

MAKING PEOPLE **HEALTHIER**

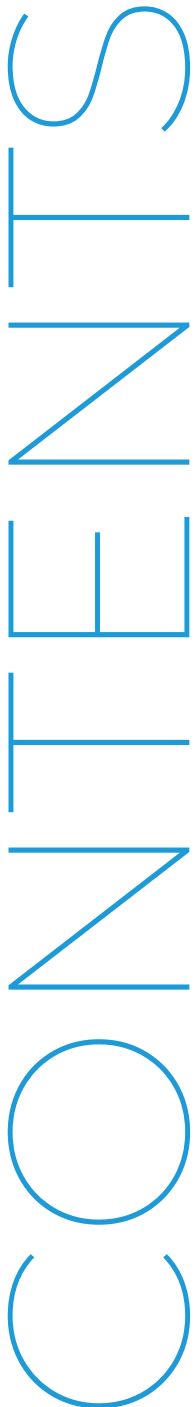
BIENNIAL REPORT

2022-2023



World Health
Organization
Nigeria

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FORREWORD

In a period where WHO's work was under immense scrutiny, with so much focus on delivering results within a context of change, WHO in Nigeria showed commendable resolve in adapting to the new environment.

The period covered by this report coincided with the reduction in the number of cases for the COVID-19 pandemic, and a period where the Functional Review implementation to make WHO more fit for purpose was on course. Making WHO country offices more fit for purpose was further bolstered by the setting up of an Action Results Group (ARG) by the Global Policy Group (GPG). The WHO Representative to Nigeria was the designated representative of the African Region in the Group.

This report showcases the work of WHO in Nigeria in the period 01st January 2022 to the 31st December 2023.

WHO in Nigeria supported the Federal and State governments to advance government priorities as enunciated in various instruments; the Nigeria Health Sector Renewal Investment Programme (2023 – 2026) with its Sector Wide Approach (SWAp) to financing, WHO Nigeria's 4th generation Country Cooperation Strategy (2023 -2027), the WHO's 13th General Programme of Work (2019 -2025), as well as the United Nations Sustainable Development Cooperation Framework (2023 – 2027).

We cherish the cordial collaboration between WHO workforce and all our various partners in the health sector and other government ministries. We are particularly grateful to the Nigeria government for engaging with WHO to find innovative solutions to the health challenges faced by the Nigerian population.

Dr Walter Kazadi Mulombo
WHO Representative and Head of Mission to Nigeria



The WHO Nigeria 2022 – 2023 Biennial Report seeks to showcase the work the country office did during this period. The report is covering a time when Nigeria was setting new health sector priorities to ensure effective governance, refocus on delivering efficient, equitable and quality health systems, unlock the value chain, and accelerate efforts towards health security leveraging several enablers including reliable data and enhanced digital platforms.

This report presents the results achieved by WHO by implementing her planned actions at the Federal, Zonal, State, Local Government Authorities (LGAs), Health Facilities and Community levels.

In the report, WHO achievements are categorized based on the country priorities as depicted in the 4th Country Cooperation Strategy (CCS iv), namely:

- Strategic Priority 1: Advance Primary Health Care (PHC) approach and essential health systems capacities for equity and gender equality, across all levels, to progress Universal Health Coverage;
- Strategic Priority 2: 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;
- Strategic Priority 3: Address root causes of ill health, including determinants and risk factors to tackle the rising burden of noncommunicable diseases (NCDs), mental health, violence, and injuries;
- Strategic Priority 4: Build institutional capacities for research, 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, and other environmental health hazards.



Notable Achievements During Period Under Review.

1



Advance Primary Health Care (PHC) approach and essential health systems capacities for equity and gender equality, across all levels, to progress Universal Health Coverage

- With technical support from WHO, the National Agency for Food and Drug Administration and Control (NAFDAC) and the Pharmacy Council of Nigeria **achieved Maturity Level 3** of the WHO Global benchmarking for Regulatory System in **March 2022**. This achievement indicates that the National Regulatory Authority is now a stable well-functioning and integrated system which is the target of the WHA resolution 67.20 and aligned with GPW13 output 1.3.3 (Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services under outcome 1.3)
- WHO also provided technical and financial support leading to NAFDAC achieving **prequalification** of the Central Drug Quality Control Laboratory in **September 2023**.

2



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

- More than **4.7 million girls** vaccinated with **HPV vaccine** in the 16 Phase 1 States
- Over **28 million children** in 21 States were reached with Seasonal malaria Chemoprevention in 350 LGAs with coverage of 90-100% during the biennium rounds
- **15.1 million** children below **5 years** vaccinated with **measles vaccine** in 13 States
- **17 million** people aged 9 months to 49 years vaccinated with **Yellow Fever vaccine**
- An additional **9 million** Nigerians especially the poor and vulnerable reached with **health insurance coverage** following WHO advocacy;



Notable Achievements During Period Under Review.

3



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

- WHO Nigeria supported the integration of mental health care services into 115 PHCs in the North East. With this support, in 2022, a total of 22,131 individuals (boys: 2842, girls: 2362, men: 7970, women: 8957) were treated for mental health conditions.
- From May to December 2022, **12 PHCs** in Federal Capital Territory (FCT) supported with technical and catalytic funding of **\$50,000** leading to **15,457** people being screened for **hypertension** of which 1,642 were diagnosed and 612 were placed on treatment. For **diabetes**, **4,807** were screened, **288** and **184** were diagnosed and placed on treatment respectively



4



Build institutional capacities for research, information and data systems, and use of digital technologies for health

- Provided technical guidance for the development of new electronic registration and vaccination tools (EMID) for COVID-19 vaccine rollout, culminating in over 80 million eligible population (72%) being reached by December 2022

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, and other environmental health hazards

- Facilitated NCDC and NPHCDA efforts to ramp up COVID-19 vaccine coverage leading to 95,601,943 of the eligible population (82%) completing the first dose of vaccine and 83,070,454 (72%) completing the primary series by December 2023
- 269,802 individuals were reached through Gender Based Violence (GBV) health messaging sensitization and awareness sessions



