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Interviewee: Hon. Professor Isaac Adewole

Interviewer: Leon Schreiber

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SCHREIBER: It is the 5th of September. I'm speaking with the Honorable Professor Adewole. I think we should start with a quick personal introduction if you don't mind. Just a bit about yourself before we get into the details.

ADEWOLE: *Okay. Okay, you got my name right. I am the immediate past minister of health in Nigeria. I am a professor of obstetrics and gynecology at the University of Ibadan. I am a former provost of the College of Medicine and also the out-going Vice Chancellor of the University of Ibadan before I was appointed as Minister of Health 2015. My tenure ended on May 28 and I'm back to the University. The president has reconstituted his cabinet and I'm not part of the new cabinet.*

SCHREIBER: So, when did you actually enter politics?

ADEWOLE: *Well, I wouldn't really say I was in politics, because in Nigeria technocrats are sometimes invited to join government, so I worked there as a technocrat and also, well, politics is literally beyond casting ballots, I have been in politics as part of the unofficial advisors to governors, part of managing resources, human and financial, and mostly in politics as minister of health.*

SCHREIBER: Right, okay, so you became the Minister of Finance, would that have been in 2015?

ADEWOLE: *Minister of Health.*

SCHREIBER: Ah, excuse me, excuse me, sorry, sorry, Minister of Health in 2015, right?

ADEWOLE: *Yes, November 11, 2015.*

SCHREIBER: Alright, and, as you say, you understand that it was a technocratic appointment. The President wanted someone who was an expert to run the health ministry.

ADEWOLE: *That's correct.*

SCHREIBER: Okay. So, if we just go back a little bit to maybe on the day. So, if we go to the 11th of November 2015, what would you say were the primary challenges facing health care funding in Nigeria in general, and then specifically when it comes to primary health care?

ADEWOLE: *Well, we started on November 11. We were quite concerned about assessment of the landscape, the indicators, many of which remain unfavorable. The funding challenges, service delivery, disaffection of Nigerians with the healthcare system and we thought that we needed to look at the system in totality. We went on to develop a vision for four years that will guide our options. We identified four major challenges that needed urgent attention. We identified maternal and infant mortality in Nigeria, which we believe deserved attention. We believed we needed to address the mother to child transmission of HIV. As you might be aware, Nigeria contributes about 30% of the global pediatric HIV largely due to maternal-fetal transmission and we also wanted to look at the issue of cancer, which is also a major challenge in Nigeria. And lastly, we were concerned about the public health outbreaks. So we took them as a cardinal agenda for government, we faced these four squarely. The key issue about these good programs is, how do you fund them?*

SCHREIBER: Yes.

ADEWOLE: *We were convinced that we needed to continue on these mandates but recognized that we needed to develop a roadmap. The last national policy was in 2004, so we decided to develop a national health policy, which was approved in 2016.*

SCHREIBER: Okay.

ADEWOLE: *We did not only work on the national policy, we also looked at the national strategic health development plan. We had one that expired in 2015. We extended the plan and initiated work on a new one, which was approved in 2018.*

SCHREIBER: Okay.

ADEWOLE: *That was the National Strategic Health Development 2 (NSHDP2).*

SCHREIBER: Okay.

ADEWOLE: *We identified the challenges of the National Strategic Health Development Plan 1 and factored these into the development of NSHDP2. These problems identified included inadequate nationwide consultation. We decided to carry the entire country along in the process of development of the Plan2. The landscape in Nigeria is unique. Each state has authority to manage health. Health is not an exclusive responsibility of federal government. It is a concurrent responsibility of the federal and state governments, so we needed to carry the states alone if we would deliver health successfully to our people. We connected with them. We looked at the approaches, the funding landscape. We also worked on the National account to look at, how, who had been funding health, and where this money come from. Our analysis of national health account revealed that a large component, about 70% of the money, is coming from the pocket. This is unacceptable to us. We thereafter decided to review the landscape. Fortunately for us, there was a National Health Act (NHAct) which was passed in 2014, but it was not gazetted until 2015.*

SCHREIBER: Okay.

