



**NIGERIA
HEALTH
WATCH**

Informed commentary, intelligence, and insights on the Nigerian health sector

MATERNAL HEALTH ROUNDTABLE REPORT

**INVESTING IN MOTHERS:
ALIGNING FINANCE, POLICY AND INNOVATION
FOR IMPROVED MATERNAL OUTCOMES**



**DATE: 9TH JULY 2026
ABUJA**

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EXECUTIVE SUMMARY

Nigeria continues to bear one of the highest maternal mortality burdens globally, despite significant health improvements and a growing range of maternal health innovations. The persistence of preventable maternal deaths therefore reflects not only a challenge of resources, but a deeper challenge of implementation, coordination, accountability, and sustainable financing.

Against this backdrop, Nigeria Health Watch, in collaboration with the Maternal and Neonatal Mortality Reduction Investment Initiative (MAMII), convened stakeholders for a Strategic Roundtable themed “Investing in Mothers: Aligning Finance, Policy and Innovation for Improved Maternal Outcomes.” The roundtable brought together representatives from government ministries of health and finance, development partners, the private sector, legislators, and civil society to examine how financing, policy, and innovation can be better aligned to accelerate progress in maternal and newborn survival.

The conversations highlighted that some of the essential building blocks required to reduce maternal mortality, including increased political will, increased domestic funding, and proven innovations, are present within the health system. However, significant gaps remain between policy commitments and implementation. These include inadequate and delayed budget execution, weak accountability for health financing, shortages of skilled health workers, inequitable access to functional health facilities and weak community-to-facility referral systems.

Participants also emphasised that while the country has demonstrated the capacity to develop and implement promising digital and clinical solutions, many remain fragmented, donor-dependent, and insufficiently integrated into government systems. Therefore, sustainable scale-up will require stronger government ownership, predictable domestic financing, and deliberate attention to sustainability, digital infrastructure, data governance, and interoperability from the outset.

The Roundtable's overarching conclusion was that Nigeria's central challenge is no longer the absence of strategies or solutions, but the consistent execution and financing of those that already exist. Participants called for a shift from measuring progress by policies developed, funds allocated, or interventions launched to measuring tangible improvements in the functionality of health facilities, access to quality care, service utilisation, accountability, and maternal and newborn survival outcomes."

Thank you.



BACKGROUND

Maternal health is a fundamental aspect of public health and a critical driver of global development. Reducing maternal mortality has remained a central global health priority, with development priorities calling for a substantial reduction in maternal deaths by 2030. However, progress in reducing maternal mortality has slowed significantly over the past decade, with many countries, including Nigeria, bearing a disproportionate burden.

Nigeria bears one of the highest maternal mortality burdens globally, with an estimated 993 deaths per 100,000 live births, accounting for nearly 28.5% of global maternal deaths. This burden is driven by multiple, interconnected factors, including uneven service delivery capacity, shortages in skilled birth attendants, and delays in accessing emergency obstetric care.

These challenges are further compounded by persistent weaknesses in health financing. Insufficient government financing, limited financial risk protection, and high out-of-pocket expenditure continue to undermine access to quality maternal health services. Although budgetary allocations to the health sector have increased over time, the challenge remains the timely release and full disbursement of allocated funds. These delays disrupt the procurement and availability of essential maternal health medicines, supplies, and emergency obstetric care services, ultimately affecting the quality and continuity of care.

To address these persistent challenges, the Federal Government introduced major reforms aimed at strengthening the health system and improving maternal health outcomes. These include the National Health Sector Renewal Investment Initiative (NHSRII), expanded financing mechanisms such as the Basic Health Care Provision Fund (BHCPE) and the National Health Insurance Authority's Vulnerable Group Fund, and the Maternal and Neonatal Mortality Reduction Innovation and Initiative (MAMII). These initiatives seek to improve governance, financing efficiency, financial protection, and access to essential health services.



Alongside these government-led reforms, a growing ecosystem of digital and clinical maternal health innovations has emerged. These include solutions focused on antenatal care tracking, referral coordination, and evidence-based interventions such as the WHO-recommended EMOTIVE bundle for the management of postpartum haemorrhage, as well as digital health innovations. However, many of these innovations remain donor-dependent and limited in scale due to inadequate pathways for sustainable financing, integration into routine health systems, and long-term institutional support.

Against this backdrop, the Maternal Health Roundtable, themed “Investing in Mothers: Aligning Finance, Policy and Innovation for Improved Maternal Outcomes,” convened policymakers and critical stakeholders from the development sector, private sector, civil society, and other relevant institutions to examine the persistent gaps in maternal health financing and identify actionable pathways to address them as well as accelerate the sustainable scale-up and integration of proven maternal health solutions across Nigeria.

