



THE JAR REPORT

Event Highlights and Resolutions from the
2024 Nigeria Health Sector Joint Annual Review



AN INITIATIVE OF THE NIGERIAN HEALTH
SECTOR LED BY THE FEDERAL MINISTRY
OF HEALTH & SOCIAL WELFARE



NIGERIA HEALTH SECTOR-WIDE

JOINT > ANNUAL REVIEW

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2024 HEALTH SECTOR JOINT ANNUAL REVIEW REPORT

The Federal Ministry of Health and Social Welfare, and its MDAs in collaboration with development partners, convened the 2024 Health Sector Joint Annual Review (JAR) from November 6-8, 2024, in Abuja. This three-day event brought together key stakeholders to assess Nigeria's health sector performance under the Sector Wide Approach (SWAp) framework and realign efforts toward the National Health Sector Renewal Investment Initiative (NHSRII).

The meeting reinforced the nation's commitment to advancing public health and universal health coverage.

The 2024 JAR aimed to:

1. **Review progress in the health sector's performance under the Sector Wide Approach in line with NSHRII priorities**, focusing on key achievements on implementation provisions and processes, and establishing a performance baseline for key outcomes.
2. **Strengthen political oversight, accountability and performance management** by identifying and addressing bottlenecks, recognizing strong performance, and setting clear expectations for the next period, towards achieving sector priorities and UHC goals.
3. **Establish a format for the JAR going forward.**
4. **Deepen multi-sectoral collaboration** by fostering dialogue across MDAs, state governments, development partners, private sector, CSOs, and other stakeholders, and aligning support to secure sustained health investments.

The event drew a diverse group of stakeholders, including:

Ministers, Senators and Executives - Prof. Muhammad Ali Pate, the Honourable Coordinating Minister of Health and Social Welfare; Dr Izaq Adekunle Salako, the Honourable Minister of State for Health and Social Welfare; Dr Tunji Alausa, Honorable Minister of Education; Mr. Adebayo Olawale Edun, Honorable Minister of Finance; Sen. Banigo Ipalibo Harry, Chairman, Senate Committee on Health; His Excellency, Governor Hope Uzodinma, Governor of Imo State; Dr Zainab Shinkafi Bagudu, Senior Adviser to the Coordinating Minister of Health and Social Welfare and Vice Chair Nigerian National Taskforce on Cervical Cancer Elimination.

Traditional leaders - (HRH) Dr. Haliru Yahaya, Emir of Shonga, Kwara; HRM Igwe Samuel Ikechukwu Asadu Ogadagidi, Igwe of Eden Ani; HRH Danladi S. Maiyamba, Mai Tangale; HRM Oba (Dr) Olufolarin Olukayode Ogunsawo, Alara of Ilara.

The Permanent Secretary Ms Kachollom Shangti Daju and the Directors of the FMOH.



DGs/ESs of health-related MDA - Dr Muyi Aina, ED National Primary Health Care Development Agency (NPHCDA); Dr Kelechi Ohiri, DG National Health Insurance Authority (NHIA); Dr Jide Idris, DG Nigeria Centre for Disease Control (NCDC); Dr Abdu Muktar, National Coordinator, Presidential Unlocking Value Chain (PVAC) initiative; DG National Agency for the Control of AIDS (NACA), Dr Temitope Ilori; National Coordinator National AIDS/STI Control Program(NASCP), Dr. Bashorun Adebobola; DG National Agency for Food and Drugs Administration and Control(NAFDAC), Prof Moji Adeyeye.

Honourable Commissioners of Health across states in the country including their Permanent Secretaries, and ministry Directors.

Representatives from development partners, such as WHO, UNICEF, World Bank, Global Fund, BMGF, USAID, and Gavi



SESSION HIGHLIGHTS

OPENING CEREMONY



The opening ceremony featured remarks and goodwill messages from dignitaries and key stakeholders, who applauded the Coordinating Minister and his team for their leadership. Speakers expressed their commitment to supporting the ministry's efforts, underscoring the importance of collaboration, shared accountability, and collective action to drive progress in the health sector.

Daju, Kachollom S. mni Permanent Secretary, Federal Ministry of Health and Social Welfare, welcomed guests and highlighted that the review will serve as a platform for sector-wide evaluation, accountability, and promotion of sectoral participation. She acknowledged the sector's challenges but emphasized collaboration, resource mobilization, and the remarkable successes achieved despite these obstacles.

Dr Izaq Adekunle Salako, Honourable Minister of State for Health and Social Welfare, congratulated the Coordinating Minister, underscoring the JAR as an essential tool for evaluating progress, addressing challenges, and setting clear sector objectives. He highlighted three priority health indicators—mortality

rates, disease incidence, and health expenditure—and emphasized the need to focus on quality of care and client expenditure as key components in the journey toward universal health coverage.

Senator Banigo Ipalibo Harry, Chairman of the Senate Committee on Health, also offered her congratulations. She applauded the creation of the accountability framework at all levels to enhance measurable outcomes and reaffirmed the Senate's commitment to supporting the President's health policies.

His Royal Highness Haliru Yahaya, Emir of Shonga, recognised the importance of collaboration in improving public health.

Dave McConalogue, Senior Health Advisor at the Foreign, Commonwealth & Development Office (FCDO), representing development partners, focused on maternal health, stressing SWAp's role in reducing maternal mortality. He reiterated UNICEF's ongoing financial commitment to health programs and their importance in designing effective interventions.



Dr. Ndiane Diop, World Bank Country Director, acknowledged Nigeria's progress in tackling maternal mortality but emphasized the need for continued improvement. He encouraged the government to align policies with public needs, allocate resources wisely, track progress, and learn from previous experiences. He stated that the World Bank has committed funds (750 Million USD - through the HOPE Series) to support health interventions.

Dr. Walter K. Molumbo, WHO Country Representative, expressed enthusiasm about the review process and the SWAp initiative. He urged for integrated service delivery, better coordination of health resources, and broader support for public health programs.

Dr. Rownak Khan, Acting Country Representative for UNICEF, congratulated Nigeria on its health sector progress and reinforced Nigeria's vital role in achieving SDGs 2 and 3 (focused on zero hunger and good health and well-being).

Thabani Maphosa, Gavi's Chief of Country Delivery Officer, congratulated Nigeria on its strides in the health sector and emphasized that Gavi's progress is aligned with Nigeria's progress. He also highlighted Gavi's \$195 million approval for SWAp through an independent review.

