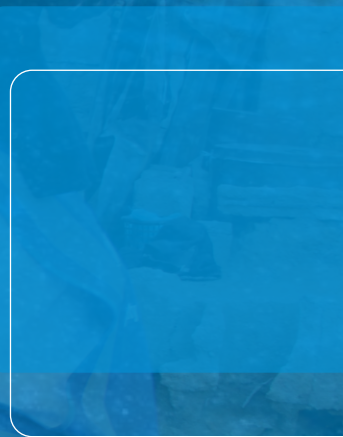
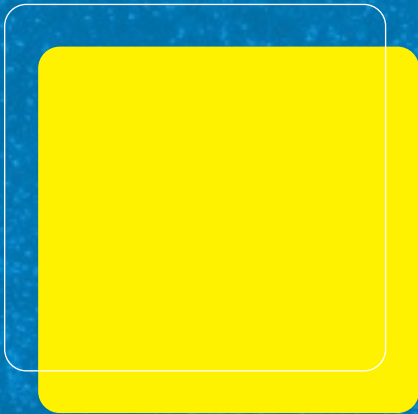


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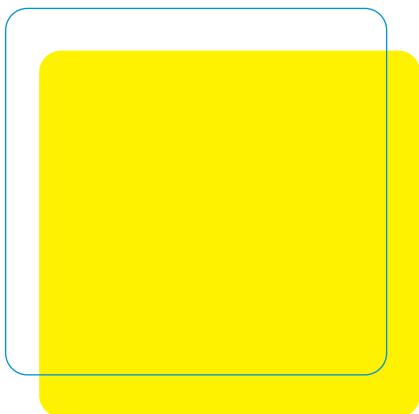


Making people healthier



World Health
Organization
Nigeria

2020 ANNUAL REPORT



Making people healthier



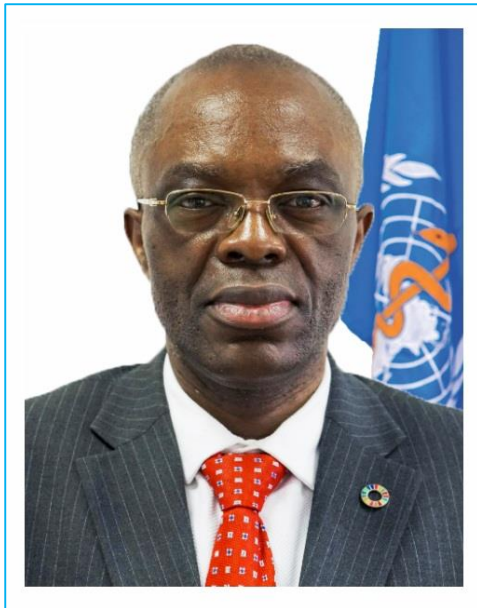
World Health
Organization
Nigeria

Remarkable results achieved, in 2020, together with partners supporting the government

- African countries including Nigeria have been declared wild poliovirus (WPV) free August 2020
- Supported in the COVID 19 outbreak response and the preparatory activities for the introduction of the vaccine
- Worked with NCDC and other surveillance stakeholders to develop an integrated national strategy and curriculum for capacity-building of frontline surveillance officers
- Supported preparation of HRP-2021 which indicate a humanitarian assistance need of 6.9 million people of whom 5.8 million People need Health humanitarian support
- Technical and financial support was provided to the FMOH and partners for conducting the 2018/2019 Joint Annual Review (JAR) of the National Strategic Health Development Plan (NSHDP 11)
- Developed and successfully signed the 2020 Bauchi State Delivery as one Workplan with an investment of N5.8 billion
- March 2020, the National Health Work Registry was officially handed over to the FMOH
- In November 2020, a total of 24 multisectoral stakeholders were trained using standard based (ICD-11) Medical Certification of Cause of Death and Verbal Autopsy.
- Strategic leadership and guidance for the development of a Joint TB/HIV Concept Note for the Global Fund Grant 2021-2023 resulted in the mobilization of \$310, 000,000 for the national HIV response
- Through the resolve to save lives program to strengthen hypertension control at the primary health care level, 60 health care workers were trained, 457,110 tablets of Amlodipine, 202,980 tablets of Losartan, and 19,620 tablets of losartan/hydrochlorothiazide fixed dose combination were donated to Ogun and Kano states.
- 30 National trainers and 364 state trainers trained from 13 states supported by Global Fund on RMNCAH program management to support the roll out of the National Emergency for Maternal, Newborn and Child health initiative

FOREWORD

In 2020, the COVID-19 pandemic presented significant challenges on health delivery, economic activity and livelihoods around the world.



While no country was spared by the pandemic, the impact was felt more in countries with already weak health systems. In the past year, Nigeria recorded a total of 87,606 COVID-19 confirmed cases with 1289 deaths related to the outbreak. WHO Nigeria has been at the forefront of the response activities, the ultimate goal in all these efforts, as highlighted in the WHO's 13 Global Program of WORK (GPW13), is to work with the country to promote health, keep the world safe and serve the vulnerable. With that noble but demanding mission WCO Nigeria continued working with the government and partners to ensure the goals and targets of GPW13 are incorporated in the country's health priorities.

The major achievement in the year was Nigeria's attainment of the wild polio virus (WPV) free status. This is the culmination of years of commitment and determination by the political leadership, national and international partnerships. This feat resulted in the wider certification of polio free status of the African Region On the 25th of August 2020.

The humanitarian crisis in the northeast of the country is in its 11th year. WHO continued to strengthen the states and partner capacity to promptly respond to and contain outbreaks and other health emergencies. The on-going crisis in Northeast Nigeria has affected more than 7.9 million people and over 2 million IDPs across the three northeast states of Borno, Yobe and Adamawa.

This 2020 annual report showcases highlights of the achievements recorded, challenges encountered, and best practices identified along the journey in our support to the country. As we go through these unrepresented times, WHO remains committed to provide all the necessary support to government in implementation of her health agenda to achieve the highest possible health.

I would like to express my gratitude to the Federal Government of Nigeria, the management of the FMOH and associated agencies for coordinating the implementation of the health agenda of the country.

My appreciation also goes to development partners that have been instrumental in supporting WHO in its quest in Nigeria, i.e. to promote health, keep the country safe and serve the vulnerable, with measurable impact for the people of Nigeria.

Dr Walter Kazadi Mulombo

WHO Country Representative and Head of Mission in Nigeria

Executive summary

2020 was characterized with the COVID-19 pandemic response, as was the case across the world. In Nigeria, the index case of COVID-19 was reported on 27 February 2020 in Lagos state. By the end of the year, 87,606 confirmed cases, including 1289 deaths (CFR 1.5%) had been reported across all the states of the federation. WHO supported government from preparedness through out to the response phase of the pandemic. Technical support was provided in development & implementation of the pre-incident action (preparedness) plan, laboratory strengthening that led to remarkable scale up of the country's laboratory capacity from 3 to 83 in 8 months. Coordination was strengthened with WHO's membership and technical assistance to the Presidential Task Force (PTF), the country's pandemic apex coordinating committee. Operationally, WHO leveraged on its nationwide presence to support states across all pillars including coordination, surveillance, case management, risk communication and logistics. This support was made possible primarily from the joint UN system mobilized funding for COVID-19 response

In addition to the COVID pandemic, the country experienced other outbreaks such as Lassa (1189 cases including 244 deaths, CFR 20.4%), and yellow fever (169 cases, 20 deaths, CFR 0.6%). Relatedly, Nigeria was among the first countries in the region to adapt the third newly published WHO IDSR Technical Guidelines.

As the north east humanitarian crisis remains protracted, there is need to incorporate development programmes. As a result, the Health sector Humanitarian Development Nexus (HDN) road map was developed through the technical support of WHO with key recommendations and broad activities for achieving Humanitarian development nexus.

Significant strides were made in supporting government in health systems strengthening. Support was provided to undertake an annual review of the National Strategic Health Development Plan (NSHDP II). WHO supported Anambra, Sokoto, and Imo States in expanding their State Health Insurance Schemes as part of health access strengthening.

Additionally, WHO provided technical assistance leading to the review of the country's HRH policy and strategic plan, and the revision of the national health management information system tools.

To understand the magnitude of the disruptions of RMNCAEH+ N services during the COVID-19 pandemic, both qualitative and quantitative analysis were conducted. The WHO Pulse Survey in March/June 2020 revealed disruption in service provision as well as service utilization. A costed National RMNCAEH+N COVID-19 Response Continuity plan was developed that ensure sustained essential RMNCAEH+N services during the pandemic and future public health emergencies in line with the Integrated National Sector Response Plan.

The greatest milestone in the history of Polio eradication was achieved in the year 2020 with certification of the country and by extension, African region as wild polio-free, after more than four years without reporting a case. The region is now the fifth of the six WHO regions – representing over 90% of the world's population – free of the wild poliovirus, moving the world closer to achieving global polio eradication.

At the end of 2020 773 (99.9%) of the 774 LGAs had reported at least one AFP case with a national Non-Polio Acute Flaccid Paralysis (NPAPF) rate of 6.1/100,000 Under 15 and Stool adequacy of 94%. There was a decline in the detection and reporting of AFP cases in the year, this is largely due to disruption of health interventions as a result of COVID 19 outbreak. to address this challenge a contingency plan was developed the guide the surveillance based on the dynamics of the outbreak.

2020 marked the end of the current national malaria strategic plan. As a result, the National Malaria Elimination Programme (NMEP) in collaboration with development partners, conducted a comprehensive Malaria Programme Review (MPR) from September 2019-February 2020.

WHO supported Mass Drug Administration (MDAs) for Preventive Chemotherapy (PC) NTDs in 300 LGAs for Lymphatic Filariasis, 251 LGAs for STH, 104 for Trachoma, 199 for Onchocerciasis and 211 for Schistosomiasis.

2020 has been a challenging year in the overall health delivery of the country, the lockdown as a result of the pandemic led to disruptions in the health service delivery. In the north east of the country, this was exacerbated by the security challenges. Yet to mitigate the challenges plans are in place to enhance the various health intervention and most specially working to strengthen the health system. WHO together with partners will support the country in documenting the challenges and best practices and translate that into actionable work plan.

LIST OF ACRONYMS

ACT	Access to COVID-19 Tools
AFP	Acute Flaccid Paralysis
AFRO	African Regional Office
ANC	Antenatal Care
ARCC	African Region Certification Commission
AYRH	Adolescent and Youth Reproductive Health
BHCPF	Basic Health Care Provision Fund
BMGF	Bill and Malinda Gates Foundation
CCA	Common Country Assessment
CFR	Case Fatality Rate
CIAs	Community Informants in Inaccessible Areas
CORPS	community oriented resource persons
COVAX	COVID -19 vaccines Global Access
COVID	Corona Virus Disease
CSM	cerebrospinal meningitis
CSO	Civil society organization
cVDPV	circulating vaccine derived polio virus
DaO	Delivery as One
DPRS	Department of Research Planning and Statistics
DSNO	Disease surveillance Notification Officers
EOC	Emergency Operation Centers
EPI	Expanded program on immunization
EU	European Union
EWARS	Early Warning Alert Response System
FCCPC	federal competition and consumer protection commission
fIPV	Fractional Inactivated Polio Vaccine
FMOH	Federal Ministry of Health
GAMA	global action of measurement of adolescent health
GATS	global tobacco adult survey
GBV	gender based violence
GDP	Gross Domestic Product
GPW13	Global Program Of Work 13
HDCC	health data consultative committee
HDN	Humanitarian Development Nexus
HRH	Human Resource for Health
HRHIS	Human Resources for Health Information System
HRP	Humanitarian response Plan
HTR	Hard To reach
IAP	Incident action plan
IAR	Joint Annual Review
ICCM	Integrated Community Case Management
ICD	International classification of diseases
ICT	Information and Communication Technology

IDPs	Internally Displaced people
IDSR	Integrated disease surveillance and response
IPC	infection prevention and control
IPT	intermittent prophylactic therapy
ISS	integrated supportive supervision
ITsON	integrated training for surveillance officers in Nigeria
IYCF	infant and young child feeding
JAR	Joint annual review
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
LGA	Local Government Area
LLIN	Long Lasting Insecticidal Net
LMCU	Logistics Management Coordination Unit
LQAS	Lot Quality Assurance Survey
MCCD	medical certificate of the cause of death
MFL	master facility list
mhGAP	mental health gap action program
MHPSS	mental health and psychosocial support
mOPV2	Mono valent oral polio vaccine 2
MoU	memorandum of understanding
NAFDAC	national agency for food and drug administration and control
NAPHS	national action plan health security
NASSCO	national social security coordination office
NATOCC	national tobacco control committee
NCDC	Nigeria center for disease control
NCS	Nigeria customs service
UNSDPF	United Nations Sustainable Development Partnership Framework
NDLEA	National drug law enforcement agency
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NiSRN	National integrated sample referral network
NMEP	national malaria elimination program
NPAFPR	Non-Polio AFP rate
NPEC	National Polio Expert Committee
NSHDP	National Strategic Health Development Plan
NTD	Neglected Tropical Disease
OCHA	Office for the Coordination of Humanitarian Affairs
OOPE	out of pocket expenditure
PEI	Polio Eradication Initiative
PHC	Primary Health Care
PHCUOR	Primary Health Care Under One Roof
PHEIC	Public health emergency of international concern
PMTCT	Prevention of Mother-to-Child Transmission
PPE	Personal Protective Equipment
PTF	Presidential Task Force

QOC	Quality of care
QUAMED	Quality of Medicine
RCCE	risk communication and community engagement
RMNCAH	Reproductive maternal newborn child and Adolescent Health
SAM	Sever Acute Malnutrition
SARI	Sever Acute Respiratory Infection
SDG	Sustainable development Goal
SMC	Seasonal Malaria Chemoprophylaxis
SORMAS	surveillance outbreak response management and analysis system
SPHCDA	State Primary Health Care Development Agency
SSIS	State led social insurance scheme
TTE	tabletop exercise
TWG	Technical Working Group
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VA	Verbal Autopsy
VFM	Value for Money
WCO	World Health Organization Country Office
WHO	World Health Organization
WPV	Wild Polio Virus

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INTRODUCTION

Nigeria is the most populous country in the African region with the population of 200,963,599 according to the world bank group report in 2019. It is comprised of 36 states and the Federal Capital Territory (see figure 1). Based on the 2018 Demographic and health survey, the maternal mortality rate was 512 per 100 000 in 2018 and a slight increase in the under-five mortality rates with deaths per 1000 rising from 128 in 2017 to 132 in 2018. The country's performance against these indicators shows a weakness of the healthcare system. The percentage of births attended by skilled health personnel illustrates the income inequality levels in the country.



Figure 1: Map of Nigeria

(source:-<https://www.nationsonline.org/oneworld/map/nigeria-political-map.htm>)

The coronavirus disease of 2019 (COVID-19) pandemic gripped the world with a shock, thereby overwhelming the health system of most nations. The World Health Organization (WHO) declared the novel human coronavirus disease (COVID-19) outbreak, which began in Wuhan, China on December 8, 2019, a Public Health Emergency of International Concern (PHEIC) on January 30, 2020. Nigeria recorded its COVID-19 index case that was imported from Italy, on February 27. Upon the

detection of the index case, the NCDC activated a multi-sectorial National Emergency Operations Centre (EOC) to oversee the national response to COVID-19. Subsequently, the Presidential Task Force (PTF) for coronavirus control was inaugurated on March 9, 2020. WHO together with partners support the government to deal with the complex impact of the outbreak in health, economy and other sectors in Nigeria.

The second National Strategic Health Development (NSHDP) prioritize primary health care, the WHO Country Cooperative Strategic Document is also aligned with this priority. These priorities include: -

- Increasing the share of GDP allocated to primary health care;
- Using the NHIS to administer 50 per cent of the basic health fund to provide a 'basic minimum of health services to citizens. This fund should be used for subsidy payment to State-led Social Insurance Scheme (SSIS) for the healthcare consumed by those too poor to afford the premium services of the NHIS or other vulnerable groups, including older persons and persons with disabilities;
- Revamping the primary health centers to tackle issues of access and affordability;
- Strengthening government collaboration with civil society organizations (CSOs) to improve community health education, with adequate training, strategic deployment and effective use of community health extension workers to bridge the health force gap in communities.

This annual report of the 2020, highlights WHO's priority activities and results achieved during the year. It also highlights the challenges encountered during the year, lessons learned through the process and the way forward for the coming year to support the government priorities.



COVID-19 Outbreak

The first case of COVID-19 was confirmed in Nigeria on 27 February 2020. Although there was a decline in cumulative cases in the second quarter of the year, an upsurge was recorded in December 2020 with Lagos, FCT, Kaduna and Plateau driving the second wave of the outbreak.

As at the end of 2020, a total of 1,029,578 tests had been conducted with 87,606 confirmed cases including 1289 deaths (CFR 1.5%) recorded. Lagos state accounted for 38% (30,188) of all the confirmed cases and five states (Lagos, FCT, Kaduna, Plateau and Oyo) accounted for 64% (55,943) of the confirmed cases.

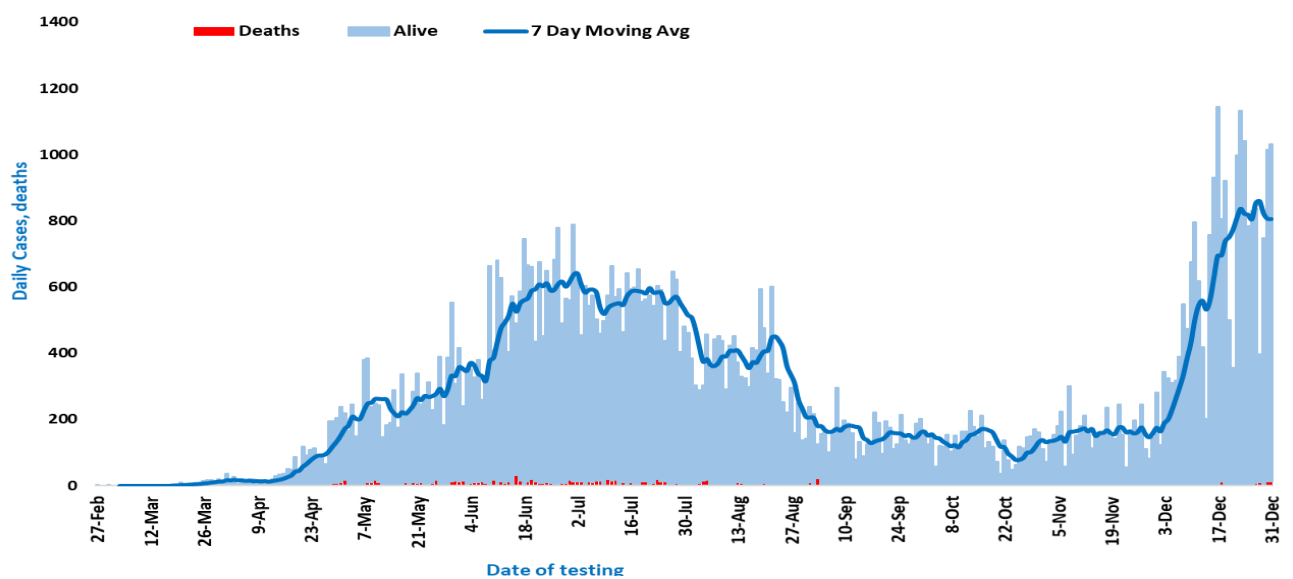


Figure 2: COVID-19 Epidemiological curve

WHO's support to the pandemic

- Technical advising of the Presidential Task Force (PTF) level
- Incident Actions Review (IAR) of the country's COVID-19 response.
- Use of Rapid diagnostic tests detecting viral antigen (agRDTs) and technical support to validate rapid diagnostic test.
- Development of the COVID19 national testing strategy which focused on decentralizing testing



Figure 3: Group of the Presidential Taskforce on COVID19

- Expanding the molecular testing laboratory network from 10 to 103 laboratory in 2020
- WHO Nigeria repurposed staff, deployed human and material resources to improve coordination of the response, strengthen surveillance, infection prevention and control, enhance

laboratory diagnosis and targeted risk communication.

- At the Points of Entry, support Port Health Services (PHS) to ensure screening of passengers and returnees at the airports, seaports and ground crossing.
- Supported the 36 states to review and update the COVID-19 incident actions plans (IAP) to ensure effective response to the pandemic.
- Supported coordination of the response through the incident management system
- supported the country to generate information products through analysis of the epidemiological data for evidence-based decision making, provision of standard case definition, guidelines, protocol and SOPs, identification and isolation of confirmed cases in the country including guidance for syndromic surveillance leverage on the sentinel surveillance for influenza like illness and severe acute respiratory infection (SARI).

