

**Health
Policy
Dialogue**

DISRUPTING HEALTH CARE

PPPs as a Model Adoption for Health System Strengthening in Nigeria

**11th April 2019 | Radisson Blu Hotel, Plot 38/40 Isaac John Street,
GRA Ikeja, Lagos. | 8:00a.m. – 3:40p.m.**



S P E A K E R S

Voke Oshevire, JNCI | Anthony Abou Nader, Tanit Medical Engineering | Abiodun Amokomowo, Ibile Holdings | Felix Ezeh, GroFin | Dr. Olaokun Soyinka, Saving One Million Lives | Dr. Ola Brown, Flying Doctors | Femi Akingbade, NHIS | Dr. Jide Idris, Lagos State Ministry of Health | Prof. Chris Bode, LUTH | Dr. Oyebanji Filani, FMOH | Engr. Chidi Izuwah, Infrastructure Concession Regulatory Commission | Wale Adebawale, Sterling Bank | Michael Oye, Bol | Tayo Lawal, Lagos PHCB | Clare Omatseye, Healthcare Federation of Nigeria/JNCI | Dr. Ben Nkechika, Delta State Contributory Health Commission | Njide Ndili, PharmAccess Foundation | Dr. Emeka Eze, Toronto Hospital

#PHC4AllNaija | The Report

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PharmAccess Foundation is part of the PharmAccess Group. PharmAccess mobilises public and private resources for the benefit of healthcare providers and patients through a combination of health insurance, loans to healthcare providers, quality standards, provider services, and mHealth innovations that are tested in the PharmAccess mHealth lab. Our goal is to provide technical assistance to states seeking to operationalize their mandatory health insurance law; deepen engagements with federal and state Ministries of Health and primary healthcare development agencies to scale SafeCare methodology in Nigeria; leverage on the digital and mobile technology innovations to achieve scale; work with the state government to design and roll out the Access to Finance Scheme for Health SMEs under a Public-Private Partnership (PPP) arrangement.

www.pharmaccess.org



Nigeria Health Watch is a platform managed by the Health Watch Foundation – a non-profit organisation that uses informed advocacy and communication to seek better access to healthcare in Nigeria. We have dual strengths in health and communication and we have a strong social ethos that underscores all our activities.

We seek to amplify some of the great work being done in the Nigerian health sector, challenge the bad and create a space for positive ideas and action. Through our various platforms, Nigeria Health Watch provides informed commentary and in-depth analysis of health issues in Nigeria, always in good conscience. We are not afraid to take on the difficult topics that many commentators choose to ignore. Our reach is wider than ever and our 'voice' is recognised across the sector as a strong advocate for the improvement of the health sector in Nigeria.

nigeriahealthwatch.com



JNC International Limited is a leading turnkey medical equipment service and solutions company in Nigeria. Our competences are noticeable throughout the healthcare space in Nigeria as we constantly look to improve and provide quality and affordable solutions for desired need through our innovative strategies for solutions delivery.

www.jnciltd.com



Tanit Medical Engineering Limited, a subsidiary of TANIT Group, was founded in Nigeria in 2003. We provide services and turnkey projects to provide complete healthcare solutions. We are specialists in the healthcare business; namely the marketing, the selling and the servicing of medical equipment, biotechnology and pharmaceuticals.

www.tanitgroup.com



Sterling Bank Plc 'Your one-customer bank' is a full service national commercial bank in Nigeria. Our vision is to be the financial institution of choice. Specifically, we deliver solutions that enhance stakeholders' value. Join us in our journey to improve healthcare delivery infrastructure, access to medical technology and technical capacity across the health sector in Nigeria.

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A Dialogue of Ideas and Action for the Nigerian Health Sector

