**NIGERIA**

2016 IHP+ MONITORING ROUND

National performance review

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (13 DPs out of 24 participated), civil society organisations (18 CSOs participated) and private sector representatives (8 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). Where relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.net/nigeria

### NATIONAL HEALTH EXPENDITURE

Total health expenditure per capita: **$117.52**

Sources of national health expenditure:

- **DOMESTIC** 93%
- **PUBLIC** 25%
- **PRIVATE** 75%
- **EXTERNAL** 7%

Source: WHO, National Health Accounts 2014

### COMMITMENT

**TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY**

**PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY**

- **DPs** 100%
- **CSOs**
- **PS**

Alignment of support against the Health Sector Strategy:

- 100% of participating DPs confirm they align their support with the national (or sub-national /sector) Health Sector Strategy.

Was the national health sector plan jointly assessed?

- **Target: 100%**

Stakeholders that supported the joint assessment:

- **DPs** 100%

### MUTUAL ACCOUNTABILITY IS STRENGTHENED

A national M&E plan for the National Health Strategy exists?

- **Target: 100%**

38% of participating DPs only use national health sector indicators to monitor their support.

- **Target: 100%**

77% of participating DPs confirm they participated in the mutual accountability processes.

Only the UN agencies and CDC reportedly use national health sector indicators. M&E processes include Joint Annual Reviews, Accountability Framework, Health Partners Coordinating Committee, etc.

### HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE

Government funds disbursed according to agreed schedules:

- **2005/07** 47%
- **2010/11** 91%
- **2012/13** 54%
- **2014/15** 100%

DP funds disbursed to the government according to agreed schedules:

- **2005/07** 96%
- **2010/11** 91%
- **2012/13** 45%
- **2014/15**

#### Predictability of funds for the future

**Rolling 3 year budget or Mid-Term Expenditure Framework in place:**

- **2005/07**
- **2010/11** ✓
- **2012/13** ✓
- **2014/2015** ✗

23% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

There is presently NO rolling 3 year budget or MTEF in place although there was one between 2010 and 2013. There is also plan to develop a new MTEF.

### HEALTH AID IS ON BUDGET

% of DP funds reported on budget:

- **2014/15** 5%
- **2012/13** 0%
- **2010/11**?

Target: 100%

#### LEGEND

- **Data colour codes**
  - Government
  - Private Sector
  - Did not participate in monitoring round
  - Development Partners
  - Civil Society
  - Unknown or not applicable

- **Symbols**
  - Yes
  - No
COMMITMENT
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS

PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Are PFM systems of sufficiently good quality?

<table>
<thead>
<tr>
<th>Year</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>2005</td>
<td>3</td>
</tr>
<tr>
<td>2010</td>
<td>3</td>
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<tr>
<td>2012</td>
<td>3</td>
</tr>
<tr>
<td>2014</td>
<td>3</td>
</tr>
</tbody>
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85% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

5 DPs reported on the use of PFM systems (WB, UNICEF, UNFPA, WHO and CDC) and only UNFPA, WHO and CDC actually use the PFM system. PFM systems are less used when the CPIA score is under 3.5, unless to strengthen the system.

PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

A government plan for national procurement and supply exist? 23%

23% of participating DPs use the national procurement and supply systems.

85% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

Only the World Bank and UN agencies use the national procurement system.

TECHNICAL SUPPORT IS CoORDInATED AND SOUTh-SOUTh COOPERATION SUPPORTS LEARNING

An agreed national TA plan exists? NA

46% of participating DPs provide TA in line with the national plan.

92% of participating DPs support South-South cooperation.

Does the Ministry of Health benefit from south-south cooperation? Sometimes

As there is no agreed national TA plan, DPs provide TA accordingly to bilaterally agreed plans.

COMMITMENT
TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR

CIVIL SOCIETY ORGANISATIONS ENGAGEMENT

What space does the government provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)

- 72% of CSOs confirm they are consulted
- 72% of CSOs receive financial resources
- 69% of CSOs receive training support

How effectively is the participation of CSOs in national health policy processes supported by development partners? (Sources: DP qualitative surveys and CSO online survey)

- 77% of DPs consult CSOs when developing their cooperation programme
- 46% of DPs provide financial resources
- 46% of DPs provide technical assistance
- 77% of DPs consult CSOs when developing their cooperation programme
- 46% of DPs provide financial resources
- 46% of DPs provide technical assistance

PRIVATE SECTOR ENGAGEMENT

The Nigerian Government, especially at the federal level, engages with the private sector in health policy processes, but not necessarily at every stage, and often not early enough.

Nigeria has several membership organisations for health professionals based on factors such as profession, specialty, and special interest: Most organisations have subgroups/affiliates focusing on private sector members exclusively.

Separate regulatory bodies, backed up by national laws, exist for each health professional group; the private sector is represented in most regulatory bodies.

The private sector rarely shares information with the MoH, except service data.

The national legal and regulatory environment is highly conducive to maximising private sector contributions to national health policy. Private sector organisations have the freedom to organise themselves, and individuals who want to establish new groups are free to do so.

Greater openness and more consistent interaction between the government and private sector can improve private sector engagement with policy.