Other outbreaks in 2020

Table 1: Summary of outbreaks in Nigeria in 2020

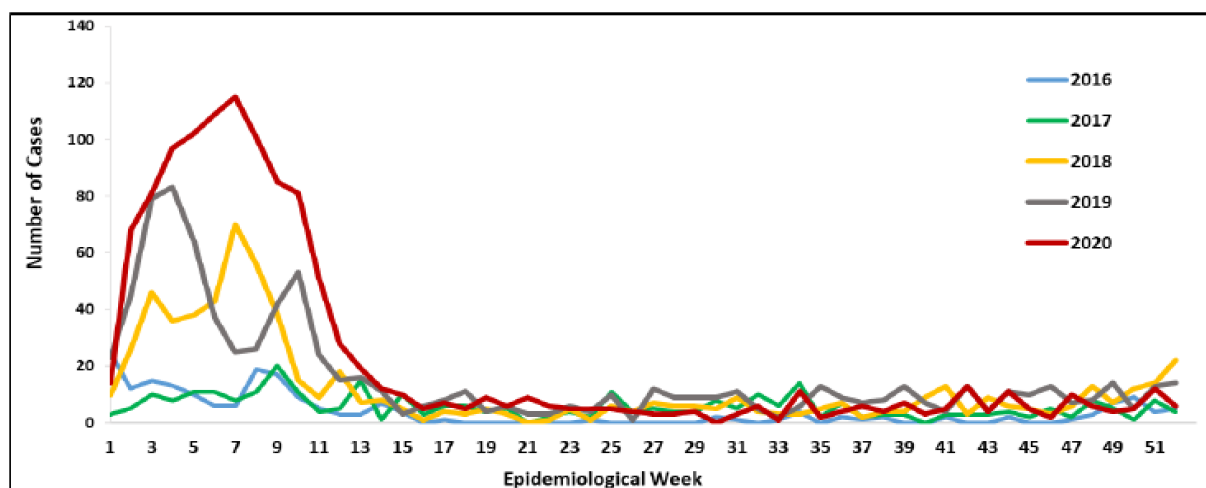
Epidemiologic prone disease	No. of suspected cases	No. of confirmed cases	No. of deaths	CFR	No. States affected	No. of LGAs affected	States with most of the cases
Cholera	1,810	55	98	5.4%	25	68	81.6% from Ebonyi, Kano, Kebbi and Sokoto States.
Lassa fever (LF)	6791	1189	244	3.6%	27	131	CFR (confirmed cases) = 20.5%. 75% of confirmed cases from 3 States (Edo 36%, Ondo 32% and Ebonyi 7%).
Cerebrospinal Meningitis (CSM)	631	14	13	2.1%	30	144	70.8% from Adamawa, Borno, Cross River, Ebonyi, Jigawa, Katsina, Osun, Oyo, Plateau and Zamfara
Yellow fever (YF)	3600	169	20	0.6%	36 + FCT	609	88% confirmed cases from 6 States (Delta 63, Enugu 54, Benue 17, Bauchi 9 and Borno 6). CFR (confirmed cases, 17/169) = 10.1%

Cholera

In line with the End Cholera 2030 target, WHO supported the implementation of an oral cholera vaccine campaign in prioritized hotspot LGAs according to the National Five-year Cholera Control Plan.

Lassa fever

The country experienced the largest ever Lassa fever outbreak in 2020, with 6791 suspected cases reported across 27 states/131 LGAs. A total of 1189 were confirmed



including 244 deaths among confirmed cases (CFR: 20.5%) and 14 probable cases.. The outbreak was graded level 2

Figure 4: Trends in weekly Lassa fever cases for the previous 5 years

by WHO. WHO support areas were in coordination, surveillance, laboratory diagnosis, contact tracing, case management and infection prevention and control, risk communication and research. The emergency phase was declared over on the 28th April 2020 based on composite indicators national threshold.

A WHO supported NCDC to embark on the Nigeria Lassa fever epidemiological study which commenced in December 2020

Cerebrospinal Meningitis (CSM):

In 2020, significantly lower cases of CSM were detected. 631 suspected cases of Cerebrospinal Meningitis were detected out of which 14 cases were confirmed including 13 deaths (CRF-2.1%). WHO supported NCDC and State CSM to strengthen surveillance across hotspot states, and strengthen sample collection.

Yellow fever

From January to December 2020, 3587 suspected cases yellow fever were detected, 41 confirmed with 18 deaths (CRF 0.6%) from 36 states and the FCT (609 LGAs), with 179 presumptive positive cases from 24 states (85 LGAs) and 169 lab-confirmed cases from 14 states (48 LGAs). Bauchi, Ebonyi and Katsina accounted for most of the reported cases in the year. WHO supported the response to the outbreaks in Bauchi, Ebonyi and Katsina states in the areas of coordination, surveillance, laboratory diagnosis and implementation of the reactive vaccination campaigns.

Integrated Disease Surveillance and Response (IDSR)

The WCO Nigeria had supported the country to finalize and launch the third edition IDSR Technical Guidelines for public health surveillance in the country. WHO worked with NCDC and other surveillance stakeholders to develop curriculum for an integrated national strategy called Integrated Training for surveillance Officer in Nigeria (ITsON) for capacity-building of frontline surveillance officers.

Influenza Surveillance:

WHO is working with the FMOH and NCDC to develop capacities that will improve and strengthen National Influenza Sentinel Surveillance. 615 Influenza samples were collected in 2020, 540 of these samples were processed, 84 samples positive for Flu A; 14 samples positive for Flu B bringing total positive samples to 98. WHO supported expansion of NISS to 3 additional Health Facilities in three different state in 2020.

Surveillance Outbreak Response Management and Analysis System (SORMAS)

The Surveillance Outbreak Response Management and Analysis System (SORMAS) was adopted as the NCDC tool for disease surveillance towards the digital implementation of the Integrated

Disease Surveillance and Response (IDSR). In 2020, the SORMAS platform, which covers 19 epidemic-prone diseases was scaled up across all states and LGAs of the

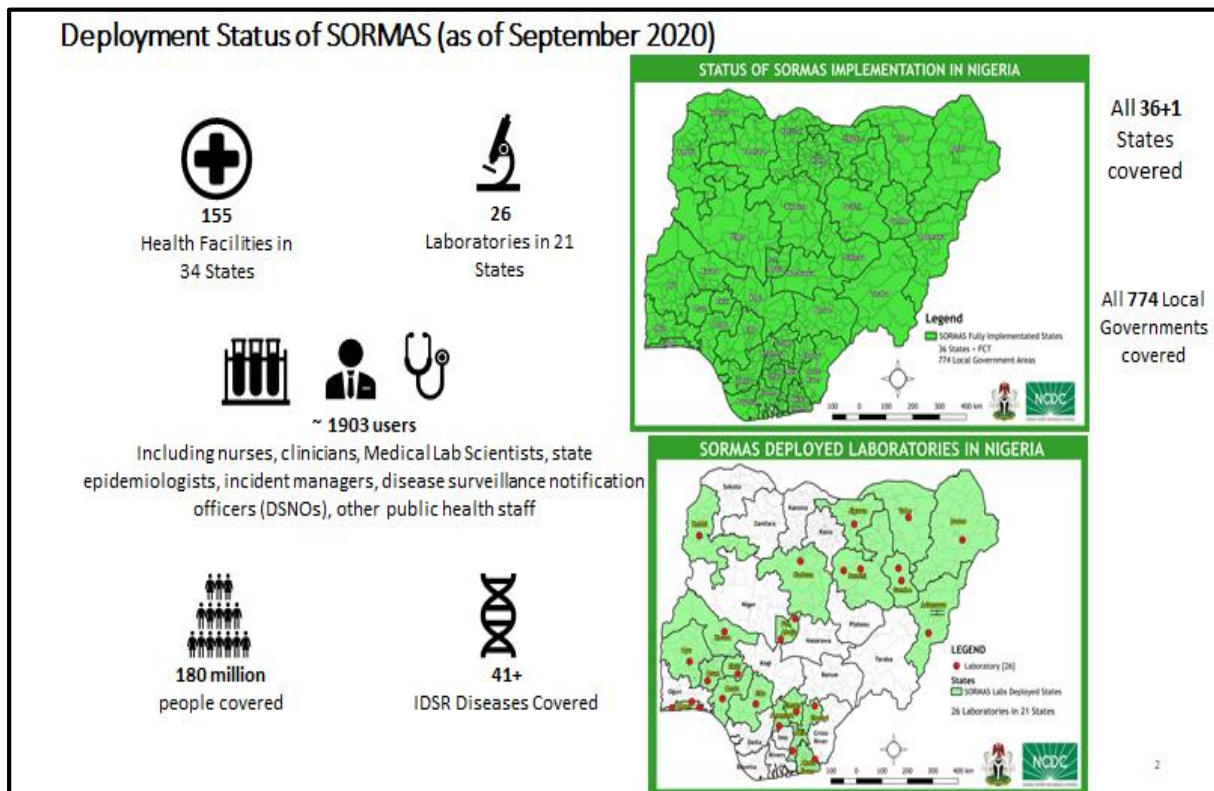


Figure 5: SORMAS scope and coverage

federation.

Country Preparedness and IHR implementation

The WCO preparedness supported by a regional office COVID-19 team deployed to support the country in January 2020 whose mission covered coordination, risk communications, infection prevention and control (IPC) and case management, ports of entry, operational support and logistics (OSL).

In this period a national pre-incident action (preparedness) plan was developed, Laboratory capacity to test for COVID-19 using PCR was rapidly developed within 3 laboratories. Personal Protective Equipment (PPEs) for IPC was procured and prepositioned in this period.

WCO supported the conduct of a two (2) day Table-Top Exercise (TTE) simulation exercise in February 2020 in the FCT Abuja.



Figure 6: National COVID -19 preparedness table top exercise workshop, Abuja, February 2020.

This resulted in early detection and containment of spread of the index case of COVID-19 in the country. The country office also supported all 36 states +FCT to develop pre-IAPs in preparation for cases in their respective subnational units and to mitigate spread.

WHO also technically supported the finalization of the National Multihazard Emergency Preparedness and Response Plan, that brought together several hazard specific contingency plans on infectious hazards and incorporated plans for disasters like floods.



Figure 7: National multi hazard plan development

WHO also was able to support the IHR National Focal Point (NCDC), track and monitor implementation of the National Action Plan Health Security (NAPHS) towards strengthening IHR capacities.

The WCO country Business Continuity Plan was developed and tested. This plan provided a framework to define the work modalities during the acute phase of the COVID-19 pandemic.

NORTHEAST HUMANITARIAN EMERGENCY (Grade: Protracted 3)

In 2020, WHO

- support the State Ministry of Health with funding from global fund to the roll-out four 4 successful cycles of Seasonal Malaria Chemoprophylaxis (SMC) to reach 2.1 million children of 3 months to 59months in 25 accessible LGAs across 201 wards in Borno State.
- conducted mental health outreach sessions in 11 Health Facilities across seven (7) LGAs.
- Scaled up integrated Mental Health Gap Action Program (mhGAP) and Gender Based Violence (GBV) interventions in remote and security compromised LGAs in Borno, Adamawa and Yobe states.
 - o Overall, about 445 Mental Health outreach sessions were conducted in 15 LGAs covering 51 health facilities.



Figure 8: The Shehu of Borno administering drug to an eligible child to flag-off the activity

Psychosocial support to COVID-19 Case Management - Isolation Centre

The mental health teams provided mhGAP intervention through COVID-19 group education and counselling to a total of 3,080 patients (Males: 1,478, Females: 1,602) and their caregivers during outreach sessions in Bama, Jere, Konduga, Mafa, MMC and Nganzai LGA.

Support Case Management - Isolation Centre

Who engaged three (3) clinical psychologists to support the Isolation Centre to provide needed psychological support. This involves follow-up with Case Management for an integration of mental health and psychosocial support (MHPSS) response at the new Isolation Centres and engaging in the provision of psychosocial support to discharged patients Following post-COVID-19 recovery, discharged patients participated in "Heroes' Campaign" programmes.

Mobile Health Teams (Hard-to-Reach)

These services included the treatment of minor ailments, vaccination, vitamin A supplement, deworming and nutritional screening of malnourished children and referral to health facilities for secondary care. HTR teams also conducted health promotion sessions on sexual and reproductive health, hygiene and Infant and young Child Feeding (IYCF) practices. As of December 2020, 209,100 persons were treated for minor ailments, 386,700 children were vaccinated and 176,256 children under 5 years were screened for malnutrition.



Figure 9: COVID19 prevention community sensitization on Hand washing

Antenatal cares (ANC) services to pregnant women, where Intermittent Prophylactic Therapy (IPT) for malaria and Iron/folate to prevent malaria in pregnancy were provided. HTR teams also provided.



Figure 10: WHO HTR teams vaccinating nomadic populations in hard to reach areas.



Figure 11: WHO HTR teams screening children for malnutrition

Table 2: Hard to Reach Indicators

KEY INDICATORS	ACHIEVEMENTS
Number of clients treated/seen by HTR teams	921056
Number of children immunized by HTR teams	1,521,865
Number of children provided with Vitamin A supplement	277,385
Number of severe cases referred by HTR teams	133840
Number of children dewormed by HTR teams	354,047
Number of children screened for malnutrition	690,766
Number of pregnant women provided with ANC Services	244,741
Number of pregnant women provided with IPT for malaria	65,756
Number of pregnant women given Iron Folate/Folic Acid to prevent Anemia in pregnancy	124,805
Number of young women aged 15-49 reached with health promotion messages on Reproductive Health and Key Household Practices	321,230
Suspected Malaria Cases	242,554
Confirmed Malaria with RDT kits	133840
Num of HIV Counseling /tested -	1132
Number women tested positive	9

Community Oriented Resource Persons (CORPs):



CORPs sensitizing members of the community

WHO supported integrated Community Case Management (ICCM) services in remote and security compromised LGAs and communities. The ICCM services have treated at least 99,000 under-five children for common ailments. Malaria, Diarrhea (and Pneumonia) were the most prevalent ailments treated by CORPs. Total number of children screened for malnutrition by CORPS in the month is 7,718, and children with danger signs and/or severe morbidity were referred to catchment secondary health facilities.

Nutrition in Health Emergencies

WHO renovated a 30-bed nutrition stabilization center in state specialist hospital, establishment of two additional stabilization centres in Borno state and distribution of 54 SAM kits. Borno State costed Strategic Health Development Plan II and its 2021 annual operational plan was developed. WHO also completed the rehabilitation, equipping, staffing and restoration of services in 5 primary health care facilities.



Figure 12: Nutrition center in Borno state

Community Informants in Inaccessible Area

Community Informants in Inaccessible Areas (CIAs) reached 6,389 Security compromised geo locations with valid geo evidence; 1,357 of these Geo-locations were previously unreached for Surveillance by any other intervention. Out of 1,357, more than 80% of previously unreached locations were reached with polio vaccines in addition to polio surveillance through vaccination activities by CIAs.

Risk Communication and Community Engagements

Media Engagement:

More than 2,000 radio spots were aired in creating awareness both during a campaign and educating the general public on basic preventive measures on disease outbreaks across Borno (Lafiya Dole, Dandal Kura, BRTV, Peace FM), Adamawa (Fombina Radio, Gotel) and Yobe (YBC) states. In collaboration with the Nigeria Union of Journalists, WHO engaged more than 100 journalists from the print, radio and television, during the four cycles of the seasonal malaria chemoprevention, hand-over of rehabilitated state psychiatric hospital and stabilization center for management SAM, which in-turn published more than 70 news report both national and international.

House-to-House Sensitization including vulnerable and underserved populations:

In 2020, more than 85 community health champions provided tailored interpersonal risk communication intervention on Covid-19, Cholera, Meningitis, Lassa fever, Malaria, Measles, etc across Borno, Adamawa and Yobe states, to more than 2million IDPs and members of the host communities. As a result of the proven efficacy of the intervention, Borno state had not recorded an outbreak of Cholera since 2019 compared to 2018.



Member of community health champions sensitizing an IDP on steps to proper hand wash – Photo_credit: WHO/Kingsley Igwebuike

Social media:

WHO in partnership with Borno social media frontiers, rumors and infodemic are being monitored and addressed as often and regularly as captured. The forum has almost 200 memberships with more than 1m followers across all social platforms. In 2020, through the technical guidance of WHO, the forum shared almost 100 messages across several platforms including facebook, twitter on preventive measures on Covid-19, Measles, Cholera, Meningitis, etc, which reached more than 3million people.



Training of media personnel on reporting during health emergencies – Photo_credit: WHO/Kingsley Igwebuike

Motorized:

Motorized campaign is another strategy WHO adopted to educate the most at risks people on how to protect themselves on disease outbreaks before they occur. Almost 100,000 members of IDP camps and host communities were sensitized on disease prevention like; cholera, Covid-19, measles, malaria, meningitis, etc, using the motorized campaign strategy across more than 200 communities of Borno, Adamawa and Yobe states.

WHO Visibility:

The RCCE team has also contributed in 2020 19% to WHO visibilities by producing website articles. Amongst others, include:

- Studying Nursing just got a lot easier", says student nurse, College of Nursing and Midwifery, Maiduguri: <https://www.afro.who.int/news/studying-nursing-just-got-lot-easier-says-student-nurse-college-nursing-and-midwifery>
- Tackling Malaria in the context of COVID-19 outbreak in Northeast Nigeria: <https://www.afro.who.int/news/tackling-malaria-context-covid-19-outbreak-northeast-nigeria>
- Borno state strengthens measures to prevent COVID-19 outbreak: <https://www.afro.who.int/news/orno-state-strengthens-measures-prevent-covid-19-outbreak>
- "Being a woman, serving humanity spurs me to greater heights": <https://www.afro.who.int/news/being-woman-serving-humanity-spurs-me-greater-heights-female-who-hard-reach-team-member>
- Borno, WHO and partners to control seasonal malaria infection and target over two million: <https://www.afro.who.int/news/orno-who-and-partners-control-seasonal-malaria-infection-and-target-over-two-million-children>
- WHO-EU partnership targets 600,000 people with integrated healthcare in Borno State: <https://www.afro.who.int/news/who-eu-partnership-targets-600000-people-integrated-healthcare-orno-state>

Production of stickers:

In curtailing the spread of Covid-19 pandemic across the BAY states, WHO produced almost 15,000 visibility stickers stipulating 'Covid-19 is real, protect yourselves'. WHO collaborated with the Borno state commissioner for Transport, Hon. Abubakar Tijjani to distribute the stickers to several transport units under his watch with the aim to create awareness on Covid-19 prevention. More than 70,000 persons have been reached with the visibility stickers on Covid-19 across the BAY states.

RCCE Capacity Building:

In 2020, WHO built the capacities of 200 Borno state journalists on reporting during health emergencies, which includes journalists from the print, TV and radio. The capacity building was aimed at empowering the frontline health journalists on how to professionally package health news report in a more palatable way and also incorporating of risk communication components in their publications, through the vast knowledge of media practitioners which are professors from the academia and WHO public health officers. To ensure all efforts are not abated, WHO also trained almost 100 health education and information officers from the 65 LGAs of the BAY states. The health education and information officers were also equipped with IEC materials to complement their efforts in educating the people on how to prevent themselves at the LGAs levels.

Humanitarian Development Nexus: Implementation Status

The Humanitarian Development Nexus underscores the need to have a strategic integration of humanitarian interventions with the development programming in protracted crisis through joint planning, joint implementation, and joint monitoring towards a collective outcome. It requires effective coordination to ensure that both the humanitarian and development partners work towards the bigger and more sustainable outcomes while addressing the **immediate needs** of providing **lifesaving intervention**.

Governance/ Leadership

- The Health sector HDN road map was developed through the technical support of WHO with key recommendations and broad activities for achieving Humanitarian development nexus
- A Health sector **HDN Technical Working Group (TWG)** was also set up in the state Ministry of Health, **chaired by the Hon. Commissioner** and Co-chaired by WHO to facilitate the implementation of HDN in the State
- WHO facilitated and also supported the development of **the State Strategic Health Development Plan (SSHDP II) 2018- 2022** to guide the overall Health sector programming in the state in line with the **National Strategic Health Development Plan** and integrated the HDN principles.
- Supported the development of a Multiyear (3years) Health Sector Response Plan as opposed to the usual yearly plans to allow for a more sustainable intervention
- A **HDN road map was also adapted for Borno state** in line with the **Borno State Strategic Health Development Plan and the 10-year Borno State Sustainable Development Plan**
- The Health sector HDN sub working group has continued to meet to review the implementation of the of the roadmap by the Government, and Humanitarian/ development partners
- Conducted a 2 weeks intensive certificate course for the Key Directors of the SMoH and MDAs, Program Officers in the state on Analyzing Disrupted Health Systems.

Human Resources for Health

- WHO supported the Colleges of Health and Midwifery in the state to attain full accreditation through, Curriculum review and printing, equipping of laboratories,

practical demonstration rooms, Libraries, Science Laboratories etc. this has indeed improved the quality of teaching.

- Facilitated the HRH situation analysis and development of the HRH policy and strategic plans.
- Facilitated the Human Resource for Health Information System/Health workforce registry was established.

Health Information

- Facilitated the establishment of the data governance structures to drive M&E of the health sector plan eg; HDCC and M&E TWG.
- Facilitated the development of M&E Plan and annual operational plan to guide implementation of the SSHDP II (HDN).
- Facilitated the reactivation of quarterly M&E performance review meetings.
- Conducted capacity building for State, LGA and HF level Programme and M&E officers on revised NHMIS as part of integrating health data into the state and national data platforms.
- Conducted Capacity building and harmonization of EWARS with IDSR and seeking integration with NHMIS.

Service delivery

- Facilitated and supported the **development of the Borno State Minimum Service Package** to guide health service provision addressing service levels, operational context and delivery approach.
- WHO facilitated the **restoration of Health care service** delivery in **6 key PHCS rehabilitated** in Bama, Gwoza, Biu, Mafa, and Konduga LGAs.
- Facilitated the **restoration of Healthcare services in the Borno state Psychiatric Hospital** that was shut down for more than 7 years following the attack on the health facility by the Insurgents
- Facilitated the restoration of Healthcare services in Mafa General Hospital following the rehabilitation of some of the structures.
- Expanded the nutrition stabilization center in State specialist hospital to provide a center of excellence for management of Nutrition complications by the state.
- Continued to provide capacity building for healthcare workers in the state on Nutrition with supply of SAM kits for the management of **Severe Acute Malnutrition**.
- 58 Mobile Health teams in Borno State has continued to provide healthcare service delivery in Partially accessible areas ad hard to reach Communities.

- Mental Health Implementation Framework, Scale up of mhGAP/GBV and services in the 14 LGAs
- Facilitated the **development of Infection Prevention and Control (IPC) guideline** and checklist to improve infection prevention practices in the state.
- IPC training conducted of covid-19 pandemic response.