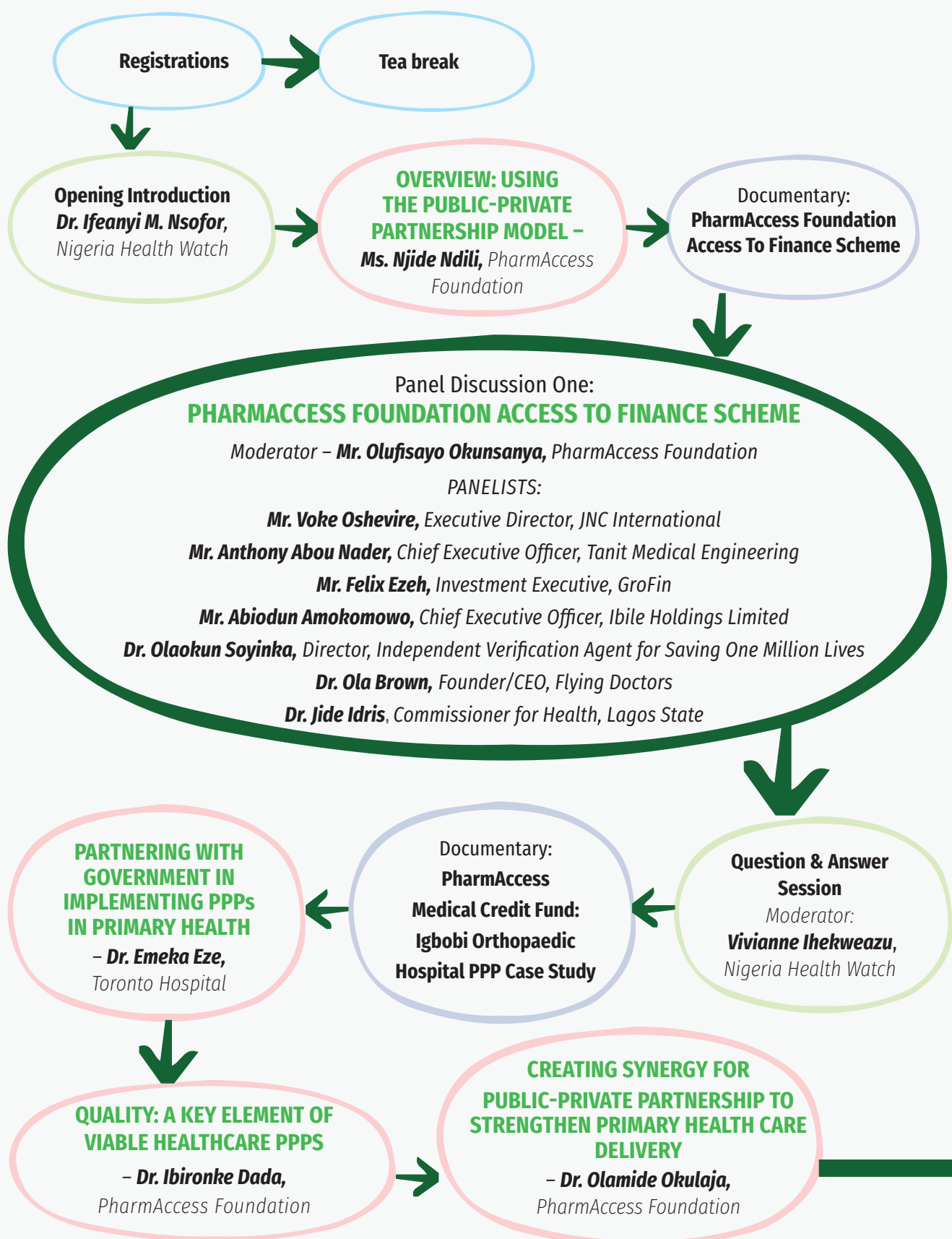
The health policy dialogue titled ***'Disrupting Health Care: PPPs as a Model Adoption for Health System Strengthening'*** demonstrated how public-private partnerships (PPPs) could be used as a model to invest in healthcare infrastructure, and therefore enable governments to allocate scarce capital resources more effectively, improve health outcomes, and foster economic growth by reducing medical tourism. The aim of the policy dialogue was to have a wider discussion, gather a broader view of private sector engagement in healthcare and highlight ensuing benefits to the concerned entities. The breakfast-styled meeting brought together people that were seeking innovative approaches to engaging with the health sector and those with experience having engaged in PPP arrangements in the healthcare sector. Nigeria Health Watch worked with PharmAccess to identify stakeholders

from states that had entered into PPP arrangements. Speakers and panelists came from existing financial institutions that had partnered with PharmAccess Foundation and the Medical Credit Fund; Bank of Industry (BoI), GroFin and Sterling Bank. Stakeholders were drawn from the state and federal healthcare institutions where PharmAccess Foundation had partnered in PPPs to improve healthcare delivery, especially in states that needed to adopt different approaches following previous experiences. Delegates included individuals working in clinics, hospitals, academic institutions, government ministries, departments, and agencies, academic institutions and NGOs in Nigeria. Other speakers and delegates included CMDs and Directors from secondary and tertiary healthcare facilities, PharmAccess partners, State Commissioners for Health, Federal and State Directors of the office of Public-Private-Partnership. The forum which took place in Lagos

featured two moderated panel discussions with the talks curated using audio-visual support. Partners brought their success stories and critical lessons learnt and shared same for better insight. The policy dialogue highlighted the importance of a multi-stakeholder approach in developing innovative models to maximise efficiency and access to quality health care. Opportunities available in equipment financing and leasing were discussed. Illustrations on how PPP approaches could be integrated into current healthcare delivery in Nigeria were made. Specific challenges were identified, successful existing models brought to the fore, possibilities of scaling-up such models outlined, and stiff and unwarranted policies that were detrimental to healthcare were highlighted and solutions proffered. In summary, ideas were shared and people were inspired to adopt PPPs as a possible model to strengthen health systems in Nigeria.



