

Policy Without Delivery: The Breakdown of Primary Health Care Financing in Nigeria

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Annotation: Primary health care (PHC) is the foundation of a good health system. It provides accessible, affordable, and equitable healthcare services. The World Health Organization (WHO) defines PHC as a community-centered approach that delivers comprehensive care ranging from health promotion to disease prevention and treatment care.¹ In Nigeria, however, the primary health care (PHC) system faces serious challenges. From inadequate funding to poor infrastructure in most primary care locations, a lack of power supply, and a shortage of health workers. Only about 30–45% of these centers are fully equipped and managed.² Rural areas are the worst affected, with clinics lacking essential services and staff.³

Background

Several policies and financing schemes have been introduced by the Nigerian government, and also collaborated with international partners and PPPs to improve the PHC system. These initiatives aim to support PHC and are a step closer to universal health coverage (UHC). This study assesses how these PHC policies and methods of financing health services have improved from their early stages. The paper also explores some challenges that are hindering health policies and financing schemes from translating into health improvements in the country. By focusing on these areas, this review aims to offer practical recommendations to ensure policies and funding effectively reach all primary care locations.

Brief Overview of Primary Health Care in Nigeria

In 1960, Nigeria's healthcare system prioritized curative medicine over preventive care.⁴ The National Basic Health Services Scheme (NBHSS) was launched in 1975, marking the beginning of public health care (PHC) in the 1970s. This concept in the 1970s influenced the Basic Health Services Scheme (BHSS), which established basic health units (BHUs) in local government areas.⁵

Then, using the Alma-Ata Declaration of 1978 as a guide, Professor Ransome-Kuti, in his capacity as Health Minister, implemented PHC in 52 local government districts in 1985.⁶ At that point, primary health care (PHC) transformed basic healthcare into a more all-encompassing, community-based approach.⁷

Aiming for equitable access to basic health services, the National Health Policy established PHC as a pillar of the Nigerian healthcare system in 1988.⁸ Regrettably, the PHC system has faced some challenges over the years and failed to achieve its goals. However, there were some positive outcomes, such as the vaccination rate for children and meeting the goals of the Universal Child Immunization program.⁹

Historical and Policy Context

In 2011, At the 54th National Council of Health meeting in 2011, the Primary Health Care Under One Roof (PHCUOR) policy was presented and adopted. The main goal is to improve PHC performance. This involves the consolidation of the PHC services under a single subnational administrative authority, the state government.¹⁰ The PHCUOR policy covered financial support, service delivery, and the integration of several health services, including family planning, immunization, disease prevention, and maternal and child health, within a single facility.¹¹

Likewise, the development of the National Strategic Health Development Plan (NSHDP) policy by the Federal Ministry of Health. The policy aims to ensure ownership by all three tiers of government: the federal, state, and local governments.¹² The goal of the NSHDP is to improve the health of Nigerians by developing a stronger and sustainable health care delivery system.¹³ The NSHDP's other goals include providing sustainable funding for the health sector to develop policies for preventing and responding to health crises.¹³

The National Health Act of 2014 is another recent development and the most important in the Nigerian health system that has an impact on the country's health system. One of its main provisions is the creation of a Basic Health Care Provision Fund (BHCPF) to finance primary care.¹⁴

Other developments in the Nigerian health care that have a direct impact on the PHC system are;

- The Saving One Million Lives (SOML) program, launched in 2012. This was a reaction to the nation's poor health outcomes, especially for mothers and children. The World Bank's Saving One Million Lives (SOML) initiative aims to enhance the quality and utilization of high-impact reproductive, child health, and nutrition interventions in response to poor health outcomes.¹⁵
- The SURE-P Maternal and Child Health Initiative (SURE-P MCH) was also launched in 2012. It was designed to improve health care for pregnant women and their babies.¹⁶

Overview of the National Health Act (NHA) of 2014

A legal framework for the organization, management, and development of Nigeria's healthcare system is what the National Health Act (NHA) aims to establish.¹⁷ The Basic Health Care Provision Fund (BHCPF), which was created as a major aspect of the Act, was intended to support basic health care, especially at the PHC level. According to the Act, half of its funds will be used to provide PHC services through the National Health Insurance Scheme, while 45% is allocated to the NPHCDA for drugs, vaccines, facilities, procurement, and human resource

capacity.¹⁴ The remaining 5% will be utilized for emergencies and epidemics by the Federal Ministry of Health.^{18 19 20}

The NHA has several benefits, including improved health outcomes and increased access to healthcare services.

Key Provisions of the Nigerian National Health Act of 2014:¹⁷

- Health Insurance: Nigerians are required to have health insurance.
- Basic Minimum Package: With this, the same set of health services will be provided for beneficiaries.
- Vulnerable Group Fund: A fund to help pay for healthcare for vulnerable groups, such as elderly people, pregnant women, children under five, and those with impairments.

