

NIGERIA HEALTH INTELLIGENCE REPORT

Accelerating Change: Insights into Nigeria's Health Sector Transformation



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About Nigeria Health Watch

Nigeria Health Watch is a not-for-profit health communication and advocacy organisation that seeks to advocate for improved access to quality healthcare for all Nigerians, by engaging and supporting government and partners in the formulation and implementation of effective health policies. We hold duty bearers accountable for delivering affordable and quality healthcare to Nigerians.

Our unique strength lies in our expertise in communications, enabling the organisation to deliver evidence-based solutions, communications and advocacy campaigns that address critical health challenges in Nigeria.

Founded in 2007, Nigeria Health Watch has

- Established itself as a trusted voice in Nigeria's health sector, offering in-depth analysis and informed commentary on pressing health issues.
- Led conversations on essential issues from maternal and child health to nutrition, to infectious diseases, to climate change through informed health dialogues.
- Delivered insights and recommendations to policymakers and relevant stakeholders, contributing to health reforms that benefit vulnerable communities
- Promoted solutions-oriented journalism, our thought leadership and solutions journalism pieces highlight positive developments and model practices in healthcare

Our advocacy and communications reach millions through our digital presence, including

- Weekly thought leadership and solutions journalism articles focusing on innovative health solutions and in-depth health issue analysis.
- A comprehensive weekly health news round-up that keeps the public and health professionals informed on current health trends.
- Social media channels that engage a broad audience in ongoing health conversations and promote community health awareness.
- Radio and Tv shows that inform every class of citizens on pressing issues facing their immediate community, and actionable solutions.

Connect with us:

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ACRONYMS

FMoHSW	Federal Ministry of Health and Social Welfare
WHO	World Health Organization
PHC	Primary Health Care
NCDC	Nigeria Centre for Disease Control
WASH	Water, Sanitation, and Hygiene
PVAC	Presidential Initiative for Unlocking the Healthcare Value Chain
BHCPF	Basic Health Care Provision Fund
NHA	National Health Act
NHIA	National Health Insurance Authority
RESMAT	Rural Emergency Service and Maternal Transport
NEMSAS	National Emergency Medical Service and Ambulance System
NCD	Communicable Diseases
DHIS2	District Health Information System 2
MSDAT	Multi-Source Data Analysis Tool
NTSTS	National NCD Task-Shifting and Task-Sharing Policy
SDGs	Sustainable Development Goals
FGDs	Focus Group Discussions
KIIs	Key Informant Interviews
HHS	Household Surveys
MAMA	Maternal Mortality Action
LGAs	Local Government Areas
USAID	United States Agency for International Development
UNICEF	United Nations International Children's Emergency Fund
NPHCDA	National Primary Health Care Development Agency
NHW	Nigeria Health Watch
AFENET	African Field Epidemiology Network
GAVI	Global Alliance for Vaccines and Immunizations
JEE	Joint External Evaluation
NiMet	Nigerian Meteorological Agency
WFP	World Food Programme

Introduction

Nigeria's health sector is undergoing a fundamental transformation, driven by the Federal Ministry of Health and Social Welfare's Strategic Vision (2023-2026). The Nigerian Health Sector Renewal Investment Initiative ([NHSRII](#)) through a sector-wide approach aligns with the [4-Point Agenda](#) which is focused on four pillars, effective governance, advancing an efficient, equitable, and quality health System, unlocking healthcare value chains, and enhancing health security—represents a focused approach to addressing longstanding gaps in healthcare access and quality. This agenda aligns with the goal of achieving Universal Health Coverage (UHC) and aims to build a resilient healthcare system that can respond effectively to Nigeria's evolving health needs.

Over the years, Nigeria has faced persistent challenges in maternal, newborn, and child health (MNCH), nutrition, and primary healthcare (PHC), compounded by systemic issues in governance and limited resources. With maternal and child mortality rates remaining among the highest globally, and malnutrition affecting millions, particularly in rural areas, there is a critical need for structural reform to improve healthcare delivery and access. The historical inadequacies in PHC and limited availability of healthcare professionals and infrastructure have further highlighted the urgency for sustainable solutions in these areas.

The new strategic vision seeks to integrate reforms across all levels of the health system by prioritizing governance efficiency, resource equity, and infrastructure enhancement. Under this framework, efforts to revitalize primary healthcare centres, expand healthcare financing, improve service delivery, and address workforce shortages are essential for building a more accessible and effective healthcare system. The strategic agenda emphasizes strengthening partnerships with both national and international stakeholders, fostering collaboration to overcome the financial and operational limitations.

This intelligence report offers a comprehensive analysis of the health sector's progress in implementing the 4-Point Agenda, with the sole aim of capturing efforts in health system strengthening. By examining the successes, challenges, and gaps in these areas, this report serves as a resource for policymakers, healthcare professionals, and stakeholders, guiding them toward informed, evidence-based decision-making in support of Nigeria's health sector transformation.

Scope, Purpose and Objectives

This Health Intelligence Report provides an independent, data-driven analysis of Nigeria's health sector, focusing on the progress, successes, and challenges in implementing the ¹four-point agenda. Covering the period between May and November, the report covers critical health focus areas, including maternal and child health, nutrition, routine immunization, water, sanitation, and hygiene (WASH), and primary healthcare.

The primary objectives of this report are to:



Track progress: Evaluate the status of Nigeria's health sector in line with the four-point agenda, highlighting measurable achievements and areas requiring improvement.



Provide insights: Offer evidence-based insights on policy implementation and its impact across national and state levels, emphasizing both strengths and persistent challenges.



Inform and engage: Serve as an information resource for policymakers, healthcare professionals, and international partners, fostering awareness of the health sector's landscape.



Advocate for action: Identify priority areas that demand immediate or strategic action, supporting evidence-based recommendations for improved healthcare delivery.

