

# Benefit incidence analysis of priority public health services in Nigeria

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# Introduction

- Lack of information regarding the distribution of benefits of free public health services to different population groups
- The information is required by policy makers and programme managers to develop and implement strategies that could ensure that such programmes preferentially benefit the poor and vulnerable groups



# Objectives

- Generate new knowledge about the distribution of the benefits of government expenditures on a set of priority public health interventions
- Use the findings to inform the design of interventions to improve the equity of provision of priority free public health services in Nigeria

# Methods

- The study took place in two Local Government Areas (LGA) (1 rural and 1 urban) in each of Enugu and Anambra states, southeast Nigeria
- Interviewer-administered pre-tested structured questionnaire was used to collect data about all (n=22,169) individuals from 4873 randomly selected households
- Data analysis examined gross benefits, payments for the services and net benefits



# The priority public health services

- Immunisation services
- Insecticide-treated nets
- Anti-malaria drugs
- Ante-natal services
- Childbirth services
- Anti-retroviral drugs
- Family planning services
- Treatment for tuberculosis

# Results

- 3281 (15%) individuals out of the 22,169 in the households consumed wholly free services
- The detailed consumption were:
  - Immunization services (2992 individuals: 14%).
  - ITNs (313 people: 1.4%)
  - Antimalarial drugs (61 people: 0.3%).
  - Ante-natal services (22 people: 0.1%)
  - 1,3 and 7 individuals consumed HIV treatment, childbirth and TB treatment.

## Results continued...

- The average half-yearly amounts paid for the public health services:
  - 76 Naira (£0.3) for immunization services,
  - 4 Naira (£0.02) for ITNS
  - 613 Naira (£2.6) anti-malaria drugs
  - 151 Naira (£0.6) for ANC
  - 486 Naira (£2.0) for childbirth services
  - 4 Naira (£0.02) for treatment of TB.



## Results continued...

- There was greater consumption of free services by urbanites, residents of Anambra state, females and poorer SES quintiles.
- Net benefits were statistically significantly higher in rural compared to urban area and amongst poorer quintiles compared to the better-off quintiles



# Conclusion

- It was reassuring to find that the poor had more aggregate net benefits of priority public healthcare services
- If the coverage with these services is increased, the poor will benefit more and will be prevented from developing many diseases
- Government and development partners should develop ways and means of scaling-up the free provision of vital public health services and implementing strategies that will be used to decrease private payments for such services.