

Financing Primary Health Care in Nigeria

Expanding the frontiers
at the Sub-National Level

REPORT



An Initiative of:



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NATIONAL ANTHEM

First Stanza

Arise, O Compatriots
Nigeria's call obey
To serve our fatherland
With love and strength and faith
The labour of our heroes past, shall never be in vain
To serve with heart and might,
One nation bound in freedom, peace and unity

Second Stanza

Oh God of creation,
Direct our noble cause
Guide our leaders right
Help our youth the truth to know
In love and honesty to grow
And living just and true
Great lofty heights attain
To build a nation where peace and justice shall reign.

National Pledge

I pledge to Nigeria my country
To be faithful, loyal and honest
To serve Nigeria with all my strength
To defend her unity and uphold her honour and glory
So help me God





H.E. President Muhammadu Buhari, GCFR
President, Commander-in-Chief of the Armed Forces,
Federal Republic of Nigeria.



Prof. Yemi Osinbajo, SAN
Vice President, Federal Republic of Nigeria.



H.E. Gov. John Kayode Fayemi, PhD

Governor, Ekiti State,
Chairman, Nigeria Governors' Forum.



Dr. Osagie Ehanire
Honorable Minister of Health,
Federal Republic of Nigeria



Dr. Oyebanji Filani

Commissioner for Health and Human Services, Ekiti State
Chairperson, Nigeria Health Commissioners' Forum

FOREWORD

I am proud to present to you the outcome of the Nigeria PHC Financing Forum with the theme: Financing Primary Health Care in Nigeria Forum - Expanding the frontiers at the Sub-National held in Abuja on the 5th and 6th October 2022.

This event attracted over 700 participants (in person and online). It marked the inaugural program of the Nigerian State Health Leadership Collaborative event and provided us with the opportunity to demonstrate a common resolve to pertinent sub-national issues.

The Forum focused on the key challenges and reform initiatives around sustainable financing of PHC systems in Nigeria. In this regard, the Forum sessions were designed to share perspectives from States on (i) their approaches to PHC Financing, (ii) the common challenges and policy responses and; (iii) the way forward for financing PHC in a comprehensive and sustainable manner.

Additionally, the Forum served as a platform for representatives from development partners, civil society organisations, and policy makers to interact. The different high-level sessions provided the framework of wider discussions on how innovation has been fostered to date and what can be done to reform health financing policies and operations in the future. Indeed, the two days were buzzing with lively discussions and debates.

The Nigeria Health Commissioners Forum (NHCF) is particularly grateful for the support it received from the Nigeria Governors Forum for this event.

The NHCF would also like to express its thanks to its all its partners and sponsors. And last, but certainly not least, we wish to thank wholeheartedly all contributors and participants of this event for making it an informative as well as enjoyable two days!

Dr. Oyebanji Filani

Commissioner for Health and Human Services, Ekiti state
Chairperson, Nigeria Commissioners of Health Forum

EXECUTIVE SUMMARY

The Nigeria Health Commissioners' Forum held a two-day program on 5th to 6th October 2022 to discuss how to further advance the Primary Health Care (PHC) agenda in Nigeria.

The forum had the theme: Financing Primary Health Care in Nigeria Forum - Expanding the frontiers at the Sub-National

The objectives of the event included taking stock of the approaches to finance PHC in states, highlighting common challenges and policy responses, and developing a shared understanding on the way forward for financing PHC in a comprehensive and sustainable manner.

Held against the backdrop of COVID-19 recovery efforts, the event brought together diverse stakeholders keen to chart a course in addressing Nigeria's most pressing health financing challenges and accelerate Nigeria's progress towards Universal Health Coverage (UHC).

Key resolutions include:

- Continue and expand the collaborative on PHC financing in Nigeria
- Reconvene a follow-up PHC Financing Forum
- Share and consolidate financing data
- Establish working group on PHC
- Involve LGAs in advocacy for PHC financing
- Liaise with Commissioners of Finance Forum
- Feed forward takeaways to Nigerian Governors' Forum

NATIONAL HEALTH COMMISSIONERS' FORUM

The Nigeria Health Commissioner's Forum (NHCF) is a national platform of all Health Commissioners in Nigeria, including the Secretary of Health of the Federal Capital Territory, Abuja.

The forum promotes cross-state collaboration, experience sharing and learning to foster national and subnational development.

The overarching goal of the Forum is to accelerate the attainment of Universal Health Coverage (UHC) in each of the states for better health outcomes.



NIGERIA STATE HEALTH LEADERSHIP COLLABORATIVE (NSHLC)

NSHLC was created in 2022 to facilitate a coordinated sub-national approach to accelerated performance.

Under the NSHLC, Health Commissioners apply the principles of the community of practice to address a set of common challenges, jointly agree on transformational opportunities to spur health system performance, and ensure results can be tracked across States.

