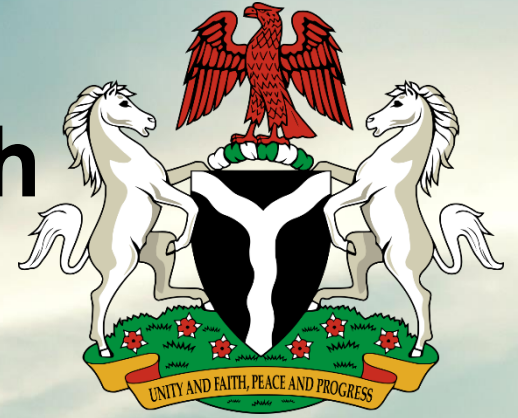


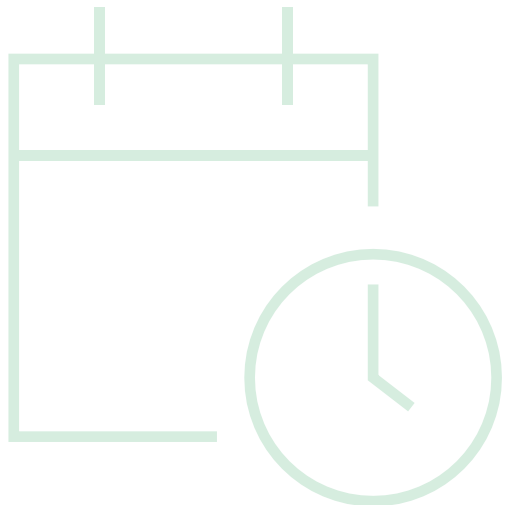
Nigeria: Unfinished Agenda on The Health of Women, Children and Adolescents

19th GFF INVESTORS GROUP MEETING

Abuja, Nigeria
Nov 4-7, 2024



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Overview of the Current Health Context in Nigeria

Nigeria Health Sector Renewal Investment Initiative

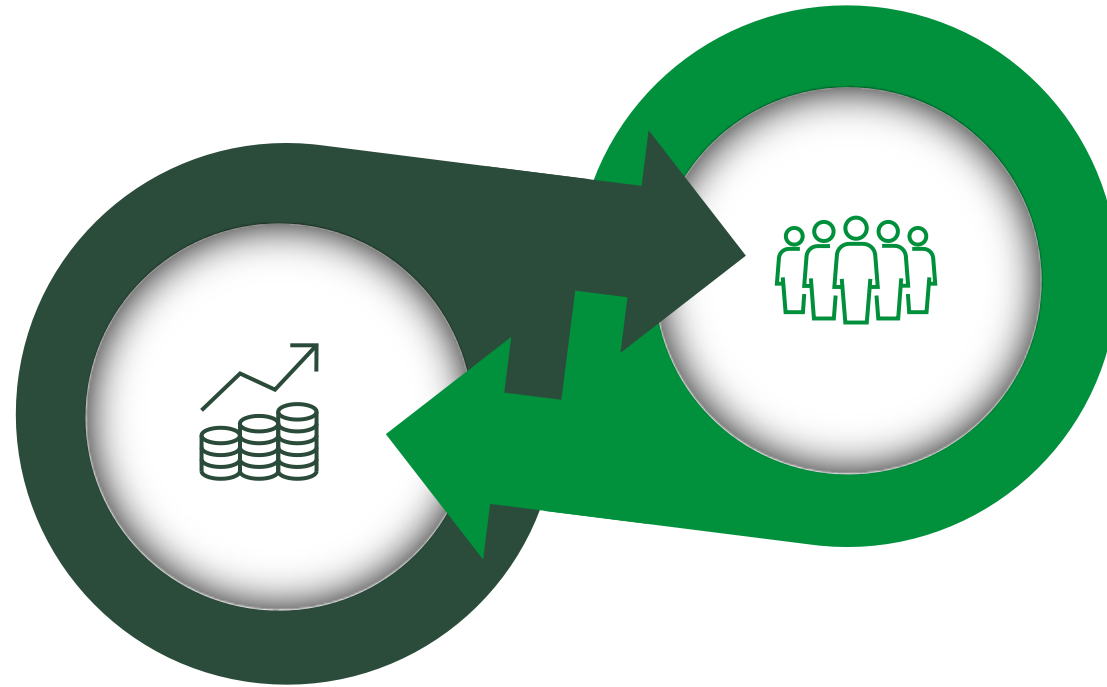
The Nigeria Sector Wide Approach

A Call to Action



To achieve our maximum potential, Nigeria requires two significant unlocks....

