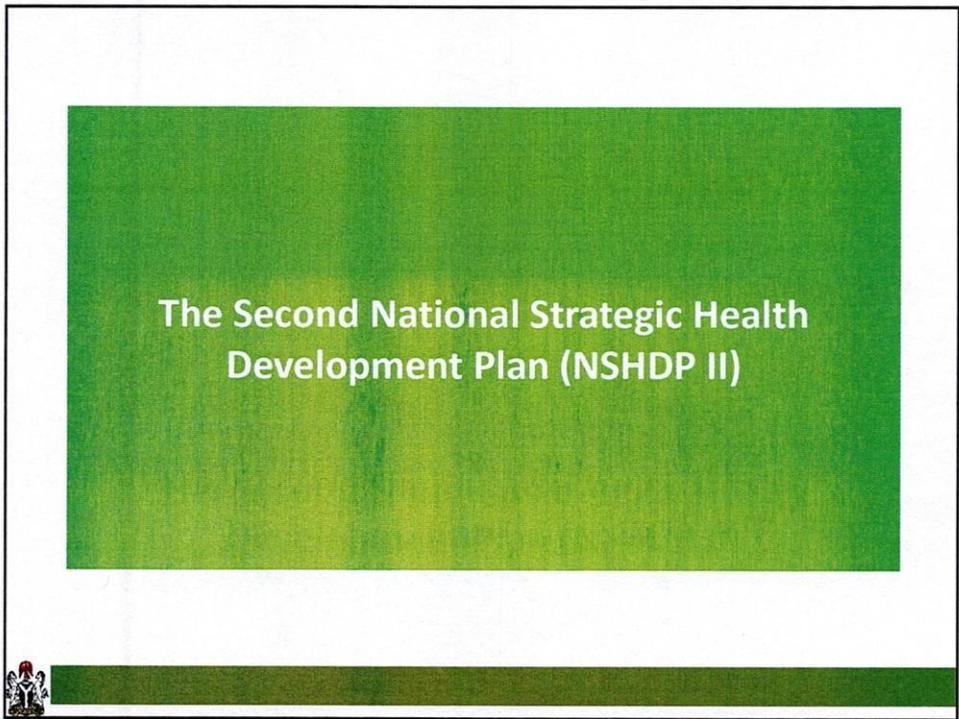
COVID-19

Emergency Medical Service

Prayers

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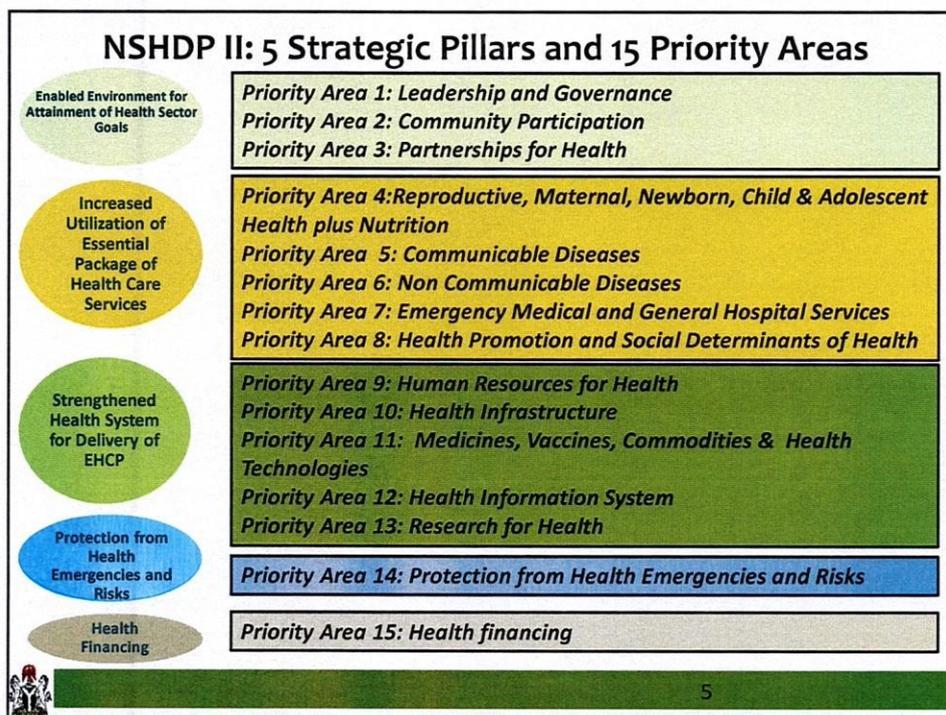
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The Second National Strategic Health Development Plan (NSHDP II)

