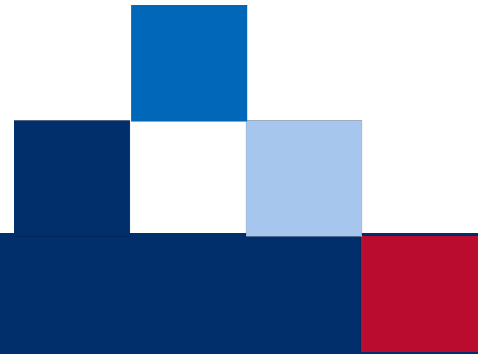




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Terms of Reference for UHC Roadmap:
Multisectoral Technical Working Group –
Nasarawa, Plateau, Zamfara
Local Health System Sustainability Project

November 2024

Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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NASARAWA

ACRONYMS

BHCPF	Basic Health Care Provision Fund
CSO	Civil Service Organizations
DPRS	Directorate for Planning, Research and Statistics
NASHIA	Nasarawa State Health Insurance Agency
NAPHCDA	Nasarawa State Primary Health Care Agency
NHIA	National Health Insurance Authority
PHC	Primary Health Care
SMoH	State Ministry of Health
TOR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
USAID	United States Agency for International Development

INTRODUCTION

Universal Health Coverage means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services including health promotion, prevention, specific protection, treatment, rehabilitation, and palliative care.¹ The three main dimensions of Universal Health Coverage (UHC) include population coverage, access to good quality essential health services and financial protection.

Nigerian policies have been put in place to ensure that UHC is achieved for all Nigerians. These policies include; the Nigerian Constitution and the National Health Act 2014 that promote the right to health of all Nigerians, the 2016 National Health Policy, derived from the National Health Act 2014 with policy guidance on implementation of the National Health Act and attainment of the Social Development Goal 3 of 'Health for All at All Ages', and the National Health Insurance Authority (NHIA) Act 2022, which makes health insurance mandatory and provides for a Vulnerable Group Fund to cover the poor and vulnerable.

In Nasarawa, the state government has also established structures to ensure all residents are covered by health insurance. The Nasarawa State Health Insurance Agency (NASHIA) was established by Law No 10 2018 of the Nasarawa State House of Assembly which states that it is mandatory for all residents of Nasarawa State to have health insurance apart from people who have proof of NHIA or other schemes. As of 2022, 79,654 have been enrolled into the formal sector program and about 40,857 poor & vulnerable enrolled into the BHCPF.

The Health Financing Technical Working Group (TWG) in Nasarawa State was established in July 2018 as a Domestic Resource Mobilization Committee. LHSS supported the SMOH to re-activate this group with a broader TOR that includes the development of a UHC Roadmap.

DEVELOPING A UNIVERSAL HEALTH COVERAGE ROADMAP

A **roadmap** is a strategic plan that defines an objective or desired outcome and includes the major steps or milestones needed to reach it. It also serves as a communication tool, a high-level document that helps articulate strategic thinking—the **why**—behind both the objective and the plan for getting there.

The following steps are involved in creating a roadmap for UHC.

- Identify a UHC goal with metrics, by consensus, use goal to guide and maintain focus as TWG maps out the pathway to achieve Universal Health Coverage in Plateau State
- Gather information- seek input from stakeholders within and outside the technical working group.
- Organize into themes- align inputs with the three dimensions of UHC (e.g. population coverage, access to good quality services and financial risk protection)
- Prioritize initiatives- identify initiatives based on the three dimensions of UHC
- Establish milestones- set the timeliness to achieve each initiative based on resources, feasibility and need.
- Review and revise

¹ [Universal health coverage \(UHC\) \(who.int\)](https://www.who.int/health-topics/universal-health-coverage)

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The Terms of Reference for the Health Finance Technical Working Group to Develop a Universal Health Coverage Roadmap describes the vision, objectives, scope and deliverables of the technical working group that is responsible for developing the UHC roadmap at the state level. It describes:

- Objective
- Governance
- Committee membership
- Roles and responsibilities
- Deliverables
- Meeting schedule and timelines

OBJECTIVE

The purpose of this TOR is to establish the leadership role of the multisectoral TWG under the auspices of the Nasarawa State Ministry of Health (SMOH) to champion and provide advisory and technical support in achieving Universal Health Coverage (UHC) by the year 2030 in the State.

