



# **REIMAGINING THE FUTURE OF HEALTH FINANCING IN NIGERIA**

Sept 1-4, 2025

## INTRODUCTION

The National Health Financing Dialogue (NHFD) convened in Abuja from 1–4 September 2025, bringing together Nigerian leaders, subnational representatives, civil society, academia, media, private sector players, and development partners. The Dialogue provided a platform to chart sustainable health financing reforms under Nigeria’s Renewed Hope Agenda, aiming to reduce out-of-pocket spending, expand insurance coverage, and strengthen accountability.

## DAY 1

### CIVIL SOCIETY AND MEDIA PRESENTATION

**THEME:** Enhancing Advocacy and Accountability Mechanisms to Drive Healthcare Financing

### OPENING HIGHLIGHTS

The State Minister for Health, Dr Iziaq Adekunle Salako, opened the Dialogue, reaffirming Nigeria’s commitment to UHC through stronger domestic resource mobilization and reduced donor dependence. He highlighted rising health budget allocations and key reforms, including expanded health insurance for the poor and vulnerable. He called on stakeholders to drive innovative, efficient, and accountable financing strategies to ensure all Nigerians access quality healthcare without financial hardship.

Dr. Kelechi Ohiri’s keynote, stressing Nigeria’s urgent need to reduce reliance on donor funding, tackle high out-of-pocket expenditures, and align all resources—domestic and external—with national priorities.

The Coordinating Minister of Health and Social Welfare delivered a strong message on ongoing reforms to improve access to healthcare, particularly at the state level, and underscored the importance of increasing financing for Primary Health Care (PHC). He emphasized that every naira must count and that reforms must be evidence-driven and equitable.



### SPEAKERS

- Dr. Iziaq Adekunle Salako (Minister of State for Health) emphasized domestic resource mobilization and reduced donor dependence.
- Dr. Kelechi Ohiri (DG, NHIA) stressed aligning domestic and external resources with national priorities.
- Civil society leaders, youth representatives, and media stakeholders discussed roles in driving accountability.



### HIGHLIGHTS

- CSOs promoted participatory budgeting, expenditure tracking, and inclusion of women and youth.
- Media emphasized simplifying technical language and strengthening government–media collaboration.
- HTA (Health Technology Assessment) was introduced as a national tool for evidence-based priority setting.



## KEY TAKEAWAYS

- Whole-of-society approach: Sustainable health financing requires contributions from government, CSOs, media, academia, and development partners.
- Commitment to accountability: Stakeholders pledged to strengthen transparency, equity, and citizen engagement in financing.
- Momentum for reform: Day 1 laid a strong foundation for advancing the Health Sector Renewal Investment Initiative (HSRII), setting the tone for people-centred, results-driven reforms.

## DAY 2

### EVIDENCE AND PRIVATE SECTOR ENGAGEMENT

**THEME:** Strengthening Evidence for Policy & Unlocking Private Sector Investment

### OPENING HIGHLIGHTS

Day 2 built on the foundation laid during the first day, shifting the focus to two critical themes: the role of evidence in shaping more innovative health financing policies and unlocking private sector participation to crowd in additional resources.



## SPEAKERS

- Prof. John Ataguba (AfHEA) showed that over 70% of health spending remains out-of-pocket.
- Dr. Robert Marten (WHO) shared lessons on bridging research and policymaking.
- Private sector leaders (NSIA, Bank of Industry, NAFDAC) highlighted opportunities in manufacturing, PPPs, and innovative financing.



## HIGHLIGHTS

- Calls to bridge the “know-do gap” and embed research in decision-making.
- Emphasis on health as an economic value chain, not just a cost center.
- Lancet Commission’s “50 by 50” goal (halving premature deaths by 2050) was presented.



