

The Joint Learning Network for Universal Health Coverage (JLN) brings policy and technical leaders together to learn from each other and co-create solutions to their most pressing health systems challenges. Learning from each other what has and has not worked, they are able to build more equitable, resilient, and efficient health systems to accelerate progress towards universal health coverage. With the support of expert facilitation, the joint learning approach helps draw out country experiences in a structured way to frame problems, identify common issues, explore insights and knowledge, and synthesize practical solutions that are both country-specific and globally adaptable.

As part of this process, JLN members often co-develop new knowledge products, such as step-by-step costing and self-assessment tools. To date, JLN members have co-created 45 knowledge products on a variety of subjects. Members then bring knowledge products back to their countries, adapt them to their country's specific needs, and finally use or implement the knowledge product to solve a particular challenge. The use of JLN knowledge products is one clear example of the impact the JLN can have downstream in health systems; by enabling countries to use best-practices from JLN country experience as they work towards long-term health system goals, such as expanding and improving on UHC programs. This case study profiles the use of the [Strategic Communications Practical Guide](#) and [Strategic Communications Planning Tool](#) in Nigeria.

Nigeria's implementation of the Strategic Communications Practical Guide and Strategic Communications Planning Tool to address underlying facilitators and barriers to the BHCPF led to the first appropriation for the fund and an increase in interest in BHCPF services. The communication plan is thought to have improved the targeting and perception of the rollout communication processes.

JLN Knowledge Product:	Strategic Communications Practical Guide and Strategic Communications Planning Tool
Country:	Nigeria
Use Case:	National-level implementation
Leading Implementers:	The Federal Ministry of Health, the National Health Insurance Scheme, and the National Primary Healthcare Development Agency
Technical Support:	Results 4 Development Consultant
Primary Outcome:	Appropriation of funds for the BHCPF
Timeframe:	2014-2018

Data Collection Methodology

In order to document the link between JLN knowledge product development and country effects to-date, the JLN's case study series examines two evaluation questions:

1. What are the processes and preconditions necessary for JLN knowledge products to be used?

2. How has the JLN network and knowledge products contributed to health system changes?

The JLN's country case study series was structured as an explanatory single-case analysis, consisting of one or more key informant interviews per case study with key stakeholders identified by the relevant JLN Country Core Group (CCG). CCG leads were asked to use a snowball sampling

methodology (a referral-based sampling approach) to identify the critical stakeholders involved in adaptation and implementation for each use case. In some instances, a single key informant was sufficient to discuss the case and in other instances, multiple perspectives were required. Stakeholders interviewed are mostly mid- to senior-level government staff involved in the implementation of a health system reform that used a JLN knowledge product or approach. Drafts of summaries were shared with key informants to check for accuracy and completeness.

Data collection was conducted through in-depth interviews using a structured questionnaire that also included open-ended questions and, if relevant, potential prompts to encourage more detailed responses. Data collection was done using a standard Adaptation & Implementation tool developed and piloted by the JLN Monitoring and Evaluation (M&E) Technical Working Group.

Limitations

Although the approach to the case study was informed by the JLN theory of change, document review, and pilots, the scope of each case study is limited to few key informants and all data have been collected retrospectively. Furthermore, case studies traditionally explore the complexity of a single or limited number of cases, so findings may not be generalizable.

Country Context

In 2014, the Government of Nigeria signed the National Health Act into law. The National Health Act codifies the legal framework for the country's health system, including standards for the provision of services as well as regulation and management. The act provides a legal framework for the coordination of the three health care agencies and the entire health system in the country. The Federal Ministry of Health (FMOH), the National Health Insurance Scheme (NHIS), and the National Primary

In addition, while JLN Network Manager designed and conducted the case study with integrity and with sensitivity to bias, the data collection efforts were conducted by the JLN Network Manager M&E staff and not by an independent data collector. The JLN Network Manager attempted to mitigate the potential for bias in this situation by requesting that respondents be open and honest to improve JLN knowledge products.

Acknowledgements

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Healthcare Development Agency (NPHCDA), including their corresponding state-level and local government structures, are mandated to implement the specific provision, known as the Basic Health Care Provision Fund (BHCPF), which focuses on removing financial barriers for primary healthcare, particularly for poor and vulnerable Nigerians.

