

Demographic context

The population of Nigeria progressively increased from 193 million to 218 million between 2017 to 2022, the highest population within this cohort of countries being studied. Infants less than 12 months and children under five years old accounted for less than 7% and 17% of the entire population respectively.

Economic context

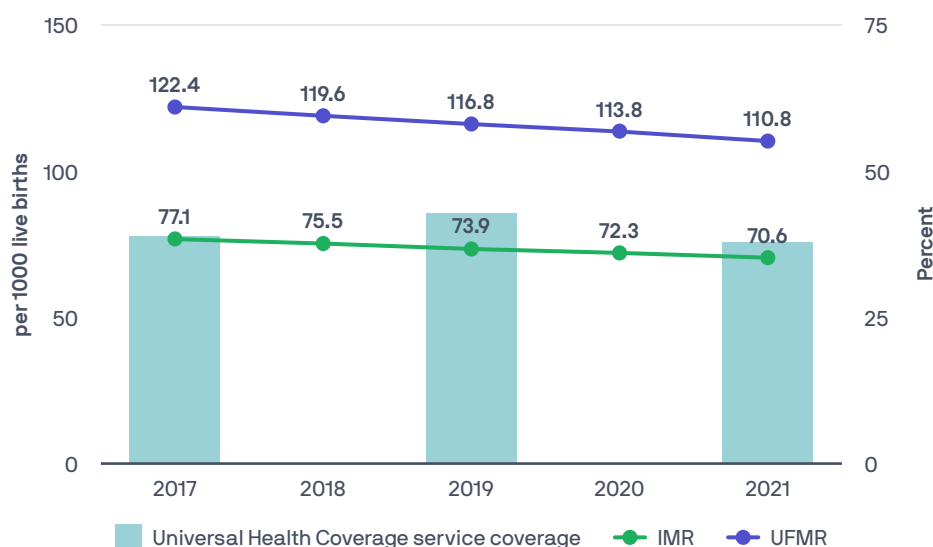
The Gross National Income per capita increased from USD 1880 to USD 2105 during the period of analysis. This matches the accelerated transition phase for Gavi eligibility (Gavi, 2022). The tax-to-GDP ratio was below 6% between 2017 and 2022, one of the lowest within this cohort of countries despite being the wealthiest. It thus did not meet the regional 15% threshold for adequacy of financing public services.

Health system context

The top 3 causes of death in the general population were neonatal conditions, lower respiratory tract infections and diarrheal diseases. Preterm birth complications, birth trauma, congenital anomalies, malaria, pneumonia and diarrhea were the main causes of under-five mortalities.

While Nigeria had the highest Under-five Mortality Rate (UFMR) in this cohort of countries, there was a steady decline in both Infant Mortality Rates (IMR) and under-five mortality rates over the period of analysis. IMR declined from 77 to 71 deaths per 1000 live births, while UFMR declined from 122 to 110 deaths per 1000 live births as shown in figure 1.

FIGURE 1. Health system performance in Nigeria



HIGHLIGHT

The low debt levels in Nigeria highlights potential for expansion of the fiscal space for health and immunization. This is however negated by the significantly low tax revenues implying weak tax administration within Nigeria.

A strengthened tax administration in Nigeria would help mobilize more resources for public goods such as health and immunization.

The Universal Health Coverage (UHC) Service Coverage index in 2021 was 38% implying that just a third of the population in Nigeria had access to quality essential services including reproductive, maternal, newborn and child health, infectious diseases, and non-communicable disease services.

Immunization coverage

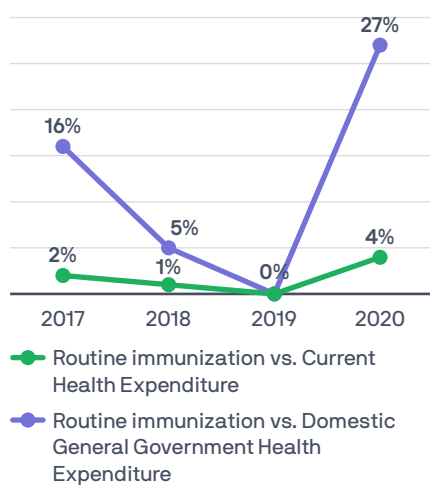
Overall, Nigeria had among the lowest immunization coverage rates (below 80%) the national immunization coverage rates showed a positive trend in performance between 2017-2022. However, Measles 2 coverage remained low and stagnated at 38% in 2020. There was no data available for Measles 2 coverage in 2021 and 2022.

