Currently, Nigeria is undergoing four key transitions in its health sector—demographic transition, changes in the disease burden, a transition away from development assistance for health, and a shift towards domestic financing. Specifically, despite health gains in previous decades, Nigeria is facing a high burden of communicable diseases and a rapidly increasing burden of non-communicable diseases (NCDs). It is also experiencing high population growth and financial challenges resulting from donor exits. In this profile, we summarize the key transitions that will have an extensive impact on achieving universal health coverage (UHC) in Nigeria.

**Demographic transition**
Nigeria is a young country with about 54% of Nigerians below the age of 19, and will remain relatively young for the next couple of decades.7 The country is also rapidly urbanizing with more Nigerians currently living in urban centers than in rural areas. Its government will need to understand the current and changing demography to fulfill the health needs of its population.

**Domestic finance transition**
Only about 5% of Nigerians are covered by health insurance.18 The domestic general government health expenditure (GGHE-D) as a percent of GDP in Nigeria is around 0.5%, which is below the average across Sub-Saharan African countries and across low- and middle-income countries. Most Nigerians spend out-of-pocket on health, which accounts for about 77% of the current health expenditure in the country. Nigeria will need to transition towards domestic financing of healthcare to provide UHC to its population.4

**Disease (epidemiological) transition**
Nigeria is increasingly facing the problem of a double-disease burden. In 2016, according to the WHO, maternal and neonatal diseases still accounted for about 63% of deaths, and communicable (including maternal and neonatal) diseases were the top 4 causes of deaths in 2019.13 At the same time, deaths from NCDs such as cardiovascular disease have also increased in the last 10 years.

**Donor health aid transition**
Heavy dependence of donor financing to fund healthcare in Nigeria is a major impediment towards reaching UHC. Many donors have exit criteria such as reaching a particular threshold per capita income. When these criteria are met, the donors begin to exit the country. Nigeria is already a lower-middle income country and has reached, or is about to reach, the exit criteria established by many donors. Therefore, Nigeria needs to prepare itself for the donor health aid transition to avoid experiencing a sudden shock of a reduction in development assistance in health.

---

**Development indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2019 Value</th>
<th>2018 Value</th>
<th>2017 Value</th>
<th>2016 Value</th>
<th>2015 Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>200,963,599</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GDP</td>
<td>3397.27</td>
<td>3397.27</td>
<td>3397.27</td>
<td>3397.27</td>
<td>3397.27</td>
</tr>
<tr>
<td>Gross national income (per capita)</td>
<td>11,968</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public health expenditure (% GDP)</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Literacy rate</td>
<td>62.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Development Index</td>
<td>0.534</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of population living in rural areas</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median age (years)</td>
<td>18.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External aid (% of current health expenditure (CHE))</td>
<td>7.86%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health statistics**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2018 Value</th>
<th>2017 Value</th>
<th>2016 Value</th>
<th>2015 Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth</td>
<td>54.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate per 1,000 live births</td>
<td>75.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal mortality ratio per 100,000 live births</td>
<td>917</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor- population ratio per 100,000 population</td>
<td>38.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public health expenditure (% GDP)</td>
<td>3.89</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public health expenditure (% GDP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total health insurance coverage</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DALYs from NCDs, rate per 100,000 population</td>
<td>14,454</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DALYs, rate per 100,000 population</td>
<td>54,038</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Abbreviations: GDP, gross domestic product; DALYs, disability-adjusted life years.*

---

This is one in a series focusing on middle-income countries that are transitioning out of official development assistance for health. The profiles are part of a broader study called *Driving health progress during disease, demographic, domestic finance, and donor transitions* led by the Center for Policy Impact in Global Health.
Nigeria health sector transitions: impact data summary

Demographic transition

Key takeaways
- Currently, Nigeria has a 'young' population, a population growth rate of 2.57% (2019), and more people living in urban than rural areas.
- During the last decade of the 20th century, Nigeria had a dependency ratio of >90%. After a slight decline between 2000 and 2004, the dependency ratio increased reaching 89% in 2013. Currently, Nigeria has a high age dependency ratio of 87% (2019).
- Between now and 2050, Nigeria’s population structure will rapidly grow, urbanize, and age, creating profound challenges for the healthcare system.
- At this time, the Basic Health Care Provision Fund (BHCPF) is implemented in rural areas of Nigeria only.
- By generously allocating money to the BHCPF, some of these challenges can be mitigated, allowing coverage expansion to urban populations.

Disease (epidemiological) transition

Key takeaways
- Communicable (including maternal and neonatal) diseases are the top 5 causes of mortality in Nigeria. But the burden from non-communicable diseases (NCDs) is on the rise as the average annual rate of change between 2000 and 2019 was lower for NCDs (-1%) than communicable diseases (-4%),
- Nigeria will increasingly face the challenge of a double burden of disease in coming years—NCDs plus communicable, maternal and neonatal diseases.
- Given this increase in NCD burden and the high mortality from communicable and maternal and neonatal diseases, Nigeria’s healthcare system will need to quickly adapt.
- The basic minimum package of health services (BMPS) of the BHCPF currently includes four interventions for maternal health, regular immunization, and two interventions for NCDs. The package needs to expand to include more interventions in order to address these disease transition challenges.

