



**NIGERIA
HEALTH
WATCH**

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

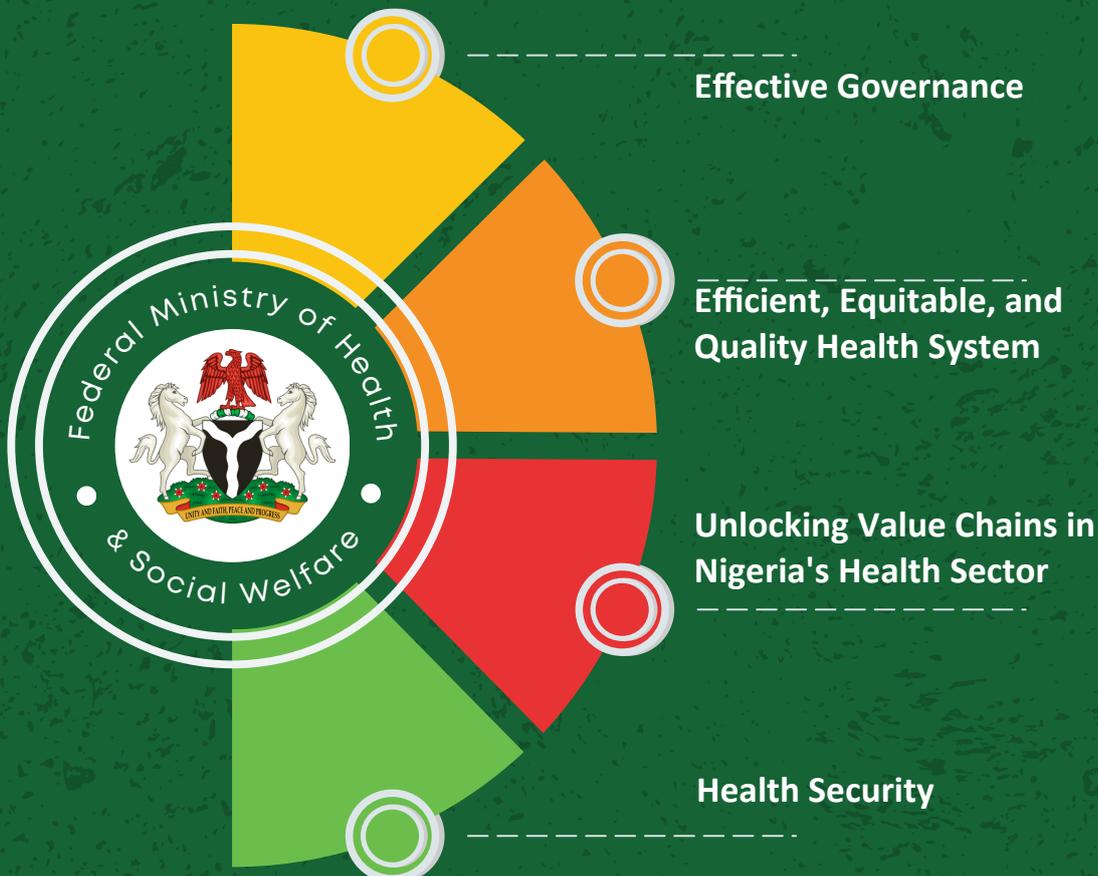
2025

NIGERIA HEALTH INTELLIGENCE REPORT



ACCELERATING CHANGE:

INSIGHTS INTO NIGERIA'S
HEALTH SECTOR
TRANSFORMATION



**2ND
EDITION**

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ACRONYMS

- NHSRII** – NIGERIA HEALTH SECTOR RENEWAL INVESTMENT INITIATIVE
- FMOH&SW** – FEDERAL MINISTRY OF HEALTH & SOCIAL WELFARE
- TWGS** – TECHNICAL WORKING GROUPS
- RMNCAH+N** – REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, ADOLESCENT HEALTH, AND NUTRITION
- SSHIA** – STATE HEALTH INSURANCE AGENCIES
- NHIA** – NATIONAL HEALTH INSURANCE AUTHORITY
- IDPS** – INTERNALLY DISPLACED PERSONS
- PVAC** – PRESIDENTIAL VALUE CHAIN COMMITTEE
- WMIS** – WAREHOUSING MANAGEMENT INFORMATION SYSTEM
- BHC PF** – BASIC HEALTH CARE PROVISION FUND
- PHC** – PRIMARY HEALTH CARE
- NPHCDA** – NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY
- LBS** – LAGOS BUSINESS SCHOOL
- SPHCBS** – STATE PRIMARY HEALTH CARE BOARDS
- LGA** – LOCAL GOVERNMENT AREA
- UHC** – UNIVERSAL HEALTH COVERAGE
- APIS** – ACTIVE PHARMACEUTICAL INGREDIENTS
- MRNA** – MESSENGER RIBONUCLEIC ACID
- GE HEALTHCARE** – GENERAL ELECTRIC HEALTHCARE
- WHO** – WORLD HEALTH ORGANIZATION
- NCDC** – NIGERIA CENTRE FOR DISEASE CONTROL
- WASH** – WATER, SANITATION, AND HYGIENE
- MSF** – MÉDECINS SANS FRONTIÈRES (DOCTORS WITHOUT BORDERS)
- CEMONC** – COMPREHENSIVE EMERGENCY OBSTETRIC & NEWBORN CARE INTERVENTION
- E-IDSR** – ELECTRONIC INTEGRATED DISEASE SURVEILLANCE AND RESPONSE
- NOA** – NATIONAL ORIENTATION AGENCY
- USAID** – UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
- NACA** – NATIONAL AGENCY FOR THE CONTROL OF AIDS
- ITSON** – INTEGRATED TRAINING FOR SURVEILLANCE OFFICERS IN NIGERIA
- IPC** – INFECTION PREVENTION AND CONTROL

EXECUTIVE SUMMARY

Nigeria's health sector is entering a new era of reform and accountability, driven by the Health Sector Renewal Investment Initiative (NHSRII). This report reflects progress between December 2024 and March 2025, highlighting both the acceleration of key reforms and the systemic shifts underway to align governance, service delivery, and financial protection under a coordinated national framework.

Over ₦2.48 trillion was allocated to the health sector in the 2025 federal budget, complemented by \$3 billion mobilized from development partners. These investments have underpinned nationwide efforts to revamp service delivery from the upgrade of over 1,400 primary health care facilities, to the expansion of emergency obstetric care in more than 30 hospitals, and the launch of infrastructure such as diagnostic centres and cancer treatment hubs. A renewed focus on accountability has led to the alignment of state and federal operating plans, real-time tracking via digital dashboards, and the operationalization of health fellows in every local government area.

Health insurance enrolment continues to expand, now reaching 2.3 million Nigerians, an increase of 400,000 from the last reporting cycle. This growth has been supported by a ₦85 billion Vulnerable Group Fund and stricter enforcement of mandatory insurance for businesses. The pharmaceutical and health manufacturing ecosystem is also being unlocked through over \$2 billion in private investment, the signing of a \$1 billion MoU with Afreximbank, and a \$5 billion project pipeline focused on local production of essential medicines and diagnostics. Meanwhile, 435 clinical trial centres have been established across the country, advancing Nigeria's ambition to lead in health innovation and research.

National disease preparedness is evolving, with the scale-up of electronic surveillance systems, environmental monitoring, and rapid response coordination. Immunization coverage has improved dramatically, with 13 million girls vaccinated against HPV, and millions more reached through measles, malaria, tetanus-diphtheria, and polio campaigns. Infection prevention and control (IPC) frameworks have been institutionalized at state and facility levels, reflecting a whole-of-system approach to epidemic resilience.

This edition also integrates perspectives from national experts and community voices to provide a more grounded understanding of reform impact. Leaders driving maternal mortality reduction, workforce expansion, disease surveillance, and antimicrobial resistance shared their insights on what it will take to sustain momentum. In parallel, community listening sessions in six states revealed widespread disparities in service access, trust, infrastructure, and accountability, reaffirming that the success of reform lies not only in policy, but in how people experience the system on the ground.

Nigeria's health sector is at a critical inflection point. The foundations for transformation have been laid, but sustaining this progress will require continued political will, data-driven implementation, and deeper engagement with both frontline workers and the communities they serve.

INTRODUCTION

The Nigerian health sector is currently undergoing a bold transformation, anchored on the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and its ambitious 4-Point Agenda. This second edition of the Nigeria Health Intelligence Report builds on the first report published in November 2024, offering a refreshed overview of progress made between December 2024 and March 2025. It provides critical insights into policy reforms, strategic interventions, and measurable results shaping Nigeria's healthcare landscape.

At the heart of this transformation is the Federal Ministry of Health and Social Welfare's commitment to strengthening governance, improving healthcare quality, developing resilient healthcare value chains, and enhancing national health security. To achieve these goals, the Ministry has prioritised strategic investments in health financing, infrastructure upgrades, workforce development, and digital innovation, guided by transparency, sustainability, and multi-sectoral collaboration with development partners, private investors, and state governments.

The four-point Agenda—effective Governance, Efficient, Equitable, and Quality Healthcare, Unlocking the Healthcare Value Chain, and Health Security—represents a comprehensive roadmap to build a more responsive, equitable, and resilient health system. These pillars reflect Nigeria's ambition to achieve Universal Health Coverage (UHC) and improve population health outcomes across all regions.

