

Towards a resilient health system for Nigeria

On behalf of

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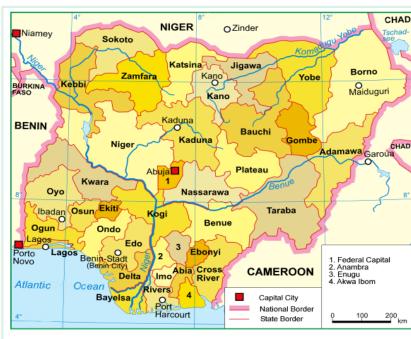
PRESENTATION A
THE PANEL
DISCUSSION ON

PRESENTATION AT
THE PANEL
DISCUSSION ON
IMPROVING
HEALTH SYSTEMS
IN DEVELOPING
COUNTRIES



18TH NOVEMBER
2015
CONFERENCE ON
HEALTH AND
HUMANITARIAN
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SOUTH AFRICA

Nigeria and the health system at a glance

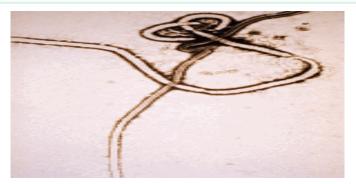


- Land mass of 923,768 Km2 and a projected 2015 population of 186, 458,724 with growth rate of 3.2%
- Maternal mortality rate reduced from 1100 Deaths/100,000 Live Births in 1990 to 576 in 2013 :
- Infant mortality rate reduced from 100/1000 Live Births in 2003 to 64/1000 Live Births in 2013

As a Federation with three levels (Federal, 36 states+FCT, 774 LGAs), Nigeria operates a 3-tiered Health Care System :-

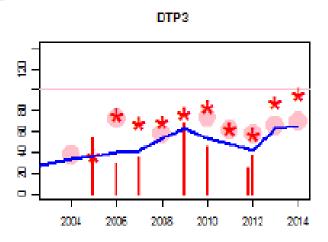
- Primary Health Care which falls within the responsibility of the LGA;
- Secondary Health Care which falls within the responsibility of the States; and
- Tertiary Health Care which falls within the responsibility of the Federal Government.
- The backbone of our current Healthcare System in Nigeria is Primary Healthcare (PHC), the mandate of NPHCDA
- Our aspiration is to achieve Universal Health Coverage for preventive (public health) and curative (medical) services within an integrated PHC system

Despite the poor indices, there are hopes with the recent gains in the health sector





On 26 October 2015, WHO formally removed Nigeria from the list of polioendemic countries, by handing over a certificate to His Excellency, President Muhammadu Buhari



- Enactment of the National Health Act (NHAct)
- Ebola Virus Disease Contained
- End to end transformation of the vaccine supply chain
- Highest routine immunization coverage in many years
- Interruption of Wild Polio Virus transmission

The NHAct has laid the solid foundation for a resilient system

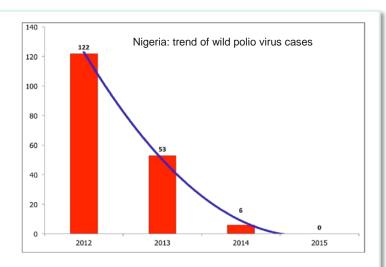
The National Health Act (NHAct):

- Provides assurances of a basic package of health care services to all Nigerians and residents
- Provides for the Basic Health Care Provision Fund to facilitate universal access to basic health care
- Encourages Transparency and Accountability
- Promises optimal quality of healthcare service
- Clearly delineates the roles and responsibilities of all Health Actors



The polio infrastructure that contained Ebola is being positioned to strengthen RI

- NPHCDA partnering with traditional and religious leaders on polio eradication have provided the leadership for mobilizing national resources quickly
- Emergency operations center command-like structure with necessary experts kept watch on every suspected Ebola case
- Surge capacity- Human resource for health readily available for deployment
- Polio legacy planning will leverage resources to further
 - Strengthen routine immunization
 - Entrench trust with the communities





Our vaccine supply chain transformation is helping to build the platform for integration of PHC commodities

C Next 6 months

B Last 6 months

A Last year



- Dashboard provides constant view of LGA stock needs
- 1,656 new CCE installed in LGAs, facilities
- Established a department of logistics focusing on producing supply chain leaders

