**Implementing Health Financing Reforms in Nigeria: A case study on the Basic Healthcare Provision Fund (BHCPF)**

**Background**

## Nigeria’s health system is structured like her constitutional governance system with diverse stakeholders that showcase mixed interests. Considering these complexities, policy makers, health care providers and major stakeholders have been saddled with the challenge of improving the performance of the health system. A number of health reforms have been implemented, but these efforts and investments have failed to demonstrate commensurate returns on investments. Despite these investments, Nigeria has experienced incremental out-of-pocket health expenditure and as at the last estimate in 2016, out-of-pocket household spending was very high at an average of 69.7% of total health expenditure compared to the global benchmark of 30-40%. To respond to these systemic challenges, the National Health Act (NHAct) was enacted in 2014. The Act provides for a BHCPF to be used for the strategic purchase of a Basic Minimum Package of Health Services; it further prescribes a coordination framework for the National Health System.

## Aim

## To assess and analyze the feasibility of strategies for implementing the BHCPF.

## Objectives

## To identify and analyze the main factors impacting on the implementation of the BHCPF

## Propose recommendations to fast track the implementation of the BHCPF.

## Method

## Key respondents were interviewed using a semi structured tool. Respondents were purposively selected to reflect the different stakeholders at each level of implementation of the BHCPF- (FMOH, NPHCDA, NHIS, Federal Ministry of Finance, Ministry of Budget and National Planning), Media group, State government institutions (SMOH, SPHCDA, SSHIS, State Ministry of Finance, Ministry of Local Government); Local Government Health Authorities, Health workers, key officers of the facility development committees, Development Partners and Donors, CSOs, and Community members.

## Key findings

## Findings reveal health systems issues that predate the enactment of the Act; the strategies developed to respond to these issues seem fit for purpose but the current approach for operationalizing these strategies has rather than contribute to revamping the system, thrown up thorny policy issues and political interferences in the health system. Clear interpretation of the provisions of the Act for actors in the system may be very valuable. Political interference somewhat contributed to the delays and mistrusts in financing the BHCPF using donor and government resources.

## Conclusion

## The key challenges that contributed to the delays and non-implementation of the BHCPF should be addressed. The identified challenges include, issues of transparency, poor understanding of the mandates of key officers, political interference, and non-release of government commitment to the BHCPF.