Supply chain and infrastructure,

- WHO has facilitated and **supported the rehabilitation, reconstruction and equipping** of the completed State Psychiatric hospital, State Specialist Hospital Nutrition Stabilization center, Mafa General hospital, Biu PHC, Bama PHC, Konduga PHC, Chabbal PHC, Gwoza PHC, while the expansion and equipping of Biu and Monguno General Hospitals are still ongoing.
- Supported the QUAMED assessment to improve local procurement of some drug.
- Supporting the coordination of the LMCU which support the coordination of medical supplies in the state.
- Built the Capacity of SMOH and LGA Health Authority on supply chain management.

Way Forward

- Government and Partners to align to HDN principles; UN family to align support to the health sector HDN.
- Continued support of the TWG regular meeting since the WR visit activation in Borno.
- Establishment of HDN unit in State Health Sector governance structure with well-equipped facilities to coordinate joint planning, review of operational plans by government and partners to ensure alignment and compliance with HDN principles
- Hasten implementation of PHCUOR policy to improve service delivery and leverage on funding opportunities such as the BMGF and Dangote plan for expansion of Routine Immunization (RI) MoU to broader PHC strengthening and ensure timely remittance
- Government to formulate a regulation on standard affordable incentive package by partners and redeployed health workers



Universal Health Coverage Life Course

Development of the National Health Sector Report 2020: Technical and financial support was provided to the FMOH and partners for conducting the 2018/2019 Joint Annual Review (JAR) of the National Strategic Health Development Plan (NSHDP II). The WHO served as co-chairs to the JAR Technical Committee and in that capacity supported on concept note development, tools development for data collection, data review, analysis and health sector report writing.

Development of 2020 Annual Operational Plan for States' Strategic Health Development Plan (SSHDP)-II: At the sub-national level, through the EU funding support for health systems strengthening, Anambra and Sokoto State were supported to develop their 2020 costed Annual Operational Plan (AOP) for the SSHDP-II in line with the State priorities. The process provided a platform for skills transfer on operational planning to the SMOH, the SPHCDA, and others.

Health financing



WHO donates Computers and ICT Materials to Imo State Government.

The WHO continued ongoing support to the Health Financing Equity and Investment Branch of the FMOH and those of Anambra, Sokoto, Edo, and Imo States. ICT support was in addition provided to Imo State while Health Financing Equity and Investment TWG activities were strengthened. Due to the ongoing COVID-19 pandemic, support was provided for virtual convening and engagement of the TWG members.

Institutionalization of Health Financing Evidence Generation and Use including Knowledge Transfer: Leveraging on funding from the EU, the WHO has continued support to the Federal Ministry of Health for the National Health Account and State Ministries of Health on the State Health Account studies especially in Anambra and Sokoto States. Evidence generated have been useful in health financing reforms in the country including ongoing decentralization of health insurance to States, increase in health investments through the Basic Healthcare Provision Fund, and investment case for primary healthcare.



WHO with Funding from EU Supports Training of Anambra and Sokoto States on Health Financing Core Analytics.

As sustainability of these interventions is key, the WHO has embedded knowledge transfer into the way we work such that States and the FMOH are empowered to manage these evidence generation and use processes on their own with supportive supervision from WHO and other partners.

Promoting accelerated implementation of Nigeria's UHC Agenda at the Federal and States: We consolidated on our

ongoing technical assistance to the FMOH and relevant Agencies in the year 2020 to push the UHC Agenda through primary healthcare and financial risk protection. This was demonstrated in the production of the BHCPF Guidelines as well as Nigeria Joint Learning Network knowledge products. In strict compliance with COVID-19 protocols we supported the FMOH and the State Ministries of Health in Anambra and Sokoto States to celebrate the 2020 UHC Day.

Reducing Out-of-pocket Expenditure on Health Improving Financial Risk Protection: Nigeria still bears a high OOPE on health which has disproportionately affected the poor



Universal Health Day 2020 commemoration activities at the Federal Ministry of Health and in Anambra state

and vulnerable in the society who happen to form the population majority. The WHO with funding from the EU in 2020 sustained support to Anambra, Sokoto, and Imo States in expanding their State Health Insurance Schemes. In order to accelerate coverage of the informal sector, an innovative mobile technology solution has been customized for Anambra and Imo States while automating the Adoption Model.

The WHO led other Partners in Sokoto State to broker a landmark agreement of participation and signing of MOU between the organized labour Unions and Sokoto Contributory Health Management Agency. Significant milestone was reached with



WHO with Funding from EU Supports Training of Anambra and Sokoto States on Health Financing Core Analytics.

subsequent development of the coordination framework by the NHIS. Since protection of the poor is the core of health insurance business, the WHO also

the passage of the National Health Insurance Authority Bill at the Senate and transmission to the House of Representatives for concurrence.

To ensure synergy and interoperability of health insurance operations in Nigeria at the National and State levels, the WHO supported definition of the Health Insurance Under One Roof Initiative and



Group Photography of delegates during Dr Walter Kazadi's courtesy visit to the Executive Governor of Imo State

pioneered the linking of health insurance to the social protection initiative of government by pioneering signing of MOU between the NHIS and National Social Security Coordination Office (NASSCO). This was replicated in Anambra and imo States and advanced in Sokoto and Edo States.

Strengthening Ongoing Political Commitment for Health through the Legislative Network for UHC: Based on the technical assistance provided in the development of the First-Ever Legislative Health Agenda, the WHO in the year 2020 followed through ongoing implementation at the National and State levels with the drafting and review of relevant health laws as well as support for appropriation of the 2021 budget for health.



Dr Kazadi making his presentation at the House of Representative committee on Healthcare services

Coordinating Value-for-Money Implementation in Nigeria in line with WHO's 13th General Programme of Work (GPW13). With the expansion of implementation of VFM in all member countries under the 2020/21 biennium, the WHO Nigeria as a pilot country and part of the VFM Champions network in the year under review, worked closely with the regional office to produce key learning materials including animated videos for the promotion of VFM in the region.

CROSS-CUTTING INTERVENTIONS



Co-Leading the Health Result Area of the UNSDPF and Coordinating the UN Delivery as One (DaO) Initiative in Bauchi State

Co-Leading the Health Result Area of the UNSDPF and Coordinating the UN Delivery as One (DaO) Initiative in Bauchi State: The WHO continues to lead the other UN Agencies in the coordination of the DaO initiative in Bauchi State. In collaboration with the Bauchi State Planning Commission, we developed and successfully signed the 2020 Bauchi State DaO Workplan. As usual, the 2020 Bauchi State DaO Workplan with an investment of N5.8 Billion, was the first to be completed and signed by the Executive Governor and the UN

Resident and Humanitarian Coordinator for 3 consecutive years. The WHO Co-leads the health result area of the UNSDPF 2018 and within the year under review coordinated the finalization of the 2020 UNSDPF Workplan in this area and ongoing implementation review. The WHO also led the development of the Health Pillar of the UN Socio-economic offer and Strategic Plan for COVID-19 in Nigeria as well as the ongoing Common Country Assessment (CCA) for SDG

Human resources for health

HRH policies, strategies and plans

A multi-sectoral national HRH technical working group (TWG) was reconstituted and inaugurated on 20th March 2020 following the conduct of a comprehensive stakeholder mapping. The TWG approved and led the process of reviewing the country's HRH policy and strategic plan.

To generate global and local evidence for evidence-based policy formulation and strategic planning, WHO collaborated with Cochrane Nigeria in the



Delegates at the 2020 National Human Resources for Health Policy

Institute of Tropical Diseases Research and Prevention of the University of Calabar Teaching Hospital, Cross River State, to develop four HRH policy briefs. These briefs focus on the following themes:

- Interventions to improve attraction and retention of health workers in rural and underserved areas;
- Health workforce registries for improving health systems in low and middle-income countries;
- Interventions to improve the performance of health workers and quality of care; and
- Human resources for health leadership and governance strategies for improving health outcomes in low and middle-income countries.

The 2020 National HRH policy, and the development of the National HRH Strategic Plan 2021 – 2015 have been validated and will be launched in 2021.

WHO also supported Bauchi, Borno and Cross River States to develop the 2020 Bauchi State HRH Policy and strategic plan 2021-2025, Borno State HRH strategic plan 2021-2025, and the 2020 Cross River State HRH Policy and strategic plan 2021-2025. These policies and strategic plans are aligned to the National policy and strategic plan.

Health workforce registries

Building on the support provided to Anambra, Sokoto, Borno, Adamawa, Osun, Abia, Edo and Niger States to develop their State Health Workforce Registries that is linked to the National Health Workforce Registry in 2019, further support was also provided at national and state levels to improve the functionality of the registry in 2020. Yobe State was supported to develop their registry and publish their maiden Public Health

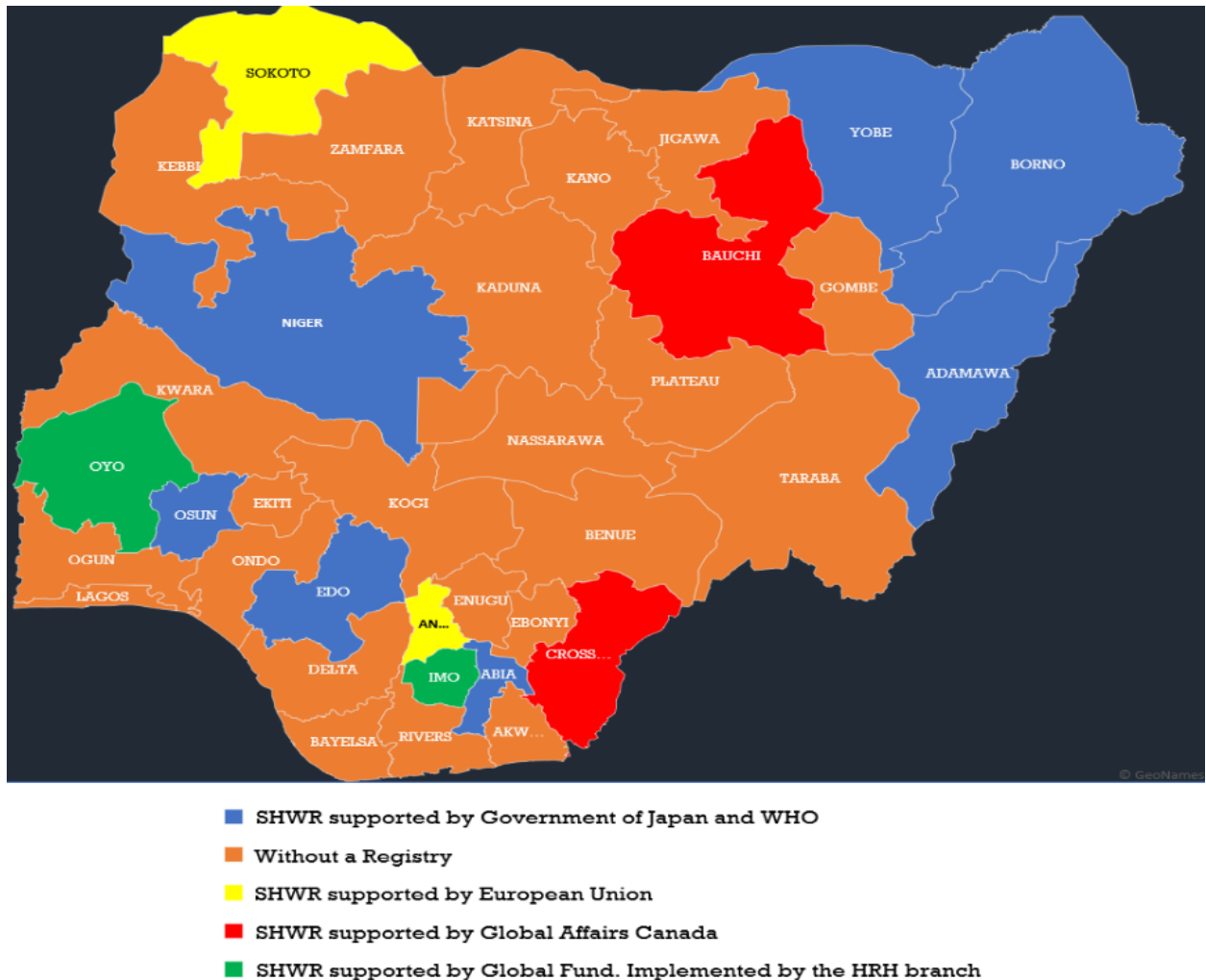


Figure 13 :Distribution of States based on support to develop health workforce registries

Sector Profile.

Technical support was provided to complete the development of the Handbook of the National Health Workforce Registry.



Figure 14: Official handover of the National Health Workforce Registry and launch of the National Health Workforce Profile 2018 and Handbook of the National Health Workforce Registry

The handbook and the registry data management tools were validated by the Directors of the DPRS and HRH focal persons of the 36 states and the FCT. On 3rd March 2020, the NHWR registry was officially handed over to the FMoH. During the same event, the Handbook on the National Health Workforce Registry and the 2018 Nigeria Health Workforce Country Profile were launched. Prior to the launch, health sector planning was done based on the outdated 2012 health workforce country profile.

HRH development and management guidelines/ manuals

WHO supported Cross River and Bauchi States to develop health sector hiring, deployment and retention guidelines from 25th to 28th February 2020 and 9th to 12th March 2020 respectively. In attendance were directors of administration from the SMOH, SPHCDA, Civil Service Commission (CSC), Ministry of Establishment and Training, and Office of the Health of Service (OHCS); director of Servicom and Research; director of Nursing and HRH focal persons. The guidelines were informed by two studies conducted to gain contextual information: assessment of human resources for health hiring, deployment and retention, procedures and practices, and factors influencing attrition and motivation of frontline health workers in remote and rural areas. The guidelines; with clear strategies for implementation, the ministries, department and agencies (MDAs) responsible, and retention packages, are being implemented.

Health workforce education

WHO supported the MOH of Bauchi and Cross River States and the 11 supported training institutions to develop Students' Enrolment and Tutor Recruitment Guidelines. The Students' Enrolment Recruitment Guidelines document the processes applied in the process, promote equity and ensure transparency in the process of enrolling students into the institutions. These guidelines are currently being used to guide enrolments each year.

Additionally, the College of Nursing Sciences Itigidi in Cross River State and Bauchi State College of Nursing and Midwifery were supported to adapt the National Board of Technical education and the Nursing and Midwifery Council of Nigeria curriculum for pre-service training of nurses and midwives, and develop a student handbook and procedural manual for the institutions.

Global Affairs Canada funded HRH Strengthening Project

In 2020, the planned final year activities of the Global Affairs Canada funded **Enhancing the ability of Frontline Health Workers to Improve Health in Nigeria** was implemented with an end-of-project evaluation conducted. Findings of the *end-of-project evaluation* revealed that the project:

- *Strengthened the capacity of the national and State governments of Bauchi and Cross River to formulate, implement and manage the HRH*
- *Increased the capacity of Bauchi and Cross River States to deploy and manage health workers.*
- *Improved the capacity of 11 existing health workforce training institutions in Bauchi and Cross River States to produce frontline health workers have been increased*
- *Technically supported the FMOH and SMOH in revitalizing the involvement of stakeholders in coordination platforms.*

Health information systems

Health sector governance and coordination

National M&E TWG: At the National level, the M&E TWG has remained active and productive. This platform was supported to drive the core functions related to M&E and health information such as

- Development of the National M&E Operational Plan 2020
- Revision of the 2013 National Health Management Information System tools (NHMIS) 2013 and upgrade to the 2019 version
- Continuous quality improvement efforts such as in the development and roll out of the digitized, harmonised national Integrated Supportive Supervision (ISS) tools and Data Quality Assessment tools to over 10 States
- Ongoing revision of the National Health Information System Policy 2014;
- Ongoing data retrieval for the National Health Observatory
- Establishment of governance mechanism for coordinated implementation of Medical Certification of the Cause of Death (MCCD) and standard based classification of diseases (ICD).

Functional Health Data Consultative Committee (HDCC): At the national level and in two States, Anambra and Sokoto State, functionality of the HDCC were sustained. The HDCC is a multisectoral data governance platform that provides oversight on all technical matters relating to M&E and health information at all levels of the health systems.

Active States' Health Partners Forum: Support was provided to Anambra and Sokoto State Ministries of Health for the facilitation of two quarterly Health Partners' meetings each in quarter one and four. The Partner's Forum has remained relevant in entrenching government leadership and ownership of health sector plans and interventions and in effective coordination of stakeholders in both States. These meetings were the basis for joint planning, implementation, monitoring and review of sector activities. Notable gains from the Partners meeting especially in Anambra State is garnering partners 'agreement to pool resources (financial and technical) for the State-wide training of health workers on the revised NHMIS tools and in the tools' procurement instead of the former siloed practices. The platform has also served as an avenue for promoting government accountability to the health sector. In 2020, Anambra State government invested \$50,000 to M&E tools printing, this would be the first time the government would contribute to pooled resources for data management.

Development of M&E Costed Operational Plans: Support was provided for the development of the Federal level sector-wide Costed M&E Operational Plan for 2020. The plan is guiding operationalization of the National M&E Plan/UHC Tracking Strategy.

Health Information System resources and management

Improved capacity for routine data management: The knowledge and skills of about 1000 health workers in Anambra State were enhanced on the revised National Health Management Information System (NHMIS) version 2019 tools. Training of Trainers comprising 150 State and LGA M&E officers and the leadership of the private sector health facilities held in May 2020. This was followed by a cascade training of representatives from 860 public and private health facilities in the State in June 2020. Similarly, in Sokoto State, 268 State and LGA level health workers were trained on the tools. The trainees facilitated a cascade training for 876 health facility staff.

Establishment of M&E Tools Logistics Management Information System: Technical assistance was provided to Anambra and Sokoto States MOH to establish an appropriate mechanism for tools stock tracking, forecasting, procurement and distribution. This is targeted at facilitating proper tools inventory and accountability system ensuring that stock outs are minimized. This involved development of an electronic data collection tool to facilitate generation and analysis of historical trend on health service consumption to forecast future quantities of documentation tools. Also, capacity of health workers in the State and LGAs were improved on effective management of tools. This is intended to improve data quality by ensuring that tools are available for timely documentation.

Improved Data analysis, review and action: As part of efforts to improve data quality, analytical capacity, data dissemination and use for decision making, Data Operational Centers (DOC) was established in Anambra and Sokoto State. Operational guideline for implementation of States' Data Operation Center was developed to support optimal utilization of the DOCs. Advocacy is ongoing to the FMOH to adopt/integrate the guideline into the National Strategic Plan for Health Information.

Furthermore, health sector statistical bulletins for 2020 quarter 3 and 4 were developed in

Anambra and Sokoto State. Policy briefs on State Health Workforce status and implications for service delivery were produced in both States

Finally, 180 State and LGA health workers gained knowledge and skills to conduct basic data analysis, information generation and dissemination in Anambra State.

Establishment of the National Health Observatory (NHO): In line with the WHO AFRO's plan to have a uniform platform (portal and indicators) for tracking of regional UHC progress and for ease of comparison of achievements among the countries of the region, the NHO which is a component of the African Health Observatory was set up. Multisectoral stakeholder engagement for data generation of the over 200 indicators were done with above 50% of the required data generated.

Existence of up to date Master Facility List (MFL) : Health Facility Registry was developed and operationalized for up to date Master Facility List in Anambra and

Sokoto State. The Registries have continually fed health facility updates into the National DHIS2 instance and have helped the States to establish accurate baselines for health data completeness and reporting rates measurement. It has also become a resource for health service planning and distribution of resources in both States. Approved States' health facility lists are available at <https://hfr.health.gov.ng/>. The numbers and distribution of health facilities in both States as at December 2020 are:

Table 3: State's Health Facilities' distribution as at December 2020

State	Private			Public				Grand Total
	Primary	Secondary	Total	Primary	Secondary	Tertiary	Total	
Anambra	179	408	587	640	39	3	682	1,269
Sokoto	10	51	61	752	20	5	772	833

Source: Anambra and Sokoto State Health Facility Registry (M&E Unit, DPRS, SMOH)

With the projected population for the States at 5 527 809 and 4 998 090 for Anambra and Sokoto State respectively¹, there is approximately one health facility per 4,356 and 6,000 population in Anambra and Sokoto State respectively.

Human Resources for Health Information System (HRHIS): Anambra and Sokoto State were supported to establish a functional HRHIS. Human Resources for Health unit was established at the Department of Planning, Research and Statistics in the two States and Health Workforce Registry was developed and being used as a management tool for human resources for health planning, distribution and management.

The data from the States' Registry showed that women make up only 25% of the public sector health workforce in Sokoto State while in Anambra State females make up 86% of the health workforce. These significant gender disparities in the workforce are reflections of the social-cultural and economic influences in the States and have implications for service utilization and health outcomes particularly in Sokoto State in the North West zone. Women in the North West zone were more than twice as likely to report maternal mortality² than other zones of the country.

The information from the HRHIS in Sokoto State has been used as an advocacy tool increase the number of health workers. Following presentation on the health workforce situation, the Governor in September 2020 approved the recruitment of health workers for health facilities in the 23 LGAs of the State.

¹ Demographic Statistics Bulletin 2017: National Bureau of Statistics, Ministry of Budget and National Planning, Nigeria.

² Ariyo, etal: The influence of the social and cultural environment on maternal mortality in Nigeria: Evidence from the 2013 demographic and health survey 2013; Journal PLoS ONE, December 29, 2017 (<https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0190285&type=printable> – accessed 14 May 2020)

Civil Registration and Vital Statistics Systems strengthening: The WCO successfully engaged the FMOH and National Population Commission for capacity building and implementation plan development for Medical Certification of Cause of Death (MCCoD), International Classification of Disease (ICD) and Verbal Autopsy (VA). In November 2020, a total of 24 multisectoral stakeholders were trained using standard based (ICD-11) MCCoD and VA.

