Country Cooperation Strategy 2023–2027

Nigeria

World Health Organization
African Region

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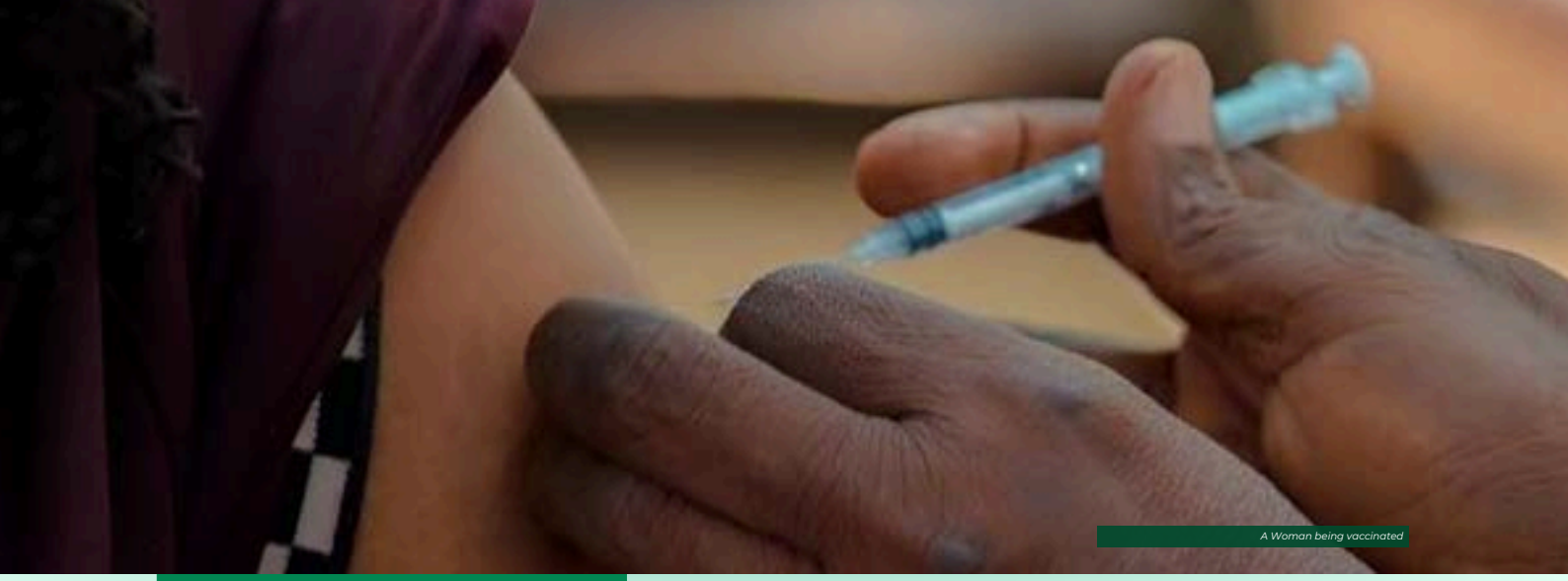
Designed in Abuja, Nigeria



A Woman being vaccinated

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» Professor Mohammad Ali Pate
Coordinating Minister of Health and Social Welfare

Message from the Coordinating Minister of Health and Social Welfare

Every Nigerian, irrespective of age, gender or economic status, has the right to health. This right is outlined in the African Charter on Human and Peoples Rights and enshrined in the 1999 amended Constitution of Nigeria. It is further reinforced by the legal framework provided by Nigeria's National Health Act 2014 (NHA 2014). In its commitment to the well-being of its citizens, the Government of Nigeria has developed the following strategic frameworks: the Nigeria Health Sector Renewal Investment Programme (2023–2026), the National Development Plan (2021–2025) and the Nigeria National Strategic Health Development Plan II (2018–2025) to ensure that every Nigerian can live a healthy life with dignity, in alignment with the standards set by the World Health Organization and the Sustainable Development Goals (2030).

The WHO country cooperation strategy serves as a strategic framework for the Organization's collaboration with a Member State, supporting its national health development policy, strategy and plan. Since 2000, the Government of Nigeria has worked with WHO on three Country Cooperation Strategies. The development of the Fourth WHO Nigeria Country Cooperation Strategy (2023–2027) is distinct, as it fully involves the Federal Ministry of Health, all the 36 State ministries of health, other health-related line ministries, the private sector, legislators, civil society, the United Nations Country Team and stakeholders to objectively identify factors hindering effective health service delivery, and offer solutions.

We commend WHO's initiative in developing the Fourth Country Cooperation Strategy and the valuable technical assistance the Organization has provided over the years to strengthen Nigeria's health system, particularly at the subnational level. It is worth noting that the five strategic priorities of the Fourth WHO Nigeria Country Cooperation Strategy (2023–2027) align with Nigeria's Health Sector Renewal Investment Programme (2023–2026), the Nigeria Strategic Health Development Plan II (2018–2025) and the National Development Plan (2021–2025). These plans are all aimed at improving the accountability, coordination, governance and commitment to results of the Nigerian health system.

It is my expectation that effective Government-led collaboration with all stakeholders to implement these priorities will significantly contribute to building a resilient health system and reshaping the narrative of Nigeria's health situation.

» **Dr Matshidiso Moeti**
WHO Regional Director for Africa

Foreword by the WHO Regional Director for Africa

The World Health Organization's (WHO) Fourth Generation Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO's capacity and ensure that its delivery better meets the needs of countries. It reflects the Transformation Agenda of the African Region as well as the key principles of the Thirteenth General Programme of Work (GPW 13) at the country level. It aims to increase the relevance of WHO's technical cooperation with Member States and focuses on identifying priorities and effectiveness measures in the implementation of WHO's Programme budget. The role of different partners including non-State actors, in supporting governments and communities is highlighted. It builds on lessons learnt from the implementation of the earlier generations of the country cooperation strategies. Its implementation will be measured using the regional key performance indicators, which reflect the country focus policy.

The evaluation of the Third Country Cooperation Strategy (CCS 3) highlighted the progress made, the constraints and obstacles encountered, drew lessons and made recommendations to improve the Fourth Country Cooperation Strategy 2023–2027. I commend the Government of Nigeria and its partners for their significant achievements in improving the health and well-being of Nigerians.

Nigeria, with its large population and abundant resources, holds a strategic position in the African Region. The country is committed to achieving the global health and health-related Sustainable Development Goals by 2030, which is expected to have a significant impact on the overall health status of the African Region. However, based on the current indicators, Nigeria still needs to accelerate its efforts to reach most of the targets of the Sustainable Development Goals by 2030. WHO is committed to collaborating closely with the Government and key stakeholders in health, both at the national and subnational levels, to surmount these challenges and enhance achievements before 2030.

Progress towards universal health coverage requires an approach that improves the quality of services, ensures integration of intervention, is people-centred and inclusive and provides affordable health services. Aligned with the priorities of the National Health Sector Renewal Investment Programme (2023–2027) and the Nigerian National Strategic Health Development Plan (2018–2025), this strategy emphasizes the importance of multisectoral and holistic approach to addressing health issues. Country cooperation strategies must also align with the global, continental and regional health context and facilitate the acceleration of investments towards universal health coverage.

I urge all WHO staff to redouble their efforts to ensure the effective implementation of the programmes outlined in this document, designed to improve the health and well-being of the population. These are essential elements for Africa's economic development. For my part, I can reassure you of the full commitment of the WHO Regional Office for Africa and WHO headquarters to provide the necessary technical and strategic support for the achievement of the CCS 4 objectives, with a view to attaining the triple billion targets and the Sustainable Development Goals.

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» **Dr Walter Kazadi Mulombo**
WHO Country Representative in Nigeria

Preface by the WHO Country Representative

Nigeria, a strategic member of the World Health Organization (WHO), is committed to achieving the Sustainable Development Goals (SDGs) by 2030 and contributing to the WHO General Programme of Work's triple billion targets (2018–2025). Notable strides have been made, marked by significant milestones such as attaining polio-free status in 2020 and effectively containing the COVID-19 pandemic. Progress has also been recorded in the management of communicable diseases, such as malaria, tuberculosis, HIV and neglected tropical diseases, with appreciable increases in case notifications and treatment coverages since 2018. Nigeria has also shown a strong commitment to building a climate-resilient health system and advancing digital health. Critical institutional frameworks, including the National Health Insurance Act and the Basic Health Care Provision Fund (BHCPF), have been established to reduce out-of-pocket expenses and enhance access to health care, particularly for vulnerable segments of the population.

Despite these achievements, progress on key health indicators has been gradual, owing to some fundamental challenges in strengthening the health system to consistently provide accessible, affordable, high-quality, comprehensive and integrated care. This is essential for achieving universal health coverage (UHC), health security, equity and the Sustainable Development Goals (SDGs).

The National Health Sector Renewal Investment Programme (2023–2026) has factored in these challenges to improve accountability, coordination, governance and commitment to results. The Fourth WHO Nigeria Country Cooperation Strategy (2023–2027) was jointly developed through extensive consultations with the Federal Ministry of Health, all the state ministries of health, other health-related line ministries such as environment, humanitarian affairs, water resources and sanitation, agencies, development partners, legislators, the private sector, academia, civil society organizations (CSOs) and various stakeholders. These consultations aimed to identify the real needs of the health sector and to move beyond business as usual.

In full support of the sector-wide approach, the five jointly agreed priorities are strategically aligned with national needs and offer a promising avenue for partnerships and interactions among diverse stakeholders. In pursuit of these priorities, WHO remains steadfast in its role as the lead technical expert in health, contributing significantly to advancing the national health agenda. This strategy provides the comprehensive approach that will characterize the collaborative efforts between WHO and Nigeria from 2023 to 2027. The ensuing sections delve into the key components of this strategy, highlighting the priorities, strategic deliverables, anticipated outcomes and the role of WHO in steering this impactful journey.

I encourage you to use this as a strategic framework to promote health, provide health, protect and perform for health in Nigeria.

Abbreviations

AMR	antimicrobial resistance
BHCPF	Basic Health Care Provision Fund
BMGF	Bill and Melinda Gates Foundation
cVDPV2	circulating vaccine-derived poliovirus type 2
CBO	community-based organization
CCS	Country Cooperation Strategy
CSO	civil society organization
DHIS	District Health Information System
DPH	Development Partners Group for Health
FBO	emergency operations centre
EOC	Faith-based Organization
FCDO	Foreign Commonwealth and Development Office
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
Gavi	The Vaccine Alliance
GFATM	The Global Fund for AIDS, Tuberculosis and Malaria
GPW	General Program of Work
ICC	Interagency Coordination Committee
IPV	Inactivated polio vaccine
MMR	Maternal Mortality Rate
NA	National Assembly
NAFDAC	National Agency for Food and Drug Administration and Control
NCD	Non-Communicable Diseases
NCDC	Nigerian Centre for Disease Control
NDHS	Nigeria Health Demographic Survey
NGF	Nigeria Governors Forum
NHA	National Health Act
NHIA	National Health Insurance Authority
NHMIS	National Health Management Information System
NGO	Non-Governmental Organization
NPHCDA	National Primary Health Care Development Agency
PHCUOR	Primary Health Care Under One Roof
RD	Regional Director
RMNCAHN	Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition
SDG	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal Health Coverage
USAID	United States Agency for International Development
UNSDCF	UN Sustainable Development Cooperation Framework.
WASH	Water, Sanitation and Hygiene
WB	World Bank
WR	WHO Country office
WCO	WHO Country Representative
WHO	World Health Organization
WPV	Wild Polio Virus
WUENIC	WHO/UNICEF Estimate for Immunization Coverage

» Executive summary

The Country Cooperation Strategy (CCS) is WHO's medium-term strategic framework that guides the Organization's work in and with a country. The CCS presents WHO's business plan, which includes a set of agreed strategic priorities based on which WHO and the Member State undertake to work together to achieve common objectives outlined in the country's national health and development agenda, focusing on those areas where the Organization has a comparative advantage in leveraging a public health impact.

WHO developed its first Country Cooperation Strategy with Nigeria in the year 2000 and has since jointly implemented three CCSs with the country. The third WHO Nigeria CCS (2018–2022) was aligned with the National Strategic Health Development Plan II (2018–2022), which has been extended to 2025. It is also aligned with WHO's Thirteenth General Programme of Work also extended to 2025, and the health component of the United Nations Sustainable Development Cooperation Framework (2018–20
22).
The evaluation of the Third WHO Nigeria Country Cooperation Strategy (2018–2022) provided an opportunity to review WHO's contribution to health system performance and development in Nigeria. It also allowed for the use of lessons learnt to inform the next generation of its CCS. The measured progress made by Nigeria in protecting the health of its citizens includes: an increase in routine immunization coverage from 33% in 2016 to 62% in 2022; a decrease in malaria prevalence from 42% in 2010 to 22% in 2021; the attainment of wild polio-free status in 2020; and the establishment of the Basic Health Care Provision Fund in 2019 to increase access to health services for the vulnerable.

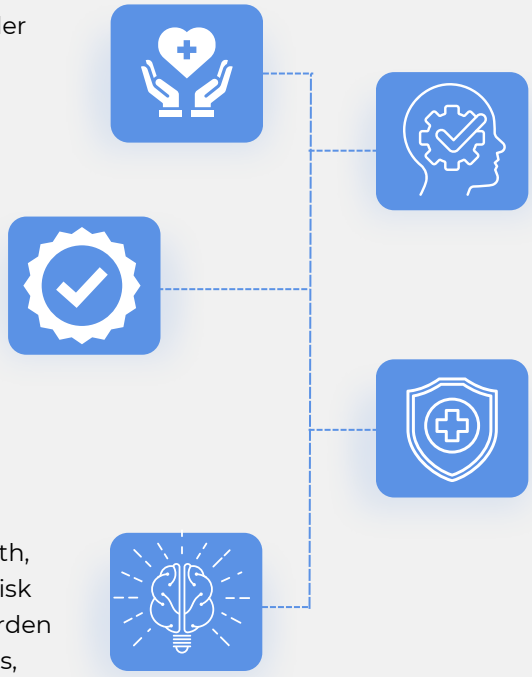
The development of the Fourth WHO Nigeria CCS (2023–2027) was informed by the rapidly evolving priorities and needs in the country, especially the persisting poor health indices despite government investments and contributions from development partners. The strategy builds on recommendations from the Presidential Health Reform Committee, the Second National Strategic Health Development Plan (NSHDP II), the Nigeria Health Sector Improvement Initiative (2023–2026), the priorities selected by Member States for the upcoming GPW14 (2025–2028), and the UN Sustainable Development Cooperation Framework (2023–2027).