This sweeping health reform did not, however, provide an operational roadmap to implement the



BHCPF. The government faced both supply and demand challenges executing this reform effort. On the supply-side, divergent views within the federal government about how to best implement provisions of the National Health Act had impeded timely implementation, and because of this, the Act had not yet been operationalized several years after its passage. In addition, there were demand-side challenges that needed to be addressed to successfully roll out the Act and the BHCPF; including better education of the general public about universal health coverage (UHC) and ensuring that primary health care services would meet the needs of beneficiaries.

The JLN, in partnership with the USAID-funded Health Finance and Governance (HFG) Project, hosted a collaborative focused on the need to improve strategic communication efforts within the health sector. Realization of UHC requires deliberate, tailored communication strategies that increase engagement, ownership, and knowledge. UHC requires support for reform efforts among a diverse group of stakeholders – including political leaders and parliamentarians, health care purchasers, providers, patients, suppliers, and civil society groups. Each stakeholder group demands a different set of messaging, information, and modes of communication to raise awareness or secure a consensus to drive the UHC agenda forward. A team from the Nigeria CCG participated in this collaborative and in the co-development of the collaborative outputs, including the Strategic Communications Practical Guide and Strategic Communications Planning Tool, which were then customized and used in Nigeria to aid in the BHCPF rollout.

Funding for the BHCPF is complex. The National Health Act stipulates that the law will be funded through three main streams, including (1) at least 1% of government-funded consolidated revenue, (2) funds provided by donors, and (3) funds from any other source. The BHCPF is coordinated by the

FMOH in collaboration with the NHIS and the NPHCDA. Funding for the BHCPF will be channeled/disbursed through three different gateways known as the “NPHCDA gateway“, the “NHIS gateway” and the “EMT gateway“ through to the State level structures and ultimately to the LGA (Local Government Area) and facilities at the front lines providing primary health care. The NPHCDA gateway is coordinated by the NPHCDA, the NHIS gateway is coordinated by the NHIS while the EMT gateway is coordinated by a committee commissioned by the Minister of Health with concurrence from the National Council on Health. The National Council on Health is the highest policy making body in Nigeria’s health system and it is legalized by the NHAAct-2014.

Following numerous calls, the FMOH recognized the importance of consistent, strategic communication to

operationalize the National Health Act. In 2016, a team in Nigeria began focusing efforts on improving strategic communication around the BHCPF, including the development of the “Act in Small Doses” brief that was designed to sensitize different stakeholders (such as frontline health workers and beneficiaries) to their role in the sweeping health reform. That was the beginning of the strategic communication journey; a team composed of stakeholders, HFG, NHIS, CSO groups, led by the FMOH, were able to take these early pamphlets and strategies to the JLN collaborative to brainstorm and improve on them. They were able to then shift their approach for more targeted messaging based on the learnings from the collaborative. Ultimately, the FMOH team used the planning guide to collect data to inform a comprehensive and inclusive communication strategy for the BHCPF fund and also to work to strengthen relationships with legislators and budget holders as additional key stakeholders critical to the funding mechanisms of the BHCPF.



Results

Adapting & Implementing the Strategic Communications Practical Guide

While participating in the collaborative, the FMOH-led team began using the Strategic Communications Practical Guide in its work in Nigeria. The guide describes three phases of strategic communications: (1) identify communication priorities, (2) develop an action plan, and (3) implement the plan. Since the team had worked on some preliminary communication strategies as part of the “Act in Small Doses” initiative, they had already started to articulate clear priorities and were able to focus on the second and third phases of the guide’s strategies. The FMOH led team first shifted their approach to stakeholder engagement. A more robust understanding of key stakeholders was needed in order to provide targeted, pertinent information. In 2016-2017, the FMOH-led team engaged a local consultant with expertise in health communication to focus their work on better understanding the critical stakeholders to engage in driving BHCPF change communication. The consultant developed the questionnaires and collected data at the subnational level; priority was given to engaging voices working in all six of Nigeria’s geopolitical zones, as well as health workers at different levels and the community.

