Report of the Vision 2020

National Technical Working Group

On

Health

July, 2009

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FOREWORD

There are many serious challenges in trying to produce a programme that would transform the health sector of Nigeria from what it presently is to what it should be if Nigeria is to be among the 20 most developed nations of the world. The first one is that the funding of the sector has been grossly inadequate from its foundation in the colonial era, when it was really meant to be a type of first aid while definitive management lay overseas. This pattern can only change when the country decides that definitive treatment must also be in Nigeria. The United Nations recommends an expenditure of $34 US per capita per annum, but the estimated figure for Nigeria might not have much improved over the 1999 estimate of $10.

The second issue is the uncoordinated efforts in the health sector. The 1999 Constitution, unlike the earlier 1979, has not attempted to assign responsibilities for different levels of health care to different tiers of government. The National Health Policy does that, but its provisions are largely ignored. Moreover, there had been several changes in government, and each new regime starts its own programmes. The resulting lack of continuity and lack of orderly planning does not promote the efficient use of scarce resources. The group recommended significant strengthening of primary health care to form a reliable foundation for Nigeria's health services. However, by definition, PHC should be the function of Local Governments. This tier of government is presently the weakest, and it must be greatly strengthened unless the responsibility is assumed by another tier of government.

The health of the population is enormously affected by public health measures. The life expectancy in the USA rose from 47 to 70 in the second half of the twentieth century through public health measures, such as environmental sanitation, improvement of nutrition, better housing and employment and widespread education. This was before the era of immunisation against the killer childhood diseases, before the development of high tech medicine. The Group was aware of this and has indicated its support for the other sectors, advocating for intersectoral collaboration.

The Health Thematic Groups did not get all the documents it needed, and many came rather late. The version of the National Health Bill described as authentic, and which we understood had gone through all the stages of legislation was obviously very important for our work, but it arrived only after we had completed our report. We therefore request that the information quoted from other sources should be taken with understanding.

The group would have probably worked more efficiently it had a secretariat with computers, printer and photocopying capabilities. Members were however, very resilient, using their own machines, flash drives and individual internet access to fill the gaps.

We have made recommendations that would indeed achieve the desired result, provided that there is strong political commitment. The initiation of Vision 20, 2020 exercise gives us reason to hope that the will exists, and where there is a will, there will surely be a way.

Shima K Gyoh

Chairman, Health Thematic Area,
National Technical Working Group

ACKNOWLEDGEMENT

We the members of the Health Thematic Area of the National Technical Working Group (NTWG) are happy to express our profound appreciation to His Excellency Alhaji Umaru Musa Yar'Adua – President , Commander -In-Chief of the Armed Forces of Nigeria and Chairman of National Planning Commission for his vision and great determination to ensure that our beloved country Nigeria becomes so developed as to become one of the twenty (20) most advanced countries of the world by the year 2020.

We also appreciate very highly the great energy and support for this vision by the Vice President of the Federal Republic of Nigeria, Dr. Goodluck Ebele Jonathan for his constant support to the President in carrying out this and all other duties to the Nigerian nation.

Our profound appreciation also goes to our erudite articulate and energetic Minister and Vice Chairman of the National Planning Commission, Dr. Shamsudeen Usman for his ability to consider and select highly talented and patriotic Nigerian technical experts to design plans for the actualization of this great vision.

Also deserving of our collective appreciation are all members of the Health Thematic Area of the NTWG, in particular our highly experienced and indefatigable chairman Professor Shima Gyoh, our Group Coordinator, Dr Mike Ogbalu and Assistant Coordinator, Dr. Yawale Iliyasu.

Our appreciation also goes to the National Planning Commission represented by Dr.(Mrs) E. Nwadinobi, Mr. O. I. Shogbuyi and Mr. S. U. Okeke and Accenture represented by Mrs. Awuneba Ajumogobia.

My prayer is that all those who will be selected to champion the implementation of this and allied plans to actualize our collective national aspiration will be men and women of incorruptible disposition, integrity, knowledge, skill, experience, and above all patriotism, so that the Almighty and Most High God who created Nigeria and all Nigerians will bless Nigeria!

Chief (Dr) Mike Mbanefo Ogbalu (FWACP)
Coordinator, Health Thematic Area
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1.0 INTRODUCTION

1.1. Overview of Health Thematic Area:

The health care delivery system in Nigeria has performed very poorly ranking 187th out 191 countries, according to the WHO ranking of the year 2000. It is hoped that with the current planning exercise, the health care delivery of Nigeria will move the nation up from 187th position to first 20 out of the ranked nations. Presently, health care is delivered by three tiers of Government and the private sector. According to the *National Health Policy*, *Primary Health Care* is the primary responsibility of LGA; *Secondary Health Care* is principal responsibility of State Government, while *Tertiary Health Care* is the principal responsibility of the Federal Government.

The point of entry into the nation's healthcare system is at the primary health care.

1.2. Scope of Health Thematic Area

Primary health care is essential healthcare based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families through their full participation and at a cost that the community can afford to maintain at every stage of their development, in the spirit of self-reliance and self determination. It forms an integral part of both the country's health system, and the social and economic development of the community. It is the first level of contact of the individual, family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of continuing health care (*Alma Ata Declaration, 1978*).

In Nigeria, ***Primary Health Care*** involves the following components:

(i) Health education;
(ii) Nutrition and food supply;
(iii) Immunization;
(iv) Maternal and child Health (including Family planning);
(v) Basic sanitation and water supply;
(vi) Control of Endemic diseases;
(vii) Treatment of common diseases and minor ailments;
(viii) Supply of essential drugs;
(ix) Primary Mental Health;
(x) Primary Dental Health;

It is delivered in *comprehensive health centres*, *primary health centres, primary health clinics* and *primary health posts.*

Secondary Health Care:

This is the next level in the health care system. The secondary health care services are delivered in General Hospitals.

Tertiary Health Care:

This is the highest level of healthcare in the country and the ultimate referral level, which provides highly specialized services. The main functions of tertiary healthcare systems are teaching, service delivery and research.

1.3. Overall Target for the Health Sector

- Nutrition: Under-5 Nutritional status should be improved;
- Immunization (vaccination): Full vaccination, which consists of I dose of BCG; 3 doses of DPT and at least 3 doses of oral polio vaccine and 1 dose of measles and at least two doses hepatitis B vaccine should administered within first year of life. The NPHCDA should be strengthened and empowered to supervise all PHC activities. Routine immunization should be handed back to the states and local governments for more effective performance. Also, both the overall vaccine coverage and measles coverage should be significantly improved,
- Maternal & child Health: Maternal Mortality Ratio and Infant and Under 5 Mortality Rates, should be significantly reduced.
- Basic Sanitation and Water Supply: Should aim at providing potable water and human and other waste disposal system for every household.
- Control of endemic diseases: Access to antiretroviral therapy and prevention of mother/child transmission, use of insecticide-treated net (ITN), anti-malarial prophylaxis in pregnancy and access to treatment of respiratory disease should be strengthened.
- There should be significant increase in essential drugs manufactured in Nigeria.
- Increases in knowledge, attitude and practices of prevention of complications arising from common disease and injuries.
- It should also include the establishment of primary mental and dental health in health centres and clinics in all states of the Federation.