¹<https://www.health.gov.ng/Source/1/About-Us#:~:text=MINISTER%27S%204%2DPOINT,SECURITY%20FOR%20NIGERIANS>

Methodology and Data Sources

To ensure a thorough and reliable analysis, this report integrates a combination of qualitative and quantitative methods. This mixed-methods approach allows for a comprehensive evaluation, covering both high-level metrics and nuanced, and community-based insights. Below is an overview of the methodology and the key data sources utilized in this report:

- **Social Listening:** AI-powered social listening tools were deployed to gauge public sentiment and perceptions surrounding Nigeria's health policies. This approach involved tracking governmental updates, trends and progress on the New Strategic Vision for the Health Sector, monitoring online conversations, particularly on social media platforms (X, Facebook, and LinkedIn) between May and November 2024, to understand the public's view on health issues, policy effectiveness, and areas of concern. This data provides a real-time lens into public opinion and helps identify gaps between policy intent and community reception.
- **Media Monitoring:** Media monitoring was employed to track discussions, trends, and public sentiment related to Nigeria's health policies and the four-point agenda. By analysing communications from the Federal Ministry of Health and Social Welfare (FMoHSW) and public reactions across multiple media channels such as X (formerly Twitter), Facebook, and LinkedIn, including press briefings and media appearances. This report captures both policy-level narratives and grassroots perspectives on health sector initiatives.
- **Community-Based Perception Surveys:** Annual and monthly ²perception surveys conducted by Nigeria Health Watch provided direct community insights into healthcare services across six focal states: Niger, Kano, Lagos, Akwa-Ibom, Borno, and Enugu. These surveys engaged over 9,000 households, employing a mixed-method approach that combined quantitative household surveys with qualitative methods, including Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). The surveys explored healthcare accessibility, service quality, and regional disparities, offering valuable grassroots feedback on health equity and service delivery. A multi-stage cluster sampling technique was used to identify households within the six targeted states. The states were chosen based on their strategic relevance to the health sector's goals, considering regional diversity and varying healthcare performance levels. Within each state, six Local Government Areas (LGAs)—three

²<https://app.powerbi.com/view?r=eyJrJoiZGU2M2UxYWYiN2MwYy00MTM5LWFjZWUIMjg0ODM5MzQxZmJlIiwidCI6ImM2ZmQ2YzU1LWJlZTctNGVhNy04MGUyLTZlZWQyOTRhMmYy1NCj9&disablecdnExpiration=1730136225>

rural and three urban—were deliberately selected to ensure balanced representation of healthcare experiences.

The LGA selection criteria focused on ensuring diverse and representative insights by including areas with varying population densities (urban and rural), geographic diversity (different regions), socio-economic backgrounds, and PHC service performance (both high-performing and under-resourced facilities). This approach provided a comprehensive understanding of disparities in healthcare access and delivery.

 **Secondary Data Analysis:** Established data sources such as the ³[Multi-Source Data Analysis Tool \(MSDAT\)](#) and the ⁴[District Health Information System 2 \(DHIS2\)](#) were essential in providing objective, quantitative metrics. These databases include statistics on healthcare utilization, immunization rates, and health outcomes, allowing for trend analysis and progress tracking on key health indicators aligned with the four-point agenda.

 **Expert Interviews:** To gain professional insights, this report draws on interviews with high-level experts from diverse areas of Nigeria's health sector. These experts were selected from key government agencies heavily involved in the New Strategic Health Vision, as well as top private organizations collaborating with the Federal Ministry of Health and Social Welfare (FMoHSW). A total of 5 experts were interviewed, with representation across the four key agenda points of the strategic vision. Their insights on policy effectiveness, operational challenges, and future priorities added depth to the quantitative findings.

 **Policy Implementation Reviews:** In-depth reviews of policy implementation assess the practical outcomes of health initiatives and reforms. This includes evaluating both government and partner-led initiatives to understand the efficacy and reach of programs within Nigeria's health framework. The policy review component helps identify bottlenecks in implementation and highlights successful practices.

 **Community Health Watch Reports:** Nigeria Health Watch's ⁵[Community Health Watch Reports](#) document the live experiences of individuals accessing healthcare in Kano and Niger states. These reports offer contextual insights that go beyond statistics, revealing on-the-ground realities of healthcare delivery and the impact of policies on local communities. This qualitative data enriches the report's findings by illustrating personal and community-level impacts.

 **Triangulation with the State of Health Report 2024:** Launched at the Joint Annual Review (JAR2024), this recent report provided updated statistical data on the progress

³<https://app.powerbi.com/view?r=eyJrJoiZGU2M2UxYWYtN2MwYy00MTM5LWFZIWUHMjg0ODM5MzQxZmJlIiwidCI6ImM2ZmQ2YzU1LWJlZTtNGVhNy04MGUyLTZlZWQyOThhMmY1NCJ9&disablecdnExpiration=17301362Z5>
⁴https://msdat.fmoconnect.gov.ng/dashboard/Health_Service_Access
⁵<https://dhis2nigeria.org.ng/dhis/dhis-web-commons/security/login.action#/mmYGLEpUB97>

and achievements of the FMoHSW's New Strategic Health Vision. This source was essential in refining specific sections of this report, especially those detailing the latest developments in healthcare financing, infrastructure upgrades, and health outcomes in Nigeria.

Data Limitations and Quality Assurance

The report's commitment to high data quality is met through several validation and quality assurance techniques. This includes cross-referencing findings from multiple sources, such as MSDAT and DHIS, and employing standardized quality checks for survey responses. However, certain limitations remain, including the accessibility challenges encountered in remote regions, potential biases in social media sentiment analysis, and the availability of the most recent health metrics. These challenges are mitigated where possible through rigorous quality assurance practices, ensuring that the data presented remains robust and reliable.

Ethical Considerations

This report adheres to high ethical standards in data collection, particularly in conducting the Community-Based Perception Surveys, which obtained ethical approvals to align with national and international research ethics. Survey participants were fully informed of the purpose of data collection, and informed consent was obtained to safeguard their privacy and uphold confidentiality. Additionally, data storage and handling practices adhere to best practices, ensuring that sensitive information is securely protected. These efforts reflect Nigeria Health Watch's commitment to ethical data use, maintaining responsible and secure handling of all participant information.

Progress on the Four-Point Agenda Implementation

Pillar 1: Effective Governance



\$500 million

Nigerian Health Sector Renewal Investment Initiative (NHSRII): With substantial financial backing, including a \$500 million World Bank loan, NHSRII has set ambitious goals to reduce maternal and child mortality and build over [17,000 functional Primary Healthcare Centers \(PHCs\) nationwide](#)

\$570 million

Sector-Wide Approach (SWAp): Supported by the World Bank Multidimensional Trust Fund (WB MDTF) with **\$570 million** and an additional **\$260 million** from the government, through the assistance of development partners

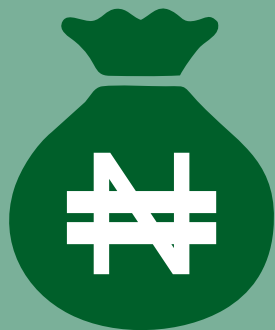


Health Workforce Migration Policy: Recently, The FMoHSW launched a National Policy on Health Workforce Migration 2024 during the 65th National Council of Health (NCH) in November 2024. The policy is essential for curbing brain-drain and retaining skilled health professionals.

The allocation of

N12.9 billion

in BHCPF funds to critical health agencies in late 2024 highlights progress in governance and resource allocation, advancing Nigeria's journey toward achieving **Universal Health Coverage (UHC)**.



