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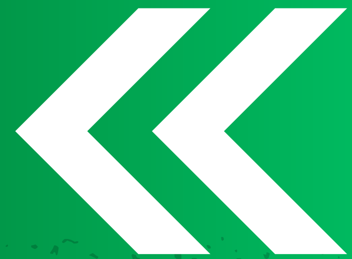
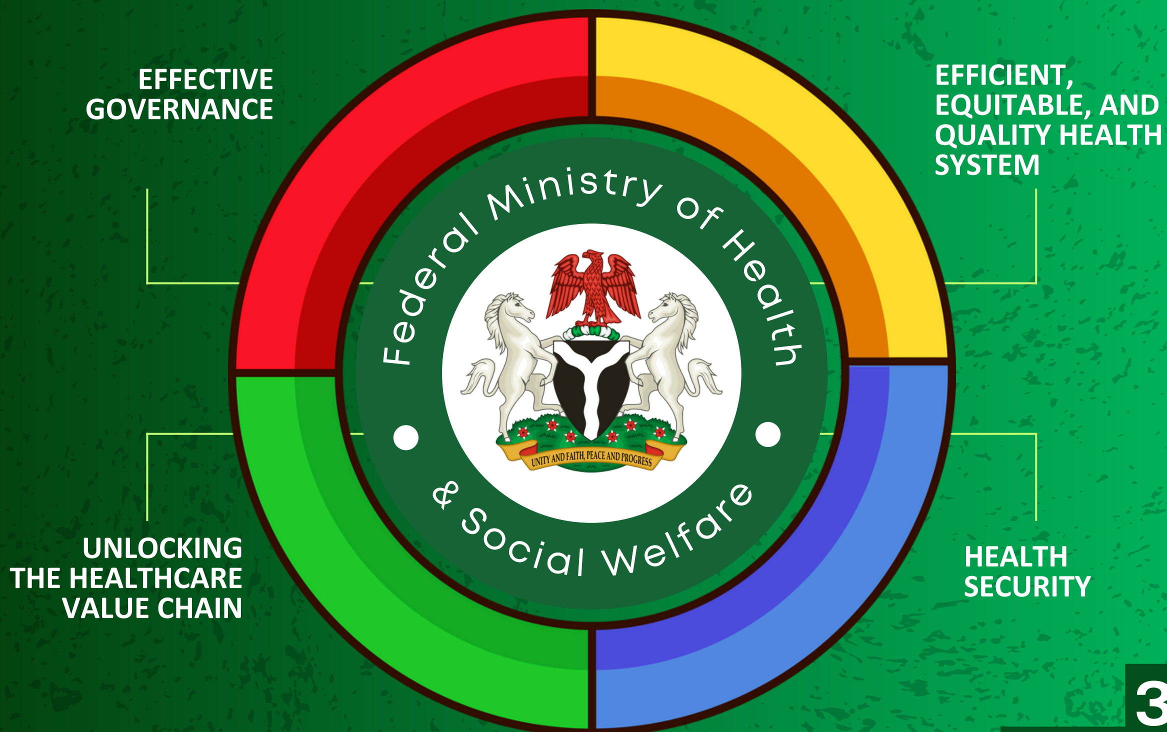


# NIGERIA HEALTH INTELLIGENCE REPORT

## HEALTH IN VIEW: INSIGHTS INTO NIGERIA'S HEALTH SECTOR TRANSFORMATION




3RD EDITION

DECEMBER 2025

# Table of Contents

***Executive Summary*** ........ 1

***Introduction*** ........ 3

***Objectives*** ........ 4

***Methodology and Data Sources*** ........ 5

***AGENDA 1: Effective Governance*** ........ 7

Informed Commentary and Insights – Effective Governance ........10

Recommendations on the Implementation of Effective Governance ........ 11

***Agenda 2: Efficient, Equitable and Quality Health System*** ........ 12

Informed Commentary and Insights – Efficient, Equitable and Quality Health System ....19

What is the Community Saying? ........ 19

Recommendations on the Implementation of Efficient, Equitable and Quality Health System ........ 23

***Agenda 3 – Unlocking Health Value Chains*** ........ 25

Informed Commentary and Insights – Unlocking Health Value Chains ........ 29

Recommendation – Unlocking Health Value Chains ........ 30

***Agenda 4 - Strengthening Nigeria's Health Security*** ........31

***Conclusion*** ........ 36

***Nigeria Health Watch Community Listening Insights*** ........ 37

# Acronyms

***FG–Federal Government***

***FMoHSW – Federal Ministry of Health and Social Welfare***

***NPHCDA – National Primary Health Care Development Agency***

***NHIA – National Health Insurance Authority***

***NCDC – Nigeria Centre for Disease Control and Prevention***

***NAFDAC – National Agency for Food and Drug Administration and Control***

***NHREC – National Health Research Ethics Committee***

***NSIA – Nigeria Sovereign Investment Authority***

***BCDA – Border Communities Development Agency***

***NCC – Nigerian Communications Commission***

***ICPC – Independent Corrupt Practices Commission***

***FMC – Federal Medical Centre***

***UATH – University of Abuja Teaching Hospital***

***BHCPF – Basic Health Care Provision Fund***

***VGF – Vulnerable Group Fund***

***SWAp – Sector-Wide Approach***

***MAMII – Maternal and Neonatal Mortality Reduction Innovation and Initiative***

***HSS3 – Health Systems Strengthening 3 (Gavi)***

***ANRiN – Accelerating Nutrition Results in Nigeria***

***RHHC – Renewed Hope Health Connect***

***PVAC – Presidential Initiative for Unlocking the Healthcare Value Chain***

***PECCiN – Partnership to Eliminate Cervical Cancer in Nigeria***

***SPARK – Supporting Innovative Pharmaceutical Research and Knowledge (SPARK Global/ Nigeria Program)***

***GELA – Global Evidence, Local Adaptation Project***

***CoP – Community of Practice***

***NDHI – Nigeria Digital Health Infrastructure***

***HCX – Health Claims Exchange***

***HIE – Health Information Exchange***

***ECMS – Enterprise Content Management System***

***DHIS – District Health Information System***

***SORMAS – Surveillance Outbreak Response Management and Analysis System***

***PHEM – Public Health Emergency Management***

***AMEN – Accelerated Malaria Elimination in Nigeria***

***HIV – Human Immunodeficiency Virus***

***ART – Antiretroviral Therapy***

***PMTCT – Prevention of Mother-to-Child Transmission***

***E-PMTCT – Expanded PMTCT Technical Working Group***

*ODF – Open Defecation Free*

*TB – Tuberculosis*

*Men5CV – Pentavalent Meningococcal Conjugate Vaccine*

*AfCFTA – African Continental Free Trade Area*

*Afreximbank – African Export–Import Bank*

*HBA Africa – Health Business Alliance Africa*

*HFN – Healthcare Federation of Nigeria*

*WACS – West African College of Surgeons*

*UNICEF – United Nations Children's Fund*

*WHO – World Health Organization*

*CROWN – Community Reorientation Women's Network*

*CHAI – Clinton Health Access Initiative*

*NEWSAN – Network of Water and Sanitation*

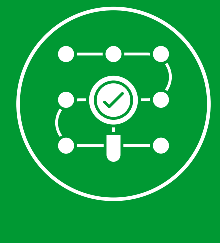
*NISONM – Nigerian Society of Neonatal Medicine*

*NDHS – National Demographic and Health Survey*

## Executive Summary

The third edition of the Nigeria Health Intelligence Report reviews national and subnational progress under the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and its 4- Point Agenda:

**Under Agenda 1 (Effective Governance),** reforms are shifting from policy intent to execution. The Joint Annual Review has strengthened coordination and accountability, while all 36 states and the FCT now align Annual Operational Plans with national priorities. Digital governance tools including the PHC Performance Dashboard, Mini-DHIS, Enterprise Content Management Systems, and digitised research ethics review are improving transparency, routine performance tracking, and data-driven decision-making across the system.