The collaborative currently has three flagship programs:

1. An annual PHC forum
2. A Top Team Effectiveness learning platform
3. A quarterly collaborative meeting of Health Commissioners

These programs will be supported by a robust knowledge management platform that curates, documents, and provides update on State level performance on health.



The Top Team Effectiveness Learning Platform brings together, Commissioners for Health, Executive Secretaries of the State Primary Health Care Development Agencies (SPHCDA) and State Health Insurance Agencies (SHIA), across the 36 States and FCT. The program will seek to understand the challenges and barriers limiting top team effectiveness of the leadership of state health team.

Based on findings from the problem explorations, 108 leaders from the sub-national level will gather to co-create a framework for establishing and maintaining top team effectiveness.



The Quarterly Meetings are strictly for commissioners of health from the 36 states. Where necessary, participation is extended to special guests from the national ministries, departments and agencies of government, as well as other partner institutions from development partners, private sector and beyond.

The Nigeria Health Commissioners' Forum continues to serve as platform to ensure performance of health systems across Nigeria. As part of deepening this mission, the members have agreed to a quarterly meeting to facilitate collaboration, experience sharing and learning.

THE PHC FINANCING FORUM

The PHC Financing Forum is one of the three key activities under the collaborative. It is an annual gathering hosted by Commissioners to share, showcase and highlight State level performance and accountability.

This first edition is strategically focused on Primary Health care Financing in Nigeria.

Future editions will address sub-national health issues of interest, such as human resource for health, system strengthening, technology and innovation, among others.

It is designed to engage health sector actors in the public and private sector from across the country, as well as development partners and academic institutions from within Nigeria and outside the country.

The maiden edition will be holding in Abuja, Nigeria on the 5th and 6th of October 2022, at the Sheraton Hotel.

The two-day event, will focus on a set of topical themes:

1. Emerging insights on comprehensive PHC financing
2. Mobilising and securing allocation of resources for PHC at Sub National level
3. Provider payment options to fund PHC operational budget
4. BHCPF implementation - early insights and lessons
5. Pooling and benefit package design
6. Thinking ahead and planning for the future





OPENING REMARKS

His Excellency Engineer Abdullahi A. Sule, Executive Governor of Nasarawa State delivered the opening remarks on behalf of His Excellency Gov. Kayode Fayemi, Governor of Ekiti State, and Chairman of the Nigerian Governors' Forum at the Inaugural Event of the Nigerian State Health Leadership Collaborative, the Primary Health Care Financing Forum, on Wednesday, October 5th, 2022 in Abuja, Nigeria.

Protocol Introduction

It is an honour to join you at this inaugural event organised by the Nigerian Health Commissioners Forum.

2. It is globally agreed that equitable access to Primary Health Care is a key component of all high-performing health systems and a pre-requisite for achieving Sustainable Development Goal 3 and Universal Health Coverage (UHC). It is on this backdrop, that I affirm that the theme of this inaugural forum "Financing Primary Healthcare in Nigeria" and the deliberations that have occurred during this event are apt and timely because

they touch on an issue that is critical to the foundation of sustainable development and the future of health in Nigeria.

3. As we may know, health systems are driven by their financing arrangements, and this includes the number of funds they receive, how these funds are distributed across the system, and how they are utilised to provide equitable access to services.

4. Health financing is a critical building block of the health system that directly affects the functionality of the overall system, and until we address the issue of poor funding for health and the fragmentation of the health financing arrangements in Nigeria, we will make little headway in our pursuit for Universal Health Coverage.

5. It is a fact that the right to health is a fundamental human right. However, the ability of our country to guarantee this right for all Nigerians has been slow, largely due to how the health system is financed and delivered.

6. This has been further exacerbated by the COVID-19 pandemic which has exposed significant weaknesses in our health sector, especially in Primary Healthcare. As we now know, countries with strengthened primary health care systems are better equipped to respond.

7. Therefore, the challenge before us, is ensuring primary health care in Nigeria is financed sustainably to ensure risk protection, adequate infrastructure and human resources and the delivery of quality health services.

8. To solve the problem of financing for primary health care and meet the demands for a responsive and high-performing health system, we must approach PHC financing and service delivery with four key focuses in mind:

- i. The utilisation of the Basic Healthcare Provision Fund (BHCPF) to finance essential health services, especially for the vulnerable and to improve the country's capacity to address public health emergencies.
- ii. Consolidate funding to address primary care and essential public health functions.
- iii. An increase in budgetary allocations for healthcare both at the national and State levels.
- iv. The exploration of innovative ways to pool funds for non-contributory healthcare coverage.

9. It is encouraging to know that varying degrees of effort is already in place to achieve some of these focuses. For instance, a good number of States have established their State Health Insurance Schemes and have purchased explicit packages of health services for their citizens. States are also increasingly taking advantage of the BHCPF programme to expand access to primary health care and service delivery. Some States like Ekiti are

working with partners to adequately quantify the medium- and long-term costs of providing a Basic Package of Health Services for vulnerable groups to ensure sustainability and evidence-driven financing.

