



STATE OF HEALTH OF THE NATION

REPORT 2024

► Federal Ministry of Health & Social Welfare



STATE OF HEALTH **OF THE NATION**

R E P O R T 2 0 2 4

▶ Federal Ministry of Health & Social Welfare



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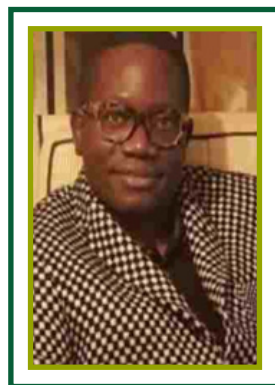
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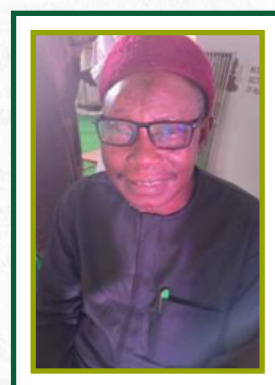
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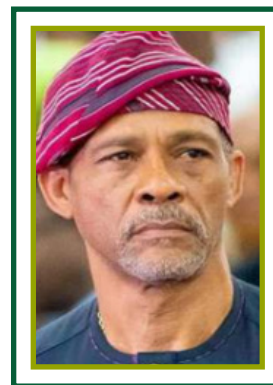
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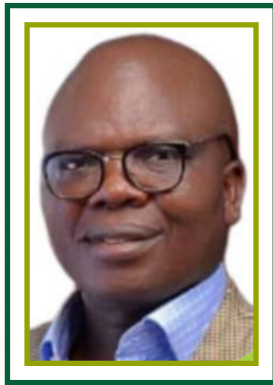
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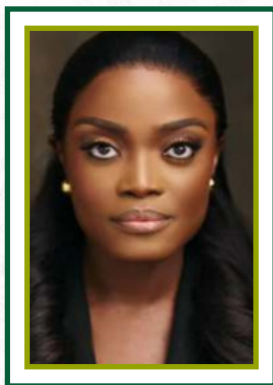
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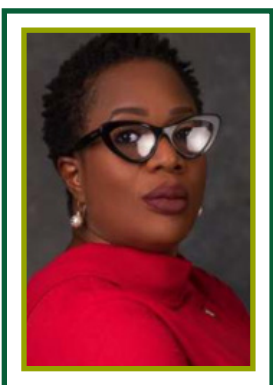
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Structure of the Nigerian Health System

The National Health System is established to define and provide a framework for standards and regulation of health services, without prejudice to extant professional regulatory laws. It is mandated to encompass public and private providers of health services; promote a spirit of cooperation and shared responsibility among all providers of health services in the Federation and any part thereof; provide the best possible health services within the limits of available resources, for persons living in Nigeria; set out the rights and obligations of health care providers, health workers, health establishments, and users/consumers; and protect, promote and fulfil the rights of the people of Nigeria to have access to high-quality and timely health care services.

The National Health System, as defined in the National Health Act, comprises:

- The Federal Ministry of Health & Social Welfare
- State Ministries of Health & The FCT Health Services & Environment Secretariat (HSES)
- Parastatals under the Federal and State Ministries of Health;
- All local government health authorities;
- The ward health committees;
- The village health committees;
- The private health care providers;
- Traditional health care providers; and
- Alternative healthcare providers.

List of Abbreviations

ACT	Artemisinin-based Combination Therapy
ACTU	Anti-corruption and Transparency Unit
ADSRM	Annual Disease Surveillance Review Meeting
AHR	Annual Health Report
AMR	Antimicrobial Resistance
AMS	Antimicrobial Stewardship
AMU	Antimicrobial Use
ANC	Antenatal Care
ANRiN	Accelerating Nutrition Results in Nigeria
AOP	Annual Operational Plan
API	Active Pharmaceutical Ingredient
APIN	AIDS Prevention Initiative in Nigeria
ART	Antiretroviral Therapy
ATM	AIDS, Tuberculosis, and Malaria
BEmONC	Basic Emergency Obstetric and Newborn Care
BHCPF	Basic Health Care Provision Fund
BMGF	Bill & Melinda Gates Foundation
BMPHS	Basic Minimum Package of Health Services
BMT	Bone Marrow Transplantation
BPSR	Bureau of Public Service Reforms
CA	Cancer
CAP	Cancer Access Partnership
CCMAS	Codex Committee on Methods of Analysis and Sampling
CEmONC	Comprehensive Emergency Obstetric and New-born Care
CEO	Chief Executive Officer
CHEW	Community Extension Health Worker
CHF	Cancer Health Management Fund
CHO	Community Health Officer
CM	Case Management
CPR	Contraceptive Prevalence Rate
CRF	Consolidated Revenue Fund
CRVS	Civil registration and vital statistics
CSR	Corporate Social Responsibility
CT	Computed Tomography
CVD	Cardiovascular Disease
DALYs	Disability-Adjusted Life Years
DAVT	Data Analytics and Visualization Tool
DFF	Decentralized Facility Financing
DFI	Development Finance Institutions
DGS	Department of General Services
DHIS2	District Health Information System 2
DHPRS	Department of Health Planning, Research and Statistics
DHS	Demographic and Health Survey
DMPA-SC	Subcutaneous Depot MedroxyProgesterone Acetate
DPT	Diphtheria, Pertussis and Tetanus
DSNO	Disease Surveillance and Notification

EEG	ElectroEncephalography
EHR	electronic health records
e-IDSR	Electronic Integrated Disease Surveillance and Response System
EMR	Electronic Medical Record
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
ENT	Ear, Nose and Throat
EOC	Emergency Operational Center
EQA	External Quality Assurance
ESCIN	Effective Spectacle Coverage Initiative, Nigeria
FCT	Federal Capital Territory
FDAC	Food and Drug Administration and Control
FEC	Federal Executive Council
FGoN	Federal Government of Nigeria
FMC	Federal Medical Centre
FMoH	Federal Ministry of Health
FMOH&SW	Federal Ministry of Health and Social Welfare
FP	Family Planning
FTH	Federal Teaching Hospital
GAIN	Global Alliance for Improved Nutrition
GAVI	Global Alliance for Vaccines and Immunisation
GCFR	Grand Commander of the Order of the Federal Republic
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GGHE	General Government Expenditure on Health
GIFSHIP	Group Individual and Family Social Health Insurance Programme
GON	Government of Nigeria
GOPC	General Out-Patient Clinic
HAI	Healthcare-Associated Infection
HCMoHSW	Honorable Coordinating Minister of Health and Social Welfare
HCW	Health Care Workers
HDCC	Health Data Consultative Committee
HDGC	Health Data Governance Council
HFR	Health Facility Registry
HFN	Healthcare Federation of Nigeria
HIS	Health Information System
H-IUD	Hormonal Intrauterine Device
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMO	Health Maintenance Organization
HPV	Human Papillomavirus
HRH	Human Resources for Health
HSRII	Health Sector Renewal and Investment Initiative
HSS	Health Systems Strengthening
HSSB	Health Sector Strategic Blueprint
HTS	HIV Counselling and Testing Services
ICCM	Integrated Community Case Management
ICPC	Independent Corrupt Practices and Related Offences Commission
ICT	Information and Communication Technology

ICVP	International Certificate of Vaccination or Prophylaxis
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IHR	International Health Regulation
IMCI	Integrated Management of Childhood Illnesses
IMS	Incident Management System
IPAN	Institute of Public Analysts of Nigeria
IPC	Infection Prevention and Control
IPC	Infection Prevention and Control
IPCAT	Infection Prevention and Control Assessment Tool
IPTp	Intermittent preventive treatment of malaria during pregnancy
IPV	Inactivated Polio Vaccine
ISS	Integrated Supportive Supervision
ITN	Insecticide-Treated Net
ITSON	Integrated Training for Surveillance Officers in Nigeria
IUD	Intrauterine Device
IVM	Integrated Vector Management
JAR	Joint Annual Review
JCHEW	Junior Community Extension Worker
JRA	Joint Risk Assessment
KVA	kiloVoltAmpere
LASER	Light Amplification by Stimulated Emission of Radiation
LBS	Lagos Business School
LGA	Local Government Area
LGHA	Local Government Health Authority
LLINs	Long Lasting Insecticide-Treated Nets
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MAMII	Maternal Mortality Reduction Innovation and Initiatives (MAMII)
MCH	Maternal and Child Health
mCPR	Modern Contraceptive Prevalence Rate
MDAs	Ministries, Departments and Agencies
MDCN	Medical and Dental Council of Nigeria
MDR-TB	Multi-Drug Resistant Tuberculosis
Men5CV	Pentavalent Meningococcal Conjugate Vaccine
MICS	Multiple Indicator Cluster Survey
MIYCN	Maternal Infant and Young Child Nutrition
MLSCN	Medical Laboratory Science Council of Nigeria
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn, and Child Health
MOC	Ministerial Oversight Committee
MOC	
MOU	Memorandum of Understanding
MPDSR	Maternal and Perinatal Death Review and Surveillance
MPM	Ministerial Performance Management
MPox	Monkeypox
mRDT	Malaria Rapid Diagnostic Tests
MRI	Magnetic Resonance Imaging
mRNA	Messenger Ribonucleic Acid

MSF	Médecins Sans Frontières
MUAC	Mid Upper Arm Circumference
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food and Drug Administration and Control
NAP	National Action Plan
NASCP	National AIDS and STD Control Programme
NBS	National Bureau of Statistics
NBSA	National Blood Service Agency
NCCP	National Cancer Control Programme
NCDC	Nigeria Centre for Disease Control and Prevention
NCDs	Non-Communicable Diseases
NCH	National Council on Health
NDARS	National Data reporting system
NDDG	National Drug Distribution Guidelines
NDHI	Nigerian Digital in Health Initiative
NDHS	Nigeria Demographic and Health Survey
NDR	National Data Repository
NEHP	National Eye Health Programme
NEMSAS	National Emergency Medical Services and Ambulance System
NEMTC	National Emergency Medical Treatment Committee
NHFRA	National Health Facilities Registration Authority
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHAct	National Health Act
NHETC	National Health Equipment Training Centres
NHETC	National Health Equipment Training Centres
NHFS	National Family Health Survey
NHIA	National Health Insurance Authority
NHLMIS	National Health Logistics Management Information System
NHMIS	National Health Management Information System
NHRC	National Health Research Committee
NHREC	National Health Research Ethics Committee NHREC
NHSRII	Nigeria Health Sector Renewal Investment Initiative
NHWR	National Health Workforce Registry
NICRAT	National Institute for Cancer Research and Treatment
NICU	Neonatal Intensive Care Unit
NIMR	Nigerian Institute of Medical Research
NITP	Nigeria International Travel Portal
NMEP	National Malaria Elimination Programme
NMR	Neonatal Mortality Rate
NNHS	National Nutrition and Health Survey
NOHE	National Orthopaedic Hospital, Enugu
NPC	National Population Commission
NPHCDA	National Primary Health Care Development Agency
NPMCN	National Postgraduate Medical College of Nigeria
NPSCMP	National Product Supply Chain Management Programme
NRRT	National Rapid Response Team
NSHIP	Nigeria Sustainability HIV Impact Project
NSIA	Nigeria Sovereign Investment Authority

NSPACC	Nigeria's National Strategic Plan of Action on Cholera Control
NTBLCP	National TB and Leprosy Control Programme
NTD	Neglected Tropical Disease
NTLCP	National Tuberculosis and Leprosy Control Programme
NYSC	National Youth Service Corps
ODORBN	Optometrists and Dispensing Opticians Registration Board of Nigeria
OF	Obstetric Fistula
OHCSF	Office of the Head of the Civil Service of the Federation
OOPE	Out-of-Pocket Health Expenditure
P4SC	Programming for Sustainable Capacity
PALS	Participatory Approach to Learning in Systems
PAMI	Priority Areas for Multisectoral Intervention
PCN	Pharmacy Council of Nigeria
PCV	Pneumococcal Conjugate Vaccine
PEPFAR	Presidential Emergency Plan for AIDS Relief
PFMO	Performance and Financial Management Officer
PFMO	Performance/Financial Management Officer
PHC	Primary Health Care
PHEIC	Public Health Emergency of International Concern
PHS	Port Health Services
PLHIV	People Living with HIV
PM	Programme Management
PMI	Presidential Malaria Initiative
PMS	Performance Management System
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PMU	Project Management Unit
PMV	Patent Medicine Vendor
PPE	Personal Protective Equipment
PPH	Post-Partum Haemorrhage
PPP	Public Private Partnership
PSHAN	Private Sector Health Alliance Nigeria
PSM	Procurement Supply chain Management
PVAC	Presidential Value Chain Initiative
PVS	People's Voice Survey
QA	Quality Assurance
QoC	Quality of Care
qPCR	Quantitative Polymerase Chain Reaction
R&D	Research and Development
RCCE	Risk Communication and Community Engagement
RDT	Rapid Diagnostic Test
REDCap	Research Electronic Data Capture
RMET	Resource Mapping and Expenditure Tracking
RMNCAH+N	Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition
RSSH	Resilient and Sustainable Systems for Health
RUTF	Ready-to-Use Therapeutic Food
SACA	State Agency for the Control of AIDS
SASCP	State AIDS and STD Control Programme
SBA	Skilled Birth Attendance
SCH	State Council on Health

SDG	Sustainable Development Goal
SHA	State Health Accounts
SHDP	Strategic Health Development Plan
SHIS	State Health Insurance Scheme
SHNR	State of the Nation Health Report
SHREC	State Health Research and Ethics Committee
SMART	Standardized Monitoring and Assessment of Relief and Transition
SMOH	State Ministry of Health
SOPS	Standard Operating Procedures
SORMAS	Surveillance, Outbreak Response Management and Analysis System
SP	Sulfadoxine-Pyrimethamine
SPHCB	State Primary Health Care Board
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSHIA	State Health Insurance Agencies
STG	Standard Treatment Guidelines
STI	Sexually Transmitted Infection
SWAp	Sector-Wide Approach
TB	Tuberculosis
TBA	Traditional Birth Attendant
TCAM	Traditional, Complementary & Alternative Medicine
TFR	Total Fertility Rate
THE	Total Expenditure on Health
TPT	Tuberculosis Preventive Therapy
TT	Tetanus Toxoid
TURP	Transurethral Resection of the Prostate
TWG	Technical Working Group
U5MR	Under 5 Mortality Rate
UBTH	University of Benin Teaching Hospital
UCH	University College Hospital
UHC	Universal Health Coverage
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
US-CDC	US Centers for Disease Control and Prevention
USG	United States Government
VASA	Verbal Autopsy and Social Autopsy Studies
VGf	Vulnerable Group Fund
WACP	West African College of Physicians
WASH	Water, Sanitation, and Hygiene.
WDC	Ward Development Committee
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organisation
WHONET	World Health Organization (WHO) Network for Surveillance of Antimicrobial Resistance
WMIS	Warehousing Management Information System
Z-DROP	Zero-Dose Operation Plan

List of Tables, Figures and Boxes

Structure of the NigeriaN Health System	16
List of abbreviations	17
List of tables, figures and boxes	23
Table of Contents	23
Table of Tables	27
Table of Figures	28
Foreword	30
From the table of the minister of state	31
Acknowledgement	33
Executive Summary	34
Overview of key findings	35
Key Policy Recommendations	36
1 Introduction	37
1.1 Rationale	39
Highlights	40
1.2 Approach and methodology for developing the report	45
1.3 Data sources	45
1.4 Status of progress on Presidential Commitments	46
2 State of Health of Nigerians	62
2.1 National Population and Demographic Overview	63
2.2 Service Delivery	65
2.2.1 Priority 1: Improve Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N)	66
2.2.2 Priority II: Accelerate Immunization	79
2.2.3 Priority III: Slow the Prevalence of Non-Communicable Diseases (NCDs)	83
2.2.4 Priority IV: Reduce Incidence of AIDS, Tuberculosis, and Malaria (ATMs)	85
2.2.5 Priority V: Improve Quality of Care (QoC) & Primary Health Care (PHC) Services	92
2.2.6 Priority VI: Expand Financial Protection	99
3 State of the Health System	102
3.1 Leadership & Governance	103
3.1.1 Nigeria National Council on Health (NCH)	105
3.1.2 Ministerial Performance Management System Leadership Retreat	105
3.1.3 2024 Joint Annual Review	105
3.2 Priority VII: Improve Availability & Quality of Human Resource for Health (HRH)	106
3.2.1 Distribution of Health Workforce	106
3.2.2 Health Workforce Production and Utilization	107
3.2.3 Healthcare Worker Migration	108
3.3 Priority VIII: Stimulate Local Production of Health Products	110
3.3.1 Access to Essential Medicines	110
3.3.2 Vaccines and Local Vaccine Production	111
3.3.3 PVAC's interventions to stimulate local production of priority vaccines in Nigeria	111
3.3.4 Logistics Management Information System	112

3.3.5	Technology and Innovation	112
3.4	Priority IX: Revitalize Tertiary and Quaternary Care	113
3.4.1	National Orthopaedic Hospital, Jalingo, Taraba State	113
3.4.2	National Obstetric Fistula Centre, Abakaliki	114
3.4.3	Federal Medical Centre, Jalingo	114
3.4.4	National Eye Centre, Kaduna	115
3.4.5	Federal Teaching Hospital, Owerri	115
3.4.6	Federal Medical Centre, Daura	116
3.4.7	Federal Neuro-Psychiatric Hospital, Kaduna	116
3.4.8	University of Benin Teaching Hospital	117
3.4.9	National Orthopaedic Hospital, Enugu (NOHE)	117
3.4.10	Federal Medical Centre, Bida	118
3.4.11	Federal Medical Centre, Abuja	119
3.4.12	Lagos University Teaching Hospital	121
3.4.13	Federal Medical Center, Onitsha, Anambra State	122
3.4.14	National Ear Care Centre, Kaduna	123
3.5	Priority X: Improve Pandemic Preparedness and Response (PPR)	124
3.5.1	Health Security Milestones in 2024	124
3.5.2	Infection Prevention and Control	126
3.5.3	Humanitarian Health Interventions	127
3.5.4	National Emergency Medical Services and Ambulance System (NEMSAS)	128
3.6	Priority XI: Strengthen the NHMIS - Collection, Reporting, Demand and Use	129
3.6.1	Major Data Sources	129
3.6.2	Achievements	130
3.6.3	Challenges	132
3.6.4	Opportunities to Further Strengthen the Health Information System	132
3.6.5	Health Research	133
3.6.6	Nigerian Institute of Medical Research	135
3.7	Priority XII: Improve Regulation and Regulatory Process	135
3.7.1	Optometrists and Dispensing Opticians Registration Board of Nigeria (ODORBN)	135
3.7.2	Institute of Public Analysts of Nigeria (IPAN)	136
3.7.3	Pharmacy Council of Nigeria (PCN)	137
3.8	Health financing	138
3.8.1	The Basic Health Care Provision Fund (BHCPF)	141
3.9	Healthcare infrastructure	142
3.9.1	Health facilities infrastructure	142
3.9.2	Current Health Infrastructure projects in 2024	144
3.10	Strengthening Points of Entry	149
3.11	Private Sector Involvement	150
3.12	Citizens' Perception of Health Care System	155
	Citizen Engagement and Feedback	157
3.13	Burden and trends in priority health issues	160
3.13.1	Lassa fever	160
3.13.2	Cholera	161
3.13.3	Monkeypox	162
3.13.4	Covid-19	163
3.13.5	Neglected tropical diseases (NTDs)	163

4	Summary Of State Reports	164
4.1	Abia State	166
4.2	Adamawa State	167
4.3	Akwa Ibom State	168
4.4	Anambra State	169
4.5	Bauchi State	170
4.6	Bayelsa State	171
4.7	Benue State	172
4.8	Borno State	173
4.9	Cross River State	174
4.10	Delta State	175
4.11	Ebonyi State	176
4.12	Edo State	177
4.13	Ekiti State	178
4.14	Enugu State	179
4.15	FCT	180
4.16	Gombe State	181
4.17	Imo State	182
4.18	Jigawa State	183
4.19	Kaduna State	184
4.20	Kano State	185
4.21	Katsina State	186
4.22	Kebbi State	187
4.23	Kogi State	188
4.24	Kwara State	189
4.25	Lagos State	190
4.26	Nasarawa State	191
4.27	Niger State	192
4.28	Ogun State	193
4.29	Ondo State	194
4.30	Osun State	195
4.31	Oyo State	196
4.32	Plateau State	197
4.33	Rivers State	198
4.34	Sokoto State	199
4.35	Taraba State	200
4.36	Yobe State	201
4.37	Zamfara State	202
5	Conclusion and recommendations	203
6	References	206
7	Appendix	208
7.1	Departments of the Federal Ministry of Health & Social Welfare	209
7.2	Units of the Federal Ministry of Health	213
7.3	Agencies of the Federal Ministry of Health and Social Welfare	216
7.4	Regulatory Bodies, Teaching Hospitals, Federal Medical Centers, Specialty Hospitals and Training Institutions	217
7.5	Federal Tertiary Health Institutions	218

7.6	National Health Programmes	219
7.7	Partners of the Health Sector	221
7.7.1	Donors	221
7.7.2	Development Partners	222
7.7.3	Local NGOs/Private sector/Civil Society Organizations	224
7.8	List of Contributors	225
7.9	Photo Credits	

Table of Tables

Table 1: Presidential Commitment: Targets and Achievements	51
Table 2: Health Insurance Enrollment through different Programs	53

Table of Figures

Figure 1:	NHSRII strategic framework for 2023-2027	38
Figure 2:	NHSRII Priority Areas	39
Figure 3:	Health Insurance Enrollment Quarterly Growth rate	52
Figure 4:	PVAC RoadMap	59
Figure 5:	Population trends in Nigeria 1990–2024, and population pyramid 2024	63
Figure 6:	Trends in life expectancy and fertility rate in Nigeria 1990–2024	64
Figure 7:	Trends in urbanization in Nigeria 1990–2023	65
Figure 8:	Nigeria’s Year-on-Year Real GDP Growth	65
Figure 9:	RMNCAH Continuum of care across regions	66
Figure 10:	Continuum of care across states	67
Figure 11:	Modern contraceptive use coverage and distribution socio-demographic indicators	68
Figure 12:	Percentage distribution of women using modern contraceptive method across states	69
Figure 13:	Proportion of pregnant women with at least 4 ANC	70
Figure 14:	Coverage of four or more ANC visits during pregnancy across states	71
Figure 15:	Percentage of ANC Coverage (4th Visits)	72
Figure 16:	Skilled birth attendant coverage and distribution socio-demographic indicators	73
Figure 17:	Percentage of births assisted by a skilled provider, such as a doctor or nurse/midwife, across states	74
Figure 18:	Percentage of skilled birth attendance divided by delivery	74
Figure 19:	Trends in early childhood mortality rates showing deaths per 1000 live births in the 5 years preceding the survey	76
Figure 20:	Map showing Infant Mortality Rate across 36 states and FCT	76
Figure 21:	Visual Comparison of Percentage of Children under age 5 who have suboptimal growth	77
Figure 22:	Percentage of children with stunting	78
Figure 23:	Proportion of 12–23 months children who received no vaccination across states	80
Figure 24:	Proportion of 12–23 months children who were fully vaccinated across states	80
Figure 25/:	Proportion of 12–23 months children who were fully vaccinated across states	81
Figure 26:	Percentage of children fully immunized against childhood diseases by age	82
Figure 27:	Hypertension and diabetes prevalence across states in Nigeria disaggregated by gender	83
Figure 28:	10-years trend analysis of new HIV cases	85
Figure 29:	Trends in HIV/AIDS services in health facilities	85
Figure 30:	Proportion of HIV-exposed infants whose final status is negative through final outcome testing (PMTCT) across states	87
Figure 31:	Confirmed malaria (RDT or Microscopy) by State, 2023 & 2024	87
Figure 32:	Proportion of confirmed uncomplicated malaria treated with ACT by state year 2023 & 2024	88
Figure 33:	Proportion of under-five children with fever who received ACT across states	89
Figure 34:	Percentage of confirmed maternal deaths by cause -Malaria. 2023 &2024	90
Figure 35:	Tuberculosis incidence	91
Figure 36:	TB Notification: Trend of total TB cases reported over the years	91
Figure 37:	Number of children <1 year who receive 3rd dose of Penta	94
Figure 38:	Number of children <1 year who receive 3rd dose of Penta (Adjusted for facility count)	95

Figure 39:	Trend of Vitamin A supplementation uptake in children 6-59 months in BHCPF and non-BHCPF Primary healthcare facilities	95
Figure 40:	Trend of Vitamin A supplementation uptake in children 6-59 months (Adjusted in BHCPF and non-BHCPF Primary healthcare facilities	96
Figure 41:	Number of children fully immunized <1year	97
Figure 42:	Coverage of four or more ANC visits by BHCPF and Non-BHCPF facilities	98
Figure 43:	Breakdown of PHC facilities by functionality across zones	99
Figure 44:	Percentage of population covered with health insurance by State.	100
Figure 45:	Total Health Insurance Enrollment by state (Proportion of individuals enrolled in a health insurance program)	101
Figure 46:	Distribution of Vulnerable Group Enrolment across States	101
Figure 47:	Pictorial representation of health worker disparities in the rural vs urban areas	106
Figure 48:	Health Workers Stock and Density	107
Figure 49:	Yearly distribution of external migration of medical doctors over the last 17 years	108
Figure 50:	Migration Trend of Nurses and Midwives	108
Figure 51:	Migration Trend of Medical Laboratory Scientists	109
Figure 52:	Emergency Medical Services (EMS) Gateway pillars	129
Figure 53:	Multiplicity of data sources in Nigeria health sector	130
Figure 54:	Distribution of research protocols by approval status	134
Figure 55:	Share of Healthcare Allocation in the Budget	139
Figure 56:	Annual State Budget Allocation	140
Figure 57:	Annual State Expenditure	140
Figure 58:	Trends in the total health expenditure (THE) as a proportion of GDP, Nigeria 2008–2021	141
Figure 59:	Distribution of health facilities by level of care, Nigeria 2024	142
Figure 60:	Distribution of Health facilities by States	142
Figure 61:	Select Results from the Public Perception Survey 2024	155
Figure 62:	Select Results from the Public Perception Survey 2024	156
Figure 63:	Map of Nigeria showing PAMI LGA	161
Figure 64:	Map of Nigeria showing states with Confirmed RDT + Culture and Suspected cases as of 15 December 2024	162

Foreword

In accordance with the provisions of the National Health Act (NHA) Act, 2014, the Federal Ministry of Health and Social Welfare (FMOH&SW) is mandated to produce annual reports on the state of health of Nigerians, and overall national health system performance. The 2024 State of Health of the Nation Report is the first comprehensive publication since after the COVID-19 pandemic, and aims to evaluate progress made for the 2024 fiscal year, particularly following the launch of the Renewed Hope Agenda. This year's edition highlights the achievements in implementing the Nigeria Health Sector Renewal Investment Initiative (NHSRII) 2023–2026, focusing on the effectiveness of various interventions, the processes involved, the outcomes obtained, and the impact on the health system, which is being coordinated through a Sector-Wide Approach (SWAp)

The 2024 report is grounded in the evaluation of the commitments made in the NHSRII (2023–2026) and reflects broad stakeholder participation, including contributions from other Ministries, Departments, and Agencies (MDAs), the Head of the Civil Service, representatives from the State House, and Partners in the health sector, the private sector, and civil society. This report offers a holistic view of the country's health sector response, while examining data from the States and the Federal Capital Territory (FCT) to understand the sector's performance in areas such as budgetary allocation to health, health insurance coverage, major public health initiatives, and notable outcomes.

Despite facing numerous challenges, our commitment to making healthcare a top priority has remained steadfast. The sector is actively implementing several initiatives, including supporting local medicine production and the removal of import duties and tariffs on essential medicine and medical consumables, with the goal of reducing the financial burden and improving access to essential medicines. The FMOH&SW remains dedicated to prioritizing interventions that contribute to tangible progress in the pillars of the NHSRII, particularly through the Basic Healthcare Provision Fund (BHCPF).

The health sector acknowledges the vital role of partners, civil society, the private sector, and the community in monitoring and reporting on health sector performance. Moving forward, the FMOH&SW will continue to foster strong working relationships with all stakeholders at all levels of governance to ensure alignment of efforts, streamlined activities, and pooled resources towards unified strategic directions. This collaboration aims to achieve a resilient health system and sustainable progress.

The annual health sector reports will, henceforth, be produced and disseminated widely among all relevant stakeholders. These reports will continue to evolve, providing updates on key performance indicators for the years under review, demonstrating trends and progress towards targets, and ranking state performance to foster healthy competition and improve the quality of healthcare services at all levels.

I wish to thank his Excellency, President Bola Ahmed Tinubu, GCFR for his steadfast leadership and enablement of Nigeria's health transformation.



Prof. Muhammad Ali Pate CON

Coordinating Minister of Health & Social Welfare

From the Table of the Minister of State

At the heart of the reforms being implemented in the health sector is the provision of quality health services that are safe and affordable to all Nigerians. But, more importantly, these reforms are structured to have the consent, participation, contribution and approval of the Nigerian citizen.

The 2024 State of Health of the Nation Report is, therefore, not just a promise kept to all Nigerians by this administration to institutionalize a functional and an accountable health system, but an amplified call for citizens' participation and ownership of a high quality and world-class health system that President Bola Ahmed Tinubu, GCFR promised Nigerians.

The path we have chosen towards reforming our health system is guided by a well-thought- through, and collaboratively-developed Health Sector Strategic Blueprint (HSSB) that focuses not only on the delivery of an integrated, patient-centered health system, but also that which promotes economic growth, productivity, and the protection of citizens from the impacts of outbreaks and other emergencies.

Therefore, in this administration's maiden report of the sectoral reforms, we highlight our efforts towards increasing the fiscal space in order to ensure that we are able to address current challenges and harness available opportunities towards achieving universal health coverage. Specifically, the report showcases the sector's shift towards strengthening governance institutions and structures, the use of evidence towards identifying key areas for targeted interventions, especially regarding women, newborn, children, adolescents and elderly health.

We are excited about the results we are beginning to see in terms of insurance coverage, especially for the vulnerable groups, declining maternal and under-five deaths, and other key health indices. But we are also mindful of the areas that the report highlights for further improvements such as availability of vaccines, essential medicines, qualified human resources, equipment, and technology.

The 2024 report is also a stark reminder that health isn't the only policy lever we are trying to introduce or implement. It highlights the need for closer collaboration with sectors such as finance, education, agriculture, humanitarian, housing, environment and others, both in the public and private sectors.

Private sector actors are already playing a critical role in health and are recognized as key to achieving better outcomes in our major ongoing reforms. They are currently at the forefront of driving not just the delivery of quality services across the country, but also the main actors in the pharmaceutical industries, and key investors in human capital development. It is a well-known fact that health creates jobs, enables people to learn, earn, and to thrive. But they have also taken the lead as incubators of innovation; midwifing new ideas, new products, new ways of delivering services, diagnosing diseases, managing health data, and driving innovative financing in health.

We are hopeful that with continued private sector participation, especially through the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC) of this administration, the cost of quality essential healthcare will be lowered significantly for millions of Nigerians and even make Nigeria a hub for healthcare tourism and net export of medical devices and commodities.

The report, in highlighting the achievements made so far and the incredible opportunities that the Nigeria Health Sector Renewal Investments Initiative (NHSRII) holds, also identifies the significant challenges we face especially in addressing conditions such as NCDs, Cancers and other chronic diseases that were previously less prioritized and had left citizens to rely on foreign hospitals for management. We are turning

the tide and certainly making a strong case for change through the implementation of our strategic blueprint.

We recognize that there are apprehensions about how to gain more traction, improve on, or maintain the momentum, or even issues around sustainability in the implementation of the HSSB. But we are intentional, and, collaboratively, we are very hopeful that the sector will surpass the gains we have set out to achieve.

Finally, we are appreciative of the opportunity to drive these laudable health policy reforms, as part of the Renewed Hope Agenda of President Bola Ahmed Tinubu, GCFR.



Dr. Iziq Adekunle Salako

Minister of State for Health & Social Welfare

Acknowledgement

Our most sincere appreciation to His Excellency, President Bola Ahmed Tinubu, GCFR, and the National Assembly for the opportunity to report on our stewardship as we steer the health sector towards the provision of quality healthcare to Nigerians and residents, under the Renewed Hope Agenda.

The health sector continues to enjoy significant support and contributions from both local and international actors. The progress and achievements that have been made at the inception phase of the Nigeria Health Sector and Renewal and Renewal Initiative (NHSRII) have mainly been due to the very intentional leadership of the Federal Ministry of Health and Social Welfare; the collaborative efforts of the National Council on Health members, including all State Commissioners of Health; the Mandate Secretary for Health and Environment; Local Government Health Authorities; local and international partners; civil society organizations; and the citizenry.

This report on the state of health of Nigerians and the health system, which is our response to the call to give account of our stewardship, was developed through a collaborative approach with input from stakeholders from all components of the health system, as constituted by the National Health Act, 2014. The preparation was through a very methodological data collation, cleaning and analysis from all levels of healthcare – primary, secondary, and tertiary. The process was coordinated by the Monitoring and Evaluation Division of the Department of Health Planning, Research and Statistics, guided by an advisory group made up of a team of experts. The review process benefited from the invaluable expertise of the directors of the ministry, Chief Executive Officers of health agencies and parastatals, and other renowned health specialists within and outside Nigeria, whose contributions are acknowledged and appreciated.

We wish to express our particular thanks to hundreds of policy experts in the State Ministries of Health across the country, as well as their agencies. It is impossible to mention all of them here by name, but, as our key stakeholders, this report would not have been possible without their hard work over many years. I want to specially thank our local and international Non-Governmental Organizations, donor and development partners, civil society organizations, and the private sector, for their continued collaboration and support to build a resilient and sustainable health sector in Nigeria.

Finally, I must thank all Nigerians, whose continued trust in the health system forms the basis for the drive towards improvement and the attainment of a better health system for all.



A handwritten signature in black ink, appearing to read 'Daju Kachollom S. mni'.

Daju Kachollom S. mni

Permanent Secretary
Federal Ministry of Health & Social Welfare

Executive Summary

Nigeria has articulated a bold and ambitious health sector strategic blueprint which aims to save lives and reduce physical and financial hardship for all Nigerians - The Nigeria Health Sector Renewal and Investment Initiative (NHSRII). The strategic shift in the health system supports the delivery of high-quality health care, vital services, and the attainment of sustainable economic growth and development through healthy citizens.

The strategic interventions to revamp the health system are a product of an intense and rigorous diagnosis of the sector, jointly undertaken in 2023 at the inception of this administration. The NHRII is being implemented using the Sector Wide Approach (SWAp), with the overall goal of saving lives, ensuring access to high quality healthcare for all Nigerians at all three levels of healthcare - primary, secondary and tertiary, with Local Government Area (LGA), State, and Federal Governments, respectively, taking different, yet collaborative, responsibilities.

The strategic blueprint is composed of four pillars: (1) building effective governance to ensure Federal, State and development partners work in a much more coordinated way that fosters accountability; (2) building a more effective, efficient and equitable health system where women and children, especially, have access to a full range of services from health promotion to medical treatments at health facilities and through community based care, regardless of the cost; (3) unlocking value chains to build a resilient local market for locally produced medical commodities, supplies and equipment; and (4) taking health security measures to ensure there is increased surveillance and response to potential medical outbreaks, in order to interrupt their progression.

The main objective of this report is to provide a snapshot on the health status of the citizens and residents of Nigeria, using key measures in priority areas of the NHSRII such as insurance coverage, especially for the vulnerable groups, communicable and noncommunicable disease burden, and treatment outcomes, including mortality figures. The report also highlights the state of the health system with focus on key measures that reflect the preparedness of the sector to provide quality healthcare to Nigerians - human resources for health, budgetary allocation, availability of medicines and vaccines, infrastructure, equipment, and health technology.

Specific interventions and priority programmes in the sector, including their achievements, and recommendations for strengthening the health system and informing of policy change are also highlighted by the report. Overall, the 2024 State of Health of the Nation report provides an opportunity to present the health sector's stewardship to Nigerians.

The strategic blueprint is composed of four pillars:



Overview of Key Findings

Part of the key findings indicate that as of December 2024, 19,189,622 persons were covered by health insurance compared to 16,797,451 in 2023. The significant increase in the proportion of the citizens covered by health insurance reflects the unwavering commitment of the government to achieve Universal Health Coverage (UHC).

There was an increase in the use of modern contraceptives by married women of the age group 15-49 years old, as reflected by (mCPR) rising from 12% in 2018 to 15% in 2023/2024 (NDHS). Surprisingly, the unmet need for family planning is still high at 21%. This may be a reflection of the low availability of family planning commodities in the health facilities as only 18.5%, 19.5% and 17.8% of the assessed facilities had pills, injectables and implants/IUD available, respectively.

Using the proportion of pregnant women that delivered in the health facility as a proxy for health service utilization, the utilization rate is still low as only 43% of the women delivered in the facility. The under-five mortality rate has remarkably reduced from 132/1,000 live-births in 2018 to 110/1,000 live-births in 2023. Neonatal deaths, a significant contributor to under-five mortality, accounts for 37% of the under-five deaths with statistics of 41/1000 live births. The child mortality is 47/1,000 live births.

With regards to childhood immunization, 39% of the children aged 12-23 months received all the recommended vaccines, and 31% of the same age group did not receive any vaccination. It is noteworthy that 49% of health facilities in the country provide nutrition-related health services. Likewise, 39% of the health workers have been trained in the last two years on the Integrated Management of Childhood Illnesses.

There is a documented caregiver knowledge gap on appropriate feeding practices for children under five. About 40%, 8% and 27% of under five were stunted, wasted and underweight, respectively. Eighty percent of health facilities had service availability and readiness for the provision of antenatal care, while only 68% had availability and readiness for delivery care. However, 17.5% of these facilities provide postnatal care services. The 2023 NHFS also revealed that only 59% of health facilities had skilled providers readily available to provide services. Although, there is an ongoing effort through in-service training to improve the skills of frontline health workers to deliver quality services.

About 31% of the Nigerian population suffered from hypertension, and 11% of the non-communicable mortality was due to hypertension-related complications. As reported, 12% and 14% of the health facilities provided hypertension management and diabetes care services.

The country's health workforce is experiencing an uneven distribution, with over 80% of these healthcare providers working in the urban areas. About 75% of the health workforce are employed by the public sector. The Government of Nigeria has since adopted task-shifting and task-sharing policy as an initiative to address skilled worker shortage, especially in the provision of reproductive healthcare. At 2.9 doctors per 10,000 population, Nigeria's doctor-to-population ratio is remarkably low, compared to the WHO recommendation of 17 doctors per 10,000 population. The number of local pharmaceutical manufacturing companies has increased from 165 companies in 2020 to 183 companies in 2023. This current administration is working to train healthcare workers to meet the demands of the population. Per the 2023 NHFS, only 39.4% of all public health facilities' health workers received training on integrated management of childhood illnesses, and only 6.7% of facilities have staff trained for diabetes management. In collaboration with FMOH&SW, SPHCBs, LGHAs, NACA, NHIA, NCDC, and Training and regulatory institutions, NPHCDA commenced the training of 120,000 frontline health workers on integrated PHC service delivery to improve clinical competence. So far, 53,732 health workers have been trained, of which 49,579 are frontline health workers.

Key Policy Recommendations

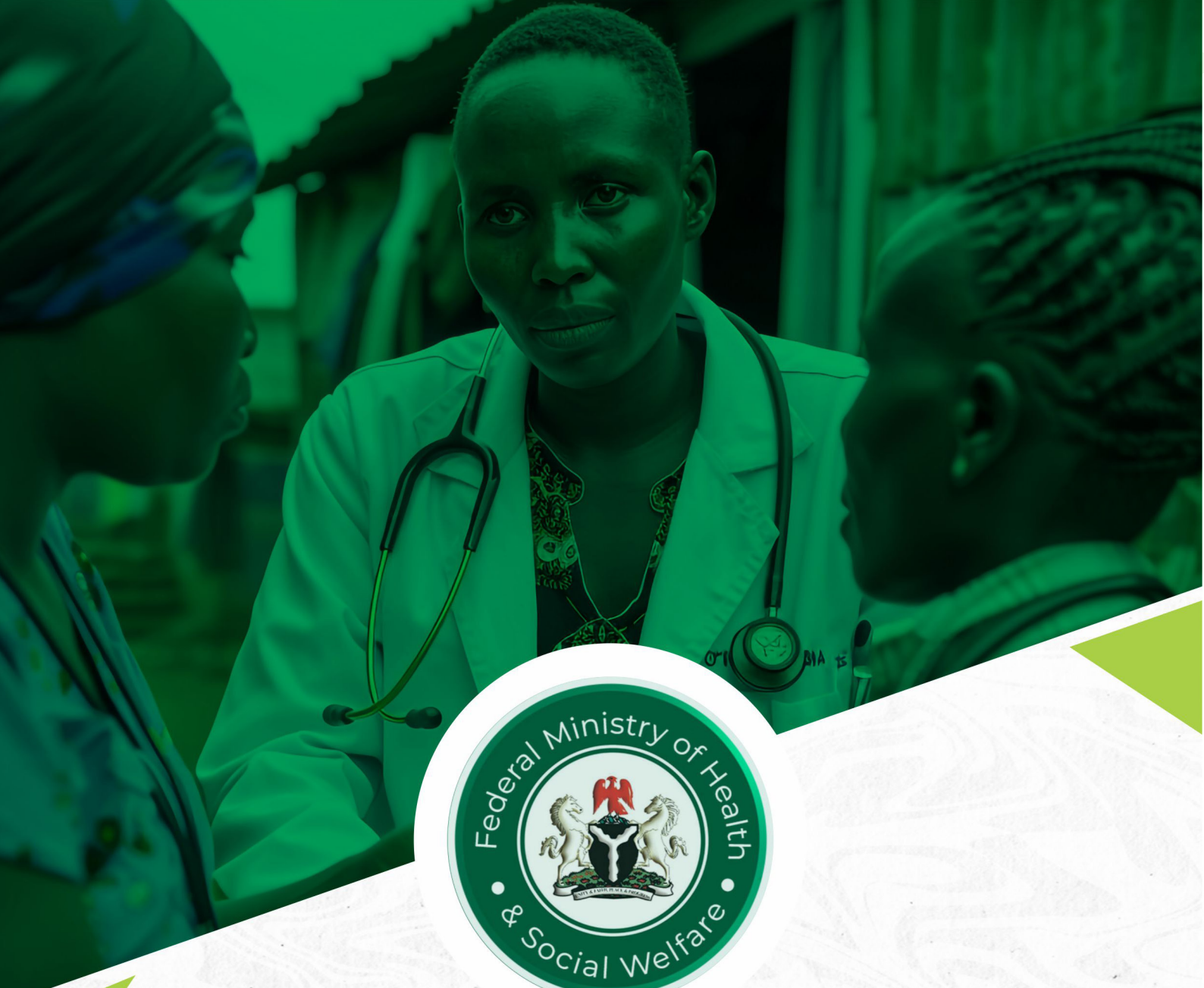
Improve Allocation to Healthcare: This administration has prioritized healthcare and allocated more resources to service delivery. However, improving the health of Nigerians and strengthening the healthcare system requires expansion of the fiscal space and more spending for health at the federal, State and LGA levels. Specifically, by increasing budgetary allocations to health across all levels, and prioritizing investments in PHC infrastructure, skilled personnel, and referral systems, we can ensure equitable access to quality healthcare at the grassroots level. Expanding health insurance coverage through the National Health Insurance Authority (NHIA) will further remove financial barriers, and ensure better access for the vulnerable, bringing us closer to the Abuja Declaration target of allocating 15% of the national budget to health. An increase of the BHCPF from the Consolidated Revenue Fund will be a major milestone in expanding healthcare access to more Nigerians.

Local Manufacture of Vaccines, Medicines and Medical Consumables: Mr. President's signing of the Executive Order to increase local production, reduce the cost of equipment and consumables, and promote local investments in the Nigerian healthcare sector is an unprecedented milestone towards positioning health as a major contributor to economic development. This major paradigm shift must be sustained by instituting measures that further incentivize and support local manufacturing of essential health commodities such as vaccines, medicines, and medical equipment, in order to reduce dependency on imports, and enhance health security.

One Health Approach: Nigeria is part of the global call for a better collaborative, multisectoral, and transdisciplinary approach to healthcare delivery, ensuring an integrated approach in the delivery of human, animal and planetary health services. Instituting One Health as a national priority requires effective collaboration between relevant MDAs at all levels of governance. This is a current policy thrust by the health sector, and it is critical to strengthening the emergency readiness system through better disease preparedness and response.

Sustained Human Resource for Health (HRH) Development: Equally important is the development of human resources for health by addressing workforce shortages and improving the working conditions of healthcare providers, especially in underserved communities. FMOH&SW has developed policies to address health workforce migration and retention. However, it is the aspiration of the health sector to strengthen the health workforce as a tool for economic growth and development.

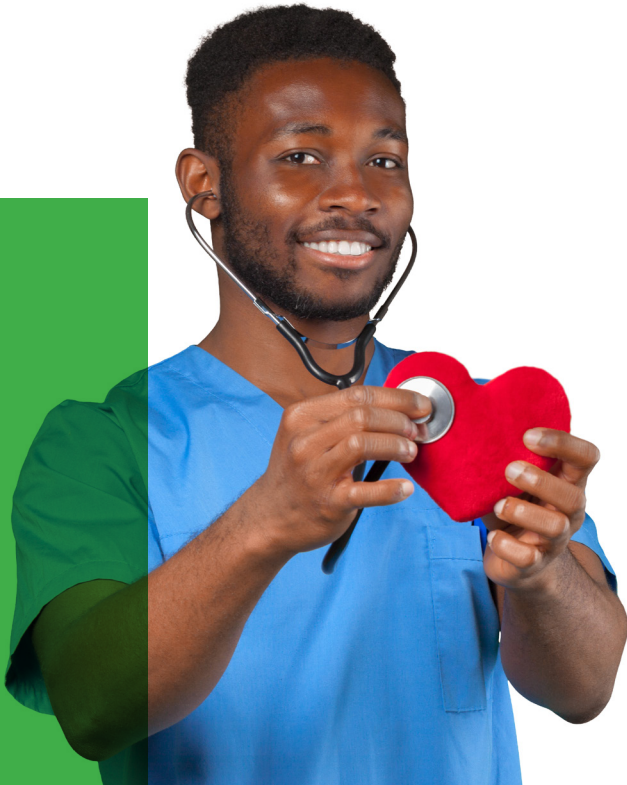
Strengthened NHMIS: The NHMIS is gaining significant attention and being strengthened to provide accurate and timely data for evidence-based policymaking. It, however, needs more investments in digital health technologies and data-sharing frameworks, which will enhance its ability not only to manage health sector data, but also to interact with Civil Registration and Vital Statistics (CRVS) data and other targeted programs, in order to tackle communicable and non-communicable diseases, promote health education, and drive a resilient health system set to improve health outcomes, and secure Nigeria's place as a leader in health innovation across Africa.



Chapter One

Introduction

1. Introduction



The 2024 State of Health of Nigerians Report provides an in-depth analysis of the progress made in operationalizing the goals set out in the Nigerian Health Sector Renewal Investment Initiative (NHSRII). The NHSRII is being implemented through the Health Sector Strategic Blueprint 2023-2027 (HSSB, see figure 1) using the Sector Wide Approach (SWAp). The goal of the HSSB is to save lives, reduce physical and financial hardship in accessing quality healthcare, and produce health for all Nigerians. The Blueprint is guided by 4 pillars, and 3 enablers as shown in Figure 1, below. The pillars and enablers are further broken down into 18 strategic objectives, 27 priority initiatives, and 265 interventions. The HSSB framework was designed to tackle critical issues plaguing the healthcare system, including inadequate infrastructure, shortage of healthcare professionals, and poor financing, with a goal to improve health outcomes in Nigeria.



Figure 1: NHSRII strategic framework for 2023-2027

This report presents a comprehensive overview of the country's health sector, highlighting key achievements, current challenges, and priorities for the future. It focuses on tracking the implementation of 12 core health sector priorities from the HSSB (see figure 2). The 12 Health sector priorities presented below reflect some of the most urgent needs of Nigeria's health system. The insights and findings outlined in this report will serve as a crucial tool for policymakers, health professionals, and stakeholders, helping them make informed decisions and take strategic actions to improve health outcomes for all Nigerians.

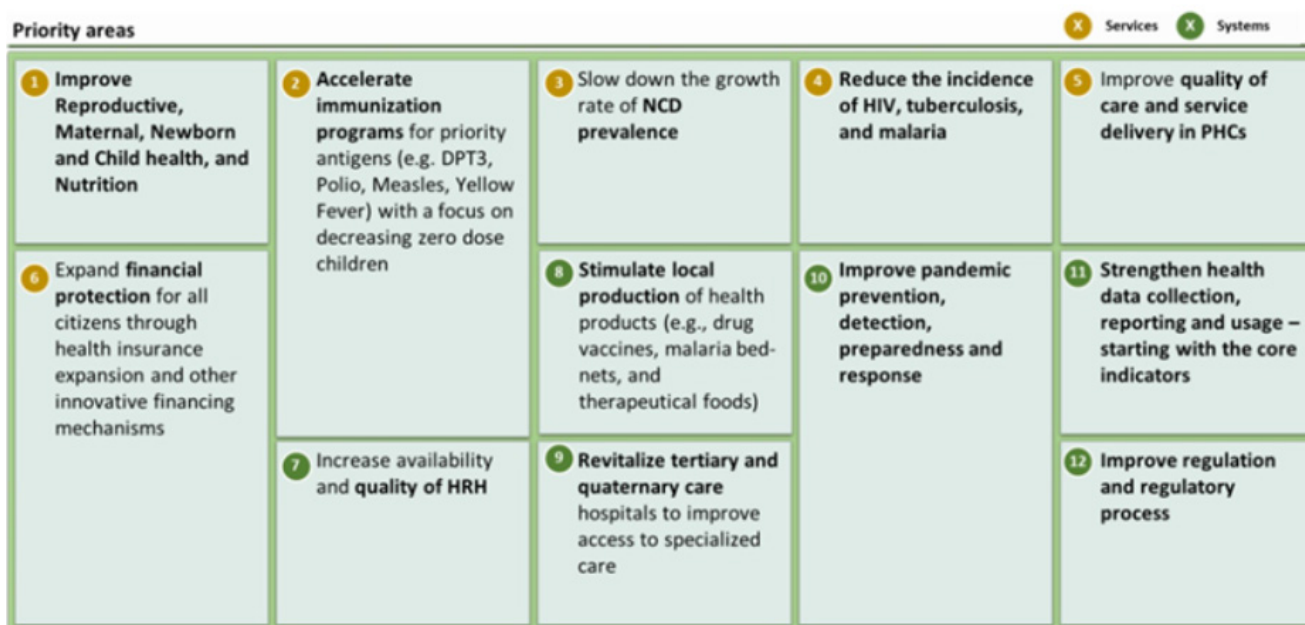


Figure 2: NHSRII Priority Areas

1.1 Rationale

The production of the Annual Report of the State of Health of Nigerians and National Health System is a statutory requirement under the National Health Act, 2014 which mandates the systematic documentation and assessment of health sector performance to ensure transparency, accountability, and ongoing improvement in Nigeria's health sector. The 2024 State of Health of Nigerians and Health System Report aims to evaluate the progress made since the launch of the Renewed Hope Agenda in 2023, at both national and sub-national levels, using the Nigeria Health Sector Strategic Blueprint (HSSB) 2023-2027 in addressing long-standing systemic challenges.

The HSSB is focused on four pillars which are central to the strategic development framework for the health sector to drive the key priorities. With the establishment of the Sector-Wide Approach (SWAp) Project Management Unit (PMU) approved by President Bola Ahmed Tinubu, the current administration, led by the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, is committed to revitalizing the health sector using the HSSB framework.

The plan was endorsed by the National Economic Council, the National Council on Health, the Nigerian Governors Forum, and the Ministry of Health and Social Welfare leadership. At the core of this plan are strengthening leadership and addressing governance challenges, improving the quality of healthcare services, unlocking value chains, and enhancing the country's capacity to manage public health emergencies. The table below highlights progress on the strategic blueprint pillars.

Highlights



Effective Governance

- Signing of compact between Federal Government and Development Partners, with financial commitment of over US\$ 3 billion.
- Announcement of a Sector-Wide Approach in Health, led by the Sector-Wide Coordination & Delivery Unit, to transform the health sector in Nigeria through a coordinated approach amongst all stakeholders
- Launch of 7 priority technical working groups (TWGs) co-led by Government and Development Partners, with clearly defined mandates and first tasks. The TWGs, which will support the goals of meaningfully advancing the health of Nigerians, include RMNCAH+N, Financing for Vulnerable Groups, Human Resources for Health, Health Security, Monitoring & Evaluation, Resource Coordination, and State Advisory Group.
- World Bank loan of \$800M+ to advance the health priorities in Nigeria, which will form the basis of a Multi Donor Trust Fund managed by the Federal Government - a first of its kind in Nigeria to defragment Development Partner financing and amplify the impact of health interventions
- Additional \$200M+ from other donors to advance priorities on crashing maternal mortality
- Partnering with the United States Government to midwife a workable model for the sustainability of the Human Immunodeficiency Virus (HIV) Programme in Nigeria through the Nigeria Sustainability HIV Impact Project (NSHIP). Training on leadership and governance at Lagos Business School (LBS) conducted for 40 high level officers of health, at national and sub national levels.
- Portfolio review of \$1.5B in Development Partner funding with the FMOH&SW and about 20 Partners, to increase transparency of health sector financing and work towards a coordinated approach to improve health outcomes.
- Building of pharmaceutical industry grade warehouses in 22 States with Drug Management Agencies, two Warehouses at the Federal level, and the installation of a Warehousing Management Information System (WMIS) (M Supply) in those 22 pharma-grade warehouses, which will go a long way to improve accountability, transparency, and ensuring the potency of public health medicines and other health commodities that will improve the health outcomes of the citizens. The building commenced in October 2023
- Onboarding of essential medicines (tracer commodities) and narcotics utilization across the three levels of healthcare on the National Health Logistics Management Information System platform, in order to improve the international image of medicines reporting.
- Collaborative leadership with regular engagement with SPHCBS and Hon. Commissioners; seeking judicial clarity on LGA autonomy
- NPHCDA Institutional reforms to effectively deliver on strategy; redesigned organizational structure and developed a code of conduct and drafted revised NPHCDA Act.
- Digital transformation of NPHCDA reporting, launched PHC dashboard and integrated citizen feedback mechanism in the PHC dashboard to improve citizen engagement; conducted BHCPF financial platform beta testing; eCHIS options shortlisted.



Efficient, Equitable and Quality Health System

- Established and included Vulnerable Group Fund in the 2024 Appropriation Act by the National Assembly, with NGN85bn appropriated.
- Supported the establishment of the State Health Insurance Agencies (SHIAs) in all the states, with over NGN12bn disbursed to cover over 1.7 million individuals.

- Conceptualized and outlined reforms to design BHCPF 2.0 to strengthen the delivery of the BHCPF program.
- Expanded coverage to over 2.3 million lives on health insurance.
- Increased access to skilled birth attendance by equipping an additional 1,400 health facilities with skilled birth attendants.
- Immunized over 5 million children with Penta vaccine at the onset of the Diphtheria outbreak response and over 10 million with Tetanus Diphtheria vaccines. Additionally, vaccinated over 4.95 million eligible girls aged 9-14 years (80% of target) against HPV, across 15 states.
- Recruited over 2,497 doctors, midwives, nurses and CHEWs to address gaps caused by the increasing attrition of frontline health workers.
- Reviewed, enhanced and launched the National Standing Orders for Community Health Officers (CHOs), Community Health Extension Workers (CHEWs) and Junior Community Health Extension Workers (JCHEWs).
- MOU/groundbreaking commenced for NSIA to establish ten world-class healthcare facilities specializing in oncology and diagnostics across Nigeria's six geopolitical zones.
- Construction, equipping and operation of a full-range advanced diagnostic centre in Federal Medical Centre, Umuahia; new maternity complex at the Federal Teaching Hospital; Completion of Oncology/ Radiotherapy Complex, Katsina; and the renovation of burnt houses within the University College Hospital, Ibadan.
- Supply and Installation of solar power at the University College Hospital, Ibadan.
- Computerization of Hospital Healthcare and Accounting System at the Federal Medical Centre, Abuja.
- Furnishing of Ophthalmic Complex at the Federal Medical Centre, Abuja.
- Provided high-quality outpatient care to a total of 4,310,126 patients across 33 Federal Tertiary Hospitals.
- Admitted a total of 1,568,903 patients and provided them with high-quality in-patient care across 33 Federal Tertiary Hospitals.
- Saved over 100 lives from opioid-overdose (OD) death through the administration of naloxone as part of the Harm Reduction Programme for drug users.
- Mentored 49,395 HCWs across 700 comprehensive HIV service delivery points across 19 States between October 2023 and September 2024. These HCWs were 5,250 Doctors, 10,438 Nurses, and 33,700 workers of other cadres
- NASCP provided weekly one-hour training reinforcement capacity building sessions for various cadres of service providers across 291 tertiary and secondary health facilities across Nigeria.
- Major hospital infrastructure completed include upgrade of hospital wards, operating theatres and rehabilitation of buildings such as Laboratory Complex and Oncology Lab, House Officers' Quarters, Maternity Complex, Cancer Centre, new clinical buildings, Clinical Services Block, Accident & Emergency Phase I
- Major equipment procured and installed for Federal Tertiary Hospitals include ophthalmic equipment, ICT Equipment, theatre equipment, 500 KVA Generator set, Sonic stimulation ultrasound, two 150 KVA soundproof generators, Digital X-ray machine, Autoclaves, Ventilators, Orthopaedic Hand Drill, Orthopaedic Oscillating Saws, 64-Slice CT Scan Machines, Fluoroscopy Machine, Orthopaedic Hand Drill, and Orthopaedic Oscillating Saws.
- Ophthalmic Laser Surgery, Ophthalmic Phaco Surgery equipment, Sleep Lab, Flexible Bronchoscope, and Paediatric Echocardiography at Federal Teaching Hospital Katsina.
- Recruited 3,647 health personnel for Federal Tertiary Hospitals.
- Improved service deliveries in Cardiology, Oncology, Obstetrics and Gynaecology, Paediatrics, and Infectious diseases at University College Hospital Ibadan (UCH).
- Routine Open-Heart Surgery (Adult & Paediatrics), Laser Surgery for Urolithiasis, Routine Transurethral Resection of the Prostate (TURP), Routine Radical Prostatectomy, Laparoscopic Cholecystectomy

and Appendectomy, Upper and Lower GI Endoscopy, Spine Surgery, Total Knee and Hip Replacement, Craniotomy for Trauma at Federal Medical Centre, Abuja.

- Neurosurgical Services, Training of Urologist on the use of Laser Technology for surgery, and Commencement of Diagnostic and Therapeutic Laparoscopic Procedures at Federal Medical Centre, Asaba
- Continuation of Automation of Hospital Services, Sustained Services in Spine Surgeries, Sustained Services in Hip and Knee Replacement, and Sustained Services in Minimal Access Surgeries at Federal Medical Centre, Birnin Kebbi.
- Endoscopy and Laparoscopy at Federal Medical Centre, Ebute Metta
- Establishment of College of Nursing (to boost capacity for Nurses to mitigate brain drain) at Federal Medical Centre, Asaba
- Commencement of the first school of Neonatal Nursing Training in Nigeria, at Federal Medical Centre, Asaba
- Expansion/Upgrading of the Hospital Main Theatre with Modern Equipment at the Federal Medical Centre, Asaba
- Recruitment of 150 Health Professionals to mitigate the effect of brain drain at the Federal Medical Centre, Asaba
- NASCP has engaged over 350 medical doctors, with the support of US-CDC and The Global Fund, to provide mentoring support to HCWs across the 774 LGAs' integrated HIV and healthcare services, in line with the Sector Wide Approach.
- Intra-sectoral collaboration of the health sector strengthened at national and sub national levels by expanding the membership of all HIV coordination platforms to include all relevant stakeholders in line with SWAp
- Continuation of Automation of Hospital Services, Sustained Services in Spine Surgeries, Sustained Services in Hip and Knee Replacement, and Sustained Services in Minimal Access Surgeries at Federal Medical Centre, Birnin Kebbi.
- Completed functionality Baseline assessment of 8,421 PHCs; 304 PHCs revitalized; and 3,018 undergoing revitalizations
- Disbursed NGN 16.27 billion; BHCPF 2.0 guidelines under review; recruited 774 Performance/ Financial Management Officers (PFMOs) and trained 53,732 health workers; 2,200 SBAs integrated into MAMII.
- Vaccinated 54,942 zero-dose children and 12.3M girls (HPV, 96% coverage); piloted malaria vaccine in Bayelsa and Kebbi. Redesigned program with \$18M secured for tools and salaries for community health
- Identified 172 high-burden LGAs; initiated free maternal emergency services to improve maternal and neonatal health outcomes.



Unlocking Value Chains

- Presidential Executive Order signed, and implementation framework finalized to increase local production, reduce the cost of equipment and consumables; and promote local investments in the Nigerian healthcare sector.
- PVAC and FMoH sign MoU with Afreximbank for the creation of a \$1bn platform to finance private healthcare value chains in Nigeria.
- FPG Brands from Brazil has committed to invest \$240M in the Nigerian healthcare value chains in the coming decade.
- PVAC signed MOU with Unizima for the establishment of a biomanufacturing training hub in Nigeria focused on mRNA vaccine development
- Vestergaard and PVAC signed an MoU for the establishment of the first-ever second generation long lasting insecticidal nets plant in Africa, with an initial annual capacity of 10 million units.

- Provided empirical evidence guiding Ministerial approval for Nigeria's Vaccine R&D and Manufacturing Plan
- Engagement with Development Partners on mRNA vaccine production capacity for Continental R&D and Vaccines Manufacturing
- Provided framework for new multi-million-dollar investment in in-vitro devices and related products manufacturing.
- Coordinated multi-sectoral and multi-agency collaboration for sector-wide reforms in Pharma, Vaccines, APIs and other related health sector products and processes. Undertook baseline operational research for biggest development partners grant of €18m for vaccines development
- Developed a costed National Plan for Vaccines Research & Development (R&D) and Local Production in Nigeria,
- Hosted a High-Level Dialogue to Address Technology Gaps in Nigeria's Pharmaceutical and Vaccine Industries in Nigeria, 2024
- Hosting of Contextual Processing Protocol and Phytomedicine Training Conference for promotion of development of Traditional Medicine (Bauchi Edition)
- Development and launching of the National Traditional Medicine Policy and List of Essential Medicinal Plants, 2024.
- The private sector played a pivotal role in complementing government efforts by driving the implementation of the New Executive Order for Unlocking the Health Value Chain. This initiative led to the development of a \$5 billion project pipeline, attracted \$2 billion in foreign investments, and launched 74 transformative projects.



Health Security

- Convened the National One Health Steering Committee meeting, which provided guidance on the risk communication and management options recommended in the joint risk assessment (JRA) conducted regarding the potential spillover of zoonotic viruses from fruit bats in Nigeria.
- Convened the National One Health Technical Committee meetings to review emerging and re-emerging shared health threats, and to proffer solutions to technical issues such as cross-sectoral information sharing in the One Health sectors.
- Developed and launched the National Genomic Surveillance Strategy.
- Developed the National Guidance for Continuity of HIV services in the context of complex public health emergencies.
- Developed risk management protocol for HIV Programme Managers.
- Conducted a JRA on the likelihood and impact of Highly Pathogenic Avian Influenza in Nigeria and provided recommendations for implementation across relevant sectors.
- Development and ongoing operationalization of the Community-Based Surveillance Strategy (2024-2027).
- Rolled out electronic integrated disease surveillance and response (e-IDSR) to public secondary and tertiary health facilities across six (6) states.
- Trained all health facility surveillance officers on IDSR in 31 states.
- Trained Disease Surveillance and Notification Officers (DSNOs) on Integrated Training for Surveillance Officers in Nigeria (ITSON) in 22 states, across the One Health sectors.
- Trained 36+1 State Epidemiologists and State DSNOs on data analytics.
- Deployed infrastructure for event-based surveillance to 27 states to improve early warning reporting at the subnational level.

- Convened the 2024 Annual Disease Surveillance Review Meeting (ADSRM) as part of the surveillance feedback to the sub-national level.
- Deployed a data analytics and visualization tool (DAVT) to 18 states.
- Trained 36 people across the One Health sector on the use of the JRA operational tool.
- Development of a second, costed National Action Plan on Antimicrobial Resistance (AMR) aimed at reducing, preventing and slowing the evolution of AMR, while ensuring optimal use and improved access to effective, safe and quality assured antimicrobials and diagnostics for continued and successful management of infections.
- The establishment of infection prevention and control focal points at Ministries of Health of the 36 states of the Federation and FCT. (The impact of this on the Nigerian health system include increased number of dedicated state and facility IPC focal persons with knowledge and skills to practice as an IPC professional; increased capacity for coordination and implementation of state and facility-level IPC activities; improved skills related to collaboration and teamwork in facilities participating in PALS; increased knowledge and methodology to develop evidence-based guidelines within the National IPC Programme; and improved systems for collecting, reporting, analyzing, and visualizing IPC data).
- Nigeria's National Infection Prevention and Control Program was showcased as the best country example of a National IPC Program in the 2024, Global IPC Report by the World Health Organization.
- Development and approval of the National Policy on Infection Prevention and Control (IPC).
- Ongoing professional infection prevention and control training for IPC focal points from all the state Ministries of Health and FCT as well as the Federal Teaching Hospitals. This will contribute to improvements in quality of care, reducing healthcare associated infections, and combating AMR.
- Inauguration of the Infection Prevention and Control Technical Working Group (IPC TWG). In July 2024, the Nigeria Centre for Disease Control (NCDC), with support from partners, The Global Fund, APIN Public Health Initiatives, and the US CDC inaugurated the National Infection Prevention and Control Technical Working Group (IPC TWG). This landmark event marked a critical step toward strengthening IPC governance and coordination across healthcare facilities in Nigeria. The IPC TWG serves as a centralized platform for policy development, strategic oversight, and the standardization of IPC practices. This singles Nigeria out as one of the first countries in the world to establish the IPC TWG as recommended by the Global Action Plan on IPC.
- Commencement of surveillance of healthcare associated infections, including surveillance of infections caused by multidrug resistant organisms.
- Validated 41% of 536,580 settlements in the Master List of Settlements; achieved high coverage in measles, yellow fever, and cholera campaigns.
- Conducted five campaigns across 20 states for polio eradication; vaccinated 5.7M children with a 29% case reduction from 2023.

A key goal of the administration is to align all health sector stakeholders, both government and development partners, toward a unified strategic direction using the Sector Wide Approach (SWAp). The mantra of SWAp entails having 'one plan, one budget, one report, one conversation, and one voice'. The framework aims to streamline efforts, pool resources into a single funding mechanism, and secure partner commitments through a compact that drives the Nigeria Health Sector Renewal Investment Initiative (NHSRII). At the core of this initiative is the Basic Health Care Provision Fund (BHCPF), a critical component for ensuring the success of the NHSRII, with the SWAp Secretariat coordinating its implementation. A lot of progress has been recorded since the launch of this initiative.

The report also tracks key health indicators set by the FMOH&SW, in collaboration with the Monitoring and Evaluation (M&E) Technical Working Group (TWG) and the SWAp Coordination Team. By offering a clear, accountable structure for assessing health system performance, the 2024 Annual Health Report (AHR) serves as an essential tool for advancing health system goals and improving health outcomes for all Nigerians.

1.2 Approach and methodology for developing the report

The development of the 2024 Annual Health Report followed a systematic and collaborative approach to ensure a comprehensive evaluation of the health sector. The process began with a stakeholders' engagement meeting held from July 16th to 18th, 2024. The objective of this meeting was to finalize the list of indicators to be tracked in the AHR, identify sources of routine and primary data, and align on the states to be visited for independent verification of primary healthcare facilities. During this meeting, the number of facilities to be tracked in each state was determined, the indicators to be monitored during verification were highlighted, and a detailed roadmap and timeline for report development were made. A "Source of Truth" discussion was conducted to establish data integrity, and to clearly define the roles and responsibilities of all key stakeholders in the report's development. The outcome of the meeting included the creation of a draft table of contents for the 2024 Annual Health Report.

Following the stakeholder meeting and consensus-building on indicators and data sources, data collection templates were developed and shared with relevant national and sub-national departments and agencies. Subsequently, data was mined from the DHIS-2 and other data repositories, with necessary adjustments made to denominators to ensure accuracy.

By the end of November 2024, the first draft of the report was developed by the national-level report writing team, which included representatives from various directorates and programs, supported by our development partners. The next steps involved consolidating contributions from the state and national levels, quality assurance checks, and internal validation of the report. Concurrently, quality checks and reviews ensured the accuracy and consistency of the data presented, as well as the quality of the report. The report was finalized and disseminated to external stakeholders and the general public, ensuring transparency and accountability in evaluating the progress made in the health sector.

1.3 Data sources

The primary sources of information for this report includes service delivery data from the DHIS2, Health Facility Registry (HFR), Nigeria Quarterly Health Facility Reports (2023), Nigeria Demographic and Health Survey - Key Indicator Report (2023), National Health Facility Survey Report (2023), data from the Nigeria Center for Disease Control and Prevention (NCDC), National Health Accounts (NHA) 2023, various program data, the National Health Workforce Registry (NHWR), the National Health Insurance Authority (NHIA), and other policy documents, among others. The key indicators presented in this report are derived mainly from two primary data sources: routine health data from DHIS2, Nigeria's nationwide health facility-based reporting system, and population-based surveys conducted every five years, such as the Nigeria Demographic and Health Survey (NDHS). DHIS2 provides continuous data on services provided directly at the health facilities while the NDHS offers cross-sectional, nationally representative estimates on the burden of various diseases and conditions, based on rigorous sampling and standardized data collection methodologies.

1.4 Status of progress on Presidential Commitments

At the start of the current administration, Presidential Commitments and targets were established to guide health sector priorities. By quarter three 2024, the Federal Ministry of Health and Social Welfare had made substantial progress toward these commitments, with targets and achievements outlined in the table below. Although these indicators are not baseline measures for the Health Sector Strategic Blueprint (HSSB), they serve as joint accountability metrics and will continue to be reported in future State of Health reports.



S/N	Priority Area	Deliverable	Main Output Indicator	Baseline (2023)	Q1 2024 Target	Q1 2024 Actual	Q1 2024 Cumulative	Q2 2024 Target	Q3 2024 Target	Q4 2024 Target	2024 Annual Target	2025 Annual Target	2026 Annual Target	2027 Annual Target	Source of Evidence
1	Focus on Education, Health and Social Investment as Essential Pillars of Development	Expand Universal Healthcare Access and any form of Health Insurance: Achieve a 20% increase in the percentage of the population enrolled within the next four years	Number of Nigerians & Residents with any form of health insurance	16,797,451	16,907,451	37,640	16,833,091	17,117,451	17,427,451	17,637,324	17,637,324	18,477,196	19,317,069	20,156,941.00	NHIA
2	Focus on Education, Health and Social Investment as Essential	Increase Immunization Coverage: Achieve 10% increase	Number of children who have received Penta 3 (3 months cumulative)	2,111,938	1,500,000	2,023,494	2,023,494	0.50%	0.50%	0.50%	79	81	82.8	84.8	FMHSW
	Pillars of Development	coverage of immunization within the next four	% of children 0-12 months fully immunized	17.10	-	(1.10)	16	0.50%	1%	0.50%	62.50%	64%	65.5	67	FMHSW
		years	Proportion of Children with Zero dose(%) (Annual Surveys)	0.18	-	-	18	-0.50%	-0.50%	-0.50%	17.1	16.2	15.3	14.4	FMHSW
3	Focus on Education, Health and Social Investment as Essential Pillars of Development	Improved Nutrition among children: Reduce the percentage of children with stunted growth by 10% in three years.	Number of 6-59 months given Vitamin A supplements (increase by 10% in 3 years)	8,292,392	20,000	(6,984,257)	1,308,135	100,000	300,000	404,256	33,794,495	34,618,751	35,443,007	36,267,263	FMHSW

S/N	Priority Area	Deliverable	Main Output Indicator	Baseline (2023)	Q1 2024 Target	Q1 2024 Actual	Q1 2024 Cumulative	Q2 2024 Target	Q3 2024 Target	Q4 2024 Target	2024 Annual Target	2025 Annual Target	2026 Annual Target	2027 Annual Target	Source of Evidence
4	Focus on Education, Health and Social Investment as Essential Pillars of Development	Work with states to improve Health Infrastructure to produce quality service delivery	Total number of PHCs that meet PHCs standard	27	3	-	-	5	5	40	50	100	500	1000	FMHSW, DH1S2
5	Focus on Education, Health and Social Investment as Essential Pillars of Development	Train 100,000 frontline health workers in 4 years	Number of frontline health workers trained in on integrated health care services in 4 years	-	-	-	-	5,000	5,000	15,000	25,000	50,000	75,000	100,000	FMHSW, DH1S3
6	Focus on Education, Health and Social Investment as Essential Pillars of Development	Improve capacity for home grown manufacture of equipment, vaccine, medicine and other	quantity of medical consumables produced locally over time.	-	-	3	3	1	2	2	5	10	15	20	FMHSW, DH1S4
			Number of clinical trials for vaccine development	-	-	-	-	0	0	0	0	1	0	1	FMHSW, DH1S5
7	Focus on Education, Health and Social Investment as Essential Pillars of Development	Improve Maternal and Child Health Outcomes: Reduce the maternal mortality rate by 20% and the under-five mortality rate by 15% in four years.	Proportion of deliveries attended to by skilled birth attendance (%)	79.40	79.900	80.3	80.3	0.50%	1%	1%	53	55.4	57.7	60	FMHSW, DH1S6
			ANC coverage (% ANC at least 4th attendance) 50% increase	22.10	0	20.50	20.50	0.50%	0.50%	1%	21.7	24.1	26.5	28.9	FMHSW, DH1S7
			Number of facility maternal deaths (focus on 1-PHC-Per Ward)	109	108	120	120	-100	-100	-233	4,450	3,967	3,484	3,000	FMHSW, DH1S8

S/N	Priority Area	Deliverable	Main Output Indicator	Baseline (2023)	Q1 2024 Target	Q1 2024 Actual	Q1 2024 Cumulative	Q2 2024 Target	Q3 2024 Target	Q4 2024 Target	2024 Annual Target	2025 Annual Target	2026 Annual Target	2027 Annual Target	Source of Evidence
			Number of facility U5 deaths (focus on 1-PHC-Per Ward)	411	311	298	298	-150	-150	418	14,605	13,737	12,869	12,000	NAFDAC
8	Focus on Education, Health and Social Investment as Essential Pillars of Development	Established responsive Emergency readiness system (Public Health emergencies)	Joint External Evaluations (JEE) score of Nigeria (Insert JEE process indicators)	56	-	-	56	0	0	2	60	66	72	80	NAFDAC
			Number of federal government tertiary institutions active with quarterly funded plans participating in the IPC Orange network	41	20	17	58								NAFDAC Min. of Finance
			Number of fully functional emergency operation centres in the country	19	-	-	19								HRH, REGISTRY
			Number of states using electronic platforms to report and submit data timely.	564	100	95	659								
			Number of states fully domesticated and implementing AMR governance activities in the country.	2	2	2	4								FMHSW, DHIS2

S/N	Priority Area	Deliverable	Main Output Indicator	Baseline (2023)	Q1 2024 Target	Q1 2024 Actual	Q1 2024 Cumulative	Q2 2024 Target	Q2 2024 Actual	Q2 2024 Cumulative	Q3 2024 Target	Q3 2024 Actual	Q3 2024 Cumulative	Q4 2024 Target	2024 Annual Target	2025 Annual Target	2026 Annual Target	2027 Annual Target	Source of Evidence
9	Focus on Education, Health and Social Investment as Essential Pillars of Development	Strengthen the Health Management Information System: Achieve 100% Full Complement of EMR implementation in FTHIs	Number of FTHIs using Electronic Medical Records (EMRs).	36	1	13	49	1			2			4	44	52	60	59	BHCPF
			Proportion of Federal Tertiary Health Institutions (FTHIs) with Certificate of Standards (%).	-	-	-	-	2			2			4	8	17	26	35	
10	Focus on Education, Health and Social Investment as Essential Pillars of Development	Improve Timeliness and accuracy of health data reporting, measured by data completeness and reporting rates. • Increase data reporting timeliness by 10% within two years	Percentage of facilities reporting on time	84.5	0.01	2.8	87.3	1%			2%			2%	81.5	85.4			
11	Focus on Education, Health and Social Investment as Essential Pillars of Development	Improve Human Resource for Health: Train 100,000 health workers	Number of CHEWs trained on integrated health care services	-	-	-	-	5,000			5000			15,000	25000	50000	75000	100000	BHCPF

S/N	Priority Area	Deliverable	Main Output Indicator	Baseline (2023)	Q1 2024 Target	Q1 2024 Actual	Q1 2024 Cumulative	Q2 2024 Target	Q3 2024 Target	Q4 2024 Target	2024 Annual Target	2025 Annual Target	2026 Annual Target	2027 Annual Target	Source of Evidence
12	Focus on Education, Health and Social Investment as Essential Pillars of Development	Strengthen Primary Healthcare: Increase primary healthcare utilization by 20%	Number of the population accessing primary healthcare services (PHC out-patient attendance)	17,695,321	10,000,000.00	(1,513,203)	16,182,118	3186	9186	91,862	6,036,431	6,323,880	6,611,329	6,898,778	BHCPF
			Rate of Utilization of BHCPF services	17.60	19	17.30	17.30	1.5	2.5	3.6	26.4	32.5	44	52.8	FTHs
13	Focus on Education, Health and Social Investment as Essential Pillars of Development	Achieve a 50% increase in patient satisfaction rate within four years.	Patient satisfaction rates with (PHC) services (GRM tickets generated and confirmed as infrations) - NHIA	-	-	-	-	5%	5%	5%	15	25	35	50	PRS, HRM
14	Improve governance for effective service delivery	Deploy and operationalize Enterprise Content Management System (ECM)	Number of transactions conducted online.	-	-	1573	1573	25	25	50	100	200	300	400	PRS, HRM
			Number of staff with licenced access to ECM.	-	-	-	-	25	25	50	100	200	300	400	PRS, HRM
			Number of Personal computers (Laptops + Desktops) distributed to Ministry staff	-	-	45	45	25	25	50	100	200	300	400	PRS, HRM

Table 1: Presidential Commitment: Targets and Achievements

Despite these advances, some targets, such as full immunization coverage for children, and veterinary and narcotic drug permits, fell short, highlighting areas for continued focus and improvement

The following section provides a detailed description of the progress made on each of the priority indicators on presidential commitments, including key achievements and gaps.

1. Expand Universal Healthcare Access and any form of Health Insurance: Achieve a 20% increase in the percentage of the population enrolled year on year.

Universal health coverage (UHC) means that all people and communities receive the health services (e.g. the full spectrum of health services from health promotion to prevention, treatment, rehabilitation and palliative care across the life course) they need, and of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. Achieving universal health coverage, including access to quality health services, financial risk protection, and affordable medicines and vaccines, is target 3.8 of the SDGs.

Reducing catastrophic healthcare expenditure by the population is a major goal of the Federal Government of Nigeria, for which the government has instituted various strategies including increasing health insurance coverage. In 2023, the baseline population covered by any health insurance in the country was 16,797,451 (See figure 3). The government has set a 2027 target of a 20 percent increase on the population covered, with a phased projection towards the target. The 2024 target is 17,637,324.

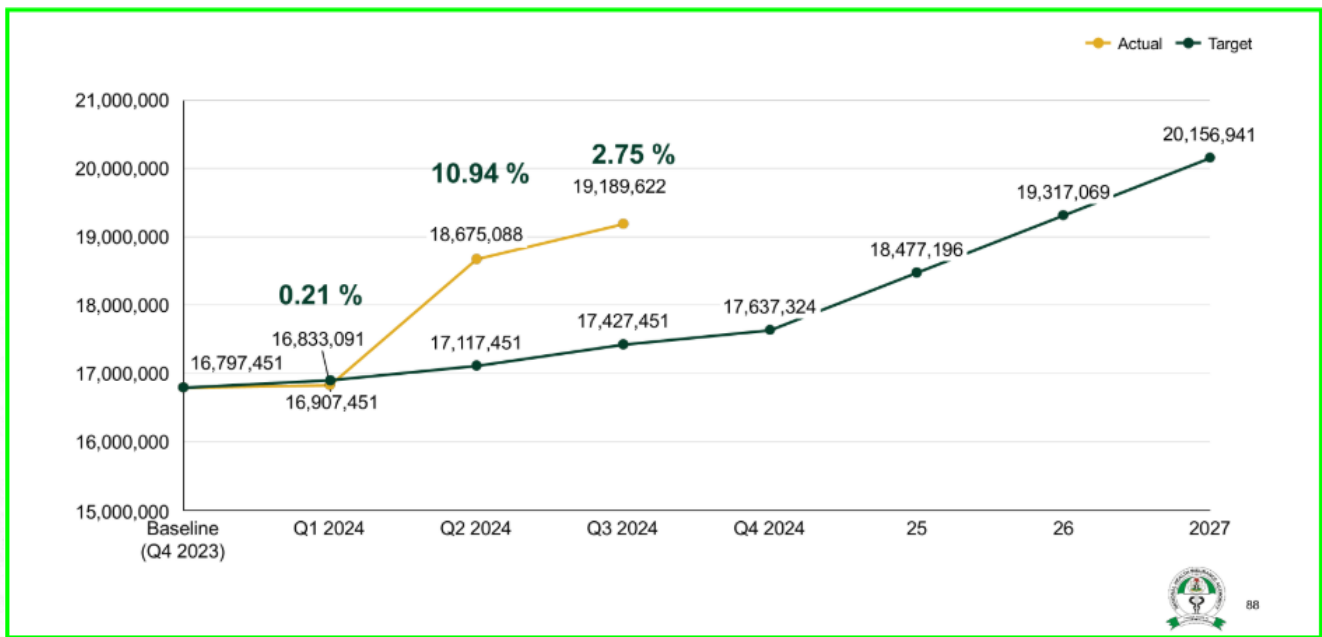


Figure 3: Health Insurance Enrollment Quarterly Growth rate

So far, the population covered by December 2024 through different programs is 19,440,516, (See Table 2) driven largely by SSHIA Lives and GIFSHIP NYSC programs with the poor and vulnerable covered under the BHCPF being 2,597,312. Enrollment under SSHIA lives grew from 4.3 million in 2020 to 10.2 million in 2024, contributing the largest share to the overall increase in insured lives driven largely by SSHIA Lives and GIFSHIP NYSC programs. However, enrollment in the Formal/Public/Organized Sector showed minimal growth, while categories like GIFSHIP Constituency, Retirees, and Private Plans saw modest or inconsistent increase. According to the 2021 Nigeria Multiple Indicator Cluster Survey (MICS), coverage through any healthcare insurance stood at just 2.8% for women and 2.7% for men across the country (ranging from 0.0% in Sokoto to 12.5% in the FCT among women; and 0.1% in Adamawa, Ekiti, Taraba and Zamfara, to 12.4% in the FCT, among men). Strengthening outreach, addressing barriers, and ensuring affordability could further accelerate enrollment in all programs are needed to achieve broader coverage.

Year	SSHIA Lives (Including BHCPF)	Formal/ Public/ Organized Sector	GIFSHIP General	GIFSHIP NYSC	GIFSHIP Constituency	GIFSHIP Retirees (Police & DSS)	TISHIP	NHIA CBHI/ MHA	HMO's Private Plan	Total
2020		4,305,839	9,748		8,904	41,242	604,635	68,429	1,664,896	6,703,693
2021	1,943,943	4,345,387	12,638		636	41,406	1,903,704	88,570	1,603,563	9,939,847
2022	6,279,981	4,345,076	36,299	252,257	14,102	43,278	2,537,257	130,933	1,686,763	15,325,946
2023	8,107,795	4,506,058	59,608	299,797	17,961	44,356	1,776,100	285,967	1,699,809	16,797,451
2024	10,194,255	4,518,396	52,567	426,419	7,154	45,936	1,781,101	342,897	1,820,897	19,440,516

Table 2: Health Insurance Enrollment through different Programs

The government is using strategic investments through focused initiatives to increase the proportion of the population that are enrolled in any form of health insurance, especially the vulnerable population e.g. People Living with HIV (PLHIV). As part of this effort, the Federal Government has established important funds such as the vulnerable group fund (VGF) which aims to provide improved healthcare access to vulnerable people through expanded health insurance coverage. More than 5.6 million vulnerable Nigerians are noted to have accessed healthcare services as a result of this fund.

To ensure accountability and transparency of the VGF, a joint task team comprising members of the FMOH&SW's Anti-Corruption Unit and the Independent Corrupt Practices and Related Offences Commission (ICPC) representatives will develop an anti-corruption program, especially around the BHCPF direct facility financing at PHCs, and the use of the vulnerable groups fund. The monitoring mechanisms will oversee the flow of funds and resource utilization at the primary health care level, including hotlines and web portals for reporting irregularities.

2. Strengthen Primary Healthcare: Increase primary healthcare utilization by 20%

The World Health Organization (WHO) defines PHC as “essential health care based on scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford.”

Primary Healthcare Facilities are the closest level of health services to the population in Nigeria. According to the National Health Facility Registry (<https://hfr.health.gov.ng/>), 84.8% of the healthcare facilities in the country are primary healthcare facilities, with the majority (73.8%) of the facilities in the country being owned by the government (Federal, State and Local Government). The government has set a goal of increasing primary healthcare utilization by 20%. The range of health services provided at the PHC level, which are mostly based on health needs, include reproductive, maternal and child health services such as ANC, delivery, post-natal, immunization, nutrition, and treatment of childhood ailments. Others include adolescent health services, screening and treatment of conditions such as hypertension, diabetes, Tuberculosis, HIV etc. To foster this effort, the government is determined to conduct intermittent stakeholder surveys to assess the satisfaction of clients with the services provided at the PHCs.

Administrative data show that over 66,669,237 Nigerians sought PHC outpatient services as of December 2024, compared to 64,302,401 in 2023 and 59,179,664 in 2022, respectively. Specifically, over 15,955,137 women utilized ANC services in PHC facilities, while 2,369,752 deliveries were conducted at that level of healthcare by December 2024.

However, according to the 2023/2024 Nigeria Demographic and Health Survey (NDHS), only 43.3% of women delivered in a healthcare facility, demonstrating the need to improve utilization of such basic services especially at PHC levels. Non-utilization of healthcare facilities contributes significantly to the poor healthcare indices that are recorded in the country.

Key strategies towards the improvement of PHC utilization is closer collaboration with state and local governments to invest in the revitalization of PHC facilities in order to ensure that they meet the minimum standards to provide quality basic and comprehensive emergency obstetric, newborn care and other services. The baseline conducted in 2023 revealed that only 27 PHCs met the minimum PHC standards. The government has set a 2027 target of increasing the number of PHCs that meet this minimum requirement to 1,000. This target will be progressively achieved through strategic infrastructure investments. It is expected that the above effort will further improve PHC utilization in 2025 and beyond.

3. Achieve a 50% increase in patient satisfaction rate within four years

Patient satisfaction is a critical measure of the quality and effectiveness of healthcare services at all levels of care, especially at primary healthcare (PHC) facilities which serve as the foundation of the healthcare delivery system. High levels of patient satisfaction indicate that healthcare services meet patients' expectations, which is essential for building trust and ensuring continued utilization of services.