**Progress under Agenda 2 (Efficient, Equitable and Quality Health Systems)** reflects accelerated service delivery reform driven by expanded financing, PHC revitalisation, and maternal and child health interventions. The scale-up of BHCPF disbursements, transition to performance-based Direct Facility Financing, rollout of BHCPF 2.0, and deployment of Performance and Financial Monitoring Officers indicate stronger facility-level accountability. Workforce expansion through retraining of frontline PHC workers, increased nursing enrolment, and targeted recruitment, alongside programmes such as MAMII and expanded emergency obstetric care, is strengthening the continuum of care.

**Agenda 3 (Unlocking the Healthcare Value Chain)** demonstrates a clear industrial policy shift toward localisation and supply-chain resilience. Key milestones include the commencement of local RDT kit production by CODIX BIO, expansion of domestic pharmaceutical and medical device manufacturing, pooled procurement reforms through Medipool, and targeted fiscal incentives under the Presidential Executive Order. The $75 million Afreximbank/Bank of Industry financing framework

and expanding partnerships for clinical trials and innovation reinforce Nigeria's move toward health sovereignty and reduced import dependence.

**Under Agenda 4 (Health Security),** Nigeria has strengthened preparedness and response through vaccination scale-up, nationwide rollout of SORMAS, improved laboratory coverage and accreditation, and more coordinated emergency response systems. Advances in WASH, antimicrobial resistance enforcement, and digital innovations, such as Delta State's AI- enabled Helium Doc platform demonstrate growing integration of prevention, community resilience, and technology within health security planning. Overall, progress across the four agendas signals a meaningful shift toward Universal Health Coverage, stronger domestic production, and more resilient health systems. Sustaining these gains will depend on consistent subnational execution, predictable domestic financing, and strengthened accountability mechanisms that translate national reforms into measurable improvements at facility and community levels.

# Introduction

Nigeria's health sector is undergoing accelerated reform under the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and its 4-Point Agenda: This third edition of the Nigeria Health Intelligence Report (HIR) builds on earlier analyses to examine how these reforms are translating from policy intent into implementation across national and subnational systems.

The **first edition** of the Health Intelligence Report (November 2024) introduced the NHSRII as a structural response to longstanding challenges, including high maternal and child mortality, weak primary healthcare delivery, fragmented financing, and heavy reliance on imported health commodities. It positioned the 4-Point Agenda as a necessary reset of governance, financing, service delivery, and health security, and called for urgent action to address inequities, workforce shortages, and infrastructure gaps as prerequisites for Universal Health Coverage (UHC). **The second edition** (March 2025) assessed early momentum following policy adoption and initial investment mobilisation. It documented major headline achievements, including large- scale health-sector investments, accelerated PHC revitalisation, expanded health insurance coverage, and early gains in local pharmaceutical manufacturing. However, findings from integrated community listening and perception surveys revealed persistent gaps between national reforms and frontline realities particularly around service quality, access, accountability, and trust highlighting the need for stronger subnational execution and adaptive implementation.

This third edition, covering April to December 2025, examines how government has responded to those gaps. It tracks the scale-up of subsidised healthcare for vulnerable populations, expansion of performance-based PHC financing, accelerated workforce deployment, and strengthened maternal and newborn health interventions. It also documents progress in health sovereignty through domestic manufacturing, targeted financing frameworks, and procurement reforms, alongside strengthened outbreak preparedness, digital surveillance, and emergency response capacity. Crucially, the report combines official government data, programme dashboards, and policy documents with Integrated Community Listening (ICL), social listening, and media monitoring across six states. This mixed-methods approach enables the report to move beyond outputs and investments, offering insight into how reforms are experienced, perceived, and contested at community and facility levels. Together, these perspectives position the Nigeria Health Intelligence Report as an independent, evidence-driven accountability tool, tracking not only progress under the NHSRII but also emerging implementation risks and opportunities for course correction as Nigeria advances toward UHC and a more resilient health system.

## Objectives

This third edition of the Nigeria Health Intelligence Report provides an independent, data-driven analysis of Nigeria's health sector, focusing on the progress, successes, and ongoing challenges in implementing the 4-Point Agenda under the Nigeria Health Sector Renewal Investment Initiative (NHSRII). Covering the period from April 2025 to December, 2025, the report delves into updates and achievements in the Nigeria health system. The report is intended to support informed decision-making and strategic planning by highlighting what is working, where gaps remain, and what actions are urgently needed. Its key objectives are to:

**Monitor Progress:** To track Nigeria's health sector performance in line with the NHSRII and the 4-Point Agenda, with an emphasis on measurable achievements and areas requiring further attention.

**Provide Insights**: Offer evidence-based analysis of policy implementation across national and state levels, surfacing lessons learned, persistent bottlenecks, and emerging opportunities.

**Inform and Engage:** Serve as a trusted information resource for policymakers, health professionals, development partners, and other stakeholders invested in improving Nigeria's health outcomes.

**Advocate for Action:** Highlight priority areas for immediate and strategic intervention, and present clear, actionable recommendations to strengthen health systems and accelerate progress toward Universal Health Coverage.

## Methodology and Data Sources

To ensure a robust and reliable analysis, this third edition of the Nigeria Health Intelligence Report adopts a mixed-methods approach, integrating both quantitative data and qualitative insights. This methodology enables a comprehensive evaluation of Nigeria's health sector, capturing high-level metrics while also surfacing community-level perceptions and expert viewpoints.

The following key data sources and tools were utilized:

### Social Listening:

AI-powered social listening tools were deployed to assess public sentiment and perceptions regarding Nigeria's health policies. Between April and November 2025, the tools tracked digital conversations across platforms such as X (formerly Twitter), Facebook, and LinkedIn, monitoring public discourse on health sector updates, reforms, and the implementation of the current strategic health vision. This real-time data helped identify gaps between policy intent and public reception, offering valuable insights into citizen priorities and engagement levels.

### Media Monitoring:

Systematic media monitoring was conducted to evaluate how Nigeria's health policies, particularly the 4-Point Agenda, are being communicated and received by the public. This included analysing press briefings, interviews, and official communications from the Federal Ministry of Health and Social Welfare (FMoH&SW) and its Agencies, alongside media coverage and reactions across digital platforms. The analysis captured both national-level policy narratives and grassroots perspectives.

### Community Listening:

Within the period of April and May 2025, Nigeria Health Watch conducted a community listening exercise across six focal states: Lagos, Niger, Ebonyi, Borno, Kano, and Cross River. The activity was implemented in collaboration with the respective State Ministries of Health and State Primary Health Care Development Agencies (SPHCDAs). State Health Promotion Officers (HPOs) led the data collection in selected urban and rural

LGAs, ensuring local participation and ownership. A total of 6,477 responses were gathered using a structured digital survey tool. The process employed a multi-stage cluster sampling technique to ensure geographic and demographic representation. The survey included:

Quantitative questions on healthcare-seeking behaviours, access points, and health service experiences.

Open-ended prompts that captured citizens' voices on challenges, trust in health services, and ideas for improving healthcare delivery.

This round of community listening offered valuable grassroots-level insights into public trust, equity, and health service delivery, helping to inform more responsive programming and accountability at the subnational level.

## Triangulation with Insights from Key Convenings and Official Reports:

The findings in this report are cross-referenced with key insights from official convenings, reports, press releases, dashboards such as the State of Health - JAR 2025; flagship publication by the Federal Ministry of Health and Social Welfare, the National Health Financing Policy Dialogue, NPHCDA PHC Infographic dashboard etc. This triangulation helped validate progress data, particularly in areas such as healthcare financing, PHC revitalisation, infrastructure development, and service delivery outcomes, ensuring coherence and accuracy across national-level health reporting.

# Agenda 1 Effective Governance

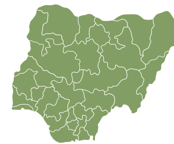
## Achievements in Summary

### Agenda 1: Effective Governance

The UHC Compact Addendum was signed expanding participation and strengthening accountability, with a commitment to operationalise by

**Q1 2026.**

**36 states + FCT**



have Annual Operation Plans (AOP) which align with the priorities of the HSSB and NSHRII.

The PHC Performance Dashboard, recently launched by NPHCDA, now enables digital ward-level monitoring.

After 7 months of the commencement of the

**774** National Health Fellows Program,

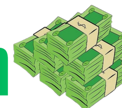
fellows are now applying their skills to community-focused problem-solving.

