

# **2023** **Health Financing Policy Dialogue**

## **THEME:**

**Accelerating the Implementation  
of the NHIA Act to Improve Health  
Insurance Coverage in Nigeria**

# Table of Content

Speakers Profile	ii
Introduction	4
Opening Remarks	4
Keynote Speaker	5
Presentation on Exploring Innovative Financing Mechanism for Vulnerable Group	5
Presentation on Mandatory Health Insurance from Legislation to Implementation: Journey so Far	6
Presentation on Findings of the NOI-POLLS Public Opinion Poll on Health Insurance	7
Panel Discussion ONE	8
Panel Discussion TWO	11
Presentation on Strategic Purchasing of Health Services	14
Panel Discussion THREE	15
Call to Action and Recommendations	18

## Speakers Profile

**PROFESSOR  
MOHAMMED NASIR SAMBO**



Mohammed Nasir Sambo is a professor of Health Policy and Management with a strong bias in Healthcare Financing. He is the Director General/CEO of the National Health Insurance Authority (NHIA). An alumnus of the World Bank Institute For Healthcare Financing, he was a member of various Ministerial Technical Working Groups (TWGs) that shaped key health policies in Nigeria.

Prof Sambo trained as a public health physician and was a visiting scholar to the University of Aberdeen, Scotland. He has been a consultant to UNDP, UNICEF DFID, the British Council, GTZ amongst others.

Before his present appointment, he was Deputy Dean of the Faculty of Medicine, ABU, Head of Department, Community Medicine, ABU and provost of the College of Medicine, Kaduna State University. He also holds a master's degree in international law and diplomacy. He is a recipient of the Semper Fidelis Award and a member of the prestigious UK Faculty of Public Health.

**BEN AKABUEZE**



BEN AKABUEZE is currently the Director General of the Budget Office of the Federation. Prior to this, he had served for over eight years as the Honourable Commissioner for Economic Planning & Budget, Lagos State, Nigeria. Ben is a distinguished banker, accountant, administrator and development economist. He holds a first class honours B.Sc degree in Accounting from the University of Lagos and an Advanced Management Programme Certificate from the Lagos Business School.

He has attended several courses/conferences on accounting, banking, corporate/public finance and leadership in Nigeria and many other countries. Ben is a Fellow of the Institute of Chartered Accountants of Nigeria (FCA), Fellow of the Chartered Institute of Bankers (FCIB) and Fellow of the Institute of Credit Administrators (FICA). He had over 23 years' experience in Accounting, Consulting and Banking, including serving as Managing Director/Chief Executive of NAL Bank Plc (2000-2005) prior to joining the public sector.

**DR. EKE JONATHAN**



Dr Eke Jonathan is the General Manager, Formal Sector Department at the National Health Insurance Authority. He joined the National Health Insurance Scheme in 2001 and has over the years worked and contributed to the design and implementation of various NHIA programmes aimed at providing platforms for the various socioeconomic groups to be covered by the Scheme.

Dr Eke graduated from the University of Calabar as a medical doctor. He studied Public Health and obtained an MPH Degree. He later did a programme with the University of York, UK where he obtained a Postgraduate Certificate in Health Economics. He is currently pursuing a PH.D in Health Economics at the University of Benin. He has done a lot of work in health financing and Universal Health Coverage in Nigeria, including in the development of the State Health Insurance initiative, Guidelines and Manual for the operationalization of the Basic Health Care Provision Fund and the National Health Insurance Authority Act.

**BARRISTER  
MRS BLESSING NIENGE**



Barrister Mrs Blessing Nienge is the General Manager Legal Services Department of the National Health Insurance Authority (NHIA). She is a Lawyer of over 30 years at the Nigerian bar. An erudite scholar, purpose-driven and passionate about her job. She has acquired professional training within and outside Nigeria.

She is a team leader, whose versatility in matters of Litigation, Alternative Dispute Resolution and Corporate Services is profound.

She has headed various Departments and Divisions in the Authority. Most remarkable under her leadership at the Legal Department is the passing of the NHIS Bill 2019 by the National Assembly and the assent granted on May 19, 2022, by the President and Commander in Chief of the Federal Republic of Nigeria, Gen. Mohammadu Buhari (GCFR).

## Speakers Profile

### DR. HOPE UWEJA



Dr. Hope Uweja is a recognized national and regional leader in health financing and health systems development in Africa. His work has focused primarily in Nigeria through government, international organizations and businesses.

Dr. Uweja is the country director for Nigeria at Results for Development (R4D), where he oversees the organization's cross-cutting practice areas in health, education and nutrition. He oversees and contributes to strategy and program development and delivery, partner and donor management, thought leadership, research design, knowledge building and collaborative learning efforts.

He led the task force that executed the NHIS/MDG maternal and child health program in Nigeria between 2008 and 2011 which resulted in access to primary and secondary care for over 1.5 million pregnant women and children annually in 12 states. He also led the team that carried out a national assessment of community health insurance schemes.