LIST OF ACRONYMS

AMR	Antimicrobial Resistance
ARG	Action Results Group
BHCPF	Basic Health Care Provision Fund
BMGF	Bill and Melinda Gates Foundation
CCA	Country Common Analysis
CCS	Country Cooperation Strategy
cVPV2	circulating Variant Polio Virus type 2
DDM	Direct Disbursement Mechanism
DHIS	District Health Information System
FCDO	Foreign Commonwealth and Development Office
FCT	Federal Capital Territory
FCV	Fragile, Conflict affected and Vulnerable settings (Humanitarian Crisis Settings)
FMOH	Federal Ministry of Health
Gavi	Global Alliance for Vaccine Initiative
GDP	Gross Domestic Product
GFATM	The Global Fund for AIDS, Tuberculosis and Malaria
GPW	General Programme of Work
ICC	Interagency Coordination Committee
IPV	Inactivated polio vaccine
MDA	Ministries, Departments and Agencies
MMR	Maternal Mortality Ratio
NAFDAC	National Agency for Food and Drug Administration and Control
NAP	National Action Plan
NCD	Non-Communicable Diseases
NCDC	Nigerian Centre for Disease Control
NDHS	Nigeria Health Demographic Survey
NHA	National Health Act
NHIA	National Health Insurance Authority
NHMIS	National Health Management Information System
NGO	Non-Governmental Organization
NPC	National Population Commission
NPHCDA	National Primary Health Care Development Agency
NHSRIP	National Health Sector Renewal Investment Programme
NSHDP	National Strategic Health Development Plan
PHC	Primary Health Care

LIST OF ACRONYMS

RMNCAHN	Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition
SDG	Sustainable Development Goals
SIA	Supplementary Immunization Activities
SWAp	Sector Wide Approach
TB	Tuberculosis
UHC	Universal Health Coverage
UNBOS	United Nations Business Operations Strategy
USAID	United States Agency for International Development
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization
WPV	Wild Polio Virus
WUENIC	WHO/UNICEF Estimate for Immunization Coverage







1.1 Country Context

Nigeria lies within sub-Saharan Africa, and borders with the Niger Republic in the north, the Republic of Chad in the northeast, Republic of Cameroon in the east, and Republic of Benin in the west. To the south, Nigeria is bordered by approximately 850 kilometres of the Atlantic Ocean, stretching from Badagry in the west to the Rio del Rey in the east. The country derives its name from its most prominent river, the Niger. Nigeria has a total land area of 923,769 square kilometres, making it the 14th largest country in Africa.

Nigeria operates a federal system of government under three arms, namely the Executive, the Legislative, and the Judiciary. It is made up of 36 states and a Federal Capital Territory (FCT). The states are grouped into six geopolitical zones: North Central, North East, North West, South East, South South, and South West. There are also 774 constitutionally recognized local government areas (LGAs) in the country. The capital city is Abuja, located in the centre of the nation, while Lagos is the country's primary port, economic hub, the largest city and home to 21 million people and the largest city in Africa. Politically, Nigeria operates a democratic system of government that has remained stable since 1999. Nigeria is a multinational state inhabited by more than 374 identifiable ethnic groups, of which the major ones are the Igbo, Hausa, and Yoruba and speaking over 500 distinct languages including English, Hausa, Yoruba, Igbo plus regional languages.

Nigeria has the largest population in Africa and the seventh largest in the world. The current population is estimated at 225 million based on an annual growth rate of 3.2 percent (National Population Commission [NPC] 2016). Nigeria's population is young, with persons aged 0-24 accounting for more than 62 percent of

the country's residents (NPC 2006). According to the World Bank's definition, Nigeria is a lower middle-income country (World Bank 2016).

Nigeria has emerged as Africa's largest economy, with a Gross Domestic Product (GDP) in 2022 estimated at US\$ 477.39 billions of which the non-oil sector contributed over 90% to the nation's GDP. Oil had been a dominant source of government revenues since the 1970s.

Regulatory constraints and security risks have limited new investment in oil and natural gas. Nevertheless, the Nigerian economy has continued to grow at a slow rate over the years driven by growth in agriculture, telecommunications, and services.

The country's health system comprises the public and private sectors. The private sector is made up of the formal private health care sector, which includes private not-for-profit (operated by missionaries and nongovernmental organizations) and private for-profit organizations, and the informal sector, which includes traditional medicine providers, patent medicine vendors, drug shops, and complementary and alternative practitioners. Public sector health care facilities include large referral hospitals, classified as tertiary health facilities; secondary health facilities; and primary health facilities. Also, the community-oriented services constitute the primary health care system.

Nigeria identified the primary health care as the driver of its effort towards universal health coverage. This is articulated in the National Health Policy 2016, the National Strategic Health Development Plan (NSHDP II) and other programmatic documents.

1.2. Background

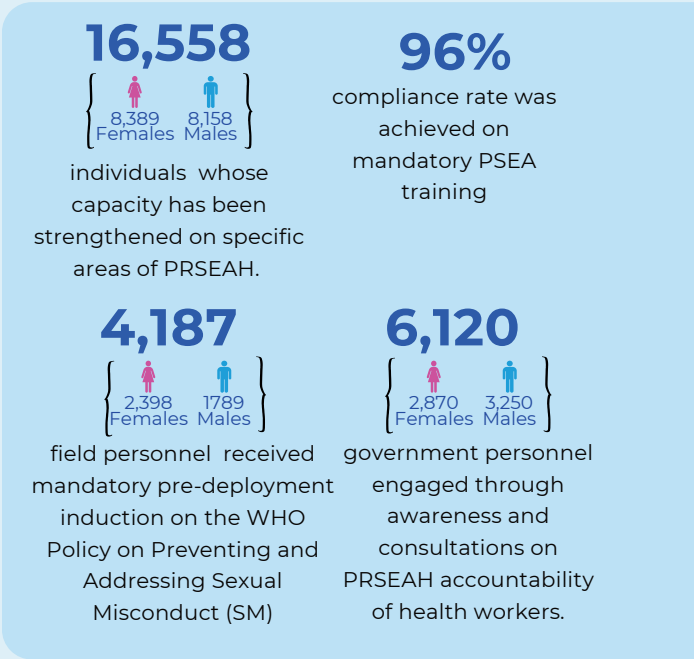
The World Health Organization Country Office aligned its plans and programmes across clusters and States to contribute to achieving the Triple Billion targets of the WHO Thirteenth General Programme of Work (GPW13) 2018-2025. The GPW13 is based on the Sustainable Development Goals (SDGs) and is intended to help countries deliver on the health-related SDGs including the Universal Health Coverage (UHC) target.