Inauguration of The African Medical Centre of Excellence (AMCE) with

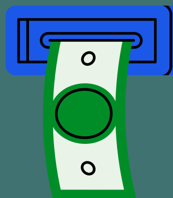
**$300 million**

Nigeria and the United States signed a landmark health-sector MoU valued at over

**$5 billion**



Nigeria is set to disburse



**$500 million**

to strengthen financial and human resource management in basic education and primary healthcare, in a world bank supported project

# Agenda 1 Effective Governance

## LEADERSHIP, POLICY AND PLANNING

- At the Africa Health Sovereignty Summit in Accra, Nigeria reaffirmed its commitment to continental health sovereignty, presenting twelve proposals that included boosting domestic financing, strengthening pharmaceutical manufacturing under AfCFTA, and mobilising a pan-African workforce.

- The UHC Compact Addendum was signed at the Joint Annual Review, expanding participation and strengthening accountability, with a commitment to operationalise by Q1 2026.

- 36 states + FCT have Annual Operation Plans (AOP) which align with the priorities of the HSSB and NSHRII.

## DATA MANAGEMENT AND DIGITALISATION

- The PHC Performance Dashboard, recently launched by NPHCDA, now enables digital ward-level monitoring, strengthening accountability and transparency

- The FMoHSW rolled out the Mini-DHIS system in July 2025. This will enhance data-driven oversight at the PHC level.

- The Ministry has also launched the Enterprise Content Management System (ECMS) to streamline workflow and document management across the civil service, modernising governance practices under the Federal Civil Service Strategy and Implementation Plan.

- Additionally, the National Health Research Ethics Committee (NHREC) has introduced an e-portal for health research ethics review, enabling online submissions, real-time tracking, and centralised communication.

- This is part of the Nigeria Digital in Health Initiative (NDHI), a national data space built on interoperability, a Health Claims Exchange, and a Health Information Exchange, designed to unify Nigeria's health data systems digitalisation by May 2027.

## GOVERNANCE AND ACCOUNTABILITY

- The SWAp Coordination Office operationalised a national Citizens Response Centre, providing a toll-free channel for inquiries, complaints, and feedback to strengthen citizen accountability and responsiveness under the Sector-Wide Approach.

- The 2025 Joint Annual Review (12–14 Nov 2025) reviewed NHSRII progress, surfaced best practices, and agreed priority performance-optimisation actions to accelerate delivery in 2026, surfaced best practices, and agreed priority performance-optimisation actions to accelerate delivery in 2026.

- After 7 months of the commencement of the 774 National Health Fellows Program, fellows are now applying their skills to community-focused problem-solving. Fellows supported routine immunisation, addressed non-compliance, conducted large-scale community and school-based health sensitisation, strengthened LGA-level data reporting, and improved PHC readiness through direct facility support.

## FINANCING AND INVESTMENTS

- The World Bank has commenced implementation of the $500 million HOPE-GOV programme, focused on strengthening financial and human resource management in basic education and primary healthcare. The funding aims to improve accountability and ensure funds and healthcare workers reach the front lines efficiently. The program is a collaborative effort with state governments, the Federal Ministry of Health and Social Welfare, and the Federal Ministry of Education to ensure efficient use of funds.

- The $300 million African Medical Centre of Excellence (AMCE) was inaugurated in Abuja on the 5th of June. The 170-bed hospital offers world-class oncology, haematology, and cardiology services, aiming to transform African healthcare and reduce medical tourism dependency.

- Nigeria and the United States signed a landmark health-sector MoU valued at over $5 billion, anchored on the NHSRII and delivered through the Sector-Wide Approach (SWAp), strengthening coordinated financing, surveillance, laboratory systems, and workforce development between 2026 and 2030.

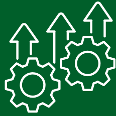
## Informed Commentary and Insights
## Effective Governance

The recent governance and investment updates reflect a clear shift from policy articulation to execution, with stronger emphasis on coordination, accountability, and performance management. The Joint Annual Review (JAR) is increasingly functioning as a governance mechanism rather than a ceremonial convening, aligning NHSRII priorities with state Annual Operational Plans and anchoring commitments such as the operationalisation of the UHC Compact Addendum by Q1 2026. The real governance test, however, lies in whether JAR-identified optimisation gaps translate into enforced corrective action at subnational level, where implementation authority, incentives, and oversight have historically been weakest.

The National Health Fellowship Programme demonstrates how embedded human capacity can strengthen accountability at the last mile without creating parallel systems. Evidence from fellows' activities, supporting routine immunisation, resolving non-compliance, strengthening LGA-level data reporting, and improving PHC readiness shows improved feedback loops between communities, frontline facilities, and decision-makers. When combined with digital governance tools such as the PHC Performance Dashboard and Mini-DHIS, this model reinforces both vertical accountability to national priorities and horizontal accountability to citizens; its sustainability, however, will depend on clear role definition, integration into state systems, and institutionalisation beyond the fellowship cycle.

Nigeria's leadership at the Africa Health Sovereignty Summit in Accra further signals alignment between domestic governance reforms and continental ambition, but credibility will depend on implementation coherence at home. While the twelve proposals spanning domestic financing, pharmaceutical manufacturing under AfCFTA, and workforce mobilisation are directionally strong, translating sovereignty from declaration to delivery will require enforceable governance arrangements, regulatory coordination, and interoperable data systems. Similarly, large-scale investments such as the African Medical Centre of Excellence (AMCE) underscore the importance of governance choices in determining who benefits; without deliberate referral pathways, affordability mechanisms, and strong PHC-to-tertiary integration, high-end investments risk reinforcing urban-centric gains rather than advancing equity or system-wide accountability.

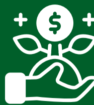
## Recommendations on the Implementation of Effective Governance



To sustain recent gains under the Effective Governance agenda, Nigeria should strengthen the Joint Annual Review (JAR) as a formal performance enforcement mechanism, with clearly defined follow-up actions, timelines, and accountability for federal and state commitments.

Alignment of state Annual Operational Plans (AOPs) with NHSRII priorities should be reinforced through performance-linked incentives and corrective measures to reduce fragmentation and ensure that governance commitments translate into measurable results at subnational level.

Digital governance reforms should be fully institutionalised within routine planning, budgeting, and supervision processes. Platforms such as the PHC Performance Dashboard, Mini-DHIS, ECMS, and the Nigeria Digital in Health Initiative (NDHI) should operate under clear data governance frameworks that define interoperability, access, and use, while strengthening decision-making rather than duplicating reporting.



Sustained investment in state and LGA- level analytical capacity is required to convert real-time data into corrective action.

Finally, governance reforms must be anchored in durable domestic institutions and financing. Programmes such as the National Health Fellowship should be integrated into state systems with defined roles, funding lines, and career pathways, while large-scale investments and flagship initiatives including continental health sovereignty commitments and tertiary infrastructure should be governed by explicit equity, referral, and affordability frameworks. Protecting these reforms through legal, regulatory, and budgetary anchors will be essential to ensure continuity across political and administrative transitions.

# Agenda 2 Efficient, Equitable and Quality Health System

## Achievements in Summary

### Agenda 2: Efficient, Equitable and Quality Health System

**60.5%** Frontline PHC workers retrained

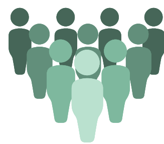
**44,451** Nursing students were enrolled in health institutions

Kebbi State government engaged **500** new staff and absorbed **390** casual workers,

**₦32.88 billion,**

was approved for **Q3 2025 BHCPF** disbursement to NHIA

**BHCPF** now supports about **2.67 million**



beneficiaries nationwide.

There has been a **24% to 35%** increase in people visiting BHCPF supported facilities

NHIA has exceeded **20 MILLION** enrolment target:

**125 million+ PHC visits** from Q1 to Q3 of 2025

# Agenda 2 Efficient, Equitable and Quality Health System

## HUMAN RESOURCES FOR HEALTH

- 60,470 (60.5%) frontline PHC workers retrained (up from 43,000 in Q1 2025 — +17,470). Target: 100,000 in 4 years.

- Nationally, over 15,000 health workers have been employed across 61 tertiary institutions, with 12 new federal healthcare facilities created.

- The government quadrupled nursing school enrolment from 28,000 to 115,000, depicting an increase of over 310% from 2023 by 2025.

