



# NIGERIA

## PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE

A Documentation of Salient Achievements of  
The Buhari Administration  
in the Health Sector

**2015-2019**



Federal Ministry of Health





# NIGERIA

## PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE

A Documentation of Salient Achievements of  
The Buhari Administration  
in the Health Sector  
2015-2019



### **MUHAMMADU BUHARI, GCFR**

President

Federal Republic of Nigeria



AGENCIES
DEPARTMENTS
POLICIES
INTRODUCTIONS
NIGERIA: PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE



## **PROF. YEMI OSINBAJO**

Vice President

Federal Republic of Nigeria





**PROF. ISAAC F. ADEWOLE**

Honorable Minister of Health

AGENCIES

DEPARTMENTS

POLICIES

INTRODUCTIONS

NIGERIA: PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE



**DR. OSAGIE EHANIRE**

Honorable Minister of State for Health



**ALH. A. M. ABDULLAHI**

Permanent Secretary  
Federal Ministry of Health



# FOREWORD

As our tenure draws to a close, I look back with a sense of pride knowing that the legislative frameworks, policies and strategic documents and implementation of programs we have put in place will set the nation on the right path towards achieving Universal Health Coverage. We prioritized our programmes as depicted below.

In the last three years, we got legislative backing for the Nigerian Center for Disease Control (NCDC) and the National Tobacco Act, both of which contribute to improving public health goods.

The National Health Policy, and the second National Strategic Health Development Plan (NSHDP II) provided us the opportunity to really shape the thinking for the health sector. Both documents provide the underpinnings for Nigeria to achieve Universal Health Coverage.

We have recorded some successes in the program areas. Efforts aimed at improving health outcomes are yielding fruit. The current prevalence of HIV/AIDS has dropped from 3% in 2015 to

1.4% in 2019. The prevalence of malaria has reduced to 27% in 2018 from 42% in 2016 and number of children receiving immunization has increased to 57% in 2018 from 48% in 2015.

We have also mobilized a significant amount of resources. GAVI, in recognition of our work has committed to supporting our vaccine financing initiative to the tune of \$1.03bn. Under the leadership of President Muhammadu buhari, we have received an additional N55.1bn to fund an explicit but guaranteed package of services through the Basic Health Care Provision Fund. This initiative has received tremendous support from Bill and Melinda Gates Foundation as well as the Global Financing Facility of the World Bank, the USAID & DFID.

Our commitment to reducing capital flight associated with medical tourism ensured

We focused attention on MNCH, EMTCT, NCDs and Public Health Emergencies

<b>Maternal and Neonatal Mortality Reduction</b>			
	<b>Elimination of Mother to Child Transmission of HIV</b>		
		<b>Cancer Prevention, Treatment and Care</b>	
			<b>Emergencies</b>
<b>Policy</b>	<b>Research and Policy</b>	<b>Research and Policy</b>	<b>Policy and guidelines</b>
<b>Integrated Programmatic Approach</b>	<b>Programmes Integration</b>	<b>Advocacy</b>	<b>Coordination of actors</b>
<b>Adopt and scale-up low cost, high impact interventions</b>	<b>Scale-up proven approaches</b>	<b>Develop National Framework</b>	<b>Create awareness</b>
<b>Demand creation</b>	<b>Demand creation</b>	<b>Adoption of international best practices</b>	<b>Resource Mobilization</b>
<b>Resource mobilization</b>	<b>Private sector engagement</b>		





that we completed the cancer center at the National Hospital. The LUTH-NSIA ultra modern cancer center was commissioned in February 2019 in Lagos and now ready to offer services. 5 additional centres are currently being upgraded to enable us meet the demand of treating the deadly disease in country.

I now envision a Nigeria with much better health outcomes and a healthier population able to contribute productively to the economy.

As we look forward to the next 4 years, increased financing, continuity of high impact programs and accountability must guide our approach. Public financing for health must continue to increase to enable us sustain the successes achieved so far and reduce out of pocket expenditure. Programs such as the BHCPF must be implemented in accordance with the implementation manual as it provides a pathway to achieving Universal Health

Coverage. Accountability processes must continually be improved upon to ensure elimination of wastages and increased allocative efficiency.

We will continue to work with the Ministry of Budget and National Planning on approaches to harness the power of the young and strong population bulge, achieve demographic dividend, while paying attention to our population growth.

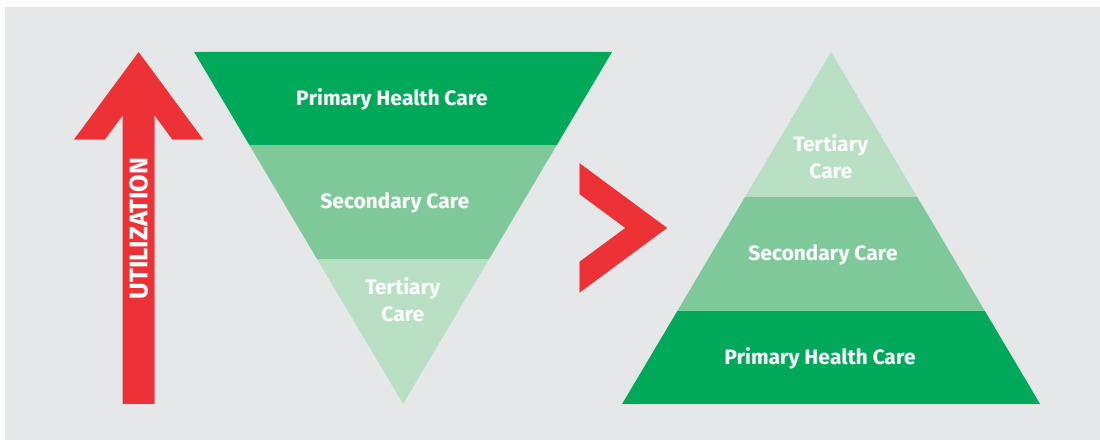
In addition, continuous engagement with States is important to ensure ownership, increased performance management of programs and expansion of Human resource for health. Increase in the number of public private partnerships to complement government's investments in health care is important.