AT A GLANCE: SESSION-BY-SESSION



AT A GLANCE: SESSION-BY-SESSION

Merged Panel Discussions Two & Three:

GOVERNMENT AND THE PRIVATE SECTOR: LEVERAGING ON THE OPPORTUNITIES

Moderator - **Dr Ifeanyi Nsofor**, Nigeria Health Watch

PANELISTS:

Mr. Femi Akingbade, Zonal Coordinator, NHIS

Dr. Jide Idris, Commissioner for Health, Lagos State

Prof. Chris Bode, Chief Medical Director, Lagos University Teaching Hospital

Dr. Oyebanji Filani, Senior Technical Assistant to the Hon. Minister for Health

Engr. Chidi Izuwah, Director General/CEO, Infrastructure Concession Regulatory Commission

CREATING SYNERGY FOR PUBLIC-PRIVATE PARTNERSHIPS TO STRENGTHEN PRIMARY HEALTH CARE DELIVERY

Moderator - **Dr. Olamide Okulaja**, PharmAccess Foundation

PANELISTS:

Wale Adebawale, Head, Health Desk, Sterling Bank

Michael Oye, Project Manager, Bank of Industry (BoI)

Tayo Lawal, Permanent Secretary, Lagos Primary Health Care Board

Clare Omatseye, President, Healthcare Federation of Nigeria

Dr. Ben Nkechika, Director General, Delta State

Contributory Health Commission

Question & Answer Session

Moderator:

Vivianne Ihekweazu,
Nigeria Health Watch

Call-to-Action

Dr. Ifeanyi M. Nsofor,
Nigeria Health Watch

Closing Remark

Atinuke Alegbe,
Nigeria Health Watch

Photos/Lunch



**DR. IFEANYI
NSOFOR**

*Nigeria Health
Watch*

**Like any other
business, the
healthcare sector
in Nigeria stands
to benefit from
practices that
drive innovation
and growth.**

**Health is a
business.
It is not just a
social service.
Health cannot
be anything
but quality.**



2018 OVERVIEW HIGHLIGHTS

\$17,543

Average Loan Size

\$51m

Cumulative
Disbursed Amount

2,930

Loans Disbursed

1,446

Healthcare facilities
Reached

19

Financial Partners

1,223

SafeCare Assessments

IN PLACE...

The Medical Credit Fund Approach



Providing loans at
competitive interest
rates to improve
healthcare facilities



Persuading banks to
lend to the health
sector



Supporting clinics
to become (more)
bankable

97%

Loan Repayment
Performance

Using the Public-Private Partnership Model

Ms. NJIDE NDILI,
Country Director, PharmAccess Foundation

THE APPROACH

At PharmAccess Foundation, an integrated approach to tackling the challenges facing the health sector in Nigeria is deployed. This approach requires demand side interventions that are driven by technology, quality as epitomised by SafeCare, access to finance through Medical Credit Fund (MCF), research, capacity development and vertical programmes.

THE OUTLOOK

The ₦50bn budgeted for capital expenditure for healthcare is clearly not enough to cover the infrastructure gap in the industry. Public-Private partnerships (PPPs) will be strategic in covering the healthcare infrastructure gap in 2019 and beyond. The participation of the private sector is seen as a means to bring much-needed expertise and funding into the health sector

WHY EMBRACE PPPs?

In spite of the infrastructural gaps in the health care sector in Nigeria, the Federal Government allocated only about 3.95% of its budget to healthcare in 2018. Health expenditure per capita is also quite low, with Nigeria ranking lower than many African countries.

REVITALISING PHCs

The Access to Finance Scheme is geared towards revitalising non functional Primary Healthcare Centres (PHCs) through the involvement of the private sector.

PHARMACCESS PPP INITIATIVES

These have seen government support and buy-in from two states in Nigeria: Lagos and Delta. Loans to be disbursed will amount to \$5m. Over 68 defunct PHCs will be revitalised, equipped and SafeCare certified in both states with a population in excess of 27 million. Under secondary and tertiary health care categories, PharmAccess Foundation has facilitated the purchase of Siemens MRI and CT Scan for the Orthopaedic hospital via a PPP arrangement. PharmAccess Foundation also facilitated the setup of a diagnostic centre within the 450-bed National Orthopedic Hospital in Lagos State using a PPP model.