ADEWOLE: *We were convinced that this could be the magic wand we needed to make a difference. The NHAct will be a good instrument to fund the health system. A good component of the National Health Act is a provision of at least 1% of the consolidated revenue labelled as Basic Health Provision Fund (BHCPF) dedicated to funding primary care.*

SCHREIBER: Yes.

ADEWOLE: *It is 1%.*

SCHREIBER: Yes, at least 1%.

ADEWOLE: *And then, we added donations and support from international partners. This created an avenue of funding to restructure the Nigerian healthcare system in a way that we can put priority in the primary care system, which is the foundation of any effective health system. We then looked at the landscape and identified the next challenge which was how to ensure adequacy across the board?*
We identified 10,000 primary care centers, one from each political ward in the country.

SCHREIBER: Identify 10,000 you said.

ADEWOLE: *PHCs, yes, primary health care centers.*

SCHREIBER: Right.

ADEWOLE: *On the basis of one for political ward. A political ward in the country has about 10,000 people. So that means that if we can revitalize 10,000 PHCs across the country, we can reach about 100 million Nigerians with basic health care such as antenatal care, delivery, HIV testing, testing for TB and linking to treatment as appropriate checking urine and blood pressure, immunization and family planning.*

SCHREIBER: Yes.

ADEWOLE: *They become the basic minimum package of care that we offered to our people.*

SCHREIBER: Right, right.

ADEWOLE: *Unfortunately, in 2018 we had some major challenges getting the money appropriated. The Minister of Budget and National Planning (at the time) requested for a proof of concept to ensure that our idea of implementing the basic health care provision fund is something that would make a difference and is workable.*

SCHREIBER: Right.

ADEWOLE: *He, requested for a proof of concept.*

SCHREIBER: He asked for a proof of concept.

ADEWOLE: *Yes.*

SCHREIBER: Okay.

ADEWOLE: *And so we approach World Bank through the Global Financing Facility (GFF) and the Bill and Melinda Gates Foundation (BMGF) and they supported us.*

SCHREIBER: Yes.

ADEWOLE: *In demonstrating proof of concepts.*

SCHREIBER: Yes, okay.

ADEWOLE: *The GFF gave us $20 million and Bill and Melinda Gates gave $2 million.*

SCHREIBER: Yes.

ADEWOLE: *BMGF released $1.5 or $2 million immediately while the GFF approved the release of $20 million.*

SCHREIBER: Okay.

ADEWOLE: *We planned a pilot project in three states across the country, to demonstrate the workability of our strategy. While we were working on our plan to kick start the*

projects, the National Assembly appropriated fund to implement the basic health care provision fund. Mr. President gave assent to the provision.

SCHREIBER: Right, but let me … Can I just check, sorry, sorry Professor. So when you say you were working on the pilot, as far as I understand you were still designing the pilot when the government actually came on board.

ADEWOLE: *Correct.*

SCHREIBER: Okay. So it wasn't even implemented yet.

ADEWOLE: *Not implemented yet, we were planning and designing.*

SCHREIBER: Yes, yes, yes.

ADEWOLE: *Then the government decided to join the nationwide implementation.*

SCHREIBER: Right.

ADEWOLE: *So we moved from the original concept of the three pilot states to six and then 36 states plus one. We spent about one year developing the implementation manual.*

SCHREIBER: Yes.

ADEWOLE: *What is unique about the implementation manual is that it corrects for the mistakes of the past.*

SCHREIBER: Yes.

ADEWOLE: *In the 90s, Olikoye Ransome-Kuti worked on revitalizing the primary care system, but what was missing was the financing modality for keeping the PHCs alive.*

SCHREIBER: Yes.

ADEWOLE: *We recognized that if we invest today and there is no provision for steady stream of resources to sustain, the scheme would die off.*

SCHREIBER: Yes.

ADEWOLE: *We want the physical care provision fund to be the oxygen for the revitalized primary care system.*

SCHREIBER: Here we go.