The strategic agenda of the fourth WHO Nigeria Country Cooperation Strategy is articulated around five strategic priorities aimed at advancing equity and resilience in the health sector, improving health sector governance and accountability, coordination and commitment to results. The priorities are as follows:

Strategic Priority 1:
Advance PHC approach and essential health systems capacities for equity and gender equality across all levels to promote universal health coverage.

Strategic Priority 2:
Improve equity and quality in health system coverage and financial protection through support to the delivery of integrated people-centred health services across the life course.

Strategic Priority 3:
Address root causes of ill health, including determinants and risk factors to tackle the rising burden of noncommunicable diseases, mental health, violence and injuries



Strategic Priority 4:
Build institutional capacities for research, local production of health products, information and data systems, and use of digital technologies for health.

Strategic Priority 5:
Prevent, mitigate and prepare for emerging risks to health, and rapidly detect and sustain an effective response to all emergencies, including humanitarian crisis, climate threats, antimicrobial resistance (AMR), and other environmental health hazards.

» 1.0 | Introduction

The Country Cooperation Strategy is WHO's medium-term strategic framework to guide the Organization's work in and with a country. The CCS presents WHO's business plan, which includes a set of agreed strategic priorities based on which WHO and the Member State undertake to work together to achieve common objectives outlined in the country's national health and development agenda, focusing on those areas where the Organization has a comparative advantage in leveraging a public health impact.

The Fourth Generation WHO Nigeria Country Cooperation Strategy (CCS) 2023–2027 was developed in a very specific context. This period was marked by the preparations for the country's general elections, which led to the transition to a new administration at the Federal and state levels. It was also realized that most SDG targets were lagging behind, and a presidential health reform committee concluded that a wide range of systemic issues affecting the performance of health systems in Nigeria. These issues included the impact of the COVID-19 pandemic on the country's economy and social fabric. The CCS was developed through extensive consultations with the Federal Ministry of Health and Social Welfare, all the 36 states' ministries of health and the Federal Capital Territory (FCT), other non-health-related line ministries, the private sector, legislators, civil society, the United Nations Country Team (UNCT), the three levels of WHO and other stakeholders.

The country context presented is built on the Country Common Analysis (CCA 2022) that informed the development of the health components of the United Nations Sustainable Development Cooperation Framework 2023–2027, itself aligned with the National Development Plan 2021–2025. It also took into consideration the resolutions and decisions of the WHO governing bodies on the extension of the Thirteenth General Programme of Work (GPW 13) 2018–2022 to 2025, and the forthcoming GPW 14 (2025–2028). Thus the CCS IV leverages the lessons learnt from the implementation of the National Strategic Health Development Plan (NSHDP II) (2018–2022), the Third WHO Nigeria CCS (2018–2022), the evaluation of the United Nations Development Assistance Framework (2018–2022), and the outcomes of the rich discussions and group work of the Joint WHO-stakeholders CCS evaluation feedback workshop held from 4 to 5 July 2023 in Abuja with about 215 participants, including very senior officials from Government at the national and subnational levels and other stakeholders.

The overarching goal of the Fourth WHO Nigeria Country Cooperation Strategy (2023–2027) is for WHO to implement an evidence-based differentiated approach to its technical cooperation with Nigeria, working across sectors and combining policy support, strategic advice, full technical support as well as operational support as a provider of last resort where local capacities are exceeded, such as in fragile, conflict-affected and vulnerable settings.

The strategy document outlines how WHO plans to leverage its capacities at the headquarters, Regional Office and country office to support the Government at the national and subnational levels, by providing context-specific technical assistance, in close coordination with the Government, health development partners and other critical stakeholders in the health sector and beyond, to urgently address the root causes of ill health identified. This Fourth Country Cooperation Strategy focuses on five strategic priorities through which WHO will support the Government of the Federal Republic of Nigeria to improve the health of its population over the next five years. The biennium plans and the country support plans will be used to operationalize the CCS in line with the WHO core functions.

A monitoring and evaluation framework based on the GPW 13 and the draft GPW 14 impact framework endorsed by Member States will be used to monitor this CCS biannually while the results will be evaluated based on the GPW/SDG indicators at the mid-term point and at the end of its cycle. This will help to, among others, assess the effectiveness, efficiency, potential for sustainability and quality of WHO's work towards improving equitable health outcomes for the population of the Federal Republic of Nigeria based on the agreed strategic priority areas.

» 2.0 | Situation Analysis

2.1 | Country context

The Country Common Analysis 2022 discusses the longer-term factors that drive overall development outcomes. The human dimension section analyses how people in Nigeria live and access basic services, where they live, their patterns of migration and how they invest in education and health. The analysis highlights specific challenges for health as well as some common trends.

The first common trend is the pace of improvement, which in general, is not fast enough to meet the SDG targets, calling for accelerated action. The second is the variation in outcomes within the country, with longer-term socioeconomic inequality still driving most of the differences across States, albeit with some changes. This is particularly important because, in the Nigerian context, state and local governments have the major responsibility for action in meeting SDG targets. However, governance, especially at the local government level, requires significant improvements. The third and most significant trend is the dominance of out-of-pocket expenditure in financing access, with very low government spending at both the national and subnational levels, and with other shared financing options mostly unavailable.

The Federal Republic of Nigeria comprises 36 states and the Federal Capital Territory, which are further divided into 774 local government areas. Nigeria is a federal republic with a presidential system of government. Its constitution provides for the separation of powers between the judicial, legislative and executive arms of government. The legislative arm of government comprises the Senate and the House of Representatives. Each state has an elected Executive Governor, an Executive Council, and a House of Assembly with powers to make laws. Nigeria is organized into six geopolitical zones (see Figure 1) and 8806 electoral wards, which are the lowest political units and serve as the lowest unit of health services delivery. Health care delivery in Nigeria is a joint responsibility of the three tiers of government and the private sector. With a population of 224 million,[1] Nigeria is the most populous country in Africa and is projected to double its population by by 2050 to become the third most populous country. The population is relatively young, with about 42.5% under the age of 14 and about 3.1% aged 65 or older. The current

Figure 1: *Nigeria's six geo-political zones*[2]

1. https://www.unfpa.org/data/world-population/NG
2. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

population structure requires a specific focus on women, young and adolescent girls to address the galloping demography and the health challenges associated with this population. This will have implications in the way WHO Nigeria structures its workforce to better respond to the current needs, while preparing for the future.

Nigeria, though the biggest oil exporter in Africa, has a weak macroeconomic stability amidst declining oil production, a costly petrol subsidy, exchange rate distortions, monetization of the fiscal deficit and high inflation. Despite these challenges, the country has a lower-middle-income economy with an abundant supply of natural, mineral and human resources. Its GDP per capita as of 2022 was US$ 9148 and the economy is projected to grow by an average 2.9% per year between 2023 and 2025, only slightly above the estimated population growth rate of 2.4%.[3]

Nigeria's human capital development ranked 163rd out of 191 countries in 2021–2022.[4] The 2022 Multidimensional Poverty Index survey estimated that 63% of people living in Nigeria (133 million) are multidimensionally poor[5] with about 53.5% of the population living below the national poverty line of $1.90 per day, based on the purchasing power parity (PPP). The survey also revealed that the contribution of deprivation dimensions to overall multidimensional poverty was 30.9% from health, 28.2% from education and 40.9% from standard of living. The high cost of health and[6] widespread poverty drastically limit access to health care.

2.2 Health and Health Equity Situation

Health and health systems

The combination of out-of-pocket financing, spatial inequality and poverty means that many states risk being left even further behind. A more customized approach and adaptative leadership will be needed as WHO further rolls out its technical cooperation across the states.

Nigeria's health systems are governed based on the Nigeria Health Act of 2014, which created the National Health System (Federal, state and local government areas (LGAs)) and provides the legal framework in which health systems operate. The Act creates a disaggregated structure with roles and responsibilities distributed between the Federal, state and local governments. Federal agencies do not have the constitutional authority to impose policies on state and local governments. At the same time, states and local governments are not obliged to synchronize their policies with their peers or with the Federal Government.

This health structure has led to a diverse health sector environment with differing needs and outcomes. The Federal Ministry of Health (FMoH) is responsible for policy development and technical support to the overall health system, international health regulations, the national health management information system and providing health services through tertiary hospitals and national laboratories. The State Ministries of Health (SMoH) are responsible for secondary hospitals and for the regulation and technical support for primary health care services. The LGAs are responsible for primary health care services, which are organized through wards. The contribution of non-health ministries to health realization has not been obvious, making it more complex for Nigeria to implement obligations towards Health for All and universal health coverage. WHO will leverage its convening power to federate a wide range of stakeholders, including non-State actors and the legislature to facilitate an enabling environment for accelerating progress.

Health financing

Access to health care and its financing remains largely unequal, with access and quality correlated with wealth. Out-of-pocket spending on health care is the main financing source, accounting for 77% of health care funding in 2017, up from roughly 60% in 2007. This is higher than the recommended WHO target of 12–15%, making Nigeria the third highest in the world for out-of-pocket expenditure. This high spending creates significant internal inequality with higher-income households having better access to health care compared to lower-income households. Though resource pooling through health insurance grew appreciably over the years, it is still in its infancy. WHO will work with the Federal and state governments, as well as other development partners, to roll out a successful basic health care provision programme/fund to fully implement the NHAct 2014.

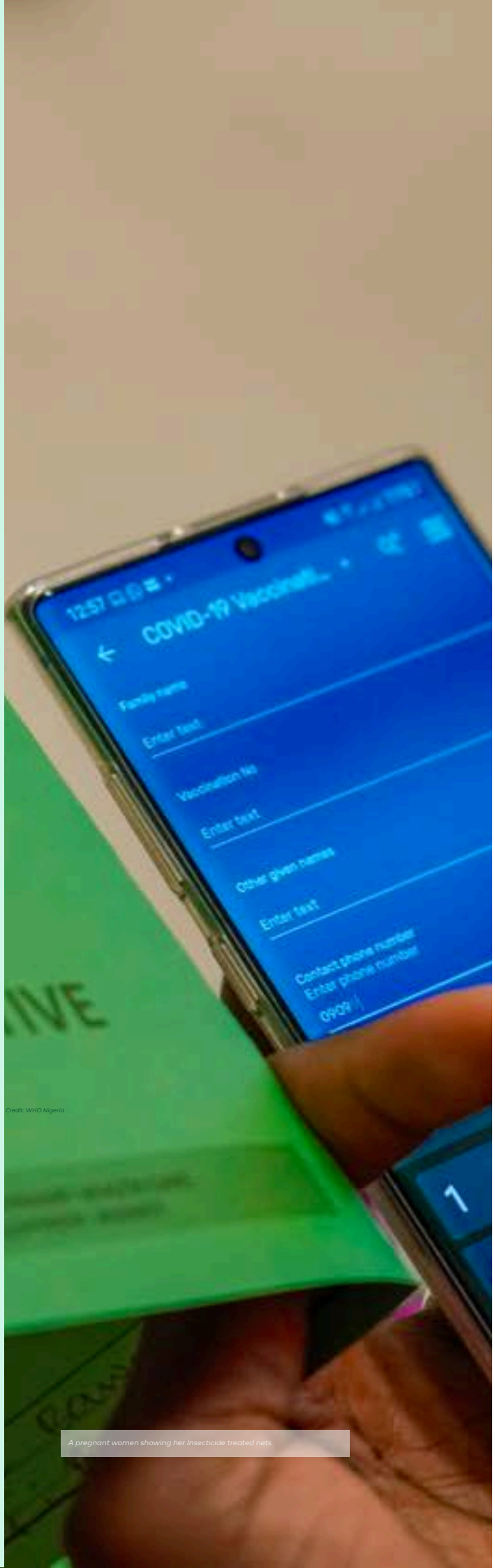
Maternal and child health

Routine immunization coverage increased from 33% in 2016 to 62% in 2022.[7] However, data from the 2021 Multiple Indicator Cluster Survey show that immunization coverage in Nigeria is still low, with wide variations across the six geopolitical zones and an estimated 6.2 million zero-dose children. Vaccination levels in the country have remained low compared to global and regional averages and accelerated action is needed to reduce the number of zero-dose children and move away from frequent campaigns to routine immunization for sustainability.

Routine polio (POL3) vaccination coverage increased from 42% in 2015 to 53% in 2021 compared to regional and global averages, which were 71% in 2015 and 85% in 2021, respectively. Also, routine measles (MCV1) vaccination coverage increased from 42% in 2015 to 59% in 2021 compared to the regional and global averages in 2021, which were 69% and 86%,[8] respectively.

Maternal and child health. Nigeria's maternal and child health outcomes remain poor, partly due to weak health systems and socioeconomic factors. Indeed, the country currently accounts for about 20% of global maternal deaths. The regional and global comparative analysis in Table 1 shows Nigeria's significant lag and the urgent need for the country to make rapid progress to reach most of the SDG targets by 2030.