80%

of visits to
hospitals are for
primary healthcare
conditions

**DISRUPT THE HEALTH
CARE SECTOR IN A
POSITIVE WAY.**



Financing Health Care Transactions

OLUFISAYO OKUNSANYA,

Business Development Director, Medical Credit Fund, PharmAccess Foundation

TRUST

What drives the lending system? Trust - a firm belief in the reliability, truth, or ability of someone or something. Trust drives financial services. Trust drives lending. Trust is capital for the doctor and equipment supplier. When there is a breakdown in trust, everything falls apart, lending stops.

CONDITIONS THAT DEFINE PPPs

These include arrangements between public and private partners, provision of services for public benefit, investment and management of public assets by the private sector, time period for a clearly defined tenor, optimal risk sharing between contracting parties, focusing on standards of service and performance and payment linked to performance.

REQUIREMENTS FOR SUSTAINABLE PPPs

Strong and efficient operations, sufficient patient flow, proper funding mix, robust contracts, and proper social impact and health outcomes.

PARAMETERS FOR ASSESSING PPP PARTNERS

Income: The PPP contract must define the mode of collection of the income and specify the account in which the income from operations will be paid.

OPEX: Following the payment of taxes on revenue, the PPP must first cover the cost of operating expense, i.e. staff salaries and payments to suppliers to ensure sustainability of the project.

Debt service: The PPP must be able to pay back its loans.

Profits and dividends: Following the satisfaction of all other stakeholders, profits and dividends can be shared between the partners.

Health: assessed by looking at the organisation's balance sheet. Is the business doing well?



IF YOU WANT TO BE A GOOD PPP CANDIDATE, DON'T COME ALONE. FIND OTHER EXPERTS. COME TOGETHER IN A CONSORTIUM. THAT PROVIDES A BETTER CHANCE OF FUNDING. REMEMBER, THE STRENGTH OF THE PACK IS THE WOLF, AND THE STRENGTH OF THE WOLF, IS THE PACK.

Performance: assessed by looking at the cash flow projections of the organisation. Will the business do well going forward?

Capacity: Is there expertise to run the business successfully?

Governance: Is the governance strong enough to check the excesses of the business promoter?

Market: Does the market exist to support the business?

STAKEHOLDERS IN FINANCING A PPP HEALTHCARE TRANSACTION

Healthcare providers, equipment suppliers, design and construction team, finance partners, legal team, technical support team and government which acts as the conceding authority.



TO ENSURE THAT ADEQUATE DOMESTIC RESOURCES ARE ALLOCATED TO THE HEALTH SECTOR, DEDICATED ANALYTIC, POLICY AND ADVOCACY EFFORTS ARE REQUIRED.

Preparing a healthcare business for PPP transactions and financing

PHASE 1
Build Capacity



PHASE 2
Find the Right Partners



PHASE 3
Build Systems



PHASE 4
Keep Clean Records



PHASE 5
Confront Reality



PANEL DISCUSSION ONE >>>

THEME

PharmAccess Foundation Access To Finance Scheme



**VOKE
OSHEVIRE**

*JNC
International*

For us as a company, we realised that there was no way to make an impact in the Nigeria health sector without PPPs. There is a need to improve the quality of the patient experience. We must continue to do PPPs and must scale them up. Document experiences and showcase them to funders – as there is clear interest from traditional financial institutions.



**ANTHONY
ABOU NADER**

*Tanit Medical
Engineering*

The issue with funding comes down to trust and understanding healthcare as a business. Where is the revenue? What are the costs? What are the risks? There is a need to do due diligence – as a real business where a proper business plan needs to be developed. We need measures to allow people to redefine the sector because the Nigerian environment is not easy.



**FELIX
EZEH**

GroFin

Irrespective of what you do, if you are not healthy you cannot work. At GroFin, we choose health because it is the most important. A major issue of public-private partnerships is the role of government. State governments must begin to know their roles in bringing development.



**ABIODUN
AMOKOMOWO**

*Ibile
Holdings*

Nigerians need to see health as an essential service. We should create social solutions by partnering with the private sector for economic gains. Let's buy service in the health sector. Let's go with whoever is ready to provide the service. If we don't burn our fingers, we would not know where to put the plaster.



**DR. OLAOKUN
SOYINKA**

*Saving One
Million Lives*

For PPPs, the government needs to advocate within government. Government needs to get out of doing health care; they should be regulating it with proper mechanisms in place. Government needs to change the narrative to ensure that public-private partnerships do not just take service delivery to big hospitals but to everyone at the grassroots.



**DR. OLA
BROWN**

*Flying
Doctors*

We have not done enough advocacy for the Nigerian health sector. Other sectors leverage on relationships for advocacy and that's why we have government subsidising fuel, tax reduction, but no subsidy on health. One action point we can give ourselves is to start speaking to the right policy makers with a unified voice.