### DR. CHIKE NWANGWU



Dr Chike Nwangwu is the Chief Executive Officer of NOIPolls Limited. With over 18 years of experience in data management, consulting, research, monitoring and evaluation, Dr Chike oversees the general management of the company's day-to-day operations.

Dr Nwangwu is a medical doctor and got his MBBS from the University of Nigeria. He also has a Doctor of Public Health (DrPH) and a Master of Public Health (MPH) from Johns Hopkins University, Baltimore, MD USA.

Prior to joining NOIPolls, Dr Chike worked with Health Strategy and Delivery Foundation (HSDF), FHI360, MSH, Global Fund and the World Bank. He is a Lives Saved Tool (LiST) expert and is certified in performance-based financing (PBF). Dr Chike has provided support for large-scale community-based surveys like the expansion of the SMART survey in Nigeria to cover the entire country and the Nigerian Demographic and Health Survey 2013.

Dr Chike is passionate about data and evidence gathering across all sectors and expanding NOIPolls operations across the West-African sub-region.

### HELLEN BEYIOKU-ALASE



Hellen Beyioku-Alase holds a bachelor's degree in Guidance and Counseling from the University of Abuja, Nigeria. She is a Deaf & disability rights activist and a RECOGNISING expert with over 10 years of experience in the Sexual and Reproductive Health Rights of women with Disabilities especially deaf women and girls in Nigeria.

She is the Executive Director of the Deaf Women Aloud Initiative (DWAi), an NGO aimed at amplifying the voice of deaf women in Nigeria as well as raising awareness among general populations about sensitive issues that affect deaf women and their children generally. Prior to this, she held the positions of National President of the Deaf Women Association of Nigeria (DWAN) and Welfare Secretary of the Mandela Washington Fellowship Alumni Association of Nigeria (MWFAAN).

Mrs Hellen Beyioku-Alase is passionate about sensitive issues that affect the Deaf, Women with Disabilities and children, especially maternal health care, sexual and reproductive health rights & sign-language accessibility in Nigeria. She has successfully implemented and carried out major projects aimed at improving access to healthcare, service delivery and information for deaf people.





## Speakers Profile

### DR ORITSEWEYIMI OGBE



Dr Oritseweyimi Ogbé is the Chief Medical Officer and the Programme Lead for the Basic Health Care Provision Fund (BHCPF) at the National Primary Health Care Development Agency (NPHCDA)

Dr. Oritseweyimi OGBE is a Chief Medical Officer and the Programme Lead for the Basic Health Care Provision Fund (BHCPF) at the National Primary Health Care Development Agency (NPHCDA). He directly superintends the daily implementation of the NPHCDA component of Nigeria's Basic Health Care Provision Fund (BHCPF) an innovative financing mechanism backed by an act of Parliament, which aims at catalysing Nigeria's progress towards Universal Health Coverage, through primary health care systems strengthening.

Prior to his current position, Dr. Ogbe has worked in various capacities within the NPHCDA, providing technical expertise in health systems development and health financing, including previously serving as the Head of the Head Financing and supporting two Executive Director/CEOs as Technical Advisor. Dr Ogbe has either lead or directly supported the development of innovative national strategies, concepts and guidelines. He has also on several national committees contributing to national and regional policies and strategies; and has been integral to the implementation of various inter-governmental and donor related programmes and grants.

### DR JADESOLA IDOWU



Dr Jadesola Idowu is the Chief Operating Officer at Axa Mansard Limited where she oversees the operations of AXA Health Nigeria. She is a Consultant Family Physician and Public Health Specialist with over 22 years of experience. Dr Idowu has a master's in public health and is a fellow of the Royal Society of Public Health.

Prior to joining Axa Mansard, she worked with Hygeia HMO, Chevron Nigeria Limited, Mobil and Premier Specialist Hospital.

Dr Idowu obtained a fellowship degree in Family Medicine in the year 2020. She is a fellow of the West African College of Physicians (WACP) and a fellow of the National Postgraduate Medical College of Nigeria (NPMCN).

### PRINCE NNAMDI EPUNAH



Prince Nnamdi Epunah, is the Chairman of Painted Abuja Taxi's. He is a seasoned professional. He brings extensive expertise in leading and managing operations to ensure a seamless and customer-centric experience for all passengers and drivers.

### DR. OLUMIDE OKUNOLA



Dr Olumide Okunola is Senior Health Specialist, World Bank Group and he supports health systems strengthening reforms across several Sub-Saharan African countries. He is a policy entrepreneur who actively engages with stakeholders on broad ranging issues and initiatives on country and regional health financing policies, strategies, and programs for Universal Health Coverage.

He is passionate about bringing innovative and inclusive approaches to healthcare delivery in Africa. His work spans alternative financing models for healthcare infrastructure, institutionalising quality in healthcare and mainstreaming gender in the health sector.

