

Global Vaccine Action Plan

Secretariat Annual Report 2016

Priority Country report on progress towards GVAP-RVAP goals

NIGERIA

A. Progress towards achievement of GVAP goals

1. Summary

The summary table below describes the current situation in Nigeria regarding achieving the GVAP goals. Data used to assess progress towards achievement of GVAP goals are included in the annex.

Area	Indicator	Nigeria
10. Government expenditure on routine immunization per live birth (US\$)	Baseline 2010-2011 and average for 2013-2015 (% change)	4.1 to 12.9 (+216%)

2.1 Government financing for immunization

According to the 2015 GAVI Joint Appraisal report, the federal government contributed 36% of the estimated immunization expenditures in 2014, while its contribution in 2011 was 34%. There was thus a marginal increase in the Government's share of immunization expenditures in four years. The federal Government's expenditures cover the cost of traditional vaccines (\$12.6 million in 2013), co-financing for the GAVI-supported new vaccines (pentavalent and PVC) (≈\$25 million in 2015), personnel costs for the EPI staff as well as per diems for vaccinators and supervisory staff, and other recurrent costs.¹ The Government also pays for a share of the operational costs of polio and other SIAs. In addition to the federal government's contribution, subnational (state and LGA) governments contribute personnel and other operational costs for the routine program – to the tune of \$14.6 million (7%) of the estimated total routine immunization program costs in 2013.²

¹ Sources: FMOH. Comprehensive EPI multi-year plan, 2016-2020, National Primary Health Care Development Agency, 2015, and internal WHO briefing note for the 2016 joint appraisal.

² cMYP 2016-2020.

The Government has been making its co-financing payments for GAVI-supported vaccines without delays or defaults, as well as purchasing traditional vaccines for the routine program, though there have been some reports delays in vaccine purchases, causing stock-outs. This has not occurred, however, since 2013.

Financing for the routine immunization program is considered inadequate and the often slow release of government funds results in delays in planned immunization activities. Other recent developments that have had an impact on immunization funding are:

- The sharp reduction in oil revenues, which account for 70% of the country's consolidated revenues, as a result of the decline in global oil prices. This has affected the ability of some states – which are responsible for the delivery of immunization services – to pay health worker salaries, operational costs for outreach activities and other costs affecting the immunization program. Several states have declared bankruptcy in recent years as a result;
- The freezing of all GAVI cash support, including HSS grant funding since March 2014, due to financial management issues. This has delayed several planned activities, including the training of health workers on integrated PHC service delivery, TT campaigns as part of the maternal and neonatal elimination program, and an immunization coverage survey. Some priority activities funded through the HSS grant are being implemented with funds channeled through UNICEF.

There have been two recent developments that should increase financing for immunization. The first is the Government's plan to extend health services to the entire population, including to under-served areas, by providing "primary health care under one roof" (PHCUOR). The vision is to establish functional PHC centers open 24 hours a day in each of the country's more than 9,500 political wards, manned by at least two certified nurses or midwives. To fund this plan, the Government passed a National Health Act in 2014 that creates a Basic Health Care Provision Fund – half of which will be used to cover the costs of the PHC centers, including vaccines, equipment and operational costs. The National Health Act is currently in the planning stage and is being affected by the decline in oil revenues, which are a major source of funding for its implementation.

The second effort to increase immunization financing is the development of agreements between state governments and two foundations to secure more stable funding for routine immunization, using a basket funding mechanism with contributions from the state governments and the foundations (the latter to be phased out over time). This initiative – currently operating in two states and being planned in four more – is described in more detail in Section B.

ANNEXES

- % of total expenditures on vaccines financed by government funds: 41%