After the goodwill messages, Dr. Kamil Shoreire, Director of Health Planning, Research, and Statistics (DHPRS) at the Federal Ministry of Health and Social Welfare, outlined the objectives and expectations of the 2024 Joint Annual Review (JAR). This was followed by Dr. Muntaqa Umar Sadiq, National Coordinator of the SWAp Coordinating Office, who provided an overview of the Sector-Wide Approach, its core principles, and the role of the JAR in advancing the "One Report, One Conversation" components of the initiative.

Finally, Prof. Muhammad Ali Pate, the Honorable Coordinating Minister of Health and Social Welfare, officially declared the event open. In his speech, he expressed deep gratitude to President Bola Ahmed Tinubu for prioritizing the health and social welfare of Nigerians, emphasizing the administration's commitment to accessible healthcare without financial hardship.

He highlighted four key areas for improvement: making healthcare more affordable, enhancing broader elements of care quality, reducing the number of zero-dose children, and lowering stunting rates. He outlined upcoming interventions aimed at addressing these identified challenges and issued a call to action for increased health budget allocations across states and ongoing collaboration between the government and development partners.

TECHNICAL SESSIONS

The technical sessions included presentations reviewing program performance, updates from health MDAs, and discussions held through plenaries, panel sessions, and breakout side meetings

SESSION 1

State of Nigeria Health across the Nigeria Health Sector Renewal Investment Initiative (NHSRII) priorities and state performance dialogue

Dr Muntaqa Umar-Sadiq kicked off the technical sessions by presenting the NHSRII and the Health Sector Strategic Blueprint (2023-2026) - its goals, pillars and enablers, and the 13 health sector priorities identified in the National Strategic Health Development Plan II (NSHDP II) and the blueprint.

This was followed by an in-depth presentation on the country's state of health performance across these priorities on key priorities, drawing on data from the 2023 National Demographic and Health Survey (NDHS), delivered by **Dr. Kamil Shore tire**. His presentation covered outcomes, coverage across critical indicators, disease burden, and citizens' perceptions.

Highlights from the presentation showed:

- Improvements in infant and child mortality rates, although the burden remains highest in the northern zones, particularly in the Northwest. Administrative data (DHIS2 and MPDSR) on maternal mortality also showed higher rates in these regions.
- Dr Shore tire also pointed out the variability in reporting on DHIS2 and MPDSR (higher numbers on DHIS2 compared to MPDSR) - while some hospitals actively participate in the MPDSR process, not all facilities are adequately reporting or conducting necessary analyses of maternal deaths. This gap in data reporting and analysis limits the ability to make informed decisions and implement effective policies at the state and national levels.
- Varied performance across zones along the continuum of care, with the southern zones achieving better outcomes in areas like immunization and skilled birth attendance. Wealth and maternal education emerged as key factors in service uptake, underscoring the critical role of social welfare in advancing health outcomes.
- Citizens' reports showed increased endorsement of the trajectory of the health system (2% increase), quality of childcare (2% increase) and quality of chronic disease care (4% increase). However, 63% of respondents cited the high cost of health care as a significant barrier to accessing services. Additionally, many expressed a desire for greater inclusion of public opinion in health decision-making by the government.





This in-depth presentation was followed by a panel-session state performance dialogue moderated by **Dr. Ahmad Abdulwahab**, NGF Health Advisor. The discussion included state health commissioners, the ALGON Chair, and partner representatives, who explored the results, challenges being faced at sub-national levels and potential solutions.

Dr. Seiyefa Brisibe, the Honorable Commissioner of Health Bayelsa state, outlined Bayelsa's strategic approach to improving maternal and child health, focusing on health equity and universal immunization, with the belief that no child should be left unvaccinated. This commitment has spurred investments in innovative solutions including the use of drone-based logistics to overcome significant geographical challenges, particularly in remote, waterlogged areas where over 80-90% of the state is inaccessible by traditional means.

Partnering with a zip line company, the state uses drones to swiftly deliver vaccines to even the most isolated communities. To support these efforts, the state has strengthened its monitoring and evaluation systems by overseeing more than 250 healthcare facilities, with supervisors reporting daily to ensure effective service delivery, particularly in vaccination campaigns.

He emphasized the importance of continued collaboration among state governments, health partners, and community leaders to address ongoing health challenges - Bayelsa integrates traditional leaders and

development partners into quarterly Primary Health Care Task Force meetings and holds weekly meetings with health committees to review and validate data at the local level, complemented by bi-monthly ministerial oversight committees that assess overall progress at the state level.

Dr Seiyefa Brisibe stressed that sustained leadership, community engagement, and innovative solutions are essential for tackling health disparities and achieving improved health outcomes for all citizens.

Dr. Tomi Coker, the Honorable Commissioner of Health Ogun state highlighted the importance of data baseline performance data and its use in defining solutions that fit state contexts. She stated that upon assuming office, a survey was conducted which revealed that only 40% of women in Ogun State were delivering with skilled birth attendance (SBA). This was a major concern, particularly when facility deliveries were concentrated in urban areas. With this data, the state designed a comprehensive intervention aimed at addressing both demand-side and supply-side factors that affect maternal health.

On the demand side, the state.

- Leveraged its CHIPS program agents to engage, educate and mobilize women in rural areas.
- Worked closely with traditional birth attendants (TBAs), providing them with training and assurances that they would not be blamed if complications arose. The state encouraged TBAs to refer women

with high-risk pregnancies to health facilities, and women were reassured that they could register with both TBAs and health facilities.

- Introduced the Idireo Health Scheme, which offers free health insurance for pregnant women. This initiative helps eliminate out-of-pocket expenses that might otherwise prevent women from accessing care. Additionally, women who delivered in health facilities were offered an incentive of 5,000 Naira as further encouragement.

More recently, the state has also provided birth kits to women delivering in these facilities.

On the supply side, Ogun State made significant investments in renovating and revitalizing its primary healthcare centres (PHCs), with 100 out of the state's 500 PHCs being upgraded. A robust logistics and supply chain system was established to ensure the timely delivery of essential medications and commodities. A key factor in Ogun's success has been its focus on improving human resources for health, including redistributing health workers to areas with the greatest need to ensure rural communities have access to skilled personnel. Additionally, the state introduced a community midwife program, training local midwives in just two years—half the duration of traditional midwifery courses. To further ensure continuous care, Ogun provided accommodation at renovated PHCs, enabling 24-hour service delivery.