### HIS ROYAL HIGHNESS, PROF. JETTA BAWA SANWOLO



His Royal Highness, Prof. Jetta Bawa Sanwolo is the Esu of Jikwoyi. He ascended the throne in 1995 and was officially crowned in 1996, where he has diligently ruled as the esteemed king of Jikwoyi, a rural region located just east of Abuja in the Federal Capital Territory. Over the years, he has demonstrated his unwavering commitment to human rights advocacy and he has a profound passion for upholding justice throughout his remarkable 27-year reign.

## Speakers Profile

FELIX ABRAHAMS OBI



Felix Abrahams Obi is an Associate Program Director with Results for Development Institute (R4D); a US-based non-profit that has been providing healthcare financing technical assistance to the Government of Nigeria for the roll-out and implementation of the Basic Health Care Provision Fund (BHCPF), in addition to the design and establishment of Social Health Insurance Schemes in some states in Nigeria.

He has over 15 years of experience in the translation and use of research evidence to inform health policies and programmes. His research interests include health systems, policy analysis, healthcare management, health financing, global health, and development, as well as prevention and control of non-communicable diseases, health promotion, and wellness, health behavior change management, etc.

Felix Obi belongs to several professional bodies. He currently represents the African region on the Executive Board of Health Systems Global (HSG) and serves as a member of the executive management team of the African Health Economics and Policy Association (AfHEA) as well as the West African Network of Emerging Leaders (WANEL) in health policy and systems.

CHIEF MRS FELICIA SANI



Chief Mrs Felicia Sani is the National Market Women Leader. She holds a degree in Banking and Finance from the University of Benin. With her extensive experience in banking, she served as a branch manager of the African Continental Bank.

In addition to her work in finance, Chief Mrs Felicia Sani is also known for her entrepreneurial spirit. In 1973, she founded the Yanga Market in Benin, and in 1976, she established the Kasuwa Market in Jos. Her dedication to business and community development has been an inspiration to many.

She is deeply committed to Nigeria, and she often speaks about it as her constituency. Her passion for her country is evident in all she does, and her impact has been widely felt.

PROFESSOR  
OLUMIDE AYODELE

Professor Olumide Ayodele is an economist with extensive experience in policy research, economic analysis and provision of advisory services to governments. He is well experienced in policy dialogue, advocacy and capacity development.

Olumide had a distinguished career lecturing at undergraduate and postgraduate levels in various universities. He is an expert in public financial management, legislative strengthening, strategic planning and development evaluation.

A scholar with in-depth knowledge of fiscal and social sector issues in Nigeria, he is a member of the Nigerian Economic Society, the African Finance and Economic Association, and the African Economic Research Consortium. Skilled in statistical and econometric analysis, Olumide has published extensively on economic issues in scholarly journals and consulted for some international organisations.

He is currently a Technical Adviser to the Director General, Budget Office of the Federation. Prior to this, he provided advisory services at the think-tank of the National Assembly of Nigeria and coordinated the implementation of two UNIDO development projects.

## Moderator's Profile

### DR KEMISOLA AGBAOYE



Kemisola Agbaoye oversees all program activities and leads implementation of the Global Advocacy and Prevent Epidemics projects. With a keen interest in health policy, advocacy and communications, she has worked across health security, health financing and health systems strengthening focus areas, and ardently advocates for issues in these areas. She has ongoing research interests in the use of evidence to influence health policy and regularly contributes to the Nigeria Health Watch editorial on this.

### CHIBUIKE ALAGBOSO



Chibuike Alagboso is a Senior Programme Manager at Nigeria Health Watch. Chibuike has nearly a decade of experience in health communication and public health advocacy. He is passionate about leveraging strategic communication and storytelling to advocate for impactful public health policies.

His experience spans social enterprise sector and has received various awards and fellowships including Mandela Washington Fellowship for Young African Leaders, LEDE fellowship, and Journalist-in-residence fellowship. He writes, facilitates training, and mentors journalists on solutions journalism within and outside Nigeria and currently leading the Solutions Journalism Africa Initiative as Senior Programme Manager. Chibuike has a bachelor's in medical laboratory science.

### DR GAFAR ALAWODE



Dr Gafar Alawode is a Managing Partner at DGI Consult Ltd and leads the GHAI-funded Prevent Epidemics project as a Project Director.

He is an experienced Public Health practitioner and a seasoned Programme Manager. He has managed several donor-funded development projects at the senior level in Nigeria and other developing countries, including Liberia and Uganda.

Dr Alawode was Country Manager for Liverpool Associates in Tropical Health (LATH), State Team Lead for the DFID-funded Partnership for Transforming Health System 2 (PATHS2), Chief of Party for the USAID-funded Health Finance and Governance project, and Country Director for Health Policy Plus.

He designed and worked with other stakeholders to introduce UHC-related innovations, including the Legislative Network for UHC and UHC 2023 Forum, where he led a team of health policy advocates to develop a citizen-led health agenda geared towards shaping the health manifestos of political parties.

