SEMA
REPRODUCTIVE HEALTH

SEMA Nigeria Assessment & Recommendations Preview

Extracts from an upcoming report summarizing the assessment and recommendations to improve sexual and reproductive health (SRH) markets in Nigeria

OCTOBER 2023

01
Introduction

Access to sexual and reproductive health (SRH) services and products can transform the lives of women and girls and improve communities. Access is currently undermined by a range of factors, including inadequate financing, restrictive policies, weak health systems, misinformation, poor counseling and social stigma. In addition to these barriers, market issues such as inadequate product availability, inequitable pricing and insufficient choice are also critical and growing constraints to faster progress in many countries.

Shaping Equitable Market Access for Reproductive Health (SEMA) was established to transform public and private markets for SRH products. SEMA envisions a world where SRH markets in low- and middle-income countries (LMICs) are healthy, equitable and resilient. In this future state, all people, especially women and adolescent girls, can access the SRH products they need.

SEMA collaborates with country partners - governments, civil society, and private enterprises - to identify market barriers, analyze underlying causes, and suggest market interventions. Through this work, SEMA hopes to catalyze efforts to transform private and public markets to better meet SRH needs.

The following extracts are from SEMA's upcoming report: *SEMA Nigeria Assessment and Recommendations Summary*. The report provides an assessment of the state of the SRH market and recommendations to address market barriers prioritized by local stakeholders. The report was developed in partnership with the Nigerian Federal Government and the State Governments of Ekiti, Kaduna, Lagos, Niger and Osun. The assessments and consultations were conducted by PharmAccess, the Private Sector Health Alliance of Nigeria (PSHAN), Halcyon, and the Clinton Health Access Initiative (CHAI). The final summary report will be completed in November 2023. This extract provides preliminary findings and recommendations.

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Country overview

Nigeria's population is young, with a median age of 17.9. Approximately 42% of the population are aged 15 and below. With regards to the female population, 51.1% are of reproductive age (15-49 years) and 33.1% are youths (10-24 years).[1] Nigeria's total fertility rate currently stands at 5.3, and if current trends continue, its population will reach 379 million by 2050, making it the fourth most populous country in the world.[2] Over the past two decades, Nigeria has made significant progress in reducing maternal mortality, but the rate still remains high. Annually, Nigeria accounts for about 19% of global maternal deaths.[3] There were approximately five deaths during pregnancy, childbirth, or within two months of childbirth for every 1,000 live births in Nigeria during the seven years preceding the 2018 Nigeria Demographic and Health Survey.[4]

Regional disparities exist within the country, with maternal mortality ratios (MMRs) of up to 1,625 and 1,463 deaths per 100,000 live births in Kano and Niger states respectively. These represent more than twice the deaths seen in southern states such as Lagos.[5] The majority of maternal deaths in Nigeria (approximately 70%) occur as a result of five complications: postpartum hemorrhage, infection, unsafe abortion, hypertensive diseases of pregnancy such as pre-eclampsia, and obstructed labor.[6] Other factors also contribute to high maternal deaths, such as inadequate antenatal care and lack of access to skilled birth attendants. There are estimates that six out of ten abortions are unsafe, with rural women,

women with no education, the poorest women, and girls aged 15-19 most likely to have unsafe abortions.[7]

The country has seen improved access and uptake of family planning (FP) services and commodities, with the modern contraceptive prevalence rate (mCPR) increasing from 9.8% in 2013 to 12% in 2018.[8] In 2022, approximately 6,560,000 women were using a modern method of contraception. As a result, 2.3 million unintended pregnancies were prevented, and 822,000 unsafe abortions and 15,000 maternal deaths were averted.[9] Even with this increase, Nigeria must increase its effort to achieve the 2030 target of 27% mCPR.[10]

Table 1. *Key Nigeria statistics at national level and for five states*

Criteria	Nigeria	Lagos	Kaduna	Niger	Osun	Ekiti
Population	211 million[11]	28 million[12]	8.9 million[13]	6.8 million[14]	5.5 million[15]	3.9 million[16]
mCPR	12%[17]	29%[18]	13.7[19]	6.4%[20]	27[21]	25.4%[22]
mCPR target	27% by 2030[23]	74% by 2024[24]	22.8% by 2023	N/A	N/A	69%[25]
Unmet Need	18.9%[26]	16.5%[27]	12.35[28]	19.25[29]	25.6%[30]	18.2%[31]
MMR	512 per 100,000 live births11	N/A	1,025 deaths per 100,000 live births[32]	N/A	N/A	202 deaths per 100,000 live births[33]

[1] UN-DESA, World Population Prospects, the 2015 Revision.

