



HSTP
Niger State, Federal Republic of Nigeria

REPORT ON

Two-Day Dialogue on Advancing Universal Health Coverage (UHC) through Joint Strategic LGA Leadership In Niger State

Organised by the Niger State Ministry of Health, Federal Republic of Nigeria



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Public Sector Consultants

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MRL[®] Public Sector Consultants
for the Niger State Ministry of Health,
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Produced for, **Niger State Ministry of Health, Federal Republic of Nigeria**
as part of the Health Sector Transformation Programme (HSTP)
by MRL® Public Sector Consultants Ltd.

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This document and other data in relation to the HSTP on which it is based are
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His Excellency, Mohammed Umaru Bago

**Executive Governor of Niger State
Federal Republic of Nigeria**



Dr Murtala Muhammad Bagana MBBS, MPH, MBA

**Commissioner for Health
Niger State**

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1. Introduction

The Niger State Ministry of Health organised a two-day dialogue on ***“Advancing Universal Health Coverage (UHC) through Joint Strategic LGA Leadership in Niger State”*** at House 7 Hotel, Bida, on the 7th and 8th May 2026.

The dialogue brought together key stakeholders from the health sector, Local Government Areas (LGAs), development partner organisations, professional institutions, and relevant Ministries, Departments and Agencies (MDAs) to deliberate on strategies for strengthening Primary Health Care (PHC) systems and accelerating progress towards Universal Health Coverage in Niger State.

The event was designed to deepen the involvement of Local Government leadership in PHC governance, financing, and accountability, while also creating a platform for stakeholder engagement on key health sector reforms and implementation priorities under the Niger Health Agenda. Participants included representatives of the Niger State Ministry of Health, Niger State Primary Health Care Development Agency (NSPHCDA), National Primary Health Care Development Agency (NPHCDA), National Health Insurance Authority (NHIA), World Bank Group, Association of Local Government of Nigeria (ALGON) leadership, LGA Chairmen, traditional institutions and development partners including UNICEF and Sydani.

The dialogue reflected a strong emphasis on multi-sectoral collaboration, sustainable healthcare financing, PHC governance, workforce strengthening, and accountability mechanisms aimed at improving healthcare delivery and health outcomes across the State.

MRL® Public Sector Consultants Ltd were invited to the event as consultants working in the State on the Health Sector. The MRL® Team was represented by Mr Adayi Peterside, Principal Managing Consultant, and Mr Samuel Fajuti Programme Support Officer. From MRL®’s perspective, the dialogue provided us with an expanded view of the programmes and initiatives of the Niger State Ministry of Health and its agencies, and the progress and impact of the Ministry’s implementation efforts.

The discussion was extremely informative and will help the State in addressing and planning for the needs of the Niger State Health Sector. It also created an opportunity for the health assessment data collected by MRL® to be used in additional areas within the Health Sector by the Ministry of Health and its agencies.



2. Objectives of the Dialogue

The objectives of the event included:



Sensitising LGA Chairmen on their responsibilities towards strengthening Primary Health Care delivery;



Building consensus and commitment towards improved PHC governance and financing;



Sensitising stakeholders on PHC governance structures and accountability mechanisms;



Strengthening collaboration among key stakeholders in advancing Universal Health Coverage in Niger State.

The dialogue also sought to produce a signed LGA Health Governance Communiqué that would guide commitments and accountability mechanisms for PHC strengthening across the State.



3. Opening Session and Goodwill Messages

The event commenced with participant registration, introductions, and welcome remarks, followed by goodwill messages from representatives of key stakeholder institutions.

The opening session set the tone for the dialogue by highlighting the importance of stronger collaboration among government institutions, Local Government leadership, development partners, and healthcare stakeholders in advancing Universal Health Coverage in Niger State.

In his opening remarks, the Honourable Commissioner for Health, Dr Murtala Muhammad Bagana emphasised the need to complement healthcare access with improved quality of care. He observed that despite efforts to expand access to healthcare services, Primary Health Care delivery in many areas continues to be weakened by persistent gaps in service quality. According to him, many of the challenges confronting the health sector are linked to limitations in the quality of healthcare services, making it necessary to reposition PHC systems to deliver more efficient, responsive, and people-centred healthcare services.