GOVERNANCE FRAMEWORK

The governance framework described below will support the Health Financing Technical Working Group. This framework describes the roles and responsibilities of the different levels and members of the TWG, reporting lines, and decision-making process. The objective of the governance framework is to provide effective oversight, stewardship, coalition building, regulation, coordination, attention to system-design and accountability.

GOVERNANCE STRUCTURE

- a. The Office of the Chairman of TWG: The Commissioner of Health shall be the Chairman of the TWG. He shall be the highest decision-making authority of the TWG. He shall oversight and coordinate the activities of the entire TWG.
- b. The Secretariat: represented by the Directorate of Planning, Research and Statistics (DPRS) of the State Ministry of Health. The Director in the DPRS shall serve as the Secretary and shall lead other members such as the staff of the Health Financing Unit of the SMOH, the DPRS of the State Health Insurance Agency and the DPRS of the State Primary Health Care Development Agency. The Secretariat shall provide secretarial support to the TWG. They shall be responsible for drafting the UHC Roadmap based on the outputs from the entire TWG. They report directly to the Chairman of the TWG – The Honorable Commissioner of Health (HCOH)
- c. The Multisectoral Members of the TWG: They shall provide strategic direction in the development, implementation, and monitoring of the UHC Roadmap. They report to the Chairman of the TWG.

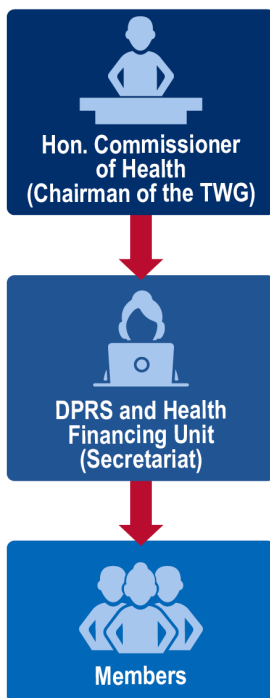
Resources required (data, financial, consultancies, other): the TWG shall require the assistance of Health financing and health system strengthening experts, professionals from other Ministries, Departments and Agencies of Government, CSOs, International Partners, Labor

Unions and Associations. Resources shall be required for various activities of the TWG for meetings, hiring of consultants, and stakeholders' forum. Adequate budget shall be developed and made available for these activities by the State Ministry of Health.

Anticipated Challenges may include:

- a. Inadequate advocacy and engagement of vital stakeholders.
- b. Lack of funds to run the activities of TWG.
- c. Lack of or redundant inactive Health Financing TWG in the SMOH

Figure 1. Proposed Structure of UHC TWG



COMMITTEE MEMBERSHIP

See Annex A

ROLES AND RESPONSIBILITIES OF THE TWG

A. GROUP CHAIRMAN OF THE TWG (HIGH COMMISSIONER OF HEALTH)

1. Oversight: Provides guidance to the TWG.
2. Advocacy: Liaises with and reports to the State Executive Council and Legislative arm of the Government on UHC Roadmap and its implementation.
3. Coordination: Provides policy and strategic direction in the development of the UHC Roadmap and its implementation.

B. THE SECRETARIAT

The Secretariat shall be led by the DPRS SMOH. The staff of the Health Financing Unit in the DPRS, the DPRS NASHIA and DPRS Nasarawa State Primary Health Care Agency (NAPHCDA) shall serve in the Secretariat. They shall report directly to the Chairman of the TWG.