Knowledge transfer to Health Workers build on IPC and Case Management:

Training of 70 frontline health workers in Anambra and Sokoto State on Case Management and Infection Prevention and Control (IPC) to build their capacity to respond to the COVID-19 pandemic was done in April 2020. Furthermore, 30 members of Sokoto State LGA RRT were trained on IPC and risk communication. Public awareness and education were facilitated through various forms of mass media including production and dissemination flyers and posters in English and native languages and through jingles in several radio stations as part of the risk communication strategy for COVID-19 in the two States. A total of 70,000 copies of flyers and 2000 copies of posters were produced in Sokoto while 80,000 flyers and 5000 posters were produced in Anambra State.

National Digital Health Policy development and operational planning

National Digital Health Policy: The WCO supported development of an advanced draft of the National Digital Health Policy with inputs from relevant sectors and all the 36 States and FCT; The policy will provide overarching guidance for review of National Health ICT Strategic Plan 2015 -2020, inform digital health infrastructural investments, resources, capacity building, implementation, review and evaluation of existing digital health interventions.

Development of 2020 Annual Operational Plan for Health ICT: Through a joint stakeholder effort, operational plan for the year was developed based on the National Health ICT Strategy 2015 to 2020 to guide implementation of the prioritized activities for 2020.

Integrated Service Delivery

National Quality Policy and Strategy

Towards ensuring that quality is integrated into service provision in all levels of care and across all programmes, a concept note on Integrating quality in Nigeria's health system was developed.

The aim of the planned support is to develop a comprehensive national quality policy and strategic plan for Nigeria that sets an overarching vision for quality of care in Nigeria, will guide action of quality health services across levels of the care, and integrate multiple efforts on quality health services under one holistic plan.

Primary Health Care Service Delivery

WHO provided technical assistance to the Borno State Primary Health Care Development Agency to develop and cost the *Borno State Minimum Service Package for primary health care*. WHO supported the conduct of an assessment of service packages being provided at PHC level facilities and IDP camps in the states. The findings were used to adapt the National PHC service package to the State's

context. These service packages were subsequently costed using the One Health Tool and validated by stakeholders.

WHO also supported the Adamawa State Primary Health Care Development Agency to develop the *Operational Guideline for the implementation of PHCUOR in Adamawa State*. The Operational Guideline provides for one management, one plan, and one monitoring and evaluation principles and further provides documentary rules, management policies and procedures for the functioning of the primary Healthcare Board and the relevant management bodies.

Health technology and innovation

WHO global benchmarking of regulatory functions for medicines

WCO continue to support the national medicines regulatory authorities (NAFDAC and Pharmacists Council of Nigeria) on the Institutional Development Plan (IDP) developed during the WHO Global Benchmarking of regulatory systems for medicines benchmarking activities in 2018. Activities carried out included:

1. **Quality Management System:** WCO facilitated capacity building activity for 6 staff of the National Agency for Food and Drug Administration and Control (NAFDAC) through a regulatory training course organized by the National Regulatory Authority Secretariat at WHO headquarters with the support of AFRO and in collaboration with Swissmedic.
2. **Good Storage and Distribution Practices:** A training on Good Storage and Distribution Practices for regulatory systems was provided to 42 staff from the National Agency for Food and Drug Administration and Control and the Pharmacists Council of Nigeria.
3. WCO supported NAFDAC to review the 'Nigerian National Pharmacovigilance Policy and Implementation Framework 2012. The review of the pharmacovigilance policy was one of the recommendations of the WHO Global benchmarking team that visited the country in 2019.

Antimicrobial resistance

Antibiotics Resistance Awareness: The WHO supported innovative awareness pilot programme amongst school children in partnership with the Dr. Ameyo Stella Adadevoh (DRASA) Health Trust won the Antibiotic Guardian Awards for 2020 during

#AntibioticGuardian

Children and Family

Winner

DRASA (Dr. Ameyo Stella Adadevoh) Health Trust

'Empowering secondary school students to become powerful change agents against antimicrobial resistance in Nigeria'

Judges were impressed with the demonstration of improvements in new knowledge, practices and sustainability by the project, within 'Health and Hygiene Clubs' set up in 8 public government secondary schools and 2 private secondary schools across Lagos, Nigeria.

ANTIBIOTIC GUARDIAN AWARDS 2020

The image is a celebratory graphic for the Antibiotic Guardian Awards 2020. It features a blue background with a starry pattern. On the left, there are two photographs: the top one shows a group of people, and the bottom one shows a group of people with a 'dspace' logo. In the center, the text 'ANTIBIOTIC GUARDIAN AWARDS 2020' is displayed with a laurel wreath and a pill icon. To the right, the category 'Children and Family' is highlighted, followed by the winner's name 'DRASA (Dr. Ameyo Stella Adadevoh) Health Trust' and a quote about empowering students. Below this, a paragraph describes the judges' impressions of the project's impact in Lagos, Nigeria.

the World

Antibiotic Awareness Week. The pilot project which was situated amongst Schools health and Hygiene clubs in Lagos state, demonstrated improvement in Knowledge and practices of these school children who are members of the club. The objective of the project which was to empower school children as powerful change agents against antimicrobial resistance in Nigeria was met.



POLIO ERADICATION AND POLIO TRANSITION

The certification of the country and by extension African region as wild polio-free after more than four years without reporting a case is a historic milestone with polio being the second disease to be eradicated in the region after smallpox. The region is now the fifth of the six WHO regions – representing over 90% of the world's population – free of the wild poliovirus, moving the world closer to achieving global polio eradication.

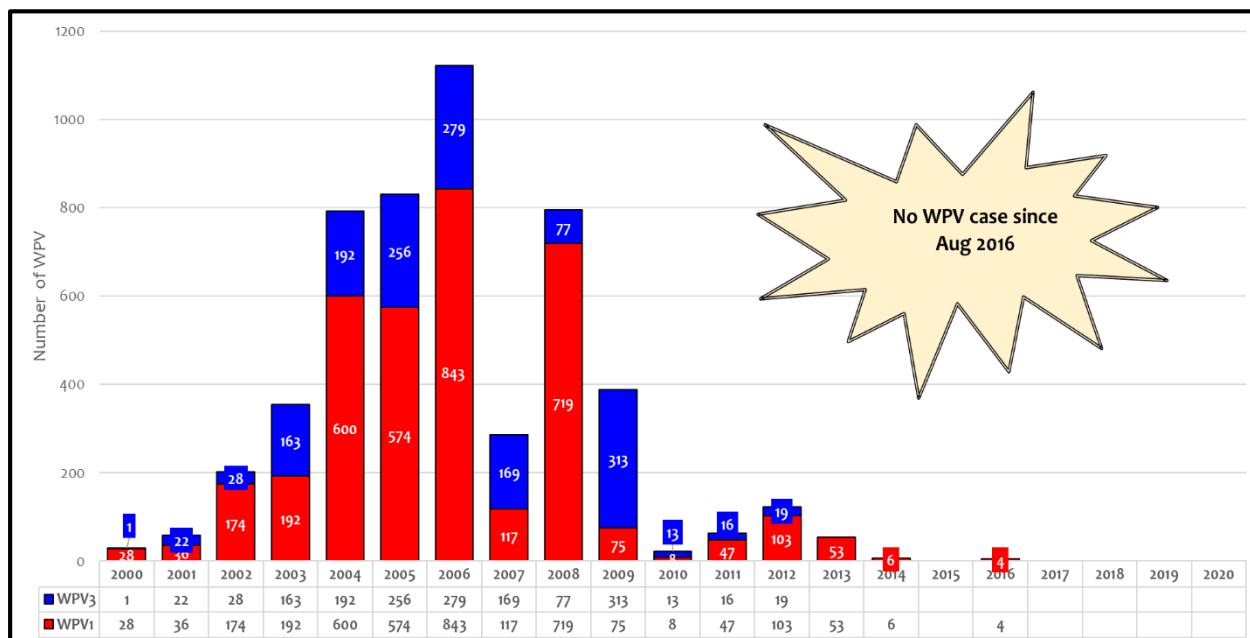


Figure 15: Trend in wild poliovirus by type in Nigeria

A verification visit by the African Regional Certification Committee was done to verify the status of polio eradication visits in sampled states in March and June, 2020.



Figure 16: Minister's debriefing at the March 2020 Verification visit

WHO both at the country office and at all levels in the country supported in the AFP surveillance and response activities for any detected polio virus. ongoing support was provided during the year to the National and state Polio Emergency Operations Centre



Figure 17: ARCC team at Borno State Polio EOC

Although African countries including Nigeria have been declared wild poliovirus (WPV) free August 2020, the ongoing transmission of cVDPV2 in some states in the country is still a source of concern given the country's fragile health systems and low routine immunization coverage. It is therefore important for Nigeria to sustain high level standard polio surveillance, especially in areas affected by insecurity. The confirmation of an orphan virus in Delta State in quarter 3,2020 underscores the importance of ensuring enough funds are provided to conduct key surveillance activities in all the states in Nigeria.

Every poliovirus outbreak and event were followed by timely response including comprehensive investigation, risk assessment and immunization activities as contained in the country's protocol on poliovirus outbreak preparedness and response.

Over 77% of planned active surveillance visits were conducted by DSNOs/ADSNOS, with over 37,000 supportive supervision visits conducted by WHO staff. 6446 AFP cases were detected and investigated in 2020 with a verification rate of 81%. As at Week 52, 2020 773(99.9%) of the 774 LGAs had reported at least one AFP case, with a national Non-Polio Acute Flaccid Paralysis (NPAFP) rate of 6.1/100,000 Under 15 and Stool adequacy of 94% (Figure 2). All the states plus the FCT met both core indicators of NPAFP rate $\geq 2/100,000$ and stool adequacy $\geq 80\%$. A total of 584(75%) of LGAs met both core indicators

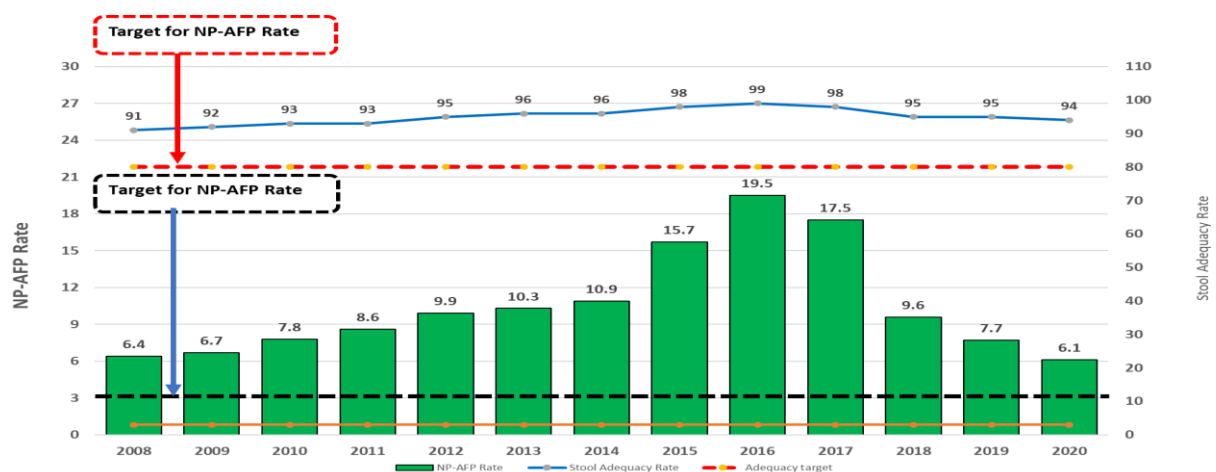


Figure 18: Trend in annualized Non polio AFP rate, 2008 to 2020

There was a general decline in the report of AFP cases across all states, mainly as a result of COVID 19 outbreak that restricts all health interventions including surveillance in the country.

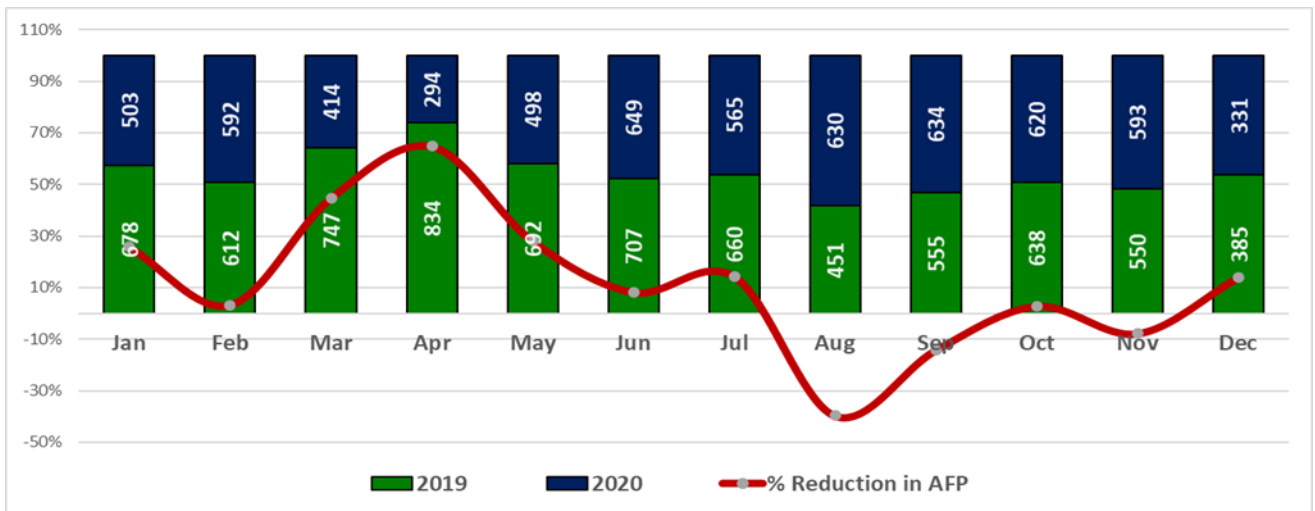


Figure 19: trend of AFP detection by month, January to December 2020

The polio committee held physical meetings at the beginning of the year, then subsequently virtual meetings. This led to the classification of 7 polio compatibles for 2020 by the National Polio Expert Committee (NPEC), corresponding to a 76% reduction in the number of compatibles compared to the 25 compatibles in 2016 when WPV was circulating (Figure 3)...

All polio outbreaks affected states (Anambra, Delta, Lagos, Sokoto and Zamfara) in 2020 were promptly investigated within 48 hours, risk assessment developed and

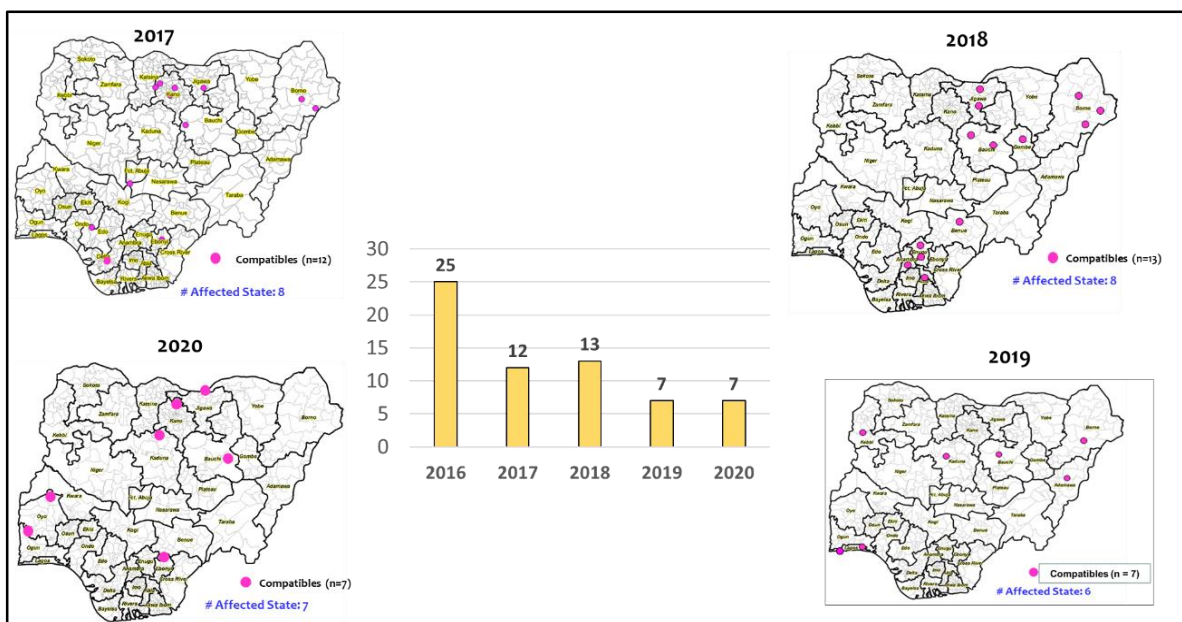


Figure 19: Trend in polio compatible cases, 2016 to 2020

submitted to mOPV2 advisory group for the conduct of an outbreak response. Responses were delayed due to the COVID-19 outbreak. There was 88% reduction in the number of poliovirus (all forms) detected in 2020 (22 viruses) compared to 2018 (150 viruses) when the VDPV2 outbreak started. The number of affected states also reduced from 23 in 2018/2019 to 5 in 2020, hence a 78.3% reduction.

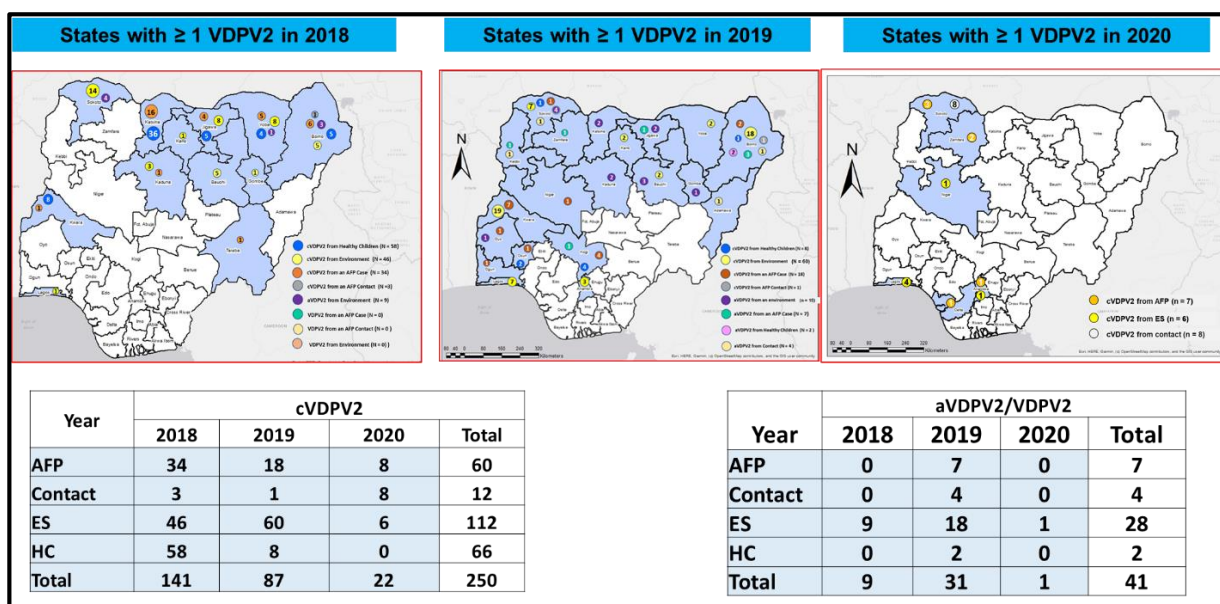


Figure 20: Spatial distribution and number of polioviruses detected from 2018 to 2020

The national Task Force on containment (NTF) were able to conduct Wild Poliovirus type 3 (WPV3)/circulating Vaccine Derived Poliovirus type 3 (cVDPV3) and Wild Poliovirus type 1 (WPV1)/circulating Vaccine Derived Poliovirus type 1 (cVDPV1) containment activity in 54 high priority laboratories nationwide with a response rate of 100% and a validation rate of 44(81%). One facility was found to contain WPV3/cVDPV3 poliovirus infectious material and the necessary containment measures were put in place.

Environmental surveillance (ES) was enhanced and expanded from 29 States and the Federal Capital Territory (FCT) to 36 states and FCT (nationwide) with a total of 119 functional ES sites (Figure 5,6). This led to the detection of poliovirus outbreaks in Lagos, Sokoto and Anambra States

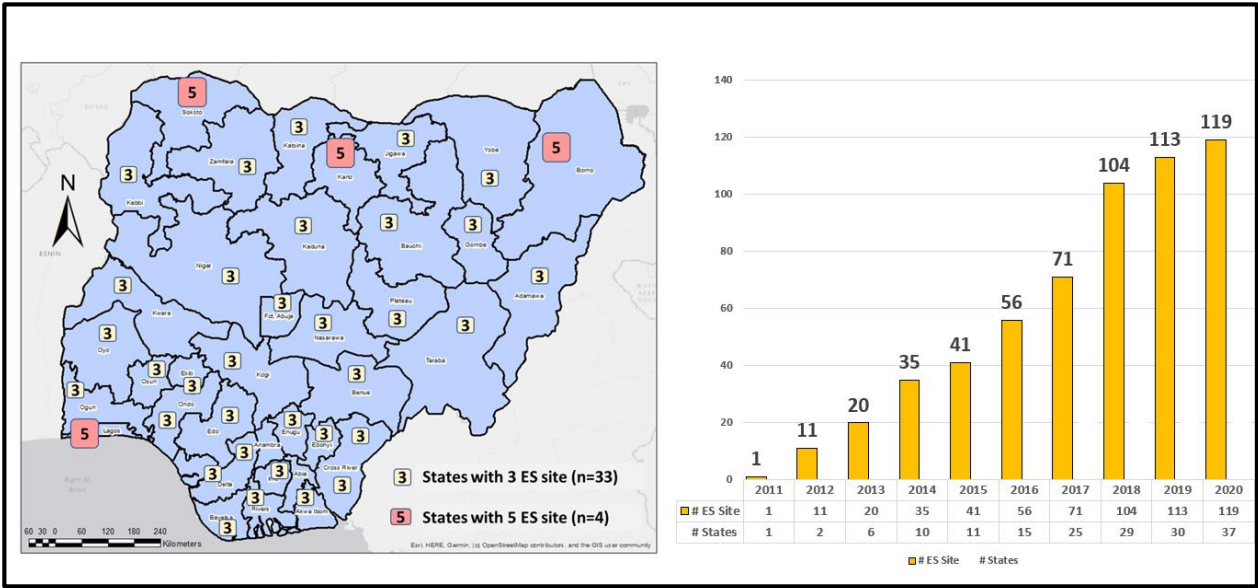


Figure 21: Spatial distribution and trend in number of ES sites from 2011 to 2020



Figure 212: Spatial distribution and trend in number of ES sites from 2011 to 2020

Both polio laboratories are WHO accredited for sample testing. Maiduguri laboratory successfully started testing environmental samples in 2020. Presently 10 states send their stool and sewage samples to Maiduguri and 26 states plus the Federal Capital Territory to Ibadan Polio laboratory. The laboratories were flexible enough to continue testing during the peak of the COVID-19 pandemic and have containment measures in place.