The Commissioner further highlighted measures being implemented by the State Government to address these challenges, including the establishment of the Niger State Agency for the Regulation of Private Health Facilities. The Commissioner stressed that the dialogue was particularly important as it created an opportunity to engage Local Government leadership, whom he described as essential stakeholders in advancing Universal Health Coverage in the State. The Commissioner also underscored the need for stronger ownership, accountability, and commitment at the LGA level in order to achieve sustainable improvements in healthcare delivery.

During the session on the review of the dialogue objectives and expected outcomes, Dr. Inuwa Junaidu, Executive Director of the Niger State Primary Health Care Development Agency (NSPHCDA), described Primary Health Care as the level of care most closely connected to the everyday healthcare experiences of citizens. While acknowledging the progress recorded in several aspects of PHC service delivery across the State, Dr Junaidu, noted that outcomes remain uneven across LGAs and require deliberate policy attention.

Dr. Junaidu explained that the dialogue was de-

signed to sensitise LGA Chairmen on their responsibilities towards strengthening PHC delivery, improve stakeholder understanding of PHC governance structures, and build stronger consensus and commitment around PHC governance and financing. Dr Junaidu further stressed the need for stronger coordination, targeted interventions, and sustained stakeholder commitment towards reducing disparities in healthcare access and outcomes across the State. He added that one of the expected outcomes of the dialogue was the development and signing of an LGA Health Governance Communiqué that would help strengthen accountability and commitment towards PHC improvement across the State.

The opening session also featured goodwill messages from representatives of the Ministry of Budget and Planning, Association of Local Governments of Nigeria, the Niger State House Committee on Health, the World Bank Group, representatives of the tertiary health facilities in Niger State, representatives for the Immunization Plus and Malaria Progress by Accelerating Coverage and Transforming Services (IMPACT) project and representatives of traditional institutions in Niger State. Among those who presented goodwill messages were:

- a. The Honourable Commissioner Budget and Planning Niger State, **Hon. Mustapha Ndajiwo.**
- b. The Niger State Commissioner for Women Affairs and Social Development, **Hajiya Hadiza Idris Kuta.**
- c. The Chairman of the Niger State House of Assembly Standing Committee on Health, Nutrition, and Primary Health Care, **Hon. Pharm. Muhammad Nasir Umar.**
- d. The Executive Secretary/CEO of the Niger State Contributory Health Agency (NiCare), **Sulayman Abubakar.**
- e. The Chief Medical Director (CMD) of the Ibrahim Badamasi Babangida (IBB) Specialist Hospital in Minna, **Dr. Bala Waziri.**
- f. The Medical Director of the Federal Medical Centre (FMC) Bida, **Dr. Abubakar Usman.**
- g. The representative of the Etsu Nupe, His Royal Highness, **Alhaji (Dr.) Yahaya Abubakar, CFR.**
- h. The Executive Chairman Chanchaga LGA and representative of the State Chairman of ALGON, **Dr Mustapha Alheri.**
- i. The World Bank Task Team Leader for the IMPACT Project, **Dr Onoriode Ezire.**
- j. The National Project Coordinator for the IMPACT project in Nigeria, **Dr Amina Mohammed.**

Across the goodwill messages and discussions, stakeholders emphasised the critical role of strengthening Primary Health Care systems in improving health outcomes and reducing avoidable pressure on secondary and tertiary health facilities. It was noted that a significant proportion of cases currently managed at higher-level facilities could be effectively addressed at the PHC level if frontline health systems are adequately staffed, funded, equipped, and governed. The discussions reinforced the importance of efficient referral systems, sustainable PHC financing, and stronger local accountability mechanisms in improving overall health system performance.

4. Keynote Presentations and Major Discussions

A major component of the dialogue was the series of keynote presentations and technical discussions focused on the strategic, financial, and governance dimensions of advancing Universal Health Coverage in Niger State. The sessions brought together policymakers, health sector leaders, Local Government officials, development partners, and technical stakeholders to examine the practical reforms and institutional commitments required to strengthen Primary Health Care systems across the State.

The presentations and discussions collectively emphasised that achieving Universal Health Coverage requires more than policy declarations alone. Participants highlighted the importance of strategic leadership, sustainable healthcare financing, accountable governance structures, workforce strengthening, and evidence-based planning in translating health sector priorities into measurable improvements in service delivery and health outcomes.