## KEY TAKEAWAYS

- Evidence and academia: Critical to designing smarter, more equitable, and efficient policies.
- Private sector: An indispensable partner in mobilising domestic resources, innovation, and sustainable financing models.
- Whole-of-society approach: Continued emphasis on collaboration between government, academia, private sector, civil society, and development partners.
- Momentum for reform: Day 2 reinforced Nigeria’s vision of a resilient, accountable, and people-centred health system.

## DAY 3

# TURNING COMMITMENTS INTO TANGIBLE IMPACT

## **THEME: Subnational Action and Collaboration & Strategic Investments Amid ODA Transition**

### OPENING HIGHLIGHTS

Day 3 shifted focus to the subnational level under the theme “Turning Health Commitments into Tangible Impact through Government Action and Partner Collaboration.” The sessions examined how states, local governments, and State Social Health Insurance Agencies (SSHIA) can translate health financing reforms into real improvements in service delivery and financial protection for citizens.



### SPEAKERS

- Hon. Amos Magaji (Chair, House Committee on Health Services) called for political will to strengthen grassroots service delivery.
- ALGON & SSHIA shared progress on enrolment and financing but highlighted gaps in fiscal commitment.
- Development partners (World Bank, WHO, GAVI, GF, AfDB) discussed aid transition strategies and the SWAp (Sector-Wide Approach).



### HIGHLIGHTS

- **Landmark Policy Directive** - The day concluded with a significant announcement: Presidential Directive mandating full enforcement of the NHIA Act 2022, requiring all employers and MDAs to enroll staff in NHIA-accredited health insurance plans, and linking compliance to procurement and licensing. This directive is expected to rapidly expand coverage, reduce catastrophic costs, and strengthen accountability across sectors.
- BHC PF: ₦194 billion disbursed to 8,300 facilities; 2.6 million Nigerians covered. Gaps persist in counterpart funding and per capita PHC spending (~\$7 vs. \$30 benchmark).
- SSHIA critical to reducing OOP costs, but constrained by weak enforcement and limited benefits.
- Presidential directive mandated enforcement of the NHIA Act 2022, linking insurance compliance to procurement and licensing.



### KEY TAKEAWAYS

- Subnational governments and LGAs are central to achieving UHC.
- ODA must evolve into catalytic, government-aligned support.
- **NHIA Act enforcement is a bold step to institutionalize mandatory insurance.**

## DAY 4

# BUILDING A SUSTAINABLE HEALTH FINANCING ARCHITECTURE

**THEME:** From Commitments to Implementation Under the Renewed Hope Agenda

## OPENING HIGHLIGHTS

Day 4 marked a pivotal moment in Nigeria's journey to build a sustainable and inclusive health financing system. In his keynote, Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare, emphasized that the Dialogue must move from words to measurable action, turning momentum into lasting gains for every Nigerian.



## SPEAKERS

- Prof. Muhammad Ali Pate (Coordinating Minister of Health) urged turning dialogue into measurable action.
- **Dr. Donald Kaberuka (AU Special Envoy to Mobilise International Economic Support for Continental Fight Against COVID-19) framed Nigeria's reforms as critical for Africa, stressing health financing as a sovereign, political, and economic priority.**
- Minister of Budget and Economic Planning and National Assembly leaders outlined fiscal reforms and legislative commitments.



## HIGHLIGHTS

- Fiscal reforms (subsidy removal, stronger reserves, taxation) are creating fiscal space for health
- Over 20 million Nigerians enrolled in insurance; target set for 44 million by 2030.
- New health taxes (tobacco, alcohol, sugary drinks) presented as "double wins" for health and revenue.
- Development partners reaffirmed that Nigeria's success would anchor Africa's progress.



## KEY TAKEAWAYS

- Fiscal and macroeconomic reforms are unlocking health investment.
- Accountability frameworks (scorecards, dashboards) are critical for transparency.
- Nigeria's leadership will set the pace for Africa's health financing reforms.
- Implementation is now the priority, ensuring increased allocations translate into stronger services and equitable outcomes.