ADEWOLE: *Yes, we designed it in such a way that money will flow from central bank directly to a primary care center on a regular basis and we borrow copiously from the Nigerian State Health Investment Project (NSHIP) of the World Bank, in three states across the country: Nasarawa, Adamawa, and Ondo states. The World Bank project adopted three funding approaches, one a business as usual model. Direct facility financing (where you get the money every quarter) and a third model that adopted performance based financing. They get their money quarterly and are also rewarded according for performance. We looked at it too and we felt that the performance based financing model and the direct facility financing were*

almost at par in terms of performance. We thought that we should opt for the direct facility financing model.

SCHREIBER: Okay.

ADEWOLE: *We planned to transfer money quarterly to the PHCs for their operations and that's the way our program was designed. Fifty percent or half of the money would then be released as a form of reimbursement. In other words, they can be reimbursed for what they have done. So that the performance based component of the system while they gain direct funding through the National Primary Care Development Agency. Forty-five percent (45%) will go through Primary Care Development Agency, and 5% will be reserved for emergencies.*

SCHREIBER: Yes.

ADEWOLE: *Half of the 5% will go for emergency medical treatments of accidents and so on and half will be for public health emergencies,*

SCHREIBER: Okay,

ADEWOLE: *So that was the way it was structured.*

SCHREIBER: I just want to check with you…. I actually haven't asked anyone yet about the 5%. So that if we could just quickly stop there. When you say the 2.5% goes for emergency medical treatment, does it mean it goes to a national institution and the same for the other 2.5% for public health emergencies? Do they actually go to the individual facilities or to a federal institution?

ADEWOLE: *Yes 2.5% will go for management of medical emergencies in accredited institutions while 2.5% for public health outbreaks will go to the Nigerian Center for Disease Control (NCDC).*

SCHREIBER: Okay.

ADEWOLE: *The NCDC is the center that manages public health emergencies.*

SCHREIBER: Alright. So you were saying that 2.5 goes for the Center for Disease Control and then the other 2.5, where does that go?

ADEWOLE: *Accredited health institutions through the Federal Ministry of Health.*

SCHREIBER: Federal Ministry of Health. Okay.

ADEWOLE: *Yes, the fund is for emergency medical treatment.*

SCHREIBER: Okay.

ADEWOLE: *So that we can pay for care of road traffic accident victims and other emergencies on the highway. We wanted to avoid the situation where those who don't have money wouldn't get treated in emergencies.*

SCHREIBER: Yes.

ADEWOLE: *And the officials would then ask for reimbursement.*

SCHREIBER: Yes. And that reimbursement they would ask for from the NHI [National Health Insurance]?

ADEWOLE: *No, they would ask from the emergency medical treatment gateway.*

SCHREIBER: Okay. Right. And, so in this system if an individual facility treats someone for a road accident they claim through the emergency, through the road accident fund.

ADEWOLE: *Yes, that's correct.*

SCHREIBER: Okay. So it was essentially to make sure that the road accident fund would be sufficiently funded?

ADEWOLE: *That, that's correct.*

SCHREIBER: Okay.

ADEWOLE: *And that those who don't have money will still not get rejected.*

SCHREIBER: Yes. Alright. Okay. Sorry, sir. Then we can jump back to what you were saying. So you mentioned the six states that were going to operate under this arrangement, but at that point the government said you should basically just go ahead and expand it across the country. Um, I think one, one quick,

ADEWOLE: *This is important. I think that is $180 million US dollars equivalent.*

SCHREIBER: Okay.

ADEWOLE: *We have had two releases before I left office.*

SCHREIBER: Okay.

ADEWOLE: *We thought that we should respond to the entire country with the appropriation and subsequent releases of fund.*

SCHREIBER: Okay.

ADEWOLE: *And we got assurances from the Federal Minister of Finance that we will get money quarterly.*

SCHREIBER: Okay.

ADEWOLE: *As of midterm, the cabinet was disbanded on May 28. We have receipts, documents, for two transfers of about $45 million each, so that's $90 million US dollars,*

SCHREIBER: Yes.

ADEWOLE: *Before we left office.*

SCHREIBER: Yes.

ADEWOLE: *Twenty million US dollars from the World Bank and $1.5 million dollars from the Bill Gates Foundation, and we decided to spread it across the entire country. We*

set up a national steering committee and we have a table for release of forms to each state.

SCHREIBER: Um-hm.

