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Review Article

ASSESSMENT OF THE INFLUENCE OF BASIC HEALTH CARE PROVISION FUND (BHCPF) TOWARDS ATTAINING UNIVERSAL HEALTH COVERAGE IN BAUCHI STATE, NIGERIA

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Article Info

Abstract

The Basic Health Care Provision Fund (BHCPF), as a component of the National Health Act (2014), was designed to strengthen the primary healthcare system in Nigeria and facilitate the attainment of Universal Health Coverage (UHC). This study assesses the influence of BHCPF on UHC in Bauchi State, focusing on five key areas: accessibility, utilization, financial risk protection, perceived quality, and the overall contribution of the fund to UHC. Using a descriptive framework, the paper highlights the progress, challenges, and implications of BHCPF implementation in Bauchi. Findings suggest the BHCPF has enhanced service accessibility and utilization, reduced some financial barriers, and marginally improved perceived quality. However, sustainability, equity, and systemic inefficiencies remain key concerns. Recommendations are made to optimize BHCPF implementation for UHC realization.

Keywords:

Bauchi State, Universal Health Coverage, political instability, Basic Health Care Provision Fund.

1. INTRODUCTION

Universal Health Coverage (UHC) is the hallmark of a well-functioning health system and is integral to achieving the Sustainable Development Goals (SDGs), particularly SDG 3.8, which calls for access to quality essential health services and financial protection for all. In Nigeria, efforts to realize UHC led to the establishment of the Basic Health Care Provision Fund (BHCPF) through the National Health Act of 2014, operationalized in 2018. This fund earmarks at least 1% of the federal Consolidated Revenue Fund (CRF) to strengthen primary health care (PHC) service delivery, particularly for vulnerable populations (FMOH, 2016). Universal Health Coverage (UHC) aims to ensure that all individuals have access to the health services they need without suffering financial hardship. Nigeria, like many low- and middle-income countries, has committed to achieving UHC as part of its health sector reform agenda. In line with this, the Basic Health Care Provision Fund (BHCPF) was introduced under the National Health Act (2014) to bridge funding gaps and strengthen primary healthcare services—the cornerstone of UHC (Uzochukwu, et al., 2021). The Basic Health Care Provision Fund (BHCPF) was established under section 11 of the National Health Act as a catalytic funding to improve access to primary health care. The BHCPF serves to fund a Basic Minimum Package of Health Services (BMPHS), increase the fiscal space for health, strengthen the national health system particularly at primary health care (PHC) level by making provision for routine daily operation cost of PHCs, and ensure access to health care for all, particularly the poor, thus contributing to overall national productivity. The BHCPF is derived from (a) an annual grant from the Federal Government of Nigeria (FGoN) of not less than one percent (1%) of the Consolidated Revenue Fund (CRF); (b) grants by international donor partners; (c) funds from any other source, inclusive of the private sector (Abdurrahman, 2020).

Nigeria's health sector is bedeviled by several inadequacies that contribute to poor health outcomes. Major among these is the grossly low government investment in the health sector. The National Health Act (2014) proposed a radical shift in health financing through establishment of the Basic Healthcare Provision Fund (BHCPF) to be predominantly financed through an annual grant from the Federal Government of not less than 1% of the Consolidated Revenue Fund of the Federation. With a projected population of over 190 million, it is estimated that Nigeria alone contributes 17% of the world's total number of deaths attributable to maternal and child issues. The average under-five mortality rate is 120 deaths per 1000 live births, while the maternal mortality rate is 814 deaths per 100,000 live births. A total of 50,000 women dies from pregnancy related causes each year. It is envisaged that the introduction of BHCPF scheme will ensure provision of quality and affordable basic package of health care services to Nigerians. The primary level of health care in Nigeria is the first level of entry into the health system and also the most patronized. Unfortunately, it has remained the level 9 with the lowest standard of care. The guideline for implementation of BHCPF scheme is that half of the fund be used for provision of basic package of services in Primary Health Care (PHC) facilities through the National Health Insurance Scheme; 45% will be disbursed by the National Health Care Development Agency for maintenance of PHC facilities, and the 5% will be used by the Federal Ministry of Health to respond to health emergencies (Esomonu et al., 2022). Assessment of the Influence of Basic Health Care Provision Fund (BHCPF) Towards Attaining Universal Health Coverage in Bauchi State, Nigeria was the objective of this paper's.

2. Basic Health Financing and UHC: A Global Perspective

Globally, countries have embraced various health financing mechanisms to achieve UHC, including social health insurance (e.g., Germany), general taxation (e.g., the UK), and community-based insurance schemes (e.g., Rwanda). These strategies emphasize equitable access, financial protection, and improved service quality. The World Health Organization (WHO) advocates sustainable financing mechanisms that ensure health system resilience and inclusivity (WHO, 2010).