The Roundtable served as a high-level platform for stakeholders to collectively interrogate financing bottlenecks, strengthen coordination and accountability mechanisms, and advance context-specific financing solutions that prioritise equity, improve access to quality maternal health services, and accelerate maternal and newborn survival across Nigeria.

Nigeria accounts
for nearly

28.5%

of global
maternal deaths.



estimated

993

deaths per

100,000

live births



WELCOME REMARKS

Vivianne Ihekweazu

Managing Director
Nigeria Health Watch



In her opening remarks, Vivianne Ihekweazu, Managing Director of Nigeria Health Watch, welcomed participants and underscored the central theme of the policy dialogue that maternal deaths are preventable and preventing them is a fundamental national responsibility.

She emphasised that Nigeria's persistently high maternal mortality is not an inevitable outcome of pregnancy or childbirth, but a reflection of systemic challenges, including gaps in healthcare financing, access to quality services, and health system capacity. She noted that countries which have achieved substantial reductions in maternal mortality have done so through sustained political commitment, strategic investment, and coordinated health system reforms.

Vivianne stressed the importance of aligning financing, policy, and innovation to strengthen maternal healthcare and improve outcomes for women and newborns. She called for stronger collaboration among government, the private sector, development partners, civil

society, academia, and communities to identify financing gaps, strengthen accountability, and advance evidence-informed solutions.

She concluded by urging participants to ensure that the dialogue translated into concrete actions and measurable commitments. She emphasised that advocacy must be matched with adequate financing, effective implementation, and accountability to guarantee that every woman, regardless of her location or socioeconomic status, has access to safe, respectful, and quality maternal healthcare.



Ensuring that mothers survive childbirth should not depend on donor funding. It should be one of the most fundamental responsibilities of any nation."

- Vivianne Ihekweazu

Managing Director, Nigeria Health Watch



TECHNICAL SESSION

Following the opening remarks were technical presentations delivered by Dr Dayo Adeyanju, National Lead of the Maternal and Neonatal Mortality Reduction Innovation Initiative (MAMII), and Dr Biobele Davidson, Lead, Strengthening Health Systems at BudgIT Foundation.

Domestic Resource Mobilisation – Building an Investment Case for Maternal Health Care Delivery

Dr Dayo Adeyanju

National Lead, Maternal and Neonatal Mortality Reduction Innovation Initiative (MAMII)



Dr Dayo Adeyanju opened the technical session by providing an overview of Nigeria's maternal health landscape, noting that the country continues to bear one of the highest maternal mortality burdens globally. Despite years of policy reforms and targeted interventions, progress has remained inconsistent. He observed that although maternal health has remained a national priority, mortality trends have fluctuated over the past decade rather than demonstrating sustained improvement, underscoring the need for more effective implementation and financing of maternal health interventions.

WHY MATERNAL HEALTH FINANCING MATTERS

Dr Adeyanju presented the Nigeria Health Sector Renewal Investment Initiative (NHSRII) as the Federal Government's principal framework for transforming the health sector. The initiative is structured around four strategic pillars focused on strengthening governance, improving

population health outcomes, advancing health security and service delivery, and reinforcing health system capacity.

A key feature of the reform is its adoption of a Sector-Wide Approach (SWAp), which seeks to bring government and development partner investments together through a common national plan, budget, monitoring framework, and implementation structure.



He further highlighted Nigeria's fully costed national operational plan for Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N), which is estimated to require ₦3.68 trillion between 2025 and 2026. Meeting this investment requirement will depend significantly on increased domestic financing. Sustained

domestic investment, he noted, is essential to strengthening emergency referral systems, expanding access to quality maternal healthcare, increasing state ownership, and improving maternal and newborn health outcomes, particularly in high-burden states.

KEY FINANCING AND IMPLEMENTATION CONSTRAINTS

Despite the reforms and financing mechanisms currently in place, Dr Adeyanju identified several factors that continue to hinder progress:

01 Inadequate Domestic Financing

Current government allocations and partner contributions remain insufficient to fully finance Nigeria's maternal health operational plan, leaving a significant financing gap.

02 Low Budget Execution

Beyond budget allocations, implementation remains a major challenge. On average, only about 44.5% of approved health budgets are eventually released or utilised, limiting the delivery of planned maternal health interventions.

03 Competing Development Priorities

Health allocations are often reduced during the budgeting process as resources are redirected to competing national priorities,

affecting the timely implementation of maternal health programmes.