Particular attention was given to the role of Local Government leadership in strengthening PHC governance and financing, improving accountability systems, addressing disparities in healthcare outcomes across LGAs, and ensuring that frontline healthcare facilities are adequately equipped and supported to meet the needs of communities. The discussions also reinforced the need for stronger coordination among institutions and stakeholders in order to accelerate progress towards equitable, accessible, and quality healthcare delivery across Niger State.

4.1 The Role of Strategic Leadership in UHC: From Policy to Local Action

This keynote presentation was delivered by Dr. Simeon Belonwu, former Executive Secretary of the Anambra State Health Insurance Agency. The presentation focused on the importance of strategic leadership in translating Universal Health Coverage commitments from policy intentions into practical and measurable outcomes at the local level.

Dr. Belonwu emphasised that achieving Universal Health Coverage requires strong political commitment, institutional coordination, sustainable financing mechanisms, and accountable governance systems. He stressed that Local Government leadership plays a critical role in ensuring that PHC reforms are effectively implemented and sustained at community level.

The presentation highlighted the need for deliberate investments in Primary Health Care systems, stronger accountability structures, and improved collaboration between State and Local Government institutions. Participants were encouraged to adopt a results-oriented approach to PHC governance and healthcare delivery, with emphasis on practical implementation, measurable outcomes, and sustained political ownership of health sector reforms.

The keynote also reinforced the importance of moving beyond healthcare access towards improved quality of care, noting that the effectiveness of PHC systems ultimately depends on their ability to deliver responsive, equitable, and people-centred healthcare services.



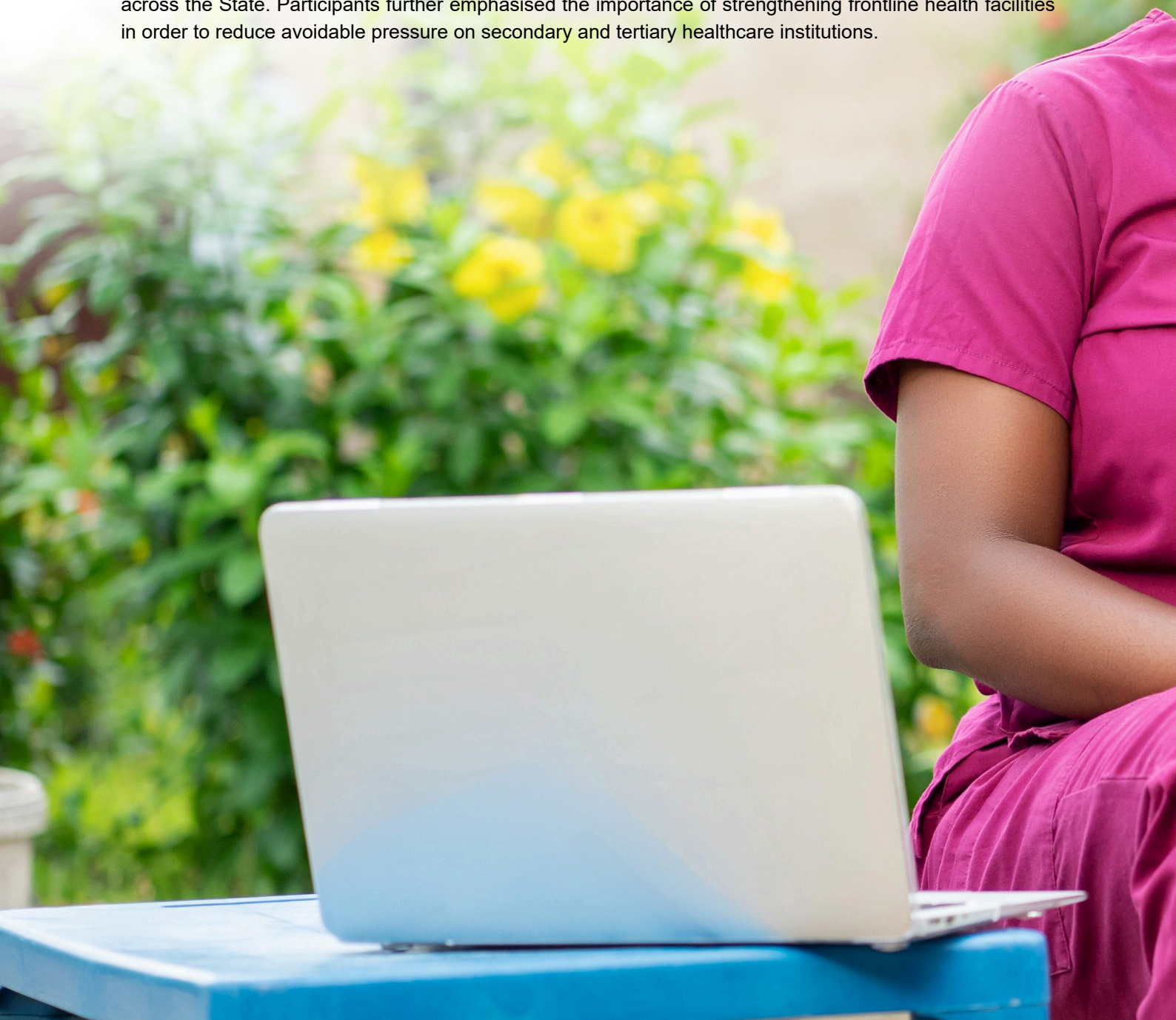
4.2 LGA Chairmen's Pivotal Role in PHC Funding and Governance