He is a Member of the UK Faculty of Public Health (MFPH) of the Royal College of Physicians.

# Introduction

ONLY  
**17%**



of Nigerians  
have any  
form of  
health  
insurance

**T**he National Health Insurance Authority (NHIA) Act 2022 is intended to drive the attainment of Universal Health Coverage (UHC) and improve the health outcomes of Nigerians. However, prior to the signing of the Act, the scheme's implementation was met with several challenges, resulting in limited coverage. A 2022 NOI Polls report revealed that only 17% of Nigerians have any form of health insurance.

Accelerating the implementation of the NHIA Act is critical to improving the health outcomes and well-being of Nigerians. However, it requires a coordinated effort between the government, private sector, and civil society organisations, with the NHIA providing leadership, regulation, and support for health care providers and consumers. Hence, the 2023 Health Financing Policy Dialogue, held on Thursday, May 11, 2023, with the theme "Accelerating the Implementation of the NHIA Act to Enhance Health Insurance Coverage in Nigeria," served as a platform for key stakeholders to convene and discuss the challenges and opportunities in implementing the NHIA Act and to develop strategies to accelerate its implementation.

## Opening Remarks



**Vivianne Ihekweazu**

Managing Director,  
Nigeria Health Watch

**V**ivianne Ihekweazu, Managing Director, Nigeria Health Watch, said the passing of the National Health Insurance Act in May 2022 provides an opportunity to transform the health landscape in Nigeria and make health insurance mandatory for all residents. Mrs Ihekweazu highlighted the need for innovative funding mechanisms and strong governance structures to ensure a successful implementation. She emphasised that the uptake of health insurance also hinges on effective communication to relevant stakeholders, especially the public, who need to understand the benefits of having health insurance and the need for them to enrol now that it is mandatory. She stated that effective communication would also ensure that they are better informed and can address any misconceptions and questions about health insurance.

***The passing of the National Health Insurance Act in May 2022 is a real game changer, and this really is an opportunity for us to transform the health landscape in Nigeria, making health insurance mandatory so that every Nigerian resident has access to it".***

**- Vivianne Ihekweazu**



**Professor Mohammed Nasir Sambo**

*The Director General/CEO,  
National Health Insurance Authority*

## Keynote Speaker

**P**rofessor Mohammed Sambo highlighted the importance of health financing in achieving Universal Health Coverage and the Sustainable Development Goals. He acknowledged the link between health, productivity, and socioeconomic development and emphasised the need for prioritisation and innovative financing in healthcare financing policies. Stressing the importance of collaboration, advocacy, implementation, and monitoring in ensuring the successful implementation of the NHIA Act, Professor Sambo expressed hope that the policy dialogue would provide valuable insights, ideas, and support to expedite the implementation process for the benefit of all Nigerians.

*If we get financing for our health system right, in terms of revenue mobilisation, revenue pooling, and effective strategic purchasing mechanisms, then it drives the remaining building blocks of the healthcare system.*

*- Professor Mohammed Nasir Sambo*



## Presentation on Exploring Innovative Financing Mechanisms for Vulnerable Group

**I**n his speech, Mr Ben Akabueze emphasised the importance of an efficient health insurance system in achieving Universal Health Coverage while also highlighting the need for a system to cater to vulnerable populations. He acknowledged the financial constraints faced in healthcare financing, particularly in developing countries like Nigeria, where public health budgets are low and out-of-pocket expenditures are high. He advocated for innovative mechanisms to finance healthcare, including solidarity levies, community contributions, and partnerships with companies and ethical investors. Mr Akabueze also called for transparency, accountability, and value for money in implementing funding mechanisms and emphasised the need for evaluation and



**Mr. Ben Akabueze**

*The Director General,  
Budget Office of the Federation*





constant review of funding mechanisms to ensure their effectiveness, ownership, predictability, and pro-poor focus.

***It's hard to find a system that achieves UHC without health insurance, so there must be some nexus between an effective health insurance system and UHC.***

**- Mr. Ben Akabueze**

## Presentation on Mandatory Health Insurance from Legislation to Implementation: The Journey so far

**B**arrister Blessing Niengi provided an overview of the NHIA Act 2022 and its implementation. She noted that since the signing into law of the NHIA Act, a lot of effort has gone into developing a reliable and sustainable framework for implementing mandatory health insurance in Nigeria to ensure no one is left behind: familiarising staff with the provisions, conducting training, engaging stakeholders, and forming committees to drive implementation. Barrister Niengi highlighted the progress made by countries with mandatory health insurance towards achieving universal health coverage, stressing the urgency for Nigeria to enhance its health insurance system and close existing gaps. She suggested the secularisation of the legislation to ease implementation and advocated for collaboration with demand and supply-side agencies, emphasising the crucial role of support and collaboration in realising the goal of Universal Health Coverage.