In Nigeria, significant numbers of public and private health facilities face challenges such as inadequate or poorly maintained infrastructure and equipment, limited healthcare personnel, and inconsistent service delivery, all of which can negatively impact patient satisfaction. However, addressing these issues and improving patient satisfaction can have significant benefits, including increased utilization, better health outcomes, enhanced trust, and improved community engagement. Improved patient satisfaction, in addition to improving citizen well-being, will further improve the satisfaction of citizens with the healthcare system and, by extension, the government.

To address these challenges, this administration has taken several steps that focus mainly on instituting facility standards at all levels. The review of the minimum standards for PHCs commenced in 2024 and is being finalized. The standards for tertiary facilities have been developed and are being used to assess all tertiary hospitals in the country by the National Tertiary Health Institutions Standards Committee, which was reconstituted by the Coordinating Minister of Health and Social Welfare.

To establish a better understanding of the perception of the Nigeria citizenry towards current healthcare delivery efforts, a patient satisfaction survey was conducted in 2024. The results of the survey showed that 76% of respondents rated overall quality of care as 'good' or 'very good.' Respondents expressed various degrees of satisfaction with the services received. For example, 66% rated childcare services as 'good' or 'very good' while 64% gave maternal services the same rating. Overall, quality of care ratings by respondents varies from 78% in public PHCs to 73% and 88% in secondary and private health facilities, respectively. The government is actively working with states and local government health authorities to improve the quality of health services at facilities and invariably increase the patient satisfaction scores in the coming years.



4. Increase Immunization Coverage: Achieve 20% increase in coverage of immunization within the next four years

Immunization is one of the most effective public health interventions to reduce childhood morbidity and mortality due to vaccine-preventable diseases such as measles, polio, and tetanus. In Nigeria, immunization programs are critical to achieving better child health outcomes and, as such, they are prioritized by the government to ensure child survival and growth.

The health sector has committed to increasing the immunization rates by 20%. Currently, the proportion of children under 2 years (12-23 months) that have been fully vaccinated has increased between 2018 and 2023 from 31% to 39%. 54,942 zero-dose children were reached across prioritized wards in one hundred LGAs through the zero-dose operation plan (Z-DROP).

The government has recognized the challenge of declining immunization rates (drop-out rates) among infants and the toddler age groups. While the uptake for vaccines is high during birth, it declines as children grow, perhaps due to perceived need by parents or other factors that are either due to poor immunization services or parents' daily schedule. Immunization rates also differ across communities, local governments and States across the country. According to the recent NDHS, although all geopolitical zones had full immunization coverage below 40%, the North-West is recognized as the region with the most need for improvement in immunization efforts (12.2%), while the South-South had full immunization rates of over 60.5%.

In working towards achieving an increase in vaccination coverage by 20% by 2027, the Federal Government, in collaboration with states and local government authorities, is increasing financial investments in vaccine procurement, strengthening the supply chain mechanisms to ensure availability of quality vaccines in facilities, and improving vaccine campaigns in communities by increasing the numbers of supplemental immunization activities. Notably, Nigeria joined other countries in the Chad Basin region to immunize 1,208,431 children against vaccine derived polio vaccines. Over 12,300,000 (96% coverage) girls were vaccinated against HPV across all the States the FCT coverage (Best in the World). As of December 2024, the roll out of malaria vaccine, which was piloted in Kebbi and Bayelsa states, so far recorded the vaccination of 41,145 children: 6,737 in Bayelsa and 34,408 in Kebbi States.

5. Improved Nutrition among children: Reduce the percentage of children with stunted growth by 10% in three years.

Nutrition is a major intervention and pillar of the Renewed Hope Agenda of the President. Nutrition is being placed at the front burner in order to reduce the current triple burden of malnutrition (undernutrition, overnutrition, and micronutrient deficiencies) in the country by improving the indices on nutrition and overall health outcomes which is paramount in ensuring the nation's sustainable development. Recognizing the fundamental role of nutrition in population health and development, the health sector has committed to reducing the number of children stunted by over 10% by 2027.

According to the NDHS 2023, 40% of children under five are stunted, 8% are wasted, while 27% are underweight. To address this challenge, the sector is implementing a multi-pronged approach, working with other sectors at federal, state and local government levels. For example, following the report of the 2021 National Food Consumption and Micronutrient Survey report shows that only about 15 percent of women and caregivers are counselled on healthy feeding practices and given that others need support for appropriate feeding practices, Maternal Infant and Young Child Nutrition (MIYCN) course has been institutionalized in the 36 States and FCT following the approval that was obtained at the 64th National Council on Health (NCH).

In 2024, a ministerial task force has also been set up for enhanced coordination to develop a realistic action plan, focusing on immediate resource mobilization and practical actions to deliver solutions to the most vulnerable of the society. This plan takes into account the substantial burden on girls and women, alongside children, and to ensure effective monitoring of progress and accountability in deploying urgent interventions, including the distribution of micronutrient powders, therapeutic foods, and other nutritional supplements. Focus is channeled towards harnessing local production of therapeutic foods and other community-based interventions, strengthening and extending beyond the 1,192 treatment sites already in operation, mostly in primary healthcare centers. Furthermore, the sector has actively advocated for improved fortification of food items using various micronutrients in the country. Besides the direct intervention, the Government is also supporting a social and behaviour change strategy towards addressing the social behaviours that negatively impact on the nutrition of women and children in the country.

Drawing from the baseline data from the 2023 National Health Facility Survey (NHFS) that showed the overall percentage of health facilities that provide malnutrition treatment is 48.5%, while the availability of malnutrition treatment in primary health facilities is 47.7%, and that in secondary health facilities is 65.9%, the sector is using a targeted approach in improving the availability of nutrition services and, more importantly, locally produced nutrition commodities, especially at the PHC level.

6. Improve Maternal and Child Health Outcomes: Reduce the maternal mortality rate by 20% and the under-five mortality rate by 15% in four years

Improved maternal and child health outcomes is the mainstay and policy thrust of the Nigeria health system. The Federal Government of Nigeria, through the Renewed Hope agenda, is using various strategies aimed at addressing the challenges of maternal and child health services. According to the most-recent estimates from the five years preceding the 2023/2024 NDHS, under five deaths is 110 deaths per 1,000 live births, while the rate for maternal deaths will be published in the VASA report in the first quarter of 2025. The above data form a baseline for the sector's commitment to improve maternal and child health outcomes by decreasing the death rates by over 20% and 15%, respectively.

Key factors identified as responsible for maternal health in Nigeria include bleeding related to pregnancy, especially during delivery (postpartum hemorrhage); hypertension in pregnancy; and sepsis, while prematurity, malaria, diarrheal diseases, and lower respiratory tract infections have been identified as responsible for under five mortalities. In addition to taking concerted efforts to improve the standards of healthcare delivery and funding, especially for PHC services through dedicated funds for maternal health from the BHCPF and VGF, the Federal Government has launched an initiative called the Maternal Mortality Reduction Innovation and Initiatives (MAMII). The intervention is aimed at delivering free, life-saving care to women by removing the financial barriers that often-cost lives. MAMII will target 172 high-burden LGAs in the country that account for more than half of the maternal deaths through strengthening primary health care (PHC) services and enhancing community engagement in maternal health, including through empowering Ward Development Committees (WDCs); leveraging the influence of State First Ladies; and the deployment of 'MAMII Vanguard,' trained community health workers tasked with identifying and mobilizing pregnant women, especially those at high risk, to seek skilled birth attendance in health facilities.

7. Improve Human Resource for Health: Train 100,000 health workers

The availability, accessibility, acceptability, quality, coordination and overall performance of a health workforce is critical to improving population health outcomes and socio-economic prosperity. Nigeria has various categories of health workers spread across the various levels of healthcare, including Community Health Extension Works (CHEWs), midwives, nurses, doctors, dentists, optometrists, laboratory scientists, dietitians, occupational and physical therapists, orderlies, paramedics, technicians, health information managers, etc.

Over the years, under-investment in the education and health sectors have meant under production of health workers, and poor capacity to absorb health workers, especially at state and local government levels, leading to continuous shortages of health workers in health facilities, especially PHCs in rural, remote and underserved areas. These challenges have been worsened by the increasing international migration of health workers. As part of the steps towards addressing the above challenges, the FMOH&SW undertook a labour market assessment of the health workforce in 2023. The report showed that about 300,000 – 350,000 workers were employed in 2022 across key cadres, either as core health workers (midwives, nurses, doctors, laboratory or community health professionals), or as enablers (health insurance, digital and data solutions, R&D, manufacturing, supply chain and logistics and development partners). The number is less than the 400,000 - 450,000 total licensed personnel across assessed cadres, and even much less than the WHO recommended numbers.

To address the deficits, the Coordinating Minister of Health and Social Welfare requested for the issuance of waivers by health regulatory bodies so as to double the production of health workers across the country and also committed to the training of over 100,000 frontline health workers, especially at PHC level, by 2027. As of December 2024, 40,000 frontline health workers have been trained on integrated healthcare across the country.

8. Improve capacity for home grown manufacture of equipment, vaccine, medicines and other consumables

The ability to locally produce medical equipment, vaccines, medicines, and consumables is a cornerstone of a resilient and self-sufficient healthcare system. In Nigeria, dependence on imports for critical health commodities has exposed significant vulnerabilities, particularly during global supply chain disruptions like the COVID-19 pandemic. Strengthening local manufacturing capacity fosters job creation and drives innovation, contributing to economic growth, while improving overall health infrastructure of the country. Figure 4 illustrates the roadmap of the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC).

Secretariat's Objectives	Indicator	Starting Point	2026 goal	2030 goal
A Increase the spectrum of health products and technologies manufactured in the country	Weight of local manufacturing of pharmaceutical products in Nigeria vs. total consumption	25%	40%	70%
	Number of jobs created across manufacturing facilities	NA	10,000	30,000
	Number of local Vaccine plants across Nigeria	0	1	3
	Number of new plants for medical supplies and diagnostics	0	2	5
B Expand local capabilities in R&D and early-stage production	Percentage of locally consumed API produced	0	4%	10%
C Expand and improve the level of healthcare services provision	Decline in medical outbound tourism	\$1.9bn ¹	15%	50%
D Strengthen the competitive position and growth of Nigeria's life science sector leaders	Nigeria pharmaceutical market share across Africa	8%	11%	15%
E Increase investment attraction across Nigeria's health value chains	FDI growth rate in the healthsector ²	NA	100%	400%
F Strengthen locally developed entrepreneurial solutions	Number of active Nigerian healthcare startups in Series B+ rounds	0	1	3

Figure: 4 PVAC RoadMap

As of the fourth quarter of 2024, the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC) has made transformative strides toward revitalizing Nigeria's healthcare sector. Key achievements include:

Developing a National Roadmap to Unlock the Healthcare Value Chain: PVAC has created a comprehensive strategy focusing on critical value pools such as:

- Therapeutics: Active Pharmaceutical Ingredients (APIs) and excipients.
- Vaccines: mRNA and live attenuated platforms (including malaria).
- Diagnostics: Rapid diagnostic tests (RDTs) for HIV, STIs, diabetes mellitus, malaria, pregnancy, and sickle cell disease.
- Consumables: Long-lasting insecticidal nets, personal protective equipment (PPE), syringes, and more.
- Sexual and Reproductive Health (SRH) Commodities: Misoprostol, oxytocin, and male condoms.

Business Case Development: PVAC has prepared detailed business cases for these priority areas, collectively projecting:

- Creation of over 12,000 new jobs in Nigeria.
- Generation of approximately \$500 million in new revenue opportunities.

Financing facility for pharmaceutical manufacturers and related businesses:

- PVAC, with the support of AfreximBank, has established a \$1 billion financing facility to support large and medium-scale businesses looking to start or expand their manufacturing based on various health commodities. More than 74 local and international companies are in the pipeline, with various support requirements, as they plan the execution of large-scale investment projects in Nigeria's healthcare value chain.

Strategic Engagements and Investments:

- In driving PVAC's objectives along the prioritized value chains:
- Private Manufacturers: Out of the 74+ local and international companies engaged, six international manufacturers are planning to begin operations in Nigeria, with \$2 million already committed by one company.

- Development Finance Institutions (DFIs): Collaborated with major DFIs including the Afrexim Bank, African Development Bank, Bank of Industry, European Investment Bank, World Bank, French Development Agency, and International Finance Corporation to establish dedicated financing platforms for healthcare investments.
- These milestones underline PVAC's commitment to fostering job creation, driving economic growth, and enhancing healthcare manufacturing capabilities to position Nigeria as a regional hub for pharmaceutical and medical device commodities, as well as health service delivery.

9. Established Responsive Emergency Readiness System (Public Health Emergencies)

A responsive emergency readiness system is a coordinated framework designed to prevent, detect, and respond effectively to public health emergencies such as disease outbreaks, natural disasters, and other crises. This is critical for Nigeria's health security, as the country faces frequent threats from infectious diseases such as Lassa fever and cholera. The system ensures early detection through real-time surveillance, effective coordination across government and partner organizations, and rapid mobilization of resources to minimize the impact on health and the economy.

The Nigeria Center for Disease Control and Prevention (NCDC) was founded to respond to the challenges of public health emergencies and enhance Nigeria's preparedness and response to epidemics through prevention, detection, and control of infectious diseases. NCDC has successfully mitigated recent outbreaks of cholera, Lassa fever, and Mpox disease across the country, and the Center continues to play an active surveillance role, in collaboration with regional and global partners, in the prevention and mitigation of emerging and re-emerging infectious diseases like Ebola and COVID-19.

10. Strengthen the Health Management Information System: Achieve 100% Full Complement of EMR Implementation in FTHIs

The National Health Management Information System (NHMIS) manages data from over 47,000 healthcare facilities and other health service delivery points, data from health research and regulatory institutions, surveillance data, as well as information from various community health interventions. However, most efforts are still largely paper-based and where electronic data systems are in place, they are mostly fragmented or not fully understood and properly managed.

At the inception of this administration in 2023, about 15% of all facilities shared data electronically with the national aggregate data system (DHIS-2), with over 75% of Federal Tertiary Hospitals (FTHs) owning Electronic Medical Record (EMR) systems. There were, however, no established minimum standards for deployment and implementation of EMRs in the country.

The sector, in addressing the above, established the Nigeria Digital in Health Initiative (NDHI), with the aim of not only integrating EMR systems into Nigeria's health system by ensuring seamless interoperability and system efficiency, but also to enhance healthcare delivery and experience of care. Since its establishment, the NDHI has developed minimum EMR standards that will help to achieve three immediate benefits:

- Improved quality of care by providing health care providers with instant access to comprehensive patient records, leading to more accurate diagnosis and personalized treatment plans.
- Reduced expenditure on health through optimization of diagnostic tests and the avoidance of duplication

- Increased staff capacity and productivity, through the reduction of time spent on paper-based administrative tasks.

The developed standards are being implemented across existing EMRs in the country, and by December 2025, over 90% of FTHs are expected to be fully implementing EMRs, in line with the established standards. The ultimate goal of the NDHI is to institutionalize a national digital health environment as a federated architecture with key components like electronic medical record (EMR) systems, data repositories, integrated health information exchanges, an innovation and regulatory framework for homegrown innovation, and robust governance frameworks linked to the national health insurance system towards the delivery of Universal Health Coverage (UHC) for Nigeria.



Federal Ministry of Health and Social Welfare being awarded best performing MDA in 2024 by SERVICOM

“The recent awards from SERVICOM are more than an acknowledgment of our efforts; they are a declaration of our collective work, system, and early results are making a real difference in the lives of our people. These recognitions challenge us to do even more, and symbolize our unwavering commitment to excellence in service delivery and our promise to touch lives through quality healthcare”



Chapter Two

State of Health of Nigerians

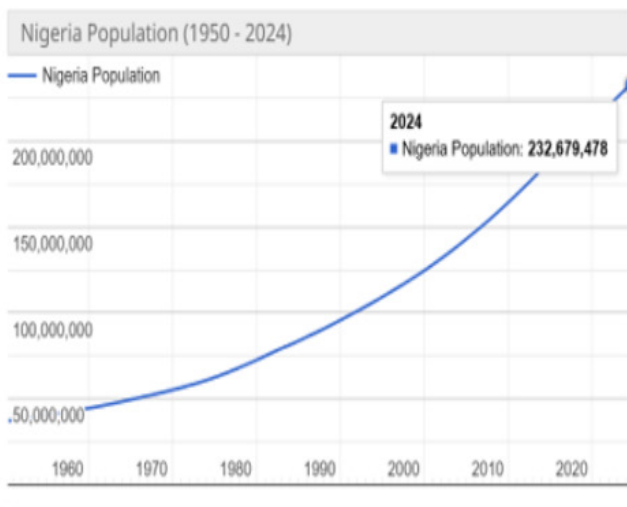
2. State of Health of Nigerians

The health of Nigerians in 2024 reflects a complex interplay of achievements, challenges, and emerging trends. While there have been notable improvements in health outcomes, such as increased immunization coverage and reductions in maternal and child mortality rates, significant disparities persist across geographic, socio-economic, and gender lines. Non-communicable diseases (NCDs) and communicable diseases like malaria and tuberculosis continue to contribute significantly to the disease burden. Additionally, Nigeria faces persistent challenges in ensuring equitable access to quality healthcare, particularly for vulnerable populations in rural and underserved areas. This section provides an overview of the health status of Nigerians, drawing on key indicators such as life expectancy, disease burden, and health service utilization, while highlighting disparities and the progress made in addressing them.

2.1 National Population and Demographic Overview

Nigeria stands at a pivotal moment, with its rapidly growing population exerting significant pressure on the nation’s health systems and socioeconomic infrastructure. As of 2024, the population is estimated at 234,309,694 people, growing annually at the rate of 2.5% (National Population Commission, 2020). This demographic is characterized by its youthfulness, with a median age of 18.7 years and nearly 60% under the age of 25 years (see figure 5). While this youthful population offers opportunities for economic growth and innovation, it also presents substantial challenges in meeting healthcare, education, and employment needs.

A. Population Trend over the years



B. Population by age and sex

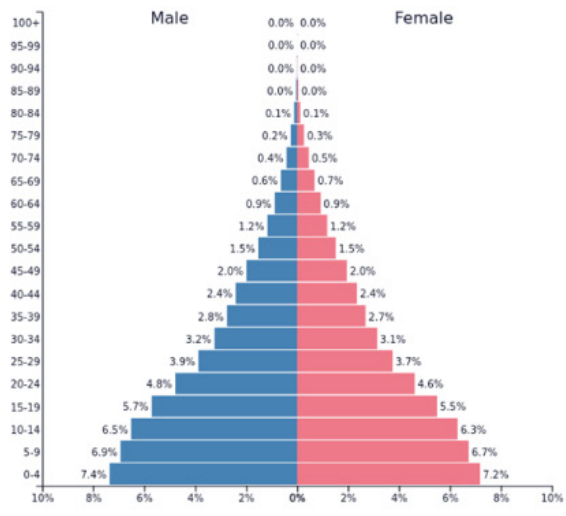
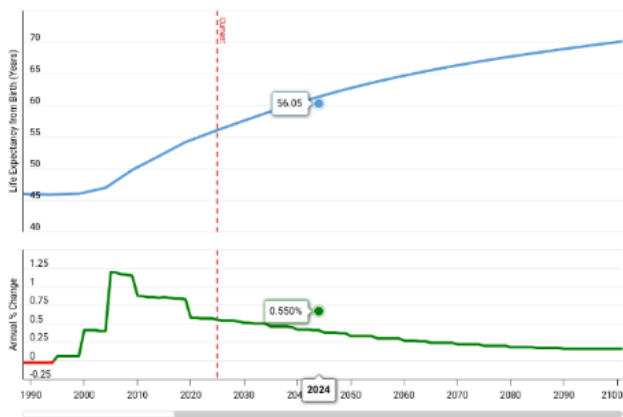


Figure 5: Population trends in Nigeria 1990–2024, and population pyramid 2024 (Credit: UN)

Life expectancy in Nigeria, though improving, remains below the global average at 54.6 years 54.9 years for women and 54.3 years for men reflecting persistent health challenges. This slight disparity between genders is consistent with global trends, where women typically outlive men. However, life expectancy in Nigeria is still below the global average, underscoring the need for continued investment in healthcare and public health initiatives. Communicable diseases such as malaria, HIV/AIDS, and tuberculosis contribute significantly to the disease burden, negatively impacting overall health outcomes and life expectancy.

A. Life Expectancy at Birth



B. Total Fertility Rate

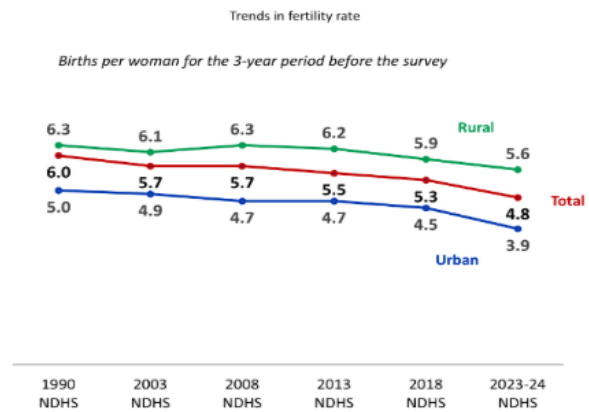
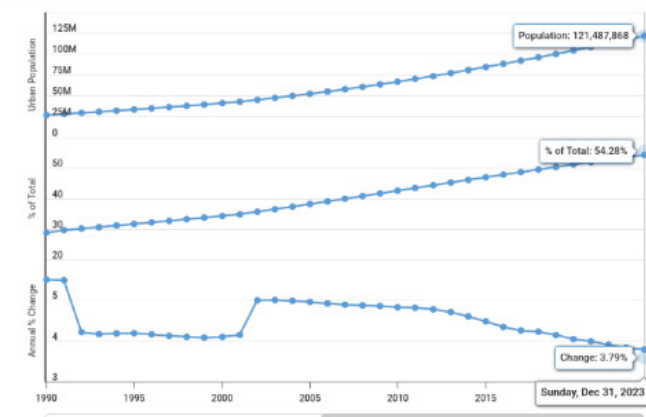


Figure 6: Trends in life expectancy and fertility rate in Nigeria 1990–2024 [Source: United Nations - World Population Prospects; NDHS]

As shown in figure 6, the fertility rate, while gradually declining, remains among the highest globally, at 4.8 children per woman (NDHS 2023/2024). This rate is higher in rural areas (5.6) compared to urban areas (3.9), highlighting disparities in access to education and healthcare services. Urbanization continues at a rapid pace, with 54% of Nigerians now living in urban areas, driven by the search for better economic opportunities and access to essential services (see figure 7). However, this shift has brought challenges, including infrastructure strain, pollution, and the growth of informal settlements, especially in rapidly expanding cities like Abuja

A. Trend and percentage Population in Urban area



B. Trend and percentage Population in Rural area

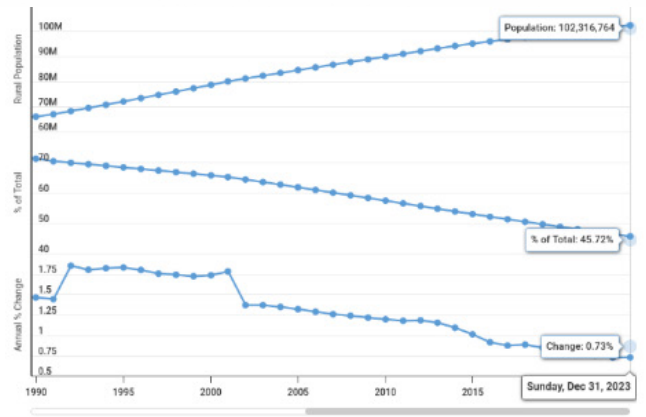


Figure 7: Trends in urbanization in Nigeria 1990–2023 [Source: World Bank]

Economically, Nigeria has experienced notable economic growth in Gross Domestic Product (GDP), reflected in a year-on-year increase despite global uncertainties, with a GDP of N60.9 trillion (US\$43.9 billion) and a growth rate of 3.19% in 2024 as compared to 2.98% recorded in 2023 (see figure 8). However, the benefits of growth remain unevenly distributed, with 63% of Nigerians living in multidimensional poverty (NBS, 2022), and facing challenges in health, education, and living standards.

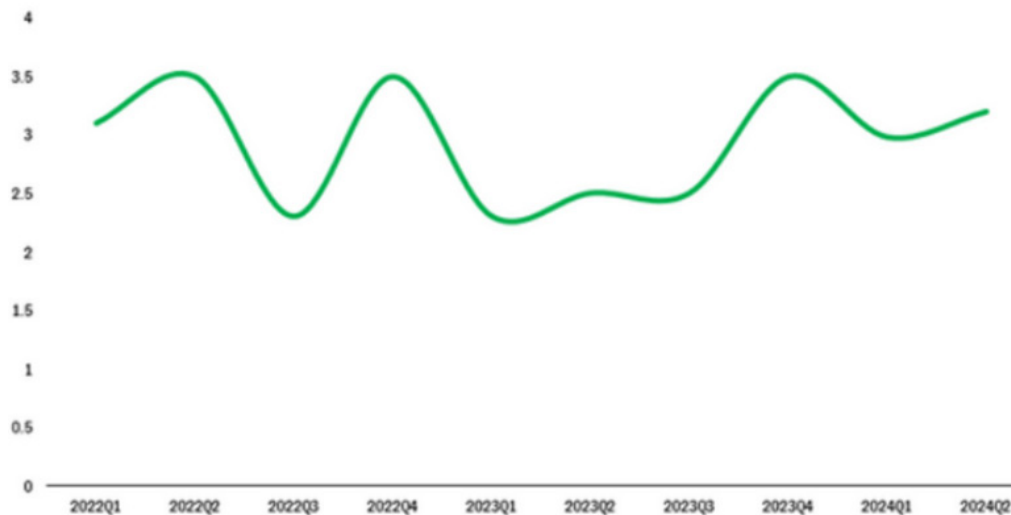


Figure 8: Nigeria's Year-on-Year Real GDP Growth [Source: NBS, NESG Research]

Gender and age disparities remain significant in the socioeconomic landscape. Women, particularly those in rural areas, continue to face higher levels of poverty, limited access to healthcare, and lower educational attainment, compared to men. The unemployment rate among young people aged 15-24 years is high at 8.4% (NBS, 2024), with young women being disproportionately affected. These socioeconomic disparities have far-reaching implications for health outcomes, as poverty and unemployment are closely linked to poor health and limited access to healthcare services.

As Nigeria navigates the complexities of a growing population, urbanization, unemployment, inequalities and economic challenges, this report seeks to provide a comprehensive analysis and progress across the key performance indicators with which to assess the health status of Nigerians. This report draws data from a wide range of sources to offer insights into the state of public health, the effectiveness of health policies and programs, and the social determinants of health that continue to shape the lives of Nigerians, in order to inform and guide policymakers, healthcare providers, and other stakeholders in their efforts to improve health outcomes for all Nigerians.

2.2 Service Delivery

Launched in December 2023, the Nigeria Health Sector Renewal Investment Initiative (NHSRII) provides a strategic framework for transforming population health outcomes through the enhancement of primary health care and reproductive, maternal, newborn, and child health services nationwide. Anchored in a Sector-Wide Approach, the NHSRII emphasizes community-based service delivery, focusing on strengthening the capacity of primary healthcare facilities. A key strategy includes leveraging one Basic Health Care Provision Fund (BHCPF) facility per ward, to achieve its ambitious health targets.

The NHSRII represents a critical step toward achieving universal health coverage in Nigeria, tackling systemic issues such as inadequate health financing and suboptimal health outcomes. It outlines 12 priority areas to monitor sector performance and align progress with annual targets.

This section evaluates the health sector's service delivery performance, analyzing these priority indicators (priority I-VI) and their contributions to the broader NHSRII objectives.

2.2.1 Priority 1: Improve Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N)

The health sector has made notable progress in enhancing service delivery and health outcomes, particularly through initiatives like the Basic Health Care Provision Fund (BHCPF) over the past year, as evidenced in the 2023/2024 NDHS report.

Between 2018 and 2023-24, Nigeria saw improvements in most of the continuum of care indicators (Figure 9), except four or more antenatal care visits (ANC4+) and immunization coverage for Penta1 and Measles.

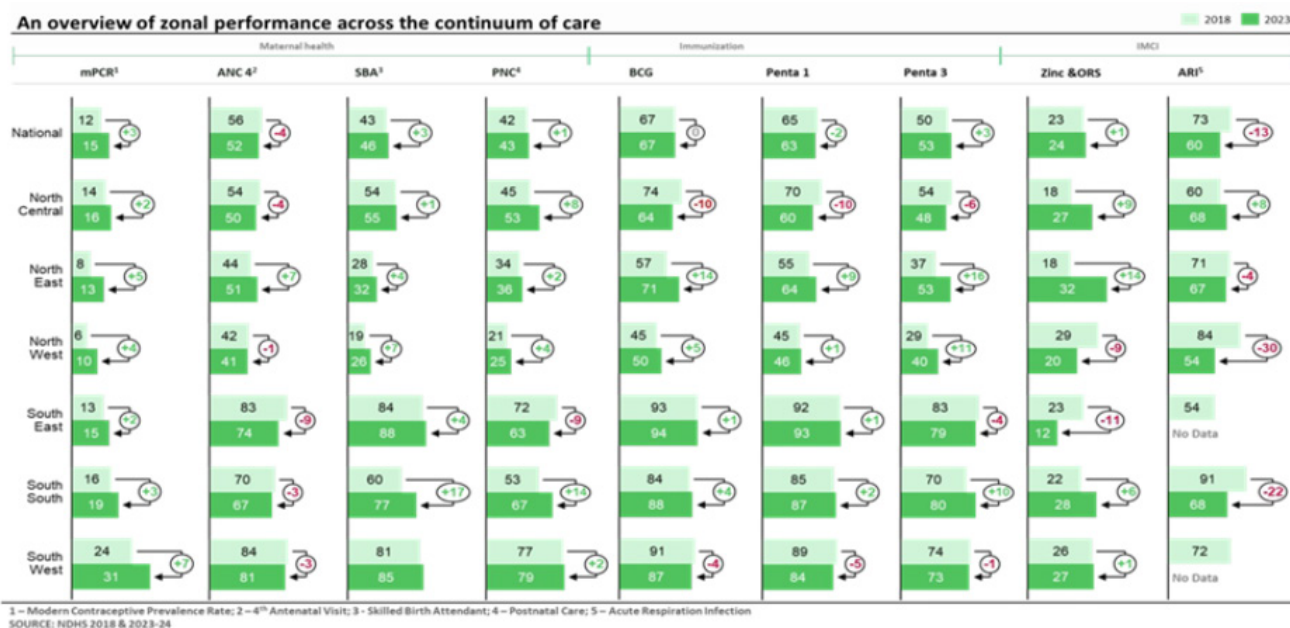


Figure 9: RMNCAH Continuum of care across regions, Nigeria DHS 2018 and 2023-24

These indicators showed minimal progress or even declines in some regions. A regional divide emerged, with southern zones performing noticeably better than their northern counterparts. Particularly concerning is the decline in critical maternal health services, such as ANC4+ and skilled delivery, in the Northeast and Northwest geopolitical zones. These declines underscore persistent challenges in equitable access to essential health services across the country. Improvement, the tenfold gap between Jigawa and Kwara underscores deep inequities. Targeted interventions in underperforming regions and replication of successful strategies in lower-mortality states are essential to reduce child deaths nationwide.

States	Continuum of Care Indicators																		
	Pre-pregnancy		Pregnancy						Child Birth				Other services						
	mPCR ¹	ANC ²	IBA ³	PNC ⁴	ZD ⁵	Penta 1 ⁶	Penta 2 ⁷	Measles ⁸	Measles 2	Measles 1	Measles 2	Measles 1	Measles 2	Measles 1	Measles 2	Measles 1	Measles 2		
South East	Aba	11	18	89	79	96	95	57	66	7	4	93	96	80	80	79	75	41	66
	Anambra	17	22	83	85	95	92	82	73	10	15	90	85	87	79	81	70	12	50
	Ebonyi	6	7	74	62	52	74	50	56	4	3	96	97	82	76	64	70	27	42
	Enugu	18	11	88	62	93	96	81	66	7	13	93	87	81	82	79	83	27	42
	Imo	11	19	86	85	98	97	82	62	9	6	91	94	80	83	71	83	20	61
South South	Akwa-Ibom	16	17	65	66	41	52	61	60	14	15	86	85	62	73	64	69	23	53
	Bayelsa	3	17	26	49	27	57	27	43	28	19	72	81	55	73	71	71	29	52
	Cross River	19	19	66	80	56	56	43	75	29	3	92	97	64	95	64	83	16	52
	Delta	13	24	72	61	67	81	60	76	19	9	81	92	72	86	73	87	12	66
	Edo	15	19	72	63	88	93	72	86	6	4	94	96	81	85	81	89	16	61
Rivers	20	15	81	77	78	92	44	54	15	23	85	77	75	71	73	68	19	48	
South West	Ekiti	25	43	86	69	87	94	82	78	4	6	96	94	93	76	86	74	11	41
	Lagos	29	31	80	95	84	87	73	87	3	5	97	95	91	88	90	88	23	52
	Ogun	17	29	91	74	80	83	78	81	27	21	73	79	50	74	52	66	13	43
	Ondo	18	23	84	66	86	76	75	76	18	23	82	77	77	64	74	65	19	51
	Osun	27	35	96	92	96	92	82	75	11	9	89	91	84	67	77	67	28	57
Oyo	22	34	80	74	85	83	81	68	17	21	83	79	44	53	62	55	32	47	
North Central	Benue	16	23	72	49	68	67	51	56	23	33	77	87	59	44	64	44	22	21
	FCT	20	19	56	80	72	82	61	82	14	6	86	94	74	85	74	80	19	39
	Kogi	12	11	71	54	73	61	74	56	20	57	80	43	56	37	45	28	22	10
	Kwara	17	10	66	51	62	55	58	57	39	52	61	48	55	35	51	36	23	23
	Nasarawa	14	22	67	66	57	69	43	68	21	20	79	80	60	67	66	56	21	37
North East	Niger	6	8	33	35	25	34	24	33	45	56	55	44	39	37	41	35	4	20
	Plateau	21	26	55	46	43	50	43	56	14	35	86	85	72	47	64	44	13	19
	Adamawa	18	18	67	56	41	24	51	51	20	29	80	71	66	59	65	56	15	31
	Bauchi	5	11	42	47	22	28	42	24	53	37	47	63	32	56	36	57	7	27
	Borno	5	9	34	61	26	38	31	48	44	32	56	68	36	42	46	45	24	24
North West	Gombe	16	30	44	39	19	38	33	45	63	34	37	66	26	60	29	59	11	20
	Taraba	9	11	50	51	30	34	25	34	32	41	68	59	42	47	41	42	17	15
	Yobe	2	8	36	49	18	35	18	34	50	40	50	60	29	51	46	59	18	36
	Jigawa	4	4	48	38	21	25	23	44	41	34	59	66	36	62	56	63	15	35
	Kaduna	14	13	54	59	27	36	24	23	46	46	54	54	32	46	42	45	13	37
North West	Kano	6	11	51	51	22	36	23	33	40	42	60	58	46	48	56	39	13	18
	Katsina	3	7	38	37	19	19	17	19	57	40	43	60	34	53	35	54	9	25
	Kebbi	3	3	27	14	3	10	18	11	70	64	30	16	11	13	33	14	2	2
	Sokoto	2	6	31	23	9	12	23	12	75	86	25	14	7	11	19	11	1	9
	Zamfara	7	16	26	22	13	13	13	18	83	83	17	17	11	13	12	15	0	10

Figure 10: Continuum of care across states, Nigeria DHS 2018 and 2023-24

Among the states as shown in figure 10 above, the majority showed an improvement in the contraceptive prevalence rate for modern methods, which is critical in reducing unwanted pregnancies. Between 2018 and 2023-24, modern contraceptive use only declined in five states (Rivers, Enugu, Kwara, Kogi, and FCT), stayed the same in four states (Cross River, Kebbi, Jigawa, Adamawa), and improved elsewhere.

Almost two-thirds of the burden of disease in Nigeria is accounted for by illnesses affecting women and children. Poor health, nutrition, and fertility outcomes are a serious impediment to Nigeria’s economic development. Strengthening the maternal, newborn, and child health (MNCH) services, and accelerating progress for women and children is, therefore, an urgent development necessity. Opportunities exist, and the timing is right, to shift the status quo.

Given the slow progress over the last two decades, doing business as usual is not an option with just six years remaining towards the attainment of Sustainable Development Goals (SDGs).

In September 2023, a bottleneck analysis was conducted by stakeholders to identify and analyze critical systems issues hindering the acceleration of child survival in Nigeria. The process of the bottleneck analysis guided by the child survival action toolkit informed context-specific challenges and barriers hindering the effective utilization of high-impact interventions for accelerated reduction in child mortality.

In addition to previously discussed challenges, major bottlenecks identified for priority child health interventions included; weak child health leadership and accountability; poor optimization of funding opportunities; Weakness in health workers’ capacities; stockout or unavailability of essential maternal and child health commodities; Poor adherence to norms, standards and guidelines; Poor/Inadequate referral systems between community, primary and secondary health facilities; Poor/Inadequate quality of care in facilities; poor accountability and oversight on quality data report and use; poor institutionalization of Community Health Workers and Poor community engagement.

In the last year, in line with the Health Sector Wide Approach, Nigeria has developed a number of important national policies, and strategies for all areas of maternal and child health issues at all levels of care. As it became obvious that the rate of decline of maternal mortality rate (MMR) and under-five mortality was slower than needed for Nigeria to achieve the SDG target, the numbers of policies, strategies, programs, and activities to improve under-five survival either directly or through improving maternal health have increased. This includes but is not limited to: the revised Nigeria Every Newborn Action Plan, National Child Survival, Postpartum Management guidelines, National Guideline for “The Maternal, Perinatal and Child Death Surveillance and Response” (2022), National Strategy for scale-up of Chlorhexidine, National Pneumonia Control strategy and implementation plan, among others.

In 2025, the focus will be on the operationalization of these important plans and policies, across all states to achieve national results for Modern Contraceptive Prevalence Rate (mCPR)

As illustrated in the figure 11 below, the modern Contraceptive Prevalence Rate (mCPR) in Nigeria has shown a modest increase, rising from 12% in 2018 to 15% in the 2023/24 NDHS. This progress is reflected in a corresponding decline in the Total Fertility Rate (TFR), which decreased from 5.3 children per woman in 2018 to 4.8 children per woman in 2023. Despite these advancements, the unmet need for modern contraceptives remains alarmingly high at 21%, even with a significant demand of 41%.

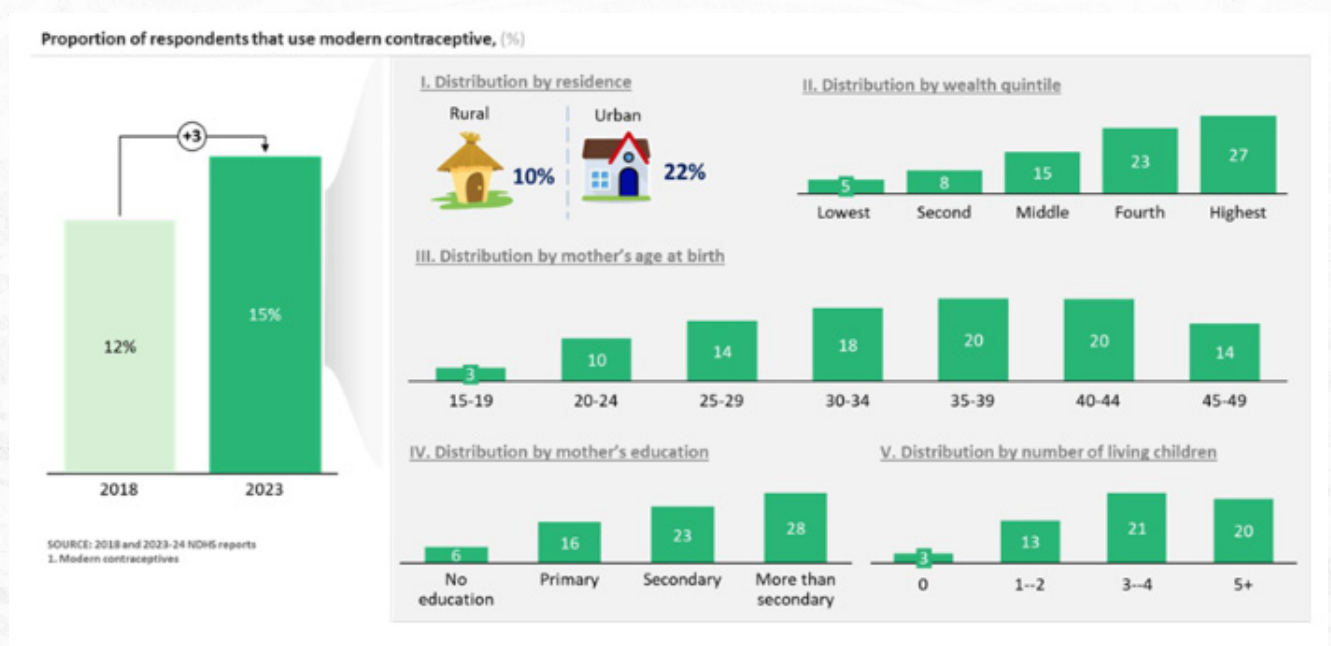


Figure 11: Modern contraceptive use coverage and distribution socio-demographic indicators [NDHS 2023-24]

A closer look at mCPR performance across the states showed that seventeen of the 36+1 states improved their performance above the national average (see figure 12). Ten of the remaining states improved their performance, but not above the national level, while the remaining ten declined in performance, or showed minimal improvement (less than one percentage point improvement).

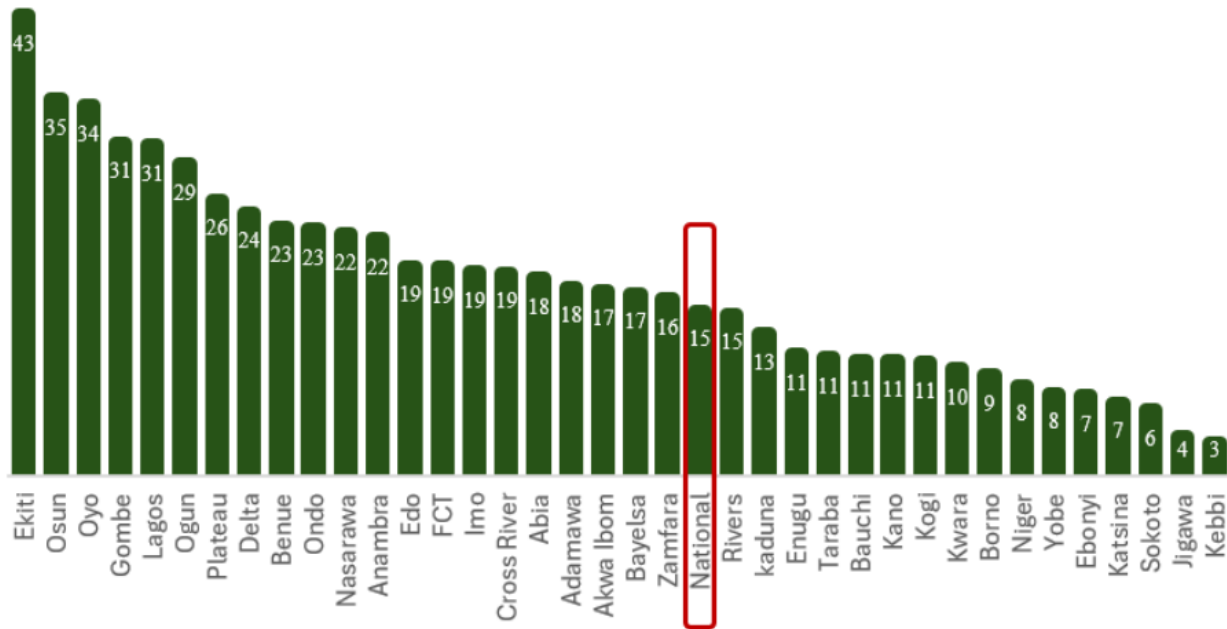


Figure 12: Percentage distribution of women using modern contraceptive method across states, Nigeria 2023-24. Source: NDHS 2023-24

Compared to the 2018 NDHS, it was also observed that:

- Six states nearly doubled their performance from the previous NDHS- Delta, Ekiti, Gombe, Imo, Nasarawa, Ogun
- Three states doubled their performance from the previous NDHS including Bauch, Kano and Katsina.
- Five more than doubled their performance; Bayelsa and Sokoto improved their performance by fivefold; Yobe improved its performance by four -old; and Zamfara more than doubled its performance.

One of the key determinants of family planning uptake is the availability of services and commodities in health facilities. The 2023 National Health Facility survey (NHFS) report, which assessed the facility readiness and service availability, shows that 87.7% of public health facilities provide family planning counselling during ANC. However, availability of family planning commodities in health facilities remains scanty as pills, injectables, and implants/IUDs availability are pegged, respectively, at 18.5%, 19.5%, and 17.8% of the public health facilities. The proportion of pregnant women in Nigeria receiving at least four ANC visits stands at 52% while the proportion who were delivered by a skilled provider is 46%.

In 2024, the Federal Government made a significant commitment to family planning by providing \$4 million in domestic resources toward procuring family planning commodities, accounting for about 10% of the total financing. This is expected to increase in the coming years, with development partner financing gradually decreasing, fostering greater country ownership. The method mix was expanded through the introduction of Sayana Press and hormonal IUDs nationwide. Additionally, the national adaptation of WHO guidelines for self-care introduced DMPA-SC as the foundation for integrated self-care products. States such as Lagos, Kano, Kaduna, Delta, Ogun, and Rivers procured Sayana Press, while 13 states (including Adamawa, Anambra, Borno, and others) scaled up H-IUD through frontline health worker training.

While there was good progress in 2024, there are opportunities to further strengthen reproductive and sexual health results and services including the development of state-specific solutions that address states’ needs based on data, for example, using the FP Goals Model to provide recommendations for a mix of interventions suitable for each state’s needs. FP Goals combines demographic data, family planning program information, and global evidence of the effectiveness of diverse interventions to help decision makers set realistic mCPR goals and prioritize investments across different family planning interventions. LGA autonomy provides an opportunity for an increased capacity of local governments to fund systems that further improve mCPR at sub- national levels - HRH capacity, logistics and supply chain, demand generation, use of data for decision, and supportive supervision.

Strengthening the integration of FP into other routine MNCH platforms (antenatal care, labour & delivery, postnatal care, and child welfare clinics), has proven to be a cost-effective way of improving access to FP and should continue. Sub-national governments (states and LGAs) need to be strategic in scaling up these integration efforts by reflecting these in their costed annual operation plans, and supportive supervision processes. Finally, health sector leadership should strengthen their partnership with other Ministries including education and women’s affairs to ensure that more girls stay in school. The NDHS 2023/24 showed that 70% of women who use modern methods of contraception have some form of education.

Antenatal Coverage

As shown in Figure 13, the average proportion of women attending four or more antenatal care (ANC) visits declined slightly from 57% in 2018 to 53% in 2023. ANC service utilization varies significantly across socioeconomic groups, with women who have higher education levels and those from wealthier quintiles being more likely to attend ANC visits. Additionally, urban women are more likely to attend ANC visits compared to their rural counterparts, highlighting the need for targeted interventions to address these disparities.

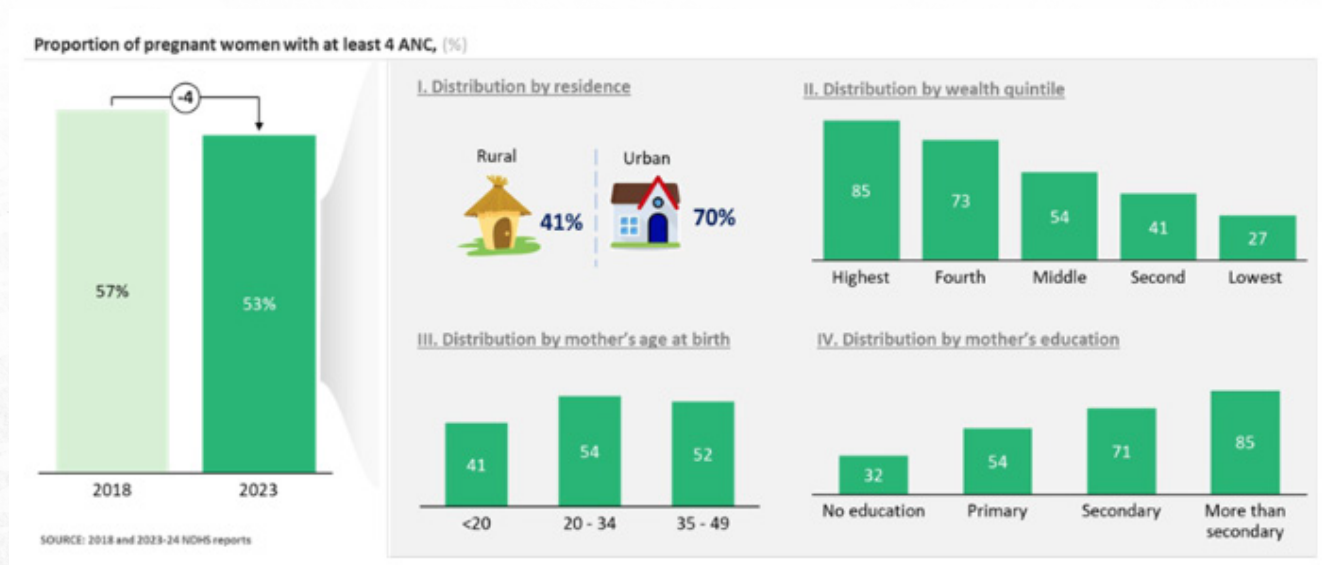


Figure 13: Proportion of pregnant women with at least 4 ANC [NDHS 2023-24]

As of 2023, the proportion of pregnant women in Nigeria receiving at least four antenatal care visits stands at ~53% (Figure 13). At the sub-national level, twenty (54%) out of the 36+1 states performed above the national average of 52%, with Lagos achieving the highest coverage at 95.4%.

Conversely, Kebbi State recorded the lowest performance with a coverage rate of 14%. In addition to Kebbi, sixteen other states fell below the national average of 52% (see figure 14).

At the regional level, the Southwest region performs well above the national average at 78.3%, while the Northwest region lags significantly at 34.8%, a gap of over 40 percentage points.

Internationally, the World Health Organization (WHO) recommends that at least 95% of pregnant women should receive at least four antenatal care visits. Nigeria’s national average falls short of this target, indicating substantial room for improvement. The stark regional differences further underscore the need for targeted interventions to improve antenatal care access, especially in underperforming areas like Kebbi State and the Northwest region.

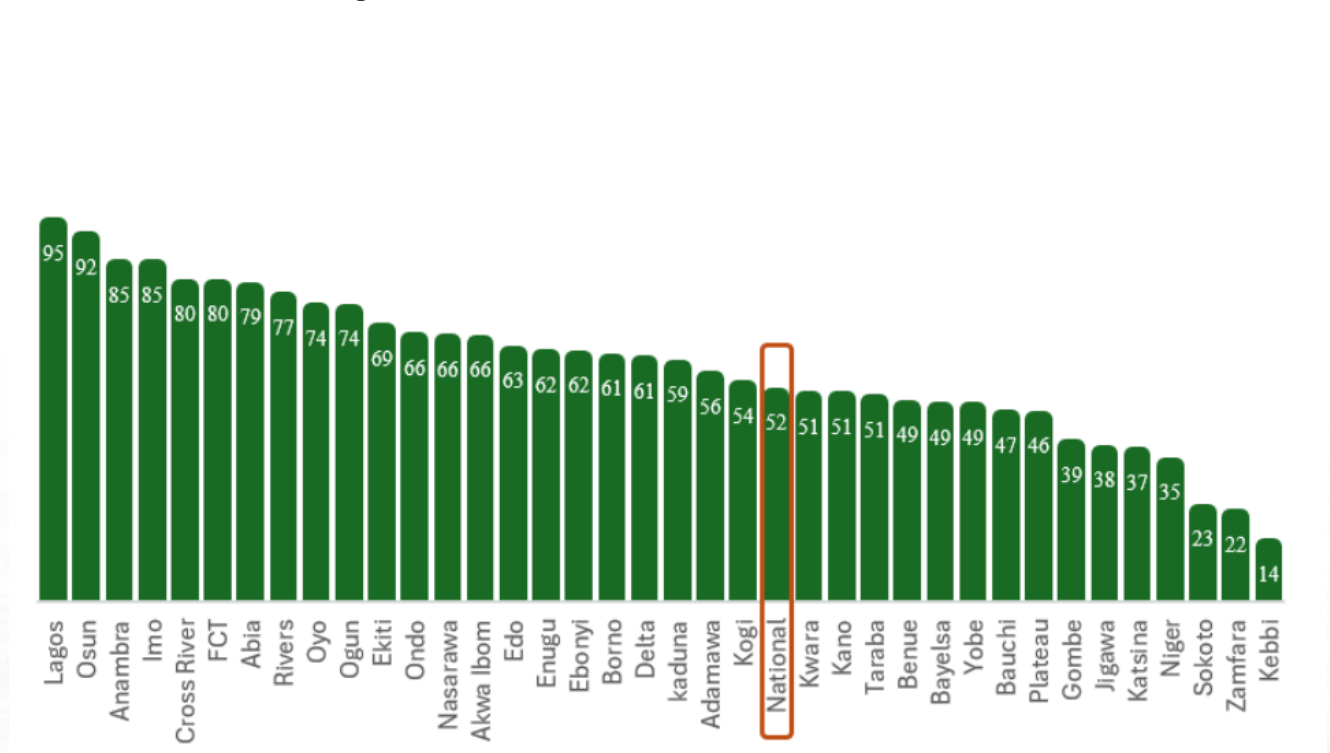


Figure 14: Coverage of four or more ANC visits during pregnancy across states, Nigeria 2023-24. Source: NDHS 2023-24

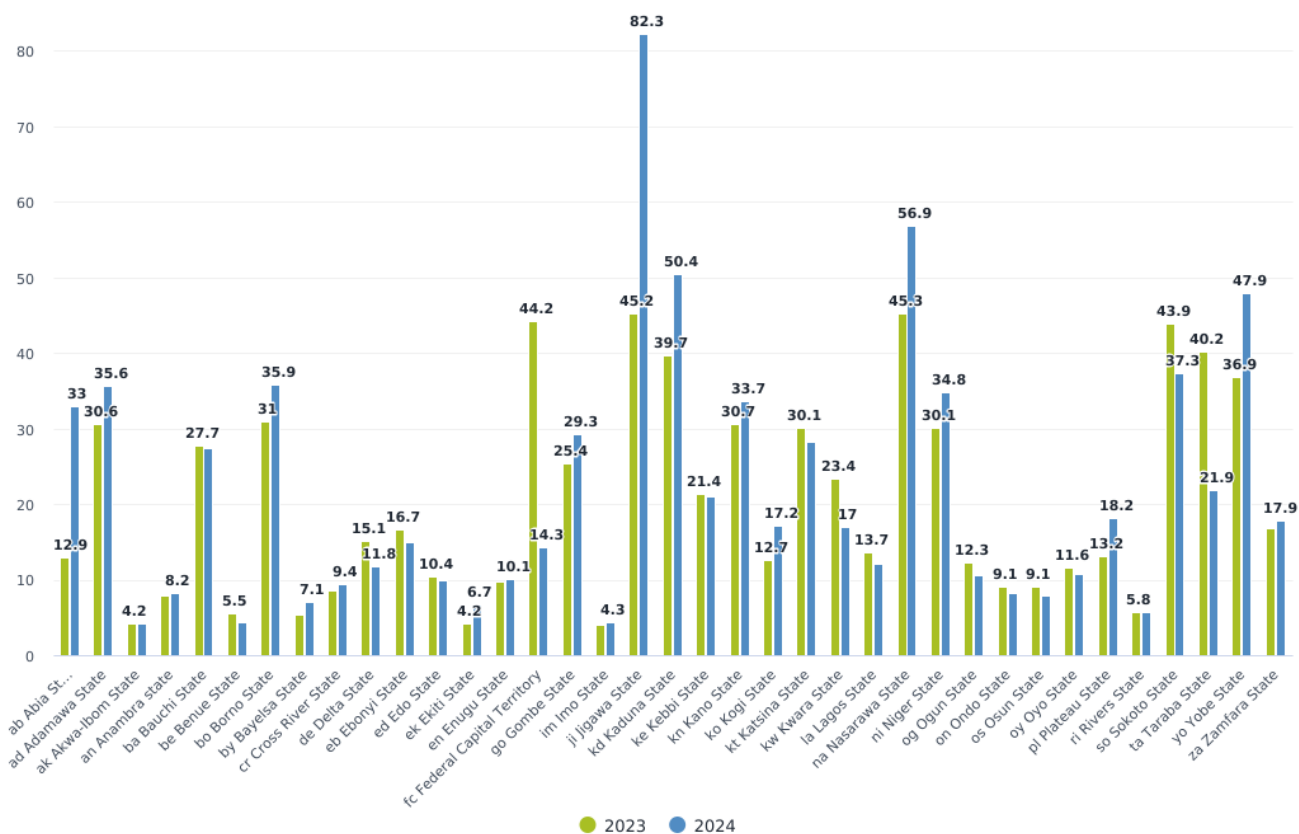


Figure 15: Percentage of ANC Coverage (4th Visits) [DHIS]

A comparison of the 2023 data from the NDHS and DHIS reveals notable differences in the reported proportion of women completing four or more antenatal care (ANC) visits. Notably, Lagos, which NDHS reports as the highest-performing state, shows only 13.7% in the DHIS dataset. This highlights discrepancies in data collection and methodologies, underscoring the need to strengthen routine reporting systems.

Enhancing antenatal care coverage is critical for reducing maternal and neonatal morbidity and mortality. While some regions are on track to meet international standards, the national average and underperforming states highlight the need for more equitable healthcare access across the country.

Skilled Birth Attendants

The National Health Facility Survey of 2023 showed that 59% of health facilities had skilled birth attendants with concerted efforts to increase this through pre-service and in-service training of frontline health workers.

Figure 16 illustrates that the deliveries by skilled birth attendants in Nigeria have shown a modest increase, rising from 43% in 2018 to 46% in the 2023/24 NDHS. The quality of maternal health services across Nigeria may be sub-optimal due to the lack of critical supplies essential for labour, delivery, and postnatal care. To address this gap, there is an urgent need to scale up the use of WHO-recommended, innovative

maternal health commodities, such as heat-stable carbetocin and tranexamic acid. These medications play a vital role in preventing and managing postpartum haemorrhage, a leading cause of maternal mortality, and can significantly enhance the quality and outcomes of maternal healthcare services nationwide.

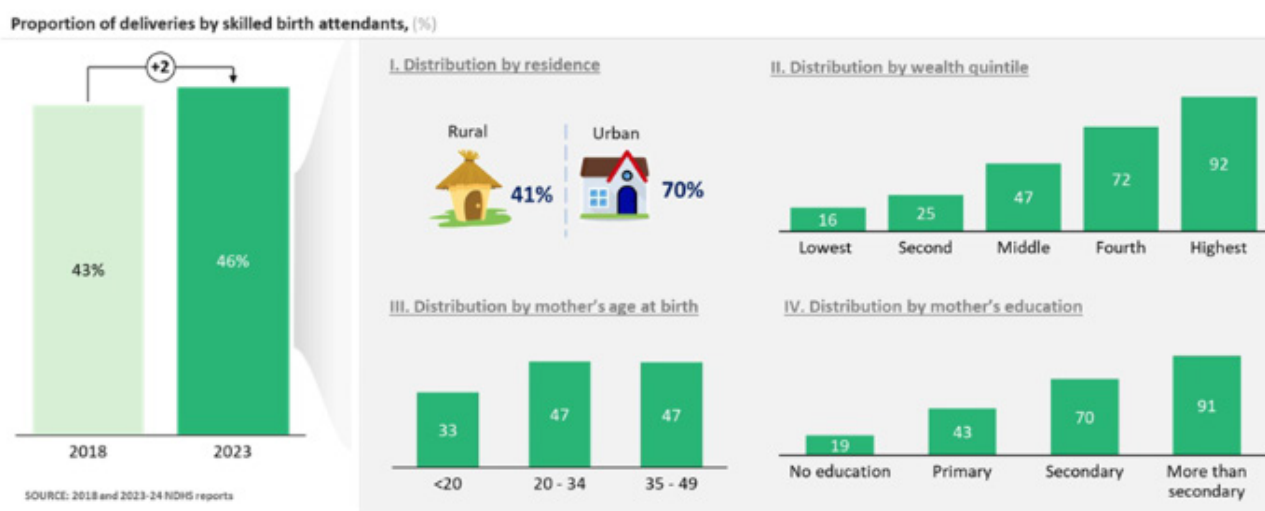


Figure 16: Skilled birth attendant coverage and distribution socio-demographic indicators [NDHS 2023-24]

Nationally, 46% of births in Nigeria are attended by skilled birth attendants, though this percentage varies significantly across states. The lowest performance is recorded in Kebbi State at 9.6%, while Imo State leads with 97.2% (Figure 17). Regionally, all southern geopolitical zones surpass the national average, with the Southeast at 90.8%, the Southwest at 85.7%, and the South-South at 71.7%. In the north, only the North-Central (59.8%) exceeds the national average, while the Northwest lags significantly at 21.5%.

When comparing progress between 2018 and 2023/24 NDHS data:

- Seventeen states (46%) showed improvements exceeding the national average
- Ten states (27%) improved but remained below the national average
- Ten states (27%) experienced a decline in skilled birth attendance coverage compared to 2018

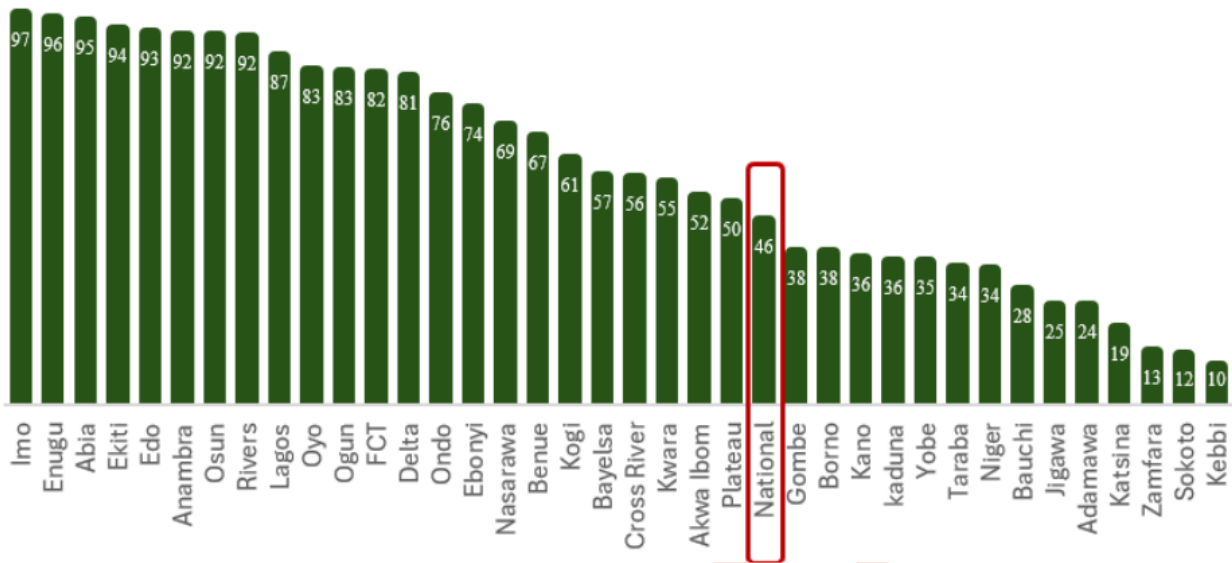


Figure 17: Percentage of births assisted by a skilled provider, such as a doctor or nurse/midwife, across states, Nigeria 2023-24. Source: NDHS 2023-24

As illustrated in Figure 18 below, the DHIS2 data provided on skilled birth attendance reveals notable trends in state-level performance between 2023 and 2024. Most states experienced improvements in skilled birth attendance rates, with significant increases observed in Bayelsa (from 77.5% to 95%) and Kogi (from 43% to 59.4%). Lagos State achieved the highest rate in 2024 at 99.8%, up from 92.2% in 2023. Conversely, some states experienced declines, notably Ebonyi, which dropped dramatically from 98.8% in 2023 to 18.7% in 2024, and Sokoto, which decreased from 84.5% to 74.7%. While overall improvements in several states are encouraging, the declines in others highlight the need for targeted interventions to sustain progress and address challenges in underperforming areas.

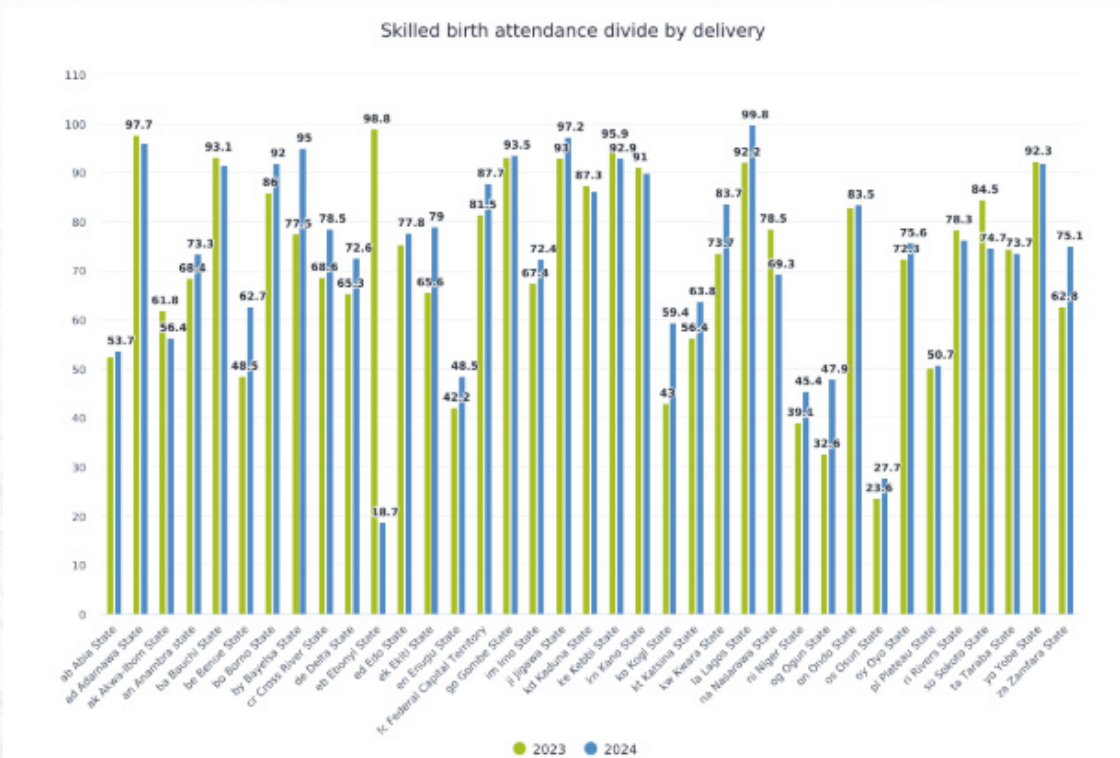


Figure 18: Percentage of skilled birth attendance divided by delivery [DHIS2]

Despite some regional advancements, Nigeria's national average remains below international targets, such as the WHO's goal of universal skilled birth attendance by 2030. This disparity highlights the urgent need for targeted interventions, particularly in underperforming regions like the Northwest, to ensure equitable access to skilled care during childbirth.

Enhancing skilled birth attendance is critical for reducing maternal and neonatal mortality. While certain regions are progressing toward international standards, Nigeria's overall performance underscores the need for stronger investments and tailored strategies to meet global health targets

Infant Survival and Early Childhood Mortality

The percentage of women whose babies were protected against neonatal tetanus increased from 47% in 2008 to 62% in 2018, but now stands at 58% in 2023, showing a four percentage-point decrease from the 2018 coverage. The percentage of women with a postnatal check during the first 2 days after birth in the 2023-24 survey was 42.8%, while the percentage of newborns with a postnatal check during the first 2 days after birth was 42.3%.

Despite the widespread availability of ANC services in 79.7% of health facilities, delivery services are less accessible with only 67.5% of facilities providing delivery services, and just 40.35% equipped with basic delivery equipment (NHFS, 2023). It is noteworthy that postnatal care remains suboptimal, as only 17.5% of the health facilities provide postnatal care services (NHFS, 2023)

As shown in Figure 19, Under five mortalities reduced from 132 to 110 per 1,000 live births. Despite these gains, the neonatal mortality rate (NMR) remains a significant concern at 41/1,000 births (NDHS, 2023/2024), which represent 37% of the under-five mortality. This underscores the need for intensified efforts to address preventable neonatal mortality and further improve health outcomes across the country.

Nigeria continues to face significant challenges in infant survival, despite showing modest improvements over the past decade. Current data reveals that 63 of every 1,000 babies do not survive their first year of life, a stark figure that translates to one death for every 16 infants born in the country (see figure 19). While these numbers remain concerning, there are signs of progress. The latest Nigeria Demographic and Health Survey (NDHS 2023-24) shows a gradual decline in the infant mortality rate from 69 deaths per 1,000 live births in 2013 to the current rate of 63 deaths per 1,000 live births. This improvement, albeit mild, represents thousands of additional lives saved.

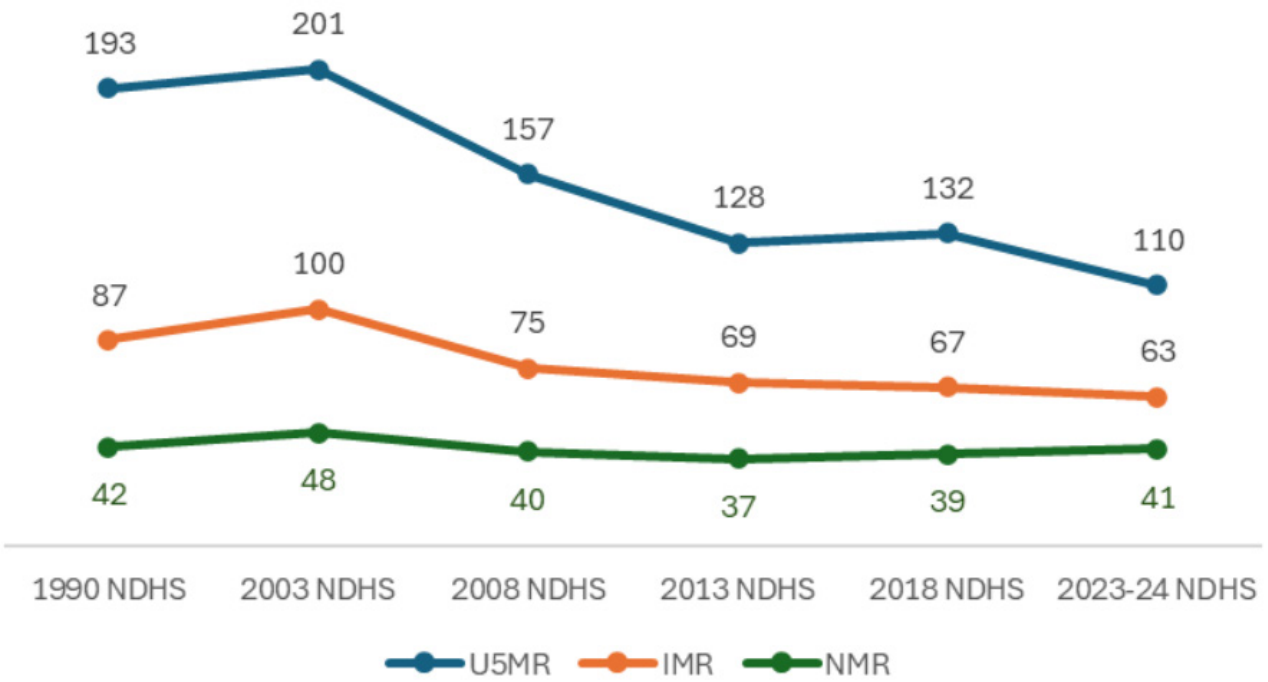


Figure 19: Trends in early childhood mortality rates showing deaths per 1000 live births in the 5 years preceding the survey

These national figures however mask dramatic regional disparities across Nigerian states. As shown in Figure 20, the northern states face particularly severe challenges, with Kebbi recording the highest infant mortality rate at 90 deaths per 1,000 live births, followed closely by Kano (86) and Kaduna (85). In stark contrast, southern states report significantly better outcomes. Ondo State leads with the lowest rate of 8 deaths per 1,000 live births—more than ten times lower than Kebbi’s rate. Other states showing relatively strong performance include Kwara, with 12 deaths per 1,000 live births, and Edo, with 13 deaths per 1,000 live births.

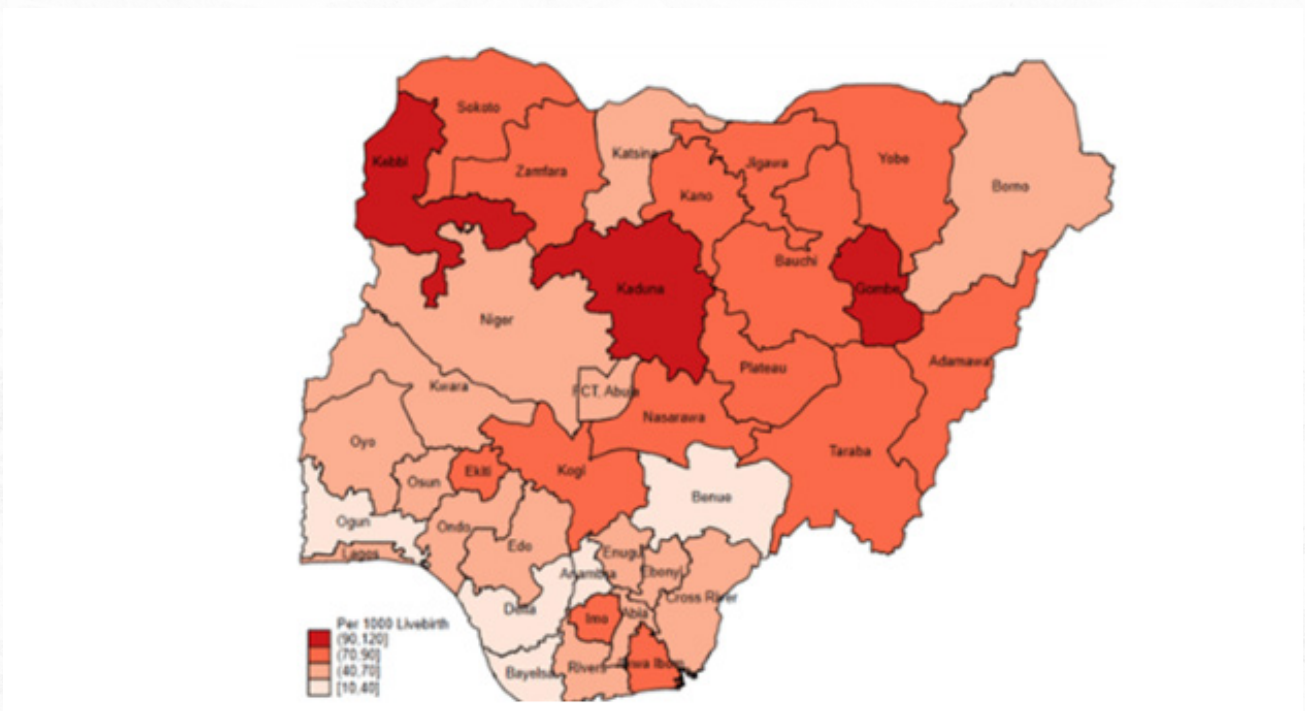


Figure 20: Map showing Infant Mortality Rate across 36 states and FCT

Nutritional Status

The nutritional status of children under five years in Nigeria has shown minimal progress over the last decade, with some indicators worsening. According to NDHS data as shown in the figure 21 below

- Stunting: The proportion of children under five affected by stunting rose from 36.8% in 2013 to 37% in 2018 and further to 39.5% in 2023-24, indicating a persistent and growing issue with chronic malnutrition
- Wasting: There has been a fluctuating trend in wasting rates, with a significant decline from 18% in 2013 to 7% in 2018, followed by an increase to 8% in 2023-2024, reflecting a persistent acute nutritional crisis.
- Underweight: The percentage of underweight children initially declined from 28.7% in 2013 to 22% in 2018, but rose again to 27% in 2023-24, showing a concerning reversal in progress.

These trends highlight the need for sustained and intensified efforts to address the underlying and immediate causes of malnutrition, including food insecurity, inadequate healthcare access, and poor dietary practices.

Proportion of children under 5 who have suboptimal growth, (%)

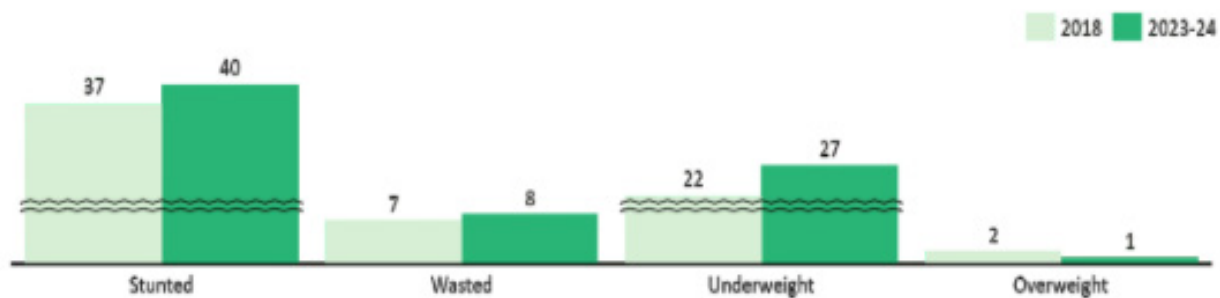


Figure 21: Visual Comparison of Percentage of Children under age 5 who have suboptimal growth [NDHS 2018- 2023-24]

As illustrated in the Figure 22 below, a closer look at stunting shows that stunting worsened in several Nigerian states, including Kaduna, Kano, Katsina, Kebbi, Ogun, Rivers, Sokoto, and Yobe, since the 2018 NDHS. However, improvements have been noted in states like Kogi, Kwara, Nasarawa, Niger, Osun, Oyo, and Zamfara. Rising inflation, climate change impacts on agriculture, flooding, and other challenges led to a renewed focus on nutrition in 2024.

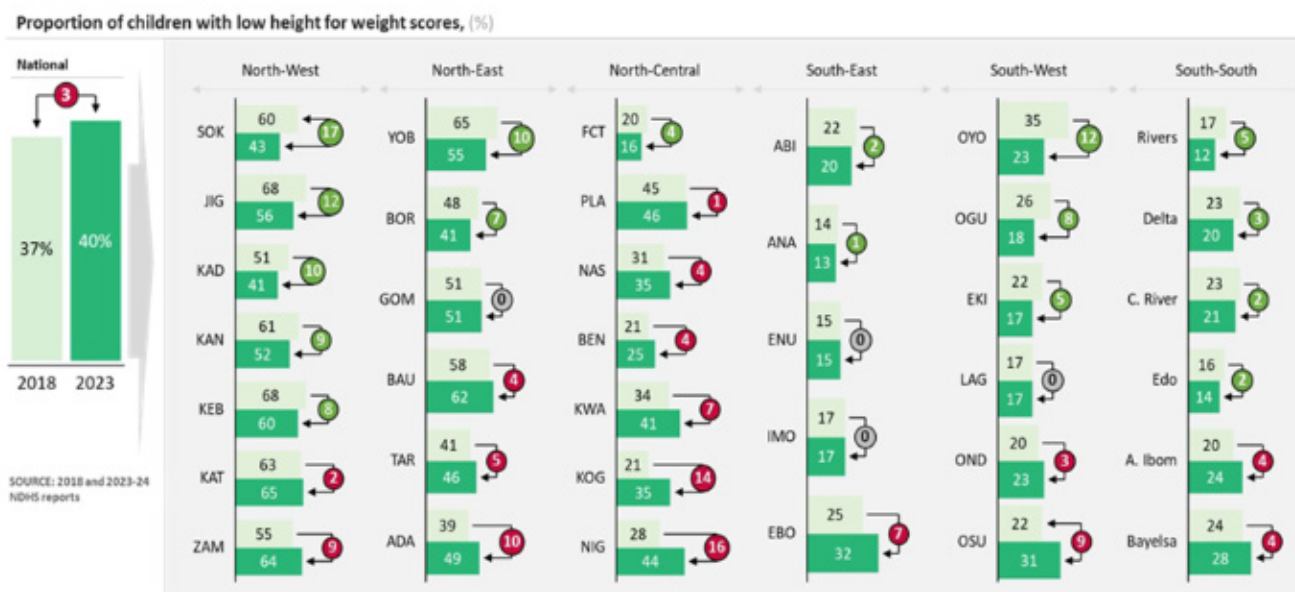


Figure 22: Percentage of children with stunting [NDHS 2018- 2023-24]

This concerning trend aligns with gaps in the availability of nutrition-related health services at public facilities. The NHFS 2023 shows that, currently, 63.4% of public health facilities provide child growth monitoring services, a key intervention for early detection and prevention of malnutrition. Other critical child health services offered include malnutrition treatment (48.5%), Vitamin A supplementation (67.1%), and Integrated Management of Childhood Illnesses (IMCI) guidelines (30.7%).

Moreover, the NHFS also shows that public health facilities play a significant role in addressing childhood illnesses that often exacerbate malnutrition. For example, services such as treatment for watery diarrhea (73.0%) and the provision of Oral Rehydration Solution (ORS) (94.5%) are widely available, as are Pneumonia Treatment services (50.4%).

The National Health Facility Survey of 2023 also reported that malnutrition treatment is provided in 48.5% of public facilities. The availability of malnutrition treatment in primary health facilities was 47.7%, while it was 65.9% in secondary health facilities. Among Nigeria’s geopolitical zones, South-West (62.0%) had the highest, followed by South-East (53.9%), while North-West (34.1%) had the least. Similarly, the percentage of total health facilities nationwide that provide pneumonia treatment was 50.4%, while only 49.5% of public primary health facilities had the ability to provide pneumonia treatment, in contrast to 72.1% of public secondary health facilities. Among the zones, the South-East (65.9%) had the highest rate of ability to treat pneumonia, while North-West (41.2%) had the least. The state with the highest percentage was Enugu (84.2%), followed by Lagos (83.3%), while the least was Katsina (19.2%).

NHFS also reported that the percentage of all health facilities nationwide that provide Vitamin A for Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) was 67.1%, while only 66.8% and 72.8%, respectively, of public primary health facilities and secondary health facilities, offered provision of Vitamin A. Among geopolitical zones, the South-West (84.0%) had the highest levels, among its health facilities, while the North-West (58.5%) had the least.

Moderate knowledge about obstetric fistula causes—57% of women aged 15-49 years identified prolonged or difficult labor as the primary cause (NDHS, 2023/2024)—reflects the need for increased community awareness and prevention strategies, particularly through antenatal care (ANC) services. Less than 1% of women aged 15-49 reported experiencing symptoms consistent with obstetric fistula; while 82% of

these women sought care, only 28% received surgical repair (NDHS, 2023/2024). The number of women admitted for obstetric fistula decreased from 2,849 in 2023 to 2,217 in 2024, and those receiving surgical repair dropped from 2,411 to 2,022 over the same period (DHIS2, 2024).

In response to rising child malnutrition cases, the Minister of Health in 2024 launched a Nutrition Task Force early in the year. The response prioritized multi-sectoral investments to tackle both immediate and root causes of malnutrition, including food insecurity, inadequate healthcare, poor sanitation, and lack of awareness regarding optimal nutrition practices.

“Addressing malnutrition is not only a moral imperative but also essential for improving health and ensuring the nation’s sustainable development. Our inter-ministerial and multi-partner meeting today was convened to assess ongoing efforts to tackle this crisis effectively. We appreciate the contributions of UNICEF, MSF, the WorldBank, WFP, RESCUEorg, BMGF, Gates foundation, FHI360, and several others who joined my colleagues from the government. We are encouraged by the potential to immediately unlock \$30 million from the World Bank’s #ANRIN project, as well as a potential 1:1 match from the Child Nutrition Fund. We have established a ministerial task force to quickly develop a realistic yet ambitious action plan, focusing on immediate resource mobilization and practical actions to deliver solutions to those who need them most”

Prof. Muhammad Ali Pate
Policy Statement Delivered on June 6, 2024

2.2.2 Priority II: Accelerate Immunization

Immunization services are a vital aspect of public health programs aimed at reducing the prevalence of vaccine-preventable diseases and enhancing overall population health. Effective immunization requires strong collaboration among healthcare providers, public health authorities, policymakers, and community stakeholders. This coordinated effort is crucial for the success of immunization initiatives, ensuring widespread coverage and achieving long-term health benefits for the population.

Zero-Dose Burden (Percentage of Children Aged 12-23 months who are yet to receive Penta 1 vaccine)

The health sector made notable strides in accelerating immunization interventions and increasing vaccine coverage over the past years. At the national level, the prevalence of zero-dose children decreased by 2 percentage points between the NDHS 2018 and 2023/24. Despite this overall decline, 51% (19 out of 36+1) of states showed improvement. Thirteen states (53%) experienced a decline, though their rates worsened less than the national average. Six states (16%) had a higher zero-dose prevalence than the national average.

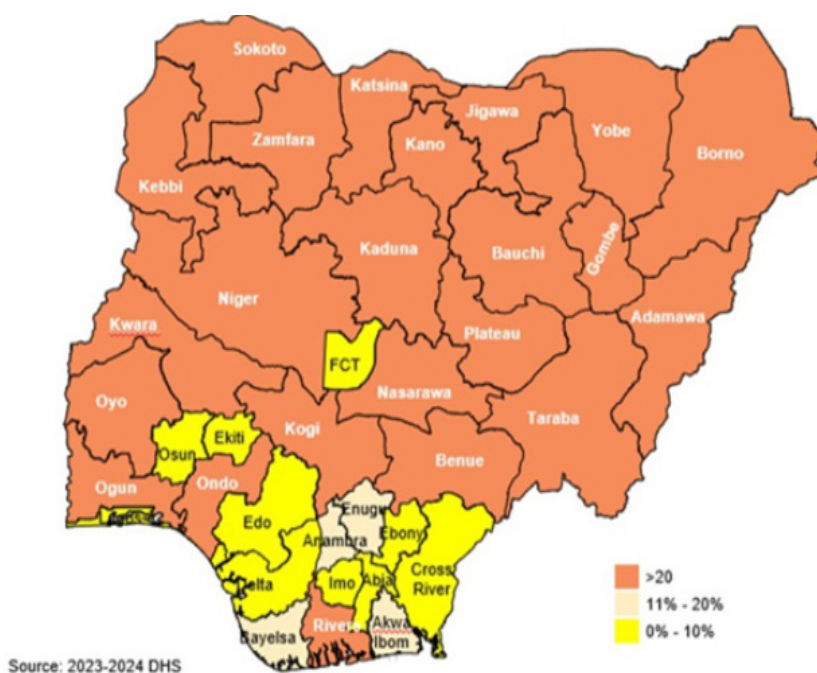


Figure 23: Proportion of 12–23 months children who received no vaccination across states [NDHS 2018– 2023-24]

Notable reductions in zero-dose prevalence were observed in several states: Seven states—Benue, Kebbi, Kogi, Kwara, Niger, Sokoto, and Zamfara—more than halved their zero-dose prevalence. Taraba and Yobe nearly halved their zero-dose prevalence. Other states with positive progress include Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, Imo, Lagos, and Osun (see figure 23).