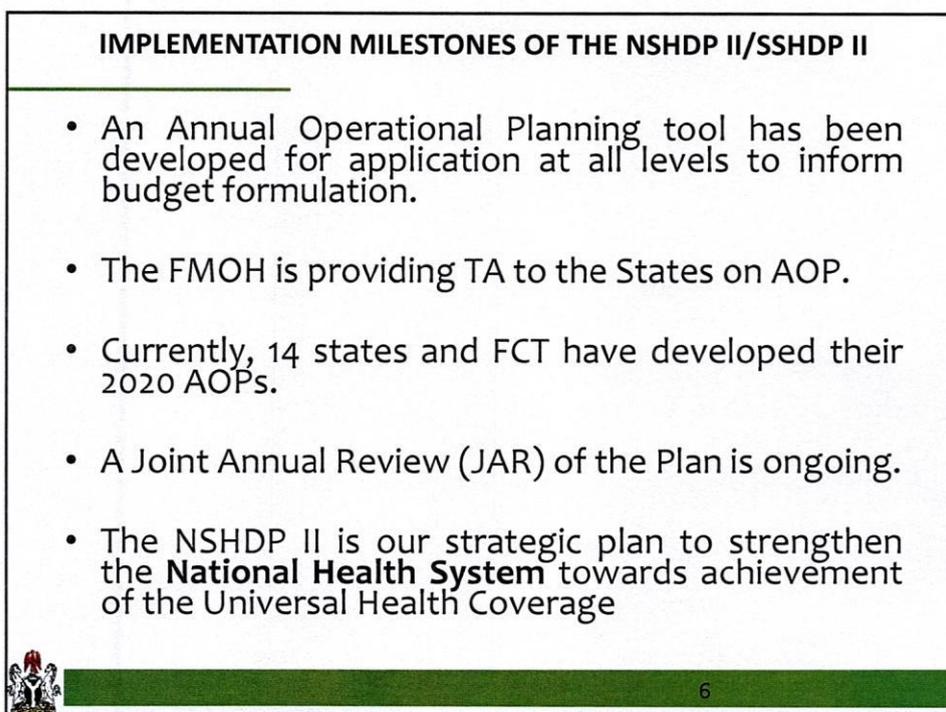
- Second National Strategic Health Development Plan (2018-2022) – our blueprint for achieving Universal Health Coverage.
- Developed through the active participation of all stakeholders (Federal, States, Development Partners, Civil Society Organizations, Academia, etc)

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graph TD; FSHDP([FSHDP]) --- NSHDP_II([NSHDP II]); NSHDP_II --- SSHDPs([36 SSHDPs]); NSHDP_II --- FCTSHDP([FCTSHDP])
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Prayers

- Support for the implementation of your state specific Strategic Health Development Plans:
 - Institutionalization of the Annual Operational Planning in all the 36 states and FCT (**Let the AOP determine budget formulation and allocation of resources**).
 - Institutionalize Joint Annual Review of the N/SSHDP II
 - Increase Government allocation to the health sector.



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Nigerian Health System



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Tertiary, Secondary and Primary Health Care Systems

- The National Health System is structured along the three levels of Government viz: Primary, Secondary and Tertiary provided by Local, State and Federal Governments respectively
- The cornerstone of our national health system is the Primary Health Care because it can potentially take care of more than 80% of the disease burden