04 Uneven Sub-national Performance

While some states have demonstrated strong budget execution and improved maternal and newborn health outcomes, others continue to lag behind, resulting in significant disparities across the country.

05 Fragmented Investments

Although the Sector-Wide Approach is improving coordination, continued fragmentation of investment among government, development partners, states, and implementing agencies has remained a challenge to maximum impact.

Dr Adeyanju emphasised that reducing maternal mortality will require sustained domestic resource mobilisation and stronger accountability for health financing. He stressed that health financing should be viewed not merely as a recurrent expenditure, but as a strategic investment in Nigeria's human capital, economic productivity, and long-term development.



"There is no shortcut. If we are serious about improving maternal and newborn survival, we must continue investing in health

- Dr Dayo Adeyanju

National Lead
Maternal and Neonatal Mortality Reduction
Innovation Initiative (MAMII)





MATERNAL HEALTH FINANCING LANDSCAPE

Dr Biobele Davidson

Lead, Strengthening Health Systems,
Budget Foundation



Dr Biobele Davidson brought the discussion closer to the human consequences behind Nigeria's maternal mortality statistics. She emphasised that each death represents the loss of a mother, daughter, sister, or wife, with consequences that extend beyond the individual to families, communities, and the wider society.

She noted that the major causes of maternal mortality in Nigeria, including postpartum haemorrhage, hypertensive disorders of pregnancy, obstructed labour, and sepsis are well established. However, many of these deaths can be prevented when women have timely access to quality healthcare, adequate financial protection, and a functional primary healthcare system.

FINANCING AS A DETERMINANT OF ACCESS AND SURVIVAL

Dr Davidson emphasised that the question of who pays for healthcare is central to whether women can access maternal services when they need them. Nigeria's continued reliance on out-of-pocket payments creates significant financial barriers, particularly for women and households with limited resources.

She noted that inadequate health insurance coverage leaves many vulnerable

populations exposed to potentially catastrophic healthcare costs. In addition, insufficient communication about the availability and scope of free maternal health services can create uncertainty and discourage women from seeking care, particularly when they encounter unexpected charges at health facilities.



PERSISTENT GAPS IN THE MATERNAL HEALTH FINANCING SYSTEM

Dr Davidson identified several systemic challenges that continue to constrain maternal health outcomes:

01 Inadequate Financing

Limited domestic investment in maternal health continues to affect the availability and quality of essential maternal and newborn health services.

02 Weak Health Systems

Persistent weaknesses across the health system, particularly at the primary healthcare level, continue to limit access to quality maternal healthcare.

03 Poor Service Delivery

Many Primary Healthcare Centres do not consistently provide the full package of essential maternal health services, limiting opportunities for early detection and management of pregnancy-related complications.

04 Weak Accountability and Public Financial Management

Delayed budget releases, poor budget execution, and inadequate accountability mechanisms reduce the effectiveness of investments in maternal health and limit service delivery.

05 Limited Financial Protection

Low health insurance coverage and high out-of-pocket payments continue to discourage women, particularly those in vulnerable and informal populations, from accessing timely maternal healthcare.



PROGRESS AND EMERGING OPPORTUNITIES

Despite these challenges, Dr Davidson highlighted several developments that provide opportunities for further progress. These include identifying the 172 Local Government Areas with the highest maternal mortality burden, growing public and institutional advocacy for maternal health, revitalising Primary Healthcare Centres, increasing the deployment of community health workers, and expanding digital health systems to strengthen data collection, quality, and decision-making.

She concluded by reiterating that maternal mortality is a shared societal responsibility. Addressing it will require stakeholders to move beyond acknowledging the scale of the problem and work collectively to ensure that financing, health system capacity, accountability, and access to care are strengthened in ways that reach every woman, including those whose voices are rarely heard in formal policy discussions.



“The commitments we make in this room must not remain on paper. They must translate into action because reducing maternal mortality requires all of us to play our part.”

Dr Biobele Davidson

*Lead, Strengthening Health Systems,
BudgIT Foundation*



ROUNDTABLE DISCUSSIONS

The roundtable discussions were structured around two key themes: maternal health financing, which explored the financing landscape, implementation gaps, and accountability mechanisms; and maternal health innovations, which examined proven solutions, barriers to scale and opportunities for sustainable adoption. The following recommendations emerged from the discussion:

A. BUILDING A COMPLETE MATERNAL SURVIVAL SYSTEM AT THE LOCAL GOVERNMENT LEVEL

The discussions highlighted that preventing maternal deaths requires more than the presence of individual health facilities or isolated interventions. At the Local Government Area (LGA) level, maternal survival depends on a connected system in which four critical functions operate together: functional Basic Emergency Obstetric and Newborn Care (BEmONC) facilities; Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facilities for referral; community health workers who identify and monitor pregnant women; and emergency transportation to move women quickly during complications. Participants stressed that the failure of any one of these functions can compromise the entire care pathway.

