Understanding the context of health coverage in Nigeria and progress towards universal health coverage

Virtual meeting

2–3 September 2020

Executive summary

The goal of universal health coverage (UHC) is to ensure that all people have access to essential health services without enduring financial hardship. Globally, it is enshrined within Sustainable Development Goal 3 (SDG3) as an objective to be achieved by 2030.

Nigeria has committed itself to delivering UHC and has established a comprehensive national UHC policy framework. However, limited progress has been made in the implementation of this framework. Nigeria scores poorly on multiple UHC indicators, including the provision of government funding for health (amongst the lowest in the region) and the percentage of health expenditure accounted for by out-of-pocket expenses (the highest in the region). Health outcomes are correspondingly poor. Life expectancy, for example, has risen more slowly than in other African countries.

In September 2020, a virtual workshop, jointly organised by the UK Academy of Medical Sciences and Nigerian Academy of Science, sought to assess the current status of UHC in Nigeria, discuss how the UHC agenda could be advanced, and identify the potential contributions by the Nigerian and global research community that could be made towards it. Following breakout groups, plenary presentations and discussions, participants identified a range of priority issues:

- **Re-energising UHC in Nigeria:** Participants suggested that a strong national UHC policy framework already existed and did not need to be reinvented. Instead, attention should be focused on clarifying the national vision and key messages for UHC in Nigeria, and on developing an advocacy strategy that targets key national and state-level stakeholders to reinvigorate the drive towards UHC. Influential 'champions' were required to lead advocacy activities. Considering the connection between health and other development agendas, it was agreed that multi-sectoral engagement was important. It was argued that the delivery of an essential package of services to all through primary healthcare should lie at the heart of this vision. It was also suggested that UHC in Nigeria should be built upon public funding.

- **From policy to action:** Participants identified a critical need to establish greater momentum in the implementation of policy, particularly at state and local government levels. Given the scale of the task, it was suggested that a national UHC roadmap could be developed to identify sequential stepping stones on a national journey to UHC. Owned by the government of Nigeria, such a roadmap could be developed with national, state and international partners. It could outline clearly defined roles and responsibilities, and be supported by a monitoring and evaluation framework, with data on key UHC indicators, to ensure accountability and to guide corrective action at all levels.

- **Research to catalyse action:** Research was seen as having a vital role to play in generating the data to support an evidence-based approach to UHC development. As well as identifying key lessons from past research, the research community could help to establish a national research agenda, identifying key evidence gaps and unanswered questions. The contribution of research could be nurtured through the strengthening of national and international networks and multi-sectoral collaboration. To ensure buy-in and the generation of policy-relevant findings, it was considered essential that policymakers were closely engaged in the development of a research agenda and individual projects, and were informed of results.

- **Engaging stakeholders – community engagement:** Participants argued that awareness of UHC and its benefits needed to be raised among communities, to support bottom-up advocacy and social accountability. Greater public support for UHC could help to generate pressures on elected authorities and thereby build political commitment to UHC. Communities have the potential to be involved in multiple aspects of UHC, including the design of essential care packages, service delivery through community health workers, and the oversight of facilities and providers.

- **Engaging stakeholders – private sector:** The private sector makes a major contribution to health service delivery in Nigeria, however, a reliance on the private sector raises questions of equitable access and quality assurance. Nevertheless, attempts have been made to leverage the private sector to improve the quality and reach of health services. While there is potential to include private providers in publicly-funded UHC programmes, it was recognised that this would have implications for health service staff, for example raising the need for effective service procurement, as well as the oversight and regulation of private providers.

- **Leveraging COVID-19:** The COVID-19 pandemic has presented new health challenges for Nigeria and highlighted the shortcomings in primary healthcare systems and inequitable access to services. Following the lead of other countries, participants argued that COVID-19 could provide a catalyst to achieve transformative change.

Despite the challenges, participants were optimistic that many of the foundations for accelerated progress towards UHC were already in place in Nigeria. What is needed is a catalyst to bring interested parties together and to generate momentum to overcome the current impasse. The Nigerian Academy of Science expressed a desire to engage with the government to identify the contributions it and the research community in Nigeria could make to the reinvigoration of the UHC agenda in the country.