World Health Organization

Country Cooperation Strategy *at a glance*

Nigeria

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Total population (thousands) (2007)[1]	**140 431 (M - 71,345; F - 69,086)**
GDP per capita (PPP US$) (2006)[2]	**1852**
Under-5 mortality rate (2007)[3]	**189 (per 1000 live births)**
Neonatal mortality rate (2004)[3]	**47 (per 1000 live births)**
Life expectancy at birth (years) (2007)[3]	**47**
Maternal Mortality Ratio (2005)[4]	**800(deaths per 100 000 live births)**
Adult (15+) literacy rate (%) (2006)[2]	**71.0**
HIV prevalence rate (2008)[1]	**4.6%**
Children underweight for age (2006)[2]	**29 (% ages 0-5)**
Human Development Index[2]	**0.499 (154th out of 179 countries with data)**

Sources :
1. Nat population commission
2. UNDP Human Development Report 2008
3. UNICEF (http://www.unicef.org/infobycountry/nigeria_statistics.html)
4. World health Statistics 2006

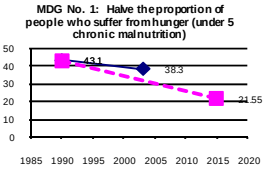
The Federal Republic of Nigeria has judicial, legislative and executive arms of government at Federal and 36 State levels. The legislative arm of Government comprises the Senate and the House of Representatives. Each State has an elected Executive Governor, an Executive Council and a House of Assembly with powers to make laws. Each of the 774 Local Government Areas (LGA) is administered by an elected executive chairman and elected legislative council members from electoral wards which are the lowest political units. There are 9572 political wards in Nigeria which is also the lowest unit of health services delivery. The State governments have substantial autonomy and exercise considerable authority over the allocation and utilization of their resources. This arrangement constrains the leverage that Federal Government has over state and local governments in terms of getting them to invest in social sector including health. Macroeconomic performance between 2000 and 2007 appears remarkable. GDP growth was positive through the entire period, attaining an annual average growth rate of 5.7%. Although oil continued to be the main driver of the economy, the non-oil sector grew from 2.9% in 2001 to 9% in 2006. Despite high income from crude oil sales and high external reserves, there is still a high incidence of poverty. The economic growth has not improved the welfare of the majority of people; socioeconomic policies, and programmes designed to reach the poor and the most vulnerable groups in society are therefore needed.

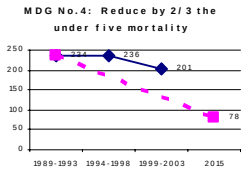
HEALTH & DEVELOPMENT

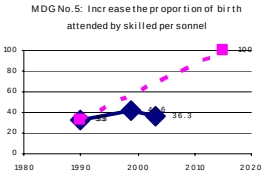
Most of the health and developmental challenges in Nigeria over the period of the first Country Cooperation Strategy (2002-2007) have not changed significantly. Nigeria is on track toward achieving, in part or in whole, only three out of the eight MDGs, namely, basic education, HIV prevalence and the global partnership for development. The Government has, with its development partners initiated processes to address this. A number of interventions such as Reaching Every Ward (REW), Integrated Management of Childhood Illness (IMCI) Strategy, and lately Integrated Maternal Neonatal and Child Health (IMNCH) strategy have been implemented as a drive towards the achievement of the goals.
Government has developed guidelines for the intensification of Integrated Diseases Surveillance and Response (IDSR). Five epidemic prone diseases (cholera, cerebrospinal meningitis (CSM), measles, Lassa fever and yellow fever) are now being reported weekly. Twenty three diseases are now on a list of notifiable diseases. Completeness, timeliness and quality still remain challenges.

Progress towards the Millennium Development Goals (MDGs) in Nigeria

The 4 MDGs that are directly related to health: (i) eradicate extreme poverty and hunger in the world; (ii) reduce child mortality; (iii) improve maternal health; and (iv) combat HIV/AIDS, malaria and other diseases.







Sources: National Demographic and Health Survey 1990, 1999, 2003.
Source: Federal Ministry of Health and World Bank. 2005. Nigeria, Health, Nutrition, and Population Country Status Report

Health funding in Nigeria relies on a mixture of government budget, health insurance (social and private), external funding and private out-of-pocket spending. The level of spending on health is relatively low at less than 5% of gross domestic product (GDP). Household out-of-pocket expenditure as a proportion of total health expenditure averaged 64.5% between 1998 and 2002, which is very high. It is estimated that on average healthcare consumes more than half of total household expenditure in about 4% of cases and over a quarter in 12%.