For the secondary and tertiary health care, the number of general hospitals, epidemiology unit, functional ambulance service, availability of relevant consultants and blood transfusion services should be significantly stepped up. Each secondary or tertiary health care institution should be appropriately funded. Also each tertiary hospital should have a well-funded and well-organized.

1.4. Process Involved in Developing Plan

The key aspects of the Health Thematic group's approach and methodology include:

- Review of existing relevant information;
- Extensive subgroup discussions of key issues relating to Nigeria's health system and the delivery of health services.
- Assignment of specific responsibilities to members of the Health Thematic working group based on their different fields of expertise and professional exposure.
- Working group plenary sessions were held to interactively identify, brainstorm and reach conclusions on the content of the group's documentation.
- Interaction with WHO etc.

2.0 CURRENT ASSESSMENT OF THE HEALTH SECTOR

2.1. Global trends in the Health Sector

2.1.1. Comparative Benchmark Analysis

Nigeria is among the low income countries in the world and presumably with poor socio-economic indicators. Among the countries which share the same socio-economic status with Nigeria are Senegal, Kenya, and Ghana. Following are table and figures showing a few health and economic indicators for Nigeria vis-a-vis other countries in Africa for ease of reference.

Table 1: Health and Economic Indicators for Nigeria vis-a-vis Selected African Countries

Indicators+	Nigeria	Ghana	Senegal	Kenya	Botswana	South Africa	Namibia	Egypt
Total Fertility	5.8	4.4	5.0	5.0	3.2	2.8	4.0	3.3
MDG Contraceptive Prevalence Rate % of women ages 15-49	13	25	11	39	40	56	44	60
% of Births Attended by Skilled Health Personnel	35	47	58	42	94	84	76	69
% of Infant with Low Birth Weight	14	30	21	N/A	10	15	14	12
Infant Mortality Rate	101	68	78	79	84	54	47	26

Indicators+	Nigeria	Ghana	Senegal	Kenya	Botswana	South Africa	Namibia	Egypt
per 1000 Live Births								
Under-five Mortality Rate per 1000 Live Births	197	112	137	12	116	67	63	36
Condom Use at the Last High-risk sex++	24(W) 46(M)	33(W) 52(M)	34(W) N/A	25(W) 47(M)	75(W) 88(M)	20(W) (nil)	48(W) 69(M)	Nil
Maternal Morality Ratio per 1000 Live Births	80	54	69	100	10	23	30	8.4
Adult Literacy Rate for Female+ +and General Population+++	N/A	49.8(W) 57.9(G)	29.2(F) 39.3(G)	70.2 (F) 73.6(G)	81.8 (F) 82.4 (G)	80.9 (F) 82.4 (G)	83.5(F) 85.0(G)	59.4(F) 71.4(G)
GPD Per Capital in US Dollars	560	409	683	481	5073	4675	2843	1085

+ Based on 2004 data

++ W=Women and M=Men

+++ General Rate for both Male and Female in the population

Source: UNDP: Human Development Report, 2006

Figure 1: Indices of development vis-à-vis Infant Mortality in Selected African Countries

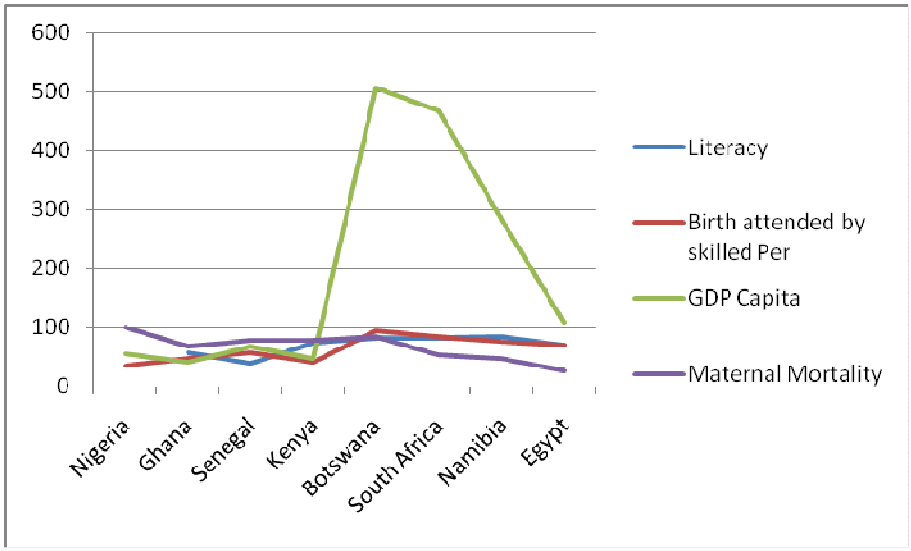
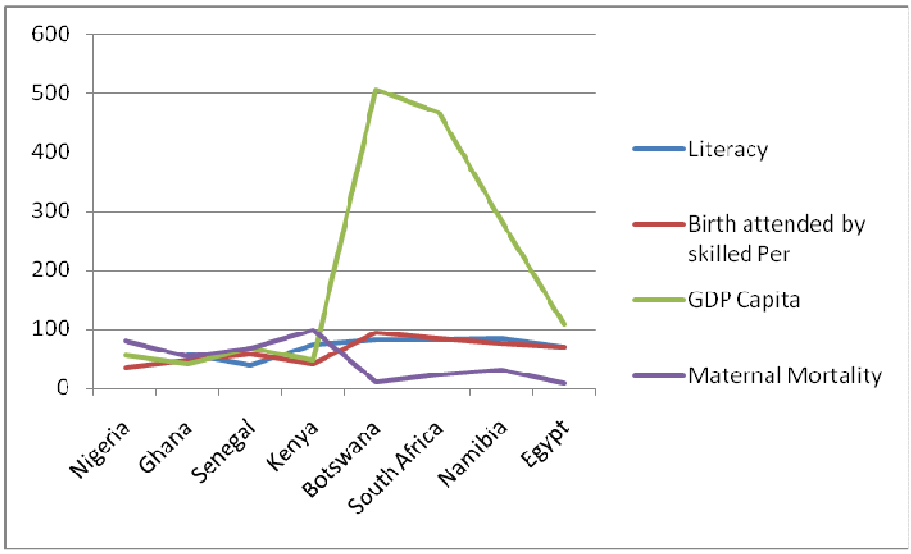


Figure 2: Indices of development vis-à-vis Maternal Mortality in Selected African Countries



2.2. Local Context

2.2.1. Nigeria's Health System

Available data on Nigeria's health sector by 1999 indicate that it was in deep crisis because (Crips et al, 2000; FMOH, nd) of the following.