**Barrister Blessing Niengi**  
General Manager  
Legal Services, NHIA



***The National Health Insurance Scheme has been in operation since 1999, but the recent NHIA Act 2022 gives us renewed strength and clarity in our operations. We are determined to abide by the Act and work towards achieving Universal Health Coverage.***

**- Barrister Blessing Niengi**

## Presentation on Findings of the NOI-POLLS Public Opinion Poll on Health Insurance



**Dr. Chike Nwangwu**

CEO, NOI-POLLS

**D**r Chike Nwangwu shared findings from a [survey](#) on health insurance coverage in Nigeria conducted by Noi-Polls in 2022. Underscoring the urgent need for interventions to reduce out-of-pocket health expenses and increase health coverage in Nigeria, results revealed that only 17% of Nigerians surveyed have health insurance, indicating a significant gap in coverage. The majority of Nigerians seek healthcare from public health facilities, emphasising the need to include these facilities in any health coverage initiatives. Out of those with health insurance, 75% are covered by the **National Health Insurance**. The survey also highlighted the importance of raising awareness about National Health Insurance, as 49% of respondents

ONLY

**17%**



of Nigerians surveyed have health insurance, indicating a significant gap in coverage

**75%**



of those with health insurance, are covered by the National Health Insurance

**49%**



of respondents were unaware about the National Health Insurance

**57%**



of those without health insurance expressed a willingness to pay for coverage

were unaware of it. Trust in government plays a crucial role in effective awareness campaigns. Additionally, 57% of those without health insurance expressed a willingness to pay for coverage. Dr Nwangwu recommended increased awareness about the NHIA, the need to build trust towards government initiatives, and mass enrollment efforts to increase health insurance coverage in Nigeria.

***The world we want is one where everyone has access to quality health care whenever they need it without suffering financial hardship, which is the goal of universal health coverage.***

***- Dr. Chike Nwangwu***



# Panel Discussion

# 1

## Exploring Strategies for Expanding Mandatory Health Insurance Coverage to the Missing Middle

### MODERATOR

**CHIBUIKE ALAGBOSO**

Senior Programme Manager,  
Nigeria Health Watch



### PANELIST

**HRH Prof.  
Jetta Bawa Sanwolo**  
The Etsu of Jikwoyi



### PANELIST

**Prince Nnamdi  
Epunah**  
Chairperson of the  
Painted Abuja Taxi



### PANELIST

**Mrs. Hellen Anurika  
Beyioku-Alase**  
Executive Director, Deaf  
Women Aloud Initiative



### PANELIST

**Representative of  
Chief Mrs. Felicia Sanni**  
National Market Women  
Leader







**His Royal Highness, Professor Jetta Bawa Sanwolo**, acknowledged the challenges in his community regarding health insurance awareness and understanding, citing misinformation and lack of information as major challenges towards health care access, especially in rural communities. He emphasised the need for improved

sensitisation, using local languages to communicate the concept of health insurance effectively. Professor Sanwolo encouraged active participation in health insurance and education for everyone, emphasising that health insurance is for all individuals, not just the privileged. He stated that sensitisation is critical in improving people's perception of health insurance in Nigeria, and the message must be taken to the grassroots level to sensitise them on the importance of health insurance while also emphasising the importance of community ownership and building community trust towards health insurance buy-in.



*Sensitisation is critical in improving people's perception of health insurance in Nigeria. Beyond this meeting, we must take this message to the grassroots level to sensitise them on the importance of health insurance.*

- His Royal Highness  
Professor Jetta Bawa Sanwolo

**Prince Nnamdi Epunah** remarked on the fact that although efforts have been made to sensitise drivers on the issue of health insurance, there was an initial scepticism among them due to a lack of trust in the government and advised the need for patience in engaging the drivers. In response to how transport workers, particularly drivers, can be involved in health insurance, Prince Epunah emphasised the importance of conveying the message in the drivers' languages and involving stakeholders to achieve the desired goal. He recommended providing incentives, such as branding opportunities, as this can increase their confidence and willingness to participate.



*There is usually some reluctance when trying to make people understand what they don't know, but showing them evidence of what you are about to do gives them more confidence.*

- Prince Nnamdi Epunah



**Hellen Anurika Beyioku-Alase** discussed the difficulty of accessing health services for persons living with disabilities, particularly for the deaf community. She highlighted the financial burden faced by women living with disabilities who need healthcare services but are denied dignity and proper care. Hellen Beyioku-Alase called for inclusivity, recognition of the rights of persons with disabilities, and representation in policy making while also emphasising the importance of involving people living with disabilities and their unique needs right from the planning stage of policies like health insurance. She urged the NHIA to consider the needs and perspectives of persons with disabilities, as they constitute a significant portion of the population.