The second keynote presentation, titled “**LGA Chairmen's Pivotal Role in PHC Funding and Governance**,” was delivered by Dr. Mustapha Alheri, Chairman of Chanchaga Local Government Area and former Commissioner of Health in Niger State.

The presentation focused on the strategic role of Local Government leadership in unlocking sustainable healthcare financing opportunities and strengthening PHC governance structures. Dr. Alheri emphasised that effective PHC systems require strong ownership and commitment at the LGA level, particularly in areas relating to financing, workforce support, infrastructure maintenance, and service delivery oversight.

He stressed the need for deliberate and time-bound commitments towards PHC financing and encouraged LGA Chairmen to view healthcare investment as a critical component of social development and community wellbeing. Discussions during the session highlighted the importance of strengthening financial autonomy, improving accountability mechanisms, and ensuring that healthcare resources are effectively prioritised and utilised at the local level.

The session also reinforced concerns regarding uneven PHC outcomes across LGAs and the need for stronger coordination, monitoring, and evidence-based planning to support equitable healthcare delivery across the State. Participants further emphasised the importance of strengthening frontline health facilities in order to reduce avoidable pressure on secondary and tertiary healthcare institutions.





5. Health Sector Data, Evidence Systems, and Decision-Support Opportunities

One of the major issues highlighted during the dialogue was the challenge of inadequate and inconsistent healthcare data for planning, decision-making, resource allocation, and performance monitoring. Stakeholders observed that effective Primary Health Care (PHC) governance and healthcare financing decisions require reliable, up-to-date, and geographically disaggregated data at facility and LGA levels. During the discussions, the need for a comprehensive data collection exercise was specifically emphasised as a critical step towards strengthening evidence-based planning, improving accountability, and supporting targeted health sector interventions.

The concern raised during the dialogue aligns closely with ongoing efforts under the Health Sector Transformation Programme (HSTP), through which MRL® Public Sector Consultants Limited was commissioned by the Niger State Government to undertake a comprehensive statewide Health Facilities Assessment (HFA). The assessment covered all 25 LGAs and 274 wards and included primary, secondary, tertiary, public, private, faith-based, and specialised health facilities across the State.

The assessment generated a robust and geo-referenced health sector dataset covering critical domains such as:

Table 1: Health Sector Assessment Critical Domains

Facility infrastructure and physical condition; 	Staffing levels and cadre distribution; 	Service availability and utilisation; 
Emergency obstetric readiness; 	Equipment functionality; 	Medicine and commodity availability; 
Water and power supply; 	Referral systems and emergency response capacity; 	Facility operational status; and 
Geographic accessibility and distribution of facilities. 		

Source: MRL® Public Sector Consultants Limited

The exercise also incorporated digital data capture, geolocation verification, photographic documentation, and systematic data validation processes to strengthen data accuracy and long-term usability for planning and monitoring purposes.

Importantly, the assessment verified 1,857 health facilities across Niger State and identified significant registry inconsistencies, in-

cluding duplicated facilities, non-operational facilities, and facilities that could not be located. These findings highlight the importance of strengthening health sector information systems and improving the accuracy of facility registries used for planning, financing, and monitoring purposes.

