

Understanding the context of health coverage in Nigeria and progress towards effective Universal Health Coverage, 2-3 September 2020

Introduction

The World Health Organization estimates that at least half of the world's population still lack full coverage of essential health services.¹ The global commitment towards achieving Universal Health Coverage (UHC) has been affirmed as part of the Sustainable Development Goals (SDGs). UHC means that all individuals and communities should have access to the full spectrum of essential and effective health services including promotion, prevention, treatment, rehabilitation and palliative care without suffering financial hardship.

About 100 million people are pushed into extreme poverty by having to pay for health care, including 11 million Africans per year.^{1,2} In Nigeria, the percentage of individual populations reliant on out-of-pocket healthcare expenditure remains as high as 77.2%.³ A multitude of barriers and challenges exist which prevent the achievement of UHC, many of which are specific to Nigeria and the West Africa region, including the contextual challenges inflicted by political instability and the recent Ebola Virus outbreak. Some challenges are shared however, and global support can help accelerate the attainment of UHC through global and regional level research, information gathering, financial investment and technical assistance. Establishing UHC depends on many governmental departments and aspects including improving infrastructure, training the healthcare workforce, increasing the number and quality of health facilities from hospitals to local clinics, developing information systems and ensuring the supply of medicines and medical technologies.⁴

UHC is an important step towards social inclusion and equity. Many countries are making progress towards achieving UHC, with most low- and middle- income countries, including Nigeria, in the process of designing and implementing strategies to ensure their whole population has access to essential health services, which must be of high quality. Activity across the region includes: exempting populations from user fees; community-based and national health insurance schemes aiming to minimize out-of-pocket expenditure;^{5, 6, 7} and initiatives aimed at scaling up and improving access to maternal, new born and child healthcare (MNCH), amongst others.^{8, 9}

The objective of this workshop is to consider the vision and status for universal health coverage in Nigeria, to engage with policymakers and researchers across sectors to support the implementation of this agenda and ensure that health policies are evidence-based. The aims are to:

- Provide a platform for experts to reach a consensus on the vision for UHC in Nigeria.
- Bring together evidence on what progress has been made to achieving UHC in Nigeria.
- Identify tools and innovation that could accelerate progress to embed and scale-up effective UHC.
- Identify shared research challenges and barriers to achieving quality UHC.

¹ The World Health Organization (2018). [Universal Health Coverage fact sheet](#).

² World Bank (2016). [UHC in Africa: A framework for action](#).

³ World Bank. World Health Organization Global Health Expenditure database (2019). [Out-of-pocket expenditure \(% of current health expenditure\)](#).

⁴ The Academy of Medical Sciences (2016). [Improving the Health of the Public by 2040](#).

⁵ Wright J, Bhuwanes K, Patel F, et al (2017). [Financing of universal health coverage and family planning: a multi-regional landscape study and analysis of select West African countries](#). United States Agency for International Development.

⁶ Ewelukwa O, Onoka C, & Onwujekwe O (2013). [Viewing health expenditures, payment and coping mechanisms with an equity lens in Nigeria](#). BMC health services research 13.

⁷ Appiah B (2012). [Universal health coverage still rare in Africa](#). Canadian Medical Association Journal 184(2), e125–E126.

⁸ Abimbola S, Okoli U, Olubajo O, et al (2012). [The midwives service scheme in Nigeria](#). PLoS Med, 9(5), e1001211.

⁹ Federal Ministry of Health, Nigeria (2011). [Saving Newborn Lives in Nigeria: Newborn Health in the context of the Integrated Maternal, Newborn and Child Health Strategy](#).

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- Provide a platform for multi-disciplinary experts to share their UHC and research experiences, challenges and successes to allow learning from one another.
- Agree on a list of research priorities and solutions to overcome the identified barriers that can be addressed at country level.
- Impact policy uptake, specifically through the use of science and investment in research and research leadership.

Day Two: Identifying opportunities to embed the Universal Health Coverage policy, practice and research agendas in Nigeria

09:00 - 09:05	Welcome
09.05 – 10.20	<p>Presentation session - Research into intervention: Examples of research or related activity informing UHC in Nigeria <i>Session Chair: Professor Mike English FMedSci, Workshop co-chair</i></p> <p>The panellists will give short talks (10 mins & 5 slides) on examples of research which has informed UHC interventions in Nigeria. They will cover the problem that the research sought to address, what has worked, what have been the challenges, methods for achieving impact, and any follow up activities.</p> <p>We will also hear some brief insights from the perspectives of development funding organisation on what they would find most useful to receive from research.</p> <ul style="list-style-type: none"> • How can Nigeria finance Universal Health Coverage? (10 mins) <i>Robert Yates, Executive Director of the Centre for Universal Health at Chatham House, London (10 mins)</i> • Dr. Ojuolape Solanke, Liaison Officer, West African Health Organisation; Dr Nneka Orji, Senior Health Economist, Federal Ministry of Health, Nigeria (10 mins) • Universal health coverage: attending to supply-side barriers (10 mins) <i>Professor Oye Gureje, Professor of Psychiatry; Director, WHO Collaborating Centre for Research and Training in Mental Health, Neuroscience, Drug and Alcohol Abuse, University of Ibadan, Nigeria</i> • Improving access to quality healthcare through private provider networks (10 mins) <i>Dr. Modupe Oludipe, Lead, Health Strategy Delivery Foundation Lagos</i> • The role of Private Sector in accelerating UHC: Case for an integrated approach (10 mins) <i>Njide Ndili, Country Director, PharmAccess Foundation, Nigeria</i> <p>Q&A/panel discussion (15 mins)</p>
10.20 – 11.35	<p>Session 4: Breakout Group Presentations and group discussion <i>Session Chair: Professor Friday Okonofua FAS, Workshop co-chair</i></p> <p>Speakers:</p> <p>Group One – Policy (10 mins) 5 min clarifications</p> <p>Group Two – Research (10 mins) 5 min clarifications</p> <p>Group Three – Multi-sector collaboration (10 mins) 5 min clarifications</p>

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	<p>Group discussion (30 mins)</p> <p>Following the morning's presentations, participants will have the opportunity to discuss all of the evidence, challenges and opportunities highlighted, including priorities and next steps. This includes:</p> <ul style="list-style-type: none">• Actions achievable in the short term (3-12 months) to help operationalise and embed the UHC agenda in Nigeria• Actions achievable in the longer term (1-3 years)• Collaboration opportunities locally, regionally and internationally to put these actions into practice• Ways to ensure coverage, equity, and quality are holistically embedded in Nigeria's overall UHC agenda in future <p>Session Outcome</p> <p>The output from this session will be a set of common research themes, policy actions, and areas for multi-sector collaboration to take forwards to support a defined and embedded vision of UHC in Nigeria, along with the introduction of access, equity, quality into this agenda. These will be jointly owned by all workshop participants along with agreement that any commitments will be actioned as a next step.</p>
11.35 – 11.40	<p>Conclusions and Wrap Up</p> <p><i>Professor Mike English FMedSci and Professor Friday Okonofua FAS, Workshop co-chairs</i></p>

Steering Committee

- Co-chair: Professor Mike English FMedSci, KEMRI-Wellcome Trust Research Programme, UK/Kenya
- Co-chair: Professor Friday Okonofua FAS, University of Benin, Nigeria
- Professor John Idoko FAS, University of Jos, Nigeria
- Dr. Tanya Marchant, London School of Hygiene and Tropical Medicine, UK
- Professor Chima Ariel Onoka, University Of Nigeria Nsukka, Nigeria
- Dr. Joanna Raven, Liverpool School of Tropical Medicine, UK