1. Provide administrative support to the TWG on the development and implementation of the UHC Roadmap.
2. Lead the drafting of the UHC Roadmap based on the outputs of the TWG.
3. Compile and undertake relevant analyses to support the work of the TWG.
4. Maintain databases and document repository of relevant information on UHC in Nasarawa State.
5. Develop technical policy briefs to inform discussions on development of the UHC Roadmap including lessons from other settings relevant to Nasarawa State.
6. Provide high quality technical inputs (e.g., data) to inform the discussions of the TWG.
7. Support the dissemination of information to the public on progress developing and implementing the UHC Roadmap.
8. Collaborate with the DPRS Monitoring and Evaluation Unit to monitor and document progress of UHC.
9. Provide secretarial support to the TWG.
10. Provide administrative support during multi-stakeholder consultations to develop the UHC Roadmap.

C. MEMBERS OF THE TWG

1. Undertake the desk review of available documents and literature including: the Nigeria Health Financing Policy and Strategy document, the NHIA Act 2022, the NHIA 10-year strategic plan, the National Health Strategic Development Plan II (2018-2022) and State

UHC/Health Financing Policies (if available) to guide the development of a UHC Roadmap for Nasarawa State.

2. Champion multi-sectoral engagement and collaboration for the advancement of UHC.
3. Undertake high level advocacy across all sectors to support the UHC agenda in Nasarawa State.
4. Progress toward UHC requires coordinated actions across the pillars of the health system, the team shall pay attention to the overall health system building blocks to develop the UHC Roadmap.
5. Review technical submissions from the Secretariat.
6. Disseminate and monitor implementation of the UHC Roadmap.
7. Consider and recommend legislative reforms required to advance the UHC Roadmap
8. Deliberate and formulate strategies to be adopted in the final UHC Roadmap ensuring a consultative approach.
9. Review and adopt sustainable approaches for the implementation of mandatory health insurance in Nasarawa State while ensuring their inclusion in the UHC Roadmap.
10. Identify and convene stakeholders and experts at strategic points in time to discuss and agree on the different UHC strategies. These consultations may take the form of workshops to engage with multiple stakeholders at the same time to generate discussions and reach consensus.
11. Alternatively, the TWG may also engage with these stakeholders on a one-on-one basis to draw from their expertise and experience.
12. Upon finalization of the roadmap, support the development of Action Plans for its implementation. This shall include developing a minimum core set of indicators to support measurement of progress.

DELIVERABLES

It is anticipated that the work of the TWG will culminate in:

1. The development of the UHC Roadmap.
2. Action Plan for implementation of the UHC Roadmap,
3. A monitoring framework to support the measurement of progress.

FREQUENCY OF MEETINGS

One two-day meeting to launch the development of the roadmap. Followed by monthly meetings until the roadmap is finalized. Quarterly meetings to track progress thereafter.

ANNEX A: MEMBERS OF THE TECHNICAL WORKING GROUP

SN	MEMBERS	ORGANIZATION	ROLES
1	Hon. Commissioner of Health	SMOH	Chairman
2	Permanent Secretary	SMOH	Member
3	Permanent Secretary	State Ministry of Finance, Budget, and Planning	Member
4	Head of Service	Office of the Head of Service	Member
5	Permanent Secretary	Ministry of Women Affairs	Member
6	Permanent Secretary	Ministry of Information and Culture	Member
7	SSA to the Governor on Health	Office of the Governor	Member
8	Chairman House Committee on Health	State House of Assembly	Member
9	Director, DPRS / Staff in the Health Financing Unit.	SMOH	Secretary/Secretariat
10	All Directors in the SMOH	SMOH	Members
11	Executive Secretary, and all Directors	NASHIA	Members
12	Executive Secretary, and all Directors	NAPHCDA	Members
13	General Manager	Nasarawa State Drugs and Supplies Management Agency	Member
14	All Supervisory Councilors for Health	Local Government Authority Councils	Members
15	State Chairpersons of Labor Unions	Nigeria Labour Congress Trade Union Congress of Nigeria	Members
16	Private Sector	Nigeria Employers' Consultative Association Private Sector Health Alliance of Nigeria, Manufacturers Association of Nigeria Union of Road Transport Workers, Market Women Association All Main Market Associations	Members
17	Health Sector Regulatory Bodies and Associations	Medical and Dental Council of Nigeria Nigeria Medical Association Nursing Council of Nigeria Pharmacy Council of Nigeria	Members
18	State Coordinator	State Operations Coordinating Unit	Members
19	International Partners	WHO, World Bank	Members
20	CSOs		Members
21	Academia	Universities	Members
22	Media	Newspaper, Radio, and Television houses	Members
23	Traditional and Religious Leaders		Members

