

Assessing health systems financing in Nigeria and India: Challenges and Opportunities for self-reliance

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Introduction

- Self-reliance in healthcare financing is vital for sustainability, equity, and improved health outcomes
- Both Nigeria and India face challenges with limited public funding, high out-of-pocket expenditures, and diverse populations
- Despite their differences, these countries offer valuable comparative insights

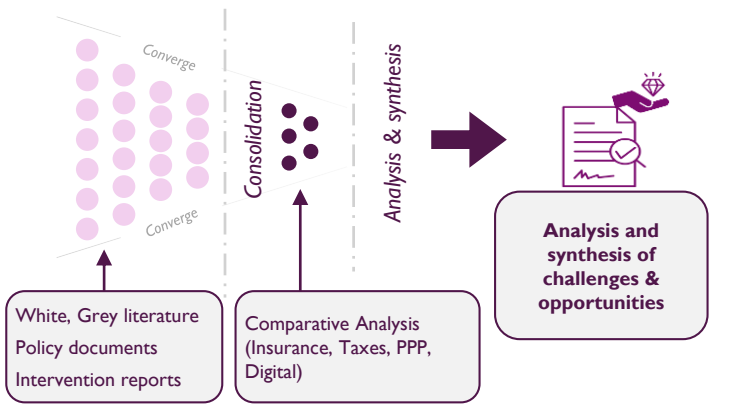
Rationale

- Both countries have significant population sizes (Nigeria ~220 million, India ~1.4 billion), facing similar public health challenges- brain drain, poor infrastructure & large wealth disparities
- Both countries also share similar health systems (public, private and informal sectors)
- India's recent healthcare financing reforms (Ayushman Bharat PM-JAY, earmarked taxes, digital innovations) provide successful strategies Nigeria could adopt
- Both seek sustainable financing, reducing foreign aid reliance through increased domestic resource mobilization

Aims

- To analyze challenges faced by Nigeria and India in healthcare financing
- To identify opportunities and transferable lessons from India's financing models applicable to Nigeria

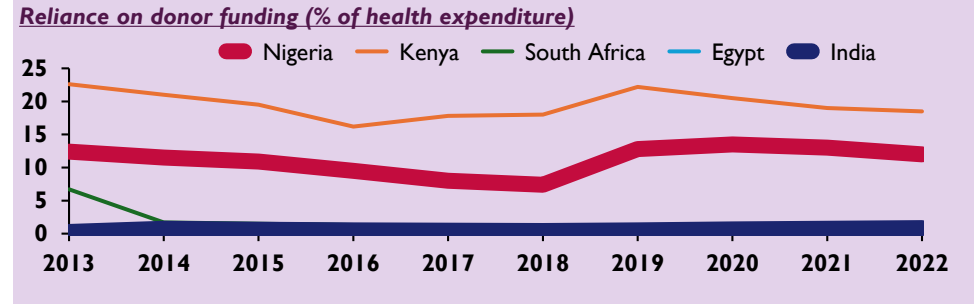
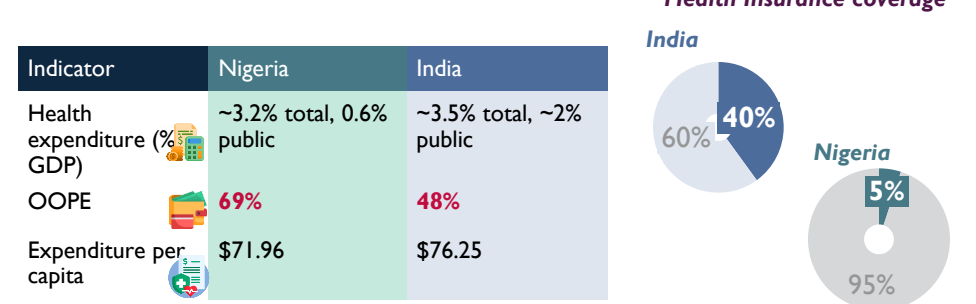
Methodology



Indicators assessed- Health spending, insurance coverage, digital health infrastructure, public-private partnership effectiveness, and taxation models using the PICO framework

Results

Challenges



Opportunities (based on WHO building blocks)

Service Delivery

- Expanded Public-Private Partnerships (PPPs)
- Contracting Models to ensure UHC

Health Workforce

- Strengthened Workforce Funding-
- Task-Shifting to lower cadres of care/informal sector

Access to Essential Medicines & Technologies

- Streamlined medical supply chains
- Investments in manufacturing & purchase

Leadership & Governance

- Strengthened regulatory frameworks- Clearly defined roles and contracts in PPP models, TSTS policy reforms

Health Financing

- Dedicated health taxes
- Mandatory insurance

Health Information Systems

- Data-driven policy making
- Digital Health ID Implementation

Discussion

☆ - Level of impact ✓ - High △ -Moderate

Policy Area	Nigeria	India
Health Insurance Expansion	Feasibility: ✓ (NHIA infrastructure in place) Impact: ☆☆☆	Feasibility: ✓ (existing PM-JAY infrastructure) Impact: ☆☆☆
Earmarked Health Taxes	Feasibility: △ (requires new legislation) Impact: ☆☆☆ (Stable domestic financing)	Feasibility: ✓ (existing health cess/GST) Impact: ☆☆☆ (Increased & sustained health funding)
Local Pharmaceutical Manufacturing	Feasibility: ✓ △ (industrial capacity exists, needs incentives) Impact: ☆☆☆ (Reduced imports, economic growth)	Feasibility: ✓ (strong pharma base) Impact: ☆☆☆ (enhanced global competitiveness, improved medicine supply)
Public-Private Partnerships (PPPs)	Feasibility: ✓ (policy framework exists) Impact: ☆☆☆ (Better health infrastructure & service quality)	Feasibility: ✓ (established PPP frameworks) Impact: ☆☆☆ (improved healthcare access in underserved regions)

Key References

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