3. https://www.worldbank.org/en/country/nigeria/overview
4. 2021/2022 UN Human Development Report by UNDP
5. 2022 Nigeria Bureau of Statistics
6. 2021/2022 UN Human Development Report by UNDP
7. WUENIC Report 2016 – 2022 [7] WHO : Triple Billion Dashboard, https://portal.who.int/triplebillions
8. Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2020. Available from https://vizhub.healthdata.org/gbd-results/. Accessed 16 July 2023



Credit: WHO Nigeria

A pregnant women showing her Insecticide treated nets.

Table 1: *Comparative analysis of Nigeria's maternal mortality ratio, neonatal mortality rate, under-five mortality rate, and proportion of births attended by health personnel with regional and global benchmarks*

Indicator	Nigeria	AFRO Average	Global Average	SDG Target for 2030
Neonatal mortality rate per 1,000 live births in 2021	34	27	18	12
Under-five mortality rate per 1,000 live births in 2021	111	72	38	25
Maternal mortality ratio per 1,000,000 live births in 2020	1047	531	223	70
Proportion of births attended by skilled health personnel	51%	75%	82.5% (73% rural and 92% urban	N/A

Source: *Global Health Observatory 2023, UNICEF Multiple Indicator Cluster Survey 2021*

Despite efforts to improve skilled birth attendance at delivery, the rate of health facility deliveries remained static, leading to a high maternal mortality rate. In order to achieve universal access to sexual, reproductive, maternal and newborn care, midwifery services in Nigeria must be prepared to respond to an estimated 12.8 million pregnancies every year by 2030, with over half of them expected to occur in rural areas.

With the current deficit and projections of future needs, Nigeria will require an additional 3500 midwives annually for the next 15 years to meet the needs of the population by 2030. In addition, the country has a high incidence of obstetric fistula, with 13 000 new cases annually and 150 000 women and girls suffering from untreated fistula, which accounts for a disproportionate 7.5% of the global burden. Although there have been some improvements, accelerated efforts are required if the country is to meet the maximum target of 70 maternal deaths per 1000 live births in order to end obstetric fistula by 2030.

Burden of disease

Communicable diseases are still a major public health issue and feature among the top 10 leading causes of death in the country as seen from the 2019 Global Burden of Disease Study.[9] The country has the highest burden of malaria globally, accounting for nearly 27% of the global malaria burden.[10] It is also among the 30 high-burden countries for tuberculosis (TB), with an estimated incidence of 467 000 cases in 2022.[11] However, TB case notification and treatment coverage increased by 37% and 60% respectively in 2022.[12]

There has also been a declining trend in HIV prevalence among adults aged 15–49 years now estimated at 2.1%[13] with over 90% of estimated PLHIV have been identified, 98% of those identified have been placed on ART while 96% of those on ART have achieved viral suppression. However, prevention of mother-to-child transmission (PMTCT) and pediatric HIV coverage remains low at 33% and 26% respectively (2022 GAM preliminary data).

9 Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2020. Available from https://vizhub.healthdata.org/gbd-results/. Accessed 16 July 2023
10. Report on malaria in Nigeria 2022
11. https://tbassessment.stoptb.org/Nigeria.html
12. TB Annual Reports 2018-2022
13 .https://doi.org/10.1016/j.eclinm.2023.102098

With regard to tuberculosis, Nigeria ranks fourth among 30 tuberculosis high burden countries and is highest high burden country in Africa. The country's tuberculosis case detection rate has only moved from 17% to 24% between 2015 and 2020. This is, in part, a result of having only 20% of health facilities able to provide TB services. According to the WHO 2019 Global TB Report, 20% of TB cases in Nigeria are estimated to be attributable to malnutrition, 12% to HIV, 3% to diabetes, and 1% to alcohol use disorder.

With regard to children, diarrhoeal diseases, pneumonia and malaria remain the major diseases. In 2018, Nigeria registered 162 000 deaths of children under five years of age due to pneumonia. This is the highest number of global pneumonia child deaths. The treatment for pneumonia has more than doubled in the past five years, from 35% in 2013 to 75% in 2018. In addition, a growing trend is registered for treatment of diarrhoeal diseases with ORS over the past decade, from 26% in 2008 to 40% in 2018. According to the World Health Organization (WHO), half of all under-five deaths in 2019 occurred in just five countries with Nigeria being one of the five. Nigeria and India alone account for almost a third of all deaths. Similarly, the neonatal mortality rate increased from 37 deaths per 1000 live births in 2013 to 39 in 2018.

Early warning and disease surveillance

The Nigeria Centre for Disease Control and Prevention (NCDC) implements the Integrated Disease Surveillance and Response (IDSR) system for monitoring and responding to communicable disease outbreaks across the country. This system was adopted by WHO Member States in 1998 and is designed to increase efficiency in the management of disease outbreaks by streamlining surveillance activities. An advantage of this system is that it tries to avoid replicating efforts on disease surveillance and focuses on the LGA level as the hub for integrating surveillance functions.

A challenge with the implementing the IDSR in Nigeria is the efficient assigning of functions to appropriate levels of surveillance, including identifying the necessary capacities. There is also a need to strengthen laboratory capacity and improve the management of information produced by laboratories. The IDSR also depends on the efficient and timely functioning of the different systems, which necessitates their strengthening.

Impact of COVID-19 pandemic

Just like most countries around the world, Nigeria was hit by the COVID-19 pandemic. The Government's coordinated response played a significant role in limiting the direct health effects of the pandemic. A public health emergency operations centre (EOC) led by the NCDC was set up immediately after the first confirmed COVID-19 case was detected. The EOC comprised development partners within the health sector and organizations across relevant sectors. In addition, a presidential task force on COVID-19 was set up to lead the multi-sectoral response. The EOC also put data at the heart of its response, sought to protect health workers and prevent hospital infections, and launched a national information campaign to limit the spread of false information and provided official updates. Regardless of the relatively low direct health impacts, the pandemic is expected to have widely affected much of the health sector indirectly and had negative health consequences. Emergency funding that was repurposed for other health uses towards the COVID-19 response may have impacted other health statistics. Furthermore, the lockdown measures put in place to contain the virus could have had negative consequences due to the increased difficulty in accessing health facilities.

Nigeria is also witnessing an increase in the burden of noncommunicable diseases (NCDs) and currently experiencing a double burden of malnutrition and obesity. Malnutrition is common with a national stunting prevalence rate of 32%[14] among under-five children. Figure 2 shows the top five environmental and behavioural risk factors that contribute to most deaths and

14 https://doi.org/10.1016/j.eclinm.2023.102098

disability-adjusted life years (DALYs) in Nigeria, namely malnutrition, water and sanitation, air pollution, unsafe sex and hypertension. Particularly worrying are the huge percentage changes from 2009 to 2019 in the high fasting plasma glucose - 39.3%, high body mass index - 55%, high blood pressure - 27.3%, alcohol use - 10.7% and dietary risks - 26.5%. The increase in mental health morbidity in Nigeria is another cause for concern particularly in those states under protracted humanitarian crisis. Many of these health concerns have to do with lifestyle. Indeed, with the low rate of health promotion and awareness about routine preventive health checks, NCDs will lead to increasing mortality and disability. This is why strategic priority 3 is devoted to addressing this important health concern.

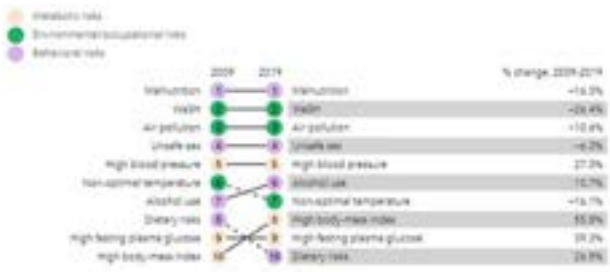
Urbanization and rural-urban Life

Nigeria has a rapidly urbanizing population with urban populations growing at 4.1% per year. Urbanization has been accompanied by a rapid growth in the number of cities, a growing housing deficit and, therefore, a rise in the number of slums and inadequate essential urban infrastructure and services. This trend is significant as Nigeria is projected to be the third most populous country in the world by 2050. Indeed, the proportion of the population living in cities is expected to rise to 70% from 9.4% in 1950 and 52% in 2020. A large and widely dispersed rural population is also expected to present similar challenges. The challenges in the North East have also resulted in an influx of people fleeing insurgency-affected areas into the major cities. This has increased the need for "urban management" and put pressure on already inadequate basic services pushing some cities already into crisis mode.

Access to WASH

Housing and urban planning challenges have contributed to issues related to access to basic services, specifically clean water, sanitation and hygiene (WASH). Although there have been improvements over the last decade, most of the Nigerian population still lack access. Based on the SDG standards, only 9% of households had had access to all three WASH services, with 15% in urban areas and 6% in rural areas. As with other SDG indicators, access to these services varied significantly across the country, driven partly by socioeconomic indicators. For example, 25% of the richest quintile of households had access to all three services, while only 3% of the poorest quintile did. However, the numbers, even among the richest quintile, demonstrate the difficulty of relying on out-of-pocket financing for access to WASH services. With these services, collective action is required for a variety of reasons. However, government-managed public provision of such action is severely lacking. Figure 2 also shows trends in other risk factors for health over the last decade. The WHO Secretariat will articulate a strong health promotion programme aimed at equipping the Nigerian populace with norms and standards, and drive an aggressive campaign to address social, economic and environmental determinants of health.

Figure 2: *Environmental and Behavioural risk factors contribute to most Deaths and DALY's in Nigeria*



Source IHME: *Global Burden of Disease (risk factors)*

2.3 Emergency Preparedness, Readiness, and Response

Nigeria routinely experiences multiple public health emergency events. Five epidemic-prone diseases (cholera, cerebrospinal meningitis, diphtheria, measles, Lassa fever and yellow fever) are now being reported weekly. Figure 3 shows typical infectious disease outbreaks and their control pattern in Nigeria, although completeness, timeliness and quality of reporting remain a challenge.

Figure 3: *On going disease outbreaks in 36 states and FCT*

Source: *World Health Organization 2023*[15]

Preparation and rapid execution of outbreak response strategies are crucial in detecting, containing and mitigating the spread of potentially dangerous infectious diseases. To strengthen national capacities for effective response to health emergencies, the WHO African Region, in collaboration with Africa CDC, introduced two emergency preparedness and response initiatives: Transforming African Surveillance Systems (TASS) for prompt detection of disease outbreaks, and Strengthening and Utilizing Response Groups for Emergencies (SURGE) for a rapid response to public health emergencies.

Nigeria is currently implementing the SURGE and TASS flagship initiatives, which will leverage, build upon and strengthen the existing public health

13 https://www.unicef.org/nigeria/nutrition
14 UN OCHA Report 2023
15. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

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Nigeria is currently implementing the SURGE and TASS flagship initiatives, which will leverage, build upon and strengthen the existing public health emergency management systems in an integrated UHC approach for improving the prevention, detection, response and recovery coordination capacities towards building a resilient health system among all stakeholders across sectors engaged for a collaborative, streamlined and well-organized partner support system.

The emergency programme has also aligned itself with the new strategic shift of health emergency preparedness response and resilience architecture focusing mainly on strengthening five core health emergency components: collaborative surveillance which includes community-based surveillance systems, community protection, safe and scalable care, access to countermeasures and emergency coordination (5Cs)

2.4 Health Emergencies Interventions in Protracted Humanitarian Response

Insecurity is common in various parts of the country resulting in about 8.3 million people requiring humanitarian assistance in 2023.[14] In a fragile, conflict- and violence-prone setting like North East Nigeria, the ongoing coordinated health sector response by 48 health sector partners led by WHO in Borno, Adamawa and Yobe (BAY) states, which are declared as a protracted grade 3 humanitarian crisis has reached 3.1 million people. There have been 6.8 million outpatient consultations conducted, with the provision of essential health services and essential lifesaving packages by partners to 524 553 targeted people in internally displaced persons (IDPs) camps. In addition, 416 health facilities have received essential medicines and supplies. In responding to the outstanding humanitarian health needs, it is crucial to transition to a resilient health system recovery. Additionally, it is important to mainstream protection from sexual exploitation, abuse, harassment and gender-based violence in all emergency activities. All stakeholders, including the staff in BAY states, health partners and WHO staff are being orientated on these important measures.

A vaccinator going into a hard to reach community.

2.5 National Health and Development

Nigeria has a pluralistic health system comprising public and private health providers as well as modern and traditional ones. The National Health Act of 2014 provides the legal framework for the regulation, development and management of Nigeria's health system and sets standards for rendering health services. This Act also establishes the relationship between the various tiers of government: Federal, state and LGA. Health care delivery in Nigeria is a shared responsibility among the country's three tiers of government, and the private sector.

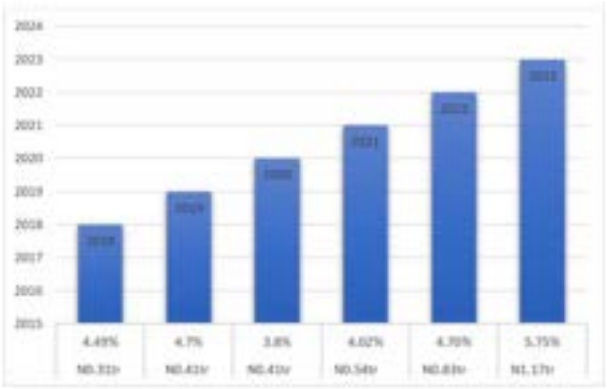
According to the 2019 pre-COVID Nigerian health facility survey, there were a total of 40 821 health facilities in Nigeria. However, post-COVID-19, the Nigerian health facility register in 2023 showed a total of 38 645 health facilities made up of 32 922 primary health care facilities, 5570 secondary care facilities and 153 tertiary care facilities.[16] An estimated 26% of the health facilities are in the private sector, providing 60% of health service delivery and serving as the first point of contact for about 80% of the people. However, within the health sector, there is limited coordination among the different players, and public-private partnership mechanisms are currently weak. The universal health coverage index of service coverage in Nigeria is 44% compared to the regional average of 46%[17] and the global average of 60.3%.[18]

Figure 4 shows the annual health budget as a percentage of the total government budget from 2018 to 2022.