Abbreviations: RTIs, road traffic injuries; TB: tuberculosis; NTDs, neglected tropical diseases; STIs, sexually transmitted infections; NCDs, non-communicable diseases; DALYs, disability-adjusted life years; Ann. ROC, annual rate of change.
### Key takeaways

- In 2018, domestic general government health expenditure accounted for only about 27% of current health expenditure (CHE). 76.6% of CHE in the same year was out-of-pocket spending (OOPS). Health insurance coverage and financing from pooled sources has gained traction in Nigeria as only about 5% of Nigerians have any kind of health insurance.
- OOPS, external health expenditure (EXT), and CHE per capita went up in 2002 before falling by a small amount in 2003. Since then these expenditures have mostly been on the rise.

### Health expenditure (2019, US$ billions)

- **Domestic finance transition**
  - Health expenditure per capita (by sources)
  - Government source of health financing

### Donor health aid transition

- **Donor health aid transition**
  - Gavi, The Vaccine Alliance, the United Kingdom, the World Bank, and the Global Fund, and the United States each have criteria for withdrawing support to countries (e.g., reaching a specific per capita income threshold). Nigeria is satisfying some of the exit criteria of many donors. For example, Gavi was to transition support out of Nigeria in 2022, but due to a request from the Nigerian government it has extended its aid to 2028. Nigeria is a World Bank International Development Association (IDA) blend country, which limits its ability to access concessional financing.

### Aid received by health area 2009-2018

- **Aid received by health area 2009-2018**
  - Health area Total flow (US$ millions) Percentage of total flow
  - STD control including HIV/AIDS 3,802.1 41.3%
  - Malaria control 1,580.6 17.2%
  - Infectious disease control 972.1 11.3%
  - Basic health care 248.2 2.9%
  - Reproductive health care 348.2 4.1%
  - Health policy & administrative management 272.4 3.2%
  - Tuberculosis control 792.1 9.0%
  - Family planning 187.2 2.1%
  - Basic nutrition 228.2 2.5%
  - Population policy and administrative management 145.9 1.7%
  - Personnel development for population and reproductive health 55.8 0.6%
  - Medical services 14.3 0.2%
  - Health education 14.3 0.2%
  - Health personnel development 14.3 0.2%
  - Medical research 14.3 0.2%
  - Basic health infrastructure 14.3 0.2%
  - Medical education/training 7.9 0.1%

### Abbreviations

- GGHE-D, domestic general government health expenditure; CHE: current health expenditure; OOPS, out of pocket spending; EXT, external health expenditure.
- AARC: Average annual rate of change.
Donor aid transitions: impact data summary

Top 5 donors (89%, US$8.2 billion, of all development assistance for health 2009-2017)

<table>
<thead>
<tr>
<th>Donor</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>3,671.9</td>
<td>40%</td>
</tr>
<tr>
<td>Global Fund</td>
<td>1,666.6</td>
<td>18%</td>
</tr>
<tr>
<td>World Bank Group</td>
<td>1,233.9</td>
<td>13%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>928.5</td>
<td>10%</td>
</tr>
<tr>
<td>Gavi, the Vaccine Alliance</td>
<td>667.2</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>1,012.0</td>
<td>11%</td>
</tr>
</tbody>
</table>

United States aid to health (US$ millions)

United Kingdom aid to health (US$ millions)

World Bank aid to health (US$ millions)

Gavi, the Vaccine Alliance aid to health (US$ millions)

References
1. Administrative map of Nigeria. Available at: https://www.nationsonline.org/oneworld/map/nigeria-administrative-map.htm
5. Global Health Expenditure Database, World Health Organization. Data available at: https://apps.who.int/nha/database/country_profile/index/en
6. Operationalizing universal health coverage in Nigeria through social health insurance. Data available at: https://www.nigeriamedj.com/article.aspx?issn=0900-1524;year=2015;volume=56;issue=5;page=305;epage=310;aulast=Okpari
15. WHO’s Global Health Expenditure Database. Data available at: https://apps.who.int/nha/database/Select/Indicators/en

Funding and Authorship
This profile was funded through a grant from the Bill & Melinda Gates Foundation to the Duke Center for Policy Impact in Global Health. The Foundation played no role in writing the profile. The profile was written by Siddharth Dixit, Wenhui Mao, Osondu Ogboji, and Gavin Yamey. It was designed by Heather Hille.

Methods
Our research included a desk-based review of websites, strategy documents, grey literature reports, and academic literature. This project was screened for exclusion by the Duke University Institutional Review Board as part of the study Driving health progress during disease, demographic, domestic finance and donor transitions (the “4Ds”): policy analysis and engagement with transitioning countries.

This is one in a series focusing on middle-income countries that are transitioning out of official development assistance for health. The profiles are part of a broader study called Driving health progress during disease, demographic, domestic finance, and donor transitions led by the Center for Policy Impact in Global Health.