This report provides a detailed assessment of each agenda pillar, spotlighting key milestones, implementation challenges, and emerging opportunities. Drawing on policy analysis, expert perspectives, and community-level insights, it serves as a valuable tool for policymakers, development partners, and health stakeholders, helping to align resources, refine strategies, and accelerate progress toward a healthier Nigeria.

OBJECTIVE

This second edition of the Nigeria Health Intelligence Report provides an independent, data-driven analysis of Nigeria's health sector, focusing on the progress, successes, and ongoing challenges in implementing the 4-Point Agenda under the Nigeria Health Sector Renewal Investment Initiative (NHSRII). Covering the period from December 2024 to March 2025, the report assesses priority health focus areas including primary health care, maternal and child health, nutrition, routine immunization, and water, sanitation, and hygiene (WASH).

The report is intended to support informed decision-making and strategic planning by highlighting what is working, where gaps remain, and what actions are urgently needed. Its key objectives are to:

01 TRACK PROGRESS

Evaluate Nigeria's health sector performance in line with the NHSRII and the 4-Point Agenda, with an emphasis on measurable achievements and areas requiring further attention.

02 PROVIDE INSIGHTS

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

03 INFORM AND ENGAGE

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

04 ADVOCATE FOR ACTION

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

METHODOLOGY AND DATA SOURCES

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

The following key data sources and tools were utilized:

01

SOCIAL LISTENING

AI-powered social listening tools were deployed to assess public sentiment and perceptions regarding Nigeria's health policies. Between December 2024 and February 2025, the tools tracked digital conversations across platforms such as X (formerly Twitter), Facebook, and LinkedIn, monitoring public discourse on health sector updates, reforms, and the implementation of the new strategic health vision. This real-time data helped identify gaps between policy intent and public reception, offering valuable insights into citizen priorities and engagement levels.

02

MEDIA MONITORING

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

03

COMMUNITY LISTENING

In March 2025, Nigeria Health Watch conducted a community listening exercise across six focal states: Lagos, Niger, Ebonyi, Borno, Kano, and Cross River. The activity was implemented in collaboration with the respective State Ministries of Health and State Primary Health Care Development Agencies (SPHCDA). State Health Promotion Officers (HPOs) led the data collection in selected urban and rural LGAs, ensuring local participation and ownership. A total of 2,274 responses were gathered using a structured digital survey tool. The process employed a multi-stage cluster sampling technique to ensure geographic and demographic representation. The survey included:

- Quantitative questions on healthcare-seeking behaviours, access points, and health service experiences.
- Open-ended prompts that captured citizens' voices on challenges, trust in health services, and ideas for improving healthcare delivery.

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

04

EXPERT INTERVIEWS

In-depth interviews were conducted with five experts drawn from across Nigeria's health ecosystem. These individuals represented key government agencies, development partners, and private sector organisations supporting the implementation of the new strategic health vision.

Their contributions offered valuable insights into policy effectiveness, operational challenges, and future priorities across each of the four agenda pillars, adding context and depth to the quantitative findings.

05

TRIANGULATION WITH THE STATE OF HEALTH OF THE NATION REPORT 2024

The findings in this report are cross-referenced with the State of Health of the Nation Report 2025, a flagship publication by the Federal Ministry of Health and Social Welfare. This triangulation helped validate progress data, particularly in areas such as healthcare financing, infrastructure development, and service delivery outcomes, ensuring coherence and accuracy across national-level health reporting.

HEALTH SECTOR AT A GLANCE:

DECEMBER 2024 – MARCH 2025

This reporting cycle captures health sector progress between December 2024 and March 2025, building on the foundations laid in previous editions of the Nigeria Health Intelligence Report. It reflects cumulative reforms since the inception of the Health Sector Renewal Investment Initiative (NHSRII) in December 2023, while highlighting new achievements, scale-ups, and emerging gaps specific to this quarter.



₦2.48 TRILLION

was allocated to the health sector in the **2025 federal budget**, maintaining the upward trend in domestic health financing.



\$3 BILLION

has now been mobilised cumulatively from development partners under NHSRII, enabling the continued upgrade of health infrastructure and systems.



30 HOSPITALS

now offer emergency obstetric care, with continued rollout of the MAMII initiative across

172

high-burden LGAs.



1,400 PHCS

have been revitalised and upgraded nationwide; this includes functional delivery rooms, medical equipment, and power infrastructure.



Under health manufacturing, over

\$2 BILLION

in private capital has now been committed to local production. In addition, a

\$1 BILLION

MoU with Afreximbank is now in its design stage, aiming to boost pharmaceutical self-sufficiency.



Surveillance infrastructure expanded through rollout of e-IDSR in 6 states, and targeted outbreak control programs continued, including a

\$124 MILLION

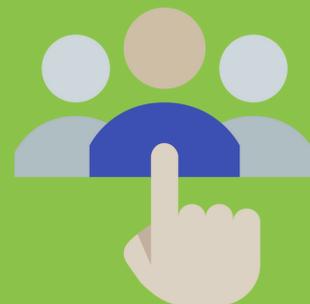
cholera control program (2025–2029) and ongoing Lassa fever and meningitis response efforts.



Vaccination efforts intensified, with 13 million girls receiving HPV vaccine across 15 states, 5 million children vaccinated with the Penta vaccine, and millions reached with tetanus and polio campaigns.



Diagnostic and research capacity is set to expand through the planning of 435 clinical trial centres, which are projected to generate **\$3.8 billion** in future revenue. This figure remains prospective and has not yet been realised.



Implementation of Infection Prevention and Control (IPC) guidelines progressed, with IPC focal persons now appointed across

36 STATES

Progress and Updates on the Implementation of the NHSRII and the 4-Point Agenda

Pillar 1: Effective Governance



March. 2025

March 2025, President Bola Ahmed Tinubu announced the employment of

774 National Health
Fellows,

from over **360,000** applicants,



Increased engagement with
state actors following the

2024 Joint Annual
Review



The National Primary Health Care
Development Agency (NPHCDA) expanded its
Primary Health Care (PHC) dashboard to over

6,200 facilities
nationwide,



Federal Government allocated

₦2.48 trillion

to the health sector in the 2025 budget

PROGRESS AND UPDATES ON THE IMPLEMENTATION OF THE NHSRII AND THE 4-POINT AGENDA

Pillar One: **01** Effective Governance

Between December 2024 and March 2025, the Federal Ministry of Health and Social Welfare (FMoH&SW) advanced significant reforms under the Effective Governance pillar of the Nigeria Health Sector Renewal Investment Initiative (NHSRII), with a strong emphasis on accountability, coordination, and leadership at all levels of the health system.

A key milestone during this period was the institutionalization of the Sector-Wide Approach (SWAp). Seven technical working groups (TWGs) were fully operationalized, covering thematic areas such as reproductive and maternal health, health financing, human resources for health, health security, monitoring and evaluation, resource coordination, and technical advisory. These TWGs facilitated greater alignment between federal policy and development partner investments, while the Compact with Development Partners signed in December 2023 continued to serve as a guiding framework. Early 2025 saw concrete follow-up actions, including clarifying stakeholder roles and mapping financial contributions.¹

At the federal level, digital transformation gained momentum. The National Primary Health Care Development Agency (NPHCDA) expanded its Primary Health Care (PHC) dashboard to over 6,200 facilities nationwide, integrating real-time data on service delivery, equipment availability, workforce capacity, and citizen feedback. Meanwhile, the beta testing of the BHCPF financial platform and shortlisting of the electronic Community Health Information System (eCHIS) signal increasing digital integration across governance and accountability systems.²

In a move to strengthen decentralized governance, the Federal Government deepened its engagement with state actors following the 2024 Joint Annual Review (JAR). Follow-up sessions with Commissioners of Health and Local Government officials were held to clarify institutional roles and responsibilities, improve LGA-level ownership of reforms, and foster alignment across the federal-subnational interface.³

1. Health Reporters, "FG inaugurates 7 TWGs to support BHCPF2.0/SWAp," March 2024. FG inaugurates 7 TWGs to support BHCPF2.0/SWAp - Health Reporters

2. Science Nigeria, NPHCDA Reports Major Progress On BHCPF 2.0, PHC Revitalisation, "2024 JAR" March 2025. NPHCDA Reports Major Progress On BHCPF 2.0, PHC Revitalisation | Science Nigeria

3. FMINO, "2024 JAR" Nov 2024. 2024 JOINT ANNUAL REVIEW: Collective Efforts Will Build A Healthier Nigeria-Says FG - Federal Ministry of Information and National Orientation

Importantly, in March 2025, President Bola Ahmed Tinubu announced the employment of 774 National Health Fellows, one in each local government area. Selected from a competitive pool of over 360,000 applicants, these fellows are expected to support community-level implementation of health reforms, improve service delivery monitoring, and promote accountability.⁴ This youth-focused initiative demonstrates a bold effort to build a pipeline of local health governance leaders, further embedding reform at the grassroots level.