Tertiary Health Care

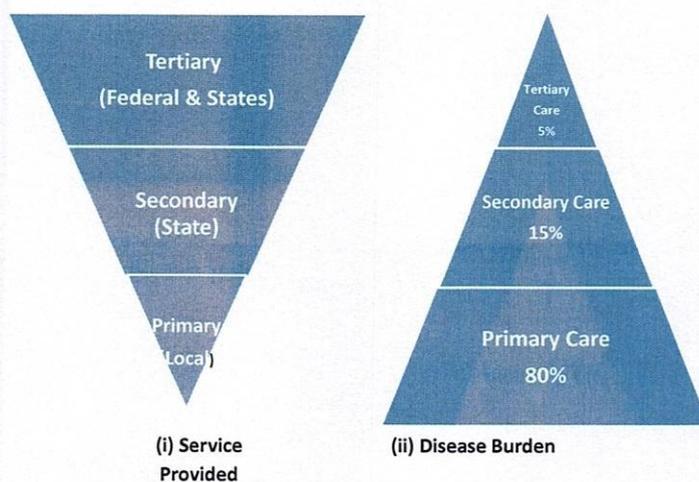


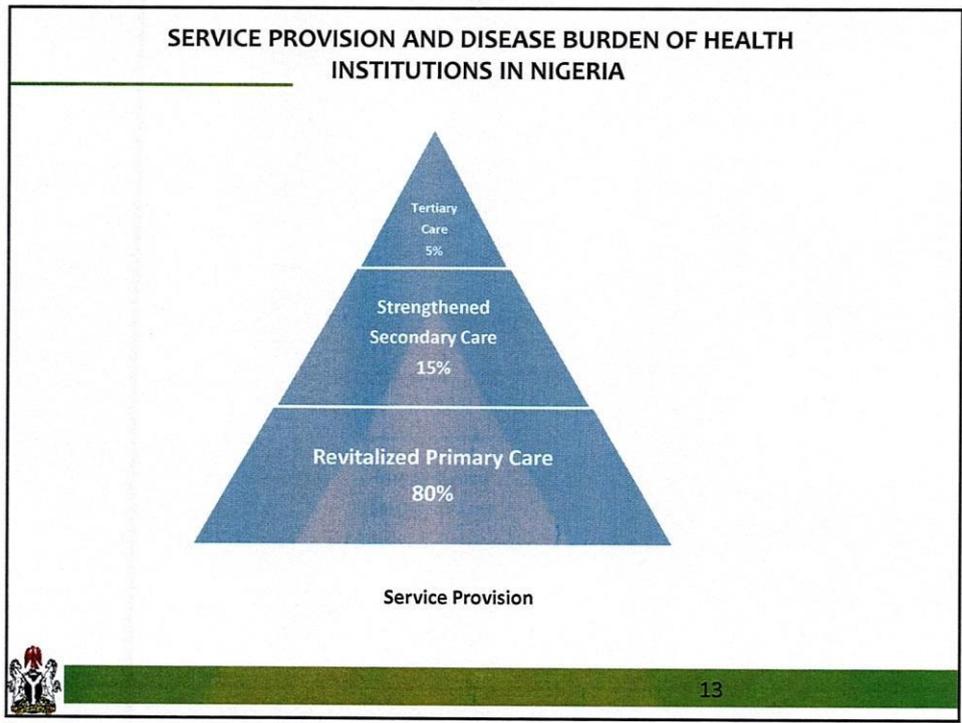
Tertiary Health Care System

- Tertiary healthcare is provided by both the Federal and State Government including the Private Sector.
- These Tertiary Hospitals have a triple mandate:
 - Training
 - Service Delivery
 - Research
- Due to the sub-optimal functioning of Primary & secondary Health Service delivery, the Tertiary Hospitals are currently overburdened

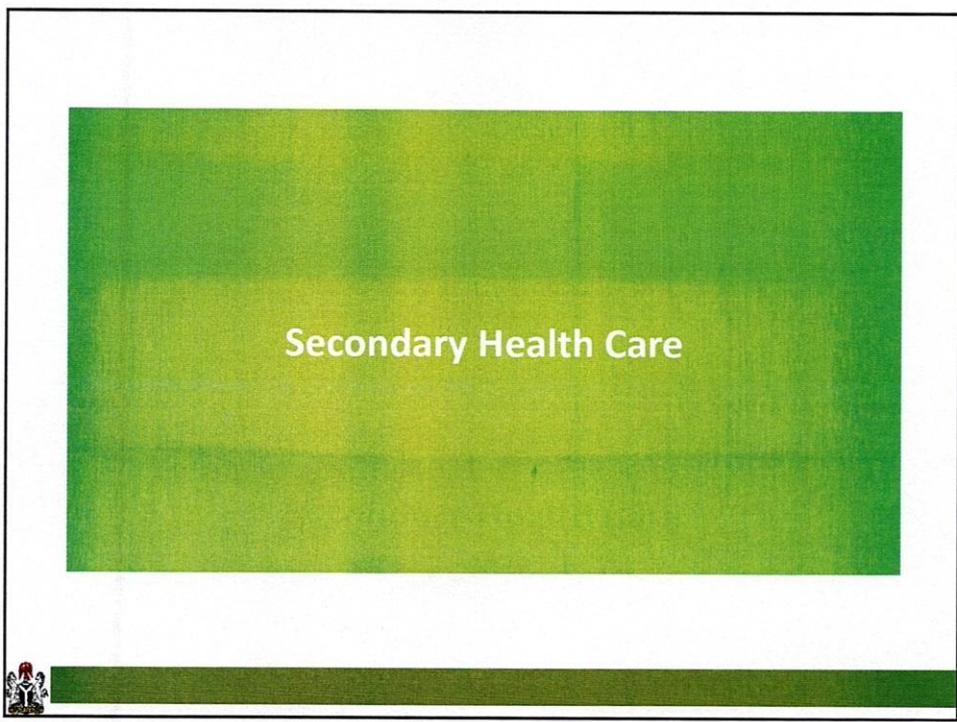


SERVICE PROVISION AND DISEASE BURDEN OF HEALTH INSTITUTIONS IN NIGERIA





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STRENGTHENING OF SECONDARY HEALTH CARE IN NIGERIA

- Over the years, the weakness of primary and secondary health care has been putting enormous pressures on tertiary health facilities leading to the breakdown of the **referral system**
- Secondary health care level is the critical **nexus** between primary and tertiary levels in the referral system
- Bridging the gap and providing the desired linkage between the primary and tertiary levels of care through strengthening of secondary health care across the states of the federation is a strategic human development option for state governments and FCTA



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PROPOSITION FOR STRENGTHENING OF SECONDARY HEALTH CARE IN NIGERIA (1)

- FMOH will collaborate with state governments to strengthen secondary health care services
 - FMOH will facilitate the deployment of required consultants, doctors, and nurses from federal tertiary health facilities to state-owned secondary health facilities
 - Federal Government will continue to pay the salaries and allowances of the deployed staff
 - A similar initiative has been implemented between Sokoto State and Uthman Dan Fodio University Teaching Hospital.



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Prayers

- Your Excellencies – Executive State Governors – are kindly requested to formally declare your **Expression of Interest** in this initiative as soon as possible
- Interested State Governments will soon be expected to invite FMOH officials or respond to our notification of proposed visit to their states for further discussions towards consolidating implementation



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Primary Health Care



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The Federal Government Revitalization Agenda has been slow leaving a lot of health facilities in some deplorable states

The Government committed to PHCs revitalization...

- The Government set out to revitalize 10,000 PHCs across the country
- This was expected to cover at least one PHC in every ward

...However, the Government is yet to keep the commitment

- This however has not yielded any results as states are only renovating their PHCs, as opposed to revitalizing them

How do we move forward?