Finally, I would like to thank the Honourable Minister of State for Health, the Permanent Secretary, all Directors, heads of agencies, and the editorial team (Dr Oyebanji Filani, Dr Morhason Bello, Mr Tim Obot, Miss Eniola Soremekun, Mrs Boade Akionla, Mr Segilola Araoye, Dr Kamil Shoretire, Mr Kazeem Akintunde and Mr Jide Oshundun).

I'm also grateful to all our partners who have been supportive and worked tirelessly with us.

**Prof. Isaac F. Adewole**  
Honorable Minister of Health

Reversal of roles of the healthcare institutions



# BACKGROUND

**The Federal Ministry of Health** is responsible for the formulation and implementation of policies that lend themselves towards improved health outcomes for all Nigerians. The vision of the ministry is to become 'a world class government institution that ensures a healthy Nigeria'. Its mission is “to develop and implement policies and programmes that will strengthen the national health system for effective, efficient, accessible and affordable delivery of health services in partnership with other stakeholders for the pursuit of accelerated economic growth and sustained development”

As at 2015, service delivery was at its lowest ebb with limited access to healthcare services by Nigerians particularly those in the lower socioeconomic group. This situation was further worsened by the loss of skilled manpower through brain drain. Most tertiary hospitals lacked basic equipment to work and the diagnosis and treatment of Non Communicable Diseases was difficult to carry out in the country. As a result, Medical professionals practicing outside of the country were reluctant to return home. There were challenges in the storage of health commodities due to inadequate storage facilities across the country. There was the recurrence of the wild poliovirus and malnutrition amongst children U5 was high. Added to this was

the burden of diseases such as HIV/Aids, TB and malaria to mention but a few. The total percentage of healthcare to national budget was just slightly above 4%. The number of Nigerians covered by the National Health Insurance Scheme still significantly low.

This brought to the fore the need to develop policies, set regulatory standards and mobilize resources for their implementation and enforcement. It also became important to enhance sector stewardship through institutional strengthening in addition to strengthening partnerships and cooperation. The Ministry of Health in the face of limited resources ensured a more rigorous prioritization of high impact health interventions.

The Federal Ministry of Health  
The Federal Ministry of Health (FMOH) has twelve (12) departments, six (6) of which focus on Service provision while the other

**Kuchingoro Primary Health Centre after renovation.**



AGENCIES  
DEPARTMENTS  
POLICIES  
INTRODUCTIONS  
NIGERIA: PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE

## The Federal Ministry of Health

six (6) are Professional departments. The departments categorized under service provision include Health Planning, Research & Statistics, Public Health, Hospital Services, Family Health, Food and Drugs Services and the department of Traditional, Complementary and Alternative Medicine. The professional departments include; Human Resources, Finance and Accounts, Procurement, General Services, Reform Coordination and Service Improvement and ICT.

In addition, the FMOH has various Units, Programmes and Projects that deal with specific health interventions. These include Public Private Partnership/ Diaspora Unit, Special Project Unit, National Malaria Elimination Programme, National HIV/AIDs Control Programme, National TB and Leprosy Control Programme, National Blood Transfusion Service and projects such as Saving One Million Lives Programme for Results and Nigeria State Health Investment Project.

The Ministry has under its supervision 22 Federal Teaching Hospitals, 20 Federal Medical Centres, 17 Specialty Hospitals, 14 Professional Regulatory Bodies and 19 Training Institutions spread across the Country. The Ministry currently has seven Parastatals/Agencies under its purview. These seven are:

1. National Agency for Food and Drugs Administration and Control (NAFDAC)
2. National Health Insurance Scheme (NHIS)
3. National Primary Health Care Development Agency (NPHCDA)
4. National Institute for Pharmaceutical Research and Development (NIPRD)
5. Nigeria Institute for Medical Research (NIMR)
6. Nigeria Centre for Disease Control (NCDC)
7. National Arbovirus Research Institute (NARI)

### Mission:

“To develop and implement policies and programmes that will strengthen the national health system for effective, efficient, accessible and affordable delivery of health services in partnership with other stakeholders for the pursuit of accelerated economic growth and sustained development.”



**22**  
Teaching  
Hospitals



**14**  
Professional  
Regulatory Bodies



**19**  
Training  
Institutions



**20**  
Federal Medical  
Centres



**17**  
Specialty Hospitals



**7**  
Parastatals



# KEY ACHIEVEMENTS

## 1. Development of Policies

In order to provide direction, aid efficient decision making in programme implementation, the Ministry reviewed or developed a number of policies. Some of them include;

1. The new National Health Policy (2016);
2. Developed the second National Strategic Health Development Plan (2018-2022) to operationalize the National Health Policy;
3. Developed the Annual Operations Planning Guidelines and commenced the training of States on application of Annual Operational Plan (AOP) tool for the implementation of the NSHDP II;

**Policies on National Health Development**

4. Revised the National Human Resources for Health Policy (2015 – 2020);
5. Revised the National Human Resources of Health Strategic Plan (2016 – 2020);
6. Developed and disseminated the Guideline for Implementation of National Health Workforce Registry;
7. Revised the National Policy on Task Shifting/Sharing Policy and the Standard Operational Procedures;