To complement these structural reforms, the FMOH&SW invested in leadership development. Forty senior health officers participated in a strategic governance and leadership training held at the Lagos Business School in February 2025.⁵ Internal reforms at NPHCDA also continued, including a new code of conduct and draft updates to the agency's enabling legislation, strengthening the foundation for sustained institutional effectiveness.⁶

The Federal Government reinforced its commitment to healthcare governance by allocating ₦2.48 trillion to the health sector in the 2025 budget.⁷ This allocation includes investments in infrastructure, digital health systems, and expanding Universal Health Coverage (UHC). Concurrently, the National Health Insurance Authority (NHIA) outlined its strategic direction for UHC implementation,⁸ raised capitation payments by 93%⁹ to improve provider incentives, and expanded health insurance coverage for vulnerable populations, including people living with HIV and drug-resistant tuberculosis.¹⁰

Together, these reforms mark a transition toward performance-driven governance, greater transparency, and stronger subnational alignment in Nigeria's health system.

4. Presidency Press Release, President Tinubu Approves Employment for 774 Health Fellows, March 2025. [President Tinubu Approves Employment for 774 Health Fellows – The Statehouse, Abuja](#)

5. The State of Health of the Nation Report, Pg 40, Feb 2025. <https://health.gov.ng/#:-:text=The%20State%20of%20Health%20of%20the%20Nation%20Report%20%2D%202024>.

6. The State of Health of the Nation Report, Pg 40, Feb 2025. <https://health.gov.ng/#:-:text=The%20State%20of%20Health%20of%20the%20Nation%20Report%20%2D%202024>

7. Nairametrics, "Tinubu Allocates ₦2.48 Trillion to Health Sector in 2025 Budget," Nov 2024. <https://nairametrics.com/2024/12/18/2025-budget-tinubu-allocates-n2-48-trillion-for-healthcare-revitalization/>.

8. Science Nigeria, "NHIA Outlines Vision for UHC," Dec 2024. <https://sciencenigeria.com/nhia-outlines-vision-for-uhc-highlights-milestones-challenges/#:-:text=The%20National%20Health,UHC%20by%202025>

9. Daily Trust, "NHIA Raises Capitation Fees by 93%," Feb 2025. <https://dailytrust.com/nhia-increases-capitation-fees-by-93/>

10. Science Nigeria, "NHIA Expands Insurance for PLHIV and Drug-Resistant TB Patients," Jan 2025. <https://sciencenigeria.com/nhia-expands-health-insurance-coverage-for-plhiv-drug-resistant-tb-patients/#:-:text=The%20director%20general%2C%20NHIA,access%20for%20vulnerable%20groups>.

Gaps, Challenges and Recommendations for Improvement

While progress under the effective governance pillar has been encouraging, several areas require strategic attention to ensure sustained momentum and equitable reform across all states.

1

First, there is an urgent need to accelerate the adoption of the Sector-Wide Approach (SWAp) at the subnational level. While federal structures are increasingly streamlined, many states are still operating outside this harmonized framework. The Federal Ministry of Health and Social Welfare should work closely with State Ministries of Health to provide tailored implementation support, including toolkits, technical guidance, and funding alignment protocols. States should also be encouraged to conduct their own Joint Annual Reviews and develop operational plans that align with national priorities, as exemplified by Ondo State's recent dissemination of its JAR findings in collaboration with UNICEF.

2

Second, tracking the utilization of BHCPF funds at the local government and facility levels remains a challenge. Although disbursement processes have improved, accountability for how the funds are spent is still weak in many states. The Ministry should scale up the rollout of the BHCPF financial platform alongside robust user training, while institutionalizing quarterly review meetings involving civil society and development partners to monitor fund use and flag bottlenecks in real time.

3

Third, the decentralization of governance must be deepened. Clarifying institutional roles between federal, state, and LGA actors is critical to avoiding duplication and inefficiency. To this end, the Ministry should finalize and disseminate a decentralized governance support package, which outlines specific roles, planning templates, and performance monitoring tools for use across states and LGAs. The National Health Fellows initiative offers a promising opportunity to embed accountability structures at the grassroots level ensuring these fellows are adequately supported and integrated into state and local systems will be key to their success.

4

Fourth, while platforms like the PHC dashboard and eCHIS demonstrate progress in transparency, there is room to enhance citizen engagement. The government should expand real-time feedback loops in existing digital platforms and develop simplified community scorecards that communicate health system performance in accessible formats. These efforts would help build public trust and stimulate community-led accountability.

5

Fifth, policy and legislative reforms must keep pace with programmatic change. Delays in passing key legislation such as the updated NPHCDA Act have slowed institutional transformation. The Ministry should work with the National Assembly to fast-track critical health governance bills and ensure stakeholder consultations are embedded in the process.

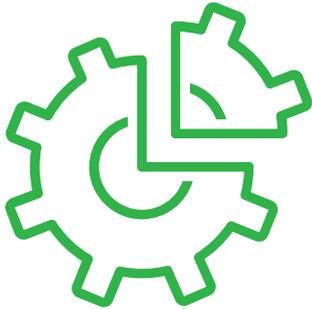
6

Lastly, development partner coordination remains fragmented despite the Compact. To address this, the Ministry should develop a live digital investment dashboard that maps all donor contributions in the health sector. This would serve as both a transparency tool and a planning resource to guide investment toward national priorities, while reducing duplication and ensuring that all partners are aligned under “One Plan, One Budget, One Conversation, One Report.”

By implementing these recommendations, the government can consolidate the gains made so far and deliver on the vision of an accountable, coordinated, and performance-driven health governance system in Nigeria.

Progress and Updates on the Implementation of the NHSRII and the 4-Point Agenda

Pillar 2: Efficient, Equitable, and Quality Health System



MAMII (Maternal and Newborn Mortality Reduction Investment Initiative). Integrated

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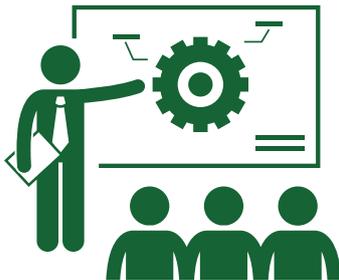
skilled birth attendants (SBAs)
into service delivery systems.



federal government disbursement of

₦16.27 billion

under BHCPF 2.0, to support
facility revitalization,



over

43,000

Health workers were
retrained,



Over

4.3 million

patients accessed outpatient care,

Pillar Two:

02

Efficient, Equitable, and Quality Health System

Between December 2024 and March 2025, Nigeria accelerated reforms to build an efficient, equitable, and quality-driven health system, anchored on the principles of Universal Health Coverage (UHC), health workforce investment, and improved service delivery infrastructure. These efforts have focused on reducing financial barriers, improving maternal and child health outcomes, enhancing health insurance coverage, and expanding access to quality care at both federal and subnational levels.

A landmark achievement in this period was the rollout of MAMII (Maternal and Newborn Mortality Reduction Investment Initiative). Targeting 172 high-burden LGAs responsible for half of Nigeria's maternal deaths, the initiative adopted direct disbursements via the Basic Health Care Provision Fund (BHCPF) and integrated 2,200 skilled birth attendants (SBAs) into service delivery systems. Over 887 women have already benefited from reimbursed emergency obstetric care under the initiative, while 1,400 facilities have been upgraded to support skilled birth attendance.¹¹

Health insurance expansion efforts also gathered momentum. The National Health Insurance Authority (NHIA) introduced subsidized maternal packages and a ₦400,000 cancer treatment subsidy to ease financial strain on households.¹² The Vulnerable Group Fund, supported by an ₦85 billion allocation under the 2024 Appropriation Act, bolstered financial protection for low-income groups.¹³ An additional ₦12 billion disbursed to State Social Health Insurance Agencies (SSHIA) enabled over 1.7 million individuals to access subsidized care, expanding total insurance coverage to 2.3 million Nigerians.¹⁴ Tariff reviews led by NHIA increased reimbursement rates for providers by 40–60%,¹⁵ further improving provider participation and care quality.

At the state level, reform implementation was equally robust. Kogi State enrolled over 167,000 residents into its insurance scheme,¹⁶ with targets to reach 150,000 more in 2025. Kano State enrolled 300,000 people, including inmates in custodial facilities,¹⁷ reflecting a commitment to equity in care.

11. Swap.gov.ng, "FG launches MAMII Project to reduce maternal, neonatal mortality in Kano," Jan 2025. <https://swap.gov.ng/blog/press-release>.

12. Nairametrics, "NHIA introduces ₦400,000 subsidy for cancer patients under cost-sharing initiative," Feb 2025. <https://nairametrics.com/2025/02/06/nhia-introduces-n400000-subsidy-for-cancer-patients-under-cost-sharing-initiative/>.

13. This Day, "NHIA prioritises higher enrolment, vulnerable groups," Feb 2025. <https://www.thisdaylive.com/index.php/2025/02/04/nhia-prioritises-higher-enrolment-vulnerable-groups/>.

14. Nairametrics, "FG approves ₦12.911bn disbursement to National Health Agencies," Oct 2024. <https://nairametrics.com/2024/10/20/fg-approves-n12-911bn-disbursement-to-national-health-agencies/>.