ADEWOLE: *We then asked states to apply to join, ensure readiness of their facilities as we envisage a partnership.*

SCHREIBER: Yes. Alright. Um, so, suggest that we check that I'm right. By the time that you left office, when you say that they transferred the money, it means that they have transferred it into the central bank account?

ADEWOLE: *Excellent*.

SCHREIBER: Okay. So there were two transfers.

ADEWOLE: *Yes.*

SCHREIBER: So that was $90 million,

ADEWOLE: *$90 million US dollars.*

SCHREIBER: Yes, but then in addition to that you also had the $20 million and the $2 million.

ADEWOLE: *Yes, we agreed that we'll have a basket of funds where there will be comingling of funds. Any donor who wants to support us we will put the money in the same central bank account.*

SCHREIBER: Yes, yes. .

ADEWOLE: *And we also agreed that funders will be free to audit the accounts in order to ensure transparency and openness.*

SCHREIBER: Right. Now, the one thing that I wanted to ask you about is the lobbying side, uh, of this. So, you said you prefer maybe not to think of yourself as a politician, but obviously there was a lot of lobbying and building support for this initiative. Can you tell me a little bit about that, how you actually built that support.

ADEWOLE: *I also must also give credit to the National Assembly.*

SCHREIBER: Yes.

ADEWOLE: *The then president of senate, who happens to be a medical doctor.*

SCHREIBER: Mm-hm.

ADEWOLE: *The chairman of the senate committee on health, also a doctor supported the initiative. I must also credit the World Bank lead specialist, Dr. Soji Adeyi who was as an advocate for increased funding support to the health system. And, we also give credit to Bill Gates, who also spoke to the National Assembly, the National Economic Council, and an expanded National Economic Council Meeting on the need for Nigeria to invest in health and education. In addition to networking with the presidency and the Minister of Budget and the Minister of Finance. Quite a number of actors gave support as we needed help in order to get it done.*

SCHREIBER: Yes, can you tell me a bit about how that networking looked. It would be meetings between yourself and the President and the Minister of Finance or is it more informal than that. How did that work?

ADEWOLE: *Well, it included meetings with the President, the Vice President, the Minister of Finance and the Minister of Budget, as well as the relevant leaders in the National Assembly. I had a private meeting with the sitting President in his house and I also met with the Chairman of the Senate Committee of Health. They were both very, very helpful and responsive.*

SCHREIBER: Alright. Okay. Why do you think that was? Why were they helpful and responsive, because there are competing priorities, right?

ADEWOLE: *Yes, competing priorities. They were also concerned about improving health and I also created an awareness that if we can improve our health then the people will also see us as delivering on our mandate and promises and also being responsive to their needs. That is one thing that works for both of them and I'm not denying we also brought in the director-general of the WHO (World Health Organization) who also came to the country, addressed personal friends, met with the Vice President, and also described health as a political issue.*

SCHREIBER: Okay.

ADEWOLE: *And, and that to make a difference, that political decisions have to be made*.

SCHREIBER: Hmm, and basically, you and your team were inviting these people. You were behind all these people coming to Nigeria to do this, or was it just a coincidence.

ADEWOLE: *We invited them.*

SCHREIBER: You invited them.

ADEWOLE: *Well, let me say that the WHO DG brought his high-level policy meeting to Nigeria. We therefore encouraged him to also meet with some people. We asked him to launch the basic health care provision fund. We called it "Huwe" meaning life in Ebira, one of the Nigerian languages. We also launched the logo of the basic healthcare provision fund.*

SCHREIBER: Yes, yes, yes.

ADEWOLE: *Yes. Ebira is in one of the ethnic Nigerian languages, meaning life*.

SCHREIBER: Yes, yes.

ADEWOLE: *We had meetings with the World Bank team and we also encouraged them to speak to the powers in Nigeria.*

SCHREIBER: Yes, that's a fantastic part of the story. Um, now, if I'm correct, despite the money having been transferred to the Central Bank Account, as we speak there is not yet one facility that we can point to that has received its funding on the ground. Is that correct, as we speak now.

ADEWOLE: *As we speak now, I mean I am no authority, but I am told as of yesterday that money has been transferred to many of the states.*

SCHREIBER: Oh really.