- Refocus on the proposed revitalize one PHC in every political ward in the country

- Revitalizing the PHCs in all the wards will not only leave a landmark in Nigeria health system but also provide succour to the most vulnerable and underserved Nigerians
- The revitalization will transform PHCs into model PHCs with key features such as 24 hours electricity, staff quarters, solar panels, etc



The NPHCDA has categorized Primary Health Centers into three levels with varying service package, work hours, and infrastructure

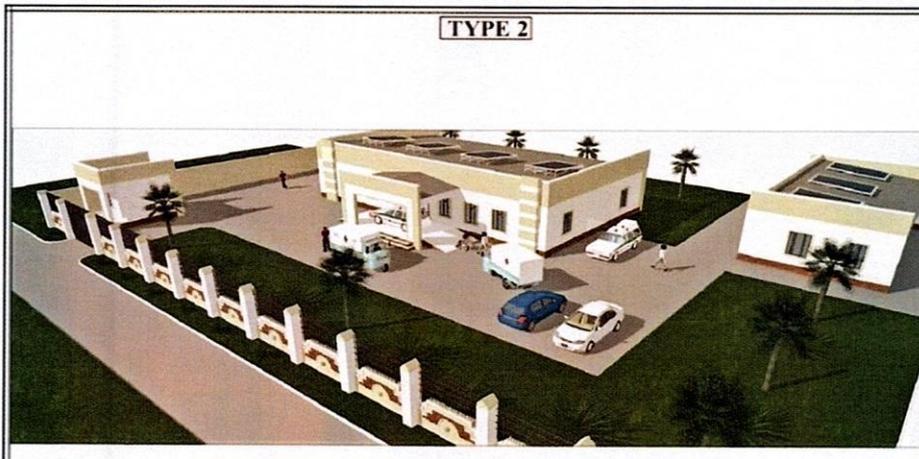
Details ahead

Label	Functionality	Service Package	Time of Opening	Key Infrastructure	Transition
Household	NA	Home-Based Care pack	NA	NA	
Health Outreach Post	Active mobile or fixed outreach site	Outreach Pack	Flexible	Mobile or fixed	
Primary Health Care Center (Level 1 Unclassified)	Active PHC clinic	Restricted PHC pack (Delivery may or may not be occurring)	Day time (8am – 4pm)	Consulting rooms	Phase 1
Primary Health Care Centre (Level 2)	Functional PHC Centre (Level 1)	Minimum PHC pack (This includes delivery & BEmONC)	24 hours	+Labour Room Accommodation for midwife(s) and ambulance for referral	Phase 2
Primary Health Care Centre (Level 3)	Functional PHC Centre (Level 2)	Essential PHC pack	24 hours	Comprehensive list of additional services	Phase 3

The key defining parameters of functionality, service delivery, infrastructures were adopted to define the health care facilities



A simple 3D view of the PHC Level 2



Key features

Perimeter fencing, Security post, Accommodation for midwives, other workers Labour and consulting rooms, and ambulance for referral, 24 hours operation

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LEVEL TWO FLOOR PLAN

FEATURES

- Delivery Room with Toilet
- Male Ward with Toilet
- Female Ward with Toilet
- Injection Room and Dressing Room
- Waiting Area with two (2No) Toilet
- Linen and Sterilization Room
- Consulting Room 2Nos
- Pharmacy
- Laboratory
- Record Office
- Generator House
- Security Post
- Staff Quarters for 3 staff
- Fence
- Ambulance/Keke Ambulance
- Solar Power Electricity
- Borehole for Water Supply



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The PHC level 2 will provide an optimal package of services which includes all basic PHC package including screening for non communicable diseases

Level 2: Basic PHC Package

- Antenatal care
- Post natal care (Mothers)
- Family planning
- Child Health (management of cough, fever and diarrhoea)
- Immunization
- Nutrition
- Management of uncomplicated Malaria
- Screening for STIs
- HIV/AIDS screening
- Treatment of topical infections
- Tuberculosis screening (symptomatic)
- Screening for hypertension, diabetes, breast cancer and cervical cancer
- Health Promotion, education & counseling
- Community based surveillance