- The NPHCDA has launched a learning hub platform. The platform is designed to strengthen the PHC system through capacity building, standardization, and innovation, ultimately improving health outcomes

- Kaduna State Government completed the recruitment of 1,800 healthcare workers as part of a strategic initiative to bridge manpower gaps in the primary healthcare sector

- Furthermore, the Kebbi State government engaged 500 new staff and absorbed 390 casual workers, while Bauchi approved the recruitment of 10,000.

## BASIC HEALTHCARE PROVISION FUND

- ₦32.88 billion, representing a 100% increase from Q1 (₦16.44 billion) and Q2 (₦16.44 billion), was approved for Q3 2025 BHCPF disbursement to NHIA, NPHCDA, NCDC, and NEMSAS to support service continuity and performance-based financing. In addition, a further ₦32 billion BHCPF disbursement has been approved for release in January 2026, reinforcing sustained PHC service delivery nationwide.

- BHCPF-supported PHCs continue to outperform non-supported facilities across key service delivery indicators, including:

    - Uptake of Pentavalent 3 immunisation,
    - Skilled Birth Attendant (SBA)-assisted deliveries,
    - ANC 1 and ANC 4 visits, demonstrating improved utilisation and quality of care at the primary healthcare level (Q4 2025).

- Increased disbursement to states by >100% with a shift to performance-based DFF system for facilities starting in Q3 2025. From 2023 to date, ₦52 billion has been disbursed with ₦14 billion disbursed in Q1 and Q2 2025 since inception to benefit 2.6 million Nigerians via more than 6,500 PHCs.

- BHCPF now supports about 2.67 million beneficiaries nationwide.

- Due to the increase in the number of BHCPF PHCs, there has been a 24% to 35% increase in people visiting BHCPF supported facilities between Q1 and Q3 2025.

- The Federal Government has advanced the rollout of the BHCPF 2.0 Guidelines and digitized operations to curb financial leakages and improve accountability. The new system includes a mobile app for real-time tracking, direct payments to health workers' accounts, and traceable transfers for equipment purchases.

- 774 Performance and Financial Monitoring Officers (PFMOs) are now deployed nationwide, covering over 99% of LGAs; as of November 2025, PFMOs had visited 7,403 BHCPF-supported PHCs (~99% coverage), strengthening financial oversight, operational efficiency, and compliance with service standards.

- A PHC Financial Management Platform has been rolled out in seven states (Cross River, FCT, Imo, Kogi, Oyo, Sokoto), enabling real-time expenditure tracking, with national scale-up planned.

## *HEALTH INSURANCE COVERAGE*

- NHIA has exceeded 20 million enrolment target: 21.1 million Nigerians are now enrolled in NHIA, up from 16.2m in 2023. 2.67m Nigerians have benefited from BHCPF.

- 175 NHIA Quality Officers have been trained in an impact-driven capacity building programme aimed at equipping frontline officers with the tools, and leadership needed to elevate the standards across healthcare facilities in the country.

- The NHIA Self-Service Portal was launched, a digital tool that empowers citizens to enrol, update details, and manage their health insurance conveniently via phone or computer; a bold step forward in Nigeria's pursuit of Universal Health Coverage.

- NHIA and the Bank of Industry signed an MoU making health insurance enrolment a compliance requirement for MSMEs accessing BOI loans, expanding insurance coverage among entrepreneurs and workers while advancing mandatory health insurance implementation.

## PRIMARY HEALTH CARE: ACCESS, INFRASTRUCTURE, EQUIPMENT AND COMMODITIES

- 125 million+ PHC visits from Q1 to Q3 of 2025 alone.
- An additional 515 PHCs were revitalised across funders, bringing the total revitalised PHCs to 2,125 nationwide as of end-November 2025.
- State contributions to PHC revitalisation:
  - Niger set to construct 100 new PHCs, with 20 already completed.
  - Kogi is remodelling over 200 PHCs;
  - Ondo has approved the rehabilitation of 102 centres.
- Nigeria launched its first digital hospital pilot in Ibwa 2. The Ibwa 2 community, housing over 12,000 residents, represents the first phase of an ambitious national strategy to establish 7,000 digital hospitals and schools across Nigeria's underserved regions.

## MATERNAL HEALTH: MAMII, BEMOC, CEMOC

- MAMII has been activated in 32 of the 33 designated states (≈97% of the programme target).
- 1.4 million pregnant women across the 172 MAMII prioritized LGAs accessing antenatal care services in priority LGAs.
- Deliveries by skilled birth attendants (SBAs) increased to 35% from 2023 [437,427 (2023) to 466,830 (in 2024) to 588,808 in 2025]. These consolidated achievements have led to a 13% reduction in Maternal Mortality Rate in MAMII LGAs within the period of Q1 and Q3 of 2025.
- 438,000+ women have been enumerated in 59 priority LGAs, and N2.9 billion Maternal, and Neonatal Health commodities have been procured and distributed to 10 states.
- ₦16.5 billion out of ₦333 billion committed so far from partners in six states which signifies a 5% financial commitment to driving the MAMII initiative

- The Federal Government has distributed essential work kits, including 10,000 medical scrubs, and 10,000 footwear (crocs) to over 60,000 midwives nationwide, with additional 37,000 kits procured for distribution, alongside commitments to reduce maternal mortality by 20% and under-five mortality by 15% by 2027.

- NPHCDA procured and distributed 99,000 mama kits across the country.

- The NHIA's Comprehensive Emergency Obstetric Care (CEmOC) programme is expanding nationally to address maternal mortality by providing free care for pregnant women with complications and scale access to obstetric emergency care for poor and vulnerable women. This programme with signed MOUs with 242 empanelled facilities has reached 19,270 women and 20,486 claims reimbursed to 186 implementing facilities as at October 2025 across all states in Nigeria.

## *INFECTIOUS DISEASES: HIV/TB/MALARIA*

- PMTCT coverage has reached 66% and paediatric ART coverage has increased from 29% to 74% in just one year.

- Scale-up of malaria prevention interventions, including distribution of long-lasting insecticidal nets (LLINs) through routine ANC/EPI platforms and targeted campaigns in high-burden states.

- Implementation of Seasonal Malaria Chemoprevention (SMC) in eligible northern states, expanding protection for children under five during peak transmission periods.

- Strengthened malaria case management through increased availability and use of rapid diagnostic tests (RDTs) and artemisinin-based combination therapies (ACTs), reducing presumptive treatment at PHC level.

- Integration of malaria surveillance into routine disease reporting and digital surveillance platforms, improving case detection, monitoring, and response at subnational level.

- Increased linkage between malaria control and health system strengthening, including improved commodity availability at PHCs and alignment with broader primary healthcare revitalisation efforts.

## IMMUNISATION AND CHILD HEALTH

- Gavi's HSS3 programme was launched to expand equity for zero-dose populations, integrate gender-responsive frameworks, and accelerate digital transformation.

- Dangote and Gates Foundations, in collaboration with Community Reorientation Women Network (CROWN), vaccinated over 20,000 children across three states and linked 50,000 pregnant women to antenatal services.

- Circulating polio virus (cVPV2) has declined by 46% as of August 2025 when compared to same period in 2024. This has led to increased vaccination coverage and reached 544,000 children in insecure areas and 54,000 zero-dose children.

- 15.6 million adolescent girls across all 36 states and the FCT have been vaccinated against HPV—one of the largest HPV vaccination rollouts in Africa.

- Child survival intervention (Kaduna State): In Kaduna State, a partnership with Malaria Consortium delivered azithromycin administration to 2.8 million children under five across all 23 LGAs, representing one of the largest state-wide child health interventions implemented in Nigeria.

## SEXUAL AND REPRODUCTIVE HEALTH

- Uptake of family planning services has increased by 3% between Q1 2024 and Q3 2025. This aligns with findings from the 2024 NDHS, which reports that 49% of married women now have their family planning needs met using modern methods, up from 42% in 2018—a significant national milestone

- In Nasarawa State, more than 129,000 married adolescent girls (15–19 years) are now using contraceptives through SFH's Adolescents 360 Project, raising the state's contraceptive prevalence rate by 8% since 2018.

