**Nigeria Governors Forum Panel**

I want to start with a statistic that I hope should generate outrage – since this session started an hour ago about 100 infants have died needlessly in Nigeria. Most of these are preventable via the actions of the governors in this room. Indeed many others are alive today because of what some of you did in health over the last 4 years.

Even compared to countries with similar incomes, Nigerian health outcomes are dismal, with drastic inequities between rich and poor, urban and rural populations, and different regions. Many countries with equivalent or lower health expenditure have better outcomes, suggesting the need for health systems strengthening and action on health determinants. While I will not dwell on the negatives, I would mention three facts to illustrate why we must act: First, our life expectancy at birth is just over 55 years, we live on average just longer than Chad, Lesotho and Central African Republic, Second, each year, more children under 5 die in Nigeria than anywhere else in the world and finally our maternal mortality ratio is exceeded only by Chad, Sierra Leone, and South Sudan. These challenges are compounded by low funding for health, high out-of-pocket spending accounting for 78% of all expenditure and sub-optimal engagement and uncoordinated donor engagement.

What is the political and economic reward for your excellencies in delivering good health care? I would articulate 2 political reasons and 5 economic reasons why you should prioritise health and briefly outline what must be done to achieve these gains.

**Political benefits**

* First, prioritising and investing in health will lead to improved health outcomes markedly bolstering the positive image of the state government. After decades of partially delivering campaign promises, good healthcare and outcomes will a tangible and material benefit to the poorest including those who are currently disenchanted and disengaged with politics. After the last election, I logged on to INEC website and first uploaded form I found by chance, was not an INEC form but a letter indicating “we the people of this village will not participate except if you give us education and healthcare”. This story for me explains the really low political turn out in our elections but also articulates a political opportunity that is yet untapped in Nigeria in the way it is in places like Kerala in India with state governments elected based on healthcare performance. Our analysis in the Lancet Nigeria Commission suggests that the provision of good health care is rewarded by voters. We are all convinced that it is building visible physical structures is what we will remembered for but it is likely that a state government version of ModiCare and Obamacare will be as rewarding as any major infrastructure politically. Tangible health gain that can win elections!
* Second; Healthcare can be the basis of a new social contract between state governments and citizens. Your excellencies, you can give your citizens a reason to want to belong. It is widely recognised that nation states where citizens know they have something to lose in the absence of the state structure (e.g. universal pension or healthcare scheme), have more patriotic and loyal citizens. I would argue that this is a reason to prioritise and deliver good quality health care – citizens of the state will know that access to live saving care at birth, for the children, for pregnant women is only possible because of your actions. Consequently they would be more likely to come out and vote and to support government initiatives.

**Economic reasons**

* First; – There is much talk of countries harnessing a growing young population – the so called demographic dividend. All states in Nigeria have so much potential due our burgeoning youth population who can power growth but this will only be possible if these young men and women are in good health and have the requisite education and skills to be economically active. The so called demographic dividend depends on good health. In the absence of good health and education, there is a real risk of a demographic disaster – insecurity and instability.
* Second, health care provides excellent value for money. I appreciate that resources are scarce with competing and equally important priorities, but I would like to argue that spending on health is a good investment with excellent value. Our analyses of Nigeria data suggest that for every =N= 1000 spent to address child malnutrition: you get =N= 45,000 benefits; for every =N= 1000 spent on access to cooking fuels =N= 15,000 benefits. We project that while spending will need to increase to achieve universal health coverage, the amounts involved are very modest (at about 26,000 Naira per person over a 10 year period to 2030 – just 18% increase compared to 2018 funding). This will result in 300K maternal, 960K neonatal, and 2.6 million child deaths averted.
* Third– the business of health can be an important of the economy itself directly providing employment both in the provision of care and in underlying industry. For example, health spending is about 18% of GDP in the US, 9% in South Africa and in the UK the NHS it is the largest employer. In India, the manufacture of medicines are major aspects of the economy. – Consequently if done correctly, healthcare and associated manufacturing can be an important engine of the state’s economy.
* Fourth – Good healthcare will address health tourism. If your state can invest in high quality secondary and tertiary care (but not just buildings, the full spectrum of quality care, you can leverage some of the international drift by the elite to seek care overseas. And being at the receiving end of this in the UK, it isn’t trivial sums. I have seen our people depositing a million pounds prior to admission for a single patient in the UK. The national estimates are in the billions of dollars. So the opportunity is vast.
* Fifth – is the health security argument and its implications on the economy. Covid 19 shutdown economies. Unfortunately another pandemic is not if but when – likely interval shorter. We were lucky the first time as SARS-COV-2 affected those who are either older or those with comorbidity often those with the greatest mortality risk such as diabetics requiring different preparations of insulin. If the next pandemic appears, and we have not sorted out healthcare, and it is the type that kills younger healthy people like the pandemic flu of 1918, then our economies and lives will take a toll. For example, Lassa Fever is endemic in many states– in some centres only about 10% with a diagnosis so, other pathogens which may mutate and cause a pandemic do exist.

**What do we need to do?**

I led a Lancet Commission on Nigeria’s health system which includes some of the best researchers in Nigeria and in the diaspora and we provided a recipe for action at the national and sub-national level. We set out costed plans in key areas of health that includes specific actionable recommendations. In brief; the commission believes that:

* Addressing Nigeria's health challenges requires a whole-of-government and whole-of-society approach to prevent ill health. This means investing in highly cost-effective health-promoting policies and interventions, which have extremely high cost–benefit ratios, and offering clear political benefits for implementation.
* It needs better leadership at the state and local government levels – which covers providing direction to local teams but also this includes ensuring that the salaries of allocated midwives / nurses are not paid to the spouses of influential local figures but used appropriately.
* Of course we need to rehabilitate run down health centres. This is a necessary pre-requisite, but not sufficient by itself to achieve good health outcomes. In addition, we need:
	+ Functioning medical equipment and clear clinical guidelines. Ideally we should source equipment through pooled purchasing with maintenance contracts. We must encourage local manufacturing.
	+ Manpower: we need to scale up training for the full range of health care workers, we need digital tools, and we need to tackle brain drain. state governments should develop and implement strategies to retain staff through career development and appropriate remuneration; to achieve this, states must engage in regular workforce planning reviews to determine required staff levels needed and incentivise primary health care level work, states should also work with the main health worker regulatory bodies to ease the process of licensure and tracking of members.
	+ Quality and data systems – both to inform planning and allow us to hold providers to account for delivery of care.
	+ Financing: New resources needed but we need to spend current amounts more efficiently, efficiency efforts should include strategic purchasing. legally ring-fenced health budgets for health outside of the electoral cycle, building on the Basic Health Care Provision Fund. Redirect inequitable subsidies towards financing health and social services (eg, ₦1.5 trillion in petroleum subsidy can be redirected towards health). Fund/mandate health insurance coverage to all Nigerians by paying the estimated ₦15,000 per capita annual premium for the least wealthy individuals, raising revenue through the BHCPF, taxation, and levies, and state health insurance schemes and building on the National Health Insurance Authority act.

Most aspects of the health system are better delivered locally including training health workers to use the data they collect; defining health services packages to align with local risk factors and tailoring services according to local modes of community service delivery and sociocultural norms. All these critical elements are the domain of your excellencies.

The giant of Africa – Africa’s largest population and economy – enjoys considerable unrealized potential. The path to achieve greatness lies in your hands to deliver health and a demographic dividend. The time to do this is now and you have the power to deliver this transformation.