Unlocking the full potential of our economy



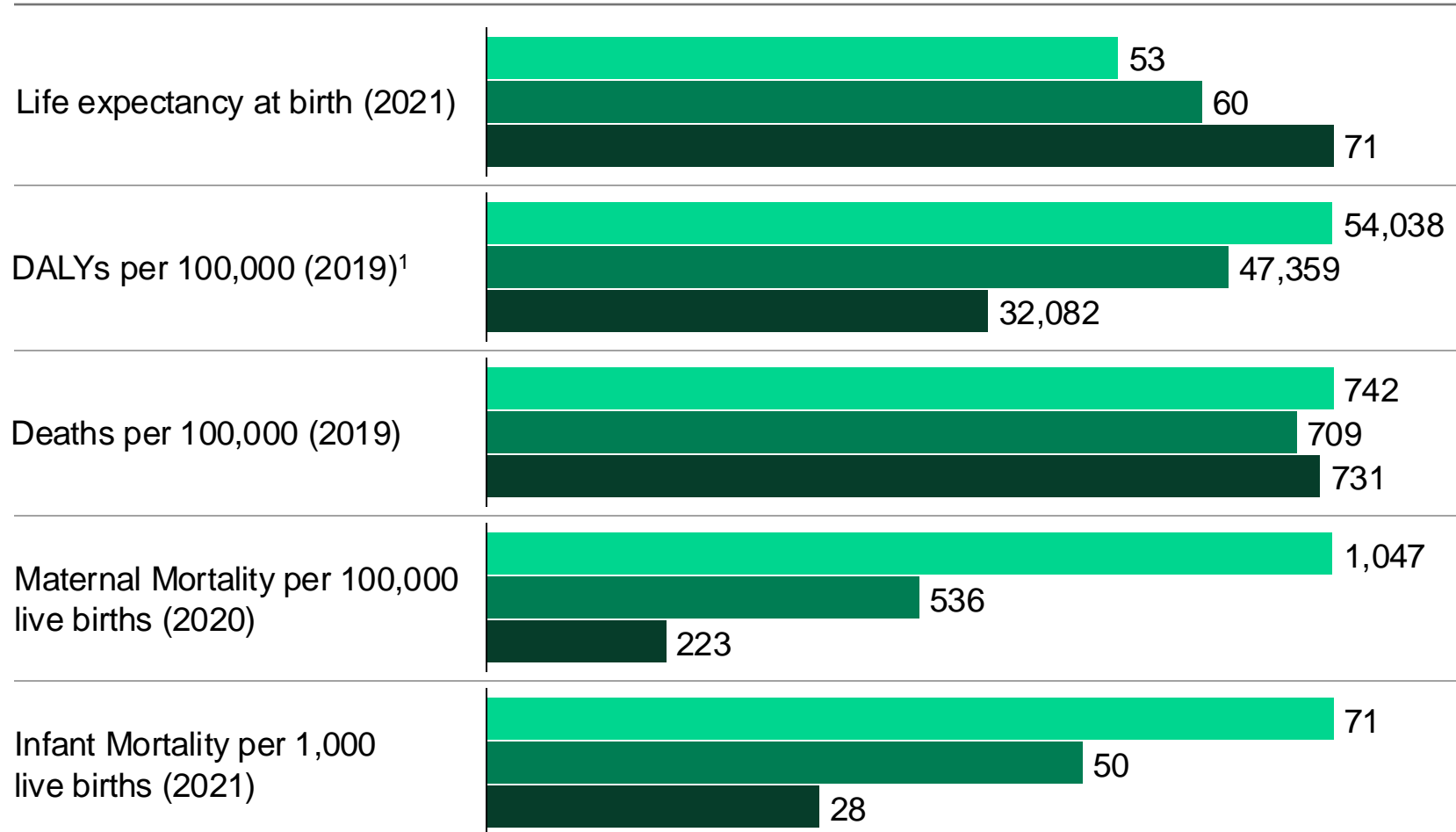
Unlocking the full potential of our people

.... And the health sector underpins both



Most health outcomes in Nigeria are lagging behind SSA and Global medians...

■ Nigeria ■ SSA median ■ Global median



1. Disability-adjusted life years
2. Non-Communicable Diseases

Source: IHME, World Bank, The Lancet Global Health Commission on High Quality Health Systems (2018), press search

2.8%

Nigeria's proportion of the world's population

12%

Maternal and child mortality among the highest in the world, representing 12% of the world's total maternal, stillbirth, and neonatal deaths.





20%

Nigeria's maternal mortality represents 20% of the global burden.

The current Nigerian health spending per capita does not produce improved health outcomes, as other countries with similar health spending as Nigeria have better health outcomes

All numbers based on latest available data - 2021

Countries with similar or lower government health spend per capita to Nigeria have better health outcomes....

	Per capita gov't health spend (\$)	Maternal mortality rate (per 100k births)	Infant mortality rate (per 1k births)	Life expectancy at birth (yrs)
 Nigeria	11	512 <i>Highest in peer set</i>	55 <i>Second highest in peer set</i>	53 <i>Lowest in peer set</i>
 Bangladesh	9	123	30	72
 Zimbabwe	13	357	36	61
 Niger	13	441	65	62

1. Goods and services such as drug purchases, utilities etc.
2. Capital costs such as construction, equipment purchase etc.
3. Personnel costs such as wages, salaries and benefits
4. Further research being done to collect budget data for Niger

These poor health outcomes stem from various structural and systemic challenges, including...


Health system elements

A Financing 

B Human resources 

C Health Data 

D Infrastructure and equipment 

E Supply chain 

F Governance 

G Regulation and standards 

Where we are today

Supporting fact (examples)

Inadequate, inefficient and inequitable spend - countries with lesser spend and GDP have better outcomes than us

- **3%** of GDP on healthcare vs **5%** WHO guideline
- **40-60%** of the federal budget allocated to health is utilized
- NCDs account for **20% of DALYs** but **<1% of donor funding**

Limited quality human resources for health to serve our population, maldistributed

- Doctors: **23.3** per 100K people vs **100** (as per WHO guideline)
- CHWs: **61** per 100K people vs. **450** (as per WHO guideline)

Data collection is not comprehensive nor credible and not used for decision making

- **159.7%** DPT3 immunization rate reported by Nigeria vs **55%** reported from WHO surveys

Limited healthcare infrastructure and poor maintenance culture

- **0.5** beds per 1000 people vs **4** (as per WHO guideline)
- **50%** of x-ray equipment in government hospitals is not working

Complex and unintegrated supply chains causing procurement inefficiencies and low stocks

- **41%** stock-out rates for family planning commodities

Hyper-fragmentation, dis-coordination across the diff levels of government, various regulators and development partners