Challenges:

- A significant challenge facing the National Health Act is inadequate funds. Downie (2017) reported that the Basic Health Care Provision Fund (BHCPF) scheme was not part of the Federal Government budget from 2015 to 2017.¹⁹
- Corruption: Misuse of resources and insurance fraud hindered the success of the National Health Insurance Act (NHA). Over the years, there has been an absence of detailed data on health costs, resources needed, and finances used.²¹ Another challenge recorded by Alonge is the misuse of the available resources for private usage, which is associated with a high level of corruption.²²
- Poorly structured healthcare system: Primary, secondary, and tertiary healthcare need to be well structured to ensure an effective healthcare system.

Prospects:

- Universal health coverage (UHC): The National Health Insurance Act aims to provide healthcare coverage to all Nigerians by 2030.
- Private sector engagement: The Act encourages private sector participation in healthcare delivery and financing.

Challenges of the Primary Health Care System in Nigeria

Like several other sectors in Nigeria, the primary health care system has been plagued by several seemingly endemic factors, some of which will be briefly discussed in this section. According to Uzochukwu et al.'s study, between 30 and 45 percent of Nigeria's primary health care facilities are effectively managed, working, and equipped to operate.²⁰ According to another research by Abduraheem et al. Nigeria's rural areas are not sufficiently covered.²³ From an alternative viewpoint, Aregbeshola et al. ascribed the difficulties encountered by PHC in Nigeria to the PHC's transfer to the local government, which is the country's lowest level of governance.²⁴

Aregbeshola et al.'s perspective can be argued based on several policies that have emanated from the federal and state governments to support the PHC system. Most of these challenges can be aggregated to inadequate funding, corruption, poor health facilities infrastructure, inadequate training of health workers in most PHCs, and limited health facilities to sustain the growing population. Secondary and tertiary health care systems are overburdened as a result of inadequate basic health care.²³

Governance and Accountability in the Nigerian PHC System

Governance and accountability have been identified as fundamental areas to an improved PHC system and steps towards achieving universal health coverage (UHC). According to Brinkerhoff (2004), accountability is not limited to finance and can be divided into: financial accountability, performance accountability, and political accountability.²⁵ The Nigerian PHC System lacks these

three divisions of accountability. Fragmented governance structures have made it difficult to implement primary health policy, which has resulted in inefficiencies in Nigeria's PHC system. PHC services were not provided throughout Nigeria since the 1970s because of implementation issues with the National Basic Health Services Scheme (NBHSS) initiative, according to Professor Ransome-Kuti in 1998.²⁶ The division of responsibilities for health-related policies by all tiers should lead to improved health outcomes. The absence of clearly defined roles and duties among stakeholders has led to inadequate implementation of health programs such as the BHCPF across many states.²⁷

Studies have shown that health policies are often evaluated based on their intended results, and failure to understand how they are put into practice can undermine their overall.²⁸ According to Oduenyi et al. (2019), for instance, the SURE-P Maternal and Child Health Project's implementation was criticized for its poor design and accountability issues, including the exclusion of eligible participants from beneficiary lists, particularly the most deprived.²⁹

Overall, deficiencies in governance and accountability have led to corruption, inadequate infrastructure, human resources, accessibility, and poor health service delivery in the PHC system. They are critical for the effective utilization of health funds and resources. Initiatives like the BHCPF faced challenges in this regard. Tracking funds and impact is challenging when there are no strong monitoring and evaluation systems in place. According to an assessment by the Health Sector Reform Coalition (2023), there have been cases of financial misuse and fraud, which have undermined the BHCPF's goals.³⁰

Methods of Financing Health Services in Nigeria

Nigeria's health care faces difficulties in creating a sustainable financing system. Among several factors, limited institutional capacity, corruption, unstable economic, and political context were noted by Adinma et al. (2010) as the reasons why Nigerian health care finance hasn't been successful. In Nigeria's PHC system, there are many ways to pay for health services. A few of these methods are interrelated.

Out-of-Pocket Payment (OOP): This is the dominant method of financing health services in Nigeria. It means individuals pay for services at the point of care, rather than through insurance or other prepayment mechanisms. There is a high reliance on the out-of-pocket (OOP) health payment scheme by the health care system in Nigeria.³¹ Table 1 below shows the overall health expenditure and the financing scheme facilitating it in Nigeria between 2011–2018. The OOP is the largest source of health funding in Nigeria when compared to other sources, including contributions from the Nigerian government. Reliance on OOP has severely impeded the ability of underprivileged households to access and utilize essential healthcare services. Furthermore, Nigeria exhibits the highest ratio of OOP health expenditure to total health expenditure when compared to other African nations.³²