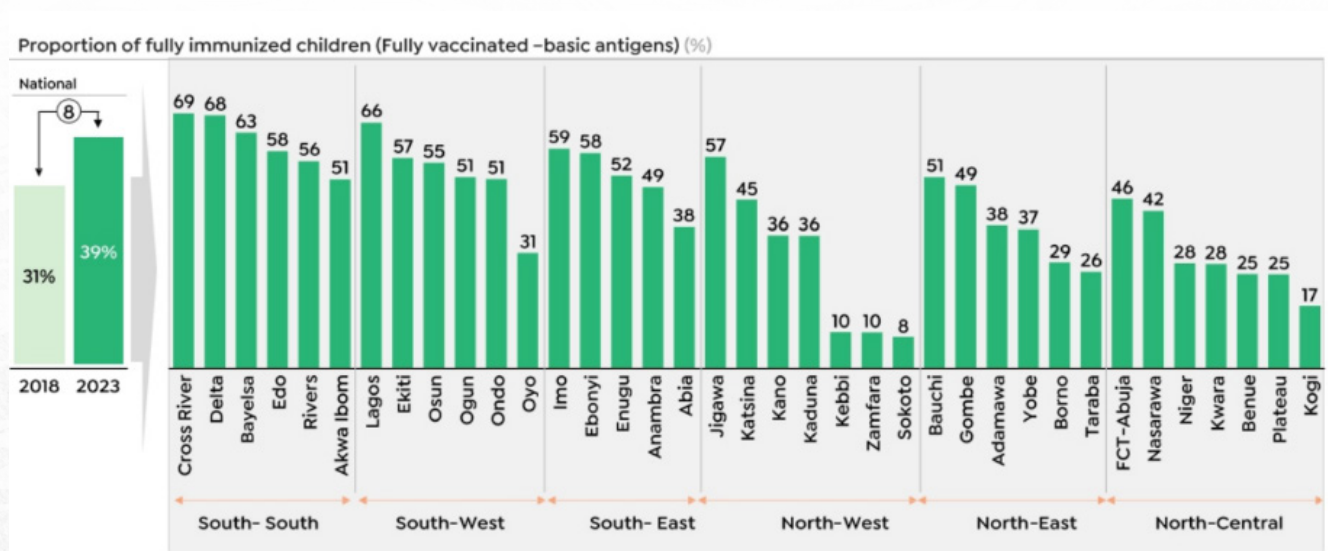


Figure 24: Proportion of 12–23 months children who were fully vaccinated across states [NDHS 2023-24]

As shown in Figure 24 & 25, with a national improvement of 8 percentage points, 43% (16 out of 36+1) states performed better than the national average between 2018 and 2023/24 NDHS. Thirteen states (35%) showed improvement, though below the national average, while 22% (8 states) saw a decline in performance.

Key improvements include:

- Bayelsa: Tripled its performance, increasing by 45.4 percentage points, from 18.0% to 63.4%.
- Five states—Gombe, Bauchi, Jigawa, Ogun, and Katsina—more than doubled their performance. Yobe nearly doubled its performance.
- Other states surpassing the national average include Kaduna, Osun, Kebbi, Delta, Cross River, Enugu, Rivers, Ekiti, Ebonyi, and Akwa Ibom.
- Sokoto nearly doubled its performance, however, its improvement of just 3.8 percentage points (from 4.6% to 8.4%) fell short of the national average.

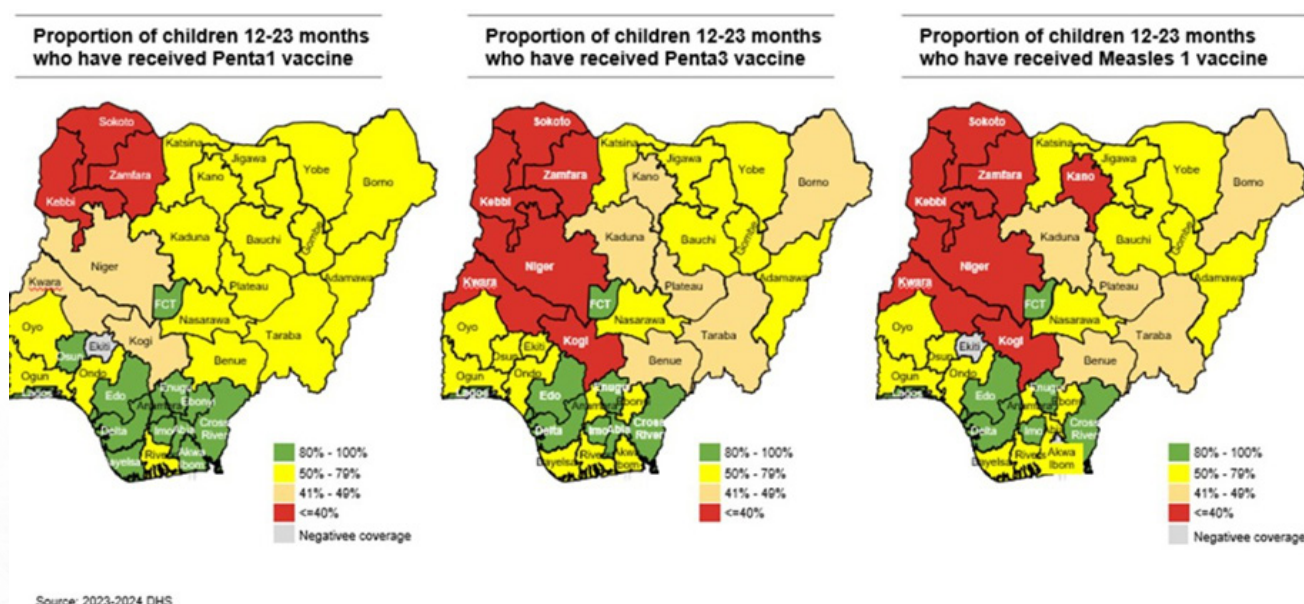


Figure 25: Proportion of 12–23 months children who were fully vaccinated across states [NDHS 2023-24]

Similarly, DHIS2 data showed that all states achieved over 40% coverage, except for Bayelsa, Edo, the FCT, and Ogun State, when compared with 2023. Twenty-eight states made appreciable improvements, surpassing their previous coverage and fully immunizing more children against childhood diseases before the age of one. However, Enugu, the FCT, Kebbi, Sokoto, and Zamfara States showed a decline in performance in 2024 (see figure 26).

% children fully immunized against childhood diseases by age 1(Annualized)

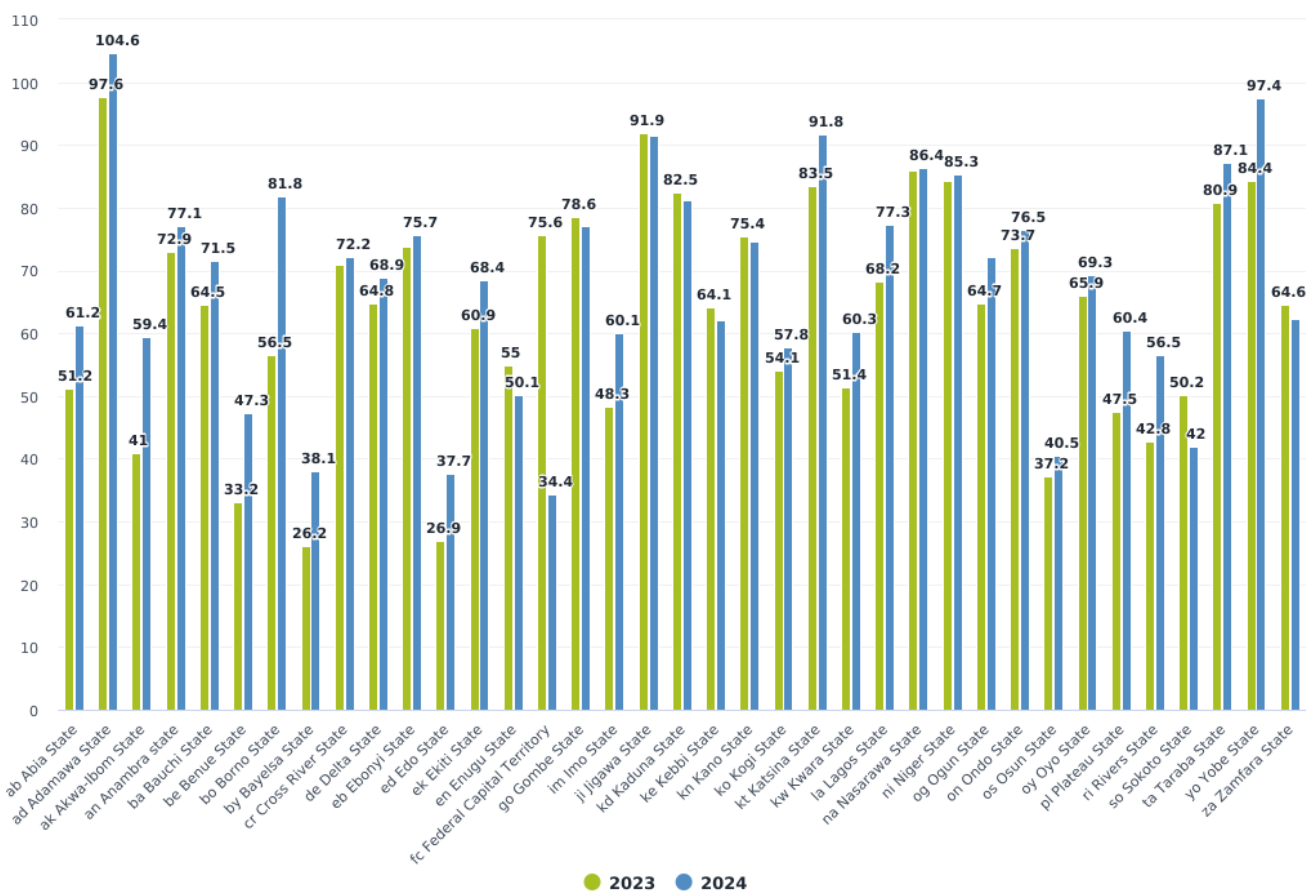


Figure 26: Percentage of children fully immunized against childhood diseases by age 1 [DHIS2]

Pentavalent vaccine (Penta 3 coverage)

Fifty one percent (19 out of 36+1) of states exceeded the national average improvement of 3.3% between the 2018 and 2023/24 NDHS. 11% (4 states) showed improvement but below the national average, while 38% (14 states) declined.

Key improvements include:

- Gombe more than doubled its Penta 3 coverage.
- Bauchi, Yobe, Jigawa, Katsina, Sokoto, and Kaduna nearly doubled their Penta 3 coverage, exceeding 1.5 times the previous levels.
- Other states performing above the national average include Cross River, Ogun, Bayelsa, Delta, Oyo, Borno, Akwa Ibom, FCT, Taraba, Nasarawa, Imo, and Edo.

While some states, like Jigawa, saw both vaccination coverage increases as well as reductions in zero-dose children, the rising zero-dose rates alongside improved vaccination coverage suggest growing inequities, highlighting the need to understand where children are being missed, and what successful states are doing. For instance, despite Jigawa’s success with 62.2% Penta 3 coverage, 34.3% of children remained unvaccinated, indicating significant gaps.

Nigeria continues to face outbreaks of vaccine-preventable diseases (measles, diphtheria, polio), underscoring the need for stronger routine immunization coverage. In terms of other achievements, a number of new vaccines have been introduced between 2023 and 2024. Most notably, the successful introduction of the HPV vaccine over the past year is worth mentioning, with 12 million girls aged 9-14 years receiving the vaccine to date. Additionally, a new pentavalent meningococcal conjugate vaccine,

Men5CV, was piloted in 2024 - Nigeria being the first country in the world to roll out this vaccine. By June 2024, 1,629,127 people had been vaccinated with Men5CV in the northern states of Yobe, Jigawa, Bauchi, and Gombe. In August 2024, a multi-disease (meningitis, cholera, and yellow fever) risk analysis was conducted in Nigeria for vaccination planning to prioritize high-burden states. However, Nigeria should focus on ensuring domestic resources are prioritized for vaccine financing, particularly the growing number of zero- dose children and vaccine-preventable outbreaks.

By April 2024, over 5 million children were fully immunized, with more than 10 million receiving the Tetanus-Diphtheria vaccine as part of diphtheria response efforts. These achievements reflect the health sector’s commitment to advancing child health through strengthened immunization efforts, moving toward comprehensive coverage, and reducing vaccine-preventable diseases.

2.2.3 Priority III: Slow the Prevalence of Non-Communicable Diseases (NCDs)

Efforts to combat NCDs have included public health campaigns promoting healthier lifestyles, enhanced screening programs, and improved management of chronic conditions through primary healthcare services. The integration of NCD management into existing health programs has been a key focus, ensuring that patients receive comprehensive care tailored to their needs. To strengthen these initiatives, the government has implemented community-based interventions aimed at increasing physical activity, reducing tobacco and alcohol use, and promoting healthy eating habits. The introduction of mobile health units has also improved access to screening and treatment services in remote and underserved areas. Continued investment in health systems strengthening, capacity building, and public awareness are essential to effectively mitigate the growing impact of non-communicable diseases in Nigeria.

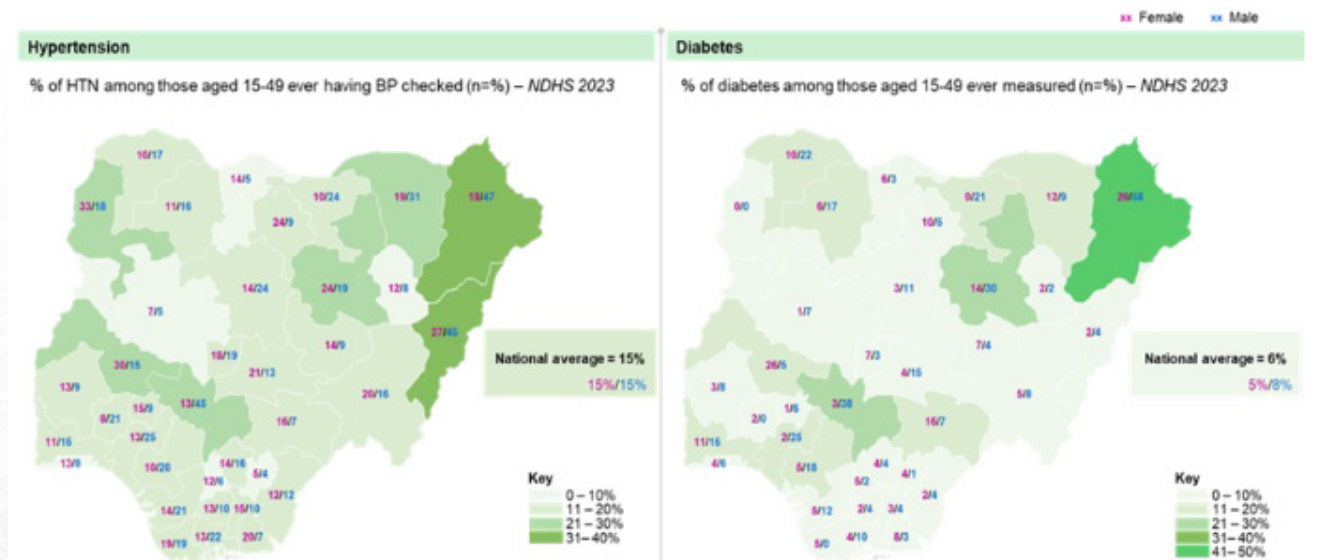


Figure 27: Hypertension and diabetes prevalence across states in Nigeria disaggregated by gender [NDHS 2023-24]

As shown in Figure 27, hypertension and diabetes are critical public health challenges in Nigeria, with 31.2% of the population affected by hypertension, and 11% of deaths linked to hypertension-related complications. Despite the growing burden, healthcare services for these conditions remain inadequate, as only 12.1% of public health facilities provide hypertension services and just 13.9% offer diabetes care. Although public health campaigns and routine screenings have been introduced, hypertension control rates remain low, with only 52% of women and 32% of men aged 15–49 years ever having their blood pressure measured. Among those diagnosed, adherence to medication is promising but still requires substantial improvement.

Similarly, diabetes diagnosis and care are lacking, with only 19% of women and 17% of men aged 15–49 years having their blood sugar measured. Only 1% each, of women and men, have ever been told they have diabetes or high blood sugar by a doctor or other healthcare worker. While the South-South zone leads to diabetes services, the high cost of insulin remains a significant barrier to access for many patients. Cancer and mental health disorders are emerging as critical non-communicable diseases (NCDs) in Nigeria, alongside the ongoing challenges posed by hypertension and diabetes. Cancer, particularly breast and prostate cancer, is rising sharply in prevalence, contributing to the increasing burden on the healthcare system. The latest statistics show a growing number of new cancer cases each year, with breast cancer being the most commonly diagnosed, followed by prostate cancer in men. Mental health disorders, especially depression and anxiety, are also becoming significant public health concerns, with a growing awareness of the need for treatment and care.

In response to these escalating challenges, the Nigerian government has integrated mental health services into primary healthcare and launched awareness campaigns aimed at reducing stigma and promoting access to care. The Cancer Fund, established to provide financial support for cancer treatment, has been crucial in alleviating the burden on many patients. Additionally, efforts to strengthen healthcare infrastructure include the development of world-class oncology centres across Nigeria, reinforcing the country's commitment to improving NCD prevention, early detection, and treatment. These developments are vital to addressing the rising incidence of cancer and mental health issues and ensuring that patients receive the care they need.

The burden of cancer is also on the rise, with breast and prostate cancers being the most prevalent. In 2024, the number of new cancer cases diagnosed has increased significantly from the previous year. In response, the government has established a Cancer Health Fund that has provided vital financial assistance to numerous patients, alleviating the financial strain associated with diagnostics, chemotherapy, radiation therapy, and palliative care.

Mental health is another emerging vital component of public health, with a significant percentage of the population affected by mental health disorders, particularly depression and anxiety. Stigma remains a barrier to seeking care, but the government has prioritized mental health by integrating services into primary healthcare and launching nationwide awareness campaigns. Initiatives such as mental health hotlines and community support groups have improved access to care, yet further efforts are necessary to bridge the treatment gap. The increasing burden of NCDs highlights the need for continued focus on prevention, early detection, and improved access to care.

“A significant milestone was achieved with the signing of a Partnership Agreement with the Nigeria Sovereign Investment Authority. The agreement aims to provide project management and advisory services to ensure the seamless implementation of the Oncology Initiative. In support of this endeavor, President Tinubu has allocated N37.4 billion to the FMOH Oncology Initiative, demonstrating the government's commitment to rapid and effective implementation. To ensure equitable access to oncology care across the nation, six teaching hospitals have been selected for the initiative, covering all geopolitical zones”

Prof. Muhammad Ali Pate
Policy Statement Delivered on March 23, 2024

2.2.4 Priority IV: Reduce Incidence of AIDS, Tuberculosis, and Malaria (ATMs)

In collaboration with stakeholders in the ATMs field, Nigeria’s health sector has implemented various interventions geared to significantly reduce the prevalence and incidence of HIV, Tuberculosis and Malaria. The country has made notable strides toward achieving Universal Health Coverage, particularly in its HIV response. Between 2020 to 2023, new HIV infections have decreased from 86,000 to 75,000, reflecting progress since prior years,^{1,2} Likewise, HIV prevalence fell from 5.8% in 2000 to 1.4% in 2020. (see figure 29).

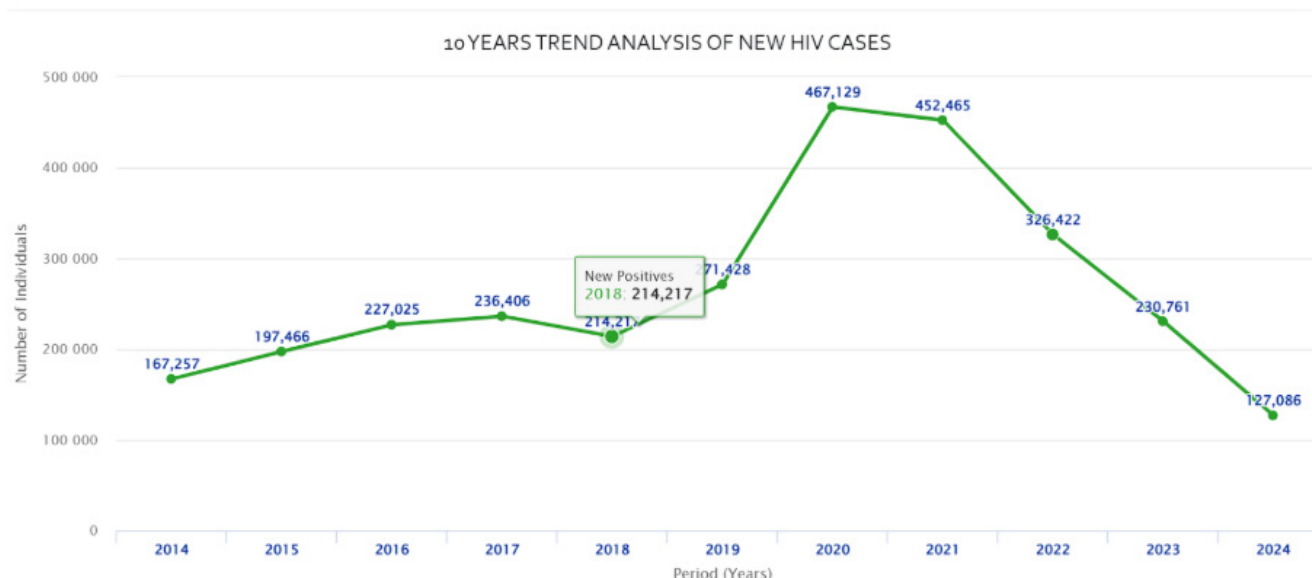


Figure 28: 10-years trend analysis of new HIV cases (Source: National Data Repository)

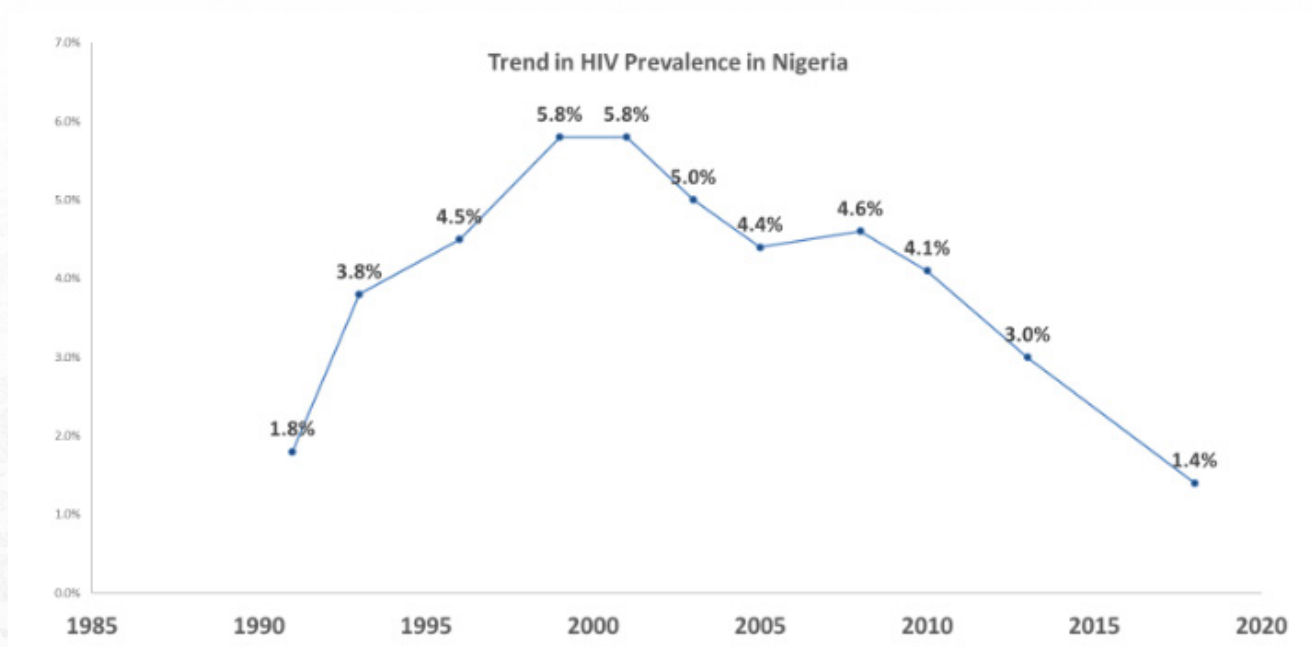


Figure 29: Trends in HIV/AIDS services in health facilities, Nigeria 2015–2024

¹ <https://www.unaids.org/en/regionscountries/countries/nigeria>
² https://www.unaids.org/en/resources/documents/2021/2021_unaids_data

Currently, 86% of people living with HIV are aware of their status, over 98% of diagnosed individuals are on antiretroviral therapy (ART), and 96% of those on ART have achieved viral suppression (2024 Spectrum preliminary results).³

As shown in Figure 28, the trend analysis of new HIV cases in Nigeria from 2014 to 2024 shows a significant increase in new infections until 2019, peaking at 467,129 cases. This uptick could reflect improved case detection, expanded testing efforts, or challenges in prevention of new infections. However, after 2019, there has been a notable decline, with the number of new cases falling to 127,086 by 2024. This decrease is a promising indicator of the success of ongoing HIV prevention programs, such as expanded access to treatment and increased awareness campaigns. Despite this positive trend, continued efforts are essential to sustain progress, particularly in high-burden areas, to further reduce new infections.

Prevention of Mother-to-Child Transmission of HIV & AIDS (PMTCT)

Furthermore, the percentage of HIV-exposed infants with a negative outcome status through Prevention of Mother-to-Child Transmission (PMTCT) programs stands at over 97%, demonstrating improvements in maternal and child health interventions (NDARS). Antiretroviral therapy (ART) coverage among pregnant women has increased from 33% in 2023 to 52% (2024 Spectrum preliminary results). To address the gap in ART coverage among pregnant women, the program has gone ahead to map all service delivery points (both conventional and unconventional sites) that provide ANC services to pregnant women, and about 38,000 sites were identified (NDARS). The overall goal of the ANC/PMTCT mapping is to provide a comprehensive picture of HIV/AIDS health service delivery and other HIV/AIDS linkages at all levels of care in the country. The project is a concerted effort to have all facilities, both formal and informal, that render antenatal care (ANC) linked to the PMTCT program, testing all pregnant women, treating those tested HIV positive, and reporting the data.

The Prevention of Mother-to-Child Transmission (PMTCT) program in Nigeria has made notable strides, with a significant percentage of HIV-exposed infants testing negative across various states (see figure 30). Four states — Yobe, Plateau, Borno, and Katsina — have achieved a remarkable 100% negative status for all HIV-exposed infants enrolled in the PMTCT program. An additional twelve states, including Kano, Ekiti, and Imo, recorded a 100% negative status for HIV-exposed infants in 2023, marking a considerable improvement from previous years. Among these, Abia showed the greatest progress, improving from 60% to 100%, while Bauchi also made a substantial leap, from 67% to 99%. However, states like Kwara and Bayelsa demonstrate some variability, suggesting that gaps in service consistency or healthcare access may be contributing factors. Strengthening services in these regions could further stabilize outcomes across the country, enhancing national HIV prevention efforts. Effective PMTCT requires that pregnant women follow the full cascade of services, including HIV counselling and testing, ARV prophylaxis if HIV-positive, and safe infant feeding practices. In Nigeria, PMTCT services are integrated into antenatal care/Maternal & Child Health settings, supported by partners like UNICEF, The Global Fund, USG/PEPFAR, and others. While the results are promising, challenges such as sub-optimal antenatal care utilization and siloed approaches persist, limiting the scale of prevention efforts. A key focus in 2024 is aligning partner assistance, through both primary and secondary healthcare, to achieve zero mother-to-child transmission of HIV.

2024 Spectrum preliminary results

³ National Data reporting system (NDARS, 2024)

⁴ National Data Repository (<https://nдр.nascp.gov.ng/public/wallboard>)

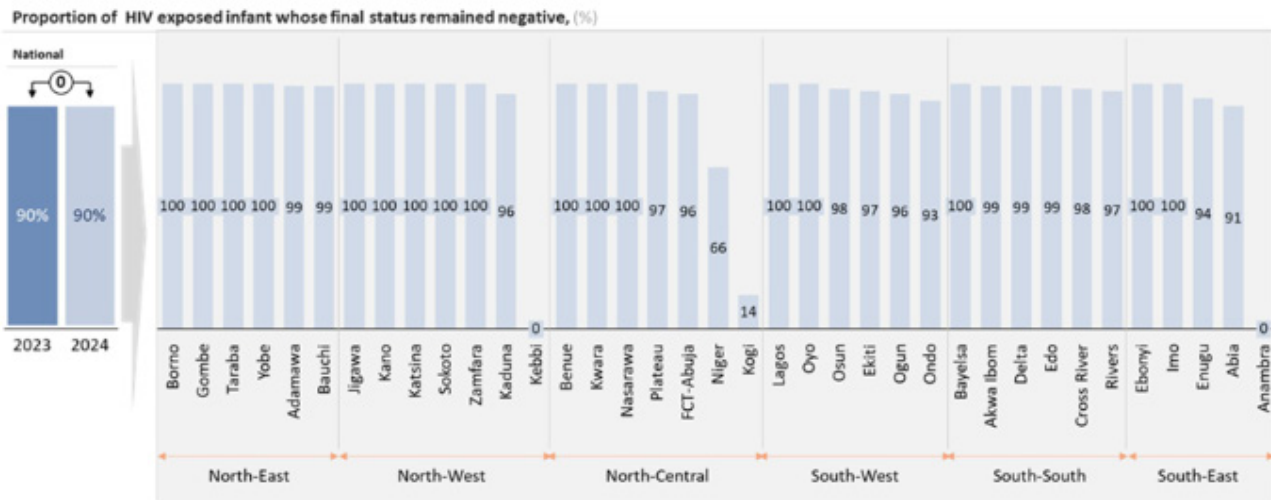


Figure 30: Proportion of HIV-exposed infants whose final status is negative through final outcome testing (PMTCT) across states [NASCP/NACA]

Additionally, the country has achieved a 30.8% reduction in HIV-related mortality, from about 52,000 AIDS deaths in 2020 to 36,000 in 2024. These achievements reflect Nigeria’s commitment to controlling the HIV epidemic and improving health outcomes for all Nigerians.

Malaria

For Malaria, the number of new cases has shown a fluctuating trend in the past year, reflecting both the challenges of disease control and the efforts made in prevention and treatment. Despite various interventions such as insecticide-treated bed nets, rapid diagnostic tests, and treatment with artemisinin-based combination therapies, the global burden remains significant, particularly in sub-Saharan Africa. In countries like Nigeria, where malaria is endemic, seasonal variation impacts case numbers, with peak incidence typically during the rainy season. A combination of factors, including limited access to healthcare, drug resistance, and gaps in malaria control programs, contributes to the persistence of new cases, making it critical for governments and health organizations to intensify their efforts in prevention and treatment strategies. Furthermore, integrating malaria prevention within broader public health efforts, such as maternal health and vaccination, could be a promising way to reduce the overall burden.

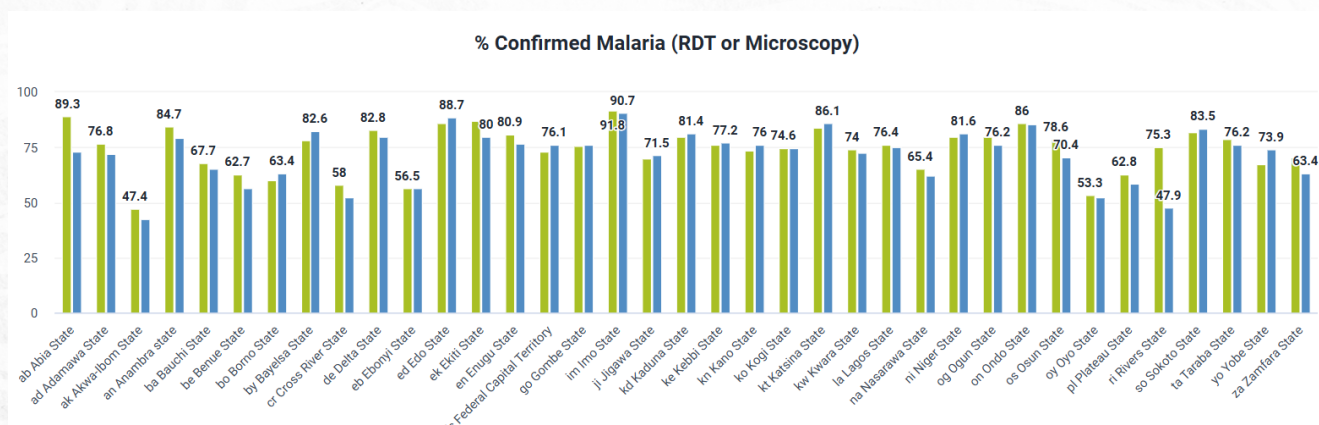


Figure 31: Confirmed malaria (RDT or Microscopy) map by State, 2023 and 2024 [NDHIS2]

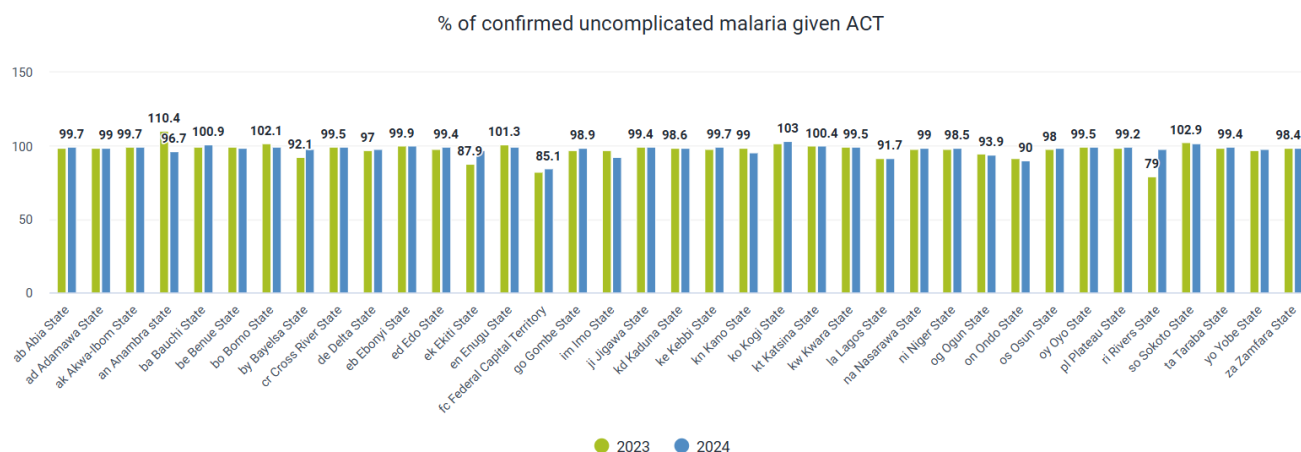


Figure 32: Proportion of confirmed uncomplicated malaria treated with ACT by state year 2023 & 2024. [Source: DHIS2]

Figures 31 and 32 highlight the high malaria transmission rates and treatment across Nigeria, with Imo, Edo, Abia, Katsina, Ondo, Sokoto, and Ekiti States experiencing the highest burden. Similar trends in malaria case detection have been recorded across the states over the past two years. Both NDHS and DHIS2 data reveal that malaria parasite prevalence remains significantly high nationwide, with only a few states reporting prevalence rates below 5%. However, there is notable variation in malaria burden at the state level. Higher confirmation rates in certain areas indicate a heavier malaria burden, while lower rates may reflect the effectiveness of prevention measures or potential underreporting. Additionally, data confirms that across all states, cases of confirmed uncomplicated malaria were promptly and effectively treated with ACT, underscoring the government’s commitment to early diagnosis and robust case management efforts.

Malaria among under-five children and proportion of children with fever that received ACTs

As depicted in Figure 33, the percentage of children under five with fever receiving Artemisinin-based Combination Therapy (ACT) in Nigeria has increased steadily from 33% in 2013 to 56% in 2023, according to the latest NDHS 2023/24 report. Similarly, the average number of children treated per cycle of seasonal malaria chemoprevention (SMC) has increased steadily, from about 0.2 million in 2012 to 49 million in 2022 with Nigeria making the largest contribution, with an average of 25.5 million children treated per cycle of SMC. However, ACT coverage varies significantly across states and regions, reflecting stark disparities. The Southeast region leads with 78% ACT coverage, while the North Central region lags behind at 35.7%. States like Akwa Ibom (91%), Delta (82%), and Rivers (82%) recorded the highest ACT coverage, contrasting sharply with Niger (2%) and Gombe (21% (see figure 33).

Even within regions, such as the Northeast, coverage ranges widely, with Katsina (79%) and Jigawa (69%) performing far better than Kebbi (37%) and Kaduna (43%). These gaps highlight challenges related to providing adherence to treatment guidelines, access to timely malaria testing, availability and affordability of ACTs, and parental knowledge of malaria treatment protocols.

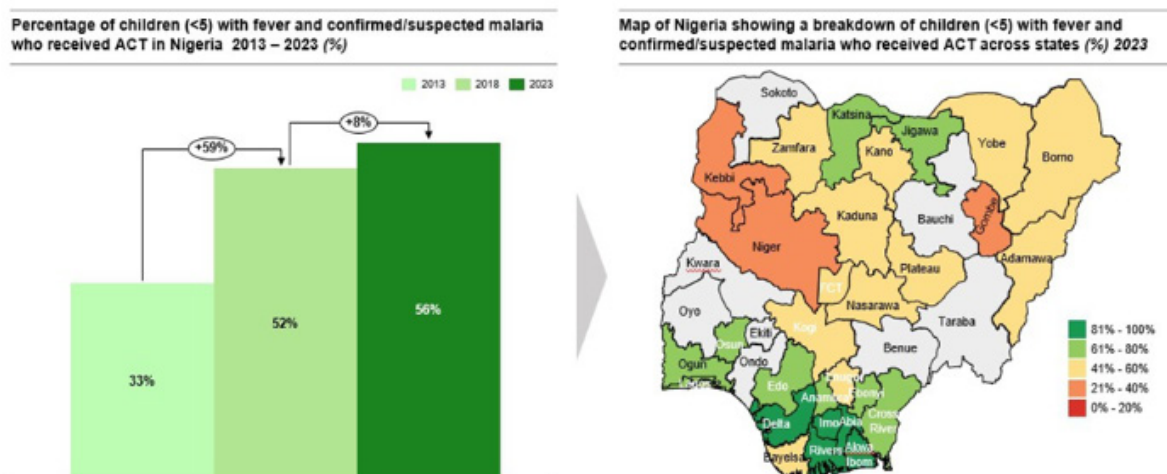


Figure 33: Proportion of under-five children with fever who received ACT across states [NDHS]

Access to insecticide-treated nets (ITNs) among Households

Access to insecticide-treated nets (ITNs), a core malaria prevention intervention, remains inconsistent. While household ownership of at least one ITN has improved to 59% (from 8% in 2008), only 32% of households have sufficient ITNs for every two people. Regional differences persist, with the Northwest achieving the highest ITN coverage (81%) compared to the Southwest (40%). States like Enugu (17%), Abia (25%), and Ekiti (25%) report the lowest ITN ownership, while Jigawa (86%), Kano (87%), and Zamfara (90%) excel. Among vulnerable groups, 67% of pregnant women and 63% of children under five in urban areas reported sleeping under an ITN the night before the survey, compared to slightly lower rural usage.

Encouragingly, 93% of women and 94% of men demonstrated awareness of ITNs as a malaria prevention method, signaling opportunities to enhance use through sustained provision and behavioural interventions. The vast disparities within and across regions may indicate gaps in behavioural attitudes in seeking and adhering to care, provider's adherence to national malaria treatment guidelines across healthcare levels for patients presenting with febrile illness, and access to ACTs

Among pregnant women aged 15-49 years, and children under five years of age who lived in households with at least 1 ITN, only 67% of pregnant women and 63% of children under five in urban areas reported having slept under an ITN the previous night, compared to 66% and 60%, respectively, in rural areas. Encouragingly, 93% of women and 94% of men surveyed reported knowledge of the use of mosquito nets or ITNs as an effective malaria prevention method. This knowledge can be harnessed and supplemented with the provision of ITNs to facilitate use of ITNs and ultimately reduce malaria transmission.

Malaria morbidity and mortality, particularly among the under-five and pregnant women, remain high. In 2023, children under five accounted for approximately 76% of all malaria deaths in the WHO African Region. Pregnant women are at increased risk of malaria, which can lead to severe maternal anemia, miscarriages, stillbirths, and low birth weight in newborns. While comprehensive data on mortality from NDHS 2023–2024 is not available at the time of this report, data from DHIS2 indicate a significant decrease in confirmed maternal deaths across most states in 2024 compared to 2023. However, Kogi State reported the highest number of maternal deaths in 2024 followed by Imo State, marking a reversal of this trend (see figure 34). The Nigerian government has been implementing intermittent preventive treatment during pregnancy (IPTp) to protect pregnant women from malaria. In October 2024, Nigeria received its first shipment of malaria vaccines, aiming to reduce the disease's burden among vulnerable populations, especially children under five.

⁶<https://www.who.int/news-room/fact-sheets/detail/malaria?>

⁷<https://www.who.int/news-room/fact-sheets/detail/malaria?>

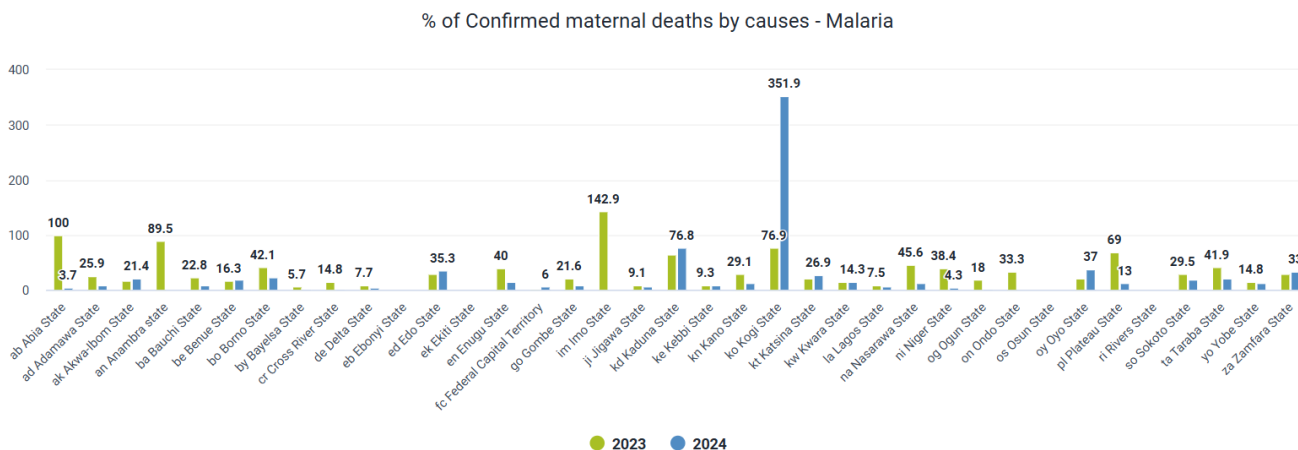


Figure 34: Percentage of confirmed maternal deaths by cause -Malaria. Source: DHI2S 2024

Nigeria’s phased rollout of the R21 malaria vaccine, beginning in Kebbi and Bayelsa, represents a significant step forward in malaria control, particularly for children aged 5-11 months. To maximize impact, the vaccine will need to be integrated with existing interventions, including the consistent use of ITNs, timely testing, and ACT treatment, seasonal chemoprevention, and improved healthcare worker capacity. At the national level, the Malaria Task Force, established during the Rethinking Malaria Meeting in May 2024, has prioritized innovative financing, data-driven forecasting, and collaboration with sectors like agriculture and environmental health. Costs for malaria commodities, health insurance integration, and local manufacturing are already underway, underscoring Nigeria’s multi-pronged approach to accelerating malaria reduction and elimination.

Tuberculosis

Nigeria is classified as one of the 30 global high-burden countries for Tuberculosis (TB) and remains a priority country for drug-resistant TB (DR-TB) and TB/HIV co-infections. Currently, Nigeria ranks 6th globally and 1st in Africa among countries with the highest TB burden, contributing to approximately 4% of global TB incidence cases. Despite this ranking, 2023 saw significant progress as Nigeria recorded the lowest TB incidence rate over the three-year review period, with all states reporting a decline, compared to 2022 (see figure 35).

However, some states, such as Abia, Gombe, Jigawa, FCT, Yobe, Borno, Edo, Delta, Ebonyi, and Kogi, reported higher incidence rates (exceeding 10%), signaling the need for targeted interventions. A regional disparity was also evident, with states in the South-East and South-South regions generally exhibiting higher TB incidence rates than those in the North, emphasizing the need for further analysis to identify contributing factors, such as disparities in healthcare access, socio-economic conditions, and diagnostic coverage.



Figure 35: Tuberculosis incidence [NACA/NTBLCP]

Significant progress has been made in TB case detection and treatment coverage due to strategic programmatic interventions. Since 2019, Nigeria has steadily increased annual TB case notifications, reflecting strengthened health systems, enhanced case-finding strategies, and improved community engagement. TB case notifications grew by 13% from 106,533 in 2018 to 120,266 in 2019, followed by a 15% increase to 138,591 in 2020, despite the challenges posed by the COVID-19 pandemic. Notably, Nigeria was one of the few countries to achieve increased TB notifications during the pandemic, highlighting the program’s resilience and ability to adapt to global health emergencies. In 2021, TB notifications surged by 50% to 207,785 cases, marking one of the most significant gains in TB detection, and signaling Nigeria’s momentum in TB control efforts.

By 2023, Nigeria achieved its highest TB case notifications to date, with a treatment coverage rate of approximately 74%, translating to over 371,000 individuals placed on treatment (see figure 36). The country has achieved high performance in critical areas, with about 98% of TB patients knowing their HIV status, 92% receiving ART treatment for TB/HIV co-infection, and initiating Tuberculosis Preventive Therapy (TPT) for exposed children under 5 years. The TB case fatality ratio remains at 15% for the period under review.

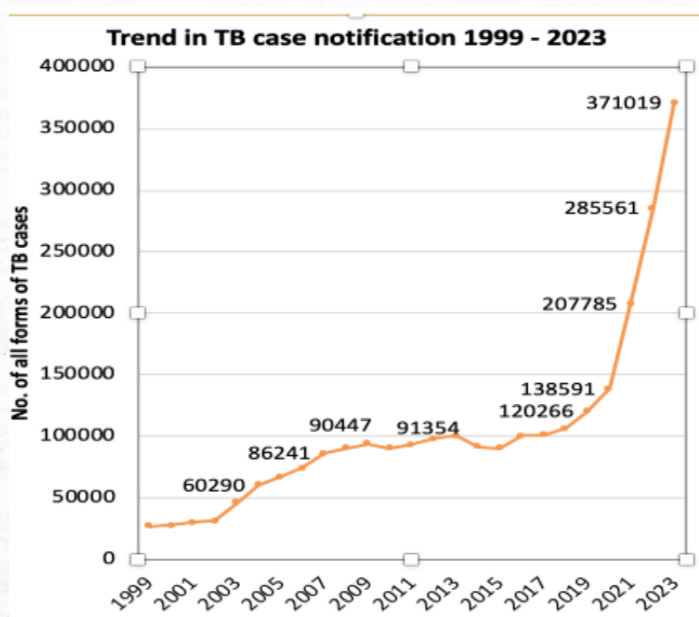


Figure 36: TB Notification: Trend of total TB cases reported over the years

These milestones underscores Nigeria’s vital contribution to the global TB control agenda and reflects the success of multi-sectoral collaboration, innovative strategies, and community-level interventions. Interventions such as active case finding, expanded diagnostic capabilities, and targeted outreach have been critical in sustaining progress. These achievements position Nigeria as a key player in global TB control efforts, showcasing the impact of integrated approaches in addressing one of the world’s most persistent public health challenges.

2.2.5 Priority V: Improve Quality of Care (QoC) & Primary Health Care (PHC) Services

“Our PHC 2.0 reform has enabled equitable resource distribution, with over 45 billion Naira allocated to support more than 8,000 primary healthcare centers. This funding, bolstered by over 3 billion dollars in partner contributions, is building a robust foundation for community-based and affordable healthcare that reduces financial burdens on Nigerians”

Prof. Muhammad Ali Pate
Policy Statement Delivered on November 6, 2024

The Nigerian government has made notable advancements in healthcare delivery across all levels, particularly in 2023 and 2024. At the primary healthcare (PHC) level, approximately 50,000 Community Health Extension Workers (CHEWs) have been recruited and deployed to improve grassroots service delivery. The operationalization of the Basic Health Care Provision Fund (BHCPF) has bolstered the equipment and staffing of PHC centres. Specific capacity-building efforts include training nearly 1,500 health workers for pneumonia and hypoxemia management and strengthening the skills of 8,500 individuals across 10 states. To accelerate PHC transformation, the Ministry of Health introduced BHCPF 2.0 reforms, which emphasize efficient funding mechanisms, stronger governance, and a Decentralized Facility Financing (DFF) model. Under this approach, PHCs are granted operational autonomy to manage needs, expenditures, and human resources, with decisions driven by performance-based disbursement and community collaboration. The reforms include a two-tier DFF system, where funding levels are tied to facility performance and service utilization.

As part of the reforms, 774 Performance and Financial Management Officers (PFMOs) have been deployed nationwide to ensure compliance, monitor facility readiness, and verify the use of funds. This initiative supports the broader digitalization of fund management processes. The utilization rate of BHCPF services increased modestly in 2024, rising from 17% in Q1 to 18% in Q3, with a current average of 17.5%. While progress is evident, underutilization persists due to challenges such as awareness gaps, service accessibility, and delivery limitations. Addressing these barriers is critical to optimizing BHCPF’s potential for strengthening PHC, reducing out-of-pocket healthcare costs, and ensuring broader access to essential health services.

The NPHCDA has further prioritized transparency and accountability by digitizing fund management processes and increasing its operational budget from 5% to 15% to enhance oversight. Performance incentives tied to service utilization and quality standards have been introduced to drive improvements at the facility level. Following recommendations from the Auditor-General’s BHCPF audit report, the NPHCDA collaborated with states to update guidelines, improve transparency, and roll out BHCPF 2.0 nationwide across all 36+1 states. Additionally, the quarterly disbursed amount per facility through Direct Facility Funding (DFF) has been increased from the initial ₦300,000 flat rate to ₦800,000 for high-volume facilities, and ₦600,000 for low-volume facilities, ensuring a more strategic allocation of resources based on demand. These reforms, supported by state, national, and donor resources, aim to build a resilient and responsive PHC system, improving health outcomes for all Nigerians.

“At the MOC, we approved the release of 25 billion Naira to the National Primary Health Care Development Agency, and the National Health Insurance Authority, from the BHCPF. As an interim measure, while developing BHCPF 2.0, we approved half of the available funds to the States via the Gateways. The redesigned BHCPF aims to align resources towards improving health outcomes, with a focus on maternal and child health”

Prof. Muhammad Ali Pate
Policy Statement Delivered on March 29, 2024

Comparative Trends in Performance across Key PHC Indicators: BHCPF vs. Non-BHCPF Facilities

The State of Health Report in Nigeria highlights both improvements and challenges in the country’s health system. There has been progress in maternal and child health indicators, such as skilled birth attendance, which increased from 53% in 2018 to 59% in 2023.

Antenatal care coverage also improved, with 65% of pregnant women receiving at least four ANC visits by 2023. However, immunization coverage, especially for zero-dose children, has declined, and stunting among children has only marginally decreased from 37% to 35%, pointing to ongoing nutritional issues. Additionally, significant regional disparities persist, with northern states generally needing a lot of improvement, relative to southern states.

To better understand these outcomes, we conducted a comparative analysis of performance outcomes between BHCPF-supported and non-BHCPF facilities from January 2024 to December 2024, using DHIS-2 data from public PHCs. This analysis examines differences in service delivery and quality of care, offering insight into the impact of BHCPF reforms. It also provides a foundation for discussing current reforms aimed at improving healthcare delivery and addressing gaps, with the goal of achieving more equitable and efficient health outcomes across Nigeria.

It is noteworthy that, for most of the key indicators reviewed, BHCPF facilities are outperforming non-BHCPF facilities, despite their smaller scale—8,195 sites compared to 22,433 sites for Non-BHCPF facilities. This significant achievement highlights the effectiveness of the reforms under BHCPF and underscores the need for continued efforts to sustain and build on the impactful progress made through BHCPF implementation.

Number of children <1 year who receive 3rd dose of Pentavalent Vaccine

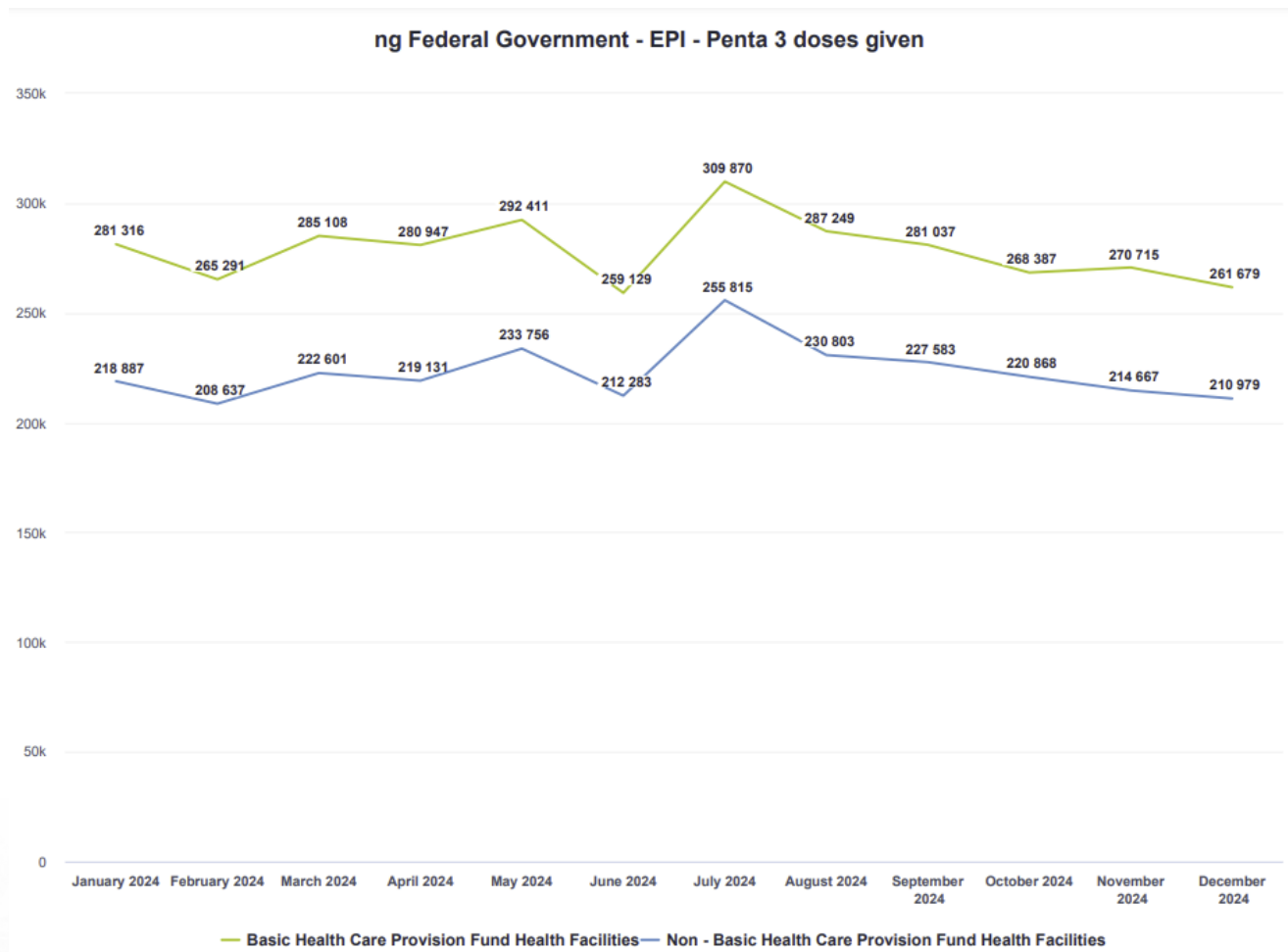


Figure 37: Number of children <1 year who receive 3rd dose of Penta [DHIS2]

The trend in Figure 37 compares the number of children under 1 year receiving the third dose of the Pentavalent vaccine (Penta 3) at BHCPF against those receiving at non-BHCPF facilities between January 2024 and September 2024. Data from 8,195 BHCPF facilities and 22,433 non-BHCPF PHCs show that BHCPF-supported facilities consistently reported higher numbers of children vaccinated. The gap between the two facility types is evident throughout the period, with BHCPF-supported sites vaccinating 50,000 to 100,000 more children monthly, on average.

When adjusted for the number of facilities, as shown in Figure 35, the disparity becomes even more pronounced. On average, BHCPF-supported centres administered significantly more Penta 3 doses per facility, reflecting greater service delivery efficiency at these sites. This may indicate that BHCPF-funded facilities are better equipped to manage vaccine supply chains, conduct outreach programs, and improve vaccine uptake. Despite this, the fluctuations in the data suggest that even BHCPF-supported facilities face challenges in maintaining consistent vaccine coverage.

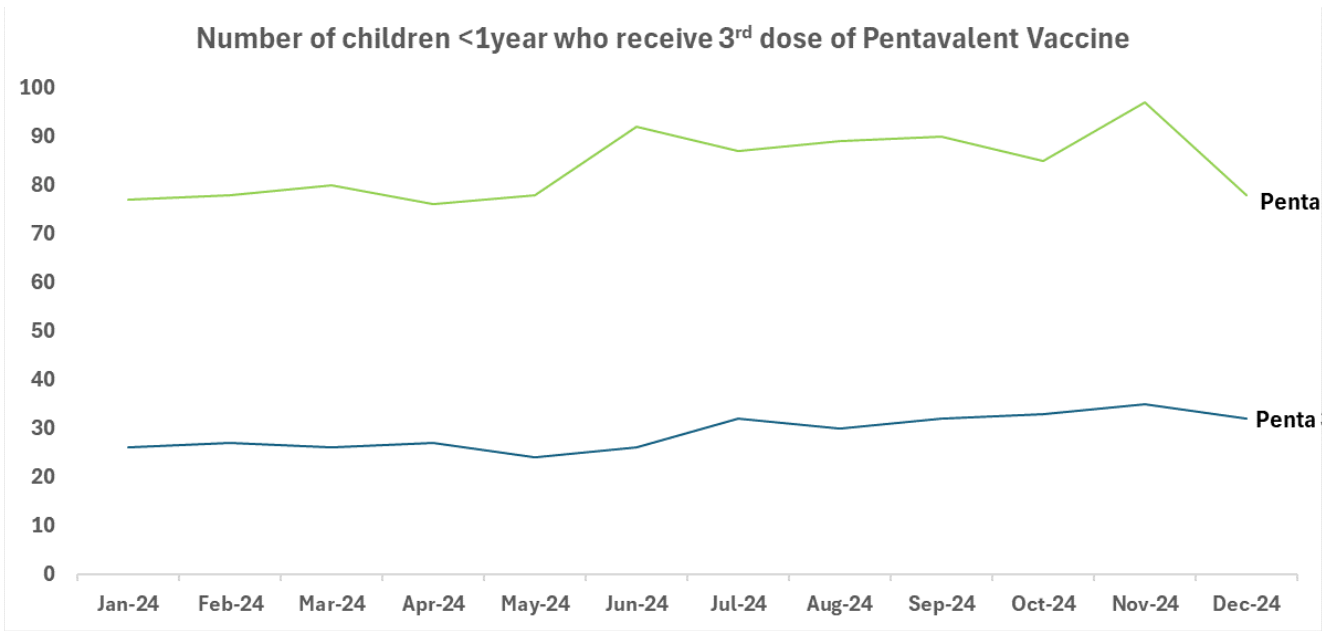


Figure 38: Number of children <1 year who receive 3rd dose of Penta (Adjusted for facility count)

II. Children 6-59 months given Vitamin A supplementation

The number of children receiving Vitamin A supplementation is marginally higher in BHCPF facilities compared to non-BHCPF sites within the reference period Jan-Dec 2024, suggesting better performance and possibly more effective logistics and outreach mechanisms in BHCPF-supported sites. The overall trend shows fluctuations in Vitamin A supplementation for both BHCPF and non-BHCPF facilities, indicating the impact of specific outreach campaigns (Figure 39). Peaks in Vitamin A coverage were observed in June, July, November and December reflecting likely frequency in routine Vitamin A campaigns. During these peaks, both BHCPF and non-BHCPF facilities reported similar performance levels, reaching between 2-4 million children.

Number of children 6-59 months given Vitamin A Supplements

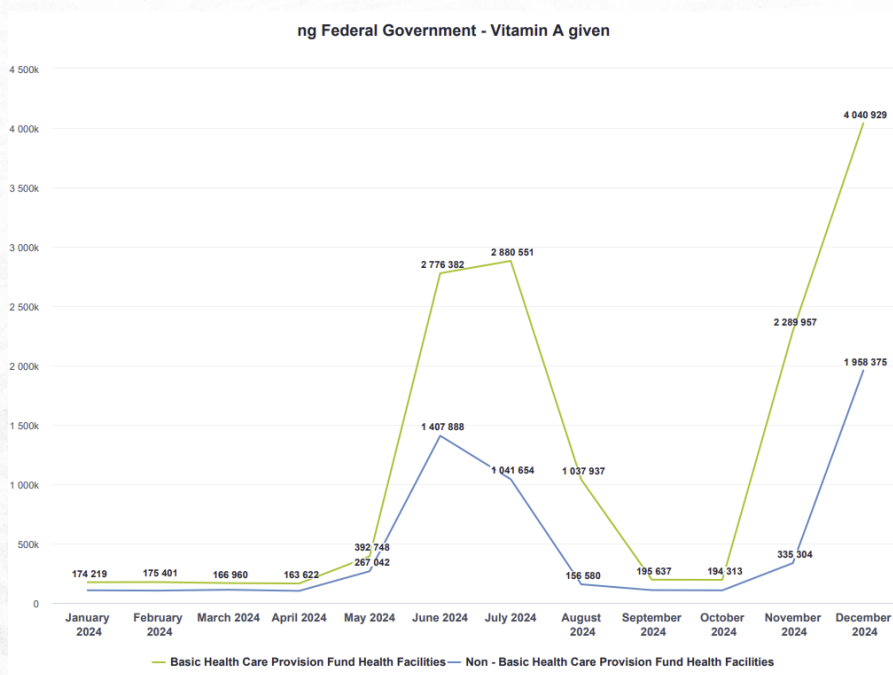


Figure 39: Trend of Vitamin A supplementation uptake in children 6-59 months; DHIS2 in BHCPF and non-BHCPF Primary healthcare facilities [DHIS2]

When adjusted for facility count as shown in Figure 40 below, the difference becomes more apparent with BHCPF facilities showing significantly higher Vitamin A supplementation per facility during peak months, reaching approximately 1,200 doses per facility in peak months, while non-BHCPF facilities peak around 500 doses per facility. Both BHCPF and non-BHCPF facilities, however, exhibit very low Vitamin A supplementation numbers during non-campaign months, with almost negligible values. This pattern suggests limited routine supplementation outside of campaigns, particularly in non-BHCPF facilities, pointing to potential gaps in routine Vitamin A outreach

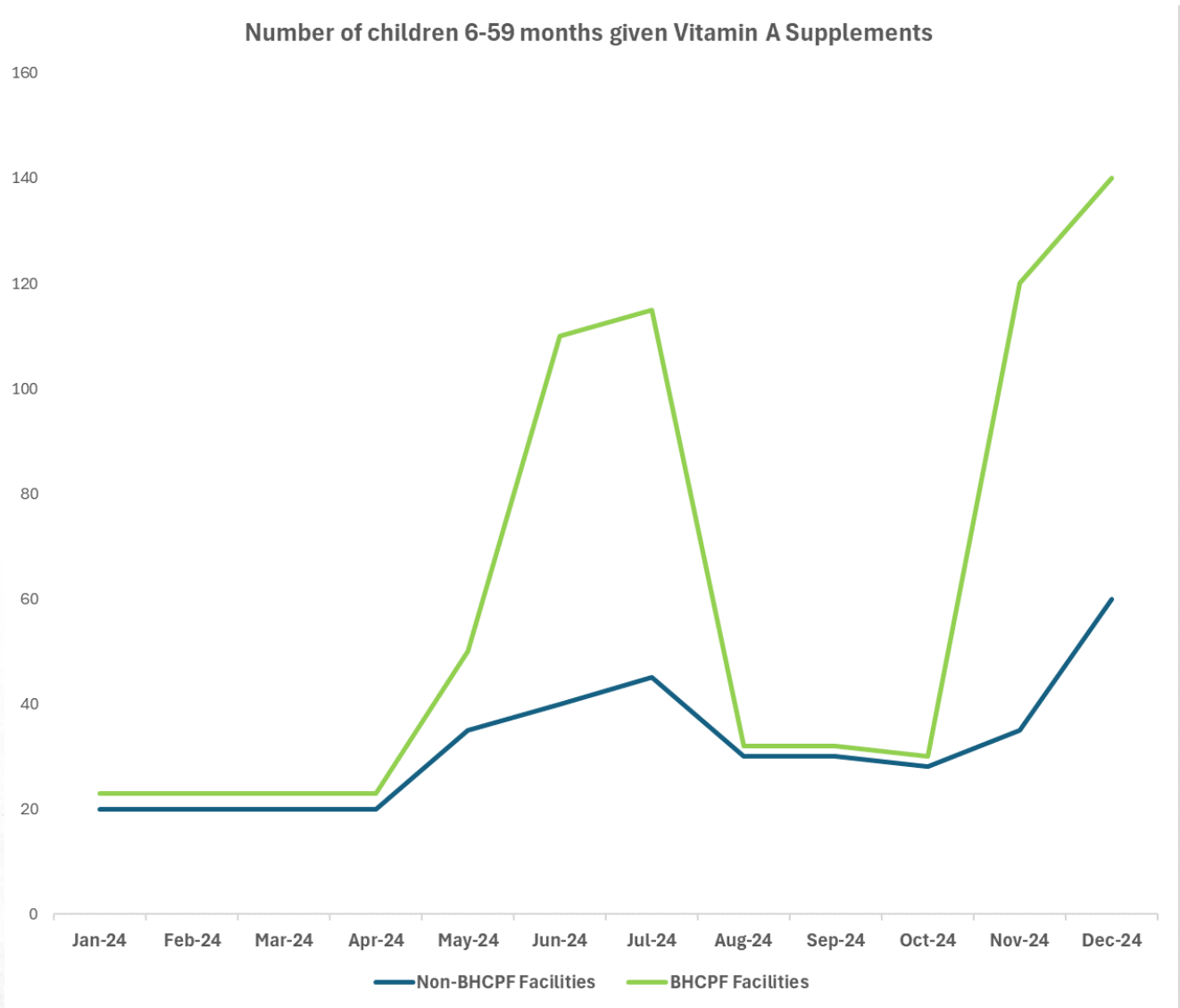


Figure 40: Trend of Vitamin A supplementation uptake in children 6-59 months (Adjusted in BHCPF and non-BHCPF Primary healthcare facilities)

III. Children <1year Fully Immunized

Consistent with other indicators as illustrated in Figure 41 below, the number of children fully immunized in BHCPF facilities was significantly higher compared to non-BHCPF sites between January and December 2024. This suggests that BHCPF facilities continue to demonstrate better performance and higher quality of service delivery, potentially driven by improved funding and more effective logistics systems. These findings further emphasize the importance of sustaining and expanding the impactful reforms under BHCPF.

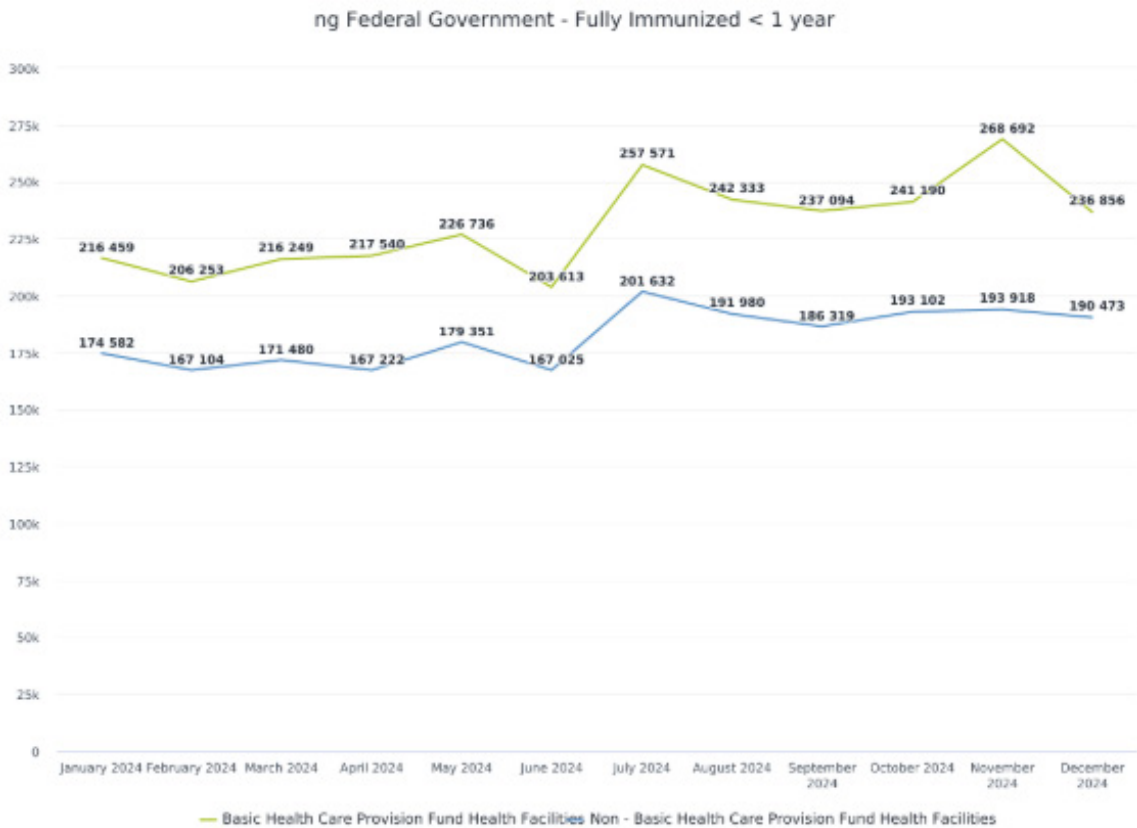


Figure 41: Number of children fully immunized <1year [DHIS2]

IV. Coverage of four or more ANC visits

Figure 42 below shows the 2024 data on the number of ANC 4th visits or more (ANC 8th visits) reveals a consistent trend where Basic Health Care Provision Fund (BHCPF) health facilities significantly outperform non-BHCPF health facilities in terms of coverage. Monthly figures for BHCPF facilities range from a low of 122,650 in March to a peak of 181,104 in August, with BHCPF-supported sites covering 60,000 to 70,000 more 4th ANC or more monthly, on average. In contrast, non-BHCPF facilities range from 63,429 in March to 99,233 in June. Despite some fluctuations, BHCPF facilities consistently record approximately double the number of ANC 4th visits or more (ANC 8th visits) compared to non-BHCPF facilities, underscoring their critical role in improving maternal health service utilization.

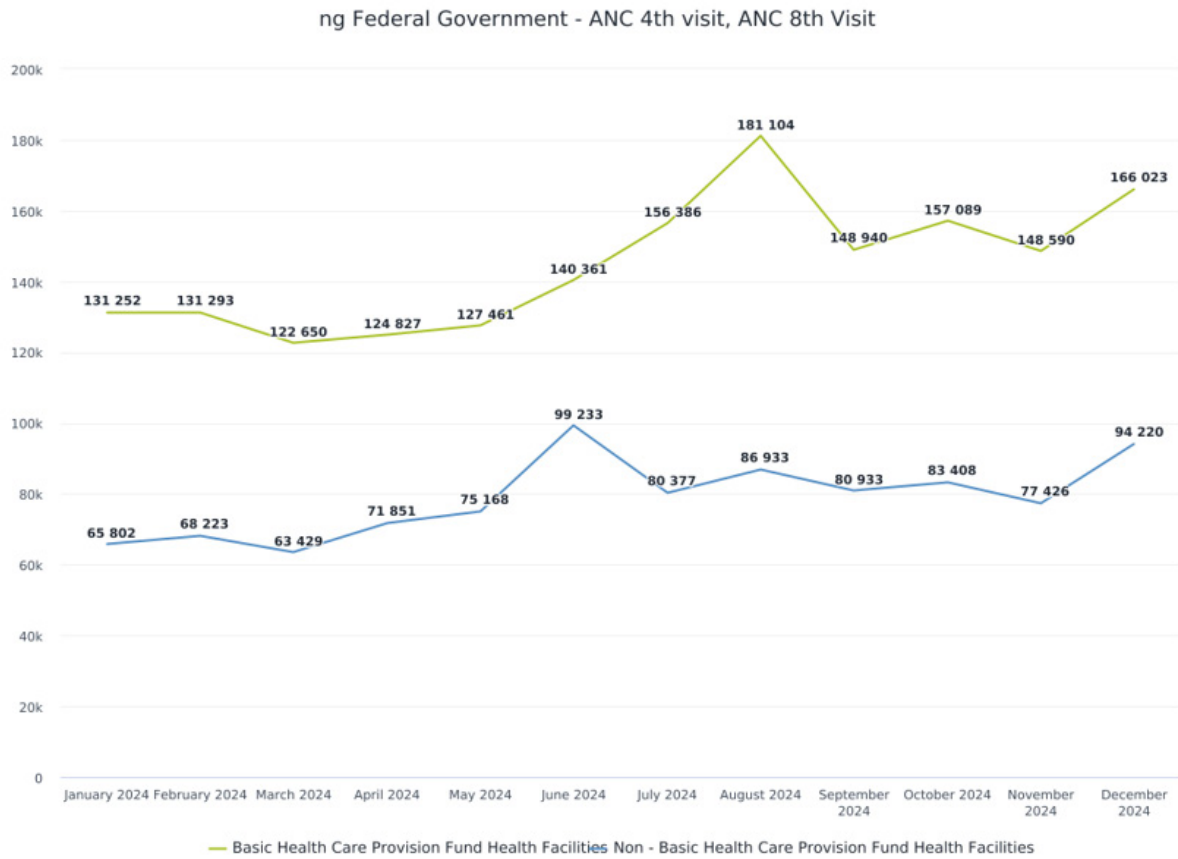


Figure 42: Coverage of four or more ANC visits by BHCPF and Non-BHCPF facilities [DHIS]

Geographic Distribution of PHCs

The geographic distribution of Primary Health Centers (PHCs) across Nigeria reveals notable variations in the availability and functionality of facilities (see figure 43). Of the 8,421 facilities assessed across 36+1 states, 21% are classified as functional Level 2 (L2), while 65% met the criteria for functional Level 1 (L1). L2 facilities, which are capable of providing 24/7 delivery services, with adequate staffing, power, and infrastructure, are concentrated more heavily in the Northeast, which has the highest proportion of functional L2s among all regions. This contrasts with the Southeast, which has the least proportion of functional L2 facilities, underscoring regional disparities in facility capability

Breakdown of health facilities by functionality and zone,

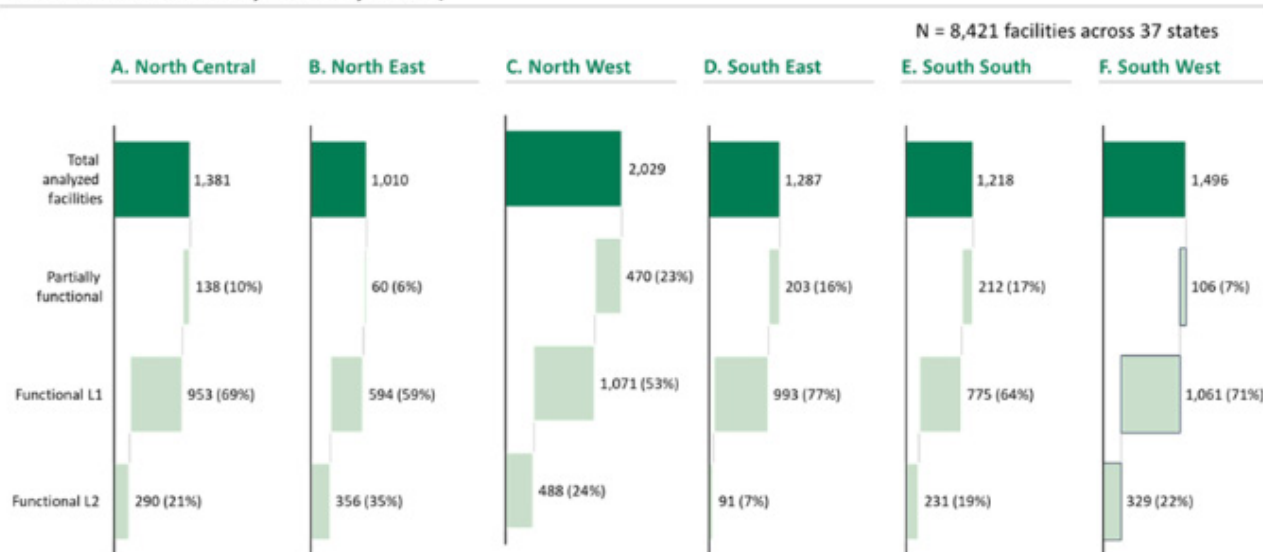


Figure 43: Breakdown of PHC facilities by functionality across zones [NPHCDA]

Despite the concentration of L2 facilities in the Northeast, the density of functional L2 facilities – measured in the number of facilities per 10,000 square kilometres – remains lowest in this region, indicating challenges related to geographic spread and access (see figure 43). The Southwest shows a higher density of functional facilities, particularly when excluding Lagos, which skews the regional average with its significantly higher PHC density (210 facilities per 10,000 sq. km). Overall, the findings highlight a need for more equitable distribution of L2 facilities, in order to ensure accessible and comprehensive healthcare services across all zones.

2.2.6 Priority VI: Expand Financial Protection

Health Insurance Coverage

Nigeria continues to make significant progress in expanding access to health insurance, a key strategy to alleviate out-of-pocket expenses and improve financial security for healthcare services. This initiative is part of the administration’s broader effort to ease the physical and financial burdens faced by citizens. By 2024, the proportion of Nigerians and residents with any form of approved health insurance reached 9%, showing notable growth in enrollment, compared to previous years, though still below the target.

The utilization rate of approved health insurance, including the Basic Minimum Package of Health Services (BMPHS), was recorded at 17.5%, signaling increasing awareness and adoption of health insurance for accessing essential healthcare services. While these figures demonstrate progress, there remains significant potential for further expansion and utilization up to the desired optimum of between 20-25%, emphasizing the need for continued efforts to improve both enrollment and service usage rates across the population.

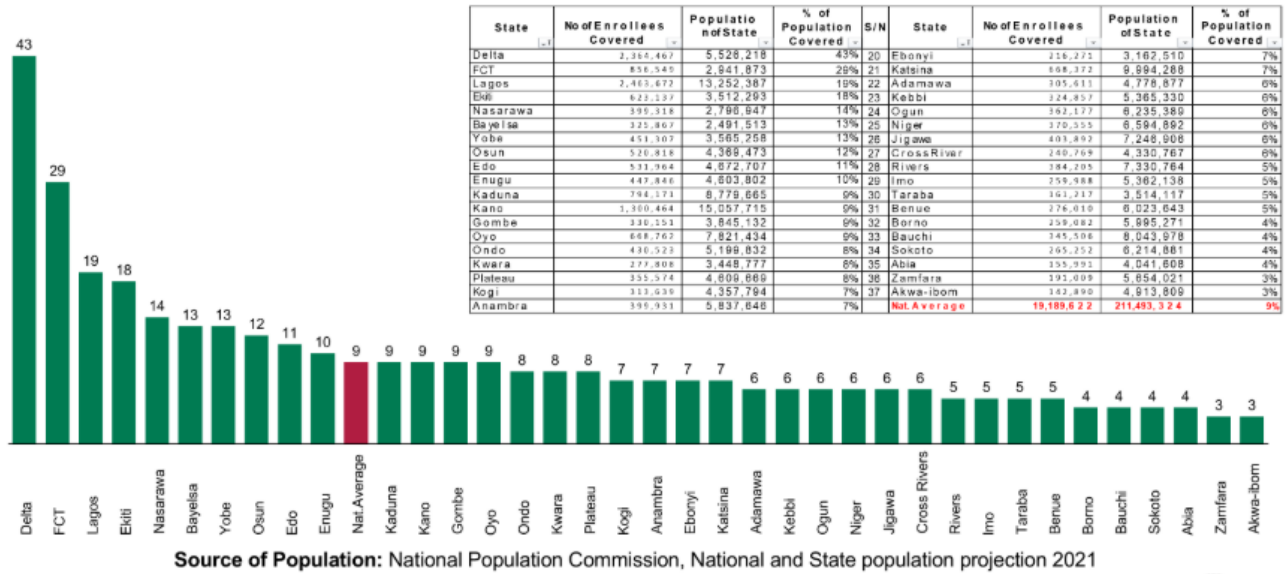


Figure 44: Percentage of population covered with health insurance by State. [Source: NPC]

Across states as shown in Figure 44, the top ten performers in health insurance coverage across the country include Delta, FCT, Lagos, Ekiti, Nasarawa, Bayelsa, Yobe, Osun, Edo and Enugu account for over 56.2% of the number of individuals covered with health insurance. The remaining 27 states have enrollment rates at or below the national average, suggesting that significant portions of their populations may be inadequately protected from healthcare costs, leaving many residents vulnerable to financial strain in the event of health issues.

The disparities in coverage across regions highlight considerable variation, influenced by factors such as economic conditions, local health policies, and public awareness efforts.

Additionally, as illustrated in Figure 45, population size plays a crucial role in health insurance implications; for states with large populations, like Lagos and Kano, even high coverage rates still leave large numbers of people uncovered. Addressing these gaps will require tailored interventions that consider each state's unique socioeconomic and demographic factors, aiming to enhance equitable healthcare access across Nigeria.



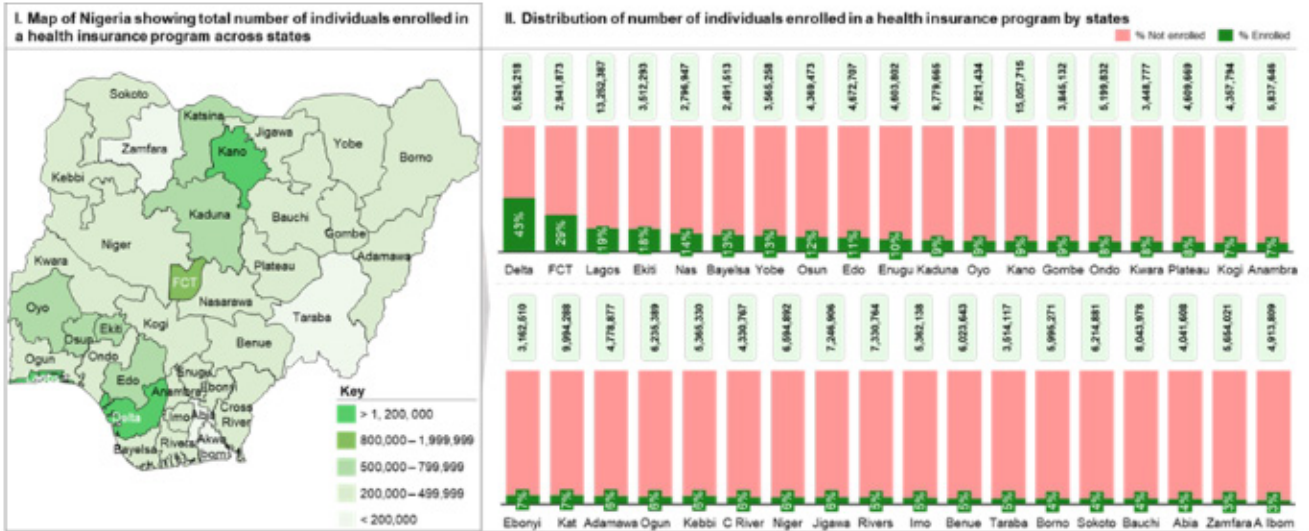
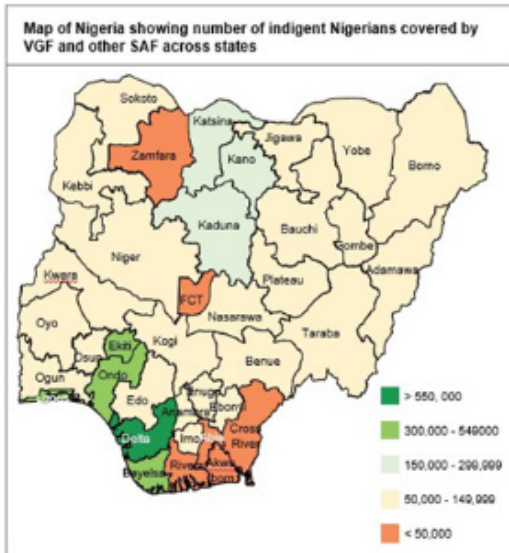


Figure 45: Total Health Insurance Enrollment by state (Proportion of individuals enrolled in a health insurance program) [NHIA]

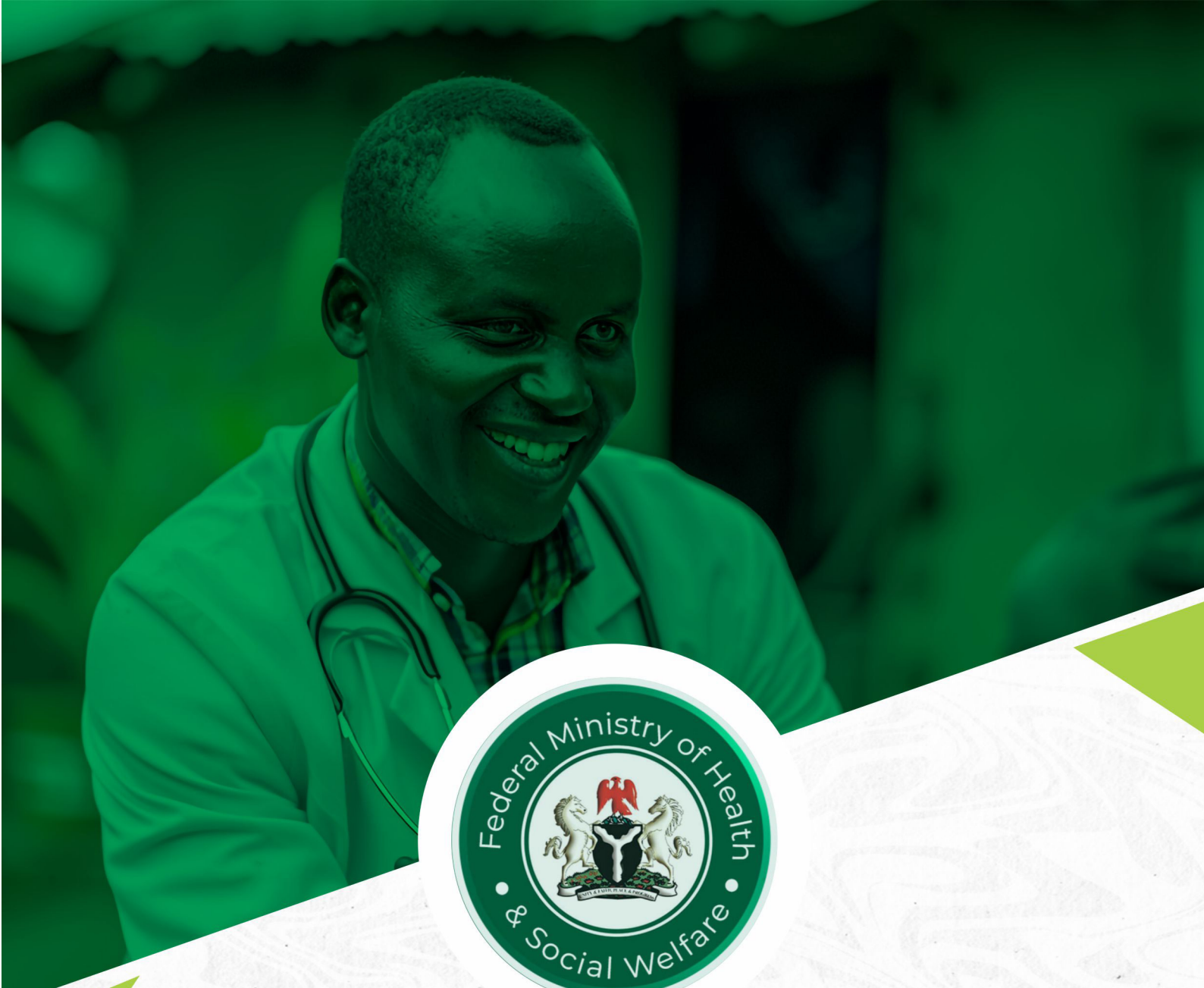
Vulnerable Group Enrolment (as a share of total population covered in any form of health insurance)

In Nigeria, approximately 30% of insured individuals are classified as indigent and receive paid-for coverage. This contribution of indigent and paid-for coverage to the total insured population varies significantly across the country, with the Akwa Ibom State exhibiting the lowest proportion of indigent and paid-for enrollees at 5% of all insured in the state, while Delta State showed the highest proportion, at 78% (see figure 46).