## TERTIARY AND SPECIALISED CARE

- **Teaching hospital expansion:** The Federal Ministry of Health and Social Welfare signed MoUs with Nasarawa and Borno States to upgrade Dalhatu Araf Specialist Hospital and the Orthopaedic Hospital, Azare, into federal teaching hospitals, expanding access to tertiary care and medical training in North-Central and North-East Nigeria.

- **Tertiary infrastructure upgrades:**
  - FMC Abeokuta (Ogun State) commissioned a new 180-bed facility and a 68-office consultant complex.
  - UATH Gwagwalada (FCT) commissioned fully furnished male surgical and medical wards, an upgraded family planning unit, a new 6-bed ICU, a modern ART unit for HIV care, and a 160-slice CT scan machine.
- **Cancer care expansion:** The Federal Government commissioned three oncology centres in Katsina, Nsukka, and Benin in partnership with the Nigeria Sovereign Investment Authority (NSIA), with seven additional centres planned by 2026. In addition, six cancer treatment centres are being established nationwide, three of which are already operational.
- **Dialysis cost reduction**: The Federal Government reduced the cost of kidney dialysis in federal hospitals from ₦50,000 to ₦12,000 per session, with the subsidy currently active in 11 Federal Tertiary Health Institutions across all geopolitical zones and plans for expansion.

## Informed Commentary and Insights

## Efficient, Equitable and Quality Health System

Progress under Efficient, Equitable and Quality Health System reflects a deliberate shift from system inputs to measurable improvements in capacity, utilisation, and accountability, with partnerships acting as important accelerators of reform. Investments in human resources for health through large-scale retraining of frontline PHC workers, expanded recruitment across tertiary and subnational systems, and increased nursing education intake are early steps to address longstanding workforce gaps. However, the durability of these improvements will depend on the extent to which they are anchored in predictable, localised financing and absorbed into state systems, particularly in underserved LGAs where workforce deployment and retention remain fragile.

Financing and service delivery reforms demonstrate clearer links between investment and utilisation but also underscore the limits of externally driven gains without strong domestic financing at the frontline. The scale-up of BHCPF disbursements, transition to performance-
based Direct Facility Financing, and rollout of BHCPF 2.0 and digital systems have strengthened transparency and facility-level accountability, contributing to increased PHC utilisation. At the same time, community and insurance-related insights show that coverage does not always translate into effective financial risk protection, with residual out-of-pocket costs and service gaps undermining confidence. While partnerships such as Global Affairs Canada's nutrition investments in Kebbi, Bauchi, and Kaduna, and collaborations with private laboratories and border-community agencies can deliver targeted results, sustaining Agenda 2 outcomes will require stronger domestic resource mobilisation, timely state counterpart funding, and greater fiscal autonomy at facility level. Without this localisation of financing, externally supported gains risk remaining episodic rather than systemically embedded.

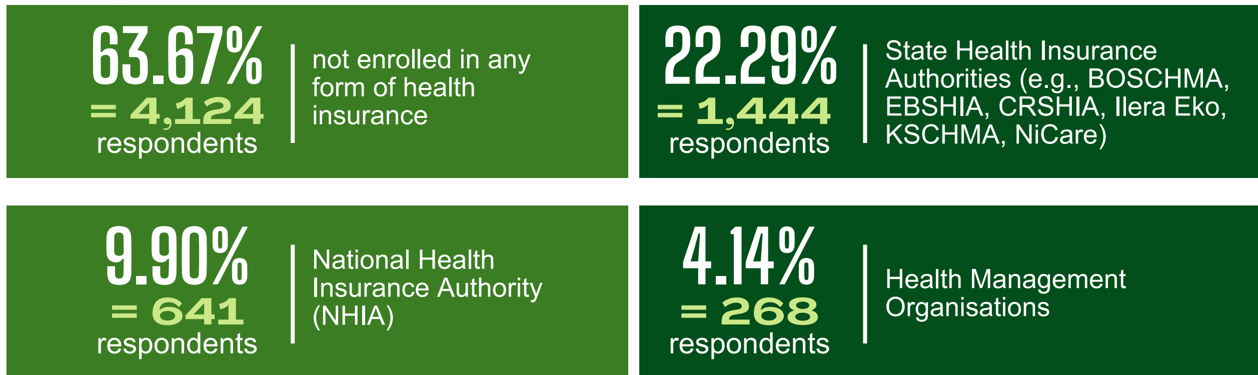
## What is the Community Saying?

From our survey of 6,477 respondents across six states, a significant proportion, 4,124 individuals reported 'not enrolled in any form of health insurance.'

**6,477**
respondents
across six states

**4,124**
not enrolled in any form of health insurance

A deeper breakdown shows:




These figures highlight both the persistent gap in enrolment and the opportunity to strengthen state and national insurance uptake.

indings from the Integrated Community Listening (ICL) survey align closely with official enrolment figures, confirming that a substantial proportion of Nigerians remain uninsured.

Across six states, **63.7% of respondents (4,124 of 6,477)** reported not being enrolled in any form of health insurance, reinforcing the persistence of low coverage despite recent policy and
institutional reforms. Where enrolment exists, it is predominantly through State Health Insurance Authorities **(22.3%)**, with fewer respondents covered by the **NHIA (9.9%)** or private schemes **(4.1%),** underscoring the central role of state-level schemes in driving coverage.

Beyond enrolment levels, community responses reveal significant knowledge and access gaps. Among uninsured respondents, the most frequently cited reason for non-enrolment was lack of awareness or understanding of health insurance (over 60%), followed by perceptions that enrolment processes are unclear, restrictive, or limited to specific population groups such as government workers, pregnant women, or children under five. Qualitative responses consistently point to confusion around eligibility, limited rmation reaching communities, and beliefs that insurance schemes are "not meant for people like us," suggesting that health insurance is still poorly understood as a universal social protection mechanism.

Trust and perceived value further shape community attitudes. Some respondents expressed low confidence in scheme benefits, citing drug unavailability, partial cost coverage, or previous experiences where insurance did not fully meet healthcare needs. Others reported preferring out-of-pocket payment or traditional care, reflecting

both affordability concerns and scepticism about service quality. These insights indicate that expanding coverage will require more than enrolment drives, including clearer communication on benefits, simplified enrolment processes, improved service delivery at contracted facilities, and visible accountability mechanisms to rebuild trust and demonstrate value. ICL and social listening findings point to the importance of community-anchored insurance literacy and engagement strategies, rather than stand-alone campaigns. Approaches such as ward-level townhall meetings, community dialogues, and facility-linked sensitisation such as those implemented in Kano's Ghari LGA create trusted spaces for clarifying eligibility, addressing misconceptions, and explaining benefits in practical terms. In addition, targeted inclusion strategies for underserved and non-traditional populations, including Kano State's extension of health insurance coverage to inmates, demonstrate how state-led policies can broaden coverage and signal equity. Scaling these approaches through cross-sector collaboration, mobile enrolment outreaches, and peer educators paired with visible improvements in service quality will be critical to converting awareness into sustained enrolment.

| | SUM OF SECTION 1: WHAT DO YOU THINK ARE THE CAUSES OF MENTAL AND CHILD MORTALITY IN YOUR COMMUNITY | | | | | | |
|---|---|---|---|---|---|---|---|
| | Lack of access to quality healthcare facilities | Shortage of skilled healthcare workers | Poor transportation and long distances to health facilities | Limited communicaiton awareness on maternal and child health | Cultural and traditional beliefs affecting healthcare seeking behavior | Poor emergency response and referral systems | Others |
| Borno | 265 | 260 | 132 | 112 | 275 | 102 | 7 |
| Crossriver | 1077 | 1199 | 565 | 959 | 919 | 520 | 30 |
| Ebonyi | 400 | 400 | 258 | 273 | 117 | 248 | 26 |
| Kano | 424 | 268 | 106 | 208 | 104 | 61 | 27 |
| Lagos | 343 | 221 | 146 | 153 | 207 | 295 | 46 |
| Niger | 527 | 477 | 153 | 172 | 115 | 103 | 0 |
| **Grand Total** | **3036** | **2825** | **1360** | **1877** | **1737** | **1329** | **136** |

Findings from our Community Listening exercise reinforce that maternal and child mortality is shaped by a combination of health system constraints and socio-cultural factors, with clear variation across state patterns that are corroborated by the quantitative distribution of responses across the six surveyed states. In Borno, concerns were evenly split between cultural and traditional beliefs (23.9%), limited access to quality healthcare (23.0%), and shortages of skilled health workers (22.6%), pointing to a multidimensional challenge landscape. Cross River and Ebonyi similarly highlighted shortages of skilled workers (22.8% and 23.2% respectively) alongside gaps in service access and community awareness. Niger reported the most severe structural deficits, with lack of access to quality care (34.1%) and skilled health worker shortages (30.8%) dominating community perception patterns reflected in the high number of responses for both access and HRH constraints in the quantitative data.