15. Science Nigeria, "NHIA To Review Medicine Tariffs Amid Rising Medical Inflation – DG," July 2024. <https://sciencenigeria.com/nhia-to-review-medicine-tariffs-amid-rising-medical-inflation-dg/>.

16. Kogi State Government, "Kogi State is on track to achieve the 2030 Universal Health Coverage target, ES-KSHI, Dr. Aledare Adekunle," Jan 2025. [Kogi State is on track to achieve the 2030 Universal Health Coverage target, ES-KSHI, Dr. Aledare Adekunle. — Kogi State Government.](https://www.kogistate.gov.ng/news/kogi-state-is-on-track-to-achieve-the-2030-universal-health-coverage-target-es-kshi-dr-aledare-adekunle)

17. Kano State Contributory Healthcare Management Agency, "Inmates Healthcare," March 2025. [Inmates Healthcare – Kano State Contributory Healthcare Management Agency.](https://www.kano.gov.ng/inmates-healthcare)

Benue State enrolled 6,273 IDPs¹⁸ and Yobe State enrolled 275,358 residents in its contributory scheme,¹⁹ demonstrating how states are tailoring reforms to their population needs. These efforts were complemented by the federal government's disbursement of ₦16.27 billion under BHCPF 2.0,²⁰ which supported facility revitalization, recruitment of 774 Performance/Financial Management Officers, and training for over 53,000 health workers.

Nigeria's commitment to expanding access to care was also demonstrated in the 2025 Federal Health Budget, which allocated ₦2.48 trillion to the sector,²¹ including ₦402 billion for infrastructure and ₦282.6 billion to BHCPF. Significant investments in infrastructure and equipment have modernized the health system. Over 3,000 PHCs are undergoing revitalization, with 304 already completed.²² States such as Oyo have committed to upgrading 66 PHCs,²³ while Bauchi upgraded 124 health centers.²⁴ The federal government completed major projects including an advanced diagnostic centre in Umuahia, a new maternity complex at the Federal Teaching Hospital, and Oncology/Radiotherapy Complexes in Katsina.²⁵ Digital innovations and solar installations were implemented in institutions like the University College Hospital, Ibadan.²⁶

Workforce development remained a central focus. The FMOH&SW recruited over 6,000 healthcare professionals between December and March, including 2,497 frontline workers and 3,647 tertiary hospital staff.²⁷ Additionally, over 43,000 health workers were retrained,²⁸ and the National Standing Orders for CHOs and CHEWs were reviewed to strengthen task shifting and improve community-level service delivery.²⁹ Rivers State flagged off a Skilled Birth Attendants programme across 203 PHCs, enhancing³⁰ maternal and newborn care at the grassroots.

18. Leadership, "Benue Enrols 6,273 IDPs On Health Insurance Scheme," Feb 2025. [Benue Enrols 6,273 IDPs On Health Insurance Scheme](#)

19. National Accord, "Yobe State enrols 275,358 people into contributory healthcare scheme, recruits 311 new health workers," Dec 2024. [Yobe State enrols 275,358 people into contributory healthcare scheme, recruits 311 new health workers – National Accord Newspaper %](#)

20. Daily Trust, "FG expands TB services to 3,000 additional health facilities," Mar 2025. <https://dailytrust.com/fg-expands-tb-services-to-3000-additional-health-facilities/>

21. DMarketForces, "Tinubu allocates ₦2.48trn to health sector in 2025 budget," Jan 2025. [Tinubu Allocates ₦2.48trn to Health Sector in 2025 Budget](#)

22. Date Line Health Africa, "Nigeria Revitalizes 500 Health Centers, Plans to Renovate 3,000 More," Aug 2024. [Nigeria Revitalizes 500 Health Centers, Plans to Renovate 3,000 More](#)

23. Oyo State, Ministry of Health, "Oyo Govt. To Upgrade 66 PHCs for Better Healthcare Delivery," March 2025. [Oyo Govt. To Upgrade 66 PHCs for Better Healthcare Delivery – Ministry of Health](#)

24. Punch, "Bauchi reiterates commitment to good healthcare delivery, upgrades 124 centres," Jan 2025. [Bauchi reiterates commitment to good healthcare delivery, upgrades 124 centres](#)

25. Nigeria Sovereign Investment Authority, "FMH&SW & NSIA Join Forces to Expand Access to Oncology Care through the Oncology Initiative," April 2024. [FMH&SW & NSIA Join Forces to Expand Access to Oncology Care through the Oncology Initiative - NSIA](#)

26. Premium Times, "UCH Blackout: Nigerian govt moves to power hospitals with solar energy," Jan 2025. [FG trains 120,000 frontline health workers in quality service - Daily Trust](#)

27. Federal Ministry of Health, "Building a Healthier Nigeria, One Workforce at a Time!" Feb 2025. <https://x.com/Fmohnigeria/status/189083724464394425>

28. Daily Trust, "FG trains 120,000 frontline health workers in quality service," Nov 2024. [FG trains 120,000 frontline health workers in quality service - Daily Trust](#)

29. Banyan Global, "Strengthening Quality Primary Health Care Delivery by Improving the Standing Orders of Community Health Practitioners in Nigeria," April 2024. [Strengthening Quality Primary Health Care Delivery by Improving the Standing Orders of Community Health Practitioners in Nigeria | Banyan Global](#)

30. River State Ministry of Health, Feb 2025. <https://x.com/MOHRiversState/status/1891750842308407380>

Disease prevention efforts included widespread vaccination campaigns. Over 5 million children received the Penta vaccine, while 10 million were immunized against Tetanus-Diphtheria. Malaria vaccine pilots began in Bayelsa and Kebbi, while Kogi vaccinated over 77,000 children against polio.³¹ These efforts were reinforced by Rotary's \$300 million investment in eradication programs.³²

Service delivery outcomes at federal tertiary institutions were significant. Over 4.3 million patients accessed outpatient care, and 1.56 million were admitted across 33 Federal Tertiary Hospitals. Innovative procedures such as routine open-heart surgeries, TURPs, laparoscopic surgeries, and endoscopy are now regularly conducted in centres like FMC Abuja and FMC Asaba.³³ Oncology, paediatric, cardiology, and infectious disease services also expanded significantly.

Nutrition and sanitation initiatives advanced equity in care. The Nutrition 774 Initiative, the Child Nutrition Fund, and localised WASH projects in Kwara and Adamawa have collectively addressed malnutrition and improved community health infrastructure.³⁴

These achievements underscore a nationwide shift toward a more accessible, equitable, and people-centred health system. However, sustaining these gains will require continued investment, robust monitoring, and targeted support to underserved populations and health systems at the subnational level.

Gaps, Challenges and Recommendations for Improvement

While substantial gains have been made under Agenda Two, several areas warrant focused improvement to ensure health system reforms are truly inclusive, resilient, and sustainable.

1

First, despite expanding health insurance coverage to 2.3 million Nigerians, a significant proportion of the population remains uncovered. To accelerate progress toward universal health coverage, the NHIA and State Health Insurance Agencies must scale up enrolment efforts, particularly among informal sector workers, through simplified digital tools, community-based outreach, and improved claims transparency.

31. GAVI The Vaccine Alliance, "Nigeria's first malaria vaccine roll-out is greeted by an expectant population," Jan 2025. [Nigeria's first malaria vaccine roll-out is greeted by an expectant population](#)

32. Punch Healthwise, "Rotary commits over \$300m to polio eradication in Nigeria," Jan 2025. [Rotary commits over \\$300m to polio eradication in Nigeria](#)

33. The State of Health of the Nation Report, "Efficient, Equitable and Quality Health System" March 2025. The State of Health of the Nation Report, Pg 41. <https://health.gov.ng/#:-:text=The%20State%20of%20Health%20of%20the%20Nation%20Report%20%2D%202024>

34. Nutrition Society of Nigeria, "Federal Government Launches Nutrition 774 Initiative to Combat Malnutrition," Feb 2025. [Federal Government Launches Nutrition 774 Initiative to Combat Malnutrition – Nutrition Society of Nigeria](#)

2

Second, BHCPF disbursement must be more effectively linked to service delivery outcomes. While fund flow has improved, facility-level tracking and accountability remain uneven. Scaling the BHCPF financial platform nationwide, institutionalising quarterly public expenditure reviews, and linking allocations to clear performance metrics will help enhance efficiency and build public trust.

3

Third, revitalised PHCs must be supported with sustainability plans. Many facilities face recurring challenges related to staffing, equipment upkeep, and power supply. To protect investments and ensure continuous service delivery, a national PHC sustainability framework covering solar power integration, local maintenance partnerships, and community-led oversight should be co-developed with states.

4

Fourth, health workforce expansion efforts must prioritise retention. While thousands of frontline workers and National Health Fellows have been recruited and deployed, retention mechanisms are weak, particularly in rural areas. The introduction of clear career pathways, supportive supervision, housing incentives, and continuing professional development will help reduce attrition and improve service quality.

5

Fifth, maternal and child health outcomes may improve through MAMII and subsidised care schemes, but regional inequities remain. States with low uptake or limited capacity should receive targeted technical support, while the development of an equity monitoring dashboard will help guide resource allocation to underserved areas.

6

Lastly, Nigeria's progress on immunisation must be consolidated under a unified national roadmap focused on zero-dose children and routine coverage. Strengthening cold chain logistics, tracking defaulters, and ensuring state accountability will be critical to sustaining gains and preventing vaccine-preventable disease resurgence.