- Poor **cross sectoral coordination** found as a reason for failure of implementation of NSHDP II in the 2018/2019 JAR

Regulation is often fragmented, predatory, and enforcement/implementation is ineffective

- Frequent quality of care and counterfeit product concerns despite there being 10+ regulators for health workforce accreditation and NAFDAC being a WHO Maturity Level 3 regulator

Source: Nigeria State of Health Fact pack, 2023

The NHAct 2014 has established the foundation for improved health outcomes, driven by strategic investments and long-term commitments to health, with support from the GFF, World Bank

The NH Act – Setting the Foundation of Reforms	Steps taken	+	World Bank/GFF Support
Phase 1. { 2014 - Nigeria passes the NHAct	a framework for the regulation, development and management of a health system and sets standards for rendering health services in Nigeria.		2015 - Nigeria joins the GFF 2017 - GFF/World Bank Support to NSHIP 2018 - GFF/World Bank Support to ANRIN
Phase 2 { 2019 - BHCPF Pilot Implementation	Operationalization of the National Health Act of 2014 and development of a health benefits package focused on RMNCAH-N.		2019 - BHCPF Pilot Support from GFF and partners
Phase 3 { 2023/24 - NHSRII	Designed with a goal to save lives, reduce physical and financial pain and improve health outcomes for all Nigerians		2023 – Support for RMET 2024- support for alignment 2024 – support for HOPE PROJECT through NHSRII (with joint financing with other partners)



Some early results recorded ... however gaps remain

Basic Health Care Provision Fund channeled more resources to PHC:

- Strengthened 8000 facilities with critical infrastructure, medicines and skilled health workers.
- In the 3 pilot states, outpatient visits increased fourfold; number of children vaccinated with pentavalent 3 increased from 57 to 68.7 percent; attended births increased from 70 to 79.5 percent.

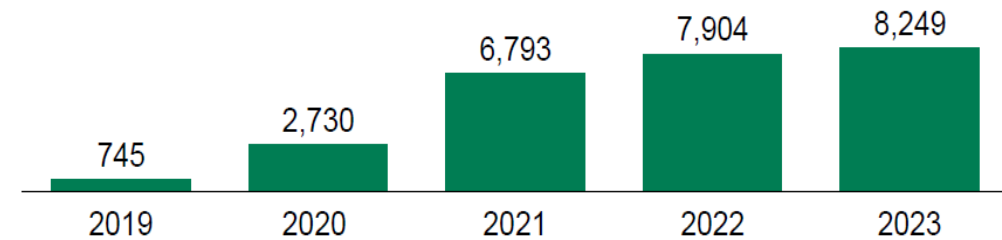
Nigeria State Health Investment Project (NSHIP) reached communities in conflict-affected areas, demonstrating that results are possible in challenging settings .

- Modern contraceptive prevalence increased by 5.7 percent
- Skilled birth attendance increased from 55.5 to 69 percent. This equates to 1.2 million attended births.
- Immunization increased from 27.4 to 68.6 percent; more than 300,000 children received treatment for acute or chronic malnutrition.
- Quality of services increased from 24 to 62 percent. 53 percent of facilities had essential medicines in stock—an increase from zero at baseline.

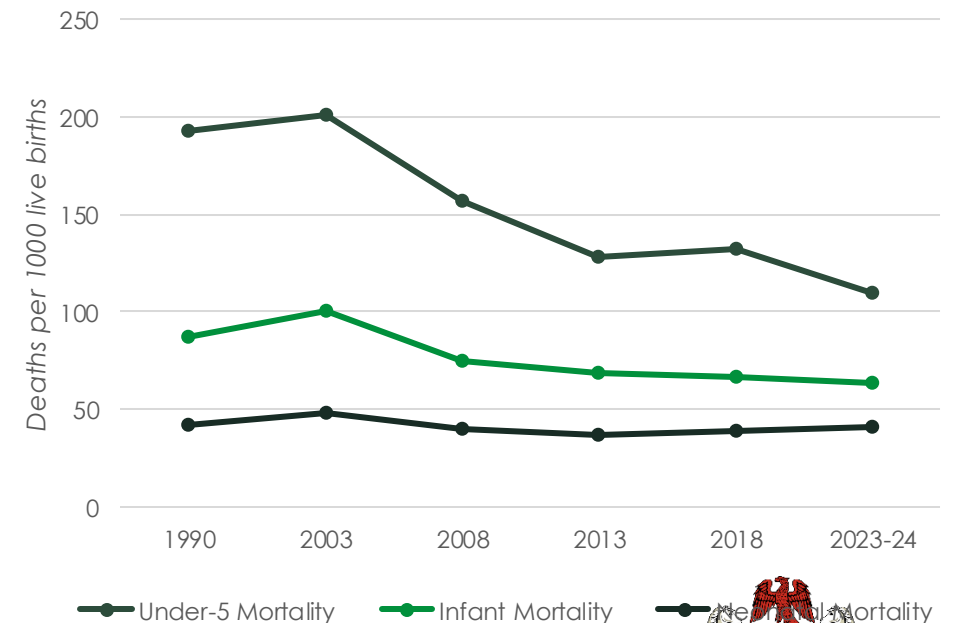
ANRIN project reached adolescents with family planning and nutrition:

- Helped provide nutrition services to nearly 5 million pregnant women and over 7 million children under five and supported the treatment of children from amongst the 2.6 million affected by severe malnutrition nationally.
- In Kaduna State, more than 237,000 adolescent mothers accessed short- and long-term family planning integrated into nutrition services, exceeding targets.