Data presented from Nigeria's highest-burden states illustrated the scale of the

gap. Although a majority of facilities can perform basic emergency obstetric functions (BEmONC), only a fraction have comprehensive emergency obstetric capacity (CEmONC), and very few have engaged community health workers for referral support; and only a small proportion have functioning emergency transport.

Participants also stressed that infrastructure and equipment cannot deliver impact in isolation. Without community-level mechanisms to identify women, encourage care-seeking, and facilitate referrals, even well-equipped facilities may remain disconnected from the communities they are intended to serve.



“A CEmONC facility can be fully equipped and ready to provide life-saving care, but if a woman cannot get there in time because there is no emergency transport, the service remains inaccessible. In the same way, a BEmONC facility cannot serve women it never reaches. The community linkage is critical.”

- Dr Olumide Okunola

Senior Health Specialist, World Bank Group

B. THE BUDGET IMPLEMENTATION GAP

The financing challenge facing maternal health in Nigeria was described less as a failure to identify needs and more as a failure to convert plans and appropriations into actual expenditure. Participants noted that Nigeria has developed policies, strategies, and costed plans for the health sector, but the impact of these commitments is weakened when approved funds are not released or fully utilised.

At the state level, only an average of 44.5% of allocated health budgets are eventually released or utilised. Some states, including Jigawa and Ekiti, have performed considerably better, recording execution rates above 70%. However, it is also important to recognise progress, as health allocations have increased substantially, with approximately ₦1.48 trillion released for health across the 36 states in 2025 and implementation averaging 60%.

Participants pointed to the budget process itself as a major source of constraint. Health authorities may prepare budgets based on evidence and identified needs, but the resources ultimately available to the sector can be reduced as budgets move through broader national prioritisation and financing processes.

This was linked to a wider concern about how health expenditure is perceived. Rather than being treated solely as a cost to be managed, investments in health, including maternal health, should be understood as investments in human capital, productivity, household stability, and economic development.

The ability to track and advocate for funding is also affected by weaknesses in planning and budget alignment. Where state budgets are not sufficiently linked to



the Annual Operational Plan (AOP), it becomes difficult to establish whether priority activities were budgeted for, whether funds were released, and whether they were ultimately spent. This limits the quality of evidence available for accountability and advocacy.



"If the budget is not properly aligned with the Annual Operational Plan, it becomes difficult to establish what was actually prioritised, what was budgeted, and what was eventually released. Without that visibility, it is difficult to track implementation and build a strong case for further financing."

– Dr Chinekwu Oreh

Senior Health Specialist, Nigeria Governors' Forum

Participants also identified the quality of funding request memos as a practical factor affecting disbursement. Inadequately developed requests and weak justifications can delay the release of funds that have already been approved.



"Sometimes the problem begins with the request for funds. If the memo is poorly prepared and does not clearly communicate the need, the amount required, and the justification for the request, it becomes difficult for the approving authority to make a decision. A weak request can delay the release of funds that have already been budgeted."

– Gabriel Okeowo

Senior Officer, Policy, Advocacy & Communication, Gates Foundation





C. STRENGTHENING DOMESTIC FINANCING THROUGH POLITICAL PRIORITISATION AND ACCOUNTABILITY

Participants noted that Nigerian states now generate significantly more internal revenue than a decade ago, and that domestic resource mobilisation today is less a resource-availability problem than a matter of prioritisation and political will.

The Basic Health Care Provision Fund (BHCPF) was identified as a significant source of financing for primary healthcare, with approximately \$1.5 billion available to states, subject to the fulfilment of established conditions, including counterpart funding requirements and compliance with minimum service standards.

Participants emphasised that the effectiveness of such financing mechanisms depends heavily on accountability. Under the BHCPF, facilities are expected to account for previous disbursements before accessing subsequent funding. This requirement is intended to ensure responsible use of funds and promote a more equitable distribution of resources across facilities and states.