Professor Baba Mallam Gana, the Honorable Commissioner of Health Borno state in response to challenges affecting performance in the North—including security and geographic access—stated that under the guidance of His Excellency, the Executive Governor, Borno has maintained a strong focus on health issues ensured that there is continuous coordination between state, federal, and international partners. This coordination has birthed strategies that have contributed to Borno's progress, despite the difficult circumstances:

- The partnership with the military and other security forces to support service provision for immunization—particularly polio vaccines—in security-compromised areas and providing security cover for health workers providing services.
- The use of geospatial technology has been a game-changer in Borno's efforts to track and reach underserved areas. The Bill and Melinda Gates Foundation's support in providing geospatial imagery has been instrumental in mapping out

hard-to-reach areas and identifying zero-dose children.

He emphasized the importance of consistent oversight, active stakeholder engagement, and strong leadership commitment, noting that the governor's dedication to health has been a key driver of the state's success. He further highlighted the need to learn from other African countries, such as Tanzania, which achieved a 75% reduction in maternal mortality and a 45% reduction in neonatal mortality over 10 years through evidence-based approaches.

The representative of National President, Association of Local Governments of Nigeria (ALGON), **Hon. Engr. Bello Lawal**, addressed a question from the moderator on ways to improve oversight and accountability for health care service provision at the LGA levels. He noted that, prior to the recent granting of financial autonomy, local governments faced considerable constraints in independently managing healthcare resources. With this autonomy, however, LGAs are now positioned to play a more effective role in primary healthcare management and accountability, and significant improvements are anticipated.

He highlighted plans to prioritize healthcare and education as primary beneficiaries under the new financial autonomy, expressing optimism about potential progress in these areas. However, he emphasized that these efforts must be supported by capacity development, financial transparency, and rigorous accountability in healthcare resource management.

He also underscored the importance of LGAs working closely with state ministries and other stakeholders to ensure healthcare policies are effectively implemented at the grassroots level. Regular communication and collaborative planning will help align local and state





health priorities, allowing tailored solutions to meet the specific challenges faced by local communities.

Dr. Gaffar Alawode, Managing Consultant at DGI Consult, representing CSOs responded to the moderator's query on the role of CSOs in promoting health to which he spoke on the crucial role that civil society plays in monitoring, tracking, and ensuring that health policies are effectively implemented and outcomes achieved.

He acknowledged substantial strides toward accountability in Nigeria's health sector, particularly with initiatives like the Basic Health Care Provision Fund (BHPF), which aims to broaden healthcare access and ensure financial protection. He stated that CSOs have been instrumental in developing an accountability framework for the BHPF, using a participatory approach that evaluates program effectiveness, service delivery, and beneficiary satisfaction. This framework has been integrated into the BHPF guidelines, and the priority now is its implementation at facility, state, and federal

levels to enable continuous tracking and outcome-based monitoring.

Dr Mary Brantuo, Team Lead for Universal Health Coverage (UHC) at the World Health Organization (WHO), discussed the evolving role of development partners in Nigeria's health sector, especially in the context of the sector-wide approach (SWAp). She emphasized the importance of alignment, harmonization, and collaboration to ensure that resources are effectively deployed to improve health outcomes across the country.

In response to how development partners select states for collaboration, she explained that partners align their efforts with national priorities driven by data and state-specific needs. For example, some partners may focus on children's health, others on women's health, or specific diseases. Partners choose states based on evidence of local needs, ensuring alignment with state priorities. This collaboration is typically structured as a multi-year effort to achieve sustainable, long-term outcomes.

SESSION 2

Review of Health MDAs priorities, in alignment with Nigeria Health Sector Renewal Investment Initiative (NHSRII), Progress and Future Plans



Dr Muyi Aina, Executive Director of the National Primary Health Care Development Agency (NPHCDA), kicked off this session by presenting the NPHCDA's strategic blueprint with a deep dive focus on improving the functionality of PHC, reforms for the NPHCDA BHCDF gateway and investments in human resource optimization.

- From the onset, only about 20% of Nigeria's 8,200 PHC facilities meet the functionality criteria - 24-hour operation, skilled personnel, and adequate infrastructure. In the past year, 280 facilities have been upgraded, with an additional 3,700 currently in progress.
- Ongoing recruitment of Performance and Finance Management Officers (PFMOs), who will oversee the fiduciary components of the BHCDF at the

health facility level. A total of 20,904 applications have been received, and the process will soon move to final selection, onboarding and subsequent implementation.

- Training of over 43,000 frontline health workers, with over 3,000 of them being health care managers.

The ED concluded with a live demonstration of the NPHCDA's PHC Dashboard, which provides real-time data on 6,200 PHC facilities across the country. This tool continuously updates as more facilities are onboarded and assessed, with the aim of eventually covering all PHC facilities in Nigeria. The dashboard offers detailed information on each facility, including services offered, the number of health workers available, and the facility's readiness status.

Dr Kelechi Ohiri, Director-General of the National Health Insurance Authority (NHIA), provided an update on efforts to enhance financial access to healthcare and expand health insurance coverage in Nigeria. His presentation focused on NHIA's strategy to support the country's goal of Universal Health Coverage (UHC) as part of a broader sector-wide approach under the Ministry of Health's strategic pillars. Highlights include:





- **Coverage:** He showcased a 14% increase in health insurance enrolment between the last year and Q3 2024.
- **Equity:** Over 2.4 million Nigerians enrolled on BHCPF, a 15% increase in the utilization rate of insured citizens.
- **Quality:** Partnership with SafeCare to strengthen quality assessment and accreditation of health care facilities, conducting actuarial valuation to inform changes.
- **Market efficiency:** partnership with PVAC to strengthen the viability of the health insurance industry, the introduction of the Basic Minimum Package of Health Services (BMPHS) to reduce fragmentation. 11 HMOs contribute 86% to total enrollees, 5 states account for 41% of coverage.

He stated that one of NHIA's key initiatives is enhancing financial access to maternal health services, including a pilot program for Obstetric Fistula (OF) treatment. This program offers free treatment and follow-up care for women suffering from obstetric fistula.

In partnership with national obstetric centres, NHIA has treated over 600 women in 2024, with a target of reaching 1,000 by year-end. The NHIA is also collaborating with 20 key referral centres across Nigeria to ensure that no woman is denied care due to financial constraints, particularly in emergency cases.