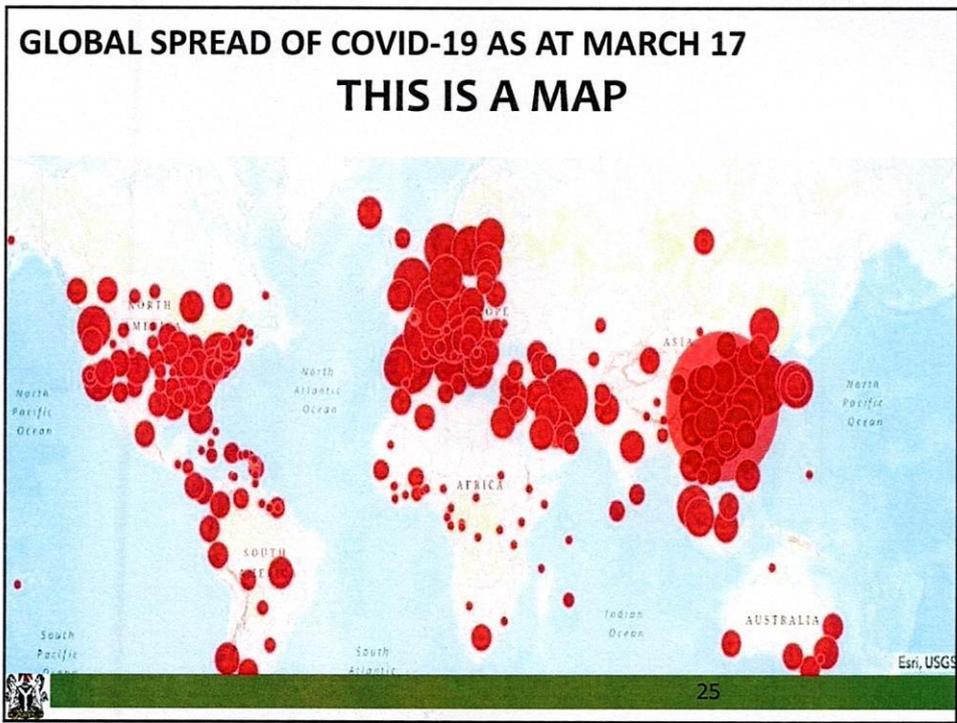
Level 2: Basic PHC Package

- Pre-pregnancy and Pregnancy Care
- **Labour and Delivery**
- Postpartum (Mothers)
- Child Health
- Malaria
- Management of STIs
- Hypertension, diabetes, hepatitis and cancers
- Infection prevention & medical waste management
- Emergencies including trauma, violence,
- All medical and obstetrics emergencies
- Public Health Emergencies and Outbreak Preparedness and Response



COVID-19 Pandemic: Nigeria's Response





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SITUATION IN NIGERIA

NUMBER OF PEOPLE SCREENED	53
NUMBER OF CONFIRMED CASES	8
NUMBER OF DEATHS	0
NUMBER OF CASES DISCHARGED	1
NUMBER OF STATES WITH CONFIRMED CASES	3- Lagos, Ogun, Ekiti

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MAJOR RESPONSE ACTIVITIES SO FAR

- Multi-sectoral Emergency Operations Centre activated at Level 3. Led by NCDC. Overall response led by HMM
- Travel restrictions placed on 13 countries with >1,000 cases domestically
- All returning travellers placed in supervised self isolation
- Ongoing contact tracing in states with confirmed cases- NCDC surge team deployed
- State EOC activated in Lagos and Ogun
- Five laboratories with capacity to test cases. Turn around time of 6 hours from sample reception
- Treatment centres with minimum capacity to manage cases identified in all states
- Intensive risk communications- daily updates published, use of tv, radio, newspapers, social media

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CHALLENGES

1. Massive anxiety and misinformation across Nigeria/world
2. Limited capacity in treatment centres across the country
3. Limited laboratory technology- long period of testing
4. Global depletion of medical countermeasures and supplies
5. Risks of limited access to medical supplies following travel bans

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SHORT TERM NEEDS

1. Expand national stockpile of response commodities
2. Renovation and strengthening of treatment centres
3. Digitalisation of surveillance and contact tracing across the country using SORMAS



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Basic Health Care Provision Fund (BHCPF)



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Significant progress has been made in implementation readiness

- | | |
|--|--|
| 36 + 1 Number of states that have started implementing in the program | 36 + 1 Number of states have TSA sub-accounts opened at the CBN |
| 26 Number of states have made their N100 million contribution | 21 Number of states have their signatories enrolled and verified at OAGF |
| 17 Number of states whose signatories have been enrolled into the Remita platform | >4000 Number of PHCs have quality scorecards following baseline assessment |
| 13 Number of states where implementation training has been conducted | 648 Number of PHCs who have been disbursed funds across 3 states |
| 6 Number of states where the program has been flagged off | |



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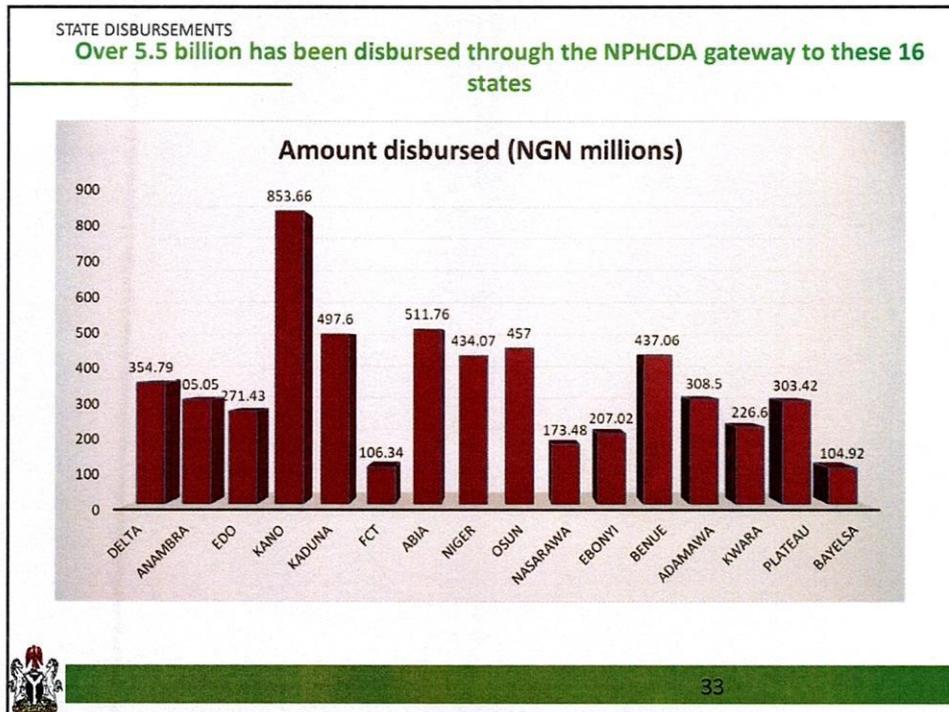
Statement of Account – 29th February, 2020