10. However, for these efforts to achieve population-level outcomes, we must collectively encourage and catalyse them at scale.

11. Given this, the Nigerian Governors Forum at the recent launch of the Primary Health Care Leadership Challenge committed to a progressive increase in State-level funding for primary health care through the provision of efficient budgetary allocation that aligns with our annual operational plans.

12. The NGF remains committed to working with the Federal Government and all partners to achieve our goals for primary healthcare and universal health coverage.

13. Our partnership in eradicating Polio, and the inclusion of health-focused presentations in the monthly NGF meeting agenda, are examples of great collaboration, which must be sustained and built upon.

14. Let me use this opportunity to commend the Chairman of the Nigeria Health Commissioners Forum, Dr Oyebanji Filani for his numerous contributions to improving health financing both nationally and sub-nationally and for his commendable leadership of the Nigerian Commissioners for Health Forum.

15. I want to thank all Commissioners for Health, Executive Secretaries of State Primary Health Care Agencies and State Health Insurance Agencies, for their dedicated service to improving health outcomes in their States and collectively as subnational health leaders. I also recognise and thank all stakeholders present for their enduring partnership with the Nigerian Governors Forum.

16. Even as I pass the baton to the new Chairman of the Nigerian Governors Forum; Rt Honourable Aminu Waziri Tambuwal, I can assure you of the continued willingness of the Forum to support and align with the strategies and interventions of the Federal Government aimed at improving Primary Healthcare financing and service delivery in Nigeria.

16. Finally, I would like to remind all gathered here that a renewed and resilient primary health care system, backed by sustainable financing is possible in Nigeria and must be part of our country's post-covid story.

17. Thank you for your rapt audience.

Dr. Kayode Fayemi, CON

Chairman Nigeria Governors Forum
Governor Ekiti State.

Wednesday, October 5th, 2022

Abuja, Nigeria.

GOVERNOR BIODUN OYEBANJI'S REMARK

His Excellency Governor Biodun Oyejani spoke at the event as the governor elect of Ekiti State on Wednesday 5th October, 2022



Protocol

The Alma-Ata Declaration made it clear that primary health care is the pathway to achieving Universal Health Coverage.

2. This declaration launched a movement that has driven global efforts to achieve health for all through the provision of quality and comprehensive healthcare for all individuals without financial burden to them, and these bold declarations for Primary Healthcare were reaffirmed at the Astana Declaration in 2018.

3. Primary Health Care as we know, emphasizes community-based health services that are designed to meet the needs of the people throughout their lives, through prevention, health promotion, treatment, rehabilitation, and palliative care.

4. To this end, the Government of Ekiti State under the leadership of His Excellency, Dr John Kayode Fayemi has prioritised and improved primary healthcare in the State through a four-pronged approach that includes:

- i. Increased financing
- ii. Human resource expansion, training, and equitable distribution
- iii. Infrastructural development, and
- iv. Strategic inputs to service delivery.

5. In terms of Increased financing;

Ekiti State having fulfilled the pre-requisites to access the Basic Health Care Provision Fund (BHCPF), has so far drawn down the sum of 282,625,016 naira from the fund, channelled through the State Primary Healthcare Development Agency (SPHCDA), the Ekiti State Health Insurance Scheme (EKHIS) and the Ekiti State Ambulance Service (EKSAMS). The BHCPF has enabled the:

- The purchase of an explicit package of care, which is free at the point of use for over 100,000 persons in different communities under the Ekiti State Health Insurance Scheme.
- The implementation of the Ulerawa programme otherwise known as the Ekiti State Basic Package of Health Services (ESBPHS) which provides a set of essential health services to specific vulnerable groups without any financial cost to them. This is in addition to the general health insurance but is more targeted to pregnant women and under-five children in 25 pilot focal facilities. So far on this programme, 465 persons have accessed care and over three-million-naira advance payment has been made to the focal facilities.
- Disbursement of 36,691,500 in direct facility financing to 122 primary healthcare centres that have been accredited for BHCPF.
- The BHCPF has also enabled the disbursement of 72,218,430 naira to 172 accredited primary health care facilities under the State Health Insurance Scheme which has enabled 19,309 persons to access free services paid for by the State Government. Beneficiaries of this include 6,286 Under 5 children; 3,525 Elderly Persons; 2,839 Poor Persons; 2,840 Pregnant Women; 3,005 Women of Reproductive Age; and 814 People Living with Disabilities.

In addition to these, the State increased its capital budget by 200% in 2021, to allow for increased investment in overall service delivery, specifically to improve the State's capacity for disease outbreak response. This increased financial leverage enabled the massive renovation and equipping of state secondary health facilities that now serve as fitting referral centres to the primary care level.

6. Under human resource expansion, training, and equitable distribution

The State has been able to

- Redistribute mid-wives across the Senatorial zones to ensure skilled care and birth attendance in underserved communities.
 - Train over 1,200 staff in the past year on monitoring, supervision, and service provision.
7. The BHCPF has also enabled the renovation of high-volume Primary Healthcare Centres tricycle ambulances and medical equipment to improve service delivery.