Dr Jide Idris, the Director-General of the National Center for Disease Control (NCDC), presented the NCDC mandate focused on prevention, detection, preparedness, and response to health crises. He stated that since assuming office seven months ago, he has prioritized prevention - the weakest pillar in Nigeria's health security framework, alongside strengthening leadership, capacity, and technological infrastructure. Key Initiatives include:

- **Prevention:** Enhance the awareness of health threats and promote behaviour change across Nigeria. Additionally, tackling antimicrobial resistance and improving infection prevention practices in healthcare settings.
- **Workforce and Capacity Building:** Training programs for epidemiologists, health workers, and public health emergency management teams have been established. The National Field Epidemiology and Laboratory Training Program has trained 12 sets of epidemiologists.
- **Technological infrastructure:** The SORMAS platform for surveillance expanded across the country, integrating local governments, laboratories, and private sector facilities into the health security network. Challenges with the platform are being addressed through upgrades. Improvements in genomic sequencing capabilities, expanding its laboratory networks, and developing BioSafety Level (BSL) 3 labs in key locations like Lagos and Abuja, with support from international partners like JICA and the Global Fund.

The DG concluded by acknowledging the ahead but stressed the importance of continuous engagement with partners, governments, and research institutions to strengthen health security.

Dr Abdu Mukhtar, the National Coordinator of the Presidential Unlocking Value Chain (PVAC) initiative, discussed the Presidential Initiative for Unlocking the Healthcare Value Chain, focusing on the local manufacturing of health products in Nigeria. He stated that the Nigerian market size is 46 billion USD with numerous opportunities on the horizon. Some milestones recorded by the initiative include:

- 0.4bn USD and over 12K potential new revenues and new direct jobs, respectively, identified in business cases

- Over 40 private manufacturers engaged to support in-country capacity and technology transfer
- Mobilized around \$1 billion from local financial institutions, including commercial banks and the Bank of Industry

The mobilized funds are intended to support 56 projects, with 35 local projects valued at \$800 million and 21 foreign projects valued at \$2.3 billion. The initiative has already seen positive traction, with discussions underway with international DFIs (Development Finance Institutions) to fund several projects.

Dr. Godwin Ntadom, the National Coordinator of the National Malaria Elimination Program (NMEP), delivered a concise update on the state of malaria in Nigeria, ongoing interventions, and key developments under the Rethinking Malaria initiative. His presentation showed that the country accounts for a staggering 27% of the global malaria burden, with 68 million cases reported in 2021 alone and the disease remains a leading cause of morbidity and mortality in Nigeria, contributing approximately 31% of global malaria deaths projected by 2025.

In response to these dire numbers the Rethinking Malaria Initiative under the supervision of the NMEP National Coordinator.

- Strategic shifts include - Reviewing and realigning existing malaria control programs with available resources; Strengthening malaria surveillance systems and improving diagnostic and treatment accessibility; and Increasing community involvement and engagement in malaria prevention and treatment efforts.
- Creation of the Malaria Advisory Team (AMEN) - a five-member think tank that will provide strategic advice to the Minister and help guide the country's efforts in malaria elimination.

The NC emphasised that although Nigeria faces substantial challenges in combating malaria, the Rethinking Malaria initiative—powered by strong leadership and strategic collaboration—aims to redefine and strengthen the nation's approach to malaria control. With sustained support from local and global stakeholders, Nigeria is positioned to make meaningful progress by prioritising data-driven interventions, enhancing community engagement, and optimising resources.

Dr. Bashorun Adebobola, National Coordinator for the National AIDS and STI Control Programme (NASCP), provided an update on Nigeria's progress in the Prevention of Mother-to-Child Transmission (PMTCT) of HIV and AIDS. His presentation highlighted the key milestones, challenges, and strategies that have shaped the country's approach to eliminating mother-to-child transmission of HIV.

- NASCP conducts monthly and quarterly monitoring of over 25,000 health facilities, ensuring that HIV testing and PMTCT services are being provided effectively
- A robust data system has been built to ensure accurate reporting and tracking of PMTCT outcomes. This system is integrated with the national health data repository and feeds into Nigeria's digital health agenda.
- A new approach involving testing newborns within two months of birth has been introduced. Over 20,000 samples have been collected from newborns, significantly improving early detection. Use of MP Map Cartridges: New MP Map cartridges for testing newborns have been introduced, increasing the rate of newborn testing in the country.





The NC's presentation highlighted that Nigeria is making steady progress in its efforts to eliminate mother-to-child transmission (PMTCT) of HIV and with continued innovations like newborn testing and expanded treatment options, Nigeria is moving closer to meeting its PMTCT goals, though challenges remain.

Dr Temitope Ilori, the Director-General of the National Agency for the Control of AIDS (NACA), building on the presentation the NASCP NC emphasized the Agency's commitment and her personal commitment to eliminating mother-to-child transmission of HIV. She concluded by acknowledging the efforts of the Federal Ministry of Health and the leadership of the Coordinating Minister of Health and Social Welfare and the Minister of State.

Dr Uchenna Igbokwe, the Executive Director of Solina Centre for International Development and Research (SCIDaR), moderated the plenary-style question and answer session following the presentations. He expressed appreciation to the audience and speakers and noted the significant achievements shared by the MDA executives. He facilitated discourse between the audience and the MDA executives that generated inquiry on three main areas.

- Employment and capacity-building within public health programs (targeted at NPHCDA) - The ED NPHCDA clarified that the training of health workers was focused on frontline workers already employed in health facilities. These health workers include doctors, nurses, and community health extension workers (CHEWs) who have received training through an integrated curriculum covering multiple disciplines, including HIV, TB, and malaria. This approach ensures health workers are equipped

with comprehensive skills to manage a wide range of health challenges.

- Efforts targeted at meeting the broad service needs of women in the communities (targeted at NHIA) - The DG NHIA emphasized the importance of service integration at both the community and facility levels. He highlighted that patients typically visit health facilities for general health concerns. As such, integrating services like HIV, TB, immunization, and maternal health is essential to ensuring that a single health facility visit is able to provide a broad range of services to clients
- Clarification of the role of NACA and NASCP and implications for the state equivalents - Dr Temitope Ilori, the Director-General of NACA, responded by emphasizing the multi-sectoral approach necessary for effectively addressing health issues like HIV prevention and treatment at the community level. She stated that NACA/SACAs will focus on multisectoral coordination of the non-health sector-related activities while NASCP/SASCPs have a narrower focus on managing and coordinating HIV elimination programs.



