Beyond Technical Solutions

Critical Pathway in the Political Economy of Health Development in Northern Nigeria

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Overview

- Background: Northern Nigeria
- The Programme and Reaching the MDGs
- Theories of Change
- Political economy assessment & interventions
- An Early Success: Beyond Technical Solutions
- Conclusion

Background: Northern Nigeria

Recent history

- Fulani Jihad (1806-10)
- British Indirect Rule (1899-1906)
- Colonial Rule of united Nigeria (1914-60)
- Brief civilian & frequent military government (1960-99)
- Civilian Rule (from 1999)
- Kano cessation of vaccination linked to global recrudescence of polio (2004)

Background - II

Indicator	Northern Nigeria	National average
Maternal mortality Ratio	1,500	545
% of deliveries assisted by SBA	10	39
Under five mortality rate	222	157
Infant mortality rate	109	75
% of fully immunised children	6	29
No of doctors in public per 100,000	7-15	21
No of nurses/midwives per 100,0000	68	155

Background - III

- Failure of services and support systems inadequate staff, poor infrastructure and equipment, drugs stock outs, poor referral linkages

- Failure of governance & management systems multiple players: federal, state and LGA level with responsibility for resources; uncoordinated and fragmented; weak accountability mechanisms

- Frustrated and inadequate demand
  loss of confidence in services, weak structures for communities to engage providers and leadership, low social/decision-making status for women

The PRRINN-MNCH programme and the MDGs

Partnership for Reviving Routine Immunization in Northern Nigeria (PRRINN) funded by UK DfID from 2006-13

- UK response to global recrudescence of polio

Maternal Newborn and Child Health (MNCH) funded by State Department of the Norwegian Government funds from 2008-13

- Norway's Jen Stoltenberg, with Tore Godal, led *Global Business Plan* for MDG's 4 & 5

The context of Northern Nigeria providing a rationale for a results-oriented programme based on Health System Strengthening and Improved Governance

PRRINN-MNCH: Areas of Focus

Output 1 Strengthened State and Local Government Area governance of Primary Health Care (PHC) system

Output 2 Improved human resource policies and practices for PHC

Output 3 Improved delivery of Routine Immunisation (RI) and Maternal Newborn & Child Health (MNCH) services via the PHC system

Output 4 Operational research providing evidence for PHC stewardship, policy and planning, service delivery, and effective demand creation

Output 5 Improved information generation with knowledge being used in policy and practice

Output 6 Increased demand for RI and MNCH services

Output 7 Improved capacity of Federal Ministry level to enable States' MNCH & RI activities

Theory of Change

Rational-actor theory

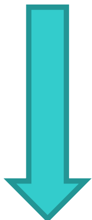
Public policy in the public interest

Dempster-Shafer evidence-belief theory

Demonstration (evidence) will support (belief) ergo change

Principal-agent theory

Recognising asymmetry of information & aligning differentiated interest



Political-economy theory

Identifying power-economic interests & leveraging them for aspired change

Political Economy Assessment - I

Purpose

- Deepen understanding of the positions of major stakeholders in the state with respect to the socio-political, institutional, structural and historical context as they pertain to the health sector
- Identify issues which, in a general sense, appear to provide good opportunities for creating coalitions of interest and for levering desired institutional changes.
- Provide input into prioritization of key interest groups and/or organizations that can be developed as a 'coalition of interests' to drive change

Political Economy Assessment - II

- Political competition is largely occurring within the elite itself.
- Competition is essentially structured around the power struggles of individuals, and inter-familial tensions, played out within the camps of political parties.
- There are few alternative centres of power and little check on executive power overall, making the programme highly reliant on key individuals.

Political Economy Assessment - III

- State power and resource control is in the hands of the state government, while those who still retain some influence over ideology are also under the financial influence of the government.
- Human resources are a potent political tool controlled largely outside the health sector and used by politicians
- Delink between policy, strategy , planning and implementation of health interventions with more focus on capital inputs than on health outcomes
- A fragmented PHC system is convenient arrangement for States and LGAs to share health resources without accountability

Case Study: The Gunduma Approach

Problem: within the context of Northern Nigeria's history, constitutionally mandated 1-200,000 person Local Governance Areas (LGAs) have inadequate economy-of-scale for public administration in general and delivery of public health in particular

Proposition: the 1991-created Jigawa State creates public health management units of 2-3 LGAs, Gunduma Council, all managed by a Gunduma Health System Board

- Bringing ''under one roof'' the organisation &management of primary health care and hospital services
- Managing all finances & human resources
- Legislatively mandated

Political Economy Strategies

- No. 1 priority: stakeholder engagement and local ownership
- Federal level policy: supportive environment
- Cross state peer reviews among health policy makers & managers: healthy competition
- State-Specific Eminent Persons Group: galvanisation of political momentum
- Health Reform Foundation (HERFON) national & state chapters: persistent pressure
- Flexibly wrought multi-faceted health system change initiatives: adaptive support
- Persistence, persistence, persistence!

Results 1: Gunduma Health System Board established

- Gunduma Health System Board has been established by law
- Board taken off and is growing its institutional capacity to manage financial and human resources for implementation of PHC & secondary care services
- Jigawa State Ministry of Health repositioned with clear role of policy formulation, regulation and resource mobilisation for health as opposed to direct service delivery

Results 2: Birnin Kudu Gunduma Council (pop 750,000)

From 2007/8-2009

- Increase in RI coverage from 40% to 65%
- Reduction in DPT dropout rate from 34% to 11%
- Increase in women attending ANC from 25,240 – 44,710
- Increase in facilities offering ANC from 39 to 45

Other Early Results

- Bill for integrated State-level PHC system signed into law in Yobe and Zamfara States
- Yobe has appropriated ₦250m (>US$ 1 Million) in 2010 budget to launch integrated PHC system
- With National Primary Health Care Development Agency, has developed concept note, policy brief and implementation guide for national adoption to bring State-level PHC services under one management authority

Conclusion

- The health system is a social institution—more than the aggregation of technical inputs
- Health sector reform entails significant re-location of resource so is profoundly political
- When an aggregation of technical & political changes are realised, "tipping point" is reached where the health system begins to function
- Key to achieving such change is addressing the social and political as well technocratic context to make meaningful progress toward universal coverage & MDGs
- However, multifaceted engagement strategies make for difficult-to-specify inferential models, pointing to the need for situation specific assessment & engagement

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