8. Early outcomes of some of these efforts are evident in the 2021 MICS Immunisation Handout, where Ekiti State has the highest Penta3 coverage in the Southwest region and ranks 4th (84.9%) in the country. Under-five mortality in the state also decreased by 7% and the State maintains a high percentage of antenatal coverage and skilled birth attendance.
9. These efforts and achievements have laid a great foundation for the continuous advancements of Primary Healthcare Financing and service delivery for the incoming administration.
10. We plan to sustain all efforts toward a resilient and sustainably funded Primary Healthcare system in Ekiti State.
11. We would do this through a renewed commitment to a PHC service delivery model that provides an explicit package of care to all citizens, has an effective financial management system and is driven by improved community engagement.
13. Of course, we cannot do this alone. To achieve our goals, we need support from our development partners to complement the existing in-country financing mechanisms for improved health service delivery. We also need technical support to strengthen the systems and tools needed to deliver a resilient PHC system.
14. On this note, I would like to thank the conveners of this event, the Nigeria Health Commissioners Forum. I extend my best wishes to them in all their activities, and I commit to supporting the incoming Commissioner for Health to ensure that Ekiti State delivers on all its health goals.
15. I also extend my regards to all the development partners and stakeholders that support the advancement of Primary Health Care at the sub-national level. Thank you for your enduring partnership and I look forward to working closely with you.
16. I can assure you that we will not relent in our efforts, and we will work together with you to ensure that we achieve Universal Health Coverage in Nigeria.
17. Thank you

Mr Biodun Oyebanji

Governor-Elect

Ekiti State, Nigeria.

Wednesday, October 5th, 2022

Abuja, Nigeria.

COMMUNIQUÉ OF ACTIONS

Preamble

We, the members of the Nigeria Health Commissioner's Forum (NHCF), a national platform of all Health Commissioners that promotes cross-state collaboration, experience sharing and learning to foster national and sub-national development, held the maiden edition of the PHC Financing Forum on the 5th - 6th October 2022 at the Ladi Kwali Hall, Sheraton Hotel, Abuja.

The theme of the Forum was "Expanding the frontiers at the sub-national level."

The Forum was convened as an initiative of the Nigerian Health Commissioners in collaboration with the Nigerian Governors' Forum and Development Partners.

Objectives of the PHC Financing Forum included:

- o a stock take of approaches to financing PHC in States,
- o the identification of common challenges and policy responses, and
- o the development of a shared understanding on the way forward for financing PHC comprehensively and sustainably.

In attendance were the Governors of Nasarawa, Ekiti (in-coming) States, the states' Honourable Commissioners for Health, and Executive Secretaries of the State Social Health Insurance Agencies. Also in attendance were the representative of the Minister of Health, Director General of Budget Office of the Federation, Executive Secretary of NHIA, NPHCDA, bilateral and multilateral agencies, private sector, academia, CSOs, and members of the public.

Observations

We recognize the need to set a clear agenda around financing Primary Healthcare sustainably and forge a consensus on the path forward. We agreed to set of key issues, which we classify as shared understanding. These include the following:

- 1 Shared understanding of PHC
 - o PHC drives UHC
 - o PHC is more than individual based care but also includes community and population-based health protection and promotion services as well as surveillance and monitoring
- 2 Shared understanding of PHC Financing
 - o PHC financing is a major constraint, yet vast opportunities exist for more and better government financing

- 3 Shared understanding of State capacity
 - o States working together with LGAs take action and reform PHC financing to seize these opportunities
 - o Substantial investment are needed to develop health financing capacity in states
Shared understanding of the Basic Health Care Provision Fund (BHCPF)
 - o Although small in per capita terms, the BHCPF can be transformational. We also recognize based on the 2-day forum that there were key challenges and potential reform initiatives within the three health financing functions.

Under the resource mobilisation function of health financing, the following priority reform areas were highlighted:

- 1 Budget Preparation
 - o Improve coordination and development of Annual Operational Plans
 - o Build flexibility into budgets
 - o Identify inefficiently and unused (residual) funds and reallocate to PHC
- 2 Budget Execution
 - o Improve absorption of funds
Demonstrating impact
Even when releases are late
- 3 Maximising BHCPF
 - o Strengthen transparency and auditing of federal allocations
 - o Develop common approach to state counterpart funding
 - o Strengthen accountability at state, LGA and facility level to attract donor funding

Under the pooling and purchasing functions of health financing, the following priority reform areas were highlighted:

- 1 Pooling
 - o Revisit the organization of state health insurance into schemes with different benefits for different populations.
 - o Create the necessary flexibility in funding and governance requirements to equalize benefits and accelerate population coverage.
- 2 Purchasing
 - o Refine approaches to target enrolment of priority populations
 - o Coordinate investment in PHC with enrolment of beneficiaries into schemes
 - o Strengthen implementation of prevailing payment methods to fully realize provider behavior changes
 - o Refine and/or blend provider payment methods to improve PHC performance