WHO Nigeria maintained its leadership role in health sector through result oriented engagement with multi-stakeholders including the UN to drive commitments, develop policies and strategies inline with African Region Transformation Agenda, the 13th General Programme of work (GPW13) and the Nigeria Strategic Health Development Plan II (NSHDP II). WHO developed its fourth generation Country Cooperation Strategy through a consultative process. To further align with government priorities, WHO contributed to the development of the broader United Nation Sustainable Development Cooperation framework (2023-2027). Furthermore, WHO Nigeria leadership provided strategic guidance to the national health council to inform shaping of the new Nigeria Health Sector Renewal Investment Program (NHSRIP) (2023-2026), a critical deliverable for the Sector Wide Approach (SWAp) as promulgated in the signed health compact. Subnational leadership were also engaged by WHO to provide support to state governments, traditional and religious leaders and civil society groups to translate high level commitments into actions.

WHO enhanced partnerships visibility through regular sharing of strategic information which guided donor investment in Nigeria health sector. This included increasing investment in the response to COVID-19 pandemic and sustaining critical and essential health

system interventions. Following full implementation of internal audit recommendations, WHO Nigeria received positive external audit report for 2022-23.

In advancing WHO's zero-tolerance approach to sexual misconduct, WHO Nigeria increased visibility and awareness on Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH) reaching over 40,000 individuals in 2023. Everyone at WHO has #NoExcuse to say we didn't know about our role in preventing or responding to Sexual Exploitation, Abuse and Harassment (SEAH)



To curb the delay in payment of frontline health workers, WHO Nigeria rolled out digital finance tool, CommCARE Application to improve Direct Disbursement Mechanism (DDM).

To facilitate implementation of a more fit for purpose WHO Nigeria towards achievement of the Africa Region Transformation Agenda, WHO Nigeria accelerated the implementation of a fit for purpose human resources structure

1.2. Background cont'd

officers resulting in 78% of vacancies filled.

Products and results of WHO work in country were shared through the use of social media and website publication of the organization. During the reporting period, Social media uploads increased;



Total number of uploads were 1036



New Followers: 60,657
Impressions: 5,613,379



New Followers: 33,472
Reach: 3,178,295



New Followers: 22,363
Reach: 99,317

This report presents the results achieved by WHO by implementing her planned actions at the Federal, Zonal, State, LGA, Health Facilities and Community levels. It covers the work of the WHO in the two-year period from January 2022 to December 2023. It highlights key results, challenges, priority actions and is presented in five chapters according to the strategic agenda of the Country Cooperation Strategy (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 system as well as improving health sector governance, 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 progress Universal Health Coverage.



Strategic Priority 2:

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.



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 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, and other environmental health hazards.

The WHO Nigeria through several established tools and processes such as the Programme Budget, business plans, workplans, and progress reporting planned and budgeted comprehensively, all the interventions and activities of the country office towards the objectives.



Advancing PHC Approach towards Universal Health Coverage



WHO Nigeria prioritized building health system capacities at all levels to improve equitable access to quality and affordable health services by strengthening governance, health workforce, availability of medical products and partnerships.

Summary narrative of the key interventions

PHC revitalization and community health system strengthening

- With technical support from WHO, a 5-year National Strategic Plan on Community Health Influencer and Promoter Services (CHIPS) was developed, and the National Integrated Community Case Management (ICCM) implementation guide was harmonized with the National CHIPS programme to strengthen PHC
- WHO provided technical support at the 2022 National PHC summit themed: Re-imagining Primary Healthcare in Nigeria produced a cleared communique on PHC revitalization

WHO lead assessor for the Global Benchmarking for Regulatory System assessing NAFDAC Quality Control Laboratory



Five years after WHA resolution 67.20 2014, Nigeria through the National Agency for Food and Drug Administration and Control (NAFDAC) requested the WCO Nigeria to support the strengthening of the country's regulatory system.

Capacity building exercises were carried out which led to the self-benchmarking by the two agencies with an institutional development plan (IDP) as an output, Which served as a basis for engaging WHO African Regional office and the headquarters.

NAFDAC and PCN benefited from technical assistance support before and after formal benchmarking and an institutional development plan which were closed in record time.

It is important to note that the director General of NAFDAC and the registrar of the Pharmacy Council provided an enabling environment for WHO and other partners notably USP (PQM+) project to support them through technical assistance.

After Nigeria achieved Maturity Level 3 in March 2022, NAFDAC leveraged on the experience, the improvement in all regulatory mandate and focused on the prequalification Central Drug Quality Control Laboratory. The prequalification was achieved in September 2023. This indicates growth and improvement in the regulatory system of Nigeria

Advancing PHC Approach towards Universal Health Coverage

- WHO in Nigeria supported the development of a 10-year National Strategic Roadmap for Ageing in Nigeria and convening the first National Summit of Healthy Ageing which led to a high-level commitment to healthy ageing endorsement.
- As part of core membership and technical secretariat of the Presidential Committee on Health Sector Reform, WHO contributed to the achievement of the Committee objectives which has formed the substrate for the health priorities of the Renewed Hope Agenda, and the Nigeria Health Renewal Investment Program.

Strengthening local capacity for manufacturing of health products and supply chain

- With technical support from WHO, the National Agency for Food and Drug Administration and Control (NAFDAC) and the Pharmacy Council of Nigeria achieved Maturity Level 3 of the WHO Global benchmarking for Regulatory System. Achievement of the Maturity Level 3 indicates that the National Regulatory Authority is now a stable well-functioning and integrated system which is the target of the WHA resolution 67.20 which aligns with GPW13 output 1.3.3 (Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services)
- WHO provided technical and financial support leading to the regulatory authority (NAFDAC) achieving prequalification of the Central Quality Control Laboratory, an endeavor that has been on in the last 10 years
- WHO with the support of the UN Basket Fund built capacity of 172 Micro Small and Medium Enterprises (MSMEs) to produce quality Personal Protective

Equipment following the COVID-19 pandemic. 54 MSMEs were finally selected and recommended to the National Agency for Food and Drug Administration and Control (NAFDAC) and the Standard Organization of Nigeria (S.O.N) for certification of their products.

- Through technical support and guidance from WHO, in May 2023 Nigeria recorded the first prequalified medicine in West Africa with the prequalification of Dispersible Zinc Sulphate which is used in the adjunct treatment of childhood diarrhea

Strengthening Human Resource for Health (HRH)

- WHO developed the National policy on the migration of health workers in Nigeria and contributed to the review of the National Task shifting/sharing policy leading to a strengthened Human Resources for Health (HRH) policy environment.
- WHO developed a national strategic direction for nursing and midwifery from the WHO global document to improve the quality of nursing training and services.
- WHO developed the National Health Workforce Profile 2022 to provide up-to-date information on HRH situation in Nigeria to provide evidence basis for planning, advocacy and management of health workforce. WHO continues to support the government to strengthen the national health workforce registry to provide real-time data on the health workforce situation in Nigeria.
- Through strengthened coordination of HRH in Nigeria (quarterly HRH Technical Working Group meetings) and skill transfer to 50 HRH officers on leadership and HRH training across Nigeria, capacities of Federal and state government officials have been built towards a coordinated development and implementation of their workplans.