Figure 23: ARCC team at the WHO National Polio Laboratory

Despite COVID-19 restrictions, capacity building sessions were conducted respecting COVID-19 safe precautions. Preliminary results from 33 states and FCT show that a total of 110,918 (80.6%) of the 137,557 persons invited for the training were trained amongst whom 67,755(61.1%) and 23,372(21.1%) were community informants and surveillance focal persons respectively. (Figure 6).

To address the decreasing number of AFP cases mainly because of to the lockdown during the year due to COVID-19 outbreak, a series of innovative strategies documented through three versions of a polio surveillance contingency plan. (this innovation showed result as shown in the graph below, number of cases started reducing progressively until the negative trend was completely reversed in August 2020 (Figure 7)

In addition to surveillance other eradication strategies were implemented, such as-

Access to children in the North East remains a challenge due to insecurity

The routine immunization intensification campaign with bivalent OPV (bOPV) and fractional inactivated polio vaccine (fIPV) was conducted in 17 Local Government Areas (Kogi State- 12, Edo-4 and Enugu -1) to close the cVDPV2 response in Kogi State.

In October there was also routine immunization intensification in the 23 LGAs of Sokoto State with fractional IPV.

Buratai initiative (BI)/Reaching inaccessible children (RIC) 17: a total of 1,555 inaccessible settlements were reached has reached and 13,191 eligible children were vaccinated. Out of the 1555 settlements reached, 969 settlements were inhabited settlements, and 793 (82%) had active case search conducted with no AFP found

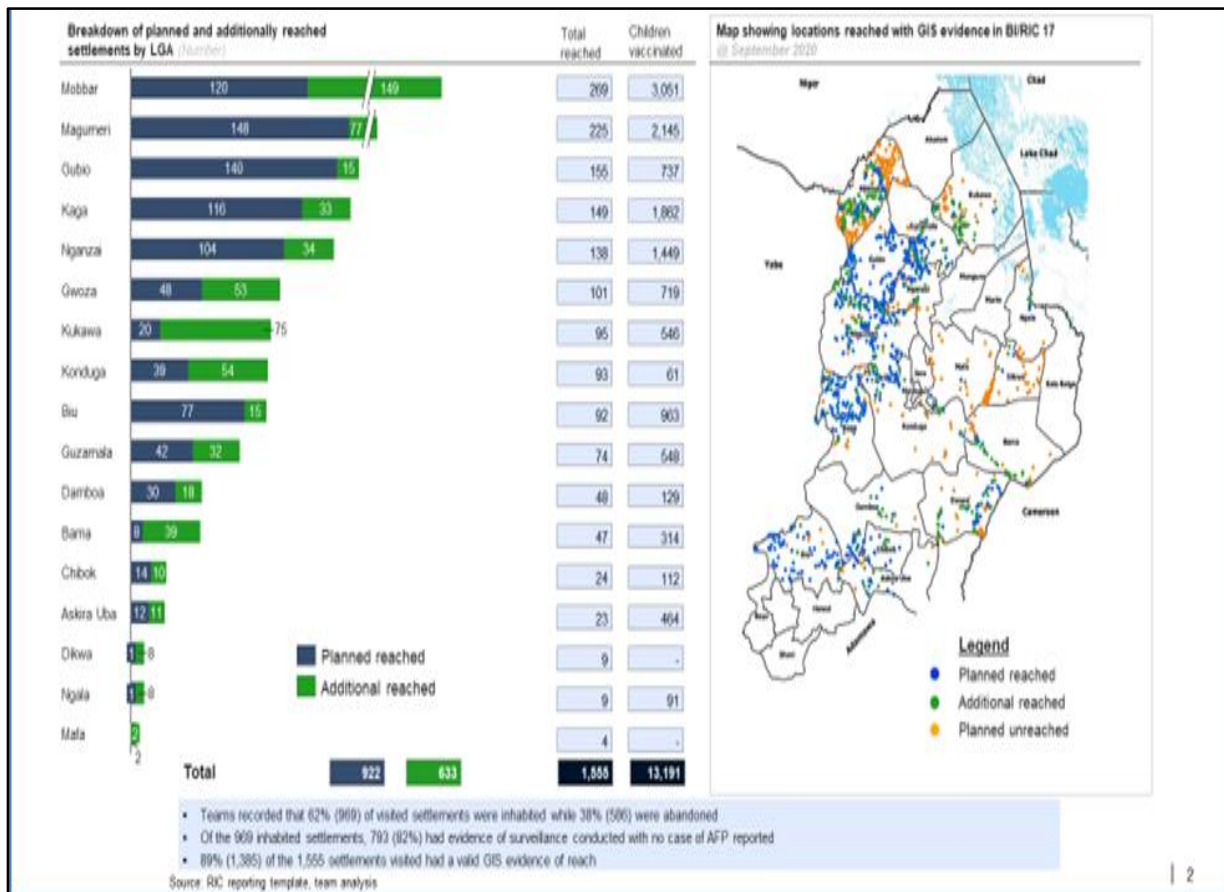


Figure 24: reaching inaccessible settlements RIC 17

2020 Polio Supplemental Immunisation Activities (SIAs)

One national supplemental immunization activity (SIAs), three subnational IPDs (SNIDs) as recommended by the 35th ERC and seven outbreak responses have been conducted between January and December 2010. The post campaign Lot Quality Assurance Sampling (LQAs) showed steady number of LGAs accepted as with => 90% coverage in the implementing states. Improved campaign outcome resulted from dogged strategies/ innovation that complemented the traditional house to house teams in addressing the barriers to OPV uptake by eligible children.

Table 4 : Summary of 2020 campaigns (bOPV,mOPV2, IPV)

Data/Indicator	Jan.20 Oyo OBR (mOPV)	*Feb.20 NIDs (bOPV)	Feb.20 Anambra OBR1 (mOPV)	Mar.20 Oyo OBR (mOPV)	Sep-20 Sok OBR1 (mOPV)	Oct-20 Sok OBR2 (mOPV)	**Oct.20 SIPDs (bOPV) in 5 Phases	Nov-20 Ogun OBR1 (mOPV)	Nov-20 Lagos OBR 1(mOPV)	Dec-20 Ogun OBR2 (mOPV)	Dec-20 Lagos OBR2 (mOPV)	Dec-20 Delta OBR1 (mOPV)
Start Date	18-Jan-20	15-Feb-20	22-Feb-20	07-Mar-20	14-Sep-20	17-Oct-20	31-Oct-20	07-Nov-20	14-Nov-20	15-Dec-20	15-Dec-20	17-Dec-20
End Date	21-Jan-20	18-Feb-20	25-Feb-20	10-Mar-20	17-Sep-20	20-Oct-20	24-Nov-20	10-Nov-20	17-Nov-20	18-Dec-20	18-Dec-20	20-Dec-20
# of States	1	35	2	1	1	1	13	1	1	1	1	1
# of LGAs	20	726	24	20	7	7	311	2	5	2	5	5
# of Wards	217	8,828	361	217	76	76	3,525	21	88	21	88	51
Children Vaccinated	1,487,364	53,824,626	1,742,830	1,475,462	433,699	422,055	25,725,934	112,844	980,856	122,713	998,254	392,188
Total Doses used	1,573,660	56,754,860	1,812,440	1,561,280	460,220	448,040	26,986,080	117,720	1,025,160	127,280	1,042,560	409,940
Wastage Rate	5%	5%	4%	5%	6%	6%	5%	4%	4%	4%	4%	4%
% Missed (IM)	0.5%	1.0%	1.0%	1.0%	4.0%	3.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.7%
% Missed (OM)	2.0%	2.0%	1.0%	1.0%	5.0%	4.0%	2.0%	0.4%	1.0%	1.0%	2.6%	5.2%
LGAs with >=90% (LQAS)	88%	87%	84%	57%	100%	86%	86%	50%	80%	100%	100%	40%
Children Revaccinated	1,287	10,355	NA	NA		76	4,100	NA	NA			NA

An in-depth analysis of the performance by each strategy revealed that most of the children were vaccinated by the house to house and transit teams that conducted outside vaccination

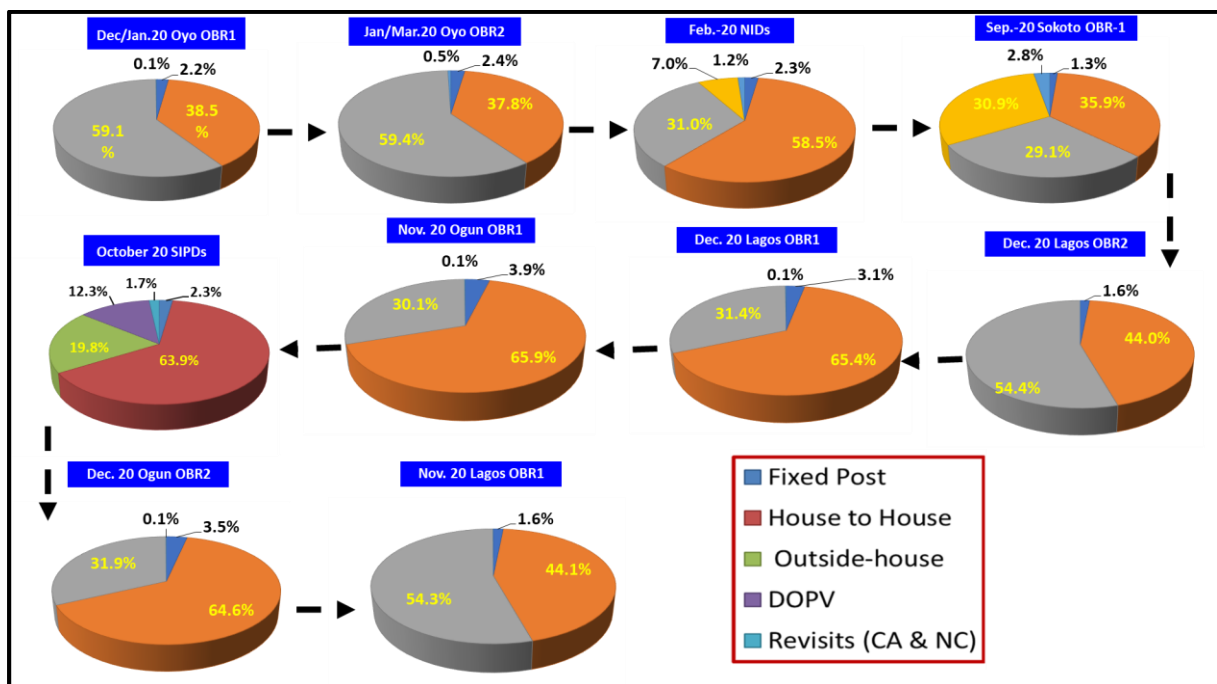


Figure 26: Proportion of children vaccinated using various approaches Jan to Dec 2020

The trend analysis result of the LQAS conducted from October 2018 to December 2020 revealed that out of the 31 campaigns conducted 24 (77%) of the campaigns had over 80% of the LGAs results accepted at $\geq 90\%$ coverage while the 7(23%) were

rejected at <90% coverage. All the LGAs whose Lots were rejected had revaccination conducted

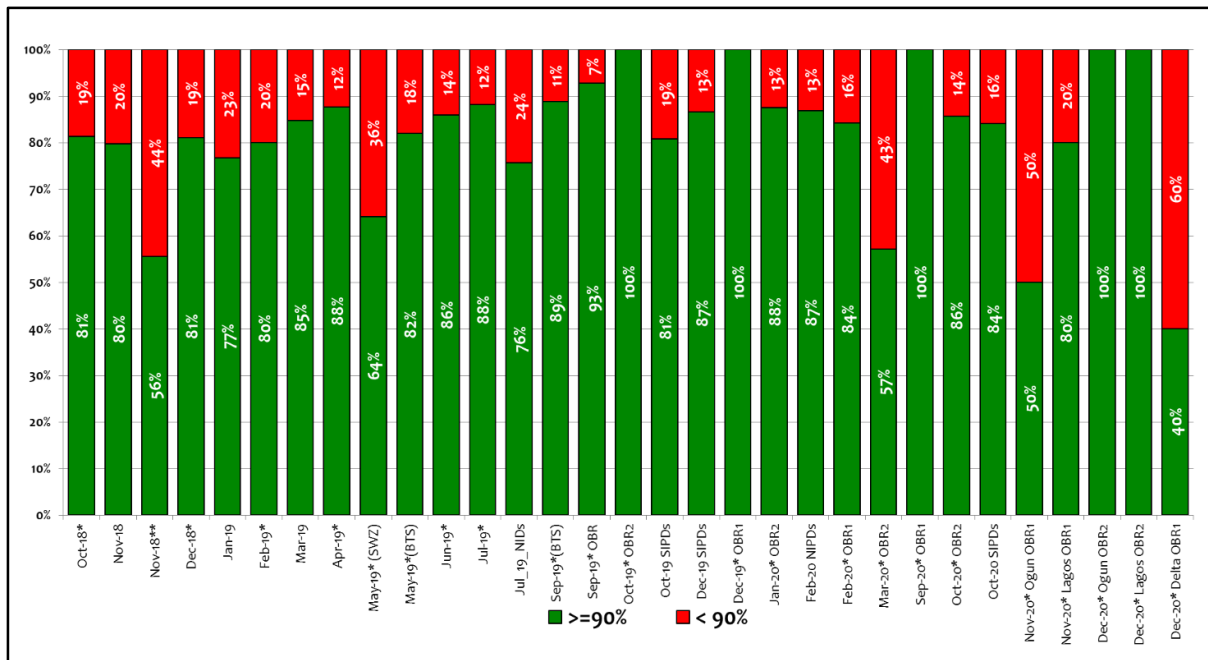


Figure 25: LQAS coverage trend by round Oct-18 -Dec 20

Accountability framework

A total of 2122 in Q1, 1475 in Q2, 1479 in Q3, and 1461 in Q4 were monitored using the accountability framework. In the last quarter 34 got outstanding performance, 148 an appreciation letter, 61 assisted to improve performance and 55 were given either verbal or written warning for underperformance (table 4)

Table 5: performance status of officers by quarter in the accountability framework

Quarter_report	zones	OUTSTANDING PERFORMANCE	APPRECIATION LETTER	Verbal Commendation	Discussion to Improve	Verbal Warning	written warning	Grand Total
Quarter 1	Central	1	1	1			1	4
	NCZ	52	35	91	1			179
	NEZ	45	58	368	52	4	4	531
	NWZ	44	92	1046	99	8	3	1292
	SEZ		11	14	2	1		28
	SSZ	5	15	21	1			42
	SWZ	19	14	12	1			46
Quarter 1 Total		166	226	1553	156	13	8	2122
Quarter 2	Central	1	1					2
	NCZ	22	25	70				117
	NEZ	37	64	247	75			423
	NWZ	4	88	548	220	50		910
	SEZ		7					7
	SSZ	6	2					8
	SWZ	3	5					8
Quarter 2 Total		73	192	865	295	50		1475
Quarter 3	Central	1	2				2	3
	NCZ	2	28	90				120
	NEZ	31	57	268	66	3	3	428
	NWZ	2	12	639	170	14	10	847
	SEZ		5	10	3	1		19
	SSZ	1	5	14	8	3		31
	SWZ	13	11	7				31
Quarter 3 Total		50	120	1028	247	21	13	1479
Quarter 4	Central	1	2					3
	NCZ	3	16	95	5	1		120
	NEZ	23	63	276	29	41	3	435
	NWZ	2	41	756	21			820
	SEZ		3	13	3			19
	SSZ	1	10	11	2	9		33
	SWZ	4	13	12	1	1		31
Quarter 4 Total		34	148	1163	61	52	3	1461
Grand Total		323	686	4609	759	136	24	6537



Vaccine preventable diseases

Measles Elimination

Measles elimination efforts in Nigeria are centered around improving the routine Measles-containing-vaccine first-dose (MCV1) coverage as well as leveraging on the opportunities of the Measles-containing-vaccine second-dose (MCV2) introduction at 15 Months already introduced in the Southern states in 2019 and scheduled for the 19 Northern states plus FCT in 2020 for booster doses. Measles follow up campaign remain important to improve population immunity as well as responding the outbreaks to reduce spread.

WHO Nigeria, spear headed the successful development and submission of a measles SIA proposal to Gavi. The Proposal was approved the application to immunize 41,268,552 children aged 9 months-59 months between Quarter 1 and 3 of 2020.

A measles vaccination response was successfully implemented in Borno State with 181,634 children aged 9 Months-9 Years vaccinated in 6 LGAs in May 2020 with 15.4% (27,961) of these receiving the measles vaccine for the first time (Figure 1). Smaller scale responses to outbreaks were also implemented in Adamawa and Yobe states (total 43,133 children 9 months-5 Years vaccinated).



Figure 27. Measles outbreak-response vaccination in the Context of COVID-19. Borno State

Nigeria commenced the implementation of the suspended 2019 measles follow-up campaigns with 2,160,253 children aged 9-59 Months vaccinated in Kogi and Niger states. The campaigns were completed with 1,285,719 and 874,534 children vaccinated respectively in Niger and Kogi states in October 2020 (Figure 2).



Figure 28. Integrated measles and Men-A Vaccination Campaign. Niger State

Eliminating Yellow Fever epidemics

The Eliminating Yellow Fever Epidemics (EYE) in Nigeria is guided by the National EYE strategy plan with a phased approach to Preventive mass vaccination campaigns (PMVCs) which aligns with the strategic goal of improving population immunity. Other efforts are around reducing international spread and responding rapidly to outbreaks.

WHO coordinated the successful development and submission of the Phase 5 (2021) and phase 6 (2022) Yellow fever PMVCs SIA proposal to Gavi in the second window in April/May. The independent review committee (IRC) approved the application to immunize 40,825,243 Persons aged 9months-44 years in 2021 and 55,763,641 in 2022. Ekiti and River campaigns were conducted in in March 2020 completing the Phase 3 Plan for 2019. In total, 19.7 Million people have been vaccinated across the 4 states in this phase. Campaigns in 5 States were implemented in October/November 2020 as part of phase 4.

Most of the pending and delayed planned mass campaigns were implemented in Anambra states (Pending Phase 4) and all 7 states (Phase 5) targeting 36,764,873 persons with 30,661,020 persons vaccinated. Multiple outbreaks of yellow fever were reported in September/October 2020. Reactive vaccinations were implemented in 2 LGAs of Delta as well as an acceleration of the planned preventive mass campaign. An International Coordinating Group (ICG) request was coordinated and submitted with the approval of 3 Million doses and operational cost for a response in 9 LGAs of Enugu and 2 LGAs in Ebonyi. with 2,584,897 (80%) persons vaccinated.

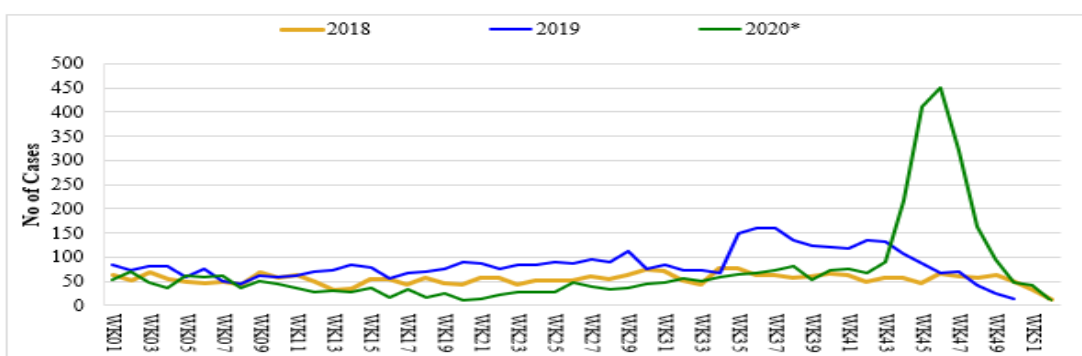


Figure 29. Suspected Yellow Fever cases per week. Weeks 1-52, 2018/2019/2020

Shipment of Yellow Fever samples from the communities or health facilities to the state level remains a challenge. as this leverage on the available polio structure for transportation by Disease Surveillance and Notification Officers (DSNOs) to the state.

Meningitis Elimination

The Government of Nigeria with support from WHO requested Gavi support to implement a 2021 mini catch up meningitis A campaign in 12 states. The total target population will be 5,913,992 of 2 birth cohorts:7-8 years; 3,177,404 and 9-10 years; 2,736,588. The country completed 2019 Men A campaign in the remaining five states targeting 5,570,183 persons aged 1-5 Years.