National	5,640,783	19 Osun State	91,737
1 Delta State	1,846,572	20 Adamawa State	89,158
2 Ekiti State	437,331	21 Ebonyi State	80,203
3 Lagos State	411,339	22 Nasarawa State	67,826
4 Kano State	245,223	23 Imo State	65,679
5 Katsina State	198,897	24 Taraba State	61,191
6 Kaduna State	197,129	25 Plateau State	60,977
7 Niger State	121,515	26 Gombe State	59,495
8 Edo State	120,789	27 Kebbi State	59,172
9 Borno State	119,426	28 Benue State	56,020
10 Kogi State	117,394	29 Kwara State	53,176
11 Jigawa State	109,720	30 Anambra State	52,265
12 Ondo State	103,047	31 FCT	46,002
13 Ogun State	99,778	32 Bayelsa State	43,045
14 Oyo State	98,498	33 Abia State	42,403
15 Enugu State	98,021	34 Cross River State	41,074
16 Sokoto State	96,409	35 Zamfara State	27,840
17 Yobe State	95,745	36 Rivers State	21,044
18 Bauchi State	92,819	37 Akwa Ibom State	12,824

Figure 46: Distribution of Vulnerable Group Enrolment across States [NHIA]



Chapter Three

State of the Health System

3. State of the Health System

This section provides a comprehensive analysis of the state of Nigeria's health system performance, structured around the priority areas of HSSB (priority VII-XIII) and their contribution to the broader NHSRII objectives. By assessing achievements across these essential priorities and building blocks – leadership & governance, health workforce, access to essential medicines, Health Information systems, health financing, and health infrastructure, the report highlights progress made towards strengthening Nigeria's health system for improved health outcomes. Each priority is evaluated for key milestones reached, gaps identified, and strategies implemented, offering an in-depth perspective on the sector's advancements and ongoing efforts to achieve robust, sustainable healthcare outcomes aligned with national and global health priorities.

3.1 Leadership & Governance

The Nigerian health system is a multifaceted network encompassing healthcare providers, organizations, and policies aimed at delivering quality services to the population. It operates across three hierarchical levels² primary, secondary, and tertiary healthcare. The primary healthcare level serves as the first point of contact for communities, focusing on preventive and basic healthcare services. Secondary healthcare offers specialized services, bridging the gap between primary and tertiary levels. Finally, the tertiary healthcare level provides the most advanced medical care, including specialized diagnostics and treatments.

At the national level, the Federal Ministry of Health and Social Welfare is the key Ministry of the Federal Government and plays a pivotal role in driving health system improvements. Under President Bola Ahmed Tinubu's Renewed Hope Agenda, the Ministry spearheads the Nigeria Health Sector Renewal Investment Initiative (NHSRII). Its responsibilities include overseeing the national health system, coordinating with state and local governments, engaging the private sector and development partners, and ensuring collaboration under a Sector-Wide Approach (SWAp). The Ministry derives its mandate from the Nigerian Constitution and the National Health Act, with Prof. Ali Pate, the Coordinating Minister of Health and Social Welfare, leading efforts to transform the sector.

Aligned with the Health System Strengthening and Building (HSSB) framework, the Ministry's 4-point agenda focus on improving governance, enhancing population health outcomes, unlocking the health value chain, and strengthening health security. Policy directions announced by the Minister aim to drive sustainable progress toward these goals, ensuring a more equitable and effective healthcare system for Nigerians. In line with this agenda, the Coordinating Minister has issued policy statements to achieve these objectives and address key priority areas highlighted in various sections.

Progress on Compact Commitments

"We signed a strategic compact with all 36 States of the Federation and FCT, endorsed by Mr. President, during the unveiling of the Health Sector Renewal Investment Initiative in December. For the first time our development partners signed a Compact governing our Joint operations with them. This also included the private sector and Civil society. At that event, our partners pledged \$3billion, reflecting their confidence in Mr. President's agenda. Of this pledge, we have signed a \$932 million grant with GFATM, \$200million with a philanthropic foundation and expect an additional \$60million in grants, \$150million announced by the Gavi Alliance, in addition to \$a 1 billion facility governed by MOU signed with Afreximbank to unlock the healthcare value chains. Additional resources are being mobilized"

Prof. Muhammad Ali Pate
Policy Statement Delivered on May 25, 2024

The Sector-Wide Approach (SWAp) is an innovative approach for effective implementation of the HSSB and cross functional coordination in the health sector for the effective governance and utilization of resources, and it has shown significant progress across key performance indicators. These achievements are in line with the following principles guiding SWAp:

One Plan: The development of the HSRII and HSSB to guide health strategic activities, development of national and sub national annual operational plans, signing compact agreements between Federal, States and development partners, with financial commitment of over 3 billion USD.

One Budget: Identification of resource gaps, funding sources, and Annual Operating Plan (AOP) guiding health sector budget development and approval

One Report: One source of truth, development of SWAp indicators, establishment of SWAp M&E TWGs.

One conversation: Hosting of 65th Annual NCH meeting, SCH at state, hosting of JAR/MTR 2024, Ministerial Performance Management System Leadership Retreat in Bauchi, Meeting with the state Governors, amongst others.

This approach has improved the proportion of donors' financial and technical commitments, and fulfillment of the NHRII, while ensuring that the Basic Health Care Provision Fund (BHCPF) 2.0 implementation remains robust, with high compliance from donor agencies, and from private sector partners. This signals ongoing trust and engagement in the health agenda and further reflects growing confidence and sustained support by all key stakeholders. The proportion of donor funds tracked through the Resource Mapping and Expenditure Tracking (RMET) system is currently ongoing, ensuring transparency and accountability in the allocation and use of resources. These results reflect a steady trajectory toward achieving the sector's strategic objectives.

3.1.1 Nigeria National Council on Health (NCH)

The Nigeria National Council on Health (NCH) is a high-level governance body responsible for the formulation, coordination, and implementation of health policies and programs in Nigeria. It is a vital institution in Nigeria's healthcare landscape. It serves as a platform for collaboration and decision-making among stakeholders in the healthcare sector, bringing together key players from the federal and state levels of government, as well as development partners, civil society organizations, and other relevant stakeholders.

NCH is chaired by the Honourable Minister of Health and includes the Commissioners of Health from each of the 36 states and the Federal Capital Territory, Abuja. The council meets regularly to discuss and address critical health issues, review progress, and make decisions that influence the direction of healthcare in the country.

The 65th NCH with the theme; "Accelerating Pathways to Universal Health Coverage: Strategies for 2030 Success", held in Maiduguri, Borno State from Monday 18th to Friday 22nd November 2024. The council addressed critical gaps in the health system and adopted several key policy resolutions to strengthen healthcare delivery and accelerate progress toward achieving Universal Health Coverage (UHC). These resolutions aim to guide reforms and actions that will make the health system more equitable, accessible, and efficient.

3.1.2 Ministerial Performance Management System Leadership Retreat

The FMOH&SW convened the 2024 Ministerial Leadership Retreat on Performance Management System (PMS) in Bauchi state from the 21st to 23rd of October 2024. The retreat focused on enhancing the capacity of the ministry's leadership to implement a result driven PMS in line with the Health Sector Reform Agenda.

The retreat gathered Heads of Departments, Agencies, and Parastatals under the ministry to facilitate the engagement required to meet performance management goals, finalize performance contracts, and review strategies for driving sectoral accountability and excellence.

3.1.3 2024 Joint Annual Review

Welfare (FMOH&SW) hosted the 2024 Joint Annual Review (JAR) as a cornerstone event for promoting the principles of the Sector-Wide Approach (SWAp). The review brought together diverse stakeholders, including representatives from all levels of government, the private sector, and development partners, to assess progress, address challenges, and refine strategies for achieving health sector goals. This inclusive forum embodies the "One Conversation" philosophy, fostering unified efforts toward shared health objectives.

The 2024 JAR aimed to align stakeholders' contributions with the strategic vision of the National Health Sector Reform II (NHSRII). A key output of the review was the JAR Book, a comprehensive resource summarizing health indicators and tracking progress across the sector's strategic pillars. This document serves as the foundation for evidence-based technical discussions and alignment, driving Nigeria toward sustainable health outcomes.

As the first JAR following the signing of the SWAp Compact, the 2024 event effectively reviewed the performance of the health sector to evaluate the impact of ongoing interventions, facilitated alignment among stakeholders to harmonize efforts across sectors, and strengthened multi-sectoral collaboration to enhance collective impact and drive sustainable health outcomes.

3.2 Priority VII: Improve Availability & Quality of Human Resource for Health (HRH)

Human Resources for Health (HRH) remains a cornerstone of quality healthcare delivery, encompassing preventive, promotive, and curative services. A robust and well-distributed healthcare workforce is essential for the efficient functioning of the health system. Nigeria has made notable progress in addressing its critical shortage of health workers. In April 2024, over 2,497 doctors, midwives, nurses, and Community Health Extension Workers (CHEWs) were recruited, along with 3,647 additional personnel for Federal Tertiary Hospitals

Additionally, in the first quarter of the year, more than 100,000 health workers were trained in integrated healthcare services, reinforcing the capacity of the workforce to deliver improved health outcomes.

Despite these advancements, the distribution and density of healthcare workers across states, the performance of accredited training institutions, and the migration of health professionals continue to highlight persistent challenges and emerging opportunities within the sector. These dynamics underscore the need for sustained investment in HRH to meet the healthcare demands of Nigeria's growing population and strengthen the overall health system

3.2.1 Distribution of Health Workforce

Nigeria's healthcare workforce is unevenly distributed, with a strong preference for urban areas, where over 80% of healthcare providers are concentrated in most cases (see figure 47). Highly skilled professionals and specialized healthcare workers such as medical doctors, dentists, nurses, midwives, pharmacists, medical laboratory scientists, and physiotherapists, are predominantly located in Lagos State, the Federal Capital Territory (FCT), Abuja, and a few other southern states.

The majority of these highly qualified personnel are employed in public healthcare facilities. However, some cadres, like optometrists (86% in private facilities) and dispensing opticians (92% in private facilities), are exceptions. Approximately 20% of Nigeria's essential health workforce is employed by the private sector, mainly in urban centers, according to the Nigeria Health Workforce Profile (2022).⁸



Figure 47: Pictorial representation of health worker disparities in the rural vs urban areas

⁸ Nigeria Health Workforce Profile (2022)

Healthcare delivery in Nigeria operates at three levels: primary, secondary, and tertiary care. These levels are managed by both public and private sectors. While private facilities account for a significant number of healthcare institutions, around 75% of healthcare workers are employed in public facilities, with only 25% working in private facilities. Most medical doctors, dentists, mental health and rehabilitation professionals are found in secondary and tertiary care facilities.

3.2.2 Health Workforce Production and Utilization

The production of healthcare workers in Nigeria has improved over the years, but the progress remains insufficient to meet growing demands. Between 2022 and 2024, nine new medical schools were established, bringing the total to 58 schools offering medicine and surgery, a 21% growth. Similarly, two new dental schools were established, increasing the total to 13, representing an 18% growth. Among these schools, **74% of medical schools** are fully accredited, while **85% of dental schools** are fully accredited.

The distribution of health schools in Nigeria shows significant regional disparities. Over **75%** of the health schools are situated in the South, with **73% of medical schools** and **77% of dental schools** located in this region. In contrast, **61% of nursing and midwifery schools** and **62% of dental therapy schools** are in the North (Nigeria Health Workforce Profile, 2022). This uneven distribution underscores the importance of establishing new health schools in underserved regions to address the shortage of healthcare workers.

Graduation rates of healthcare workers are a key indicator of workforce replenishment. In 2024, **4,399 medical doctors** and **274 dentists** graduated in Nigeria. These numbers reflect ongoing progress, with the total number of licensed medical and dental professionals increasing from **64,949 in 2022** to approximately **66,241 in 2024**, representing a **2% growth rate**. However, this modest growth is insufficient to meet the growing demand for healthcare services.

Regional disparities also persist in the distribution of healthcare professionals. The **Southern states** account for **62%** of medical professionals, while the **Northern states hold 28%**, and the **Federal Capital Territory (FCT)** accounts for **10%**. This uneven distribution affects healthcare accessibility across regions.

Despite these improvements, Nigeria's doctor-to-population ratio remains critically low compared to the World Health Organization (WHO) recommendation of **17 doctors per 10,000 people**. In 2024, Nigeria has only **2.9 doctors per 10,000 people** (approximately **1 doctor per 3,474 people**), an increase from **2.3 per 10,000 people in 2022** (see figure 48). While the health workforce has generally increased across cadres over the years, disparities in growth rates and densities persist. Doctors and pharmacists have particularly low densities, emphasizing the need for targeted recruitment and retention strategies to address shortages and enhance service delivery. Using Nigeria's **2023 estimated population of 230,135,262**, the country would require approximately **391,230 doctors** to meet the WHO standard, but only **66,241 doctors** were available.

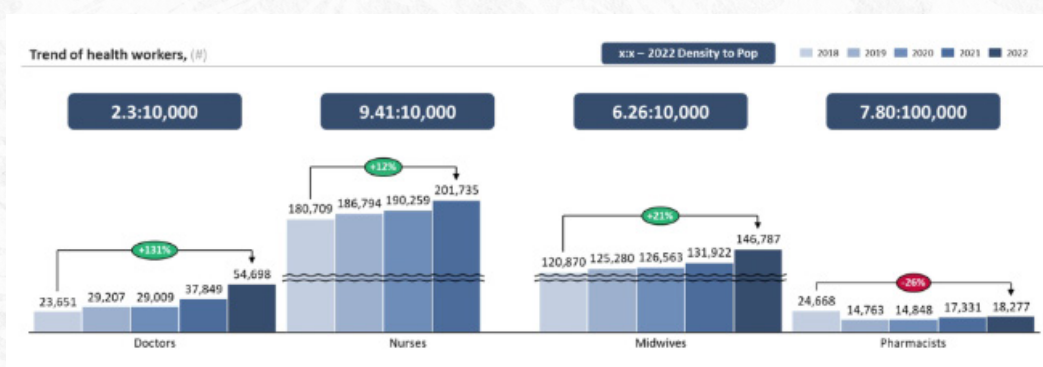


Figure 48: Health Workers Stock and Density

This significant shortfall highlights the urgent need for strategic initiatives to expand the medical workforce. Investments in medical education, recruitment, and retention policies are essential to improving healthcare access and achieving the recommended doctor-to-population ratio for equitable and effective healthcare delivery.

3.2.3 Healthcare Worker Migration

Healthcare worker migration, both internal and external, continues to pose challenges for the Nigerian healthcare system. In 2024, about 3,974 doctors migrated internationally seeking better opportunities in countries such as the United Kingdom, Canada, and Saudi Arabia (see figure 49). This trend is particularly not limited to doctors, but other healthcare workers such as nurses, pharmacists, Medical Laboratory Scientist and other health professionals (see figures 50 & 51).

17-year trend of Medical Doctors' Migration, (#)

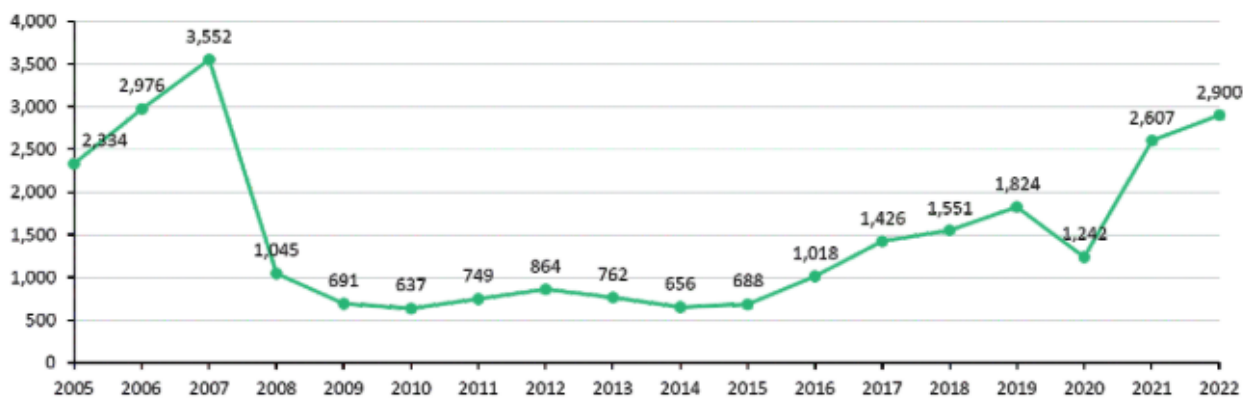


Figure 49: Yearly distribution of external migration of medical doctors over the last 17 years

Distribution of migrant workers by recipient countries in 2022, (#)

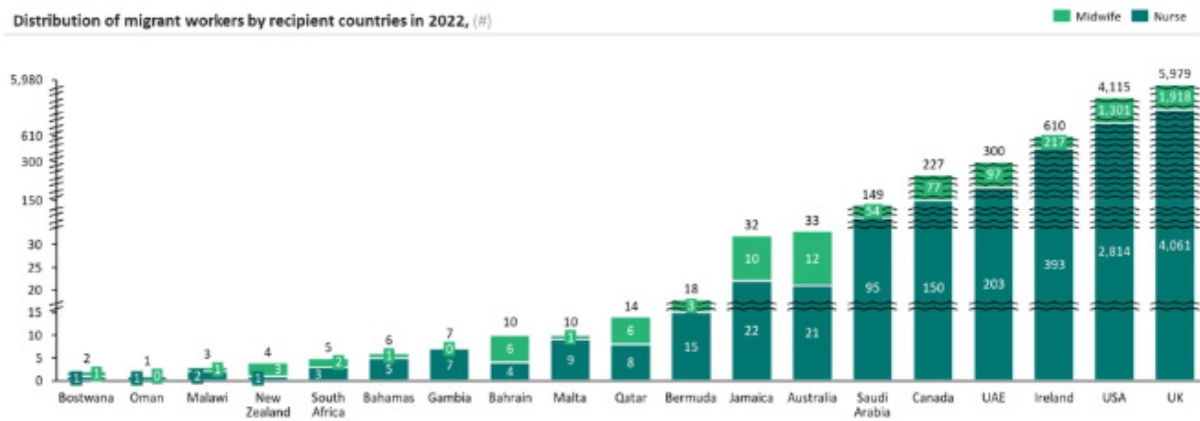


Figure 50: Migration Trend of Nurses and Midwives

⁹HRH migration policy

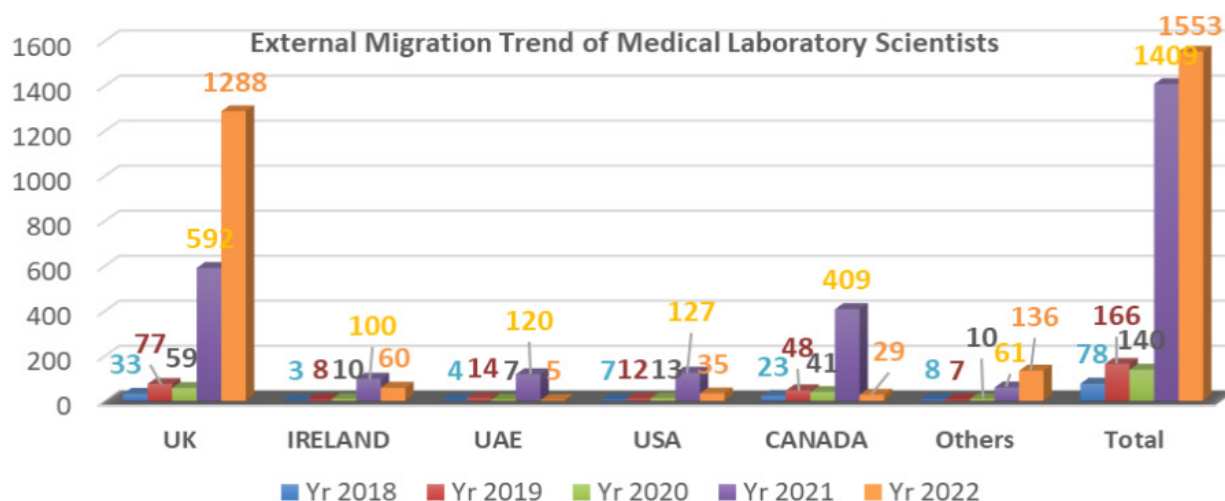


Figure 51: Migration Trend of Medical Laboratory Scientists

The migration trends highlight the ongoing challenge of retaining healthcare workers in the country and ensuring equitable distribution across all regions. The pull of better working conditions, higher salaries, and advanced career opportunities abroad continues to draw talent away from the country, while internal migration trends reflect the disparities in economic opportunities and living conditions across states.

The 2024 overview of human resources for health in Nigeria underscores the critical need for strategic interventions aimed at improving the distribution, retention, and training of healthcare workers across the country. Addressing the disparities in healthcare worker density, expanding the reach of accredited training institutions, and tackling the migration challenges will be essential in strengthening Nigeria's healthcare system and ensuring equitable access to quality health services for all its citizens. The future of Nigeria's healthcare workforce hinges on sustained investment in education, infrastructure, and policy reforms that prioritize the health and well-being of both the population and the healthcare workers who serve them. To mitigate the impact of health professional migration, a national policy has been designed to ethically manage the migration of health professionals from Nigeria, ensuring that the country does not face a depletion of skilled healthcare workers. It aims to balance the need for Nigerian healthcare professionals abroad while improving the local health system.

Key Policy Goals include:

- To produce appropriate and adequate human resources for health to deliver integrated people centered healthcare at all levels of the health system.
- To have a mutually beneficial migration policy that encourages bilateral agreements with other countries for a seamless flow of Nigerian health professionals to and from destination countries and States within Nigeria.
- To have an adequate, equitably distributed, and well-motivated health workforce in Nigeria.
- To meet the healthcare delivery needs of the country.

The future of Nigeria's healthcare workforce depends on sustained efforts to create a supportive environment that incentivizes healthcare professionals to remain and thrive in the country while ethically managing international migration trends.

3.3 Priority VIII: Stimulate Local Production of Health Products

“Our governance reforms are fostering greater alignment and accountability, while the historic Compact signed with all 36 governors, the FCT Minister, and development partners exemplifies a unified commitment to shared priorities. This collaboration has enabled the mobilization of over \$1 billion through the Presidential Initiative to Unlock the Healthcare Value Chain, boosting local production of pharmaceuticals and medical supplies, reducing reliance on imports, and creating jobs”

Prof. Muhammad Ali Pate
 Policy Statement Delivered on 3rd December 2024

1 Prioritized value chains and developing business cases for each of them	2 Started supporting manufacturers in starting or expanding local production
10 value chain prioritized	\$0.2 bn investment commitment from a single manufacturer
>12k potential new direct jobs already identified in business cases	6 international manufacturers plan to start in-country manufacturing
\$0.4 bn potential new revenues already identified in business cases	40+ private manufacturers engaged
3 Started the development of general enabling environment interventions	4 Established initial Secretariat’s operations and defined early working processes
\$1 bn financing mechanism already established (Afreximbank)	10+ dedicated staff and ecosystem ‘volunteers’ already supporting PVAC weekly
3 DFIs already engaged for dedicated financing platforms	16 dedicated staff members working daily at PVAC
1 Executive Order on zero VAT for pharmaceutical manufacturers	10+ conferences already attended by PVAC

3.3.1 Access to Essential Medicines

Nigeria has made significant strides in enhancing access to medicines, vaccines, and health technologies, which are critical components of the healthcare system. The country’s commitment to improving local production capabilities and investing in research and development (R&D) is beginning to yield positive results. These efforts are aimed at reducing dependency on imports, increasing the availability of essential medicines, and strengthening the overall health system to better meet the needs of the Nigerian population.

Nigeria’s pharmaceutical sector has seen notable growth, with 183 local pharmaceutical companies now actively producing a variety of essential medicines, up from 165 companies in 2020. The significant increase in the number of local pharmaceutical manufacturing companies is the account of NAFDAC regulatory directive on regulated products on ceiling list. The regulatory directive is applicable to Finished Pharmaceutical Products for which there is adequate in-country capacity for manufacture of the products with no new registration or renewal application processed for imported products in the ceiling list. Pharmaceutical Companies are increasingly producing generic drugs, antimalarials, antiretrovirals, and antibiotics, contributing to enhanced self-sufficiency in the supply of essential medicines. The government’s efforts to improve regulatory standards and provide incentives for local manufacturers have been key drivers of this growth.

To further bolster the sector, Nigeria is investing in R&D to develop new health products tailored to local health challenges. In 2024, there were over 30 ongoing R&D projects focused on developing innovative health products, including improved formulations of existing drugs and new treatments for diseases prevalent in Nigeria, such as malaria and sickle cell disease. These projects are supported by partnerships between local pharmaceutical companies, research institutions, and international organizations, aiming to enhance the capacity for indigenous innovation. There was the publication of over 40 high quality peer reviewed scientific journals and contribution to the global knowledge platform.

3.3.2 Vaccines and Local Vaccine Production

Local vaccine production has been a major focus for Nigeria in 2024, as the country seeks to reduce reliance on imported vaccines and ensure timely availability of life-saving immunizations. There are currently two ongoing R&D initiatives dedicated to local vaccine production, including projects targeting vaccines for diseases such as rotavirus, yellow fever, and meningitis. These initiatives are part of a broader strategy to develop a robust vaccine production infrastructure, with the goal of becoming self-sufficient in vaccine supply within the next few years. Additionally, the government's partnership with private sector players and international bodies like the WHO and UNICEF has facilitated the establishment of new vaccine manufacturing facilities, significantly enhancing the country's ability to respond to both routine immunization needs and outbreak situations.

To unlock the healthcare value chain, the government in October 2023 established the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC), a cornerstone of the Renewed Hope Agenda as a catalyst for domestic and regional health security, economic growth and employment by accelerating Nigeria's healthcare value-chain transformation through cross-institutional coordination and collaboration. Since its inception, PVAC has initiated multiple outreach efforts and signed partnership agreements with governments, industry players, and development partners globally to further its mission.

3.3.3 PVAC's interventions to stimulate local production of priority vaccines in Nigeria

Considering the significant challenges for vaccine development in Nigeria including limited R&D capacity, underdeveloped infrastructure, insufficient funding, and a heavy reliance on international suppliers, PVAC has embarked on four major interventions to (i) prioritize vaccines of public health importance, (ii) reinvigorate the country's clinical trials ecosystem, (iii) improve biomedical R&D capability in Nigeria, and (iv) increase the number of local vaccine manufacturers. Through these intervention activities, PVAC has achieved significant successes from inception to date.

I. Vaccine Prioritization

PVAC has developed a Vaccine Development strategy which prioritizes essential vaccines across diverse platforms to address critical health needs. Key live attenuated vaccines include Measles-Rubella (MR) and Meningococcal A (Men A). Complementing these are inactivated and conjugate vaccines, such as the Inactivated Polio Vaccine (IPV) and the Pneumococcal Conjugate Vaccine (PCV). Others include the Pentavalent and Hexavalent vaccines.

II. Reinigorating Nigeria's Clinical Trials Ecosystem

Working with the Federal Ministry of Health and development partners, PVAC has served as the secretariat for the Nigeria Clinical Trials Consortium which developed the National Clinical Research Capacity Building – Strategic Investment Case Plan for Nigeria 2024 to 2034. This aims to address the insufficient R&D infrastructure, inefficiency of regulatory systems, and investment needs for vaccine production.

III. Improving Biomedical R&D Capability

PVAC envisions future innovations in mRNA platforms to enable rapid, scalable vaccine production for emerging health threats. To achieve this, PVAC has partnered with Univercells SA to improve biomedical R&D capability and upskill the workforce for local manufacturing of biologics in Nigeria. The partnership is set to establish a biomanufacturing research and training center in Nigeria and transfer mRNA technologies to partners designated by the Government of Nigeria.

IV. Increasing the Number of Local Vaccine Manufacturers

PVAC is actively engaging several potential local and global vaccine producers for local vaccine production in Nigeria.

In consolidating these achievements, PVAC has short-term (2027) and long-term (2030) plans to track key SMART outcomes towards attaining local production of important health commodities.

3.3.4 Logistics Management Information System

The Nigeria Health LMIS provides visibility into the country's stock situation down to the last mile. This is an organized system for collecting, processing, reporting and using health product data gathered across all levels of the health system. An effective supply chain depends on functional LMIS.

The use of digital health technologies has improved the efficiency of immunization programs. The adoption of electronic immunization registries and mobile health platforms has streamlined data collection, tracking, and reminders, leading to more timely vaccinations and better management of vaccine stocks. These technologies have been particularly effective in urban centres, although further work is needed to extend their reach to rural and hard-to-reach areas.

3.3.5 Technology and Innovation

Technology continues to play an increasingly vital role in Nigeria's healthcare system, driving improvements in service delivery, data management, and patient outcomes. In 2024, there has been a marked increase in the adoption of health technologies, including telemedicine platforms, electronic health records (EHR), and mobile health apps. These innovations have enhanced patient access to healthcare services, particularly in remote areas, and have improved the overall efficiency of the health system.

In addition to digital health solutions, there has been a push towards the use of advanced diagnostic technologies and automated dispensing systems in hospitals and clinics. These technologies have helped reduce diagnostic errors, streamline patient care processes, and ensure a more reliable supply of medicines.

Nigeria's efforts to strengthen its medicines, vaccines, technology, and immunization landscape are beginning to pay off, with increased local production capacity, ongoing R&D projects, and enhanced use of technology across the health sector. While challenges remain, particularly in reaching the most vulnerable populations with vaccines and essential medicines, the progress made in 2024 lays a strong foundation for continued improvements. In the coming years, sustained investment, strategic partnerships, and a focus on innovation will be crucial to ensuring that all Nigerians have access to the medicines and vaccines they need to live healthier lives.

3.4 Priority IX: Revitalize Tertiary and Quaternary Care

Tertiary and Quaternary health care are crucial components of the robust health system, representing the highest levels of care, including specialized services, advanced diagnostic, therapeutic technologies, and research-oriented medical interventions. These services are predominantly delivered through teaching hospitals, specialist centers, and research institutions. This administration as part of her commitment had pledged to revitalize Tertiary and Quaternary health as part of its commitment to the Health Sector Renewal Investment Initiative (HSRII) that is critical for addressing complex health challenges, reducing medical tourism, and advancing the overall health system

The teaching hospitals and Federal Medical Centers (FMCs), typically affiliated with universities provide specialized medical services such as oncology, cardiology, neurosurgery, and dialysis serving also as training grounds for healthcare professionals and are hubs for clinical research while Quaternary Care focuses on ultra-specialized services like organ transplants, complex surgeries, and cutting-edge research. This level of care is underdeveloped in Nigeria and is mostly accessible through selected teaching hospitals or private facilities in urban areas.

The National Health Act provides for certificates of standards, the Ministry has strengthened the tertiary committee, developed the book and launched the book of standard for the implementation of those standards and subsequent issuance of those standards will commence in the coming year. The administration has set aside a special intervention fund to revitalize selected tertiary beneficiaries of the fund will include fund responding to emerging issues.

To expand quaternary care services, the government of Nigeria has established several new tertiary level hospitals across the country in the last couple of years. The focus of this administration is to ensure the functionality of those institutions especially in the provision of quality healthcare to Nigerians and establishment of new facilities when needed and upgrading of the existing ones to attain world class standard. Below are some of the key achievements and challenges of some institutions:

3.4.1 National Orthopaedic Hospital, Jalingo, Taraba State



Overview: The National Orthopaedic Hospital, Jalingo, commenced clinical services in September 2024, focusing on providing quality orthopaedic care.

Health Indicators:



- Patient Satisfaction: Commitment to high-quality care.
- Surgery Success Rate: Aim to maintain high success rates.
- Pain Management: Establish robust pain management protocols.
- Infection Rates and Readmissions: Focus on maintaining low rates.
- Technology and Staff Utilization: Implement modern technologies to enhance service delivery and ensure adequate staffing.

Future Plans: Evaluate achievements and challenges once clinical services are fully operational.

3.4.2. National Obstetric Fistula Centre, Abakaliki

Achievements 	Challenges 
<p>253 women treated for fistula, a 38% increase from 2023 with 77% surgical success rate</p>	<p>Accessibility issues due to poor road infrastructure and cultural stigma</p> <hr/> <p>Limited funding and high cost of training healthcare workers</p>
<p>1,520 Successful deliveries (16% increase compared to 2023) and 106 prolapse surgeries (172% increase)</p>	
<p>524% & 743% Increase in cervical and breast screenings, respectively</p>	
<p>Ongoing training for obstetrics and gynecology residents and oncology nursing programs</p>	
<p>Future Focus: Enhanced public-private partnerships and increased funding to address resource gaps</p>	

3.4.3. Federal Medical Centre, Jalingo



Achievements 	Challenges 
<p>Procurement of state-of-the-art medical equipment and completion of critical infrastructure, such as the Accident and Emergency Complex</p>	<p>Specialist manpower shortages, lack of MRI and CT scans, and funding constraints</p>
<p>Over 86% Improved customer satisfaction score</p>	
<p>2,353 Surgical procedures performed from 104,633 patient visits</p>	
<p>3,196 HIV patients on treatment from 8,928 tests conducted</p>	
<p>Future Focus: Increased funding, recruitment of specialists, and completion of infrastructural projects.</p>	

3.4.4. National Eye Centre, Kaduna

Achievements 	 Challenges
<p>Implemented Electronic Medical Records and upgraded hospital infrastructure</p> <hr/> <p>Conducted extensive training for ophthalmic sub-specialties and implemented capacity-building programs</p> <hr/> <p>1,525 Surgical procedures performed and 42,629 patient treated</p> <hr/> <p>Organized community outreach programs benefiting 2,435 patients, including 209 cataract surgeries</p>	<p>Poor access roads, inadequate power supply, and funding constraints</p>



Future Focus: Increased funding, road rehabilitation, and enhanced security measures

3.4.5. Federal Teaching Hospital, Owerri

Achievements 	 Challenges
<p>Ongoing projects include developing an eye care center, a telemedicine facility, and an internal road network.</p> <hr/> <p>Completed an executive clinic and operationalized a neurosurgery clinic</p>	<p>Delays in capital releases and bureaucratic bottleneck</p>

Establishment of an active infrastructure fund and increased budgetary allocations.

3.4.6. Federal Medical Centre, Daura

Achievements 	 Challenges
Providing care to 19,365 patients and performing 339 surgeries	Limited diagnostic tools, high disease burden, and inadequate manpower
Managed 59 eclampsia cases, 20 postpartum hemorrhages, and treated 1,884 malaria cases	
Maintained a 71% bed occupancy rate	

Future Focus: Enhance diagnostic capacity, recruit specialist manpower, and improve neonatal care

3.4.7. Federal Neuro-Psychiatric Hospital, Kaduna



Achievements 	 Challenges
Treated 27,041 outpatients, admitted 1,177 inpatients, and provided emergency care to 4,923 patients	Stigma surrounding mental health, funding limitations, and inadequate staffing
Expanded services, including a new geriatric ward (90% completion) and a drug addiction treatment and education ward	
Enhanced community psychiatry programs and introduced dialysis with psychotherapy services	
Increased capacity for mental health training, training over 1,000 professionals	

Future Focus: Strengthen mental health advocacy, recruit additional staff, and invest in infrastructure development

3.4.8. University of Benin Teaching Hospital

Achievements 	Challenges 
<p>Received Award of Excellence for Best Hospital in Effective Service Delivery from the Federal Ministry of Health</p>	<p>High staff attrition due to migration of healthcare professionals</p>
<p>Delivered 1,790 babies, including 913 vaginal births and 880 caesarean sections</p>	<p>Rising costs of maintaining an uninterrupted power supply</p>
<p>Renovated and upgraded multiple wards, including orthopedic and emergency rooms</p>	
<p>Partnered with the Chinese government to provide free cataract surgeries</p>	
<p>Future Focus: Increase public-private partnerships for infrastructure and equipment development</p>	

3.4.9. National Orthopaedic Hospital, Enugu (NOHE)

Achievements 	Challenges 
<p>Conducted 31 cleft lip surgeries in partnership with Smile Train</p>	<p>Insufficient specialized surgeons and burns care specialists</p>
<p>Performed 72 arthroplasty surgeries (40 total knee replacements, 32 total hip replacements), a 39% increase from 2023</p>	<p>Limited diagnostic tools for spine surgeries</p>
<p>Completed 268 reconstructive procedures, including liposuction and trauma repairs</p>	<p>Brain drain of healthcare professionals and inadequate housing for junior staff</p>
<p>Managed 1,756 emergency cases with a 99% survival rate</p>	
<p>Future Focus: Expand outreach programs for underserved communities to improve awareness and access</p>	

3.4.10 Federal Medical Centre, Bida

Overview:

- Established in 1997 to provide high quality and comprehensive clinical services with state-of-the-art technology to the immediate communities and neighboring states
- FMC, Bida is a 28-bedded ward (14 each for male and female sections), providing clinical interventions for clients from within the hospital and even far beyond the shores of Niger state.

Vision:

- To be the foremost health institution giving the best tertiary healthcare comprehensive support as far as the grass root level (of healthcare delivery) in Niger State.

Key Achievements in 2024:

- Mental Health Departments:
 - Patient waiting time has reduced from average of 30 minutes to about 20 minutes.
 - Offers five different Psychological interventions
 - Recognized as one of the centres for treatment of substance use disorders by United Nation Office on Drugs and Crime
- Family Medicine Departments:
 - Increased client base as total out-patients seen in the first 3 quarters at GOPC was 44,103 as against 39,856 in 2023.
 - Maintained full accreditation for training for both WACP and NPMCN
 - Child Health: 285 live births, Under-5 mortality of 8 hence UMR- 28/1000, and infant mortality of 5 hence IMR 18/1000 live birth
 - Maternal Health: Two (2) maternal deaths translating to MMR of 701/100,000 live births, Caesarian Section rate of 12.6%
- Surgery Departments:
 - The only Resident presented for part 2 Neurosurgery Examination of the West African College of Surgeons passed in October.
 - Regular presence of a visiting Consultant Paediatric Surgeon
 - Educated patients on laparoscopic/endoscopic surgery as a form of specialized surgery and investigation
- Paediatric Departments:
 - Recorded a notable reduction in neonatal and infant mortality rates, reflecting the effectiveness of targeted interventions and enhanced clinical practice
 - Initiated local production of Ready-to-Use Therapeutic Foods (RUTF), reducing dependency on imports and ensuring timely availability of life-saving nutrition.
 - Achieved a significant decrease in mortality and morbidity rates associated with common pediatric illnesses through improved case management and preventive measures.
- Chemical Pathology Departments:
 - Maintained a steady stream of reagent and consumable supply in the year under review

Challenges:

- Inadequate man-power
- Inadequate working Instruments and consumables
- Incessant power outage in the hospital

Recommendations:

- Procurement of Advanced therapeutic equipment like shortwave diathermy machine, Microwave Diathermy machine, LASER therapy machine, and hydrotherapy pool to improve the quality and standard of our services.
- Expansion of solar energy options to cover the emergency points in obstetrics and gynaecology department as well as haematology department
- Procurement of novel surgical and diagnostic equipment and repair/servicing of available equipment

3.4.11 Federal Medical Centre, Abuja**Overview:**

- The inception of the hospital can be traced back to the China-Africa Cooperation Forum, specifically during the significant Beijing Summit that took place from June 2 to June 21, 2008.
- Foundation stone was laid on May 20, 2010.
- The hospital underwent a pre-commissioning ceremony led on July 2, 2012, and was formally commissioned on January 28, 2013
- Signed MOU with Baze University on May 9, 2024, to foster collaboration in clinical training

Vision:

- To be a world-class hospital for rendering quality health care through team work, Leverage on cutting edge technology to enhance research, training and innovation in health care provision.

Key Achievements in 2024:

Research and Training:

- Collaborations with institutions such as Baze University, Institute of Human Virology of Nigeria and International Centre of Excellence, Liverpool School of Tropical Medicine, Limi Multi-Specialty Hospitals, and the Federal Capital Territory Administration among others
- Over 50 research topics for 2024

Accreditation:

- Full accreditation of 10 departments for five years by West African College of Physicians, WACS- West African College of Surgeons and National Postgraduate Medical College of Nigeria.

Awards:

- A staff of Surgery/Plastic Surgery department, Dr. Amaka Ehighile received Young Fellow Award at the 64th West African College of Surgeons (WACS) conference which held at Freetown, Sierra Leone.
- A staff of Internal Medicine/Nephrology, Dr. S. Okpechi-Samuel won Olajide Babalakin Prize for best dissertation in Nephrology at the WACP fellowship examination
- A staff of Obstetrics & Gynaecology, Dr. F.K. Muhammad won Prof. A.A.E. Orhue Prize for the best candidate in Part 1 oral examination, Faculty of O&G, NPMCN
- A staff of Paediatrics department, Dr. A. Adeoti-Lawani received Best Fellowship candidate Award at the WACP Paediatric fellowship examination

Specialized Services:

Department of Surgery: Open Heart Surgery (Adult), Open Heart Surgery (Pediatrics), Open Retropubic Radical Prostatectomy for Early Prostate Cancer, Laparoscopic Cholecystectomy, Upper and Lower Gastro-Intestinal Endoscopy, Spine Surgery, Open-Retropubic Radical Prostatectomy for Early Prostate Cancer, Total Knee Replacement, Craniotomy for Traum (Evacuation of Epidural Hematoma, Subdural Hematoma, Decompressive Craniectomy), Excision and Repair of Myelomeningocele an Encephalocele,

craniotomy and Excision of Brain Tumors, Ventriculoperitoneal Shunt Insertion, Laminectomy and Excision of Spinal Tumor, External Ventricular Drain Insertion for Haemorrhagic Stroke with Intraventricular Extension or Ventriculitis with Hydrocephalus, Posterior Lumbar and Interbody Fusion PLIF, For Degenerative Spine Disease.

Department of Obstetrics & Gynaecology

- In-Vitro Fertilization, and Laparoscopic Hysterectomy

Department of Internal Medicine

- Renal Haemodialysis, Video Electroencephalography (EEG), EchoCardiography (Adult), Dermoscopic Examination of the Skin

Department of Paediatrics

- EchoCardiography (Paediatrics), Neonatal Intensive Care Unit (NICU), EchoCardiography (Paediatrics),

Department of Ophthalmology

- Binocular Indirect Ophthalmoscopy, Pulsair (Non-Contact) Tonometry, Pachymetry, Pulsair (Non-Contact) Tonometry, Perimetry, and OCT

Ear, Nose and Throat Department

- Superficial Parotidectomy, and Tympanoplasty

Department of Anaesthesia

- State-of-the-Art Intensive Care Unit (ICU)

Dental Department

- Trans-Alveolar Extraction of Impacted Molars, Iliac Bone Graft and Mandibular Reconstruction

Oncology Unit

- Chemotherapy Suite

Department of Radiology

- Computerized Tomography Scan, Mammography, 3D Ultrasonography, Fluoroscopy

Department of Anatomic Pathology

- Immunohistochemistry

Department of Clinical Microbiology

- Molecular Laboratory Services

Department of Haematology

- Bone Marrow Biopsy

Department of Physiotherapy

- Physiotherapy Services

Department of Pharmacy

- Production of Hand Sanitizer

Recently completed projects

- Administrative complex
- Ward extension building
- Three-storey clinical services block
- Expansion of theatre suites

Ongoing Projects

- Ophthalmic complex building
- Multipurpose hall
- Polyclinic building
- Mental health building

3.4.12. Lagos University Teaching Hospital

Overview:

- The Lagos University Teaching Hospital is the largest single Hospital in the neighborhood of Lagos and Ogun State and also serves patients from as far as other African Countries.
- Currently have One thousand and Fifty (1,050) admission beds, Forty-six (46) Clinical Departments, Eighteen (18) Non-Clinical Departments and outreaches at both Yaba and Pakoto
- The hospital has over Two Thousand Three Hundred (2,300) Staff
- The hospital have successfully carried out Open heart surgery, Bone Marrow Transplant, and performed Surgery on a 13-Day old Baby to free an obstructed Oesophagus
- Recorded over 95, 000 outpatient clinic attendance in 2024, admitted over 6,000 patients and successfully discharged over 5000 from the ward.

Vision

- A foremost tertiary hospital, providing excellent services of international standard in patient care, training and research

Key Achievements in 2024:

- Successfully carried out the first Bone Marrow Transplantation. BMT was performed on two (2) patients with Sickle Cell Diseases with 100% success rate
- Offered oncological services including Radiotherapy, Brachytherapy, Chemotherapy, Immunotherapy, Hormone therapy as well as targeted therapy to over 12,000 patients.
- Offered about 50 couples assisted reproductive therapy with a success rate comparable to global average.
- Established a new 30-bedded ICU in addition to the old 5-bedded ICU with both facilities running concurrently. Altogether, 311 patients have been admitted and treated from January to November 2024.
- The Paediatric Surgical and Anaesthesia team of the hospital successfully carried out the first ever laparoscopic repair of tracheo-oesophageal fistula in a neonate in a public hospital in Nigeria at regular cost of surgery in the hospital

Awards

- Nigerian Healthcare Excellence Award as the Most Outstanding Oncology Centre in Nigeria 2024.
- Private Sector Health Alliance Nigeria (PSHAN) Sustainability in Healthcare Award for the year 2024.
- Dove Healthcare Award for the Best hospital in Management for the year 2024.
- Milestone Legacy Award for the Most Outstanding Role Models with Outstanding Accomplishment and Transformative Impacts in Nigeria for the year 2024.

Accreditations

- National Postgraduate Medical College of Nigeria for residency programmes in Subspecialties, Surgery, Medicine, Obstetrics and Gynaecology, Paediatrics, Laboratory Medicine, and Dental Specialties.
- The West African College of Surgeons for residency programmes in Surgery, Dentistry, Obstetrics and

Gynaecology, and Anaesthesia Subspecialties.

- The West African College of Physician accreditation for subspecialties in Medicine, Paediatrics, Laboratory Medicine.
- Medical and Dental Council of Nigeria (MDCN) accreditation for housemanship.
- Pharmacists Council of Nigeria (PCN) for pharmacy internship.
- Medical Laboratory Science Council of Nigeria (MLSCN) Accreditation for internship.
- Nursing and Midwifery Council of Nigeria Accreditation for training of nurses and internship.
- National Board for Technical Education Accreditation for training in Nursing, Health Information Management and Biomedical Engineering.

Challenges

- Inadequate Staffing
- Electricity/ Power Challenge

3.4.13. Federal Medical Center, Onitsha, Anambra State

Overview:

- Federal Medical Center, Onitsha was started in the 1960's by the colonial masters. It started as a Primary Health Center which was later upgraded to General Hospital
- The hospital was one of the new Federal Tertiary Institutions that was created on 5th of April 2023 by the last administration of President Muhammadu Buhari and the center was commissioned on 18th of May 2023.
- The hospital has 200 beds with 55 departments and 238 staff.
- Recorded over 42,000 outpatient encounters between January and October 2024.

Vision

- To be an outstanding world class health Institution advancing exceptional quality health care

As a new Key Achievements in 2024: center, a lot of work has been ongoing which is highlighted below, with challenges and recommendations.

- Functional SERVICOM unit with operational service charter
- Establishment of endoscopy unit
- Improving the quality of medical laboratory services
- Establishing electronic medical records
- Expanding of radiology services
- Expanding ophthalmology services
- Establishing dialysis unit

Challenges

- Lack of required manpower to deliver the services
- The cost of energy supply to meet up the demand is very high.
- There is a dire need for new structures as the ones available are not adequate and most are dilapidated
- The equipment gap/need is enormous, and this impairs optimal service delivery
- Sub-optimal work environment

Recommendations

- Need to increase the personnel budget for the Institution
- Need to increase capital budget for the institution
- Need to make adequate provision for energy, investing in the direction of Solar system/farm

3.4.14. National Ear Care Centre, Kaduna

Overview

- Established in 1999 as the only mono-specialty tertiary health institution in Nigeria saddled with the mandate of providing services, training and research in ear, nose and throat and head and neck medical conditions.
- The Centre provides the only point of training for middle and low-level manpower in ear, nose and throat services in Nigeria including specialist ENT Nurses, Audiology technicians and primary ear care course.

Vision

- To be the apex centre in the provision of research, training ear, nose and throat services in Nigeria and Africa as whole

Key Achievements in 2024:

- Admitted over 800 patients between January and November 2024, with 758 successfully discharged and 9 reported mortalities.
- Provided endoscopic procedures to 27,957 outpatients within the same period.

Research and Training

- Conducted 23 ongoing research projects, with some under review and others submitted for publication.
- Completed 24 research studies, presented findings at scientific conferences, and published three journal articles.

Accreditation

- Achieved full accreditation for five years (effective November 2023) in Otology and General ORL (Head & Neck Surgery) from National Post Graduate Medical College of Nigeria (NPMCN)
- Received partial accreditation for two years (effective November 2023) in Audiological Medicine, Rhinology & Allergy, Head & Neck Surgery, and Pediatric ORL (Head & Neck Surgery) from NPMCN
- Secured full accreditation for five years (effective 2023) from the West African College of Surgeons from NPMCN
- Obtained full accreditation for four years (effective February 2024) from the Nursing and Midwifery Council of Nigeria (N&MCN) for ORL Nursing training.

3.5 Priority X: Improve Pandemic Preparedness and Response (PPR)

Health security is essential to protecting the lives and well-being of Nigerians, while safeguarding the nation's social and economic stability. Pandemics pose a significant threat to global health security, economic stability, and national development. The COVID-19 pandemic exposed significant gaps in Nigeria's health system, including inadequate infrastructure, limited workforce capacity, and fragmented coordination. Strengthening pandemic preparedness and response is essential to ensuring resilience against future public health emergencies. Key strategies include enhancing emergency response capacity and fostering collaboration at national and global levels to ensure that the country is better equipped to confront pandemics effectively.

In response to global health threats and recent outbreaks, Nigeria has intensified efforts to bolster its health security and pandemic preparedness. Investments have been made in emergency response capabilities, with a focus on rural medical transport, ambulance services, and strategic stockpiling of essential supplies such as personal protective equipment (PPE) and vaccines. The expansion of ambulance fleets and the training of emergency medical technicians (EMTs) have improved pre-hospital care and emergency transport services, though disparities remain between urban and rural areas.

To further enhance resilience, the government has launched national training programs for healthcare workers on infection prevention and control (IPC), ensuring frontline workers are equipped to manage outbreaks effectively. These measures, combined with enhanced resource allocation and public awareness, form the foundation of a more robust health security framework for Nigeria.

3.5.1 Health Security Milestones in 2024

Antimicrobial Resistance (AMR)

In 2024, Nigeria made significant strides in addressing Antimicrobial Resistance (AMR), with key actions focusing on policy development, surveillance, stewardship, and awareness-raising across multiple sectors. The major milestone was the launch of the second One Health National Action Plan on AMR (NAP 2.0), a comprehensive roadmap aimed at combating AMR through a multi-sectoral, collaborative approach. The country also made substantial improvements in AMR surveillance, antimicrobial use (AMU) monitoring, and the optimization of antimicrobial stewardship (AMS) practices.

Key Strategic Activities and Achievements for 2024:

- Strengthening AMR Governance in Nigeria through Multisectoral Coordination
- A costed One Health National Action Plan on AMR was launched, outlining strategies to combat AMR across sectors. The plan was launched on October 18, 2024, by the Hon. Coordinating Minister for Health and Social Welfare.
- Nigeria secured the bid to host the 2026 Global AMR Conference during the 4th High-Level Ministerial Conference in Jeddah.
- Improved Capacity for Awareness-Raising and Behavior Change Activities: In 2024, Nigeria focused on engaging multiple sectors and stakeholders, especially the general public and healthcare workers, to improve understanding and promote responsible antimicrobial use.
- The National AMR Community of Practice (AMR CoP) website was launched as a collaborative platform for AMR stakeholders across Nigeria's One Health sectors
- Established 75 AMR clubs in secondary schools, training over 3,500 students
- Released AMR awareness videos in English, part of the 2024 World AMR Awareness Week activities, with plans for translations into major Nigerian languages
- Trained media professionals to enhance AMR awareness campaigns
- Strengthening Antimicrobial Stewardship (AMS) Systems: Antimicrobial stewardship (AMS) is essential for reducing the unnecessary use of antimicrobials, thereby slowing the development of AMR. In

2024, Nigeria made significant advancements in strengthening AMS systems, particularly in critical human and animal sectors.

- Joined the Global Antimicrobial Consumption Surveillance System and broadened national surveillance to include data from manufacturing and distribution
- The national antimicrobial consumption surveillance system was reviewed to include data from exports, manufacturing, distribution, and community pharmacies
- The national AMS guidelines were reviewed, and a strategic framework was developed to incorporate the private sector into infection prevention and control (IPC) and AMS programs
- Trained over 4,000 healthcare workers in AMS across 18 states, enhancing antimicrobial optimization in healthcare settings
- All 17 AMR surveillance sentinel sites were enrolled into the national integrated AMS network, and 52 healthcare facilities in 18 states were supported to implement antimicrobial stewardship programs
- Enhancing AMR Surveillance Systems In 2024, Nigeria focused on strengthening its AMR surveillance capabilities and ensuring the effective use of data for decision-making.
- The national AMR surveillance guidelines were updated to include multidrug-resistant detection, whole genomic sequencing, and antifungal resistance surveillance.
- Seven additional AMR surveillance sentinel sites were added to the national network, bringing the total to 17 laboratories across the country. The newly added sites include
 - Aminu Kano University Teaching Hospital
 - University College Hospital, Ibadan
 - Lagos University Teaching Hospital
 - University of Ilorin Teaching Hospital
 - University of Calabar Teaching Hospital
 - University of Nigeria Teaching Hospital, Nsukka
 - Maitama District Hospital, Abuja Existing sites in the network include major teaching hospitals and federal medical centers.
- All sentinel sites, including the national reference laboratories, were enrolled in the external quality assurance (EQA) program to improve testing quality. Additionally, efforts are underway to achieve ISO certification for these laboratories.
- The number of sentinel sites submitting standardized AMR data increased from four to nine sites in 2024
- Thirty laboratory staff from the sentinel sites were trained in the use of WHONET software, a critical tool for generating high-quality, standardized AMR surveillance data.

Outcome and Impact

The comprehensive actions taken in 2024 have had a significant and positive impact on Nigeria's efforts to combat Antimicrobial Resistance (AMR) and strengthen health security. The launch of the second One Health National Action Plan on AMR (NAP 2.0) represents a critical milestone in the nation's commitment to a coordinated, multi-sectoral approach to tackling AMR, ensuring more efficient and equitable access to safe antimicrobials and diagnostics. Strengthened surveillance and monitoring systems have enhanced data-driven decision-making, improving the tracking of AMR patterns and antimicrobial use (AMU). The inclusion of new sentinel sites, along with the adoption of advanced diagnostic techniques such as whole genomic sequencing and antifungal resistance surveillance, has significantly increased Nigeria's capacity to identify and address emerging AMR threats. Furthermore, widespread healthcare worker training and the expansion of antimicrobial stewardship programs have promoted the responsible use of antimicrobials across human, animal, and environmental sectors, which is vital in curbing the development of resistance. Public awareness campaigns, including the creation of AMR clubs in schools and media training initiatives, have been instrumental in shifting behaviors and fostering a culture of responsible antimicrobial use.

Nigeria's successful bid to host the 5th Global AMR Conference in 2026 further highlights the country's increasing leadership in the global fight against AMR. Together, these actions provide a strong foundation for sustained progress in reducing AMR-related health risks and safeguarding public health both in Nigeria and globally.

3.5.2 Infection Prevention and Control

Our mission is to integrate Infection Prevention and Control (IPC) across the healthcare system, ensuring patient safety and improving care quality. This involves strengthening coordination at national, state, and facility levels to build a resilient health system capable of preventing, detecting, and responding to healthcare-associated infections (HAIs) and public health threats.

Robust IPC programs are essential for protecting patients, healthcare workers, and visitors, especially against antimicrobial-resistant and epidemic- or pandemic-prone pathogens.

Key Strategic Activities and Achievements for 2024:

1. Political Commitment and Policies: Establishing policies and frameworks to scale up core IPC components sustainably

- Approval of the reviewed National Policy on Infection Prevention and Control (2024) by the National Council on Health.
- Nigeria's endorsement of the Global Action Plan on IPC, demonstrating commitment to global IPC priorities.
- Leadership at the UN General Assembly side event on IPC and Antimicrobial Stewardship, showcasing Nigeria's establishment of an IPC legal framework.

2. Establishing Active IPC Programs Across the Health System: Expanding IPC implementation to ensure healthcare facilities across all 36 states and the FCT meet minimum IPC standards

- Established IPC programs and focal points in ministries of health across all states and the FCT
- Developed 3-5-year state IPC strategic plans guiding annual operational plans
- Included three secondary health facilities per state, enhancing state-level IPC capacities

3. Enhancing IPC Knowledge and Skills: Building IPC professional capacity through comprehensive training for state IPC focal persons, healthcare workers, and stakeholders

- The NCDC, in collaboration with the College of Medicine, University of Lagos conducted tiered training (basic, intermediate, advanced) for 300 IPC professionals, including representatives from healthcare facilities, security services, private sectors, and faith-based organizations.
- Utilized the Participatory Approach to Learning in Systems (PALS) to drive behavioral changes and improve working conditions.
- Trained 92 Change Agents across 23 healthcare facilities (in Ebonyi, Edo, Ondo, and the FCT), leading to infrastructure improvements such as enhanced electricity, water supply, and waste management systems.

4. Data for Action and Surveillance Systems: Strengthening data systems to monitor IPC practices and HAIs while ensuring quality data informs targeted interventions.

- Launched SSI and BSI surveillance in selected tertiary hospitals, with a pilot prevalence survey planned for 2025.
- Deployed the REDCAP system for IPC data collection, analysis, and sharing.
- Developed and deployed tools to track progress, as seen in improved IPC readiness across states.

5. Collaboration and Stakeholder Engagement: Strengthening IPC governance through partnerships and stakeholder coordination.

- Inauguration of the National IPC Technical Working Group (TWG), ensuring IPC governance aligns with global best practices

Outcome and Impact

- In 2024, Nigeria made substantial progress in IPC:
- Improved IPC practices and professional capacity at state and facility levels.
- Enhanced HAI surveillance and evidence-based interventions.
- Fostered a culture of collaboration, driving sustainable IPC practices across the health system.
- Gained global recognition for leadership in IPC, as highlighted in the 2024 WHO Global IPC Report

For more details, refer to the 2024 WHO Global IPC Report - (<https://www.who.int/publications/item/9789240103986>)

3.5.3 Humanitarian Health Interventions

The Nigeria Health Sector has indeed made significant progress in addressing the impact of humanitarian crises including man-made and natural disasters (armed conflicts, floods, building collapses, etc.), on affected populations.

The achievements of the Ministry in the area of Health Sector preparedness and response to humanitarian crises are as follows:

- Conducted a comprehensive health needs assessment across 20 states in six geo-political zones. The assessment identified a range of prevalent health conditions, including malaria, diarrhea, typhoid fever, cholera, eye infections, respiratory infections, and skin diseases, which disproportionately affect internally displaced persons (IDPs) and host communities, highlighting the urgent need for intervention
- Procured and distributed ₦350 million worth of essential drugs, medical equipment, and health-related commodities to the Federal Teaching Hospital in Maiduguri, Borno State, to improve access to quality and affordable healthcare. This strategic intervention aimed to alleviate the suffering of those affected by the devastating 2024 floods, which had a profound impact on the region.
- Conducted two medical outreach programs at the New Kuchingoro and Durumi IDP camps in the Federal Capital Territory (FCT), Abuja, benefiting 1,003 displaced persons
- Assessed ten Emergency Operational Centers (EOCs) to strengthen response capabilities during humanitarian crises. The assessment revealed that 10 states have functional EOCs with adequate resources and moderate levels of preparedness and response, though a lack of mechanisms for reporting health disaster data to the federal level was noted as a key gap.

Challenges:

The challenges of Nigeria Health Sector preparedness and response to humanitarian crises include:

- Lack of Health Sector Humanitarian Emergency Preparedness and Response Policy/guidelines.
- Lack of special funds for Health Sector Humanitarian Emergency Preparedness and Response.

Recommendations:

The recommendations of Nigeria Health Sector for addressing the impact associated with humanitarian crises:

- The development of a National Health Sector Humanitarian Emergency Preparedness and Response Policy/guidelines
- Establishment of special funds for Health Sector Humanitarian Emergency Preparedness and Response.

These initiatives demonstrated the Nigeria Health Sector's commitment in addressing the health needs of internally displaced persons, refugees, returned migrants, populations/communities affected by man-made and natural disasters like armed conflicts, banditry, floodings, building collapses, etc, and enhancing response capabilities during humanitarian crises in the country.

3.5.4 National Emergency Medical Services and Ambulance System (NEMSAS)

Section 11 Subsection (3c) of the National Health Act prescribes that 5% of the Basic Health Care Provision Fund shall be used for Emergency Medical Treatment administered by a committee appointed by the National Council on Health. Pursuant to this provision, the National Emergency Medical Treatment Committee (NEMTC) was approved by the 61st National Council on Health in June 2018 and subsequently inaugurated by the Honourable Minister of Health in February 2019.

National Emergency Medical Services and Ambulance System (NEMSAS) was established as a National Programme Implementation unit providing operational oversight for Emergency Medical Treatment initiatives and activities across the country, this includes the provision of quality, prompt, efficient, effective and accessible Emergency medical transport and treatment services across the country.

A well-functioning pre-hospital and emergency care system is increasingly essential for Nigeria to confront the full range of urgent medical situations that impact its prospects to attain the sustainable development goals by 2030. Nearly one-half of Nigeria's population reside in rural areas where poverty is widespread, and access to quality health care is limited. Well over 40 percent of the country's population is under the age of 15, with children under five accounting for roughly 20 percent. Geography and physical challenges, including remote and hard-to-reach villages with poor infrastructure and limited transportation options, the requirement for financial resources, as well as considerations of family preferences all combine to hinder access to healthcare services among rural populations. A lack of properly equipped ambulances, adequately trained staff, reliable communication equipment, and poorly coordinated response between incidents and healthcare facilities present major shortcomings to the country's health systems. These debilitating factors contribute to abysmal population indices recorded in Nigeria particularly maternal and perinatal mortality rates. A major factor implicated in maternal mortality in Nigeria is the delay in reaching the point of care and delay in receiving quality care at the health facility.

The “three delays model” concept has proven to be a practical and widely accepted framework to account for the delay in management for obstetric emergencies and its role in maternal mortality. The model allows for evaluating the circumstances surrounding maternal deaths, which has proven useful in examining constraints to obstetric care and helping to understand ways to prevent maternal mortality. The model explores what, why and how maternal deaths occurred. The model comprises the delay in deciding to seek appropriate care by individuals, family, or both (Delay 1), delay in reaching an adequate health care facility (Delay 2) and delay in receiving adequate care when a facility is reached (Delay 3).

NEMSAS has successfully empaneled 21 states, thereby establishing governance and operational structures to ensure effective, efficient, and sustainable implementation through the EMT Gateway pillars (see figure 52).



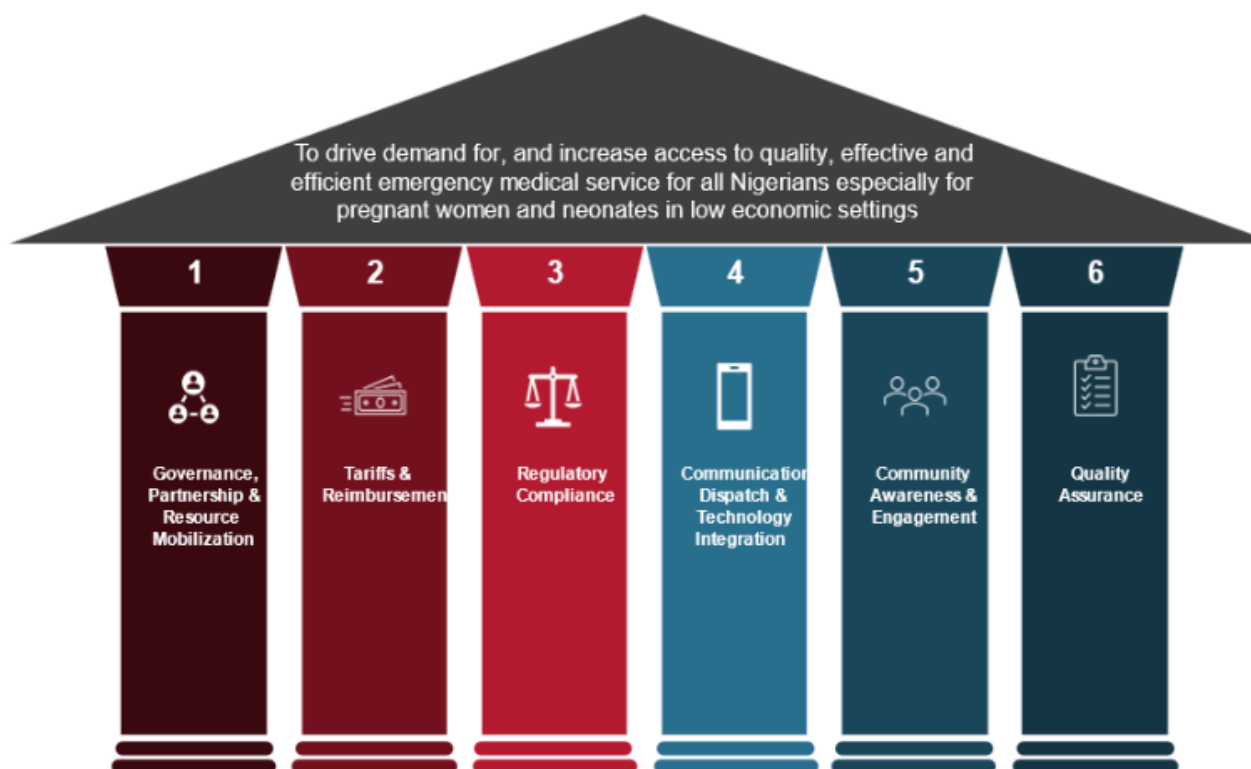


Figure 52: Emergency Medical Services (EMS) Gateway pillars

3.6 Priority XI: Strengthen the NHMIS - Collection, Reporting, Demand and Use

The National Health Management Information System (NHMIS) was established by the National Health ACT 2014, to ensure the creation of a comprehensive information system for the country. The Federal Ministry of Health and Social Welfare is mandated to facilitate and coordinate all health information systems established, implemented and maintained by State Ministries, Local Government Health Authorities and the private health sector. The NHMIS is therefore expected to guarantee the availability of accurate, timely, reliable, and relevant health information, which is essential for informed public health decision-making.

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3.6.1 Major Data Sources

Nigeria currently employs multiple data sources for health information management. They include routine (administrative) data sources (paper or electronic) that collect and process data, especially at all levels of health service delivery, periodic data sources that include surveys, assessments, registries by programmes and regulatory bodies, as well as surveillance data. Specifically, routine data sources include the national

District Health Information Software 2.0 (DHIS-2) adopted as the primary platform for routine aggregate health data collection, analysis, and reporting in both public and private facilities, by a resolution of the 56th National Council on Health. Other major routine sub-systems include all Electronic Medical/Health Records (EMR) systems, the e-TB for Tuberculosis data, the National Data Repository (NDR) & NDARS for HIV/AIDS data, the Logistic Management Information System for Medicines and commodities, Health Insurance Management Information System (HIMIS), Maternal and Perinatal Death Surveillance and Response (MPDSR) system, Surveillance, Outbreak Response Management and Analysis System (SORMAS) for surveillance data, that are all being used to collect and manage data from over 37,500 health facilities and communities nationwide (see figure 53).

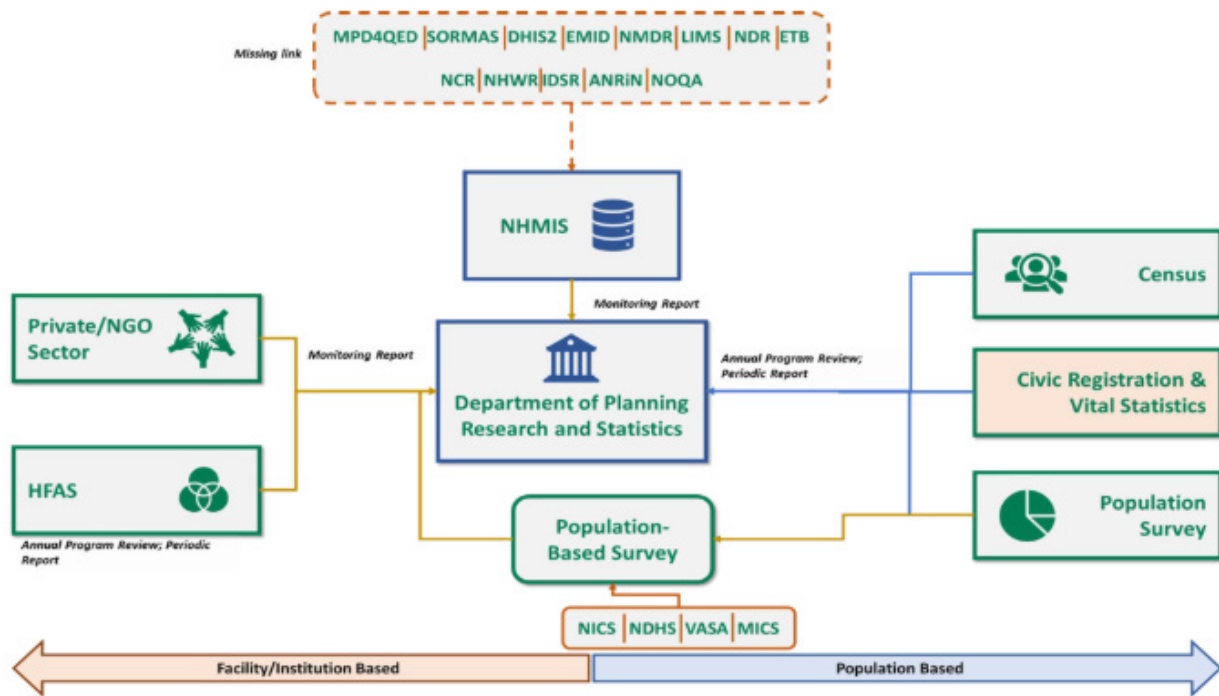


Figure 53: Multiplicity of data sources in Nigeria health sector

For periodic data management, major sources include surveys such as the Nigeria Demographic and Health Survey (NDHS), the National Health Facility Survey (NHFS), Multiple Indicator Cluster Survey (MICs) & National Immunization Coverage Survey (NICs), National Nutrition and Health Survey (NNHS), STEP survey among others. Facility assessments, especially at the PHC levels database or registries of health practitioners, the Health Workforce Registry, Health Facility Registry, and Cancer Registry are also major sources of periodic data. A key data source for the health system is the Civil Registration and Vital Statistics (CRVS) systems for birth and death registration and other vital events. This however sits outside of the mandate of the health sector.

3.6.2 Achievements

The Health Sector Renewal and Investment Initiative prioritizes data and digitization as critical enablers for development and as such, the sector has commenced the implementation of key interventions to ensure that there is high quality data for decision-making in the health system. To strengthen the governance structure of the National Monitoring and Evaluation Technical Working Group for SWAp was established with clear terms of reference which include to define core indicators to track progress, ensure assessment and interoperability of data systems as well as oversee other data matters.

Two major reforms were implemented to improve data collection at the facility across the country: firstly, based on the findings of a rapid assessment conducted, data officers are being deployed to 1-PHC-perward (BHCPF facilities) across the country. Health data managers in all the 36 States and the FCT, as well as data officers in all 774 LGAs have now been trained in quality data management and are equipped with laptop computers. While over 50% of BHCPF facility data clerks have now been trained and are also being provided with laptops for data management. At the initial phase of implementation, more attention is given to strengthening human resources for health information management. This entails engaging licensed health information management officers to work at facilities, starting with BHCPF facilities. This will ensure professionalism in the way data is generated, collated and analyzed while allowing healthcare providers to focus on their primary assignment of providing care.

This intervention, supported through the World Bank funded IMPACT project, will be completed in the first quarter of 2025, when over 90% of BHCPF facilities are expected to join the over 7,000 facilities that already manage data electronically. Similarly, a total of 15,000 tablets have been procured through the Global Fund supported Resilient and Sustainable Systems for Health (RSSH) grant. The tablets will commence the planned use of mini EMRs including daily reporting in PHC facilities with kick-off in BHCPF facilities.

The second key transformative intervention is by the Nigeria Digital-in-Health Initiative which has concluded the development of national standards for electronic Medical Records systems in the country. This intervention will ensure the interoperability of all electronic health records in the country and ensure that Nigerians are able to access health services seamlessly.

The surveillance data space has also been strengthened. The NCDC has increased the number of communities reporting public health emergencies using electronic platforms for timely data reporting to the national database has increased in 2024. Thereby enhancing the efficiency and reliability of disease surveillance data and facilitating quicker responses to public health threats.

In terms of periodic data management, key surveys that were conducted in 2023/2024 include the NDHS 2023 and the NHFS 2023 with the key indicators results and full reports launched in 2024. The findings from both reports are available on the FMOHSW website: www.health.gov.ng. Other periodic measures being instituted include the quarterly review meetings with States and the FCT, JAR, in-person facility annual assessments.

As a measure to improve the tracking of health performance, the mini NDHS has been instituted with the maiden edition to be conducted in 2025.

A combination of all data sources above are being employed as a solid baseline for the continued tracking of the progress of implementation of the NHSRII. The sector is also heavily deploying the use of rich content dashboards as part of efforts to ensure that stakeholders in the sector have near-real time access to quality data and are actively using the data for decision-making. Some key platforms and dashboards developed and actively being disseminated by the FMOSH include the Quality-of-Care learning platform (<https://nationalqoc.fmohconnect.gov.ng/>), and the Multi-Source Data Analytics and Triangulation dashboard (insert web link).

3.6.3 Challenges

In a sector-wide approach (SWAp), monitoring is crucial for assessing progress in program implementation, addressing challenges, and informing future program design. Government ownership and leadership in program implementation are key characteristics of the sector wide approach. Countries implementing SWAp in the health sector typically rely heavily on routine health information systems such as District Health Information System 2 (DHIS2) to monitor and periodically assess agreed-upon program performance indicators. In Nigeria however, the routine data system is still fraught with many shortcomings that make it a less reliable source of data for the health sector. Although there is evidence that reporting completeness in the District Health Information Software 2 (DHIS-2) has improved, the system continues to struggle with data quality issues. Health financing data and supply chain data are fragmented with limited end-to-end visibility. Human Resources for Health (HRH) and health facility registers are outdated. Facilities in rural and remote areas often face difficulties such as limited internet connectivity and insufficient resources for data management. Addressing these challenges requires continued investment in infrastructure, capacity building, and technical support.

Another key challenge facing the Nigerian HMIS is the multiplicity of data sources especially for indicators that require population level surveys. There is biggest impact of this on the health sector is the fragmentation of population surveys such as the Nigeria Demographic and Health Survey (NDHS), Multiple Indicator Cluster Survey/National Immunization Coverage Survey (MICS/NICS), and Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys. These surveys have different methodologies, provide different levels of estimates and vary in quality, limiting comparability and resulting in inefficient use of resources. Additionally, these surveys are typically conducted every 4-5 years, which is insufficient for timely decision-making and policy adjustments.

3.6.4 Opportunities to Further Strengthen the Health Information System

To sustain the gains being made, the health sector is implementing an approved 3-year M&E roadmap which aims to strengthen health data collection, reporting, and usage, starting with the aligning the roadmap with the implementation of the NHRIs, and its Sector-Wide Approach's (SWAp) "One Report" mandate. The roadmap comprises the key actions that need to be taken in the short and medium term to address the most pressing issues in tracking the progress made in the sector within available resources. One of the overarching objectives of the roadmap, which is aimed at reducing fragmentation and the confusion sometimes brought by the multiplicity of data sources, is the establishment of a single source of truth that will allow optimization of resources and encourage a unified M&E system. The single source of truth means that all stakeholders considered the different sources of data, identified and agreed on which source would be most suitable for each of the core indicators in the sector. It also implies that stakeholders would garner support behind strengthening the agreed source of truth for each indicator.

Some opportunities and planned actions for further strengthening of the NHMIS system include:

- Expanding the use of mobile health (mHealth) technologies to improve data collection and reporting in hard-to-reach areas.
- Strengthening partnerships with international organizations and donors to support HIS initiatives.
- Implementing advanced data analytics and visualization tools to enhance data use for decision-making.
- Increasing community engagement and awareness about the importance of health data.

3.6.5 Health Research

The National Health Act 2014 established oversight, governance and management of Health research in Nigeria through the National Health Research Committee (NHRC) with the responsibility of regulating, promoting, development, coordinating, and advising the leadership for Health in Nigeria on the application and implementation of an integrated national strategy for health research among other functions.

National Health Research Ethics Committee (NHREC); is responsible for the provision of and ensuring adherence to guidelines that govern ethical practice in order to ensure protection of human research participants in Nigeria.

The Leadership of the Federal Ministry of Health and Social Welfare strategic vision for the Health Sector [2023-2026) called the health sector renewal investment initiative and the health sector renewed hope agenda , pillar 3 ; unlocking the value chains , has the promotion of clinical research and development as the main strategy to improve health sector using cutting edge-research , make Nigeria a destination hub for production of health products and provision of market environment for demand creation for local manufacturing of medicine and supply chain.

Achievements of the Ministry in the area of research the year under review are as follows;

To achieve its laudable objectives as identified under health research priority areas the Honourable Minister of State for Health and Social Welfare in December 2023 inaugurated the National Health Research Committee (NHRC) and in January 2024 the National Health Research Ethics Committee (NHREC). The newly constituted Committees consist of experts in the various fields of health research and health research regulation as stipulated by the NHAAct 2014. Other areas are:

- Development and review of National Health Research Council Strategic blueprint for better coordination of health research investment and a broad-based approach that encourages government and partners to get returns on investment in health research , rather than the fragmented approach that is predisposed to waste of resources and lack of transparency and collaboration with the Nigerian health research ecosystem.
- Orientation and Training on how to review health research protocol and providing constructive feedback of the National Health Research Ethics Committee at Abuja Continental Hotel on April 6-8, 2024, to update health researchers and leadership of various IRBs at the subnational level.
- A National Strategic Health Research Meeting of the Newly inaugurated NHRC, NHREC and relevant stakeholders held a meeting from 29th -31st July 2024 at Transcorp Hilton Hotel Abuja. The meeting got the commitment of stakeholders to prioritize funding for health research in Nigeria, particularly support for administration and coordination for the Nigerian health system research ecosystem and its regulations.
- The Department facilitated the Launch of NHREC e-portal for submission of research application for ethical clearance held at Sheraton Hotel Lagos, 2nd October, 2024, however the e-portal platform is still to be optimized for full functionality.
- Regular monthly technical meetings of the National Health Research Committee for health system research improvement's strategic engagements
- Review of National Health research policy and prioritization approaches.
- Regular monthly meetings of the NHREC to perform its statutory functions and; platforms to engage with stakeholders are now a regular occurrence leading to review of more than 115 protocols including renewal of approvals, new studies (see figure 54) .

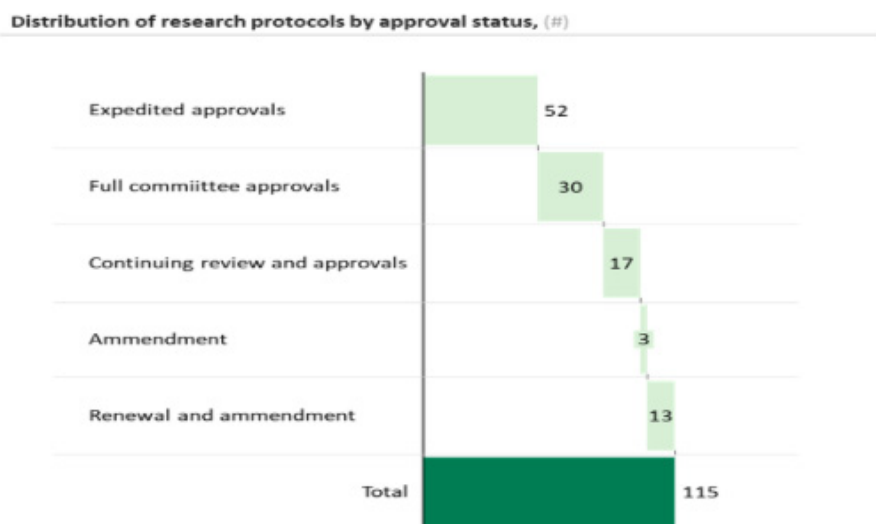


Figure 54: Distribution of research protocols by approval status

- Conducted situation analysis for a clinical trial investment case to turn Nigeria to a hub for clinical trial and scientific research under the guidance of the coordinating ministers of health. This initiative aimed at setting up a clinical trial site per 500,000 Nigerian population, and focusing on coordinated, country-led leadership in biotechnology research and production. This initiative encompasses Programming for Sustainable Capacity (P4SC), which aims to build capacities in Human Resources for Health, Data Science, and Public Health & Clinical Research. When the clinical trial site becomes fully operational, our country will benefit from;

Strengthened Healthcare System: Investing in the clinical research and trial sector strengthens Nigeria's health security by facilitating the development of new treatments, vaccines, and medical technologies tailored to the needs of the populace. This will lead to better diagnosis, treatment, and prevention of diseases prevalent in Nigeria. This can lead to a better understanding and management of endemic diseases such as malaria, tuberculosis, and HIV/AIDS, enhanced capacity to swiftly respond to health emergencies, including pandemics, through the development and testing of effective interventions, and decreased reliance on imported medicines and technologies. The research will inform policy decisions, leading to a more efficient and effective healthcare system.

Health workforce Development: Will contribute to the development of highly skilled professionals, including researchers, clinicians, and healthcare workers vital for clinical advancement. It will also contribute significantly to motivation for the health workforce by providing opportunities for professional development and additional income.

Scientific and Medical Advancement/ Discoveries: Investing in clinical research fuels scientific breakthroughs and medical progress. This translates to new drugs, vaccines, and treatments for better patient outcomes and stronger research infrastructure in Nigeria, allowing it to contribute valuable knowledge to global health.

Job Creation: Investing in the clinical research sector can create numerous employment opportunities across various levels and disciplines. Key areas include. 1. Direct Employment: Jobs for researchers, clinical trial coordinators, lab technicians, data analysts, and other healthcare professionals. 2. Indirect Employment: Ancillary services such as logistics, manufacturing trial materials, regulatory affairs, and administrative support. 3. Long-term Career Paths: Sustainable career opportunities for young professionals, reducing unemployment rates and contributing to economic stability.

Gross Domestic Product (GDP) Growth: Clinical trials can generate an estimated (conservative) total revenue of \$3,801,021,672 (approximately \$5 return per \$1 invested). This will significantly contribute to not just health sector financing but the economy. A robust clinical research sector can attract international funding and investment, diversifying the economy with a knowledge-based industry. This draws pharmaceutical companies for trials, generating foreign currency and stimulating economic activity.

Challenges

They are applicable to other departments, agencies and parastatals of the Ministry of Health and Social Welfare such as inadequate skilled human resources for health to facilitate the coordination and administration for health research and office tools such as stationeries and computers.

Recommendations

- There is a continued need for strengthening of a National Health Research Ecosystem.
- Some key policy documents in the research space are expected to be reviewed and updated to meet with the current drive towards achievement of UHC in Nigeria

3.6.6 Nigerian Institute of Medical Research

The Nigerian Institute of Medical Research (NIMR) is Nigeria's oldest health research institution, established through the National Science and Technology Act of 1977. It operates under the Federal Ministry of Health and Social Welfare with a mandate to research public health diseases, build capacities for clinical and biomedical research, and disseminate findings. NIMR collaborates with government ministries, universities, private sectors, and international organizations to provide an enabling environment for health research and training.

In 2024, NIMR achieved significant milestones, including commissioning the Ultra MEGA PCR Laboratory, developing an HBV qPCR kit, establishing a Biobank Centre, and building a new Centre for Human Virology and Genomics. The Institute strengthened external collaborations, increased research grants, and conducted capacity-building programs, such as the National Grants Management and Mentorship+ program and specialized workshops on malaria microscopy, molecular biology, and neglected bacteriological procedures. Additionally, NIMR hosted major events like its Annual Scientific Conference, the Senate Committee on Health visit, the International Bioethics Forum, and the Annual Retreat, while also promoting health awareness through public engagement on key global health days and regular media dissemination of research findings.

3.7 Priority XII: Improve Regulation and Regulatory Process

3.7.1 Optometrists and Dispensing Opticians Registration Board of Nigeria (ODORBN)

In 2024, the ODORBN recorded notable milestones in expanding its reach, improving regulatory oversight, and promoting eye health awareness. The establishment of a new zonal office in Asaba strengthened the Board's presence in Delta State. Public health initiatives such as free eye screenings for over 500 individuals during World Glaucoma Day and cataract surgeries for 723 patients from the "Run to End Blindness 1.0" initiative showcased its commitment to community eye care. The "Run to End Blindness 2.0" event in October raised awareness about blindness prevention in alignment with World Sight Day.

The Board advanced professional development by training 35 NYSC members, 11 IT students, and over 6,000 optometrists through capacity-building programs. It tackled quackery by shutting down 25

illegal practices via its Anti-Quackery Task Force and supported regulatory operations with improved infrastructure, including vehicles, IT equipment, and a 10KVA generator. ODORBN also developed the National Health Workforce Registry, submitted to the Federal Ministry of Health and Social Welfare.