**Policies on Human Resources for Health**

8. Development of guidelines, training manuals and SOPs for the delivery of comprehensive HIV/AIDS Prevention, Treatment, Care and Support services;
9. Reviewed and disseminated National Guidelines on:
  - a. Syndromic Management of Sexually Transmitted Infections (STIs) and other Reproductive Tract Infections (2016);
  - b. Integrated HIV Prevention and Treatment (2016);
  - c. Prevention, Care and Treatment of Viral Hepatitis B & C (2016);
  - d. HIV Testing Services (2017); and
  - e. Operational Guidelines for HIV Self-Testing (2018).
  - f. Reviewed National Training Manuals and SOPs:
  - g. PMTCT/EID (2016);
  - h. Integrated Prevention & Treatment manuals (2016);
  - i. HIV Testing Services (2017); and Hepatitis.

**Policies on HIV/AIDS and other Sexually Transmitted Infections, and Health Security**



**Policies on Improving  
Medicine Quality and  
Access in Nigeria.**

The Presidential launch of the Second National Health Development Plan 2018 – 2022: The Hon. Minister of Health, Prof. I. F. Adewole flanked by the Hon. Minister of National Planning and Budget, Mr. Udo Udoma, His Excellency John Olukayode (Ekiti State), His Excellency Umar Ganduje (Kano State), Senator Dr. Olanrewaju Tejuosho on the far right with other dignitaries.



The National Council on Health is Nigeria’s highest body for health policies. The 60th edition held in Abeokuta Ogun State, in 2017.



10. Developed the National Quality Assurance Policy for Medicines and Other Health Products – 2015;
11. Developed the Nigeria Supply Chain Policy for Pharmaceuticals and other Healthcare Products – 2016;
12. Reviewed, printed and disseminated the 6th edition of National Essential Medicines List (NEML) and 2nd edition of National Standard Treatment Guidelines.
13. Developed and printed Guidelines for the Management of Pain in Nigeria. The guideline was approved at the 61st National Council on Health meeting;
14. Launched Four (4) policy documents namely:-
  - a. National Policy on Controlled Medicines and its implementation strategies;
  - b. National Guidelines for Quantification of Narcotic Medicines;
  - c. National Guidelines for Estimation of Psychotropic Substances and Precursors; and
  - d. Guidelines for Pain Management in Nigeria
15. Developed and launched the National Action Plan on Health Security by the NCDC and other relevant agencies.

# KEY ACHIEVEMENTS

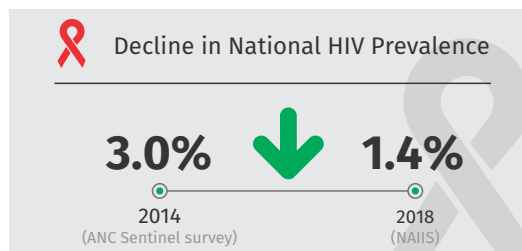
## 2. Achievements by Departments and Programmes

### DEPARTMENT OF PUBLIC HEALTH



The Federal Ministry of Health, through the department of Public Health has constituted and inaugurated the National Tobacco Control Committee (NATOCC) following the signing into law of the National Tobacco Control Act. It has also forwarded the draft Tobacco Control Regulation to the National Assembly. The Ministry was also able to secure grant from World Diabetes Foundation (WDF), for Diabetes awareness and Care (DAC) project in FCT and Imo State.

The National AIDS/STI Control Programme (NASCP) of the Federal Ministry of Health, the States programmes and partners recorded a decline in the National HIV prevalence from 3.0% in 2014 (ANC Sentinel survey) to 1.4% in 2018 (NAIIS). It also conducted a 4-Year project on the Elimination of congenital Syphilis (2015-2018) and Dissemination of study findings on use of HIV/Syphilis dual test kits Development of the following Policy documents - National Strategic plan for Viral Hepatitis Control (2016-2020). It also launched the Fast



Hon. Minister of Health, Prof. I. F. Adewole delivering an address during the World no Tobacco Day.



Tract Initiative (2017) and re-establishment of the National Treatment and PMTCT Programme (NTPP) (2018) for achievement of 90-90-90 targets.

Sequel to the reduction in malaria prevalence from 42% in 2010 to 27% in 2015, the Federal Ministry of Health and partners through the National Malaria Elimination Programme has continued to support LLINs replacement campaigns. In 2018, government with support from our partners carried out LLINs replacement campaigns in eight States (Ogun, Jigawa, Katsina, Gombe, Nasarawa, Kebbi, Akwa-Ibom, Bauchi). In four of the Global Fund supported states, Information, Communication, Technology for Development (ICT4D) was deployed for the LLINs replacement campaign implementation. In all, a total of Twenty-four Million Seven Hundred and Thirty Four Million Seven Hundred and Thirty Thousand, Eight Hundred and Ninety-six (24,730,896) LLINs were distributed across the eight states. Between 2015 and 2019, the Federal Ministry of Health and partners have distributed 37,133,883 LLINs. Replacement campaigns are being planned for Delta, Taraba, Niger, Kaduna, Kano and Yobe in 2019 and a total of 25,768,709 LLINs would be distributed.

The number of vector sentinel sites has been increased to fourteen (14) following the establishment of (3) new sentinel sites for vector surveillance in Osun, Niger and Kano States. The ministry is also conducting a drug efficacy therapeutic test to enable it assess the efficacy of recommended antimalarial drugs (ACTs, AA, DHP and Pyramax) in additional four sites.