Improving equity and quality in health system coverage and financial protection across the life-course



Improving equity and quality in health system coverage and financial protection across the life-course.

WHO supported the acceleration of efficient, equitable and quality health 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. This support covered the area of health financing, HIV, TB, Malaria, NTDs and immunization programmes.

Impact/Key Achievement

- Over 4.7million girls vaccinated with HPV vaccine in the 16 phase 1 States.
- 15.1 million children < 5 years vaccinated with measles vaccine in 13 implementing States and
- 17million people 9 months to 49 years vaccinated with YF vaccine
- Over 28 million children in 21States were reached with Seasonal malaria Chemoprevention in 350 LGAs with coverage of 90-100% during the biennium rounds.
- Achieved NTDs objectives of stopping treatment for Onchocerciasis and

Lymphatic Filariasis in 5 new states and 46 LGAs respectively.

- 58% increase in Buruli Ulcer treatment in 2022-2023 compared to 2020-2021 biennium.
- Donated 340,000,000 tablets of NTD medicines and 145,000 FTS kits during the biennium to address PC-NTDs
- TB case notification increased by 86% from 346,376 TB cases in 2020-2021 biennium to 645,561 TB cases in 2022-2023 biennium.



Improving equity and quality in health system coverage and financial protection across the life-course

Summary narrative of the key interventions

Improving Financial protection

- WHO contributed to improved Health Insurance coverage through institutional support, development of national guidelines and strategic coordination framework, capacity building, sustained advocacy, and development of the Nigeria Health Insurance Management Information Systems. These initiatives have significantly contributed to the rapid expansion of health insurance coverage for Nigerians through functional State Health Insurance and Contributory Schemes in the 36 States and the Federal Capital Territory, with the coverage of over 9 million additional Nigerians especially the poor and vulnerable. Significant milestones were achieved in Imo State with an additional 112,000 formal and informal population coverage as well as Rivers and Akwa Ibom which finally established their State Health Insurance Agencies after many years of advocacy.
- WHO embedded technical assistance, produced health financing evidence which was used for capacity building and sustained advocacy to the executive and legislators at the National Assembly and State Houses of Assembly leading to the enactment of the National Health Insurance Authority (NHIA) Act by Mr. President in 2022. The NHIA Act 2022 has made health insurance mandatory for all legal residents, established the Vulnerable Group Fund, while delineating roles of the National Health Insurance Authority as the regulator and the State Health Insurance Agencies the implementers of health insurance in Nigeria.



Improving equity and quality in health system coverage and financial protection across the life-course

Increasing equitable access to high-impact interventions for HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and other communicable diseases.

- WHO provided technical support for the development of the GF (Global Fund) application 2024-2026 to support HIV, TB and malaria control programmes in Nigeria.
- The country recorded an increase in HIV service coverage with 94% of the estimated 1.9 million persons living with HIV detected of which 90% were put on ART and 97% of those on ART achieved viral suppression.
- Nigeria has Institutionalized TB screening in almost all Outpatient Department (OPD) in secondary and tertiary facilities addressing diagnostic challenges of optimization of Xpert diagnostic sites. TB case notification increased by 86% from 346,376 TB cases in 2020-2021 biennium to 645,561 TB cases in 2022-2023 biennium. The country for the first time achieved TB treatment coverage of 70% in 2023 compared with 59% achieved in 2022, 44% in 2021 and 30% in 2020. Additionally, WHO developed capacity of 81 TB programme managers at both national and subnational levels for effective management of TB at state and LGA levels
- Over 28 million children in 21 States were reached with Seasonal malaria Chemoprevention in 350 LGAs with coverage of 90-100% during the biennium rounds.
- WHO supported the mass drug administrations (MDAs) and distribution of over 340 million NTD medicine and 145, 000 Filariasis Testing Strips (FTS) kits during the biennium to address preventive chemotherapy for NTDs. Over 110 million persons in 411 communities received treatment for at least 1 NTD. WHO also facilitated the

implementation of transmission assessments for Onchocerciasis in 4 states and for Lymphatic Filariasis in 145 LGAs and supported 2 supply chain management high level meetings. With this efforts Buruli Ulcer treatment increased by 58%. In addition NTDs objectives of stopping treatment for Onchocerciasis and Lymphatic Filariasis in 5 new states (List states) and 46 LGAs were achieved.

Improving quality and equitable access to health services including immunization across the life-course

- Improvement of Immunization coverage with different strategies to improve reach. The WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) of 62% is maintained from the 2021 estimated value. With the introduction of successful HPV vaccine application, with WHO support, >4.7million 9-14years girls were vaccinated in first phase of 16 states in Q4 of 2023. To cater for the accumulated measles susceptible children and to bridge the immunity gap, Yellow Fever Preventive Mass vaccination Campaign (YFPMVC) was conducted in 3 States and measles SIA in 13 States in line with EYE strategy and country's Nigeria Measles Elimination Response Strategic Plan (NMERSP) and achieved vaccination of 15.1million children <5years in 13 implementing States and 17million people 9 months to 49 years vaccinated with Yellow Fever (YF) vaccine with PCCS result of 88%. The country was also supported in development of Malaria vaccine application which has been approved for implementation in 2024 Despite challenges with insecurity, the polio programme made considerable progress towards interruption of cVPV2 by over 80% reduction of cases from

Improving equity and quality in health system coverage and financial protection across the life-course

2021 to 2023. With a functional Expert Review Committee and relevant advisory committees, the programme applied innovative strategies to contain and restrict the spread of the outbreak to the Northwest zones, an area with persisting insecurity. With limited nOPV2 vaccines supply and varied readiness of targeted geographies, campaigns were more impactful in 2022 compared to 2023. WHO sustained optimal operational presence with over 3000 SURGE and staff personnel providing high-quality technical support from national to the ward levels. Consequently, surveillance and SIA operations improved in mainly accessible areas and further inroads were made in inaccessible areas where over 1.1million children were reached for the first time with nOPV2 doses in 3years.