Key statistics include seven inductions conducted in 2024 with 577 Optometrists, licensing of 2,350 optometrists and 407 dispensing opticians, and approval of two new training schools. The ODORBN plans to further strengthen anti-quackery measures, expand public health initiatives, and enhance professional training programs. Increased collaboration with stakeholders and investment in technology will be prioritized to ensure sustainable growth and improved service delivery in the coming year.

Challenges

Despite these achievements, the Board faced challenges such as limited resources to combat unregistered practices, inadequate public awareness of eye health, and infrastructural gaps that hinder its regulatory efficiency.

Recommendations

To sustain progress, the Board recommends increased government funding and stakeholder support for its initiatives. Public education campaigns on the importance of eye health and regular check-ups from qualified practitioners are essential to reducing preventable blindness in Nigeria.

3.7.2 Institute of Public Analysts of Nigeria (IPAN)

The Institute of Public Analysts of Nigeria (IPAN), a parastatal under the Federal Ministry of Health & Social Welfare, serves as the regulatory body for Public Analysts in Nigeria. Established under the IPAN Act CAP. 116 LFN 2004, the Institute trains, examines, and registers Public Analysts while regulating analytical laboratories nationwide. Public Analysts play a vital role in ensuring the quality, safety, and efficacy of consumer and health-related products, including food, drugs, medical devices, cosmetics, water, and environmental samples.

Key Achievements

In 2024, IPAN achieved significant milestones in its regulatory and capacity-building mandates in advancing laboratory analysis standards across Nigeria. The Institute conducted comprehensive training and examinations for student members, including 15 at the Foundation Level, 35 at P.E I, and 41 at P.E II. IPAN hosted the National Preparatory Meeting for the Codex Committee on Methods of Analysis and Sampling (CCMAS-43), representing Nigeria at the 43rd Codex meeting in Hungary. The induction of 32 new members was completed, further strengthening its network. IPAN also facilitated hands-on training on high-precision instruments and other analytical methods, while maintaining robust relationships with national and international organizations.

The Institute contributed to policy development, including quality standards for consumer products and participated in interlaboratory comparisons to uphold analytical quality. Additionally, IPAN expanded its reach by conducting professional exams in Abuja and Lagos and continued efforts to monitor and register analytical laboratories nationwide. Its ongoing collaborations with organizations like the Global Alliance for Improved Nutrition (GAIN) and involvement in the Minamata Convention on Mercury have strengthened its position as a leading body in public health and safety.

Challenges

IPAN faces challenges including inadequate funding occasioned by partial/non release of budgetary allocation for the implementation of capital and overhead projects.

- Amendment to the Institute's Act.
- Poor economy that drives away manufacturers making it impossible and difficult for science-based graduates to get job makes the profession unattractive/not competitive
- Zero/inadequate support of analytical laboratories by the govt in areas of soft loans, duty free provisions on equipment, reagents and laboratory wares

Recommendations

To sustain its progress, IPAN recommends increased funding from the government to enhance training and infrastructure. Collaborative efforts with stakeholders, government as a matter of urgency should meet with Public Analysts and similar regulatory bodies to determine the level of support needed from the government by the agencies.

3.7.3 Pharmacy Council of Nigeria (PCN)

The Pharmacy Council of Nigeria (Establishment) Act 2022 serves as the legal framework for regulating PCN activities, replacing the repealed Pharmacists Council of Nigeria (PCN) Act CAP P17 LFN 2004, established under Decree 91 of 1992. On August 16, 2022, President Muhammadu Buhari, GCFR, signed the new Act into law, officially renaming the organization as the Pharmacy Council of Nigeria to align with naming conventions in other Commonwealth countries. The Act introduced several key changes, including the addition of the DG of NAFDAC or a representative and three Pharmacy Technicians to the Governing Council, granting the Registrar powers to suspend or revoke licenses, and requiring at least 25 years of post-registration experience for the appointment of the Chairman. It also explicitly includes Pharmacists, Pharmacy Technicians, and Patent Medicine Vendors (PMVs) as stakeholders, strengthens enforcement mechanisms such as the power to seal premises, revises fines for offenses, and mandates pre-action notices before legal suits against PCN. These provisions enhance PCN's regulatory oversight, particularly in areas such as the online sale of medicines and open drug markets.

Key Achievements

In 2024, the PCN achieved several milestones in accreditation and capacity building. Four universities: University of Benin, Madonna University, Igbinedion University, and Afe Babalola University were accredited. Additionally, 12 colleges/schools of health technology were accredited, with two receiving full accreditation and 10 granted provisional status. Twenty-two internship centers were also accredited, engaging 30 interns. During the second quarter, 1,729 fresh pharmacy graduates and 89 foreign-trained pharmacists were inducted into the profession, alongside 3,526 newly certified Pharmacy Technicians.

The Inspection, Monitoring, and Quality Assurance Department inspected 1,831 premises in 2024. The PCN was benchmarked by WHO, alongside NAFDAC, as one of Nigeria's medicines and vaccines regulatory agencies. It was also re-assessed and recertified as an ISO 9001-compliant regulatory agency by NECA Global in December 2024, further validating its operational excellence.

Under enforcement activities, the PCN intensified efforts to address non-compliance with the National Drug Distribution Guidelines (NDDG). A significant operation in Kano targeted illegal drug outlets, resulting in the closure of 1,321 non-compliant medicine shops. Between April and July 2024, five national enforcement exercises were conducted across Gombe, Plateau, Jigawa, FCT, and Bauchi states. During

these exercises, 4,014 premises were inspected, including 630 pharmacies, 1,465 patent medicine shops, and 1,919 illegal premises. Of these, 2,763 premises, comprising 216 pharmacies, 628 patent medicine shops, and 1,919 illegal outlets, were sealed for violations.

These achievements underscore PCN's strengthened regulatory capabilities and its commitment to improving pharmaceutical standards and stakeholder compliance across Nigeria

Challenges

The Pharmacy Council of Nigeria (PCN) faces several challenges in fulfilling its mandate effectively:

- **Limited Funding:** Insufficient funds to adequately support activities aimed at achieving its mandate.
- **Litigation Burden:** Numerous legal cases, which divert attention from its regulatory functions and strain limited financial resources.
- **Inadequate Resources:** A shortage of both human and material resources to carry out its functions efficiently.
- **Insufficient Media Visibility:** Limited media presence compared to similar regulatory bodies, reducing public awareness of its activities and impact.

Recommendations

To address these challenges and strengthen the operations of the PCN, the following recommendations are proposed:

- **Enhanced Collaboration:** Foster stronger partnerships with implementing partners, non-governmental organizations (NGOs), development partners, universities, and colleges/schools of health technology to effectively execute its mandate.
- **Strict Compliance with the New Act:** Ensure adherence to the provisions of the Pharmacy Council of Nigeria (Establishment) Act, 2022, to minimize avoidable litigations and maintain regulatory credibility.
- **Capacity Building:** Recruit and train additional staff to enhance the council's human resource capacity.
- **Media Engagement:** Increase media visibility to promote public awareness and strengthen the council's presence within the pharmaceutical industry and among stakeholders.
- **Adoption of Global Standards:** Emulate globally accepted best practices in all activities and processes to improve efficiency and effectiveness

The Pharmacy Council of Nigeria (PCN) has made significant progress during the period under review, despite existing challenges. The Council acknowledges and appreciates the support of the Federal Ministry of Health and other stakeholders who have contributed to its achievements. Looking ahead, the PCN aspires to greater accomplishments each year, continuing to make a meaningful impact on the pharmaceutical landscape and improving the health of the nation.

3.8 Health financing

In 2024, Nigeria's health financing landscape presents a mix of progress and challenges. The national budget allocation to the health sector witnessed a 25% year-on-year increase, reaching ₦1.34 trillion in 2024 (its highest ever), from ₦1.07 trillion in 2023 and a clear improvement in the percentage allocation in the last three years (see figure 55). However, this allocation still only represents 5% of the country's total budget, falling short of the 15% benchmark set by the Abuja Declaration 2001.

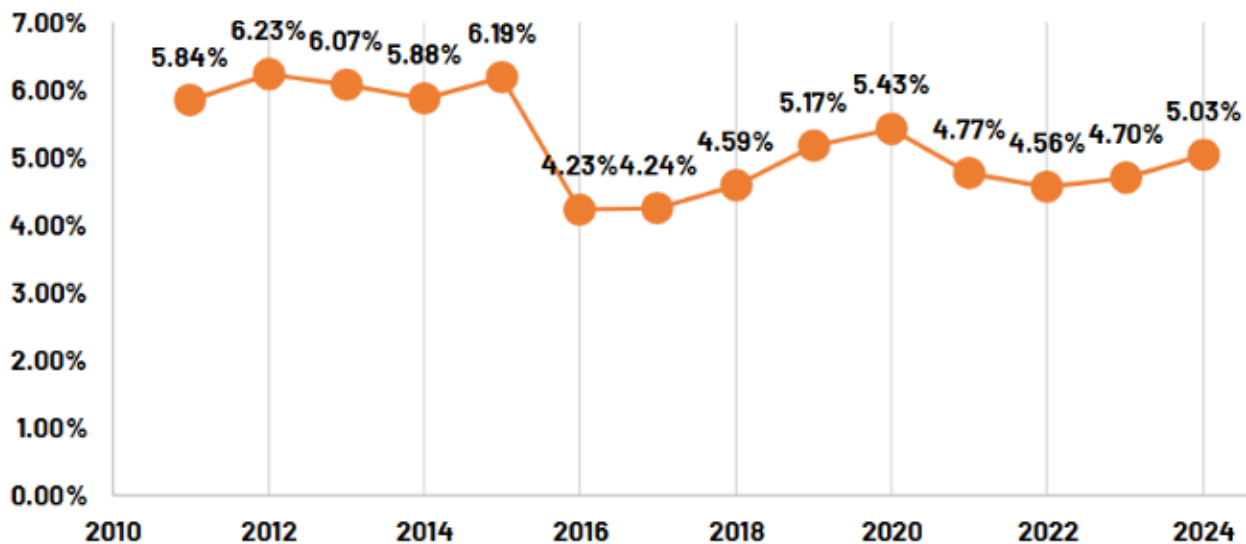


Figure 55: Share of Healthcare Allocation in the Budget

At the state level, budget allocations varied significantly, with three states (Abia, Kaduna and Kano) allocating more than 15% of their total budget to health, eight states allocating between 10% and 15%, and three states (Adamawa, Akwa Ibom and Imo) allocating less than 5% of their total budget to health (See figure 56).

In terms of Government General Health Expenditure as a proportion of Government General Expenditure in 2023, the sub-national level performance also varied, with only one state (Taraba), spending more than 5% of its general government expenditure on health. Seven states (Edo, Jigawa, Kano, Kwara, Nasarawa, Osun and Sokoto) spent between 10% and 15% of their general government expenditure on health, while 7 states (Akwa Ibom, Bayelsa, Cross River, Ebonyi, Imo, Oyo and Rivers) spent less than 5% of their general government expenditure on health (See figure 57). 53% of respondents do not believe the health system has improved over the past two years, with this sentiment particularly strong in the southern zones. When asked to endorse the current health system, only 19% of respondents felt that the current health system works pretty well, with only minor changes needed, in contrast to 27% who responded that the health system needs to be completely rebuilt, and 54% that there are some good things, but major changes are needed. This suggests that although nearly half see the health system on a better trajectory, and most have had good experiences with their last visit, there remains a lot of work to do to change public perceptions around the quality of the health system as a whole.



Figure 56: Annual State Budget Allocation

Source: 2023 Annual State Budget Performance reports and 2024 Approved Budgets



Figure 57: Annual State Expenditure

Health expenditure within a country is closely linked to its level of economic development, providing insights into how resources are mobilized for healthcare. Total Expenditure on Health (THE) encompasses all spending aimed at improving, restoring, or maintaining health, whether paid for in cash or supplied in kind. This includes both General Government Expenditure on Health (GGHE) and Non-Government Expenditure on Health. The ratio of THE to Gross Domestic Product (GDP) (THE/GDP) reflects the proportion of a country's total income allocated to health by all public, private, and external sources. In Nigeria, the THE/GDP ratio provides a valuable measure of resource mobilization for health. Over recent years, this ratio has experienced fluctuations. From 2015 to 2017, it steadily increased from 3.6% to a peak of 3.7% (see figure 58). However, by 2019, it had dipped to 2.9%, before rising again to 3.3% and 4.1% in 2020 and 2021 respectively. These changes highlight the evolving commitment to health financing in Nigeria amidst various economic pressures.



Figure 58: Trends in the total health expenditure (THE) as a proportion of GDP, Nigeria 2008–2021 [Source World Bank © Statista 2024]

3.8.1 The Basic Health Care Provision Fund (BHCPF)

The Basic Health Care Provision Fund (BHCPF), established under the National Health Act of 2014, is a key initiative by the Nigerian government to enhance access to quality healthcare, particularly for vulnerable populations. Funded through at least 1% of the Consolidated Revenue Fund (CRF), donor contributions, and other sources, the BHCPF strengthens primary healthcare (PHC) by providing operational funding, infrastructure, and essential services. It is implemented through three gateways: the National Primary Health Care Development Agency (NPHCDA), the National Health Insurance Authority (NHIA), and the Federal Ministry of Health (FMOH), ensuring free access to a basic minimum package of health services (BMPHS) and reducing financial barriers to care. Despite challenges such as fund disbursement delays and variability in state-level implementation, the BHCPF has significantly improved PHC delivery, expanded health insurance coverage, and increased service utilization nationwide.

The Basic Health Care Provision Fund (BHCPF) received ₦125.7 billion in 2024, a 143% increase from ₦51.6 billion in 2023, to improve access to basic health services for vulnerable populations. Three Ministerial Oversight Committee meetings approved ₦45,995,476,231 in disbursements to states, with further disbursements planned. Efforts to enhance transparency and efficiency included a national assessment of PHC facilities, updates to guidelines mandating 25% state counterpart funding, adoption of digital financial systems, and the introduction of quality management systems. Independent monitoring and verification processes have been strengthened, with local government health authorities, ward committees, and CSOs integrated into governance structures. The framework also now accommodates development partner contributions, in alignment with Sector-Wide Approach (SWAP) principles.

3.9 Healthcare Infrastructure

The improvement of services and facilities that are critical to quality healthcare and directly and indirectly contribute to a population’s health at all levels of delivery, is a major priority of the health sector. The pursuit of standards in PHCs, FTHs and EMRs, are critical steps towards ensuring that the health system has reliable energy, water, transportation, information and communications technology, and other services. Aside from the deployment of physical and soft infrastructure, the Ministry commenced the digital mapping and tracking of various health infrastructure across the country. The aim is to identify gaps and critical needs for improvement, especially as it relates to clinical care and public health preparedness.

3.9.1 Health Facilities Infrastructure

Nigeria has a total of 40,184 health facilities. Of these, 31,815 (79.17%) are primary health facilities, while 8,128 (20.22%) are secondary facilities (see figure 59). The remaining 241 (0.59%) are tertiary health facilities. In terms of ownership, 73.8% are government owned, while 26.2% are privately owned. In terms of distribution of health facilities by State, Lagos has the greatest number of facilities, followed by Niger, and Kastina (see figure 60).

Distribution of Health Facilities by Level of Care

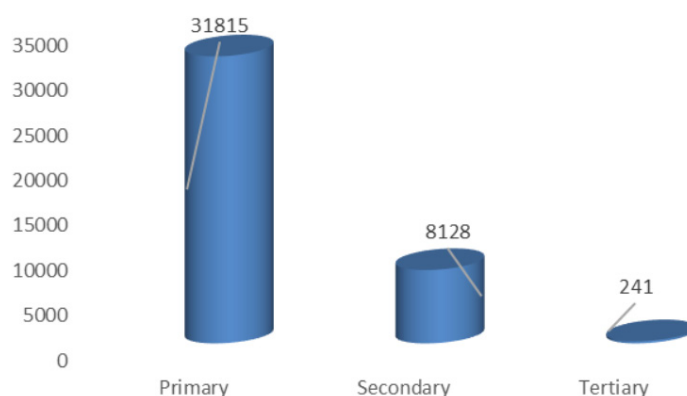


Figure 59: Distribution of health facilities by level of care, Nigeria 2024

Distribution of Health Facilities by State

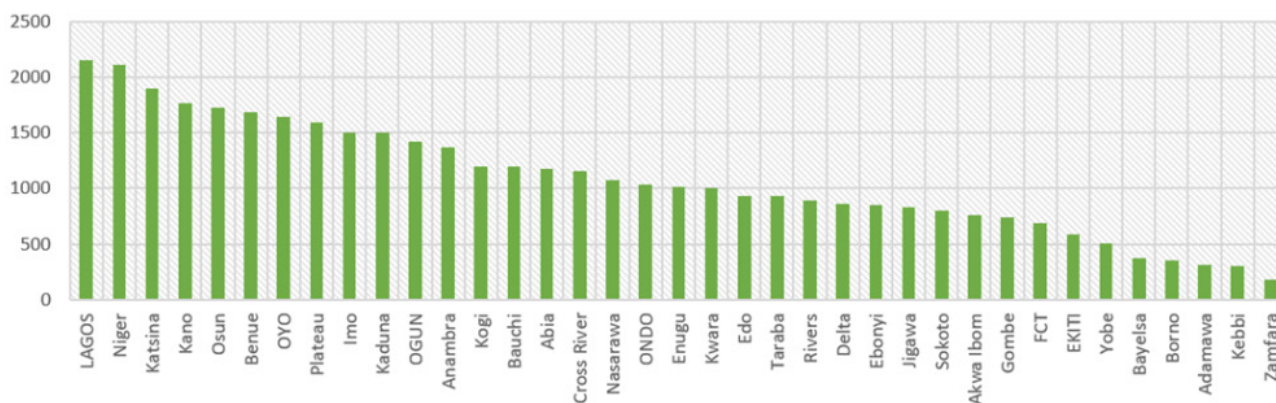
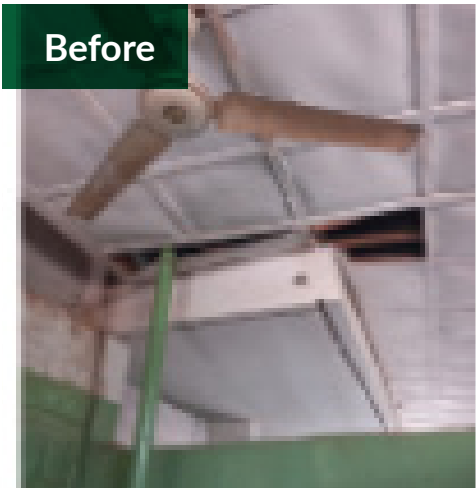
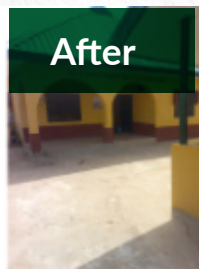
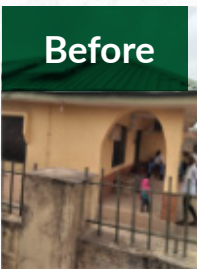


Figure 60: Distribution of Health facilities by States

Source: Nigeria Health Facility Registry (<https://hfr.health.gov.ng>)



Commissioning of Kofar Ran PHCC, revitalized using BHCPF funds, by the HCMH&SW accompanied by ED/CEO, NPHCDA in Bauchi State





3.9.2 Current Health Infrastructure projects in 2024

Administrative Block, FMC Abuja

Health Infrastructure Projects





3 Storey Clinical Services Block, FMC Abuja



Ophthalmic Complex Building, FMC Abuja



Ward Extension Building, FMC Abuja



Expansion of Theatre Suites , FMC Abuja



Near completion of the Children's Emergency Ward, Irrua Specialist Teaching Hospital, Edo State.



Completion of the New General Outpatient Department Complex, Irrua Specialist Teaching Hospital, Edo State.



Ultra-Modern Isolation Ward, Irrua Specialist Teaching Hospital, Edo State.



Recently completed accident & emergency, Federal Medical Center , Jalingo Taraba State.



Ongoing imaging center, Federal Medical Center, Jalingo Taraba State.

3.10 Strengthening Points of Entry

Nigeria's Port Health Services is the competent public health authority responsible for the preventing, detecting, assessing and responding to public health events at PoE, in line with the International Health Regulations (IHR). Port Health Services (PHS) is also responsible for preventing the importation and exportation of diseases. Strengthening Points of Entry is in line with Nigeria's commitment to the global security agenda.

Following the 2017 Joint External Evaluation (JEE), The Federal Ministry of Health and Social Welfare designated four Points of Entry in line with the IHR, building capacity to respond to public health events at those PoE. The designated PoE are Mohammed Murtala International Airport, Lagos; Nnamdi Azikiwe International Airport, Abuja; Mallam Aminu Kano International Airport, Kano; and Apapa Seaport, Lagos.

Port Health Services launched the E-Yellow card in 2018. The E-Yellow card is a verifiable International Certificate of Vaccination or Prophylaxis (ICVP) - a travel document in line with the IHR listing all vaccines issued by PHS. As part of its response to the COVID-19 Pandemic, PHS developed and digitized the Nigeria International Travel Portal (NITP) which has been used for contact tracing during public health emergencies of international concern. In 2023, for the first time in its history, Nigeria became authorized to issue Ship Sanitation Certification - issued to ship upon inspection in line with global standards.

3.11 Private Sector Involvement

The private health sector continues to serve as a catalyst for transformative growth in Nigeria's healthcare system. From strengthening governance to pioneering innovations, private entities have played a critical role in addressing health challenges, accounting for about 70% of services and offering faster, higher-quality care compared to public facilities. In 2024, the sector saw growth in the number of facilities, improved service satisfaction, and increased adoption of advanced medical technologies, although access and affordability remain challenges due to higher costs. While 75% of private facilities have improved their standards through initiatives like SafeCare, disparities in quality and the high cost of care continue to limit access for lower-income populations.

Opportunities for growth include expanding into underserved areas, leveraging technology, and enhancing partnerships with public health initiatives to improve healthcare access and equity across the country. The current administration has taken key policy steps to improve public-private engagement in the health sector.

Notably, the government has entered into Public-Private Partnerships (PPPs) aimed at enhancing access to affordable healthcare. Additionally, the administration has been reforming the policy and regulatory landscape to unlock the market potential of the private sector, recognizing that more than 50% of health services are provided by private entities. These efforts are designed to foster a more integrated and efficient healthcare system that leverages the strengths of both public and private providers.

Private sector has significantly complemented the government's efforts in health infrastructure, equipment, and human capital development. In alignment with Pillar 3 and Priority Area Eight, the following achievements were recorded:

- Successfully spearheaded the execution of the New Executive Order for Unlocking the Health Value Chain, resulting in a \$5 billion project pipeline, \$2 billion in foreign investments, and the initiation of 74 transformative projects.
- Championed the implementation of the A2F model to harness private sector contributions in revitalizing Nigeria's primary healthcare system.
- Facilitated the establishment of the HIV Trust Fund of Nigeria, a \$150 million private-sector-led initiative supporting the prevention of mother-to-child transmission of HIV.
- Oversaw the groundbreaking ceremony for Phase 2 of the AMA Medical Manufacturing Plant, ensuring the production of high-quality IV fluids.
- Coordinated strategic investments by the NSIA in cancer care, culminating in the signing of a Sales and Purchase Agreement (SPA) with Siemens Healthineers, with facilities projected to become operational by May 2025.
- Enabled Emzor Pharmaceutical Industries to secure a £13.85 million loan from the European Investment Bank, paving the way for the development of a \$23 million production plant that commenced operations in 2024. In 2023, the Director-General of NAFDAC commissioned an ultra-modern distribution facility of New Heights Pharma, a significant contribution by members of the Healthcare Federation of Nigeria (HFN) to enhance the quality of healthcare services provided in Nigeria.

¹⁰ <https://articles.nigeriahealthwatch.com/public-private-integration-a-catalyst-for-growth-in-nigerias-health-sector/?utm>

¹¹ <https://www.pharmaccess.org/update/reviewing-quality-in-nigerias-health-sector-reforms-lessons-from-pharmaccess-safecare-initiative/?utm>

¹² <https://www.scrip.org/journal/paperinformation?paperid=133602&utm>

¹³ <https://pmc.ncbi.nlm.nih.gov/articles/PMC8943278/?utm>



Director General, National Agency for Food and Drug Administration and Control (NAFDAC) Prof. Moji Adeyeye at the official commissioning of the New Heights' Ultra-Modern Wholesale, Distribution facility in Lagos.





New Heights Pharma, Lagos

Achievements

Leadership and Governance

- Private sector advocacy, led by the Healthcare Federation of Nigeria (HFN), secured representation on key government committees, including the NHFRA and NSOANP.
- Introduction of the Presidential Executive Order reduced tariffs on healthcare goods, fostering local manufacturing and investment.
- Collaboration on initiatives such as the Sector-Wide Approach (SWAp) has aligned private sector contributions with national health priorities.

Infrastructure Development and Service Delivery

- Private investment in healthcare facilities, such as the establishment of multi-specialty hospitals in Lagos, Abuja, and Port Harcourt, has improved access and quality of care. Projects such as Medipark, combining innovation hubs with medical facilities, exemplify the private sector's contribution to infrastructure.
- Expansion of diagnostic centers, including Cerba-Lancet and Synlab Laboratories, ensure nationwide availability of specialized testing. Private organizations, such as Evercare, Lagoon Hospitals, FCC, The Bridge Clinic, and Duchess Hospital, are setting benchmarks in quality and specialized care. Specialist organizations, caring habitat rehabilitation and geriatric centers such as oncologist centers like Marcelle Ruth Cancer Centre.
- Public-private partnerships (PPPs) have rehabilitated moribund primary healthcare centers and co-developed tertiary facilities in states like Edo.



Euracare Multi-Specialist Hospital, Lagos



Duchess International Hospital, Lagos



Iwosan-Lagoon Hospital, Lagos



HIGH CLASS CATH LAB SERVICES

Images of advanced diagnostic suites, operating theaters, and patient wards demonstrating infrastructure excellence.

Human Resources for Health

- New roles in health informatics and telemedicine have emerged through private-sector investment.
- Capacity-building programs for healthcare workers have enhanced skills across various disciplines.

MARCELLE RUTH
CANCER CENTRE & SPECIALIST HOSPITAL

RECRUITMENT NOTICE FOR JUNIOR AND SENIOR RESIDENTS IN RADIATION AND CLINICAL ONCOLOGY




Benefits of the Program

- Comprehensive Training: Gain hands-on experience in both clinical and radiation oncology.
- Mentorship: Work alongside leading oncologists and receive guidance from experienced professionals.
- Research Opportunities: Participate in innovative research projects and clinical trials.
- Professional Development: Enhance your skills and knowledge through continuous medical education and professional development programs.
- State-of-the-Art Facilities: Access to advanced medical technologies and robust treatment facilities.

Positions Available

- Senior Residents (Post D): Entry-level positions for recent medical graduates.
- Senior Residents (Post M): Positions for medical professionals who have passed part 2 of the NPMCH exam in Radiation and Clinical Oncology.

How To Apply

Interested applicants are encouraged to visit our www.marcelle.com/employment page or contact Dr. Basola Oluwalana OMB, Director of HR, Clinical Oncology, by email at hr@marcelle.com or hr@marcelle.com for further information.

IMPORTANT DATES	
Opening Date and Time for Submission of Applications	24th August 2024
Last Date and Time for Submission of Applications	24th August 2024
Date of Assessment and Panel Interview of Shortlisted Candidates	29th August 2024
Date of Announcement of Successful Candidates	30th August 2024
Date of Program Commencement for both Senior (Post 2) and Junior (Post D) Residents	1st October 2024

Technological Innovation

- Deployment of telemedicine platforms has expanded healthcare access to underserved populations.
- Implementation of AI-powered diagnostic systems for example ASPIRE (Autodetection Software for Plasmodium Infection in Retinal Exams) to definitively diagnose Cerebral Malaria within the first hour of arrival at the children emergency, telemedicine booths, expanding access to care for remote communities. Mobihealth, MDoc, Baba telehealth, Doktorzz.
- Medtech startups pioneering wearable health monitors and predictive health analytics tools.
- Increased use of mobile health apps, facilitating patient engagement and preventive care such as Oncopadi.

Essential Medicines, Vaccines, and Equipment

- Companies like Emzor and Fidson Pharmaceuticals have ramped up the production of essential drugs, APIs and medical equipment. New establishments such as Codix and Beta Lactamase factories are now on stream.
- Strategic partnerships through the Presidential Value Chain Initiative (PVAC) have facilitated future local production. HFN worked with PVAC to accelerate financing for private sector players.
- Streamlined medical imports through the establishment of Customs healthcare helpdesks etc.
- HFN has also led delegations to Thailand, South Africa and Rwanda to facilitate partnerships and promote local manufacturing.

Health Financing

- Private insurance schemes have extended healthcare access to 2 million additional Nigerians.
- Advocacy for blended financing models, including partnerships with international platforms like the Global Financing Facility (GFF), has boosted sector funding.

Community Participation

- Programs like Adopt-A-Healthcare Facility and mobile clinics have expanded healthcare access in underserved areas.
- Awareness campaigns have improved the uptake of preventive services.

Reversing Medical Tourism

- Centers of excellence, such as the Marcelle Ruth Cancer Centre and Evercare Hospital, are attracting regional and international patients, reversing outbound medical tourism.
- HFN's D3 Hub (Diaspora, Digital, Diversity) initiative offers a platform for healthcare professionals returning to Nigeria, contributing to reversing brain drain.
- Advocacy efforts at global platforms like the West Africa Medical Tourism Summit are increasing Nigeria's profile.

Challenges

- Limited inclusion of the private sector in critical funding mechanisms like the Basic Health Care Provision Fund (BHCPF).
- Fragmented collaboration between public and private entities, leading to inefficiencies.
- High costs and quality disparities in private healthcare services limit access for lower-income populations.
- Persistent brain drains and retention challenges among healthcare professionals.
-

Recommendations

- Institutionalize frameworks for continuous private sector participation in governance structures such as BHC PF.
- Strengthen mechanisms for dialogue between public and private entities to enhance collaboration and innovation.
- Finalize and implement policies to incentivize private investment in healthcare delivery.
- Expand PPP models to rehabilitate and develop more healthcare facilities, especially in underserved areas.
- Incentivize diaspora engagement for long-term workforce stability.
- Expand continuous professional development programs through public-private partnerships.
- Scale up telemedicine platforms to improve healthcare access for remote communities.
- Establish a national electronic health record (EHR) system for seamless data sharing and improved care coordination.
- Increase fiscal incentives for local pharmaceutical manufacturing and R&D.
- Strengthen PPPs to ensure vaccine distribution in hard-to-reach areas.
- Scale micro-insurance products to cover low-income populations.
- Ensure BHC PF accessibility to private and PPP facilities to accelerate Universal Health Coverage (UHC).
- Collaborate with local NGOs to scale community-focused programs.
- Enhance communication channels to empower communities in health decision-making.
- Offer competitive compensation packages and professional growth opportunities to retain healthcare professionals.
- Collaborate with international organizations to attract expertise, equipment, and funding.

3.12 Citizens’ Perception of Health Care System

Citizens’ perception of the healthcare system has shown a positive trend. The most recent survey on Public Perception on Healthcare System 2024 builds on the established People’s Voice Survey (PVS) framework, adapting it to evaluate Nigeria’s health system performance through the lens of public experience and perception. This comprehensive approach allowed for a thorough understanding of how the healthcare system serves its users across different contexts and settings, and thus the survey represents a significant effort to understand healthcare system performance through the direct experience of its users, providing valuable insights for policy makers and healthcare administrators in Nigeria.

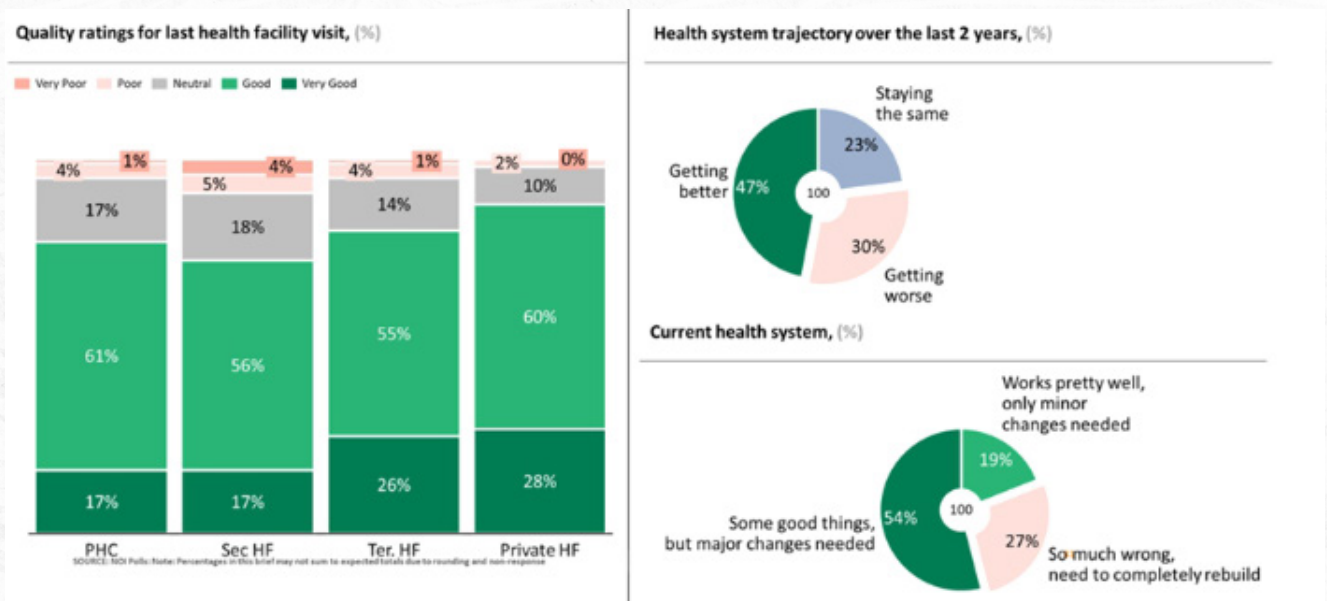


Figure 61: Select Results from the Public Perception Survey 2024

The results from the Public Perception Survey 2024 (Figure 61) indicate a complex picture of healthcare satisfaction in Nigeria, with some notable contradictions between immediate experiences and broader system perceptions. Patient quality ratings for recent healthcare visits are remarkably high, with approximately 80-90% of respondents reporting good or very good quality ratings across all facility types. Private and tertiary facilities received slightly higher quality ratings, though the difference was minimal.

However, these high- quality ratings with individual visits stands in stark contrast to the public’s broader perception of the healthcare system in general. Even though more people felt the health system is getting better (47%) than getting worse (30%) over the past two years, a majority (53%) of respondents do not believe the health system has improved over the past two years, with this sentiment particularly strong in the southern zones. When asked to endorse the current health system, only 19% of respondents felt that the current health system works pretty well, with only minor changes needed, in contrast to 27% who responded that the health system needs to be completely rebuilt, and 54% that there are some good things, but major changes are needed. This suggests that although nearly half see the health system on a better trajectory and most have had good experiences with the last visit, there remains a lot of work to do to change public perceptions around the quality of the health system as a whole.

Quality ratings for health services, (%)

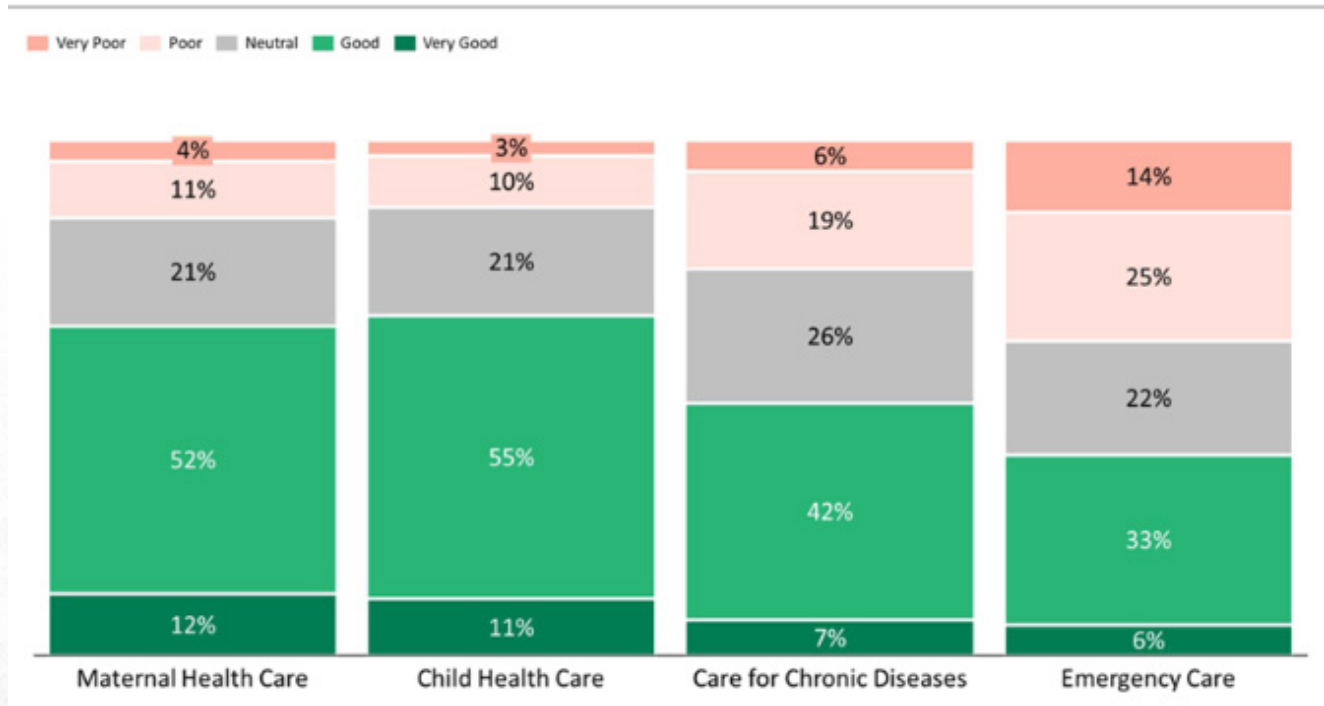


Figure 62: Select Results from the Public Perception Survey 2024

Figure 62 above shows among four different types of services included in the survey (maternal health care, child health care, care for chronic diseases, and emergency care), maternal and child health care scored the highest over the last 12 months with around two thirds perceiving the services to be good or very good. This was in contrast to care for chronic diseases, with less than half (49%) perceiving the service to be good or very good, and emergency care, where only 39% rated the service as good or very good. People were far more likely to rate emergency care as very poor or poor (39%) than any other service.

While the 2024 Public Perception of Healthcare System survey provides valuable insights on service utilization trends, users’ perceived quality of care, confidence in, and endorsement of health system

performance, its overall assessment of patient satisfaction and experience-of-care is limited. Going forward, country efforts to assess patient satisfaction and user experience of care should include additional metrics such as²⁷

- experience of first-contact accessibility i.e. the extent to which facilities PHC (or other levels of care) serve as the entry point for the majority of a person's health needs.
- experience of service continuity i.e. a measure of trust or continued engagement with the health system for uptake of services along the continuum of care.
- experience of comprehensiveness i.e. extent to which patients feel the care received from the facility on the day of their visit met their current health needs (e.g., helped solve their health problems or helped them feel better)
- experience of coordinated care i.e. extent to which a patient perceives ease or ability to move and obtain services between different delivery areas within the same level of care, and across different levels of care when more specialized care is needed.

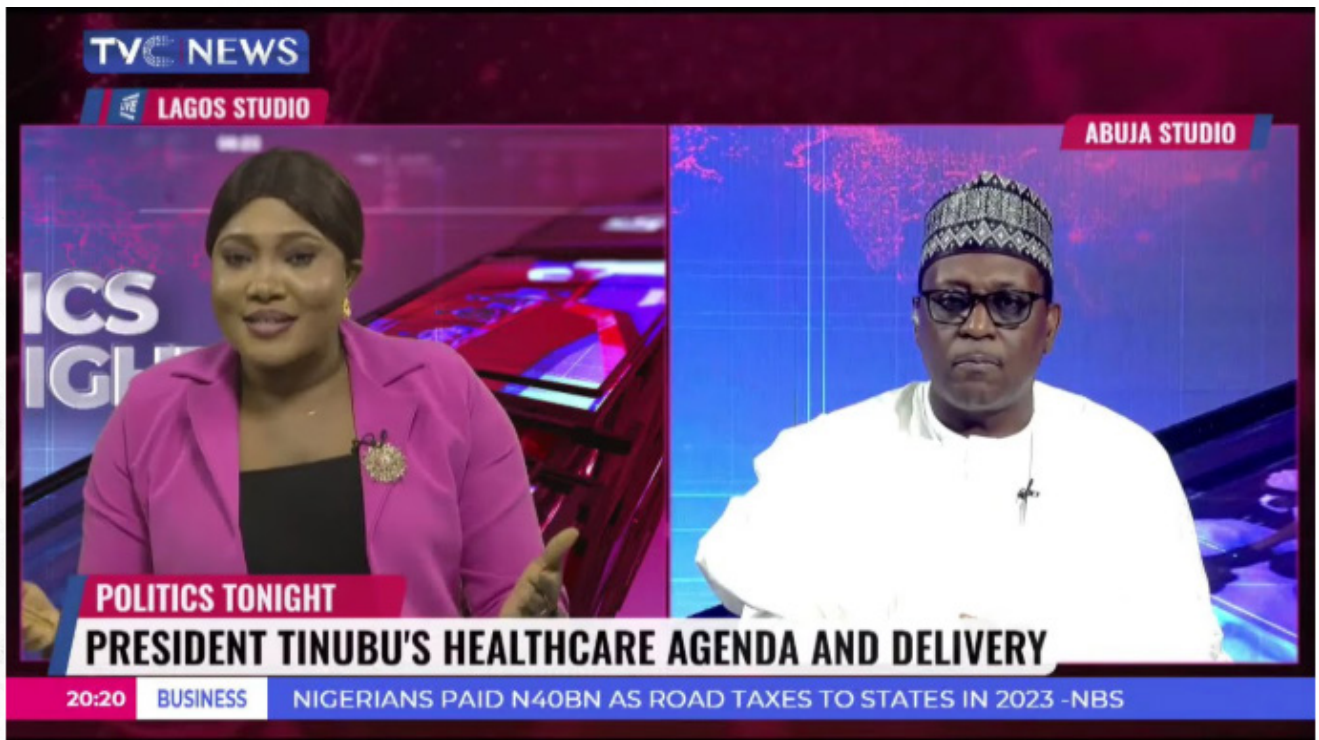
Rapid survey methodologies such as client exit interviews instituted as part of routine facility-led quality improvement plans or government-led supportive supervision efforts present cost-effective approaches to continued assessments of public perception of health system performance. Leadership within the GON are committed to using results of this important survey to better respond to the needs of Nigerian citizens. The dissemination of such findings and holding town halls to listen to the feedback on these findings and jointly define solutions are a priority for the Coordinating Minister of Health in 2024 and will continue to be in 2025 and beyond.

Citizen Engagement and Feedback



The proportion of citizens engaged by the Federal Ministry of Health and Social Welfare through various platforms including print media (newspaper publications), electronic media (news outlets, social media handles) and in-person meetings with documented feedback response have increased significantly since 2023. This indicates improved engagement and accountability in addressing citizens' concerns and enhancing the healthcare delivery system.

The leadership of the Ministry as well as CEOs of Agencies and Parastatals have held advocacy meetings with traditional rulers, religious and opinion leaders as well as Civil Society Organizations and ensured their representation in key meetings such as the Joint Annual Review held in November 2024. More importantly, citizens have been continuously engaged via social media and media interviews on various television programs.





Public engagement and community-based approaches have been central to Nigeria's health security strategy. In 2024, the Ministry of Health has taken strides to engage communities more actively in the design, delivery, and monitoring of health services. It has collaborated with local leaders, religious organizations, and community groups to enhance public understanding of critical health service delivery such as PHC services, pandemic preparedness measures etc with the aim to foster trust in the health system. Mobile health teams and volunteers have been deployed to conduct health education campaigns, focusing on hand hygiene, vaccination, and early reporting of symptoms.

Rural medical transport and ambulance services have been integrated into these community outreach efforts, ensuring that information and resources reach even the most remote areas. This approach has not only improved community resilience but has also helped to build a more inclusive health security framework that considers the needs and challenges of all Nigerians.

However, the extent to which people trust the system varies across States and socioeconomic groups. Some patients and community members have expressed both their appreciation for improvements and their concerns via various platforms and forums. One significant area of progress has been in the national immunization campaigns and maternal and child health programs, where community health workers play a critical role in bridging the gap between the health system and the people. Despite these advancements, a pervasive sense of distrust lingers, particularly among individuals who struggle to access quality healthcare services from public health facilities or benefit from health insurance packages. Many citizens continue to view the public health system as underfunded, ill-equipped and poorly managed, which affects their willingness to fully trust and utilize public health facilities. This lack of confidence has also contributed to a rise in medical tourism, as more Nigerians seek healthcare outside the country's borders.

3.13 Burden and trends in priority health issues

3.13.1 Lassa fever

Lassa Fever continues to pose a significant health threat in Nigeria, particularly during the dry season. By end of week 51, 2024, there were 9,872 suspected cases and 1,237 confirmed cases, showing an increase compared to the 8,978 suspected cases and 1,227 confirmed cases reported by the same week in 2023. This represents a 10% rise in suspected cases and a slight (0.8%) increase in confirmed cases, suggesting heightened surveillance or a genuine uptick in disease activity. Probable cases rose significantly from 12 in 2023 to 20 in 2024, indicating a potential improvement in identifying cases that meet clinical and epidemiological criteria. While the total number of deaths decreased from 216 in 2023 to 203 in 2024, the CFR improved from 17.6% to 16.4%, pointing to better case management or earlier detection. The geographical spread expanded in 2024, with cases reported across 139 LGAs compared to 121 LGAs in 2023, while the number of affected states remained constant at 28. This broader distribution underscores the need for enhanced preparedness in newly affected areas. The data indicate progress in reducing mortality and improving case outcomes, as evidenced by the lower CFR in 2024. However, the increase in suspected cases and the broader geographical spread highlight the continued need for robust surveillance, prompt diagnosis, and effective case management.

The Nigeria Centre for Disease Control (NCDC) has enhanced its response efforts, including rapid diagnostic testing, contact tracing, and public education on preventive measures. Research into vaccines and therapeutics is ongoing, aiming to reduce the burden of this endemic disease.



¹⁴<https://ncdc.gov.ng/ncdc.gov.ng/themes/common/files/sitreps/d0296af1f291289fb1fa7d686d1faa32.pdf>

3.13.2 Cholera

Since early June 2024, Nigeria has experienced a significant rise in cholera cases, with Lagos State bearing the brunt, accounting for nearly half of the total reported cases nationwide. Following the outbreak, the country conducted a dynamic risk assessment which necessitated the activation of the National Emergency Operation Centre (EOC) to level 2 for cholera response. As part of the intervention to prevent and control the cholera outbreak in the country, Priority Areas for Multisectoral Intervention (PAMI) have been mapped covering 134 LGAs across 19 states in Nigeria. These LGAs represent 17.7% of the population and account for 71.1% of cholera cases and 65.5% of deaths (see figure 63).

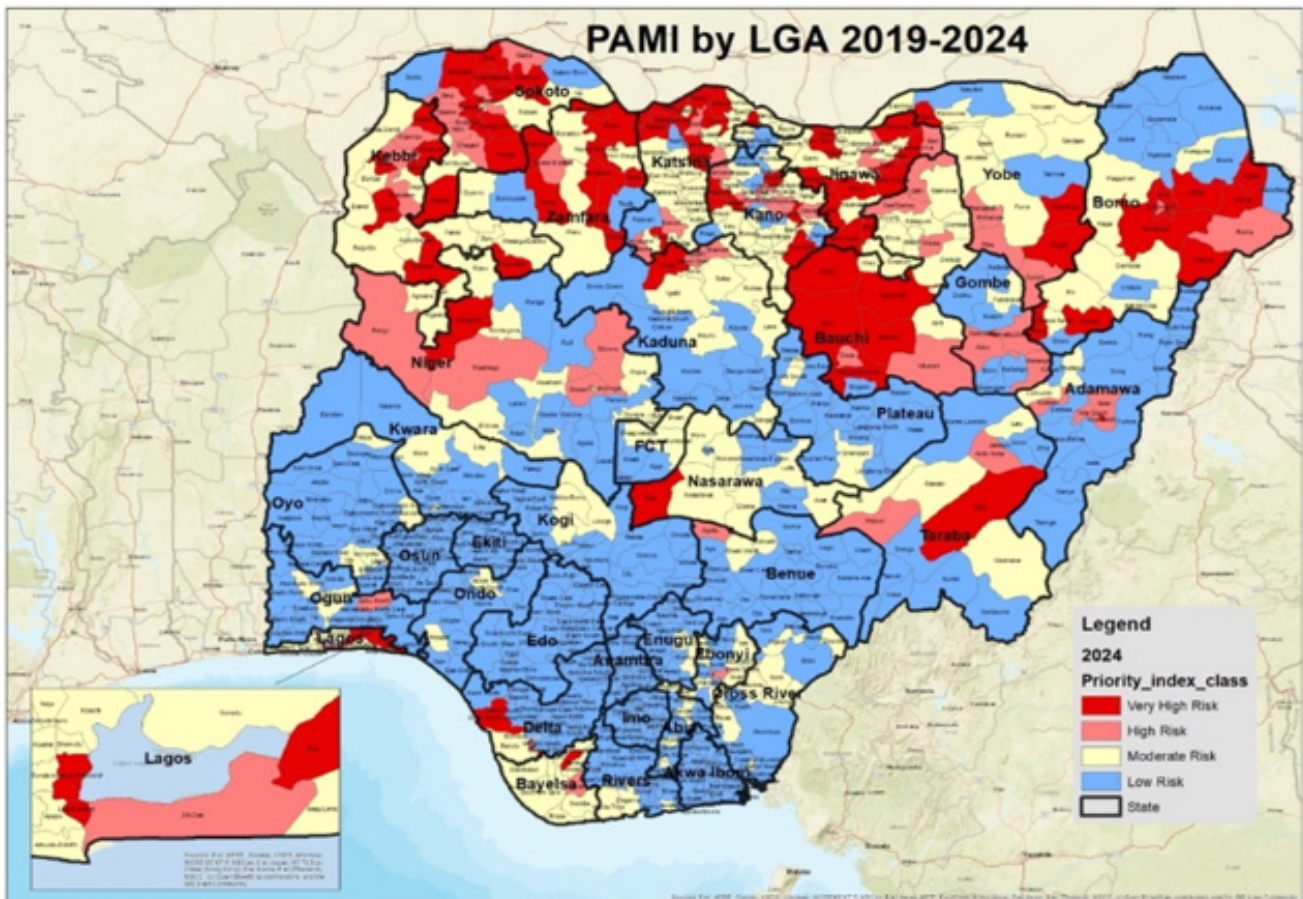


Figure 63: Map of Nigeria showing PAMI LGA. [Source: NCDC]

Other interventions include:

- Development of Multi-sectoral National Strategic Plan of Action on Cholera Control clearly outlined objectives and achievable goals over the next 5 years with the intent of bringing the CFR to less than 1%, by ensuring 100% of at-risk population have access to health care.
- Deployment of National Rapid Response Teams (NRRT) to 12 states, with vaccination component
- Prepositioning of medical countermeasures, such as cholera rapid diagnostic test (RDT) kits and other essential supplies, ensures that the response to detected cases is swift and effective
- Adoption of the community-based surveillance approach by leveraging on volunteer informants, ward development committees, and LGA surveillance teams to conduct active case search in the community and health facilities by the National Rapid Response Teams (NRRT).

As of 15th December 2024, a total of 24,674 suspected cases with 725 deaths, have been reported across all 37 states (see figure 64), with a Case Fatality Rate (CFR) of 2.9%. This represents a significant increase compared to 2023, when 3,653 suspected cases and 127 deaths were recorded, with a higher CFR of 3.5%. The reduction in CFR in 2024 suggests potential improvements in case management and early detection, despite the substantial rise in the number of suspected cases. The high Case Fatality Rate

(CFR) reflects significant challenges in access to treatment and preventive measures across affected areas. To better respond and control future outbreak, the adoption of Nigeria's National Strategic Plan of Action on Cholera Control (NSPACC) has been recommended as the approach focuses on prevention rather than outbreak response and is crucial and timely in reducing annual cholera incidence and mortality.

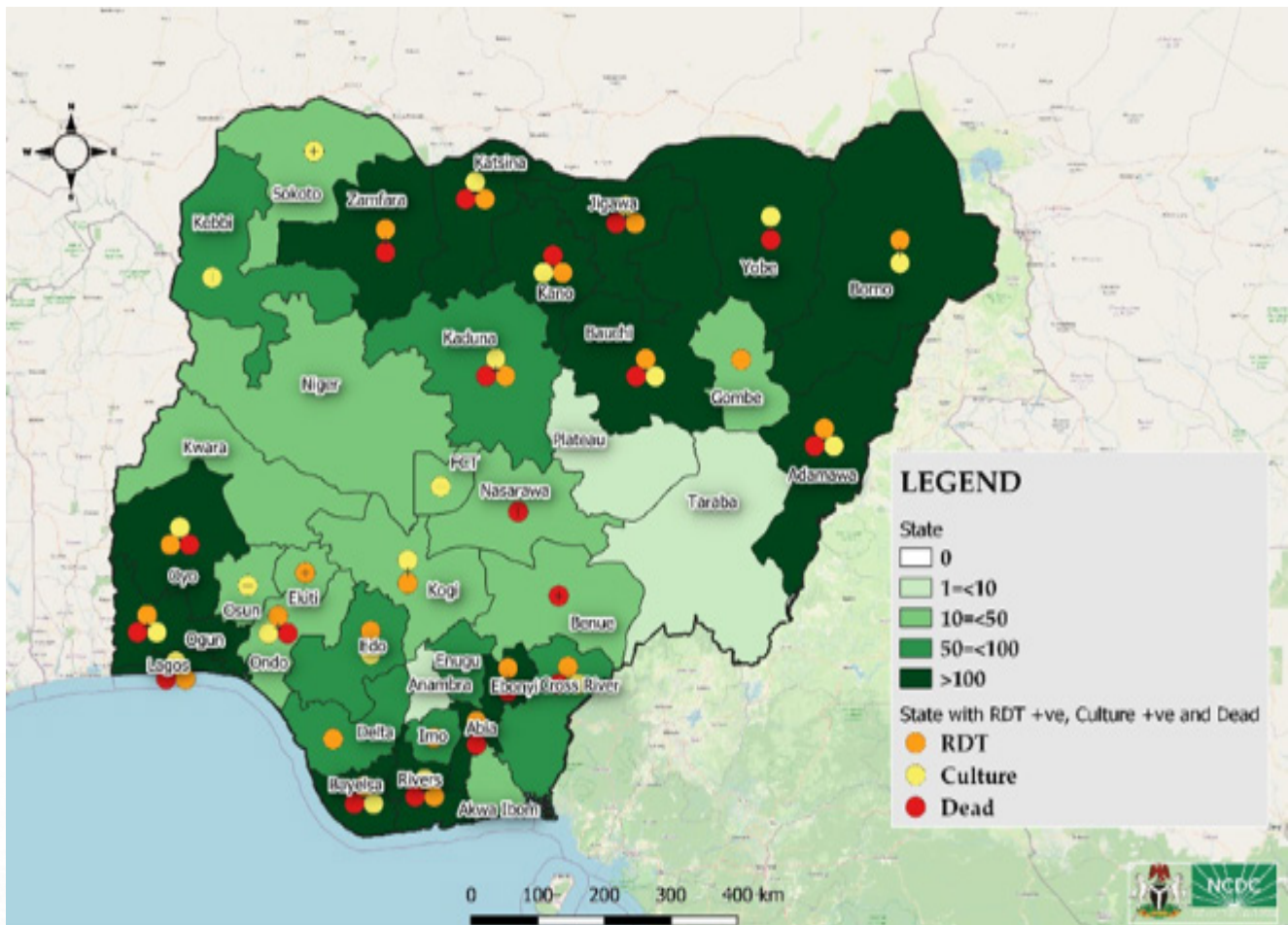


Figure 64: Map of Nigeria showing states with Confirmed RDT + Culture and Suspected cases as of 15 December 2024 [Source: NCDC]

3.13.3 Monkeypox

Since the re-emergence of monkeypox in Nigeria in September 2017, the Nigeria Centre for Disease Control (NCDC) has continued its response efforts across the country. Following another resurgence of the disease in 2023, the nation enhanced its monitoring and screening measures at all entry points to mitigate the Mpox threat. Since September 2017, a total of 4,917 suspected cases have been reported from all 36 states and the FCT, with 1,159 confirmed cases (23.6%) from 35 states and the FCT, resulting in 17 deaths. In 2024, Nigeria reported 1,947† suspected mpox cases, of which 186 were laboratory-confirmed (second highest confirmed cases after the 2022 outbreak), with no recorded deaths. In August, the Africa CDC and WHO declared mpox a public health emergency, marking the second time WHO classified mpox as a Public Health Emergency of International Concern (PHEIC) in two years. In response, Nigeria activated its Mpox Incident Management System (IMS) to strengthen outbreak response efforts.

This included enhancing surveillance, improving mpox detection, and intensifying risk communication and community engagement (RCCE). Additionally, mpox vaccination campaigns were launched in identified high-risk states as preventive measures to curb the outbreak. All states reported at least a suspected case of mpox with thirty states and the FCT reported at least a confirmed case including in previously silent

states like Zamfara, Yobe, and Niger states in the north. Genomic sequencing of confirmed cases was conducted in eligible samples recording only Clade-IIb type, with Nigeria supporting Liberia with genomic surveillance.

Plans for 2025 include to continue enhanced surveillance efforts with other response efforts as well as expanding the vaccination plan, review of the Mpox response guidelines, conduct intra and after-action reviews and support research (Human & animal health studies).

3.13.4 Covid-19

Nigeria's effective response to the COVID-19 pandemic, which commenced in early 2020, has successfully brought the outbreak under control. Since the pandemic's onset, a total of 266,207 cases and 3,155 deaths have been recorded, resulting in a case fatality rate (CFR) of 1.2%. Notably, no COVID-19-related deaths were reported in 2023, and no confirmed cases have been documented in 2024, indicating the end of the epidemic. The multi-sectoral Emergency Operations Centre (EOC), initially activated at Level 3, has now been de-escalated to Level 2 due to the significant progress made. To preserve these achievements, Nigeria is integrating COVID-19 response measures into routine public health interventions to ensure continued vigilance and preparedness.

3.13.5 Neglected tropical diseases (NTDs)

Nigeria continues to battle Neglected Tropical Diseases (NTDs) which disproportionately affect the poor and marginalized communities. In 2024, Nigeria made significant strides in combating Neglected Tropical Diseases (NTDs) such as lymphatic filariasis, onchocerciasis, and schistosomiasis. Mass Drug Administration (MDA) programs achieved varying coverage rates across different regions. For instance, in Lagos State, a schistosomiasis MDA campaign targeted approximately 1.45 million children aged 5 to 15, attaining a therapeutic coverage of 85.5%, with individual district coverages ranging from 76.2% to 95.3%. Additionally, studies in Plateau and Nasarawa states indicated that 81% of villages likely qualified for praziquantel mass administration due to schistosomiasis prevalence. However, challenges remain in achieving uniform coverage nationwide, particularly in remote areas. Sustained investment in MDA, alongside improvements in water, sanitation, and hygiene (WASH) initiatives, and enhanced community engagement, are essential to build upon the progress made and move towards the elimination of these diseases.

The burden of priority diseases in Nigeria remains significant, but concerted efforts across various health programs are yielding positive results. While HIV, TB, and NTDs show promising trends of decline, NCDs and mental health issues are on the rise, requiring sustained and comprehensive public health interventions. Emerging and re-emerging diseases like Lassa Fever, Cholera, Monkeypox and Diphtheria highlight the need for continuous vigilance and robust health system responses. The collective efforts of the government, international partners, and communities are crucial in addressing these health challenges and improving the overall health outcomes for Nigerians.

¹⁵ <https://www.frontiersin.org/journals/tropical-diseases/articles/10.3389/ftd.2023.1094320/full?utm>

¹⁶ https://www.cartercenter.org/news/publications/health/schistosomiasis_experts.htm



Chapter Four

Summary of State Reports

4. Summary of State Reports

This section presents an overview of the health status, key metrics, and performance on priority indicators across states. It summarizes notable initiatives and achievements, including state budget allocations for health, levels of health insurance coverage, key health outcomes, and challenges faced. These insights offer a detailed understanding of the distinct health landscapes and progress within each state.





4,455,132

Health Status Metrics

Summary

BUDGET

16.19%

(N 77,263,526,255) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.06%

(47,333) State health insurance coverage

PARTNERS

7 WHO, UNICEF, Carter Centre, Maries Stopes, Caritas Nigeria, PANAFRICARE, CHAI

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 946,554,507

NOTABLE OUTCOMES

- Improve access to quality health care due to 15% budgetary allocation on health
- Reduction of out-of-pocket expenditure among the vulnerable population.
- Increased immunization coverage

MAJOR PUBLIC HEALTH INITIATIVES

- Establishment of Abia Medical City's foundational structures
- Upgrade of 3 GH's and 5 GH's for Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services
- Drilling of boreholes in General hospitals and PHCs
- Transition of Schools of Nursing and Midwifery to College of Nursing Sciences
- Digitizing the Ministry of Health Operations
- Establishment of Emergency Operational Center (EOC)
- Renovation of 200 PHCs in 100 days (PROJECT EKWUEME)

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	749	84
	Secondary Health Care	24	334
	Tertiary Health Care	3	1
BHCPF	Number of Basic Healthcare Provision Facilities	184	0

HEALTH WORKFORCE

Total number of Health Workers		
	Medical Doctors	157
	Nurses	398
	Midwives	105
	Pharmacists	49
	Medical Laboratory Scientists	139
	Laboratory Technicians	
	Community Health Workers	1011

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	86	69
	% of pregnant women with at least 4 ANC attendance		79.1
	% of deliveries attended to by skilled birth attendants	95.8	95.2
	% of children under 5 Stunting	22.2	20.2
	Facility-based maternal deaths (MPDSR)	4 (2023)	-(2024)
	Infant Mortality rate	65	49

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	6.7	4.2
	% of children aged 12-23 months fully	39	38
	% of children aged 12-23 months who received Penta 3	80.4	79.7

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.08	0.06
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	91%

MAJOR PUBLIC HEALTH CHALLENGES

- Health Infrastructure Deficit.
- Shortage of manpower
- Poor data management
- Occasional disease outbreaks.
- Hypertension: A prevalent non-communicable disease, with a high prevalence among adults, particularly in urban areas.
- Maternal and Infant Mortality due to inadequate access to quality healthcare services



Adamawa State



5,280,522

Health Status Metrics

Summary

BUDGET

5.7%

(N14,113,288.190) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

3.8%

(200,659) State health insurance coverage

PARTNERS

11

Management Sciences for Health (MSH), UNICEF, WHO, UNFPA, International Rescue Committee (IRC), HELEN KELLER, Society for Family Health (SFH), The Challenge Initiative (TCI), Plan International, Marie Stopes International, AHNI

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN1,371,934,653

NOTABLE OUTCOMES

- Over twenty- eight thousand (28,000) under five children treated with ACT by the CHPIS Agents
- Increase in institutional delivery rate from 43.9% in 2021 to 46.6% in 2023 (DHIS)
- Reduced Maternal Mortality Ratio from 412.9/LB in 2020 to 284.1 in 2023 (DHIS)
- Reduced in infant mortality 5.4% in 2019 to 3.6% in 2023

MAJOR PUBLIC HEALTH INITIATIVES

- Implemented Algorithm for the Management of Childhood Illness (ALMANACH) across all wards
- Launched a humanitarian response plan to address the critical needs of over 1 million people affected by conflict in the state
- Adoption of Integrated Management of Childhood Illnesses (IMCI)
- Adoption of Community Health Influencers and Promoters to strengthen community-level primary healthcare

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	898	91
Secondary Health Care	21	61	
Tertiary Health Care	4	0	
BHCPF	Number of Basic Healthcare Provision Facilities	226	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	68	
Nurses	761	
Midwives	225	
Pharmacists	32	
Medical Laboratory Scientists	35	
Laboratory Technicians		
Community Health Workers	2965	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	104	144
	% of pregnant women with at least 4 ANC attendance		56.4
	% of deliveries attended to by skilled birth attendants	40.5	24.4
	% of children under 5 Stunting	39.7	48.6
	Facility-based maternal deaths (MPDSR)	5(2023)	19(2024)
	Infant Mortality rate	68	75

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	6.7	4.2
	% of children aged 12-23 months fully	36.8	38.4
	% of children aged 12-23 months who received Penta 3	65.9	59.2

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.02	0.02
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Seasonal cholera outbreak with 15 confirmed deaths and over 300 people receiving treatment in hospitals
- Rising burden of NCDs, including cancer, diabetes, and heart disease
- Shortage of healthcare workers: Low ratio of healthcare professionals to population.
- Inadequate training: Insufficient continuous professional development
- Poor distribution: Urban-rural disparities in healthcare workforce.
- Low morale: Poor working conditions, salaries, and benefit
- Inefficient supply chain management: Shortages of essential medicines and equipment
- Data challenges: Inadequate health data management and analysis



Akwa Ibom State



5,179,217

Health Status Metrics

Summary

BUDGET

3.96%

(N33,680,898,780.00) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

0.48%

(25,000) State health insurance coverage

PARTNERS

17

Hellen Keller International (HKI); TIMEC-RISE; Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM); Heartland Alliance Nigeria (HAN); ECEWS; Marie Stopes International; The Challenges Initiative; Rotary International; Planned Parenthood Federation; APFH; Breakthrough Action Nigeria; Centre for Clinical Care & Clinical Research Nigerian (CCCRN); KNWTB NIG; Clinton Health Access Initiative (CHAI); Data for Information (Data FI); Aids Healthcare Foundation (AHF); State to State

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,292,665,254

NOTABLE OUTCOMES

- Prompt and early detection of Tuberculosis in the state to reduce its spread
- Treatment of Latent Tuberculosis infection to prevent progression to Tuberculosis disease.
- Malaria testing rates for fever cases increased from 93.5% to 99.4%.

MAJOR PUBLIC HEALTH INITIATIVES

- Active Tuberculosis Case Finding At Community And Facility Level (Outreaches)
- Contact Tracing With Tuberculosis Preventive Therapy Initiation
- Mass Administration of Medicine (MAM) for treatment of Onchocerciasis in four endemic LGAs
- Last Mile Distribution(LMD) of Malaria commodities and LMD monitoring to 520 Public Health Facilities

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	468	0
	Secondary Health Care	42	210
	Tertiary Health Care	510	210
BHCPF	Number of Basic Healthcare Provision Facilities	189	0

HEALTH WORKFORCE

Total number of Health Workers		
	Medical Doctors	329
	Nurses	912
	Midwives	
	Pharmacists	56
	Medical Laboratory Scientists	50
	Laboratory Technicians	
	Community Health Workers	55

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	98	80
	% of pregnant women with at least 4 ANC attendance		65.7
	% of deliveries attended to by skilled birth attendants	41.4	51.5
	% of children under 5 Stunting	19.6	24.1
	Facility-based maternal deaths (MPDSR)	(2023)	-(2024)
	Infant Mortality rate	70	56

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	13.7	15.1
	% of children aged 12-23 months fully	42	50.8
	% of children aged 12-23 months who received Penta 3	62.2	72.8
		2023	2024

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.08	0.07
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	99%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Increasing cases of drug-Resistant Tuberculosis strain due to poor case holding and lack of drugs to treat
- Increased mortality from Drug Resistant Tuberculosis due to inadequate DRTB treatment centre in the state as the present facility cannot admit both gender at a time
- A large proportion of service delivery points are manned by volunteers which is due to poor manpower at the facility level
- Lack of State government counterpart funding for NTDs activities
- Non-release of budgetary allocation for program activities



Anambra State



6,308,633

Health Status Metrics

Summary

BUDGET

5.19%

(N16,310,233,554) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

3.4%

(215,702) State health insurance coverage

PARTNERS

22

PPFN, Carter Center, RoLAC, KNCV TB, IPCTD, IHVN, REDAID Nigeria, Save the World Support Foundation, Hope Giver's Care and Support Organization, TBDIAH, WHO, AHNI, UNICEF, AHF, CHAI, UNAIDS, EGPAF, Parker Mobile Clinic, FHI360, Malaria Consortium, Population Service International, Nigeria Food Vendors Association Anambra Chapter

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,255,234,820

NOTABLE OUTCOMES

- Increased in vaccination coverage
- Reduction in malaria incidence
- Improved awareness and testing for HIV/AIDS and TB
- Telemedicine expansion
- Enhanced maternal and child health
- Reduction in incidence and mortality of, non-communicable disease

MAJOR PUBLIC HEALTH INITIATIVES

- Renovation of primary healthcare and secondary health facilities
- Multiple rounds of polio vaccination campaigns and malaria prevention initiatives
- Maternal and child health initiatives, to reduce maternal mortality
- Campaign against open defecation
- Deployment of mobile health clinics to rural and hard-to-reach communities

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	634	219
Secondary Health Care	41	864	
Tertiary Health Care	4	0	
BHCPF	Number of Basic Healthcare Provision Facilities	326	0

HEALTH WORKFORCE

Total number of Health Workers	Medical Doctors	467
	Nurses	1647
	Midwives	-
	Pharmacists	98
	Medical Laboratory Scientists	163
	Laboratory Technicians	-
	Community Health Workers	684

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	58	72
	% of pregnant women with at least 4 ANC attendance	-	84.9
	% of deliveries attended to by skilled birth attendants	94.7	91.8
	% of children under 5 Stunting	14	12.9
	Facility-based maternal deaths (MPDSR)	1(2023)	0(2024)
	Infant Mortality rate	35	50

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	9.9	14.9
	% of children aged 12-23 months fully	75.8	48.7
	% of children aged 12-23 months who received Penta 3	87.3	78.6
		2023	2024

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.21	0.13
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	0%	0%

MAJOR PUBLIC HEALTH CHALLENGES

- Poor budgetary allocation to the health sector
- Infrastructure deficits
- Supply chain and equipment shortages
- Healthcare workforce challenges



Bauchi State



9,129,569

Health Status Metrics

Summary

BUDGET

15.1%

(N47,520,528,545.61) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

20%

(122,483) State health insurance coverage

PARTNERS

31

UNICEF, WHO, USAID-GHSCPBMGF, Alive and Thrive, Malaria Consortium, New Incentives, SFH, UNFPA, Plan International, Marie Stopes, USAID-State2State, CIET, CHAI, USAID-KNCV- LON, KNCV- Global Fund, JANNA/ SUFABEL Foundation, USAID-KP-Care2, USAID-Jhpiego, USAID-Georgetown Global Health Nig (GGHN), USAID-Pro-health In'1 (ICHSSA-4 Proj), USAID-Solima ACE-2 Proj, USAID-Malaria Initiative for States (PMI+S), Global Fund Care International, PPFN, MSI (Marie Stopes), USAID-HWM, MSF, Solima, State2State

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,521,324,614

NOTABLE OUTCOMES

- Low mortality and morbidity of preventable diseases
- More compliance is recorded on routine immunization
- Engagement of communities on awareness creation on pandemic diseases

MAJOR PUBLIC HEALTH INITIATIVES

- Periodic Intensification of Routine Immunization (PIRI)
- Strategy to improve uptake of RI, especially in underserved settlements
- Active search of priority diseases
- Awareness creation on pandemic diseases
- Early warning and preparedness on disasters

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	1119	72
	Secondary Health Care	26	106
	Tertiary Health Care	5	0
BHCPF	Number of Basic Healthcare Provision Facilities	221	0

HEALTH WORKFORCE

Total number of Health Workers		
	Medical Doctors	72
	Nurses	1933
	Midwives	
	Pharmacists	111
	Medical Laboratory Scientists	670
	Laboratory Technicians	
	Community Health Workers	2237

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	147	125
	% of pregnant women with at least 4 ANC attendance	-	46.6
	% of deliveries attended to by skilled birth attendants	21.6	28.4
	% of children under 5 Stunting	54.7	61.7
	Facility-based maternal deaths (MPDSR)	40(2023)	2(2024)
	Infant Mortality rate	69	77

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	53	36.9
	% of children aged 12-23 months fully	19.6	51.4
	% of children aged 12-23 months who received Penta 3	32.1	58.2
		2023	2024

Priority 4 (Source: NASCP)	HIV Incidence rate 15+		
	% of HIV exposed infants whose final outcome status is negative (PMTCT)		

MAJOR PUBLIC HEALTH CHALLENGES

- Inadequate funds
- Inadequate human resources for health
- Shortage of ICT materials (Computers, photocopiers, printers etc.)
- Inadequate office accommodation



Bayelsa State



2,677,663

Health Status Metrics

Summary

BUDGET

3.76%

(N18,090,114,565.84) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

8%

(122,483) State health insurance coverage

PARTNERS

14

MSI REPRODUCTIVE HEALTH, ZIPLINE, WHO, UNICEF, JSI/MRITE, HEARTLAND ALLIANCE NIG. LTD, CCFN (CARITAS), CMS, ZM-HALG, GHSC-PSM, SEF, AFENET (SOLINA), CCCRN, CLINTON HEALTH ACCESS INITIATIVE (CHAI)

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 661,198,957

NOTABLE OUTCOMES

- Improved Health insurance coverage
- Improve Immunization coverage from 55% to 71% coverage
- Control and containment of cholera, monkeypox, and measles outbreaks
- Construction and upgrade of Primary and Secondary healthcare facilities: including construction of new Mother & Child Specialist Hospital and a Mental Health and Well Being Rehabilitation Centre

MAJOR PUBLIC HEALTH INITIATIVES

- Active case search and surveillance for epidemic-prone diseases
- Revitalization of Primary Healthcare Centres to Meet Tier 2 Standards
- Public education through radio programs, frontline health worker training, and community engagement to improve surveillance for outbreak
- Implementation of Universal Health Coverage and Bayelsa State Health Insurance Scheme (BHIS)

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	225	3
	Secondary Health Care	42	50
	Tertiary Health Care	2	210
BHCPF	Number of Basic Healthcare Provision Facilities	105	0

HEALTH WORKFORCE

Total number of Health Workers	Category	Count
	Medical Doctors	641
	Nurses	1262
	Midwives	120
	Pharmacists	118
	Medical Laboratory Scientists	204
	Laboratory Technicians	
	Community Health Workers	638

HEALTH OUTCOMES

Priority 1	Indicator	NDHS 2018	NDHS 2023
	Under 5 Mortality	31	73
	% of pregnant women with at least 4 ANC attendance		48.6
	% of deliveries attended to by skilled birth attendants	27	56.7
	% of children under 5 Stunting	24.9	27.6
	Facility-based maternal deaths (MPDSR)	1(2023)	0(2024)
	Infant Mortality rate	23	56

HEALTH OUTCOMES

Priority 2	Indicator	2023	2024
	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	28.5	19.1
	% of children aged 12-23 months fully	18	63.4
	% of children aged 12-23 months who received Penta 3	54.5	73.4

Priority 4 (Source: NASCP)	Indicator	2023	2024
	HIV Incidence rate 15+	0.01	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Multiple outbreaks in the state, including cholera, monkeypox, circulating vaccine-derived poliovirus (cVDPV2), Lassa fever and yellow fever.
- Significant disparities exist in access to healthcare services, particularly in rural and underserved areas
- Inadequate healthcare infrastructure with nonfunctional health centres
- Electricity and water supply shortages affecting the cold chain for vaccines and proper sanitation
- Stock-outs of critical supplies, including antimalarial drugs and sharps boxes
- Limited healthcare personnel and high workloads for existing staff have led to inefficiencies in service delivery and delayed responses during disease outbreaks



Benue State



9,129,569

Health Status Metrics

Summary

BUDGET

10.6%

(N 33,054,686,848.04) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.69%

(60,944) State health insurance coverage

PARTNERS

9

WHO, UNICEF, MSH, SFH, Marie Stopes, Hellen Keller, Maigodiya Centre for Youth Development, TY Danjuma Foundation, AHNI

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,157,370,254

NOTABLE OUTCOMES

- Improved Emergency transport in the communities.
- Quicker response to threats and outbreaks of diseases
- Improved health indices among under five, poor and vulnerable groups

MAJOR PUBLIC HEALTH INITIATIVES

- Procurement of mobile emergency Ambulances and distributed for community services in 1 PHCC of the 168 wards in the state.
- Seasonal Malaria Chemoprevention initiative

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	772	0
	Secondary Health Care	16	84
	Tertiary Health Care	3	0
BHCPF	Number of Basic Healthcare Provision Facilities	276	0

HEALTH WORKFORCE

Total number of Health Workers	Category	Count
	Medical Doctors	107
	Nurses	674
	Midwives	250
	Pharmacists	76
	Medical Laboratory Scientists	44
	Laboratory Technicians	
	Community Health Workers	2504

HEALTH OUTCOMES

Priority 1	Indicator	NDHS 2018	NDHS 2023
	Under 5 Mortality	59	53
	% of pregnant women with at least 4 ANC attendance	-	49.1
	% of deliveries attended to by skilled birth attendants	67.6	66.7
	% of children under 5 Stunting	20.8	25.3
	Facility-based maternal deaths (MPDSR)	-(2023)	-(2024)
	Infant Mortality rate	40	34

HEALTH OUTCOMES

Priority 2	Indicator	2023	2024
	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	23.2	32.7
	% of children aged 12-23 months fully	27.4	25.4
	% of children aged 12-23 months who received Penta 3	58.7	44.8

Priority 4 (Source: NASCP)	Indicator	2023	2024
	HIV Incidence rate 15+	0.25	0.18
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	95%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Inadequate Human Resource availability across the primary and secondary health facilities
- Uneven distribution of HRH in the Urban and Rural settings
- Counterpart funds' timelines of release
- Inadequate service provision in some health facilities in the state



6,466,476

Health Status Metrics

Summary

BUDGET

14.4%

(N51,721,754,000) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.84%

(119,423) State health insurance coverage

PARTNERS

33

ON-OCHA, WHO, UNICEF, UNHCR, IMO, Action Against Hunger (ACF), IMPACT (Malaria & Immunization), Lafiya Project, Bill Melinda Gates Foundation, AFNET, IRC, AAH, FHI360, ALIMA, INTERSOS, CATHOLIC RELIEF SERVICE, IMC, CHRISTIAN AID, MERCY CORPS, MDM, GREEN CORE, MSF-OCB, CHABASH, CBI, GHIV AFRICA, AHSF SAHEL CHILD PROJECT, PUI, EYN, JIRE, DOO FOUNDATION, SCI, SOCIETY FAMILY HEALTH, PLAN INTERNATIONAL

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,113,644,087

NOTABLE OUTCOMES

- Construction of state Teaching Hospital
- Construction of some additional Wards in the State specialist Hospital, Maiduguri
- Construction of 9 additional 100 Capacity classrooms at the college of Health Technology, Nursing & Midwives in Maiduguri
- Construction of 500-capacity lecture halls at 2 Health training institutions
- Construction of one PHC in every ward

MAJOR PUBLIC HEALTH INITIATIVES

- Creation of the Borno State Contributory Health Management Agency (BOSCHMA) to provide healthcare insurance
- Mass distribution of free maternal health drugs by the state government
- Establishment of the Borno State Drugs and Medical Consumables Management Agency (BODMA)

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	361	18
Secondary Health Care	40	20	
Tertiary Health Care	2	0	
BHCPF	Number of Basic Healthcare Provision Facilities	122	0

HEALTH WORKFORCE

Total number of Health Workers	Medical Doctors	222
	Nurses and Midwives	1222
	Physiotherapists	59
	Pharmacists	8
	Pharmacy Technicians	78
	Medical Laboratory Scientists	39
	Laboratory Technicians	88
	Community Health Workers (CHW)	1340
	Junior Community Health Workers (JCHEW)	1650
	Medical Records Officers	44
	Other Health Professionals	6,276

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	86	86
	% of pregnant women with at least 4 ANC attendance		48.5
	% of deliveries attended to by skilled birth attendants	25.9	51.5
	% of children under 5 Stunting	45.1	40.9
	Facility-based maternal deaths (MPDSR)		
	Infant Mortality rate	52	48

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	43.8	31.7
	% of children aged 12-23 months fully	21.9	28.5
	% of children aged 12-23 months who received Penta 3	36	42.2

2023 2024

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.03	0.02
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Infrastructure deficit in remote areas
- Heightened concern about possible outbreak of cholera or some communicable diseases following the flood disaster in Maiduguri (the State Capital) and many other parts of the state



Cross River



4,636,130

Summary

BUDGET

(N 47,836,469,411) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.09%

(50,944) State health insurance coverage

PARTNERS

35

WHO, USAID (GHSC-PSM), MEDICINE SANS FRONTIERS, CDC, AFENET, SIGHT SAVERS INTERNATIONAL, UNFPA, MARIA STOPES NIGERIA, PLAN INTERNATIONAL, SFH, ADVANCING NUTRITION IN NIGERIA, BMGF, CHAI, NEW INCENTIVES, USAID-MOMENTUM SAFE SURGERY, FHI360, USAID- ACE3, ACF, ALBARKA HEALTH SPRING FOUNDATION, GAINETS SAFE, USAID - MOMENTUM COUNTRY AND GLOBAL LEADERSHIP, GURORI COMMUNITY SUPPORT INITIATIVE, CRS, KYAUTATA, MALARIA CONSORTIUM, USAID STATE2STATE, SAVE THE CHILD INITIATIVE, PRO-HEALTH INTERNATIONAL, TRANSFORMING LIVES THROUGH NUTRITION, COOPI, JHPIEGO, SOLINA, HELEN KELLER

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,015,633,213

NOTABLE OUTCOMES

- Increased Immunization Coverage
- Reduction in Malaria Incidence
- Improved Maternal Health
- Increased Awareness of HIV/AIDs

MAJOR PUBLIC HEALTH INITIATIVES

- Routine Immunization: On-going efforts to increase vaccination coverage for preventable diseases
- Malaria Control Initiatives: Distribution of insecticide-treated nets (ITNs) and indoor residual spraying (IRS)
- Expansion of HIV/AIDs testing and counseling services
- Maternal and Child Health Programs: Enhanced prenatal and postnatal care services, community health education
- Water, Sanitation, and Hygiene (WASH) Initiatives: Programs aimed at improving access to clean water and sanitation

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	1133	-
	Secondary Health Care	42	-
	Tertiary Health Care	3	-
BHCPF	Number of Basic Healthcare Provision Facilities	193	0

HEALTH WORKFORCE

Total number of Health Workers	Category	Count
	Medical Doctors	32
	Nurses	660
	Midwives	-
	Pharmacists	13
	Medical Laboratory Scientists	30
	Laboratory Technicians	
	Community Health Workers	317

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	80	60
	% of pregnant women with at least 4 ANC attendance		80
	% of deliveries attended to by skilled birth attendants	55.7	56.2
	% of children under 5 Stunting	22.9	21
	Facility-based maternal deaths (MPDSR)	1 (2023)	0 (2024)
	Infant Mortality rate	60	39

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	8.1	2.8
	% of children aged 12-23 months fully	46	68.6
	% of children aged 12-23 months who received Penta 3	64.1	94.6
		2023	2024

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.03	0.03
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	98%	98%

MAJOR PUBLIC HEALTH CHALLENGES

- Disease Outbreaks: Frequent outbreaks of diseases like cholera and measles due to inadequate vaccination coverage and poor sanitation.
- Health Inequities: Disparities in access to healthcare services between urban and rural populations, often influenced by socio-economic factors.
- Infrastructure deficits: Poor healthcare facilities, lack of equipment, and insufficient health personnel hinder effective service delivery.
- Supply Chain Issues: Inconsistent availability of essential medications and supplies due to logistical challenges.
- Service delivery challenges: Overburdened health systems and inadequate funding lead to long wait times and limited services.
- Accessibility barriers: Geographic barriers, especially in rural areas, restrict access to healthcare services for many residents.



Summary

BUDGET

6.0%

(N47,836,469,411) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

40%

(2,400,000) State health insurance coverage

PARTNERS

20

WHO, UNICEF, SFH, KNCV, ECEWS, NCDC, MSI, GJGHSC/ PSM, ACOMIN, IHVN, SOLINA, HAF, MSH, USAID, SYDANI, JSI, GIRL EFFECT, SMILES FOR MOTHERS, CCSI, UNFPA

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,044,034,310

NOTABLE OUTCOMES

- Increased number of health facility utilization
- Achieved 77% RI coverage
- Improved awareness & information to the youths on available youth friendly health services in PHCs

MAJOR PUBLIC HEALTH INITIATIVES

- Revitalization of 260 BHCPF Health Facilities.
- Regular funding of 260 BHCPF facilities in the State.
- Recruited 62 Skilled Birth Attendants (5 Doctors, 37 Nurses/Midwives and 20 CHEWS)
- Reach Every Ward with Skilled Birth Attendants (REWSBA) Strategy
- PHC MPCDSR committee established in the 25 pilot wards.
- PHC and Community Maternal, Perinatal and Child Death Surveillance and Response (PHC MPCDSR & CMPCDSCR)

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	468	-
Secondary Health Care	65	480	
Tertiary Health Care	2	-	
BHCPF	Number of Basic Healthcare Provision Facilities	257	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	311	
Nurses	1196	
Midwives	-	
Pharmacists	117	
Medical Laboratory Scientists	82	
Laboratory Technicians		
Community Health Workers	7	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	53	33
	% of pregnant women with at least 4 ANC attendance	-	60.5
	% of deliveries attended to by skilled birth attendants	67.1	81.4
	% of children under 5 Stunting	23.7	20
	Facility-based maternal deaths (MPDSR)	4(2023)	12(2024)
	Infant Mortality rate	32	26

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	18.9	9.2
	% of children aged 12-23 months fully	44.4	68.1
	% of children aged 12-23 months who received Penta 3	71.7	85.7

		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.05	0.04
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	97%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Shortage of Skilled manpower - Insufficient Skilled Birth attendants
- Inadequate vaccine and dry stock storage capacity at the state level
- Inadequate government counterpart funding
- Insecurity, communal crisis, and poor community ownership - vandalism of over 20 cold chain equipment
- High cost of movement in riverine communities



Ebonyi State



3,488,772

Summary

BUDGET

5.03%

(N13,386,710,000.00) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

3.93%

(137,133) State health insurance coverage

PARTNERS

15

WHO, UNICEF, USAID-Health Workforce Management (HWM), USAID-Presidential Malaria Initiatives (PMI-S), USAID- Global Health Supply Chain-Procurement and Supply Management (GHSMP-PSM), USAID-Momentum Country and Global Leadership (MCGL), USAID-State-2 –State (S2S), AMURT Foundation, Helen Kellar International (HKI), Marie Stopes, ECEWS, Smile for Mothers, FHM Engage, Lift for Africa, Caritas

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,089,427,414

NOTABLE OUTCOMES

- Improved health system governance, including structures.
- Improved community engagement and participation in health
- Improved public health emergency preparedness system
- Improved universal health coverage and financial protection for all

MAJOR PUBLIC HEALTH INITIATIVES

- Optimization of MNCHW campaigns
- Intensification of routine immunization services
- Enhancement of the delivery of essential packages of health services
- Institutionalization and maintenance of a responsive public health emergency preparedness system

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	519	141
Secondary Health Care	15	45	
Tertiary Health Care	3	0	
BHCPF	Number of Basic Healthcare Provision Facilities	169	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	433	
Nurses	1555	
Midwives	41	
Pharmacists	136	
Medical Laboratory Scientists	341	
Laboratory Technicians	-	
Community Health Workers	962	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	91	68
	% of pregnant women with at least 4 ANC attendance		61.7
	% of deliveries attended to by skilled birth attendants	52.1	73.6
	% of children under 5 Stunting	25.2	31.6
	Facility-based maternal deaths (MPDSR)	2(2023)	2(2024)
	Infant Mortality rate	57	42

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	4.5	2.6
	% of children aged 12-23 months fully	44.8	57.9
	% of children aged 12-23 months who received Penta 3	82.4	75.9
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.02	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	87%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Dilapidated health facilities across the State, except for some of the selected (one health facility per ward).
- Inadequate human resources for health, mostly in the PHCs.
- Poor funding of health sector programs/projects



Edo State



5,096,321

Summary

BUDGET

(N33,647,000,000.01) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

5.1%

(256,633) State health insurance coverage

PARTNERS

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 879,219,076

NOTABLE OUTCOMES

- Strengthened Primary Healthcare and Improved access to quality healthcare services
- Reduction in Zero-Dose Population
- Strengthened Public Health Emergency and Outbreak Response
- Improved Vaccine Storage
- Efficient distribution of essential medical supplies
- Improved emergency response times and reduced preventable deaths due to the pilot emergency medical response service

MAJOR PUBLIC HEALTH INITIATIVES

- Public-private partnership orthopedic outreach
- Upgrade of 46 Primary Health Centers (PHCs)
- Remodeling of College of Nursing Sciences and College of Health Sciences and Technology.
- Health Insurance Coverage expansion
- Introduction of Telemedicine in some primary healthcare facilities
- Installation of solar-powered cold stores to improve the efficiency of vaccine storage and cold chain management.