[2] National Population Commission

[3] World Health Organization (WHO). (2019). Maternal mortality in 1990-2017. Retrieved from:
https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

[4] Nigeria Demographic and Health Survey. 2018.

[5] National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.

[6] Osunu PT et al Maternal mortality in Nigeria: A consideration of infection control factor – Preventive Medicine and Community Health ISSN: 2516-7073

[7] PMA Abortion Survey results 2018, NG-AbortionModule-Brief-v2-2020-03-18.pdf (pmadata.org)

[8] Nigeria Demographic and Health Survey. 2018.

[9] Track20 Estimates

[10] Nigeria FP2030 Commitment Statement

[11] National Population Commission . 2021 Projection

[12] Lagos State Citizens Budget. 2022. Available online at: https://lagosstate.gov.ng/LAGCTBNEW.pdf

[13] The Kaduna State Bureau of Statistics. 2020. (6,113,503: 2006 census).

[14] National Population Commission 2022. (Primary data obtained from SMOH)

[15] National Population Commission. 2022. (Primary data obtained from SMOH).

[16] DHIS2. 2022.

[17] Nigeria Demographic and Health Survey. 2018.

[18] Nigeria Demographic and Health Survey. 2018.

[19] Nigeria Demographic and Health Survey. 2018.

[20] Nigeria Demographic and Health Survey. 2018.

[21] Nigeria Demographic and Health Survey. 2018.

[22] Nigeria Demographic and Health Survey. 2018.

[23] Nigeria Family Planning 2030 Commitment. 2020 .

[24] Ehieme and Adejo. 2021. Nigeria Health Watch article on the launch of the Nigeria Family Planning Blueprint 2020 – 2024.

[25] State Ministry of Health, Ekiti State

[26] Nigeria Demographic and Health Survey. 2018.

[27] Nigeria Demographic and Health Survey. 2018.

[28] Nigeria Demographic and Health Survey. 2018.

[29] Nigeria Demographic and Health Survey. 2018.

[30] Nigeria Demographic and Health Survey. 2018.

[31] Nigeria Demographic and Health Survey. 2018.

[32] NURHI. Sustaining the CPR gains in Kaduna Fact Sheet. 2014. Available online at:
https://nurhi.org/en/wp-content/uploads/2020/10/kaduna_advocacy_brief.pdf

[33] NPDSR Report. 2021.

Policy context

According to the Nigerian Constitution, there are three levels of government: the Federal Tier, 36 States plus the Federal Capital Territory, and 774 local government areas grouped into six geopolitical zones. Health falls under the responsibilities of the three levels of government (federal, state, and local), with considerable autonomy at the state level.

Currently, SRH programming and policies in Nigeria are headed and coordinated by the Federal Ministry of Health (FMOH) through the Reproductive Health Division (RHD) under the Family Health Department, National Primary Health Care Development Agency (NPHCDA); the State Ministries of Health; and State Primary Health Care Development Agencies/Boards (SPHCDA/B). In collaboration with the relevant agencies and state ministries, the Department is responsible for developing policies and guidelines, establishing regulatory frameworks, and providing oversight to ensure accountability, transparency, and the efficient functioning of programming and service delivery.

Economy and health financing for SRH context

The annual population growth rate of Nigeria is 3.2%, outpacing poverty reduction, increasing the number of Nigerians living in extreme poverty. Furthermore, Nigeria remains under pressure from the COVID-19 pandemic-induced recession from 2020. As indicated by the National Bureau of Statistics' 2022 Multidimensional Poverty Index survey, 63% of Nigerians (133 million people) are multidimensionally poor. The distribution is disproportionate between the north and the south (65% and 35%, respectively). There are significant problems with access to clean cooking fuel, adequate sanitation, and healthcare for a significant portion of this population.