Number of facilities authorized to receive funds via NPHCDA gateway
'000 facilities



Trends in early childhood mortality rates



... but we now have a renewed framework that allows us to focus on what matters most to improve the health outcomes for all Nigerians



We designed a 2023-2026 strategic blueprint aimed at rapidly improving health outcomes of Nigerians

Our goal is to save lives, reduce both physical and financial pain and produce health for ALL Nigerians

Outcomes we want to achieve:

DALY improvement, lives saved, OOP reduced, [metric for producing health], [equity]



Effective governance

- Strengthen oversight and effective implementation of the National Health Act
- Increase accountability to and participation of relevant stakeholders and Nigerian citizens
- Strengthen regulatory capacity to foster the highest standards of service provision
- Improve cross-functional coordination & effective partnerships to drive delivery



Efficient, equitable and quality health system

- Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition)
- Strengthen prevention through primary health care and community health care
- Improve quality of care and service delivery across public (primary, secondary and tertiary care) and private, across all levels of the health system
- Improve equity and affordability of quality care for patients
- Revitalize the end-to-end (production to retention) healthcare workers pipeline



Unlocking value chains

- Promote clinical research and development
- Stimulate local production of health products
- Shape markets to ensure sustainable local demand
- Strengthen supply chains



Health Security

- Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa)
- Build climate resiliency for the health system in collaboration with all other sectors

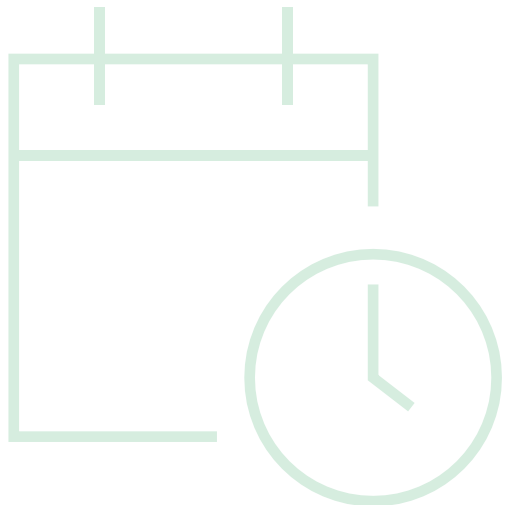
Data & Digitization: Digitize the health system & have data backed decision making

Financing: Increase effectiveness of spend and alignment of spend with strategic priorities

Culture & Talent within MDAs: Strengthen capabilities & values and drive a performance based culture within the FMOH



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To improve the national health system, the NHSRII Compact was signed between Federal and State Governments and DPs



TO PURSUE IMPROVEMENT IN HEALTH OUTCOMES BY,

with the priorities in the Nigerian National Strategic Health Development renewed Hope Health Sector Blueprint's pillars (Effective Governance, Quality Health System, Unlocking Value Chains and Health Security) to stability, and relentless focus on results.

ated approach between Federal Government, State Governments, FCT, rs, to achieving the desired improvement in the health of all Nigerians at

gn of the Basic Health Care Provision Fund, comprising at least 1% of the s, provided by the National Health Act (2014), as the foundational basis s, to:

able, allocation of resources to the poorest and most disadvantaged tions.

development partner (multilateral, bilateral, philanthropic, and private sources to a common pool or aligned in parallel with the sector-wide

ber of fully functional Primary Healthcare Centers (PHCs) receiving y Financing for infrastructural upgrades, and operational costs to ensure quality essential Primary Health Care package including routine ery, Family Planning, Antenatal Care(ANC), Postnatal Care, and meet the bstetric and Newborn Services (BEmONC) criteria, from 8,809 to 17,618 States and the FCT.

ndary Care facility providing Comprehensive Emergency Obstetric and (MONC).

rral Secondary Care facility providing CEmONC through progressive ational Emergency and Medical Ambulance System.

nerable Group Fund (VGF) and optimize risk pools to rchase highest impact benefit package to improve health a focus on financial protection for critical reproductive, orn, child, adolescent health, and nutrition services to y and preventable deaths.

action towards achieving Universal Health Coverage by xpanding health insurance coverage, ensuring healthy and viable risk pools through effective governance, and establishing an enabling environment for better public and private sector collaboration.

h. Complement BHC PF financing with public health interventions to reduce the burden of Communicable and Non- Communicable Diseases including malaria, tuberculosis, and HIV/AIDS, increase access to sexual

and reproductive health care services, and to strengthen systems and improve health security.

- i. Ensure “best-buy” investments in community health models to serve as a critical entry point to public health services in a people-centered health system, including as a first step retraining of up to 120,000 frontline health workers as collaborative effort between Federal, State Governments, and key development partners to be followed by enhanced deployment.
- j. Make transparent to all Government, Non-Governmental Partners, CSOs, and Citizens, the resources allocated, released, and results achieved.