***Our challenges are that when people see us, people with physical disabilities, you can't employ us. How many of us working at the National Health Insurance Authority would know how to input our needs when they are making policies? We are not there.***

**- Hellen Anurika Beyioku-Alase**



**The National Market Women Association Representative** acknowledged the information about health insurance but explained that market women, who are occupied with selling their goods all day, often do not pay much attention to such matters. However, she believed that when the information about health insurance reaches the market, women will support it as they understand the importance of taking care of themselves and their children's health. She identified the network of the market women as strong and effective, thus encouraging the spread of communication, which is critical. Therefore, if effectively communicated to the market women, the message about the importance of health insurance will be spread across all 36 states and the Federal Capital Territory (FCT). She stated that they will use various languages to ensure everyone understands the



***I would like to thank everyone on behalf of Chief Mrs Felicia Sanni, the President of the Market Women Association. She extends her thanks to everyone involved in introducing health insurance to the market women, as it has provided us with good knowledge.***

**- The National Market Women Association representative**





# Panel Discussion **2**

## Understanding the Roles & Responsibilities of Different Stakeholders in the NHIA Act's Implementation

### MODERATOR

**DR. KEMISOLA AGABOYE**

Director Programs,  
Nigeria Health Watch



### PANELIST

**Dr. Jonathan Eke**  
General Manager, Formal  
Sector Department, NHIA



### PANELIST

**Dr. Jadesola Idowu**  
Chief Operating Officer,  
AXA Mansard Health Limited



### PANELIST

**Dr. Oristseweyimi Ogbe**  
Program Lead, BHCPF (Basic Health Care  
Provision Fund), NPHCDA





**Dr Jadesola Idowu** submitted that the National Health Insurance Scheme (NHIS) did not previously include Third-Party Administrators (TPAs) therefore, Health Maintenance Organizations (HMOs) filled this role, but with the National Health Insurance Authority Bill (NHIA), the role of Third-Party Administrators has been expanded to include Mutual Health Associations and other TPA types of insurance in a bid to achieve Universal Health Coverage for all Nigerians.

Dr Idowu said the implementation of the Act requires the involvement of all stakeholders, including healthcare providers, hospitals, HMOs, TPAs, and government agencies. She stated that incorporating lessons learned from successful community-based insurance models, collaboration, and ownership are crucial for successful implementation. In addition, reaching vulnerable groups, the informal sector, and students is essential for achieving Universal Health Coverage.

*The NHIA Bill is not in conflict with HMOs but rather an expansion of their role to include other partners. HMOs have existing human capital, technology, and information management technology that can be used with state governments. As an example, AXA Mansard collaborates with the Lagos State Government as a TPA partner, where they just vet claims and send them to their portal. This expansion of roles will help state governments expand coverage across the state.*

*- Dr. Jadesola Idowu*



**Dr Jonathan Eke** said the factors that hindered the NHIS's progress included the fact that the constitution did not explicitly mention health as a priority, making it challenging for the NHIS to engage states and the private sector. It also focused mainly on the formal sector and lacked provisions for the informal sector and subsidy financing for the poor and vulnerable.



He stated that the NHIA Bill addresses these issues and incorporates measures for equity and the vulnerable population, adding that the Act aims to achieve Universal Health Coverage, ensuring equity and leaving no one behind. It encompasses mandatory health insurance and private health insurance and provides leadership and

governance, enforcing the law, regulating quality, accrediting stakeholders, overseeing tariffs, and developing operational guidelines. He added that HMOs play a role in risk-bearing and administration, while state health insurance schemes have a constitutional mandate for implementing Universal Health Coverage.



*Constitutionally, issues that deal with health have more to do with the states, and when we talk about financing, we must carry the states along.*

*- Dr Jonathan Eke*



**Dr Oristseweyimi Ogbe** stressed the need to improve understanding of the distinct roles involved in purchasing and demanding high-quality services. Highlighting how the Basic Healthcare Provision Fund (BHCPF) has facilitated interactions between primary healthcare providers and health insurance schemes, enhancing understanding and collaboration, he recommended leveraging the implementation of the NHIA on the capacities built through the BHCPF. It has also improved knowledge of insurance among frontline health workers and enabled the management of resources at the primary care level. However, the challenges that include accountability and transparency in fund utilisation must be addressed.

Dr Ogbe recommended significant investments in primary healthcare to ensure quality services and address human resources and infrastructure issues. Also, strong advocacy at all levels to prioritise and support primary health centres will contribute to the successful implementation of the Act. By focusing on achieving functional primary care centers in every political ward and enrolling 40% of the population, the NHIA can generate sustainable income to support these centres, he said, adding that the key to success lies in implementing the NHIA, establishing the Vulnerable Group Fund, and investing in primary healthcare to ensure the NHIA can continuously purchase services from them.



Over  
**7000**

primary health  
care centres across  
Nigeria receive  
funding quarterly  
to improve  
services for  
vulnerable groups.