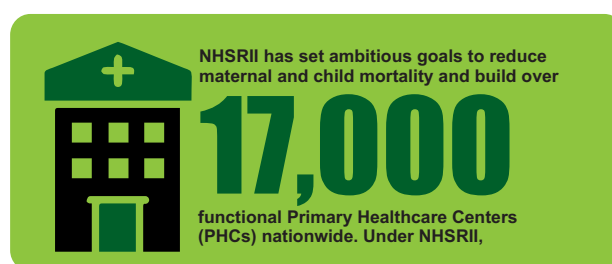
Progress on the Four-Point Agenda Implementation

Pillar 1 Effective Governance

The Effective Governance pillar of the four-point agenda focuses on building a unified, efficient, and responsive healthcare system by strengthening regulatory frameworks, promoting collaboration, and ensuring that healthcare policies align across all levels of government. This section evaluates progress across four foundational initiatives:

- The Nigerian Health Sector Renewal Investment Initiative (NHSRII)
- The Sector-Wide Approach (SWAp)
- The National Health Act (NHA), and
- The Health Workforce Migration Policy.

Nigerian Health Sector Renewal Investment Initiative (NHSRII): Launched in December 2023, the [NHSRII](#) represents a significant investment in Nigeria's health infrastructure, aimed at achieving Universal Health Coverage (UHC) and improving population health outcomes. The NHSRII framework promotes collaborative policy implementation through the creation of the Programme Management Unit (PMU), which coordinates federal and state efforts and monitors policy progress.



efforts to expand training programs for healthcare professionals and improve primary healthcare delivery are well underway. This initiative has begun to address geospatial disparities by targeting underserved regions, demonstrating the government's commitment to equitable healthcare accessibility.

Sector-Wide Approach (SWAp): The Sector-Wide Approach ([SWAp](#)) is a foundational element of NHSRII, promoting a collaborative and accountable governance structure. SWAp facilitates shared responsibility between federal and state health authorities, donors and partners, coordinating policy implementation through quarterly joint action review meetings in the spirit of one plan, one budget and one conversation. These meetings bring stakeholders together to align priorities, address operational challenges, and optimize resource use.



through the assistance of development partners, SWAp strengthens subnational alignment, ensuring that state health strategies are in harmony with national priorities while accommodating local needs. States such as Lagos and Ekiti have effectively aligned their health programs under SWAp, demonstrating the model's capacity to drive cohesive healthcare improvements across Nigeria's varied regions.

National Health Act (NHA): The National Health Act (NHA) of 2014 serves as the legal backbone of Nigeria's healthcare governance, defining the roles of federal, state, and local governments in healthcare service delivery. Through the NHA, Nigeria has established regulatory standards that support NHSRII and SWAp initiatives, aiming to reduce bureaucratic fragmentation and enhance service quality. Implementation of the NHA has seen growing compliance across states, with regulatory improvements now allowing for faster policy rollout and enforcement. The NHA also lays the groundwork for other policies, such as the Health Workforce Migration Policy, by emphasizing workforce standards and professional retention strategies, which are critical for achieving effective governance and sustainable health services.

Health Workforce Migration Policy: To address the persistent challenge of healthcare workforce migration, often referred to as "brain drain," the Nigerian Government introduced the Health Workforce Migration Policy on August 12, 2024. Supported by the NHSRII, the policy seeks to enhance retention by improving working conditions, offering professional development opportunities, and providing incentives to healthcare professionals. In November 2024, during the 65th National Council of Health (NCH), the Federal Ministry of Health and Social Welfare (FMoHSW) officially launched the National Policy on Health Workforce Migration 2024. This initiative is a critical step toward reducing brain drain and ensuring the retention of skilled health professionals in Nigeria.

Impact and Subnational Alignment

The combined efforts of NHSRII, SWAp, and NHA have led to substantial improvements in Nigeria's health governance framework. The introduction of the PMU and the adoption of SWAp have fostered a collaborative environment, allowing for coordinated federal and state action. Subnational alignment has been particularly impactful in enabling states to adapt national policies to meet local health needs effectively, as seen in the proactive adoption of NHSRII reforms by several states. Additionally, The [Health Workforce Migration Policy](#) holds significant promise in addressing workforce attrition by targeting systemic factors contributing to the challenge, with the potential to enhance service quality and continuity across the health sector.

Despite advancements, challenges in the Nigerian health sector persist. Delays in disbursing Basic Healthcare Provision Funds (BHCPF) hinder timely program implementation, with issues like delayed approvals and misaligned processes between agencies being key contributors. Workforce retention also remains a critical barrier, as poor remuneration and working conditions, particularly in rural areas, drive attrition. However, progress—such as the allocation of [N12.9 billion](#) in BHCPF funds for critical health agencies in late 2024—indicates gradual improvements in governance and resource allocation, positioning Nigeria closer to achieving its UHC goals



N12.9 billion
in BHCPF funds for critical
health agencies in late 2024

Future Enhancements and Sustainability

To further support the goals of Effective Governance, the following elements can reinforce long-term impact:

- 1 Monitoring and Evaluation Reinforcement:** Routine audits and transparent reporting are essential to track NHSRII and SWAp progress, enabling timely adjustments and reinforcing accountability across federal and subnational levels.
- 2 Digital Health Integration:** Integrating digital health tools for data sharing and communication could streamline responses, improve data accuracy, and enhance decision-making in policy execution.
- 3 Subnational Capacity Building:** Providing training and support for local health authorities can bolster state-level implementation, empowering regions to adapt policies effectively to meet local needs.

These additions aim to create a more resilient, responsive governance structure, advancing Nigeria's journey towards Universal Health Coverage and sustained healthcare improvements.

Progress on the Four-Point Agenda Implementation

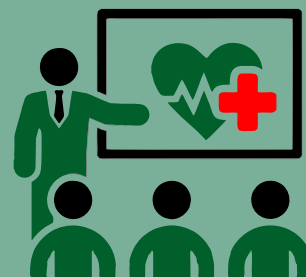
Pillar 2: Efficient, Equitable, and Quality Health System



44 million

Health Insurance Expansion and Financial Protection: The National Health Insurance Authority (NHIA) aims to **increase enrolment to 44 million by 2030**, currently covering 19.1 million people.

Workforce Development and Training: To date, over **43,000 health workers have been trained**, including **36,000 frontline health workers**. Additionally, the Federal Ministry of Health and Social Welfare (FMoHSW) recently launched the **Nigeria Health Workforce Profile 2022**, a data-driven tool designed to enhance workforce planning and inform policy formulation.