Beyond existing mechanisms, participants proposed additional approaches to strengthening domestic financing. These included directing a portion of constituency development resources towards expanding health insurance coverage and developing State Health Trust Funds supported by internally generated revenue or other

predictable state-level financing sources. Such mechanisms were viewed as particularly important for sustaining interventions that initially rely on pilot funding or donor support. The objective is to ensure that effective programmes do not disappear when external financing ends but instead transition into sustainable government-supported systems.



“There is significant financing available through the BHCPF, but states must meet the required conditions and establish the necessary systems to access and utilise these funds. The conversation around health financing must therefore go beyond the availability of resources to the prioritisation and effective use of resources.”

– Dr Longji Benji Dakum

BHCPF Ministerial Oversight Committee (MOC) representative





D. THE HEALTH WORKFORCE BOTTLENECK IN EXPANDING EMERGENCY OBSTETRIC SERVICES

The shortage and uneven distribution of skilled health workers emerged as a major constraint to the expansion of emergency obstetric care. Participants noted that requirements for CEmONC facility empanelment under the National Health Insurance Authority (NHIA), including the availability of a resident obstetrician-gynaecologist, may be difficult for many facilities to meet, given the scale of health worker attrition and shortages.

Stakeholders indicated that these requirements are being examined, including the potential use of task-shifting arrangements that would allow appropriately trained and certified providers to perform selected procedures, including Caesarean Sections, where appropriate. Such approaches were discussed as potential short- to medium-term responses while broader workforce challenges are addressed.

The sustainability of donor-supported recruitment was also raised. Development partners may help states recruit and deploy health workers during the initial phase of an intervention, but long-term sustainability requires states to assume responsibility for these workers and integrate them into their own payroll systems.

Without a clear transition from donor-supported employment to government ownership, investments in health workforce expansion risk being temporary rather than transformative.



“Development partners can support recruitment and deployment in the short term, but states ultimately need to take ownership of the health workforce by integrating these workers into sustainable government financing and payroll systems.”

– Dr Amina Dorayi

Regional Portfolio Director, West & Central Africa, Pathfinder International



E. CONNECTING COMMUNITIES TO CARE AND ADDRESSING GEOGRAPHIC INEQUITIES

The distribution of healthcare infrastructure remains highly uneven across Nigeria. Participants observed that functional facilities and more advanced services are disproportionately concentrated in urban centres and state capitals, leaving many rural communities with limited access to essential maternal healthcare.

The proposed baseline for primary healthcare access was at least one functional facility in every ward. However, participants recognised that a single facility may be insufficient in wards with larger or more dispersed populations.

The role of community health workers featured prominently in the discussion. Participants argued that they should be treated as an integral part of the maternal health delivery system rather than as an additional or optional layer of care.

Community health workers provide the connection between households and health facilities. They identify pregnant women, encourage antenatal care, provide information to families, recognise warning signs, support referrals, and help activate transport during emergencies.

Participants, therefore, cautioned that investments in facilities and equipment will have a limited impact if women are not

connected to those services. A strong community health system is essential to ensuring that women reach the right facility at the right time.



“Community health workers are not an optional addition to the maternal health system. They are an important link between the household and the health facility, particularly for women living in rural and underserved communities.”

– Dr Nana Sandah-Abubakar

*Director, Community Health Services,
National Primary Health Care Development
Agency (NPHCDA)*





F. WHY SUCCESSFUL INNOVATIONS STRUGGLE TO MOVE BEYOND THE PILOT STAGE

The discussions on innovation examined why many of Nigeria's maternal health innovations demonstrate success at the pilot stage but fail to scale. Participants agreed that Nigeria has no shortage of creative innovators or promising solutions, the recurring problem is that implementation stops once external funding ends, and only few innovations become embedded in government programmes or domestic financing.

Development partners in the room explained that their role is increasingly focused on generating evidence, testing

models, and demonstrating impact rather than providing indefinite funding for implementation. As a result, governments are expected to demonstrate their own financial and institutional commitment before further external support is provided.

Participants noted that scaling digital health solutions also requires attention to the foundations that make digital systems effective. These include digital literacy among health workers, appropriate data governance, privacy protections, and interoperability between platforms.



"Development partners can help generate evidence and demonstrate what works, but long-term sustainability requires government ownership. States need to demonstrate their commitment by contributing resources and showing that they are prepared to invest in solutions beyond the period of external funding."

– Iyadunni Olubode

Lead of Kenya and Nigeria Programmes,
MSD for Mothers



"Before we scale digital health solutions, we also need to strengthen the systems that support them including digital literacy among health workers, data governance, data privacy, and interoperability."