REFERENCES

Abubakar I, Dalglish SL, Angell B, et al. *The Lancet Nigeria Commission: investing in health and the future of the nation*. Lancet 2022; 399(10330): 1155–1200.

<https://www.nigeriapovertymap.com/>

National Health Insurance Authority Act 2022

Nigeria Federal Ministry of Health. 2018. *National Strategic Health Development Plan II (2018-2022)*

WHO Regional office for Africa. 2017. *Leave no one behind: Strengthening health systems for UHC and the SDGs in Africa*

PLATEAU

ACRONYMS

BHCPF	Basic Health Care Provision Fund
CSO	Civil Service Organizations
DPRS	Directorate for Planning, Research and Statistics
NHIA	National Health Insurance Authority
PLASCHEMA	Plateau State Contributory Health Management Agency
PLSPHCDB	Plateau State Primary Health Care Development Board
PHC	Primary Health Care
SMoH	State Ministry of Health
TOR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
USAID	United States Agency for International Development

INTRODUCTION

Universal Health Coverage means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services including health promotion, prevention, specific protection, treatment, rehabilitation, and palliative care.² The three main dimensions of Universal Health Coverage (UHC) include population coverage, access to good quality essential health services and financial protection.

Nigerian policy has been put in place to ensure that UHC is achieved for all Nigerians. These policies include; the Nigerian Constitution and the National Health Act 2014 to promote the right to health of all Nigerians, the 2016 National Health Policy, derived from the National Health Act 2014 which policy guidance on implementation of the National Health Act and attainment of the Social Development Goal 3 of 'Health for All at All Ages', and the National Health Insurance Authority (NHIA) Act 2022, which makes health insurance mandatory and provides for a Vulnerable Group Fund to cover the poor and vulnerable.

In Plateau, the Plateau State Contributory Healthcare Management Agency was established on June 3, 2019, and is tasked with the responsibility of ensuring all residents in Plateau State access healthcare without suffering financial catastrophe. A baseline survey which was conducted at inception revealed that Out-of-Pocket Payment is the predominant means of health financing as 96.8% (benchmark < 30-40%) of the State's residents pay for healthcare Out-of-Pocket and almost half of the residents in the state suffer catastrophic expenditures. This is further compounded by high burden of chronic diseases, poor health seeking behavior due to poverty. Recent estimates put the poverty rate in the state at 51.6%. Furthermore, most residents (74.4%) are self-employed. However, it was observed that willingness to pay for health insurance was high.

Currently, a total of 74,050 residents of the state have been enrolled across the various plans in the scheme with an estimated coverage of 2.0% given a projected State population of 5,288,242 based on the 2006 population census.

The Health Financing TWG in Plateau State was formulated in 2022 for the purpose of mobilizing funds for tuberculosis. They held one meeting last year and could not meet again until LHSS facilitated the re-activation of the group last week. During the meeting, their TOR was reviewed to include a Roadmap for achieving UHC.

DEVELOPING A UNIVERSAL HEALTH COVERAGE ROADMAP

A **roadmap** is a strategic plan that defines an objective or desired outcome and includes the major steps or milestones needed to reach it. It also serves as a communication tool, a high-level document that helps articulate strategic thinking—the **why**—behind both the objective and the plan for getting there.

The following steps are involved in creating a roadmap for UHC.