*“It is critical that PHCs are positioned to provide quality healthcare while targeting advocacy to the incoming executives to scale up the role of government and ensure that no one is left behind.”*

*- Dr. Oristseweyimi Ogbe*

## Presentation on Strategic Purchasing of Health Services



**Dr Hope Uweja**

Country Director, Nigeria,  
Results for Development

*The health budget is the cornerstone of financing for Universal Health Coverage and needs to be leveraged to improve equity and efficiency through strategic purchasing.*

*- Dr Hope Uweja*

**D**r Hope Uweja addressed the concept of Universal Health Coverage (UHC) and emphasised the need for a coordinated approach to achieve UHC in Nigeria. He discussed the key components of UHC, including the development and guaranteeing of a benefits package, utilisation of revenue and expenditure levers, reduction of fragmentation in fund pooling, and strategic health purchasing. Dr Uweja highlighted the importance of equitable allocation of public funds for healthcare, proper management of funds by health agencies like the NHIA and the need for strategic purchasing to ensure quality services nationwide. He noted that though health financing reforms require a predominant reliance on public funding, there is a need to reduce fragmentation in the pooling of funds and move towards strategic health purchasing. He also highlighted the need for governance of purchasing, managing the benefits package, provider credentialing, drug price negotiation, and data analysis and monitoring to ensure the provision of quality services nationwide. According to Dr. Uweja, Nigeria ranks 40 out of 100 in terms of access to essential quality health services, which reflects the need for adequate access to essential quality health services and reflects the significance of strategic purchasing.



NIGERIA  
ranks

**40**  
out of 100

in terms of access  
to essential quality  
health services

# Panel Discussion

3

## Exploring Innovative Health Financing Mechanisms for the Vulnerable Group Fund

### MODERATOR

**DR. GAFAR ALAWODE**

Managing Partner of DGI Consults



### PANELIST

**Professor**

**Olumide Ayodele**

Technical Assistant to the  
Director General Budget,  
Office of the Federation



### PANELIST

**Mr. Felix Obi**

Association Program Manager  
Results for Development



### PANELIST

**Dr. Olumide Okunola**

Senior Health Specialist  
World Bank Group





**Professor Olumide Ayodele** highlighted the need for effective engagement between the Ministry of Health and the Ministry of Finance, Budget, and National Planning with a view to exploring fee exemptions to enhance healthcare access for vulnerable groups, increasing government funding for healthcare at all levels, and prioritising resource allocation towards healthcare for vulnerable populations. He suggested that clear engagement would help determine the specifics of levies mentioned in the NHIA Act, such as the health insurance levy, by identifying the percentage and the sector or goods on which it would be imposed.

Professor Ayodele stressed the need for a comprehensive database of beneficiaries while emphasising the need for increased funding and for more efficient allocation of resources in the health sector, particularly towards primary healthcare and disease prevention. He reiterated the DG Budget Office's recommendation to increase the Basic Healthcare Provision Fund (BHCPF) allocation to at least 2% and expand the base for funding.



*We've been talking of innovative financing mechanisms, and I said, why are we trying to innovate when we have not even explored the traditional sources that we have?... Let me remind us that the DG budget office mentioned that rather than fragmenting earmarked taxes, we could increase the rate for the basic health care provision fund to, say, 2% or more.*

**- Professor Olumide Ayodele**

recommendation to increase the Basic Healthcare Provision Fund (BHCPF) allocation to

AT LEAST  
**2%**

**Mr Felix Obi** highlighted the need to address the inequalities faced by poor and vulnerable individuals, particularly in terms of financial access to healthcare. He suggested that innovative financing mechanisms used in other countries, such as taxing alcohol and tobacco, could be used in Nigeria. He emphasised the importance of effectively targeting the poor and vulnerable, the importance of mapping their needs and addressing financial barriers and learning from past experiences where free healthcare services were not properly implemented or benefited only certain groups.



Mr Obi emphasised the need to understand the real barriers faced by the poor and vulnerable, address financial access inequalities, provide accurate information about available programmes at the community level, and ensure that funding mechanisms bridge the financial gap for accessing



services. He highlighted the potential of developing a social register as a framework for the social safety net. He suggested integrating health outcomes into the social register so that it can be used to provide access to essential health services for women and families rather than just financial support.

Mr Obi emphasised the importance of engaging stakeholders from the Ministry of Humanitarian Affairs and Social Safety and the Ministry of Women Affairs in future discussions.



***The Finance Act 2023 is a big instrument that can be leveraged to explore how health insurance levy and other mechanisms could be delivered. Instead of looking at different tax options, targeting the consolidated revenue is a better approach.***

**- Mr Felix Obi**



**Dr Olumide Okunola** presented several points regarding the improvement of healthcare in Nigeria, and among those points, he emphasised the need for the government to increase public spending and prioritise health within that budget while suggesting that Nigeria should make better use of the NHIA since countries that have achieved Universal

Health Coverage have at least 10% of their health expenditure channelled through their national health insurance schemes. He stated that utilising the NHIA would require identifying beneficiaries, determining service packages, and ensuring proper payment to healthcare providers.