– Ms Muriel Mafico

Resident Representative,
UNFPA Nigeria





H. FROM STRATEGY TO SUSTAINABLE IMPLEMENTATION

The overarching message from the Roundtable was that Nigeria does not lack policies, strategic frameworks, costed plans, or promising interventions capable of contributing to reductions in maternal mortality. The central challenge is ensuring that these existing commitments are implemented consistently, financed sustainably, and translated into measurable improvements in the lives of women and newborns.

Participants, therefore, called for a stronger focus on execution. This requires clearer institutional ownership, improved coordination across government and partners, predictable domestic financing, and accountability mechanisms that track not only whether funds were allocated, but whether they produced results.

Legislative institutions were identified as important actors in this process. The National Assembly and State Houses of Assembly have responsibilities that extend beyond approving health budgets. They must also monitor implementation, scrutinise the use of public resources, and hold relevant institutions accountable for

delivering on approved commitments. However, participants noted that effective legislative oversight requires legislators to have a stronger understanding of health financing, budget processes, and the factors that influence health outcomes.

The ultimate measure of progress, participants argued, should not be the number of strategies developed, interventions launched, or funds appropriated. It should be whether women can access functional services when they need them, whether emergency referrals work, whether health facilities are adequately staffed and equipped, and whether maternal and newborn deaths are measurably declining.

The discussions therefore pointed to the need for a shift from measuring commitments and activities to measuring functionality, access, service utilisation, accountability, and survival outcomes.



“Strengthening the ability of state assembly parliamentarians to effectively monitor fund releases and implementation is an important part of improving resource utilisation.”

– Senator Ibrahim Yahaya Oloriegbe
Chairman, Governing Council, National Health Insurance Authority (NHIA)



“The measure of success should not be how many strategies we develop or how much money we allocate. We need to ask whether the funds are released, whether facilities are functional, whether women can access care, whether emergency referrals work, and whether maternal and newborn deaths are actually declining.”

– Dr Biobele Davidson
Lead, Strengthening Health Systems, BudgIT Foundation





RECOMMENDATIONS

The following key recommendations emerged from the roundtable discussions:

01 STRENGTHEN EVIDENCE-BASED ADVOCACY FOR HEALTH FINANCING:

Strengthen the evidence base to identify precisely where financing gaps occur, whether in budget allocation, fund release, budget execution, or service delivery and direct advocacy toward the actual decision-makers who control these levers.

02 STRENGTHEN LEGISLATIVE AND CIVIL SOCIETY OVERSIGHT:

1. Build the capacity of State Houses of Assembly health committees and parliamentarians to strengthen oversight of health financing and programme implementation, and foster stronger partnerships between legislators and civil society organisations to jointly drive accountability.

03 STRENGTHEN COMMUNITY HEALTH SYSTEMS:

Invest in community health worker systems so that every pregnant woman is identified early, encouraged to attend antenatal care, reliably linked to referrals and emergency transport, and consistently followed up.

04 DIVERSIFY DOMESTIC FINANCING MECHANISMS:

Explore complementary domestic financing mechanisms, including dedicating a share of constituency development funds to health insurance enrolment and strengthening State Health Trust Funds, to reduce dependence on donor financing and sustain proven interventions.

05 EMBED SUSTAINABILITY INTO INNOVATION DESIGN:

1. Ensure that maternal health innovations are designed with clear sustainability plans, domestic financing pathways, and government ownership from inception, rather than relying on continued donor funding beyond the pilot stage.

06 INVEST IN DIGITAL HEALTH AS A FIFTH MINIMUM VIABLE PACKAGE (MVP):

1. Integrate digital health solutions as a fifth Minimum Viable Package (MVP) component for primary healthcare revitalisation and facility empanelment, with a focus on maternal health.

07 SHIFT FROM INPUT-BASED TO OUTCOME-BASED ACCOUNTABILITY:

1. Measure progress not only by increased financial allocations but by tangible improvements in functional facilities, service utilisation, improved emergency referral systems, and measurable reductions in maternal and newborn mortality.





IMPACT METRICS

SUMMARY

The roundtable culminated in a communiqué containing 26 recommendations: 13 focused on strengthening maternal health financing, eight on accelerating the scale-up of maternal health innovations, and five cross-cutting recommendations. These were complemented by two institutional commitments from the Nigeria Governors' Forum (NGF) and UNFPA. The event also generated strong visibility on social media, recording 2,117 engagements and 12,669 impressions across platforms. Findings from the post-event survey indicated high levels of participant satisfaction, improved understanding of Nigeria's maternal health financing challenges, and strong confidence that the roundtable's recommendations and commitments could influence maternal health policy and financing outcomes over the following 12 months.