The team also used the stakeholder analysis data to design their action plan. This included prioritizing key audiences and then co-creating messages for the BHCPF rollout. The stakeholder analysis findings (1) informed the communication plan for BHCPF (2) informed the BHCPF implementation approach and plan, and (3) identified new stakeholders critical to engage for advocacy purposes. Examples of each include the following:

How did the JLN support?

- **Co-development** of the KPs as part of the Strategic Communications for UHC collaborative

How did Nigeria use the KP?

- **Adapted the tools to the BHCPF rollout and implemented the three phases** of the toolkit
- Identified facilitators and barriers to the rollout specific to each key stakeholder, allowing the team to have a deeper understanding of each stakeholder’s priorities and help address their key concerns in the rollout process

What were the downstream changes?

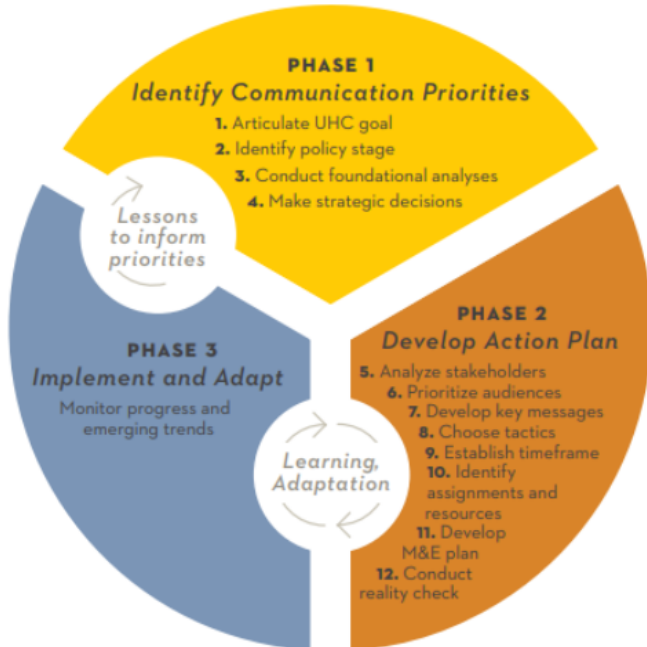
- Within the government, BHCPF received its first appropriation in 2018, due in part to the targeted rollout plan which utilized findings from the communication plans’ stakeholder analysis
- At the community level, the FMOH-led team saw a critical mass of Nigerians eager to use the new primary health care services offered through BHCPF

(1) The action plan developed as part of the Strategic Communications Practical Guide ultimately fed into a larger communication plan for the BHCPF developed by the FMOH-led team. The BHCPF communication plan was multifaceted; there were three arms to the plan, one for each “gateway” (health insurance, primary healthcare development agency, and emergency medical treatment). Broadly speaking, this plan outlined routine communication priorities for the fund and focused heavily on social-behavioral communication and educating the community about the BHCPF intervention that was coming. The main purpose was to foster support and build demand for services, while educating beneficiaries on their rights to healthcare at no cost at the point of service. These messages and tactics were so effective that years later the “gateways”



continue to use these customized messages to target and engage beneficiaries.

Framework for Strategic Communications in UHC



(2) The stakeholder analysis identified facilitators and barriers to acceptance at the health facility and community level. Any findings that could help improve the acceptance of the rollout were included in the implementation plans. The team used community-level findings to make sure key concerns were addressed in the implementation plan. For example, an unanticipated issue highlighted by healthcare workers and community members as part of the data collection efforts was the potential impact on environmental health and safety. Only one or two facilities per geopolitical ward would serve as a hub for the community’s BHCPF services. With that comes busier facilities that would be generating more medical waste. To allay concerns, the FMOH engaged the Ministry of Environment as part of the operational plan for BHCPF to conduct community-level environmental assessments to determine how to dispose of the additional medical waste that would be generated. Each assessed facility was given a certificate, called the Clean Deal, which helped build trust within communities.