- WHO strengthened access to Sexual and Reproductive Health and Rights (SRHR) services by supporting the development and roll-out of SRHR self-care guidelines in Nigeria, and State-level dissemination in 4 focal states; orientation on self-care was given to over 100 health managers, policymakers, media and CSOs. WCO supported the improved capacity of 150 frontline health workers through training on Integrated Management of Childhood Illness (IMCI) to strengthen integrated services delivery at PHCs in the Northeast states of Adamawa, Borno and Yobe; 18,482 sick under-five children reached with appropriate treatment through this initiative.
- To attain the global and national targets of optimal nutritional indicators as enshrined in the National Policy of Food and Nutrition and reduce morbidity and mortality associated with global acute malnutrition, WHO supported government and partners on provision

of integrated nutrition services (MUAC screening, IYCF) to children especially in Hard-to-reach areas. During the biennium, 11,751 children with Severe acute Malnutrition (SAM) and medical complications were treated with case fatality rate (CFR) maintained at <5%. Also, the cure rate, defaulter and mortality rates remained within the sphere standard at 97.6%, 6% and 2.3% respectively. 838,152 screenings for malnutrition for children 0-59 months in Hard-to-Reach areas were conducted with 2340 SAM and 8440 MAM cases linked to nearest treatment centers.

A girl receiving the HPV vaccine during the launch of the vaccination campaign in Abuja



“Hearing that the government was giving HPV vaccines to girls aged 9 to 14 years, I made sure my daughter got her shot to safeguard her future. “It is better to prevent diseases using vaccines than seeking cures or treatments”, Said Mrs Ayeni, a businesswoman residing in Abuja, the Federal Capital Territory

Wild Polio Virus (WPV)- free status maintained, progress made towards interruption of cVDPV2 transmission.

- Reduction in the number of circulating Vaccine Derived Polio Virus type 2 from 1028 cases in 2021, 107 cases in 2022; and 183 cases in 2023. The reduction was achieved through the administration of over 900million doses of nOPV2 vaccines in Nigeria by engaging over 500000 personnel for each round,

Improving equity and quality in health system coverage and financial protection across the life-course

impacting on restriction of the geographic spread of the outbreak from 31 states in 2021 to 13 states in 2023.

- Sustained highly sensitive Polio Surveillance by maintaining >3/100000 non-Polio AFP rate and >80% Stool adequacy rate at National and State Levels throughout the biennium. This was achieved through increasing the footprints and capacities for surveillance to over 6000 using Community Informants, Community Volunteers and Health workers.
- Administered over 100million doses of routine immunization antigens including Penta, Inactivated Polio Vaccine (IPV), Measles, Yellow Fever and Rotavirus vaccines during Polio Supplementary Immunization Activities using the Fix Post strategy in high risk and inaccessible areas.
- High level advocacy visit to the Axis of Interactable Transmission of cVDPV2 states (Sokoto, Kebbi and Zamfara) led by the new ED-CEO NPHCDA, WR and other partners including BMGF, UNICEF to solicit the assistance of the state governments and traditional institutions in carrying out high quality polio Supplementary Immunization Activities (SIAs), as well as other primary health care services.

Dressing after a Noma reconstructive surgery



“The disease started suddenly with a toothache and within a few days, his face had been destroyed. This affected his eating and drinking because most of the food and water poured out from his mouth”, said Shamudeen’s mother, Fatima Umaru, from Munwadata, Lela Ward, Sokoto State, Northwest Nigeria.



Addressing Root causes of ill health

WHO pursued multisectoral interventions to improve on Health promotion and disease prevention services. The strategic priority focuses were on improving access to treatment of major NCDs and mental health conditions, promoting healthy lifestyles and disease prevention.

Key achievements

- Over 95,000 treated with mental health conditions
- Over 21,000 women screened for cervical cancer
- Over 544,000 screened for Hypertension and 21,000 enrolled for treatment
- Over 2,500 clients of GBV provided with first line support

Summary narrative of the key interventions

Improving access to mental health and psychosocial support services

- WHO facilitated the development and passage of the 2022 National Mental Health Act
- In 2023 Supported the development and launch of the National Mental Health Policy, National Suicide Prevention Framework, and the roadmap for the implementation of the National Health Act

- WHO Nigeria continued to support the integration of Mental health care services into 115 PHCs in the northeast. With this support, in 2022 a total of 22131 individuals (boys: 2842, girls: 2362, men: 7970, women: 8957) were treated for mental health conditions. In 2023, a total of 74,525 individuals were treated comprising 10152 boys, 7995 girls, 27207 men and 29171 women. Common mental health disorders were epilepsy/seizure disorders (47%), psychotic disorders (24%) and severe emotional disorders (9%).

Improving capacity for NCDs screening, detection and management

- WHO in collaboration with other partners supported the development of the National Multisectoral Policy on NCDs and the National Hypertension Guideline
- In line with the WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem by 2030 and with financial support from Susan Thompson Buffet Foundation (STBF), WHO
- Nigeria supported five states (Anambra, Ondo, Kebbi, Niger and Ekiti) to strengthen primary healthcare facilities (PHCs) to screen and treat cervical cancer. Through this initiative, 21851 women were screened for cervical cancer of which, 667 were positive and were placed on treatment.
- To facilitate the implementation of the National NCD Multi-sectoral Action Plan 2019-2025, the country office provided technical and catalytic funding to adapt and implement the WHO essential package for NCDs (WHO PEN) in 12 PHCs in Federal Capital Territory (FCT) with funding from UHC Partnership. During the period of support (May to December 2022), 15457 people were screened for hypertension of which 1642 were diagnosed and 612 were placed on treatment. On diabetes, 4807 were