**DR. JIDE
IDRIS**

*Commissioner
for Health, Lagos*

About 64 slums in Lagos do not have access to healthcare facilities. The private sector has the capacity to improve healthcare in Nigeria. We should let them get involved under a proper arrangement. The health sector is changing. While disease patterns are changing, population is increasing. We cannot continue to do things the same way. We must encourage PPPs in health.



Partnering with Government in Implementing PPPs in Primary Health

DR. EMEKA EZE, *Toronto Hospital*



PharmAccess Foundation, Delta State Contributory Health Commission (DSCHC), Bank of Industry (BoI) and Toronto Hospital partnered to bring healthcare delivery closer to two communities - Oporoza and Polobubo - in Delta State.

The 1959-founded private sector hospital in Anambra State headed by Prince Dr. Emeka Eze, was willing to conquer barriers by fulfilling the World Health Organization (WHO) mandate of Universal Health Coverage (UHC). With a ready partner in DSCHC, led by Dr. Ben Nkechika and a capable financial house in BoI, that provided funding under an arrangement put together by PharmAccess Foundation, the 160-bed hospital has offered a health care that works in the two riverine communities.

Polobubo, unarguably the most remote and difficult to access community in Nigeria and Oporoza, the home of ex-Niger Delta warlord, Chief Government Ekpemudolo (a.k.a Tompolo) have active and functional health facilities that have helped to reduce mortality and morbidity coefficients in the communities.

Through this thriving PPP, the consortium was able to break medical boundaries and do the impossible by being psychologically poised. Hospital camps were set up in these communities and drug refills, surgical accessories and materials were transported by boat to the communities to achieve the outstanding numbers.

The secondary health facility in Oporoza was able to achieve 2,345 enrollment within two months while 2,630 cases were attended to. Polobubo had 2,639 enrollees within same period, with 3,909 cases attended to. In both communities, a total of 145 Caesarian Sections were performed, 52 minor surgeries carried out and 32 intermediate surgeries and appendectomy procedures were done. After years of healthcare isolation, joy and satisfaction has come to the communities.

DELTA STATE CONTRIBUTORY HEALTH INSURANCE SCHEME CREATED A MODEL THAT WAS INNOVATIVE AND BACKED UP WITH SUSTAINABLE LEGISLATIVE LAW. THE MODEL WAS A PPP IN HEALTH THAT HAD BEEN MADE SUSTAINABLE BECAUSE OF A BRILLIANT CONSORTIUM



DOCUMENTARY

PharmAccess Medical Credit Fund: Igboi Orthopaedic Hospital PPP



A couple of years ago, PharmAccess Foundation supported Crestview Radiology headed by Dr. Biodun Fatade to upgrade their facility inside the National Orthopaedic Hospital, Igboi, Lagos. Through the Medical Credit Fund (MCF), financing was made available for infrastructure refurbishment (architectural, engineering and civil works) and acquisition of an MRI machine.

For PharmAccess Foundation, this was about leveraging on existing infrastructure and systems to improve access to health care - to ultimately improve the quality of care. For Igboi Hospital, this PPP has helped to improve patient inflow, while also improving the professional practice. Waiting and treatment times for patients have been reduced as MRIs can now be done and necessary reviews made within reasonable time frames.

The outcome is a win-win situation for everybody: for PharmAccess Foundation, for the hospital, for the government and for the patients.

Quality: A Key Element of Viable Health Care PPPs

DR. IBIRONKE DADA,

Director of Quality, (Program Director, SafeCare) PharmAccess Foundation

BACKGROUND

Well-structured PPPs can create platforms for the private sector to deliver solutions to health challenges in developing countries. This can be achieved by improved quality and efficiency of public health services, a strong measurement and evaluation system – baselines and SMART KPIs and undergoing post-transaction monitoring by government.



PPP PROJECT LIFE CYCLE

The initial phase involves assessing PPP options and defining the transaction structure. Sequel to this, marketing to investors, preparing the PPP contract, conducting tender and closing are the processes for the critical final transaction structuring phase.

HEALTH SERVICE DELIVERY

It is the government's purview to ensure health care services provided are of the appropriate quality standard. But weak contract

management and oversight by often weak government institutions are underlying issues in improving healthcare delivery.

QUALITY

This is the degree of excellence as measured against standards. It is also the extent to which an organisation meets clients' needs and exceeds their expectations. It involves doing the right thing, the first time and 'providing the right care for every person, every time.'