ADEWOLE: *We can put a number already.*

SCHREIBER: Okay.

ADEWOLE: *At least, yes, they told me. I was in Osun state and they have received money, so they moved the money to the states. So what the states will not do is to transfer to the PCs. I was told that delay was connected to verification of the signatures and so on. It took some time. The Central Bank as well as the Ministry of Finance needed to approve the unusual approach that was set up.*

SCHREIBER: Can you just repeat, what was it called, what system?

ADEWOLE: *I said to approve the unusual system.*

SCHREIBER: Yes, and the unusual system is the fact that the money is in the Central Bank?

ADEWOLE: *And, flowing straight to the primary care system.*

SCHREIBER: Yes.

ADEWOLE: *That's what makes it special.*

SCHREIBER: Okay, can I ask you, what is the difference between the Finance Minister and the Budget Minister?

ADEWOLE: *In the past they were separate, but now the two are merged together.*

SCHREIBER: Okay, when you say in the past.

ADEWOLE: *When we were in office, there were two separate ministries, but when compared to last month, when the president reconstituted his cabinet. The Minister of Finance is also now the Minister of Budget and National Planning.*

SCHREIBER: Okay.

ADEWOLE: *So, it is now designated as Minister of Finance, Budget, and National Planning.*

SCHREIBER: Okay.

ADEWOLE: *Uh, when we were in office there were two different ministries.*

SCHREIBER: Uh-huh, and what were they…

ADEWOLE: *And, and I think that would be a welcome development because we now will not go to two separate ministries, you just go to one ministry. That is in charge of the planning, the budget appropriation, and the releasing of money. Prior to this development, one ministry was in charge of budget and the other one was in charge of release.*

SCHREIBER: Yes, okay. So, it would be when you were in office the budget minister would submit and draw up the appropriation, the budget, and the finance minister.

ADEWOLE: *That's correct.*

SCHREIBER: Would release the funding as outlined in the appropriation.

ADEWOLE: *That's correct. Subject to availability of funds.*

SCHREIBER: Okay, that's, that's an important point.

ADEWOLE: *It is.*

SCHREIBER: Alright. So, it could theoretically happen that you get something in the budget from the budget ministry, but then when it's time to release a separate minister would tell you it's not available.

ADEWOLE: *That's correct. And it does happen for many ministries. And you hardly get any ministry or agency that gets 100% of the budget funding.*

SCHREIBER: Okay.

ADEWOLE: *The highest we ever had was I think 80%.*

SCHREIBER: Okay, right.

ADEWOLE: *Government performs salaries fully, but will not fund capital appropriations fully.*

SCHREIBER: Okay. Now, but up until now, as far as you know, the basic health care provision fund has gotten, so far, all of the money it was promised?

ADEWOLE: *Well, um, half of the money so far. Uh, it was to be a regular…in 2018, $180 million dollars was in the budget.*

SCHREIBER: Mm-hm.

ADEWOLE: *In 2019, it's also in the budget. So far we have been given two quarterly allocations as promised. I think we must thank the minister for that. I believe the real challenge is to ensure the appropriation continues into 2020. The National Health Act actually stipulated that the money should be a statutory transfer from the consolidated fund, which has not happened yet.*

SCHREIBER: Okay.

ADEWOLE: *But, now money is in the service wide vote.*

SCHREIBER: Okay.

ADEWOLE: *The disadvantage with the current set up is that the money can lapse at the end of the financial year.*

SCHREIBER: Uh-huh.

ADEWOLE: *If you don't spend the fund in the consolidated account, it doesn't lapse.*

SCHREIBER: Right.

ADEWOLE: *So, our focus is to make sure that the 1% is now sequestered in the consolidated account.*

SCHREIBER: Mm-hm. This is a separate thing from having it as a statutory transfer?

ADEWOLE: *That is correct. A statutory transfer is what we aspire to have,*

SCHREIBER: Okay, the same thing as a statutory transfer.

ADEWOLE: *That is correct.*

SCHREIBER: Okay. So, the statutory transfers are always included in the consolidated revenue fund and they don't lapse if you don't use it.