A contrasting pattern emerges in the more urbanised states. In Lagos, poor emergency response and referral systems (20.9%) overtook workforce shortages as the primary concern, reflecting coordination, responsiveness, and system efficiency challenges rather than absolute HRH scarcity. Kano similarly did not foreground shortages of skilled health workers; instead, poor access to quality care (35.4%) dominated, suggesting congestion, service quality constraints, or uneven facility distribution within a high-demand urban context. Notably, the quantitative breakdown shows that while HRH shortages are less prominent in Kano and Lagos relative to other states, access-related constraints and referral bottlenecks remain substantial, underscoring that urban advantage does not equate universal access.

Taken together, these findings reveal a clear urban–rural gradient in how HRH and access constraints are experienced. While Kano and Lagos, Nigeria’s major metropolitan centres; appear relatively buffered from absolute workforce shortages, the four other states reflect persistent deficits in skilled personnel that directly affect service availability and outcomes. Importantly, even within urban states, community feedback points to intra-state inequities, where peri-urban and hard-to-reach areas continue to face access, referral, and quality gaps. This reinforces a central insight from the community: national gains in workforce numbers and service expansion must be matched by deliberate rural deployment, retention incentives, and subnational workforce planning to ensure that progress under MAMII and PHC revitalisation translates into equitable, life-saving care at the last mile.

## Recommendations on the Implementation of Efficient, Equitable and Quality Health System

**01**

To consolidate gains under Efficient, Equitable and Quality Health System, Nigeria must prioritise system consolidation and institutional alignment, with primary health care serving as the operational anchor of service delivery and MAMII positioned as the central delivery platform for maternal and newborn health reforms. Recent reforms, including the expansion of BHCPF, the transition to performance-based Direct Facility Financing, the rollout of BHCPF 2.0, digital systems, and the scale-up of MAMII should be fully embedded into routine federal and state budgeting, procurement, and supervision processes. This will require predictable domestic financing, timely release of state counterpart funds, and increased facility-level financial autonomy to support workforce deployment, essential MNH commodities, and referral readiness. Without these structural enablers, utilisation gains under PHC revitalisation and MAMII risk remaining operationally fragile and fiscally unsustainable.

**02**

Human resources and service delivery reforms must also be recalibrated to address structural deployment, referral, and quality-of-care gaps, with MAMII used as a coordination mechanism rather than a stand-alone programme. National HRH strategies should be explicitly linked to MAMII-prioritised LGAs, subnational disease burden, and referral architecture, supported by formal rural deployment incentives, retention packages, and career progression pathways institutionalised within state systems. Strengthening emergency obstetric referral networks, quality assurance across empanelled facilities, and performance management along the PHC–secondary–tertiary continuum will be essential to translating MAMII scale into sustained reductions in maternal and neonatal mortality.

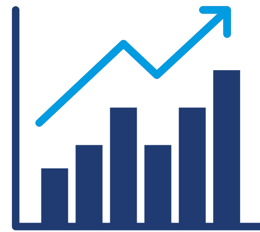
# Agenda 3 Unlocking Health Value Chains

## Achievements in Summary

### Agenda 3: Unlocking Health Value Chains

Reduction in ratio of foreign to locally manufactured pharmaceutical products from

**70:30 to 60:40**



Increase in total number of local manufacturing facilities from

**174 to 190**

Nigeria is being established to train up to **2,000** pharmaceutical professionals annually.

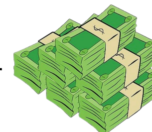
PVAC signed the **$75 million**

TermSheet with Afreximbank and the Bank of Industry, aimed at boosting local healthcare manufacturing.

An MoU with CHAI to strengthen local production systems and attract strategic investments

**54%** of eligible manufacturers on the first exemption list accessed import duty and VAT waivers

amounting to ₦6.2 billion (averaging ₦1.5 billion per month).



About **N6.2 BN** value in **waivers** granted

# Agenda 3 Unlocking Health Value Chains

## LOCAL MANUFACTURING

- Commencement of production at the CODIX BIO Limited company, a state-of-the-art Rapid Diagnostic Test (RDT) production facility in Sagamu, Ogun State, second-largest RDT factory in sub-Saharan Africa. With an annual production capacity of 147 million kits, scalable to 160 million. Production began with 70 percent of the manufacturing content sourced locally.

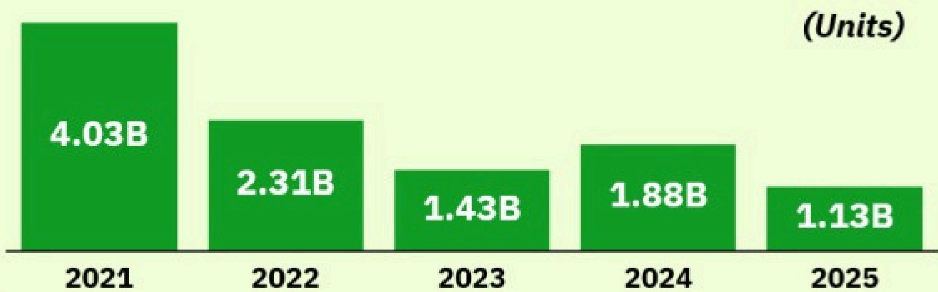
- Nigeria became the first African country to locally manufacture dual active-ingredient long-lasting insecticidal nets (LLINs), marking a strategic shift toward domestic production of malaria commodities and improved supply-chain resilience. While large-scale production volumes are still ramping up, the newly established state-of-the-art facility has a planned annual production capacity of up to 10 million PermaNet® dual-AI LLINs

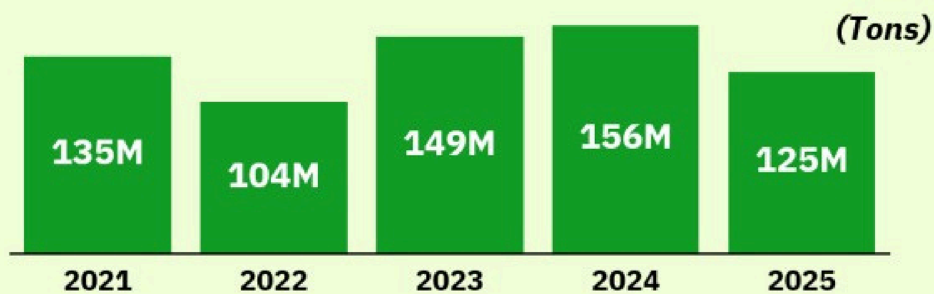
- The government has inaugurated a committee to develop the Phytomedicine Value Chain, targeting the industrial-scale commercialization of indigenous medicinal resources. This initiative is designed to formalize and scale traditional medicine into standardized herbal products, with significant potential for job creation, export earnings, and investment attraction across the cultivation-to-market spectrum.

- A partnership with the National Blood Services Agency is advancing the local production of plasma products and blood bags, alongside initiatives for autologous transfusion kits and cutting-edge cancer therapeutics.

- Implementation of the Ceiling list and the 5+5 policy has translated to significant outcomes for production of local pharmaceutical products

- Reduction in ratio of foreign to locally manufactured pharmaceutical products from 70:30 to 60:40




- Increase in total number of local manufacturing facilities from 174 to 190
- 16 New Pharma Companies
- 6 new medical devices
- Additionally, policies have now resulted in foreign investments, contract manufacturing partnerships and retrofitting and upgrade of facilities, with 37 undergoing retrofitting and construction upgrades to meet international current Good Manufacturing Practice(cGMP) standards, 770% increase in number of companies doing contract manufacturing between 2019 and 2025, and 28 existing manufacturers have completed construction and are operational.