784

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	497	844
Secondary Health Care	34	738	
Tertiary Health Care	6	1	
BHCPF	Number of Basic Healthcare Provision Facilities	158	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	267	
Nurses	784	
Midwives	218	
Pharmacists	78	
Pharmacy Technicians	71	
Medical Laboratory Scientists	115	
Laboratory Technicians	117	
Community Health Workers	379	
Junior Community Health Workers (JCHEWS)	471	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	71	19
	% of pregnant women with at least 4 ANC attendance		63
	% of deliveries attended to by skilled birth attendants	88.2	92.8
	% of children under 5 Stunting	16	13.6
	Facility-based maternal deaths (MPDSR)	0(2023)	0(2024)
	Infant Mortality rate	52	13

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	6.5	9.4
	% of children aged 12-23 months fully	56.3	58.4
	% of children aged 12-23 months who received Penta 3	80.7	84.5
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.08	0.05
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	9%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Recurring outbreaks of diseases such as Lassa Fever and Monkeypox
- Healthcare Infrastructure Deficits. Many health facilities still require upgrades.
- Vaccine distribution in rural areas remains inconsistent due to logistical and economic challenges and absence of Zonal cold stores with incinerators
- Shortage of healthcare workers continues to affect the quality and timeliness of healthcare services.
- Health personnel working in rural and remote areas often face security risks, affecting their ability to deliver essential services.
- Some patients' refusal of treatment for diseases such as Lassa Fever, hindering effective disease management and control efforts.
- Inadequate vehicles for regulatory activities assessments and supportive supervisory visits.



Summary

BUDGET

6.78%

(N10.82bn) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

11.4%

(25,000) State health insurance coverage

PARTNERS

13

Rotary International, Hellen Kaller Foundation, WHO, JHPIEGO, CHAI, UNICEF, Winning Children foundation (WCF), FOSHPAD, ECEWS, Emergency Response Africa (ERA), Centre for Population and Reproductive Health (CPRH), MARIESTOPES International, HACEY Health Initiative

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 898,068,895

NOTABLE OUTCOMES

- 210,619 girls (ages 9-14) vaccinated with Human Papilloma Virus (HPV) vaccine, achieving 91% coverage.
- Increased number of individuals on HIV treatment to 93%
- Provided 600,603 vitamin A supplements, with 81% coverage for children (6-59 months)

MAJOR PUBLIC HEALTH INITIATIVES

- State-of-the-art Mammogram Machine at EKSUTH.
- Upgrade of SSH Ikole to a Federal Medical Center (FMC)
- Upgrade of EKDHSMA to a Pharma-grade Facility
- Construction of a 1.85km HMB/ Doctor's Quarters Road
- Deployment of a Toyota Hilux program utility vehicle for Tuberculosis and HIV Control Program
- Renovation of nine General Hospitals

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	356	75
Secondary Health Care	22	79	
Tertiary Health Care	2	1	
BHCPF	Number of Basic Healthcare Provision Facilities	-	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	177	
Nurses	755	
Midwives		
Pharmacists	50	
Medical Laboratory Scientists	246	
Laboratory Technicians		
Community Health Workers	1133	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	95	44
	% of pregnant women with at least 4 ANC attendance		68.6
	% of deliveries attended to by skilled birth attendants	87.1	93.5
	% of children under 5 Stunting	22.1	17.1
	Facility-based maternal deaths (MPDSR)	7(2023)	12(2024)
	Infant Mortality rate	57	27

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	3.9	6
	% of children aged 12-23 months fully	44.8	57.9
	% of children aged 12-23 months who received Penta 3	93	75.9
		2023	2024

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.05	0.04
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	97%

MAJOR PUBLIC HEALTH CHALLENGES

- Human resources deficit and high attrition rate
- Need for upgrade of more health infrastructure
- Strengthening data management and utilization



Enugu State



4,953,737

Summary

BUDGET

7%

(N34,926,360,817) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

3.8%

(190,623) State health insurance coverage

PARTNERS

13

Caritas Catholic Foundation of Nigeria, Marie Stopes, Planned Parenthood Federation of Nigeria (PPFN), Integrate E Project, The Carter Centre, RedAid Nigeria, UNICEF, WHO, CODSAIN PROJECT, TASK FORCE FOR GLOBAL HEALTH, CORONA MANAGEMENT SYSTEMS, GHSC-PSM, CHAI

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,332,920,650

NOTABLE OUTCOMES

- Screened 1,307 individuals, of which 15 tested positive and received treatment in Cervical Cancer
- Increase in the State social health insurance
- Zero cases reported for Diphtheria, Cholera, and Mpox following public health advisory

MAJOR PUBLIC HEALTH INITIATIVES

- Construction of Enugu State command and control Emergency Operations Center (EOC). 95% completed
- Construction of 260 Type 2 Primary Health Centers across the LGA's
- Expansion of ESUT Accident and Emergency Two-Storey Triage building
- Upgrade of Enugu State Central Medical Store (ESCMS) to a Pharma-grade Facility

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	566	100
Secondary Health Care	43	530	
Tertiary Health Care	4	23	
BHCPF	Number of Basic Healthcare Provision Facilities	260	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors		2278
Nurses		882
Midwives		
Pharmacists		550
Medical Laboratory Scientists		1498
Laboratory Technicians		
Community Health Workers		1707

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	61	49
	% of pregnant women with at least 4 ANC attendance		61.9
	% of deliveries attended to by skilled birth attendants	93	96.3
	% of children under 5 Stunting	51.8	36.4
	Facility-based maternal deaths (MPDSR)	0(2023)	-(2024)
	Infant Mortality rate	40	34

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	6.8	12.8
	% of children aged 12-23 months fully	36.4	51.8
	% of children aged 12-23 months who received Penta 3	80.9	81.6
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.05	0.04
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	94%

MAJOR PUBLIC HEALTH CHALLENGES

- Security challenges in some health facilities, especially with health facilities in Enugu North Senatorial Zone.
- Mpox Outbreak in 2 LGAs in Enugu State, Enugu South and Nkanu West LGAs.
- Lassa Fever Outbreak in 2 LGAs of Uzo- Uwani and Nsukka LGAs.
- Cholera Outbreak in Nkanu East and Isi-Uzo LGAs of Enugu State.
- Non-Availability of Emergency State Owned Ambulances.
- Non availability of equipment in the some of the Isolation and Treatment Centers in Enugu.
- Inadequate skilled professionals to handle disease burden in the State.
- Non-Availability and of State-Owned Genexpert Laboratory Machines for sample testing and other essential diagnostic machines for result analysis.
- Shortage of some essential commodities and consumables in some health facilities.
- Donor fatigue on some programs



3,459,438

Summary

BUDGET

7.08%

(45,660,070,101) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

4.7%

(189,039) State health insurance coverage

PARTNERS

13

Malaria Consortium, WHO, CHAI, Helen Keller International, Rotary club, UNICEF, IHVN, WASH (Water Aid Nigeria), Nigeria Red Cross, Health Work Force, Centre for Disease Control, Pro Health, Population Services Int.

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 633,504,120

NOTABLE OUTCOMES

- 13% increase in the number of HIV Facilities/SDPs from 446 in 2022 to 506 at the end of 2023
- HIV positivity rate in PMTCT settings has decreased from 2.3% in 2022 to 1.5% in 2023.
- 118% of the estimated HIV-exposed infants (HEIs) received first early infant diagnosis (EID) within 12 months of birth
- Protection of at-risk persons against Monkeypox disease

MAJOR PUBLIC HEALTH INITIATIVES

- National PMTCT Scale Up implementation across the 6 area councils.
- National HIV Clinical Mentorship Programme (NCMP) implementation across the 6 Area Councils
- Launch of the Accelerating Progress in Pediatric/PMTCT (AP3) strategy to improve uptake of integrated Pediatric/PMTCT services
- Deployment of targeted Monkey Pox Vaccination

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	279	255
	Secondary Health Care	14	210
	Tertiary Health Care	3	210
BHCPF	Number of Basic Healthcare Provision Facilities	62	0

HEALTH WORKFORCE

Total number of Health Workers		
	Medical Doctors	1287
	Nurses	2650
	Midwives	85
	Pharmacists	318
	Medical Laboratory Scientists	402
	Laboratory Technicians	
	Community Health Workers	621

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	75	60
	% of pregnant women with at least 4 ANC attendance		79.9
	% of deliveries attended to by skilled birth attendants	71.6	82.4
	% of children under 5 Stunting	21.2	16.3
	Facility-based maternal deaths (MPDSR)	40(2023)	51(2024)
	Infant Mortality rate	46	60

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	14.5	6.2
	% of children aged 12-23 months fully	49.6	45.6
	% of children aged 12-23 months who received Penta 3	73.5	84.8
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.02	0.02
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	96%

MAJOR PUBLIC HEALTH CHALLENGES

- Lack of regular supportive supervision
- Delay in release of program counterpart funds.
- Inconsistent data review and validation meeting
- Inadequate FCT NCD data tool
- Many of the PHC Facilities are poorly equipped and require infrastructural upgrade for effective service delivery.
- Inadequate Human Resources for Health across the PHC Facilities
- Growing number of security compromised settlements, leading to Internally displaced persons and inaccessibility of the PHC Facilities
- Poor funding/logistics for outbreak preparedness and response
- Lack of commitment of the private health facilities to the program; leading to missed opportunities in coverage.
- Persistent stockouts of HIV rapid test kits (RTKs) in most of the HIV SDPs across the 6 Area Councils.



Gombe State



4,314,741

Summary

BUDGET

7%

(N5,953,200,500.00) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

4.6%

(198,478) State health insurance coverage

PARTNERS

6

WHO, UNICEF, SFH, Marie Stopes, Chigari Foundation, New Incentives,

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 930,862,105

NOTABLE OUTCOMES

- Significant increase in immunization coverage
- Increased contraceptive prevalence rate to 7.3%, and reduction in prevalence rate of HIV/AIDS

MAJOR PUBLIC HEALTH INITIATIVES

- Health education and Promotion
- Routine Home Visit and Community Outreaches
- Maternal, Newborn and Child Care
- Promotion of Proper Nutrition and Food Education

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	637	10
Secondary Health Care	24	64	
Tertiary Health Care	1	0	
BHCPF	Number of Basic Healthcare Provision Facilities	114	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	125	
Nurses	262	
Midwives	878	
Pharmacists	105	
Medical Laboratory Scientists	214	
Laboratory Technicians		
Community Health Workers	2039	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	189	157
	% of pregnant women with at least 4 ANC attendance		39.1
	% of deliveries attended to by skilled birth attendants	18.8	37.9
	% of children under 5 Stunting	51.2	50.6
	Facility-based maternal deaths (MPDSR)	25(2023)	62(2024)
	Infant Mortality rate	104	81

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	62.7	34
	% of children aged 12-23 months fully	18.2	49.2
	% of children aged 12-23 months who received Penta 3	25.8	59.8
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.02	0.02
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Poor Coverage of State Health Insurance Scheme to about 4.5% of the total population
- Some infrastructures need urgent attention for renovation



 **5,756,086**

Summary

BUDGET

24%

(22,807,115,269) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

0.67%

(38,985) State health insurance coverage

PARTNERS

17

WHO, UNICEF, M-RIGHT, MARIE – STOPES, VITAMIN ANGELS, CARITAS, RED CROSS, AFFENET, CORONA MANAGEMENT, HSDF, KNCV, USAID-GHSC, UNFPA, ROTARY INTERNATIONAL, ECEWS, POPULATION SERVICE INTERNATIONAL (PSI), CHRISTAIN BLIND MISSION (CBM)

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,250,761,877

NOTABLE OUTCOMES

- 2024 Round 1 Maternal, Newborn and Child Health Week held in June 2024, with the following results;
- Vitamin A 100,000IU - 249,619 (102%)
- Vitamin A 200,000IU - 945,601 (94.7%)
- Total Vitamin A - 1,200,220 (96.1%)
- Deworming - 210,080 (21%)
- MMS - 92,261 (26.6%)
- Health Promotion - 408,296 (29%)
- MUAC Screening - 1,036,059 (83%)

MAJOR PUBLIC HEALTH INITIATIVES

- 2024 Round 1 Maternal, Newborn and Child Health Week held in June, 2024
- Commemoration of 2024 World Breastfeeding Week
- 2024 Round 2 Maternal, Newborn and Child Health Week held in June, 2024
- HPV vaccine introduction

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	560	413
Secondary Health Care	15	300	
Tertiary Health Care	2	0	
BHCPF	Number of Basic Healthcare Provision Facilities	304	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	1711	
Nurses	5755	
Midwives		
Pharmacists	265	
Medical Laboratory Scientists	514	
Laboratory Technicians		
Community Health Workers	765	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	87	85
	% of pregnant women with at least 4 ANC attendance		84.9
	% of deliveries attended to by skilled birth attendants	98.2	97.2
	% of children under 5 Stunting	17.6	17.3
	Facility-based maternal deaths (MPDSR)	7(2023)	3(2024)
	Infant Mortality rate	54	62

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	92	5.6
	% of children aged 12-23 months fully	62.6	59.1
	% of children aged 12-23 months who received Penta 3	79.5	83.4
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.06	0.04
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Outbreak of Lassa fever, which occurred with 100% case fatality
- Lack of integration of all programs into LMCU supply chain system
- Delay in the use of the upgraded state central store/warehouse
- Insecurity and inadequate funding for supervision; vaccine hesitancy
- Lack of equipped molecular laboratory for diagnosis of all infectious diseases
- Lack of funding and maintenance of Emergency Operations Centre (EOC) for the infrastructure and epidemic outbreak preparedness and response.
- Lack of third-party logistics for epidemic infectious sample shipment from community and health facilities to state level



Jigawa State



8,280,647

Summary

BUDGET

11%

(N41,206 Billion) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

3.8%

(6,638) State health insurance coverage

PARTNERS

23

ACTION AGAINST HUNGER (ACF), IPAS INTERNATIONAL, LAFIYA UK PROJECT, MALARIA CONSORTIUM, MARIE STOPES, SAVE THE CHILDREN (UK), UNICEF, WHO, OPTION/WOMEN INTEGRATED HEALTH SERVICES(WISH), NEW INCENTIVES, RSSH/ NACA, AFFENET, HEARTLAND ALLIANCE /GTE, LEPROSY TB RELIEF (LTR), ARC/PERL, HEALTH AND NATIONAL DEVELOPMENT SUPPORT PROGRAMME (HANDS), SFH, MSH, CHEMONICS/PEFFAR SHARP TO2, JHPIEGO, MEDICINES SANS FRONTIERES - FRANCE (MSF), ADOLESCENCE 360 AMPLIFY PROJECT, M-RITE

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,896,348,718

NOTABLE OUTCOMES

- Increase population coverage with social health insurance
- Improvement of quality and accessibility of BeMONC services at ward level facilities.
- Improved access to micronutrient supplement for children under 5.
- Reduce the number of zero-dose communities.

MAJOR PUBLIC HEALTH INITIATIVES

- Launching of Jigawa Basic Healthcare where 500 poor and vulnerable peoples at each of the 287 political wards were enrolled into social health insurance scheme.
- Distribution of 3,500,000.00 long-lasting insecticide-treated nets (LLINs) and seasonal Malaria Chemoprevention drugs
- Optimization of apex/ward level PHC to provide Basic Emergency Obstetrics and Newborn Care (BeMONC) services.
- Mass distribution of Ready-to-use Therapeutic Food (RUTF) and other micronutrient food to children under 5 across the state.
- Establishment of 3 dialysis centers in the three senatorial districts in the state.

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	774	18
Secondary Health Care	22	20	
Tertiary Health Care	2	0	
BHCPF	Number of Basic Healthcare Provision Facilities	284	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	187	
Nurses	1283	
Midwives	586	
Pharmacists	89	
Medical Laboratory Scientists	124	
Laboratory Technicians		
Community Health Workers	1250	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	213	161
	% of pregnant women with at least 4 ANC attendance		37.7
	% of deliveries attended to by skilled birth attendants	20.9	24.6
	% of children under 5 Stunting	64	55.7
	Facility-based maternal deaths (MPDSR)	54(2023)	108(2024)
	Infant Mortality rate	81	81

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	41.1	34.3
	% of children aged 12-23 months fully	23.8	56.9
	% of children aged 12-23 months who received Penta 3	35.7	62.2
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.01	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Incessant outbreak of cholera in the state
- Lack of adequate funding, limiting prompt response to contain incidence of disease outbreaks.
- Still, there exist poor health seeking behaviour in the state.
- Inadequate skillful Human Resources for Health in public health and clinical services



Kaduna State



9,746,918

Summary

BUDGET

15.63%

(N71,647,821,975.33) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

5.5%

(537,760) State health insurance coverage

PARTNERS

30

BMGF, WHO, UNICEF, UNFPA, FCDO (Lafiya program), Chigari Foundation, Save the Childre Int., FHI 360-Alive & Thrive, Nigerian Red Cross Society, Health Strategy Delivery Foundation, Marie Stopes Int. MSI Nigeria Reproductive Choices, Rotary Int. Polio Plus Nig, CIHP, PPFN, CGPP, Malaria Consortium, Sight Savers, Christian Health Association of Nigeria, Management Sciences for Health, KNCV, SOLINA (SCIDoR), CHEMONICS USAID Global Health Supply Chain Program Procurement and Supply Management (GHSC-PSM), TA Connect, CHAI, Result for Development (R4D), MAISHA MED, SFH, AMA Foundation, UNODC, eHealth Africa

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,475,000,869

NOTABLE OUTCOMES

- 99% of targeted children under five years old were protected from getting malaria
- Reduced the prevalence rate of Malaria from 33% to 16%, which is the highest in the northwest (Malaria Indicator Survey, 2021)
- 97% of positive cases of malaria received recommended treatment with ACTs

MAJOR PUBLIC HEALTH INITIATIVES

- Developed Epidemic Preparedness and Response Plan
- Developed Kaduna State One Health Strategic Plan 2024 - 2028
- Developed health security work plan
- Developed public health law

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	1112	608
Secondary Health Care	37	174	
Tertiary Health Care	7	0	
BHCPF	Number of Basic Healthcare Provision Facilities	225	0

HEALTH WORKFORCE

Total number of Health Workers	Medical Doctors	2432
	Nurses	3738
	Midwives	2975
	Pharmacists	877
	Medical Laboratory Scientists	2558
	Laboratory Technicians	
	Community Health Workers	3092

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	187	153
	% of pregnant women with at least 4 ANC attendance		59.4
	% of deliveries attended to by skilled birth attendants	26.5	35.6
	% of children under 5 Stunting	48	40.7
	Facility-based maternal deaths (MPDSR)	2(2023)	1(2024)
	Infant Mortality rate	97	85

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	46.5	45.6
	% of children aged 12-23 months fully	21.8	35.7
	% of children aged 12-23 months who received Penta 3	31.9	48
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.02	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	96%	96%

MAJOR PUBLIC HEALTH CHALLENGES

- Recurrent outbreaks of epidemic-prone diseases
- Inadequate funding for response to outbreaks of infectious diseases
- Insecurity in some parts of the state has adversely affected the coverage for seasonal malaria chemoprevention (SMC) amongst those under five years, with data quality issues i.e. under-reporting, non-completeness in Birnin Gwari, Kajuru etc.
- Inadequate anti-malaria commodities to cater for facilities not supported by The Global Fund to complement partners' support.
- Stock-out of drugs and commodities.



16,709,624

Summary

BUDGET

(N16,310,233,554) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

(215,702) State health insurance coverage

PARTNERS

12

WHO, UNICEF, LAFIYA, CHAI, MALARIA CONSORTIUM, SOCEITY FOR FAMILY HEALTH (SFH), MARIE STOPES INTERNATIONAL, BMGF, DANGOTE FOUNDATION, HSDF, WOMEN FOR HEALTH, AFINET

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,255,234,820

NOTABLE OUTCOMES

MAJOR PUBLIC HEALTH INITIATIVES

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	1235	552
	Secondary Health Care	44	0
	Tertiary Health Care	3	0
BHCPF	Number of Basic Healthcare Provision Facilities	484	0

HEALTH WORKFORCE

Total number of Health Workers		
	Medical Doctors	513
	Nurses	416
	Midwives	
	Pharmacists	14
	Medical Laboratory Scientists	188
	Laboratory Technicians	
	Community Health Workers	3147

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	164	158
	% of pregnant women with at least 4 ANC attendance		51.3
	% of deliveries attended to by skilled birth attendants	21.5	36.3
	% of children under 5 Stunting	56.9	51.9
	Facility-based maternal deaths (MPDSR)	18(2023)	19(2024)
	Infant Mortality rate	62	86

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	40.2	42.4
	% of children aged 12-23 months fully	34.3	35.8
	% of children aged 12-23 months who received Penta 3	45.9	47.5
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.01	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	100%

MAJOR PUBLIC HEALTH CHALLENGES



Katsina State



11,532,414

Summary

BUDGET

%

(N38,510,101,172.23) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

34

(25,000) State health insurance coverage

PARTNERS

24

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,988,544,454

NOTABLE OUTCOMES

- Vaccinated over 100,000 children with nOPV2 in priority wards
- Increased TB case detection and notification from 4,586 in q1 to 7,314 in q3
- Detected and referred 128 women with cervical cancer for treatment
- Distributed 10,630,770 doses of sulphadoxine-pyrimethamine amodiaquine during the seasonal Malaria Chemo-prevention treatment program
- Enrolled 272,910 (95%) of civil servants into contributory healthcare scheme
- Enrolled 1500 out of school children

MAJOR PUBLIC HEALTH INITIATIVES

- Upgrading of four Comprehensive Health Centers to General hospitals
- Construction and equipping of 12-bed capacity dialysis centre
- Mentoring of trained providers at maternity wards of 669 PHC facilities
- Construction of Secretariat for State Emergency Routine Immunization
- Upgrading of four Comprehensive Health Centers to General hospitals
- Construction and equipping

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	1689	146
Secondary Health Care	23	36	
Tertiary Health Care	4	0	
BHCPF	Number of Basic Healthcare Provision Facilities	69	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	661	
Nurses	2,447	
Midwives		
Pharmacists	154	
Medical Laboratory Scientists	561	
Laboratory Technicians		
Community Health Workers	3,398	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	188	105
	% of pregnant women with at least 4 ANC attendance		37.2
	% of deliveries attended to by skilled birth attendants	18.9	19.1
	% of children under 5 Stunting	60.5	64.6
	Facility-based maternal deaths (MPDSR)	62 (2023)	19 (2024)
	Infant Mortality rate	66	63

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	57.5	39.8
	% of children aged 12-23 months fully	21.2	45.3
	% of children aged 12-23 months who received Penta 3	33.7	53.3
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.01	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Increasing cases of drug-Resistant Tuberculosis strain due to poor case holding and lack of drugs to treat
- Increased mortality from Drug Resistant Tuberculosis due to inadequate DRTB treatment centre in the state as the present facility cannot admit both gender at a time
- A large proportion of service delivery points are manned by volunteers which is due to poor manpower at the facility level
- Lack of State government counterpart funding for NTDs activities
- Non-release of budgetary allocation for program activities



6,181,328

Summary

BUDGET

4.5%

(**NN16,895,344,136.65**) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.9%

(**123,379**) State health insurance coverage

PARTNERS

22

USAID-HWMA, Maries-top International, WHO, BA-Nigeria, USAID-IHP, Malaria Consortium, Nutrition International, USAID-GAIN, Helen Keller International, CIGARI Foundation, TULSI CHANRAI Foundation, Solina, MEDICAID Foundation, Advancing Nutrition, CS-SUNN, New Incentive, HSCL, Society for Family Health, USAID-S2S, Jhpiego, Helen Keller

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,251,588,678

NOTABLE OUTCOMES

- Access to free medical services to hard-to-reach communities,
- Strong political will, commitment and collaboration with Health partners to support cancer interventions program,
- Financial support to cancer patients that are indigents of the State.

MAJOR PUBLIC HEALTH INITIATIVES

- Establishment of Kebbi state Indigents Cancer Fund
- Community Health Outreach initiative
- Establishment of Kebbi State Cancer Control Program
- New Incentive program to support routine immunization

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	919	0
Secondary Health Care	30	39	
Tertiary Health Care	2	0	
BHCPF	Number of Basic Healthcare Provision Facilities	225	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	108	
Nurses	1036	
Midwives	131	
Pharmacists	77	
Medical Laboratory Scientists	137	
Laboratory Technicians		
Community Health Workers	1580	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	252	159
	% of pregnant women with at least 4 ANC attendance		14
	% of deliveries attended to by skilled birth attendants	3.4	9.6
	% of children under 5 Stunting	66.1	60
	Facility-based maternal deaths (MPDSR)	20(2023)	16(2024)
	Infant Mortality rate	112	90

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	70	84
	% of children aged 12-23 months fully	6.3	9.7
	% of children aged 12-23 months who received Penta 3	10.6	13.1

	2023	2024
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Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.01	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	0%	0%

MAJOR PUBLIC HEALTH CHALLENGES

- Inadequate Human Resources for Health
- Limited access to healthcare services
- Poor and inadequate infrastructures
- Inadequate healthcare financing
- Higher burden of infectious diseases, including malaria, measles
- Higher rate of maternal and neonatal mortality and morbidity
- Poor environmental health
- Inadequate emergency preparedness and response
- Insecurity in some LGAs
- Inadequate utility vehicles
- Inadequate working equipment



4,801,814

Summary

BUDGET

13.1%

(N33,744,413,98) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

3.0%

(147,201) State health insurance coverage

PARTNERS

15

MARIES STOPES, CIHP, GHSC-PSM, NPHCDA, WHO, Sightsavers (Eye care Health), NTD, Sightsavers, TB & Leprosy Mission, AIDS Care Health Foundation, Malaria Consortium, UNICEF, Riders for Health, E-Health, Afomdabo Foundation, John Snow International

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,088,329,006

NOTABLE OUTCOMES

- Reduced malnutrition and enhanced growth of gross domestic product (GDP).
- Availability, accessibility and affordability of health service delivery
- One report, one budget and one conversation, in the spirit of SWAp

MAJOR PUBLIC HEALTH INITIATIVES

- Coordination of multi-sectoral response to health outbreaks
- Training of 50 skilled birth attendances on Basic Emergency Obstetrics and Newborn Care (BEMONC)
- Frame works and priorities setting for the implementation and other preliminary work of SWAp is completed.
- Commenced the process of revitalization of 70 Health Facilities

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	947	133
	Secondary Health Care	51	98
	Tertiary Health Care	4	0
BHCPF	Number of Basic Healthcare Provision Facilities	234	0

HEALTH WORKFORCE

Total number of Health Workers		
	Medical Doctors	167
	Nurses	384
	Midwives	291
	Pharmacists	52
	Medical Laboratory Scientists	52
	Laboratory Technicians	
	Community Health Workers	1241

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	148	78
	% of pregnant women with at least 4 ANC attendance		54.1
	% of deliveries attended to by skilled birth attendants	73.4	61.5
	% of children under 5 Stunting	20	34.61
	Facility-based maternal deaths (MPDSR)	3(2023)	1(2024)
	Infant Mortality rate	93	59

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	19.9	57.9
	% of children aged 12-23 months fully	26.2	16.8
	% of children aged 12-23 months who received Penta 3	55.6	37.1
		2023	2024

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.01	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	95%	14%

MAJOR PUBLIC HEALTH CHALLENGES

- Inadequate human resources
- Inadequate funds appropriated to health sector
- Inadequate logistics to respond to public health outbreaks
- Few Health development partners in Kogi State
- Partial implementation of Primary Health Care Under One Roof



3,866,752

Summary

BUDGET

11.01

(N32,234,143,681.00) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.83%

(58,549) State health insurance coverage

PARTNERS

20

AFENET, THE CHALLENGE INITIATIVE, UNICEF, SCIDAR (SOLINA HEALTH), (GLOBAL FUND)/NATIONAL MALARIA ELIMINATION PROGRAMME (NMEP), SIGHT SAVERS, SFH, WHO, ACOMIN, ARFH, CIVIL SOCIETY SCALING-UP NUTRITION IN NIGERIA, PHARMACCESS, MONITOR HEALTH, ROTARY INTERNATIONAL, MARIESTOPE, AJIKE SUPPORT GROUP CENTRE, DAEMJIAN FOUNDATION BELGIUM, CHIGARI FOUNDATION, ALLIANCE

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 901,450,422

NOTABLE OUTCOMES

- Reduction in vaccine-preventable diseases
- Reduction in under-5 mortality & morbidity due to malaria infection
- Improved healthcare utilization & reduction in maternal mortality
- Improvement in all health indices

MAJOR PUBLIC HEALTH INITIATIVES

- Kwara state malaria elimination program/ Malaria-free Kwara.
- Accelerating nutrition results in Nigeria project (ANRIN)
- Strengthening access to reproductive and adolescent health (SARAH) in Nigeria
- Tuberculosis, leprosy and Buruli ulcer control program
- State AIDS/ Sexually Transmitted Infection/ Hepatitis control programs
- Neglected Tropical Diseases (NTDs) control program.

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	550	147
	Secondary Health Care	45	156
	Tertiary Health Care	3	0
BHCPF	Number of Basic Healthcare Provision Facilities	186	0

HEALTH WORKFORCE

Total number of Health Workers		
	Medical Doctors	194
	Nurses	765
	Midwives	68
	Pharmacists	25
	Medical Laboratory Scientists	74
	Laboratory Technicians	
	Community Health Workers	409

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	74	14
	% of pregnant women with at least 4 ANC attendance		51.3
	% of deliveries attended to by skilled birth attendants	62.1	55.3
	% of children under 5 Stunting	32.9	40.8
	Facility-based maternal deaths (MPDSR)	2(2023)	1(2024)
	Infant Mortality rate	52	12

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	39.2	51.7
	% of children aged 12-23 months fully	29.3	28.1
	% of children aged 12-23 months who received Penta 3	54.5	34.9
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.02	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	0%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Low utilization of health facilities
- Low awareness and poor health-seeking behaviour resulting in poor health insurance enrolment which worsens outbreaks such as cholera and other public health diseases
- Human resources attrition

Lagos State



14,220,974

Summary

BUDGET

7%

(N32,759,784,000) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

6.5%

(933,763) State health insurance coverage

PARTNERS

42

BMGF, GF, UNICEF, UNAIDS, UNFPA, USAID, SCI, DFB, CHAI, WHO, HP+, ARFH, SFH, The Challenge Initiative (TCI), IHVN, DGI, HSCL, HSDF, Market Doctor, Options/E4A- MAMAYE, Evidence Action, PharmAccess Foundation, NEST 360, Trauma Care International Foundation (TCI), MTN Foundation, FHI 360 Alive & Thrive Project, Total Nigeria, World Bank, Project Hope, HEI, Lafiya Pallidum, Aliko Dangote Foundation, Development Outcomes, YEDI, AHI, CIHP, GIZ, CCFN, LISDEL, MDoc, Solina

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,016,473,704

NOTABLE OUTCOMES

- Skilled health workers in the fight of Pandemics
- Reduction in maternal and under-five mortality rates in the State
- Increased and improved access to basic healthcare
- Increase in Health Insurance Health Scheme enrolment
- Improved collaboration between the Public and Private health sectors
- Increase in the number of Skilled health workers in the management of third stage of labour

MAJOR PUBLIC HEALTH INITIATIVES

- Implementation of continuous professional development programs
- Construction of 4 brand new Primary Healthcare centres
- Broadening the enrolment in Health Insurance Scheme Coverage
- Renovation of 6 Secondary Health facilities

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	372	1115
	Secondary Health Care	38	673
	Tertiary Health Care	5	3
BHCPF	Number of Basic Healthcare Provision Facilities	185	0

HEALTH WORKFORCE

Total number of Health Workers	Medical Doctors	4609
	Nurses	7531
	Midwives	
	Pharmacists	1615
	Medical Laboratory Scientists	570
	Community Health Workers	255
	Community Health Extension Workers	573
	Junior Community Health Extension Workers	40

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	59	46
	% of pregnant women with at least 4 ANC attendance		95.4
	% of deliveries attended to by skilled birth attendants	83.6	86.6
	% of children under 5 Stunting	17.2	17.7
	Facility-based maternal deaths (MPDSR)	25(2023)	-(2024)
	Infant Mortality rate	47	36

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	2.7	4.7
	% of children aged 12-23 months fully	62.4	66.1
	% of children aged 12-23 months who received Penta 3	90.8	87.6
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.02	0.02
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	99%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Staff Attrition
- Inadequate funds for health programs



Nasarawa State



3,161,908

Summary

BUDGET

13.46

(N26,899,768,739.21) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

8.56%

(271,523) State health insurance coverage

PARTNERS

23

Break Through Action Nigeria (B-AN), Clinton Health Access Initiative (CHAI), Institute of Human Virology Nigeria (IHVN), Carter Center, SFH, TCI, Rotary International, IPAS, TLM, World Health Organization, Society for Family Health (SFH), USAID PMI-S, UNICEF, Helen Keller International, Vitamin Angel, Child Education and Community Development Initiative (CECDI), Civil Society-Scaling Up Nutrition in Nigeria (CS-SUNN), AIDS Healthcare Foundation (AHF), USAID Global Health Supply Chain Mgt. Malaria consortium, KNCV, Sociocapital Impact Group, LHSS

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 907,421,779

NOTABLE OUTCOMES

- Improved immunization coverages, hence reduction in zero-dose children
- Enhanced Quality of Care in the health facilities during N-SHIP
- Improved awareness creation on maternal and child health nutrition
- Linkage of communities to facilities for care through the CHIPs programme
- Enhanced access to secondary care

MAJOR PUBLIC HEALTH INITIATIVES

- Upgrade of four Primary Health Care (PHCs) facilities to General Hospitals
- Flag-off of numerous disease prevention programs such as CoPREP, N-SHIP, STEP Survey, HCV Micro-elimination etc.

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	770	223
Secondary Health Care	21	24	
Tertiary Health Care	2	0	
BHCPF	Number of Basic Healthcare Provision Facilities	146	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	636	
Nurses	1295	
Midwives		
Pharmacists	153	
Medical Laboratory Scientists	210	
Laboratory Technicians		
Community Health Workers	2749	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	120	106
	% of pregnant women with at least 4 ANC attendance		66
	% of deliveries attended to by skilled birth attendants	57.3	69.2
	% of children under 5 Stunting	31.4	35
	Facility-based maternal deaths (MPDSR)	38(2023)	24(2024)
	Infant Mortality rate	64	70

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	20.6	20.3
	% of children aged 12-23 months fully	39.1	42.3
	% of children aged 12-23 months who received Penta 3	59.7	67.1
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.03	0.03
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	95%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Decay in health infrastructures, especially the secondary health facilities
- Inadequate human resources for health (HRH)
- Capacity gap of the Human Resources
- Low quality of care as a result of activities of quacks in the State
- Proliferations of private patent medicine vendors (PPMVs), thereby exposing the unsuspecting public to unwholesome practices
- Poor regulatory practices due to lack of funding of regulatory activities
- Low coverage for health insurance, particularly the informal sectors
- Lack of outreach services to the hard-to-reach areas



7,364,927

Summary

BUDGET

7.4%

(N45,189,140,247.76) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.47%

(108,264) State health insurance coverage

PARTNERS

15

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,595,012,304

NOTABLE OUTCOMES

- Health care awareness
- Reduction in bureaucratic processes that enhance efficiency in Health Care system Management and performance
- Accessibility of quality Health Care Services
- Accessibility of specialized health care services (Teaching Hospital)
- Increase in referral centers and referral centers strengthened

MAJOR PUBLIC HEALTH INITIATIVES

- Creation of Ministry of Primary Health Care
- Construction of a Teaching Hospital by Niger State Government
- Reconstruction of 20 focal health Facilities in the State by the State Government
- Recruitment of Medical Officers and Other Health Care Workers
- Renovation of SHC Facilities in the State
- Conduct of Child Health (MNCH) Week

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	1534	345
	Secondary Health Care	23	80
	Tertiary Health Care	2	-
BHCPF	Number of Basic Healthcare Provision Facilities	274	0

HEALTH WORKFORCE

Total number of Health Workers	Medical Doctors	199
	Nurses	1016
	Midwives	
	Pharmacists	55
	Medical Laboratory Scientists	6
	Laboratory Technicians	356
	Community Health Workers	2231

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	98	49
	% of pregnant women with at least 4 ANC attendance		34.7
	% of deliveries attended to by skilled birth attendants	24.7	33.7
	% of children under 5 Stunting	28.2	43.9
	Facility-based maternal deaths (MPDSR)	12(2023)	8(2024)
	Infant Mortality rate	57	31

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	45.3	56
	% of children aged 12-23 months fully	23.3	28.3
	% of children aged 12-23 months who received Penta 3	38.8	36.
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.01	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	95%	100%

MAJOR PUBLIC HEALTH CHALLENGES

- Poor terrain
- Large landmass, about 400 hard-to-reach localities
- Attrition of Health workers
- Partners and Donors Prioritization



6,821,913

Summary

BUDGET

11.6%

(N81,551,249,558.07) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

2.3%

(160,819) State health insurance coverage

PARTNERS

11

Management Sciences for Health (MSH), Society for Family Health (SFH), World Health Organisation (WHO), APIN Health Initiative, Institute of Human Virology of Nigeria (IHVN), Damien Foundation Belgium (GF/IHV grant), UNFPA, MARIE STOPES, UNICEF, Resolve to Save Lives (Project Hope), Evidence Action

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 992,111,911

NOTABLE OUTCOMES

- Reduction of out-pocket expenditure
- Sixty (60) Primary Health Care Centres Renovated and Equipped for optimal service delivery.
- Increased in herd immunity of children 9-59 months and vaccination in the underserved community

MAJOR PUBLIC HEALTH INITIATIVES

- 63,423 enrolled and enjoying free health care services through BHCPF
- Equity Health Insurance Scheme and Free Surgery Scheme
- Formal, Informal and Tertiary Institution Health Insurance Scheme
- Full Digitalization of Seven Secondary health facilities and two PHCs in electronic health records (EHR)

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	500	722
Secondary Health Care	30	40	
Tertiary Health Care	3	1	
BHCPF	Number of Basic Healthcare Provision Facilities	236	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	634	
Nurses/Midwife	2206	
Pharmacists	157	
Medical Laboratory Scientists	205	
Community Health Workers	1140	
Community Health Extension Workers	944	
Junior Community Health Extension Workers	289	
Dental Technologist	103	
Physiotherapists/ Radiographers	65 /13	
Medical Record Officers	29	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	30	60
	% of pregnant women with at least 4 ANC attendance		73.7
	% of deliveries attended to by skilled birth attendants	79.9	82.6
	% of children under 5 Stunting	26.6	17.7
	Facility-based maternal deaths (MPDSR)	15(2023)	9(2024)
	Infant Mortality rate	19	47

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	26.6	20.6
	% of children aged 12-23 months fully	23.1	51.4
	% of children aged 12-23 months who received Penta 3	50.3	73.9
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.05	0.03
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	97%	96%

MAJOR PUBLIC HEALTH CHALLENGES

- Poor health insurance coverage among residents, especially in the informal sector
- Poor health-seeking behaviour
- Continuous outbreaks of priority diseases
- Inadequate engagement and trust within communities
- Weak Health Education and Risk Communication
- Financial constraints limit the State's ability to effectively supervise and support public health emergency priorities
- Supply chain for emergency commodities and response materials are sometimes disrupted



Ondo State



5,675,275

Summary

BUDGET

9.7%

(N36,5527,795,653.20) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

5%

(25,000) State health insurance coverage

PARTNERS

22

APIN, JHPIEGO, DAMIEN FOUNDATION, SFH, WHO, MSI Reproductive Choices, INSTRAT GLOBAL, USAID GHSC-PSM, MITOSATH, UNICEF, CHAI, MALARIA CONSORTIUM, SLUM & RURAL HEALTH INITIATIVE, ALIMA, SAVE THE CHILDREN INTERNATIONAL, BREAKTHROUGH ACTION-NIGERIA, IHVN, UNFPA, LIONS CLUB INTERNATIONAL, ROTARY INTERNATIONAL, SICKLE CELL IGNITE FOUNDATION, SICKLE CELL HEALTH INITIATIVE

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 918,705,693

NOTABLE OUTCOMES

- Decline in the number of newly detected leprosy cases due to ongoing intensive case finding and multi-drug therapy distribution.
- Early diagnosis of Breast cancer to reduce mortality
- Increased TB treatment success rate

MAJOR PUBLIC HEALTH INITIATIVES

- Project 10 million hypertension and diabetes screening
- Public-Private Mix (PPM) to improve TB case detection, diagnosis, and treatment.
- Childhood Tuberculosis Control program
- Buruli Ulcer Surveillance and Management for the early detection
- Operational research on NTDs program for proper implementation of the program
- Capacity building initiatives
- Establishment of ACSM Core group/ SBCC committee

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	604	198
Secondary Health Care	24	5	
Tertiary Health Care	2		
BHCPF	Number of Basic Healthcare Provision Facilities	203	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	348	
Nurses	628	
Midwives	60	
Pharmacists	93	
Medical Laboratory Scientists	171	
Laboratory Technicians		
Community Health Workers	755	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	79	15
	% of pregnant women with at least 4 ANC attendance		66.3
	% of deliveries attended to by skilled birth attendants	86.1	76.3
	% of children under 5 Stunting	20.4	23.2
	Facility-based maternal deaths (MPDSR)	19(2023)	28(2024)
	Infant Mortality rate	49	8

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	17.9	23.5
	% of children aged 12-23 months fully	50.5	50.9
	% of children aged 12-23 months who received Penta 3	77	63.9

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.02	0.01
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	97%	93%

MAJOR PUBLIC HEALTH CHALLENGES

- High incidence of outbreaks (Lassa fever and Yellow fever)
- High health workers attrition
- High burden of multi-drug-resistant tuberculosis (MDR TB)



Osun State



4,638,423

Summary

BUDGET

12.4%

(N14,390,155,920) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

2.5%

(120,000) State health insurance coverage

PARTNERS

16

WHO, UNICEF, Nigerian Red Cross Society, Marie Stopes Int.-MSI Nigeria Reproductive Choices Malaria Consortium, Management Sciences for Health, CHEMONICS USAID Global Health Supply Chain Program Procurement and Supply Management (GHSC-PSM), Clinton HealthShepherd Access Initiative (CHAI), Society for Family Health (SFH), for Health Environment Advocacy and Development (SHEAD), The Challenge Initiative, Damien Foundation, AMEN Foundation, USAID, TBLON 3, DKTS

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,201,990,115

NOTABLE OUTCOMES

- Improved case definitions of high-priority diseases
- Uninterrupted supply of malaria test kits and antimalarial drugs

MAJOR PUBLIC HEALTH INITIATIVES

- Remodeling of 120-bedded ward for Kangaroo Mother Care
- Revitalization of 345 primary health care centres
- Refurbishing of General Hospital Ipetumodu
- Procured 332 Public Address Systems

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	854	785
Secondary Health Care	56	315	
Tertiary Health Care	3	0	
BHCPF	Number of Basic Healthcare Provision Facilities	331	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	329	
Nurses/ Midwives	912	
Midwives		
Pharmacists	56	
Medical Laboratory Scientists	50	
Laboratory Technicians		
Community Health Workers	55	

HEALTH OUTCOMES

Priority 1		NDHS 2018	NDHS 2023
		Under 5 Mortality	98
	% of pregnant women with at least 4 ANC attendance		65.7
	% of deliveries attended to by skilled birth attendants	41.4	51.5
	% of children under 5 Stunting	19.6	24.1
	Facility-based maternal deaths (MPDSR)	(2023)	-(2024)
	Infant Mortality rate		56

HEALTH OUTCOMES

Priority 2		2023	2024
		% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	13.7
	% of children aged 12-23 months fully	42	50.8
	% of children aged 12-23 months who received Penta 3	62.2	72.8
		2023	2024
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.08	0.07
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	99%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Increasing cases of drug-Resistant Tuberculosis strain due to poor case holding and lack of drugs to treat
- Increased mortality from Drug Resistant Tuberculosis due to inadequate DRTB treatment centre in the state as the present facility cannot admit both gender at a time
- A large proportion of service delivery points are manned by volunteers which is due to poor manpower at the facility level
- Lack of State government counterpart funding for NTDs activities
- Non-release of budgetary allocation for program activities

-Data not available



8,449,353

Summary

BUDGET

3.96%

(N33,680,898,780.00) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

0.48%

(25,000) State health insurance coverage

PARTNERS

17

WHO, APIN, Breakthrough Action/ Nigeria (BA-N), ROTARY INTERNATIONAL, SFH, President's Malaria Initiative for States (PMI-S), UNICEF, DAIMEN FOUNDATION, ARFH, Marie Stopes, Planned Parenthood Federation of Nigeria (PPFN), GHSC-PSM, HACEY, Save The Children International, Evidence Action, SOLINA, IHVN

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 946,554,507

NOTABLE OUTCOMES

- Prompt and early detection of Tuberculosis in the state to reduce its spread
- Treatment of Latent Tuberculosis infection to prevent progression to Tuberculosis disease.
- Malaria testing rates for fever cases increased from 93.5% to 99.4%.

MAJOR PUBLIC HEALTH INITIATIVES

- Active Tuberculosis Case Finding At Community And Facility Level (Outreaches)
- Contact Tracing With Tuberculosis Preventive Therapy Initiation
- Mass Administration of Medicine (MAM) for treatment of Onchocerciasis in four endemic LGAs
- Last Mile Distribution(LMD) of Malaria commodities and LMD monitoring to 520 Public Health Facilities

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	468	0
	Secondary Health Care	42	210
	Tertiary Health Care	510	210
BHCPF	Number of Basic Healthcare Provision Facilities	189	0

HEALTH WORKFORCE

Total number of Health Workers		
	Medical Doctors	329
	Nurses	912
	Midwives	
	Pharmacists	56
	Medical Laboratory Scientists	50
	Laboratory Technicians	
	Community Health Workers	55

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	98	80
	% of pregnant women with at least 4 ANC attendance		65.7
	% of deliveries attended to by skilled birth attendants	41.4	51.5
	% of children under 5 Stunting	19.6	24.1
	Facility-based maternal deaths (MPDSR)	(2023)	-(2024)
	Infant Mortality rate		56

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	13.7	15.1
	% of children aged 12-23 months fully	42	50.8
	% of children aged 12-23 months who received Penta 3	62.2	72.8

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.08	0.07
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	99%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Increasing cases of drug-Resistant Tuberculosis strain due to poor case holding and lack of drugs to treat
- Increased mortality from Drug Resistant Tuberculosis due to inadequate DRTB treatment centre in the state as the present facility cannot admit both gender at a time
- A large proportion of service delivery points are manned by volunteers which is due to poor manpower at the facility level
- Lack of State government counterpart funding for NTDs activities
- Non-release of budgetary allocation for program activities

-Data not available



5,047,381

Summary

BUDGET

5.19%

(N16,310,233,554) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

3.4%

(215,702) State health insurance coverage

PARTNERS

22

The Cater Centre, PMI-S, Break Through Action Nigeria, Local Health System Sustainability, WHO, UNICEF, Malaria Consortium, ANRIN, APIN, Sightsavers/CBM, USAID-GHSC, Marie stopes (MSI CHOICES), SFH, The Challenge Initiative, KNCV, UNFPA, Sightsavers, CBM, CHAN, Network for TB/Leprosy

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,255,234,820

NOTABLE OUTCOMES

- Increased in vaccination coverage
- Reduction in malaria incidence
- Improved awareness and testing for HIV/AIDs and TB
- Telemedicine expansion
- Enhanced maternal and child Health
- Reduction in death of non-communicable disease incidence

MAJOR PUBLIC HEALTH INITIATIVES

- Renovation of primary healthcare and Secondary Health facilities
- Multiple rounds of polio vaccination campaigns and malaria prevention initiatives
- Maternal and child health initiatives to reduce maternal mortality
- Campaign against open defecation
- Deployment of mobile health clinic to rural and hard-to-reach communities

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	468	0
Secondary Health Care	42	210	
Tertiary Health Care	510	210	
BHCPF	Number of Basic Healthcare Provision Facilities	189	0

HEALTH WORKFORCE

Total number of Health Workers	Medical Doctors	329
	Nurses	912
Midwives		
Pharmacists	56	
Medical Laboratory Scientists	50	
Laboratory Technicians		
Community Health Workers	55	

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	98	80
	% of pregnant women with at least 4 ANC attendance		65.7
	% of deliveries attended to by skilled birth attendants	41.4	51.5
	% of children under 5 Stunting	19.6	24.1
	Facility-based maternal deaths (MPDSR)	(2023)	-(2024)
	Infant Mortality rate		56

HEALTH OUTCOMES

		2023	2024
Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	13.7	15.1
	% of children aged 12-23 months fully	42	50.8
	% of children aged 12-23 months who received Penta 3	62.2	72.8
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.08	0.07
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	99%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Increasing cases of drug-Resistant Tuberculosis strain due to poor case holding and lack of drugs to treat
- Increased mortality from Drug Resistant Tuberculosis due to inadequate DRTB treatment centre in the state as the present facility cannot admit both gender at a time
- A large proportion of service delivery points are manned by volunteers which is due to poor manpower at the facility level
- Lack of State government counterpart funding for NTDs activities
- Non-release of budgetary allocation for program activities

-Data not available



Rivers State



7,922,783

Summary

BUDGET

3.8%

(N30,555,506,748.20) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

0.5%

(40,453) State health insurance coverage

PARTNERS

15

WHO, UNICEF, CHAI, CRHI, ARHF, MSION, KNCV, CPH, IHVN, EGPAF, Rotary International, SI, Christofel Blinden Mission, Evidence Action, Mother of Hope International

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,355,891,672

NOTABLE OUTCOMES

- Increase in referrer centers and referrer centers strengthened
- 10,844 community members benefitted from harm reduction services
- Improved TB treatment success from 87% to 97%
- Childhood TB notification increased from 7% to 17% in one quarter
- A total of 831,971, out of targeted 925,836 children of 5-14 years, treated with Mebendazole

MAJOR PUBLIC HEALTH INITIATIVES

- Clinical Mentorship Initiative
- Use of HIV Dual Test KIT and HIV self-testing
- Integrated disease screening and HIV mainstreaming
- Use of HIV Dual Test KIT and HIV self-testing
- Establishment of the State Mental Health Committee
- Training of TBAs to improve family planning services
- Mainstreaming of Obstetric Scanning, Mental Health Services, and Eye Care PHCs
- Digitization of HMIS

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	468	0
	Secondary Health Care	42	210
	Tertiary Health Care	510	210
BHCPF	Number of Basic Healthcare Provision Facilities	189	0

HEALTH WORKFORCE

Total number of Health Workers	Medical Doctors	329
	Nurses	912
	Midwives	
	Pharmacists	56
	Medical Laboratory Scientists	50
	Laboratory Technicians	
	Community Health Workers	55

HEALTH OUTCOMES

		NDHS 2018	NDHS 2023
Priority 1	Under 5 Mortality	98	80
	% of pregnant women with at least 4 ANC attendance		65.7
	% of deliveries attended to by skilled birth attendants	41.4	51.5
	% of children under 5 Stunting	19.6	24.1
	Facility-based maternal deaths (MPDSR)	(2023)	-(2024)
	Infant Mortality rate		56

HEALTH OUTCOMES

Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	13.7	15.1
	% of children aged 12-23 months fully	42	50.8
	% of children aged 12-23 months who received Penta 3	62.2	72.8
		2023	2024

Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.08	0.07
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	99%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Increasing cases of drug-Resistant Tuberculosis strain due to poor case holding and lack of drugs to treat
- Increased mortality from Drug Resistant Tuberculosis due to inadequate DRTB treatment centre in the state as the present facility cannot admit both gender at a time
- A large proportion of service delivery points are manned by volunteers which is due to poor manpower at the facility level
- Lack of State government counterpart funding for NTDs activities
- Non-release of budgetary allocation for program activities

-Data not available



Sokoto State



6,934,965

Summary

BUDGET

11.48%

(N31,014,441,399.19) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.97%

(137,289) State health insurance coverage

PARTNERS

35

EU/WHO, UNICEF, USAID- Integrated Health Program- IHP, Banyan Global, USAID- Breakthrough Action Nigeria, USAID Global Health Supply Chain Program-Procurement and Supply Management project (GHSC-PSM), Medecine Sans Frontieres, CDC AFENET, Sight savers International, UNFPA, aria Stapes Nigeria, PLAN International, SFH, ADVANCING NUTRITION IN NIGERIA, BMGF, CHAI, USAID- MOMENTUM, FHI360, USAID- ACE3, ACTION AGAINST HUNGER- ACF, ALBARKA HEALTH SPRING FOUNDATION, GAINeatsafe, GURORI COMMUNITY SUPPORT INITIATIVE, CRS, MALARIA Consortium, USAID State2State, SAVE THE CHILD INITIATIVE, Pro-Health International, Transforming Lives through Nutrition, COOPI, Jhpiego, SOLINA, Helen Keller

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,666,123,329

NOTABLE OUTCOMES

- Increased Immunization Coverage
- Reduction in Malaria Incidence
- Improved Maternal Health
- Increased Awareness of HIV/AIDS

MAJOR PUBLIC HEALTH INITIATIVES

- Vaccination Campaigns
- Disease Prevention Programs
- Community Health Efforts

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	468	0
Secondary Health Care	42	210	
Tertiary Health Care	510	210	
BHCPF	Number of Basic Healthcare Provision Facilities	189	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	329	
Nurses	912	
Midwives		
Pharmacists	56	
Medical Laboratory Scientists	50	
Laboratory Technicians		
Community Health Workers	55	

HEALTH OUTCOMES

Priority 1		NDHS 2018	NDHS 2023
		Under 5 Mortality	98
	% of pregnant women with at least 4 ANC attendance		65.7
	% of deliveries attended to by skilled birth attendants	41.4	51.5
	% of children under 5 Stunting	19.6	24.1
	Facility-based maternal deaths (MPDSR)	(2023)	-(2024)
	Infant Mortality rate		56

HEALTH OUTCOMES

Priority 2		2023	2024
		% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	13.7
	% of children aged 12-23 months fully	42	50.8
	% of children aged 12-23 months who received Penta 3	62.2	72.8
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.08	0.07
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	99%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Increasing cases of drug-Resistant Tuberculosis strain due to poor case holding and lack of drugs to treat
- Increased mortality from Drug Resistant Tuberculosis due to inadequate DRTB treatment centre in the state as the present facility cannot admit both gender at a time
- A large proportion of service delivery points are manned by volunteers which is due to poor manpower at the facility level
- Lack of State government counterpart funding for NTDs activities
- Non-release of budgetary allocation for program activities

-Data not available



Taraba State



3,904,498

Summary

BUDGET

10.6%

(N 33,054,686,848.04) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.69%

(60,944) State health insurance coverage

PARTNERS

9 WHO, UNICEF, SFH, Marie Stopes, Hellen Keller, Maigodiya CMSHentre for Youth Development, TY Danjuma Foundation, AHNi

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,157,370,254

NOTABLE OUTCOMES

- Improved Emergency transport in the communities.
- Quicker response to threats and outbreaks of diseases
- Improved health indices among under five, poor and vulnerable groups

MAJOR PUBLIC HEALTH INITIATIVES

- Procurement of mobile emergency Ambulances and distributed for community services in 1 PHCC of the 168 wards in the state..
- Seasonal Malaria Chemoprevention initiative

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	468	0
	Secondary Health Care	42	210
	Tertiary Health Care	510	210
BHCPF	Number of Basic Healthcare Provision Facilities	189	0

HEALTH WORKFORCE

Total number of Health Workers	Category	Count
	Medical Doctors	329
	Nurses	912
	Midwives	
	Pharmacists	56
	Medical Laboratory Scientists	50
	Laboratory Technicians	
	Community Health Workers	55

HEALTH OUTCOMES

Priority 1	Indicator	NDHS 2018	NDHS 2023
	Under 5 Mortality	98	80
	% of pregnant women with at least 4 ANC attendance		65.7
	% of deliveries attended to by skilled birth attendants	41.4	51.5
	% of children under 5 Stunting	19.6	24.1
	Facility-based maternal deaths (MPDSR)	(2023)	-(2024)
	Infant Mortality rate		56

HEALTH OUTCOMES

Priority 2	Indicator	2023	2024
	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	13.7	15.1
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Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.08	0.07
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	99%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Increasing cases of drug-Resistant Tuberculosis strain due to poor case holding and lack of drugs to treat
- Increased mortality from Drug Resistant Tuberculosis due to inadequate DRTB treatment centre in the state as the present facility cannot admit both gender at a time
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- Lack of State government counterpart funding for NTDs activities
- Non-release of budgetary allocation for program activities

-Data not available



3,908,412

Summary

BUDGET

15%

(N32,759,784,000) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

9%

(286,574) State health insurance coverage

PARTNERS

26

EU/ WHO, UNICEF, USAID- Integrated Health Program-IHP, Banyan Global, USAID- Breakthrough Action Nigeria, USAID Global Health Supply Chain Program-Procurement and Supply Management project (GHSC-PSM), Medecine Sans Frontieres, CDC, AFENET, Sight savers International, UNFPA, aria Stopes Nigeria, PLAN International, SFH, ADVANCING NUTRITION IN NIGERIA, BMGF, CHAI, USAID-MOMENTUM, FHI360, USAID- ACE3, ACTION AGAINST HUNGER -ACF, ALBARKA HEALTH SPRING FOUNDATION, GAINEatSafe, GURORI COMMUNITY SUPPORT INITIATIVE, CRS, MALARIA Consortium USAID State2State, SAVE THE CHILD INITIATIVE, Pro-Health International, Transforming Lives through Nutrition, COOPI, Jhpiego, SOLINA, Helen Keller

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,113,644,087

NOTABLE OUTCOMES

- Increased number of health facility utilization

MAJOR PUBLIC HEALTH INITIATIVES

- Revitalization of 260 BHCPF Health Facilities.

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	468	0
Secondary Health Care	42	210	
Tertiary Health Care	510	210	
BHCPF	Number of Basic Healthcare Provision Facilities	189	0

HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors	329	
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HEALTH OUTCOMES

Priority 1		NDHS 2018	NDHS 2023
		Under 5 Mortality	98
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- Increasing cases of drug-Resistant Tuberculosis strain due to poor case holding and lack of drugs to treat
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3,904,498

Summary

BUDGET

7.9%

(N 33,695,720,000.00) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.5%

(103,443) State health insurance coverage

PARTNERS

23

AFENET, Chigari Foundation, UNICEF-GAVI, HSCL ACE 3, International Committee of Rescue, Leprosy and TB Relief Initiative in Nigeria, Marie Stopes International, MSF Holland, MSF Spain, New Incentives, Sight Savers International, Society for Family Health (KPCARES2), Solidarity International, UNICEF, PMI-S, WHO, GHSC-PSM, LHSS, VAI, UNFPA, & Pro-Health International, Nigerian Red Cross Society Zamfara Branch, Sultan Foundation

Implementing partners supporting the state

Total annual BHCPF disbursement

NGN 1,254,916,391

MAJOR PUBLIC HEALTH INITIATIVES

- LLIN Campaign 2023/2024
- Seasonal Malaria Chemoprevention (SMC)
- ONCHO-LF Mass Drug Administration
- HBV campaign (May 2024)
- World Mental Health DAY
- World Polio Day
- World Children's TB Day

FUTURE HEALTH SECTOR OUTLOOK

- Ongoing of total renovation and construction of Ahmad Sani Yariman Bakura Specialist Hospital, Gusau
- Renovation and equipping of General Hospitals Kaura Namoda, Maru, Maradun, and Nasarawa Burkullu,
- Ongoing construction and upgrade of General Hospital Talata Mafara , General Gusau and General Hospital Anka to Premium Hospital

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
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NIGERIA DHS ZONE AND STATE PHC PERFORMANCE

2018 - 2024 PROGRESS TRACKER

Zone and State Performance Summaries

	Page
Zone and State Level Performance Summary for Key PHC Metrics: North Central	1
Zone and State Level Performance Summary for Key PHC Metrics: North East	2
Zone and State Level Performance Summary for Key PHC Metrics: North West	3
Zone and State Level Performance Summary for Key PHC Metrics: South East	4
Zone and State Level Performance Summary for Key PHC Metrics: South South	5
Zone and State Level Performance Summary for Key PHC Metrics: SouthWest	6

Immunization Coverage (With Detailed State Performance)

Immunization Coverage Summary Sheet	7
DPT 1 vaccination received	8
DPT 3 vaccination received	9
Measles (MCV1) Vaccination Received	10
Children Fully Immunized (8 Basic Antigens)	11
Children who received no vaccinations (12-23 mths)	12

Maternal Health (With Detailed State Performance)

Maternal Health Coverage Summary Sheet	13
ANC From Skilled Provider (% Women)	14
ANC4 Visits (% Women)	15
Delivery in Health Facility (% Women)	16
Delivery by Skilled Provider (% Women)	17
Mothers PNC Within 2 Days of Birth (% Women)	18
Newborn PNC Within 2 Days of Birth (% Live Births)	19
Newborns Who Did Not Receive Any PNC (% of Live Births)	20

Family Planning (With Detailed State Performance)

Family Planning Coverage Summary Sheet	21
Total Fertility Rate (TFR)	22
mMCPMR (Modern Methods Married Women)	23
Demand for FP Satisfied By Modern Methods	24
Unmet Need For Family Planning	25
Total Demand for Family Planning	26

Other U5 Health Related

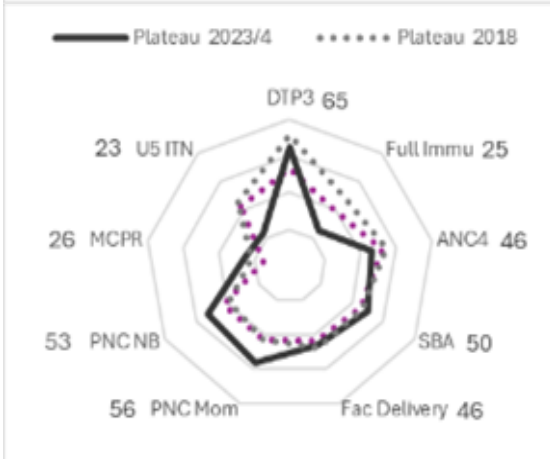
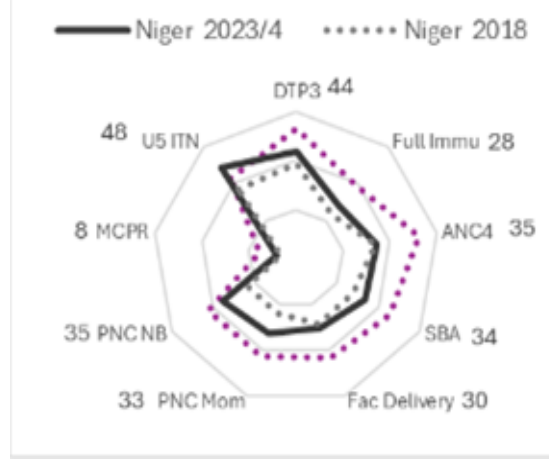
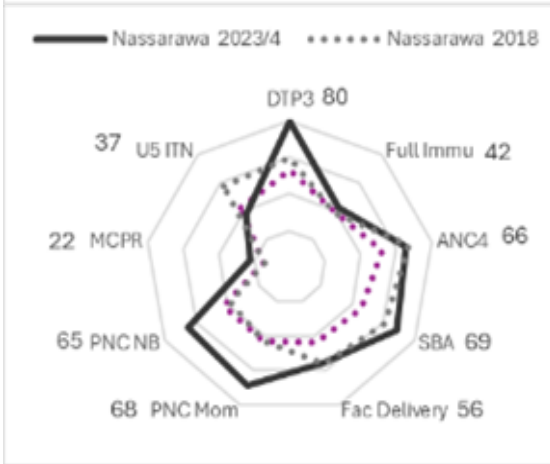
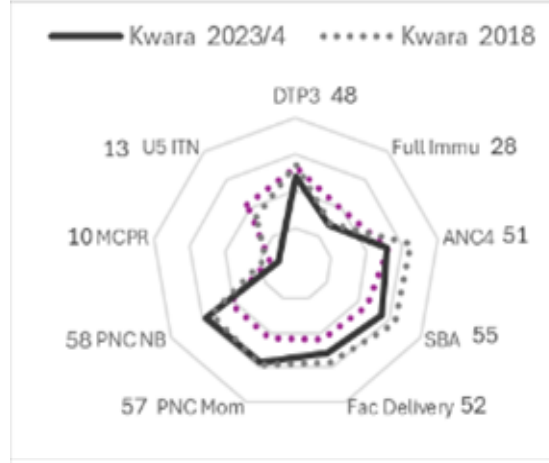
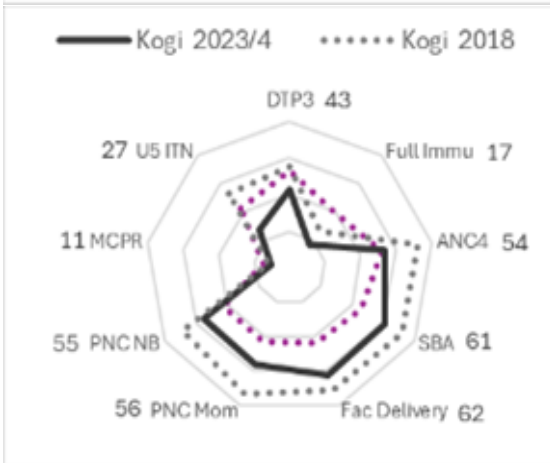
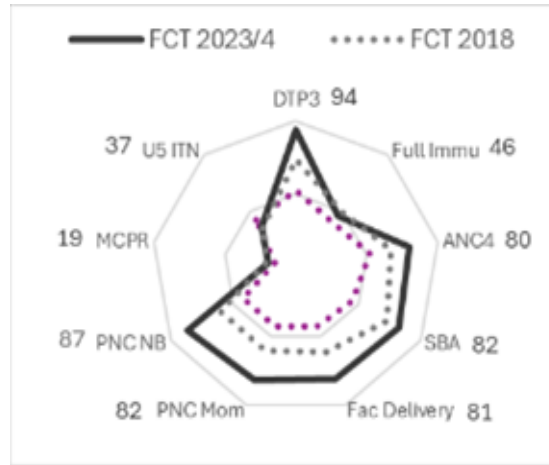
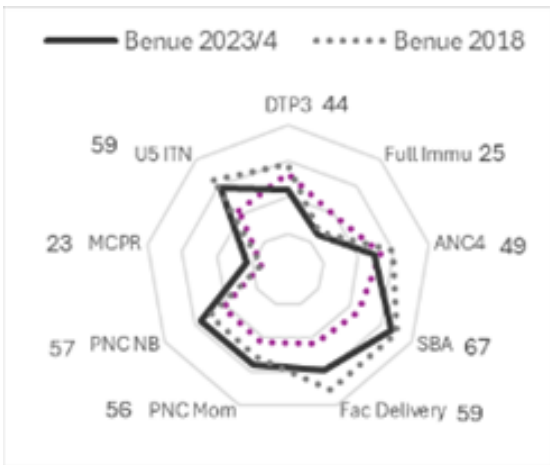
U5 Other Summary Sheet	27
Nutrition: Children Stunted	28
Nutrition: Children Underweight	29
Malaria: Children Who Slept Under an ITN	30

Note: This analysis is done using the recently released DHS Nigeria Key Indicator Report. Some outliers will be present. A full analysis will be done once microdata is released. The purpose of this resource is to provide an easy way of tracking state performance against selected metrics

North Central Zone

Key: National 2023/4 — State 2023/4 State 2018

Go to specific page for full list of each States performance over time for each coverage metric



Reflections

Questions To Ask

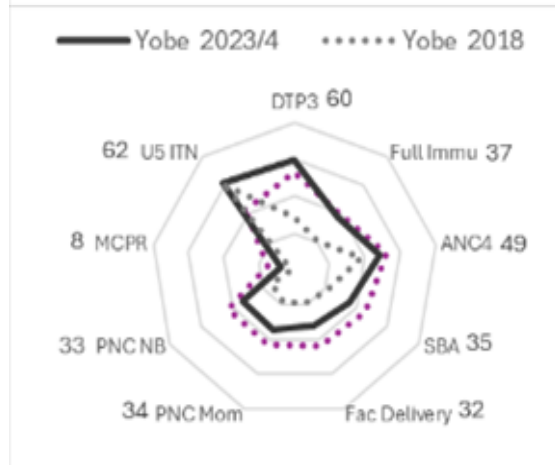
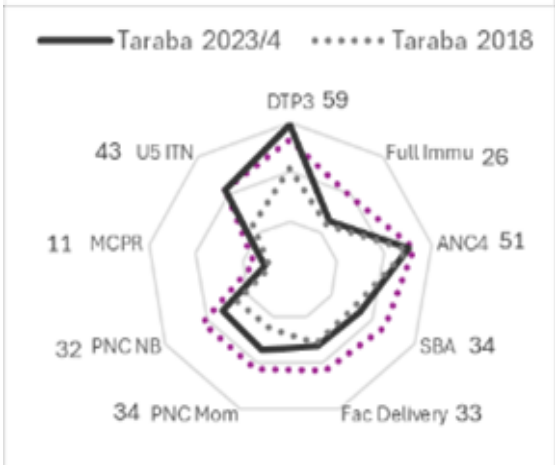
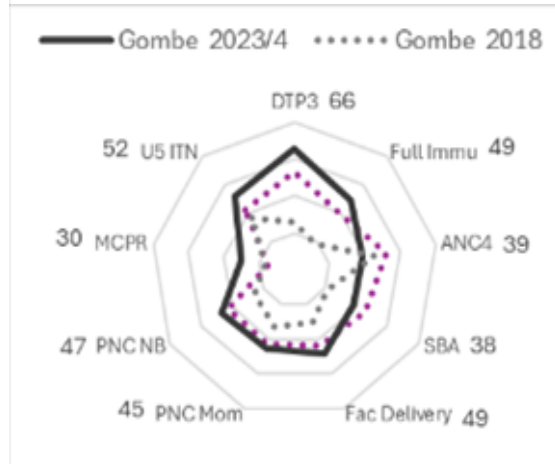
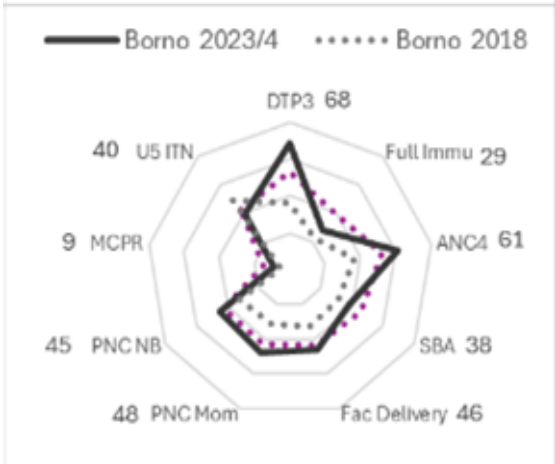
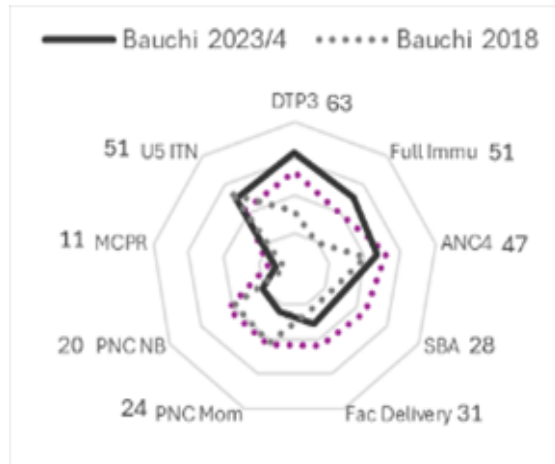
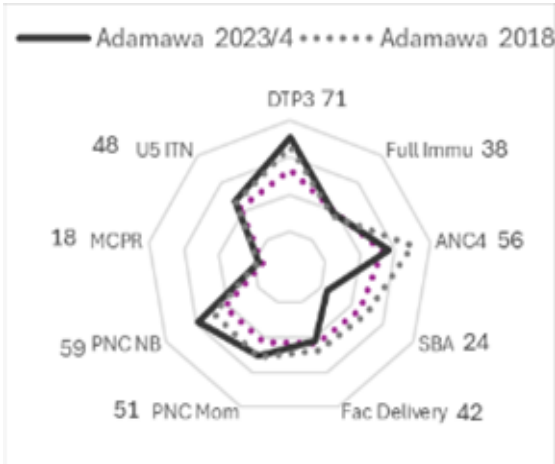
What has contributed to positive expansion for some States and what has contributed to negative contraction or stagnation? (When bold black line is larger than dotted gray line it means there is been a positive expansion compared to past survey, when it is smaller than dotted grey line it means there has been a contraction and when it is the same it means no movement over the last 5 years)

- DTP3 DTP3 Immunization Coverage (%)
- Full Immu Children Fully Immuized (Basic 8) (%)
- ANC4 ANC4 Coverage (%)
- SBA Births Delivered by Skilled Birth Attendant (%)
- Fac Delivery Births Delivered in Facility (%)
- PNC Mom Mothers Post Natal Care Within 2 Days (%)
- PNC NB New Born Post Natal Care Within 2 Days (%)
- MCPR Contraceptive Prevalance Rate (MM Married Women) (%)
- U5 ITN Children U5 Who Slept Under ITN (%)

North East Zone

Key: National 2023/4 — State 2023/4 State 2018

Go to specific page for full list of each States performance over time for each coverage metric



Reflections

Questions To Ask

What has contributed to positive expansion for some States and what has contributed to negative contraction or stagnation? (When bold black line is larger than dotted gray line it means there is been a positive expansion compared to past survey, when it is smaller than dotted grey line it means there has been a contraction and when it is the same it means no movement over the last 5 years)

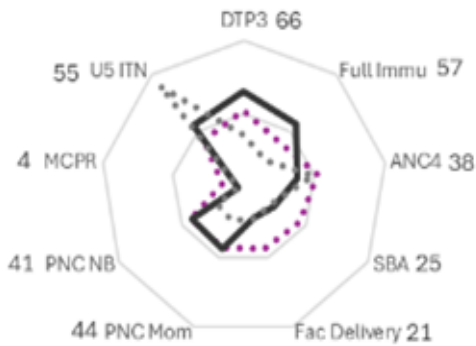
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North West Zone

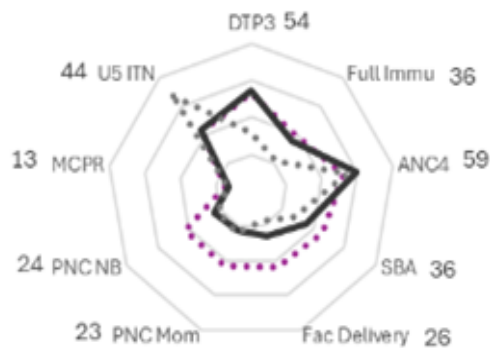
Key: National 2023/4 — State 2023/4 State 2018

Go to specific page for full list of each States performance over time for each coverage metric

Jigawa 2023/4 Jigawa 2018



Kaduna 2023/4 Kaduna 2018



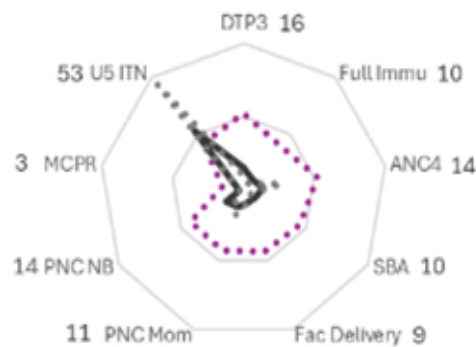
Kano 2023/4 Kano 2018



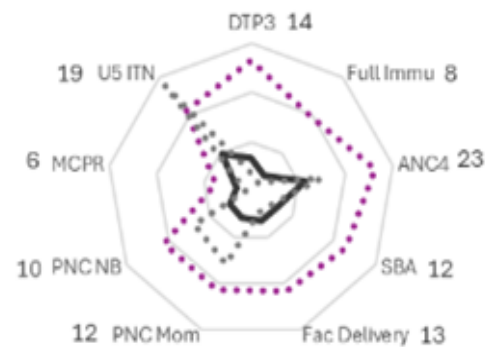
Katsina 2023/4 Katsina 2018



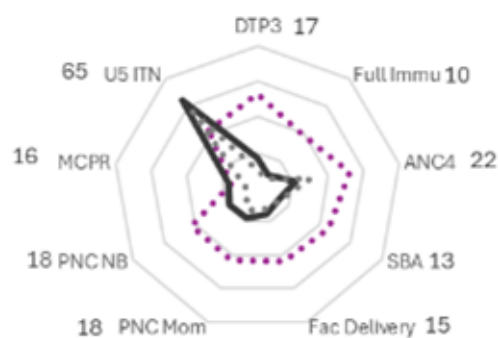
Kebbi 2023/4 Kebbi 2018



Sokoto 2023/4 Sokoto 2018



Zamfara 2023/4 Zamfara 2018



Reflections

Questions To Ask

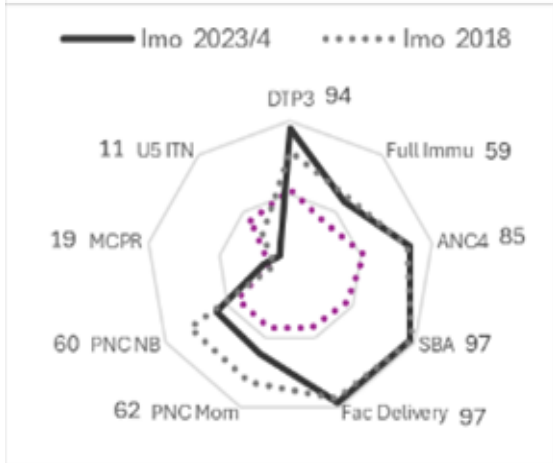
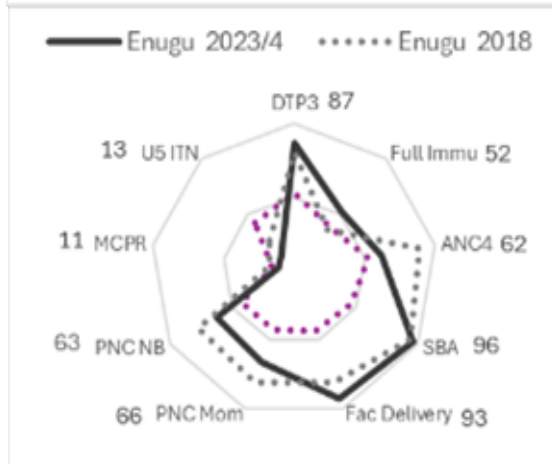
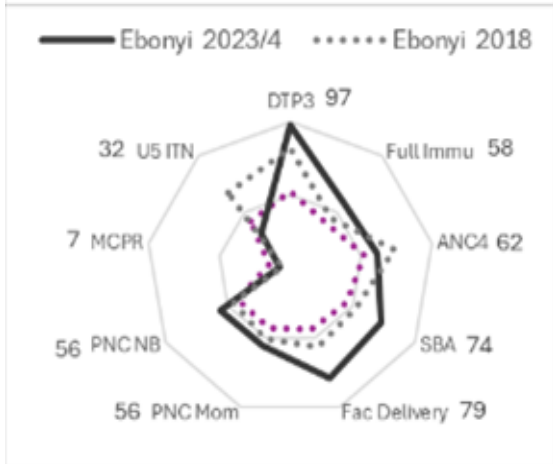
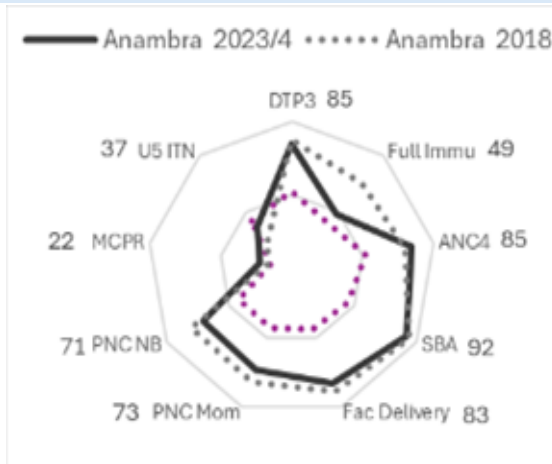
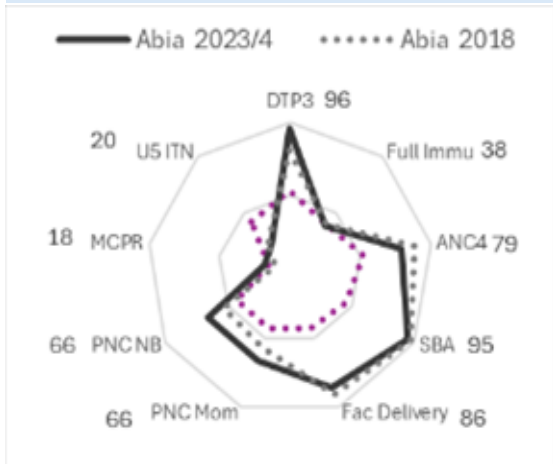
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- MCPR Contraceptive Prevalance Rate (MM Married Women) (%)
- U5 ITN Children U5 Who Slept Under ITN (%)

South East Zone

Key: National 2023/4 — State 2023/4 State 2018

Go to specific page for full list of each States performance over time for each coverage metric



Reflections

Questions To Ask

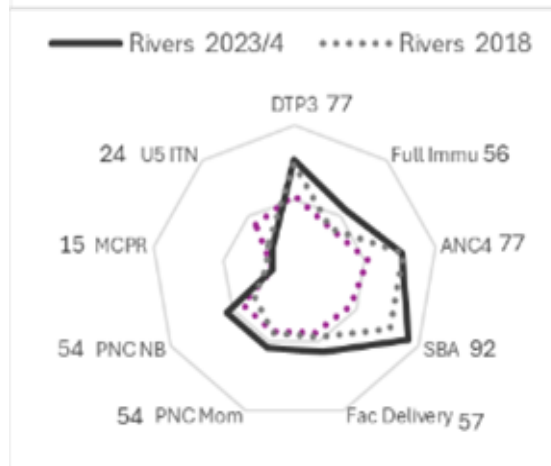
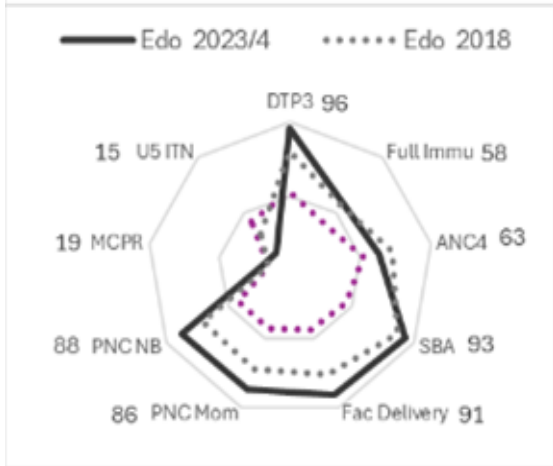
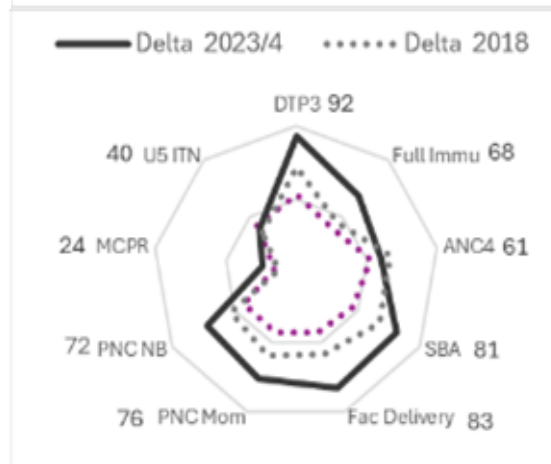
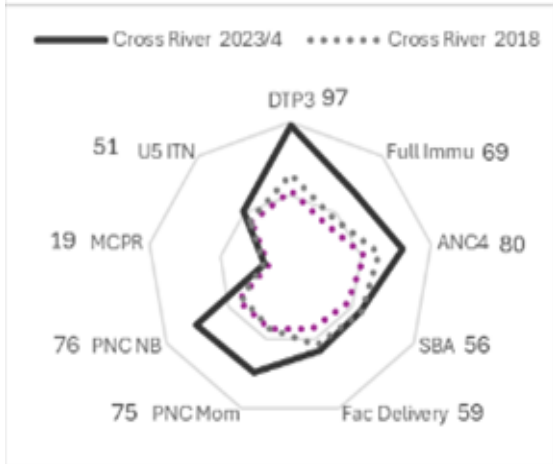
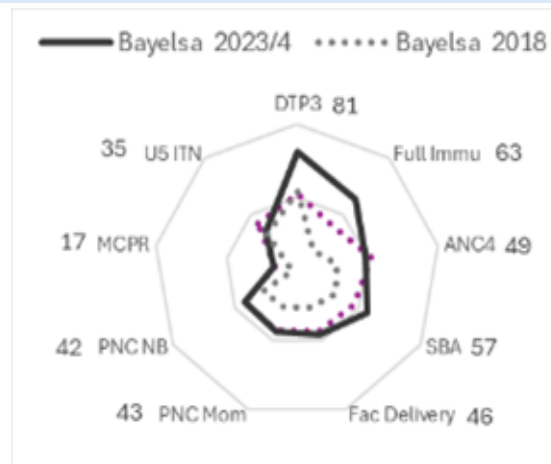
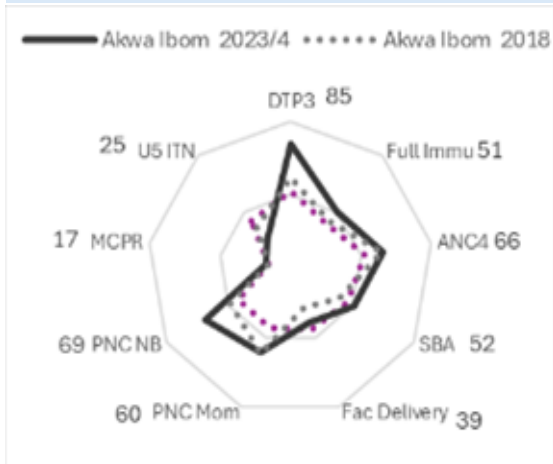
What has contributed to positive expansion for some States and what has contributed to negative contraction or stagnation? (When bold black line is larger than dotted gray line it means there is been a positive expansion compared to past survey, when it is smaller than dotted grey line it means there has been a contraction and when it is the same it means no movement over the last 5 years)