- Identify a UHC goal with metrics, by consensus, use goal to guide and maintain focus as TWG maps out the pathway to achieve Universal Health Coverage in Plateau State

² [Universal health coverage \(UHC\) \(who.int\)](https://www.who.int/health-topics/universal-health-coverage)

- Gather information- seek input from stakeholders within and outside the technical working group.
- Organize into themes- align inputs with the three dimensions of UHC (e.g. population coverage, access to good quality services and financial risk protection)
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OBJECTIVE

The purpose of this TOR is to establish the leadership role of the multisectoral TWG under the auspices of the Plateau State Ministry of Health (SMOH) to champion and provide advisory and technical support in achieving Universal Health Coverage (UHC) by the year 2030 in the State.

GOVERNANCE FRAMEWORK

The governance framework described below will support the Health Financing Technical Working Group. This framework describes the roles and responsibilities of the different levels and members of the TWG, reporting lines, and decision-making process. The objective of the governance framework is to provide effective oversight, stewardship, coalition building, regulation, coordination, attention to system-design and accountability.

GOVERNANCE STRUCTURE

- a. The Office of the Chairman of TWG: The Commissioner of Health shall be the Chairman of the TWG. He shall be the highest decision-making authority of the TWG. He shall oversight and coordinate the activities of the entire TWG.
- b. The Secretariat: represented by the Directorate of Planning, Research and Statistics (DPRS) of the State Ministry of Health. The Director in the DPRS shall serve as the Secretary and shall lead other members such as the staff of the Health Financing Unit of the SMOH, the DPRS of the State Health Insurance Agency and the DPRS of the State Primary Health Care Development Agency. The Secretariat shall provide secretarial support to the TWG. They shall be responsible for drafting the UHC Roadmap based on the outputs from

the entire TWG. They report directly to the Chairman of the TWG – The Honorable Commissioner of Health.

- c. The Multisectoral Members of the TWG: They shall provide strategic direction in the development, implementation, and monitoring of the UHC Roadmap. They report to the Chairman of the TWG.

Resources required (data, financial, consultancies, other): the TWG shall require the assistance of Health financing and health system strengthening experts, professionals from other Ministries, Departments and Agencies of Government, CSOs, International Partners, Labor Unions and Associations. Resources shall be required for various activities of the TWG for meetings, hiring of consultants, and stakeholders' forum. Adequate budget shall be developed and made available for these activities by the State Ministry of Health.

Anticipated Challenges may include:

- a. Inadequate advocacy and engagement of vital stakeholders.
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3. Coordination: Provides policy and strategic direction in the development of the UHC Roadmap and its implementation.

B. THE SECRETARIAT

The Secretariat shall be led by the DPRS SMOH. The staff of the Health Financing Unit in the DPRS, the DPRS Plateau State Contributory Health Management Agency (PLASCHEMA) and DPRS Plateau State Primary Health Care Development Board (PLSPHCDB) shall serve in the Secretariat. They shall report directly to the Chairman of the TWG.

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2. Lead the drafting of the UHC Roadmap based on the outputs of the TWG
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4. Maintain databases and document repository of relevant information on UHC in Plateau State.
5. Develop technical policy briefs to inform discussions on development of the UHC Roadmap including lessons from other settings relevant to Plateau State.
6. Provide high quality technical inputs (e.g., data) to inform the discussions of the TWG.
7. Support the dissemination of information to the public on progress developing and implementing the UHC Roadmap.
8. Collaborate with the DPRS Monitoring and Evaluation Unit to monitor and document progress of UHC.
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UHC/Health Financing Policies (if available) to guide the development of a UHC Roadmap for Plateau State.