Overall, the percentage of government health expenditure stands at 14% while donor-based health expenditure is 8%, compared to the regional average of 37% and global average of 18%. Out-of-pocket expenditure remains high at 74.68% of total health spending in Nigeria.[18] About 55% of the population have direct expenditure exceeding 10% of household expenditure while 35% exceed 25% of household expenditure[19] making access to quality health services unaffordable to many Nigerians. The National Health Insurance Scheme was introduced in 2005 to address this situation but has less than 5% of Nigerians enrolled as of 2016, leaving the greater part of the population uninsured.

The BHCPF, a provision of the National Health Act of the Federal Government was established in 2019 to guarantee a defined minimum package of care; improve access to primary health care for all, particularly the poor, provide operational budgets for PHC, support accident victims across selected highway belts around the country and provide funds for health emergency surveillance and response.[19] Strengthening the BHCPF is the first key focus of the Nigerian Health Sector Reform Investment Initiative (2023–2026) and a key focus of the Fourth WHO Nigeria CCS (2023–2027)

Figure 4: *Annual Health Budget to % of Total Budget*



Source: *Budget office Nigeria*

The lack of health workers affects all levels of the health system in Nigeria, especially primary health care. The density of active health workers per 10 000 population is as follows: doctors: 2.3, nurses: 9.4 and midwives: 6.26. Nigeria is expected to lead the list of the top 10 countries with the highest absolute human resources for health shortage of 961 000 personnel in 2030.[21] The shortages are particularly acute in those parts of the country that have experienced ongoing episodes of violence and unrest. The presence of limited and poorly motivated health care workers combined with dilapidated infrastructures and frequent stock-outs hamper the availability of integrated, good quality, people-centred health service delivery, particularly at the primary health care level. This has also resulted in mistrust of the public health system by most Nigerians.

Although there are over 130 pharmaceutical manufacturing companies in Nigeria, the country still imports over 70% of its pharmaceutical needs, and almost all active pharmaceutical ingredients used in Nigeria are imported. The pharmaceutical industry is currently estimated to be about $1.5 billion in value terms with generics (branded and unbranded) controlling 80%. There is however a huge opportunity for local production of health products. In 2022, the country's national regulatory agencies, National Agency for Food and Drug Administration and Control (NAFDAC) and the Pharmacy Council of Nigeria (PCN) attained a regulatory system maturity level 3 rating on the Global Benchmarking Tool. Sustaining the supply value chain and quality in the health care industry in Nigeria remain a challenge. Strengthening the supply value chain and local production of health products is the second key focus of the Nigerian Health Sector Reform Investment Initiative (2023–2026) and that of the Fourth WHO Nigeria CCS (2023–2027).

16 Federal Ministry of Health (FMoH) 2019: Health Facility Register
17 Universal health coverage regional fact sheet 2019
18 The Lancet: Measuring universal health coverage in 204 countries, 1990–2019. Volume 396, Issue 10258. 2020.
19 World Health Organization Global Health Expenditure Database 2020
20 Federal Government: Harmonized Nigeria Living Standard Survey (HNLSS) 2018–2019.
21 Boniol M et all. The global health workforce stock and distribution in 2020 and 2030: a threat to equity and universal health coverage? BMJ Glob Health. 2022;7(6):e009316. doi: 10.1136/bmjgh-2022-009316.

The District Health Information System (DHIS) is in operation but limited interoperability of data collection platforms, fragmentation of data sources and data quality remain a huge challenge of the Nigerian health information system. Strengthening the health management information system is a key focus of the Fourth WHO Nigeria CCS (2023–2027).

2.6 Climate Change and Environmental pollution

Nigeria continues to face major challenges which include extreme weather events such as floods and heat stress, which have become more severe and frequent, especially in the northern parts of the country, with implications for food security. This has led to about 2 million children having severe acute malnutrition.[22] Compounding the situation is the problem of air pollution, mostly emanating from vehicles, power-based generators and the industrial sector, with the resultant morbidity and mortality in many Nigerian cities.[23]

2.7 Gender Equity and Human Rights in Nigeria.

In 2006, Nigeria adopted a robust national gender policy which provides a clear policy direction for gender equality and women's empowerment. A draft policy for the 2021–2026 period has been developed to align with the requirements of the SDGs.[24] Nigeria has the eleventh highest prevalence of child marriage globally, with 43% of girls married by age 18 and 18% married before the age of 15. Early marriage contributes significantly to the high childbearing rate and other health risks among adolescents in Nigeria.[25]

The Nigerian Government's response in putting in place an institutional framework to address such key issues includes the enactment of the Violence Against Person Prohibition (VAPP) Act at the national level in 2015. Additionally, they have introduced the National Policy on the Elimination of Female Genital Mutilation/Cutting, the National Strategy to End Child Marriage, and a Road Map and National Priority Actions to End Violence Against Children. In addition, the country has ratified nine core human rights treaties and 40 ILO conventions, with 26 currently in force, covering issues such as forced labour, discrimination and minimum age, among others.[26]

As part of the national response to the Universal Declaration of Human Rights, Nigeria introduced the identity tracking systems with the National Identity Management Commission to ensure biometric registration of all residents.[27] However, birth and death registries are still inadequate. According to the demographic health survey conducted in 2018, only 42.6% of children under the age of five have had their births registered with the civil authorities. Gender equity and rights have been mainstreamed into the WHO Nigeria Country Cooperation Strategy towards universal health coverage and health security to promote, protect and ensure the full and equal enjoyment of rights to health by all, including persons with disabilities.

2.8 Partnership Environment

WHO partners with the Government, development partners, civil society, nongovernmental organizations, academia and research institutions in the implementation of the health and development agenda in the country. Nigeria has a unique pluralistic health system, with health care delivery being a shared responsibility of the country's three tiers of government, and the private sector. In 2021, WHO transitioned over 2400 personnel from the national to the operational level, following the functional review of WHO Presence, in order to meet the technical assistance need of this unique setting and effectively partner with the Government in strengthening primary health care at the subnational level.

The Nigerian health sector has a vibrant partnership environment made up of multilateral organizations, bilateral partners, philanthropic entities and the private sector. WHO remains a trusted organization with the Government and its partners. It performs various functions with agencies such as Gavi, the Vaccine Alliance, the Foreign Commonwealth and Development Office, the Global Fund to Fight AIDS, Tuberculosis and Malaria and USAID. WHO also coordinates with the Nigerian Development Partner Group for Health and acts as the lead agency for the Humanitarian Coordination Team in North East Nigeria.

The Government recently unveiled the Nigeria Health Sector Renewal Investment Initiative, introducing of the Sector Wide Approach (SWAp) and the signing of the Compact on 12 December 2023 by the President of Nigeria, the Coordinating Minister of Health and Social Welfare, the Chairman of the Nigerian Governors Forum, and the World Health Organisation (on behalf of the development partners). WHO currently co-chairs the Nigeria Development Partners Group for Health (NDPG-H).

The health sector partnership will be coordinated through the Health Sector-Wide Approach (SWAp). The current SWAp arrangement includes the Ministry of Health, the President's Office, the state governments, the legislators, the Ministry of Finance and Planning, the Development Partners Group for Health, private service providers, civil society organizations and health-related nongovernmental organizations. This forum will ensure that partner programmes and technical assistance are in line with the Government's plans, funding, accounting and reporting at all levels.
The United Nations Country Teams in Nigeria are committed to Delivering as One to ensure effective collaboration and to increase the UN system's positive impact on Nigeria's development agenda. This is achieved through the collaboration of the agencies for coherent programming, reduced transaction costs for national partners and lower overhead costs for the UN system. WHO led the One UN COVID-19 Response Basket Fund Project.

22 UN OCHA Report 2023
23 UNDP – Common Country Assessment report 2022
24 UNDP – Common Country Assessment Report 2022
25 UNICEF- States of the World's Children report 2019
26 UNDP – Common Country Assessment Report 2022
27 United Nations – Article 15 of the Universal Declaration of Human Rights 1948

A child practicing hard washing technique during a sensitization exercise.

In addition, WHO partners with various national coordinating entities, such as the Nigeria Governors' Forum, to promote engagement at the subnational level and to support high-level advocacies for health at the state level. WHO provides technical assistance for strengthening primary health care in the 14 MOU[28] states located in the South South, North East and North West zones. This initiative is funded by the Bill & Melinda Gates Foundation, the Dangote Foundation, Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS Tuberculosis and Malaria in Lagos State.

2.9 Achievements and challenges emanating from the Third WHO Nigeria Country Cooperation Strategy (2018–2022)

A wide range of consultations were held during the final evaluation of the Third WHO Nigeria Country Cooperation Strategy (2018–2022). They involved various levels of Government and different partners, with the aim of identifying the achievements and challenges facing Nigeria's health system.

During the Third CCS, the partnership environment for the health sector was very vibrant and WHO provided technical support to the Nigerian Government in several areas. Some key achievements included the development of more than 150 policies, technical guidelines and strategic plans, to facilitate programme implementation and the attainment of health policy objectives. Significant among these were the enactment of the National Health Insurance Authority Act in 2021, the National Blood Service Commission Act in 2021, and the Mental Health Act in 2022, the strengthening of the Polio Laboratory infrastructure to include genetic sequencing that guarantees the timely release of laboratory reports for a swift response to any polio viral outbreaks in the country.

In 2018, the PHC revitalization strategy was launched, followed by the PHC Summit in 2022 that brought together different stakeholders to help refocus attention on PHC as the bedrock of the Nigerian health system. The Basic Health Care Provision Fund was established in 2019, and is being implemented through the four national gateways. In the same year, Executive Order 009 was signed to make Nigeria open defecation-free by 2025 as well as strengthening WASH services.

In 2020, Nigeria was declared polio-free. In 2021, NAFDAC attained maturity level 3 as benchmarked against the WHO Global Benchmarking Tool for drug regulatory agencies. Also from 2018 to 2022, the WHO Country Office conducted several high-level advocacy visits to state governors, traditional leaders, legislators, the private sector, development partners and CSOs. This led to greater involvement of these various influencers in addressing the country's health issues.

28 MOU States – Balyesa, Gombe, Jigawa, Katsina, Kebbi, Niger, Taraba and Zamfara (GAVI Alliance); Bauchi, Borno, Kaduna, kano, Sokoto and Yobe (Bill & Melinda Gates Foundation and Dangote Foundation) and Lagos state Tuberculosis (GFATM)

In 2021, the WHO Country Office underwent a functional review to ensure adequate capacities in key priority areas and promote further integration of programme delivery particularly at the subnational levels. Following WHO's re-establishment of the polio surge with over 2400 personnel from the national to the operational levels in Nigeria, there was an over 80% decline in the cases of circulating variant poliovirus type 2 (cVPV2) between 2021 and 2023.

Despite the significant technical and financial investments in the health sector and these measured achievements, key health indicators in Nigeria remain poor and the country's acceleration towards the achievement of the SDG health-related targets remain slow. Some of the challenges identified for the persistent suboptimal performance of the health sector that shaped the strategic agenda of the Fourth WHO Nigeria CCS (20232027) are:

- weak governance and accountability mechanisms which undermine effective implementation of health policies and programmes resulting in low public trust in the health system.
- poor coordination of partner support to programmes, including limited intra- and inter-sectoral collaboration at all levels.
- misalignment between health priorities and budgetary allocations, including delays in the release of appropriated funds, coupled with limited transparency, which undermines accountability within the system.
- absence of an effective monitoring framework leading to limited commitment, focus and follow-up on results.
- limited awareness of health issues among health workers, policy-makers, and the public.
- apathy on the part of health care workers due to non-payment or delayed payment of salaries resulting in low commitments and high staff turnover rates impacting effective service delivery, especially at the PHC level.
- insecurity and violence affecting different parts of the country resulting in a high number of internally displaced persons.
- weak regulation, standardization, and integration of community health resources into conventional health service delivery.
- climate change and disasters impacting the livelihood and the health outcomes of the population.
- limited use of evidence to inform decisions and guide policy actions at all levels.
- systemic weaknesses in the immunization system including low domestic financing for service operations, frequency of campaign outreaches, inadequate and poor distribution of human resources and weak community ownership.

While some of the challenges experienced by WHO during the implementation of the Third CCS were:

- low awareness of the Third CCS, occasioned by the frequent turnover of government staff involved in the development, did not allow for the Third CCS to be used by the Government to follow up with WHO on the strategic agenda of the document as planned.
- unsustained dissemination and use of the Third CCS as well as weak linkage with the biennial plans for effective implementation and monitoring.
- competing activities from different partners delayed the implementation of the Third CCS activities that would have ensured that the strategic agenda was fully implemented.
- the COVID-19 pandemic, which affected the implementation of the Third CCS as focus and resources were shifted towards the mitigation of the outbreak.
- earmarked donor funding for programmes/projects leading to non-flexibility in the use of resources for innovative strategies.
- Inability to effectively demonstrate integrated approaches to programme implementation due to verticalization within the government ç (MDAs).
- changing demands from Government and partners, as well as a misunderstanding of the role of WHO, which sometimes lead to expectations of WHO to play similar roles as other development and implementing partners.
- data fragmentation, quality and paucity, which remain a critical challenge that affects the work we do as WHO.

Nurses being trained at a Nursing school

» 3.0 Setting the strategic agenda of the CCS

In line with Nigeria's strategic vision for the health sector as stated in the Nigeria Health Sector Investment Initiative (2023–2026), the goal of WHO's support to Nigeria is "to save lives, reduce both physical and financial pain and produce health for all Nigerians" by achieving the overarching objective of the GPW on "promoting health, keeping the world safe and serving the vulnerable". This will be attained through the implementation of five strategic priorities stated in Figure 5 below.