- The primary health care system on which the national health policy is anchored had in the words of the then Minister of Health 'collapsed'. Immunization coverage declined from about 80% in the early 1990s to 13% by 2003.
- The public health care facilities whether at the secondary or tertiary (both state and federal) that were absorbing nearly seventy-five per cent of the annual capital and recurrent budgetary provisions were in complete state of disrepair.
- The publicly funded health care facilities were being under-utilized for a variety of reasons.
- There was massive flight of qualified health personnel to other parts of the world where the conditions of service were much better than in Nigeria.
- The public health care institutions were involved by incessant strike action by all cadres of workers.
- Intra- and inter-professional rivalry among health personnel compromised output and efficiency, making it difficult for workers to excel in work situation.
- The morale of all cadres of health personnel in the public sector was low due to the conditions under which they worked.
- The government did not harness all the available health care resources in the public and private sectors in the country for the benefit of the population. Consequently, there was no public private partnership in health care delivery despite the fact that substantial proportion in the population preferred the services of the private sector providers.
- The budgetary provisions for the public health care system declined precipitously due to the devaluation of the naira, resulting in decrepit state of facilities. A recent survey of fifteen tertiary health facilities found that theaters including equipment in all of them either had broken down for years and/or were unavailable, rendering the staff working in them under-employed.

2.2.2. Era of Health Sector Reform

By and large, an awareness of the problems that were previously outlined prompted the civilian regime between 1999 and 2007 to opt for health sector reform with the aim of making health care accessible, equitable, affordable as well as cost-effective and efficient. One of the principal goals of is also to reduce the disease burden arising from the scourge of malaria, HIV/AIDS and its opportunistic diseases including the non-communicable diseases.

The seven strategic thrusts of the reform are:

- Improving the stewardship role of government
- Development of the health system and its management
- Reduction of disease burden
- Improving the availability of health resources and their management
- Improving access to quality health services
- Improving consumers awareness/community involvement
- Promoting effective partnership, collaboration and co-ordination

2.2.3. Achievements after the Reform

The past decade was remarkable for various initiatives at the policy and programmatic levels. Considerable efforts were made to push for new initiatives that were aimed at strengthening the health system. The highlights of the reform of the past decade include:

- The revision of the 1988 national health policy with a view to giving further boost to primary health care as the medium for health care provisioning for the population.
- The establishment of a National Hospital Services Commission/Agency to manage all the fifty-two federally-funded tertiary health care facilities in the country (FMOH, 2004).
- The formulation, revision and submission for enactment of the National health Bill that outlines the roles and responsibilities of the tiers of government after prolonged consultation. The launching of the national Health Insurance Scheme was launched after years of inaction marked by bureaucratic hiatus, including plans to roll out the community-based health insurance scheme for the informal sector.

- The near completion of the National Health Account including the revision of all the health laws of the country were appraised in order to identify gaps and/or gay areas that required revision/repeal (PATHS-DFID, 2004).
- The adoption of the public private partnership policy which is in consonance with the NEEDS/SEEDS document. PPP conceived to harness all human health resources in the country was adopted.
- Boosting of the Malaria under the Roll Back malaria Initiative for the prevention through insecticide treated bed nets, public education, and environmental sanitation etc (FMOH, 2000).
- The control of HIV/AIDS and other communicable diseases control programmes by 2007. Even though not much was done on HIV/AIDS prior to 1999, the return to civil democratic rule provided the opportunity to tackle the epidemic afresh and in a robust manner. The sero-prevalence rate which rose from 1.8% in 1986 to 5.8% by 1999 declined to 3.1% by 2008The authorities also sought to expand access to Voluntary Counselling and Testing and ART in the country.

2.2.4. Current Plans and Programmes

The following are some of the key sectoral plans and programmes:

- The National Strategic Health Development Plan: The current leadership of the health sector, in line with the International Health Partnership declaration, has realigned the National Health Investment plan and together with the health sector NEEDS 2 initiative and other relevant policies and strategic health plans are being harmonized in the National Strategic Health Development Plan (NSHPDP) through a very participatory process. NSHPDP aims at a single national health plan for the country, a single fiduciary framework, a single results framework and a single monitoring and evaluation framework. All levels of government are expected to use the developed framework for the development of their plans and are stakeholders at all levels are expected to buy into this plan. The principles underlying the development of the NSHDP are alignment, harmonization, mutual ownership and accountability in line with the Paris Declaration of AIDS Effectiveness. It is expected that the plan will address all components of the health care system.

- Repositioning the National Primary Health Care Development Agency to provide strategic leadership in revamping PHC in the country for the scaling up of the Minimum Health Care Package through the Ward Health System with a view to increasing coverage with cost-effective high impact interventions
- Rolling out of the Community-based Health Insurance for increasing economic access to the 70% informal sector and the vulnerable groups
- The Integrated Maternal Newborn and Child Health Strategy has been developed and is being rolled out in 14 states. The focus of this is to reduce maternal and child mortality (MDGs 4 and 5) with interventions at the political ward level using midwifery corps scheme to ensure availability and access to critical human resource equitably.

2.3. Issues and challenges

The Nigerian health care system is faced with numerous challenges. Attaining the MDGs by 2015, traditional epidemics and emerging and re-emerging communicable diseases and the rising burden of non-communicable diseases are current challenges. However, the following are the main challenges:

- *Size and diversity of the country*: The size of the country, the diversity in culture, social and economic conditions and the wide disparity of health resource availability, access to health services and health outcomes across the zones of the country are major challenges to health planning in the country.
- *Stewardship*: Systems for good governance is weak, especially at the lowest level. This is especially worrisome as the LGA level, the level with responsibility for PHC services provision. The flow and utilization of resources is opaque, roles, responsibilities are of the different levels and the coordination of activities very poor. This frustrates financing, assessment of cost-effectiveness of interventions and accountability.
- *Service delivery*: Health care services are fragmented, skewed in distribution, limited in coverage and of poor quality. Also, there is a dearth of resources and referral systems are weak. This has made people lose confidence in the health care system.

- *Resource Generation*: The provision of health involves putting together a considerable number of inputs to deliver an extraordinary array of different service outputs. There is a dearth of all resources for the health sector (drugs, infrastructure, equipment and human resources. One critical challenge to quality health care delivery is the dearth in the number, distribution, mix and motivation of health care providers. There is very poor personal responsibility for health as evidenced by poor lifestyles and health care seeking behaviors.
- *Health Care Financing*: Providing financial access to all citizens has long been a cornerstone of modern health care systems and globally health care expenditures have risen from 3% of the GDP in 1948 to 7.9% in 1997. Per capita health expenditure for Nigeria was $10 in 1999. Malaysia and Brazil spend 11and 20 times more respectively. This may be responsible for the better health outcomes they record. In Nigeria, health care expenditure is not only low, but two thirds of it is out-of pocket, thus reducing access especially to the poor and vulnerable groups. There is currently no system for monitoring health expenditure, in terms of distribution and trends as the National Health Accounts is as best rudimentary.

2.4. Strategic Imperatives

A sector wide approach that recognizes that health cuts across several sectors points the way forward. Outside the purview of the health industry, poverty alleviation schemes and development of infrastructure (roads, power, water supply and environment), education, food security to ensure adequate nutrition is pertinent to health development.

Within the health sector having an enabling law, delineation of roles and responsibilities of all stakeholders, including the different levels of government, improved coordination, strengthening capacity to plan, implement, monitor and evaluate health programmes and health systems strengthening (human resources for health, health care financing, human resources, health information system, organization and delivery of services and knowledge generation); and partnerships are important. Other important strategic imperatives address the challenges listed above and include revitalization of PHC using the Ward Minimum care Package,

rapid expansion of the community-based health insurance schemes, improved financing of the health sector, reducing the disease burden and the construction of the National Health Account.

