

# Primary Health Care: The Opportunity in Nigeria

Primary health care forms the foundation of health systems, ensuring all people stay healthy and get care when they need it. Primary health care connects people and families with trusted health workers and supportive systems to address the majority of their health needs throughout their lives.

## Health in Nigeria

Nigerian national plans, commitments, and programs over the past two decades have reflected the government's understanding that the basic health of Nigerian citizens is essential for the country's growth and prosperity. While total health expenditure per capita has not grown commensurately with the country's GDP growth, it did nonetheless increase 103% from \$102 in 2000 to \$207 in 2013.<sup>1</sup> Financial barriers to care seem to be decreasing; the *percentage of women reporting problems accessing care due to cost*, for example, decreased from 56% in 2008 to 42% in 2013.<sup>2</sup>

Despite taking steps to prioritize and improve health care, however, and experiencing outstanding economic growth relative to other lower-middle-income countries in the region,<sup>3</sup> Nigeria's national-level health outcomes remain relatively poor. For example:

- While Nigeria's *under-five mortality rate* has improved since 2000, it nonetheless remains very high (at 109 per 1,000 live births in 2015<sup>4</sup>). The median U5M rate in sub-Saharan Africa is 80, and the Sustainable Development Goal target is <25 U5M rate by 2030.
- *Adult mortality from non-communicable diseases*<sup>5</sup> in Nigeria has remained largely unchanged in the last decade; it was 22% in 2000 and 20% in 2012.<sup>6</sup>
- *DPT3 immunization coverage* of 66% in 2014<sup>7</sup> falls well short of the 90% coverage the UN called for during its 27<sup>th</sup> Session).
- *Women receiving the recommended four antenatal care visits*

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PRIMARY HEALTH CARE  
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[PHCperformanceinitiative.org](http://PHCperformanceinitiative.org)

Learn More

Learn more about Nigeria's PHC system performance

Compare

Compare Nigeria's performance with that of its neighbors and other countries around the world

Find Tools

Take advantage of new, practical tools for primary health care system diagnosis and improvement

"If we do not get it [primary health care] right, the knock-on effects for the whole of the health care system are too large to calculate." - Dr. Ado Jimada Gana Muhammad, head of Nigeria's National Primary Healthcare Development Agency, September 2013

declined 5.5% from 2011 to the 2013 rate of 56.6% - far from the SDG target of universal access to reproductive health care services.<sup>8</sup>

### Addressing the Challenges

Nigeria's Primary Health Care Under One Roof (PHCUOR) reform, instituted in 2011, aims to address key stewardship and governance issues as the most intractable problems facing Nigeria's health services delivery system, contributing to the underperformance of the overall national health sector. By creating a unitary, integrated and decentralized management structure for PHC, PHCUOR is intended to facilitate increased efficiency and coordination of health services, better management of resources by health care managers, and increased patient confidence in and utilization of services.

Nigeria's National Health Act (NHAct), enacted in late 2014, officially recognizes Nigerians' right to health, and makes available by law financial resources for PHC through the Basic Health Care Provision Fund. It has the potential to fuel dramatic public health improvements.

In 2015, Nigeria and the World Bank began a new \$500 million partnership that builds on Nigeria's Saving One Million Lives (SOML) initiative to improve maternal, newborn and child health. The new Program for Results for SOML will strengthen PHC governance and link funding to results, increase accountability, improve management, and encourage public and private sector innovation.

### An Opportunity for Improvement

As federal and state-level decision-makers in Nigeria implement the National Health Act and the PHCUOR reform guidelines for the integrated management of primary-level health services, the country has the potential to greatly improve its PHC system. This will be critical to ensure progress toward achieving national and global health goals (see "Nigeria's Health Goals" on page 4).

However, decision-makers in Nigeria and globally who want to improve their countries' PHC systems often do

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## Nigeria and Ebola

Nigeria's experience after the first case of Ebola was detected in Lagos in 2014 demonstrates the country's potential to lead in the region in addressing a devastating health problem. Leaders and health officials acted quickly, repurposed existing resources (such as the contact-tracing technologies and awareness campaigns designed to eliminate polio), and employed best practices to

contain the outbreak. Three months later, WHO declared Nigeria free of Ebola virus transmission, and called it "a spectacular success story."

To the extent that Nigeria applies the same rigorous attention it gave Ebola to improving and strengthening its PHC system, and ensuring that its resources are invested in the most important components of the PHC system, Nigeria will bolster its defenses against future disease outbreaks, give its citizens healthier, more productive lives, and establish itself as a global success story on primary health care systems.

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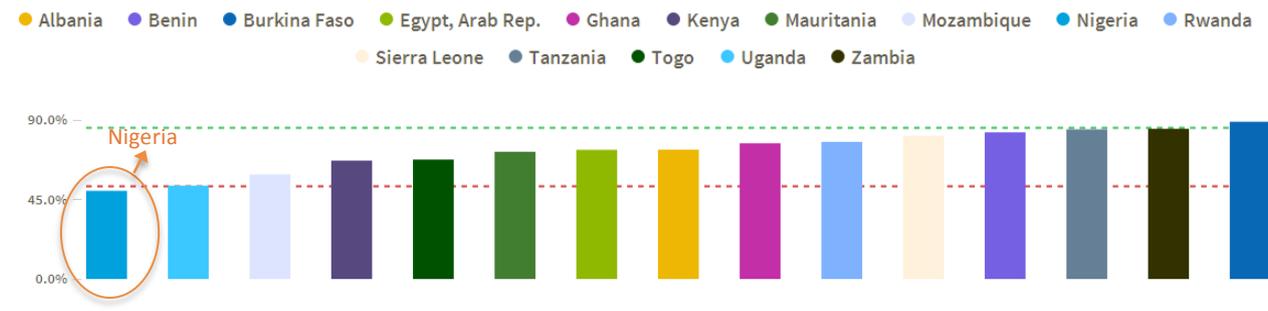
not have the right information to understand the specific ways in which their systems are getting better or worse, and why. Nigeria's relatively low performance on some health outcome indicators suggests there may be gaps or problems in service delivery, an aspect of PHC that is particularly poorly understood worldwide, due to a lack of specific and relevant information. Decision-makers need to understand the factors behind concerning statistics like a 32% rate of diagnostic accuracy in Nigeria in 2013, and a provider absence rate of 32%.<sup>9</sup> These statistics indicate a lack of availability of effective PHC services, and suggest areas for further exploration.