POLICY ENGAGEMENT AND RECOMMENDATIONS

The roundtable provided a multisectoral platform for policy dialogue, bringing together government representatives from the health and finance sectors and the legislature, as well as development partners and civil society organisations. The discussions focused on practical pathways to strengthen domestic resource mobilisation and secure sustainable financing for maternal health. Dialogue centred on two key themes: maternal health financing, including the financing landscape, implementation gaps and accountability mechanisms; and maternal health innovations, with a focus on proven solutions, barriers to scale and opportunities for sustainable adoption.

This dialogue was translated into a set of 26 concrete recommendations captured in the final [communiqué](#), spanning financing reform, innovation scale-up, and cross-cutting advocacy priorities:

RECOMMENDATION AREA	NUMBER AGREED
Strengthening Maternal Health Financing	13
Accelerating the Scale of Maternal Health Innovations	8
Cross-Cutting Recommendations	5
Total	26



Among the financing recommendations, stakeholders prioritised strengthening the evidence base on maternal health financing gaps; expanding advocacy to key decision-makers, including Governors, State Ministries of Finance, Budget Offices, and the Nigeria Governors' Forum; strengthening the oversight capacity of State Houses of Assembly; expanding health insurance coverage for vulnerable populations; and improving the implementation of the Basic Health Care Provision Fund (BHCPF).

Recommendations focused on innovation emphasised integrating digital health tools into routine health system strengthening, increasing domestic investment through Health Trust Funds and health insurance schemes, and ensuring that sustainability and transition plans are incorporated into maternal health innovations from the outset. Cross-cutting recommendations highlighted the need for evidence-based advocacy tailored to specific decision-makers, stronger community health systems, and deeper multisectoral engagement between MAMII and non-health stakeholders.



STAKEHOLDER COMMITMENTS

The roundtable secured two institutional commitments from key stakeholders, signalling tangible follow-through beyond the discussion itself:

1. **Nigeria Governors' Forum (NGF):** Representatives reaffirmed their commitment to prioritising maternal health financing across states, and called on MAMII, development partners, civil society organisations and other stakeholders to hold state governments accountable for translating these commitments into measurable improvements in maternal health outcomes.
2. **UNFPA:** Reaffirmed its commitment to match every dollar spent by the country on improving maternal health outcomes, and to continue supporting Nigeria's local production capacity and health workforce strengthening, including capacity building and upscaling midwives' use of digital tools.



MULTI-SECTOR COLLABORATION

Beyond the formal recommendations, the roundtable strengthened cross-sector alignment on maternal health financing and innovation. Government representatives from health, finance and the legislature engaged directly with development partners and civil society on shared bottlenecks - including weak budget execution, limited accountability mechanisms, and the gap between piloted innovations and their adoption into domestic financing and policy. The cross-cutting recommendations explicitly call for stronger multisectoral engagement between MAMII and other non-health stakeholders to improve alignment, coordination and impact, and for advocacy that strategically engages appropriate decision-makers with credible evidence and tailored messaging - providing a shared basis for coordinated follow-up action across sectors.



SOCIAL MEDIA ENGAGEMENT METRICS

The Maternal Health Roundtable generated strong social media visibility for Nigeria Health Watch, contributing to the event's overall reach and engagement.



KEY METRICS:



12,669

Impressions



2,117

Engagements



16.7%

Engagement Rate (per Impression)



1,145

Post Link Clicks

Tagged Posts Summary

View the performance metrics of your posts with applied tags.

Engagements	Impressions	Engagement Rate (per Impression)	Post Link Clicks
2,117	12,669	16.7%	1,145

Post Performance

Review how your audience interacted with your posts.

Descending by Engagements

Nigeria Health Watch Thu 7/9/2024 8:02 am CEST Reducing maternal mortality demands stronger systems, smarter investments, effective partnerships, and sustained political commitment... Engagements 1,217 Reactions 64 Comments 1 Shares 7 Saves N/A	@nighhealthwatch Thu 7/9/2024 11:05 am CEST Pregnancy and childbirth should be moments of hope, not uncertainty. Yet far too many women in Nigeria still face preventable risks because quality maternal healthcare remains out of reach. Changing this mea... Engagements 174 Likes 39 @Replies 1 Shares 25 Saves N/A	Nigeria Health Watch Thu 7/9/2024 8:02 am CEST Reducing maternal mortality requires more than increased funding. It demands stronger systems, smarter investments, effective partnerships, and sustained political commitment... Engagements 107 Reactions 26 Comments 1 Shares 2 Saves N/A
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AWARENESS, KNOWLEDGE AND POST-EVENT FEEDBACK FINDINGS

Engagement and knowledge outcomes were assessed through a structured post-event survey.