## CAPACITY BUILDING

- Through a landmark partnership with the Empower School of Health, Geneva, the Empower Academy Nigeria is being established to train up to 2,000 pharmaceutical professionals annually.

## FINANCING

- PVAC signed the $75 million TermSheet with Afreximbank and the Bank of Industry, a landmark deal aimed at boosting local healthcare manufacturing.

- The development of a strong pipeline of bankable projects, accounting for a total value of $5bn of pipeline to date
  - 84+ Pipeline companies with strong projects
  - 13 Projects with non-funding requests
  - 71 Funding requests
  - 56 funding discussions ongoing across 8 subsectors
  - 15 Preparatory Phase

- Under the 2023 Executive Order on Unlocking the Healthcare Value Chain, 54% (47 of 87) of eligible manufacturers on the first exemption list accessed import duty and VAT waivers during the reporting period, with total fiscal incentives amounting to ₦6.2 billion (averaging ₦1.5 billion per month).

- Pharmaceutical companies, from Lagos, Ogun, Kwara, Oyo, Kano, Anambra and Enugu states obtained waivers during the period (About N6.2 BN value in waivers granted).

- High volume items waived were:
  - Cyclic amides
    - APIs for paracetamol
    - Antibiotics
    - Anti-hypertensives
  - Low density polyethylene for packaging IV fluids
  - Rigid PVC film for packaging oral medicines

## COORDINATION

- The Federal Executive Council approved the establishment of Medipool, a group purchasing organization that will serve as the central supplier of healthcare products across Nigeria. Through the Basic Health Care Provision Fund (BHCPF) and federal hospitals, Medipool will leverage government's bulk purchasing power to negotiate lower prices, strengthen supply chains, and support local manufacturers.

- PVAC convened the inaugural meeting of the Community of Practice (CoP) for Clinical Trial Capability Enhancement, bringing together regulators, academics, and policymakers to strengthen coordination and capacity in clinical research.

- Established strategic framework to identify opportunities for local manufacturing, capacity building, and technology transfer in addition to localizing ultrasound system assembly.

## *PARTNERSHIPS*

- PVAC has been at the forefront of coordinating reforms and partnerships. Key developments include:

  - An MoU with CHAI to strengthen local production systems and attract strategic investments

  - A three-year agreement with the Kano State Government Research Centre to advance pharmaceutical and biologics manufacturing through clinical trials and research

  - The announcement of the SPARK Nigeria Program and Translational Research Bootcamp, scheduled for February 2026 in Abuja, in collaboration with SPARK Global and the National Institute for Pharmaceutical Research and Development (NIPRD). This program will bridge the gap between discovery and application, building a self-sustaining innovation ecosystem in health.

- Additionally, the PVAC and the United States Pharmacopeial Convention (USP) signed a non-binding Memorandum of Understanding (MoU) to advance Nigeria's life sciences and healthcare sectors. This strategic partnership aims to build local manufacturing capacity, improve regulatory oversight, and drive innovation in the production of critical health products. Some of the key achievements include.

- PVAC also partnered with Siemens Healthineers and Tanit Medical Engineering to strengthen Nigeria's healthcare system by localizing ultrasound system assembly, building capacity, and enhancing access to advanced diagnostics in key areas like oncology, cardiology, neurology, and radiology.

## Informed Commentary and Insights – Unlocking Health Value Chains

Progress under the Unlocking Health Value Chain agenda reflects a decisive shift from import dependence to industrial policy execution, anchored by the 2023 Executive Order establishing the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC). As articulated by PVAC National Coordinator Dr. Abdu Mukhtar, the core reform logic is to align fiscal incentives, infrastructure, regulation, and financing to make local manufacturing viable and competitive. Early results such as duty and VAT waivers accessed by over half of eligible manufacturers and generating ₦6.2 billion in tax savings demonstrate how targeted policy instruments are already reducing production costs and enabling domestic manufacturing of essential medicines, diagnostics, and malaria commodities.

At the same time, implementation has exposed coordination and financing constraints that require active governance rather than static policy design. Mukhtar's reflections underscore that incentives alone are insufficient without harmonised execution across Customs, the Ministry of Finance, regulators, and development finance institutions. Bottlenecks around import exemptions, IDEC overlaps, and the mismatch between DFI financing thresholds and the needs of local manufacturers have necessitated continuous policy adjustment. PVAC's response through factory-level verification, inter-ministerial coordination, and intermediary financing mechanisms via institutions such as the Bank of Industry signals an adaptive governance model focused on accountability, learning, and course correction. In a context of declining external aid, the rapid deployment of domestic fiscal instruments, emergency treasury approvals, and preferential procurement from local manufacturers further reinforces the strategic linkage between health security and industrialisation.

## Recommendations

## Unlocking Health Value Chains

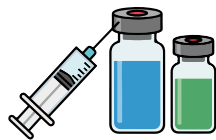
**01**

To sustain and scale progress under the Unlocking Health Value Chains Agenda, Nigeria should consolidate and institutionalise the coordination, accountability, and financing mechanisms already being advanced under PVAC, ensuring they are embedded beyond the current Executive Order cycle. This includes formalising performance frameworks that link fiscal incentives to verifiable outcomes such as price reductions, supply reliability, and public health impact; streamline exemption and regulatory processes across Customs, Finance, and sector regulators; and scale intermediary and blended financing models to improve access for small and mid-scale manufacturers. Strengthening regulatory oversight, embedding local-content provisions within public procurement, and anchoring health industrialisation within long-term domestic financing and planning frameworks will be critical to transforming recent gains into a durable pillar of national health security and economic resilience.

# Agenda 4 Strengthening Nigeria's Health Security

## Achievements in Summary

### Agenda 4: Strengthening Nigeria's Health Security



Nigeria received over **1 MILLION** doses of the pentavalent meningococcal conjugate vaccine (Men5CV) from Gavi.

**3.4 million** under-5 children have been vaccinated with polio vaccines

over **15,000** pregnant women and neonates transported through Rural Emergency Services and Maternal Transport (RESMAT)

**RESMAT** has responded to **11,687** between Q1 and Q3 of 2025

**NCDC** has expanded laboratory coverage to **31 STATES**

a digital surveillance tool enabling real-time detection and response at grassroots levels

Creation of a Federal and Regional Task Force (FTF) on Fake Drugs and Unwholesome Foods, under NAFDAC.

Nigeria is set to disburse **$250 million** to strengthen primary health care delivery, maternal and child health services and public health infrastructure

# Agenda 4 Strengthening Nigeria's Health Security

## *IMMUNISATION*

- First phase of the integrated vaccination campaign for measles rubella, Human papilloma virus (HPV), polio, and routine immunization vaccines reached over 240,000 settlements with a vaccination coverage rate of 92% across 20 states and FCT.

- To bolster epidemic control, Nigeria received over one million doses of the pentavalent meningococcal conjugate vaccine (Men5CV) from Gavi.

- 3.4 million under-5 children have been vaccinated with polio vaccines a 41% reduction in polio cases with over 163,000 zero dose children reached with routine vaccines through the zero-dose reduction operation plan.

- Approximately 5.1 million children and adults have been vaccinated with oral cholera vaccine to control outbreak 26,566 individuals vaccinated against Mpox with the Monkeypox vaccine.

## *PUBLIC HEALTH EMERGENCY MANAGEMENT AND EMERGENCY SERVICES*

- Public Health Emergency Operation Centres (PHEOCs) activated for Meningitis, Lassa, Diphtheria outbreaks, effectively managing outbreaks across the country

- National Implementation Action Plan and Supplementary Report under UN Security Council Resolution 1540 validated, to mitigate biosecurity and chemical/biological threats, aligning domestic systems with global standards of risk management.

- Over 15,000 pregnant women and neonates transported through Rural Emergency Services and Maternal Transport (RESMAT):

    - 47% by National Union of Road Transport Workers (NURTW) drivers,
    - 31% through Tricycle,
    - 11% by Ambulance Support and Community Volunteers

- RESMAT was established to deliver rural emergency transport for maternal and newborn cases in 166 priority LGAs, with 107 LGAs currently actively transporting emergencies across 22 states

- The system has responded to 11,687 emergencies between Q1 and Q3 of 2025 in collaboration with Federal tertiary hospitals, with 44% recorded as obstetric emergencies

## LABORATORY STRENGTHENING

- The World Bank approved a $250 million credit for the Nigeria Phase II of the Health Security Program. Coordinated by the NCDC, this program aims to improve early warning systems, emergency-ready primary healthcare infrastructure, and laboratory capacity and quality.