By addressing these systemic gaps, the government can deepen the impact of current reforms and deliver a more equitable and quality health system that leaves no one behind.

Progress and Updates on the Implementation of the NHSRII and the 4-Point Agenda

Pillar 3: Unlocking the Health Value Chain



PVAC initiative has
attracted over

\$2 billion

in foreign investment



exempt on

Import duty & VAT

on critical raw materials for
pharmaceutical production,



MoU with Vestergaard seeks to establish
Africa's first second-generation long-lasting
insecticidal net (LLIN) manufacturing plant in
Nigeria,

10 million units

initial annual capacity of



A national network of

435 CLINICAL
TRIAL
CENTRES

now operational, projected to generate
\$3.8 billion in economic value while

Pillar Three: 03 Unlocking the Health Value Chain

Between December 2024 and March 2025, Nigeria made bold strides toward unlocking its health value chain, driven by an ambitious vision to reduce dependence on imports, stimulate domestic pharmaceutical production, and position the country as a regional leader in healthcare innovation. The Federal Government, in collaboration with the Presidential Value Chain Initiative (PVAC) and the Federal Ministry of Health and Social Welfare, laid the groundwork for transformational reforms that span manufacturing, research and development, infrastructure expansion, and public health delivery.

A landmark development in this period was the implementation of the Presidential Executive Order on the Health Value Chain, signed in late 2024 and officially activated in March 2025. This directive, now being executed by the Nigeria Customs Service, exempts import duty and VAT on critical raw materials for pharmaceutical production, including Active Pharmaceutical Ingredients (APIs), diagnostic kits, LLINs, and essential packaging materials. The guidelines mandate transparency through quarterly reporting, with eligibility limited to manufacturers recognised by the FMoH&SW. This policy is already driving down production costs and supporting local manufacturers committed to strengthening Nigeria's health infrastructure.³⁵

Backed by a \$1 billion financing platform created in partnership with Afreximbank, the PVAC initiative has attracted over \$2 billion in foreign investment and established a \$5 billion project pipeline, fuelling 74 high-impact health manufacturing projects across the country.³⁶ These include the development of a cryogenic oxygen plant, the local production of clavulanic acid APIs that created over 700 jobs, and the assembly of diagnostic kits and Siemens-supported ultrasound equipment. In parallel, Brazil's FPG Brands committed \$240 million in investment into Nigeria's healthcare system over the next decade, reflecting rising international confidence in the sector's potential.³⁷

Efforts to strengthen Nigeria's pharmaceutical sovereignty are also being matched by significant gains in health research and development. The FG plans a national network of 435 clinical trial centres by 2028, projected to generate \$3.8 billion in economic value while

35. FMINO, "Nigeria Customs Service Implements Presidential Executive Order To Boost Local Production Of Healthcare Products", Mar 2025. <https://fmino.gov.ng/nigeria-customs-service-implements-presidential-executive-order-to-boost-local-production-of-healthcare-products/>.

36. The State of Health of the Nation Report, " March 2025. The State of Health of the Nation Report, Pg 104. <https://health.gov.ng/#:-:text=The%20State%20of%20Health%20of%20the%20Nation%20Report%20%2D%202024>

37. The State of Health of the Nation Report, "Unlocking the Health Value Chain" March 2025. The State of Health of the Nation Report, Pg 42. <https://health.gov.ng/#:-:text=The%20State%20of%20Health%20of%20the%20Nation%20Report%20%2D%202024>

anchoring Nigeria as a global destination for pharmaceutical trials.³⁸ Additionally, the government launched a costed National Vaccine Research and Development Plan and signed a Memorandum of Understanding with Unizima to establish a biomanufacturing training hub focused on mRNA vaccines, paving the way for continental self-reliance in vaccine production.³⁹

Traditional medicine also featured prominently in this period, with the launch of the National Traditional Medicine Policy and Essential Medicinal Plants List.⁴⁰ A Phytomedicine Training Conference held in Bauchi State provided a platform for stakeholders to align local knowledge systems with scientific protocols, further integrating indigenous therapies into the broader health value chain.

Nigeria's growing health value chain is also being reinforced through infrastructure development and specialized healthcare services. Several diagnostic and oncology centres are under construction across the country, with Katsina State recently commissioning a new Oncology/Radiotherapy Complex.⁴¹ In Lagos, the government is preparing to open Sub-Saharan Africa's largest psychiatric hospital by 2025, while the Lagos State University College of Medicine (LASUCOM) was upgraded to a full-fledged medical university to boost workforce capacity.⁴² In neonatal care, LASUTH inaugurated an advanced neonatal centre, significantly improving newborn survival rates.⁴³ Meanwhile, an MoU with Vestergaard seeks to establish Africa's first second-generation long-lasting insecticidal net (LLIN) manufacturing plant in Nigeria, with an initial annual capacity of 10 million units.⁴⁴

Together, these interventions represent a comprehensive and strategic shift in Nigeria's approach to building a sustainable, innovation-driven, and investment-ready healthcare ecosystem. With the PVAC initiative targeting 70% local pharmaceutical production and a 15% share of Africa's pharmaceutical market by 2030, Nigeria is laying the foundation for long-term continental leadership in health value chain development.

38. Guvment Media, "Nigeria Launches Clinical Trial Network with \$3.8bn Potential," Oct 2024. [FEDERAL GOVERNMENT TO ESTABLISH 435 CLINICAL RESEARCH CENTERS - Guvment News](#)

39. The State of Health of the Nation Report," March 2025. The State of Health of the Nation Report, Pg 42. <https://health.gov.ng/#:-:text=The%20State%20of%20Health%20of%20the%20Nation%20Report%20%2D%202024>

40. The State of Health of the Nation Report," March 2025. The State of Health of the Nation Report, Pg 43. <https://health.gov.ng/#:-:text=The%20State%20of%20Health%20of%20the%20Nation%20Report%20%2D%202024>

41. Medical World Nigeria, "Katsina Commissions Oncology/Radiotherapy Complex," Jan 2025. [Medical World Nigeria - Medical News, Jobs, Conferences, Store, Directory](#)

42. The Nation, "Lagos SEC approves LASUCOM's upgrade to medical varsity" Dec 2024. [Lagos SEC approves LASUCOM's upgrade to medical varsity - The Nation Newspaper](#)

43. Punch Nigeria, "LASUTH gets advanced neonatal centre to boost newborn survival," Jan 2025 [LASUTH gets advanced neonatal centre to boost newborn survival - Healthwise](#)

44. HealthCare Middle East & Africa, "Vestergaard partners with Nigeria to establish insecticide-treated nets manufacturing hub," Jan 2025. [Vestergaard partners with Nigeria to establish insecticide-treated nets manufacturing hub | HealthCare Middle East & Africa Magazine](#)

Gaps, Challenges and Recommendations for Improvement

While Nigeria has taken remarkable steps toward unlocking the health value chain, several areas require strategic reinforcement to fully realise the ambition of local manufacturing, research excellence, and pharmaceutical sovereignty.

1 First, the success of the Presidential Executive Order on VAT and tariff waivers hinges on widespread industry awareness and implementation fidelity. To ensure the intended impact, there is a need for continued sensitisation of manufacturers, customs agents, and supply chain actors, alongside timely publication of quarterly monitoring reports by the Nigeria Customs Service. Strengthening this feedback loop will reinforce transparency and build trust in the policy's effectiveness.

2 Second, while the \$5 billion PVAC pipeline reflects growing investor confidence, implementation bottlenecks, particularly around land acquisition, regulatory approvals, and infrastructure access, continue to pose challenges for manufacturers. The Federal Government should work with state governments to develop industrial health clusters with shared utilities, streamlined licensing processes, and incentives that de-risk investment in local production. Creating a one-stop investment facilitation desk under the PVAC Secretariat could also help fast-track project execution.

3 Third, Nigeria's burgeoning research ecosystem, anchored by the 435 clinical trial centres, needs robust ethical oversight, data infrastructure, and partnerships with global pharmaceutical leaders to scale its impact. To avoid duplication and fragmented efforts, a centralised national research coordination framework should be established, linked to the National Vaccine R&D Plan and aligned with broader public health priorities. This will help ensure that discoveries made in Nigeria lead to tangible products that address the country's health burdens.

4 Fourth, while developing biomanufacturing hubs and diagnostic facilities is promising, workforce readiness remains a constraint. Government and training institutions should accelerate curriculum reforms to produce specialised talent in biomedical engineering, regulatory affairs, and pharmaceutical manufacturing. Partnerships with global firms should be leveraged for technology transfer and talent exchange, local upskilling, and long-term retention strategies.

5

Fifth, traditional medicine, now formally recognised through a national policy, requires a clear regulatory and commercialisation roadmap. Standardising quality control, validating clinical efficacy, and supporting local producers with research funding and IP protection will be key to transforming phytomedicine into a viable export and public health asset.

6

Lastly, as the health value chain grows, environmental sustainability must be embedded in its expansion. From pharmaceutical waste management to carbon emissions in manufacturing hubs, national guidelines should be developed to ensure green production practices, safeguarding both population health and ecological integrity.