The assessment further confirmed the centrality of Primary Health Care within the State's

health system, with PHC facilities accounting for over 93 percent of all assessed facilities statewide. This reinforces many of the issues raised during the dialogue regarding the need to prioritise PHC governance, financing, workforce support, and service readiness as part of broader Universal Health Coverage reform efforts.

Table 2: Potential Applications of the Health Facilities Assessment Dataset

Dialogue Priority / Challenge	Relevant HFA Data Available	Potential Decision-Support Application
PHC quality gaps	Facility infrastructure status, equipment availability, medicine stock levels, water and power availability	Identification of facilities requiring rehabilitation, equipment upgrades, or service support
Uneven PHC outcomes across LGAs	Geo-referenced facility and LGA-level distribution data	Comparative LGA analysis and equitable resource allocation
Workforce shortages and retention challenges	Staffing levels, cadre distribution, qualification data	Workforce gap analysis, recruitment prioritisation, and deployment planning
BEmONC readiness	Delivery rooms, obstetric equipment, emergency care readiness indicators	Identification and prioritisation of PHCs for BEmONC upgrading
Sustainable PHC financing	Facility functionality, infrastructure condition, service readiness indicators	Evidence-based budgeting and investment prioritisation
Weak referral systems	Referral service availability and facility service capacity	Referral pathway optimisation and reduction of tertiary facility burden
Inadequate health sector data	Verified facility registry, GPS coordinates, photographic verification	Improved planning accuracy, monitoring systems, and accountability
Health insurance expansion	Facility coverage and service availability data	Targeting of facilities and communities for insurance enrolment expansion
Governance and accountability challenges	Operational status verification and ownership data	Improved oversight, monitoring, and regulatory planning
PHC-centred UHC strategy	Statewide PHC distribution data	Strategic planning for PHC-driven UHC implementation

Source: MRL® Public Sector Consultants Limited

The availability of these indicators demonstrates that substantial evidence infrastructure already exists to support many of the priorities identified during the dialogue. Leveraging this dataset could significantly improve planning accuracy, investment targeting, implementation monitoring, and accountability within Niger State's ongoing health sector reform efforts.



6. Key Emerging Themes

The following key themes emerged from the dialogue:

- The need to move beyond healthcare access towards improved quality of care;
- The central role of Local Government leadership in PHC financing and governance;
- The importance of strengthening PHC systems to reduce pressure on secondary and tertiary health facilities;
- The need for sustainable and accountable healthcare financing mechanisms;
- The importance of reducing disparities in PHC outcomes across LGAs;
- The need for stronger workforce planning and motivation systems;
- The importance of multi-sectoral collaboration in improving health outcomes; and
- The need for continuous stakeholder engagement, peer learning, and accountability.

7. Expected Outcomes and Commitments

The dialogue sought to achieve the following outcomes:

- Increased awareness among LGA Chairmen and stakeholders regarding their responsibilities in PHC governance and financing;
- Stronger commitment towards strengthening Primary Health Care systems;
- Development of actionable recommendations for PHC improvement;
- Establishment of peer-learning and follow-up mechanisms among LGAs; and
- Development and signing of an LGA Health Governance Communiqué.

Participants also agreed on the need for continuous engagement, monitoring, support, and accountability mechanisms to ensure implementation of the resolutions reached during the dialogue.

8. Conclusion

The two-day dialogue provided an important platform for strategic engagement on advancing Universal Health Coverage through stronger Local Government leadership and Primary Health Care systems in Niger State. The discussions highlighted the critical importance of improving the quality of PHC services, strengthening governance structures, increasing sustainable financing, and enhancing accountability across LGAs. The dialogue further demonstrated the commit-

ment of the Niger State Government and key stakeholders towards repositioning Primary Health Care as the foundation for effective and equitable healthcare delivery in the State.

Importantly, the discussions also reinforced the growing need for stronger health sector evidence systems to support planning, prioritisation, financing, and implementation monitoring. The availability of the statewide Health Facilities Assessment dataset provides a significant opportunity

to support data-driven decision-making and strengthen the effectiveness of ongoing health sector reforms under the Health Sector Transformation Programme.

Overall, the event reinforced the need for coordinated and sustained action among stakeholders in order to accelerate progress towards Universal Health Coverage and improve health outcomes for the people of Niger State.





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