ADEWOLE: *They don't lapse. It stays there.*

SCHREIBER: Okay. Alright.

ADEWOLE: *Whereas if it's in the service wide vote, it will be reabsorbed at the end of the financial year.*

SCHREIBER: Right. Now, can I ask why it wasn't yet statutory or why it isn't yet statutory?

ADEWOLE: *Well, I think because we got the appropriation through National Assembly and not through the executive arm.*

SCHREIBER: Ah.

ADEWOLE: *That to me, appeared to me the big piece.*

SCHREIBER: Okay.

ADEWOLE: *But now that the executive arm has included it in the 2019 budget proposal then it will be part of the statutory transfer.*

SCHREIBER: Okay. But I have to ask then, is that an indication of resistance from the executive arm. I mean the fact that the National Assembly was the one who actually forced it to be passed, does it mean that the Minister of Budget wasn't totally convinced, or the cabinet.

ADEWOLE: *I would say partly yes.*

SCHREIBER: Okay, okay, okay.

ADEWOLE: *The argument then was that there were so many agencies and ministries asking for statutory transfers.*

SCHREIBER: Right. So, was that called ultimately the budget minister with the President or with the cabinet as a whole? I just want to describe it correctly. Who, who was a little bit resistant?

ADEWOLE: *I think it was the Minister of Budget.*

SCHREIBER: Okay, okay. And then did you, did you anticipate this. Is that why you worked with the National Assembly or did you think that the National Assembly would actually not be necessary? Did you, did you not anticipate this bit of resistance?

ADEWOLE: *Well, we anticipated this to start from everywhere and so, we were ready to appeal to everybody to support our cause. And so, I think that at the time the National Assembly decided to put it, the Presidency and the Minister of Budget then supported it.*

SCHREIBER: Okay. That's interesting because… So let me just check it if I have it right. When the appropriation was initially submitted to the National Assembly by the Budget Minister, the basic…

ADEWOLE: *It was not there*.

SCHREIBER: It was not there at all. Then, it was added by the National Assembly.

ADEWOLE: *No. it was not there*

SCHREIBER: And then when everyone had to vote on it the budget minister also actually supported it. Is that right?

ADEWOLE: *That is correct.*

SCHREIBER: Hmm, very interesting.

ADEWOLE: *For 2019 it was put there by the budget minister.*

SCHREIBER: Ah-ha, that's a very important point.

ADEWOLE: *Yes. But for 2018, it was inserted by the National Assembly.*

SCHREIBER: Okay. Uh, and do you think the reason it was different in 2019 is because the budget minister realized that this was a very popular thing to do?

ADEWOLE: *I believe so. And also, as of that time, we now had the support from Bill and Melinda Gates Foundation and the World Bank.*

SCHREIBER: Right. Sure, that's uh, I mean, let me ask you like this. When you saw the budget in 2018, when you saw the first appropriation ball going into the National Assembly, were you worried? Were you disappointed?

ADEWOLE: *I was not disappointed because I knew it would not be there.*

SCHREIBER: Okay.

ADEWOLE: *I wasn't happy that it wasn't there.*

SCHREIBER: Okay, okay. And did you expect that it would come from the National Assembly.

ADEWOLE: *No. But, I started working hard to get it there.*

SCHREIBER: Okay. So I think my question should actually be how long did you have? When you said you then started working hard to get it in with the National Assembly, ow long did you actually have to do that?

ADEWOLE: *Well, I actually started in 2017.*

SCHREIBER: Okay.

ADEWOLE: *But couldn't get it,*

SCHREIBER: In the National Assembly.

ADEWOLE: *Yes, the National Assembly, 2017.*

SCHREIBER: Okay.

ADEWOLE: *It couldn't happen. I was disappointed.*

SCHREIBER: Okay.

ADEWOLE: *But in 2018 we succeeded.*

SCHREIBER: Why do you think it succeeded in 2018, but not in 2017?