A mother redeeming her nets during the LLINs mass distribution in Sango PHC, Ogun State



The Federal Ministry of Health carried out advocacies to 15 states (Jigawa, Katsina, Kwara, Osun, Yobe, Kaduna, Gombe, Kwara, Delta, Kano, Taraba, Adamawa, Ogun, Akwa Ibom, Kebbi and Nassarawa) to enhance political will and mobilize resources for malaria control. Last year, Government and partners (Global Fund, PMI/USAID, Catholic Relief Service and Society for Family Health) conducted advocacy visit to 15 States. The ministry has also developed a standard operating procedure (SOP) for forecasting and quantification of malaria commodities with support from partners. The ministry is also strengthening routine data generation, collection, collation and harmonization at State, LGA and community levels (NHMIS & DHIS), to this end DHIS Data Analysis/Malaria bulletin has been developed and would provide regular information on malaria programme implementation.

The ministry through the Department of Public Health has been conducting an assessment of re-contamination in Niger and Zamfara states under National Lead Poisoning Elimination, Prevention and Treatment Strategic Intervention Scheme. The 2nd international conference on lead poisoning associated with artisanal gold mining with special focus on prevention



The Honourable Minister of Health, Pro. I.F. Adewole during the Eye Regional Kick-off meeting meant to scale up efforts to eliminate yellow fever epidemics. Beside him is the Honourable Minister of State for Health, Dr. Osagie Ehinare (left)



was held on the 26th to 27th June 2018. The Epidemiology division of the Department in collaboration with National Center for Disease Control and National Primary Health Care Development Agency are investigating and successfully controlling Lassa fever, Yellow fever, Cerebrospinal Meningitis (CSM), measles and cholera epidemics. This activity is on-going.

In view of the importance of community involvement in health programmes, the Community Development Division has been conducting capacity building programmes targeting Community Development Directors and officers from the States. Already the North Central, South East and South West zones have benefited from the training.

Climate change remains a global challenge. It is disrupting national economies and affecting lives, birthing new disease conditions, costing people, communities and countries heavy unquantifiable losses. To this end the climate change division has established Climate Change Desk Offices in the 36 State Ministries of Health plus FCT after approval by NCH. It developed and printed IEC materials on climate change and air pollution; participated in the public hearing bill on establishment of Climate Change Agency by NASS; developed and published a heat wave advisory on FMOH notice boards

and website and with the approval of National Council on Health (NCH) mainstreamed climate change issues into all health and medical training curriculum.

**The Occupation Health Division** deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards. Within the period of report, the division developed the National Strategic Framework on Implementation of Occupational Health and Safety Services in Nigeria. It carried out advocacy visits on Occupational Health and Safety to Honourable Minister of Labour and Employment Dr. Chris Ngige and DG, Nigeria Social Insurance Trust Fund (NSITF). The division carried out Risk Assessment visits to Federal Ministry of Health Headquarters and Manufacturing Companies and factories in Federal Capital Territory (FCT) and carried out occupational Health and safety Risk Assessment visits to workplaces at the zonal Occupational Health centers in the Six (06) Geo-political zones. It also carried out routine Risk Assessment visits to companies and Factories in Lagos and Ogun States; and participated in the International Labour Organization (ILO) supported meetings to develop and compile Country profile of Occupational Health and Safety Services

The Honourable Minister of Health, Prof. I.F. Adewole on an inspection tour of the upgraded facilities in Federal Medical Center, Ebute Metta, Lagos.





The Honourable Minister of Health, Prof. I.F. Adewole on an inspection tour of the Federal Medical Warehouse, Oshodi, Lagos after the commissioning of the warehouse.

The Lagos Federal Medical Warehouse and Abuja Medical Stores received major upgrades during this administration.



## DEPARTMENT OF FOOD AND DRUG SERVICES

The department formulates national policies and develops guidelines and strategies for the safety of food, drugs, cosmetics, medical devices and packaged water available in Nigeria are safe and efficacious and by ensuring provision of ethical pharmaceutical services in the public and private sectors of our health care delivery system nationwide.

The National Products Supply Chain Management Program has in the last four years developed a number of policies - the National Quality Assurance Policy for Medicines and Other Health Products – 2015 and the Nigeria Supply Chain Policy for Pharmaceuticals and other Healthcare Products – 2016. The programme has also rolled out the implementation of the LMCU model across the 36 states and Abuja FCT leading to massive reductions in wastage rate and efficiency in the system. The programme also developed the National Inventory Control Tower (NPSCMP November 2017) (a mechanism to ensure that national inventory levels are maintained within their min and max levels). It also developed the Integrated National Stock Status Report (Nasarawa state Jan 2017) which has been used to identify and resolve risks, provide platform for consistent and accurate monitoring of stock situation.

MDS Logisitics appointed as managers of FG warehouses



The Drug and Vaccine Development Division of the department successfully completed and commissioned the Premier Medical Warehouse in Abuja and Central Medical Warehouse Lagos. The division also piloted the production of oral morphine solution at Federal Pharmaceutical Manufacturing Laboratory, FEPMAL Yaba, Lagos. The product is currently undergoing the process of registration with NAFDAC. The division also secured the approval of the Federal Executive Council on the Joint Venture Agreement for Nigeria and May & Baker to start production of vaccines by Bio-vaccines Ltd.