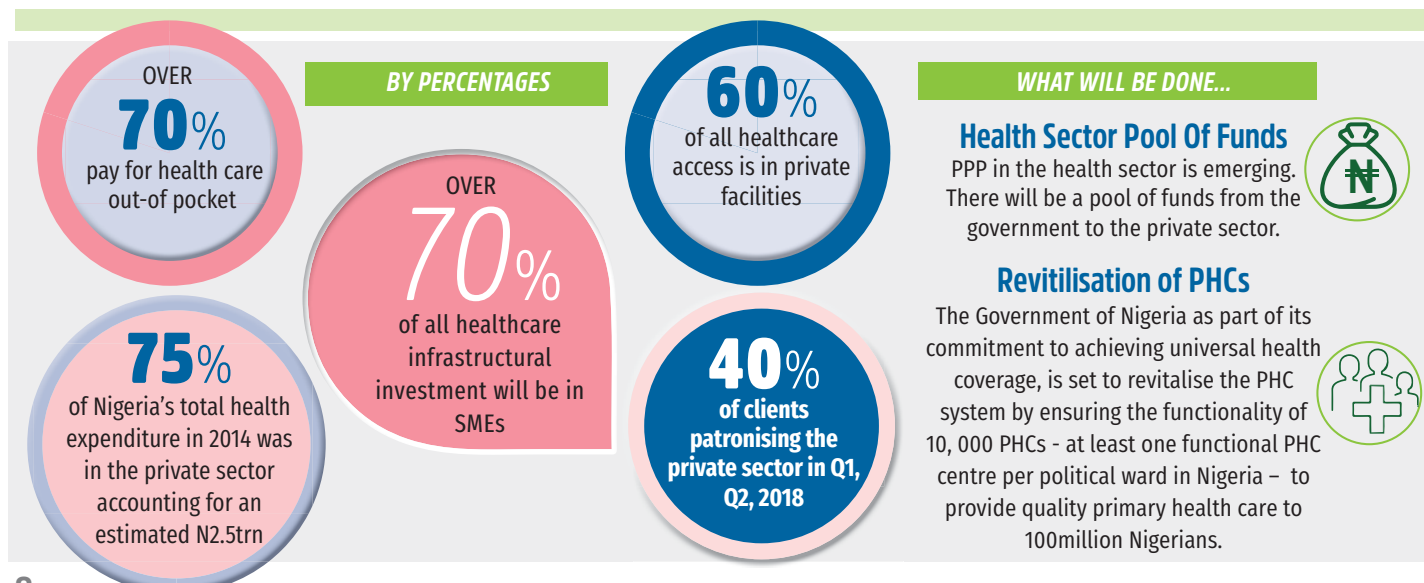
DIMENSIONS OF QUALITY

All health PPP projects must consider the dimensions of quality.

Client: Effectiveness, accessibility, interpersonal relations, continuity, and amenities

Health Service Provider: Technical competence, effectiveness and safety

Healthcare Manager: Access, effectiveness, technical competence, and efficiency are the most important dimensions of quality.





FINANCING IS NOT THE ONLY PROBLEM OF HEALTH CARE IN NIGERIA. HOWEVER, IF WE FIX FINANCING, WE WILL REVERSE THE BRAIN DRAIN.

“ WE NEED TO START THINKING ABOUT TECHNICAL EFFICIENCY IN MANAGING OUR RESOURCES.

WHAT HAS BEEN DONE...



PHC Outsourcing

A total 43 PHCs have been outsourced under the Access to Finance framework in Lagos State.



Health PPP Desk

There is a Health PPP Desk in Lagos State, supported by some partners.



PPP Network

The creation of a framework for the Nigeria PPP Network. This can be taken advantage of in seeking help.

Creating Synergy for Public-Private Partnership to Strengthen Primary Health Care Delivery

DR. OLAMIDE OKULAJA,

Director of Advocacy and Communications, PharmAccess Foundation

AFRICA IN VIEW

Sub-Saharan Africa would require \$66bn to meet the infrastructural gap for healthcare demand today (AHBS, 2019). Africa accounts for 20% of the world's disease burden yet is only 14% population of the world (IHME, Global burden of disease). Sub-Saharan Africa accounts for roughly 66% of all Maternal Mortality in the world (WHO, 2015)

OVERVIEW OF THE NIGERIAN HEALTH SECTOR

The outcomes from Nigeria's health sector stem from challenges and issues experienced across several of the building blocks of an effective health system. These include fragmented and ineffective leadership and governance, low service delivery, inadequate health workforce, poor healthcare financing, poor access to essential medicines, and poor reporting culture of health information systems.

Despite all these, the budgetary allocation to health has remained constantly low ranging between 3-6% of the entire budget over the last 10 years.

Insufficient spending on healthcare has led to poorly equipped hospitals which are usually unable to treat complex ailments, resulting in dire consequences for patients

RESOURCE MOBILISATION FOR HEALTH

To ensure that adequate domestic resources are allocated to the health sector, dedicated analytic, policy, and advocacy efforts are required.

CHALLENGES OF THE PRIVATE SECTOR

The expected gains from multi-sectoral collaboration are: Improved Service Delivery, Efficiency, funding, Growth, and Revenue.