2. Champion multi-sectoral engagement and collaboration for the advancement of UHC.
3. Undertake high level advocacy across all sectors to support the UHC agenda in Plateau State.
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ANNEX A: MEMBERS OF THE TECHINCAL WORKING GROUP

S/N	MEMBERS	ORGANIZATION	ROLES
1	Hon. Commissioner for Health	SMOH	Chairman
2	Permanent Secretary	SMOH	Member
3	Permanent Secretary	State Ministry of Finance	Member
4	Permanent Secretary	Budget, and Economic Planning	Member
5	Permanent secretary	Ministry of Local Government and Chieftaincy Affairs	Member
6	Chairman House Committee on Health	State House of Assembly	Member
7	Chairman House Committee on Appropriation	State House of Assembly	Member
8	Director, DPRS / Staff in the Health Financing Unit.	SMOH	Secretary/Secretariat
9	All Directors (technical) in the SMOH	SMOH	Members
10	Director General, and all Directors	PLASCHEMA	Members
11	Executive Secretary, and all Directors	PLSPHCDB	Members
12	Chief Medical Director	Hospital Management Board	Member
13	All technical Directors	Hospital Management Board	Members
14	Executive Secretary	Plateau State Drugs, Medicines, and Consumables Management Agency	Member
15	Zonal Controller	National Bureau of Statistics	Member
16	Statistician General	State Bureau of Statistics	Member
17	Director General	Plateau State infrastructure promotion and Regulatory Agency	Member
18	State Chairpersons of Labor Unions	Nigeria Labour Congress Trade Union Congress of Nigeria	Members
19	Representative of Organized Private Sector	Nigeria Employers' Consultative Association Private Sector Health Alliance of Nigeria, Manufacturers Association of Nigeria Union of Road Transport Workers, Market Women Association All Main Market Associations	Members
20	State Coordinator	All development and Implementing Health Partners in the State	Member
21	State Coordinator	State Operations Coordinating Unit	Members
22	Head of Unit	State Cash Transfer Unit	Member
23	Representative	Civil Society Organizations	Members
24	Representative	Community Based Organizations	Member
25	Representative of Academia	Universities	Member

REFERENCES

Abubakar I, Dalglish SL, Angell B, et al. *The Lancet Nigeria Commission: investing in health and the future of the nation*. *Lancet* 2022; 399(10330): 1155–1200.

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ZAMFARA

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In Zamfara State, a total of 41,493 people (Males: 13,095 and Female: 28,398) are enrolled in the Formal Sector program of the State Contributory Healthcare Management Agency. The informal sector program is yet to commence. In the BHCPF, 24,148 people (Males: 9,586 and Female: 14,562) are enrolled out of the expected target of 45,910 target allocated to Zamfara State which represents 59% of the target. Thus, a total number of 65,641 people are covered by a social health protection scheme in Zamfara State, which represents 1.24% of her total population.

In Zamfara, there is no existing Health Financing Technical Working Group that can be leveraged to develop a roadmap for UHC. LHSS will support the Zamfara State Contributory Healthcare Management Agency to establish this technical working group to be able to develop this roadmap as well as ensure there is a forum to discuss issues related to Health Financing in the state.

DEVELOPING A UNIVERSAL HEALTH COVERAGE ROADMAP

A **roadmap** is a strategic plan that defines an objective or desired outcome and includes the major steps or milestones needed to reach it. It also serves as a communication tool, a high-level document that helps articulate strategic thinking—the **why**—behind both the objective and the plan for getting there.

The following steps are involved in creating a roadmap for UHC.

- Identify a UHC goal with metrics, by consensus- use goal to guide and maintain focus as Technical Working Group (TWG) maps out the pathway to achieve Universal Health Coverage in Zamfara State
- Gather information- seek input from stakeholders within and outside the technical working group.
- Organize into themes- align inputs with the three dimensions of UHC (e.g. population coverage, access to good quality services and financial risk protection)
- Prioritize initiatives- identify initiatives based on the three dimensions of UHC.

³ [Universal health coverage \(UHC\) \(who.int\)](http://www.who.int)

- Establish milestones- set the timeliness to achieve each initiative based on resources, feasibility and need.
- Review and revise

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- Deliverables
- Meeting schedule and timelines

OBJECTIVE

The purpose of this TOR is to establish the leadership role of the multisectoral TWG under the auspices of the Zamfara State Ministry of Health (SMOH) to champion and provide advisory and technical support in achieving Universal Health Coverage by the year 2030 in the State.