Strategic Priority 1:
Advance PHC approach and essential health systems capacities for equity and gender equality across all levels to promote universal health coverage.

Strategic Priority 2:
Improve equity and quality in health system coverage and financial protection through support to the delivery of integrated people-centred health services across the life course.

Strategic Priority 3:
Address root causes of ill health, including determinants and risk factors to tackle the rising burden of noncommunicable diseases, mental health, violence and injuries

Strategic Priority 4:
Build institutional capacities for research, local production of health products, information and data systems, and use of digital technologies for health.

Strategic Priority 5:
Prevent, mitigate and prepare for emerging risks to health, and rapidly detect and sustain an effective response to all emergencies, including humanitarian crisis, climate threats, antimicrobial resistance (AMR), and other environmental health hazards.

Figure. 5. *Strategic priorities of the Nigeria Country Cooperation Strategy 2023-2027*

These priorities were jointly identified following a series of consultations and discussions with the Federal Ministry of Health and Social Welfare, all 36 states of health plus FCT, development partners, private sector, civil society, UNCT and other stakeholders supporting health in the country. These strategic priorities align with the strategic directions or outcomes of key global and national policy documents, such as the WHO GPWs, Nigeria's Strategic Vision for the Health Sector (2023–2026) and the United Nations Sustainable Development Cooperation Framework (UNSDCF) in Nigeria (2023–2027) were based on analysis of the country's needs and WHO's comparative advantage in addressing those needs (See Table 2).

Table 2. *Alignment of CCS 2023–2027 with the National Health Sector Reform Investment Initiative (2023–2026), WHO GPW13 and the WHO draft GPW 14 and the United Nations Sustainable Development Cooperation Framework (UNSDCF) (2023–2027).*

CCS Strategic Priorities (2023-2027)	Nigeria Health Sector Reform Initiative (2023-2026)	WHO's 13th GPW Outcomes (2019-2025)	WHO's 14th GPW Outcomes (2025-2028)	NSDCF Outcomes (2023-2027)
Advance PHC Approach and Essential Health Systems Capacities for Equity and Gender Equality, across all levels, to progress Universal Health Coverage	Effective governance	Outcome 1.2. Reduced number of people suffering financial hardship. Outcome 4.2. Strengthened leadership, governance, and advocacy for health	Outcome 3.1: The Primary Health Care (PHC) approach is renewed and strengthened Outcome 3.2. Health & care workforce, financing & product availability substantially improved	Outcome 1.3: All people living in Nigeria have improved social protection coverage that is inclusive, gender -responsive, including social assistance, social insurance, and labor market interventions.
Improve Equity and Quality in Health System Coverage & Financial Protection through support to the delivery of integrated people-centred health services across the life course.	Efficient, equitable and quality health system and services.	Outcome 1.1. Improved access to quality essential health services Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics, and devices for primary health care	Outcome 4.2 Equity in access to maternal, child, adolescent & other population-specific services, communicable diseases and immunization coverage improve. Outcome 4.3. Financial protection improved by reducing out of pocket health expenditures, especially for the most vulnerable	Outcome 3.1 By 2027, people in Nigeria enjoy equitable access to, and use integrated, comprehensive, high-quality, people-centered health services towards attaining Universal Health Coverage with a particular focus on AIDS, TB, malaria and SRH and rights .
Address root causes of ill health, including determinants and risk factors to tackle the rising burden of NCDs, mental health, violence, and injuries.	Drive health promotion in a multi-sectoral way.	Outcome 3.1. Determinants of health addressed Outcome 3.2. Risk factors reduced through multisectoral action	Outcome 2.3 Health promotion programmes have empowered populations to control their health & are involving communities in decision-making. Outcome 2.2 Inter-sectoral advocacy, approaches and policy implementation have reduced priority risk factors for health	
Build institutional capacities for research, local production of health products, information and data systems, and use of digital technologies for health	Unlocking value chain	Outcome 4.1. Strengthened country capacity in data and innovation	Outcome 3.3 Health information systems strengthened & digital transformation implemented	Outcome 1.4 By 2027, Nigeria has improved data for evidence-based and risk-informed planning and decision making.
Prevent, Mitigate and Prepare for Emerging Risks to Health, and rapidly detect and sustain an effective response to all emergencies, including humanitarian crisis, climate threats, Antimicrobial Resistance, and other environmental health hazards.	Health security	Outcome 2.1. Countries prepared for health emergencies Outcome 2.2. Epidemics and pandemics prevented Outcome 2.3. Health emergencies rapidly detected and responded to.	Outcome 5.1 Risks of health emergencies from all hazards, including AMR, reduced & impact mitigated Outcome 5.2 Preparedness, readiness & resilience for health emergencies enhanced Outcome 6.1 Detection & response to acute public health threats is rapid and effective. Outcome 6.2 Access to essential health services during emergencies is sustained & equitable	Outcome 2.2: By 2027, Nigeria is implementing improved management of climate change risk and building resilience to adapt to its long-term impact through the NDC s, sustainable energy production/ consumption and climate change.

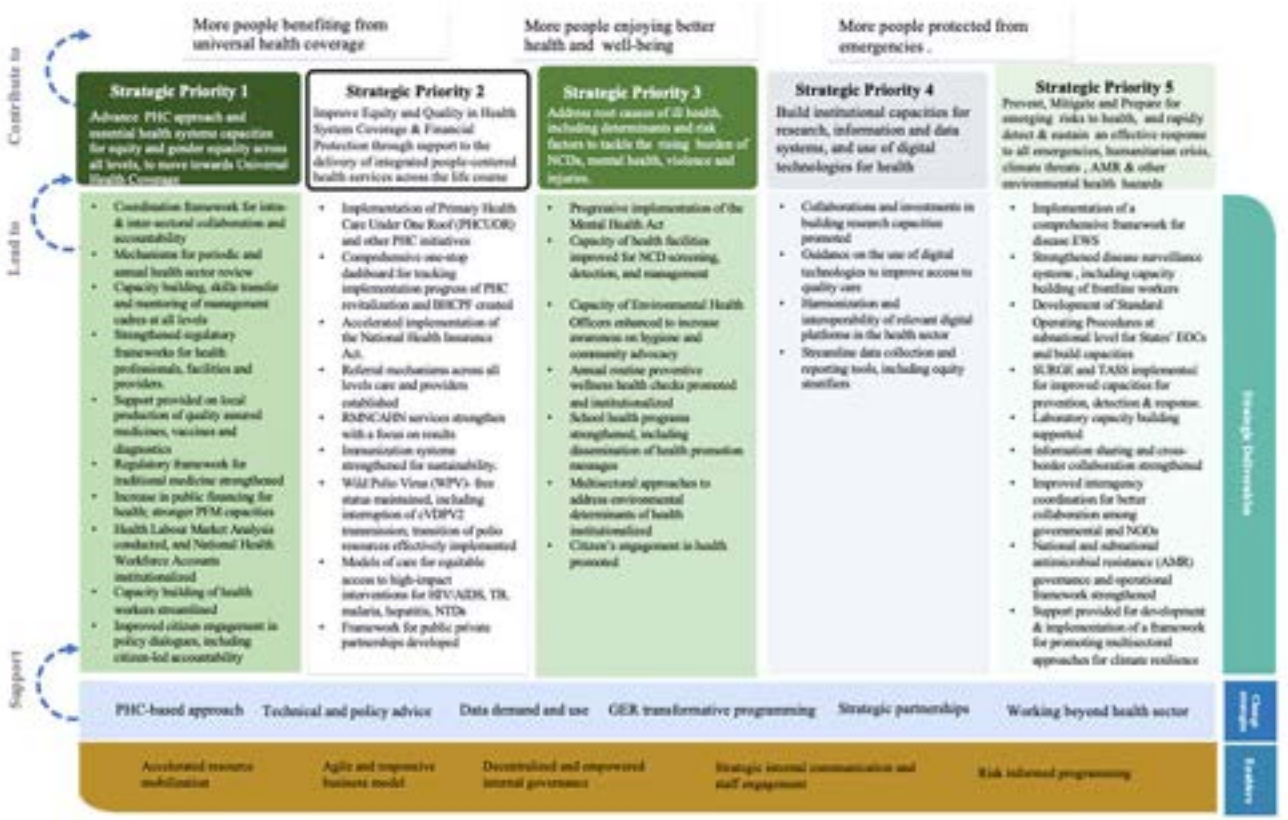
3.1 WHO's strategy for delivering on the CCS Strategic Agenda

In pursuing the strategic priorities, WHO will continue to play its role as the lead technical expert in health matters and an essential contributor to advancing the national health agenda through support on setting norms and standards, articulating evidence-based policy options, providing technical and operational support and monitoring and assessing health trends.

Taking full cognizance of the country context and the implementation challenges mentioned in section 2.9, the Fourth WHO Nigeria CCS adopted a needs-based approach in articulating the strategic priorities and deliverables in section 3.2 to support the Government in strengthening the Nigerian health system and improving health outcomes. The proposed strategic priorities and deliverables for the Fourth WHO Nigeria Country Cooperation Strategy (2023–2027) will help WHO look beyond the supply of purely technical inputs into the Nigerian health system and also intentionally support the country to address some of the root causes of the health-related challenges. To deliver on the five strategic priorities and strategic deliverables of the Fourth CCS strategic agenda in a manner that will make a difference, WHO will, among others:

- provide support to the strategic deliverables in collaboration with the Federal and state ministries of health,
- support the effective implementation of the Nigerian Health Sector Reform Investment Initiative (2023–2026) to produce results.
- support the Government at the national and subnational levels to strengthen or build the necessary institutional mechanisms aimed at improving health sector governance, accountability, coordination, collaboration and commitment to results to change the health narrative of Nigeria.
- reorient all technical and financial assistance in a nationally coordinated manner to the front ends of service delivery rather than process and activity orientation.
- promote research to generate evidence and engage in evidence-based high-level advocacies at the national and subnational levels to engender support for quality, integrated health care delivery.
- work with the Government and forge strategic partnerships with the private sector, CSOs and media at the national and subnational levels to promote public-private partnerships in health care financing, provision of health services and demand for quality health service by right holders.
- in support of the Health Security Pillar of the Health Sector Reform Initiative, promote the SURGE flagship initiative to reinvigorate the Government's capacity
- for effective preparedness, detection, response and resilience to public health emergencies in a collaborative and coordinated manner.
- work with governance coordinating bodies such as the Nigeria Governors' Forum, the Forum of State Health Commissioners, the Forum of State Local Governments and traditional rulers to enhance health care financing, performance and monitoring at the subnational levels.
- forge strategic partnerships with health-related line ministries to promote a multisectoral approach to addressing social and environmental health determinants, including climate change.
- support the Government to implement strategies that will help to crush maternal, neonatal and under-five mortalities, increase routine immunization coverage and halt the rise in the incidence of noncommunicable diseases towards sustainable health services delivery.
- actively promote coordination among UNCT and the development partners for health, to support mutual accountability in health care support and delivery.
- review and strengthen the polio resources transitioned to the states to ensure the continuous supply of quality technical assistance to primary health care delivery and surveillance at the state level.
- provide support to the strategic deliverables in collaboration with the Federal and state ministries of health, key stakeholders and partners, in line with related areas of the strategic vision for the health sector in the Health Sector Renewal Implementation Programme (2023–2026).
- In addition, a theory of change (ToC) has been formulated (Figure 6) based on the strategic priorities and deliverables identified. The ToC outlines a comprehensive description of how changes will happen to achieve the overarching objective to "promote health, keep the world safe, serve the vulnerable" and WHO's strategic role in the process.

Figure 6. *High-level Theory of Change for Nigeria Country Cooperation Strategy 2023-2027*



3.2 Strategic agenda of the CCS

WHO's jointly agreed priorities and their alignment with the national context and needs provide an excellent opportunity for collaboration and interaction between various partners and stakeholders.

Strategic priority 1: Advance PHC approach and essential health systems capacities for equity and gender equality across all levels to advance universal health coverage.

This strategic priority is aligned with the **NHSRII (2023–2026) priorities in Pillar 1** on effective governance, accountability, coordination and partnerships as well as the **priorities in Pillar 3** on unlocking the value chain, including research and development, local production of health products and strengthening the supply chain. It also aligns with **cross-cutting area 3 on** driving performance-based culture and talents within the MDAs, the Federal Ministry of Health (FMoH) and state ministries of health (SMoHs). The strategic priority focuses on building health system capacities at all levels to improve equitable access to quality and affordable health services by strengthening governance, the health workforce, the availability of medical products and partnerships

Table 3: *Strategic Priority 1 Deliverables and alignment to Health sector strategies*

CCS Strategic Deliverables	Related areas in the Health Sector Renewal Implementation Initiative (2023-2026) and the NSHDP II (2018-2025)
An overarching coordination framework for intra- & inter-sectoral collaboration and accountability created to support integrated programme delivery.	Increase mutual accountability to result and participation of relevant stakeholders and Nigerian citizens in health development in a coordinated manner using the sector wide approach as a strategy for implementation.
Opportunities created for civil society organisations (CSOs), legislative and community networks to engage in policy dialogues, including citizen-led accountability for results.	
Strategic partnerships with all relevant UN Agencies and development partners in health enhanced, in line with sector wide approach (SWAp), for effective collaboration and coordination to support the government at national and subnational levels towards the achievement of the health-related SDGs.	
Mechanisms for periodic and annual health sector review established, including quarterly Health Partners Coordinating Committee meetings, established.	Improve cross-functional coordination and effective partnership to drive delivery
Successful collaboration with the Nigeria Governors Forum to create a comprehensive one-stop dashboard for tracking implementation progress of PHC revitalization and Basic Health Care Provision Fund (BHCPF), including a reward system for best performance.	
Capacity and skills transfer and mentoring of management cadres facilitated across all levels to facilitate programme performance and sustainability of results.	Strengthen capabilities and values and drive performance-based culture within the FMoH and the SMoHs.
Regulatory frameworks for health professionals and health facilities and providers (public and private) strengthened, to ensure quality and equity of health services.	Strengthen regulatory capacity to foster the highest standard of service provision.