8,300 wards

Primary Healthcare Expansion: We have over **8,300 wards with functional PHCs funded through BHCPF**, but the funding disbursement process, especially for World Bank-backed projects, needs simplification to meet our revitalization targets

15%

Dr. Adaeze Oreh highlighted this, stating, "Our current insurance coverage is under **15%**, and to reach more of the **vulnerable**, states must step in with additional equity funding to broaden access



Pillar 2 Efficient, Equitable, and Quality Health System

The Efficient, Equitable, and Quality Health System pillar seeks to establish a sustainable healthcare framework in Nigeria. This includes expanding PHC infrastructure, health insurance for vulnerable groups, workforce development, and ensuring quality service delivery across healthcare facilities. The priority indicators tracked under this pillar include the percentage of functional PHC upgrades, health insurance coverage rates, workforce increases, and improvements in service quality.

Infrastructure Upgrades and Primary Healthcare (PHC) Expansion: Efforts to expand and improve PHCs have progressed under the NHSRII with funding from the Basic Healthcare Provision Fund (BHCPF). Over 8,300 of Nigeria's 8,800 wards now have BHCPF facilities, with facilities upgraded to include essential infrastructure and supplies. States like Katsina have also undertaken PHC expansion efforts, further broadening rural healthcare access.

Furthermore, in an attempt to increase the number of Primary Healthcare (PHC) with full functioning requirements, the FMOHSW has completed infrastructural upgrades in 280 PHCs, and ongoing in about 2500 PHCs.

Health Insurance Expansion and Financial Protection: The National Health Insurance Authority (NHIA) aims to increase enrolment to 44 million by 2030, currently covering 19.1 million people. The expansion of health insurance under the BHCPF has targeted vulnerable populations, with 2 million indigent individuals enrolled, supporting access to essential services. At the state level, Kogi has introduced expanded coverage for persons with disabilities, furthering financial protection and healthcare equity.

Workforce Development and Training: Workforce expansion remains a crucial aspect of this pillar. The national initiative to train 120,000 frontline health workers is intended to build a sustainable, grassroots PHC workforce. This training emphasizes sustainable workforce capacity, particularly within underserved areas, ensuring that PHCs can provide quality care across all regions. So far, over 43,000 health workers have been trained, of which 36,000 of them are frontline health workers. Furthermore, the FMOHSW recently launched a Nigeria Health Workforce Profile 2022, a data driven tool to enhance workforce planning and policy formulation

Quality of Care and Service Delivery: With support from international partners, the Nigerian government has invested in infection prevention, diagnostic capabilities, and technical training. These improvements aim to reduce preventable infections, which cost Nigeria approximately N7.2 trillion annually. In addition, states like Lagos have supported nursing leadership development to enhance care quality and patient outcomes.

Equity and Access Initiatives: To improve equity, the government has supported various programs aimed at vulnerable populations. These include immunization incentives, large-scale HPV vaccinations, and the establishment of standard PHCs in each LGA. These initiatives increase healthcare access and affordability, addressing both healthcare and social determinants of health.

Expert Insights for Enhanced Implementation of The Efficient, Equitable, and Quality Health System pillar

The Efficient, Equitable, and Quality Health System pillar has seen advancements in PHC expansion, health insurance coverage, workforce development, and access equity. Nonetheless, various structural improvements are necessary to meet national healthcare goals effectively.

Primary Healthcare Expansion: Significant strides in PHC infrastructure have been achieved through the Basic Healthcare Provision Fund (BHCPF), enabling over 8,300 wards to establish BHCPF facilities. However, experts highlight the need to simplify the funding disbursement process—particularly for World Bank-assisted projects—to expedite PHC revitalization. Dr. Mukhtar Muhammad, BHCPF Director, emphasized, *“We have over 8,300 wards with functional PHCs funded through BHCPF, but the funding disbursement process, especially for World Bank-backed projects, needs simplification to meet our revitalization targets.”* Streamlined funding access would facilitate faster facility upgrades, ensuring timely access to quality health services in underserved areas.

Collaboration and Subnational Engagement: Collaboration between federal and state governments has been essential in advancing the Four-Point Agenda, with consultations yielding positive results. However, further engagement with state governors is recognized as crucial to fostering stronger political alignment and support. Dr. Adaeze Oreh, Honorable Commissioner for Health, Rivers State, noted, *“The level of federal consultation with subnational governments is unprecedented, but a 20-30% increase in direct engagement with governors would significantly enhance political support and alignment at all levels.”* This enhanced collaboration could drive more cohesive healthcare improvements across Nigeria.



We have over
8,300

wards with functional PHCs funded through BHCPF, but the funding disbursement process, especially for World Bank-backed projects, needs simplification to meet our revitalization targets.”



“The level of federal consultation with subnational governments is unprecedented, but a

20-30%

increase in direct engagement with governors would significantly enhance political support and alignment at all levels.”

Health Workforce and Training: Efforts to recruit and train frontline health workers are underway, but experts emphasize that sustained impact depends on increased state-level investment. Dr. Adaeze Oreh, Honorable Commissioner for Health, Rivers State, remarked, *“While the federal government has paved the way, real progress hinges on state-level funding and a commitment to meeting training and accreditation standards for our health workforce.”* Such investments would ensure effective deployment and service delivery improvements, particularly in underserved areas.

Health Insurance Expansion: While national health insurance expansion efforts have made headway through BHCPF initiatives, experts underscore the need for additional state-level funding to broaden coverage. Dr. Adaeze Oreh highlighted this, stating, *“Our current insurance coverage is under 15%, and to reach more of the vulnerable, states must step in with additional equity funding to broaden access.”* Increased contributions at the state level would support a larger insurance pool, offering greater healthcare access and financial protection for vulnerable populations.

Tracking Progress: The importance of transparent, time-bound targets was emphasized by experts as pivotal for maintaining accountability and public trust. Dr. Adaeze Oreh noted, *“Transparent, time-bound targets keep us accountable, not just to the government but to the Nigerian people. It’s about building trust and maintaining focus.”* By publicly setting milestones, the agenda fosters accountability, ensuring healthcare improvements remain a national priority.



While the federal government has paved the way, real progress hinges on state-level funding and a commitment to meeting training and accreditation standards for our health workforce.”



“Our current insurance coverage is under

15%,

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“Transparent, time-bound targets keep us accountable, not just to the government but to the Nigerian people. It’s about building trust and maintaining focus.”

Progress on the Four-Point Agenda Implementation

Pillar 3: Unlocking Value Chains in Nigeria's Health Sector



30,000 jobs

The government, in collaboration with the United States Pharmacopeial Convention (USP), has initiated efforts to locally produce **70%** of essential drugs by 2030. This milestone is expected to generate approximately **30,000 jobs** in Nigeria's pharmaceutical sector, marking significant progress in advancing local healthcare manufacturing.

Recent developments, including **President Tinubu's [Executive Order](#)** granting tax exemptions on raw materials and equipment for local manufacturing, underscore the government's commitment to enhancing the financial viability of **local production and attracting investors to Nigeria's healthcare sector**.