- o Strengthen frameworks for monitoring utilization and quality of primary health care
- o Develop IT platforms to facilitate data collection

Resolutions

We note that the decision to finance primary healthcare sustainably is usually preceded by strong political will and commitment to set a country on the trajectory of UHC. This is often catalyzed by growing local clamour for health reforms that expand access to care and minimize the financial hardship associated with quality healthcare. To this end, stakeholders resolved to play the following roles in garnering political support and improving financing for PHC in Nigeria:

- 1 Continue and expand the collaborative on PHC financing in Nigeria
 - o Reconvene a follow-on PHC Financing Forum
 - Share and consolidate financing data
 - Establish working group on PHC
 - o Involve LGAs in advocacy for PHC financing
 - o Liaise with Commissioners of Finance Forum
 - o Feed forward takeaways to Nigerian Governors Forum

Acknowledgments

We recognize and commend the support from the Federal and State Governments and partners. We recognize the support and collaborating spirit of the Nigeria Governors' Forum, FMOH, NHIA, NPHCDA, Forum of CEOs of SSHIAs, Forum of ES of ESHCDAs, World Bank, USAID, UNICEF, BMGF, and Foreign Commonwealth & Development Office, LHSS, Lafiya, NESG, ONE Campaign, Gatefield, Emergency Response Africa, Nigeria Health Watch, Civil Society Organizations, the media and other stakeholders towards the success of the Forum.

The Forum accordingly resolves to unanimously adopt this Communique.

Dated this 6th Day of October, 2022

Signed by:

Name: Oyebanji Filani

Signature:



Date: 14 th Oct 2022

Designation: Chairperson, Nigeria Health Commissioners Forum

FEEDBACK

“My key takeaway after listening to these experts here today is that we cannot continue to rely on development partners when to fund healthcare in Nigeria. We must create our own interventions. Nigeria has numerous funds in different places that must be brought together to finance our PHCs. We should bring the CBN to this forum in the future to learn how we can utilize funds from initiatives like backward integration of Sugar which could become a contributor to the UHC efforts of Nigeria given the effects of Sugar on our health.”

His Excellency Engr. Abdullahi A. Sule
Executive Governor
Nasarawa State



“Most States face similar challenges in mobilizing additional resources for health, and conversations with my colleagues have often revolved around this. It became evident to me during this meeting that in our role as Commissioners, we can better optimize existing resources to allow us achieve better value for money.”

Dr Mordi Ononye
Honorable Commissioner for Health
Delta State”

“Not in my wildest dream could I have imagined a live classroom experience at this scale. I am pleading that commissioners should create room for more students to participate at next year’s forum. This is where those concepts we learn in our public health schools meet the real practitioners out there. This is just amazing!”

Khalil-ur-Rahman Abdullah
Medical Student
University of Ilorin



“As a community of colleagues, we have been yearning for an opportunity to cross-pollinate ideas on how to solve some of our emerging problems at the state level. This forum did not just provide an opportunity to learn from one another, but we also had a golden opportunity to derive strong insight from the national system where we need to align our programs. From this event we see the need for stronger health financing analytics to inform our decisions, and we will be moving very fast and deliberately on it.”

Dr. Mohammed Ali Inname

Honorable Commissioner for Health
Sokoto State



“As one of the legacy states that piloted the Basic Health Care Provision Fund (BHCPF), we have experienced the transformational impact of the fund, as well as some of its early-stage challenges. Attending this forum allowed us to bring these learnings forward to empower stakeholders with those realities, as well as derive creative inputs from people who are naturally going to view things from outside of our box.”

Dr. Muhammad Muhammad Makusidi

Honorable Commissioner for Health
Niger State



“IPHC is the bedrock of our Health System in Nigeria. The PHC Financing Forum afforded the leadership team at the subnational level the opportunity to deliberate over the daily challenges that stand in the way of delivering quality health at our PHCs where it matters the most. Solutions were proffered on the most pertinent issue of sustainable financing and responsible stewardship of resources towards achieving an effective and efficient Primary Health System. The next step is to translate the lessons learnt to tangible gains in our health financing strategies in our various States.”

Dr. Tomi Coker

Honorable Commissioner for Health
Ogun State



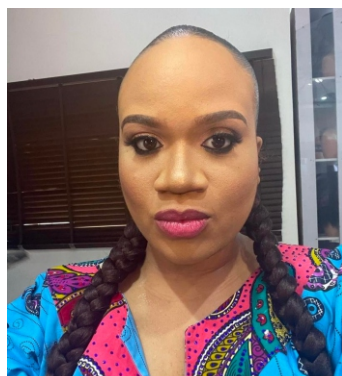
“Our region of the country, i.e. the North East, is still going through challenges from the insurgency that decimated our health systems. We have been presented with realities that require us to rebuild almost from ground up. With the PHC Financing forum, we are happy about the opportunities for a potential nationwide learning exchange program that sets the pace for transformational opportunities. My primary takeaway, is the need to accelerate the deployment of technology tools to support our health financing programs.”

