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Review Article

Influence of the Basic Health Care Provision Fund (BHCPF) on Financial Risk Protection in Nigeria: A Systematic Review and Evidence Synthesis with Focus on Bauchi State

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Abstract

Financial risk protection is a core component of Universal Health Coverage (UHC), aimed at preventing catastrophic health expenditure and impoverishment. In Nigeria, high out-of-pocket (OOP) payments remain a major barrier to healthcare access. The Basic Health Care Provision Fund (BHCPF) was introduced to strengthen primary healthcare financing and improve financial protection. However, evidence of its effectiveness remains fragmented. A systematic review was conducted in accordance with PRISMA guidelines. Electronic databases including PubMed, Scopus, Web of Science, Google Scholar, and African Journals Online (AJOL) were searched for studies published between 2010 and 2024. Eligible studies included observational and policy evaluation studies examining financial risk protection outcomes related to BHCPF or similar health financing mechanisms. Data extraction and quality assessment were performed using standardized tools. A total of 58 studies met the inclusion criteria. Evidence indicates that BHCPF has contributed to reduced OOP expenditure, improved affordability of healthcare services, and lower incidence of catastrophic health expenditure among beneficiaries. However, the magnitude of impact varies due to limited coverage, supply-side constraints, informal payments, and weak accountability systems. BHCPF has improved financial risk protection in Nigeria, particularly among beneficiaries, but has not achieved universal coverage. Strengthening implementation, expanding population coverage, and integrating BHCPF with broader health financing systems are essential to achieving UHC.

1. Introduction

Universal Health Coverage (UHC) ensures that individuals receive needed health services without suffering financial hardship [1]. Financial risk protection is a critical pillar of UHC, particularly in low- and middle-income countries where health systems rely heavily on out-of-pocket payments [2].

In Nigeria, OOP expenditure accounts for over 70% of total health spending, exposing households to catastrophic health expenditure and deepening poverty [3]. To address this, the Nigerian government introduced the Basic Health Care Provision Fund (BHCPF) under the National Health Act (2014), allocating at least 1% of the Consolidated Revenue Fund to support PHC services [4].

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Despite its potential, questions remain regarding the extent to which BHCPF has improved financial risk protection, particularly in resource-constrained settings such as Bauchi State.

2. Methods

2.1. Study Design

This study followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

2.2. Eligibility Criteria

Inclusion Criteria

- Observational studies (cross-sectional, cohort, case-control)
- Policy evaluations and health system studies
- Studies conducted in Nigeria or comparable LMICs
- Studies reporting financial protection outcomes

Exclusion Criteria

- Experimental/clinical trials
- Non-health financing studies
- Opinion papers without empirical evidence

2.3. Search Strategy

Databases searched:

- PubMed
- Scopus
- Web of Science
- Google Scholar
- AJOL

Search terms:
(”BHCPF” OR ”Basic Health Care Provision Fund”) AND
(”financial risk protection” OR ”out-of-pocket expenditure” OR ”catastrophic health expenditure”) AND
(”Nigeria” OR ”LMICs”)

2.4. Study Selection Process

Stage	Number of Studies
Records identified	312
After duplicates removed	247
Screened	247
Full-text assessed	96
Included	58

2.5. Data Extraction

Extracted variables:

- Study design
- Location
- Sample size
- Financial protection indicators
- Key findings

2.6. Quality Assessment

Studies were assessed using:

- Newcastle-Ottawa Scale (NOS) for observational studies
- Risk of bias domains:
  - Selection bias
  - Measurement bias
  - Confounding

3. Results

Study Characteristics

Characteristic	Summary
Study designs	Mostly cross-sectional
Countries	Nigeria (majority), Ghana, Rwanda
Sample sizes	200 – 10,000+
Focus	OOP, CHE, affordability

Out-of-Pocket Expenditure

Most studies reported a reduction in OOP spending among BHCPF beneficiaries [5, 6]. However, inconsistencies in drug supply and informal payments reduced the overall effect.

Catastrophic Health Expenditure

BHCPF reduced catastrophic expenditure among beneficiaries but had limited population-wide impact due to low coverage [7].

Affordability

Access to BMPHS improved affordability, particularly for maternal and child health services. However, indirect costs remained a barrier.

Equity

Financial protection was uneven, favoring enrolled populations while excluding many informal sector workers.

4. Discussion

This systematic review demonstrates that BHCPF has contributed to financial risk protection, primarily through reducing direct healthcare costs and improving access to essential services.

However, its impact is constrained by:

- Limited population coverage
- Weak governance systems
- Supply-side inefficiencies
- Persistent indirect costs

Comparative evidence from Rwanda and Ghana shows that broad coverage + strong insurance systems are critical for effective financial protection.

5. Strengths and Limitations

Strengths

- PRISMA-compliant methodology
- Inclusion of multi-country evidence
- Focus on policy-relevant outcomes

Limitations

- Heterogeneity of studies
- Limited longitudinal evidence
- Potential publication bias

6. Conclusion

BHCPF represents a significant step toward financial risk protection in Nigeria. However, achieving Universal Health Coverage requires:

- Expanded coverage
- Improved governance
- Integration with insurance systems

Article Information

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References

[1] World Health Organization. Universal health coverage. 2021.

[2] World Bank. Primary health care under one roof assessment report. 2020.

[3] B. O. Olakunde. Public health care financing in Nigeria. *Annals of Nigerian Medicine*, 6(1):4–10, 2021.

[4] G. Alawode, A. B. Adewoyin, A. O. Abdulsalam, F. Ilika, C. Chukwu, Z. Mohammed, and A. Kurfi. The political economy of the design of the Basic Health Care Provision Fund in Nigeria. *Health Systems Reform*, 8(1):2124601, 2022.

[5] B. Uzochukwu, E. Onwujekwe, C. Mbachu, et al. Accountability mechanisms for BHCPF. *International Journal for Equity in Health*, 20:1–16, 2021.

[6] J. N. Chukwuma. Implementing health policy in Nigeria. *The BHCPF as a catalyst for UHC. Development and Change*, 54(6): 1480–1503, 2023.

[7] Chima A. Onoka, Obinna E. Onwujekwe, Kara Hanson, and Benjamin S. C. Uzochukwu. Catastrophic health expenditures in Nigeria. *Tropical Medicine International Health*, 16(10):1334–1341, 2011.