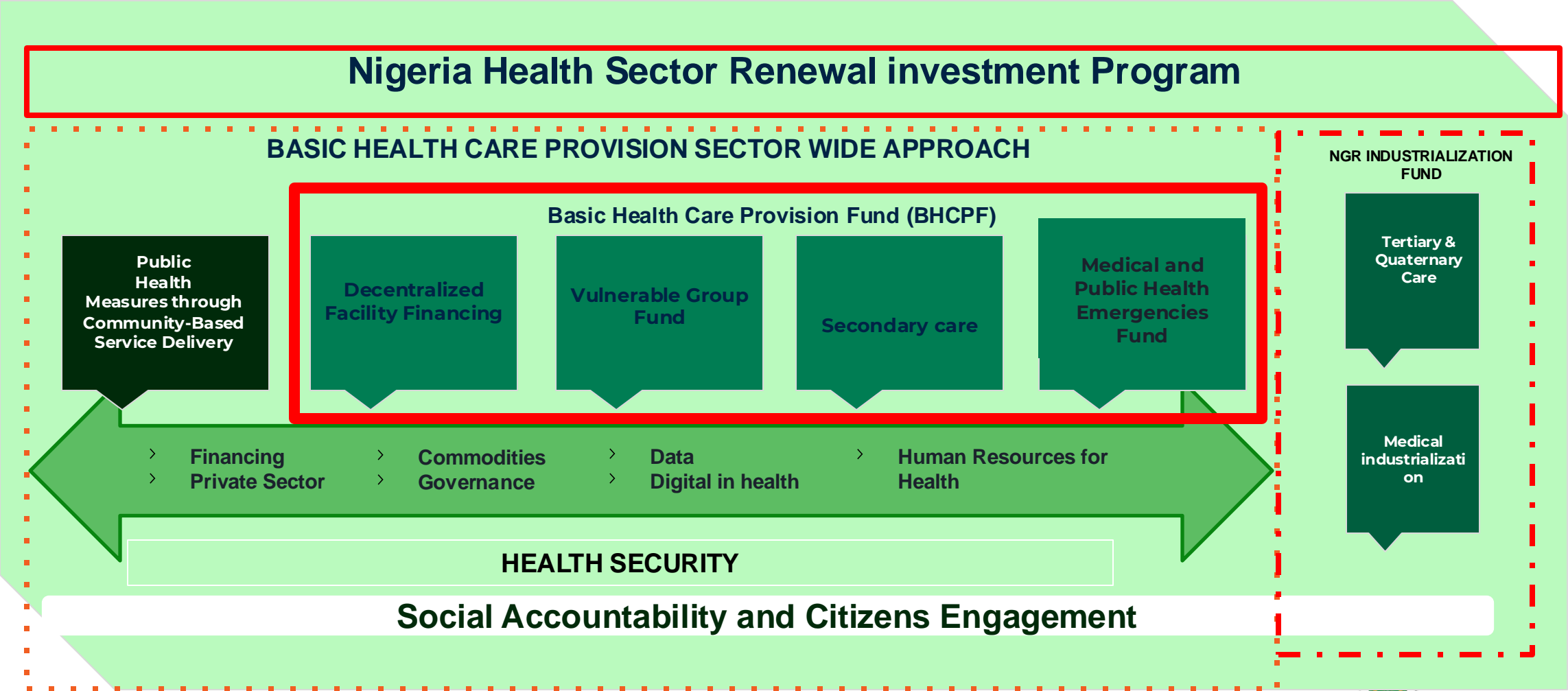
9) COMMITTING all State Governments and FCT to complement the Federal Government by undertaking the following key policy actions:

- a. Increasing budget allocation and timely releases of funds for primary health care services, immunization, family planning, and public health, and make those allocations and releases public.
- b. Verifiably fulfilling jointly agreed counterpart obligations, in cash or in-kind, in support of the BHC PF, to State Primary Health Care Development Agencies and State Health Insurance Authorities and streamlining processes for disbursement and accounting for such transfers.
- c. Collaborate in exploring innovative financing options, to expand universal health coverage especially for poorest Nigerians, potentially including health taxes, surcharges, and first charge from the VAT pool.
- d. Training and retaining qualified health workforce dedicated to service delivery at community levels, primary health centers and hospitals.
- e. Ensuring presentation and consideration of routine data on health outputs and intermediate outcomes on a quarterly basis in State executive councils, Nigeria Governors’ Forum, and relevant National Economic Council meetings.
- f. Participating in community health campaigns and engaging traditional and religious leaders in the States.

10) COMMITTING to the establishment of a joint coordination and monitoring mechanism in the Sector-Wide approach, establishing a common database of all health development partner engagements with the Federal Government and all 36 States and FCT, a results scorecard to transparently chart progress on a

We designed the Nigeria Health Sector Renewal Investment (NHSRII) Program to implement our strategic blueprint

The program comprises of the **BASIC HEALTHCARE PROVISION FUND 2.0** and the **HEALTHCARE INDUSTRIALIZATION PROGRAM.**