Table 3: *Strategic Priority 1 Deliverables and alignment to Health sector strategies | Continued...*

CCS Strategic Deliverables	Related areas in the Health Sector Renewal Implementation Initiative (2023-2026) and the NSHDP II (2018-2025)
Advocacy for increase in public financing for health, leveraging on innovative and sustainable financing models, at the federal and state levels facilitated, including collaboration with the Nigeria Governors Forum, and Legislators, while ensuring value-for-money on health investments.	Increase effectiveness of spend and alignment of spend with strategic priorities
High-level advocacy to enhance timely payment of primary health care workers' salaries from statutory allocation, including the Basic Health Care Provision Fund (BHCPF), successfully conducted	Revitalize the end-to-end (production to retention) healthcare workers pipeline
Health Labour Market Analysis completed, and National Health Workforce Accounts institutionalized at national and subnational levels to provide reliable date on availability, skill mix, and distribution of the health workforce.	
Capacity building of health workers, especially PHC workforce, streamlined through the development annual coordinated training calendars, including the use of digital technologies for delivery of trainings.	
Mandatory minimum 25 hours per annum continuing medical/health education institutionalized as part of the registration process for public and private health providers for increased up-to-date knowledge and competency of health care workers.	
Support provided for increased capacity for research and local production of quality, safe and efficacious medicines/medical products and the manufacture of vaccines and other biological products towards unlocking the health sector value chain in the country and achievement of WHA74.6.	Stimulate local production of health products, unlock the value chain
Institutional and regulatory capacities for integration of traditional and complementary medicines strengthened, including its integration in health service delivery.	Shape markets to ensure sustainable local demand and strengthen supply chains.
Gender, equity and rights mainstreamed into health programmes and services at national and sub national levels with objective actions to leave no one behind.	Promoting equitable access to health services.

Strategic priority 2: Improve equity and quality in health system coverage and financial protection through support to the delivery of integrated people-centred health services across the life course.

This strategic priority is aligned with the NHSRII (2023–2026) priorities in Pillar 2 on efficient, equitable and quality health system including primary, secondary and tertiary care facilities as well as Cross-cutting area 2 on financing and Cross-cutting area 3 on driving performance-based culture and talents within the MDAs, the FMoH and SMoHs. This strategic priority focuses on improving interventions to strengthen PHC-based approaches to improve continuity and access to services across the life course, break the chain of disease transmission and save lives.

Table 4: *Strategic Priority 2 Deliverables and alignment to Health sector strategies*

CCS Strategic Deliverables	Related areas in the Health Sector Renewal Implementation Initiative (2023-2026) and the NSHDP II (2018-2025)
Reorientation of health systems to primary health care enhanced through the implementation of Primary Health Care Under One Roof (PHCUOR) and other PHC initiatives.	Strengthen prevention through primary health care and community health care
Progress in the implementation of the National Health Insurance Authority Act towards Universal Health Coverage including full implementation of vulnerable group fund, harmonization of benefit package, access to care, and sustainable performance management.	Strengthen oversight and effective implementation of the National Health Act
Technical support provided to the government towards the effective implementation of the Basic Health Care Provision Fund at national and sub national levels.	Increase effectiveness of spend and alignment of spend with strategic priorities
Continuity of care facilitated via the establishment of referral mechanism across all levels of care (primary, secondary, and tertiary) and provider (public, private) to improve on quality health services and outcomes.	Improve quality of care and service delivery across public (primary, secondary, and tertiary care) and private, across all levels of health system Crashing maternal, neonatal and under-five mortalities
Quality and access to services across the life-course improved, with a targeted focus on integrated Reproductive, Maternal, Newborn, Child, Adolescent Health, Elderly and Nutrition (RMNCAHEN)	
Immunization systems comprehensively strengthened with resultant increased routine immunization coverage, reduction in zero-dose children, efficient supply chain, increased demand generation and sustainable financing.	
Wild Polio Virus (WPV)- free status maintained, including interruption of cVDPV2 transmission. Transition of polio resources effectively implemented to enhance effectiveness of health service delivery at subnational level.	
Models of care for equitable access to high-impact interventions for HIV/AIDS, tuberculosis, malaria, hepatitis, neglected tropical diseases and other communicable diseases.	
Framework for public private partnerships in critical areas such as health service delivery, health workforce, access to medicines and health products, health infrastructure, health technology, etc. developed.	Improve cross-functional coordination and effective partnerships to drive delivery

Strategic priority 3: Address root causes of ill health, including determinants and risk factors to tackle the rising burden of NCDs, mental health, violence and injuries.

The strategic priority is aligned with the NHSRII (2023–2026) priorities in Pillar 2 on efficient, equitable and quality health system, including multisectoral health promotion services and disease prevention care services, as well as Cross-cutting area 3 on Culture and talents within the MDAs. The strategic priority focuses on improving access to affordable health services to treat major NCDs and mental health conditions while focusing on promoting healthy lifestyles and disease prevention.

Table 5: *Strategic Priority 3 Deliverables and alignment to Health sector strategies*

CCS Strategic Deliverables	Related areas in the Health Sector Renewal Implementation Initiative (2023-2026) and the NSHDP II (2018-2025)
Implementation of the Mental Health Act strengthened to improve access to mental health and psychosocial support services at primary, secondary and tertiary levels of care.	Improve quality and affordability of quality care for patients Delivery of integrated primary health care with prevention and control of NCD integrated.
Capacity of health facilities improved for NCD screening, detection, and management, including through the implementation of Package of Essential NCDs (PEN Plus).	
Annual routine preventive wellness health checks and examination for children, adolescents, adults, and the elderly promoted and institutionalized, irrespective of the social status.	Strengthen prevention through primary health care and community health care Drive health promotion in a multisectoral way (including intersectorality with education, environment, WASH, and nutrition)
School health programs strengthened, including dissemination of health promotion messages among health workers and community resource persons in different local languages.	
Capacity of Environmental Health Officers built to increase awareness on hygiene and community advocacy to promote healthier lifestyles and improve health-seeking behaviors.	
Citizens' engagement promoted using the media, CSOs and other community communication mechanisms to improve awareness, create demand for improved service, and ensure local ownership of health interventions and infrastructures.	

Strategic priority 4: Build institutional capacities for research, information and data systems, and use of digital technologies for health English translation.

This strategic priority is aligned with the **NHSRII (2023-2026) priorities in Pillar 3** on unlocking the value chain including research and development and Cross-cutting area 1 on data and digitization of the health system. The strategic priority focuses on building local research and innovation capacities while leveraging digital technologies to promote health and well-being for all.

Table 6: *Strategic Priority 4 Deliverables and alignment to Health sector strategies*

CCS Strategic Deliverables	Related areas in the Health Sector Renewal Implementation Initiative NHSRII (2023-2026) and the NSHDP II (2018-2025)
Collaborations and investments in research promoted in alignment with national priorities to produce high-quality research outputs to inform policy decisions.	Promote clinical research and development
Technical guidance on the use of digital technologies provided to improve access to quality care, including but not limited to, use of mobile health, telehealth, electronic health records and Artificial Intelligence.	Digitalize the health system and have data-backed decision-making process in the health
Harmonization and interoperability of relevant digital platforms in the health sector supported, including Standard Operating Procedures to operationalize implementation.	
Capacity of Health Information System strengthened for data generation and use based on user friendly data platforms for effective monitoring of health sector performance, including measuring inequalities.	

Strategic priority 5: Prevent, mitigate and prepare for emerging risks to health, and rapidly detect and sustain an effective response to all emergencies, including humanitarian crises, climate threats, antimicrobial resistance and other environmental health hazards

This strategic priority is aligned with the **NHSRII (2023–2026) priorities in Pillar 4** on health security including building a multisectoral climate resiliency for the health system. The strategic priority focuses on strengthening and expanding systems to rapidly detect, investigate and assess potential threats to public health; and to respond immediately and systematically to manage acute emergencies and climate-related threats.

Table 7: *Strategic Priority 5 Deliverables and alignment to Health sector strategies*

CCS Strategic Deliverables	Related areas in the Health Sector Renewal Implementation Initiative (2023-2026) and the NSHDP II (2018-2025)
Development and implementation of a comprehensive framework for disease early warning systems, including the establishment of reporting mechanisms, data analysis tools, and response protocols at national and sub-national levels.	Improve the ability to detect, prevent and respond to public health threats (e.g., cholera, Lassa) in a coordinated manner.
Disease surveillance systems strengthened through improved data collection, reporting, and analysis mechanisms. Build the capacity of health care workers on surveillance protocols and support the establishment of real-time reporting channels.	
Standard Operating Procedures including "After Action reviews" for emergency response evaluation developed for States' EOCs and capacity of health care workers enhanced in line with their roles and responsibilities.	
Systems established to enhance utilization of data from different sources, including health facilities, community health workers, and sentinel sites, to detect and report unusual patterns or clusters of diseases.	
Laboratory capacity building supported through improvements in infrastructure and resources, including diagnostic equipment, reagents, and trained personnel, for laboratories to facilitate rapid and accurate diagnosis of diseases.	
Information sharing and cross-border collaboration strengthened between different levels of the health system, including local, state, and national authorities, to ensure timely sharing of data and coordinated response efforts.	
Better interagency coordination for better collaboration among governmental and non-governmental organizations involved in disaster and humanitarian crisis management.	
Strategic stockpiles of essential medical supplies established, including vaccines, medicines, and personal protective equipment to ensure a timely and adequate response during health emergencies.	
Capacities for prevention, detection, response, and recovery from disease outbreaks in a coordinated manner strengthened through the implementation of Transforming African Surveillance Systems (TASS) and Strengthening and Utilizing Response Groups for Emergencies (SURGE) Initiatives.	
Framework for promoting multisectoral approaches for climate resilient health systems developed based on the One-Health principles.	Build climate resiliency for the health system in collaboration with all other sectors
Multisectoral approaches to address the environmental determinants of health institutionalized, at national and subnational levels, building on the principles of Health-in-all Policies and healthy settings.	Improve cross-functional coordination and effective partnerships to drive delivery
National and subnational antimicrobial resistance (AMR) governance and operational framework strengthened to support the implementation of AMR initiatives.	

» 4.0 Implementing the strategic priorities of the CCS

4.1 Principle of cooperation

The principles of cooperation for the delivery of this CCS include alignment with the country's priorities, relevance, effectiveness, equity and value for money. WHO's interventions are prioritized based on its comparative advantage. WHO will support the strategic coordination and linking back to the global policies and actions agreed upon at the World Health Assembly and the priority actions of the Government in the Nigeria Health Sector Reform Investment Initiative (2023–2026) and the National Strategic Health Development Plan (2018–2025).

The WHO Country Office - As a partner of the Government, WHO will therefore work with the Ministry of Health and other non-health-related ministries, relevant departments and agencies at the national and subnational levels to help expedite the attainment of the SDG targets and build a resilient and responsive Nigerian health system with improved health outcomes.

In country, WHO, as a strategic member of the UNCT and the Development Partners Group for Health (DPG-H) will continue working with all relevant UN agencies and health development partners such as the European Union, the UK Foreign Commonwealth and Development Office (FCDO), USAID, Bill & Melinda Gates Foundation, Gavi, the Vaccine Alliance, Global Fund, Canada, World Bank, JICA and others to ensure partnership coordination at the country level to improve the effectiveness and efficiency of investments in the health sector. The WHO Country Office (WCO) will, in addition, forge new strategic alliances with private health care providers, the organized private sector in health, civil society organizations, the media, the legislative arm of Government, and other relevant stakeholders in health at the national and subnational levels to support the Government in addressing these underlying health system challenges.

In addition, the WCO will develop a communication strategy to disseminate the CCS document to strategic partners at the national and subnational levels to raise awareness about the work of WHO in Nigeria, scale up successful partnerships, amplify the goal of the CCS document in the media for wider reach and visibility for WHO Nigeria, galvanize support for the implementation of key WHO priorities, as well as mobilize key audiences to understand WHO's work with the Government of Nigeria (2023–2027).

The WHO Regional Office for Africa will assist the WHO Country Office in adapting WHO technical products to the country context and mobilizing resources for the effective implementation of the CCS strategic priorities and deliverables. The Regional Office for Africa will help to adapt global tools to the regional context and coordinate with regional partners to speed up UHC.

WHO headquarters will support in developing guidance and assistance for generating international best practices to advance the strategic priorities and deliverables identified. Support will also be provided for resource mobilization and strengthening the engagement of global health stakeholders in the development and implementation of intersectoral actions for health.

4.2 Financing the Strategic Priorities of the CCS

The estimated budget in Table 3. for the CCS during its five-year duration will be US$ 418 655 279. This is based on the estimated programme budgets of the WHO programme of work for the Country Office for five years from 2023–2027. This budget could change during the implementation period based on some unpredictable circumstances. This budget, will, among others, enable WHO to:

- align and build synergies in delivering the work of the three levels of the Organization.
- support the Government to deliver measurable results to improve health outcomes in Nigeria.
- change from a disease-specific approach to a more integrated and health systems-oriented approach to engender more sustainable outcomes.