GOVERNANCE FRAMEWORK

The governance framework described below will support the Health Financing Technical Working Group. This framework describes the roles and responsibilities of the different levels and members of the TWG, reporting lines, and decision-making process. The objective of the governance framework is to provide effective oversight, stewardship, coalition building, regulation, coordination, attention to system-design and accountability.

GOVERNANCE STRUCTURE

- a. The Office of the Chairman of TWG: The Commissioner of Health shall be the Chairman of the TWG. He shall be the highest decision-making authority of the TWG. He shall oversight and coordinate the activities of the entire TWG.
- b. The Secretariat: represented by the Directorate of Planning, Research and Statistics (DPRS) of the State Ministry of Health. The Director in the DPRS shall serve as the Secretary and shall lead other members such as the staff of the Health Financing Unit of the SMOH, the DPRS of the State Health Insurance Agency and the DPRS of the State Primary Health Care Development Agency. The Secretariat shall provide secretarial support to the TWG. They shall be responsible for drafting the UHC Roadmap based on the outputs from the entire TWG. They report directly to the Chairman of the TWG – The Honorable Commissioner of Health.
- c. The Multisectoral Members of the TWG: They shall provide strategic direction in the development, implementation, and monitoring of the UHC Roadmap. They report to the Chairman of the TWG.

Resources required (data, financial, consultancies, other): the TWG shall require the assistance of Health financing and health system strengthening experts, professionals from other Ministries, Departments and Agencies of Government, Civil Service Organizations (CSOs), International Partners, Labor Unions and Associations. Resources shall be required for various activities of the TWG for meetings, hiring of consultants, and stakeholders' forum. Adequate budget shall be developed and made available for these activities by the State Ministry of Health.

Anticipated Challenges may include:

- a. Inadequate advocacy and engagement of vital stakeholders.
- b. Lack of funds to run the activities of TWG.
- c. Lack of or inactive Health Financing TWG in the State Ministry of Health

Figure 1. Proposed Structure of UHC TWG



COMMITTEE MEMBERSHIP

See Annex A

ROLES AND RESPONSIBILITIES OF THE TWG

A. GROUP CHAIRMAN OF THE TWG (HIGH COMMISSIONER OF HEALTH)

1. Oversight: Provides guidance to the TWG.
2. Advocacy: Liaises with and reports to the State Executive Council and Legislative arm of the Government on UHC Roadmap and its implementation.
3. Coordination: Provides policy and strategic direction in the development of the UHC Roadmap and its implementation.

B. THE SECRETARIAT

The Secretariat shall be led by the DPRS SMOH. The staff of the Health Financing Unit in the DPRS, the DPRS Zamfara State Contributory Health Management Authority and DPRS Zamfara Primary Health Development Board shall serve in the Secretariat. They shall report directly to the Chairman of the TWG.

4. Provide administrative support to the TWG on the development and implementation of the UHC Roadmap.
5. Lead the drafting of the UHC Roadmap based on the outputs of the TWG
6. Compile and undertake relevant analyses to support the work of the TWG.
7. Maintain databases and document repository of relevant information on UHC in Zamfara State.
8. Develop technical policy briefs to inform discussions on development of the UHC Roadmap including lessons from other settings relevant to Zamfara State.
9. Provide high quality technical inputs (e.g., data) to inform the discussions of the TWG.
10. Support the dissemination of information to the public on progress developing and implementing the UHC Roadmap.
11. Collaborate with the DPRS Monitoring and Evaluation Unit to monitor and document progress of UHC.
12. Provide secretarial support to the TWG.
13. Provide administrative support during multi-stakeholder consultations to develop the UHC Roadmap.