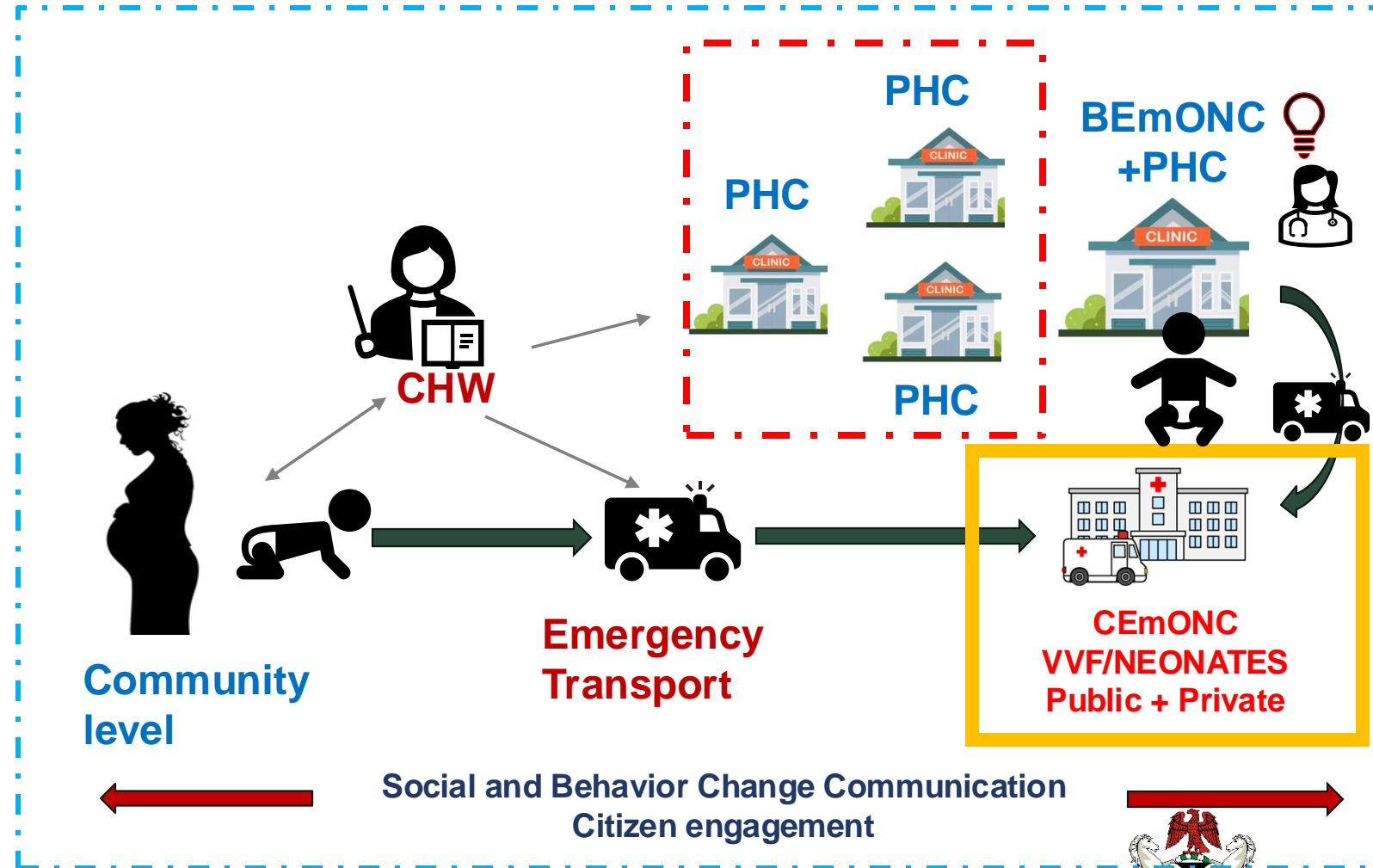
Key Design Elements: Prioritizing Life-saving Services For Women And Children By Applying Supply And Demand Side Approaches At The Right Levels Of Care

Supply Side

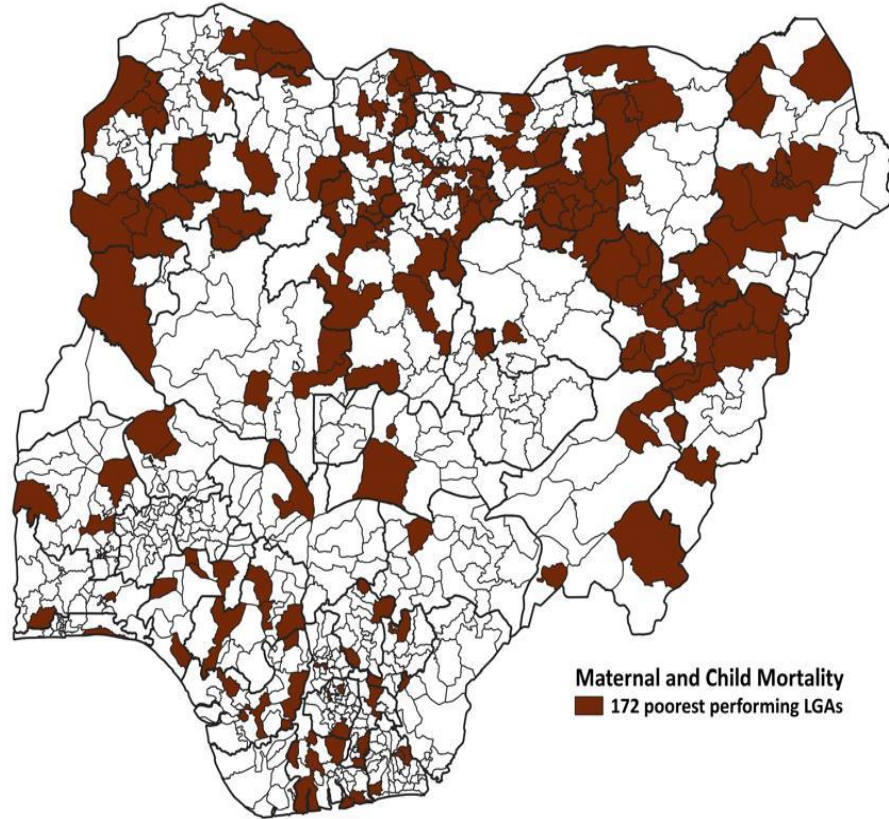
1. Target 17,600 PHCs {BEmONC subset}
2. 1 CEmONC per LGA
3. Availability of FP/high-quality commodities/drugs
4. Human resources for health

Demand Side

1. Community health workers.
2. Social and behavior change/public information communication.
3. Financial protection: Free delivery services.
4. Emergency medical transport.
5. Deepening SP reforms



Through the MAternal Mortality reduction Investment Initiative (MAMII) we are prioritizing 172 LGAs that account for 50% of maternal deaths