In 2011, the Federal Government of Nigeria (FGoN) committed $3 million annually to scale up FP access through a memorandum of understanding with UNFPA, FCDO and the Canadian International Development Agency (CIDA) on a basket fund for FP procurement. This agreement ensured that free FP services (including commodities and consumables) could be delivered in public health facilities nationwide. Although the previous commitment was partially fulfilled, Nigeria increased its annual commitments to FP commodity procurement during the 2018 London Summit from $3 million (N900 million) to US$ 4 million (N1.2 billion).[34] Following advocacy, strategic, and planning efforts, the FMOH created a dedicated national budget line item for FP programs that also finances FP commodity procurement.

The budget line represents an increase in commitment, even though target allocations are not always achieved. For instance, the government released the committed amount in 2018, but insufficient funding in 2017 and 2019 left a funding deficit of ₦2.2billion during this period. Meanwhile, ₦1.2 billion was allocated in the 2020 budget but only ₦325 million was released as a result of budget amendments caused by the COVID-19 pandemic.[35]

Government commitments are also not keeping pace with need. Total funding needs grew from $15 million in 2013 to $26 million in 2019 (an increase of 73%) due to marginal population growth estimated at 3.2% annually and an overall increase in demand for FP services. Over the same period, total funding to meet this need increased by 23% from $13 million to $16 million. This represents a 400% increase in Nigeria's FP commodity funding gap between 2013 and 2019.[36] Current commitments and releases are insufficient to close this gap, augmenting consumer reliance on purchasing through private sector channels. Although marginally subsidized, the services delivered through these private channels are mostly obtained through out-of-pocket spending. According to the National Health Accounts (2020), out-of-pocket spending as a percentage of current health expenditure has remained at an average of 75% (2020) in Nigeria.

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[34] UNFPA. 2017. Business Case to Support Family Planning Funding in Nigeria.
[35] FMoH. 2021. Fiscal Space Analysis for Family Planning Commodities Financing in Nigeria
[36] FMoH. 2021. Fiscal Space Analysis for Family Planning Commodities Financing in Nigeria

SRH access and delivery context

The public sector in Nigeria is the predominant provider of modern contraceptive methods, particularly for long-acting reversible contraceptives and injectables, accounting for 54% of all FP services rendered.[37] The public sector accounts for 75% of female sterilization, 79% of intrauterine devices, 93% of implants, and 74% of injectables. These commodities are distributed through tertiary, secondary, and primary healthcare centers. The private sector, on the other hand, accounts for 40% of all FP services provided. The private sector provides 81% of male condoms, 80% of emergency contraception, and 67% of oral pills.[38] The public sector's market share steadily grew from 20% of modern method users in 2003 to 27% in 2013 and, in 2018, increased substantially to 50% of modern method users, while the share of the private sector declined to under 40%.[39] In remote or underserved areas with limited public health facilities, contraceptives are often more accessible via the private sector, where 61% of emergency contraception, 51% of male condoms, and 34% of pills are primarily obtained from private chemists/patent medicine stores.[40]

Policy, economy, accessibility and demand for SRH products and services vary geographically across the country, underscoring the need to have both national and state level assessments and strategies to improve SRH markets.

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[37] Nigeria Demographic and Health Survey. 2018.
[38] Nigeria Demographic and Health Survey. 2018.
[39] Nigeria Demographic and Health Survey. 2018.
[40] Available online at: https://datareportal.com/reports/digital-2020-nigeria

03
Approach to the assessments

SEMA strengthens SRH country and product markets to improve SRH outcomes. To support this goal, SEMA developed a Healthy Markets Framework (HMF)[41] for assessing the health of national and product markets using different qualitative and quantitative indicators. The HMF seeks to reflect all major dimensions of market health. For SEMA, healthy markets have the following dimensions:

- Adequate supply capable of meeting funded demand and to ensure a range of products are available at the service delivery point.