Immunization financing

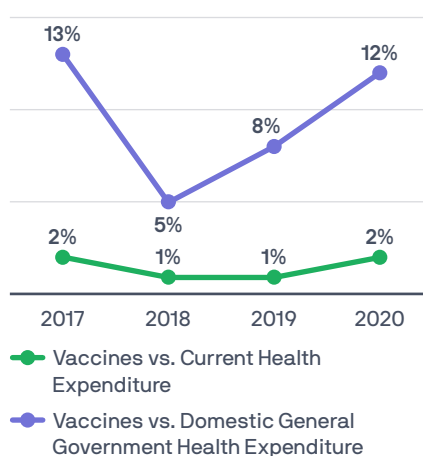
Expenditures on Routine Immunization in Nigeria declined between 2018 and 2019. Routine immunization accounted for between less than 1% and 4% of the Current Health Expenditure (CHE); and between 5% and 27% of the Domestic General Government Health Expenditures between 2017 and 2020 (Figure 9). Vaccine related expenditures accounted for less than 2% of the CHE, and between 5% to 13% of the Domestic General Government Expenditures.

FIGURE 2. Prioritization of immunization and vaccines in Nigeria

Immunization prioritization

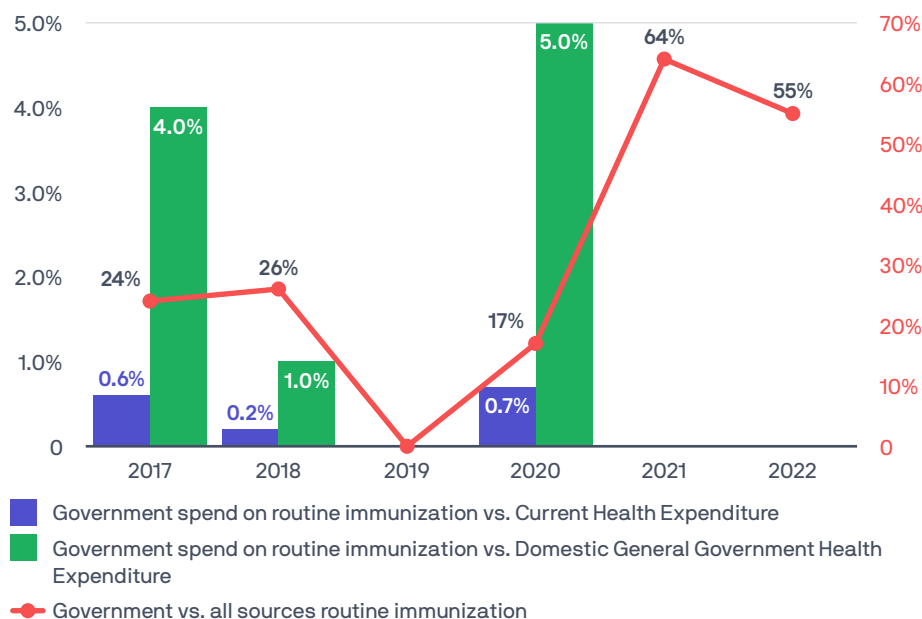


Vaccine prioritization



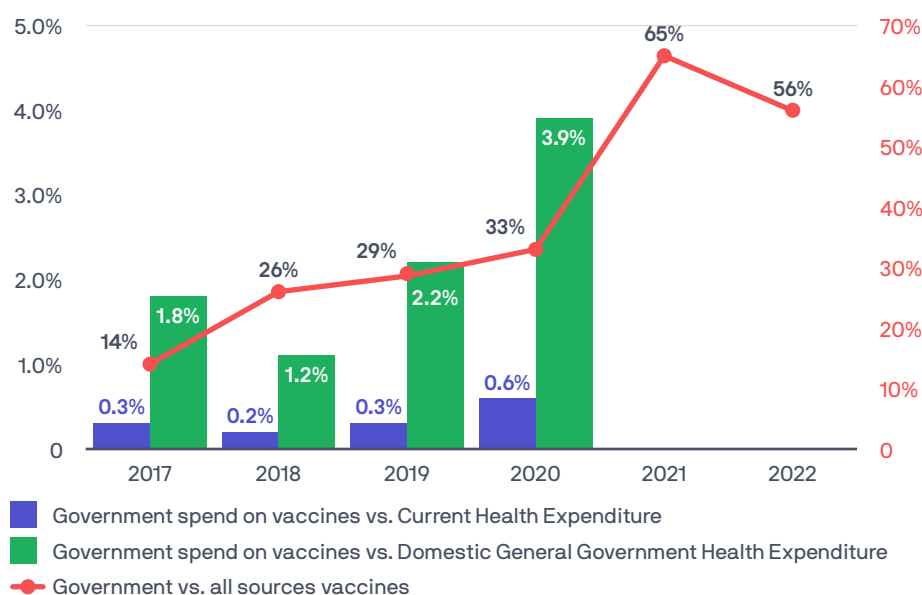
Government funding as a source of immunization financing fluctuated between 17% to 64% between 2017 and 2022. This accounted for less than 1% of Current Health Expenditures and less than 5% of the Domestic General Government Health Expenditure (Figure 3).

FIGURE 3. Government prioritization of immunization in Nigeria



Government funding as a source of vaccination financing progressively increased from 14% to 65% between 2017 and 2022. This accounted for less than 1% of Current Health Expenditures and below 5% of the Domestic General Government Health Expenditure (Figure 4).

FIGURE 4. Government prioritization of vaccines in Nigeria



HIGHLIGHT

There is some donor dependence for immunization financing in Nigeria. This threatens sustainability of immunization services. Progressive increments in government financing of health and immunization will help mitigate against donor dependence and financial hardship among households as they seek for immunization services.

The generally low coverage rates highlight the need for vaccination campaigns targeted also to the higher income groups.

Recommendations towards improving immunization services

1. **Access and geographic barriers:** Establish mobile immunization clinics, increase the number of healthcare workers, and improve transportation infrastructure.
2. **Vaccine hesitancy:** Increase public awareness through targeted campaigns, engage with community leaders, and provide accurate information about vaccines.
