

# **BASIC HEALTH CARE PROVISION FUND (BHCPF)**

## **Introduction**

The National Health Act of 2014 (NHAct 2014) was enacted to ensure improve national health outcomes, by providing a legal framework for provision of healthcare services and establishment of an organizational and management structure for the nation health system.

It is funded through a Federal Government (FG) annual grant of not less than one percent of its Consolidated Revenue Fund (CRF), grants and donation and funds from other sources.

## **Basic Health Care Provision Fund**

The Basic Health Care Provision Fund (BHCPF or “The Fund”) was established under Part 1 Section 11 of the NHAct 2014, as the principal funding vehicle for the Basic Minimum Package of Health Services (BMPHS), whilst at the same time, serving to increase the fiscal space and overall financing to the health sector.

### **Aim of BHCPF:**

The overall aim is to significantly drive Nigeria towards the attainment of UHC using NSHDP II in a medium term and health related SDGs in a long term.

### **Objectives of the BHCPF:**

1. To have in place at least one (1) fully functional public or private PHC facility in at least 30% of wards in next 3 years, 70% within 5 years and in all wards within 7 years.
2. To achieve at least three (3) fully functional public/private secondary healthcare facilities, benefitting from the BHCPF in at least 50% of states in the federation within the next 3 years and all within the next 5 years.
3. To establish effective emergency medical response services in 36 states and FCT in 5 years including a national ambulance service for Nigeria.
4. To reduce out of pocket expenditure by 30% in 5 years and increase financial risk protection for all Nigerians through health insurance.
5. To increase life expectancy to at least 60 years for males and females over the next decade.

### **Purpose of BHCPF:**

The purpose of BHCPF is in four folds to be implemented through some important drivers set by the NHAct refers to as “Payment Gateways”.

1. NHIA Gateway – To ensure provision of BMPHS by disbursement of 48.75% of the BHCPF through NHIA to eligible primary and secondary healthcare facilities.
2. NPHCDA Gateway – To strengthening the nation Primary Health Care system by the disbursement of 45% of the funds through NPHCDA to eligible primary health care facilities as follows:
  - i. 20% - Provision of essential medicines, vaccines and consumables.
  - ii. 15% - Provision and maintenance of infrastructures, equipment and transport.
  - iii. 10% - Development of Human Resources for PHCs.

3. NEMTC Gateway – To ensure provision of emergency medical treatment and ambulance services with 5% of the fund to be administered and disbursed through a committee to be constituted by the National Council of Health (NCH).
4. NCDC Gateway – To ensure provision of public health security with 1.25% of the fund to be disbursed through NCDC.

### Strategic stakeholder

1. Ministerial Oversight Committee (MOC)
2. National Health Insurance Authority (NHIA)
3. National Primary Health Care Development Agency
4. National Medical Emergency Treatment Committee (NMETC)
5. Nigeria Centre for Disease Control (NCDC)
6. State Oversight Committee (SOC)
7. State Social Health Insurance/ Contributory Agency (SSHI/CA)
8. State Medical Emergency Treatment Committee (SMETC)
9. Health Care Facilities (HCF)
10. Partners & Donors

### Benefit Package of BHCPF:

- To achieve the important objectives of providing all Nigerians with quality healthcare services, the NHAct 2014 specifies that all Nigerians are entitled to Basic Minimum Package of Health Services (BMPHS).
- BMPHS refer to a wide range of healthcare services that cut across promotive, preventive, curative and rehabilitative services at primary and secondary care levels defined and actuarially determined by NHIA and approved by FMOH from time to time.
- The premium rate for the BMPHS has been actuarially determined to cost **N12, 000.00** per enrollee per annum.

Primary Level Care	Secondary Level Care
General consultation with prescribed drugs	Consultation with prescribed drugs
Health education for prevention of diseases	Emergencies outside the usual residence
Primary care Surgery	Admission
Primary Care Mental Health	Treatment and procedures that cannot be handled at primary level but covered by BMPHS.
HIV/AIDS/Sexual Transmitted Diseases	Treatment of opportunistic infections as defined in the HIV Treatment Protocol
Primary care Pediatrics	Paediatric conditions
Primary Care Internal Medicine	Internal Medicine (Adult)
Primary Care Maternal, Neonatal & Child Care	Obstetrics & Gynaecology
Primary Care Emergency Services	General Surgery
Basic Laboratory Services	Dental Care
	Ophthalmology
	ENT

	Physiotherapy
	Laboratory Services
	Consultation with prescribed drugs

**Achievements as far:**

1. Total disbursement of N29, 273,907,794.00 to 36 states with FCT as of January, 2022.
2. 7,437 PHC facilities out of the 9,901 eligible public PHCs have been accredited in 34 states plus FCT.
3. 1,121,017 beneficiaries have enrolled out of 1,276,826 targeted beneficiaries which translate 88% completion across 34 states plus FCT.
4. 841,483 enrollees out of the 1,121, 017 registered beneficiaries have started accessing care in 30 states which translate to 75%.
5. The national average of service utilization rate is 22.5% as at the end of second quarter 2022.