SESSION 3

Launch of the Maternal Mortality Reduction Innovation and Initiative Program (MAMII)

Dr Dayo Adeyanju, RMNCH Lead from the SWAp Coordinating Office, presented NDHS data that highlights Nigeria's ongoing challenges with high maternal mortality rates and the limited use of maternal health services - including delivery locations, types of birth assistance (skilled or traditional), and utilization of post-natal services.

He then introduced the Maternal Mortality Reduction Innovation and Initiative (MAMII) as a targeted program designed to improve these indicators and outlined MAMII's primary objective - a 30% reduction in maternal mortality through early interventions, improved planning, and enhanced access to care, ultimately aiming to achieve zero maternal deaths. The program's approach includes both demand and supply-side interventions to address delays in accessing maternal health services. Dr. Adeyanju also emphasized MAMII's built-in monitoring, evaluation, and learning framework, which will support performance management and ongoing adaptation to ensure effectiveness.

The MAMII program will target high-risk areas, using data-driven approaches to reduce maternal mortality through early intervention, strategic planning, and improved access to care. The initiative aims to increase facility-based deliveries by 60%, ensure skilled birth attendants for every delivery, and address delays that

hinder timely access to healthcare services.

High-level components of MAMII include:

- **Engaging Community Health Workers:**

Community Health Workers (Vanguards) will play a key role by engaging pregnant women in their homes, helping them create birth plans, identifying high-risk pregnancies, and ensuring readiness for complications by preparing for quick transport to Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) facilities if needed. These workers will also provide health education and counselling on nutrition, family planning, and healthy pregnancy practices. Recognizing that many deliveries still occur at home with Traditional Birth Attendants (TBAs), the program will collaborate with TBAs to encourage referrals to healthcare facilities when necessary.

- **Tracking and Accountability:** MAMII emphasizes improved maternal death reporting and verbal audits to identify causes and locations of maternal deaths, enabling targeted interventions. A comprehensive dashboard will monitor maternal health outcomes nationwide, starting with 172 high-burden LGAs and eventually covering all 774 LGAs, allowing for real-time progress assessment and identification of areas needing additional support.



In response to the Honourable Commissioner of Cross Rivers State's comment on the need for more contextual information on the maternal mortality indices in these LGAs to help local stakeholders address the issue more effectively, Dr Adeyanju expressed the plan to engage with local communities to understand the drivers of maternal mortality in these areas. The team will work directly in these LGAs to identify drivers and co-create solutions tailored to local realities and needs.

Dr Felix Ogedegbe, Chairman of NEMSAS (National Emergency Medical Services and Ambulance Systems) stated that emergency transport services are being strengthened to address the second delay in maternal care. He explained that NEMSAS has a rural emergency system providing ambulances, tricycles, and treatment centres in high-risk LGAs.

Following the presentations, **Prof. Muhammad Ali Pate**, the Honorable Coordinating Minister of Health and Social Welfare, announced the launch of the initiative

and unveiled its official logo.

He was joined by **HRH. Dr Haliru Yahaya**, the Emir of Shonga; **Dr Oyebanji Filani**, the Commissioner for Health in Ekiti State and Chairperson of the Forum of Health Commissioners, **Engr. Bello Lawal**, President of the Association of Local Governments of Nigeria (ALGON); **Dr Walter Kazadi Molumbo**, the WHO Country Representative, **Rifat Hassan**, Practice Manager at the World Bank; and Uche Amaonwu, Country Director for the Bill & Melinda Gates Foundation. All partners expressed strong support for the initiative and committed to advancing its implementation through their respective roles and organizations.

The Honorable Coordinating Minister of Health and Social Welfare further announced that cesarean sections will now be provided free of charge to women who need the service across health facilities in the country.



SESSION 4

Health system enablers: Financing the health sector reforms, galvanising resources to catalyze the health sector renewal agenda

The session started off with presentations from **Dr. Mukhtar Mohammed**, BHCPF MoC, and **Dr. Ado Muhammad**, Senior Adviser to the DG of the Budget Office, on domestic financing and the efficient utilization of funds for the health sector in Nigeria. The focus of the discussions was the Basic Healthcare Provision Fund (BHCPF), domestic financing for the health sector, and the key reforms aimed at improving accountability, transparency, and resource allocation within the healthcare system. The insights provided by both experts emphasized the strategic role of domestic funding and the necessity of effective resource management to address the country's health challenges, including maternal mortality.

The presenters highlighted the following key points:

BHCPF

- Dr. Mukhtar Mohammed

- Since the BHCPF activation in 2018, approximately N138 billion has been disbursed, with N38.5 billion disbursed in the current year. These funds are distributed quarterly in alignment with ministerial oversight committees.
- New reforms have been introduced following an audit report to enhance accountability, oversight, and transparency. These include:
 - Strengthening oversight at the state and local government levels to improve monitoring and evaluation of primary health services and ensure better identification of vulnerable populations.
 - Reforming fund disbursement criteria to prioritize equitable resource allocation, focusing on states with the highest maternal mortality rates and addressing poverty in vulnerable regions.

- Ensuring the viability of primary healthcare facilities before funding, with rigorous verification processes led by the National Primary Health Care Development Agency (NPHCDA)

Budget allocation to health

- Dr. Ado Muhammad

- In 2024, a total of N1.34 trillion was allocated to the sector comprising N771.56 billion (57.85%) personnel (inclusive of N125.74 billion BHCPF), 21.76 billion (1.62%) Overhead and 543.85 billion (40.59%) Capital Expenditure under the 2024 budget. This is however exclusive of other allocations to the sector not in the main budget including GAVI/Immunization N137.21 billion, retained revenue of health institutions and Donor Funding, among others

In terms of performance

- BHCPF has been released in line with other first-line charges budget items as N109.60 billion has been released as at October 2024. This is projected to be fully released by the end of the year.
- For GAVI/Immunization, N116.58 billion (84.96%) have been released as at October 2024 compared to zero releases as at the same time last year.

NB: The 2023 fund was fully released through an intervention fund in 2024.

He went on to state that to increase domestic resources to finance key essential services in the health sector a multi-faceted approach is required including:

- Enhancing government budget allocations by advocating for a higher percentage of national and state budgets allocated to health, aiming for at least 15% as recommended by the Abuja Declaration.