Dr. Mohammed Lawan Gana
Honorable Commissioner for Health
Yobe State



“Given the current global economic outlook and our national realities, it has become imperative for states to step forward for the financing of PHCs in Nigeria. This forum came at a very critical moment where we all could express our concerns and learn how to overcome them, such as spotting inefficiencies early and reallocating them in due course. I look forward to going back to my State and working even more closely with my counterpart in Finance.”

Dr. Prosper Ohayagha Success KSC
Honorable Commissioner for Health
Imo State



“As a young professional in this space, we have participated in several events of this nature. This PHC financing forum created a very close interaction with the leadership of state health systems in Nigeria, this is unprecedented.”

Uche Nwagboso
Communications Manager
Nigeria HealthWatch

PLENARY SESSION 1

Basic Health Care Provision Fund (BHCPF) implementation: Early insight and lessons learnt

Date:	October 6, 2022
Time:	
Open/Closed event	Open
Session	Presenter - Dr Gafar Alawode, DGI Consult Moderator - Dr Olumide Okunola, World Bank Group Panelist 1 - Hon. Pharm. Yahaya Baba Ahmad, Nassarawa State Ministry of Health Panelist 2 - Emmanuel Ogharu Ebonyi State Health Insurance Agency Panelist 3 - Dr Chris Osa, BHCPF Ministerial Oversight Committee Panelist 4 - Dr Livinus Miapkwap, Plateau State Primary Health Care Development Board Panelist 5 - Dr Musa M Bello, Kano State Level Accountability Mechanism (KANSLAM)

Session Background

The Basic Health Care Provision Fund (BHCPF) was established under section 11 of the National Health Act as a catalytic fund to improve access to PHC. BHCPF increases the fiscal space for health and funds a Basic Minimum Package of Health Services (BMPHS). It also strengthens the national health system particularly at primary health care (PHC) level by making provisions for routine daily operation cost of PHCs, ensuring access to health care for all, particularly the poor, thus contributing to overall national productivity.

Since the inception of the BHCPF, the Government has released N88.9bn, with more than N59bn already disbursed to States and relevant agencies. Whilst the initial targets and indicators set for the BHCPF have mostly been met, and the NPHCDA and NHIA continue to carry out their monitoring and evaluation functions, the absorptive capacity to utilise the funds varies across States. Under the NPHCDA gateway for example, there are significant delays in developing the business plans and retirement of funds in line with the accountability mechanism put in place for the program. Similarly, accountability mechanisms in place under the NHIA gateway often overlap with accountability mechanisms of the NHIA gateway.

The session will review the implementation of accountability mechanisms at the state-level, exploring approaches and experiences in the implementation of the program. It aims to identify what works well, what are bottlenecks and challenges, and promising solutions to resolve them.

Session Objectives

To determine how well program accountability mechanisms have worked. Specifically, the session will aim to:

- 1) Understand the nexus between fund disbursement requirements and absorptive capacity (enrolment and retirement of funds)
- 2) Determine the level of collaboration between the SPHCDA and SHIA in joint monitoring and reporting of the BHCPF activities
- 3) Determine areas of overlap between accountability structures within the BHCPF and State own programs
- 4) Determine how often states have had their oversight committee meetings and the extent to which corrective actions from these meetings have been implemented

PLENARY SESSION 2

Mobilizing resources for PHC at the Sub-national level

Date:	October 5, 2022
Time:	13:30 - 15:00 PM
Open/Closed event	Open
Session	Chair - Tekabe Belay Presenter - Ayo Ajiboye Discussant 1 - Dr Ben Akabueze, DG Budget Office of the Federation Discussant 2 - Commissioner for Finance and Health, Sokoto State Discussant 3 - Dr Ebere Anyachukwu FCDO Discussant 4 - Commissioner for Health, Kaduna State Discussant 5 - Representative of NPHCDA Discussant 6 - Prof. Chima Onoka, Lancet Commission on Financing PHC

Session Background

In Nigeria, health service delivery is not provided for in either the Exclusive or Concurrent Legislative Lists, meaning that it is a residual matter and states therefore have exclusive authority over legislation. The Fourth Schedule of the Constitution stipulates that local governments are responsible for the provision and maintenance of health. However, Section 11 of the NHAct of 2014 assigns some responsibility to the federal government for the funding of primary health care through the establishment of the Basic Healthcare Provision Fund (BHCPF), which requires the federal government to contribute at least 1 percent of its Consolidated Revenue Fund to finance a Basic Minimum Package of Health Services (BMPHS) for all Nigerians.

Prior to the COVID-19 pandemic, current health expenditure (CHE) in Nigeria declined in per capita terms, from US\$98 in 2015 to US\$ 71 in 2019. Moreover, in 2017, about 77.5 percent of current health expenditure came from out-of-pocket (OOP) payments and a quarter of households spend 10 percent or more of their total household expenditure on health—a situation described as catastrophic health expenditure.