2.5. Strengths and Opportunities in Nigeria

Nigeria has been under 10 years of civilian governance. In spite of its imperfections, a reasonable stability has engendered the opportunity to plan and gain the confidence of other stakeholders, especially development partners to invest in health care in the country. There has been increased funding to the health sector from the debt relief gains, mainly directed at the attainment of health MDGs.. The global commitment to attainment of MDGs, MNCH, Paris Declaration on aids effectiveness and International Health Partnerships and *Ouagadougou Declaration* are stimuli for increased support to countries, including Nigeria to work towards their attainment.

Strengths include ongoing health reforms in some states of the Federation have integrated primary and secondary health care systems for greater coordination. The NPI has been subsumed under NPHCDA, thus bringing PHC under one roof and the NPHCDA is being repositioned for improved performance in line with its mandate. The plans to complete National Health Accounts will give opportunities for providing more cost-effective services. Several policies and strategic plans have been articulated at the federal level and what is needed is implementation at all levels. The National Health Bill, when passed, will hopefully define more clearly roles and responsibilities of each tier of government and is likely to strengthen PHC through improved funding.

3.0 VISION, OBJECTIVES, GOALS,STRATEGIES AND INITIATIVES OF THE HEALTH SECTOR

VISION STATEMENT: To promote, provide sustainable quality health systems and services for all the inhabitants of Nigeria by the year 2020.

Objectives

1. To provide equitable, efficient, high quality but affordable health services based on the primary health care approach, appropriately updated to improve the knowledge, attitude, practice and the adoption of healthy lifestyles by the people.
2. Reduction in maternal and childhood morbidity and mortality and the burden of other priority endemic diseases.
3. Improvement of basic sanitation and water supply.
4. Increase Nigeria's capacity to manufacture essential drugs, vaccines and consumables from 40% to 80% of national need.
5. Expansion of secondary and tertiary health care coverage.
6. Improvement of health data base and promotion of research.
7. To strengthen secondary and tertiary health care facilities to enable them support primary health care.
8. To enhance and strengthen the availability and management of health resources (financial, human and infrastructural)

Objective 1:

To provide equitable, efficient, high quality but affordable health services based on the primary health care approach, appropriately updated to improve the knowledge, attitude, practice and the adoption of healthy lifestyles by the people.

Goal:

PHC which currently serves only 5 - 10% of the population should, by 2015 serve more than 50% load and by 2020, to serve not less than 95%.

1.1. Primary Health care facilities to be located no further than 15-30 minute walk from the catchment's population by 2015.

1.2. Secondary and tertiary health care institutions should competently cope with their functions, such as management of all conditions appropriate at each level, research teaching and dealing with all referrals from lower levels.

Strategies

1.1.1. Site at least one PHC facility in each ward with the appropriate compliment of staff that is adequately supervised.

1.1.2. Define and establish a formal health facility network as a basis for referral and feedback

1.1.3. Create awareness of available PHC facilities to encourage people to utilize the PHC services as the entry point for health care delivery.

1.1.4. Provide adequate infrastructure and well maintained equipment through partnership with the private sector in compliance with procurement procedures, as well as uninterrupted power and water supply.

1.1.5. Provide effective health awareness programmes that will impact positively on the lifestyle of all.

1.1.6. Harmonise the health care policies and programmes of all the tiers of government paying attention to peculiar geographical health care needs to redress the disproportionately poor health indicators in the country.

Initiatives

1 Fund all schools of health technology to increase enrolment and training so that they can produce adequate for the Primary Health Care(PHC) facilities in the country.

2 Ensure that the various tiers of health services adhere strictly to policy on types of services to be provided. Secondary and tertiary hospitals to receive mainly cases referred from lower levels, with the exceptions of emergencies.

3 Elect members of the community into facility management committees/boards of all PHC facilities, secondary, and tertiary hospitals.

4 Public and private health care institutions within a medical catchment area should forge mutually agreed partnership that will result in better and more efficient use of their facilities and personnel.

5 Encourage ethical practice and accountability among all health care delivery personnel.

6 Encourage ethical practice and accountability among all health care delivery personnel. To ensure this, the regulatory Councils in health must not be dissolved for prolonged period as has been practiced in the recent past.

7. Establish partnerships for sustainability.

8. Harmonise the health care policies and programmes of all tiers of government paying attention to peculiar geographical health care needs to redress the disproportionately poor health indicators in the country.

9. Establish sports medicine as a component of the PHC package.

10. Institutionalise performance based incentives to deserving health care workers.

Objective 2:

Reduction in maternal morbidity and mortality; and the burden of childhood and other priority endemic diseases (malnutrition, malaria, diarrhoeal diseases, tuberculosis, HIV/AIDS).

Goals

2.1.1 The maternal mortality which ranges from 300 per 100,000 live births in the south-west of Nigeria to over 1,200 in the north-east of the country should be reduced by 75% by 2020. (NDHS, 2008).

2.1.2 2.2. U-5 mortality should be reduced from 165 per 1000 live births to 75 in 2015 and 50 in 2020.

2.1.3 2.3 Increase the routine □mmunization coverage from the present 27% to 95% by the year 2015.

2.1.4 2.4 Achieve a reduction in under 5 malnutrition from 53% to less than 20% (NDHS2008) by the year 2015.

2.1.5 2.5 Life expectancy of Nigerians should increase from 47years to 70years by 2020.

Strategies:

Upgrade and reorganise the health services to deliver integrated maternal and child health interventions (including emergency obstetric, neonatal, and child care at all levels).

2.1.1 Sensitise all expectant mothers, particularly, in the rural communities to seek focused antenatal and postnatal care.

2.1.2 Family life education should be part of junior secondary school curriculum, with a view to encouraging the citizenry to seek health care knowledge from appropriate health sources.

2.1.3 Strengthen family capacity to take appropriate and timely maternal and newborn health actions.

2.1.4 Assess training needs, retrain and update in-service training programme to ensure that health care service providers have the appropriate competences and attitudes for integrated maternal, newborn and child health services.

2.1.5 Provide basic and comprehensive facility for emergency obstetric care.

2.1.6 Every pregnant woman should be encouraged to be delivered in a healthy facility under supervision of a skilled midwife or trained birth attendant.

2.1.7 Establish efficient national Blood Transfusion Services that extends to every LGA.

2.1.8 Provide access to family planning information and services to all eligible individuals in every community.

2.1.9 Devise a mechanism to ensure FREE maternal (antenatal, all delivery and postnatal care) newborn and child health services in all parts of the country.

2.3 Improve the level of routine immunization through primary health care services to cover all children.

2.3 Encourage mothers to breastfeed exclusively for at least six months, followed by graded introduction of balanced locally derived supplementary diet; concurrent breastfeeding for two years should be advised.

2.4 Provide free health services for all citizens under 17years of age

2.5 Provide free health care services for all citizens over 60 years.

Initiatives

1 Health education for post pubertal women on all aspects of antenatal and postnatal care

2 Provide **FREE** maternal (antenatal, all delivery and postnatal care) newborn and child health services

3 Adopt comprehensive school health programmes all primary and secondary schools in all parts of the country.

4 Involve Community leaders in implementing health programmes

5 Improve infrastructural support for training institutions especially for all cadres of health care delivery staff.

6 Posting all specialists involved in reproductive health care delivery to areas in human health resource deprivation.

7 Encourage and sustain a voluntary and non-remunerated blood donation culture.

8 Provide a functional support for all socially disadvantaged children in the community.

9 Establish functional rescue operations to cater for emergencies like floods, fires, and vehicular accidents, ballistic and environmental disasters.