- NCDC has expanded laboratory coverage to 31 states, covering 84% of the country's geography, with 3 zonal reference laboratories in South-West, South-east, and North-East zones.

- Accreditation of National Reference Laboratory (NRL) and CPHL Lagos under ISO 15189:2012 standards.

## DIGITALISATION

- Nationwide rollout of SORMAS; a digital surveillance tool enabling real-time detection and response at grassroots levels

- Delta State's launch of "Helium Doc A1", a digital health platform described by WHO as a "game-changer," integrates real-time data, AI-assisted triage, and telehealth. Designed to function even in flood-prone and disaster-affected areas, the platform, developed in collaboration with Helium Health and supported by GSMA, ensures that healthcare delivery remains uninterrupted even during infrastructure breakdowns.

## WATER, SANITATION AND HYGIENE (WASH)

- 20 Local Government Areas in Kano State certified as Open Defecation-Free (ODF) with six others nearing the milestone.

## ANTIMICROBIAL RESISTANCE

- Creation of a Federal and Regional Task Force (FTF) on Fake Drugs and Unwholesome Foods, under NAFDAC.

- Over 1 trillion Naira worth of banned expired, and substandard medical products seized or destroyed in 2025 operations.

## Informed Commentary and Insights

## Strengthening Nigeria's Health Security

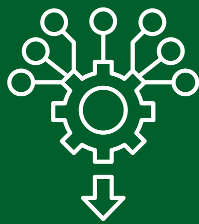
Progress under Health Security Agenda demonstrates that Nigeria's investments in surveillance, vaccination scale-up, and emergency response capacity are yielding measurable gains in outbreak control. However, insights from social listening and the infodemic components of the Integrated Community Listening (ICL) reveal that epidemiological performance and public perception are not moving at the same pace. While integrated vaccination campaigns have achieved high geographic coverage, online and community-level conversations around measles-rubella, cholera, HPV, and Mpox continue to surface persistent misinformation, uneven risk perception, and trust deficits particularly in peri-urban and rural LGAs. These dynamics directly shape care-seeking behaviour, vaccine acceptance, and early reporting, making them a core determinant of outbreak containment rather than a peripheral communications issue.

Social listening analysis across cholera, Mpox, and routine immunisation campaigns highlights three recurring infodemic risks: misattribution of disease causes, confusion between symptoms and diagnoses, erosion of confidence in formal health systems and rumours about vaccine safety/side effects. Cholera conversations, for instance, show widespread beliefs linking the disease to "pure water," hospital food, or supernatural causes, alongside panic-driven behaviours such as food avoidance and delayed treatment. Similarly, vaccine-related discourse reveals sharp subnational contrasts, LGAs with high awareness and acceptance coexist alongside areas marked by uncertainty, mistrust, and refusal, particularly for early-life vaccines such as BCG and measles-rubella. Notably, trusted voices consistently remain frontline health workers and radio, while social media plays a secondary but amplifying role in spreading both accurate information and harmful narratives. These insights underscore that health security effectiveness increasingly depends on the ability to detect, interpret, and respond to information threats alongside biological ones.

## Recommendations

### Strengthening Health Security through Infodemic Intelligence

**01**



To sustain gains under the Health Security agenda, Nigeria should formally embed infodemic surveillance and social listening within core health security operations, rather than treating them as stand-alone communications tools. Citizen feedback and social listening outputs should become routine inputs into Public Health Emergency Operations Centre (PHEOC) briefings, immunisation microplanning, and outbreak response coordination at national and subnational levels, ensuring that misinformation trends, trust gaps, and emerging community concerns directly inform risk communication strategies, service delivery adjustments, and deployment decisions in real time.

**02**

At the subnational level, response strategies should be tailored to LGA-specific risk profiles, prioritising trusted frontline health workers and radio as primary engagement channels, while aligning digital surveillance platforms such as SORMAS with infodemic risk signals to strengthen early warning and community compliance. Treating information integrity as a core pillar of epidemic preparedness alongside surveillance, laboratories, and emergency response will be essential to sustaining vaccination gains, accelerating outbreak detection, and protecting Nigeria's health security in an increasingly complex risk environment.

## Conclusion

The implementation of Nigeria's 4-Point Health Sector Renewal Agenda reflects both progress and promise, but its sustainability rests on how effectively reforms are institutionalized, financed, and coordinated across all levels. Effective governance must remain the bedrock, ensuring that accountability mechanisms and leadership capacities are strengthened to steer reforms beyond political transitions. Building on this foundation, the revitalization of primary health care and the pursuit of equitable, quality health systems demand both structural investments and a relentless focus on service delivery standards.

Unlocking the healthcare value chain offers an opportunity not only to safeguard national health but also to position the sector as a driver of economic growth, provided that regulatory clarity and financing incentives are consistently aligned with national priorities. At the same time, Nigeria's health security agenda underscores the urgency of building resilience against epidemics, strengthening surveillance, and investing in community-level systems that can withstand future shocks.

These four agendas demonstrate that health is not an isolated sectoral issue but a cornerstone of governance, economic growth, and national security. Their success depends on harmonized action, innovative partnerships, and a long-term commitment to both people and systems. The choices made now will determine not only the immediate health outcomes of Nigerians but also the resilience of the nation's health architecture in the years ahead.

# Nigeria Health Watch Community Listening Insights

## Executive Snapshot

Nigeria Health Watch's Community Listening (ICL) generates citizen-driven evidence to inform Primary Health Care (PHC) reform, accountability, and service delivery. By capturing how communities access care, perceive quality, and navigate costs, the ICL strengthens health system responsiveness and aligns with the Federal Ministry of Health's Four-Point Agenda, particularly on community engagement, risk communication, and social mobilisation.

## Key Findings

### 01 Healthcare Access and Utilisation:

Across states, PHCs remain the primary first point of care, especially in Borno, Niger, Ebonyi, and Cross River. However, utilisation is largely episodic, with most citizens seeking care only when ill. Decisions are driven by proximity, affordability, perceived quality, and health worker attitude. Urban settings such as Lagos show more fragmented care pathways, with higher reliance on private facilities and chemists.

### 02 Accountability and Trust:

Awareness of community accountability mechanisms varies significantly. While some states report strong recognition of feedback structures, others show limited awareness and engagement, weakening citizens' ability to influence service quality and oversight at PHC level.

### 03 Health Financing and Financial Risk:

Insurance coverage remains low across states, with the majority of citizens uninsured and reliant on out-of-pocket spending. Barriers include limited awareness, affordability concerns, and enrolment challenges. Reported household health expenditures indicate ongoing exposure to financial hardship, particularly among vulnerable populations.

### 04 Maternal and Child Health:

Communities identify maternal and child mortality as driven by poor access to quality care, shortages of skilled health workers, weak referral and emergency response systems, and socio-cultural barriers. While the relative weight of these factors varies by state, access and workforce gaps remain consistent concerns.

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### 05 Antimicrobial Resistance (AMR):

Unsafe medicine practices are widespread, including non-prescription antibiotic purchases, incomplete treatment courses, reuse of leftover drugs, and medicine sharing. Chemists serve as a major source of care in several states, and diagnostic testing prior to antibiotic use is inconsistent, reinforcing community-level risks for AMR.

## Strategic Implications

The findings point to a PHC system that is central to care delivery but constrained by quality gaps, weak financial protection, uneven accountability, and unsafe medicine use. Without targeted reforms, these factors will continue to limit health outcomes and system resilience.

## Priority Actions

Invest in quality PHC: skilled workforce, diagnostics, medicines, and service standards.

Expand health insurance awareness, enrolment, and subsidies for vulnerable groups.

Institutionalise and monitor community accountability mechanisms.

Strengthen community engagement on maternal, child health, and SRHR.

Enforce regulation and behaviour change interventions to curb AMR.

Full analysis and state-level findings are available in the Nigeria Health Watch Community Listening Insight Report

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