Government health expenditure amounted to US\$11.4 per capita or 0.5 percent of Gross Domestic Product on health. This is less than most governments around the world spend on health. In comparison, for example, the regional average is 2.4 percent, and lower-middle income country average is 2.8 percent of GDP. Government health expenditure constituted only 14.3% of current health expenditure with the federal government contributing 43.2%, state governments 48.2% and local governments 8.6% (2017). External financing for health constituted 7.5% of current health expenditure.

Out of Current Health Expenditure, 68.3 percent (or US\$ 48.8 per capita) are spent on Primary Health Care (PHC). Out of Government Health Expenditure, 51.3 percent or US\$5.8 per capita go to PHC (51.3 percent).

Session Objectives

The objective of this session is to share perspectives on how more resources can be better mobilized for Primary Health Care with a focus on sub-national entities. Specifically, the session will aim to:

- Present a status quo of the current funding sources for PHC in the country
- Share perspectives on what states are doing to enhance resource mobilization for PHCs
- Review and contextualize the merits and demerits of various options for mobilizing additional revenue for PHC

PLENARY SESSION 3

Emerging insight on comprehensive PHC financing

Date:	October 5, 2022
Time:	11:00 - 12:30 PM
Open / Close event	Open
Speakers (names)	Christoph Kurowski, Dr Oyebanji Filani, Dr Mohammed Makusidi, Dr Emmanuel Obi, Dr Mary Boyd

Session Background

Primary Health Care is regarded as the foundation of high performing health systems and in its most comprehensive form, serves as a platform for providing personal health care services and a diverse set of local activities in support of Essential Public Health Functions (EPHF). EPHF include a wide range of activities from community and population based health protection and promotion services to disease and population health surveillance and health system development, including the health workforce and organizational structures.

The literature on financing essential public health functions (EPHFs), especially at the first level of the health system is scarce. And the issue has been almost invisible in the global health debate. Only with the advent of COVID-19, it received some attention, primarily concerned with the challenge of integrating primary care and EPHFs.

Health policy makers often have a challenge appreciating the importance of EPHF activities carried out at the first level of the health system hierarchy, and strengthening the organizations and institutions responsible for their delivery. Likewise, they pay little attention to the financing arrangements for comprehensive PHC, providing sufficient and sustainable financing and aligning the financial incentives for the effective delivery of activities.

To build high performing health systems, Commissioners for Health at the sub-national levels must understand and appreciate the context-specific priorities and trade-offs among comprehensive PHC activities, the locus of their delivery, and their financing.

Earlier this year, a case study was carried out to systematically map out local comprehensive PHC priorities, delivery platforms, and their financing in Ekiti State in Nigeria. A set of issues emerged:

The delivery of 'primary' public health activities depends on a multitude of organizations, spanning different levels of government (State and Local Government Authorities (LGAs)), community actors (committees, volunteers) and sectors (e.g., health, education, and environment).

The financing of 'primary' public health activities experiences, consistent with the nascent literature on financing comprehensive PHC, two set of interconnected and reinforcing challenges.

- o Sources and levels of funding. Funding for 'primary' public health activities stems from many sources. This fragmentation is partly due to the multitude of actors involved in the delivery of 'primary' public health activities across levels of government and sectors.
- o Autonomy and accountability in the use of funds. The financing of 'primary' public health activities follows standard public financial management rules, including line-item budgets. Public financial management rules restrict the reallocation of funds across budget lines. At the local level, contingency funds are by and large lacking. These impede the efficient delivery of 'primary' public health activities and pose a critical bottleneck for the delivery of rapid response and emergency services

Session Objectives

This session will (i) present the findings on the current financing arrangements for comprehensive PHC of the Ekiti State as a case study, (ii) highlight the scope, trade-offs, and priorities among financing comprehensive PHC activities, taking a bottom-up health system perspective, and cognizant of the local organizations and institutions responsible for service delivery and (iii) and review the relevance of these findings for other states, and (iv) explore options of how to strengthen the financing arrangements to attain a well-functioning, comprehensive PHC.

PLENARY SESSION 4

Purchasing for PHC

Date:	October 6, 2022
Time:	09:00 - 10:30 PM
Open / Close event	Open
Speakers (names)	Dr Lawan, Dr Seluwa, Dr Dahiru, Dr Simeon

Session Background

Thirty-five States in Nigeria have set up insurance agencies, which, together cover 9.6 million persons to date. These insurance agencies collaborate with other sector agencies to mobilize prepaid resources to fund schemes, enroll beneficiaries, and at the same time, act as the purchaser of health services.