Buhari signs mental health bill after two failed attempts

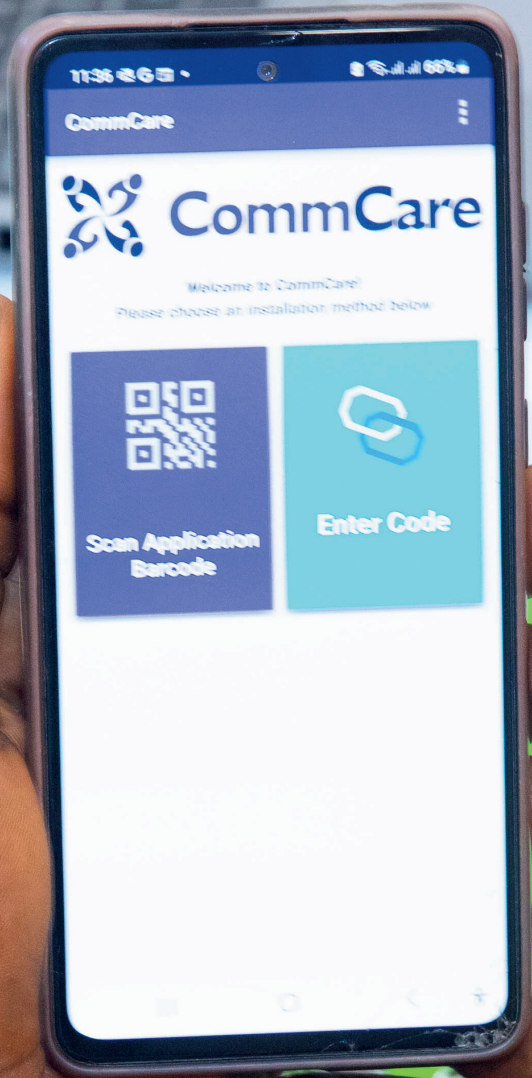
The government is urged to ensure that the gazetted copies of the bill are available to citizens, so they know their new legal rights.

By **Muslim Seyemi** — January 11, 2023 **Reading Time: 3 mins read**

President **Muhammadu Buhari** has finally signed into law the Mental Health Bill 2022 after two failed attempts at overhaul in 2003 and 2013.

The bill, which was harmonised by both the upper and lower chambers of the National Assembly in 2021, is the first legislative reform adopted in the field since the country's independence, and will also replace the Lunacy Act of 1958.

The Chairman of the Senate Committee on Health, **Franklin Okonkwa**, commended the development in a post



Build institutional capacities for research, information and data systems and use of digital technologies for health.



WHO provided strategic frameworks, tools and capacity building to strengthen local research and innovation capacities and data and digitization of the health system. This informed strategic evidence-based decision-making to appraise and respond to health risks and emergencies and improve on routine systems strengthening actions

Summary of the key interventions

Strengthening capacity for use of Health Information System

- WHO adopted and customized the Research Electronic Data Capture (REDCap) tool for new vaccine surveillance of which over 11,000 records for Pediatrics Bacterial Meningitis (PBM) and 9000 records for Rotavirus were captured. Based on this tool the country developed a real-time dashboard, which improved monitoring of the impact of newly introduced vaccines.

- WHO supported the operationalization and updating of the National Health Observatory (NHO) as well as development of seven information products. The NHO captures data on health programmes, performance of the health system, UHC progress and SDG 3-related data.
- WHO provided strategic and technical coordination for the design and deployment of electronic registration and vaccination tools (EMID) for the COVID-19 vaccine rollout. Over 80 million (72%) persons vaccinated against COVID-19 were validated on the EMID Platform.
- The Routine Immunization (RI) data quality performance reveals improvement towards optimization of routine health service data. In line with Data quality improvement plans, DHIS2 data quality feedback was constantly generated and shared with states monthly. Over time, noticeable improvements were seen .

Build institutional capacities for research, information and data systems and use of digital technologies for health.

- In recognition of the organization's role in strengthening capacity for data and information generation, an organizational M&E technical working group was developed and consists of 60 staff members including M&E Officers at the States, Zones and in Abuja. To facilitate a harmonized approach to supporting the government of Nigeria, the WHO Nigeria M&E Working Group (MEWG) facilitated coordination, collaboration, capacity building, analytics support, monitoring and evaluation and reporting

Health Research System Strengthening

- WHO coordinated and provided technical guidance for the development of the National Health Research Policy and Priorities 2022. The policy provides the framework for coordination and oversight on the implementation of health research priorities that address evidence needs for the health system.



Preventing, mitigating, preparing and responding to emergencies and events



WHO supported national health security agenda including building a multisectoral climate resiliency for the Health System. The strategic priority focuses were on strengthening and expanding systems to rapidly detect, investigate and assess potential threats to public health; and to respond to acute emergencies.

Key achievements

- 20 mini laboratories completed
- 83,070,454 (72%) completed the primary series of Covid-19 vaccination
- 1,245,073 children 0-59 months vaccinated against killer diseases in IDPs camps
- 1,527 victims of Gender Based Violence (Refer to narrative for figures)
- 865,086 children were screened for malnutrition (4,255 who had Severe Acute Malnutrition (SAM) and 16,935 with Moderate Acute Malnutrition (MAM)

Summary of the key interventions

Laboratory capacity building supported through improvements in infrastructure and resources to facilitate rapid and accurate diagnosis of diseases.

- WHO Laboratory testing capacity was improved for COVID-19 and other high-threat infectious diseases through the optimization of 206 molecular diagnostic laboratories across 36 + 1 states which facilitated timely and targeted treatment decisions, enabled effective outbreak investigations, and enhanced disease surveillance capabilities in the country. This involved training of personnel, equipment and reagents procurement and activation of laboratory for COVID-19 test.
- Furthermore, 20 mini laboratories in designated PHC facilities across 13 States were upgraded and equipped to improve early COVID-19 case identification and access to essential health services. These were funded through a United Nations COVID-19 pooled fund (UN Basket Fund) and were

Preventing, mitigating, preparing and responding to emergencies and events

established to increase COVID-19 sample collection for early case identification. These efforts facilitated.

- WHO provided accelerated support for COVID-19 vaccination coverage eligible population reaching 95,601,943 (82%) with first dose by 31 December 2023 while 83,070,454 (72%) completed the primary series.
- WHO contributed to the development of the National Medical Oxygen Strategic Plan (2023-2027) that serves as a roadmap for the effective management, distribution, and availability of medical oxygen throughout the country. The implementation of the strategic plan is crucial in proactively addressing potential oxygen shortages, ensuring that resources are allocated efficiently, and prioritizing areas with the greatest need. It serves as a critical tool for the country to strengthen healthcare systems and enhance preparedness for future healthcare challenges.
- Conducted The Joint External Evaluation (JEE) mission in August 2023. There is progressive improvement in the JEE and readiness scores for most of the technical areas. Most (16/19) technical areas had improved scores. Only three (Zoonotic diseases, Immunization and Reporting) technical areas recorded decreased readiness due to more of subnational requirement and decline in immunization coverage due to the effect of pandemic on routine immunization"
- WHO conducted Rapid Risk Assessments for various infectious diseases including Lassa fever, Meningitis, Cholera mpox and Diphtheria. This evidence equipped stakeholders to make informed decisions and implement targeted interventions, such as WHO mobilized and distributed cholera investigation



and treatment kits enough to test 6000 samples and treat 2000 cholera patients, respectively. Also a qualitative review of Lassa fever, cholera and COVID-19 response activities was conducted through after-action reviews (AAR) to identify and document best practices and challenges encountered during the response period.