- Resilient financing that meets system demand, which in turn meets consumer demand

- Ability to meet consumer demand and preferences across the product mix

- Prices that ensure a sustainable level of affordability and equity across all channels, geographies and social groups while maintaining manufacturer economic viability

- High product quality

- An effective product adoption pathway for introducing innovations in a timely and rational manner

- Adequate market foundations for market management, regulation, procurement and market data and analytics

The HMF includes a list of indicators to facilitate the assessment of market dimensions. The indicators guide a data collection process for developing composite scores of 1-5 (with 1 being 'unhealthy' and 5 being 'very healthy'). These are then used to populate a simple visual representation of overall market health.

The market assessments are intended to serve as a platform for building consensus on key market challenges, as well as opportunities for action and investment among stakeholders. SEMA recommends that assessments be routinely updated to monitor results and track progress towards healthier market conditions. The SRH landscape was assessed at the national level and in five states (Ekiti, Kaduna, Lagos, Niger, and Osun). All of these states have unique SRH markets, although the challenges and opportunities are quite similar.

**Figure 1:** *States included in this assessment*

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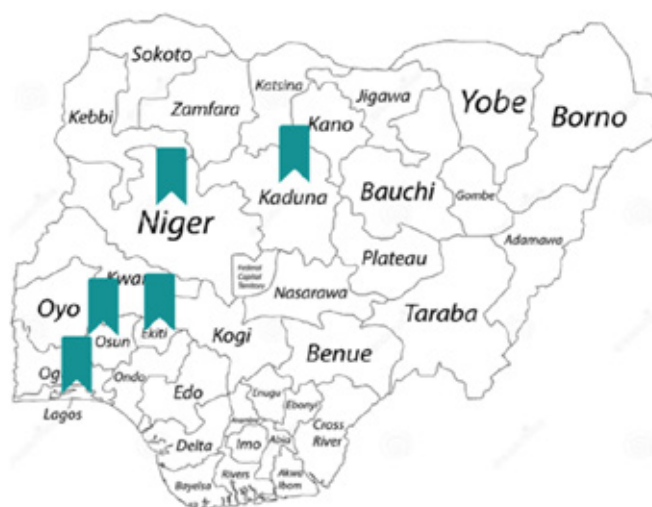
[41]For detailed descriptions of the HMF and its intended use, see SEMA Healthy Markets Framework Overview.
Available at www.semareprohealth.org

04
Findings and recommendations

As part of the assessment, the HMF was completed for all five states and at the federal level. In this excerpt, only the federal level is included. While there were some differences between states, many common themes and opportunities emerged. The final summary report will include all six completed frameworks and more detailed findings and recommendations.