Summary	Amount N: K	Disbursed funds	
BMGF	537,000,000.00	NHIS	8,377,335,526.00
World Bank (\$1,500,000.00)	487,496,750.00	NPHCDA	6,164,312,500.00
FGN 1 st Tranche Release	13,775,000,000.00	EMS (DHS)	361,593,750.00
FGN 2 nd Tranche Release	13,775,000,000.00	EMT-NCDC,	361,593,750.00
Total Inflows	N28,574,496,750.00	NSC operational Funds	122, 575,000.00
		others	3,926,802.56
		Total Outflows	15,391,345,353.56
		Balance	13,183,151,396.44

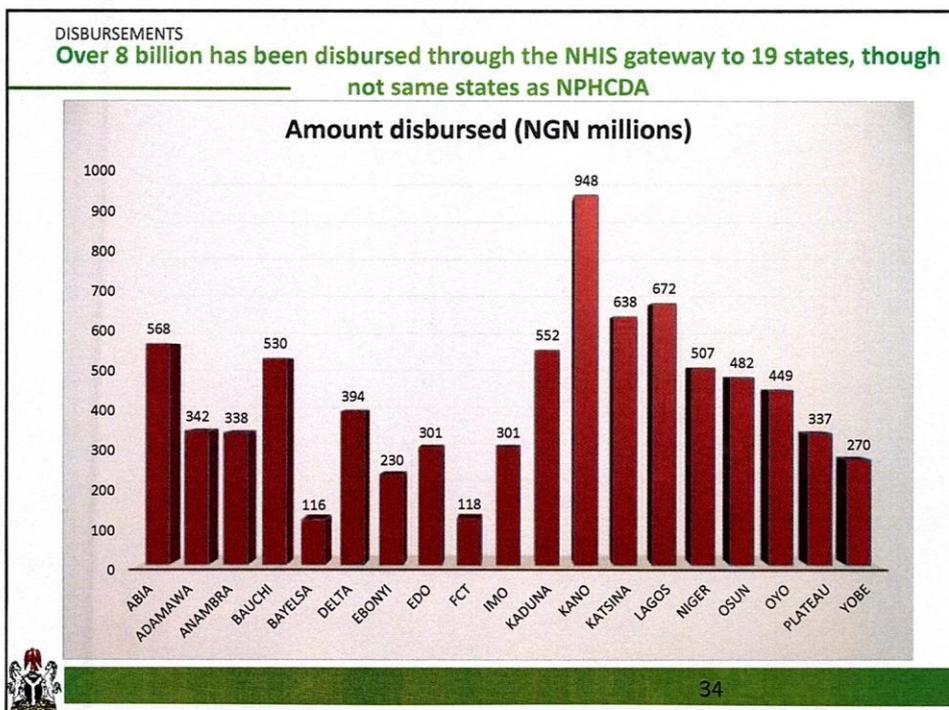


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STATE DISBURSEMENTS

As at today, SPHCDA's in three states plus the FCT have disbursed a combined total of NGN >389 million funds to PHCs

State	Number of PHCs disbursed to	Amount disbursed (NGN) per Facility	Total amount disbursed (NGN)
Abia	165	601,500	99,247,500
Ebonyi	119	601,500	71,578,500
Osun	320	601,500	192,480,000
FCT	44	601,500	26,466,000
Total disbursed in 3 + 1 states			389,772,000



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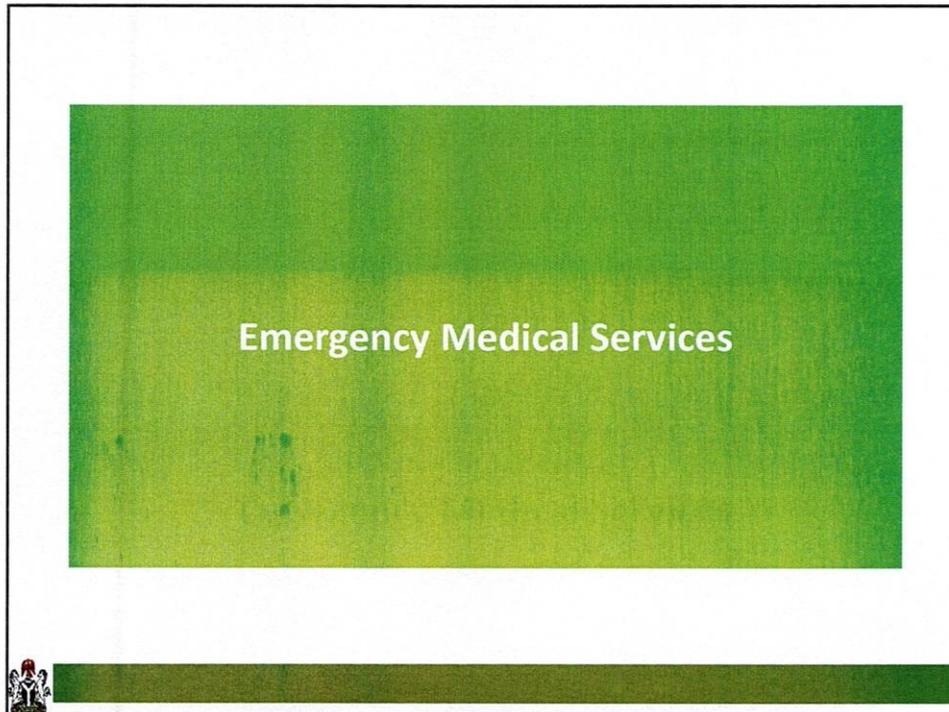
Prayers (contd)