ADEWOLE: *I think maybe we needed to do more work and so towards the end of 2017, we had the World Bank team visiting. We also had Bill and Melinda Gates visiting. So, I think they had more pressure to augment our in-country efforts. And, we also had various civil society groups, also putting pressure. All working together, they were not daunted and I think it was a cumulative effort.*

SCHREIBER: Yes, alright. The one other thing I would like to ask you about, we can wrap up soon, but I have to ask you about working with the states. Now, you have mentioned obviously Nigeria being a federal system. You called it unique basically. But, I understand that there was some disagreement actually between the Federal Ministry of Health and then with the National Agency around the funding model. Can you tell me a little bit about this and the sort of how that affected you?

ADEWOLE: *Yes, we had challenges with our agencies particularly the National Primary Health Care Development Agency. They wanted a situation where the money would go straight to them and then we will hold up our hands and not bother about how it was being spent. We said no. So we had to work with them to come up with a model that would ensure that PHCs get the money directly and we stated that there would be no lateral transfer of money out of the central bank except for their operations, which we said, must not be more than 5% of the total money.*

SCHREIBER: That's for the agencies and the NIHS (National Health Insurance Scheme).

ADEWOLE: *For the agencies. NPHCDA, NHIS, Federal Ministry of Health and the states. All agencies, all ministries, they must not spend more than 5% of the money on operations.*

SCHREIBER: Alright, alright.

ADEWOLE: *So, but we insisted that we needed to implement a model that would be accountable, that people can see, verify, and audit and that would need a steering committee to track and document what's happening to the money.*

SCHREIBER: Yes. Now, then they disagreed right. And for a while I think things got a bit difficult.

ADEWOLE: *They disagreed, I know they agreed eventually because we made them realize that they were still in charge of the money, but we needed a monitoring body to track what's happening, to keep records and document what is happening, and so on and they agreed eventually.*

SCHREIBER: Okay. What do you think brought them on board at the end?

ADEWOLE: *Well, I think the arguments and the fact that it was thoroughly discussed at the National Steering Committee, but it was also supported by the states. The states also wanted the money to flow through their route.*

SCHREIBER: Why was that? Why do you think the states wanted it this way?

ADEWOLE: *I think they also wanted minimal interruption with the flow of funds. They saw that the model we developed would ensure that the money would flow without hindrance.*

SCHREIBER: Right. Okay. So, how long was the, how long do you think this was an issue. Was it a year-long?

ADEWOLE: *It was a year.*

SCHREIBER: Okay. That's a significant delay.

ADEWOLE: *Yes, a whole year.*

SCHREIBER: Yes.

ADEWOLE: *Initially, people thought that money was the main issue but when we got the money we then discovered that we also needed to work out the modality for distribution and disbursement.*

SCHREIBER: Yes, yes. Can you tell me a bit about that or is this…So you are talking about disbursement to the individual facility.

ADEWOLE: *Yes, the modality for disbursement to the individual facility. We told them we were quite prepared to be flexible with how the appropriations were carried out, but we would be inflexible with the end point. That is, the money must get to the Primary Care Center.*

SCHREIBER: Okay.

ADEWOLE: *The NPHCDA [National Primary Health Care Development Agency] wanted a situation where they could we use part of the money to buy vaccines but, fortunately we are implementing a multi-year agreement with Gavi (a global vaccine alliance) where governments now agree to fund vaccine procurement as distinct from the basic healthcare provision fund.*

SCHREIBER: Okay.

ADEWOLE: *And that, and the implementation of that started in 2019.*

SCHREIBER: Okay.

ADEWOLE: *22 Billion Naira was voted for this in 2019 and that amount would be doubled in 2020.*

SCHREIBER: Right.

ADEWOLE: *Tripled 2021 until 2028, when Nigeria would take charge fully of immunization operations.*

SCHREIBER: Okay. And is this the Gavi funding that was actually said to expire in 2019 or is this totally new?

ADEWOLE: *Ideally it was to expire in 5 years, but now in the face of this engagement, we have been given an extended ten year transition.*

SCHREIBER: Okay, yes indeed.

ADEWOLE: *Normally, normally Gavi allows a 5 year transition, but we asked Gavi to extend the transition for 10 years. And that's unique, because Gavi has never consented to that type of agreement with any country.*

SCHREIBER: Okay.

ADEWOLE: *So we have a ten year transition period.*

SCHREIBER: When did that transition start, in which year?