Geographic distribution of priority LGAs

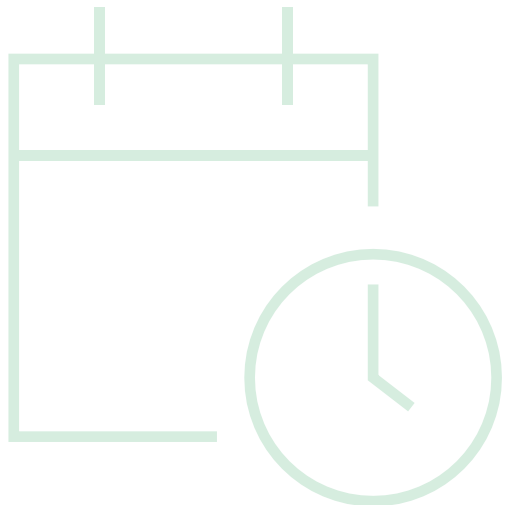
Geopolitical Zone	State	No. of LGAs	%	Geopolitical Zone	State	No. of LGAs	%		
Northwest	Jigawa	7	66 LGAs (38%)	South-south	Akwa Ibom	3	19 LGAs (11%)		
	Kaduna	7			Cross River	1			
	Kano	18			Delta	5			
	Katsina	15			Edo	4			
	Kebbi	11			Rivers	6			
	Sokoto	4			Southeast	Enugu		3	13 LGAs (8%)
	Zamfara	4				Imo		3	
Northeast	Adamawa	9	51 LGAs (30%)	Abia		3			
	Bauchi	11		Anambra		2			
	Gombe	8		Ebonyi		2			
	Taraba	5		Southwest		Lagos	1	12 LGAs (9%)	
	Yobe	5			Ogun	2			
	Borno	13			Ondo	5			
North-central	Kogi	1	11 LGAs (6%)		Oyo	4			
	Nasarawa	2		Total	172	100%			
	Niger	4							
	Plateau	1							
	Benue	1							
	Kwara	2							

Simple Cost Effective RMNCAH+N Innovations will be deployed to crash maternal mortality

Innovation	Description	Administration			Impact on outcomes (adverse outcomes)
		Start		Finish	
MMS plus Calcium	MMS taken as daily medication to prevent maternal anaemia adverse birth outcomes	ANC1	→	Birth	MMS is more efficacious than IFA in preventing adverse birth outcomes - meaningful percent reduction in selected birth outcomes compared to IFA alone (e.g., reduction of stillbirths by 8% in pregnant women and 21% in anaemic pregnant women)
AI-enabled ultrasound	AI-enabled ultrasound for antenatal & intrapartum risk stratification	ANC1	ANC4+	GA 36 weeks	Risk stratification enables appropriate triage referral, & treatment – leading to better outcomes (e.g., high risk mothers sent to appropriate location and given selective treatments reducing risk of mortality and morbidity)
IV-iron	One time infusion of 1000 mg elemental iron to treat severe anemia		Only at ANC4+		Reduction in adverse outcomes from anemia (e.g., mortality, haemorrhage, preeclampsia) - e.g., in Nigeria delta of 11 p.p. in anaemia prevalence at 36 weeks using IV iron vs Oral iron
Maternal Azithromycin	Single 2-gram dose of azithromycin given during labor; also given during pregnancy for STIs	ANC1	ANC4+	Birth	Helps reduce maternal sepsis; A-PLUS trial shows high impact potential of a single maternal AZ dose, especially in sub-Saharan Africa (e.g., Intrapartum Azithromycin Effect at 6-weeks is a 49% Reduction in Relative Risk (95% CI) of maternal death or sepsis in sub-Saharan Africa, compared to 12% in South Asia)
PPH Detection & Bundled Treatment	Use of a drape for PPH detection & Bundled first line treatment (E-MOTIVE)			at Birth	Overall reduction in severe PPH and death; e.g., use of calibrated drape over traditional uncalibrated tools reduced missed detection by 83%; E-MOTIVE resulted in 60% reduction in severe PPH outcomes (incl. deaths)
CPAP & Lung Surfactant	Respiratory support for premature infants with difficulty breathing			at Birth	Helps improve newborn survival in hospitals; e.g., increased CPAP coverage and reduced neonatal mortality with facilities with ≥10% improvement in CPAP coverage, neonates weighing <1000 g were 46% less likely to die, and those weighing 1000 to 2000 g (the main focus of CPAP) were approximately 20% less likely to die
Antenatal Corticosteroids	Given to women at risk of early pre-term birth at ~36 weeks GA			at GA 36 weeks	Helps improve fetal lung maturation and neonatal death
Probiotics	Probiotics given to preterm or small GA infants			at Birth	Helps address imbalances in gut bacteria for infants thereby reducing risk of malnutrition
Amoxicillin & Gentamicin	IM antibiotic for neonates and young infants with PSBI			at Birth	Helps improve fetal lung maturation and reduction in neonatal deaths



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We have activated SWAp now while continuing to expand ambitions over time..