3. **Socioeconomic factors:** Increase public awareness through targeted campaigns, provide free or subsidized vaccines, and improve access to education and healthcare.
4. **Security challenges:** Increase security in conflict-prone areas, provide adequate protection for healthcare
5. **Inadequate government funding:** Increase government funding for immunization programs, establish a predictable funding mechanism, and reduce dependence on external donors.
6. **Health system weaknesses:** Improve healthcare infrastructure, establish efficient logistics and supply chain management, and strengthen health system governance.

Recommendations towards improving immunization financing

1. **Inadequate government funding:** Increase budget allocation for immunization programs, prioritize immunization spending, and improve budget transparency.
2. **Dependency on donor funding:** Diversify funding sources, establish predictable long-term partnerships with donors and private sector, and develop contingency plans for funding fluctuations.
3. **Healthcare infrastructure costs:** Increase budget allocation for healthcare infrastructure, prioritize infrastructure development in underserved areas, and establish public-private partnerships for infrastructure development.
4. **Health insurance coverage:** Expand health insurance programs to cover immunization costs, establish public-private partnerships for health insurance, and increase awareness of health insurance benefits.
5. **Economic challenges:** Strengthen Public Finance Management systems, establish contingency plans for economic fluctuations, prioritize immunization spending during recessions, and increase public-private partnerships for immunization financing.

References

GAVI. (2022). *Gavi Alliance Eligibility and Transition Policy Version 4*. <https://www.gavi.org/types-support/sustainability/eligibility>

McIntyre, D., Meheus, F., & Rottingen, J. A. (2017). What level of domestic government health expenditure should we aspire to for universal health coverage? *Health Economics, Policy and Law*, 12(2), 125–137. <https://doi.org/10.1017/S1744133116000414>