ADEWOLE: *2019.*

SCHREIBER: Okay. Okay. Right. Okay, so I think my. Unless you think there is something important that we missed, let me just check with you that first. Is there something we haven't spoken about that you think is important to mention?

ADEWOLE: *No, I can't think of it. But, if you have your transcripts and find out that I'm missing things there, particularly with networking, the pressure, the advocacy, I will be prepared to add to it.*

SCHREIBER: Okay, let me ask you now is there more you want to say on that because we have the opportunity now? I think it's a very important part of the story.

ADEWOLE: *Well apart from the pressure from Dr. Adeyi, I also networked with some governors to put pressure because we needed governors who could put in a word or two.*

SCHREIBER: Okay.

ADEWOLE: *A governor who also agreed to be a champion for the basic health care provision fund. I think I did mention his name, but he was also one of our champions.*

SCHREIBER: Can, can you mention the name?

ADEWOLE: *The governor of Kaduna state, Ahmed El-Rufai.*

SCHREIBER: Okay. I think maybe I'll just send you an email for the name, honestly. It's easier.

ADEWOLE: *Yes.*

SCHREIBER: Yes. Um, so what was the incentive for the governors? What did you, what did they get for being champions of that.

ADEWOLE: *Well, I think they also recognized that this money would have to support the health care facility in their states.*

SCHREIBER: Yes.

ADEWOLE: *So, I think that to me was the incentive. We needed to spend that money coming in in a structured manner to help them.*

SCHREIBER: Right. Okay. So I think my final question, and of course we can chat a bit by email if you do remember something else please let me know.

ADEWOLE: *Okay.*

SCHREIBER: But my final question would be, as you look back over these four years, what are your main lessons or take away or advice that you would give to the minister of health in a different country trying to do the same thing?

ADEWOLE: *Well the first thing I did was to acknowledge the help I got from attendance at the Harvard Ministerial Leadership Summit where we were taught how to frame issues and questions.*

SCHREIBER: Ah, there we go.

ADEWOLE: *And the need to partner with the ministers of finance and budget and national planning.*

SCHREIBER: So can you just repeat the word Harvard,

ADEWOLE: *I think in the past*

SCHREIBER: Harvard Ministerial Leadership Summit. Sorry, can you just repeat the name of

ADEWOLE: *Summit.*

SCHREIBER: Harvard Ministerial Leadership Summit.

ADEWOLE: *Yes, Harvard Health Ministerial Leadership Summit.*

SCHREIBER: Okay, excellent, thank you.

ADEWOLE: *Which I attended in 2016.*

SCHREIBER: Okay.

ADEWOLE: *And I have used that to counsel my other ministers not to believe that they could do it in isolation. No Minister of Health can go far without the support from the Minister of Finance and Budget.*

SCHREIBER: Yes.

ADEWOLE: *And of course, from the President or the Prime Minister.*

SCHREIBER: Yes.

ADEWOLE: *And that, we should learn to appreciate words that will resonate with the Minister of Finance. These words include transparency, accountability, judicious use of resources and the return on investment. I could remember that the Vice President was interested in return on investment.*

SCHREIBER: Okay. Right. So you had to understand what these ministers wanted and then frame the issue in those terms.

ADEWOLE: *Correct. It is not enough to say people are dying.*

SCHREIBER: Yes, you need to show what your solution will actually bring to them.

ADEWOLE: *Correct.*

SCHREIBER: Right. Any other big lessons you take from this?

ADEWOLE: *Well, it's, it's also important to help them identify sources of funding.*

SCHREIBER: Yes, yes.

ADEWOLE: *And for Nigeria we pointed toward tobacco and, and we also got resources from tobacco and we are working hard on that. Government passed the legislation to double the tax on tobacco.*

SCHREIBER: Okay, okay.

ADEWOLE: *Because, if you are asking for more money sometimes the question is where are we going to get the money from.*

SCHREIBER: Yes, then you should have an answer to that question.

ADEWOLE: *Correct.*

SCHREIBER: Alright. Well, I think then we can just about leave it there, sir.

ADEWOLE: *Okay.*

SCHREIBER: This was a real pleasure and thank you very much for taking the time.