	Nov'23 – Nov'24	By 2025	SWAp in 3 years
A One Plan 	<ul style="list-style-type: none"> • Compact with key principles signed • Addendum to Compact signed for 32 States (incl. Code of Conduct & priorities) • Horizon 1 top priorities aligned • Finalization of the HSSB document to guide the 2025 AOP across all states • State sectoral planning informed by health sector priorities, reflected in AOPs 	<ul style="list-style-type: none"> • Additional partners added to Compact – non-traditional donors and private sector • Update Compact based on lessons learnt • All activities by DPs and govt. at federal and state level reflected in AOPs 	<ul style="list-style-type: none"> • Signing of Compact to be requirement for all partners to operate in Nigeria's Health sector • Plan(s) routinely updated based on lessons learnt
B One Budget 	<ul style="list-style-type: none"> • Transparency of funding at federal and state level through resource mapping, gap assessment • Portfolio review meeting with development partners convened • Pooling options laid out • > \$1 Bn mobilized; 570 million USD mobilized from 7 partners linked to 11 DLIs 	<ul style="list-style-type: none"> • Tools for tracking of funding and expenditure • Additional pooling approaches (beyond BHCPEF) defined and operational 	<ul style="list-style-type: none"> • Tracking funding & expenditures for all programs is the norm, allowing for full visibility at a national level
C One Report 	<ul style="list-style-type: none"> • Core indicators agreed • Initiation of State of the Health of Nigeria Report • First Joint Quarterly Performance Dialogue convened • State level targets for core indicators and Federal – State workplan defined • 11 DLIs agreed • indicators for quarterly performance dialogue established 	<ul style="list-style-type: none"> • DLIs agreed & being achieved • Reliable tracking of [a larger set of core indicators] (within M&E system) • Quarterly reviews are an established mechanism for performance assurance [for all states and DPs] – especially for coverage / operational indicators 	<ul style="list-style-type: none"> • JAR & Joint Missions are the norm • M&E system has good reputation
D One Conversation 	<ul style="list-style-type: none"> • TWGs activated for one conversation including State Advisory Group and State representation in all TWGs • SWAp sensitization/briefing (incl. sharing of State playbook) with all States conducted 	<ul style="list-style-type: none"> • Sector-Wide Coordination & Delivery Office used as “One stop shop” by all health sector stakeholders • Feedback to partners and States on adherence to Compact & Code of Conduct 	<ul style="list-style-type: none"> • Negligible instances of parallel conversations or delegations

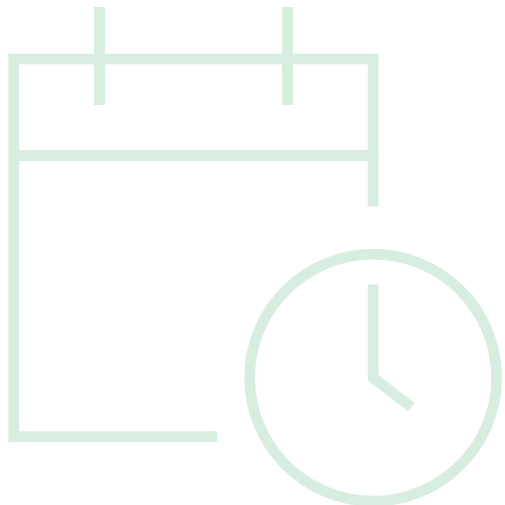


We have mobilized >\$3 bn of additional funding (3yrs) through NHSRII SWAp, \$2.178 billion confirmed external financing...

Elements	Amount	What it means	Requirements
1 World Bank HOPE Project (PforR)	HOPE PHC \$500million HOPE GOV \$250million	Pre-set DLIs with Key Result Areas (Governance & Financing, Health Systems Supply Side Strengthening & Accelerating Access through Demand Side Interventions)	<ul style="list-style-type: none"> Putting 'Prior Actions – year 0 Result' in place Such as PHC/SHC readiness for BEmONC/CEmONC States to build institutional capacities for improved resource allocation and performance and monitoring for systems strengthening
2 Reformed BHCPP	1% CRF (N131bn) + donor funding	<p>Gateways: SPHCDBs, SHIAS, SEMSAS</p> <ul style="list-style-type: none"> Needs-based allocation formula that encompasses population, geographic/terrain, disease burden <p>SPHCDA gateway: tiered DFF payments for equity</p> <ul style="list-style-type: none"> Harmonize NPHCDA service package with NHIA covered services <p>Increase the operational budget for intensified monitoring and LGA supervision</p> <p>Emergency medical services and ambulance scheme for patient referrals between the community and selected primary and secondary health facilities is established</p>	<ul style="list-style-type: none"> A number of Programmatic, Operational and Fiduciary reforms to be put in place i.e availability of needs-based cadre of clinical staff at HFs, annual statutory audit across SPHCDA and PHCs etc
3 LAD	\$200 million	Expanding the BHCPF, Unlocking the Nigeria Health Care Value Chain, & building the capacity of frontline workers & related governance institutions (Expanding the production of midwives. i.e Investment in training institutions	<ul style="list-style-type: none"> NPHCDA to work with States on site selection, SRH integration, BEmONC/CEmONC upgrades
4 BMGF	\$60 million	PHC revitalization (HRH, RMNCH commodities and innovative tools, data systems, resource optimization), VGF, malaria	<ul style="list-style-type: none"> State Readiness Assessment Costed AOPs inline with Core Health Sector Priorities
5 GFF	\$70 million including CIFF	FP and RMNCAH, Knowledge and shared learning between State	
6	\$12.5 m FCDO \$11 m	FP and RMNCAH including commodity financing	



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A partnership approach to health anchored in joint planning and data-driven decision making

Increased Funding



- The need for **increased investment** in health to bridge the gap and improve health outcomes
- **Integration** of all new partner resources to outlined government pools
- Aligned partner support through use of **government PFM systems**
- Development partner funding captured in the **national budget**

Improved Data systems



- Leveraging a **singular results framework for joint M&E activities**, agreeing to the identified '**one source of truth**'
- Provide full support to **JARs** and a **harmonized calendar of events** in an effort to **reduce parallel bilateral missions**

Aligning to govt priorities



- Alignment of partner investments with National priorities and plans, evidenced in the **AOPs**

Alignment and positioning for the future



- NHSRII through SWAp, the GoN and the GFF partnership are **renewing a focus on alignment** – keeping results at the center.
- Holding ourselves accountable to SWAp behaviour through the **Compact** and **Code-of-Conduct**



Thank you