Dr Okunola highlighted three key points. Firstly, with approximately 15 million enrolled households, the National Social Registry provides a solid foundation for progress in Nigeria. However, the health sector has not fully engaged with the registry, and state health insurance agencies are not recognising its value or completeness. Secondly, using an output-based budgeting approach, it was estimated that providing a comprehensive health package at the cost of 40,000 naira per household would amount to 600 billion naira to cover everyone on the National Social Registry. He stated that this investment is affordable for Nigeria and should be refined and fine-



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tuned, adding that the development of an accountability framework requires collaboration with the budget office to ensure budget transfers align with available funds.

*The government needs to increase public spending across board. But within that increase in public spending, it needs to ensure that health is prioritised. In fact, for countries that have achieved universal health coverage, it is during the period of great financial crisis that they even increased the financing for health*

- Dr Olumide Okunola



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## Call to Action and Recommendations



### INCREASED AWARENESS

Recognising the need to address the low coverage rates and limited awareness among the population regarding health insurance schemes, the NHIA should launch targeted awareness campaigns and outreach programmes. To enhance public awareness, various platforms and local languages should be used at the grassroots level. These initiatives should focus on enhancing the understanding and uptake of health insurance, emphasising its inclusive nature and benefits.



### IMPROVED HEALTHCARE DELIVERY

Acknowledging the prevailing perception that health insurance primarily benefits the wealthy, the government should strengthen quality assurance mechanisms, patient feedback systems and the establishment of continuous professional development programmes. Partnerships between hospitals, private healthcare providers, and business-to-business entities should be promoted to extend health insurance coverage to the informal sector. These efforts will enhance the quality of healthcare delivery, ensure accountability and responsiveness to patients' needs, and dispel misconceptions about accessibility to health insurance. Targeting the "missing middle" and investing in primary health care (PHC) are also crucial for ensuring equitable access to healthcare services.



### ENHANCED STAKEHOLDER ENGAGEMENT

Recognising the importance of collaboration and engagement between the government, healthcare providers, civil society organisations, private sector actors, and development partners, the NHIA should foster an environment of transparency, accountability, and involvement of all stakeholders, which will ensure the effective implementation of the NHIA Act and promote a coordinated approach towards achieving Universal Health Coverage.



### STATE-LEVEL IMPLEMENTATION

To ensure effective governance, coordination, and monitoring of health insurance programmes and enhance accountability and transparency of healthcare funds, the NHIA should establish robust state-level accountability frameworks, engage state authorities, and establish clear lines of responsibility for implementing the NHIA Act at the state level.



### INNOVATIVE FINANCING MECHANISMS

Recognising the need for diversified funding sources and financial sustainability to enhance sustainability and support the long-term viability of the healthcare system, the NHIA and relevant stakeholders should explore innovative financing mechanisms, including public-private partnerships and collaborations with donors. These efforts will augment the financial resources available for health insurance programmes and reduce reliance on traditional funding channels.



### TARGETED INCLUSION

To ensure equitable access to healthcare services, the NHIA should prioritise vulnerable populations, including older people, women, and children, in policy planning and implementation discussions. Developing targeted policies, programmes, and interventions that address their specific healthcare needs and ensure their inclusion in health insurance coverage is crucial. Specific requirements should be integrated into the recruitment exercises to ensure inclusivity for all.



### HUMAN RESOURCES FOR HEALTH

Recognising the shortage of skilled healthcare professionals, the government should ensure the implementation of targeted recruitment efforts, training programmes, and retention strategies. Healthcare staff should receive comprehensive training to enhance their understanding of the needs of vulnerable groups, and accessibility measures should be established within facilities. These initiatives will address the human resource challenges in the health sector and ensure the availability of a competent workforce to support the implementation of the NHIA Act.



### IMPROVED GOVERNANCE STRUCTURES

The NHIA should strengthen governance structures, regulatory frameworks, and infrastructure investments to optimise service delivery and health outcomes. These measures will enhance the management of health resources, including personnel and equipment, and improve health services for all.



### COMPREHENSIVE AWARENESS CAMPAIGNS

Recognising the importance of raising awareness and building capacity regarding the Basic Healthcare Provision Fund (BHC PF), the NHIA should conduct comprehensive awareness campaigns and capacity-building initiatives. These efforts should target various levels of government and health providers, ensuring a thorough understanding and utilisation of the BHC PF.









### INTERSECTORAL COLLABORATION

There is a need for coordinated intersectoral collaboration efforts, which the NHIA should champion; to promote effective oversight and collaboration among stakeholders involved in implementing the NHIA Act to ensure close cooperation between the government, healthcare providers, civil society organisations, private sector actors, and development partners. Collaborative efforts between banking institutions and telecommunications companies should be encouraged to enhance accessibility to health insurance coverage.







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