Maternal and neonatal tetanus elimination (MNTE)

WHO Nigeria conducted the risk analysis and pre-validation assessment (PVA) for the South-South states in August 2020.This was the first PVA conducted using data collection by hand held devices and Open Data Kit (ODK) with remote monitoring by the global team due to the COVID-19 pandemic. This PVA followed the completion of all recommended rounds of TTCV SIAs in the zone with the pending 3rd round of SIA in Bayelsa state conducted in March 2020. TTCV SIAs in the Northern states have commenced with the 2nd round of SIAs implemented in Plateau state in November, and Katsina, Sokoto, Benue and Kano planned for end of December 2020.

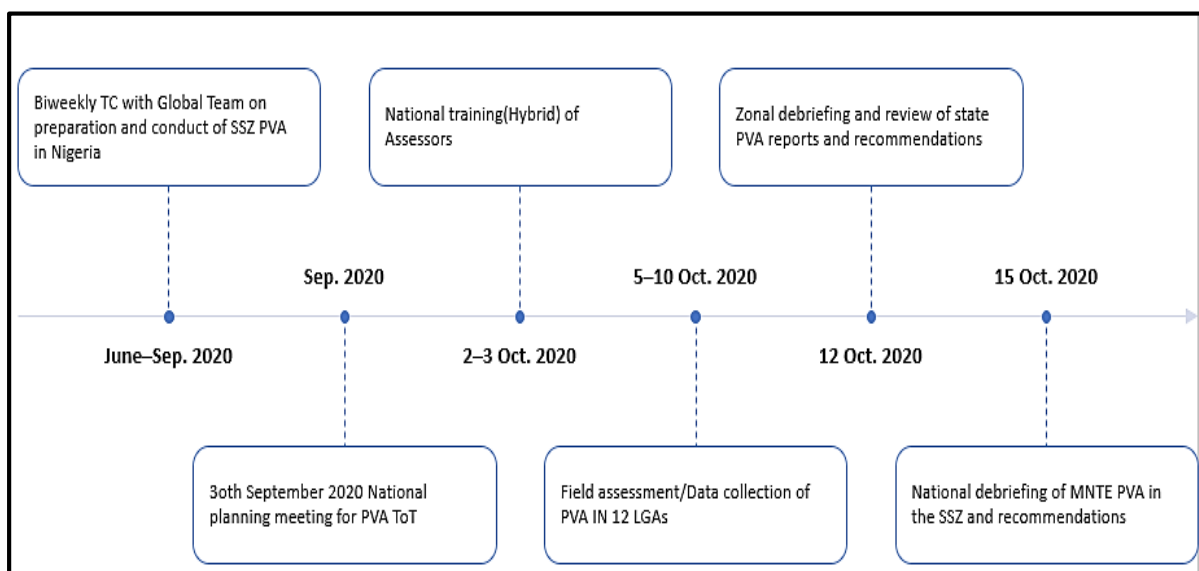


Figure 30. Outline of journey to MNTE Pre-validation

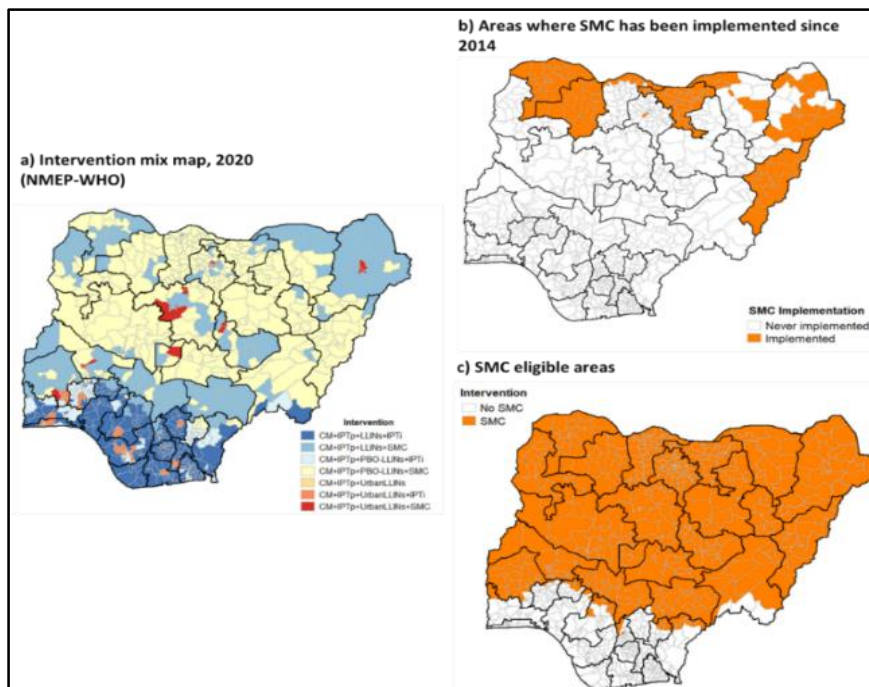
Malaria remains a major cause of morbidity and mortality in Nigeria. The World Malaria Report 2020 shows that Nigeria continues to account for 27% and 23% of the estimated global malaria cases and deaths respectively.

The National Malaria Elimination Programme (NMEP) in collaboration with development partners, conducted a comprehensive Malaria Programme Review (MPR) from September 2019-February 2020, in keeping with WHO global recommendations. In collaboration with stakeholders, reached consensus on future strategic directions and recommendations, which were presented as an aide memoire and approved by the HMH. WHO co-facilitated the planning and execution of the internal desk review and external validation review, which in particular was a joint mission led by a WHO/HQ and AFRO team of experts. The conclusion of the MPR was that significant progress was made towards malaria elimination in the period with a reduction in the malaria prevalence from 42% to 23%, along with a reduction in mortality (38%). However, these fell short of the overall set targets of the NMSP 2014-2020 as a result of inadequate programme implementation capacity (~53%) and resource constraints due to decline in financing that was experienced in the life of the strategic plan.



Figure 31: Malaria programme review, February,2020

WHO supported the NMEP to carry out a malaria micro-stratification exercise using geospatial analysis.



The stratification took into consideration, data from routine malaria data, programme operational data such as LLIN and SMC campaign data, geographical mapping and the meteorological reports. The intervention mix plan submitted for funding will lead to between 20-40% reductions in all-age and under-five prevalence,

incidence and mortality by 2025 and to 40-60% reductions by 2030.

WHO facilitated the development of the National Malaria Strategic Plan 2021-2025. The Goal is to reduce morbidity to less than 10% parasite prevalence and mortality attributable to malaria to less than 50 deaths per 1,000 by 2025. the five strategic objectives are: -

- Improve access and utilization of vector control interventions,
- Ensure provision of chemoprevention, diagnosis and appropriate treatment,
- Improve generation of evidence for decision making and impact through reporting of quality malaria data and information,
- Strengthen coordination, collaboration, and strategic partnership to promote efficiency and effectiveness of malaria control activities
- Improve funding for malaria control to ensure sustainability at federal and sub-national levels.

Seasonal Malaria Chemoprevention (SMC): WHO supported implementation and monitoring of SMC in nine sahel states of northern Nigeria. In, Borno state reaching approximately 2million under-five children who were administered with Amodiaquine & Supladoxine-Pyrimethamine combination (SPAQ) for the prevention of malaria in the four months of peak malaria transmission.

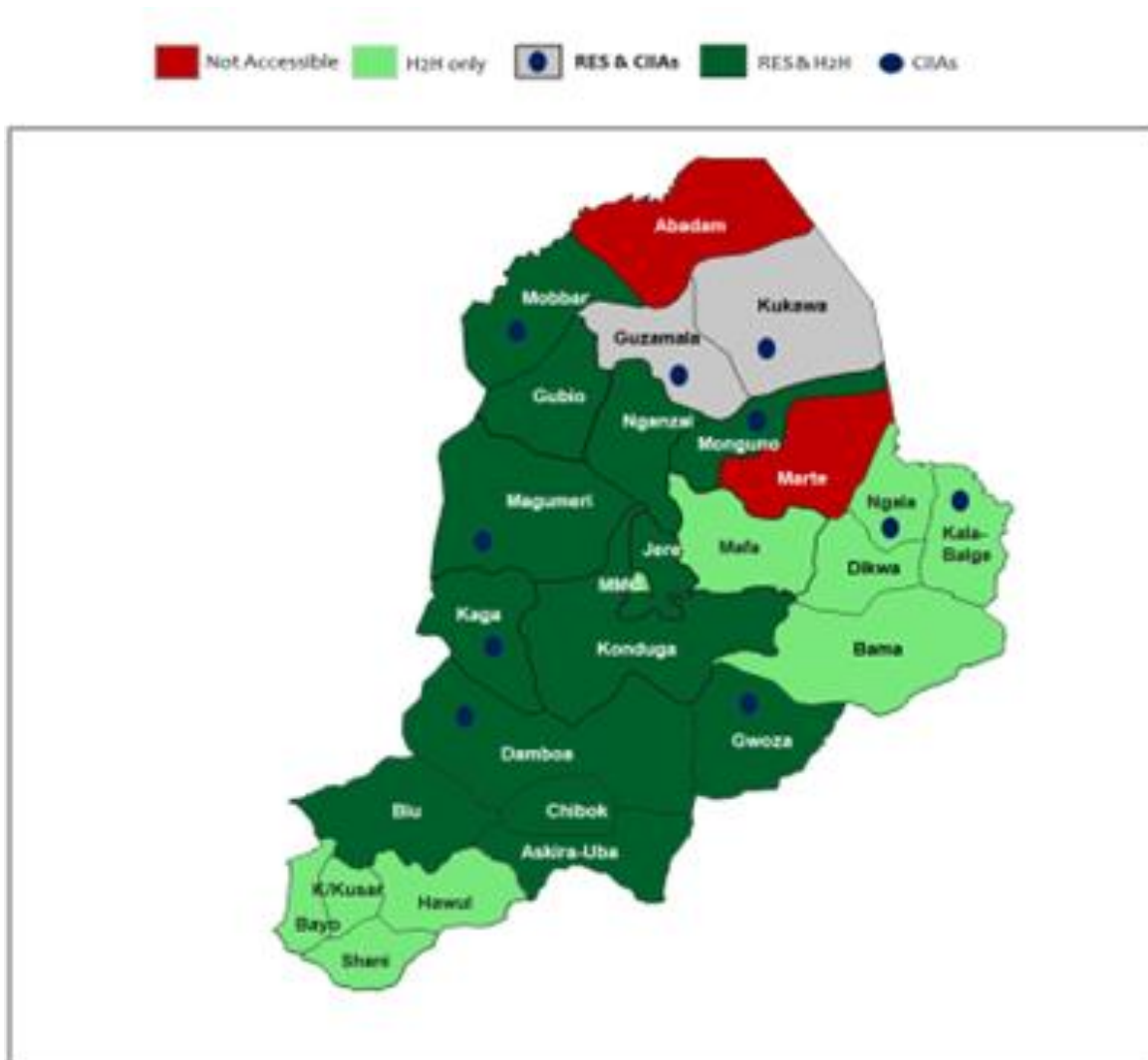


Figure 32: Seasonal Malaria Chemoprevention(SMC) implementing LGAs with strategies used, Borno State

Table 6: SMC distribution in Borno state

Drugs received per cycle	No of LGAs reached	Quantity of drugs supplied to LGA	Number of children reached
Cycle 1	25	2,112,557	2,105,451
Cycle 2	25	2,117,951	2,115,151
Cycle 3	25	1,831,268	1,818,356
Cycle 4	25	2,125,151	2,114,086

WHO supported the design, distribution, monitoring and evaluation of LLIN campaigns across six states (Ebonyi, Kaduna, Niger, Yobe, Taraba,). In 2020, NMEP distributed over 20million nets to the six states with support from Global fund, while US President's

Malaria Initiative (PMI) supported Piperonyl Butoxide (PBO) net campaigns in Ebonyi state with ~3.5 million nets distributed in the state. WHO deployed three tools for quality checks and to ensure that the campaign meets the minimum required standard; these tools are the Pre-implementation (PI) Dashboards, Quality Assurance (QA) checklists, and Lots Quality Assurance Survey (LQAS). The LQAS coverage analyses showing net redemption rates, retention rate and hanging rate.

WHO in collaboration with NMEP and DPRS, developed the Malaria Data Repository. The repository will serve as a data warehouse for both routine and non-routine data, which will enable analysis, synthesis and visualization. The routine system takes data from the DHIS 2 while other non-routine platforms include database for LLIN campaigns, TES data, SMC data among other non-routine data sources.

As the chairperson of the resource mobilization committee of the Country Coordinating Mechanism (CCM) WHO, provided strategic leadership and guidance for the development of a Joint TB/HIV Concept Note for the GF grant 2021-2023 grant cycle.

Neglected Tropical Diseases

Coordination

WHO supported facilitation of 4 in-country coordination mechanisms through online and 1 physical meeting for PC/CM NTDs. It initiated the update of and development of 2020-2024 National NTD master plan in line with the global 2030 NTD road map and fostered incorporation of local context like vector control and insurance for some NTDs and morbidity and disability management and prevention.

Scale up of NTDs

WHO supported **Mass Drug Administration** (MDAs) for Preventive Chemotherapy (PC) NTDs in 300 LGAs for Lymphatic Filariasis, 251 LGAs for STH, 104 for Trachoma, 199 for Onchocerciasis and 211 for Schistosomiasis. In 2020, the PC MDA therapeutic coverage increased by 30% for all diseases. Case management (CM) for Buruli Ulcer and Leprosy continued in endemic LGAs where 2,158 new leprosy cases were diagnosed but 90% were placed under treatment while 122 new case of Buruli Ulcer were seen and 70% placed under treatment. No drop out of the old case of both diseases were recorded.

WHO also facilitated investigation of 1,590 rumours of Guinea worm disease within 24 hours as against 1083 in 2019 (>25% increase); established strong border surveillance for Guinea Worm Disease in 8 LGAs bordering Cameroun and Chad in North East.

It also facilitated improved supply chain management for all PC/CM NTDs drugs, commodities and supply at international, national, sub-national levels (36 million tablets of Albendazole secured, 300 million tablets of Ivermectin, 11 million tablets of Mebendazole, 39 million tablets of Praziquantel secured for PC NTDs; 900 Blisters secured for leprosy drugs, 69,950 out of 122,000 FTS kits secured for FTS).

WHO supported the country to monitor chikungunya/Zika/Dengue fever burden estimation project in Nigeria and ensured establishment of 2 laboratories.



Scale down of NTDs

Due to late arrival of Filariasis Test Strips (FTS) rapid test kits, Pre-transmission assessment survey planned in 106 LGAs was only conducted in 3 LGAs in 2020. Other disease will receive impact assessment in 2021 including snakebite envenoming, Buruli Ulcer and Trachoma. Schistosomiasis subdistrict data for all 9,684 wards from 774 LGAs in the country was also completed and shared with AFRO.

Non communicable diseases

Establishment of coordination mechanism for NCDs

Following the development of 2019-2025 NCD multisectoral action plan WHO supported the establishment of 3-level NCD coordination mechanism in 2020. These coordination mechanisms are: -

- National NCD Governing Council chaired by the Secretary to the Government of the Federation
- The NCD Expert Technical Working Group
- Four sub-committees of Legislative, Regulatory Policies and Plan (LRPP), Case Management, Research and Surveillance (CRS), Advocacy, Communication, Social & Resource Mobilization (ACSRM) and Risk Factor Prevention (RFP)

Implementation of the National Hypertension Control Initiative with support from Resolve to Save Lives

Nigeria is one of the 2 countries in AFRO being supported by the Resolve to Save Lives Program to strengthen Hypertension control at the Primary Health care level. So far, all required pre-implementation activities have been completed. Since November 2020, a total of 60 health care workers have been trained. So far, 11,628 have been



Figure 33: Commissioner of Health, Dr Tomi Coker checking her blood pressure during the launch of the National Hypertension Control Initiative in Ogun State, November, 2020.

screened and 1,068 enrolled into the program.

Joint high-level mission

Fifteen agencies participated in a Joint high-level mission among the United Nations system, development partners and the Government of Nigeria between 24-28 February 2020 to support Nigeria in galvanizing a multi-sectoral response to the challenges of non-communicable diseases (NCDs) and tuberculosis (TB). This mission found that NCDs and TB are both major public health challenges in Nigeria and a significant gaps in fiscal, regulatory and legislative frameworks for both NCDs and TB. Highlights of the mission include launch of the Kick TB out of Nigeria campaign, inauguration of the NCD Technical Working Group and hosting of the mission members by the Wife of the President, Hajija Aisha Buhari, the Global TB Champion and Ambassador.



Figure 34: The Vice-President of Nigeria, Professor Yemi Osibanjo, The Honorable Minister of Health, Dr Osagie Ehanire, Cluster Lead for UCN Cluster, Dr Rex Mpazanje and members of the mission team during the joint NCD-TB high level mission to Nigeria, February, 2020

Tuberculosis

Increased TB service coverage

Accessibility of essential TB services was improved through WHO support in expanding TB services in public as well as private health facilities from 9,625 in 2019 to 17,567 in 2020

The programme performance review conducted from 7-9 December 2020 revealed 15% increase in TB notification for 2020 when compared to the same reporting period of 2019 (120266 and 138565 respectively).

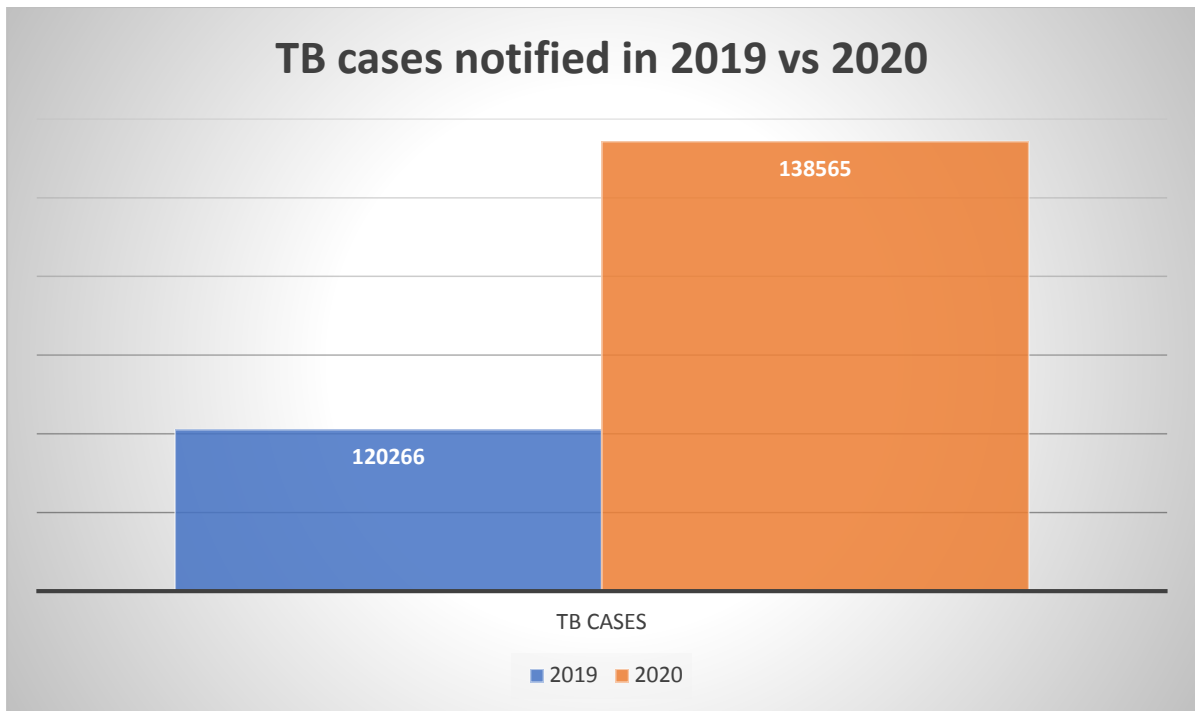


Figure 35: TB case notification, 2019 and 2020

Strengthened TB surveillance in 12 high burden states

Through WHO support for TB surveillance in 12 high burden states (Lagos, Oyo, Kaduna, Kano, Bauchi, Taraba, Benue, Niger, Anambra, Imo, Rivers and Delta) more facilities are engaged that resulted in a 10% overall TB case notification in these 12 states during the reporting year.

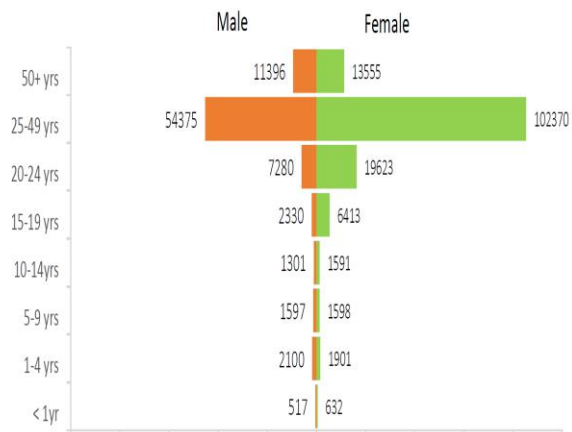
Concept note development for GF TB funding

WHO provided technical guidance in the development of national TB/HIV 2021-2023 funding request drawing US\$ 451,311,921 as funds allocated for continuation of the TB and HIV grants for the country.

HIV/AIDS

Nigeria at an HIV prevalence rate of 1.3% (NAIIS 2018) and an estimated 1.8 million People living with the disease is the 4th highest HIV burden in the world. As at the end of 2020, 89% of PLHIV know their status, 92% are on ART and 59% are virally suppressed (GAM 2021).

PLHIV Newly Started on Treatment Disaggregated by Age & Sex



WHO supported and continue to support all national stakeholders including UN and PEPFAR; to support the country's National HIV response through its various Ministries, Departments and Agencies (MDA) towards the achievement of 90-90-90(2020)/95-95-95 (2030) targets.