THE PHC PROJECT CONCEPT

The government of Nigeria as part of its commitment to achieving universal health coverage, is set to revitalise the PHC system by ensuring the functionality of 10, 000 PHCs - at least one functional PHC centre per political ward in Nigeria - to provide quality primary health care to 100million Nigerians. This is geared towards ensuring equity in physical access to primary health care services, ensuring health care services provided are of the appropriate quality and protecting the poor and vulnerable from suffering financial hardship in accessing primary health care.

THE CASE FOR PRIVATE SECTOR INVOLVEMENT

Improved Service Delivery: provide access to a combination of technical and managerial expertise, infrastructure and technology which can introduce innovation in how service delivery is organised and carried out.

Efficiency: provide opportunities for reducing operational costs associated with service delivery by applying economics of scale, leverage on ICT, bulk procurements etc.

Funding: facilitate financial capital injections into the health sector where public sector funding is inadequate.

Growth: Foster economic growth by developing new investment opportunities and increasing provision of public goods and services.

Revenue: Facilitate an appropriate balance of risks and returns/reward between the private and public sectors.

EXISTING OPPORTUNITIES TO LEVERAGE ON...

Access to Finance Scheme and Medical Equipment Leasing Scheme.



MERGED PANEL DISCUSSIONS 2 & 3 >>>

THEMES:

Government and the Private Sector: Leveraging on the Opportunities Creating Synergy for Public-Private Partnerships to Strengthen Primary Health Care Delivery



DR. ABRAHAM

Rep. of Zonal Coordinator, NHIS

There should be other objectives for PPPs to look at apart from financial. The public wants to see social satisfaction, a drop in out-of-pocket payment and see a significant number of those who cannot afford health care, do so even within the PPP arrangement. NHIS is looking at ways of improving efficiency of healthcare providers so that, through regulation, quality of service does not drop and the providers can still recoup their investments.



DR. JIDE IDRIS

Commissioner for Health, Lagos

The basic issue we have in Nigeria is wastage, not corruption. There are endowments needed for people to have access. It is not only cash financing alone. There are many financing models that can be explored. We need to be sincere with our objectives. Policy is a major issue. Don't look at bricks and mortar alone – look at behavioural infrastructure. Don't limit your thoughts to promissory notes or guarantees – it goes beyond that. As health care workers, we must educate ourselves. Start small. In your measurement, be simple.



PROF. CHRIS BODE

CMD, Lagos University Teaching Hospital

Healthcare is a humongous investment opportunity. We have to understand how to package the health sector for the big business opportunities within. Honest intentions and consummate operators – people who know their onions – are needed. The public health sector should know their value especially with the big pool of client-base and experts. Put an eye on it. Decide what you want. Don't sell yourself short. Use PPPs in areas where what you want to sell is viable. Placate and pacify the workers' unions against apprehensions – for success.



DR. OYEBANJI FILANI

Senior Technical Assistant to the Hon. Minister of Health

Government has always played the 'Big Brother' role across board, but we are beginning to see a shift in that with private sector engagement in the health sector. Public-private partnership is essentially how we can effectively capitalise on our strengths to solve problems together. There has to be engagement with the private sector. We have to unlock the bottlenecks within our system to enable the private sector to thrive. The health sector must be able to access loans at lower rates and with longer tenures. Payment processes for services are also being simplified across facilities.



ENGR. CHIDI IZUWAH

DG/CEO, Infrastructure Concession Regulatory Commission

Pregnancy is not an illness. But when our Nigerian women are pregnant, we are not sure whether they will survive pregnancy and childbirth. This is unacceptable in 2019. In terms of PPP models, we are spoilt with choices. We have the ability to innovate and lead the world. We need to create capacity in PPPs. We need a health transformation programme focused across PPPs. Finance is not the problem, the problem is funding. We need instruments to create comfort and bankability. Doctors should use the influence they have and exploit it for the benefit of many Nigerians.



WALE ADEBOWALE

Head, Health Desk, Sterling Bank

When services are not optional, eventually it becomes more expensive.

Trust is good but control is better.

Audit of things need to be in place in government hospitals.

As a bank, we do advocacy and promote collaborations - to ensure bankability in some cases.

We are not only about making money. We are also here to create impact in the populace.



MICHAEL OYE

Project Manager, Bank of Industry (BoI)

For every responsible development finance institution (DFI), the concerns are to what extent is the PPP fair enough? Can it just be terminated at any point in time, especially where there are unstable state policies?

The public sector needs to come up with a framework and a proper analysis of every function and service rendered, and come up with areas for PPPs.

Development of frameworks and derisking - provided by PharmAccess Foundation - reduces risks for DFIs.

When you see an opportunity to create impact, you key in on it. It is not about complaining, it is giving support.