The Honourable Minister of Health, Prof. I.F. Adewole on an inspection tour of the Premier Medical Warehouse in Abuja. It is the largest medical warehouse in Abuja



**Pharmaceutical Services Division** of the department within the report, reviewed printed and disseminated the 6th edition of National Essential Medicines List (NEML) and 2nd edition of National Standard Treatment Guidelines (STG). It successfully inaugurated the Pain-Free Hospital Initiative (PFHI) and 16 Tertiary Hospitals are actively implementing the PFHI. Fifteen thousand one hundred (15,100) health workers comprising Doctors, Nurses, and Pharmacists have received training in effective pain management;

The department also facilitated a downward review in the production of small volume spirit drinks in sachets and PET bottles from 85% to 50% by January 31st 2020, and a total

discontinuation of production by January 31st, 2024.

Food Quality Safety Programme facilitated the first Nigerian Food Safety and Investment Forum and Hosted the first Inter-Ministerial Committee on Food Safety (IMCFS) under the chairmanship of the Honourable Minister of State for Health in 2017. Similarly, it carried out the awareness creation on National Policy on Food Safety and Its Implementation Strategy (NPFSIS) in two geo-political zones (South-South & South West) between 24th April and 10th May, 2017;

## DEPARTMENT OF TRADITIONAL, COMPLEMENTARY & ALTERNATIVE MEDICINES

was set up by the Honourable Minister of Health to accelerate the integration of Traditional Medicine into the conventional healthcare system as well as promote herbal medicine product research, development and commercialization. Since the creation of this department, it has conducted training programmes on Traditional Medicine for African Countries under India-Africa Summit, held in New Delhi, India in 2018. It also participated in a training on Chinese Traditional Medicine Practice held in China, March, May and July 2018; and Provided free TCAM Health services from 30th to 31st August, 2018.

## DEPARTMENT OF FAMILY HEALTH

The Department Family Health has the objective to develop and coordinate the implementation of policies and programmes that promote the health of

The Honourable Minister of Health, Prof. I.F. Adewole visits the conjoined twins that were successfully separated in Gwagwalada Hospital



the family using the life-course approach through efficient integrated health services in Nigeria. The department works through the Reproductive Health division, Gender, Adolescent, and Sexual Health Division (GASH), Nutrition division and Child Health Division.

**The Family Planning branch** in the Reproductive Health Division worked hard to ensure the Federal Executive Council's approval for the renewal of Memorandum of Understanding with UNFPA on the management of Basket Fund for the Procurement of Family Planning Commodities. It also facilitated the release of Government Counterpart funds for the procurement of FP Commodities and carried out the distributed Contraceptive Commodities from the Central Contraceptive Warehouse, Oshodi, Lagos to the 36 States and Federal Capital Territory. It also reviewed the Task Shifting/ Task Sharing Policy built the capacity of CHEWs on the provision of the Long Acting Reversible Contraceptive Methods and supported States on the development of Costed Implementation Plan (CIPs); and conducted the United Nations Population

The Honourable Minister of Health, Prof. I.F. Adewole displaying the Family Planning Logo “the Green Logo” during the 5th Annual Family Planning Consultative Stakeholders' Forum



Fund (UNFPA) Supplies Programme Survey.

**The Vesico-Vaginal Fistula branch** coordinated the repairs of Obstetric Fistula across the country, trained Media Executives on how to report Fistula issues and doctors and nurses on the repair of Obstetrics Fistula. It has set up an Inter-Ministerial Committee (IMC) for the establishment of one (1) Regional Centre and additional four (4) National Obstetric Fistula Centers.

**The safe motherhood branch** reviewed the MPDSR Guidelines and Tools, developed and launched the National Guideline on Safe Termination of Pregnancy for Legal Indications in 2018. It also reviewed the 2014 National Task Shifting/Task Sharing Policy and Standard Operating Procedures. It also built the capacity of Doctors, Nurse/Midwives and Community Health Extension Workers built on Expanded Life Saving Skills (ELSS), Life Saving Skills and Modified Life Saving Skills (MLSS).

**The Gender, Adolescent School Health and Elderly Care (GASHE) Division** within the period reviewed and adapted the gender mainstreaming training manual in collaboration with



WHO; developed the Standards and Guidelines for the Medical Management of Victims of Violence in Nigeria and developed the National Policy on the Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls in June 2018. It also reviewed the National Policy on Health and Development of Adolescent and Young People in Nigeria in 2018. The division also reviewed the National Protocol for the Clinical Management of Female Genital Mutilation Cases, the National Policy and Plan of Action for the Elimination of Female Genital Mutilation in Nigeria in 2018 and developed the Gender Policy for the Health Sector in 2018 and adapted gender mainstreaming manual 2019.

**The Health Promotion Division** has the responsibility to raise awareness about the population's health gradient and potential actions to be taken thereby promoting positive reinforcement of individual, social and community control, and participation in the adoption and sustenance of healthy behaviours and lifestyles. It has developed the National Integrated Reproductive Maternal Newborn and Child and Adolescent Health plus Nutrition (NIRMNCAH+N) Social and Behaviour Change Strategy, launched the National Family Planning Communication Plan and the new National Family Planning Logo, 'Green Dot' and the Brand Guideline. The division carried out advocacy with MNCH Stakeholders on United Nations Commission on Life Saving Commodities using both print and radio jingles SBCC materials in five languages (English, Pidgin, Hausa, Yoruba and Igbo) in 36 States and FCT - 19 Northern States and FCT, Abuja (December, 2015), and 17 Southern States (2016). The division also carried out nationwide awareness campaign on preventive measures and standard precautionary measures against VHFs focusing on Lassa Fever and Ebola Virus Disease through sixty seconds Radio jingle (13 slots on FRCN and 26 slots/state radio stations), poster in 5 languages (English, Hausa, Yoruba, Igbo and Pidgin) and leaflet in English language (April - July, 2016);

**The Nutrition Division's** facilitation of an annual appropriation of 1.2 Billion Naira for the procurement of RUTF to treat malnourished children is a boost to Nutrition services. About 600,000,000 Naira was released for 2017 and 1.2 Billion