- Implementing health sector reforms that improve efficiency including thorough audits and assessments and decentralization to empower local governments
- Enhancing revenue generation through tax reforms (consider increasing tax on tobacco and alcohol) and expanded health insurance schemes
- Leveraging the private sector, increasing development assistance and improving accountability and transparency

The presentations were followed by a question and answer session that was moderated by **Dr Uzoma Nwankwo**, Head of Health Financing, FMHSW, **Dr Ado Muhammad** and **Dr Mukhtar Mohammed** elaborated on the plans to improve financing and financial management for health. They were supported by **Abdulateef O.T. Shittu**, DG, NGF, **Benjamin Loevinsohn**, Director of Immunization Financing and Sustainability, Gavi, **Rifat Hassan**, Practice Manager, World Bank and **Uche Amaonwu**, Country Director, BMGF.

SESSION 5: BREAKOUT SIDE SESSIONS

Some targeted sessions were held during the 2024 JAR focused on bringing awareness to government initiatives and getting buy-in (PVAC, Comms Connect), discussing with immunization stakeholders (ICC) and co-creating with stakeholders (JAR Design Studio). Key resolutions/output from these sessions include:

Expanded Routine Immunization Inter-agency Coordinating Committee

The session was chaired by **Prof. Muhammad Ali Pate**, the Honorable Coordinating Minister of Health and Social Welfare, alongside **Thabani Maphosa**, Gavi's Chief of Country Delivery Officer. The session aimed to review the revised Immunization accountability framework with stakeholders and discuss vaccine financing needs, obligations, and outlook for Gavi 6.0.

Other key meeting participants included - **HRH. Dr. Haliru Yahaya**, the Emir of Shonga; **HRM Oba (Dr) Olufolarin Olukayode Ogunswao**, Alara of Ilara; **Dr. Muyi Aina**, Executive Director/Chief Executive Officer NPHCDA; Directors of Disease Control, and Logistics from NPHCDA, High-level delegates from GAVI and alliance partners - WHO, UNICEF, BMGF, CDC, USAID, FCDO, World Bank and others; Gavi Nigeria Country Team; Heads of expanded partner agencies, and the media.

RESOLUTIONS:

- Submit a formal proposal with key performance indicators (KPIs) to the GAVI secretariat, detailing specific indicators for Nigeria and GAVI.
- Adopt the SWAP/Accountability framework 2.0 for Immunization performance reviews and review of vaccine financing outlook during the side High-level Mission/Expanded Interagency Coordination Committee (ICC) side event.
- Develop and implement models to secure predictable financing from the Government and GAVI, and streamline processes to address bottlenecks in fund releases.
- Finalize the methodology for the vaccine wastage rate study and establish a routine study schedule every three to four years.
- Request and publish comprehensive data on the full cost of routine (non-GAVI) and GAVI-supported vaccines to enhance transparency, taking into account market sensitivity considerations.
- Re-engage NPHCDA and other relevant MDAs to review the Eligibility, Transition, and Co-financing (ELTRACO) policy and explore adjustments to better align it with Nigeria's needs.



CommsConnect

The session was chaired by **Dr. Lawal Bakare**, Communications Lead, SWAp Coordination Office and it aimed to clarify the idea behind the concept of SWAp and unveil the proposed brand identity for SWAp. The session was attended by stakeholders from across the sector including representatives from WHO, BMGF the Ministry of Health, the SWAp office, Nigeria Health Watch, National dailies, AIT, FRCN, ITV and more.

RESOLUTIONS

- Position the sector-wide approach as the means of enhancing service delivery across the sector, rather than as a specific program, department, or agency.
- Elevate the quality of communication outputs within the sector.
- Adopt “Better Health for Nigeria” as the official tagline for SWAp.
- Adopt the term “Co-implementer of SWAp” as an adoption tool of the entire health sector.
- Enhance the TA pool for communication sector-wide both at national and sub-national levels

JAR Studio Design

The session was facilitated by **Dr Opeyemi Fadeyibi**, M&E Lead at SWAp Coordinating Office, **Dr Angus Ikpe**, **Dr Sesan Makinde**, JAR Consultant USAID and **Dr Mike Merrigan**, Consultant University of North Carolina. The session aimed to collaboratively design a structured model for future JARs and to clearly define objectives in partnership with key stakeholders. Key activities during the breakout session included a brief presentation on the general overview and core principles of

JARs, followed by an overview of past JAR experiences in Nigeria and other countries to identify lessons that will inform the design of future JARs. Subsequently, participants were divided into six groups to address key questions related to the Why, Who, What, When, Where, and How of conducting future JARs.

RESOLUTIONS

- DHPRS (FMoH) to lead the entire process of design and coordination of the JAR with support from sub-national and development partners.
- Set JAR objectives to evaluate health sector performance (NHSRII and SWAp frameworks) and share best practices and solutions for ongoing challenges.
- Engage diverse stakeholders, including health MDAs, medical reps, partners, citizens, legislators, traditional leaders, non-health ministries, and private health entities.
- Schedule state-level JARs in Q2 and the national JAR in Q3 for alignment with annual plans and budgets.
- Commence review process at LGA level, progressing to state and national levels, using standardized tools/templates for consistent reporting.
- Structure the JAR event over four days: Begin with a pre-JAR day followed by 3 days for the main event- Day 1 for sector-wide review, Day 2 for thematic sessions, and Day 3 for recommendations and commitments.
- Consider DHIs2 as a source of data for JAR.
- Disseminate JAR outcomes via bulletins, newsletters, and media to reach a broad stakeholder audience.





Unlocking value chain

The session was chaired by Nasir Mohammed, Chief of Staff to the National Coordinator of the Presidential Initiative on Healthcare Value Chain (PVAC), alongside colleagues, **Dr. Zara Ajus Abba-Aji** and **Muhammad Balarabe**. The session aimed to brainstorm possible ways to enhance the value chains in the Nigeria health sector and work towards achieving the PVAC objectives.

The meeting attendees included a range of stakeholders - health sector leaders (including state Health Commissioners and Permanent Secretaries), members of the SWAp office, and representatives from health-related MDAs like NAFDAC, partner organizations such as UNICEF, USAID, and R4D among others.

RESOLUTIONS

Maintain an open and continuous dialogue with stakeholders to identify challenges and co-develop actionable solutions for sustainable progress across the health value chain.