In the role as the purchaser, state insurance agencies must specify the benefits offered under different schemes, and select, monitor, and pay providers to deliver them. In the process of engaging service providers, state insurance agencies also play a role in determining the autonomy of providers in the use of funds. Together, decisions about how to select, monitor, pay providers and how much autonomy to offer over the use of funds shapes the financial and non-financial incentives facing providers and ultimately their behaviors. The purchaser-provider relationship, from billing to paying and monitoring providers, hinges on the availability of robust information systems that also capture and analyze data to inform purchasing decisions.

In a study looking into the purchasing functions of 18 States across Nigeria, we observed that most payment systems were delinked from incentivizing provider behaviour. For instance, only 5 of 18 States chose a payment method that enable them meet their objectives of improving the quality of services delivered. With more than 40% of them choosing their payment methods simply by adopting what other schemes have done.

Session Objectives

The objective of this session is to provide insights into how States are selecting, monitoring and paying PHC providers, granting them autonomy over the use of funds, and the extent to which the resulting financial and non-financial incentives help shape provider behaviour. It will shed light on how information systems facilitate the purchaser provider relationship, how data is collected at service delivery points, and how insurance agencies use this information to inform purchasing decision.

PLENARY SESSION 5

Pooling and Benefit Package Design

Date:	October 6, 2022
Time:	13:30 - 15:00 PM
Open/Closed event	Open
Session Panelists	Chair/moderator -Ghafar Alawode Presenter- Eduardo Gonzalez Pierre Panelist 1- Dr Ben, Delta State Health Insurance Agency Panelist 2- Dr Fabong, Plateau State Health Insurance Agency Panelist 3- Prof Sambo - DG NHIA Panelist 4- Dr Nkata- Health Systems Consult Limited Panelist 5- Dr Habu Dahiru Gombe State Commissioner for Health

Session Background

As Nigeria continues its journey to achieving UHC and strengthening financial protection for health, one of the major health financing choices facing the country is how best to pool the financial risks of ill-health risks. Pooling is defined as the accumulation of prepaid revenues for health so that beneficiaries can use a set of health services without having to pay the full costs from their own pockets. Pooling spreads the financial risks of ill-health through cross-subsidization from the healthy to the sick, and dependent on the pooling arrangements, also from the rich to the poor the poor.

On the path to UHC, policy makers face difficult trade-offs in the design of the pooling arrangements, most importantly, what pools to establish, for whom, and with what levels of coverage. The fragmentation into multiple pools creates barriers to cross-subsidization. Moreover, different pools typically offer different levels of coverage with services and financial protection. Decisions about the coverage offered depend on the availability of prepaid and pooled funds and the available service delivery capacity.

In Nigeria, most states offer multiple, social health insurance schemes, each creating a separate risk pool. Given the scarcity of prepaid funds for health, policy makers face difficult decisions about the coverage provided under each scheme. These decisions determine the equity in coverage and the pace of progress on the path toward UHC. Most importantly, the generosity of benefits under one scheme may create inequities vis-à-vis other schemes and thus across different population groups, moreover, it may slow down the progress toward coverage with a minimum package of services for the entire population.

Session Objectives

This session provides insights into the different approaches that states have taken in developing the pooling arrangements under their social health insurance schemes. Specifically, the session will aim to:

- Capture the different approaches to pooling under the SHI schemes and their rationales
- Understand the implications of these arrangements for equity and progress toward UHC
- Share ideas and plans about equalizing benefits and eventually merging schemes for greater equity and accelerate progress toward universal health coverage

PICTURES



1. Cross section of health commissioners, ES of SPHCDA and CEOs of SSHIA
2. HE. Gov. Biodun Oyebanji, Governor of Ekiti State, flanked by some participants.
3. HE. Engineer Abdullah A. Sule, Governor of Nasarawa State, during his opening remarks
4. Dr. Amina Mohammed Baloni, Health Commissioner Kaduna State as panelist
5. Prof. Akin Abayomi, Health Commissioner Lagos State as a panelist
6. Dr. Gafar Alawode moderating a panel
7. Dr. Mohammad Mohammad Makudisi, Health Commissioner Niger State as a panelist



8

8. H.E. Engineer Abdullahi A. Suler flanked by dignitaries



9

9. Dr. Tomi Coker, Health Commissioner Ogun State



10

10. Dr. Oyebanji Filani, Health Commissioner Ekiti State and Chairperson of Nigeria Health Commissioners' Forum



11

11. Dr Ben Nkechika, CEO Delta State Health Insurance Agency



12

12. Dr. Ayo Ajiboye, Health Economist, World Bank



13

13. Dr Ahmad Abdulwahab, Senior Health Advisor of the Nigeria Governors Forum Secretariat

14. Cross section of technical participants



14



15. Panelists
16. Panelists
17. Panelists
18. Dr. Olumide Okunola, Senior Health Specialist, IFC

19. Dr Chris Isokpunwu, MOC Secretary, HCPF
20. Panelists
21. Christoph Kurowski, Global Lead / Health Financing at World Bank Group

22. Dr. Mohammed Ali Inname, Health Commissioner Sokoto State

ATTENDANCE

(IN-PERSON)

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