- All States should endeavor to meet the basic requirements for accessing the basic health care provision fund.
- States already receiving the fund should continue to provide oversight to ensure that the fund is utilized and accounted.
- The Primary and Secondary Healthcare Service Delivery levels should be made **functional** again to enable the Tertiary Healthcare level to reposition itself to optimally discharge its mandate

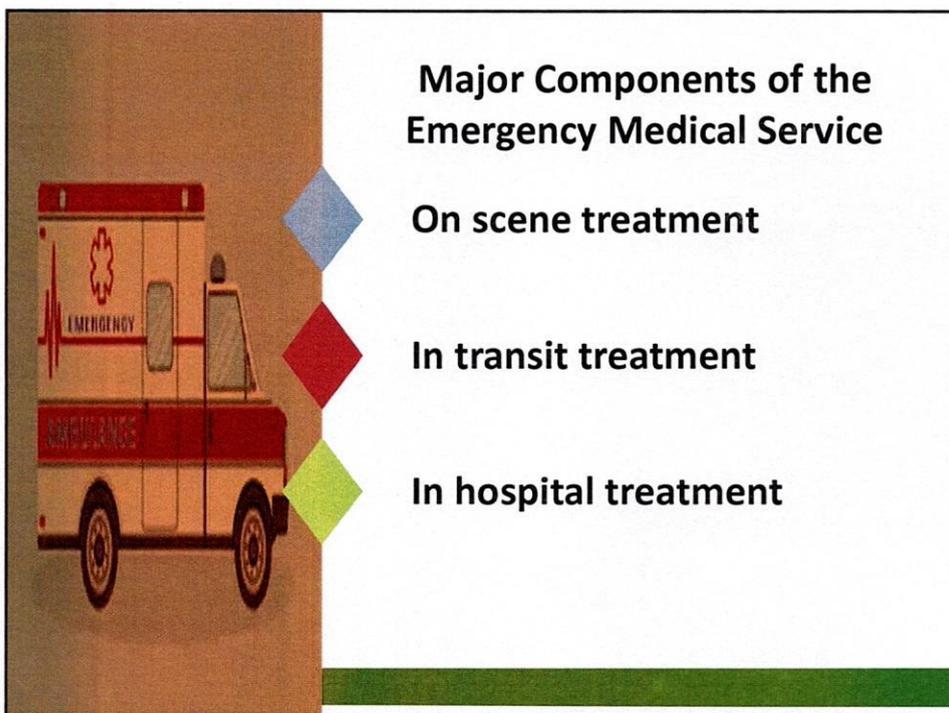


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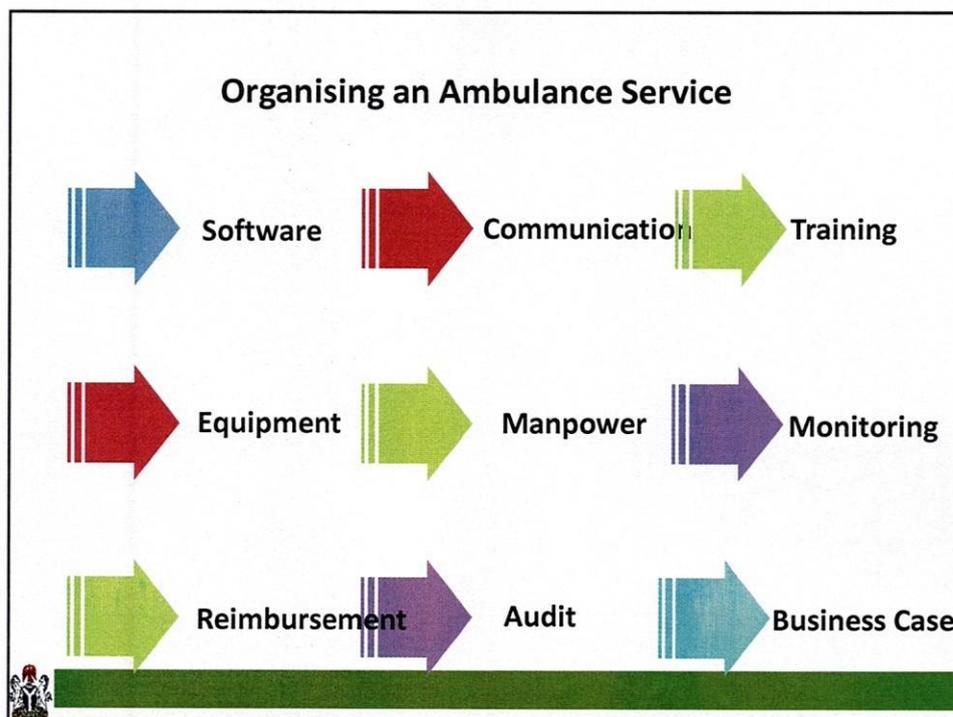
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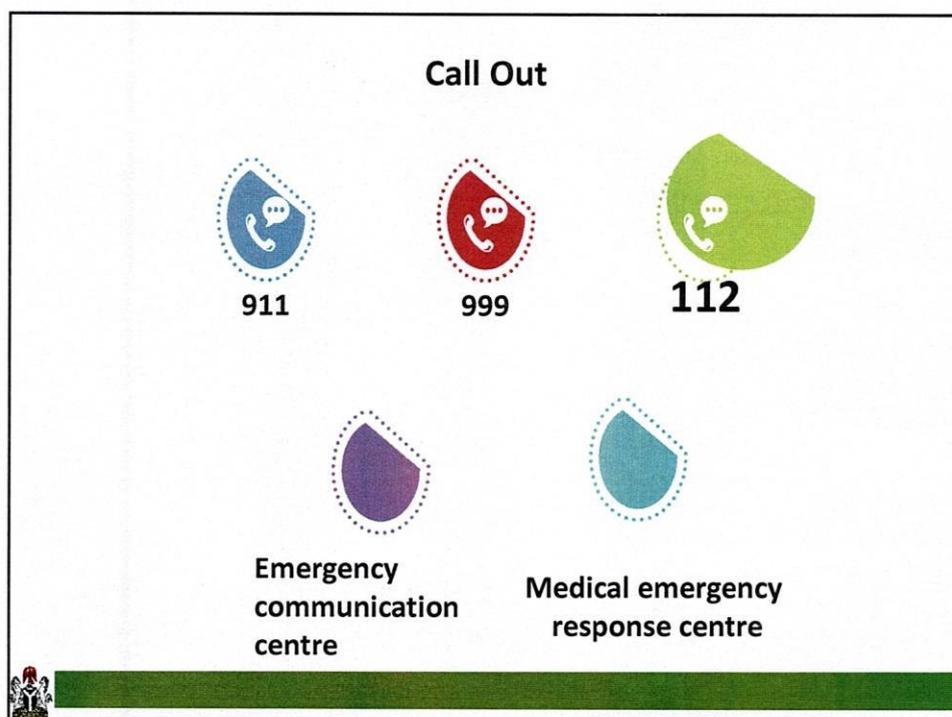
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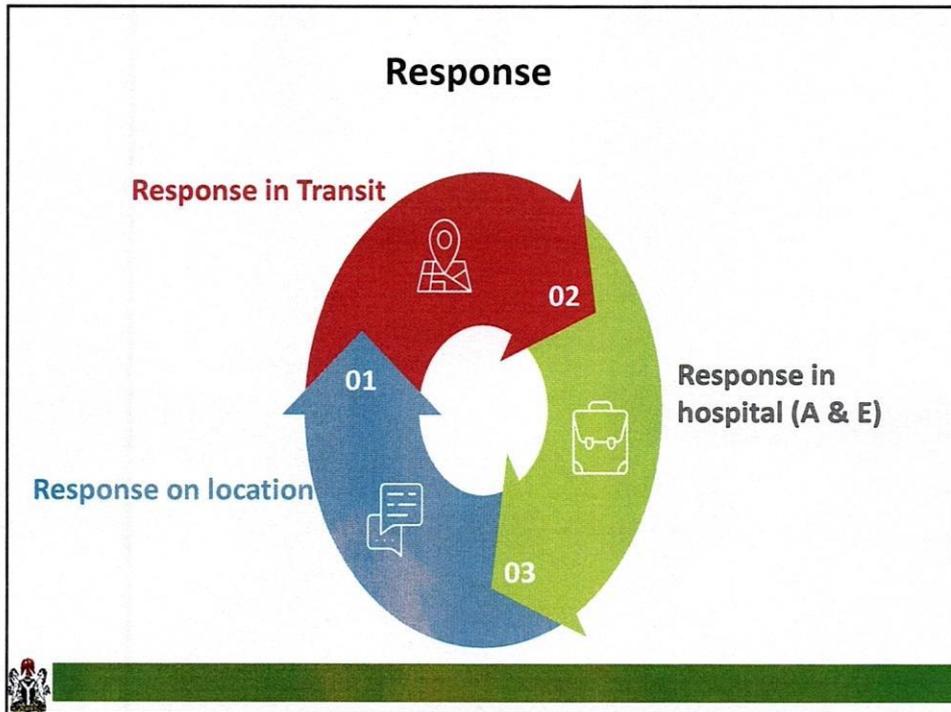
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Hospital Accident & Emergency Centres

-  Geographically distributed
-  General or specialized
-  Properly staffed 24/7
-  Rapid deployment, every second counts



An illustration of a blue ambulance with a white box on its back featuring a red cross symbol. A small crest is visible in the bottom-left corner of the slide.

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Modern Vehicular Ambulance Types



Motorcycle



Boat Ambulance



Bus Type Ambulance



Air ambulance – helicopters & fixed wing aircraft



Helicopter Ambulance

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Outcome of Deploying Ambulance Services

- Save lives, increased life expectancy
- Reduce cost of care
- Provide jobs
- Aids medical research and development
- Aids economic development



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**Our people are looking up to us.
If their lives matter, we should not let them down**



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THANK YOU FOR LISTENING,



3/18/2020

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