### Increased appropriation for treatment of malnourished children

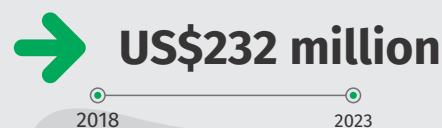


### Treatment of Severe Acute Malnutrition



**>1,000,000** Children Treated  
**75%** Children Cured  
**2,161** CMAM Sites  
**642** Mobile/Outreach

### Accelerating Nutrition Results in Nigeria (ANRiN)



“Two-speed approach” comprising rapid results at large scale to provide benefits to Nigerians at risk of malnutrition and systems strengthening at all levels to ensure sustainability.

released for 2018. The division facilitated the treatment of over one million children with severe acute malnutrition in Nigeria with more than 75% cured performance rate in 2,161 CMAM sites including 642 Mobile/outreach located in the internally Displaced Persons (IDP) 'camp and host communities. The first 6 beneficiary States of Anambra, Bauchi, Bayelsa, Edo, FCT and Osun have each established 3 model CMAM sites for the treatment of SAM cases. It facilitated the release of N1.2billion counterpart funding for the procurement of 176 cartons of RUTF in 2018 which will be utilized in 12 States for the establishment of more CMAM sites to treat malnourished children.

The nutrition division trained a pool of 22 Federal Nutrition Programme Officers on CMAM to support States' implementation of quality CMAM service delivery across the Federation and about 80 Paediatricians, Paediatric Nurses/ Dietitians from the 40 Federal Tertiary Health Institutions (FTHIs) across the Federation on Inpatient management of acute malnutrition to ensure that the 10% medically complicated cases of SAM can be stabilized in the Referral Health facilities for onward rehabilitation in the Outpatient Therapeutic Programme (OTP) sites in Primary health facilities.

The Accelerating Nutrition Results in Nigeria (ANRIN) project is meant to increase utilization of quality, cost-effective nutrition services for pregnant and lactating women, adolescent girls and children under five years. The US\$232 million project will be implemented between 2019 and 2023. It has a “two-speed

Girl children are key in Nigeria's nutrition programme. (ANRIN) project is meant to increase utilization of quality, cost-effective nutrition services for pregnant and lactating women, adolescent girls and children under five years.



approach” comprising rapid results at large scale to provide benefits to Nigerians at risk of malnutrition and systems strengthening at all levels to ensure sustainability.

**The Child Health Division** coordinated the development of the Child Health Policy; Reproductive, Maternal, Newborn, Child, Adolescent Health + Nutrition Strategy; Quality of Care Strategy; National Strategy for Scale-up of Chlorhexidine in Nigeria Every Newborn Action Plans; Revised Essential New Born Care Course (ENCC) Training Manuals; Kangaroo Mother Care (KMC) Operational Guidelines; the division is reviewing the IMCI Pre-Service Handbook/training manual/Checklist (on-going); and the ICCM Guideline (on-going). Government and development partners supported the Local Production of Child Health Commodities in line with UN Life Savings Commodities.

## DEPARTMENT OF HOSPITAL SERVICES

The department has the responsibility of supervising 56 Federal Tertiary Health Institutions, 14 Health Regulatory Bodies/Councils, five (5) Health Professional Schools, Five (5) Schools of Biomedical Engineering Technology as well as all Registered Health Professional Associations in the Country.



The objectives of the department include;

- I. To ensure the standard of health care services at Federal Tertiary Health Institutions meet global best practices and
- II. Ensure that Regulatory Bodies enforce/maintain standard of practice and of health professionals practicing in the country.

**The Teaching Hospitals division** successfully completed the process of appointing substantive Chief Medical Directors for UATH, Gwagwalada, UPTH, Port-Harcourt, UITH, Ilorin, UDUTH, Sokoto, UUTH, Uyo, UMTH, Maidugiri, UBTH, Benin, FTH, Ido-Ekiti, FTH, Gombe and the and Renewal of tenure for CMDs in AKTH, Kano, NAUTH, Nnewi, LUTH, Lagos, OAUTH, Ile-Ife and ISTH, Irrua.

Similarly, The Federal Medical Centers Division successfully conducted the appointment of Medical Directors for Federal Medical Centers in Katsina, Owerri, Owo, Birnin Kebbi, Yola and Keffi in collaboration with the Department of Human Resources

Management. The appointment of Medical Directors for FMC Azare, Yenagoa and Nguru were renewed. It also established the Drug Demand Reduction Centers in FMCs.

**The specialty Hospital Division** within the period under consideration trained 1500 Health workers on Treatment of Drug Addiction in collaboration with UNODC. It also trained Master Trainers /Trainers on Treatment of Drug Addiction (TreatnetVOLA-D) in collaboration with UNODC 2017 (Completed); trained 29 Master Trainers on Universal Treatment Curriculum for Addiction Professionals by Colombo Plan co-sponsored by the United State of America and UNODC in collaboration with FMOH 2017 -2019 and established 11 Model Drug Treatment Centers across the six geopolitical Zones of the country with the support of UNODC.

The Honourable Minister of Health, Prof. I.F. Adewole on a visit to the National Hospital to inspect the Cancer Treatment Machine.