- Prioritize partnerships that facilitate technology transfer and capacity building, ensuring the development of local manufacturing capabilities for critical health commodities.
- Engage Nigerian organizations with previously robust production capacities to explore revitalization strategies, leveraging local resources and technical assistance for sustainable recovery
- Follow through on the implementation of the Executive Order framework to streamline regulatory processes and foster an enabling environment for local manufacturers



SESSION 6

Launching Nigeria's First-Ever Climate Health Vulnerability Assessment Report



Dave McConalogue, Senior Health Adviser at the Foreign, Commonwealth & Development Office (FCDO), presented a detailed analysis of the findings from a comprehensive assessment focused on the future risks to health outcomes due to climate change.

This collaborative effort involved the Nigerian government, development partners, and technical experts, examining a range of health threats, including injuries from extreme weather events, and identifying cumulative changes that could intensify public health challenges over time. The assessment resulted in over 150 recommendations addressing both immediate and long-term actions to enhance climate resilience within Nigeria's health sector. McConalogue encouraged all stakeholders to thoroughly review the document, available both in hard copy and online, to ensure a full understanding and effective implementation of the proposed measures.

He expressed sincere appreciation for the Honorable Coordinating Minister's leadership and the prioritization of climate change within the Nigerian Health Sector Renewal Investment Initiative, specifically under its fourth pillar dedicated to health security and climate resilience. He also commended the Minister of State for Health, the Permanent Secretary, the Department of Public Health, the Technical Working Group, development partners, and the assessment team for their dedication to advancing this critical initiative.

Prof. Muhammad Ali Pate, the Honorable Coordinating

Minister of Health and Social Welfare, delivered the address to officially launch Nigeria's Climate Change and Health Vulnerability Assessment and Plan. He began by expressing gratitude to the team behind the assessment, including the ministry team as well as development partners. He also acknowledged the support of the Permanent Secretary, Executives of key agencies (NACA, NPHCDA, NHIA), and international partners.

In his remarks, Prof. Pate described climate change as a wicked problem affecting Nigeria's public health, citing its connections to rising temperatures, flooding, climate-induced injuries, infectious diseases (such as malaria, dengue, and yellow fever), and malnutrition—all exacerbated by a fragile health system. He reaffirmed the federal government's commitment to addressing these impacts through the Health Security Pillar of HSSB, which prioritizes climate resilience.

Prof. Muhammad Ali Pate underscored the importance of strong community engagement and the involvement of traditional leaders to build awareness and resilience at the grassroots level. He encouraged collaborative efforts between government and partners and emphasized Nigeria's intent to engage actively at COP29 (29th Edition of the Conference of Parties) in Azerbaijan to address climate-health challenges on a global scale. He concluded by calling for unified action from government, communities, and international partners to tackle climate-related health risks effectively.



SESSION 7

Data for Decision Making - SWAP M&E Roadmap.

Moving the Country towards a Single Source of Truth and Inauguration of the Expert Group/Taskforce on Mini DHS

Dr Opeyemi Fadejibi, M&E Lead at SWAp Coordinating Office, presented an overview of the SWAp M&E Roadmap, designed to strengthen Nigeria's health sector monitoring and evaluation systems. She highlighted the existing challenges in data collection, analysis, dissemination, and utilization, stressing the importance of establishing a harmonized central data source with clear definitions. This central source would serve as the backbone for data-driven decision-making and support the SWAp's "**One Report**" initiative, streamlining reporting and enhancing accountability across the sector.

Dr. Fadejibi presented key milestones across capacity building, digitization of M&E processes, and data interoperability. These interventions began in 2024, with early results anticipated by 2025 and full milestone achievement by 2027. In her presentation, she highlighted the recommendations of the M&E TWG to adopt the National Demographic and Health Survey (NDHS) as the one source of truth for population-level indicators and the conduct of a mini-DHS in selected states between the NDHS cycles.

Concluding her session, she outlined the proposed technical team members, drawn from MDAs and partner organizations, who would oversee and coordinate these survey efforts.

Prof. Muhammad Ali Pate, the Honorable Coordinating Minister of Health and Social Welfare, went on to inaugurate the Expert Working Group on the Mini-Demographic Health Survey (DHS). In his speech, he emphasized the importance of strengthening Nigeria's health data system and the critical role the new Expert Working Group will play in bridging the gap between the traditional five-year DHS surveys.

The Honorable Coordinating Minister announced that the group will comprise experts from multiple government agencies and international partners.



Key participants include the Federal Ministry of Health and Social Welfare (led by the DHPRS), the National Bureau of Statistics (NBS), the National Population Commission (NPC), the National Primary Health Care Development Agency (NPHCDA), SWAp Coordinating Office (SCO), United Nations Population Fund (UNFPA), (GFF), UNICEF, WHO, USAID, ICF Macro, Bill & Melinda Gates Foundation, and the World Bank will be part of this collaborative effort.

He listed the high-level expectations of the Expert Group:

- Standardize survey methodologies to ensure consistency
- Align indicators with international best practices and ensure data is representative and free of biases
- Respond to the unique health landscape of Nigeria, ensuring the data collected is tailored to national health priorities.

He stressed that the credibility of the data is paramount and will facilitate the derivation of meaningful insights and data-driven solutions. He acknowledged the need to incorporate tracking of neglected tropical diseases (NTDs) into the survey, highlighting that these diseases are a significant part of the country's health challenges and need more attention.

SESSION 8

Resolutions & Next Steps



DESIGN OF FUTURE JARS

Dr Kamil Shore tire presented the resolutions and next steps from the JAR Design Studio, outlining the proposed structure and format for future Joint Annual Reviews (JARs) and the redefined guiding objectives. Dr Shore tire emphasized that the government, private sector, development partners, and citizens will all play crucial roles in the JAR process and went on to detail the proposed responsibilities for each group in the periods before, during, and after the JARs to support successful outcomes.

He also introduced a set of prioritized indicators that will be a standard focus across the 13 NHSRII priority areas, along with the JAR calendar, which schedules state-level JARs for Q2, as preparation for the national JAR in late Q3. The Q3 national JAR is timed to align with the Q3 performance dialogue and feed into the Annual Operational Plan (AOP) development cycles.

He closed by underscoring the importance of sustained collaboration, data-driven decision-making, and robust feedback mechanisms involving all stakeholders to drive successful health sector reforms.

OFFICIAL READ OUT OF THE 2024 JAR COMMUNIQUE

Daju, Kachollom S. mni Permanent Secretary, Federal Ministry of Health and Social Welfare began by expressing gratitude to all participants at the 2024 JAR of Nigeria's health sector. She provided a detailed communique summarising the outcomes and resolutions from the meeting.