An HIV epidemiology and programme review was conducted; the National Strategic Framework (NSF 2020-2025) was reviewed and revised to accommodate new orientations of the national HIV response post NAIIS. These efforts resulted in the mobilization of a total of Three hundred and Ten million dollars (\$310,000,000) for the national HIV response. In its role as the lead technical agency on health among the UN Joint Team on AIDS (UNJTA), WHO got the highest allocation of a sum of three hundred and twenty-five thousand USD dollars under the Unified Budget, Results and Accountability and Framework (UBRAF) Country Envelop for 2020;

WHO facilitated the strengthening of the health sector response coordinating framework with the establishment of a steering committee led by the Ministers of Health and members comprise of all heads of health agencies, revamped HIV health sector working groups, conduct of a NASCP organizational capacity assessment and development of a capacity building plan. Furthermore, Strategic technical guidance and assistance were provided for; the revision of the National treatment and Prevention Plan (NTPP), PMTCT-RMNCH integration activities, conceptualization and implementation of the Global Fund-PEPFAR alignment project which aims to improve programme and resource efficiency and adaptation of WHO global guidance documents including full adoption DTG as a first line regimen for adults and children with Atazanavir as a 2nd line alternative due to shortage of Lopinavir/r during the COVID-19 pandemic, development of a National HIV treatment guideline including PMTCT, TB/HIV collaboration guidelines, National HIV ARV and commodity plans and a protocol for a needle and syringe study. Oversight function was provided for the implementation of the Over 2 million USD UNITAID grant to catalyse a total market approach for HIV self-testing.

The national routine HIV data were validated, analyzed and used in updating SPECTRUM files, state HIV profiles, dashboards and scorecards and 2019 national HIV service data on the Global AIDS Monitoring (GAM) platform. A deep dive granular analysis of NAIIS data and triangulation was conducted to generate LGA HIV denominators for use in further guiding targeted interventions to close existing gaps. WHO also facilitated and supported the adaptation of a new National Health Sector HIV M&E tools.

WHO facilitated and provided guidance for the establishment and running of an HIV situation room which coordinated the HIV integrated commodities logistics and National

Integrated Sample Referral Network (NiSRN) systems for the mile-end distribution of HIV drugs and commodities. The HIV PCR machines were also used in testing for the Sars-2 COVID- 19 Virus.

Viral Hepatitis

In 2020, WHO provided strategic leadership for the coordination of the national viral hepatitis programme; integration of Hepatitis B and C into the package of harm reduction services for People who inject drugs (PWID) and the pilot through the Needle and Syringe Pilot study;

Commemoration of World Days: WHO facilitated and supported the commemoration of the World AIDS day and World Hepatitis Day with various events such as Ministerial press briefing, media engagement and campaigns.



Promoting Health Through Lifecourse

Promoting health through the life course within the Health system cluster supports Federal Ministry of Health, State Ministries of Health and partners to plan, develop, promote, implement and monitor key reproductive, maternal, newborn, child and Adolescent health (RMNCAH) interventions including healthy ageing at every stage of the life course, in the context of continuum of care towards the reduction of morbidity and mortality while ensuring universal access to services.

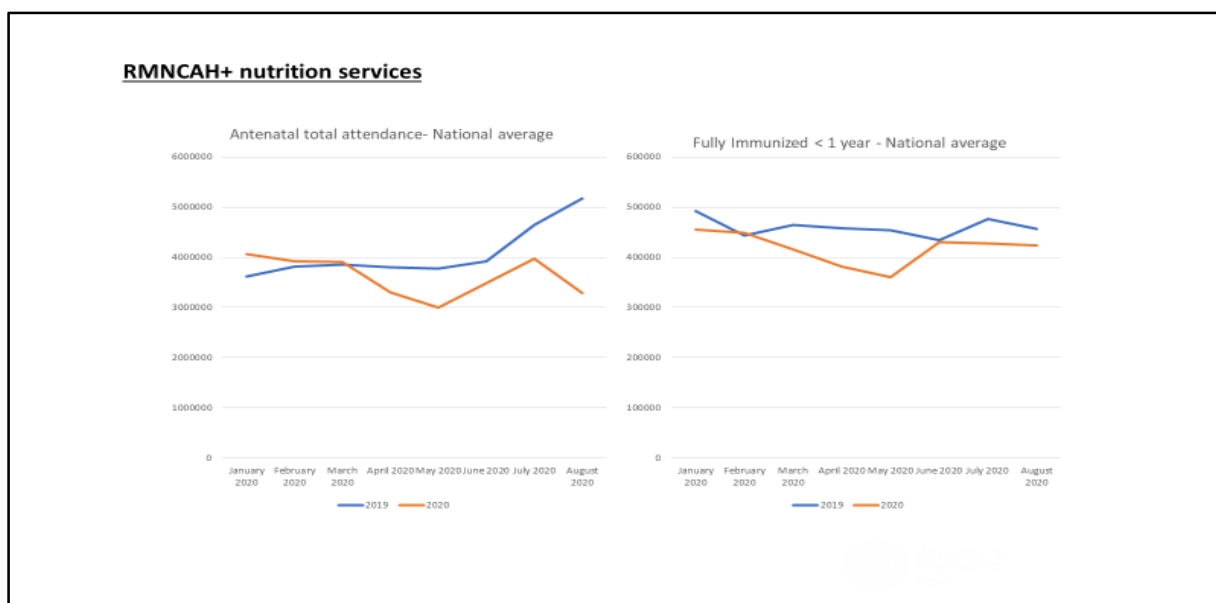


Figure 36: WHO Pulse Survey 2020

RMNCAH+N policies and coordination

At the National Level, while supporting the response, WCO continued to provide strategic directions to the Federal Ministry of Health (FMoH) and its agencies, (NPHCDA, NHIS and NCDC) and sub-national levels to promote quality essential RMNCAH+ Nutrition services along the life course to ensure continuum of care. To understand the magnitude of the disruptions of RMNCAEH+ N services during the COVID-19 pandemic, both qualitative and quantitative analysis was conducted. The

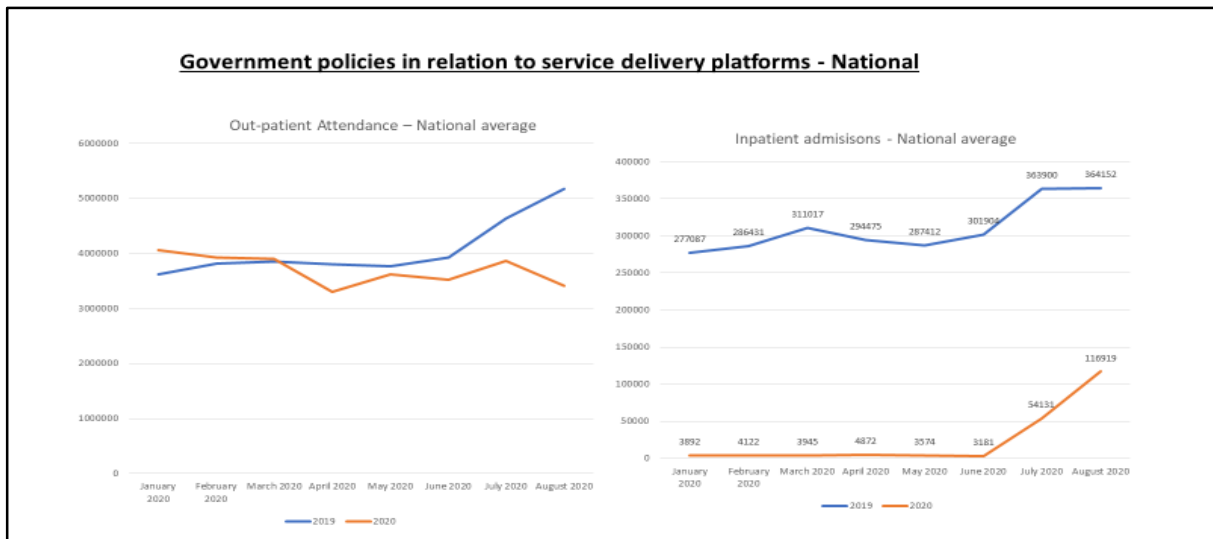


Figure 37: WHO Pulse Survey 2020

WHO Pulse Survey in March/June 2020 revealed disruption in service provision as well as service utilization.

WCO supported the development of guidelines: management of pregnant women and nursing mothers, guideline for pregnant women and nursing mothers in the context of COVID-19 pandemic, and guideline on National Nutrition Response plan and revision of treatment protocols.

Financial support of \$50,00 USD from PMNCH /H6 grant was secured from HQ to strengthen implementation of the RMNCAAH Multi-Stakeholder Platform. A high-level Launch by Honourable Minister of Health on the National RMNCAEH+ Nutrition Multi-stakeholders Partnership (MSP) Coordination Platform was done.



Figure 38: High Level launch of the RMNCAAH Multi-stakeholder Platform

WHO supported and facilitated the development of a one-year operational work plan on implementation of the RMNCAEH+N Multi-stakeholders Coordination Platform. In addition to this progress, two National consultants (Senior and Junior) were

engaged for 6 months to support on mitigating impact of COVID-19 on essential services.

A costed National RMNCAEH+N COVID-19 Response Continuity plan was developed that ensure sustained essential RMNCAEH+N services during the pandemic and future public health emergencies in line with the Integrated National Sector Response Plan.

30 National trainers and 364 state trainers trained from 13 states supported by Global Fund on RMNCAH program management to support the roll out of the National Emergency for Maternal, Newborn and Child health initiative of NPHCDA.

WHO facilitated the development of National training manual and virtual training of 280 national trainers on Infection Prevention and Control (IPC) measures with step-down trainings conducted for 1560 PHCs. WCO supported the training of 200, 000 health workers from Primary Health centers (PHCs) in 36 states trained on Infections Prevention Control (IPC) and triaging in response to the covid-19 Pandemic continuity of essential RMNCAH services in the PHCs.

Technical support was provided to FMOH on developing a guidance for Family Planning during COVID -19 outbreak as well as a guideline for engagement of the Private Sector for Family Planning with the aim to increase access to quality family planning services in Nigeria.

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In 6th Nigeria Family planning conference held virtually from 7th-11th December 2020 FCT, Abuja The theme of the conference is "Post FP 2020 Agenda and Safeguarding Investments in Emergencies: Adaptation, Innovation and Resilience".

At the Sub-national level, the disruption of essential services for RMNCAH due to the COVID-19 pandemic was also recorded from the pulse survey result



Maternal and new-born health

Maternal, new born and child health Quality of care

WHO continued to provide technical support and leadership on implementation of maternal, newborn and child health quality of care at national and sub-national



Figure 39: QI coach (left) discussing with QI team in a secondary health facility

levels (across 12 states in 112 health facilities). WHO continued to strengthen the coordination within FMOH with expansion of the MNCH QOC to RMNCAH+N programs, and development of annual implementation plan at national and state levels. So far, draft annual operational plan. A total of 9 facility QI meetings and coaching visits were held in each of FCT

and Kebbi state, with

disruptions during the period of lockdown measures in the country.

Maternal perinatal database for quality, equity and dignity

The MPD4QED project is an electronic database established in September 2019 with support from WHO HQ and working with the Federal Ministry of Health (FMOH) to capture data on events around childbirth and early neonatal period from 54 tertiary health facilities. In 2020, the project successfully enrolled 83,326 admissions made up of 67,609 obstetric, 4,442 gynaecology and 11,275 out-born babies, bringing the total enrolment in the database from inception (01 September 2019) to 31 December 2020 to 117,278 (95,410 obstetrics, 6,280 gynaecology and 15,588 out-born babies). 33 cases of COVID-19 positive pregnant women were reported and performance rate of maternal and perinatal death audits averaged at 90%.

Four issues of the project newsletter and impact stories were published and disseminated across WHO communication channels. The FMOH is fully engaged with the project, has adopted the database for information to guide policy and decision making on maternal and perinatal health and solicits for WHO's continued support for its scale up and transition into a programme.

WHO supported a virtual National Training of Trainers, 40 staff of FMOH and key partners were trained. Thereafter, the training was stepped down to 390 (30 per state) RMNCAH+N program managers (including selected heads of Secondary health facilities) in 13 states with funding support from Global fund. The training has improved the coordination, integration of malaria into RMNCAH programs and ultimately optimal use of resources.

Prevention of mother-to-child transmission of HIV

To respond to this, WHO working with UNICEF supported the National AIDS/STIs Control Programme of FMOH to developed strategies to optimize the uptake of PMTCT services in carefully selected 8 states with high burden of HIV (apart from the top 5 where intensive programming is going on). The strategies were developed through review of NAIS and service data from the states with several engagements with partners, program managers from the selected states. This was carried out with UNICEF and it involved several levels of engagement and further iteration of the concept note into a full plan for implementation in the context of each state. The states have a total unmet need for PMTCT estimated at 8,837, about 17% of total unmet need for PMTCT.

Table 7: situation of PMTCT in 8 selected states

State	Number of ANC attendance (2019)	Number Tested and Received Results (2019)	Estimated PMTCT burden (2019)	Unmet Need (2019)	Number of EID tests done (2019)
National	2919037	2834241	42203	52754	26241
Abia	36276	36165	1579	920	277
Borno	100725	97810	640	2263	230
Cross River	48847	53639	989	1045	458
Kano	311256	298586	669	1214	392
Ogun	30040	31321	632	1412	660
Nasarawa	71188	71148	1757	1162	781
Plateau	26583	25983	996	5181	1100
Taraba	48852	46335	1575	1426	730

Sexual, reproductive health and rights

WHO through the FP Accelerator project has been supporting FMOH to engage in a mutual peer learning with Uganda on implementation and mainstreaming Quality improvement for Family planning, while Nigeria shares learnings on implementation of task shifting/sharing guideline for improvement of family planning. Participants in the learning include government officials of Nigeria and Uganda, WHO - HQ, Regional and WCO Nigeria and Uganda, JHPIEGO, UNFPA, USAID and other FP2020 partners. Learnings from the exchange is being used in development and implementation of an integrated QOC for FP in Nigeria.



Cervical cancer prevention and control:
WHO provided technical support to FMOH and partners on advocacy and rejuvenation of implementation of Cervical cancer control program in Nigeria. Nigeria commemorated the launch of the Global strategy for elimination of cervical cancer and WHO continued advocacy and made investment case for cervical cancer in Nigeria. Through this advocacy, more partners have supported the cervical cancer control initiative and there is improved collaboration.

Newborn and child health and nutrition

At the National level, WHO facilitated and coordinated the National Technical working groups for Newborn Health and Child Health which led to revised Nigerian Every Newborn Action Plan and Finalised the National Guideline on Basic Newborn Care December 2020. Development and national dissemination of the Comprehensive guideline for Newborn care and National Kangaroo Mother Care (KMC) guideline with 44 health workers trained on KMC as national trainers to stepdown training at state level was achieved.

WHO further contributed to the development and dissemination of National Integrated Pneumonia and control Strategy and implementation plan with 8 states operational plans developed.

The 1st inaugural session of stakeholders on Children with special needs held on 22nd December, 2020 with the objective to bring the issues and needs of these children to the front burner of Government agenda. This is aim at leaving no child behind.

WCO supported Federal Ministry of Health to share country experiences through virtual meeting on NETCODE for breastfeeding with HQ and WCO (SA, Kenya and Nigeria) as well as facilitated the 4 meetings of development partners group meetings for nutrition on providing support so the country nutrition situation in the context of COVID-19. This led to the review of the National Breastfeeding friendly initiative Guideline in line with emerging global issues and the National Strategy for Breastfeeding code.

At the Sub-national level, 982 front line health workers were trained on Integrated management of childhood (IMCI) illness in February 2020 in 13 states (3 LGAs each) before the pandemic, with supervisory follow-up visits to the health facilities conducted in this quarter, total of 1.285,008 sick children have received



Figure 4022: Health workers train on IMCI health

appropriate treatment using the IMCI guideline with improved under-five morbidity in those Health facilities

Introduction of second dose of Measles Containing Vaccine (MCV2) into the Routine Immunisation Schedule in the 19 Northern States including FCT was achieved.

Adolescent health

Inadequate data for AYP programming was a barrier in 2020, WHO provided strategic direction and supported Government on the development of the Adolescents health monitoring framework to aid reporting in line with the Global Action of Measurement of Adolescent Health (GAMA).

At the Sub-National level, a performance improvement assessment on Adolescent and Youth Reproductive Health (AYRH) to update stakeholders on achievements and challenges of the AYRH interventions was carried out in Edo State and Adolescent Health state scorecards were developed in 4 states that are currently being monitored.

Guideline for Operationalization of the state technical working groups for Adolescent and young people developed under for WHO Adolescents Flagship program funding to strengthen coordination partnership and integration. Additional \$30,000 USD was provided by HQ through AFRO to support WCO Implementation of Adolescent - responsiveness to health system during COVID-19 in 2 Local Government Areas (Daura and Esang) from two states (Kastina and Edo). These two states were selected by Honourable Minister of Health with the overall purpose to assist country in LGA level implementation of the national AA-HA! strategies in the context of COVID-19 pandemic. This will entail planning, organizing and facilitating the process of developing and implementing multisectoral LGA level plans based on LGA priorities, and document lessons learned. The Implementation in the 2 two LGAs will commence in 2021.

Health and ageing

At the National level, WHO participated at the Stakeholder Group on Ageing (SGA) Africa Pan African webinar on the impact of COVID-19 containment and mitigation strategies on older persons in African with the theme united and coordinated African for the inclusion of older person in covid-19 responses and

development agenda. The overall aim to build a strong partnership among different African stakeholders on ageing, for effective coordinated advocacy and action for the inclusion of older people in the COVID-19 Response in development agendas SGDs 2030 and AU 2063. The outcome of the meeting led to identification tools for creating opportunities for stakeholder's engagement and coordination at the regional, sub-regional and national level. The mechanisms for effective inclusion and participation of older people in the policy responses and development agenda were identified and understanding of values and contributions of the older persons were enhanced with implications of their inclusion and participation in policy responses addressed.

Further support was provided by WCO to government of Nigeria in the commemoration of the United Nations International day of older persons.

Non-communicable diseases risk factors prevention and control

2019-2025 Noncommunicable Diseases Multisectoral Action Plan

WHO supported the Federal Ministry of Health to develop the 2019-2025 NCD Multisectoral Action Plan. To ensure effective implementation of the plan, WHO supported the establishment of coordination mechanism at different levels. With WHO support, the NCD Expert Technical Working Group was inaugurated by the Honorable Minister of Health in February. In August, four NCD TWG sub-committees were inaugurated and were supported to hold inaugural meetings. They include Legislative & Regulatory Policies and Plan (LRPP), Advocacy, Communication, Social and Resource Mobilization (ACSRM), Risk Factor Prevention (RFP) as well as Case Management, Research and Surveillance (CRS). In December, WHO supported the inauguration of the National NCD Governing Council under the leadership of the Secretary to the Government of the Federation. This is the highest coordination platform for NCDs with 13 Ministers and the UN Resident Coordinator as members.

Tobacco control

Nigeria signed and ratified the WHO Framework Convention on Tobacco Control in 2003 and 2004 respectively. In 2015, the National Tobacco Control Act was passed. To advise the Honourable Minister of Health on tobacco control, WHO supported the Federal Ministry of Health to inaugurate the 2nd National Tobacco Control Committee (NATOCC). The members of the committee are multi-sectoral in nature with representatives from the Federal Ministries of Health; Environment; Justice; Education; and Agriculture. Other members include representatives from the Nigeria Customs Services (NCS); National Agency for Food and Drug Administration and Control (NAFDAC); Standards Organization of Nigeria (SON); National Drug Law Enforcement Agency (NDLEA); Nigeria Centre for Disease Control (NCDC); Federal Competition and Consumer Protection Commission (FCCPC); Manufacturers Association of Nigeria (MAN); and the Civil Society Organization (CSO). WHO also supported capacity building sessions for legal officers from public institutions and NCD/Tobacco focal points from all over the country. The National Tobacco Strategic plan and National Tobacco Communication Plan have also been developed.

Joint high-level mission

Fifteen agencies participated in a Joint high-level mission among the United Nations system, development partners and the Government of Nigeria between 24-28 February 2020 to support Nigeria in galvanizing a multi-sectoral response to the challenges of non-communicable diseases (NCDs) and tuberculosis (TB). As part of the lineup of activities, several meetings held with the Vice-President of the Federal Republic of Nigeria, the Senate President, the Secretary to the Government of the Federation and key Heads of Agencies including Ministry of Youths and Sports Development, Ministry of Information and Culture, Ministry of Environment. The mission also visited two (2) states; Kano and Lagos were the highest level of leadership pledged that their respective states will serve as flagship states for TB and NCDs. Round table discussions with Development Partners, Academia/Experts, NGOs/CSOs and the Private sector held to strategize and draw-up a road map for supporting the GON in tackling NCDs and TB. This mission found that NCDs and TB are both major public health challenges in Nigeria with an urgent need to scale up the response to NCDs and TB as part of the country's efforts to attain universal health coverage. The Joint Mission identified significant gaps in fiscal, regulatory and legislative frameworks for both NCDs and TB. Highlights of the mission include launch of the Kick TB out of Nigeria campaign, inauguration of the NCD Technical Working Group and hosting of the mission members by the Wife of the President, Hajiya Aisha Buhari, the Global TB Champion and Ambassador.



Figure 41: Professor Yemi Osibanjo, Honorable Minister of Health and members of the mission team

Mental health

Mental Health care outreach clinics at PHCs AND IDP CAMPS in the North East
A total of 33,924 patients with mental health disorders were treated between January – December 2020 through outreach sessions in collaboration with State Ministry of Health (SMoH), State PHC Development Agency (SPHCDA) and Federal Neuro Psychiatric Hospital (FNPH), across 50 health facilities in 14 LGAs as follows: Bama, Damboa, Dikwa, Gubio, Gwoza, Jere, Kaga, Kala Balge, Konduga, Mafa, Maiduguri, Monguno, Ngala, and Nganzai LGA. The table below represents number of patients treated by LGA.