- WHO supported and coordinated a multisectoral tabletop simulation exercise which resulted in the revision and validation of enhanced preparedness and response plans, procedures for Lassa fever, chemical events and pandemic influenza).
- WHO provided technical guidance for the development of a comprehensive cholera preparedness and response plan for Nigeria.
- In advancing the country's commitment to national health security agenda, WHO provided guidance for the establishment of the National One Health Ministerial Steering Committee chaired by the Coordinating Minister for Health & Social Welfare and inaugurated in November 2023 . The members include the Minister of State for Agriculture & Food Security, the Minister of State for the Environment and Ecological Management, and the Minister of Water Resources.

Preventing, mitigating, preparing and responding to emergencies and events

- Towards providing essential services in the Northeast humanitarian emergency, WHO established and deployed 47 hard-to-reach teams (Doctors, Nurses, Midwives, Senior Community Health Extension Workers (SCHEWS), Junior Community Health Extension Workers (JCHEWS), Health Information Management) to 290 Internally Displaced Person (IDP) sites resulting in **1,913,808** people treated for minor ailments, **1,245,073** children 0-59 months vaccinated against killer diseases, **849,748** children under five screened for malnutrition, 565,686 children aged **12-59 months** dewormed with albendazole and **406,432** received vitamin A supplements. These results were achieved through provision of 400 units of drug kits Interagency Emergency Health Kits (IEHKs) – Basic medicine module, and 100 IEHKs malaria module supplied to HTR teams in 43 LGAs.
- WHO deployed psychiatric nurses and trained health workers on Mental Health Gap Action Programme (mhGAP) to conduct **4,471** mental health outreach sessions in **151** HFs across **45 LGAs** reaching **74,525** individuals with mental health conditions.
- WHO reached **2,032,400** persons with integrated health risk messaging and 926 suspected cases of epidemic diseases (cholera, diphtheria, measles) were found and referred for further management.
- **1,527** victims of Gender Based Violence (GBV) received a range of services from WHO trained health workers; 46% first line and basic psychosocial support, 26% Clinical Management of Rape + Intimate Partner Violence (CMR+IPV) services, 26% other medical services and 2% referral to other specialised services. **269,802** individuals were sensitized on GBV through awareness sessions

Ending deaths from Cerebrospinal Meningitis in Jigawa's border settlements with lifesaving vaccines



Just some weeks ago, 16 years old Saifullahi Bulama, residing at Garin Mu'azu, located in Sule Tankankar Local Government Area (LGA), Jigawa State, Nigeria, was healthy and running around with his friends. Suddenly, he contracted cerebrospinal meningitis (CSM). He was lucky to survive the disease but currently has partially lost his hearing ability.

"I am grateful to be alive. Some people who contracted the disease in my village died," says Saifullahi in the Hausa Language. Narrating his experience, he says he had gone to bed at night and could not stand up the next morning.

"My legs were not working; I had a temperature, and my body was aching. I was rushed to the hospital at Gumel town, where I was admitted and treated for four days", he says. In the case of Danladi Ali, from the same village, he had gone for his daily job as a town crier at a wedding ceremony, but suddenly fell ill after returning home. "I had a headache, my body ached, and I could not turn my neck or lift my legs. Everything had become stiff, and I thought I was dead. I cannot remember how I got to the hospital; he explains. Meningitis - a killer disease Danladi, like Saifullahi, was also treated at the General Hospital in Gumel and has since returned to their village.

Preventing, mitigating, preparing and responding to emergencies and events

- **Surveillance at points of entry was enhanced leading to 17 AFP, 166 suspected measles, and 5 suspected yellow fever** cases detected through deployment of 100 community informants and clinicians at international borders including the Lake Chad region.
- **A total of 865,086 children** were screened for malnutrition **4,255 who had Severe Acute Malnutrition (SAM) and 16,935 with Moderate Acute Malnutrition (MAM)** were referred to the nearest treatment centers for further management. **118 SAM-PAED kits** distributed to 28 stabilization centers to support in-patient management of SAM with medical complication.
- Strengthened the PHEOC capacity to manage and respond to emergencies through training of 206 PHEOC staff trained on the Emergency Response Framework, 260 Laboratory officers laboratory diagnostics
- To improve on Infection Prevention and Control (**IPC in health facilities and mitigate transmission of infectious diseases, WHO trained 32 IPC Focal Persons), 155 Community Health Champions, and 148 journalists** in IPC procedures.

Summary narrative of the key intervention

- In 2023, the WHO worked closely with the governments of Borno, Adamawa, and Yobe states to provide urgently needed health services to people living in underserved communities. This intervention led to more than a million vulnerable people benefiting from the services, including pregnant women, children (girls and boys), and people with disabilities. Given WHO's unflinching commitment to support vulnerable persons, more than 19 cholera kits were prepositioned across hotspot LGAs, which contributed to preventing the outbreak of cholera in the BAY states. WHO also supported curbing the impact of the diphtheria outbreak in the region, including strengthening the surveillance pillar, laboratory, risk communication and community engagement, coordination, and prepositioning of medical consumables and personal protective equipment.
- Additionally, the WHO North East Nigeria Health Emergencies Programme successfully held its 13th Joint Operations Review (JOR) meeting, which helped in refining strategies and actions for 2024. Aside from the successful implementation of the 13th JOR, other documents that helped in refining key actions and providing guidance to the humanitarian response include the 2024 Humanitarian Response Plan (HRP), Health Resources and Services Availability Monitoring System (HeRAMS), and Prevention and Response to Sexual Misconduct/GBV Intervention.

Preventing, mitigating, preparing and responding to emergencies and events

Ending deaths from Cerebrospinal Meningitis in Jigawa's border settlements with lifesaving vaccines



Kazeem Ade, age seven, was recuperating from diphtheria on a hospital bed in the children's ward at the Lagos University Teaching Hospital (LUTH), in Lagos, Southwest Nigeria.

His mother, Mrs Ade, can now smile after enduring a nerve-racking week at the hospital where her son and a dozen other children have been receiving treatment for diphtheria – a vaccine-preventable disease that has killed 62 people in the country, mostly children.

Mrs Ade says she had never heard about diphtheria until her son contracted the disease.