OPPORTUNITIES	CHALLENGES
• Strong government ownership of the health reform agenda and formal commitment to strengthen the health systems using Primary Health Care; • Nigeria has signed onto the International Health Partnerships (IHP+) Global Compact and is in the process of developing a national strategic health and investment plan; • The strong focus on the President's 7 point agenda for health development; • The Country Strategy contributes to the Nigeria UNDAF2 2009-2012 that articulates the commitment of UN Country Team to supporting the efforts of the government of Nigeria toward attaining the goals contained in the National Economic Empowerment and Development Strategy (NEEDS2) 2008 – 2011 and provides the framework for the harmonization of the work of UN agencies in the country.	• Low population coverage with unequal access to adequate health services, clean water and sanitation; • Strengthening the LGAs and the Ward Health Systems to deliver comprehensive primary health care; • Inadequate health information systems for monitoring and analysis of health indicators; • Human Resource capacity development throughout the health sector. Need for intensive recruitment of national staff to fill of the established posts at the periphery; • Channeling the available substantive internal resources to deliver essential services and available technologies.

PARTNERS

The synergy that will result from working with other agencies that are active in the health sector is recognized. The UNDAF captures the linkages with development partners and the UN system (UNICEF; UNFPA; UNDP and UNAIDS) in particular. UNDAF2 provides a unique opportunity for the UN system in Nigeria to work together to "deliver as one" in 6 states and the Federal Capital Territory (FCT).

With active participation and support from WHO, other coordination platforms have been developed and strengthened. The ICC, Country Coordinating Mechanism (CCM), Health Systems Forum, Malaria Partnership; IMNCH partnership are examples. These platforms especially the CCM has moved ahead to develop a system based on the "three ones" for HIV/AIDS as the basis for support to implementation of activities. In some states, partners (including DFID, CIDA, the UN System, USAID and the World Bank) are working under the leadership of the State governments towards what might eventually be a Health Sector-Wide Approach (SWAp).

OPPORTUNITIES	CHALLENGES
• UNDAF2 defining the 'collective work' and 'collective responsibility' in working as 'One UN' at the Federal and State levels • Increasing use of structures like Health Partners Coordination Committee (HPCC) and Health Systems Forum (HSF) to coordinate development activities • Increasing Federal Government commitment to driving coordination of partners	• Getting all partners committed to the process of harmonization and alignment. • Implementing Partners adopting States for rapid results and fragmenting service delivery • Global financial crisis affecting foreign aid flows

WHO STRATEGIC AGENDA (2008-2014)

The current CCS will focus on the following *Strategic Agenda:*

- **Improving stewardship/governance.** In particular the areas of focus are to assist ministries of health (at Federal and States) in developing enabling management tools, policies and legislation; in developing medium term plans and expenditure frameworks; in collaborating with other sectors; in advocating to government; in improving health security and the management of emergencies.
- **Strengthening health systems within the context of Primary Health Care.** The WHO Country Office will advocate for the passing of the National Health Bill. It will support the FMOH in developing the National Strategic Health Development Plan (NSHDP); evaluate implementation of the National Health policy and give technical support to important federal and state policy organs; assist in developing a health workforce management system; assist with strategies to improve the availability of essential medicines and health technologies; strengthen health information systems and research; assist with institutionalizing health accounts at national and state levels; support the implementation of national strategic health financing policy and the national health insurance scheme.
- **Scaling up priority interventions**. The WHO Country Office will focus on interventions in polio eradication and routine immunization, malaria, tuberculosis, HIV/AIDS and on the implementation of integrated maternal newborn and child health strategies. WHO will support capacity building to harmonize and expand the current IDSR system.
- **Addressing the social determinants of health**. WHO will do this through providing support for Health Promotion and its integration into disease control programmes and support for the MOH in promotion of intersectoral collaboration; WHO will support the MOH in its promotion of healthy cities and villages, healthy workplace programmes and health promoting schools initiatives; WHO will support strengthening of the poverty reduction, rights based and gender dimensions of priority health programmes.
- **Partnerships coordination and resource mobilization.** To improve partnerships and coordination, WHO will carry out these strategic priorities in partnership with bilateral, multilateral organizations and donors and local and international NGOs and work with the MOH to broaden such partnerships; WHO will continue to play an active role in UNDAF2. To support resource mobilization WHO will work with other partners to continue to support the MOH in its advocacy for resource mobilization at all levels of government; work to facilitate access to funds from the various international health partnerships; work with relevant bodies at federal and state levels to generate evidence about the economic burden of diseases and assist in using this for advocacy; assist with monitoring the impact of health resources on developmental goals.



ADDITIONAL INFORMATION

WHO country page: **http://www.who.int/countries/nga**

This brief is available online at **http://www.who.int/countryfocus** Updated: May 2009
WHO/DGR/CCO/09.03/Nigeria