C. MEMBERS OF THE TWG

1. Undertake the desk review of available documents and literature including: the Nigeria Health Financing Policy and Strategy document, the NHIA Act 2022, the NHIA 10-year strategic plan, the National Health Strategic Development Plan II (2018-2022) and State

UHC/Health Financing Policies (if available) to guide the development of a UHC Roadmap for Zamfara State.

2. Champion multi-sectoral engagement and collaboration for the advancement of UHC.
3. Undertake high level advocacy across all sectors to support the UHC agenda in Zamfara State.
4. Progress toward UHC requires coordinated actions across the pillars of the health system, the team shall pay attention to the overall health system building blocks to develop the UHC Roadmap.
5. Review technical submissions from the Secretariat.
6. Disseminate and monitor implementation of the UHC Roadmap.
7. Consider and recommend legislative reforms required to advance the UHC Roadmap
8. Deliberate and formulate strategies to be adopted in the final UHC Roadmap ensuring a consultative approach.
9. Review and adopt sustainable approaches for the implementation of mandatory health insurance in Zamfara State while ensuring their inclusion in the UHC Roadmap.
10. Identify and convene stakeholders and experts at strategic points in time to discuss and agree on the different UHC strategies. These consultations may take the form of workshops to engage with multiple stakeholders at the same time to generate discussions and reach consensus.
11. Alternatively, TWG may also engage with these stakeholders on a one-on-one basis to draw from their expertise and experience.
12. Upon finalization of the roadmap, support the development of Action Plans for its implementation. This shall include developing a minimum core set of indicators to support measurement of progress.

DELIVERABLES

It is anticipated that the work of the TWG will culminate in:

1. The development of the UHC Roadmap.
2. Action Plan for implementation of the UHC Roadmap,
3. A monitoring framework to support the measurement of progress.

FREQUENCY OF MEETINGS

One two-day meeting to launch the development of the roadmap. Followed by monthly meetings until the roadmap is finalized. Quarterly meetings to track progress thereafter.

ANNEX A: PROPOSED MEMBERS OF THE TECHNICAL WORKING GROUP

S/N	MEMBERS	ORGANIZATION	ROLES
1	Hon. Commissioner for Health	SMOH	Chairman
2	Permanent Secretary	SMOH	Member
3	Permanent Secretary	State Ministry of Finance	Member
4	Permanent Secretary	Budget, and Economic Planning	Member
5	Permanent secretary	Ministry of Local Government and Chieftaincy Affairs	Member
6	Chairman House Committee on Health	State House of Assembly	Member
7	Chairman House Committee on Appropriation	State House of Assembly	Member
8	Director, DPRS / Staff in the Health Financing Unit.	SMOH	Secretary/Secretary
9	All Directors (technical) in the SMOH	SMOH	Members
10	Executive Secretary, and all Directors	Zamfara State Contributory Health Management Authority Board,	Members
11	Executive Secretary, and all Directors	Zamfara State Primary Health Care Board	Members
12	Chief Medical Director	Hospital Management Board	Member
13	All technical Directors	Hospital Management Board	Members
14	Executive Secretary	Zamfara State Drugs, Medicines, and Consumables Management Agency	Member
15	Zonal Controller	National Bureau of Statistics	Member
16	Statistician General	State Bureau of Statistics	Member
17	Director General	Zamfara State infrastructure promotion and Regulatory Agency	Member
18	State Chairpersons of Labor Unions	Nigeria Labour Congress Trade Union Congress of Nigeria	Members
19	Representative of Organized Private Sector	Nigeria Employers' Consultative Association Private Sector Health Alliance of Nigeria, Manufacturers Association of Nigeria Union of Road Transport Workers, Market Women Association All Main Market Associations	Members
20	State Coordinator	All development and Implementing Health Partners in the State	Member
21	State Coordinator	State Operations Coordinating Unit	Members
22	Head of Unit	State Cash Transfer Unit	Member
23	Representative	CSOs	Members
24	Representative	Community Based Organizations	Member
25	Representative of Academia	Universities	Member

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