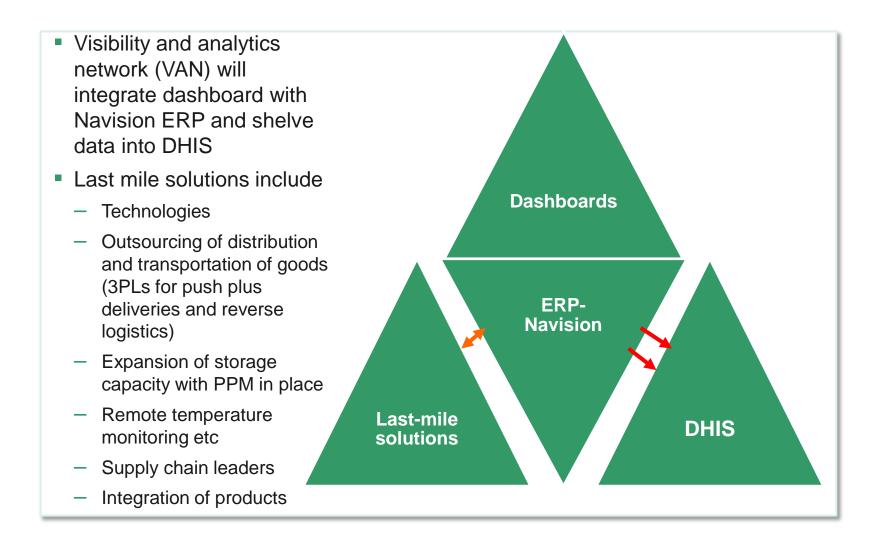


- NPHCDA introduces the PUSH policy
- State's Honorable
 Commissioner for health agreed to policy to PUSH vaccines to LGAs and facilities with CCE where possible
- Additional CCE installed in small wards



- States transition to a model where the state takes responsibility for directly delivering vaccines to health facilities
- ~70% of wards equipped with CCF
- Leverage national storage capacity from warehouse in a box as pilot platform for broader integration
- Define used cases of lastmile visibility solutions for a VAN project

Visibility Analytic Network project will be our integration platform for data and technologies



Challenges and opportunities

Challenges

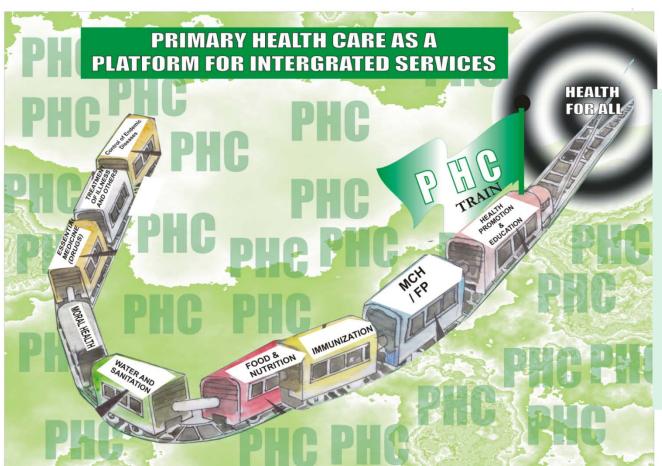
- Dwindling national income and insecurity
- Sub-optimal coverage for health services
- Poor physical and financial access to care
- Persistent challenges in the adequacy and distribution of the Health Work Force
- Mismatch between resource allocation, spending and burden of disease and low accountability
- Inequities continue to persist
- Interoperability

Opportunities

- National and international goodwill arising from the interruption of polio transmission
- Change mantra with new leadership focused on transparency and accountability
- PPP in Health (Maternal and Child Health, Provision of portable and safe water supply, Ensuring availability of essential drugs, Quality of medical equipment, Upgrade of existing PHC buildings, Efficient systems and logistics, Facilitate use of ICT for health)
- Amendment to the NHIS act to make insurance mandatory
- Operations research

Prospects for the future





The success of the vaccines supply chain transformation is acting as a catalyst for health system strengthening and integration across multiple programs and commodities

THANK YOU!