Globally, financing mechanisms that ensure equitable access to primary health care are recognized as key strategies for attaining UHC. Countries such as Thailand and Rwanda have made significant progress through national health insurance schemes and targeted primary health investments. The World Health Organization (WHO) advocates for at least 1% of a country's GDP to be allocated to primary healthcare. Donor-funded initiatives and global health financing facilities increasingly emphasize country ownership and sustainability through pooled funding and strategic purchasing mechanisms. Universal Health Coverage (UHC) is a global health priority that ensures all individuals and communities receive the health services they need without suffering financial hardship (WHO, 2010). It encompasses the full spectrum of essential health services—from health promotion to prevention, treatment, rehabilitation, and palliative care. The concept of UHC is firmly rooted in the 2030 Agenda for Sustainable Development, specifically Sustainable Development Goal (SDG) 3.8, which aims to "achieve UHC, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality and affordable essential medicines and vaccines for all" (United Nations, 2015).

Universal health coverage (UHC) is the mechanism of providing accessible and suitable health services to the entire population without financial hardships. The concept of universal health coverage was first utilized by Germany in 1883 to improve the health status of its young population. The concept now connotes ensuring that all people have easily reachable needed health services of appropriate quality and the use of these services does not expose the user to any financial hardship (Jindal, 2014). The BHCPF aligns with these global trends by attempting to institutionalize predictable, pooled funding for health services at the PHC level in Nigeria, with attention to vulnerable groups.

3. Health Financing for UHC in Sub-Saharan Africa

Sub-Saharan Africa has witnessed notable progress in UHC through strategic reforms in health financing. Rwanda's Mutule de Santé, Ghana's National Health Insurance Scheme (NHIS), and Ethiopia's Health Extension Program stand as regional models for achieving UHC through targeted funding and community-based service delivery (Carrin et al., 2008).

In sub-Saharan Africa, several countries have adopted innovative models to strengthen PHC financing and delivery. Ghana's National Health Insurance Scheme and Ethiopia's Health Extension Program exemplify successful models improving health access and outcomes. However, common challenges include fragmented funding, weak accountability structures, and disparities in service availability, particularly in rural and hard-to-reach areas. The BHCPF in Nigeria is seen as a regional model to enhance domestic resource mobilization for PHC, aligning with continental efforts to achieve health equity and

financial protection (Abubakar et al, 2022). These models share features with Nigeria's BHCPF, especially in prioritizing PHC and financial protection.

4. The Basic Health Care Provision Fund in Nigeria

The BHCPF is structured to directly fund PHC services. Forty-five percent of the fund goes to PHC facilities through NPHCDA; fifty percent is managed by the NHIA to enroll vulnerable individuals into the Basic Minimum Package of Health Services (BMPHS); and five percent is reserved for emergency medical response. Each state must fulfill specific criteria (e.g., setting up a State Health Insurance Scheme) to access these funds (FMOH, 2016).

In Nigeria, the health system is characterized by fragmentation, underfunding, and disparities in access to quality healthcare—especially between urban and rural populations. Primary Health Care (PHC), which is the foundation of equitable and cost-effective health service delivery, has historically suffered from weak infrastructure, inadequate human resources, and inefficient financing mechanisms (NPHCDA, 2018). These systemic weaknesses have hindered the country's progress towards achieving UHC. Recognizing these challenges, the Government of Nigeria established the Basic Health Care Provision Fund (BHCPF) as a pivotal strategy to improve PHC financing and service delivery. The BHCPF is a component of the National Health Act (2014), mandating that at least 1% of the Consolidated Revenue Fund (CRF) be allocated annually to the health sector to support PHC services. The Fund is structured around three gateways: the National Primary Health Care Development Agency (NPHCDA) gateway for essential drugs and facility improvement; the National Health Insurance Authority (NHIA) gateway for demand-side financing and coverage of the vulnerable population; and the Emergency Medical Treatment (EMT) gateway for urgent care (FMOH, 2016). The BHCPF is a landmark policy initiative aimed at operationalizing the National Health Act (2014). The fund is sourced from at least 1% of the Consolidated Revenue Fund (CRF) and is designed to support essential PHC services through the National Health Insurance Authority (NHIA), National Primary Health Care Development Agency (NPHCDA), and the Emergency Medical Treatment (EMT) component. (Abubakar et al., 2022).

The overarching goal of BHCPF is to ensure effective coverage and financial protection, especially for poor and vulnerable populations. The Fund aims to reduce out-of-pocket expenditures, which account for over 70% of total health spending in Nigeria—a major barrier to health equity (World Bank, 2021). By improving facility readiness, availability of essential medicines, health worker incentives, and insurance coverage, BHCPF is expected to serve as a catalyst for UHC at the grassroots level.