DR. TAYO LAWAL

Perm Sec, Lagos Primary Health Care Board

Many health workers are wary of PPPs. Some see it as a loss of jobs. They are not very clear about PPPs.

We need to communicate with them and to make them understand that it is a collaboration and not a privatisation concept or process.

The secondary level of health care is congested. It is not cheaper over there. Standardisation and funding will be needed - for the provision of more healthcare.

Let individuals look at facilities, make proposals and the government might just act. Nevertheless, the mindset of the man at the helm of affairs is key.



CLARE OMATSEYE

President, Healthcare Federation of Nigeria

We have a lot of challenges that we are providing solutions to. Medical tourism is a challenge that is a response to issues in our society. We need world-class solutions that will keep our doctors at home.

When patients need health care, they don't care if it's private or public. They just need care.

We need to effectively capitalise on our relative strengths. Health care can only be done by health promotion. Promote wellness.

Strategically collaborate. Understand that the public sector is ready to take on the private sector - a private sector that is ready.



DR. BEN NKECHIKA

Director General, Delta State Contributory Health Commission

A proper implementation strategy, teamwork and most importantly a great financial model are all necessary in setting up a health insurance scheme.

What will deliver healthcare? The first thing is to go back to the basics.

Apply financial models that will achieve and sustain laid out objectives. Take on the low-hanging fruit. Start looking at how to improve the services of the public sector to meet the services of the private sector.

Start from what is available and build on it. Start low, build up a financial structure.

CALL-TO-ACTION >>>

Major structural changes [in health business] and scale up needed, to allow people pay for treatment.

We need to focus on clear definitions - for our health systems.

It should not just be about more money. We need to ponder on the effects of more money.

Equitable and universal health coverage is needed.

The burden of trust lies on every single person in a financial transaction.

Patients should continue to drive the conversation about the quality of health care.

Fill the gaps in patient experience.

Government needs to trust the private sector.

Put in place structural changes that would help –not hinder – progress.

Training in medical school should be in consonance with what is going on in the world.

The health sector needs to innovate from countries with similar peculiarities (budget, resources etc.).

There is a need to break boundaries and get healthcare to areas many will hardly dare.

For every PPP in health model that is designed, there must be a pro-poor focus because everyone must be able to access healthcare.

Technical efficiency is needed in managing health resources.

Pricing is not something that should be at the beck-and-call of the provider. The demand side has to play a role.

“While we look at Public private models, we should also begin to look at public-public models. Public institutions like public health and environment should do more together.”

SAHEED OLADIMEJI,
DG, Kwara Stae HMB, making a case
for multi-sectoral collaborations

Safe Care
BASIC HEALTHCARE STANDARDS

“Quality is not a pass or fail prospect. It is about improvement.”

NJIDE NDILI,
advocates for health standards

“We need to put PPPs on steroids. We are doing services but the scale is not enough.”

ENGR CHIDI IZUWAH calls for higher stakes for PPPs in health.

“We are breaking boundaries and getting healthcare to areas no one will dare.”

PRINCE DR EMEKA EZE, on Toronto Hospitals’ PPP inroads in Delta State.

“Try anything that would work. If it doesn’t work, leave it. Move on.”

DR JIDE IDRIS rallying charge to disrupt the health sector - for good.

“I started Flying Doctors with no real business experience. My first customer funded my business. Your biggest customer can fund your business. By the time I approached financial institutions, I already had cash flow.”

DR OLA BROWN reveals how personal credibility and expertise gave her a head-start.

“The only thing I would do better is to open up more areas at LUTH for PPPs.”

PROF CHRIS BODE affirms the readiness of the public sector to embrace more PPP arrangements that work and create impact.

“157 women die everyday during pregnancy or while giving birth in Nigeria. Yet, nobody is held accountable. Would this be this case if we had a plane crash everyday.”

OLAMIDE OKULAJA calls for more accountability in the health sector

“Banks cannot fund a business based on the fact that Nigeria has over 200million people. There needs to be measures taken to institutionalise it. It has to be more fluid.”

ABOU NADER advocates for a sound structure to make for bankable health businesses

“If we don’t burn our fingers we won’t know where to put the plaster.”

ABIODUN AMOKOMOWO on concerted action for PPPs in healthcare



At the end of the engaging dialogue, it was agreed that:

- ➔ There is a need to enable serious, positive and rapid disruption in the health care sector.
- ➔ Trust and accountability is crucial for PPPs in healthcare to work.
- ➔ Government must support health businesses - by providing guarantees for returns on investment (ROI) and putting in place good regulatory mechanisms.
- ➔ Collaboration and pooling together is key in accessing available funds for PPPs in health
- ➔ Health is a business that needs to be structured to provide requisite quality services.



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