The division developed Policy Documents on Drug Addiction in collaboration with UNDOC. Some of which included the National Minimum Standards for Drug Dependence Treatment in Nigeria; the National Referral Network Protocol Form for Drug Addiction; Guidelines on Treatment of Drug Addiction and Policy on Continuum of care. It also established Drug Treatment/Rehabilitation Centers in all Federal Tertiary Hospitals except Orthopaedics Hospitals, National Eye Centre and National Ear Care Centre in 2018 and developed a National Policy and 5-year Strategic Plan (2019-2023) for Ear and Hearing Care (EHC) in Nigeria, in collaboration with Starkey Hearing Foundation. The development of this document was borne out of the need to improve EHC services across the country which would be beneficial to Persons living with Disabilities (PWDs). The division trained over 1,000 Health Workers Nationwide on the Ponsetti mode of managing Club Foot in collaboration with Ponsetti Foundation from 2017 to date and developed Clinical Guidelines for Club Foot Treatment (1st of its kind globally) in collaboration with Ponsetti Foundation 2017.

**The Trauma, Emergency Response and Disaster Management Division**

strengthened some Primary Response Centers and Ambulance points during the temporary closure of the Nnamdi Azikwe International Airport to Kaduna International Airport. The Primary Centers include General Hospital Doka, Kaduna, Foltz Anglican Hospital Katari, Kaduna, National Eye Hospital, Rigasa and General

The Honourable Minister of Health, Prof. I.F. Adewole meeting with Heads of Tertiary Hospitals to prepare against epidemic outbreaks



Tertiary Hospital upgrade  
Radiotherapy, Ahmadu Bello University Teaching Hospital



A&E Lab and Blood Bank, Lagos University Teaching Hospital



Private Wing and Radiotherapy, National Hospital, Abuja



Dialysis and ICU, Federal Medical Centre Ebute Metta, Lagos



Hospital Bwari, Abuja,etc. It launched the National Policy Document on Operational Guidelines for National Ambulance Services and National Policy on Emergency Medical Services; mapped & Audited Health Facilities along Abuja-Lokoja, Lokoja-Okene and Okene-Benin Highway Corridors, for the purpose of up-scaling Health Facilities for efficient and prompt response to Emergency Medical Services in the country and developed the National Risk Register with other Stakeholders in the Country organized by the Office of the National Security Adviser in collaboration with the UK Government (British High Commission).

**The Nursing Division** facilitated the approval of Internship programme for graduate nurses in 2016 and participated in the periodic accreditation visits to Schools of Nursing and Midwifery in Nigeria. It also initiated induction courses for foreign trained Nurse and facilitated the appointment of a substantive Registrar/Secretary General for The Nursing and Midwifery Council of Nigeria.

**The Cancer Control & Nuclear Medicine Programme** in the period under consideration, created awareness on cancer and related issues and commenced the Implementation of the key objectives of the Nigeria Cancer Plan 2008 – 2013. It also facilitated the training of oncologists, nuclear medicine physicians, oncology nurses and radiographers. The

Commissioning of the Radiotherapy Centre by the Wife of the Vice President flanked by the Honorable Minister of health and CMD National Hospital Abuja.



The Honourable Minister of Health, Prof. I.F. Adewole commissioning 12 ambulances donated to the Federal Ministry of Health by the Government of Japan. Beside him is Mr. Abdulaziz Mashi Abdullahi, the Permanent Secretary. The Director of Health Planning & Research, Dr. Meribole, Director of Hospital Services, Dr. Ahmedu and Dr. Mrs. Onwudiwe, Director in the Department of Hospital Services look on.



programme developed a National Cervical Cancer Control Policy; Cancer awareness jingles in five languages; commenced Medical Physicists residency programme, licensing and registration of clinical medical physicists for the first time in Africa by Nigeria. It developed the Breast Cancer Treatment Guideline in-collaboration with other Non-Governmental Organizations (NGOs), the National Cervical Cancer Screening Scale up Project Strategic Plan, the National Cervical Cancer Control Policy and Developed costing and annual

Honourable Minister of Health, Prof. I.F. Adewole (far right) during the launch of the Nigerian National Cancer Control Plan (2018-2022)





implementation plan for the Nigeria National Cervical Cancer Screening Scale up Project Strategic Plan.

Regulatory and Professional Schools Division successfully inaugurated the Governing Boards of eight (8) Regulatory Bodies/Councils including the Governing Boards of All Teaching Hospitals; Federal Medical Centers and other Agencies like NAFDAC and NHIS to mention a few.

**Medical Laboratory Division** in the period under review carried out supportive supervisory visits to laboratories in tertiary health institutions this in turn has promoted quality services provision. It also carried out training on implementing Laboratory Quality Management System for Heads of Laboratories of 25 tertiary health institutions and is in the process of developing a database of Laboratories in the country.

**The Dentistry Division** under oral health promotion carried out nationwide Schools' Oral Health Campaigns and has reached about 5 million children across five geopolitical zones in Nigeria. On Oral Health Service Delivery, Levels of Care and Standards, the Ministry supplied Dental Chairs to Federal Medical Centers and Federal Teaching Hospitals nationwide. It also developed the draft Triennial Action Plan on Noma Control in Nigeria (2019-2021). The division trained Master Trainers on Noma Awareness Campaigns as well as Master Trainers on Prompt Diagnosis of Oral diseases in Jigawa and Akwa Ibom States in 2017 and 2018.

One of the upgraded wards at the Federal Medical Centre Ebute Metta in Lagos, Nigeria.



**The E-Health Division** collaborated with the Society for Telemedicine and e-Health in Nigeria in the organization of the workshop on 'Building e-Health Workforce Capacity to Build Capacity for E-Health in Nigeria'. It also carried out an on the spot assessment of the development of Data sharing, e-Health platform and IT infrastructure deployed to Ibadan University Teaching Hospital, Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife, University of Nigeria Teaching Hospital, Enugu and Ahmadu Bello University Teaching Hospital, Zaria by Nigeria Communications Commission and Zinox.