Table 8: *Estimated Budget for the WHO-NIGERIA CCS (2023-2027)*

Strategic Priorities	Indicative Budget for Activities and Country Presence Budget USD		Total Budget required USD
	2023-2025	2026-2027	
Advance PHC Approach and Essential Health Systems Capacities for Equity and Gender Equality, across all levels, to progress Universal Health Coverage.	78 814 592	118 221 888	197 036 480
Improve Equity and Quality in Health System Coverage & Financial Protection through support to the delivery of integrated people-centered health services across the life course			
Address root causes of ill health, including determinants and risk factors to tackle the rising burden of NCDs, mental health, violence, and injuries.	3 111 898	3 111 898	6 223 796
Build institutional capacities for research, local production of health products, information and data systems, and use of digital technologies for health.	2 178 191	2 178 191	4 356 382
Prevent, Mitigate and Prepare for Emerging Risks to Health, and rapidly detect and sustain an effective response to all emergencies, including humanitarian crisis, climate threats, Antimicrobial Resistance, and other environmental health hazards.	65 505 783	131 011 566	196 517 349
Representation, compliance, accountability, and partnership	7 260 636	7 260 636	14 521 272
Total	**156 871 100**	**261 784 179**	**418 655 279**

» 5.0 Monitoring Implementation and Evaluation of the CCS

The strategic agenda of the Fourth WHO Nigeria Country Cooperation Strategy (2023–2027) will form the basis of the annual operational plan for 2023 and biennial programme budgets for 2024–2025 and 2026–2027 as well as the respective country support plans and annual plans of action from 2024 onwards. Table 2 shows the alignment of the CCS strategic priorities with the national, GPW, UNSDCF and SDG targets.

The implementation of the CCS strategic priorities and deliverables will be monitored biannually using the AFRO KPIs as seen in the monitoring framework in Annex 2 to provide information on the status of implementation of the strategic priorities. The targets for the NHSRII and NSHDP II, GPW 13 and the SDGs will be used to measure the impacts of the CCS at the mid-term review and/or end of cycle evaluation.

Mid-term review
There will also be a mid-term review of the Fourth WHO Nigeria Country Cooperation Strategy (2023–2027) in 2025, based on Annex 1, by independent assessors to re-evaluate, update and adjust any aspect of the strategy and identify gaps in a timely manner as well as guide the implementation of the activities to enable the WHO Country Office to achieve the targets of the strategic priorities.

End-of-cycle evaluation
The end-of-cycle evaluation will be undertaken, based on the indicators in Annex1, by independent assessors in 2027 to:

- assess the effectiveness, efficiency, potential sustainability and quality of WHO's work; towards improving the health outcomes of the population of Nigeria based on the five agreed strategic priorities;
- examine the alignment of the CCS's priorities with the national health system's strategic documents and their harmonization with the UNSDCF;
- document the results on what works, why and how;
- examine the relevance, context, causality and eventual impact and sustainability of the results;
- identify the lessons learnt to be used for future CCS development.

The monitoring and evaluation exercise will help the Country Office to document success stories and best practices that could be shared with stakeholders and donors.

Table 9: *Monitoring and Evaluation Plan*

Description of Activities	Responsible Person	Timeline		
		Duration	2023-2025	2026-2027
Monitoring	Country Team	Every year		
Monitoring of CCS Strategic priorities and interventions		Biannually		
Monitor the biennium plans		Biannually		
Data analysis and feedback				
Evaluation	Independent evaluators and country team			
Mid-term evaluation		Mid -Implementation		
Independent end evaluation		End Implementation		
Learning	Country Team			
Document and collectively analyze lessons emerging throughout the CCS				
Publishing best practices				

Annex 1. CCS Outcome monitoring and evaluation framework

CCS strategic priorities	GPW 13 outcomes	SDG targets	GPW 13/SDG indicators	National baseline	Target 2027
Advance PHC approach and essential health systems capacities for equity and gender equality, across all levels, to advance universal health coverage.	Outcome 1.2.: Reduced number of people suffering financial hardship Outcome 4.2: Strengthened leadership, governance and advocacy for health	SDG 3.8: Achieve universal health coverage, including financial risk protection, access to quality health care services and to safe, effective, quality and affordable essential medicines and vaccines for all. SDG 3.2: By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births. SDG 3.3: By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases.	SDG 1.a.2: Proportion of total government spending on essential services (education, health and social protection)		
Improve equity and quality in health system coverage and financial protection through support to the delivery of integrated people-centred health services across the life course	Outcome 1.1.: Improved access to quality essential health services. Outcome 1.3.: Improved access to essential medicines, vaccines, diagnostics and devices for primary health care		SDG 3.8.1: Coverage of essential health services		
			SDG 3.b.3: Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis.	To be established in Q1 2024	75%
			SDG 3.c.1: Health worker density and distribution	Doctors: 2.3 per 10 000 population Nurses: 9.4 per 10 000 Midwives: 6.26 per 10 000 population	Doctors: 2.9 per 10 000 population Nurses: 11.8 per 10 000 Midwives: 7.8 per 10 000 population
			SDG 3.1.1: Maternal mortality ratio	1047	
			SDG 3.1.2: Proportion of births attended by skilled health personnel	51%	
			SDG 3.2.1: Under-five mortality rate	111	
			SDG 3.2.2: Neonatal mortality rate	34	
			SDG 3.b.1: Proportion of the target population covered by all vaccines included in their national programme	62%	68.5

Continued...

CCS strategic priorities	GPW 13 outcomes	SDG targets	GPW 13/SDG indicators	National baseline	Target 2027
			SDG 3.3.1 Number of new HIV infections per 1000 uninfected population, by sex, age and key populations		
			SDG 3.3.2: Tuberculosis incidence per 100 000 population		
			SDG 3.3.3: Malaria incidence per 1000 population		
			SDG 3.3.4: Hepatitis B incidence per 100 000 population		
Address root causes of ill health, including determinants and risk factors to tackle the rising burden of NCDs, mental health, violence and injuries.	Outcome 3.1: Determinants of health addressed. Outcome 3.2: Risk factors reduced through multisectoral action	SDG 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being. 3.9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination. 3.5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.	SDG 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	50.38% (NMSAP 2022)	80.0% **National Multisectoral NCD Strategic Action Plan (NMSAP) aligned to Global NCD targets*
			SDG 3.a.1: Age-standardized prevalence of current tobacco use among persons aged 15 years and older	4.55% (NMSAP 2022)	3.92% (NMSAP)
			SDG 3.5.2: Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	32.16% (NMSAP 2022)	30.87% (NMSAP)
			WHA 66.10 (2013) Best practice policy implemented for industrially produced trans-fatty acids (Y/N)	Y	Y
			SDG 3.4.1: Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	29% (NMSAP 2019)	21.75% *(25% reduction global target)*

Continued...

CCS strategic priorities	GPW 13 outcomes	SDG targets	GPW 13/SDG indicators	National baseline	Target 2027
			SDG 2.2.1: Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under five years of age	37% (NDHS 2018)	28% (*National strategic plan of action for nutrition (NSPAN)*
			SDG 2.2.3: Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)	58% (NDHS 2018)	35% (NSPAN)
			SDG 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe water, sanitation and hygiene for all [WASH] services)	71.7% (World Bank 2019)	65%
			SDG 3.9.1: Mortality rate attributed to household and ambient air pollution	7% (114 100) (State of Global Air Report	5%
			SDG 6.1.1: Proportion of population using safely managed drinking water services	70% Water Sanitation and Hygiene National Outcome Routine Mapping (WASHNORM Report)	65%
			SDG 3.d.2: Percentage of bloodstream infections due to selected antimicrobial-resistant organisms		
			SDG 2.2.3: Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)		
			SDG 3.6.1: Death rate due to road traffic injuries		

Continued...

CCS strategic priorities	GPW 13 outcomes	SDG targets	GPW 13/SDG indicators	National baseline	Target 2027
Build institutional capacities for research, information and data systems and digital technology use for health	Outcome 4.1: Strengthened country capacity in data and innovation				
Prevent, mitigate and prepare for emerging risks to health and rapidly detect and sustain an effective response to all emergencies, including humanitarian crises, climate threats, antimicrobial resistance and other environmental health hazards.	Outcome 2.1: Countries prepared for health emergencies Outcome 2.2: Epidemics and pandemics prevented Outcome 2.3: Health emergencies rapidly detected and responded to.	SDG 3.d.: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks. SDG 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.	SDG 3.d.1: International Health Regulations (IHR) capacity and health emergency preparedness		
			Vaccine coverage for epidemic-prone diseases		
			Indicator in health emergencies protection index: detect, notify and respond (7-1-7)		

Annex 2. CCS monitoring and evaluation framework

Strategic priority 1: Advance PHC approach and essential health system capacities for equity and gender equality across all levels, to advance universal health coverage.

Strategic intervention	AFRO key performance indicator	Baseline	Target		Data source
			2025	2027	
Create an overarching coordination framework for intra- and inter-sectoral collaboration and accountability to support integrated programme delivery.	**No AFR-aligned KPI**: Country/state has developed an overarching coordination framework for intra-sectoral, inter-sectoral collaboration and accountability mechanism (health harmonization annual)				FMoH/SMoH annual reports
Mechanisms for periodic and annual health sector review, including quarterly Health Partners Coordinating Committee meetings, established.	**No AFR-aligned KPI:** Country conducts annual review and develops annual reports/number of states that conduct annual review and develop annual reports				FMoH/SMoH annual reports
Build capacity and facilitate skills transfer and mentoring of management cadres across all levels to facilitate programme performance and sustainability of results.	**No AFR-aligned KPI:** Country/no of states that have conducted assessment and developed leadership/management capacity-building plans and implemented them				
Strengthen regulatory frameworks for health professionals and health facilities and providers (public and private), to ensure quality and equity of health services.	**No AFR-aligned KPI**: Country has developed health professionals regulation policy				
Support implementation of the National Health Insurance Authority Act towards universal health coverage including full implementation of vulnerable group fund, harmonization of benefit package, access to care, and sustainable performance management.	**No AFR-aligned KPI**: Percentage of Nigerians who are covered by health insurance	8%	30%	50%	FMoH/SMoH annual reports
Provide technical support to the Government towards the effective implementation of the Basic Health Care Provision Fund at national and subnational levels.	**No AFR- aligned KPI**				FMoH/SMoH annual reports
Advocate for and facilitate increase in public financing for health leveraging innovative and sustainable financing models at the Federal and state levels, including collaboration with the Nigeria Governors' Forum and legislators, while ensuring value for money on health investments.	**AFR KPI 1.2.1.** Country has had at least one policy dialogue on health financing for UHC	3	5	10	FMoH/SMoH annual reports
Support high-level advocacy to enhance timely payment of primary health care workers' salaries from statutory allocations, including the Basic Health Care Provision Fund (BHCPF) to remove the apathy in this cadre of health care workers and	**No AFRO-aligned KPI**: Number (in headcounts) of newly recruited health workers				1.SMoH Annual reports 2.National health workforce (HWF)

Continued...

Strategic intervention	AFRO key performance indicator	Baseline	Target		Data source
			2025	2027	
discourage the concept and practice of equating community engagement in health service provision with volunteerism.					profile or National HWF account
Conduct health labour market analysis and institutionalize National Health Workforce Accounts at national and subnational levels for reliable date on availability, skill mix, and distribution of the health workforce.	**AFR KPI 1.1.5.b:** Density of active health workers per 10 000 population	Doctors: 2.3 per 10 000 population Nurses: 9.4 per 10 000 Midwives: 6.26 per 10 000 population	Increased by 5% per year	Increased by 10% per year	National health workforce profile or National HWF account
Streamline capacity-building of health workers, especially PHC workforce, by developing an annual coordinated training calendar, including the use of digital technologies for training delivery.	**No AFR-aligned KPI:** Percentage of states with annual training calendar.	TBC	10% of states	60% of states	SMoH annual reports
Institutionalize mandatory minimum 25 hours per annum continuing medical/health education as part of the accreditation process for public and private health providers for increased up-to-date knowledge and accountability of health care workers.	**No AFR-aligned KPI:** Number of regulatory bodies with continuing medical/health education policies	TBC	80%	100%	Annual reports of regulatory agency
Work with CSOs and legislative and community networks for improved citizen engagement in policy dialogues, including citizen-led accountability for results.	**AFR KPI 1.2.1:** Country has had at least one policy dialogue on health financing for UHC				FMoH/SMoH annual reports
Strengthen the strategic partnerships with all relevant UN agencies and enhance effective collaboration and coordination among the development partners in health to collectively support the Government at national and subnational levels towards the achievement of the health-related Sustainable Development Goals as highlighted in the UN Sustainable Development Cooperation Framework UNSDCF (2023-2027).	1. **AFR KPI 4.2.3.c:** Number of Communication materials for the public that enhance visibility of WHO and partners 2. **No AFR- aligned KPI:** a. Joint workplans developed aligned to the 2023–2027 UNSDCF b. DPGH Compact signed with FMoH and states.				UN INFO
Strengthen the enabling environment for WCO to provide support to the CCS strategic interventions, in collaboration with the Government and partners at national and subnational levels, leveraging WHO's health leadership, coordination and advocacy, to improve the effectiveness and efficiency of investments in the health sector.					

Strategic priority 2: Improve equity and quality in health system coverage and financial protection through support to the delivery of integrated people-centred health services across the life course.