5. Basic health Care Provision Funds in Bauchi State

Bauchi State, located in northeastern Nigeria, is among the states that have made notable strides in the implementation of BHCPF. With support from development partners and federal authorities, the state has established State Health Insurance and Primary Healthcare Boards to operationalize the fund and provide oversight. However, implementation challenges such as weak accountability, low enrollment under the NHIA gateway, and gaps in service delivery still persist (SPHCDA Bauchi, 2022). Bauchi State began implementation by accrediting PHCs, forming Ward Development Committees (WDCs), and developing Local Health Authorities (LHAs) to supervise fund use.

6. Program Goal of BHCPF

The overarching goal is to achieve UHC by:

- Increasing access to basic health services.
- Improving quality of healthcare delivery.
- Enhancing financial protection.
- Reducing out-of-pocket expenditure.

7. Broad Program Objectives

1. To strengthen PHC systems.
2. To promote financial equity in healthcare access.
3. To ensure sustainable health financing.
4. To empower community-level participation and oversight.

Review of the Variables

I. Accessibility of Healthcare Services under BHCPF in Bauchi State

Accessibility refers to the ease with which individuals can obtain needed healthcare services. Under the BHCPF, Bauchi State received funds to revitalize PHC facilities, especially in underserved areas. Reports show that over 300 facilities received direct facility financing, improving service availability (SPHCDA Bauchi, 2022). However, barriers such as distance, health worker shortages, and poor road infrastructure still limit access in rural LGAs.

Key Insight: Accessibility has improved, but geographic and sociocultural barriers still inhibit equitable access across the state (Peters et al., 2018).

II. Utilization of BHCPF Services in Bauchi State

Utilization measures the actual use of health services provided. Since BHCPF's rollout, many PHCs in Bauchi report increased antenatal visits, immunization uptake, and skilled birth attendance (NHIA, 2021). The provision of drugs and basic equipment under the BHCPF has contributed to service uptake. However, utilization remains low in hard-to-reach areas due to persistent skepticism and awareness gaps.

Key Insight: Utilization has risen, but demand generation and community trust-building are essential for sustained use (SPHCDA Bauchi, 2022).

III. Financial Risk Protection under BHCPF

A major principle of UHC is that no one should suffer financial hardship due to healthcare costs. BHCPF provides free or subsidized care for maternal and child health services, reducing out-of-pocket spending. In Bauchi, a reduction in informal payments was observed in supported facilities, though gaps remain in medicine availability, leading to private purchases (World Bank, 2021).

Key Insight: BHCPF offers partial financial protection but must be reinforced by consistent commodity supply and expanded insurance coverage (Abubakar et al., 2022).

IV. Perceived Quality of Healthcare Services under BHCPF

Perception of quality affects health-seeking behavior. Improvements in service delivery, such as reduced wait times, improved cleanliness, and better staff attitude, have been reported. However, inconsistency in service standards, occasional stock-outs, and weak supervision affect perception negatively (FMOH, 2022).

Key Insight: Perceived quality is improving but needs system-wide standardization and staff retraining (Abdurrahman, 2020).

V. Contribution of BHCPF to Achieving UHC in Bauchi State

UHC requires progress in access, quality, financial protection, and equity. BHCPF has made foundational progress in Bauchi, but its full potential is undermined by:

- Delays in fund release,
- Weak data systems,
- Lack of integration with health insurance schemes,
- Political instability.

Key Insight: BHCPF has contributed positively but cannot achieve UHC alone—it requires multisectoral collaboration, strong governance, and continuous funding (Uzochukwu et al., 2021).

8. Conclusion

The BHCPF is a transformative policy with the potential to accelerate UHC in Nigeria. In Bauchi State, it has enhanced PHC accessibility, boosted service utilization, improved financial protection, and marginally raised the perceived quality of care. Nonetheless, limitations in governance, awareness, and infrastructure persist. BHCPF is a step in the right direction, but scaling its impact requires political commitment, adequate financing, and robust monitoring.

9. Recommendations

1. Scale-up awareness campaigns to improve community engagement and service utilization.
2. Ensure timely and transparent fund disbursement to PHCs.
3. Strengthen the drug supply chain to prevent stock-outs.
4. Integrate BHCPF with state health insurance schemes for broader financial risk protection.
5. Institutionalize routine supportive supervision and quality improvement mechanisms.
6. Promote equity by prioritizing hard-to-reach and underserved areas.
7. Monitor UHC indicators at the local government and facility level to guide improvements.

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