Table 1. Contributions to Financing Healthcare in Nigeria

Healthcare Financing Agents	Percentage Contributions (%)
Out of Pocket Payment	69
Federal Ministry of Health (FMoH)	7
Local Government Area (LGA) health Departments	6
State Ministries of Health (SMoH)	5
Health Maintenance Organizations (HMOs)	4
Other Federal Agencies	4
Non-governmental organizations (NGOs)	3
National Health Insurance Scheme	2

Sources: Ichoku and Fonta (2019),³² Aregbeshola et al. (2018)³¹

The OOP is unsustainable, and it's unbearable for the majority of the country's population. The current economic reality and the state of the Nigerian health care system make it practically impossible for over 133 million people living in multidimensional poverty as of 2022, according to the Nigerian National Bureau of Statistics (NBS), to access healthcare.³³

National Health Insurance Scheme (NHIS): NHIS is a public insurance scheme and an initiative of the federal government to increase universal health coverage and reduce health financing burden. The insurance scheme has not grown rapidly enough since it began to operate to offer a substantial amount of coverage. A 2008 World Bank survey indicated that less than one percent of the population is covered by NHIS³⁴ The insurance scheme has received a lot of criticism because a large number of people are left out and do not benefit from it. The fact that the NHIS is voluntary under the legislation that established it has been noted as one of the reasons why many Nigerians do not use it.³⁵

Concerns about the effectiveness of the NHIS have also been raised about its low funding, medical staff shortage, poor facilities, and lack of awareness of the scheme.^{36 37 38} Additionally, some parties have voiced concerns about bureaucracy and subpar management as some of the challenges of the scheme.³⁹

Private Health Insurance (PHI): Health coverage plans that are managed by private entities, as opposed to state-run programs. In Nigeria, such plans are available through various private insurers, commonly referred to as Health Maintenance Organizations (HMOs). The NHIS management states that around 60 HMOs are NHIS-accredited nationally.⁴⁰ These private plans typically offer a wider range of services and coverage than what is included in the national public health insurance schemes. Although less than 3% of the Nigerian population is under the private health insurance (PHI).⁴¹ It is designed for those who can pay higher premiums. Therefore, it is less affordable for many Nigerians.

For example, Community-Based Health Insurance (CBHI) is a kind of private health coverage in which members of a community contribute towards their medical treatment.⁴² CBHI is often employed in low- and middle-income countries (LMICs) to meet the healthcare requirements of informal workers and rural residents who frequently do not have access to other health insurance programs.⁴² However, CBHI faces challenges like adverse selection, low participation rates, and member retention issues, resulting in limited fund pooling and risk-sharing akin to voluntary insurance programs.⁴³ Inadequate funding in CBHI also leads to sustainability issues and significant administrative expenses. The poorest people of the community might not be able to afford the premiums, even if CBHI offers the potential to lower out-of-pocket (OOP) spending.

International aid: Foreign donations through aid, primarily in the form of grants, have supported the sustainability of the primary health care system in countries like Nigeria with limited domestic resources. These aids enable vital interventions aimed at creating and managing diseases such as Malaria, Tuberculosis (TB), and HIV/AIDS).⁴⁴ Beyond funding, the international counterpart provides technical assistance, and collaborative initiatives contribute to strengthening health systems and expanding service coverage. The donations have been essential in improving health outcomes.

The Nigerian health sector receives significant attention from international donor agencies and governments, and it relies on sustained foreign support.¹⁹ Nigerian healthcare is greatly impacted by foreign donations, which support medical professional training programs, increase the efficiency of frontline staff, and encourage cooperation with local government to create evidence-based policy.¹⁹

International agencies such as WHO, USAID, UNICEF, etc, have been instrumental in financing support for the PHC system in Nigeria. These funds are also used in various aspects of the health system. It contributes significantly to the availability of medications for prevalent diseases, diagnostic tools, and testing kits.¹⁹

The major challenge associated with this means of financing is the endemic corruption. This corruption has patterns like simulated manifests from misdiagnosis of illnesses, diversion of medical supplies and kits, and overworking of limited health workers available without adequate compensation.⁴⁵

Relevance of Financing Schemes

Financing schemes in primary health care (PHC) are essential for ensuring equitable access to healthcare services. Disparities in healthcare access are a global issue. Financing schemes play an important role in reducing disparities by providing financial resources to expand service coverage, improve infrastructure, and subsidize healthcare costs for vulnerable populations. It provides resources for research, technology adoption, and capacity building, enabling healthcare providers to innovate and implement evidence-based practices. Olaniyan et. al. highlighted some of the benefits, which include enhanced innovation, quality improvement, patient-centered care, and health system performance.⁴⁶

Ultimately, financing schemes are integral to the success of primary healthcare by addressing disparities in healthcare access and enhancing health outcomes. As Nigeria strives to achieve universal health coverage, investment in equitable and sustainable financing mechanisms for PHC is essential for building robust health systems.⁴⁶

Challenges in Implementing Financing Schemes

Implementing financing schemes in primary health care (PHC) is often fraught with challenges that can hinder their effectiveness and impact.

