Towards a resilient health system for Nigeria

On behalf of

Dr. Ado J. G. Muhammad, OON
Executive Director, NPHCDA

By

Dr. Mahmud Mustafa
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

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

**SOURCE:** FMoH health sector performance 2013
Despite the poor indices, there are hopes with the recent gains in the health sector

- 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

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

**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

**Last 6 months**

- 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

**Next 6 months**

- States transition to a model where the state takes responsibility for **directly delivering vaccines to health facilities**
- ~70% of wards equipped with CCE
- Leverage national storage capacity from warehouse in a box as pilot platform for broader integration
- Define used cases of last-mile visibility solutions for a VAN project
Visibility Analytic Network project will be our integration platform for data and technologies

- Visibility and analytics network (VAN) will integrate dashboard with Navision ERP and shelve data into DHIS
- Last mile solutions include
  - Technologies
  - Outsourcing of distribution and transportation of goods (3PLs for push plus deliveries and reverse logistics)
  - Expansion of storage capacity with PPM in place
  - Remote temperature monitoring etc
  - Supply chain leaders
  - Integration of products
# Challenges and opportunities

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<tr>
<th>Challenges</th>
<th>Opportunities</th>
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<td>▪ Dwindling national income and insecurity</td>
<td>▪ National and international goodwill arising from the interruption of polio transmission</td>
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<td>▪ Sub-optimal coverage for health services</td>
<td>▪ Change mantra with new leadership focused on transparency and accountability</td>
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<td>▪ Poor physical and financial access to care</td>
<td>▪ 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)</td>
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<td>▪ Persistent challenges in the adequacy and distribution of the Health Work Force</td>
<td>▪ Amendment to the NHIS act to make insurance mandatory</td>
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<td>▪ Mismatch between resource allocation, spending and burden of disease and low accountability</td>
<td>▪ Operations research</td>
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<td>▪ Inequities continue to persist</td>
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<td>▪ Interoperability</td>
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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!