By addressing these gaps, Nigeria can unlock the full economic and health potential of its value chain reforms and lead a new era of self-reliant, equitable, and resilient healthcare systems in Africa.

Progress and Updates on the Implementation of the NHSRII and the 4-Point Agenda

Pillar 4: Health Security



The Nigerian Senate approved

₦300 billion

to bridge funding gaps for HIV,
tuberculosis, malaria, and polio programs,



Over

36 epidemiologists

and surveillance officers were
trained in data analysis,



Borno State vaccinates
nearly

288,000

residents, preventing
outbreak fatalities.



climate change could increase
Nigeria's disease burden by .

21%

Pillar Four: 04 Health Security

Between December 2024 and March 2025, Nigeria intensified its efforts to strengthen health security, with a focus on epidemic preparedness, disease surveillance, immunisation, infection prevention, and emergency response. These initiatives reflect the Federal Government's commitment to safeguarding public health amid evolving threats, while also aligning with the priorities of the Nigeria Health Sector Renewal Investment Initiative (NHSRII).

A defining moment in this period was the scale-up of epidemic preparedness efforts under high-level federal leadership, bolstered by substantial funding commitments. The Nigerian Senate approved ₦300 billion to bridge funding gaps for HIV, tuberculosis, malaria, and polio programs, following a global funding freeze.⁴⁵ In addition, the Federal Executive Council (FEC) approved \$1.07 billion in concessional financing from the World Bank through the HOPE Program, alongside a ₦4.8 billion investment to expand HIV/AIDS⁴⁶ treatment. These financial commitments enable nationwide infectious disease control, resilience in health systems, and improved primary healthcare access.

Efforts to control cholera were reinforced through the development of a \$124 million national plan,⁴⁷ while localised responses saw Borno State vaccinate nearly 288,000 residents, preventing outbreak fatalities. In parallel, Nigeria launched a national Lassa fever research program backed by a \$250 million global investment.⁴⁸ The Nigeria Centre for Disease Control and Prevention (NCDC) also ramped up its surveillance capacity, monitoring over 460 suspected Lassa fever cases across 11 states.

To strengthen response infrastructure, the NCDC operationalised Emergency Operations Centres (EOCs) in all six geopolitical zones, while genomic surveillance capabilities were expanded through the launch of Nigeria's National Genomic Surveillance Strategy.⁴⁹ New climate-health risk reports underscored the urgency of preparedness, revealing that climate change could increase Nigeria's disease burden by 21%.⁵⁰

45. Premium Times, "Nigerian Senate increases country's health budget to address US aid freeze," Jan 2025. [Nigerian Senate increases country's health budget to address US aid freeze](#)

46. FMINO, "FEC Approves \$1.07 Billion For Health Sector Reform And HIV/Aids Treatment Expansion," Feb 2025. [FEC Approves \\$1.07 Billion For Health Sector Reform And HIV/Aids Treatment Expansion - Federal Ministry of Information and National Orientation](#)

47. Gazette Nigeria, "FG launches \$124 million cholera control initiative," Jan 2025. <https://gazettengr.com/fg-launches-124-million-cholera-control-initiative/#:~:text=a%20%24124%20million%20initiative>

48. Premium Times, "Lassa Fever: Global health coalition invests \$250m in vaccine research," Oct 2024. [Lassa Fever: Global health coalition invests \\$250m in research](#)

49. Nigeria Centre for Disease Control and Prevention, Oct 202 <https://x.com/NCDCgov/status/1847367138220396795>

50. Nairametrics, "Nigeria's disease burden could reach 21% due to climate change - Report," Nov 2024. [Nigeria's disease burden could reach 21% due to climate change - Report - Nairametrics](#)

Nigeria's immunisation campaigns also scaled dramatically during this period. Over 13 million girls were vaccinated against HPV nationwide as part of the national cervical cancer prevention strategy, bolstered by a ₦1 billion donation under the 8by8 campaign.⁵¹ Kano State vaccinated 225,000 children in a renewed polio effort, while Anambra vaccinated 380,000 girls against HPV. In Lagos, a campaign was launched to immunise 18 million residents against vaccine-preventable diseases, including measles and meningitis. The federal budget for 2025 allocated ₦231.7 billion to immunisation, malaria vaccines, and digital tracking systems, including ₦188 billion to GAVI and ₦41 billion for malaria vaccine deployment.⁵²

On the surveillance front, Nigeria made significant advances in digitization and analytics. The electronic Integrated Disease Surveillance and Response (e-IDSR) system was rolled out across six states, and new analytics tools were deployed to 6 states.⁵³ Over 36 epidemiologists and surveillance officers were trained in data analysis, with additional training rolled out for facility-level surveillance staff in 31 states. The Community-Based Surveillance Strategy (2024–2027) was also activated to capture disease patterns at grassroots levels, while validation of 41% of 536,580 settlements improved targeting for immunisation and response programs.

Nigeria's infection prevention and control (IPC) systems were globally recognised as a best-practice model. The country launched its National Policy on IPC, trained state-level IPC focal persons, and inaugurated a new IPC Technical Working Group (IPC TWG) to harmonise implementation.⁵⁴ These systems now support real-time monitoring, improved patient safety, and antimicrobial resistance mitigation. Surveillance of healthcare-associated infections and multidrug-resistant organisms has also commenced.

Emergency medical services continued to expand. Akwa Ibom commissioned its Emergency Medical Service and Ambulance System (AKISEMSAS), a medical oxygen plant, and a public health EOC.⁵⁵ Meanwhile, the NHIA's obstetric and newborn emergency care financing model scaled up to 61 facilities across Nigeria by early 2025, with all 36+1 states engaged for nationwide rollout.

Digital health infrastructure also saw significant investment. Over 15,000 tablets were procured under the Global Fund's RSSH grant for mini-electronic medical records (EMRs),

51. UNICEF, "Generations unite in Nigeria's HPV vaccine campaign," Sept 2024. [Generations unite in Nigeria's HPV vaccine campaign | UNICEF](#)

52. Nairametrics, "FG allocates ₦231.7bn for immunization, malaria vaccine, and tracking in 2025," Jan 2025. <https://nairametrics.com/2025/01/07/fg-allocates-n231-73-billion-for-immunization-malaria-vaccination-and-vaccine-tracking-system-in-2025-budget/>

53. The State of Health of the Nation Report, "Health Security" March 2025. The State of Health of the Nation Report, Pg 43. <https://health.gov.ng/#:-:text=The%20State%20of%20Health%20of%20the%20Nation%20Report%20%2D%202024>

54. Vanguard, "FG inaugurates infection prevention, control technical working group with U.S. support," July 2024. [FG inaugurates infection prevention, control technical working group with U.S. support - Vanguard News](#)

55. Akwa Ibom State Government, "Akwa Ibom launches AKISEMSAS emergency medical system," Jan 2025. [AKS Emergency Medical Service and Ambulance Systems - Akwa Ibom State Government](#)

while 53,000 health workers were trained in digital reporting. National standards for EMRs were released to ensure interoperability. These efforts are improving data quality, transparency, and decision-making across all levels of care.

Global partnerships remain instrumental. USAID committed ₦1.72 billion to cholera response in Lagos, while the EU provided €300,000 to support epidemic preparedness advocacy.⁵⁶ A new National Action Plan on Antimicrobial Resistance (AMR) was developed to improve access to effective, quality-assured diagnostics and antimicrobials, while addressing resistance.

Finally, Nigeria strengthened its One Health approach by convening national steering and technical committees to coordinate zoonotic risk assessments, cross-sector information sharing, and strategic responses to emerging pathogens, including Highly Pathogenic Avian Influenza and viruses linked to fruit bats.⁵⁷

Together, these efforts reflect a robust and multi-dimensional approach to health security—anchored on prevention, early warning, coordinated response, digital integration, and global collaboration. With continued investment and alignment, Nigeria is strengthening its capacity to prevent, detect, respond to, and recover from public health emergencies, and setting a new benchmark for epidemic preparedness in West Africa.

Safeguarding Nigeria's Health: Strategic Recommendations

Several strategic areas demand increased attention and reform to consolidate progress and ensure Nigeria's health security agenda remains responsive and resilient. While the country has demonstrated impressive leadership in outbreak preparedness, immunisation scale-up, and digital transformation, sustaining and expanding these gains will require targeted action.

1

First, there is a pressing need to institutionalise long-term epidemic preparedness beyond donor-dependent models. The Presidential Executive Order on the Health Value Chain has provided a framework for boosting local production of essential medical supplies, but Nigeria must extend this momentum to local vaccine production and emergency stockpiles for epidemic response. The operationalisation of the National Vaccine Research and Development Plan and sustained funding for mRNA research hubs should be prioritised to reduce reliance on external supply during future health emergencies.

56. Business Day, "USAID awards N1.72bn grant to combat cholera in Lagos," Nov 2024. [USAID awards N1.72bn grant to combat cholera in Lagos - Businessday NG](#)

57. Voice of Nigeria, "Nigerian government Unveils One Health strategic plan," Jan 2025. [Nigerian government Unveils One Health strategic plan - Voice of Nigeria](#)

2

Second, while the rollout of the electronic Integrated Disease Surveillance and Response (e-IDSR) system and analytics tools marks a significant advancement, interoperability across platforms remains a challenge. Integrating facility-level data from PHCs and secondary care into a national health information management system will be key. Continued investments in training, data governance, and system upgrades are required to ensure real-time, high-quality data informs decision-making at every level.