10 Involve Community leaders in implementing health, agricultural and food production programmes

11 Include health education in primary and secondary school curricula

12 To upgrade and reorganise the health service to effectively deliver IMCH intervention including emergency obstetrics neonatal and child care at levels

13 Train NYSC doctors and midwives in emergency obstetric care and deploy to under-served areas.

14 Provide adequate incentives and security for all health care workers posted to human health resource deprived areas

Objective 3

To reduce the prevalence of diseases associated with poor sanitation and water supply by improvement of basic sanitation and water supply.

Goals

3.1 Access to potable water should be increased from the 2006 estimate of 47% to at least 85% by 2020

3.2 Efforts to improve environmental sanitation, comprising human, households and industrial waste should be enhanced to ensure that 100% of urban households have water system human waste disposal methods, 80% water or VIP latrines in rural areas, and 100% proper industrial and medical wastes disposal by 2020.

3.3 Improvement in environmental sanitation for refuse disposal

3.4 Replacement of non-biodegradable materials with biodegradable ones in the industrial production lines.

Strategies

3.1.1 Solicit and ensure adequate provision of water and basic sanitation by encouraging inter-sectoral collaboration in the provision of these services.

3.1.2 Enforcing of laws regarding disposal of industrial waste.

3.1.3 Ensure the enforcement of municipal and local councils regulations with regard to refuse disposal in both urban and rural areas.

3.1.4 Health education to the populace to effect behavioural change that would reduce indiscriminate disposal of waste in particular dumping of refuse in water ways, canals and drains.

3.1.5 Industries should report to government agencies/authorities on the level of compliance in the production of biodegradable materials

3.1.6 Effective control in atmospheric pollution through gas flaring, industrial, heavy duty and vehicular smokes.

Initiatives

3.1.1 Every household in each community town in Nigeria should have running piped water supply by 2020

3.1.2 Every village/community in Nigeria should have access to safe drinking water by 2020 (deep sanitary well, bore holes etc)

31.3 Train sufficient number of factory inspectors who shall visit at least quarterly all industrial sites (local/major productions) to ensure compliance with existing regulations.

3.1.4 Each and every household shall provide appropriate receptacles for household refuse while local government authorities should evacuate the refuse to designated disposal sites regularly.

3.1.5 Sanitary health inspectors should monitor and enforce sanitary health standards of all households.

Objective 4

Increase Nigeria's capacity to manufacture essential drugs, human vaccines and consumables.

Goals

4.1. Stimulate local production of essential medicines from 40% to 80% by 2015

4.2 Access to quality, affordable essential drugs from 60-80% to minimum 95% by 2015.

4.3 Set up Nigeria-based human vaccines production facilities for major childhood communicable diseases plus rabies, yellow fever, hepatitis-B, CSM, pneumococcal and meningococcal by 2012

Strategies

4.1. 1. To significantly increase local production of essential medicines

INITIATIVES

a. Generate enough power and water to support local producers under PPP
b. Identify essential drugs list & consumables e.g. methylated spirit, cotton wool, needles/syringes, IV fluids, iodine tincture, disinfectants
c. Implement NHTF Strategy advance payment plan for local producers
d. Promote quality, affordable made-in-Nigeria healthcare products

4.2.1 Enforce regulations on drug distribution, prescription and pharmacy-vigilance.

INITIATIVES

a. Enforce provisions of National Drug Policy classification of prescription & non-prescription drugs and their uses
b. (i)All unauthorized Drug outlets are to be closed down by 2015 & strengthen NAFDAC to enforce it. (ii) NAFDAC should register only drugs (including herbal nostrum) that have undergone credible controlled clinical trials & have been shown to be safe & efficacious.

4.2.3 Revamp the Drug Revolving Fund Scheme, including Bamako Initiative.

INITIATIVES

a. Implement NHTF Strategy to achieve universal coverage
b. Achieve 100% NHIS coverage by 2015

4.3.1 Build local capacity for human vaccine production through PPP

INITIATIVES

a.. Identify human vaccines for local production - the six vaccine preventable childhood diseases; plus CSM, HBV, RABIES, PNUEMOCCOCUS, YELLOW FEVER.
c. Resuscitate & expand viral production facility at YABA
d. Build bacterial vaccines production faciliy in ABUJA

Objective 5

Expansion and strengthening of secondary and tertiary health care coverage to enable them support primary health care, and render adequate and competent tertiary health care comparable to international standards.

Goals

5.1 There should be at least one general hospital in each Local Government Area, with each General Hospital having specialists to cover at least the four major disciplines: — Surgery, Paediatrics, Medicine, Obstetrics and Gynaecology

5.2 There should be at least one medical school per state having well maintained and essential hospital equipment which can be developed and strengthened as Centres of Excellence

Strategies

5.1.1 Ensure adequate funding and effective management of all secondary and tertiary institutions

5.1.2 For all levels of health care, medical equipment should be purchased from a list of reputable manufacturers who should have workshops within the country for repair and provision of spare parts.

5.2.3 For the most advanced electronic equipment such as MRI and CT scans, all health institutions should go into a suitable public private partnership agreement with suppliers.

5.2.4 Training and re-training of all health personnel such as Biomedical Engineers, medical Specialists, nurses, midwives, laboratory scientists and other care providers. . In this regard, the Postgraduate Medical Colleges, Colleges/Faculties of Medicine and the Teaching Hospitals should be better funded to perform their training mandates more effectively.

Initiatives

5.3.0 Federal, State and Local Governments should increase budgetary allocation to health to at least 15% of their annual budget

5.3.1 Establishment of National Health Trust Fund

5.3.2 Provision of well equipped emergency ambulances, well trained emergency personnel, base stations, relay, communication and other enablers of emergency care.

5.3,3 Collaboration between emergency services eg ambulances,Fire Services, Police, Road Safety Corps. and similar agencies.

5.3.4 Teaching and Specialty Hospitals to go into public-private-partnerships (PPP) with suppliers of specialised equipment

5.3.5 Provision of magnetic resonance imagers (MRI) and computerized tomography (CT) scanners in Teaching Hospitals and CT in all State Specialist Hospitals

5.3.6 Establishment of Emergency Medical Services at all levels

Objective 6

Improvement of the health data base and promotion of research at all levels of health care.

Goals

6.1 Strengthen existing national health information systems and integrate them into a comprehensive national database.

6.2 Stimulate appropriate health research at all levels.

6.3 Encourage research to determine the medicinal efficacy of herbs, in collaboration with the National Institute for Pharmaceutical Research and Development (NIPRID).

6.4 Encourage research in Molecular Biology and Genomics

6.5 Establishment of a National Centre for Disease Control.

Strategies

6.1.1 Ensure effective vital registration (births, deaths, marriages, divorce) at all levels.

6.1.2 Harmonisation of reporting format at all levels using suitable computer software.

6.1.3 Training and retraining of adequate health information officers on the collection of data.

6.1.4 Strengthen integrated disease surveillance and emergency response in the country

6.1.5 Provide means of monitoring and evaluation of data generated at all levels.

6.1.6 Dedicate a minimum of 2% of health budget for research in key areas at all levels.

6.1.7 Generate additional health data through the use of periodic surveys.

6.1.8 Establish mechanism for collation, coordination and management of health research by a well funded body – the National Medical Research Council (NMRC).