PVAC's Impact on Affordable Healthcare Access: Partnerships, including with USP for pharmaceuticals and Zipline for distribution, enhance the efficiency and reach of affordable health products. Through these collaborations, PVAC is working towards a self-sustaining healthcare ecosystem, making critical health resources more accessible across Nigeria.

Pillar 3 Unlocking Value Chains in Nigeria's Health Sector

The Unlocking Value Chains pillar aims to build a robust and self-reliant healthcare manufacturing and distribution system in Nigeria. This includes expanding local production capacities for essential medicines, vaccines, and medical supplies, minimizing stock-out rates for critical commodities, and attracting investments through strategic public-private partnerships (PPPs). The pillar emphasizes a sustainable healthcare infrastructure to bolster Nigeria's resilience against health shocks and enhance the availability and affordability of essential healthcare commodities nationwide. This initiative is vital amid Nigeria's economic challenges, marked by rising healthcare costs and an over [70%](#) out-of-pocket payment system. By reducing import reliance and strengthening local production and distribution, it aims to lower costs, improve availability, and build sustainable healthcare infrastructure, [enhancing resilience](#) to health shocks and access to affordable care.

Clinical Research and Local Production of Health

Products: Nigeria is making substantial progress in clinical research and the local production of health products. A notable achievement in this area is the government's collaboration with the United States Pharmacopeial Convention (USP) to locally produce 70% of essential drugs by 2030, which is expected to create around 30,000 jobs in the pharmaceutical sector. This ambitious target is further supported by Nigeria's strategic initiatives in vaccine production, which aim to reduce reliance on imported vaccines and fortify health security.

Recent developments, such as President Tinubu's [Executive Order](#), which provides tax exemptions on raw materials and equipment for local manufacturing, highlight the government's commitment to making local production financially viable and attractive to investors. This policy move reduces the cost disadvantage local manufacturers face compared to importers, creating a more competitive market for locally produced pharmaceuticals.

Strengthening and Ensuring Sustainability of Supply Chains: Strengthening Nigeria's supply chains for healthcare commodities remains crucial to ensure consistent availability and reduce logistical delays.



Clinical Research and Local Production of Health Products: Nigeria is making substantial progress in clinical research and the local production of health products.



A notable achievement in this area is the government's collaboration with the **United States Pharmacopeial Convention (USP)** to locally produce **70%** of essential drugs by 2030,

Initiatives like Kano State's Memorandum of Understanding (MoU) with local pharmaceutical companies and Plateau State's Drugs and Medical Commodities Management Program underscore the government's efforts to mitigate supply chain bottlenecks and create a sustainable system for distributing essential medicines.

However, stock-outs for high-demand products such as family planning supplies and essential medicines continue to challenge supply chain resilience. The Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC) addresses these gaps by establishing partnerships with organizations like Zipline to build a nationwide distribution network for emergency healthcare products. Furthermore, PVAC is collaborating with customs and tax authorities to resolve logistical challenges, ensuring more streamlined distribution processes across Nigeria.

Fostering Public-Private Partnerships: PVAC has played a significant role in facilitating impactful public-private partnerships, focusing on enhancing Nigeria's healthcare production and supply capabilities. Key collaborations include projects with Global Gas Group to establish a liquid oxygen plant, addressing urgent infrastructure gaps for emergency medical supplies, and Vestergaard, which aims to produce bed nets locally to combat malaria. Such partnerships reflect PVAC's commitment to building a self-sustaining healthcare system that can respond to Nigeria's specific health needs.

PVAC's partnerships with Moderna for mRNA vaccine technology and Zipline for nationwide distribution reflect the initiative's strategic focus on long-term healthcare infrastructure development. Quarterly pharmaceutical forums organized by PVAC create a platform where policymakers and industry leaders can discuss policy and regulatory issues, making it easier for local manufacturers to navigate challenges and scale production effectively.

Reduction in Stock-Out Rates of Essential Commodities: Efforts to reduce stock-out rates remain active at both federal and state levels. For example, the National Genomics Consortium and clinical trial centers are building Nigeria's capacity for local production, allowing for more predictable and centralized supply chains for healthcare commodities. By creating a more stable distribution network, Nigeria aims to reduce stock-outs and improve access to essential medicines, particularly in rural and underserved areas.

While notable progress has been made, further regulatory streamlining and logistical improvements are needed to sustain these advancements and ensure timely access to critical healthcare supplies. PVAC's collaborations with both domestic and international stakeholders will be instrumental in realizing these goals, supporting Nigeria's shift toward a self-sufficient healthcare framework.

The progress under the Unlocking Value Chains pillar showcases the impact of strategic collaborations and highlights the importance of establishing a resilient, locally-driven healthcare infrastructure. By fostering a supportive environment for local manufacturers, Nigeria is moving toward a healthcare system that consistently meets the needs of its population and reduces dependency on foreign imports.

PVAC's Impact on Affordable Healthcare Access: The Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC) is focused on reducing Nigeria's dependence on costly imported medical supplies, making healthcare more affordable for Nigerians. By fostering local production of essential drugs, vaccines, and medical devices, PVAC aims to lower healthcare costs. Initiatives such as tax exemptions on manufacturing inputs, under President Tinubu's Executive Order, lower production expenses, making these savings transferable to patients. Partnerships, including with USP for pharmaceuticals and Zipline for distribution, enhance the efficiency and reach of affordable health products. Through these collaborations, PVAC is working towards a self-sustaining healthcare ecosystem, making critical health resources more accessible across Nigeria.



PVAC's Impact on Affordable Healthcare Access: Partnerships, including with USP for pharmaceuticals and Zipline for distribution, enhance the efficiency and reach of affordable health products.

Through these collaborations, PVAC is working towards a self-sustaining healthcare ecosystem, making critical health resources more accessible across Nigeria.



Progress on the Four-Point Agenda Implementation

Pillar 4: Health Security



Responses to Public Health Threats: With the activation of the National Emergency Operation Centre, the Federal Government has taken steps to streamline the coordination and deployment of resources to affected areas. For instance, personnel and logistical support were provided across 107 LGAs, demonstrating a commitment to containment and timely intervention.