Gaining a familiarity with the drivers of PHC system performance—especially service delivery factors—and best practices employed by other countries to improve their own systems will help Nigerian decision-makers identify what investments and policies deliver the best and most efficient care to meet communities' needs, and improve health outcomes.

## Recommendations for Decision-Makers in Nigeria

- **Support data improvement:**
  - Use PHCperformanceinitiative.org data to gauge aspects of the PHC system needing attention, then develop more detailed diagnostic measures to identify the causes of problems.
  - Ensure that the National Health Information Management System and District Health Information System 2.0 contain high-quality data that illuminate the components of high-performing PHC systems.
  - Collect and analyze data on the impact of PHCUOR reform, the Minimum Package of Health Services as provided for by the NHAct, and related budgetary provisions.
  - Build capacity to utilize data, including by developing health information system infrastructure.
- **Implement PHCUOR reforms and the National Health Act:**
  - Follow the steps in the National Primary Health Care Development Agency's (NPHCDA) 2011 PHCUOR implementation guide.
  - Annually update the PHCUOR steering committee's scorecard system, which evaluates Nigerian states on progress in nine domains specified in the NPHCDA's PHCUOR guidelines.
  - Train PHC managers and sub-national stakeholders on PHC reforms, NHAct implementation, and monitoring and evaluation.
  - Engage advocates and mobilize communities to promote awareness, ownership, and participation in the NHAct, and utilization of health services.
- **Innovate in policy and practice:**
  - Prioritize policy actions based on problems and potential solutions identified through rigorous measurement and analysis.
  - Ensure PHC policies and practices reflect the experience within Nigeria and the best-available evidence on how other countries' PHC systems are succeeding.
- **Strengthen accountability** for disbursing and implementing the Basic Health Care Provision Fund established by the NHAct.
- **Ensure that funding is timely, adequate, and targeted for maximum impact:**
  - Issue the annual federal grant for the Basic Health Care Provision Fund, and state and local disbursements, in a timely manner.
  - Use high-quality data on PHC service needs to guide the local disbursement of Basic Health Care Provision Fund monies, and monitor the use of those monies.
  - Designate sufficient state and local funds to PHC to ensure eligibility for the Basic Health Care Provision Fund (minimum 25% counterpart funding).

## Basic equipment availability



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Illustrating an area where Nigeria has the opportunity to improve, this graph compares the percent of pieces of essential equipment that are available and functioning at health facilities in Nigeria—the pieces of equipment that are typically required to provide effective and safe essential health services—with that in other low- and middle-income countries where this is measured. Nigeria’s performance on this indicator is the lowest.

## Nigeria’s Health Goals

High-performing PHC systems will be important for reaching the health-related SDG targets, such as “end preventable deaths of newborns and under-five children.” The global goal of Universal Health Coverage (affordable access to quality health care for every person, everywhere) rests on a pillar of strong PHC, as do the aims of the *Every Woman Every Child* movement to help mothers, children, and adolescents survive and thrive.

Progress—or lack thereof—in Nigeria, by far the most populous African country, will play a major role in determining whether these global goals are met.

Achievement of the ambitious goals Nigeria has set for itself, too, is dependent on improvements in PHC. For example:

- The Nigerian National Strategic Plan for Tuberculosis (TB) Control 2015-2020 set a goal of providing Nigerians with universal access to high-quality, patient-centered prevention, diagnosis and treatment services for TB, TB/HIV and drug-resistant TB by 2020.
- To support *Every Woman Every Child*, Nigeria committed in 2012 to achieving the goal of a contraceptive prevalence rate of 36% by 2018 to enhance maternal and child survival (in 2013, its rate was 11%<sup>10</sup>).
- Achieving zero malaria-related deaths by 2020, a stated goal of Nigeria’s National Malaria Strategic Plan 2014-2020, hinges on proper diagnosis and treatment at the PHC level.

<sup>1</sup> In Purchasing Power Parity (PPP). WHO System of Health Accounts 2011.

<sup>2</sup> Demographic and Health Survey

<sup>3</sup> Cape Verde, Cameroon, Rep. Congo, Cote d'Ivoire, Ghana, Lesotho, Mauritania, Nigeria, São Tomé and Príncipe, Senegal, South Sudan, Sudan, Swaziland, Zambia

<sup>4</sup> Global Health Observatory

<sup>5</sup> Cardiovascular disease, cancer, diabetes, or chronic respiratory disease

<sup>6</sup> Global Health Observatory

<sup>7</sup> WHO/UNICEF joint estimates

<sup>8</sup> UNICEF

<sup>9</sup> Service Delivery Indicators, World Bank

<sup>10</sup> Demographic and Health Survey