(3) The third finding was that there were some key stakeholders completely new to UHC that required intensive engagement. A key piece of the BHCPF communication strategy was to help realize The National Health Act, which had been enacted into law a few years before, but still had not been implemented because the funds were not available. The results highlighted a great need to identify the key stakeholders – specifically those with budget authority and those in the legislative branch of the government – who would help push for the funds to be released or release the funding. The solution was to create a legislative network for UHC.

Health System Changes from Implementing the Strategic Communication Tool

Budget execution for BHCPF

In 2018, the FMOH-led team received the first appropriation for the BHCPF which was about USD \$180 million. This was an accomplishment four years in the making, from the signing of the health law through the development of the implementation and communication plan. There was demand for services but the government had not been successful in delivering the supply of primary health care services without the requisite funding. As part of the legislative network for UHC, the FMOH-led team started engaging with the legislative arm of the government more intentionally and made them champions for UHC. Similarly, the FMOH team engaged budget holders directly, who also wielded power impacting UHC in Nigeria. They used a similar approach to create budgetary UHC champions. The “champion” approach involved participating in UHC seminars, meetings, conferences where they were engaged as panelists in strategic sessions – so that the legislature and budget holders had first-hand experience participating in UHC focused conversations. Building a sense of ownership with legislative members and budget authorities built a critical mass and helped get the first appropriation in 2018.

Change in demand for primary health care services

The work of the communication plan was effective and the FMOH-led team saw a critical mass of Nigerians eager to use the new primary health care services offered through BHCPF. Stakeholders and potential beneficiaries at the local levels were now demanding and eager for the roll out of the BHCPF. Community representatives and individuals were championing demands to ensure their communities were not left out. The local news and radio stations made repeated announcements to create awareness for these services. Individuals in the community started organizing themselves and were visiting PHCs to confirm for themselves. They started using community gatekeepers as coordinators in anticipation for the rollout of the intervention. In each gatekeeper hub, one could find a list of names of people who wanted to enroll to access care at the primary health facilities upon kick-off the intervention.

More precise stakeholder engagement/UHC champions

The lessons from the community level were critical not only for BHCPF but for the entire National

Health Act. To date, community-level lessons are still used within the FMOH to craft other initiatives. The robust approach to stakeholders analysis continues to be a framework used within the FMOH.

Development of future health leaders

Participating in this collaborative and the subsequent work implementing the strategic communication efforts helped to foster the growth of a new cadre of health sector leaders in Nigeria. It also helped one member of the collaborative team's career directly. This individual helped develop the BHCPF community strategy implementation and used this real-world experience to enter a master's degree program focused on strategic communications. He is currently leading the strategic communications work for health system strengthening in one of the organizations in Nigeria.

Recommendations to Other Practitioners

Here are some considerations from the implementing team to future implementers:

Remember that you too are a stakeholder:

The FMOH implementing team had a few unexpected findings from the use of the strategic communication tools to rollout a large reform effort. One very practical recommendation is to remember that the implementing team is a stakeholder in this process too. The FMOH was busy engaging stakeholders at the sub-national level within the health system but they didn't critically assess their own interests as a key stakeholder. Because this was not adequately considered from

the beginning, the three key agencies were not always in alignment, but this could have been avoided if there were "rules of engagement" for how they would weigh their own interests and needs across implementing agencies.

Changes in leadership: In large health system changes, changes in leadership are common and frequently impact the rollout of reform efforts. The Government of Nigeria saw multiple key leadership shifts over the course of the seven years since the National Health Act was signed into law. Consider strategic approaches to leadership changes to mitigate delays as new leaders arrive.



Conclusion

After the passage of the National Health Act in 2014, the Federal Ministry of Health, the National Health Insurance Scheme, and the National Primary Healthcare Development Agency began the hard work of implementing a national reform effort. To help communicate this large change process required strategic communication skills to build ownership and foster engagement with key stakeholders – including political leaders and parliamentarians, health care providers, and

beneficiaries. Using the Strategic Communications Toolkit, the national government has built a community of UHC champions within the legislature to advocate for appropriate levels of funding and build demand among community members for primary healthcare services offered through the BHCPF. While supply-side challenges continue to be addressed, the use of strategic communication helped surmount hurdles in the early stages of implementation.