Table 4: Patients with mental health disorders and treated between January – December 2020

LGA	MEN	WOMEN	BOYS	GIRLS	TOTAL
Bama	381	446	153	139	1,119
Damboa	861	1,048	588	552	3,049
Dikwa	302	376	70	87	835
Gubio	373	238	60	43	714
Gwoza	499	877	60	105	1,541
Jere	2,531	3,173	755	564	7,023
Kaga	506	407	143	70	1,126
Kala/Balge	511	184	94	50	839
Konduga	570	432	165	146	1,313
Mafa	1,148	971	378	266	2,763
Maiduguri	3,931	4,966	975	920	10,792
Monguno	567	564	209	136	1,476
Ngala	296	250	91	63	700
Nganzai	180	316	61	77	634
TOTAL	12,656	14,248	3,802	3,218	33,924

Management of patients with Mental Health disorders by trained PHC workers on Mental Health Gap Action Programme (mhGAP) tool for non-specialist health settings in the North East

In September 2020, WHO supported 29 PHCs in Borno State, 26 in Adamawa State and 13 in Yobe State on the management of mental health disorders through mhGAP. A total of 45 PHC workers were trained in Borno, 46 in Adamawa and 34 PHC in Yobe State. These PHCs were supported with psychotropic medications and data tools to commence treating patients with mental health disorders in November 2020. By end of December 2020, a total of 1,509 patients were treated from 14 health facilities across 7 LGAs in Borno State (Bama, Damboa, Jere, Konduga, Mafa, MMC, and Ngala LGA). WHO is planning to train staff from SMoH and SPHCDA on mhGAP on supportive supervision between January – March 2021, to ensure provision of quality services.

COVID-19 response Mental Health Psycho-social support in the North East

Just as it is common for individuals to feel stressed and worried in any epidemic, COVID-19 pandemic is also a very tragic and complex phenomenon that provokes shattering and psychological reactions in all who are involved with the illness. So from May 2020, WHO intervened to meet the unmet counselling gap on COVID-19, were 88 patients at the State Isolation Centre were counselled to address various psychological and emotional challenges ranging from agitation due to poor feeding; consent seeking from relations for safe burial; linking patients with families at home; treatment for withdrawal syndrome/motivational interview and skills training to overcome psycho active substance use; and PCR test results disclosure. 293 patients at Hajj Camp were provided with Psychological First Aid (PFA) and counselling to address their worries, fears and anxiety. Seven patients from the host community were counselled in order to cooperate with Surveillance/Contact Tracing, and Case Management Pillar. The RCCE Pillar was supported to organize Heroes Campaign by providing counselling on addressing stigma and getting informed consent from individuals treated for CIVID-19 to participate in Heroes Campaign.

WHO also trained 44 social workers in Borno State in July 2020, on COVID-19 Psycho-Social Support (PSS) response in order to meet the unmet COVID-19 PSS counselling. Lack of support and motivation from government has been limiting their services.

Additional social workers, 50 each from Adamawa and Yobe State were trained on COVID-19 PSS support in July 2020. Topics treated included: Overview of COVID-19/IPC, Principles of counselling, Psychological First Aid (PFA), Problem Solving Technics, Stress Management, Pre and Post PCR testing, Stigma Prevention, and Building Self Esteem. By the end of December 2020, social workers from Adamawa State, provided COVID-19 counselling to a total of 22 individuals from Yola South, Yola North, Michika and Girei LGA.

Gender based violence

The burden of Gender based violence (GBV) has been on the increase since the onset of the humanitarian crisis in Nigeria in 2009 (with the crisis peaking in 2014-2015) and this has led to massive levels of displacement, food insecurity, and vast humanitarian needs. The three most affected states of this crisis have been Borno, Adamawa and Yobe (BAY).

Gender-based violence has remained a major feature of this crisis, as Non-State Armed groups (NSAGs), have targeted women and girls and have committed human rights violations, including abduction, forced marriage, and rape. Women and girls who were abducted by armed groups face stigmatization, suspicion and rejection when they return home.

A six-day scoping mission was carried out by WHO in July 2018 to understand how gender-based violence was being addressed in the health response for humanitarian crisis in Northeast Nigeria as well as to understand the challenges the health care providers were facing while responding to GBV Survivors. It was seen that coverage for health service was low, lack of confidential setting for consultation and inadequate funding among others. The findings from the pilot assessment showed

indication for a more robust analysis on the existing health facilities, increase advocacy and training of health workers.

Based on the recommendations from the scope mission, the following activities were conducted in 2020:

GBV assessment using quality assurance tool (QAT): GBV QAT assessment offers health care providers, facilities, and program planners a straightforward way to start, strengthen or expand post-GBV health services through the use of evidence-based standards. In September 2020, QAT assessment was conducted in 41 health facilities (21 in Borno and 20 in Adamawa state) to identify gaps and readiness of health facilities to provide GBV services: With support from the HQ and in collaboration with SMOH and SPHCDA, 20 surveyors and 10 supervisors (21 females and 9 males) were trained on the use of QAT tools and the assessment of 41 health facilities was conducted successfully.

The assessment showed that none of the health facilities met all the criteria for readiness to provide GBV services. It was therefore recommended that GBV services should be integrated with Mental Health Psycho-Social Support (MHPSS) programme to enable the outreach team to refer GBV cases from the partially accessible/conflict affected areas to the selected hospitals and health facilities in the BAY states.

Stakeholders Advocacy and sensitization meeting: Stakeholders advocacy and sensitization meetings were held in the 3 impacted states of Borno, Adamawa and Yobe state in North East Nigeria with 87 stakeholders including Government officials from SMOH, SPHCDA, Traditional leaders, IDP camp chairmen, health workers and partners UNFPA, UN Women, big family 360, Plan international, Civil Defense, Nigerian police force, ministry of justice. Stakeholders were sensitized on GBV in emergencies and the role of health sector in response to GBV in North East.

This led to increased buy-in and improved coordination of health cluster partners towards strengthening health sector response to GBV.



Figure 42: Stakeholders Advocacy and sensitization meeting in Adamawa state.

Trainings/workshops: WHO supported training of 80 health workers – 52 females and 28 males (in two batches from 40 referral health facilities offering GBV services in Borno and Adamawa state (these are the Health facilities where the assessment using the QAT was conducted) as first step in activating the health facilities to provide services. The health workers comprising of nurses, midwives, CHEW (community health extension workers) JCHEW were trained on first line support with MHPSS integrated. WHO worked in collaboration with SMOH, SPHCDA and UNFPA, to deliver the training as a deliberate measure to increase Health cluster coordination and collaboration.

Outcome of WHO response: In Borno State; 11,468 women were reached by 10 out of the 20 health facilities that were trained on first line support with MPHSS integrated and 69 women were offered specific GBV services in these health facilities as shown in the table below.



Figure 43: Role play by participants on LIVES

Figure 43: Cross section of participants at the training of health workers from 20 health facilities in Borno state.

Table 5: showing health facilities that are reporting GBV activities in Borno state.

Health facility	No. of women sensitized	No. women offered services	No. women referred to GBV Referral Centre
Yerwa MCH	3,021	16	13
Fori Clinic	198	8	8
MCH Bayo	173	15	10
MSMH	265	5	5
Herwa Peace	7,583	20	13
USUMH	36	1	1
Gamboru PHCC	108	1	1
PHCC Shani	36	0	0
Teachers Village IDP	45	0	0
Kofa IDP	3	3	3
TOTAL	11,468	69	54

Refresher training: Refresher training on first line support was conducted by WHO to the mobile Hard to Reach (HTR) teams in Borno, Adamawa and Yobe state. 64 LGAFs and Team leads across Borno, Adamawa and Yobe HTR team received refresher training on first line support for survivors of GBV, MPHSS were supported to step down the training to their 296 team members across the BAY state.

Outcome/output of Refresher training: A total of 106,540 women and girls were sensitized, 131 were provided with first line support and 82 were referred to health facilities.

Procurement and Distribution of IEC materials: A total of 4,664 IEC materials comprising of 1,419 T-Shirts, 200 Hijabs, 5 Billboard banners, 1500 Posters, 40 Roll up banners and 1500 flyers with key messages focusing on the health facilities were procured and distributed across the BAY state as well as to partners. Twenty facility managers under the SMOH and SPHCDA from 20 LGA in Borno state were supported with the IEC materials for their facilities which were also used for increased sensitization and awareness during the 16 days of activism across the BAY states.



Figure 44: Pictures showing IEC materials used during the 16 days of activism and for Advocacy to the Executive director SPHCDA.

Communications for Health

Effective, integrated and coordinated communications are integral to achieve WHO's goal of building a healthier future and deliver on WHO's mission to promote health, keep the world safe and serve the vulnerable. In Nigeria, WHO adopted a strategic approach for effectively communicating WHO information,



advice and guidance across a broad range of health issues: from chronic diseases to emerging and novel risks.

In the out-going year, WHO Nigeria made a significant investment to meet the growing need for information, advice and guidance for its key audiences by applying

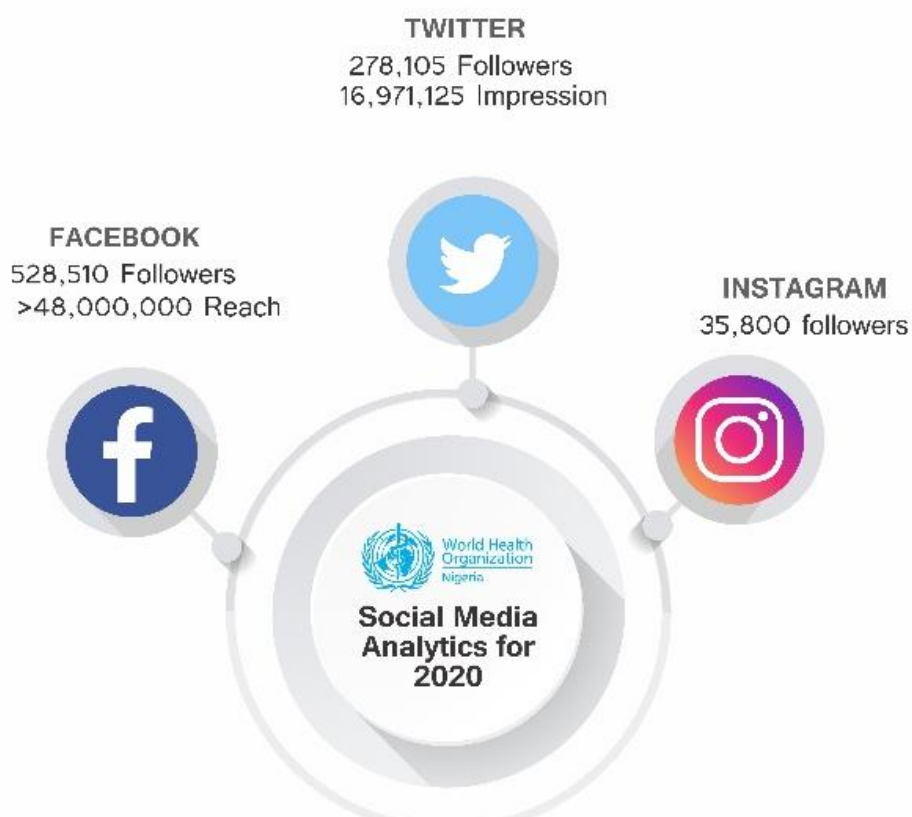


the full range of communications functions. It reflects inputs from WHO personnel across country, zonal and state offices.

For the period under review, the following were achieved:

- 97 articles posted on WCO Nigeria website, with 2,524,654 page-views with 815,330 new users.
- 1,591 new stakeholders across 36 states and FCT are captured on the database for targeted communications.
- Documented the impact of Effective Strategic Engagement of Journalists for WHO Nigeria's Visibility. The journal article is already peer-reviewed and ready for publication
- Produced donor and short educational/awareness videos and organized 12media roundtable briefings, maintaining the highest mentions in AFRO.
- Media monitoring tool picked 539 reports related to Nigeria.

- Edited 12 editions UNCG Newsletters, produced 115 COVID-19 updates and facilitated high-level advocacy meetings including with Governors, Legislators and traditional/religious leaders.
- Helped the UN in Nigeria to produce a quality documentary to commemorate the 2020 United Nations Day.
- Produced donor and 27 short educational/awareness videos and organized 12 media roundtable briefings, maintaining the highest mentions in AFRO.
- Facilitated the production of 5 video content for UN in Nigeria.
- Produced a documentary on WHE interventions in north-east Nigeria
- Produced an omnibus photobook on WHO interventions in north-east Nigeria since the declaration of Grade 3 emergency in 2016.
- Coordinated the publication of six (6) research papers



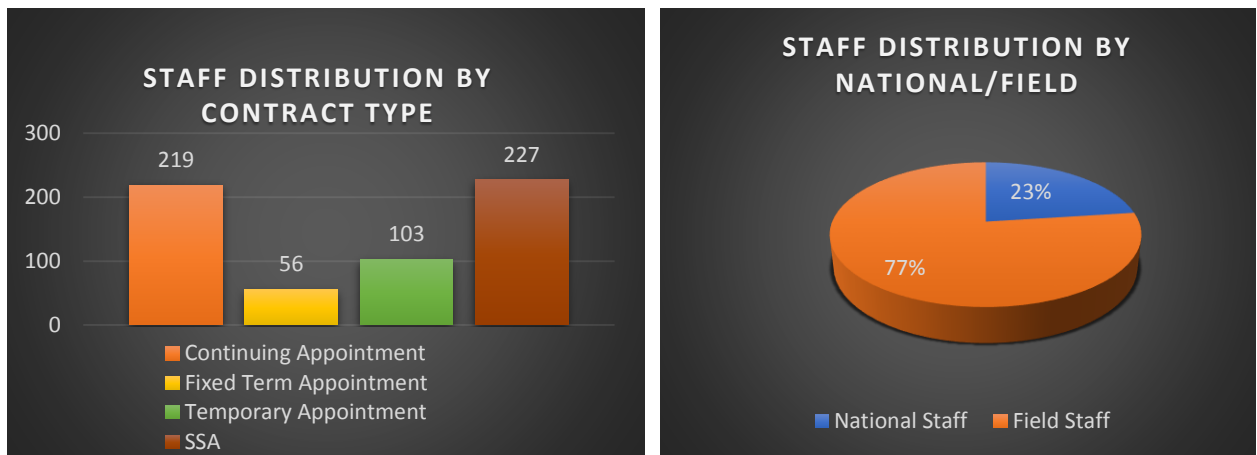
Operational support.

The Nigeria country office human resource strength was 606 excluding surge support staff engaged under other modalities. The female representation at all levels continued to gradually improve to 126 by the end of the year. 77% of the staff are

based in the field while 23% were based at the national offices. The office had 28 international staff and 95% (578) national staff.

FUNDS UTILIZATION FOR 2020

\$72,6million implemented in the activity the workplans. US\$12,9 million of the utilized funds was for COVID-19 related expenditure. 53% of the activities were implemented in the form of Direct implementation ensuring reach to the communities at the lowest level. The field administration team played a critical role often under difficult circumstance to ensure efficient and effective support functions.

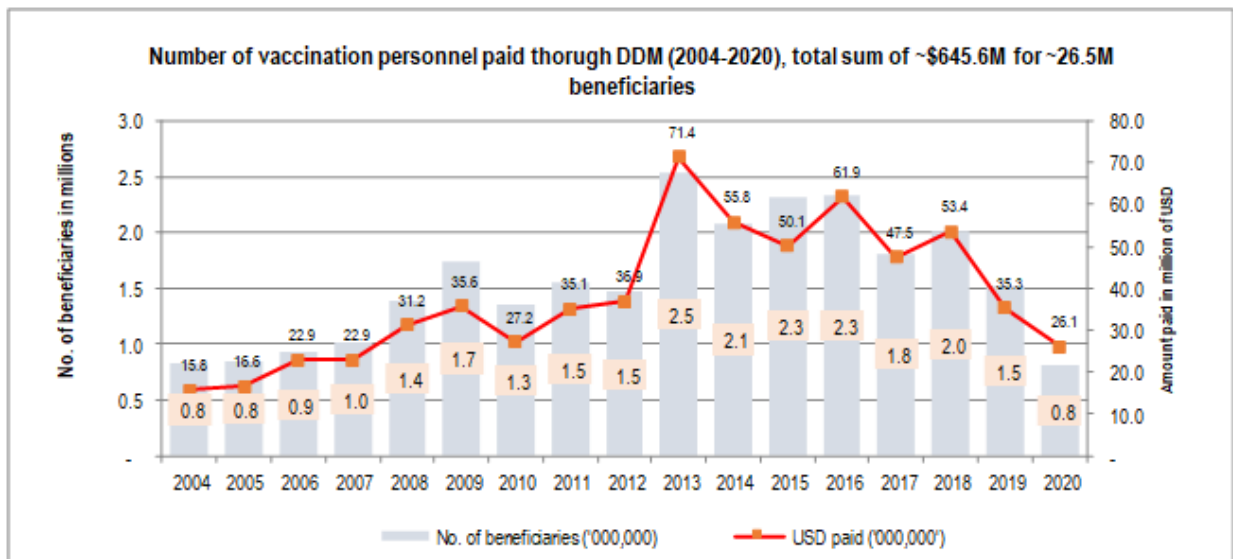


Throughout 2020, a total of \$99.4 million was made available to support PEI/EPI activities

The implementation of polio ramp down plan commenced successfully in 2020 in adherence with the established procedures anchored by the principles of transparency, fairness and objectivity.

Resource mobilization and donor relations efforts for the resulted in raising \$66.2 million for 2020 polio and \$20.5 million ADC/RI related activities.

By the end of 2020, over \$13 million will have been disbursed through the mechanism for about 0.8 million vaccination personnel engaged by government to support the mass campaigns. Out these personnel, more than 58 thousand beneficiaries were paid trough mobile payment which is being scaled up from year to year (figure 10).



PROCUREMENT

The COVID-19 pandemic required a responsive, quick and efficient procurement. The Procurement team worked round the clock to ensure the urgently required supplies were delivered timely and of acceptable quality. The principles of best value for money, fairness integrity and transparency, effective competition and environmental concerns anchored the procurement processes. The primary focus was on Covid 19. Early stages of the response were characterized by disruption of global supply chains and high demand across the globe making supplies management a key activity. WHO coordinated global procurements through an online portal for supplies. The country office played a key role in consolidation of supply requests from Government and WHO country offices purchased on internal funding, OCHA, UN basket funding.

ICT

The organization enforced strict adherence to Covid 19 protocols. ICT played a critical role to ensure that the organization continued to deliver in the absence of normal physical contact through many innovations including deploying a Zonal Helpdesk Support system to cater for the ICT needs of the 36 state. Cyber security measures continued to be strengthened in the face of global ICT threats. The office successfully implemented Global Synergy in line with the global ICT strategy for better protection and improved user experience.

The country office has made strides in the area of responsive strategic operations, the focus has been on strengthening the effectiveness of the country office internal controls; improve accountability, transparency and compliance and enhance performance of individual staff members.

Major challenges

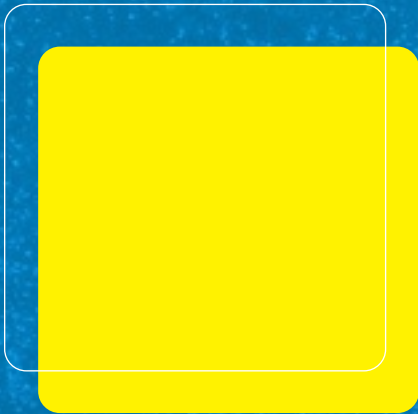
- Other competing priorities e.g. outbreaks (Covid-19), insecurity especially in North-east
- Lockdown as a result of COVID outbreak that led to the postponement and non-implementation of some planned activities
- Chronic underfunding of the NCD division and other NCD programs
- Narrow donor base
- Delay in the transition of polio assets and infrastructure.
- Suboptimal functionality of the GeneXpert MTB/RIF machines limiting access to diagnosis and treatment.

Key priorities for 2021

- Improve surveillance across all states to detect and report cases especially enhance and sustain vaccine preventable disease surveillance in all 36 states plus Federal Capital Territory through setting up government teams for surveillance at all levels
- Establish sentinel surveillance to detect poliovirus among patients with primary immunodeficiency disorders
- Stop the transmission of cVDPV2 in the country
- implementation of the Nation-wide measles campaign in all 36 states plus FCT
- the national launch of the EYE strategy, conduct of phase 5 PMVCs in 7 states targeting about 40 Million persons
- implementation of men A mini catch-up in 12 states as well as supporting trainings and capacity building for surveillance and immunizations officers at national and subnational levels
- completion of the planned 3rd rounds of TT SIAs for in the North central and North Western states and North East
- Develop the 2020 Country Health Workforce Profile
- Conduct of the 2020 National Health Workforce Accounts
- Conduct staffing needs assessment in select states
- Development and implementation of National Alcohol Policy
- Finalization and launch of the National Tobacco Strategic and the National Tobacco Communication plan
- Generation and use of NCD data to inform interventions and decision making
 - NCD STEPS survey
 - Global tobacco adult survey (GATS)
 - Tobacco taxes and pricing
- Training of Trainers on Clinical Management of rape (CMR)
- Post-training mentoring and Supportive supervision to referral health facilities whose capacity has been built to provide GBV services.
- Strengthening partnership to ensure adequate commodities are provided for health facilities providing GBV services
- Maintain and expand the accountability framework
- Support in the Mid Term Review of the NSHDP II



World Health
Organization
Nigeria



NIGERIA COUNTRY OFFICE
UN House, Plot 617/618, Diplomatic Drive, Central Area, Abuja