Building Climate Resilience in Health: Data sharing collaborations between the Nigerian Meteorological Agency (NiMet) and the Nigeria Centre for Disease Control (NCDC) also reflect proactive steps to adapt to climate-related health challenges, including the increased transmission of vector-borne diseases



Key Programmatic Developments: 7-1-7 Outbreak Response Framework: Under the 7-1-7 model, Nigeria aims for outbreak detection within seven days, initiating public health interventions within one day, and achieving control within seven days

Strengthening Health Facility Preparedness: The National Emergency Medical Service and Ambulance System (NEMSAS) and the Rural Emergency Service and Maternal Transport (RESMAT) programs are vital in extending emergency care, especially in rural regions where rapid response capabilities are often limited



Pillar 4 Health Security

The health security pillar is focused on building a robust, proactive response system for public health threats in Nigeria, with an emphasis on timely outbreak detection, preparedness, and climate resilience. Key areas under this pillar include improving outbreak detection timeliness, health facility preparedness, and inter-sectoral responses to climate-induced health risks. Indicators for tracking progress in this pillar include compliance with the 7-1-7 framework for rapid outbreak response and the health facility preparedness scores, along with targeted training for healthcare workers.

Responses to Public Health Threats: Nigeria's proactive approach to public health threats, such as the cholera outbreak that spread to 31 states, illustrates its strengthened capacity for emergency response. With the activation of the National Emergency Operation Centre, the Federal Government has taken steps to streamline the coordination and deployment of resources to affected areas. For instance, personnel and logistical support were provided across 107 LGAs, demonstrating a commitment to containment and timely intervention. Measures such as these play a crucial role in ensuring that communities, especially vulnerable ones, have rapid access to emergency health services.

Additionally, efforts like the distribution of chlorine for disinfecting water sources in Borno reflect the importance of preparedness in response to environmental disasters, particularly to prevent secondary outbreaks of waterborne diseases following floods. The recent vaccination initiatives, such as the Mpox vaccine program launched in collaboration with WHO, are part of Nigeria's larger strategy to tackle infectious diseases that pose emerging public health challenges.

Building Climate Resilience in Health: Recognizing the health impacts of climate change, Nigeria has integrated climate considerations into its health security strategy. The government's policy on climate and health, supported by initiatives from partners like WaterAid, emphasizes the development of climate-resilient healthcare services, particularly in vulnerable communities. To build resilience, the government and development partners have focused on enhancing Water, Sanitation, and Hygiene (WASH) infrastructure. Examples include improving water supply systems in regions prone to climate-induced health risks, such as Plateau State, where efforts have bolstered water safety and access.

Data sharing collaborations between the Nigerian Meteorological Agency (NiMet) and the Nigeria Centre for Disease Control (NCDC) also reflect proactive steps to adapt to climate-related health challenges, including the increased transmission of vector-borne diseases. These partnerships enable better predictive capabilities and targeted interventions, improving Nigeria's ability to mitigate the health effects of climate change.

Key Programmatic Developments: 7-1-7 Outbreak Response Framework: Under the 7-1-7 model, Nigeria aims for outbreak detection within seven days, initiating public health interventions

within one day, and achieving control within seven days. Piloted with mixed results, this framework represents a step toward systematic, time-bound outbreak responses, addressing gaps at both national and state levels.

Strengthening Health Facility Preparedness: Health facility preparedness, particularly at the primary healthcare level, is essential for Nigeria's resilience to outbreaks. Pilot programs and targeted training at PHCs are underway to ensure early detection, rapid response, and minimal disruption of services during health emergencies. The National Emergency Medical Service and Ambulance System (NEMSAS) and the Rural Emergency Service and Maternal Transport (RESMAT) programs are vital in extending emergency care, especially in rural regions where rapid response capabilities are often limited.

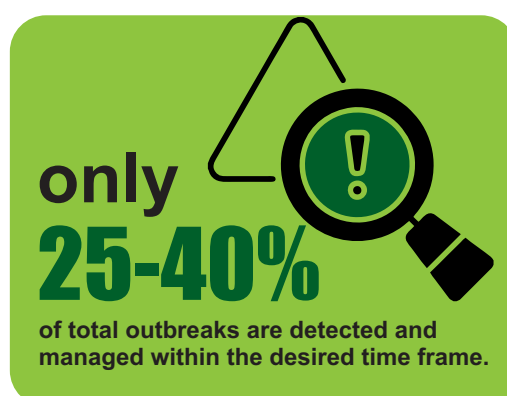
Intersectoral Governance and Accountability: As part of a broader governance approach, the Health Security pillar has been integrated into the sector-wide approach (SWAp), with technical working groups facilitating communication and accountability across sectors. Efforts are underway to implement sub-national Joint External Evaluations (JEEs) and state-level performance scorecards, supporting transparency and tracking progress in health security capabilities. Regularly updated state-level scorecards are expected to keep local and national authorities accountable, ensuring ongoing improvements in health security.

The Health Security pillar exemplifies a holistic approach to public health in Nigeria, where timely, coordinated responses, inter-sectoral partnerships, and climate resilience strategies are central to protecting communities and ensuring a robust national response to health threats. This foundation strengthens the country's ability to maintain essential health services in emergencies, providing a model for future public health initiatives.

Expert Insights for Enhanced Implementation of the Health Security Pillar

While achievements have been made in bolstering emergency response frameworks and expanding climate-resilient health policies, expert insights reveal that there are still key areas where additional effort is required. By addressing these gaps and implementing targeted solutions, Nigeria can build a stronger, more responsive health security infrastructure that is equipped to handle emerging and persistent health threats.

Gaps in Outbreak Detection and Response: One of the critical challenges lies in achieving full compliance with the 7-1-7 outbreak response framework. Although this model has improved response times for larger outbreaks, many smaller, localized outbreaks remain undetected or underreported, particularly at the state level; while national-level outbreaks meet the 7-1-7 timelines, only 25-40% of total outbreaks are detected and managed within the desired time frame. This gap highlights the



need for capacity-building programs tailored to state and local healthcare systems.

Way Forward: To strengthen the early detection of outbreaks, Nigeria should prioritize expanding training and support for primary healthcare workers, equipping them with tools to quickly identify and report unusual health events. Additionally, institutionalizing 7-1-7 monitoring across all states and integrating it into digital reporting systems could ensure more consistent outbreak response at the local level.

Limitations in Health Facility Preparedness: Facility preparedness is another area requiring attention. While programs like NEMSAS and RESMAT have improved access to emergency medical care, health facilities, especially in rural areas, still lack the infrastructure and resources to handle health shocks. Without systematic assessments, gaps in case management and facility readiness persist, especially in primary health centers that serve as the first contact points for patients.

Way Forward: Strengthening health facility preparedness calls for a two-pronged approach. First, Nigeria should conduct regular facility assessments to identify gaps and prioritize upgrades in critical infrastructure, like emergency response equipment and infection prevention tools. Second, establishing a coordinated system of health facility contingency plans and incorporating training on resilience-building for healthcare providers can ensure that facilities are better prepared to continue service delivery during emergencies.

Insufficient Financing and Accountability in Health Security: Despite the existence of financing frameworks, there are concerns about the adequacy and tracking of funds dedicated to health security initiatives. The unavailability of institutionalized financing mechanisms has impacted resources for rapid outbreak investigations and facility upgrades.