3

Third, the One Health platform needs to be strengthened further by improving interministerial collaboration and aligning human, animal, and environmental health data flows. The joint risk assessments conducted for zoonotic threats are commendable, but the implementation of mitigation measures at subnational levels is uneven. A formalised coordination framework with budgetary backing will ensure that One Health approaches to disease surveillance are not just reactive but become an institutionalised prevention pillar.

4

Fourth, while IPC systems have improved and Nigeria has received global recognition for its national IPC program, sustainability remains fragile. IPC focal persons need career development pathways and institutional backing within healthcare facilities. Furthermore, integrating IPC metrics into routine health facility assessments and linking them with funding disbursement could accelerate compliance and improve patient safety outcomes.

5

Fifth, despite notable immunisation progress, routine vaccine delivery systems remain vulnerable to supply chain disruptions and geographic inequity. As Nigeria scales its malaria vaccine and zero-dose immunisation strategies, the Federal Government should strengthen last-mile delivery systems, particularly in conflict-affected areas, while promoting greater community engagement in immunisation campaigns to build trust and reduce vaccine hesitancy.

6

Lastly, emergency care systems require sustained political and financial commitment. Initiatives like AKISEMSAS and NHIA's obstetric emergency care financing model should be scaled nationally, but this will require streamlined referral pathways, ambulance networks, and integrated financing mechanisms that align with state health insurance programs.

By addressing these areas, Nigeria can transform its current health security architecture into a proactive, integrated, and sustainable system capable of withstanding future shocks while safeguarding public health across all communities.

FROM POLICY TO PRACTICE: COLUMNS ON NIGERIA'S HEALTH TRANSFORMATION

**WHY SECTOR-WIDE APPROACHES
(SWAPS) FAIL AND HOW NIGERIA IS
GETTING IT RIGHT -**
A CONVERSATION WITH
DR. MUNTAQA UMAR SADIQ, NATIONAL
COORDINATOR, NHSRII SWAP
COORDINATION OFFICE



“SWAps fail when they become more about paperwork than actual health system transformation... We put a hard stop to just building foundations because we need to show impact.”

— Dr. Muntaka Umar Sadiq.

Sector-wide approaches (SWAps) have long been heralded as the solution to fragmented health systems in low—and middle-income countries. The theory is compelling: coordinate donor efforts, harmonise planning, and build stronger systems through alignment. Yet time and again, SWAps falter under the weight of their own ambition—bogged down by bureaucracy, disconnected from implementation, and too often focused on process rather than people.

Nigeria's ongoing experience with its Health Sector Renewal Investment Initiative (NHSRII), however, is writing a different story.

That impact is becoming increasingly hard to ignore. Under the NHSRII SWAp framework, Nigeria has:

- 1 Mobilized \$1 billion in targeted health investments
- 2 Transitioned over 28,000 health workers from donor-funded programs to locally managed systems
- 3 Aligned all 36 states and the FCT under a unified Annual Operational Plan
- 4 Established real-time sector dashboards and conducted nationwide Citizen Voice Surveys to ensure policies reflect frontline realities

Unlike traditional SWApS that often get stuck in high-level consensus building, Nigeria's approach is deliberately execution focused. Quarterly subnational dialogues, performance dashboards, and technical working groups ensure that coordination doesn't just happen at the federal level but is embedded in state-level planning, service delivery, and accountability systems.

The SWAp coordination office is also committed to ensuring relevance. From community-level maternal health interventions under MAMII, to the rollout of the National Health Fellows Program, which places young professionals in every LGA to support grassroots health reforms, the SWAp is bridging the gap between big-picture planning and last-mile delivery.

Critically, Dr. Muntaqa and his team are not naïve about the challenges. Coordination complexity, policy inertia, and resource constraints remain. But instead of being paralysed by these realities, the SWAp team embraces flexibility, data, and transparency as the backbone of resilience.

Performance incentives, pooled funding mechanisms, and a newly adopted Unified Code of Conduct for partners have further ensured a focus on results. And while bureaucratic drag is a common feature in public sector reforms, Nigeria is keeping its eye on what truly matters: improved health outcomes.

“It’s very easy to be in the vicious cycle of process for process’s sake. The focus must remain on strengthening systems, improving outcomes, and creating tangible impact for communities.”

— Dr. Muntaqa Umar Sadiq.

SO WHY IS NIGERIA’S SWAP WORKING WHEN SO MANY OTHERS HAVE FAILED?

- 1 Because it was designed not just to coordinate but to transform.
- 2 Because it listens not only to donors but to citizens.
- 3 And because it refuses to be a checklist, it insists on being a catalyst.

In a global landscape littered with well-meaning but underperforming reform frameworks, Nigeria’s NHSRII Sector-Wide Approach may just offer the case study we’ve all been waiting for. It’s not perfect. But it’s bold. It’s responsive. And most importantly it’s working.

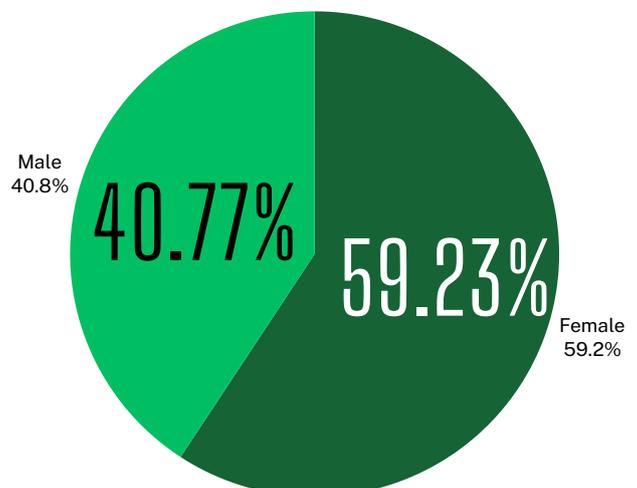
CITIZEN VOICES: What Nigerians are Saying about Primary Health Care



In March 2025, Nigeria Health Watch conducted a Community Listening exercise across six focal states: Lagos, Niger, Ebonyi, Borno, Kano, and Cross River. The activity was implemented in collaboration with the respective State Ministries of Health and State Primary Health Care Development Agencies (SPHCDA). State Health Promotion Officers (HPOs) led the data collection in selected urban and rural LGAs, ensuring local participation and ownership. A total of 2,274 responses were gathered using a structured digital survey tool. The process employed a multi-stage cluster sampling technique to ensure geographic and demographic representation offering a granular, data-driven view into how Nigerians experience and perceive primary health care (PHC) services.

Demographic Profile of Respondents Across Six States

The demographic composition of respondents provides essential context for interpreting community perceptions and experiences with primary healthcare (PHC) services. The data indicates a higher representation of women in the survey, with 59.23% of respondents identifying as female compared to 40.77% who identified as male. This gender distribution suggests that women are more actively engaged in discussions around healthcare access and service delivery possibly reflecting their role as primary caregivers in many households and their more frequent interactions with the health system, particularly around maternal and child health.