6.1.9 Identify and commission at least two research laboratories in the country, capable of conducting research in the fields of *molecular biology and genomics*.

Initiatives

- Provide computers to all secondary and tertiary health facilities and major PHCs with the necessary health information management soft ware.
- Adequate feedback from the users of data through periodic desk reviews and publications.
- Ensure monitoring and evaluation (M&E) activities are carried out at all levels.
- Ensure adequate funding of research laboratories.
- Train adequate number of scientists and other personnel in molecular biology and genomics.

Objective 7

- To enhance and strengthen availability and management of health resources (financial, human and infrastructural)

- ***Goals***
- **7.1** To ensure reliable, adequate, predictable and sustainable funding of the health sector at all levels to achieve minimum expenditure of USD34 per capita by 2015.
- 7.2: To develop/implement Health Financing Policy at all levels
- **7.3** To review/develop and implement the Health Resource Policy at all levels
- 7.4. To develop and implement a health infrastructure policy that will guarantee minimum standards and ensure that the referral systems are strengthened

Strategies

- **7.1.1** To ensure that Health Care Services are managed as businesses with targets and patients rights at all levels
- **7.1.2** To increase budgetary allocation to the health sector to at least 15% of overall budgets at each level. (Federal, State. LG)
- **7.1.3** To strengthen the NHIS so as to accelerate the implementation of the three components of the NHIS for the attainment of 100% coverage of Nigerians by 2015
- **7.1.4** To create additional funds for the health sector through a National Health Trust Fund (NHTF) .
- **7.1.5** To develop human resource policies in each state in line with local human resource challenges
- **7.1.6** To review policies and regulations regarding the training and employment of health workers to make them less restrictive
- **7.1.7** To build the capacity of training institutions for provision of quality training
- **7.1.8** To develop and implement guidelines for health infrastructure for the different categories of health institutions, whether public or private.
- **7.1.9** To strengthen the referral systems by provision of relevant referral infrastructure (e.g. vehicles, communication gadgets and roads).

Initiatives

- Formulation of National Health Bill that has been subjected to full consultation with and acceptance by the health profession and development of a plan for its dissemination and implementation.
- The organised private sector in all States and Local Government Areas to be sensitised to participate the National health insurance scheme.
- Implement the National Health Trust Fund

Initiatives 7.1.2

- a. Conduct advocacy at all levels of government achieve 15% budgets allocation to health;
- Initiative 7.1.3
- a. Implement NHTF strategy

- Initiative 7.1.4
- Consolidate and expand the national midwifery scheme
- Advocate to states to ensure all states provide free maternal and child health services
- Review the incentives of health workers to make them performance based
- Ensure that all Nigerians have equal opportunities of employment in states of Nigeria.
- Review Nursing and Midwifery Council regulations on ceiling on admission of students to schools of midwifery and admission criteria into schools of nursing
- Introduce task shifting as appropriate so as to increase access to some essential health care services
- Develop health centres in line with the NPHCDA Ward Health System

- Review and implement the Emergency Obstetrics Care infrastructure and human resource guidelines for provision of emergency obstetric services nationwide.

4.0 IMPLEMENTATION PLAN

OBJECTIVE ONE

Objective	Goal	Specific Goal	Initiative	Collaborating Agency	Funding
1. To provide equitable, efficient, high quality but affordable health services based on the primary health care approach, appropriately updated to improve the knowledge, attitude, practice and the adoption of healthy lifestyl y the people.	PHC which currently serves only 5 - 10% of the population should, by 2015 serve nore than 50% population ar by 2020, to serve not less than 95% of the population. Secondary and tertiary healt c institutions should competently cope with their functions,	1.1 Primary Health Care Facilities to be located n no further than r 15-30 minute walk (2km) from where people liv or work by 2015.	1.Fund schools of Health Technology to increase student turnover 2. Ensure adherence to constitutional roles appropriate to level of government. 3.Community	Min of Education Min of Establishment, Code of Conduct Bureau, Min of Health, Min of Labour and Productivity, Federal Character commission, Min of Information and Communication, Mass Media, Min of Finance.	1.Government, Private Sectors 2.Employers of Labour National Health 3.Insurance Scheme 4.Individual volunteers as part of community development program. 5.International Partners 6.National Health Trust Fund

Objective	Goal	Specific Goal	Initiative	Collaborating Agency	Funding
	s such as management o of all conditions appropriate at each level, research teaching and dealing with all referrals fron lower levels.		members are to elect representative on board membership of all boards. 4. Establish partnerships for sustainability 5.Encourage ethical practice and accountability 6.Provide workable health awareness		7. National Development Bank

Objective	Goal	Specific Goal	Initiative	Collaborating Agency	Funding
			programmes th will impact positive on the lifestyle of all. 7.Harmonise the health care policies a programmes of all tiers government paying attenti to pecul geographical health ca needs to redress the		

Objective	Goal	Specific Goal	Initiative	Collaborating Agency	Funding
			disproportionat y poor health indicat in the country.		

OBJECTIVE 2

Objective	Goal	Strategy	Initiative	Collaborating Agency	Funding	Time line	Monitoring Agency	Interdependency Matrix
Reduction in materr morbidity and mortality and the burden of Childhood and other priority endemic diseases (malaria, diarrhoeal tuberculos HIV/AIDS).	1. Re du ce Un de r5 Malnutritio n from 53% to less than	1.Mass education and sensitization on usage of Maternal and child health services. 2. Employ competent and motivated staff	1.Health education for post pubertal women on all aspects of antenatal and postnatal care 2. Include health Education in Primary and	Min of Education Min of Health NBTE Min of Social Development Emirate and Chieftancy Councils (Traditional	1.Government, Private Sectors 2.Employers of Labour National Health 3.Insurance Scheme 4.Individual	Short term 2010	Population commission Council of Health NGOs	**Education Infrastructure Science, Technology and innovation Environment Education Food security**

Objective	Goal	Strategy	Initiative	Collaborating Agency	Funding	Time line	Monitoring Agency	Interdependency Matrix
	20%, mortality from 165/1000 to less than 75/1000; and increase immunization from 27% to 95% by 2015 respectively. 2. Reduce maternal mortality	based on the community's demands. 3. Establish functional and nation wide immunization coverage. Provide efficient and safe blood transfusion services nation wide. 4.Encourage exclusive breastfeeding for at least 6months. 5.Provide free basic and	Secondary school curricula 3. Adopt comprehensive school health programmes in all primary and secondary schools. 4.Involve Community leaders in implementing health programmes 5. Improve infrastructural support for	Leaders Council). Professional regulatory bodies. Training Institutions	volunteers as part of community development program. 5.International Partners 6.National Health Trust Fund 7. National Development Bank			**and Agriculture** **Finance** **Energy** **Indutries** **Governance** **Rule of Law** **Employment** **Human development**

Objective	Goal	Strategy	Initiative	Collaborating Agency	Funding	Time line	Monitoring Agency	Interdependency Matrix
	from 300/100000 in the SW and 1200/100000 in the NE by 75% in year 2020. 3. Increase life expectancy from 47and 49 years(male and female) to 70 years.	emergency health services for all persons less than 17years and those older than 60years of age.	training institutions especially for all cadres of health care delivery staff. 6. Posting of specialists involved in reproductive health care delivery to areas in need. 7. Encourage and sustain a voluntary and non-remunerated blood donation					

Objective	Goal	Strategy	Initiative	Collaborating Agency	Funding	Time line	Monitoring Agency	Interdependency Matrix
			culture.					