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7-1-7



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Way Forward: A centralized health security financing and accountability framework could streamline the tracking of funds and ensure that financial resources are allocated where most needed. Institutionalizing budget tracking for health security initiatives within the Ministry of Health and other involved agencies, like NCDC, would also improve transparency and accountability, enhancing the likelihood of long-term investment in health security.

Need for Enhanced Governance and Cross-Sectoral Collaboration: A strong health security framework requires coordination across multiple sectors. Although the One Health approach has been adopted, inter-sectoral coordination remains challenging due to fragmentation and the limited implementation of evaluation tools like sub-national JEEs.

Way Forward: Institutionalizing the One Health approach and incorporating regular sub-national JEEs into Nigeria's health security strategy can improve accountability across all levels. Establishing scorecards and accountability dialogues at the state level will also foster a culture of continuous improvement, aligning health security goals with broader environmental and agricultural policies to create a unified response to health threats.

In conclusion, addressing these gaps under the Health Security pillar requires sustained commitment from all stakeholders. Through enhanced capacity building, strategic investment, coordinated governance, and institutionalized accountability frameworks, Nigeria can make substantial strides toward creating a resilient, responsive healthcare system capable of withstanding public health threats.



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Key Health Priority Focus Areas

The Federal Ministry of Health and Social Welfare (FMoHSW) has made notable progress across several key health areas, aligning efforts with Nigeria's broader health goals.

For Maternal, Newborn, and Child Health, initiatives like NEMSAS and RESMAT tackle access barriers, especially in rural areas, by enabling swift emergency transport for obstetric cases to reduce maternal mortality and improve newborn outcomes. Maternal health kits and micronutrient distributions further ensure essential resources reach vulnerable communities. The FMoHSW's new Maternal Mortality Reduction Innovation and Initiatives (MAMII) project targets high maternal mortality areas in 17 states, prioritizing areas where maternal mortality exceeds 1,000 deaths per 100,000 live births, partnering with Traditional and Religious Leaders, Ward Development Committees, and transitioning Traditional Birth Attendants to pilot critical interventions. Additionally, the Reproductive, Maternal, Newborn, Child, Adolescent, Elderly Health Plus Nutrition (RMNCAEH + N) Strategy and Implementation Guide was recently launched at the 65th NCH. The FMoHSW aims to consolidate the integration of the (RMNCAEH + N) along the continuum of care and provides a framework for the efficient, equitable, and quality delivery of integrated care.

Nutrition, a partnership with the World Food Programme (WFP) has facilitated therapeutic feeding for over 120,000 children in Yobe and Borno, while expanding the National Home-Grown School Feeding Program has improved nutrition and school attendance in states like Kebbi and Zamfara. However, scaling these programs remains essential to sustain child health improvements, especially in areas impacted by malnutrition. Recently, the FMoHSW launched a critical policy on National Social and Behaviour Change Strategy for Nutrition: Focused on promoting healthy dietary habits and reducing malnutrition.



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Non-Communicable Diseases (NCDs) have also been prioritized with the August 2024 policy launch of the National NCD Task-Shifting and Task-Sharing Policy, among others. Targeting high-burden diseases like cardiovascular disease, cancer, and diabetes, these policies aim to reduce NCD-related deaths by expanding healthcare capacity and coverage for NCD-related services, alongside campaigns for healthier lifestyle choices.

Routine Immunization and Polio, the National Primary Health Care Development Agency (NPHCDA) recently organized a campaign that bolstered polio-free status and improved pentavalent vaccine coverage to 77%, especially in Kano, Sokoto, and Lagos. Enhanced logistics and cold-chain solutions are vital to maintaining high immunization rates and achieving national coverage goals.



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Water, Sanitation, and Hygiene (WASH), partnerships with WaterAid, UNICEF, and USAID have spurred preventive cholera measures and WASH infrastructure development in vulnerable communities. Efforts in regions like Plateau and Lagos have improved water safety, sanitation, and hygiene, addressing waterborne disease risks. Continued investments in WASH services are essential to improving health outcomes, particularly in flood-prone and underserved regions.

Primary Health Care (PHC) systems have advanced in governance and funding, evidenced by the Maternal Mortality Action (MAMA) Fund, which strengthens midwifery services, emergency obstetric care, and digital health integration. A \$15 million investment in digital infrastructure upgrades aims to modernize systems and enhance nationwide service accessibility. Additionally, collaborative efforts with the ICPC combat corruption, ensuring PHC resources reach their intended beneficiaries and promote equitable healthcare delivery.

This comprehensive focus across priority health areas underscores the Ministry's commitment to building a resilient healthcare system in Nigeria, addressing current challenges while laying a sustainable foundation for future advancements.

Citizen Voices: Insights, findings and analysis of Nigeria Health Watch Community-Based Perception Surveys

Nigeria Health Watch recently conducted a community-based perception survey across six states, representing each geopolitical zone, to assess citizen perspectives on primary healthcare (PHC) delivery, accessibility, and accountability. Using a mixed methods approach with both quantitative data and qualitative insights from Focus Group Discussions (FGDs) and Key Informant Interview (KIIs), the survey engaged over 9,000 participants and offered insights into regional strengths, gaps, and targeted improvement opportunities for PHC services.

The findings from Nigeria Health Watch’s community-based perception survey offer a grounded understanding of primary healthcare (PHC) challenges and potential solutions from the citizen perspective, underscoring the importance of community engagement in health system improvements. This survey, aligned with the principles of Community-Based Participatory Research (CBPR), emphasizes the need for PHC strategies that are responsive to community needs; a tenet of the World Health Organization's health equity frameworks.



Brief Summary

The survey reveals a generally positive perception of Primary Health Care (PHC) services across Nigeria, though significant disparities exist among states. Nationally, respondents highlighted varying satisfaction levels and facility adequacy, indicating progress in some areas while underscoring persistent gaps. Participation was robust across the six states, with Lagos, Akwa Ibom, and Enugu recording the highest responses. Respondents were predominantly aged 31–40, with an almost equal representation of men and women. At the state level, Akwa Ibom and Lagos reported higher satisfaction with PHC services, while a few other states experienced notable dissatisfaction. Similarly, perceptions of facility adequacy varied, with Enugu, Akwa Ibom, and Lagos viewed as having the most fully equipped facilities, whereas other states reported mixed or lower adequacy. These findings highlight the need for targeted interventions to bridge gaps in satisfaction and facility quality nationwide.



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KEY Findings



1 Access and Satisfaction with PHC Services: Responses varied across states, with high satisfaction in Lagos and Akwa Ibom due to quality service and infrastructure, while Kano and Niger showed lower satisfaction, reporting long wait times and overcrowded facilities. Enugu and Borno saw mixed responses, often noting limited-service hours and supply shortages.