Highlights from the 2024 JAR (Communique extract):

- Review of national and state performance across indicators from the National Demographic Health Survey 2023 and progress milestones on the Nigeria Health Sector Renewal Investment Initiative (NHSRII) priorities.
- The launch of the Maternal Mortality Reduction Innovation and Initiatives (MAMI) Strategy.
- Prof. Mohammed Ali Pate, announced the launch of Free Emergency Cesarean Sections across health facilities in the country to combat maternal mortality.
- The presentation of Nigeria's first-ever Climate Change Health Vulnerability and Adaptation

Assessment Report for 2024.

- The launch of the NPHCDA PHC dashboard for monitoring the functionality of health facilities.
- The introduction of the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC) to a wide range of stakeholders.
- The adoption of the SWAP/Accountability framework 2.0 for Immunization performance reviews and review of vaccine financing outlook during the side High-level Mission/Expanded Interagency Coordination Committee (ICC) side event.
- Alignment on the single source of truth roadmap, and the plans for periodic performance measurements through annual mini-DHS.
- The co-creation of the format of subsequent Health Sector Joint Annual Review - covering themes of objectives, calendar, participation/membership.
- Renewed commitments from stakeholders to uphold the principles of One Plan, One Budget, One reporting and One conversation, with shared consensus on the need for mutual accountability and collaborative implementation of outlined strategies.

Key resolutions from the 2024 JAR (Communiqué extract):

- In line with international commitments on donor coordination and the shift to supporting government priorities by supporting government ownership and using national systems, the meeting resolved to strengthen stakeholder coordination for improved health service delivery, ensuring alignment with the commitments outlined in the Compact. This includes:
 - Adopting SWAp behaviours through a mutual accountability alignment framework and holding all stakeholders to a Code-of-Conduct.
 - Ensuring transparency in health program resource allocation and expenditure through a routine mapping and tracking process.
 - Strengthen and use national institutions and systems for efficient resource management (financial, technical, and commodities).
- The SWAp coordinating office in collaboration with all stakeholders will develop, disseminate and onboard a code of conduct to ensure alignment of partner coordination across states with the NHSRII

Compact commitments by Jan 2025.

- States commissioners, Partners and the private sector are to facilitate the domestication and full implementation of the newly unveiled Maternal Mortality Reduction Innovation and Initiatives (MAMII) strategy across all 36 States and the FCT.
- To improve the coordination of HIV/AIDS and related diseases, especially at national and sub-national levels, it was resolved that for proper delineation, NASCP/SASCPs shall focus on health-related activities, while NACA/SACAs shall focus on multisectoral coordination of the non-health sector related activities.
- To improve the quality of health services, especially at the PHC level, the ongoing training of 120,000 frontline healthcare is to be concluded by the NPHCDA and relevant stakeholders by February 2025.
- To track the performance of the NHSRII, the FMOHSW should plan and conduct annual mini surveys which would track progress against baseline indicators building on NDHS 2023 data.
- Future JARs should focus on evaluating health sector performance on key indicators and progress against set milestones in alignment with the NHSRII and SWAp framework - collaboratively brainstorming on innovative solutions to address ongoing challenges, disseminating best practices from the health sector across all levels; as well as celebrating exemplars, and fostering peer learning.
- Stakeholders to be involved in JAR include Federal and State ministries of health and their Agencies; Regulatory and Professional bodies; other relevant government bodies such as the Ministries of Environment, Finance, Budget and Economic Planning, Women Affairs and Social Development, Pharmaceutical and Technology companies, Private health practitioners, Traditional leaders, Donors and Implementing partners, Media and Citizens.
- Future JARs will begin at the State level, aligning with the annual AOP and budgeting cycle in Q3 (July). The national JAR will take place in Q3 (August), and key resolutions from the JARs will be integrated into the finalized AOPs for the upcoming year.

CLOSING CEREMONY

In his final remarks, Prof. Muhammad Ali Pate, the Honorable Coordinating Minister of Health and Social Welfare, extended his gratitude to health MDA Executives, Gouernors, State commissioners, Permanent Secretaries, traditional leaders, and development partners for their active participation and engagement.

Prof Pate expressed his heartfelt appreciation to the task team and planning committees, and everyone who contributed to the success of the 2024 JAR. He acknowledged the collaborative efforts of all involved, including the logistics team, security personnel, media, and development partners.

He concluded by reaffirming that Nigeria is at the beginning of its journey to improve health outcomes, with substantial work still ahead.

The review concluded with a cocktail event later that evening.

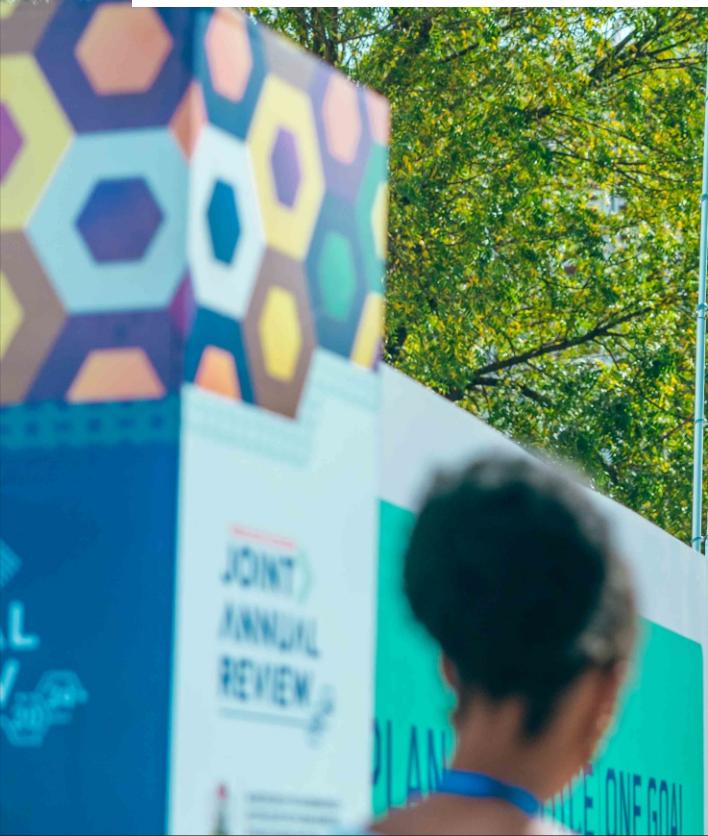




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