- DTP3 DTP3 Immunization Coverage (%)
- Full Immu Children Fully Immuized (Basic 8) (%)
- ANC4 ANC4 Coverage (%)
- SBA Births Delivered by Skilled Birth Attendant (%)
- Fac Delivery Births Delivered in Facility (%)
- PNC Mom Mothers Post Natal Care Within 2 Days (%)
- PNC NB New Born Post Natal Care Within 2 Days (%)
- MCPR Contraceptive Prevalance Rate (MM Married Women) (%)
- U5 ITN Children U5 Who Slept Under ITN (%)

South South Zone

Key: National 2023/4 — State 2023/4 State 2018

Go to specific page for full list of each States performance over time for each coverage metric



Reflections

Questions To Ask

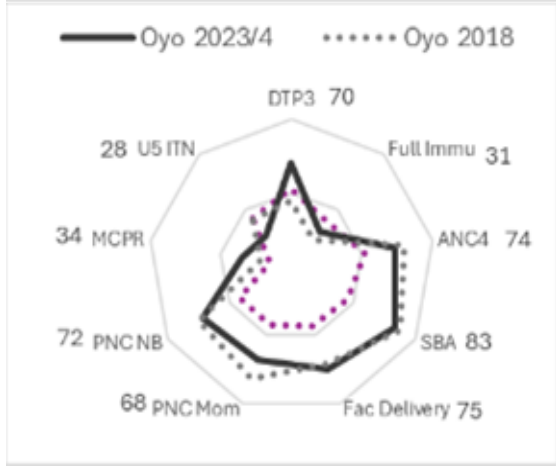
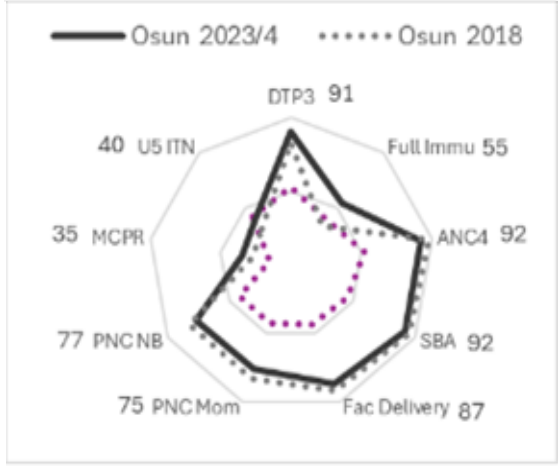
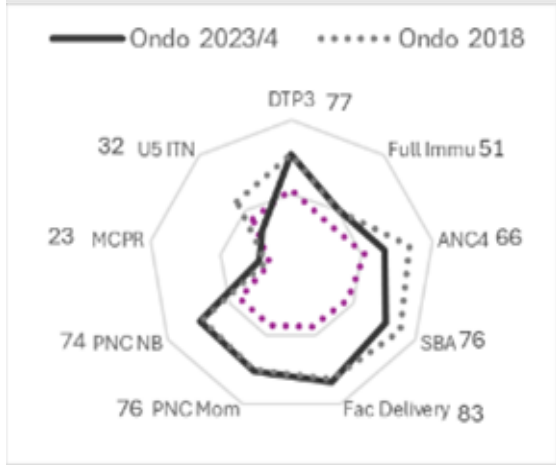
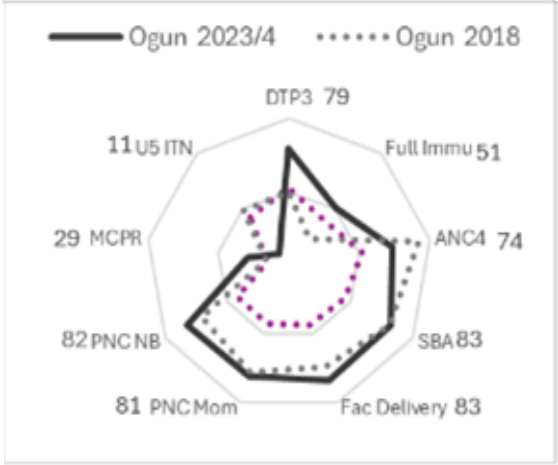
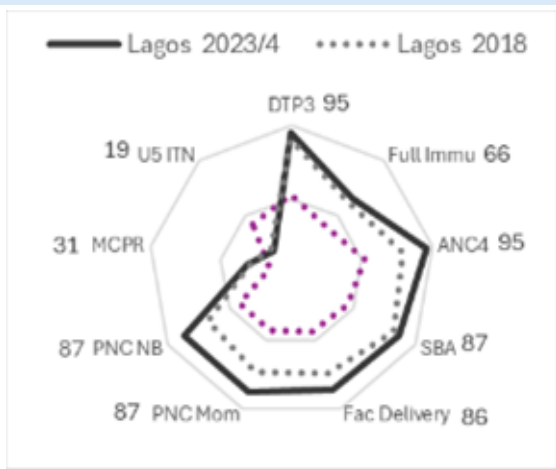
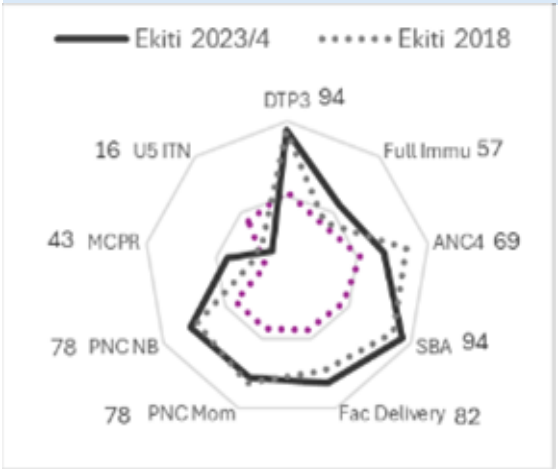
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- PNC Mom Mothers Post Natal Care Within 2 Days (%)
- PNC NB New Born Post Natal Care Within 2 Days (%)
- MCPR Contraceptive Prevalance Rate (MM Married Women) (%)
- U5 ITN Children U5 Who Slept Under ITN (%)

South West Zone

Key: National 2023/4 — State 2023/4 State 2018

Go to specific page for full list of each States performance over time for each coverage metric



Reflections

Questions To Ask

What has contributed to positive expansion for some States and what has contributed to negative contraction or stagnation? (When bold black line is larger than dotted gray line it means there is been a positive expansion compared to past survey, when it is smaller than dotted grey line it means there has been a contraction and when it is the same it means no movement over the last 5 years)

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- Full Immu Children Fully Immuized (Basic 8) (%)
- ANC4 ANC4 Coverage (%)
- SBA Births Delivered by Skilled Birth Attendant (%)
- Fac Delivery Births Delivered in Facility (%)
- PNC Mom Mothers Post Natal Care Within 2 Days (%)
- PNC NB New Born Post Natal Care Within 2 Days (%)
- MCPR Contraceptive Prevalance Rate (MM Married Women) (%)
- U5 ITN Children U5 Who Slept Under ITN (%)

Immunization

Snapshot of Key Coverage Points and % Change Since Last Survey

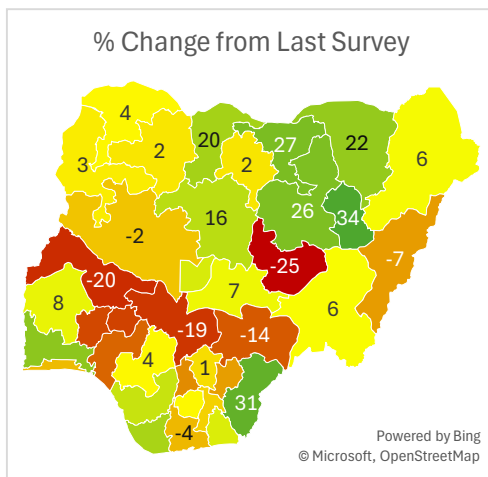
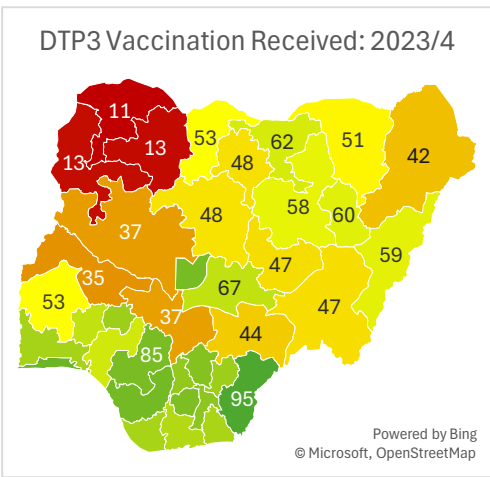
Go to specific page for full list of each States performance over time for each coverage metric

Category	Coverage Metric	Page #
Immunization	DPT 1 vaccination received	8
Immunization	DPT 3 vaccination received	9
Immunization	Measles (MCV1) Vaccination Received	10
Immunization	Children Fully Immunized (8 Basic Antigens)	11
Immunization	Children who received no vaccinations (12-23 mths)	12

Map Showing Actual Coverage

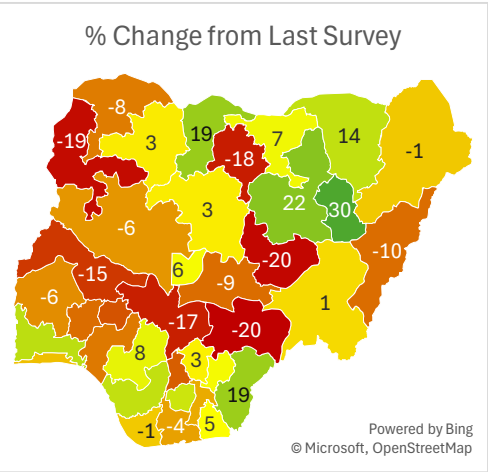
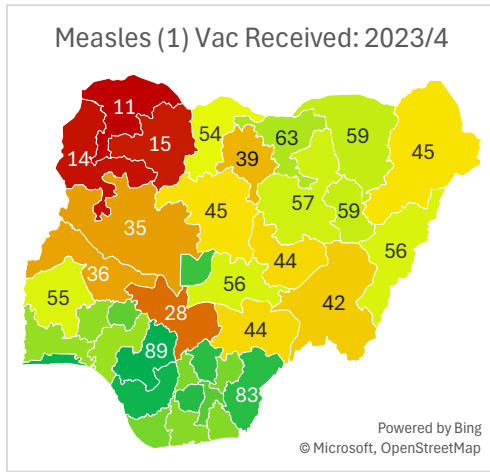
Map Showing % Change Since Last Survey

Progressers / Backtrackers



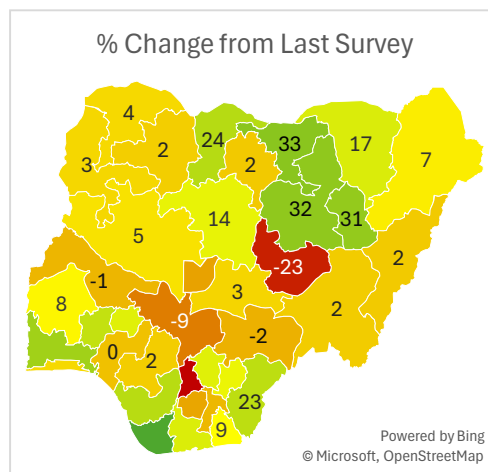
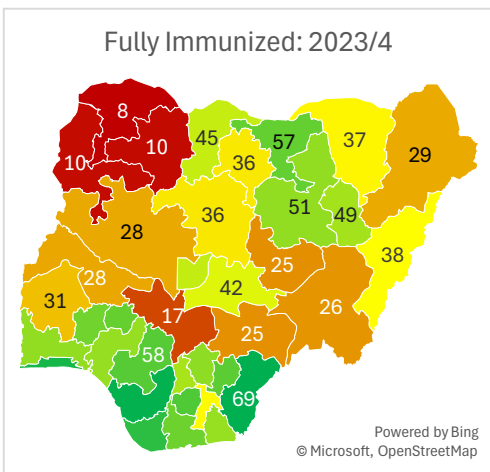
DTP3 (National +3%)

Top 10			Bottom 10		
Gombe	NE	34	Plateau	NC	-25
Cross River	SS	31	Kwara	NC	-20
Jigawa	NW	27	Kogi	NC	-19
Bauchi	NE	26	Ekiti	SW	-17
Ogun	SW	24	Osun	SW	-16
Yobe	NE	22	Benue	NC	-14
Katsina	NW	20	Ondo	SW	-13
Bayelsa	SS	19	Anambra	SE	-9
Kaduna	NW	16	Adamawa	NE	-7
Delta	SS	14	Ebonyi	SE	-7



MCV1 (National -3%)

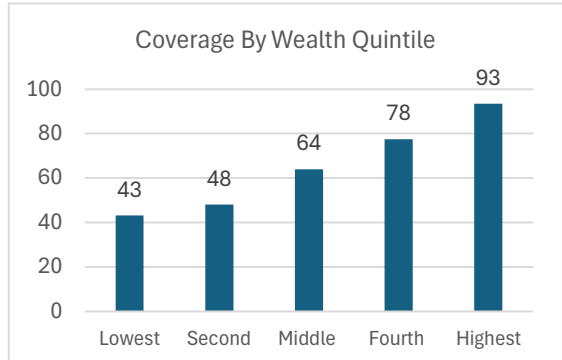
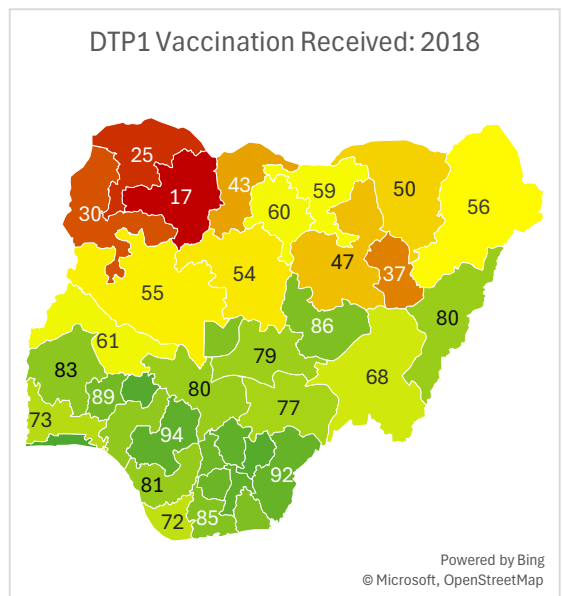
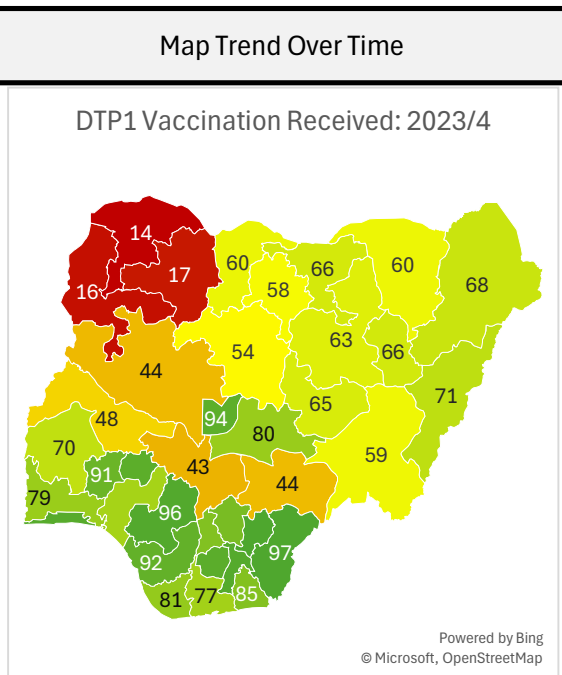
Top 10			Bottom 10		
Gombe	NE	30	Benue	NC	-20
Bauchi	NE	22	Plateau	NC	-20
Katsina	NW	19	Kebbi	NW	-19
Cross River	SS	19	Kano	NW	-18
Ogun	SW	14	Kogi	NC	-17
Yobe	NE	14	Kwara	NC	-15
Delta	SS	13	Ekiti	SW	-12
Imo	SE	12	Anambra	SE	-11
Edo	SS	8	Osun	SW	-10
Jigawa	NW	7	Adamawa	NE	-10



Fully Immunized (National +8%)

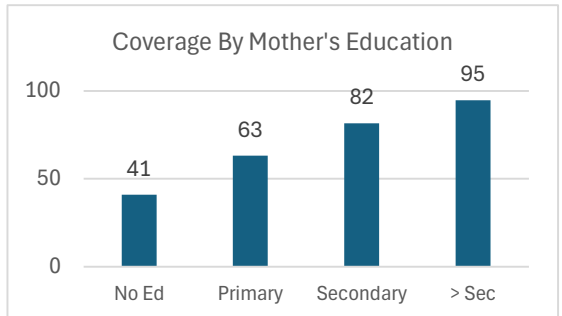
Top 10			Bottom 10		
Bayelsa	SS	45	Anambra	SE	-27
Jigawa	NW	33	Plateau	NC	-23
Bauchi	NE	32	Kogi	NC	-9
Gombe	NE	31	FCT	NC	-4
Ogun	SW	28	Imo	SE	-4
Katsina	NW	24	Benue	NC	-2
Delta	SS	24	Kwara	NC	-1
Cross River	SS	23	Abia	SE	-1
Osun	SW	22	Ondo	SW	0
Yobe	NE	17	Kano	NW	2

Immunization	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		51	65	63		-2
Abia State	SE	93	93	96		3
Adamawa State	NE	80	80	71		-9
Akwa Ibom State	SS	90	86	85		-1
Anambra State	SE	86	90	85		-5
Bauchi State	NE	25	47	63		16
Bayelsa State	SS	79	72	81		9
Benue	NC	56	77	44		-33
Borno State	NE	20	56	68		12
Cross River State	SS	87	92	97		5
Delta State	SS	73	81	92		11
Ebonyi State	SE	89	96	97		2
Edo State	SS	92	94	96		3
Ekiti State	SW	98	96	94		-2
Enugu State	SE	88	93	87		-6
Federal Capital Territory State	NC	84	86	94		8
Gombe State	NE	44	37	66		29
Imo State	SE	92	91	94		4
Jigawa State	NW	21	59	66		7
Kaduna State	NW	61	54	54		1
Kano State	NW	26	60	58		-2
Katsina State	NW	23	43	60		18
Kebbi State	NW	5	30	16		-14
Kogi State	NC	87	80	43		-37
Kwara State	NC	74	61	48		-13
Lagos State	SW	90	97	95		-2
Nassarawa State	NC	60	79	80		0
Niger State	NC	53	55	44		-11
Ogun State	SW	78	73	79		6
Ondo State	SW	70	82	77		-6
Osun State	SW	92	89	91		2
Oyo State	SW	71	83	70		-13
Plateau State	NC	62	86	65		-22
Rivers State	SS	85	85	77		-8
Sokoto State	NW	3	25	14		-11
Taraba State	NE	44	68	59		-9
Yobe State	NE	19	50	60		10
Zamfara State	NW	12	17	17		0

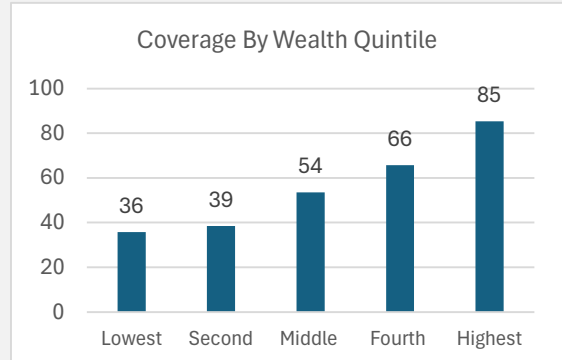
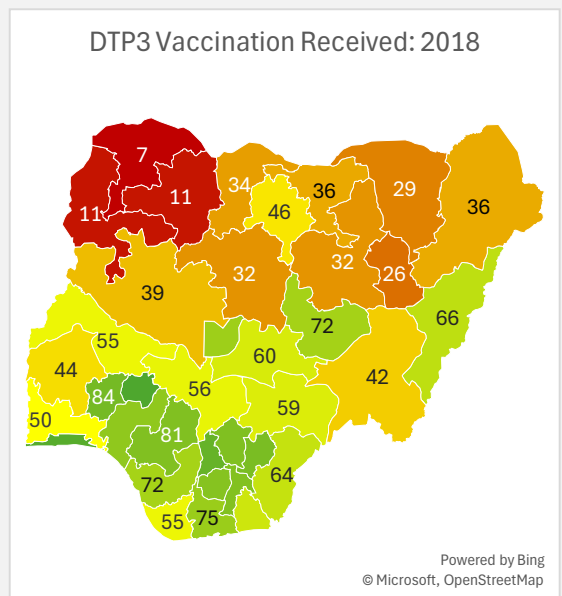
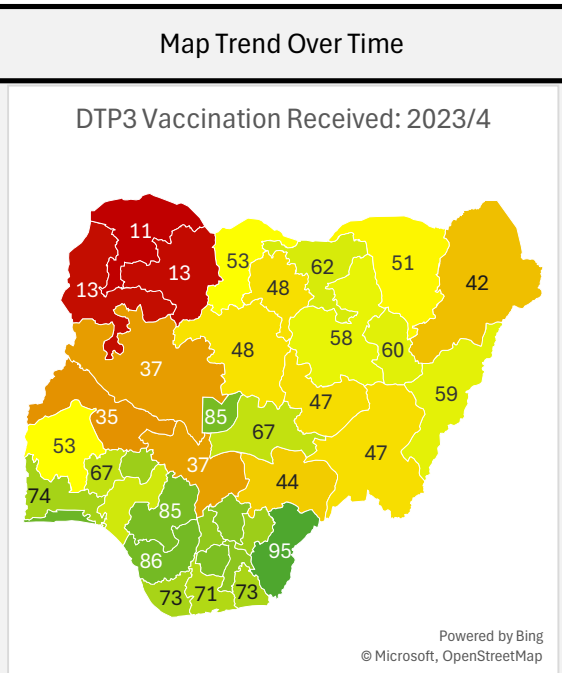


51 % of States made positive progress and 49% of States saw negative trends

Increases greater than 10%	5 States	14% of States
Increases between 5% and 10%	6 States	16% of States
Increases between 0 and 5%	8 States	22% of States
Decreases between 0 and 5%	4 States	11% of States
Decreases between 5 and 10%	6 States	16% of States
Decreases greater than 10%	8 States	22% of States

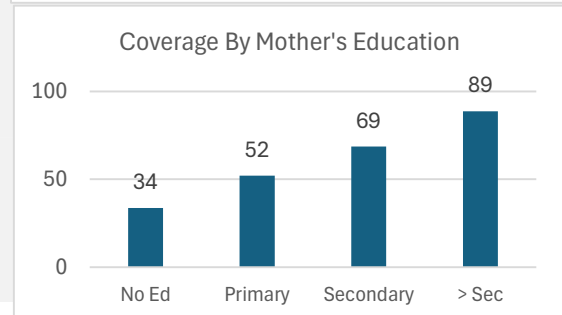


Immunization	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		38	50	53		3
Abia State	SE	80	80	80		-1
Adamawa State	NE	50	66	59		-7
Akwa Ibom State	SS	65	62	73		11
Anambra State	SE	79	87	79		-9
Bauchi State	NE	13	32	58		26
Bayelsa State	SS	68	55	73		19
Benue	NC	29	59	44		-14
Borno State	NE	12	36	42		6
Cross River State	SS	76	64	95		31
Delta State	SS	62	72	86		14
Ebonyi State	SE	80	82	76		-7
Edo State	SS	80	81	85		4
Ekiti State	SW	79	93	76		-17
Enugu State	SE	82	81	82		1
Federal Capital Territory State	NC	69	74	85		11
Gombe State	NE	36	26	60		34
Imo State	SE	83	80	83		4
Jigawa State	NW	7	36	62		27
Kaduna State	NW	44	32	48		16
Kano State	NW	19	46	48		2
Katsina State	NW	15	34	53		20
Kebbi State	NW	3	11	13		3
Kogi State	NC	76	56	37		-19
Kwara State	NC	65	55	35		-20
Lagos State	SW	77	91	88		-3
Nassarawa State	NC	34	60	67		7
Niger State	NC	37	39	37		-2
Ogun State	SW	57	50	74		24
Ondo State	SW	63	77	64		-13
Osun State	SW	83	84	67		-16
Oyo State	SW	48	44	53		8
Plateau State	NC	46	72	47		-25
Rivers State	SS	69	75	71		-4
Sokoto State	NW	3	7	11		4
Taraba State	NE	21	42	47		6
Yobe State	NE	11	29	51		22
Zamfara State	NW	6	11	13		2

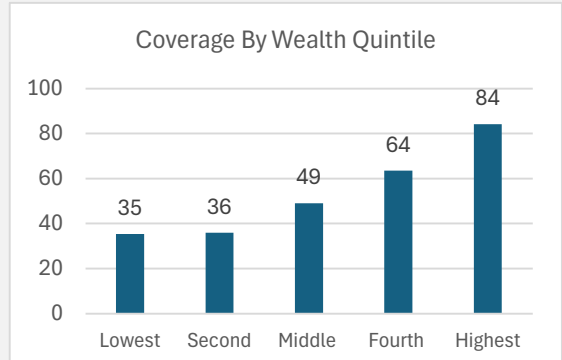
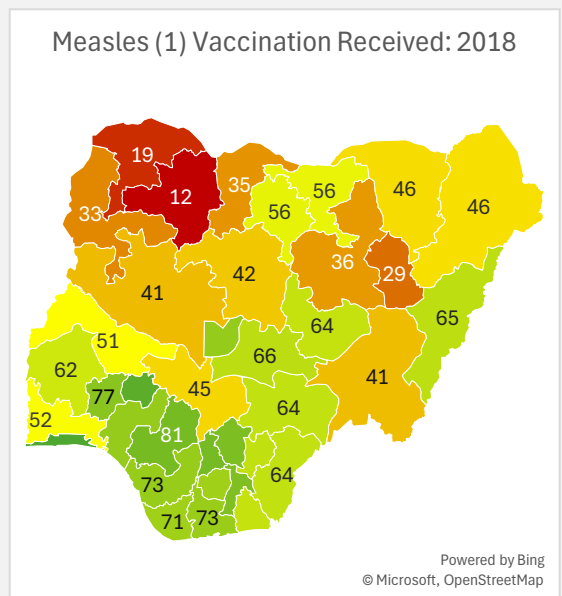
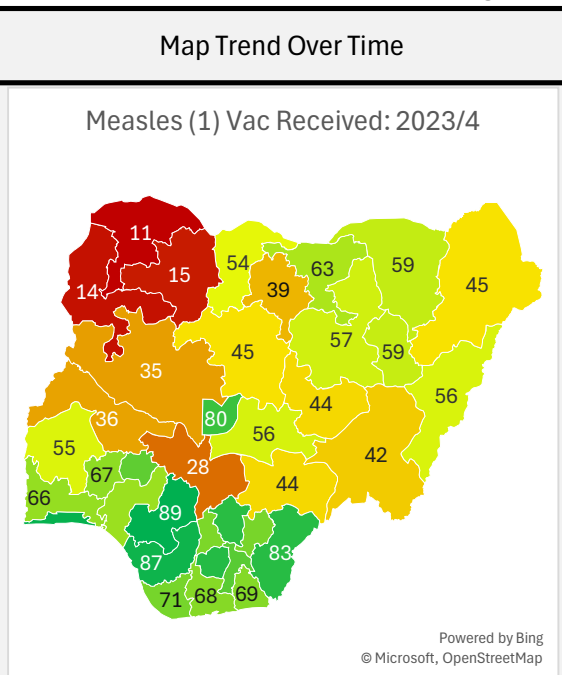


62 % of States made positive progress and 38% of States saw negative trends

Increases greater than 10%	12 States	32% of States
Increases between 5% and 10%	4 States	11% of States
Increases between 0 and 5%	7 States	19% of States
Decreases between 0 and 5%	4 States	11% of States
Decreases between 5 and 10%	3 States	8% of States
Decreases greater than 10%	7 States	19% of States

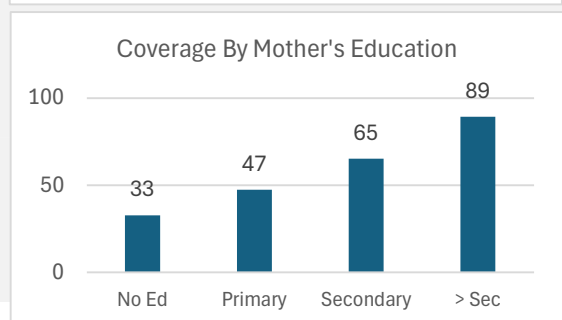


Immunization	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		42	54	51		-3
Abia State	SE	73	79	75		-4
Adamawa State	NE	69	65	56		-10
Akwa Ibom State	SS	75	64	69		5
Anambra State	SE	75	81	70		-11
Bauchi State	NE	20	36	57		22
Bayelsa State	SS	73	71	71		-1
Benue	NC	43	64	44		-20
Borno State	NE	17	46	45		-1
Cross River State	SS	77	64	83		19
Delta State	SS	60	73	87		13
Ebonyi State	SE	62	64	70		6
Edo State	SS	77	81	89		8
Ekiti State	SW	86	86	74		-12
Enugu State	SE	78	79	83		3
Federal Capital Territory State	NC	70	74	80		6
Gombe State	NE	36	29	59		30
Imo State	SE	75	71	83		12
Jigawa State	NW	11	56	63		7
Kaduna State	NW	56	42	45		3
Kano State	NW	25	56	39		-18
Katsina State	NW	43	35	54		19
Kebbi State	NW	3	33	14		-19
Kogi State	NC	75	45	28		-17
Kwara State	NC	57	51	36		-15
Lagos State	SW	76	90	88		-2
Nassarawa State	NC	45	66	56		-9
Niger State	NC	39	41	35		-6
Ogun State	SW	51	52	66		14
Ondo State	SW	61	74	65		-8
Osun State	SW	75	77	67		-10
Oyo State	SW	45	62	55		-6
Plateau State	NC	47	64	44		-20
Rivers State	SS	80	73	68		-4
Sokoto State	NW	4	19	11		-8
Taraba State	NE	27	41	42		1
Yobe State	NE	10	46	59		14
Zamfara State	NW	8	12	15		3

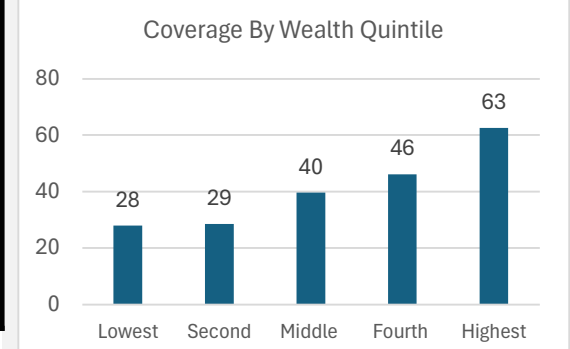
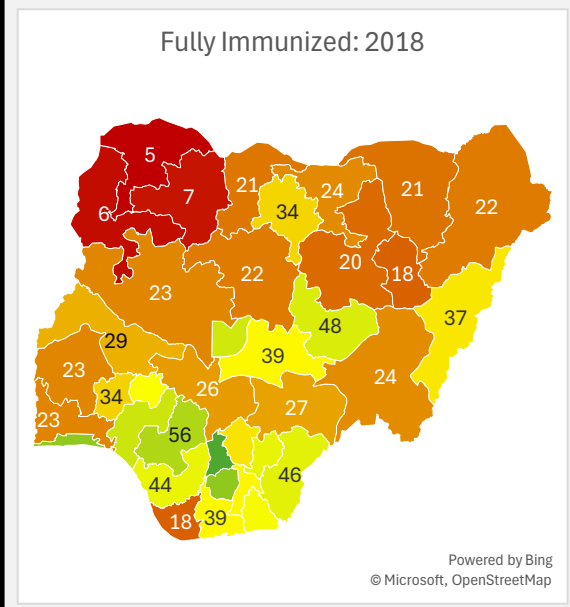
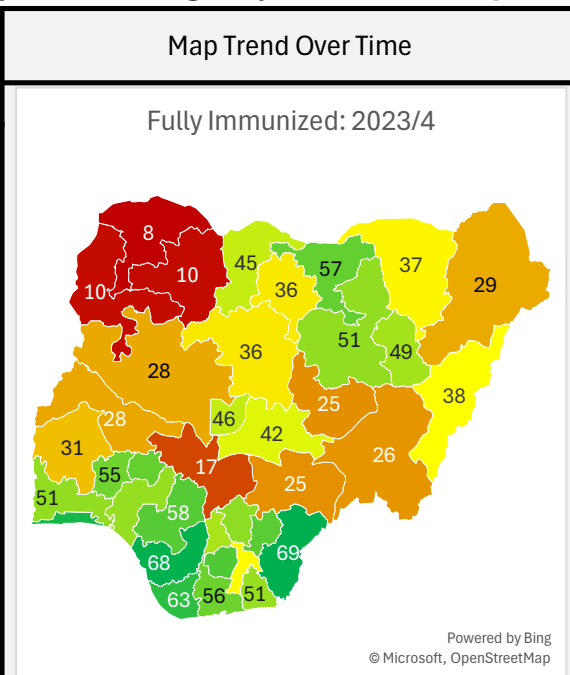


46 % of States made positive progress and 54% of States saw negative trends

Increases greater than 10%	8 States	22% of States
Increases between 5% and 10%	5 States	14% of States
Increases between 0 and 5%	4 States	11% of States
Decreases between 0 and 5%	5 States	14% of States
Decreases between 5 and 10%	7 States	19% of States
Decreases greater than 10%	8 States	22% of States

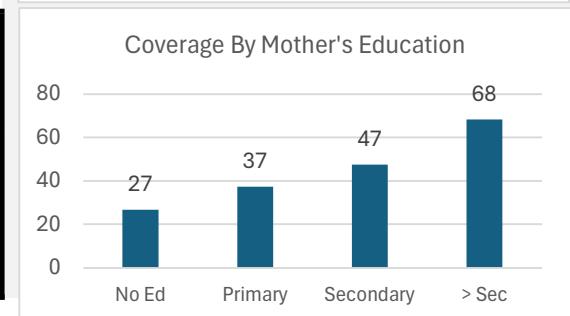


Immunization	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		25	31	39		8
Abia State	SE	50	39	38		-1
Adamawa State	NE	40	37	38		2
Akwa Ibom State	SS	48	42	51		9
Anambra State	SE	52	76	49		-27
Bauchi State	NE	6	20	51		32
Bayelsa State	SS	52	18	63		45
Benue	NC	20	27	25		-2
Borno State	NE	10	22	29		7
Cross River State	SS	53	46	69		23
Delta State	SS	51	44	68		24
Ebonyi State	SE	51	45	58		13
Edo State	SS	52	56	58		2
Ekiti State	SW	49	41	57		16
Enugu State	SE	45	36	52		15
Federal Capital Territory State	NC	61	50	46		-4
Gombe State	NE	22	18	49		31
Imo State	SE	62	63	59		-4
Jigawa State	NW	4	24	57		33
Kaduna State	NW	35	22	36		14
Kano State	NW	13	34	36		2
Katsina State	NW	9	21	45		24
Kebbi State	NW	3	6	10		3
Kogi State	NC	36	26	17		-9
Kwara State	NC	43	29	28		-1
Lagos State	SW	54	62	66		4
Nassarawa State	NC	20	39	42		3
Niger State	NC	23	23	28		5
Ogun State	SW	24	23	51		28
Ondo State	SW	47	51	51		0
Osun State	SW	55	34	55		22
Oyo State	SW	26	23	31		8
Plateau State	NC	24	48	25		-23
Rivers State	SS	56	39	56		17
Sokoto State	NW	1	5	8		4
Taraba State	NE	14	24	26		2
Yobe State	NE	7	21	37		17
Zamfara State	NW	2	7	10		2

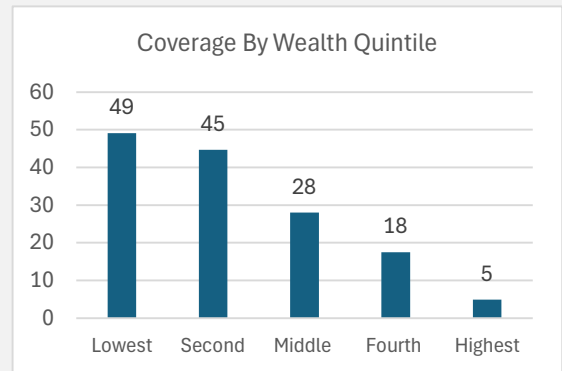
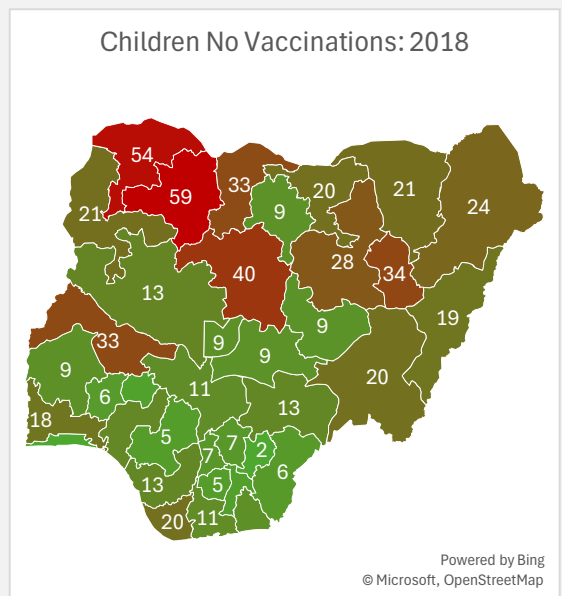
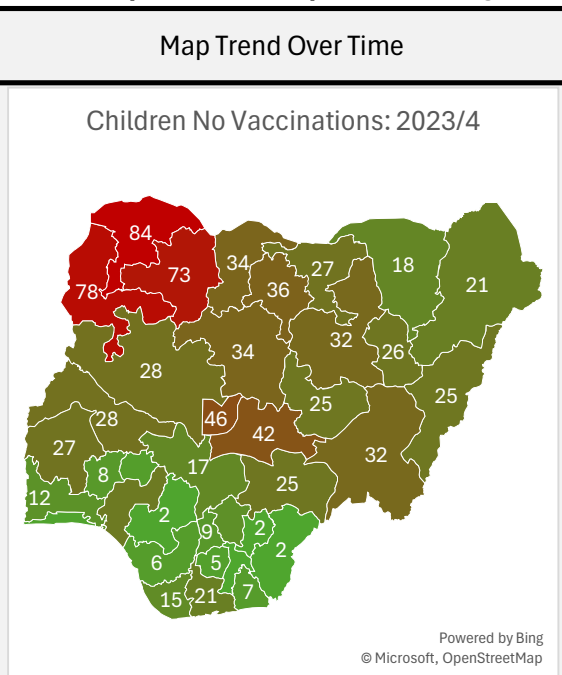


78 % of States made positive progress and 22% of States saw negative trends

Increases greater than 10%	15 States	41% of States
Increases between 5% and 10%	4 States	11% of States
Increases between 0 and 5%	10 States	27% of States
Decreases between 0 and 5%	5 States	14% of States
Decreases between 5 and 10%	1 States	3% of States
Decreases greater than 10%	2 States	5% of States

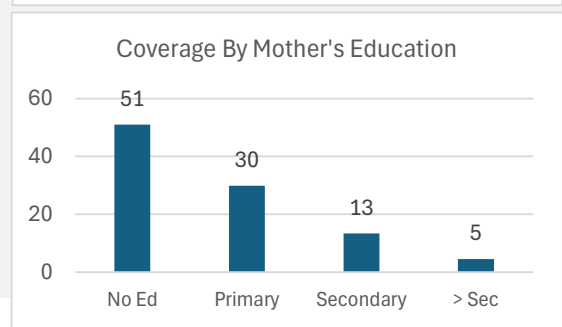


Immunization	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		21	19	31		12
Abia State	SE	5	4	1		-3
Adamawa State	NE	13	19	25		6
Akwa Ibom State	SS	7	10	7		-3
Anambra State	SE	9	7	9		2
Bauchi State	NE	44	28	32		4
Bayelsa State	SS	19	20	15		-5
Benue	NC	19	13	25		13
Borno State	NE	71	24	21		-3
Cross River State	SS	6	6	2		-4
Delta State	SS	19	13	6		-6
Ebonyi State	SE	8	2	2		0
Edo State	SS	2	5	2		-3
Ekiti State	SW	0	3	6		3
Enugu State	SE	9	7	13		6
Federal Capital Territory State	NC	7	9	46		37
Gombe State	NE	52	34	26		-9
Imo State	SE	3	5	5		0
Jigawa State	NW	30	20	27		7
Kaduna State	NW	29	40	34		-6
Kano State	NW	22	9	36		27
Katsina State	NW	5	33	34		1
Kebbi State	NW	6	21	78		58
Kogi State	NC	13	11	17		6
Kwara State	NC	19	33	28		-5
Lagos State	SW	4	2	3		1
Nassarawa State	NC	30	9	42		34
Niger State	NC	11	13	28		15
Ogun State	SW	12	18	12		-7
Ondo State	SW	15	12	24		11
Osun State	SW	6	6	8		3
Oyo State	SW	18	9	27		18
Plateau State	NC	26	9	25		17
Rivers State	SS	7	11	21		10
Sokoto State	NW	24	54	84		30
Taraba State	NE	10	20	32		12
Yobe State	NE	65	21	18		-4
Zamfara State	NW	29	59	73		15



35 % of States made positive progress and 65% of States saw negative trends

Decreases greater than 10%	0 States	0% of States
Decreases between 5% and 10%	6 States	16% of States
Decreases between 0 and 5%	7 States	19% of States
Increases between 0 and 5%	7 States	19% of States
Increases between 5 and 10%	4 States	11% of States
Increases greater than 10%	13 States	35% of States



Maternal Health

Snapshot of Key Coverage Points and % Change Since Last Survey

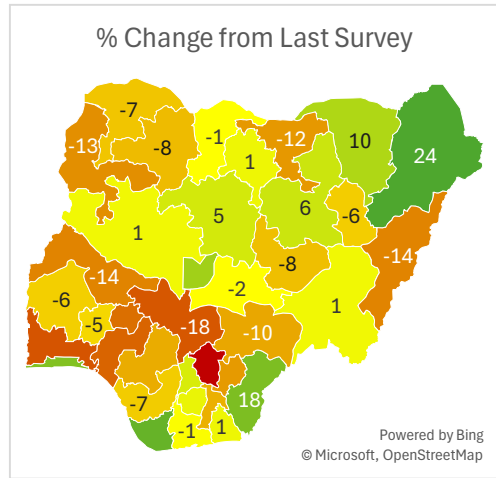
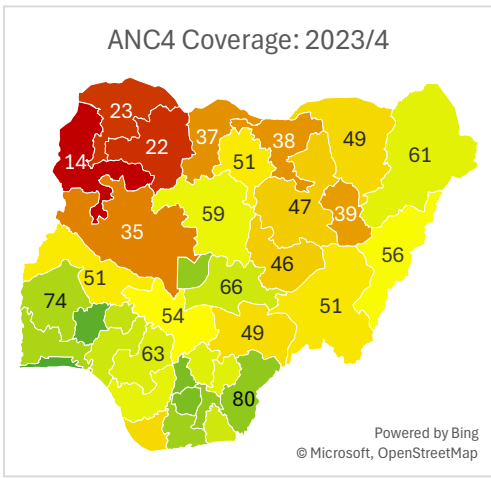
Go to specific page for full list of each States performance over time for each coverage metric

Category	Coverage Metric	Page #
Maternal Care	ANC From Skilled Provider (% Women)	14
Maternal Care	ANC4 Visits (% Women)	15
Maternal Care	Delivery in Health Facility (% Women)	16
Maternal Care	Delivery by Skilled Provider (% Women)	17
Maternal Care	Mothers PNC Within 2 Days of Birth (% Women)	18
Maternal Care	Newborn PNC Within 2 Days of Birth (% Live Births)	19
Maternal Care	Newborns Who Did Not Receive Any PNC (% of Live Births)	20

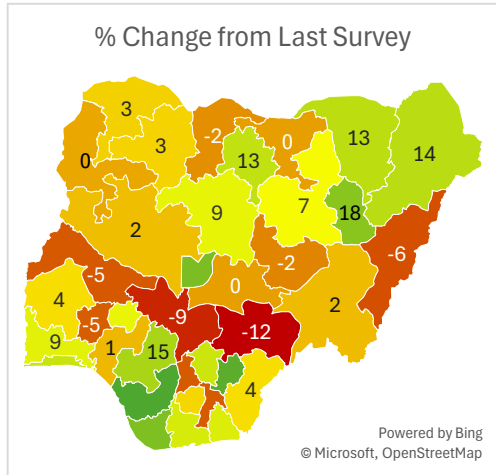
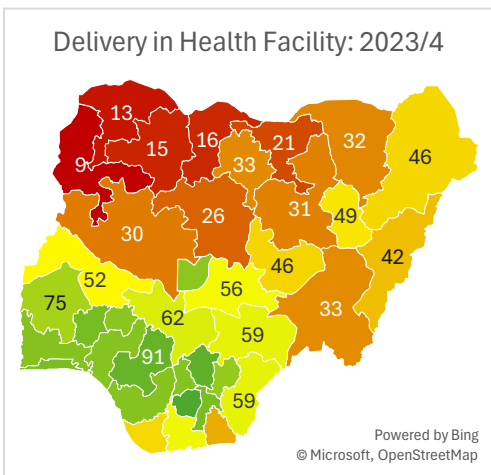
Map Showing Actual Coverage

Map Showing % Change Since Last Survey

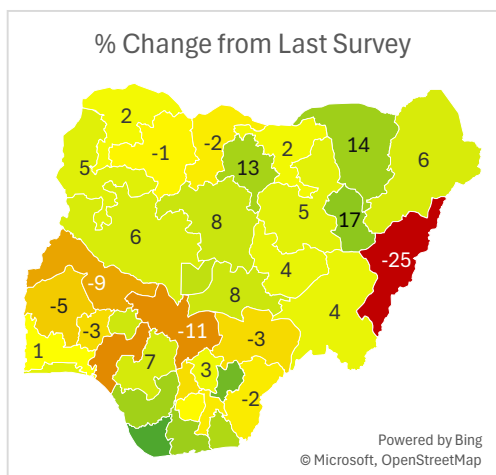
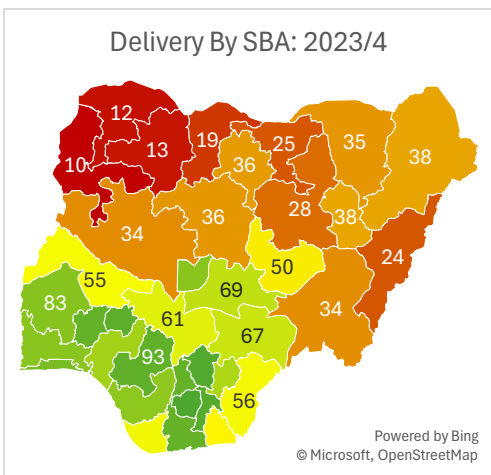
Progressers / Backtrackers



ANC4 (National -4% Change)				
Top 10			Bottom 10	
Borno	NE	24	Enugu	SE -27
Bayelsa	SS	21	Ogun	SW -19
Cross River	SS	18	Kogi	NC -18
Lagos	SW	17	Ondo	SW -17
Federal Capital	NC	12	Ekiti	SW -16
Yobe	NE	10	Adamawa	NE -14
Bauchi	NE	6	Kwara	NC -14
Kaduna	NW	5	Kebbi	NW -13
Anambra	SE	4	Jigawa	NW -12
Imo	SE	2	Ebonyi	SE -12

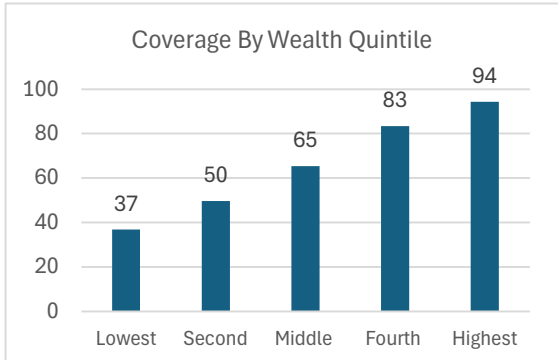
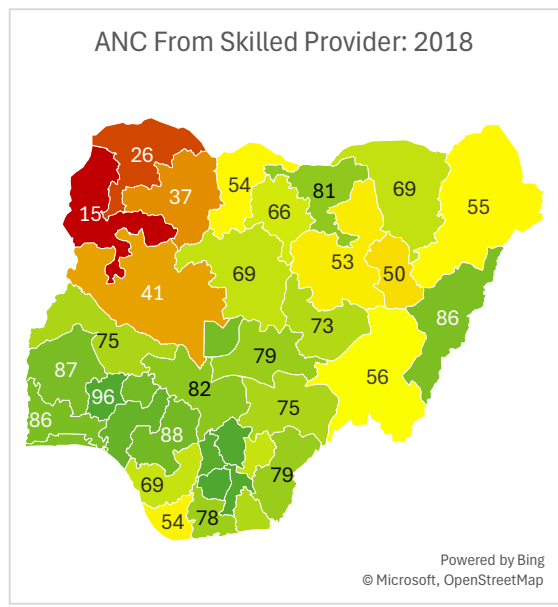
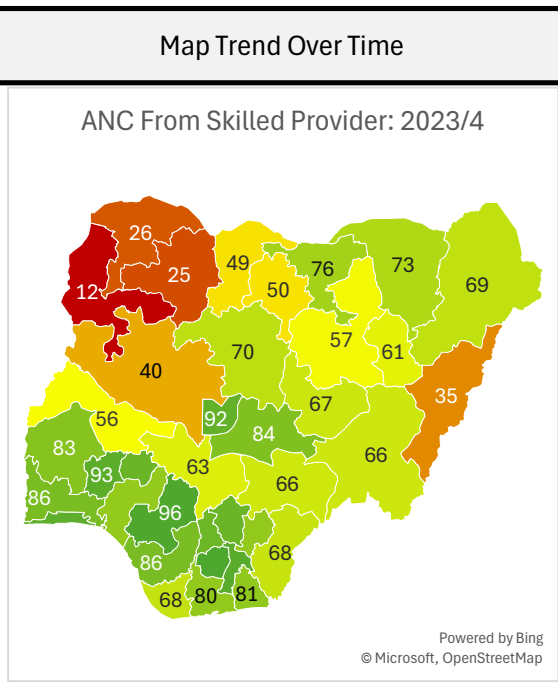


Fac Delivery (National +2% Change)				
Top 10			Bottom 10	
Delta	SS	24	Benue	NC -12
Ebonyi	SE	23	Kogi	NC -9
Federal Capital	NC	20	Adamawa	NE -6
Bayelsa	SS	20	Kwara	NC -5
Gombe	NE	18	Abia	SE -5
Edo	SS	15	Anambra	SE -5
Borno	NE	14	Osun	SW -5
Yobe	NE	13	Plateau	NC -2
Kano	NW	13	Katsina	NW -2
Lagos	SW	12	Jigawa	NW 0



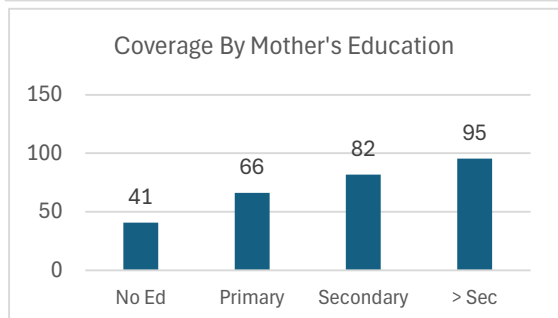
Delivery By SBA (National 0% Change)				
Top 10			Bottom 10	
Bayelsa	SS	26	Adamawa	NE -25
Ebonyi	SE	21	Ondo	SW -11
Gombe	NE	17	Kogi	NC -11
Rivers	SS	15	Kwara	NC -9
Yobe	NE	14	Oyo	SW -5
Delta	SS	14	Benue	NC -3
Kano	NW	13	Osun	SW -3
Akwa Ibom	SS	12	Anambra	SE -3
Federal Capital	NC	10	Abia	SE -2
Kaduna	NW	8	Cross River	SS -2

Maternal Health	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		61	67	63		-5
Abia State	SE	89	95	94		-1
Adamawa State	NE	85	86	35		-51
Akwa Ibom State	SS	75	74	81		7
Anambra State	SE	90	94	89		-5
Bauchi State	NE	59	53	57		5
Bayelsa State	SS	46	54	68		15
Benue	NC	57	75	66		-9
Borno State	NE	45	55	69		14
Cross River State	SS	70	79	68		-11
Delta State	SS	74	69	86		18
Ebonyi State	SE	87	69	80		12
Edo State	SS	87	88	96		8
Ekiti State	SW	86	88	90		2
Enugu State	SE	97	96	90		-6
Federal Capital Territory State	NC	89	87	92		5
Gombe State	NE	63	50	61		11
Imo State	SE	96	97	97		0
Jigawa State	NW	53	81	76		-5
Kaduna State	NW	57	69	70		1
Kano State	NW	67	66	50		-16
Katsina State	NW	24	54	49		-5
Kebbi State	NW	24	15	12		-3
Kogi State	NC	91	82	63		-19
Kwara State	NC	89	75	56		-19
Lagos State	SW	93	85	93		8
Nassarawa State	NC	63	79	84		5
Niger State	NC	62	41	40		0
Ogun State	SW	94	86	86		0
Ondo State	SW	77	91	80		-11
Osun State	SW	98	96	93		-3
Oyo State	SW	86	87	83		-4
Plateau State	NC	60	73	67		-7
Rivers State	SS	73	78	80		2
Sokoto State	NW	17	26	26		1
Taraba State	NE	30	56	66		10
Yobe State	NE	36	69	73		4
Zamfara State	NW	23	37	25		-13

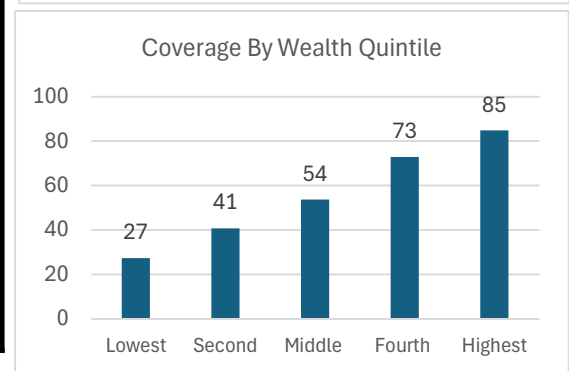
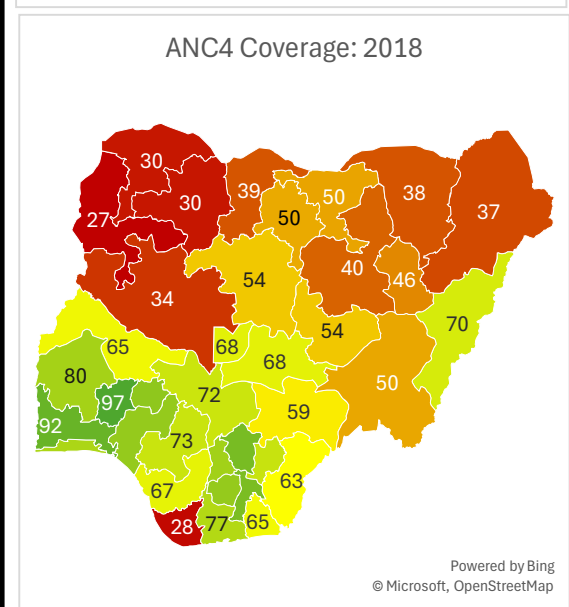
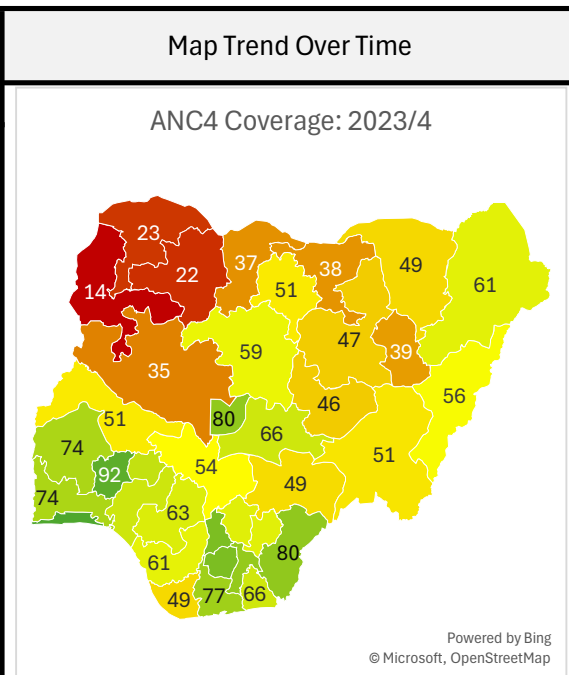


46 % of States made positive progress and 54% of States saw negative trends

Increases greater than 10%	5 States	14% of States
Increases between 5% and 10%	6 States	16% of States
Increases between 0 and 5%	6 States	16% of States
Decreases between 0 and 5%	8 States	22% of States
Decreases between 5 and 10%	5 States	14% of States
Decreases greater than 10%	7 States	19% of States

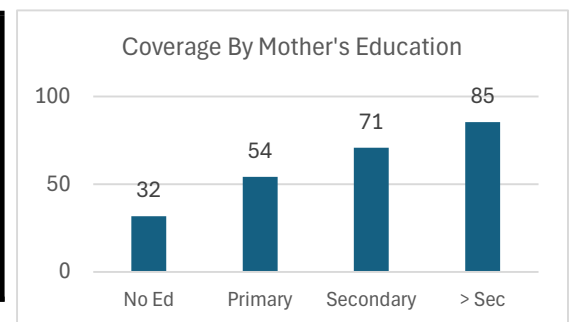


Maternal Health	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		51	56	52		-4
Abia State	SE	84	89	79		-9
Adamawa State	NE	65	70	56		-14
Akwa Ibom State	SS	55	65	66		1
Anambra State	SE	78	81	85		4
Bauchi State	NE	42	40	47		6
Bayelsa State	SS	32	28	49		21
Benue	NC	36	59	49		-10
Borno State	NE	28	37	61		24
Cross River State	SS	73	63	80		18
Delta State	SS	76	67	61		-7
Ebonyi State	SE	76	73	62		-12
Edo State	SS	71	73	63		-10
Ekiti State	SW	83	85	69		-16
Enugu State	SE	94	89	62		-27
Federal Capital Territory State	NC	84	68	80		12
Gombe State	NE	51	46	39		-6
Imo State	SE	87	83	85		2
Jigawa State	NW	37	50	38		-12
Kaduna State	NW	45	54	59		5
Kano State	NW	43	50	51		1
Katsina State	NW	25	39	37		-1
Kebbi State	NW	18	27	14		-13
Kogi State	NC	85	72	54		-18
Kwara State	NC	84	65	51		-14
Lagos State	SW	93	79	95		17
Nassarawa State	NC	58	68	66		-2
Niger State	NC	51	34	35		1
Ogun State	SW	92	92	74		-19
Ondo State	SW	77	83	66		-17
Osun State	SW	93	97	92		-5
Oyo State	SW	80	80	74		-6
Plateau State	NC	38	54	46		-8
Rivers State	SS	53	77	77		-1
Sokoto State	NW	15	30	23		-7
Taraba State	NE	39	50	51		1
Yobe State	NE	21	38	49		10
Zamfara State	NW	19	30	22		-8

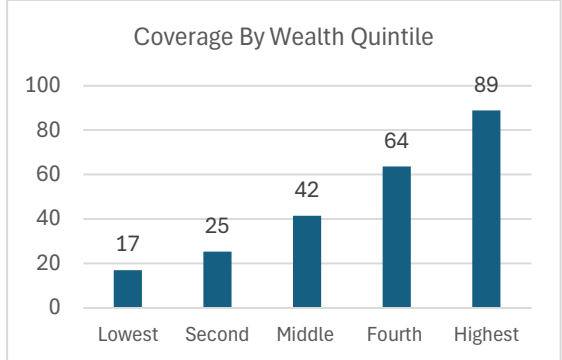
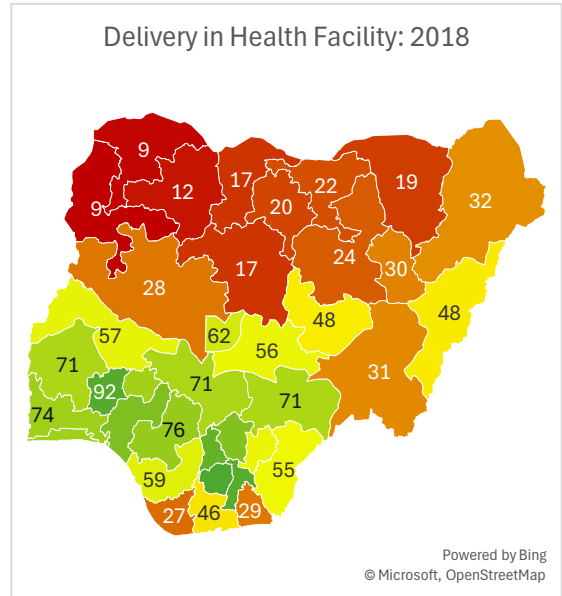
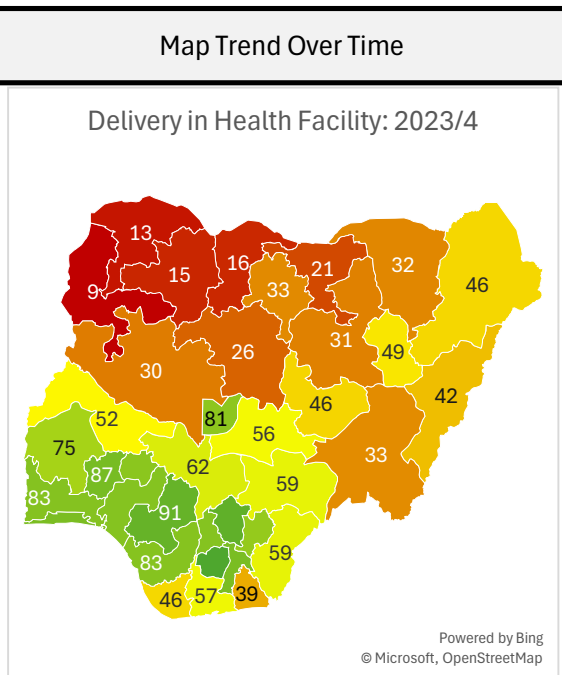


38 % of States made positive progress and 62% of States saw negative trends

Increases greater than 10%	6 States	16% of States
Increases between 5% and 10%	2 States	5% of States
Increases between 0 and 5%	6 States	16% of States
Decreases between 0 and 5%	3 States	8% of States
Decreases between 5 and 10%	9 States	24% of States
Decreases greater than 10%	11 States	30% of States

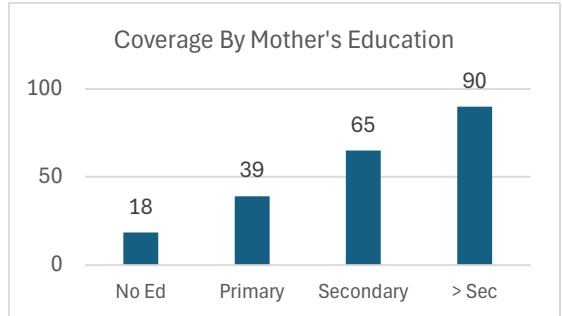


Maternal Health	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		38	41	43		2
Abia State	SE	72	91	86		-5
Adamawa State	NE	35	48	42		-6
Akwa Ibom State	SS	46	29	39		10
Anambra State	SE	91	88	83		-5
Bauchi State	NE	21	24	31		7
Bayelsa State	SS	26	27	46		20
Benue	NC	52	71	59		-12
Borno State	NE	18	32	46		14
Cross River State	SS	41	55	59		4
Delta State	SS	59	59	83		24
Ebonyi State	SE	63	56	79		23
Edo State	SS	75	76	91		15
Ekiti State	SW	86	73	82		9
Enugu State	SE	87	81	93		12
Federal Capital Territory State	NC	67	62	81		20
Gombe State	NE	31	30	49		18
Imo State	SE	90	94	97		4
Jigawa State	NW	10	22	21		0
Kaduna State	NW	34	17	26		9
Kano State	NW	14	20	33		13
Katsina State	NW	9	17	16		-2
Kebbi State	NW	9	9	9		0
Kogi State	NC	80	71	62		-9
Kwara State	NC	75	57	52		-5
Lagos State	SW	77	74	86		12
Nassarawa State	NC	45	56	56		0
Niger State	NC	30	28	30		2
Ogun State	SW	77	74	83		9
Ondo State	SW	56	82	83		1
Osun State	SW	87	92	87		-5
Oyo State	SW	73	71	75		4
Plateau State	NC	36	48	46		-2
Rivers State	SS	51	46	57		11
Sokoto State	NW	6	9	13		3
Taraba State	NE	25	31	33		2
Yobe State	NE	9	19	32		13
Zamfara State	NW	6	12	15		3

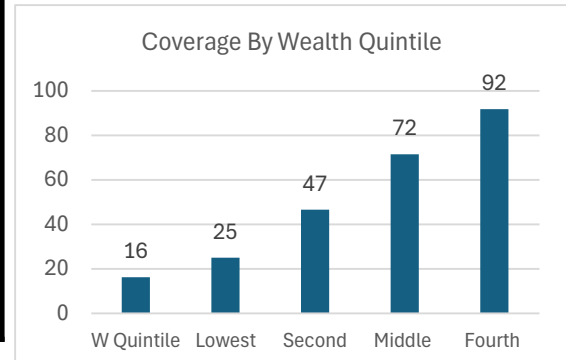
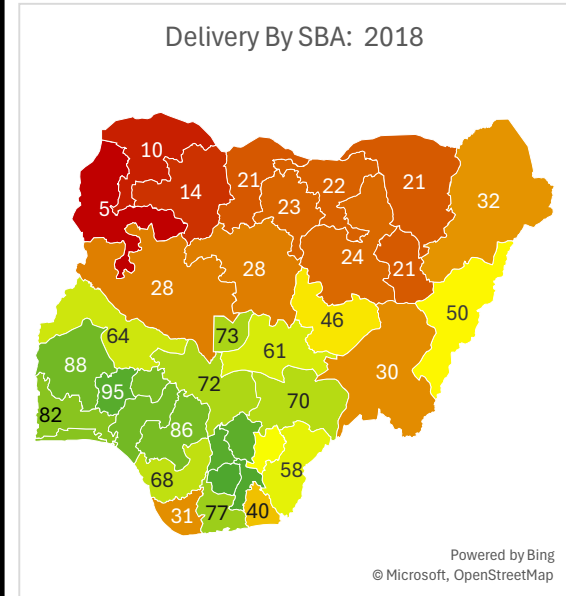
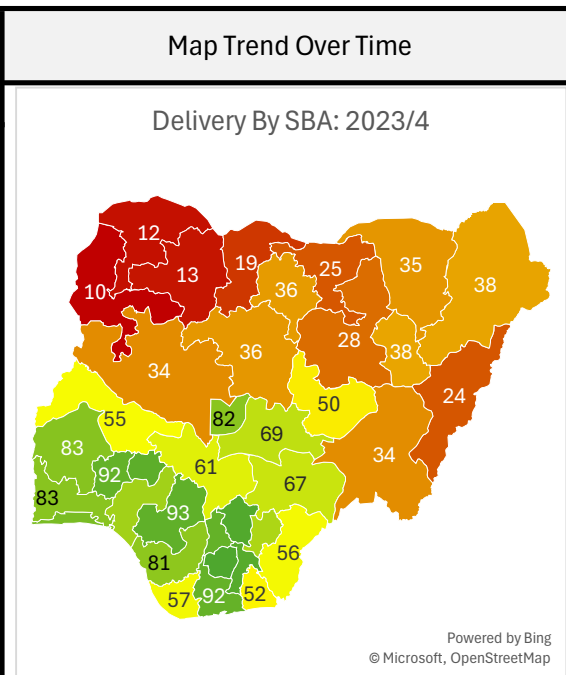


70 % of States made positive progress and 30% of States saw negative trends

Increases greater than 10%	13 States	35% of States
Increases between 5% and 10%	4 States	11% of States
Increases between 0 and 5%	9 States	24% of States
Decreases between 0 and 5%	4 States	11% of States
Decreases between 5 and 10%	6 States	16% of States
Decreases greater than 10%	1 States	3% of States

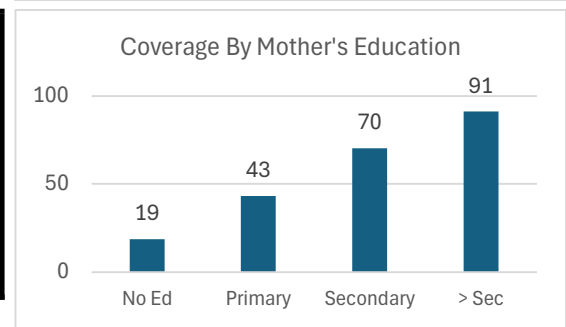


Maternal Health	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		40	45	46		0
Abia State	SE	75	97	95		-2
Adamawa State	NE	39	50	24		-25
Akwa Ibom State	SS	49	40	52		12
Anambra State	SE	92	95	92		-3
Bauchi State	NE	20	24	28		5
Bayelsa State	SS	31	31	57		26
Benue	NC	52	70	67		-3
Borno State	NE	25	32	38		6
Cross River State	SS	41	58	56		-2
Delta State	SS	62	68	81		14
Ebonyi State	SE	67	53	74		21
Edo State	SS	79	86	93		7
Ekiti State	SW	87	86	94		8
Enugu State	SE	94	94	96		3
Federal Capital Territory State	NC	71	73	82		10
Gombe State	NE	30	21	38		17
Imo State	SE	96	97	97		0
Jigawa State	NW	11	22	25		2
Kaduna State	NW	35	28	36		8
Kano State	NW	15	23	36		13
Katsina State	NW	8	21	19		-2
Kebbi State	NW	10	5	10		5
Kogi State	NC	72	72	61		-11
Kwara State	NC	79	64	55		-9
Lagos State	SW	86	82	87		4
Nassarawa State	NC	44	61	69		8
Niger State	NC	33	28	34		6
Ogun State	SW	87	82	83		1
Ondo State	SW	67	88	76		-11
Osun State	SW	94	95	92		-3
Oyo State	SW	77	88	83		-5
Plateau State	NC	36	46	50		4
Rivers State	SS	66	77	92		15
Sokoto State	NW	7	10	12		2
Taraba State	NE	16	30	34		4
Yobe State	NE	12	21	35		14
Zamfara State	NW	7	14	13		-1

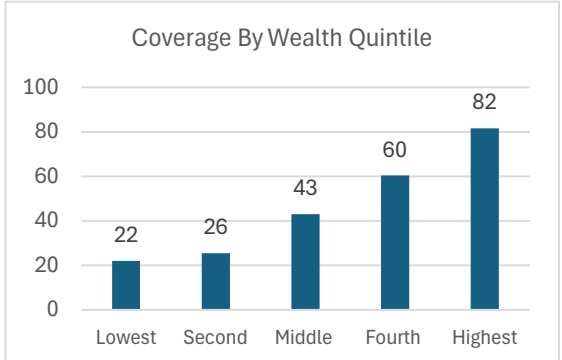
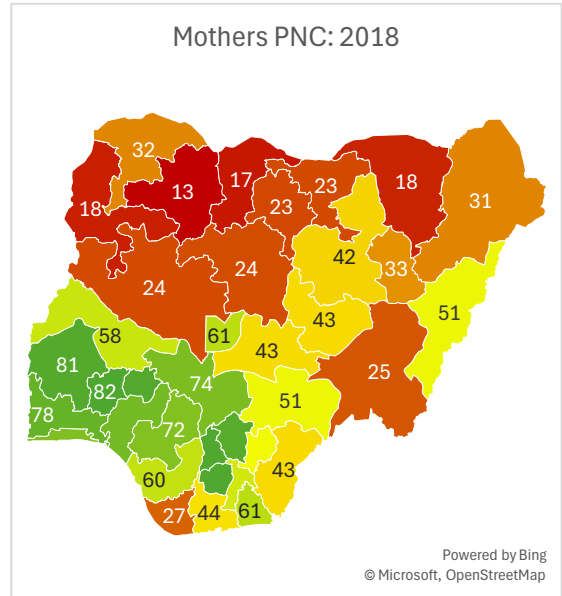
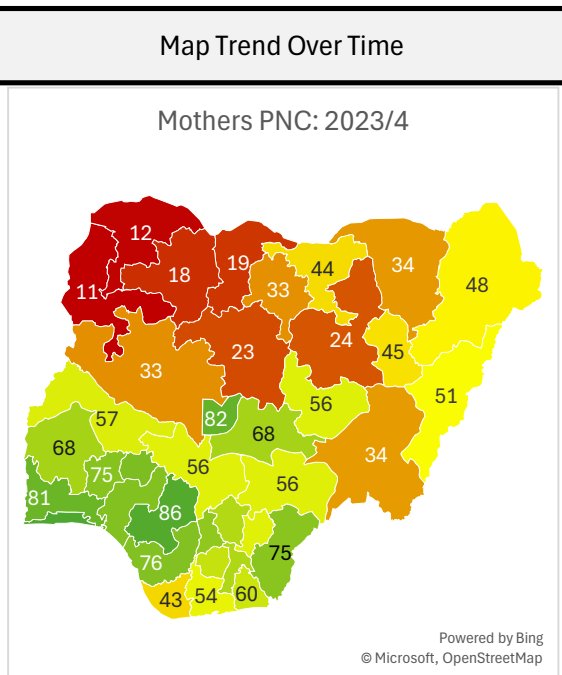


65 % of States made positive progress and 35% of States saw negative trends

Increases greater than 10%	8 States	22% of States
Increases between 5% and 10%	7 States	19% of States
Increases between 0 and 5%	9 States	24% of States
Decreases between 0 and 5%	9 States	24% of States
Decreases between 5 and 10%	1 States	3% of States
Decreases greater than 10%	3 States	8% of States

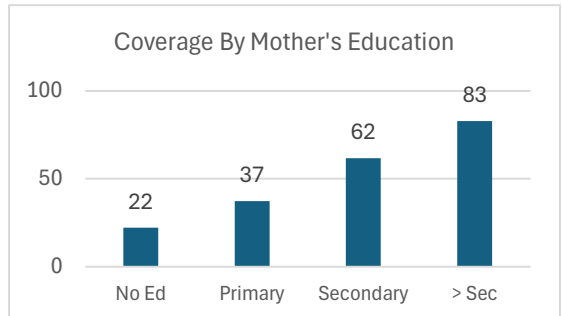


Maternal Health	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		40	42	43		1
Abia State	SE	69	57	66		9
Adamawa State	NE	34	51	51		-1
Akwa Ibom State	SS	65	61	60		-1
Anambra State	SE	56	82	73		-9
Bauchi State	NE	39	42	24		-18
Bayelsa State	SS	56	27	43		17
Benue	NC	39	51	56		5
Borno State	NE	20	31	48		16
Cross River State	SS	68	43	75		32
Delta State	SS	55	60	76		17
Ebonyi State	SE	55	50	56		6
Edo State	SS	77	72	86		14
Ekiti State	SW	55	82	78		-4
Enugu State	SE	69	81	66		-15
Federal Capital Territory State	NC	80	61	82		21
Gombe State	NE	33	33	45		12
Imo State	SE	61	82	62		-20
Jigawa State	NW	14	23	44		21
Kaduna State	NW	50	24	23		-1
Kano State	NW	14	23	33		10
Katsina State	NW	12	17	19		3
Kebbi State	NW	8	18	11		-6
Kogi State	NC	71	74	56		-18
Kwara State	NC	64	58	57		-1
Lagos State	SW	84	73	87		15
Nassarawa State	NC	49	43	68		25
Niger State	NC	40	24	33		9
Ogun State	SW	73	78	81		3
Ondo State	SW	57	75	76		1
Osun State	SW	87	82	75		-7
Oyo State	SW	64	81	68		-13
Plateau State	NC	36	43	56		13
Rivers State	SS	47	44	54		11
Sokoto State	NW	7	32	12		-20
Taraba State	NE	35	25	34		9
Yobe State	NE	29	18	34		16
Zamfara State	NW	19	13	18		5

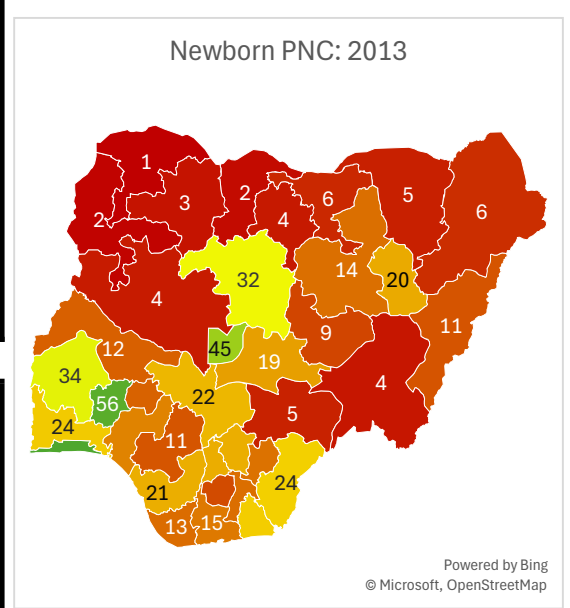
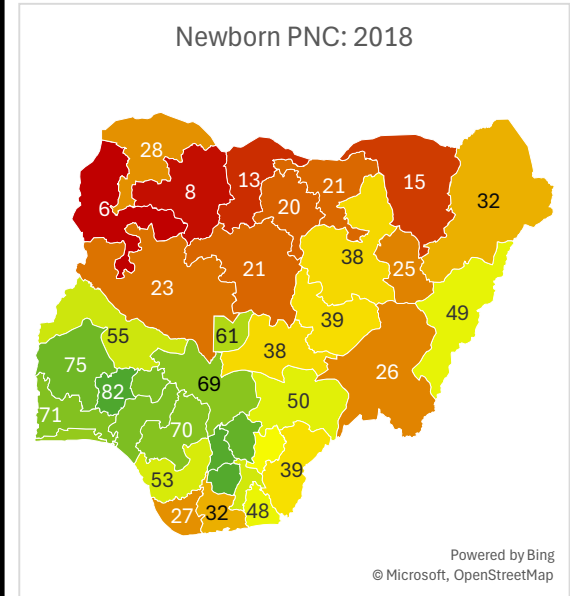
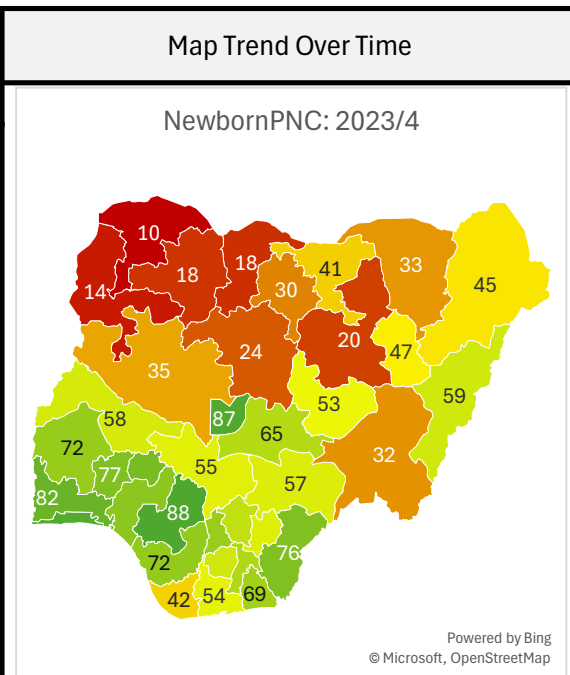


62 % of States made positive progress and 38% of States saw negative trends

Increases greater than 10%	13 States	35% of States
Increases between 5% and 10%	5 States	14% of States
Increases between 0 and 5%	5 States	14% of States
Decreases between 0 and 5%	5 States	14% of States
Decreases between 5 and 10%	3 States	8% of States
Decreases greater than 10%	6 States	16% of States

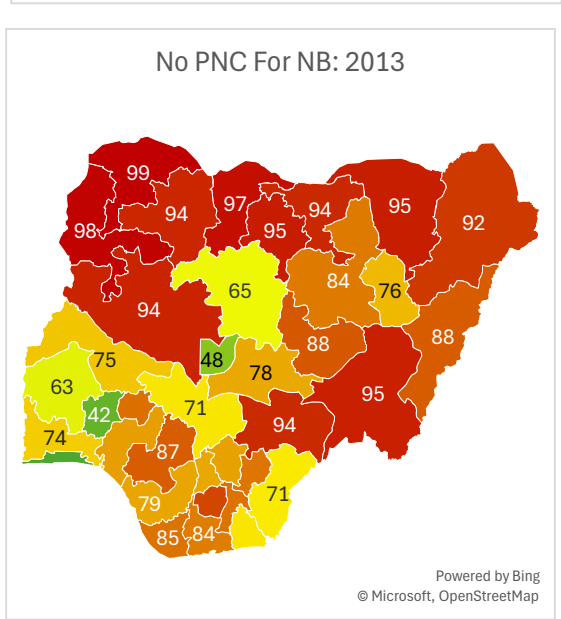
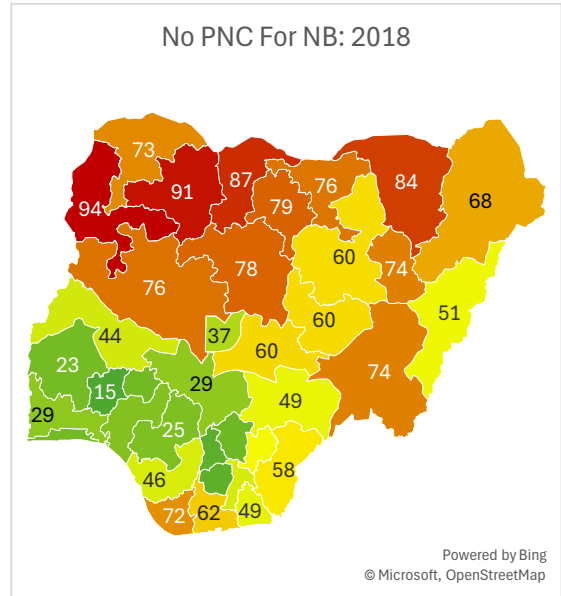
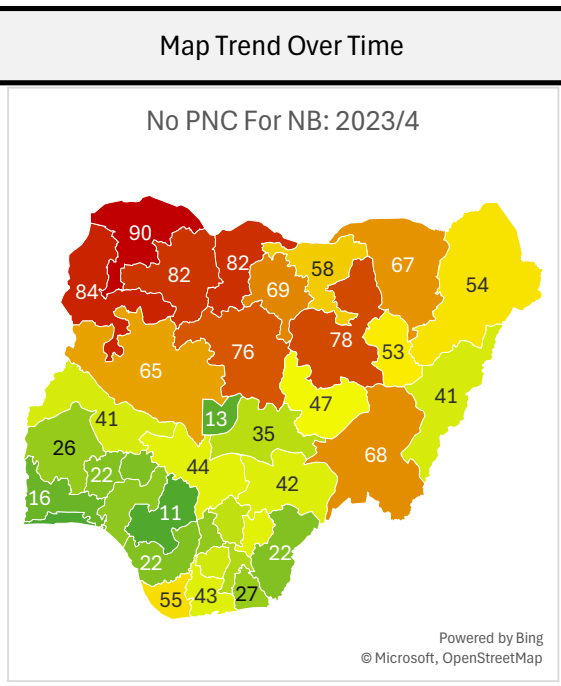


Maternal Health	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		13	38	42		4
Abia State	SE	13	54	66		12
Adamawa State	NE	11	49	59		10
Akwa Ibom State	SS	24	48	69		21
Anambra State	SE	20	81	71		-9
Bauchi State	NE	14	38	20		-18
Bayelsa State	SS	13	27	42		15
Benue	NC	5	50	57		6
Borno State	NE	6	32	45		13
Cross River State	SS	24	39	76		37
Delta State	SS	21	53	72		20
Ebonyi State	SE	14	46	56		10
Edo State	SS	11	70	88		18
Ekiti State	SW	12	72	78		6
Enugu State	SE	21	77	63		-15
Federal Capital Territory State	NC	45	61	87		26
Gombe State	NE	20	25	47		21
Imo State	SE	10	81	60		-21
Jigawa State	NW	6	21	41		20
Kaduna State	NW	32	21	24		3
Kano State	NW	4	20	30		10
Katsina State	NW	2	13	18		5
Kebbi State	NW	2	6	14		8
Kogi State	NC	22	69	55		-14
Kwara State	NC	12	55	58		4
Lagos State	SW	58	67	87		20
Nassarawa State	NC	19	38	65		27
Niger State	NC	4	23	35		12
Ogun State	SW	24	71	82		11
Ondo State	SW	16	72	74		2
Osun State	SW	56	82	77		-6
Oyo State	SW	34	75	72		-3
Plateau State	NC	9	39	53		14
Rivers State	SS	15	32	54		22
Sokoto State	NW	1	28	10		-17
Taraba State	NE	4	26	32		7
Yobe State	NE	5	15	33		18
Zamfara State	NW	3	8	18		10



78 % of States made positive progress and 22% of States saw negative trends			
Increases greater than 10%	19 States	51%	of States
Increases between 5% and 10%	6 States	16%	of States
Increases between 0 and 5%	4 States	11%	of States
Decreases between 0 and 5%	1 States	3%	of States
Decreases between 5 and 10%	2 States	5%	of States
Decreases greater than 10%	5 States	14%	of States

Maternal Health	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		84	60	57		-4
Abia State	SE	85	45	33		-13
Adamawa State	NE	88	51	41		-10
Akwa Ibom State	SS	71	49	27		-22
Anambra State	SE	79	18	26		8
Bauchi State	NE	84	60	78		19
Bayelsa State	SS	85	72	55		-16
Benue	NC	94	49	42		-7
Borno State	NE	92	68	54		-13
Cross River State	SS	71	58	22		-36
Delta State	SS	79	46	22		-24
Ebonyi State	SE	85	52	44		-8
Edo State	SS	87	25	11		-15
Ekiti State	SW	85	23	21		-2
Enugu State	SE	79	22	36		14
Federal Capital Territory State	NC	48	37	13		-23
Gombe State	NE	76	74	53		-21
Imo State	SE	90	18	39		21
Jigawa State	NW	94	76	58		-18
Kaduna State	NW	65	78	76		-2
Kano State	NW	95	79	69		-10
Katsina State	NW	97	87	82		-5
Kebbi State	NW	98	94	84		-10
Kogi State	NC	71	29	44		14
Kwara State	NC	75	44	41		-3
Lagos State	SW	38	23	10		-13
Nassarawa State	NC	78	60	35		-26
Niger State	NC	94	76	65		-12
Ogun State	SW	74	29	16		-13
Ondo State	SW	80	26	25		-2
Osun State	SW	42	15	22		8
Oyo State	SW	63	23	26		3
Plateau State	NC	88	60	47		-13
Rivers State	SS	84	62	43		-20
Sokoto State	NW	99	73	90		17
Taraba State	NE	95	74	68		-6
Yobe State	NE	95	84	67		-18
Zamfara State	NW	94	91	82		-10