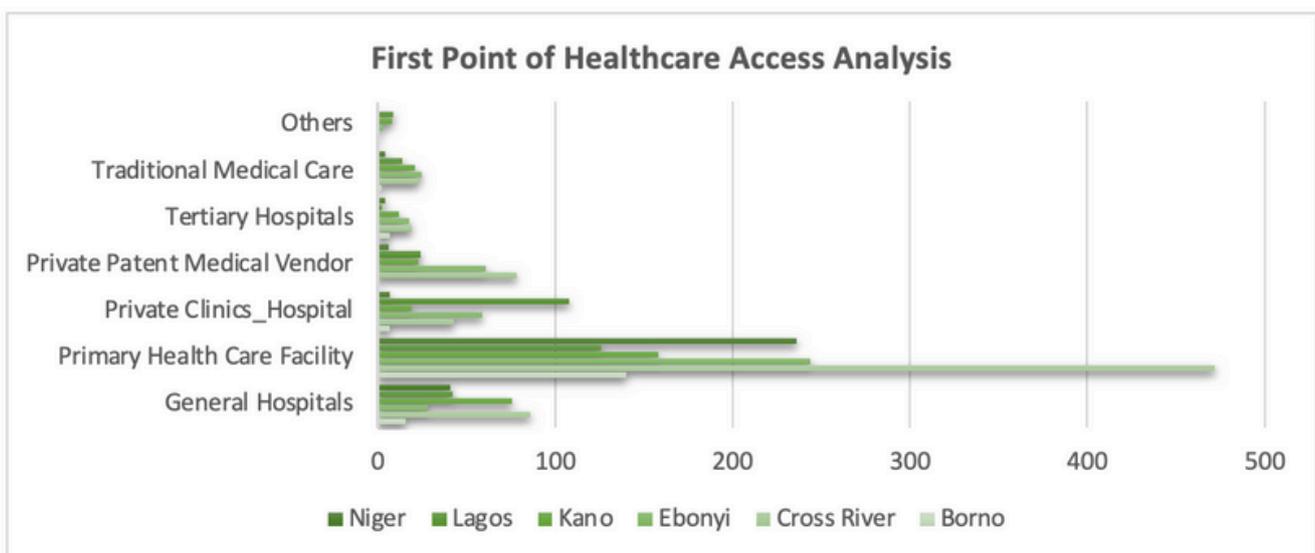


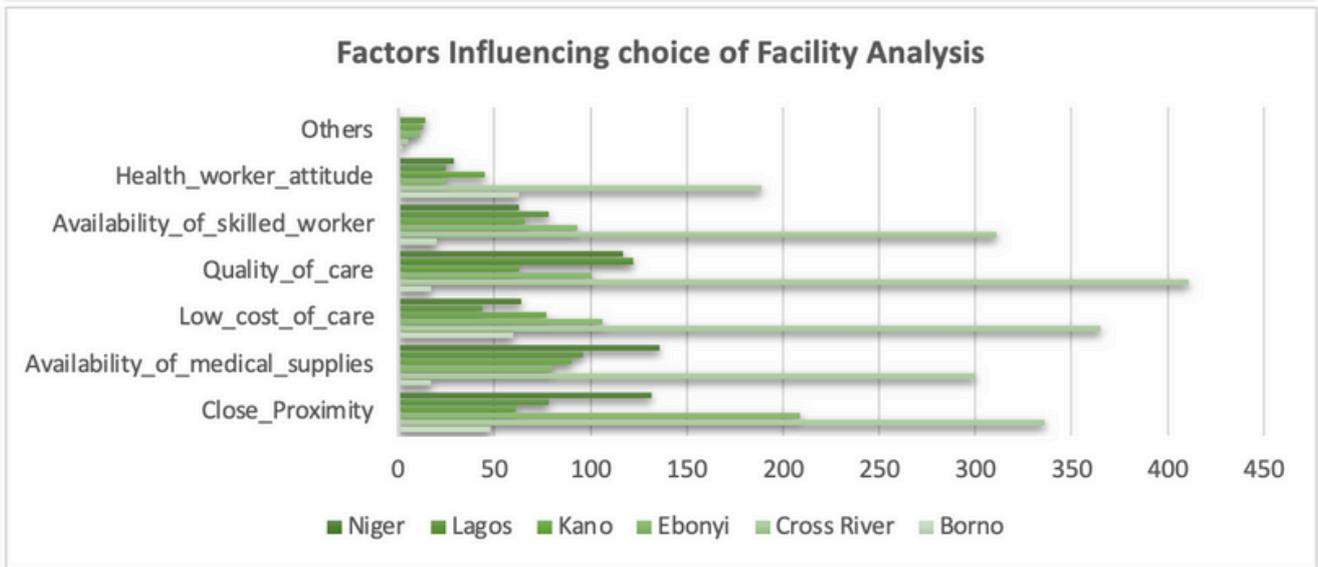
In terms of age distribution, the largest proportion of respondents falls within the 25–34 years age bracket, accounting for 31.22% of the total. This is followed closely by those aged 35–44 years at 24.63%, and 45–54 years at 18.69%, reflecting strong representation from the economically active, working-age population. Younger respondents aged 18–24 years make up 14.78%, while older populations aged 55–64 years and 65 and above constitute 7.34% and 2.64% respectively. The lowest representation is among adolescents aged 14–17 years, comprising just 0.70% of the sample.



Overall, the data shows that the majority of respondents are within the 18–34 age range, a group likely to be most engaged in healthcare decision-making both for themselves and their families.

The findings offer a fresh lens on progress under the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and reveal a complex, state-specific mix of trust, dissatisfaction, and reform readiness. While PHCs remain the first point of care in most rural communities, urban residents especially in Lagos are increasingly bypassing them in favour of private hospitals. Across the board, citizens want one thing: **care that is affordable, available, and delivered with respect**. But they are not experiencing it equally.





KEY FINDINGS

PHC ACCESS AND UTILISATION:

Cross River stands out in terms of regular healthcare access, with over 60% of respondents reporting consistent use. Conversely, Lagos recorded the highest percentage of citizens (41.56%) who never access healthcare, despite being the most urbanised.



DECISION DRIVERS:

In Cross River, care is chosen based on quality, skilled staff, and low cost. In Ebonyi, proximity trumps all. In Borno, health worker attitude was the single biggest driver, a powerful reminder that patient-provider trust is central to care-seeking.

TRUST AND DISCRIMINATION:

Discrimination was most frequently reported in Borno, Kano, and Lagos. These states also reported low satisfaction and PHC avoidance. By contrast, Cross River, which reported the lowest discrimination and highest satisfaction, showed the strongest PHC engagement overall.

ACCOUNTABILITY STRUCTURES:

Only Cross River showed widespread awareness and trust in Ward Development Committees (WDCs), Health Facility Committees (HFCs), and feedback loops. Lagos, Nigeria's commercial hub, had the lowest awareness and belief in the effectiveness of accountability mechanisms.

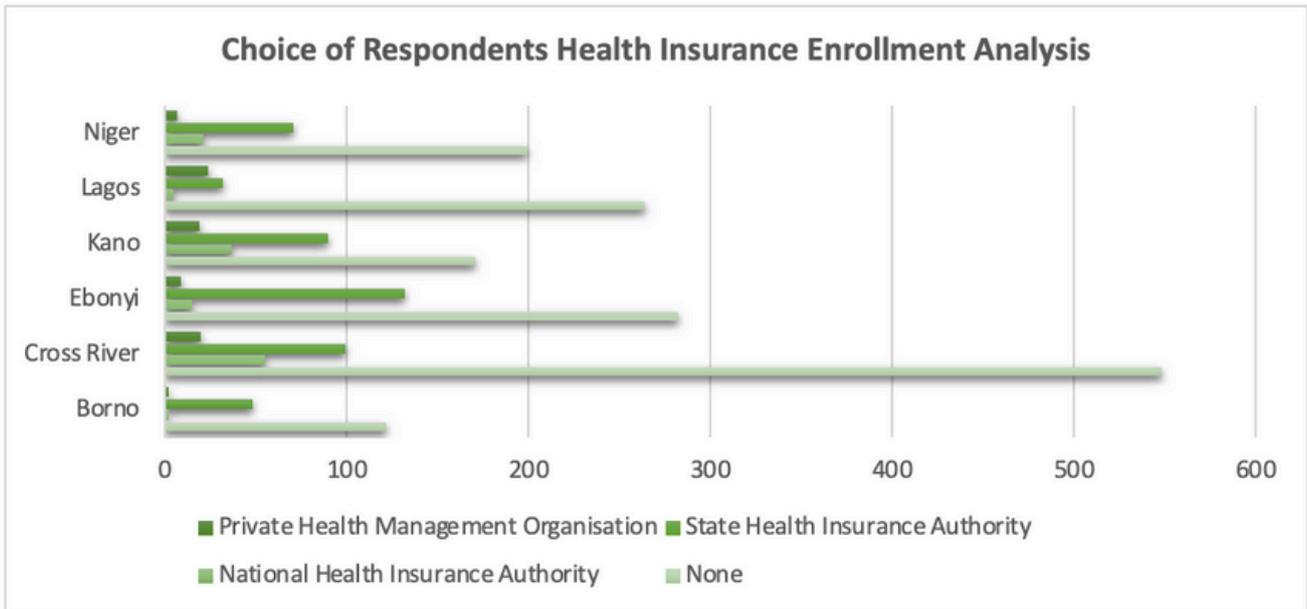
INSURANCE AND BHCPF AWARENESS:

While Cross River had the highest levels of awareness and enrolment under NHIA, states like Lagos and Niger showed weak enrolment and high cost-related barriers. Many citizens still rely on out-of-pocket payments and are unaware of reform efforts.

MEDICINES AND INFRASTRUCTURE:

Availability of medicines is highly variable, with Cross River again leading and Lagos and Kano reporting serious shortages. This mirrors broader infrastructure and supply chain challenges in high-density and underserved areas alike.

Choice of respondents health Insurance enrolment analysis



CONCLUSION

The Nigeria Health Sector Renewal Investment Initiative (NHSRII) has ushered in a new era of reform, structured around a coherent Four-Point Agenda: Effective Governance, Efficient, Equitable, and Quality Healthcare, Unlocking the Healthcare Value Chain, and Health Security. Over the last few months, the country has made measurable progress across all four pillars, strengthening sector-wide coordination, revitalising thousands of primary healthcare centres, catalysing local manufacturing investment, and reinforcing disease surveillance and outbreak response systems. These gains reflect a deliberate shift from fragmented programming toward a unified, performance-driven approach to health systems strengthening.

Still, achieving Universal Health Coverage and resilient health security requires sustained momentum. The insights from expert interviews and community voices presented in this report highlight the importance of deepening subnational implementation, restoring trust in public services, and bridging the gap between policy ambition and service delivery realities. As Nigeria continues on this reform journey, success will hinge not only on what is being built but also on how equitably it is delivered and whether citizens feel seen, heard, and served. The NHSRII offers a historic opportunity. With disciplined execution and inclusive leadership, it can deliver the lasting transformation the country needs.

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.



Website:
www.nigeriahealthwatch.com

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