OBJECTIVE 3

Strategies	Initiatives	Implementing Agencies	Collaborating Agencies	Funding Sources	Timeline		
					S	*M*	*L*
1. 3.1.1 Solicit and ensure adequate provision of potable water and basic sanitation by encouraging inter-sectoral collaboration in the provision of these services.	a) Each household in each town in Nigeria should have running pipe borne water supply.	Federal and States ministries for water resources.	Water and Sanitation	Federal and State governments.	*	2015	2020
	b) Every village/community in Nigeria should have access to safe drinking water(deep sanitary wells*, bore holes etc)	States and LGAs	Water and Sanitation.	States and LGAs	*2010	*2015	*
2 Ensuring the enforcement of municipal laws and regulations, regarding	a) Train sufficient number of factory inspectors who shall visit at least quarterly all industrial sites	FMOH, SMOH	FMOH,FMOE, SMOH, SMOE	FGN, SGs	*	* 2015	

disposal of industrial and domestic waste, in both urban and rural areas.	(local/major productions) to ensure compliance with existing regulations						
	b) Each and every household shall provide approved receptacles for household refuse while municipal & local government authorities should evacuate the refuse to designated disposal sites regularly.	Individual households.	LGAs	Households, LGAs	2010*		
	c) Sanitary health inspectors should monitor and enforce sanitary health standards of all households and	LGAs SMOH, LGAs	NGOs MOE Ministries of	LGAs State Govt. LGAs,	*2010 2010	*	

Ensure effective Vital Registration (births, deaths, marriages and divorce) and harmonization of reporting format at all levels.	business premises. d) Health education of the populace to effect behavioural change that would reduce indiscriminate disposal of waste and in particular dumping of refuse into water ways, canals and drains. a)Provide ICT facilities to all secondary and tertiary health Institutions and major PHC centres and Vital Registration	FMOH, SMOH LGA LGA, SHOH,FMOH FGN	Information, FMOI,SMOI FMOI,SMOI SG, LGA	FGN, SG, LGA FGN, SG,LGA FGN,SG,LGA FGN, SG,LGA	2010 2010 2010 2010		

	Centers	FGN, SG, LGA					
Training and retraining of adequate numbers of health information officers on data collection and the use of ICT facilities.	b) Adequate feedback from users of data through periodic desk reviews and publications.	FMOH, SG,LGA	NGOs	FGN,SG.LGA	2010		
		FGN,SG,LGA	NGOs/Donors/Industries	FGN,SG,LGA	2010		
	c) Design& provide suitable computer soft ware.						
Provide means of monitoring and evaluation of data generated at al levels.		FGN	SG,LGA	FGN		2015	
	Training institutions to increase intake and make provision for refresher courses, modify curricular to	FMOH,SMOH &		FGN		2015	

Dedicate minimum of 2% of health budget by all tiers of government for research in relevant areas. Establish mechanism for the collation coordination and management of health research by a well funded body/ensure equitable allocation of resources' to both basic medical and	include ICT Ensure monitoring and evaluation activities are carried out by the M/E units or department at all levels. Include budgetary allocation for research in the health bill. Revive and adequately fund a National Medical Research Council	LGAs FMOH FMOH	NPC MOSTech. NIPR	FGN	2010		

applied research. Generate additional health data through the use of periodic surveys. 6.3 Encourage research to determine the medicinal efficacy of herbs, in collaboration with the National Institute for Pharmaceutical Research (NIPR).	(NMRC) Conduct periodic health surveys at all levels Ensure adequate funding of the research laboratories. Train adequate number of scientists and						

6.4 Encourage research in Molecular Biology and Genomics	other personnel in molecular biology and genomics.						

OBJECTIVE FOUR

Objectives	GOALS	STRATEGIES
4. Increase Nigeria's capacity to manufacture essential drugs, human vaccines and consumables	Stimulate local production of essential medicines from 40% to 80% by 2015	To significantly increase local production of essential medicines
	Access to quality, affordable essential drugs from 60-80% to minimum 95% by 2015	To enforce regulations on drug distribution, prescription and pharmacy-vigilance (tracking & recall of drugs)
		To revamp the Drug Revolving Fund scheme, including Bamako initiatives.
	Set up Nigeria-based human vaccines production facilities for major childhood communicable diseases plus by 2012	To build local capacity for human vaccine production through PPP

STRATEGIES	INITIATIVES	Timeline			Implementing Agency	Collaborating Agency	Funding Sources
		Short term	**Medium term**	**Long term**			
To double local production of essential medicines from 40% to 80%	Generate enough energy to support local producers under PPP	2010					
	Identify essential drugs list, & consumables *e.g. methylated spirit, cotton wool, needles / syringes, IV fluids, iodine tincture, disinfectants*	2010					
	Implement advance payment plan for local production under NHTF Strategy	2010	2012				
	Promote quality & affordable made-in-Nigeria health-care products	2010	2012	2015			
To enforce regulations on drug distribution, prescription and pharmacy-vigilance	Enforce provisions of National Drug Policy classification of prescription and non-prescription drugs and their uses	2010					
	(a) All unauthorized drug outlets are to close by no later than 2012 and strengthen NAFDAC to enforce it; (b) NAFDAC should register only drugs		2012				

	(including herbal preparations) that have undergone credible controlled clinical trials & have been shown to be safe & efficacious						
To revamp Drug Revolving Fund scheme, including Bamako Initiative	Enable patients billing data and full cost recovery from NHIS as part of national health records			2015			
To build local capacity for human vaccines production through PPP	Identify human vaccines for local production of six childhood vaccine preventable diseases, plus rabies, yellow fever, hepatitis-B, CSM, meningococcal	2010		2015			
	Build viral vaccines production facility at YABA & bacterial vaccines facility in Abuja			2015			

Table 3b: Objective 4 Implementation Monitoring Tool – monitoring agency: FMOH & bilateral/multilateral agencies

OBJECTIVE FIVE

Strategy	Initiatives	Timeline	Implementing Agency	Collaborating agency	Funding Source
Ensure adequate funding and effective management of all secondary and tertiary institutions	Increase budgetary allocation to health to at least 15% of the annual budget Establishment of NHTF	Short term Short term	All levels of Govt Executive & Legislative arms	Ministry of Finance	All tiers of govt Federal & State Govts
Purchase of medical equipment from reputable manufacturers with maintenance facilities in the country	Provision of well equipped emergency ambulances with well trained crews, base stations, relay, etc Provision of MRI and CT scans in all teaching hospitals and CT in all	Medium-term	Federal & State Govts	Ministry of Finance Ministry of	Federal & State Govts Federal & State govts, Private

	specialty hospitals Establishment of Emergency Medical Services at all levels	Medium-term Medium-term	Federal & State Govts, Private Enterprises Federal and State Govts	Science & Technology Ministry of Commerce	Enterprises
Health institutions to go into PPP with suppliers of advanced equipment	MOH to mandate all teaching and specialty hospitals to go into PPP with suppliers of their specialised equipment	Short term	Minister of Health	Ministry of Commerce	No funding required
Training and retraining of all health personnel	Collaboration between emergency services eg ambulance, fire, police, etc	Short-term	All tiers of Govt	Ministry of Health Ministry of Education	All tiers of govt