78 % of States made positive progress and 22% of States saw negative trends			
Increases greater than 10%	17 States	46%	of States
Increases between 5% and 10%	7 States	19%	of States
Increases between 0 and 5%	5 States	14%	of States
Decreases between 0 and 5%	1 States	3%	of States
Decreases between 5 and 10%	2 States	5%	of States
Decreases greater than 10%	5 States	14%	of States

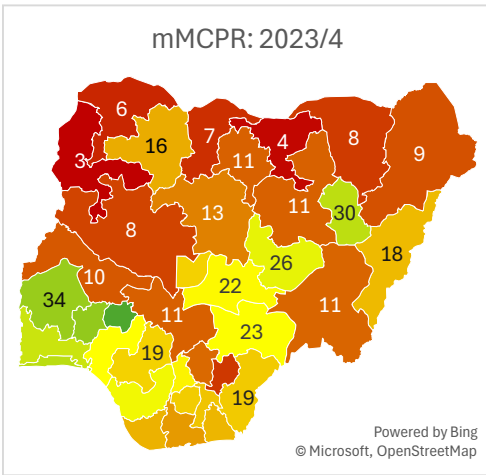
Family Planning

Snapshot of Key Coverage Points and % Change Since Last Survey

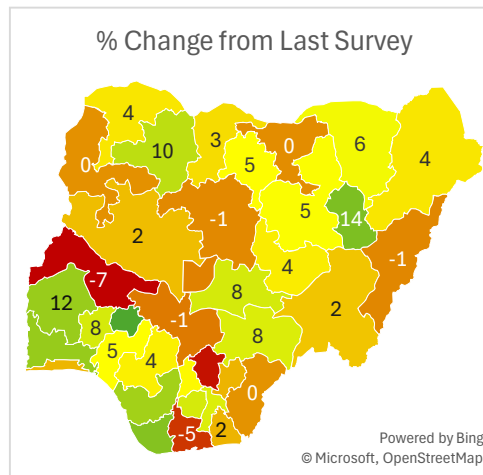
Go to specific page for full list of each States performance over time for each coverage metric

Category	Coverage Metric	Page #
Family Planning	Total Fertility Rate (TFR)	22
Family Planning	mMCPR (Modern Methods Married Women)	23
Family Planning	Demand for FP Satisfied By Modern Methods	24
Family Planning	Unmet Need For Family Planning	25
Family Planning	Total Demand for Family Planning	26

Map Showing Actual Coverage



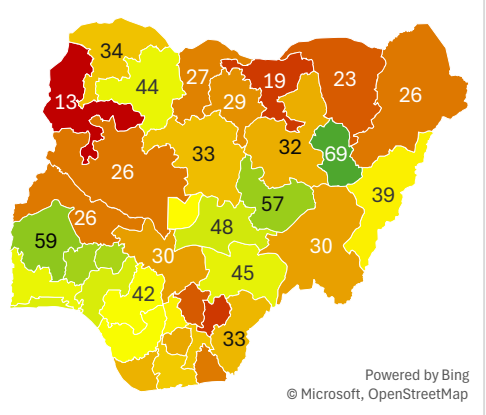
Map Showing % Change Since Last Survey



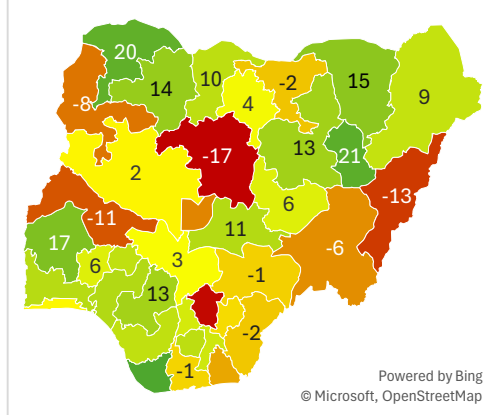
Progressers / Backtrackers

mMCPR (National +3% Change)				
Top 10			Bottom 10	
Ekiti	SW	17	Kwara	NC -7
Gombe	NE	14	Enugu	SE -6
Bayelsa	SS	14	Rivers	SS -5
Ogun	SW	12	Kogi	NC -1
Oyo	SW	12	Federal Capital	NC -1
Delta	SS	12	Adamawa	NE -1
Zamfara	NW	10	Kaduna	NW -1
Nassarawa	NC	8	Jigawa	NW 0
Osun	SW	8	Kebbi	NW 0
Imo	SE	8	Cross River	SS 0

Demand for FP Satisfied (MM): 2023/4



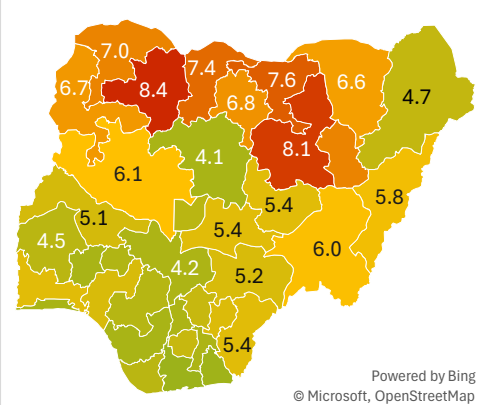
% Change from Last Survey



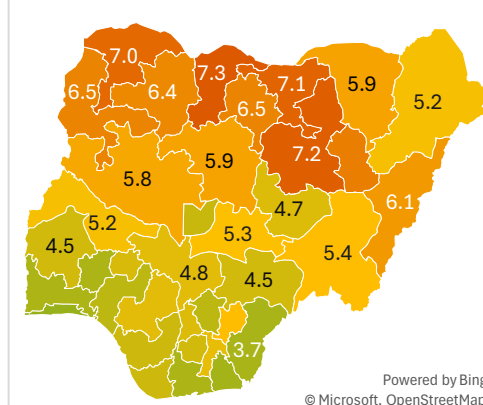
Demand for FP Satisfied (MM)

Demand for FP Satisfied (MM)				
Top 10			Bottom 10	
Bayelsa	SS	22	Kaduna	NW -17
Gombe	NE	21	Enugu	SE -17
Sokoto	NW	20	Adamawa	NE -13
Oyo	SW	17	Kwara	NC -11
Yobe	NE	15	Kebbi	NW -8
Zamfara	NW	14	Federal Capital	NC -7
Bauchi	NE	13	Taraba	NE -6
Edo	SS	13	Akwa Ibom	SS -4
Ondo	SW	11	Jigawa	NW -2
Nassarawa	NC	11	Cross River	SS -2

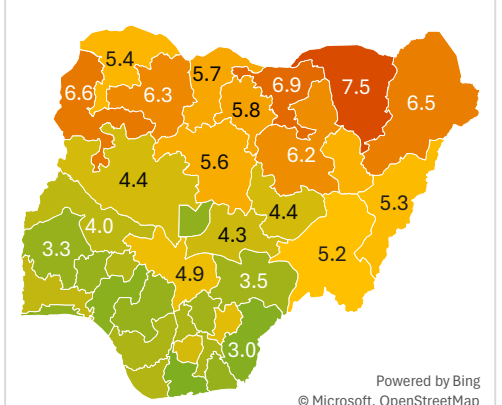
TFR: 2013



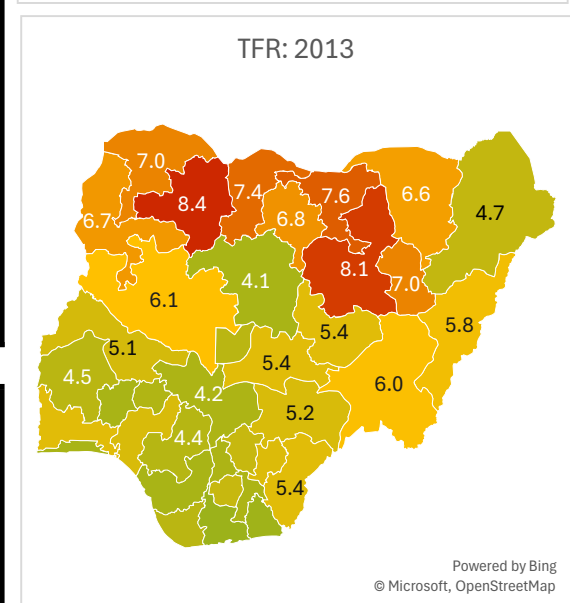
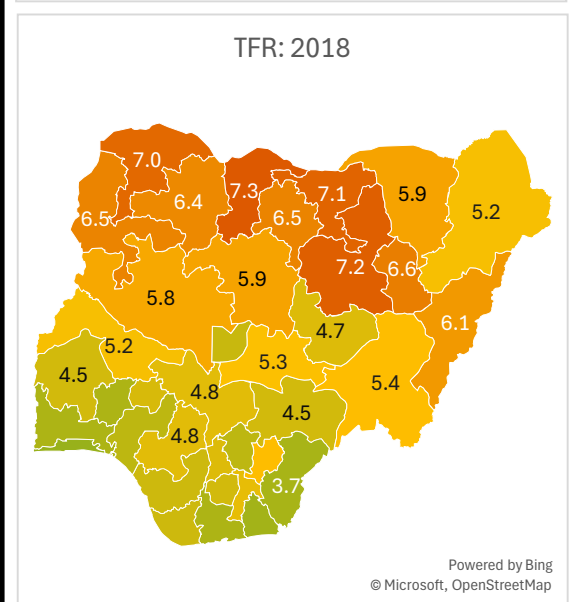
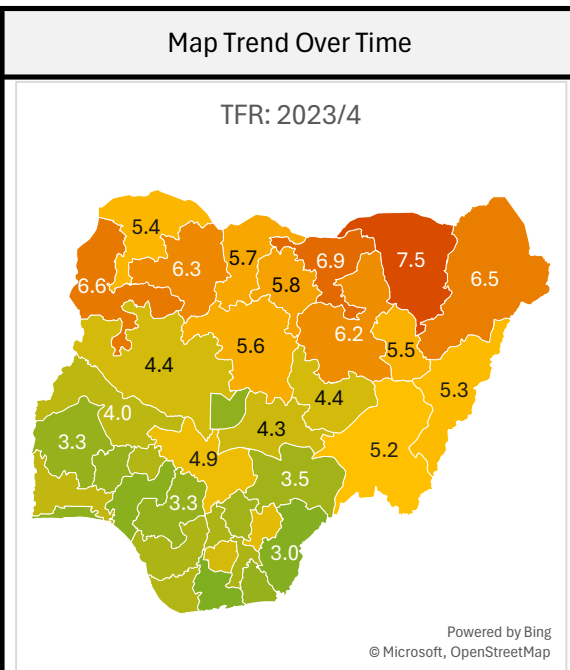
TFR: 2018



TFR: 2023/4



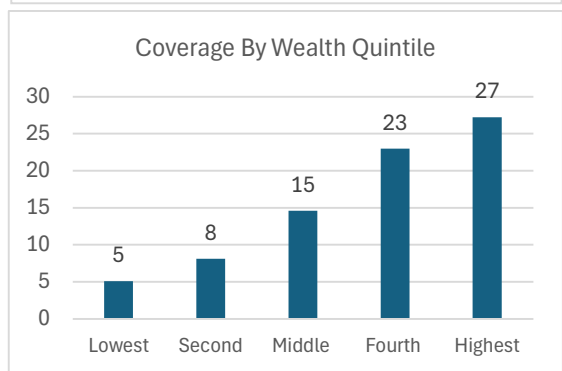
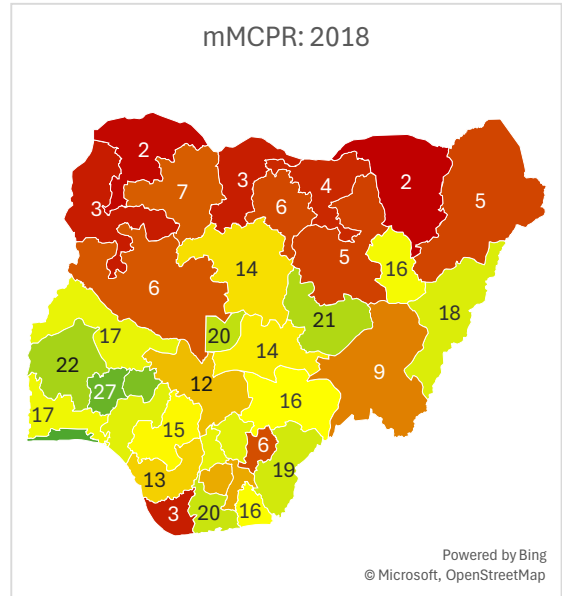
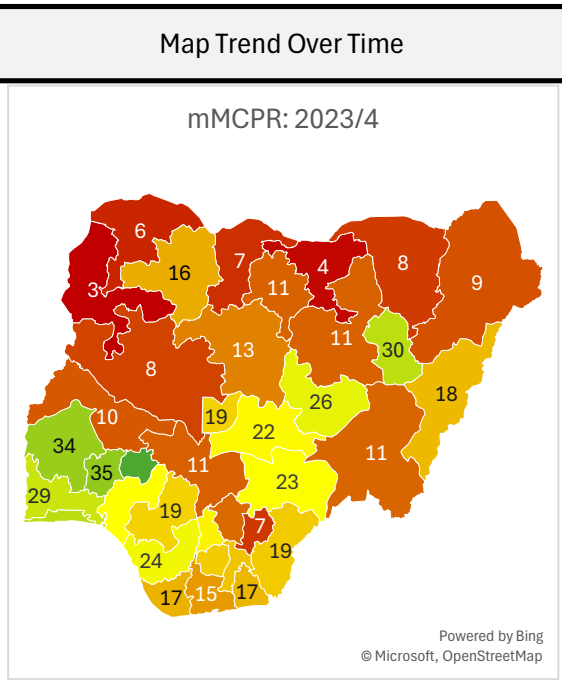
Health Outcomes	Zone	2013	2018	2023/24	Trend	+ / -
National		5.5	5.3	4.8		-0.5
Abia State	SE	4.2	4.9	3.7		-1.2
Adamawa State	NE	5.8	6.1	5.3		-0.8
Akwa Ibom State	SS	3.9	3.6	3.3		-0.3
Anambra State	SE	4.2	4.7	3.7		-1.0
Bauchi State	NE	8.1	7.2	6.2		-1.0
Bayelsa State	SS	4.5	4.4	3.8		-0.6
Benue	NC	5.2	4.5	3.5		-1.0
Borno State	NE	4.7	5.2	6.5		1.3
Cross River State	SS	5.4	3.7	3.0		-0.7
Delta State	SS	4.1	4.4	3.7		-0.7
Ebonyi State	SE	5.3	5.4	4.7		-0.7
Edo State	SS	4.4	4.8	3.3		-1.5
Ekiti State	SW	4.3	4.6	3.8		-0.8
Enugu State	SE	4.8	4.1	3.5		-0.6
Federal Capital Territory State	NC	4.5	4.3	3.2		-1.1
Gombe State	NE	7.0	6.6	5.5		-1.1
Imo State	SE	4.8	4.5	4.4		-0.1
Jigawa State	NW	7.6	7.1	6.9		-0.2
Kaduna State	NW	4.1	5.9	5.6		-0.3
Kano State	NW	6.8	6.5	5.8		-0.7
Katsina State	NW	7.4	7.3	5.7		-1.6
Kebbi State	NW	6.7	6.5	6.6		0.1
Kogi State	NC	4.2	4.8	4.9		0.1
Kwara State	NC	5.1	5.2	4.0		-1.2
Lagos State	SW	4.1	3.4	3.2		-0.2
Nassarawa State	NC	5.4	5.3	4.3		-1.0
Niger State	NC	6.1	5.8	4.4		-1.4
Ogun State	SW	5.4	3.8	4.1		0.3
Ondo State	SW	5.2	4.1	3.1		-1.0
Osun State	SW	4.1	3.8	3.3		-0.5
Oyo State	SW	4.5	4.5	3.3		-1.2
Plateau State	NC	5.4	4.7	4.4		-0.3
Rivers State	SS	3.8	3.8	2.9		-0.9
Sokoto State	NW	7.0	7.0	5.4		-1.6
Taraba State	NE	6.0	5.4	5.2		-0.2
Yobe State	NE	6.6	5.9	7.5		1.6
Zamfara State	NW	8.4	6.4	6.3		-0.1



86 % of States made positive progress and 14% of States saw negative trends

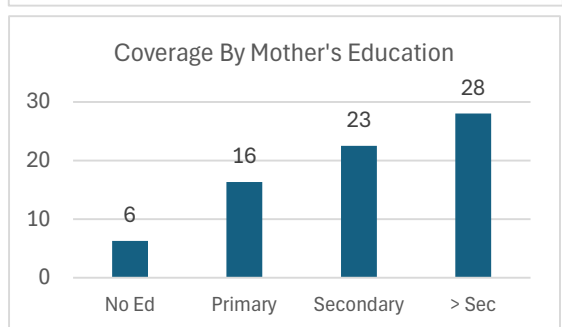
Decreases greater than 1	14 States	38% of States
Decreases between 0.5 and 1	10 States	27% of States
Decreases between 0 and 0.5	8 States	22% of States
Increases between 0 and 0.5	3 States	8% of States
Increases between 0.5 and 1	0 States	0% of States
Increases greater than 1	2 States	5% of States

Family Planning	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		10	12	15		3
Abia State	SE	16	11	18		8
Adamawa State	NE	4	18	18		-1
Akwa Ibom State	SS	17	16	17		2
Anambra State	SE	12	17	22		5
Bauchi State	NE	2	5	11		5
Bayelsa State	SS	10	3	17		14
Benue	NC	12	16	23		8
Borno State	NE	2	5	9		4
Cross River State	SS	14	19	19		0
Delta State	SS	17	13	24		12
Ebonyi State	SE	6	6	7		2
Edo State	SS	19	15	19		4
Ekiti State	SW	27	25	43		17
Enugu State	SE	14	18	11		-6
Federal Capital Territory State	NC	21	20	19		-1
Gombe State	NE	4	16	30		14
Imo State	SE	11	11	19		8
Jigawa State	NW	1	4	4		0
Kaduna State	NW	19	14	13		-1
Kano State	NW	1	6	11		5
Katsina State	NW	1	3	7		3
Kebbi State	NW	1	3	3		0
Kogi State	NC	9	12	11		-1
Kwara State	NC	28	17	10		-7
Lagos State	SW	26	29	31		2
Nassarawa State	NC	16	14	22		8
Niger State	NC	6	6	8		2
Ogun State	SW	22	17	29		12
Ondo State	SW	20	18	23		5
Osun State	SW	32	27	35		8
Oyo State	SW	24	22	34		12
Plateau State	NC	14	21	26		4
Rivers State	SS	18	20	15		-5
Sokoto State	NW	1	2	6		4
Taraba State	NE	7	9	11		2
Yobe State	NE	1	2	8		6
Zamfara State	NW	1	7	16		10

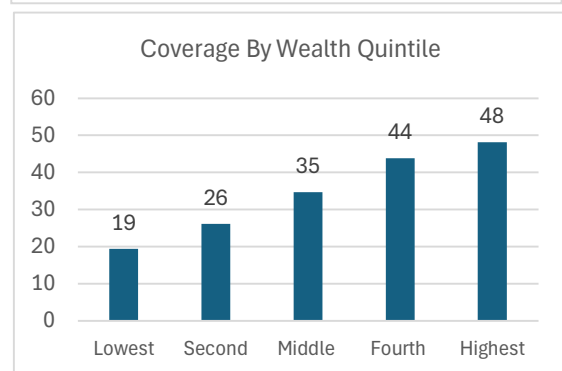
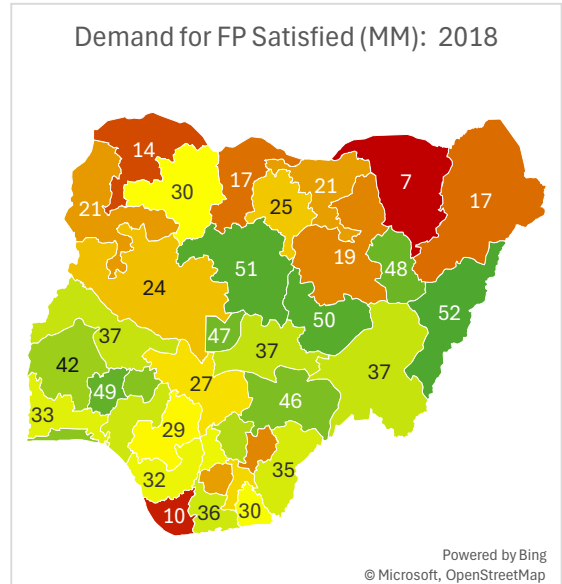
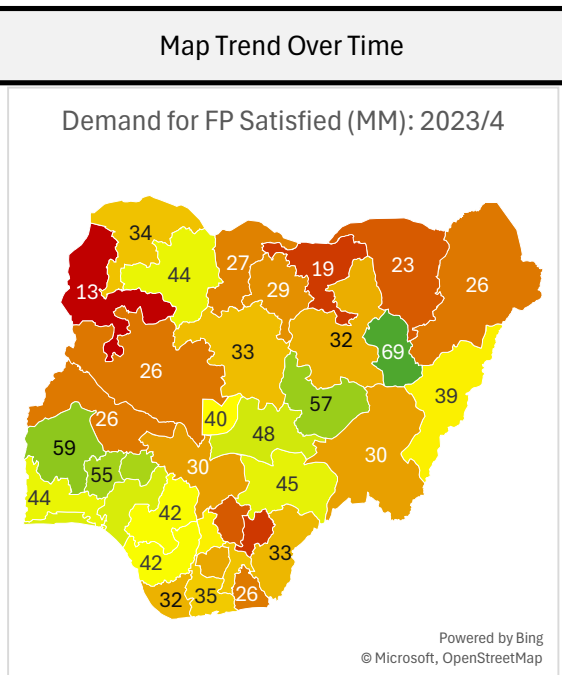


73 % of States made positive progress and 27% of States saw negative trends

Increases greater than 10%	6 States	16% of States
Increases between 5% and 10%	10 States	27% of States
Increases between 0 and 5%	11 States	30% of States
Decreases between 0 and 5%	8 States	22% of States
Decreases between 5 and 10%	2 States	5% of States
Decreases greater than 10%	0 States	0% of States

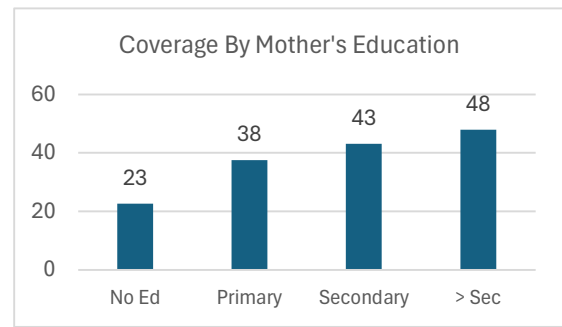


Family Planning	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		31	34	37		3
Abia State	SE	35	26	34		8
Adamawa State	NE	14	52	39		-13
Akwa Ibom State	SS	30	30	26		-4
Anambra State	SE	28	32	39		7
Bauchi State	NE	12	19	32		13
Bayelsa State	SS	24	10	32		22
Benue	NC	25	46	45		-1
Borno State	NE	9	17	26		9
Cross River State	SS	26	35	33		-2
Delta State	SS	38	32	42		10
Ebonyi State	SE	15	19	19		0
Edo State	SS	39	29	42		13
Ekiti State	SW	50	45	54		10
Enugu State	SE	33	39	23		-17
Federal Capital Territory State	NC	46	47	40		-7
Gombe State	NE	17	48	69		21
Imo State	SE	24	21	31		10
Jigawa State	NW	3	21	19		-2
Kaduna State	NW	71	51	33		-17
Kano State	NW	4	25	29		4
Katsina State	NW	7	17	27		10
Kebbi State	NW	6	21	13		-8
Kogi State	NC	27	27	30		3
Kwara State	NC	53	37	26		-11
Lagos State	SW	44	44	46		2
Nassarawa State	NC	42	37	48		11
Niger State	NC	18	24	26		2
Ogun State	SW	44	33	44		11
Ondo State	SW	43	36	47		11
Osun State	SW	58	49	55		6
Oyo State	SW	48	42	59		17
Plateau State	NC	38	50	57		6
Rivers State	SS	34	36	35		-1
Sokoto State	NW	8	14	34		20
Taraba State	NE	23	37	30		-6
Yobe State	NE	4	7	23		15
Zamfara State	NW	8	30	44		14

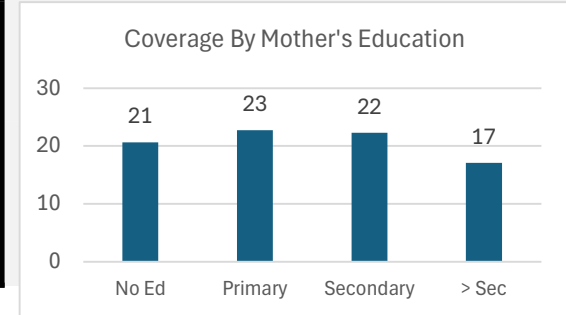
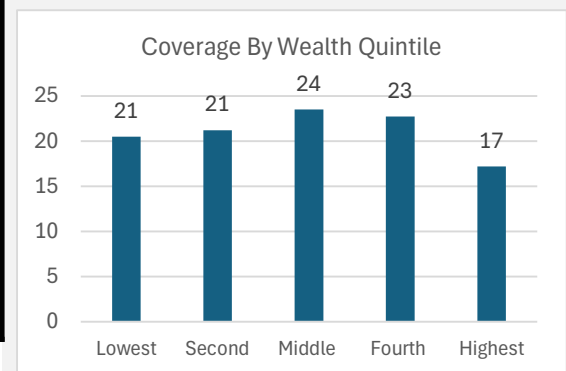
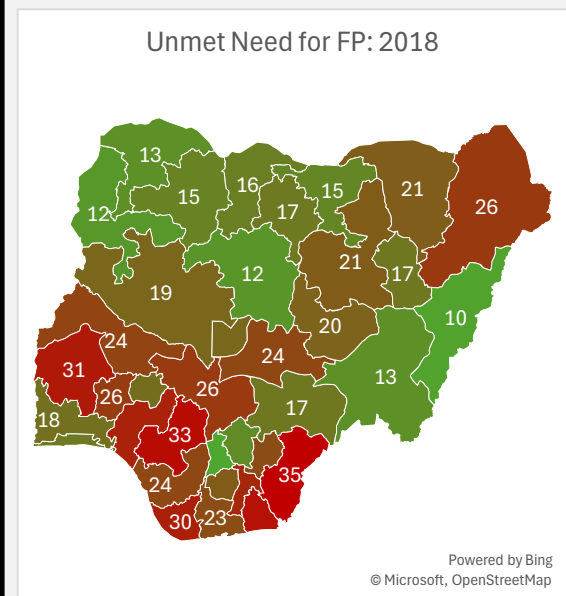
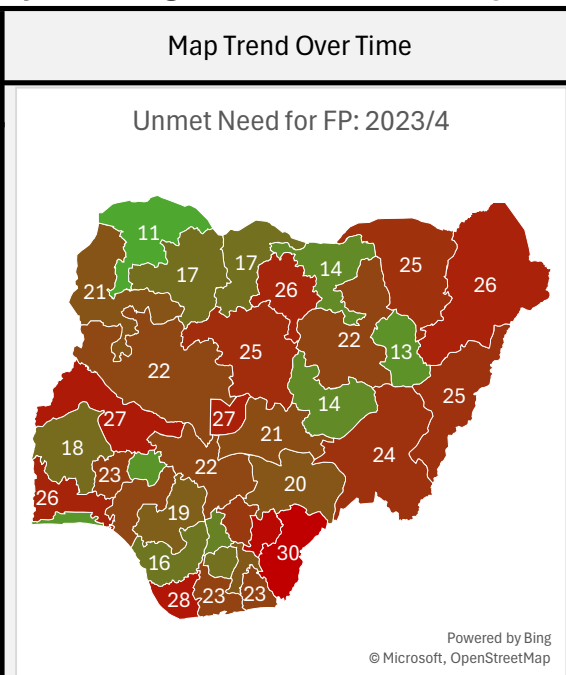


65 % of States made positive progress and 35% of States saw negative trends

Increases greater than 10%	11 States	30% of States
Increases between 5% and 10%	9 States	24% of States
Increases between 0 and 5%	4 States	11% of States
Decreases between 0 and 5%	6 States	16% of States
Decreases between 5 and 10%	3 States	8% of States
Decreases greater than 10%	4 States	11% of States



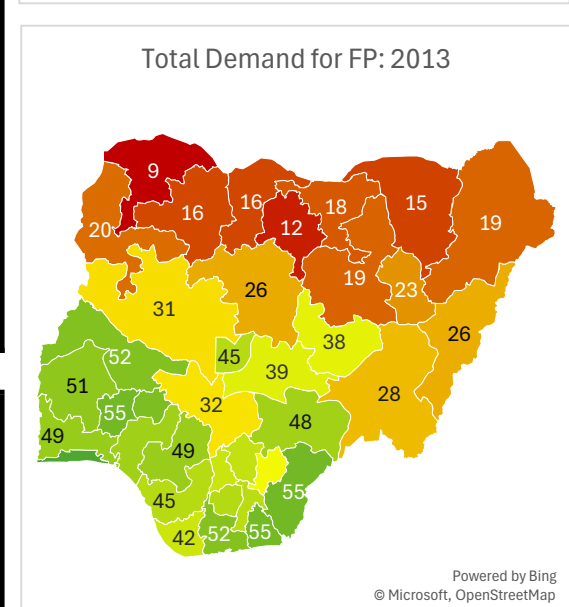
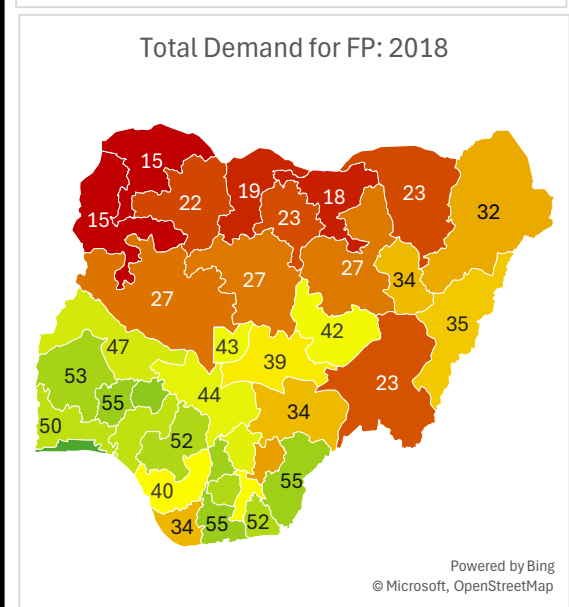
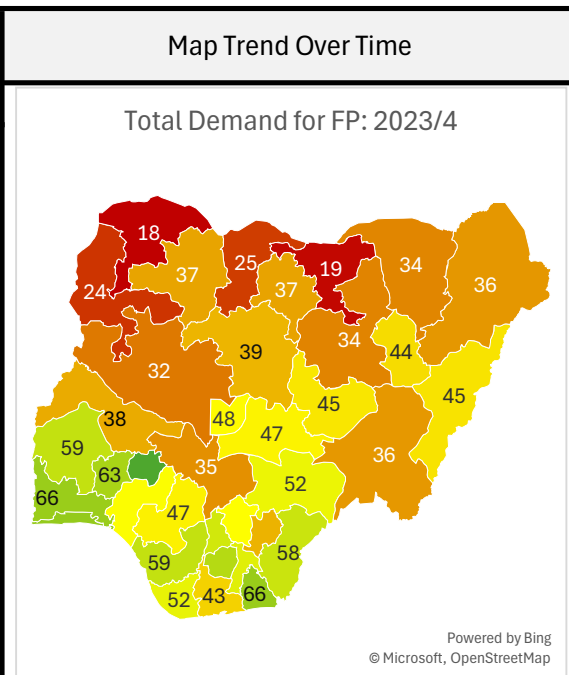
Family Planning	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		16	19	21		2
Abia State	SE	11	29	20		-9
Adamawa State	NE	22	10	25		14
Akwa Ibom State	SS	29	32	23		-9
Anambra State	SE	7	10	15		5
Bauchi State	NE	16	21	22		1
Bayelsa State	SS	29	30	28		-2
Benue	NC	31	17	20		4
Borno State	NE	17	26	26		0
Cross River State	SS	31	35	30		-4
Delta State	SS	16	24	16		-7
Ebonyi State	SE	21	23	29		6
Edo State	SS	19	33	19		-14
Ekiti State	SW	19	18	13		-5
Enugu State	SE	12	14	24		10
Federal Capital Territory State	NC	20	19	27		7
Gombe State	NE	19	17	13		-4
Imo State	SE	11	21	17		-4
Jigawa State	NW	17	15	14		0
Kaduna State	NW	6	12	25		13
Kano State	NW	11	17	26		10
Katsina State	NW	15	16	17		1
Kebbi State	NW	18	12	21		9
Kogi State	NC	21	26	22		-4
Kwara State	NC	12	24	27		3
Lagos State	SW	12	17	13		-4
Nassarawa State	NC	21	24	21		-2
Niger State	NC	24	19	22		3
Ogun State	SW	23	18	26		8
Ondo State	SW	17	29	22		-7
Osun State	SW	17	26	23		-3
Oyo State	SW	13	31	18		-13
Plateau State	NC	23	20	14		-6
Rivers State	SS	18	23	23		-1
Sokoto State	NW	8	13	11		-2
Taraba State	NE	20	13	24		11
Yobe State	NE	14	21	25		4
Zamfara State	NW	13	15	17		2



51 % of States made positive progress and 49% of States saw negative trends

Decreases greater than 10%	2 States	5% of States
Decreases between 5% and 10%	6 States	16% of States
Decreases between 0 and 5%	11 States	30% of States
Increases between 0 and 5%	8 States	22% of States
Increases between 5 and 10%	7 States	19% of States
Increases greater than 10%	3 States	8% of States

Family Planning	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		31	36	41		6
Abia State	SE	45	41	54		12
Adamawa State	NE	26	35	45		10
Akwa Ibom State	SS	55	52	66		14
Anambra State	SE	42	54	56		2
Bauchi State	NE	19	27	34		6
Bayelsa State	SS	42	34	52		19
Benue	NC	48	34	52		18
Borno State	NE	19	32	36		4
Cross River State	SS	55	55	58		3
Delta State	SS	45	40	59		19
Ebonyi State	SE	36	31	39		8
Edo State	SS	49	52	47		-5
Ekiti State	SW	53	57	79		22
Enugu State	SE	43	45	49		4
Federal Capital Territory State	NC	45	43	48		5
Gombe State	NE	23	34	44		10
Imo State	SE	45	52	61		9
Jigawa State	NW	18	18	19		0
Kaduna State	NW	26	27	39		12
Kano State	NW	12	23	37		14
Katsina State	NW	16	19	25		6
Kebbi State	NW	20	15	24		9
Kogi State	NC	32	44	35		-9
Kwara State	NC	52	47	38		-9
Lagos State	SW	60	66	67		1
Nassarawa State	NC	39	39	47		8
Niger State	NC	31	27	32		5
Ogun State	SW	49	50	66		16
Ondo State	SW	48	50	49		-1
Osun State	SW	55	55	63		8
Oyo State	SW	51	53	59		6
Plateau State	NC	38	42	45		3
Rivers State	SS	52	55	43		-12
Sokoto State	NW	9	15	18		2
Taraba State	NE	28	23	36		13
Yobe State	NE	15	23	34		11
Zamfara State	NW	16	22	37		15



86 % of States showed increasing demand and 14% of States saw decreased trends

Increases greater than 10%	13 States	35% of States
Increases between 5% and 10%	10 States	27% of States
Increases between 0 and 5%	9 States	24% of States
Decreases between 0 and 5%	1 States	3% of States
Decreases between 5 and 10%	3 States	8% of States
Decreases greater than 10%	1 States	3% of States

Under 5 Various

Snapshot of Key Coverage Points and % Change Since Last Survey

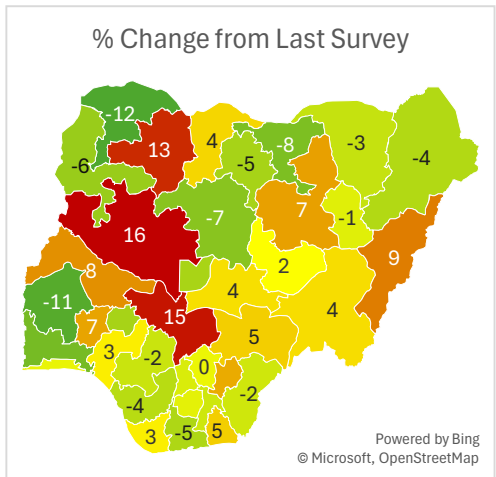
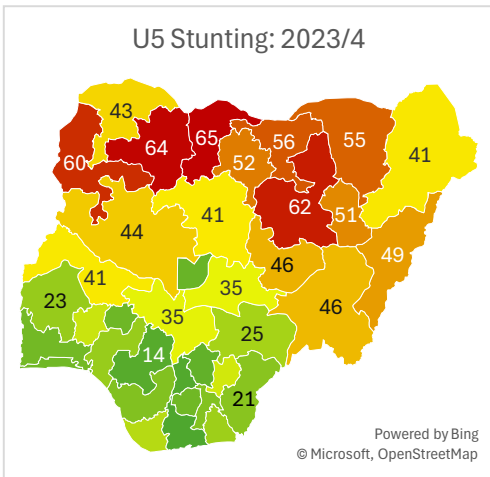
Go to specific page for full list of each States performance over time for each coverage metric

Category	Coverage Metric	Page #
Under 5:Nutrition	U5 Children Stunted	28
Under 5: Nutrition	U5 Children Underweight	29
Under 5 : Malaria	Unmet Need For Family Planning	30

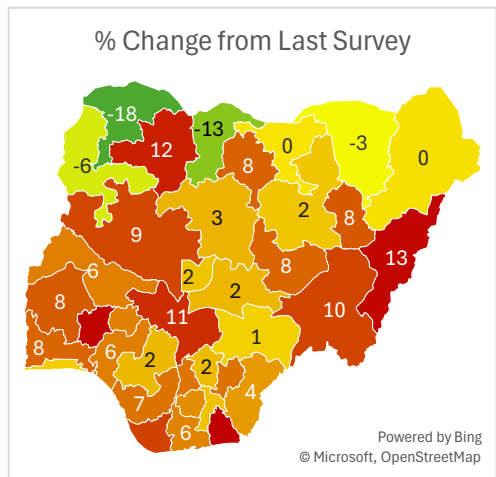
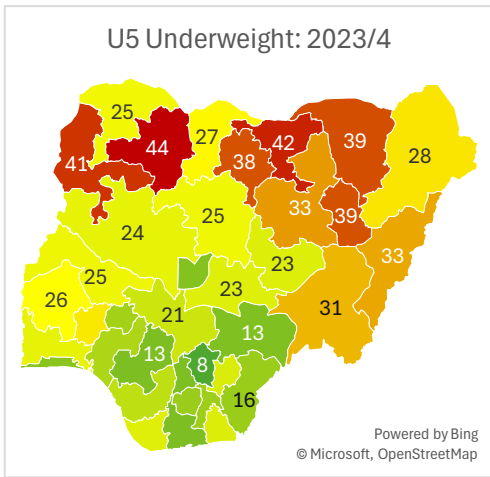
Map Showing Actual Coverage

Map Showing % Change Since Last Survey

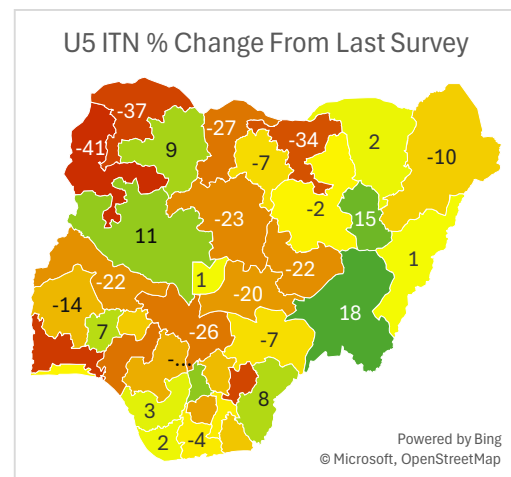
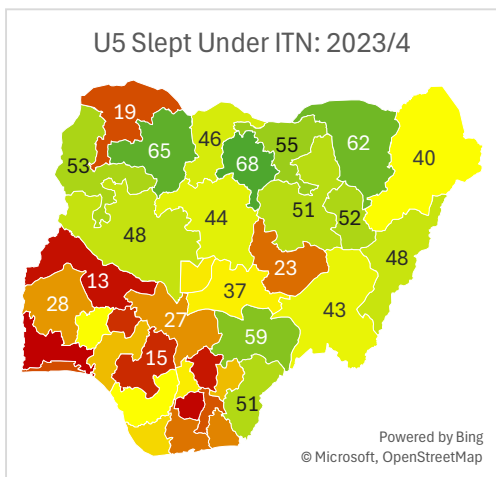
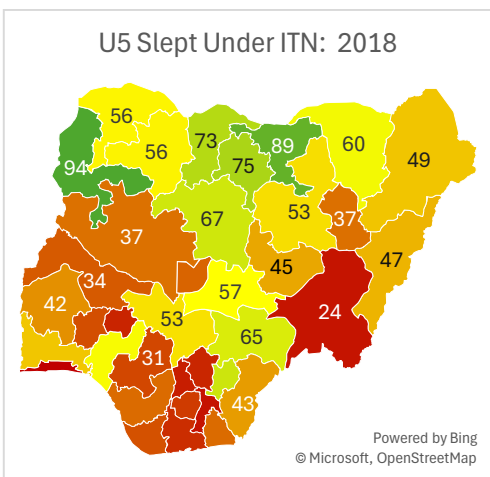
Progressers / Backtrackers



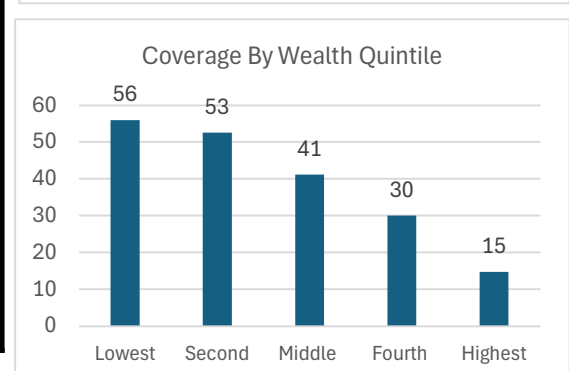
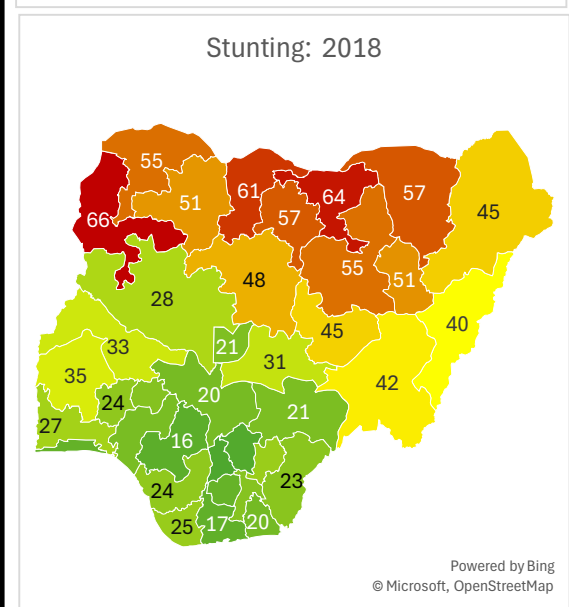
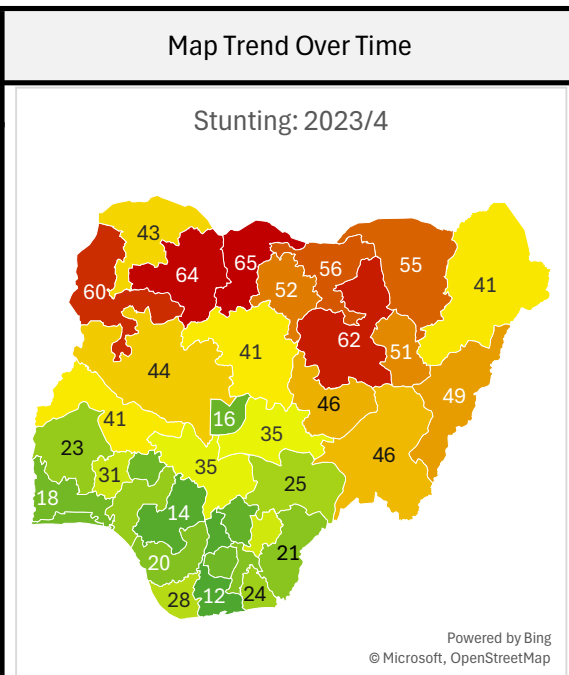
Stunting (National +3% Change)					
Top 10			Bottom 10		
Sokoto	NW	-12	Niger	NC	16
Oyo	SW	-11	Kogi	NC	15
Ogun	SW	-8.9	Zamfara	NW	13
Jigawa	NW	-8.3	Adamawa	NE	9
Kaduna	NW	-7.4	Kwara	NC	8
Kebbi	NW	-6.1	Bauchi	NE	7
Ekiti	SW	-5	Osun	SW	7
Kano	NW	-5	Ebonyi	SE	6
FCT	NC	-4.9	Akwa Ibom	SS	5
Rivers	SS	-4.5	Benue	NC	5



Underweight (National +5% Change)					
Top 10			Bottom 10		
Sokoto	NW	-18	Akwa Ibom	SS	14
Katsina	NW	-13	Osun	SW	14
Kebbi	NW	-6	Adamawa	NE	13
Yobe	NE	-3	Zamfara	NW	12
Jigawa	NW	0	Kogi	NC	11
Borno	NE	0	Bayelsa	SS	10
Benue	NC	1	Taraba	NE	10
Lagos	SW	1	Niger	NC	9
Bauchi	NE	2	Gombe	NE	8
FCT	NC	2	Oyo	SW	8

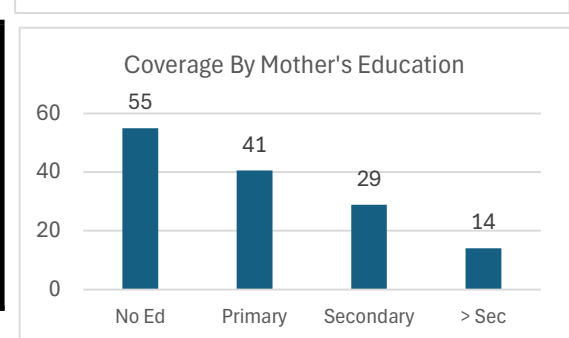


U5 Nutrition	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		37	37	40		3
Abia State	SE	17	22	20		-2
Adamawa State	NE	34	40	49		9
Akwa Ibom State	SS	22	20	24		5
Anambra State	SE	18	14	13		-1
Bauchi State	NE	51	55	62		7
Bayelsa State	SS	21	25	28		3
Benue	NC	23	21	25		5
Borno State	NE	27	45	41		-4
Cross River State	SS	22	23	21		-2
Delta State	SS	15	24	20		-4
Ebonyi State	SE	16	25	32		6
Edo State	SS	16	16	14		-2
Ekiti State	SW	19	22	17		-5
Enugu State	SE	12	15	15		0
Federal Capital Territory State	NC	21	21	16		-5
Gombe State	NE	48	51	51		-1
Imo State	SE	17	18	17		0
Jigawa State	NW	59	64	56		-8
Kaduna State	NW	57	48	41		-7
Kano State	NW	48	57	52		-5
Katsina State	NW	59	61	65		4
Kebbi State	NW	61	66	60		-6
Kogi State	NC	23	20	35		15
Kwara State	NC	27	33	41		8
Lagos State	SW	17	17	17		0
Nassarawa State	NC	35	31	35		4
Niger State	NC	34	28	44		16
Ogun State	SW	24	27	18		-9
Ondo State	SW	24	20	23		3
Osun State	SW	21	24	31		7
Oyo State	SW	27	35	23		-11
Plateau State	NC	36	45	46		2
Rivers State	SS	16	17	12		-5
Sokoto State	NW	52	55	43		-12
Taraba State	NE	43	42	46		4
Yobe State	NE	49	57	55		-3
Zamfara State	NW	56	51	64		13

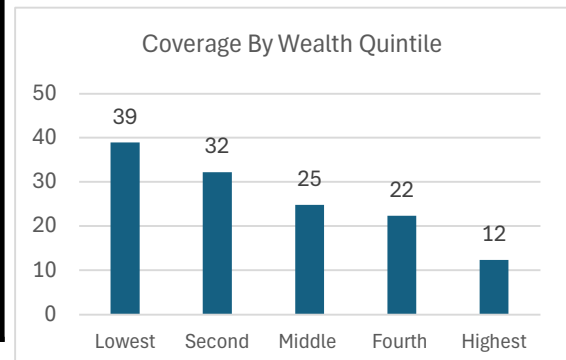
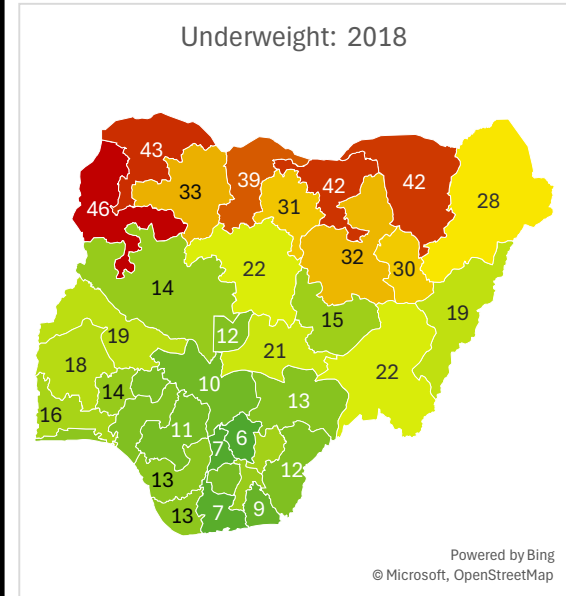
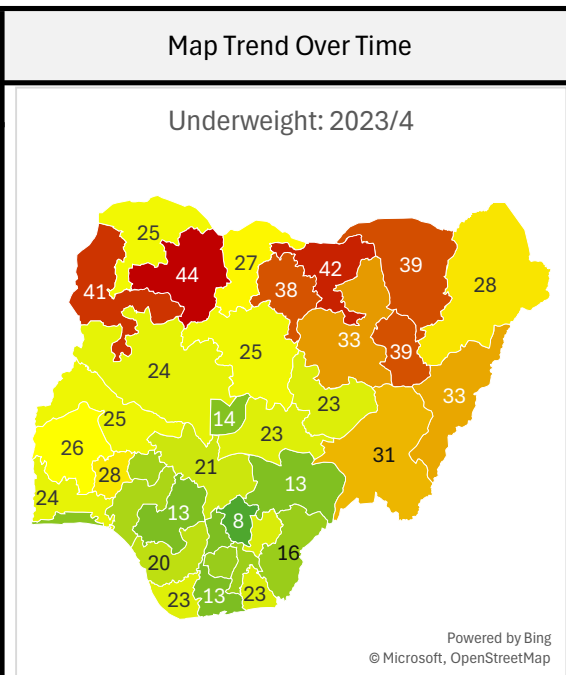


51 % of States made positive progress and 49 % of States saw negative trends

Decreases greater than 10%	2 States	5% of States
Decreases between 5% and 10%	6 States	16% of States
Decreases between 0 and 5%	11 States	30% of States
Increases between 0 and 5%	10 States	27% of States
Increases between 5 and 10%	5 States	14% of States
Increases greater than 10%	3 States	8% of States

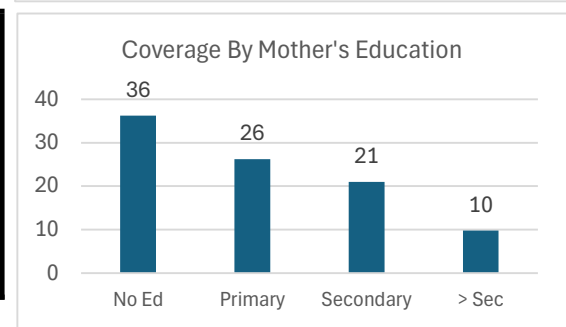


Health Outcomes	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		29	22	27		5
Abia State	SE	12	15	16		2
Adamawa State	NE	23	19	33		13
Akwa Ibom State	SS	15	9	23		14
Anambra State	SE	14	7	13		7
Bauchi State	NE	41	32	33		2
Bayelsa State	SS	10	13	23		10
Benue	NC	11	13	13		1
Borno State	NE	23	28	28		0
Cross River State	SS	15	12	16		4
Delta State	SS	15	13	20		7
Ebonyi State	SE	12	16	22		7
Edo State	SS	8	11	13		2
Ekiti State	SW	10	11	17		6
Enugu State	SE	7	6	8		2
Federal Capital Territory State	NC	13	12	14		2
Gombe State	NE	32	30	39		8
Imo State	SE	12	11	16		5
Jigawa State	NW	44	42	42		0
Kaduna State	NW	58	22	25		3
Kano State	NW	58	31	38		8
Katsina State	NW	46	39	27		-13
Kebbi State	NW	39	46	41		-6
Kogi State	NC	15	10	21		11
Kwara State	NC	14	19	25		6
Lagos State	SW	13	13	14		1
Nassarawa State	NC	21	21	23		2
Niger State	NC	26	14	24		9
Ogun State	SW	18	16	24		8
Ondo State	SW	13	12	18		6
Osun State	SW	12	14	28		14
Oyo State	SW	18	18	26		8
Plateau State	NC	20	15	23		8
Rivers State	SS	11	7	13		6
Sokoto State	NW	38	43	25		-18
Taraba State	NE	25	22	31		10
Yobe State	NE	37	42	39		-3
Zamfara State	NW	37	33	44		12

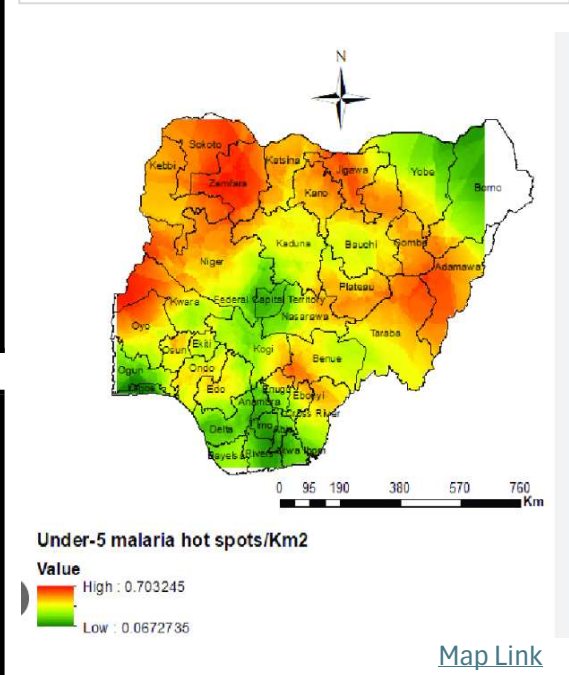
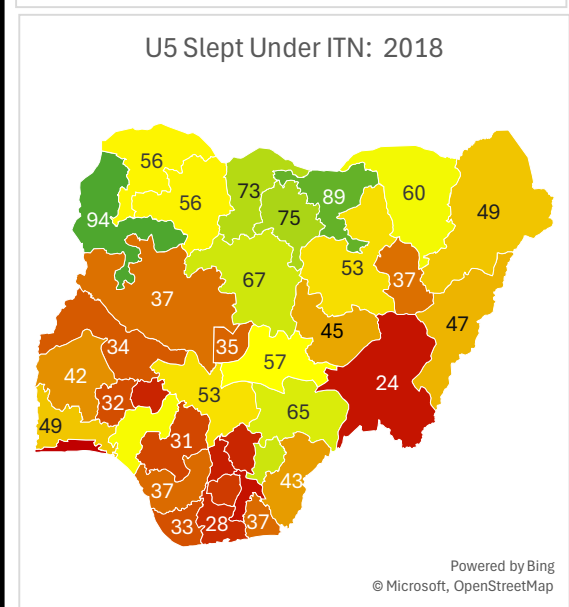
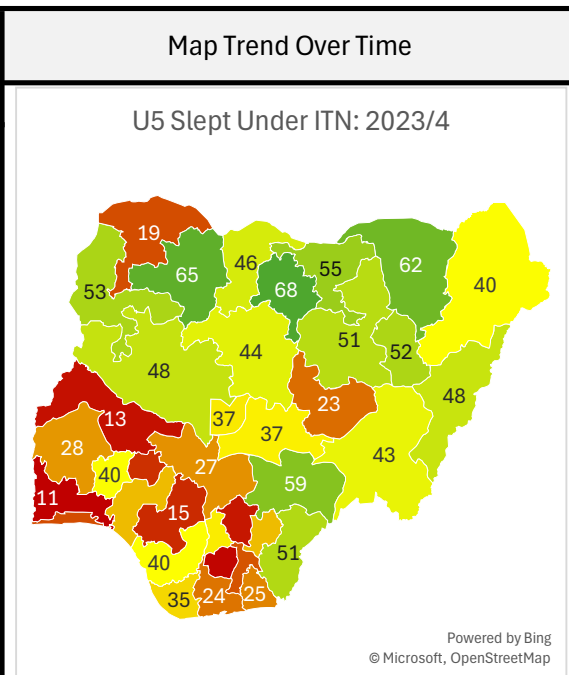


16 % of States made positive progress and 84% of States saw negative trends

Decreases greater than 10%	2 States	5% of States
Decreases between 5% and 10%	1 States	3% of States
Decreases between 0 and 5%	3 States	8% of States
Increases between 0 and 5%	11 States	30% of States
Increases between 5 and 10%	15 States	41% of States
Increases greater than 10%	5 States	14% of States



U5 Malaria	Zone	2013	2018	2023/24	Trend	% Change from 2018
National		17	52	43		-10
Abia State	SE	24	24	20		-4
Adamawa State	NE	13	47	48		1
Akwa Ibom State	SS	15	37	25		-11
Anambra State	SE	14	25	37		12
Bauchi State	NE	7	53	51		-2
Bayelsa State	SS	24	33	35		2
Benue	NC	29	65	59		-7
Borno State	NE	11	49	40		-10
Cross River State	SS	29	43	51		8
Delta State	SS	10	37	40		3
Ebonyi State	SE	31	68	32		-36
Edo State	SS	23	31	15		-16
Ekiti State	SW	21	26	16		-10
Enugu State	SE	21	27	13		-13
Federal Capital Territory State	NC	21	35	37		1
Gombe State	NE	12	37	52		15
Imo State	SE	31	30	11		-18
Jigawa State	NW	24	89	55		-34
Kaduna State	NW	5	67	44		-23
Kano State	NW	7	75	68		-7
Katsina State	NW	29	73	46		-27
Kebbi State	NW	24	94	53		-41
Kogi State	NC	10	53	27		-26
Kwara State	NC	18	34	13		-22
Lagos State	SW	19	21	19		-2
Nassarawa State	NC	15	57	37		-20
Niger State	NC	10	37	48		11
Ogun State	SW	20	49	11		-39
Ondo State	SW	25	59	32		-27
Osun State	SW	8	32	40		7
Oyo State	SW	22	42	28		-14
Plateau State	NC	18	45	23		-22
Rivers State	SS	18	28	24		-4
Sokoto State	NW	12	56	19		-37
Taraba State	NE	15	24	43		18
Yobe State	NE	19	60	62		2
Zamfara State	NW	9	56	65		9



32 % of States made positive progress and 68% of States saw negative trends

Increases greater than 10%	4 States	11% of States
Increases between 5% and 10%	3 States	8% of States
Increases between 0 and 5%	5 States	14% of States
Decreases between 0 and 5%	4 States	11% of States
Decreases between 5 and 10%	3 States	8% of States
Decreases greater than 10%	18 States	49% of States



Chapter Five

Conclusion and Recommendations

5. Conclusion and recommendations

The 2024 State of Health Report for Nigeria provides a comprehensive overview of the nation's dynamic health landscape over the past 12 months. It highlights system-strengthening initiatives that are being delivered more efficiently and effectively under the leadership of the Government of Nigeria through a sector-wide approach. The analysis of critical health indicators and trends presented in this report offers valuable insights into the challenges and opportunities that lie ahead.

While progress has been made in areas such as immunization and maternal health, significant regional disparities remain. These disparities, often rooted in factors such as socio-economic status, access to healthcare resources, and local governance, continue to impede the achievement of national health targets. The data emphasizes the urgent need for targeted interventions to address these gaps and ensure equitable health outcomes for all Nigerians. State summary reports provide an opportunity for states to be recognized for progress, and to benchmark and learn from one another. The inclusion of citizen survey data reveals both a sense of progress and the substantial work required to strengthen the health system in the eyes of the Nigerian public, and, most importantly, with their participation and contribution. This highlights the government's commitment to incorporating citizens' voices into health system governance. The Government of Nigeria has committed more financial, human, and technical resources to health than ever before. Moving forward, it is essential to leverage these increased resources, along with the findings of this report, to inform policy decisions and healthcare improvement strategies.

Through the 2024 Health Sector Joint Annual Review, led by the HCMoHSW with stakeholders from all sectors—government, civil society, and the private sector—a number of key resolutions were agreed upon to improve coordination and service delivery in the health sector. These include:

1. In line with international commitments on donor coordination and the shift to supporting government priorities by supporting government ownership and using national systems, the meeting resolved to strengthen stakeholder coordination for improved health service delivery, ensuring alignment with the commitments outlined in the Compact. This includes:
 - Adopting SWAp behaviors through a mutual accountability alignment framework and holding all stakeholders to a Code-of-Conduct.
 - Ensuring transparency in health program resource allocation and expenditure through routine mapping and tracking process.
 - Strengthen and use national institutions and systems for efficient resource management (financial, technical, and commodities).
 -
2. The SWAp coordinating office, in collaboration with all stakeholders, will develop, disseminate and onboard a code of conduct to ensure alignment of partner coordination across states with the NHSRII Compact commitments by January 2025.
3. States commissioners, development partners, and the private sector are to facilitate the domestication and full implementation of the newly unveiled Maternal Mortality Reduction Innovation and Initiatives (MAMII) (see Appendix 1) strategy across all 36 States and the FCT.
4. To improve the coordination of HIV/AIDS and related diseases, especially at national and sub-national levels, it was resolved that for, proper delineation, NASCP/SASCPs shall focus on health-related activities, while NACA/SACAs shall focus on multisectoral coordination of the non-health sector related activities

5. To improve the quality of health services, especially at the PHC level, the ongoing training of 120,000 frontline healthcare is to be concluded by the NPHCDA and relevant stakeholders by February 2025.
6. To track the performance of the NHSRII, the FMOHSW should plan and conduct annual mini surveys which would track progress against baseline indicators, building on NDHS 2023/2024 data.
7. Future JARs should focus on evaluating health sector performance on key indicators and progress against set milestones in alignment with the NHSRII and SWAp framework - collaboratively brainstorming on innovative solutions to address ongoing challenges, disseminating best practices from the health sector across all levels; as well as celebrating exemplars, and fostering peer learning.
8. Stakeholders to be involved in JAR include Federal and State Ministries of Health and their agencies; regulatory and professional bodies; other relevant government bodies such as the Ministries of Environment, Finance, Budget and Economic Planning, Women Affairs and Social Development, pharmaceutical and technology companies, private health practitioners, Traditional leaders, donors, implementing partners, media and citizens.
9. Future JARs will begin at the State level, aligning with the annual operating plan (AOP) and budgeting cycle in Q3 (July). The national JAR will take place in Q3 (August), and key resolutions from the JARs will be integrated into the finalized AOPs for the upcoming year.

As we strive toward the goal of universal health coverage, let us be guided by the principle that health is a fundamental human right. Every Nigerian deserves access to quality healthcare services. Together, we can build a healthier, more resilient nation where all individuals have the opportunity to thrive. The journey towards improved health outcomes is a shared responsibility that requires collective action, dedication, and innovation. By working together, we can overcome the challenges we face and pave the way for a brighter, healthier future for all Nigerians.

Thank you for your commitment to the health and well-being of our nation.





Chapter Six

References

6. References

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2. National Demographic Health Survey 2018, 2023-24
3. National Population Commission Nigeria, 2020. Nigeria Population
4. Projection and Demographic Indicators - State and National. Abuja, Nigeria
5. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6347394/>
6. <https://www.clintonhealthaccess.org/policy/policy-brief-understanding-the-key-drivers-of-poor-data-quality-usability-and-use-in-kano-yobe-niger-and-lagos-nigeria/>
7. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9474830/>
8. <https://population.un.org/wpp/>



Chapter Seven

Appendix

7. Appendix

7.1 Departments of the Federal Ministry of Health & Social Welfare

The Federal Ministry of Health has a total of 13 Departments with 7 Professional and 6 Service Departments namely:



Department of Public Health

The Department of Public Health, created with the mandate to formulate public health policies and guidelines and facilitate their implementation and evaluation in Nigeria, is one of the oldest Departments in the Federal Ministry of Health. Its mandate is to coordinate the formulation of public health policies and guidelines; and support their implementation. The Department houses several National Programs including: NASCP, NTBLCP, NMEP, National EYE Health Prog., National NCD Prog., NTD Prog. etc

Dr. Chukwuma Anyaike
Director, Public Health



Department of Public Health

The Department of Family Health established in 2010 has the mandate to develop policies and support interventions related to Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health (RMNCAEH). They have the responsibility of ensuring Nigeria's actualization of Goal 3 of the Sustainable Development Goals by 2030.

Dr. Binyerem C. Ukaire, FWACS
Director, Family Health



Department of Hospital Services

The Department of Hospital Services is one of the technical) departments in the Federal Ministry of Health and has the mandates to develop policies for the tertiary level of healthcare, and also to supervise all Federal Tertiary Health hospitals, most regulatory bodies and research Institutions as well as professional bodies in the sector. The department also serves as the secretariat to the National Tertiary Health Institutions Standards Committee and other statutory health committees.

Dr. Jimoh Olawale Salaudeen mni
Director, Hospital Services



Department of Health Planning, Research & Statistics

The Health Planning, Research & Statistics Department serves as the channel through which the Ministry performs its stewardship role and other statutory responsibilities necessary for achieving the goals and objectives of the National Health Act (NHA), the National Health Policy and the National Strategic Health Plans, amongst others. The main mandate of the department is the coordination of policy development and monitoring in the health sector. The Department also houses the secretariat to key bodies such as the NCH, HDGC, HDCC, NHREC etc. It is also responsible for the preparation of FEC memos for the sector

Dr. Kamil Shoretire MBBS, MSc, MHECONS, MPA, FWACS
 Director, Health Planning Research



Department of Food and Drugs Services

The Department of Food and Drug Services was established following the excision of National Agency for Food and Drug Administration and Control (NAFDAC) from the then Food and Drug Administration and Control (FDAC) department. The Department has the mandate to develop and promote policies for access to safe and wholesome food and medicines and other health products for effective health care delivery in Nigeria.

Pharm. Dr. Olubunmi Aribeara
 Director, Food and Drug Services



Department of Traditional, Complimentary & Alternative Medicine

The Traditional, Complementary and Alternative Medicines Department came into being following the approval by the Head of Service in 2018. The Department is mandated to develop policies for traditional complementary and alternative medicines arm of the national health system with focus on TCAM development and economic benefits. The department's mandates also include promoting herbal medicine product development and commercialization, and accelerating the integration of Traditional Medicine into the conventional healthcare system of the country.

Pharm. Tile T. Titus
 Director, Traditionnal Complementary Alternative Medicine (TCAM)



Department of Human Resources Management

The Human Resources Management Department collaborates with the Office of the Head of Civil Service of the Federation and Federal Civil Service Commission to manage all staff matters of the Ministry and most of its Agencies and Parastatals. The responsibilities include, recruitment, training and development, employee relations and engagement, compensation and benefits and recently, performance management.

Tetshoma Temietan Dafeta
Director, Human Resource Management



Department of Finance and Accounts

The Department of Finance and Accounts is responsible for coordinating all budgetary, financial payments, financial reporting, payroll, and all accounting matters of the Ministry and its Agencies and parastatals. The department is also responsible for managing tax matters of the Ministry and ensuring compliance with all financial regulations.

Bakre Modupe Julianah (FCA)
Director, Finance and Account



Department of Information and Communication Technology

The Information and Communication Technology (ICT) Department, one of the services Departments in the Ministry, was created to ensure effective development and deployment of ICT in the Ministry and the Health sector at large. The Department is responsible for all ICT related matters and provides ICT support services to the Ministry.

Ramatu U. Bello
Head ICT

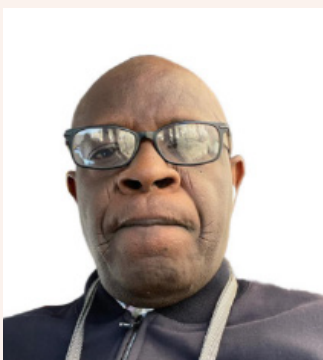


Department of Reforms Coordination and Service Improvement

The Department of Reforms Coordination and Service Improvement serves as a focal point for driving all changes, reforms, innovation and improvement efforts within the Ministry in line with the overall framework set by BPSR, OHCSF and other Central Agencies of Government. The department also houses the SERVICOM unit which has the mandate to uphold the formal agreement between the Nigerian people and the Federal Government of Nigeria. The role of the desk in the Ministry include:

- Ensuring that citizens understand their rights to public services and the standards they should expect
- Promoting effective service delivery in the Ministry
- Ensuring that citizens are satisfied with the services they receive from the Ministry
- Managing the gap between citizens' expectations and the performance of the Ministry

Ali Abdul Zaki
Head RC&SI



Department of Procurement

The Procurement Department is one of the Service Departments of the Ministry. The Department was established as part of the implementation of the Public Procurement Act, 2007. It provides services to all other Departments, Units, Parastatals and Agencies of the Ministry in line with the Provisions of the Public Procurement Act, 2007 and extant guidelines on public health procurement.

Mr. Mahammed Abdulahi
Director, Procurement



Department of Nutrition

The Nutrition Department was established in November 2023 with the mandate to formulate policies, guidelines, strategies, protocols, training and data management tools and systems on nutrition programmes in Nigeria. Other responsibilities of the Department include to advocate for required resources for health sector nutrition programmes at all levels, coordinate the development of human resource competency for nutrition services among other responsibilities.

Since its establishment. The department The Nutrition Department programming is guided by the National Strategic Plan of Action for Nutrition 2021-2025, which focuses on eight areas of interventions and targets, namely: Maternal Infant and Young Child Nutrition; School Age, Adolescent, and Elderly Nutrition; Integrated Management of Moderate and Acute Malnutrition in Children aged 6- 59 months; Micronutrient Deficiency and Control; Diet Related Non-Communicable Diseases; Nutrition Information Systems; Nutrition in Emergency; as well as Nutrition Logistics Commodities Management Systems. The Department houses the outgoing ANRiN program and the National Nutrition Program.

Ladidi K. Bako-Aiyegbusi mni
Director, Nutrition



Department of General Services

The Department of General Services (DGS) is responsible for overseeing and managing a wide range of services and functions of general nature to the Ministry. They include transport administration, facilities management, utility services, supervision of jobs and contractors handling repairs and maintenance works, among others. The Department also acts as the central hub for the provision of services needed to enhance the operation of other Departments in the Ministry.

Mr. Suleiman Umar
Director, General Service

7.2 Units of the Federal Ministry of Health

In addition to the Departments, the Ministry has the following units:



Public Private Partnership/Diaspora

The PPP/DIASPORA unit has two arms; the Diaspora Matters and Public Private Partnership matters. The specialized unit is situated under the office of the Permanent Secretary due to the creation of the Public Private Partnership unit in line with the directive of the former Head of Service of the Federation in November 2012 to avoid bureaucracy and unnecessary delays.

The Unit is responsible for the coordination of private sector partnerships with the Ministry and its Agencies and Parastatals. It also coordinates partnerships with Nigerian health practitioners in diaspora.

Professor Sydney Ibeanusi
Director, PPP/Diaspora FMOH



Special Projects

The Special Projects unit is responsible for the development and support implementation of policies and strategies on health-related humanitarian crises including man-made and natural disasters (armed conflicts, floods, building collapses, etc.)

Dr. Charles Nzelu
Director, Special Projects



Legal Service

The Legal Services Unit of the Federal Ministry of Health is an extension of the Chamber of the Attorney General of the Federation and Minister of Justice; hence it serves as its liaison office. The mandate of the Legal Services Unit is to provide high quality legal services to the Federal Ministry and all its Parastatals and Agencies as expected from the office of the Attorney General of the Federation. It is the legal office of the Federal Ministry of Health and Social Welfare.

Mr. Oluwatobi Adewale Omosa
Director, Legal



Media & Press

The Media and Press unit is responsible for promoting the image of the Ministry and all engagements with the print, electronic and social media.

Alaba Ramon Balogun
Head-Media & Public Relations



Audit Unit

The Audit unit is responsible for independent assessment of the Ministry's risk management, governance, and internal control processes especially in regards to financial processes. Some specific roles include identifying risks, educating top management and staff, evaluating processes and ensuring compliance with financial regulations.

Etu-Efeotor Samuel Obukohwo
Director, Internal Audit



Anti-Corruption & Transparency Unit – ACTU

The Anti-corruption and Transparency Unit (ACTU) has the mandate to ensure accountability and transparency in the application of funds, human and material resources for development in the nation’s health sector. The unit has the responsibility of ensuring accessibility to health service delivery through effective monitoring of procurement, supply and utilization of medical hardware and consumables especially in undeserved, rural and hard-to-reach communities in Nigeria.

Mr Ikubolaji Adeyemi Enoch
Head, Anti-Corruption and Transparency Unit (ACTU)



Sector Wide Approach (SWAp) Coordination Office

The SWAp Coordination Office is responsible for overseeing and coordinating a comprehensive strategy to improve the country’s healthcare system by aligning efforts across all levels of government, development partners, and relevant stakeholders, aiming to achieve better health outcomes through a unified approach to resource allocation and policy implementation; essentially acting as a central hub to manage and drive the "Sector Wide Approach" to healthcare reform in Nigeria.

Dr. Muntaqa Umar Sadiq
National Coordinator (SWAp)



Presidential Initiative for Unlocking the Healthcare Value Chain – PVAC

PVAC is a strategic government effort aimed at transforming Nigeria’s healthcare ecosystem and establishing the nation as a global hub for health product and technology manufacturing. Inaugurated by His Excellency, President Bola Ahmed Tinubu, as a cornerstone of the Renewed Hope Agenda in October 2023, PVAC operates under the auspices of the Federal Ministry of Health & Social Welfare.

Dr. Abdu Mukhtar
National Coordinator. (PVAC)

7.3 Agencies of the Federal Ministry of Health and Social Welfare

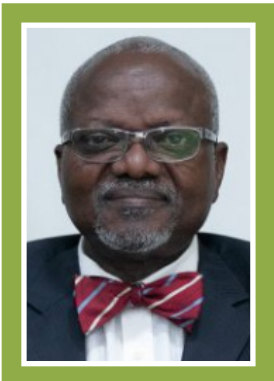
The Ministry has 9 Agencies under its supervision. They include:

National Primary Health Care Development Agency



Dr. Muyi Aina
ED/CEO, NPHCDA

Nigeria Institute of Medical Research



Prof. John Oladapo Obafunwa
DG/CEO

National Health Insurance Scheme



Dr. Kelechi Ohiri
DG, NHIA

National Agency for Food & Drug Administration and Control



Prof. Moji Adeyeye
DG

National Institute for Pharmaceutical Research and Development,



Dr. Obi Peter Adigwe
DG

National Blood Service Agency (NBSA)



Dr. Saleh Yuguda
DG

Nigeria Centre for Disease Control (NCDC)



Dr. Jide Idris
DG, NCDC

National Agency for the Control of AIDS (NACA)



Dr. Temitope Ilori
DG, NACA

National Institute for Cancer Research and Treatment (NICRAT)



Dr Usman Mallam Aliyu
DG

7.4 Regulatory Bodies, Teaching Hospitals, Federal Medical Centers, Specialty Hospitals and Training Institutions

The Federal Ministry of Health has under its supervision 14 Professional Regulatory Bodies, 33 Federal Teaching Hospitals, 24 Federal Medical Centres, 22 Specialty Hospitals, 5 Federal Staff Clinics, and 13 Training Institutions spread across the Country.

Medical and Dental Council of Nigeria	Dr. Fatima Kyari Registrar/CEO
Nursing and Midwifery Council of Nigeria	Faruk Umar Abubakar SG/Registrar
Pharmacists Council of Nigeria	Pharm. Ibrahim B. Ahmed Registrar
Dental Technologist Registration Board	Alh. Idris B. Ahmed Registrar
Community Health Practitioners Registration Boards	Shiono Benibor Registrar/CEO
Medical Lab Council of Nigeria	Dr. Tosan Erhabor Registrar
Radiographers Registration Board	Dr. Mark Chukwudi Okeji Registrar
Optometrists and Dispensing Opticians Board	Dr. Obinna E. Awakiar Registrar/CEO
Institute of Public Analysts of Nigeria	Aliyu A. Angara Registrar
Dental Therapists Registration Board	Mrs. Omowumi M. Ojoj Registrar/CEO
Medical Rehabilitation Therapy Board	Prof. Rufai Yusuf Ahmad Registrar/CEO
Institute of Chartered Chemists of Nigeria	Chem. Wilford Jwalshik Registrar/CEO
Environmental Health Officers Registration Council of Nigeria	Dr. Yakubu B. Mohammed Registrar
National Postgraduate Medical College of Nigeria	Prof. F.A. Arogundade President
Records Officers' Registration Board of Nigeria (HRORBN)	Alh. Babagana Mustapha Registrar/CEO

7.5 Federal Tertiary Health Institutions

Teaching Hospitals	Federal Medical Centers	Specialty Hospitals	Training Institutions
Ahmadu Bello University Teaching Hospital, Zaria	FMC Abeokuta	National Orthopaedic Hospital, Dala, Kano	Federal School of Dental Technology and Therapy Enugu
Aminu Kano Teaching Hospital, Kano	FMC Asaba	National Orthopaedic Hospital, Enugu	National Health Equipment Training Centres (NHETC), Zaria
Abubakar Tafawa Balewa University Teaching Hospital, Bauchi	FMC Azare	National Orthopaedic Hospital, Igbobi	National Health Equipment Training Centres (NHETC), Lagos
Irrua Specialist Teaching Hospital, Irrua	FMC Bida	Federal Neuro Psychiatric Hospital, Aro, Abeokuta	Federal School of Radiography, Yaba, Lagos
Jos University Teaching Hospital, Jos	FMC Birnin Kebbi	Federal Neuro Psychiatric Hospital, Uselu Beninio	Nurse Tutors Programme Akoka, Lagos
Lagos University Teaching Hospital, Idi-Araba	FMC Birnin Kudu	Federal Neuro Psychiatric Hospital, Calabar	Federal College Of Complementary And Alternative Medicine, Nigeria
Nnamdi Azikiwe University Teaching Hospital, Nnewi	FMC Ebute Metta	Federal Neuro Psychiatric Hospital, Enugu	National Health Equipment Training Centres (NHETC), Enugu
Obafemi Awolowo University Teaching Hospital, Ife	FMC Gusau	Federal Neuro Psychiatric Hospital, Kaduna	National Health Equipment Training Centres (NHETC), Maiduguri
University of Abuja Teaching Hospital, Abuja	FMC Jabi	Federal Neuro Psychiatric Hospital, Maiduguri	PHC Tutors Programme UCH, Ibadan
University of Benin Teaching Hospital, Benin	FMC Jalingo	Federal Neuro Psychiatric Hospital, Sokoto	Federal School of Occupational Therapy, Yaba
University College Hospital, Ibadan	FMC Katsina	Federal Neuro Psychiatric Hospital, Yaba, Lagos	Nurse Tutors Programme, Kaduna
University of Calabar Teaching Hospital, Calabar	FMC Keffi	National Ear Care Centre, Kaduna	National Post-Graduate Medical College of Nigeria Ijanikin, Lagos
Usman Dan Fodio University Teaching Hospital, Sokoto	FMC Lokoja	National Eye Centre, Kaduna	Community Health Tutors Programme UCH, Ibadan
University of Ilorin Teaching Hospital, Ilorin	FMC Makurdi	National Obstetric Fistula Centre, Abakaliki	Nurse Tutors Programme, Enugu
University of Maiduguri Teaching Hospital, Maiduguri	FMC Nguru	National Obstetric Fistula Centre, Baban Ruga, Katsina	Nurse Tutors Programme, Ibadan
University of Nigeria Teaching Hospital, Enugu	FMC Owerri	National Obstetric Fistula Centre, Ningi	National Health Equipment Training Centres (NHETC), Benin
University of Port Harcourt Teaching Hospital, Port Harcourt	FMC Owo	National TB and Leprosy Referral Hospital and Training, Zaria	Institute of Forensic Science Laboratory, Oshodi
University of Uyo Teaching Hospital, Uyo	FMC Umuahia		Inter Country Centre for Oral Health, Jos

National Hospital, Abuja	FMC Yenagoa		
Federal Teaching Hospital, Abakaliki	FMC Yola		

7.6 National Health Programmes

<p>Basic Health Care Provision Fund (BHCPF)</p> <p>Dr. Muktar Yawale MOC Secretary:</p>	<p>The Basic Health Care Provision Fund (BHCPF) is a federal program in Nigeria that aims to improve access to health care for all citizens. The BHCPF was established in 2014 by the National Health Act, and is funded by a combination of government grants, international donations, and private sector contributions</p>
<p>National Malaria Elimination Programme (NMEP)</p> <p>Dr. Godwin Ntadom National Program Coordinator</p>	<p>The National Malaria Elimination Programme (NMEP) is one of the Divisions of the Department of Public Health, Federal Ministry of Health (FMOH). The program has the responsibility of Malaria elimination in Nigeria. The programme enjoys support majorly from Global Fund, US Presidential Malaria Initiative (PMI), World Bank, African Development Bank, Paths Macepa and the Federal Government of Nigeria (FGoN). The NMEP is also a recipient of funding from Corporate organizations and philanthropists such as Dangote Foundation etc. The programme is made up of the following branches: Integrated Vector Management (IVM); Procurement Supply chain Management (PSM); Programme Management (PM) and Case Management (CM). The programme is active nationwide.</p>
<p>National HIV/AIDS Control Programme (NASCP)</p> <p>Dr. Adebola Bashorun National Program Coordinator</p>	<p>The National AIDS/STIs Control Programme (NASCP) of the Federal Ministry of Health established in 1987 has the mandate to coordinate the health sector response to HIV/AIDS in Nigeria across the 36 States and the FCT as well as coordinate the activities for the control of sexually transmitted infections (STIs) and Hepatitis. The programme is also majorly by the Global Fund, World Bank, and the Federal Government of Nigeria (FGoN)</p>
<p>National Tuberculosis and Leprosy Control Programme (NTLCP)</p> <p>Dr. Labaran Shehu National Program Coordinator</p>	<p>The NTLCP is established with the goal to significantly reduce the burden, socio-economic impact and transmission of Tuberculosis, Leprosy and Buruli Ulcer in Nigeria in line with the Sustainable Development Goals (SDGs) and End TB Strategy Targets. It also has the objective to prevent and reduce the impairments associated with leprosy and Buruli ulcer as well as provide appropriate rehabilitation for people affected by the diseases.</p>
<p>National Cancer/Nuclear Medicine Programme</p> <p>Dr. Uchechukwu Emmanuel Nwokwu National Program Coordinator</p>	<p>The National Cancer Control Programme (NCCP) is established to develop, coordinate, and support the implementation activities for the prevention and control of cancers in Nigeria. The NCCP in 2020 expanded the implementation/expansion of Cancer Access Partnership (CAP) Programme and Cancer Health Management Fund (CHF). Of the over 1,800 patients enrolled for the Fund, at least 400 have received financing for their treatment..</p>
<p>National Eye Health Programme</p> <p>Dr. Oteri O National Program Coordinator</p>	<p>The NEHP Programme is established to provide the governance framework for best practices and enhance competency-based leadership in integrated eye health, encompassing optical, optometric, ophthalmic nursing, medical and surgical ophthalmology, and all allied healthcare services related to eye health. In 2024, the NEHP successfully marked World Sight Day, with activities in select schools; implemented a sensitization training workshop on national guidelines for screening and management of diabetic retinopathy; successfully validated the Primary Eye Care Manual, with stakeholders present; and launched the Effective Spectacle Coverage Initiative, Nigeria (ESCIN), an initiative of His Excellency, President Bola Ahmed Tinubu.</p>

<p>National Product Supply Chain Management Programme [NPSCMP]</p> <p>Dr. Ibrinke Akinleye National Program Coordinator</p>	<p>The NPSCMP has the mandate to develop policies at Federal and State levels that will ensure the coordination of PSM in Nigeria; ensure a robust and all-inclusive Last Mile distribution network of medicines and other health commodities to all health facilities in the country. It is also responsible for implementation of an integrated inventory management system in the country(NHLMIS) and strengthening of human capacity development for Public Health Sector Commodity management in Nigeria among others responsibilities. In 2020 the programme developed the National Health Supply Chain Strategic Plan document (2021-2025); Harmonized Standard Operating Procedure (SOP) for Logistics Management of Pharmaceutical and other Healthcare Products; and a blueprint for state-level sustainable medicines supply system for the proposed integration of public health commodities and essential medicines. The Programme also undertook the design harmonized and optimized warehouse and distribution system.</p>
<p>Accelerated Nutrition Results in Nigeria Programme</p> <p>Dr. Solanke Ojuolape National Program Coordinator</p>	
<p>Non-Communicable Disease Program</p> <p>Dr. Muhammad Ahmad Ozi National Program Coordinator</p>	
<p>Neglected Tropical Disease (NTD) Program</p> <p>Mr. Fatai Oyediran National Program Coordinator</p>	

7.7 Partners of the Health Sector

7.7.1 Donors



7.7.2 Development Partners



7.7.3 Local NGOs/Private sector/Civil Society Organizations



7.7.4 Other Partners



7.8 List of Contributors

Names	Organizations
Daju Kachollom S. mni	Federal Ministry of Health & Social Welfare
Dr Kamil Shoretire	Federal Ministry of Health & Social Welfare
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Dr. Adaeze Okonkwo	Federal Ministry of Health & Social Welfare
Dr. Adeyinka Odejimi	Federal Ministry of Health & Social Welfare
Mr. John O. Bisong	Federal Ministry of Health & Social Welfare
Dr. Eko David Iyam	Federal Ministry of Health & Social Welfare
Ms Jacinta O. Igbigi	Federal Ministry of Health & Social Welfare
Mrs. Ikechebelu Adaobi	Federal Ministry of Health & Social Welfare
Mrs. Adagi Jonathan Hannah	Federal Ministry of Health & Social Welfare
Mr. Jephter Lere	Federal Ministry of Health & Social Welfare
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Mrs. Yetunde Hussein	Federal Ministry of Health & Social Welfare
Ms. Dantani Yemi	Federal Ministry of Health & Social Welfare
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Lawal Temitayo Victor	Clinton Health Access Initiative
Mr. Ikechukwu Onyejekue	EYEMARK
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Ash Shah	The Gates Foundation
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