2 Facility Adequacy and Equipment: Citizens in Kano and Enugu cited significant resource gaps, particularly in rural areas, affecting service consistency. Conversely, Lagos and Akwa Ibom were generally satisfied with equipment adequacy but noted the need for enhanced diagnostic tools.



3 Barriers and Discrimination: Access barriers, such as high costs and logistical challenges, were more frequently reported in Kano and Borno. Some respondents noted occasional discrimination, particularly during emergency visits, while Lagos and Akwa Ibom faced minimal barriers.



4 Community Accountability and Engagement: The survey highlighted differences in community engagement practices. Lagos and Enugu favored feedback forums for accountability, while Kano and Borno emphasized monitoring for service transparency. Akwa Ibom communities supported healthcare providers with resources and feedback, reflecting a collaborative approach.

Insights and Recommendations



Key insights drawn from this survey highlight access disparities, facility inadequacies, and barriers shaped by social and logistical factors, echoing the literature on [health equity](#) which underscores that local engagement in healthcare planning can address gaps in service delivery, particularly in resource-limited settings. The mixed-methods approach, integrating qualitative and quantitative data, enables a more nuanced understanding of these barriers, revealing diverse challenges in service quality, wait times, and resource availability that vary by state.



The survey data also reveal that effective healthcare service delivery relies heavily on community feedback mechanisms, as demonstrated in [citizen-driven](#) health accountability models across similar contexts. For instance, Kano and Borno's high levels of reported access barriers highlight the need for PHC systems to address infrastructural gaps, while findings from Lagos and Akwa Ibom illustrate the positive impact of adequate facilities and community health worker engagement on patient satisfaction.



The report underscores that sustainable improvements in PHC are achievable when state-specific data guides targeted interventions, which resonate with health equity models that stress tailored, community-informed solutions to public health challenges. Recommendations arising from these findings include bolstering logistical support, integrating technology into monitoring systems, and implementing ongoing community feedback loops to maintain transparency and accountability. Through continued alignment with both citizen insights and scholarly models, these targeted efforts could significantly strengthen Nigeria's PHC system, promoting a more inclusive and equitable healthcare landscape.

Recommendations on Implementation of the Four-point Agenda

In Nigeria's ongoing journey to improve public health, a holistic approach that intertwines community voices, governance, and modern healthcare frameworks remains essential. The recent insights from the community-based perception survey underscore the diverse needs across Nigeria's geopolitical zones, illustrating where health services excel and where immediate attention is required to bridge critical gaps.

- **Strengthening Primary Health Care for Community Resilience:** The survey's findings reveal a pressing need for better-resourced Primary Health Care (PHC) systems, particularly in rural and underserved areas. While urban centers like Lagos and Akwa Ibom demonstrate higher satisfaction with PHC services, other states face challenges, such as delayed response times and insufficient emergency support. Addressing these needs begins with ensuring that every facility, regardless of location, is equipped with essential diagnostic and medical tools. Operational improvements, such as reducing wait times and enhancing service hours, especially during emergencies, are crucial in cultivating trust and accessibility across communities. Investments in digital health infrastructure for PHCs, tailored training for local health workers, and community feedback mechanisms could empower facilities to meet their unique regional demands.
- **Governance and Financial Accountability:** Building Trust and Transparency
Financial transparency and robust governance are cornerstones of a reliable healthcare system. Nigeria's health security efforts would benefit greatly from a centralized financing model that tracks funds allocated to health security initiatives, particularly at the state and local levels. Institutionalizing budget-tracking mechanisms within the Ministry of Health, in collaboration with agencies like NCDC, can ensure that funds are used to address urgent health needs. This model, paired with scorecards and regular performance reviews, would provide clarity on spending efficacy, strengthen stakeholder accountability, and help maintain continuity in health programs beyond political transitions.
- **Human Resource Development for Sustainable Health:** Effective healthcare systems rely on a skilled and well-supported workforce. Training healthcare workers in specialized fields, from outbreak response to case management, is essential to improving service quality and health outcomes across Nigeria. Incentivizing healthcare workers, particularly in high-demand and rural areas, is a promising approach to alleviate burnout and improve staff retention. Further, continuous professional development through collaborations with global health organizations and local institutions will ensure that the Nigerian healthcare workforce remains adaptive to evolving health challenges.
- **Health Security and Outbreak Preparedness:** The 7-1-7 outbreak response framework offers a proactive model for disease containment, yet its success hinges on state-level

integration and support. While the system functions well at the national level, local-level adoption remains inconsistent. To bridge this gap, expanding 7-1-7 training to health workers at primary health centres and using digital reporting systems can improve early detection. Piloting this approach in more states will refine the framework's scalability, ensuring swift responses to outbreaks at local and regional levels.



Expanding Nutrition and WASH Programs for Health Equity: Nutrition and Water, Sanitation, and Hygiene (WASH) are foundational to public health and well-being. Scaling the National Home-Grown School Feeding Program to address malnutrition in conflict-affected and rural areas is a vital step towards reducing child mortality. Similarly, WASH programs must prioritize regions with high cholera and waterborne disease incidence, particularly in flood-prone zones. Infrastructure investments, community partnerships, and proactive measures like WaterAid's initiatives are essential in sustaining these programs. By addressing the social determinants of health through nutrition and WASH, Nigeria can reduce healthcare costs and improve health outcomes, especially for the vulnerable.



Digital Health for Data-Driven Decisions: With digital health technology, Nigeria has an opportunity to transform its healthcare landscape. Real-time data tracking and electronic health records would enhance monitoring, enabling data-driven decisions and timely interventions. Introducing mobile-based training for health workers and employing consistent evaluation frameworks will align healthcare delivery with the needs of Nigeria's diverse population. Moreover, expanding electronic health systems across rural PHCs would streamline service delivery, bridge access disparities, and ensure that rural health facilities can operate efficiently.



Enhanced Community Accountability and Engagement: Building strong accountability structures that incorporate community feedback is essential for sustainable health improvements. By establishing localized forums and regular feedback sessions, the healthcare system can remain attuned to the public's evolving needs. This approach not only empowers citizens but also ensures that the voices of Nigeria's most vulnerable are heard, respected, and acted upon, creating a dynamic health system that adapts to the needs of all Nigerians.

Conclusion

Nigeria's health sector is on a transformative path towards building a more resilient and inclusive system that addresses both immediate health needs and long-term structural challenges. This report underscores the critical role of tailored investments in primary healthcare, health security, and community-based initiatives as well as the integration of digital health tools and intersectoral governance. Through strengthened public accountability, increased community engagement, and dedicated attention to the social determinants of health, Nigeria can significantly enhance its health outcomes, driving progress toward equitable healthcare access for all citizens.