She is, however, glad that her son received all his childhood vaccines as the doctor attributed his survival to the immunization he had received as a child and the treatment received at the hospital.

"I ensured all my children completed their childhood immunization schedule though I did not believe in it. Nurses at the health centre in my area usually tell us to make sure our child completes the Routine



Preventing, mitigating, preparing and responding to emergencies and events

More effective and efficient WHO providing better support to countries including working with One UN



WR and participants on conclusion of the workshop. WHO/Ochemba C.

Key Challenges

Despite the commendable achievements highlighted in this report, there are still notable challenges, the main ones being the following:

- Missing the Abuja declaration target of 15% for health financing due to global and national economic challenges
- High level out-of-pocket expenditure on health services associated with catastrophic and impoverishing household spending
- Inaccessibility to some part of the country continues to hinder the effective implementation of planned activities across health programmes
- Continued occurrence of multiple emergencies with high demand for finance and human resources impacting negatively on delivery of quality health services
- Inadequacy and maldistribution of human resources for health compounded by migration of health workers
- The increasing burden of Non-Communicable Diseases (NCDs) including Mental health, cancer as well as nutrition, Water Sanitation and Hygiene (WASH) and Anti-Microbial Resistances (AMR) that is not matched with investments/ resources allocated
- Suboptimal immunization systems leading to high build-up of zero dose children and corresponding vaccine preventable outbreaks
- Fragmented data collection and reporting system affecting data quality to inform decision making.



Moving forward – Outlook for the next biennium

Based on the lessons learned during the 2022 – 2023 biennium, government priorities as spelt out in the health sector reform agenda, and the new Country Cooperation Strategy (2023-2027), the five areas below will be the focus for the next two years.

Advancing PHC Approach towards Universal Health Coverage

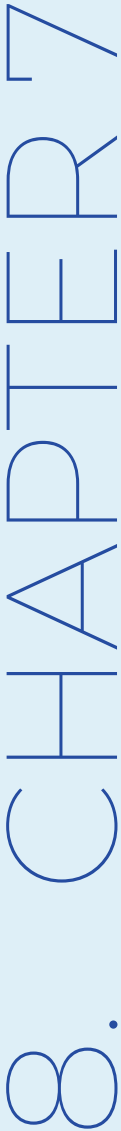
- Revitalizing primary health care and immunization systems to address inequities and quality of healthcare at subnational levels in alignment with NPHCDA Blueprint 2024
- WHO will provide specific support to the state governments for policy interventions to address challenges in HRH, including guidelines on retention of Health and evidence generation through conduct of Health labour market analysis which would help Nigeria to develop investment plan for addressing HRH challenges.
- To tackle Health workforce shortages, WHO Nigeria has mobilized GBP 3.8 million from the Foreign, Commonwealth and Development Office (FCDO) of the government of the United Kingdom.
- To increase/improve the Country Office’s funding landscape to support the government of Nigeria in 2024 and beyond, WHO Nigeria is organizing a donor summit to in 2024.

Improving equity and quality in health system coverage and financial protection across the life-course

- WHO as part of its mandate will continue to strengthen the health sector response for HIV, viral hepatitis, TB and STIs (Sexually transmitted infections) through resource mobilization; strengthening coordination systems, strategic document reviews and development, and capacity building.



- WHO Nigeria prioritizes monitoring and evaluation of all NTD (Neglected Tropical Disease) activities, implementation of transmission assessments in eligible LGAs and states and facilitate commodity donations for MDAs and assessments while increasing visibility for NTDs.
- WHO will continue to provide technical assistance to the National TB and Leprosy Control Programme (NTBLCP) & National Malaria Control Programme in developing and updating policy guidelines and strategies to align with global recommendations and strengthen the capacity of health care workforce for effective delivery of essential health services towards achieving universal access to TB & Malaria prevention and care as well other communicable diseases.
- In 2023 the Vaccine Preventable Diseases (VPD) and Polio Eradication Program (PEP) guided by the CCSIV and alignment to the NHRIP and the NPHCDA blueprint, would continue to pursue immunization coverage strengthening to reduce zero dose and achieve “the journey to zero” for cVPV2 in Nigeria by end 2024. The country based on ERC and GPEI recommendation would implement four rounds of nOPV2 and 2 rounds of bOPV as contained in the Nigeria Emergency Action Plan to build population immunity



Moving forward – Outlook for the next biennium

Addressing Root causes of ill health

With unwavering support from WHO headquarters and the Regional Office for Africa, Nigeria has embarked on a journey to showcase itself as an “AMR demonstration country” that aligns with the PHC framework and other strategies including health security and communicable diseases and contributes significantly to the goal of the National Health Sector Renewed Investment Initiative (2023–2026) of saving lives, reducing financial pain, and producing health.

Build institutional capacities for research, information and data systems and use of digital technologies for health

- Towards closing the gaps in data generation at the secondary and tertiary health facilities, WHO coordinated and provided technical guidance for the development of standard tools for health management information system (HMIS) at those levels of care. The tools included updated primary health care documentation tools such as the ANC, OPD and inpatient tools, and new harmonized registers for specialties such as ENT, eye health, general surgery, endocrinology, hematology and dermatology.
- Determination of the burden of diseases through objective morbidity and mortality tracking using the International Classification of Disease will be done with technical guidance and coordination from WHO. This will build on the gains from several capacity building efforts and implementation of an agreed roadmap for ICD-11 roll out.
- WHO will continue to provide technical assistance in implementing prioritized digital health interventions to improve health systems performance and health outcomes. Support will be provided for the health workforce capacity

assessment and digital health literacy Programme.

- WHO will provide technical guidance for the adoption of the SMART Guidelines and development of Data Adaptation Kits for available modules.

Preventing, mitigating, preparing and responding to emergencies and events

- Reinvigorate public awareness and address cultural barriers through public awareness campaigns to educate communities about emergency preparedness, disease prevention, and the importance of early reporting can help overcome cultural barriers and misconceptions.
- Effective implementation of the health emergency flagship programs: Promoting Resilience of Systems for Emergencies (PROSE), Transforming African Surveillance Systems (TASS) and Strengthening and Utilizing Response Groups for Emergencies (SURGE) to promote health security in Nigeria and contribute to the achievement of the Sustainable Development Goal.
- To enhance operational capacities, the WHO North-east Nigeria Health Emergencies Programme's will implement the recommendations of the 13th Joint Operational Review (JOR) and the Humanitarian Response Plan (HRP) 2024.

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