Typically, in Nigeria, the federal and state governments' health budgets often take a very small percentage of the whole budget, which usually negative impact on policies, projects, and resources. Studies have shown that budgetary limitations also pose significant challenges to the implementation of financing schemes in PHC.⁴⁷ It can be argued that economic instability may limit the government's funds available for healthcare investment, since the country's economy relies on crude oil sales. Proposed strategies to address fiscal constraints may include increasing domestic resource mobilization, improving budget allocation processes, and advocating for increased investment in PHC as a priority for sustainable development.⁴⁸

Equity and transparency are essential principles in the design and implementation of financing schemes to ensure fair and accountable resource allocation. Exclusion of the underserved, lack of transparency in funding allocation to PHC locations can undermine the effectiveness of financing schemes. A few methods to measure and ensure equity and transparency include conducting needs assessments, implementing performance-based financing mechanisms, and accountability mechanisms through oversight and monitoring.⁴⁶

Corruption and mismanagement pose significant threats to the effectiveness and integrity of financing schemes, leading to waste, inefficiency, and diversion of resources away from intended beneficiaries. It can be said that these challenges arise due to weak governance structures, inadequate regulatory frameworks, and a lack of accountability. By strengthening and enforcing the current anti-corruption laws, promoting transparency and accountability in procurement processes, corruption and mismanagement can be mitigated.⁴⁹ Addressing the challenges in implementing financing schemes is essential for maximizing their impact on improving access to quality healthcare services.

Policy Recommendations for Improving Health Services at the Primary Level

Improving health services at the primary care level is essential for promoting population health and achieving universal health coverage.

- Increase government funding for primary health care: Adequate, consistent, and sustainable funding is critical for an effective and functioning primary health care system. The government should consider the Abuja Declaration, pledged by the heads of state of African

Union countries. The heads of state set a target of *allocating at least 15% of their annual budget to improve the health sector*.⁵¹ The full implementation of the provisions of the National Health Act, which mandates the allocation of funds to the Basic Health Care Provision Fund (BHCPF).

- Strengthen the National Health Insurance Scheme (NHIS): The NHIS has the potential to reduce the burden of out-of-pocket payments and provide financial protection to Nigerians. However, it has no impact on the general population due to low enrolment rates and inadequate coverage. The government should aim to expand the NHIS's coverage, particularly in rural areas, and increase awareness.
- Promote public-private partnerships (PPPs): Collaborating with private sector entities, such as private health insurance providers (HMOs) and non-governmental organizations (NGOs), can help bridge the gap in healthcare delivery and financing.
- Monitoring and evaluation: Regulatory frameworks should be strengthened. Updating the current and enforcing standards, licensing requirements, and accreditation processes for primary care locations and health providers. Olakunde also mentioned that establishing regulatory bodies, conducting regular inspections, and providing training and support to health providers can improve oversight and compliance with standards.⁴²
- Promote community engagement: Involving local communities in the planning and monitoring of primary care services and locations can increase utilization. This involvement can give rise to health committees within communities. Feedback from these committees can provide insights and ensure that services are provided to the specific needs of each community.
- Enhance data collection and monitoring: Effective policymaking and resource allocation require reliable data on health indicators, expenditures, and service utilization. This process can help identify gaps, track progress, and inform evidence-based decisions.
- Technology in healthcare: The adoption and integration of technology-enabled solutions in primary care should be a priority. This includes telehealth, data privacy protection measures, and capacity building. Technology will improve access, efficiency, and quality of primary care services.⁵¹
- Health workforce. A well-trained and adequately supported health workforce is critical for delivering quality primary care services and responding to evolving health needs. Governments should prioritize investment in health workforce development by expanding training programs and providing continuous professional development opportunities.

Conclusion

This opinion review has examined Nigeria's early-stage primary health care (PHC) and methods of financing. By unpacking the persistent policy-to-practice breakdown, we've seen that strong frameworks like the National Health Act and BHCPF remain unrealized due to fragmented governance, poor fund coordination, infrastructure decay, and weak accountability mechanisms.

It has been shown that health policies alone from the central government are not enough. For health financing to be sustainable at the primary care level, systems must be designed to deliver at the grassroots level. This means coordination, empowering facilities with budgeting and technology tools, infrastructure, health workforce, and ensuring equitable distribution based on local needs. Only by focusing on execution and implementation can we unlock the potential of financing reforms to reach the ward level. Taking the practical recommendations proposed in this article offers hope for ensuring that PHC funds effectively reach facilities, touch lives, and move the country closer to universal health coverage.

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