OBJECTIVE SIX

STATUS	INITIATIVES/ ACTIVITIES/PROJECTS	MONITORING AGENCY	MONITORING FREQUENCY	KPI	% COMPLETION	ISSUES	RISKS	MITIGATION (INTERVENTION)
	Every household in each town in Nigeria should have running pipe borne water supply.	FMWR & SWB	Quarterly	Number of households with pipe borne water	47%	Most households have the pipes laid but no water	Corruption	Expansion of water works by Federal & State Governments.
	Every village/community in Nigeria should have access to safe drinking water(deep sanitary wells, bore holes etc)	LGAs	Quaterly	Number of villages & communities with safe drinking water	20%	None	Misappropriation of funds	Unsatisfactory topographical terrain
	Train sufficient	FMOH/FMOL	Annually	Adequate number	?		Corruptions	Availability of

	number of factory inspectors who shall visit at least quarterly all industrial sites (local/major productions) to ensure compliance with existing regulations			of Inspectors trained		None		training institutions/corruption
	Each and every household shall provide approved receptacles for household refuse while municipal	Ministry of environment	Monthly	percentage of households with receptacle & regularity of collection and disposal of refuse by local Authority(LA)	10%	Populace not adequately informed on their responsibility	Functioning collection vehicles and adequate dumping sites	Massive health education /incentives/full community participation

	local government authorities should evacuate the refuse to a designated disposal sites regularly							
	Sanitary health inspectors should monitor and enforce sanitary health standards of all households.	Ministry of environment	Monthly	Number of trained health inspectors & frequency of inspection	10%	None	None	None
	Health education of the populace	Ministry of Health, NOA, Religious Bodies	Quarterly	Level of compliance with waste disposal by	<5%	None	None	None

	to effect behavioural change that would reduce indiscriminate disposal of waste and in particular dumping of refuse into water ways, canals and drains.			households				
	Provide ICT facilities to all secondary and tertiary health Institutions and major PHC centres.	FMOH,SMOH,LGA	Annually	Proportion of health institutions with ICT facilities & materials	40%	Power supply not stable	Maintenance of ICT materials	Power Sector to fix power generation & distribution.
	Adequate	M & E Units of	monthly	Number of	<2%	Quality of	None	Increase in

	feedback from users of data through periodic desk reviews and publications.	health facilities		reviews and publications		data		utilisation of data generated by ICT
	Acquire & provide suitable computer soft ware	Monitoring units of FMOH,SMOH,LGA	Annually	Number of facilities using health data computer soft ware	30%	not all health data officers are computer literate	Acquisition of substandard or inappropiate ICT materials	None
	Training institutions to increase intake and make provision for refresher courses, modify	FMOH	Annually	Number of HMIS Officers trained or retrained annually	40%	Not many want to take HMIS as a career	None	FGN to improve career prospects in HMIS

	curriculum to include ICT							
	Ensure monitoring and evaluation activities are carried out by the M/E units or department at all levels.	FGN, SG,LGA	Report monitoring activities monthly	Consistency in reporting findings	50%	None	None	None
	Include budgetary allocation for research in the health bill.	FMOH/FMST	Annually	Number of States and Local governments complying	0%	None	Bill already being considered by the National Assembly	Include in health bill during constitutional review
	Revive a National Medical	FGN	Annually	Research findings, publications and		Funding		Government to use research

	Research Council(NMRC)			application and no patent				findings.
	Conduct periodic health Survey	FGN	Annually	Availability of current health data	80%	None	None	None
	Establish a National Centre for disease prevention and control(NCDPC)	FMOH	Annually	Reduction in disease prevalence/prompt preparedness & response to emergency outbreaks	5%(Laboratory facility in Abuja)	None	Inadequate funding	Supply of relevant material(Human Capital & Material Resources)
	Emergency preparedness at all times	All tier of governments	Quarterly	Proportion of responses to emergencies		Lack of trained personnel to respond to emergencie		Adequate funding & training

						s		
	Ensure adequate funding of the research laboratories.	FGN	Annually	Number of herbal products tested and researched	48%	Inadequate funding,	Corruption, Non adherence to existing laws and regulations.	Ensure adequate budgetary allocations
	Train adequate number of scientists and other personnel in molecular biology and genomics.	FGN	Annually	Number of scientists trained.	48.8%	Non availability of training institutions.	None	Collaboration with foreign training institutions

OBJECTIVE SEVEN

STATUS	INITIATIVES	Implementing Agency	Collaborating Agency	KPI	% Completion	ISSUES	RISKS	MITIGATION
	Passage of National Health Bill and develop its plan of dissemination and implementation	FMOH	STATES & LGs	President's Accent	50%	none	none	None
	Implement NHTF	FMOH	WorldBank WHO, etc	Coverage, volume & result	0%	NHIS reform	corruption	HMOs reform
	Sensitize all States, Local Governments, Organized Private Sector, Communities/ all citizens to key into NHIS	MDA, NHIS	FMOH NGOs etc	Public Enrolment in NHIS	5%	Community ownership	Confidence & commitment	PPP penetration
	Conduct advocacy to all levels of	FMOH	WorldBank WHO & Development	Budget Allocation	5%	Political Will	none	Political Will

	government to achieve minimum 15% budgets to health		Partners					
	Develop PHC System & Services in line with NPHCDA Ward Health System to include free Maternal & Child health services, Emergency Obstetrics Care and Ambulance Services in a nationwide network	FMOH, NPHCDA	NHTF, NHIS, Development Partners	Percentage of Wards Covered	20%	Community Involvement & Funding	Misguided Conversion to General Hospitals	State Government hijack of LGA funds
	Implement competitive Health Workers compensation and motivation packages	Ministries of Health & private Employers	FMOH & Development Partners	Size of Pay Packets	0%	Stagnation of Workers' Income	Unpatriotic Attitude	Availability of Country's Program

	across all levels to close up the gaps with leading sectors							
	All Health Professional bodies to regularly review criteria for admission, quality of education & training to meet HR needs & competitiveness	FMOH	WorldBank, WHO, Development Partners	Quality Education	80%	Regulatory Bodies not Available & Brain Drain	Prolonged Period of Dissolution	Timely Reconstitution of the Councils
	National comprehensive Health database to be updated annually	FMOH, SMOH	Development Partners	Annual Health Report & Availability of Health Indicators	25%	Funding, Infrastructure, Training & Capacity Development	Funding, Infrastructure, Training & Capacity Development	Coordination
	Train & Retrain Health Workers	FMOH, SMOH, NPHCDA, NGOs,	World Bank WHO, Development Partners	Coverage of PHC Centers with Adequate	40%	Funding,	Lack of Political Will & Continuity	Misappropriation of Funds

		Donors		Trained Personnel				