Strategic intervention	AFRO key performance indicator	Baseline	Target		Data source
			2025	2027	
Reorient health systems to primary health by enhancing the implementation of PHCUOR and other PHC initiatives.	**AFR KPI 1.1.1.c:** Status of PHC through the regional PHC index score (out of 100)				FMoH/SMoH/ National Primary Health Care Development Agency (NPHCDA) reports
Collaborate with the Nigeria Governors' Forum to create a comprehensive one-stop dashboard for tracking the implementation progress of PHC revitalization and the BHCPF, including a reward system for best performance.	**AFR KPI 1.1.1.c:** Status of PHC through the regional PHC index score (out of 100)				FMoH/SMoH/ NPHCDA report
Facilitate continuity of care via establishment of referral mechanism across all levels of care (primary, secondary and tertiary) and provider (public, private) to improve quality health services and outcomes.	**AFR KPI 1.1.1.c:** Status of PHC through the regional PHC index score (out of 100)				FMoH/SMoH/ NPHCDA report
Improve quality and access to services across the life-course, with a targeted focus on integrated reproductive, maternal, newborn, child, adolescent health and nutrition (RMNCAHN)	**AFR KPI 1.1.1.a:** Percent of 1st subnational level with comprehensive essential service packages defined based on integrated models of care				FMoH/SMoH Activity reports
Improve routine immunization coverage (DTP 3 coverage)	1. **AFR KPI 1.1.3:** Percentage of targeted children who received third dose of DTP. 2. **AFR KPI 1.1.3.a**: Percentage of targeted newborns, children and adolescents who accessed immunization services according to the national guidelines	62% (2022)	65%	75%	WHO/UNICEF estimate for immunization coverage (WUENIC)
Maintain the wild polio virus (WPV)- free status, interrupt cVDPV2 transmission and foster transition of polio resources to enhance effective health service delivery at the subnational level.	**AFR KPI 2.2.4.b**: Number of cVPDV2 cases reported in a year.	163	0	0	Polio database
Support development of models of care for equitable access to high-impact interventions for HIV/AIDS, tuberculosis, malaria, hepatitis and neglected tropical diseases.	**AFR KPI 1.1.2.a**: Treatment coverage achieved against preventive chemotherapy neglected tropical diseases (PC-NTDs): lymphatic filariasis, onchocerciasis, soil-transmitted helminthiases, schistosomiasis and trachoma	100 million persons requiring treatment for at least one PC-NTD	Less than 70 million persons requiring treatment for at least one PC-NTD	Less than 50 million persons requiring treatment for at least one PC-NTD	2022 Joint application package

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Strategic intervention	AFRO key performance indicator	Baseline	Target		Data source
			2025	2027	
	AFR KPI 1.1.2.b: Percentage of new and relapse tuberculosis (TB) cases that were notified and treated in the same year	63%	63%	70%	National Tuberculosis, and Leprosy Control Programme annual report
	AFR KPI 1.1.2.c: Percentage of malaria cases (presumed and confirmed) that received first-line anti-malarial treatment	94%	100%		National Malaria Database Repository
	AFR KPI 1.1.2.d: Percentage of persons with chronic hepatitis B who are on treatment	N/A	90%	90%	National Data Repository/DHIS2
	AFR KPI 1.1.2.e: Percentage of people living with Human immunodeficiency virus (HIV) receiving antiretroviral therapy (ART)	90%	95%	95%	National Data Repository/DHIS2
Facilitate development of framework for public private partnerships in critical areas such as health service delivery, health workforce, access to medicines and health products, health infrastructure and health technology.					
Mainstream gender equity and rights into health programmes and services at national and subnational levels towards universal health coverage and empower people to demand their right to health.	1. **AFR KPI4.2.6.**: Percentage of indicators that are met or exceeded in the United Nations accountability frameworks subscribed to by WHO, namely the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UN SWAP) and the United Nations Disability Inclusion Strategy (UNDIS) 2. **AFR KPI 4.2.6:** Percentage of selected outputs with at least a score of 3 on gender, equity and human rights (GER) dimension in the output scorecard				UNSWAP

Strategic priority 3: Address root causes of ill health, including determinants and risk factors to tackle the rising burden of NCDs, mental health, violence and injuries

Strategic intervention	AFR key performance indicator	Baseline	Target		Data source
			2025	2027	
Strengthen the implementation of the Mental Health Act to improve access to mental health and psychosocial support services at primary, secondary and tertiary levels of care.	**AFR KPI 1.1.2.g-1:** Number of individuals who received or are receiving treatment for at least one mental disorder (depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, developmental disorders, including autism)	151 (Borno, Adamawa and Yobe states)	175	200	State NCD programme report
Improve capacity of health facilities for NCD screening, detection, and management, including through the implementation of package of essential NCDs (PEN Plus).	**AFR KPI 1.1.2.f-3:** Number of individuals with hypertension who have received or are receiving appropriate treatment	116 (FCT=12, Kano=52, Ogun=52)	436 (320 in 18 states supported by Health Heart Africa)	500	National Data Repository/DHIS
Strengthen national and subnational AMR governance and operational framework to support the implementation of AMR initiatives.	**AFR KPI 1.3.5.a**: Country has functional One Health AMR governance mechanisms and designated staff at state level	1	10	25	National One Health strategic plan and AMR Governance Manual
	1. **AFR KPI 1.3.5.d:** Established a monitoring and evaluation system to track and report on the progress of implementation of antimicrobial resistance (AMR) national action plan 2. **AFR KPI 1.3.5.e:** Nationwide AMR awareness campaigns conducted involving different sectors 3. **AFR KPI 1.3.5.f:** Country has enrolled in the Global Antimicrobial Resistance and Use Surveillance System (GLASS), reporting and use of data for decision-making 4. **AFR KPI 1.3.5.g**: Percentage of health facilities implementing antimicrobial stewardship programme				Administrative documents/records from multisectoral coordinating group / Technical Working Groups and national reports, Global Antimicrobial Resistance and Use Surveillance System (GLASS) reports, Tracking AMR Country Self -Assessment Survey (TrACSS) reports
Capacity-building for environmental health officers to increase awareness about hygiene and community advocacy to promote healthier lifestyles and improve health-seeking behaviours.	**No AFR-aligned KPI**: Number of environmental health officers trained and promoting healthy lifestyle and maintaining healthy environment at national and subnational levels.	75	180	230	Integrated National Environmental Health Surveillance (INEHSS)/ Environmental Health Council of Nigeria (EHCON) Reports supported by WHO

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Strategic intervention	AFR key performance indicator	Baseline	Target		Data source
			2025	2027	
	No AFR-aligned KPI: Percentage of the population practising open defecation.	23% (43 million)	20%	15%	INEHSS/EHCON reports supported by WHO
	AFR KPI 3.3.1.a3: Number of health facilities with available handwashing facility with soap for use at critical points and times. (Existence of hand-washing facility, availability of soap and water	12 374 HF (31% - 2022)	13 172 HF (33%)	13 970HF (35%)	WASH NORM Survey supported by WHO)
Promote and institutionalize annual routine preventive wellness health checks and examination for children, adolescents, adults and the elderly, irrespective of social status.	1. **AFR KPI 3.2.2.a**: Country implements health promotion approaches, mechanisms and instruments to address health risks to foster health and well-being				
	2. **AFR KPI 1.1.2.f:** Percentage of targeted people who received or are receiving treatment for at least one noncommunicable disease. 3. **No AFR-aligned KPI**: Number of communication materials increasing public awareness on the importance of routine preventive wellness health checks through the life course.				
Strengthen school health programmes, including dissemination of health promotion messages among health workers and community resource persons in different local languages.	**AFR KPI 3.3.2.b**: Country adopted the global standards for health-promoting schools initiative.	0	1	1	National School Health Programme from both FMoH and FMoE
Promote multisectoral approaches for addressing the environmental and social determinants of health at national and subnational levels by building on the principles of Health-in-all policies and healthy settings.	**AFR KPI 3.1.1.c**: Country has strengthened capacities and actions for multisectoral governance for Health/Health-in-all policies	0	1	1	National Environment Programme
Promote citizens' engagement in all interventions using the media, CSOs and other community communication structures to improve awareness, create demand for improved service and ensure local ownership of health interventions and infrastructures.	1. **AFR KPI 3.2.2.a**: Country implements health promotion approaches, mechanisms and instruments to address health risks to foster health and well-being				

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Strategic intervention	AFR key performance indicator	Baseline	Target		Data source
			2025	2027	
	2. **AFR KPI 3.2.1.c**: Country enforces bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion and enforces drink-driving countermeasures. 3. **No AFR- aligned KPI**: Percentage of communication materials promoting citizen engagement in creating demand for health and improved health services at the community level.	0	1	2	State NCD Programme Report

Strategic priority 4: Build institutional capacities for research, information and data systems, and use of digital technologies for health

Strategic intervention	AFRO key performance indicators	Baseline	Target		Data source
			2025	2027	
Foster collaborations and promote investments in research aligned to national priorities for production of high-quality research outputs to inform policy decisions.	1. **AFR KPI 4.1.3.a:** Number of functional national health research and ethics committees.	1	1	1	Existence and functionality of the National Health Research Ethics Committee (NHREC) Health Sector Annual Report
Guidance on the use of digital technologies to improve access to quality care, including but not limited to, use of mobile health, telehealth, electronic health records and Artificial Intelligence.	**AFR KPI 4.1.3.c:** Country has digital health strategy implemented	1	2	4	Annual Digital Health Workplan Review Report
Identification, harmonization and interoperability of relevant digital platforms in the health sector, including standard operating procedures to operationalize implementation.	**AFR KPI 4.1.3.b**: Number of national health innovation platforms	N/A	1	2	Health sector annual report Annual Digital Health Workplan Review report
Strengthen health information system through capacity-building for data generation and use based on user-friendly data platforms for effective monitoring of health sector performance including measuring inequalities and putting in place mechanisms that enhance interoperability of data	**AFR KPI 4.1.1**: Maturity of health information system in countries (Percentage of indicators on UHC and SDG with data available in the country) **AFR KPI 4.1.2**: Number of knowledge products produced, aligned to GPW13 goals	51% 4	60% 10	65% 15	Global/National SCORE assessment report; WHO website National Health Observatory/Integrated African Health Observatory
Support local production of quality assured medicines, vaccines and diagnostics to	**AFR KPI 1.3.1**: Proportion of health facilities that have a core set of relevant medicines	To be established in 2024	55%	75%	National Product Supply Chain Management

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Strategic intervention	AFRO key performance indicators	Baseline	Target		Data source
			2025	2027	
improve availability, affordability and access to medicines and other technologies.	available and affordable on a sustainable basis				Programme (NPSCMP) report
Strengthen institutional and regulatory capacities for traditional and complementary medicines, including its integration in health service delivery.	**AFR KPI 1.3.1.c**: Average score in terms of inclusion of local production, traditional medicines, blood and organ donation, regulation, access to medical products, human resources, and coordination in national policies	To be established in 2024	80%	100%	FMoH National Development Plan implementation report

Strategic priority 5: Prevent, mitigate and prepare for emerging risks to health, and rapidly detect and sustain an effective response to all emergencies, including humanitarian crises, climate threats, antimicrobial resistance and other environmental health hazards

Strategic intervention	AFRO key performance indicator	Baseline	Target		Data source
			2025	2027	
Develop and support implementation of a comprehensive framework for disease early warning systems, including the establishment of reporting mechanisms, data analysis tools, and response protocols at national and subnational levels.	**AFR KPI 2.3.1.a:** Proportion of outbreaks detected within 7 days of onset of symptoms in the first case **AFR KPI 2.3.1.c:** Percentage of potential public health emergencies with risks assessed and communicated within 48 hours of detection	N/A	60%	90%	Surveillance Outbreak Response Management and Analysis System (SORMAS)
Strengthen disease surveillance systems through improved data collection, reporting, and analysis mechanisms. Build the capacity of health care workers on surveillance protocols and support the establishment of real-time reporting channels.	**AFR KPI 2.3.1.d:** Proportion of districts with at least 90% of health facilities trained on IDSR 3rd edition	N/A	60%	90%	IDSR capacity-building dashboard
Develop standard operating procedures at the subnational level for states' EOCs and build the capacity of health care workers to be aware of their roles and responsibilities.	**AFR KPI 13.3.2.a:** Percentage of public health events (disease outbreaks) rapidly contained within subnational area boundary	N/A	60%	90%	SORMAS Outbreak investigation and response reports
Strengthen establishment of systems that utilize data from various sources, including health facilities, community health workers, and sentinel sites, to detect and report unusual patterns or clusters of diseases.	**AFR KPI 2.3.1.c:** Percentage of potential public health emergencies with risks accessed and communicated within 48 hours of detection	N/A	60%	90%	SORMAS
Support laboratory capacity-building through improving infrastructure and resources of laboratories to facilitate	**No AFR-aligned KPI:** Number of laboratories of improved infrastructure and laboratories resources to facilitate	206	300	400	UN CART project technical report

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Strategic intervention	AFRO key performance indicator	Baseline	Target		Data source
			2025	2027	
rapid and accurate diagnosis of diseases while ensuring the availability of diagnostic equipment, reagents and trained personnel.	rapid and accurate diagnosis of diseases				
Promote and strengthen information sharing and cross-border collaboration between different levels of the health system, including local, state and national authorities, to ensure timely sharing of data and coordinated response efforts.	**No AFR-aligned KPI:** Percentage of public health events with cross-border collaboration	N/A	60%	100%	SORMAS, Situation reports
Improve interagency coordination for better collaboration among governmental and nongovernmental organizations involved in disaster and humanitarian crisis management.	**No AFR-aligned KPI**: Number of joint response plan	0	2	2	UN INFO
Strengthen establishment of strategic stockpiles of essential medical supplies, including vaccines, medicines, and personal protective equipment to ensure a timely and adequate response during health emergencies.	**AFR KPI 2.3.2.c**: Percentage of grade 2 and 3 emergencies with critical emergency supplies prepositioned to be delivered in countries within 3–5 days		60%	100%	Procurement and distribution records
Support development and implementation of a framework for promoting multisectoral approaches for climate resilience in the health system, building on the One Health principles.	**No AFR-aligned KPI 2.3.3.a:** Availability of a Climate Health National Adaptation plan (HNAP)	0	1	1	FMoH Report/FMEV/NCCC Report
	No AFR-aligned KPI 2.3.3.a: Percentage of states with functional climate health desks	14%	20%	25%	FMoH Report/INEHSS Report
	No AFR-aligned KPI 2.3.3.a: Percentage of health facilities using renewable energy	To be established	7%	10%	NDHS/INEHSS/WASHNORM Reports

The WHO Regional Office for Africa

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