SATISFACTION WITH THE ROUNDTABLE

Respondents rated their satisfaction across five dimensions of the roundtable. Satisfaction was consistently high, with over 75% of respondents “very satisfied” across every dimension assessed:



UNDERSTANDING OF MATERNAL HEALTH FINANCING CHALLENGES

All respondents (100%) reported that the discussions improved their understanding of Nigeria’s maternal health financing challenges, including budget allocation, fund release, financial protection, and last-mile service delivery, with 75% saying this happened “to a very great extent”. This points to a clear, shared strengthening of understanding of financing gaps and bottlenecks among participants, directly in line with the roundtable’s knowledge objectives.



RELEVANCE OF RECOMMENDATIONS

All respondents (100%) found the policy and financing recommendations discussed to be highly relevant to their organisations’ work, with 75% rating them “extremely relevant”.



ANTICIPATED FOLLOW-UP ACTION

When asked how their organisations were likely to act on the roundtable’s discussions and recommendations (with respondents able to select more than one action), 75% indicated that they would strengthen partnerships or collaboration with other stakeholders. Half (50%) said they would advocate for greater accountability in maternal health financing; 25% reported plans to review or influence maternal health policies or financing decisions; and another 25% said they would support the implementation or scale-up of maternal health innovations. Notably, no respondent indicated that their organisation planned to take no action.



WHAT PARTICIPANTS VALUED MOST

The maternal health financing session emerged as the most frequently cited highlight of the roundtable. Respondents found the discussions broadly valuable, with several specifically identifying the financing session as the most impactful for their organisations. When asked which single recommendation or commitment should be prioritised following the roundtable, respondents highlighted the need to address gaps in human resources for health, strengthen advocacy directed at key financing decision-makers, including Governors, State Ministries of Health, Budget Offices, and the Nigeria Governors' Forum, and improve communication and advocacy around which maternal health services are available free of charge at the point of care.



CONFIDENCE IN IMPACT

All respondents (100%) expressed confidence that the commitments and recommendations emerging from the roundtable could influence maternal health financing and policy in Nigeria over the next 12 months. Half (50%) were "very confident," while the remaining 50% were "confident." Notably, no respondent expressed a neutral or negative view regarding the potential for the roundtable's outcomes to drive change.

respondents expressed confidence that the recommendations could influence maternal health financing and policy in Nigeria over the next 12 months



	very confident	confident	not confident
:	50%	50%	0%



CONCLUSION

The Maternal Health Roundtable made clear that Nigeria has reached a decisive point in its efforts to reduce maternal mortality. The country is not starting from a position of having no solutions. Important policies have been developed, implementation plans have been costed, financing mechanisms established, and promising innovations tested. The defining challenge now is whether these commitments can be translated into sustained action at the scale required to save lives.

The discussions demonstrated that Nigeria's maternal health crisis is, in significant part, an implementation crisis. The existence of a policy or an approved budget does not guarantee that a woman will receive the care she needs. For commitments to translate into survival, funds must be released and utilised effectively, health facilities must be functional, skilled health workers must be available, referral pathways and emergency transportation must work, and community systems must ensure that women are connected to care early and consistently.

The same principle applies to innovation. Nigeria has demonstrated its capacity to develop and pilot solutions that can improve maternal health outcomes. However, the impact of these innovations will remain limited if they are unable to transition from externally supported projects into sustainable, government-owned systems. Sustainability, domestic financing, institutional ownership, and integration into routine service delivery must therefore be considered from the beginning, not after a pilot has already demonstrated success.

Moving forward, participants underscored the need to accelerate the implementation of the Nigeria Health Sector Renewal Investment Initiative, strengthen transparency and accountability within the Basic Health Care Provision Fund, and expand domestic financing for maternal health. They also identified sustained investment in community health workers, emergency transportation, the health workforce, primary healthcare facilities, digital health infrastructure, and legislative oversight as essential to closing the gap between policy commitments and outcomes.

The Roundtable further reinforced that maternal health cannot be treated as the responsibility of the health sector alone. Reducing maternal mortality requires political leadership, effective public financial management, coordinated action across sectors, and sustained engagement from government, development partners, the private sector, civil society, communities, and other stakeholders. It also requires a fundamental shift in how progress is assessed from the number of policies developed or funds approved to whether women can access affordable, timely, and quality care.

PICTURE GALLERY







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