Assessment Scores

Figure 2: Nigeria's current market landscape using the HMF
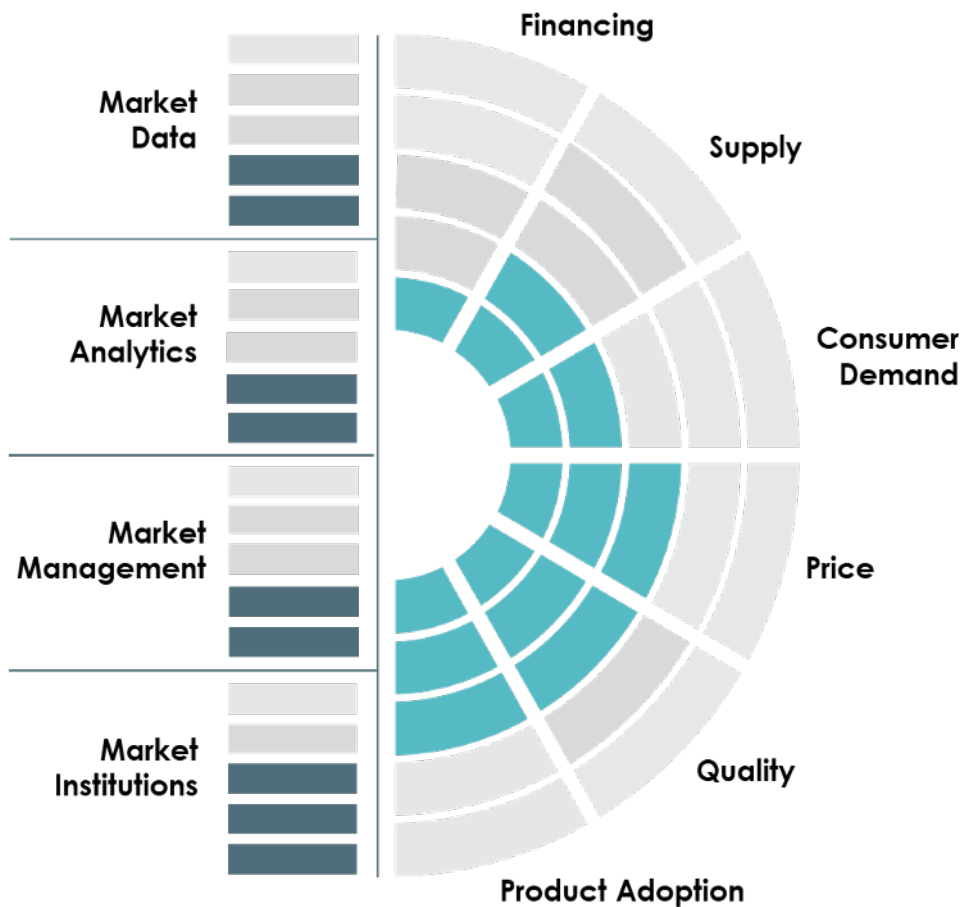
Table 2. *Thematic market shortcomings and recommendations at national and subnational levels*

HMF Element	Findings	Recommendations
Market Data	Limited availability of and access to SRH market data (consumer insights, price, consumption trends, supplier diversity, etc.), especially in the private sector.	Strengthen coordination and integrate the private and public sector data reporting platforms; enhance SRH data infrastructure through provision of harmonized data tools, capacity building and robust monitoring and evaluation.
Market Analytics	Insufficient resources and clear hub for market analytics (strategic demand forecasting, assessing supply risks and guiding procurement strategies, monitoring price equity, defining equitable financing policies and frameworks, etc.).	Strengthen planning and analytics related to SRH commodities; integrate public and private sector quantification.
Market Management	No clear established organization or forum exists for monitoring the state of public and private markets, designing solutions and driving coordinated action.	Explore establishing locus for market monitoring and coordination issues.
Market Institutions	Clear institutional leads and processes exist for many supportive market institutions (e.g., supply chain/distribution, legal and regulatory frameworks, policy planning process).	Strengthen market institutions; engage additional partners (private sector, tech and data agencies, research).
Financing	High dependency on donors; insufficient and unreliable funding undermines financial resilience; need to expand how to incorporate SRH into inclusive and equitable financing strategies for vulnerable groups.	Enhance advocacy to increase government commitments; incorporate into broader financial planning and operations.
Supply	Over reliance on imported SRH products creates supply risks.	Create an enabling environment for local or regional manufacturing; diversify registered suppliers to manage supply risks.
Consumer Demand	Limited focus on understanding of consumer preferences to inform procurement and program design; limited awareness of options in the public sector and cultural bias against some options.	Strengthen efforts to improve monitoring of consumer demand trends; explore demand-based forecasting approaches.
Price	Heavily subsidized products in the public sector may deter the commercial market; lack of pricing frameworks to ensure equitable access in public and private sector channels.	Explore tax policy on end user prices; mainstream SRH into benefit packages to ensure equitable pricing.
Quality	Limited oversight of private sector product quality.	Explore cost-effective strategies to support monitoring of product quality given limited resources.
Product Adoption	Nigeria has successfully introduced new products in recent years; however, product introduction processes are complex and challenging to manage across multiple products with limited financial resources.	Enhance coordination in product adoption process; integrate consumer research into product adoption policy decisions.

These assessment findings have been used by state ministries to develop the first multi-year SRH market strategies. These strategies outline each state's ambitions for improving its SRH market, including clear action plans and roles and responsibilities for market players. It is anticipated that these strategies will also support states to mobilize additional resources to support their markets and the implementation of their state strategies.