## DEPARTMENT OF PLANNING RESEARCH AND STATISTICS

With effective coordination from this department, the Ministry has developed the new National Health Policy (2016) which was an improvement on the 2004 National Health Policy. The Ministry also developed and/or launched the second National Strategic Health Development Plan (NSHDP II) as a successor to the first National Health Plan, the National Health Financing policy and Strategy and carried out trainings for States, Developed an Investment Case for the RMNCAH+ N for the purpose of accessing a \$20m grant from Global Financing Facility (GFF) for the implementation of Basic Health care Provision Fund. The department also coordinated the setting up of the Basic Health Care Provision Fund (BHCPF) structures and developed the BHCPF

manual for use by all stakeholders for the implementation of the Fund.

DHPRS coordinated the revision of the National Human Resources for Health Policy (2015 – 2020); the National Human Resources of Health Strategic Plan (2016 – 2020); Developed and disseminated the Guideline for Implementation of National Health Workforce Registry and Built the capacity of 50 FMOH Staff on Workload Indicator of Staffing Needs in January 2016. The Ministry through the department reviewed and pilot tested NHMIS tools, instructional manual and training guide. It successfully facilitated the accreditation of School of Nursing, and Health Technology of Bauchi, Cross River, Ogun, Imo, Sokoto, Plateau, Akwa-Ibom, and based on GAC and TCC Project collaborations.

Presidential Launch of the Second National Strategic Health Development Plan held on 8th January, 2019 at the Banquet Hall of the Presidential Villa



The NSIA-LUTH Cancer Treatment Centre at the Lagos University Teaching Hospital was launched by President Muhammadu Buhari. In attendance were the Honorable Minister of Health, H.E. Governor Akinwunmi Ambode, the Senate Committee Chairman on Health, Prince Lanre Tejuosho among others.



It coordinated the bilateral agreement between Nigeria and the Japanese Governments which led to the donation of 43 Ambulances for distribution to all Tertiary Hospitals in Nigeria, the printing of 3,500 copies of the National Health Act, vaccination in hard to reach areas of Lagos States and effort to construct a 3D laboratory for the Nigeria Centre for

The honourable minister inspecting one of the data infrastructure set up for Project Echo for HIV data management.



Disease Control (NCDC) to strengthen detection of and response to public health threats in Nigeria. It also facilitated the payment of Nigeria's outstanding World Health Organization Assessed contributions up to 2015 to the tune of \$1,525,897.30 and for 2016 & 2017 to the tune of US\$1,388,860.00.

## SPECIAL PROGRAMMES/UNITS

### NATIONAL BLOOD TRANSFUSION SERVICE (NBTS)

The mandate of NBTS is to ensure the availability of safe and adequate blood and blood products to all who may need it in Nigeria. The NBTS today has 17 operational centers including 6 Zonal Centers spread across the geo-political zones of the Federation (Kaduna - North-West, Owerri - South-East, Ibadan - South-West, Jos - North-Central, Maiduguri - North-East and Benin South-South) and an operational center in Abuja. This has contributed to the reduction of the high mortality indices arising from severe acute blood loss following obstetric emergencies, road traffic accidents (RTA), national disasters/emergencies including bomb blasts, anaemia in children, jaundice etc.

Some of the salient achievements recorded in the period under review include increased voluntary blood collection and retention of regular voluntary donors. The total blood units



collected and screened by NBTS between January 2015 to December, 2018 stood at about 170,103 and 100% blood collection from voluntary non-remunerated donors. It has conducted training for its staff on all the relevant fields of blood donor recruitment & management, laboratory techniques, quality management, supply and cold chain management, monitoring and evaluation and has conducted Data Quality & Quality Compliance Assessment Visits to NBTS centers to assess each center's operational procedures and compliance to quality standards. NBTS has institutionalized community Blood Mobilisation programme and a Secondary School Blood Safety Campaign programme.

It facilitated the absorption NBTS project staff into the Federal Civil Service in 2018 following the receipt of a waiver from the Office of the Head of the Civil Service and secured the approval of the Federal Executive Council for the National Blood Service Commission (NBSC) bill.

### PP/DIASPORA UNIT

The unit was established to handle all matters concerning health professionals in Diaspora. The unit has secured the approval of the Federal Executive Council (FEC) for the Full Business Case for the operations and maintenance of the Premier Medical Warehouse, Abuja and the Federal Central Medical Warehouse Lagos ('Ware House in a Box') Project. It conceptualized the Diaspora Professionals Healthcare Initiative (formerly known as the 11/1 Ratio/ PRIME Programme) and facilitated the PPP process for the 3rd Phase of the FGN/GEHC/CPL (formerly FGN/VAMED/CPL) Teaching Hospitals Rehabilitation Project. PPP/Diaspora unit facilitated the construction of a new 500 bed state-of-the-art Federal Centre of Medical world class Quaternary Hospital in Abuja and rehabilitation of the 8 Teaching Hospitals (UATH, UUTH, ISTH, FETHA, ATBUTH, NH, FTHG, ESUTH) earmarked for the third phase. The Hospitals are to be modernized, upgraded and equipped as well as the refurbishment and re-equipping of 14 Teaching hospitals already rehabilitated and upgraded under the first and second phase of the project.

Hon. Minister of Health Prof. I.F. Adewole inspecting Ebola screening machine at the Nnamdi Azikiwe International Airport Abuja



# THE BASIC HEALTH CARE PROVISION FUND (BHCPF) now known as Huwe

## Background

Huwe is a health care reform that seeks to re-define how primary health care is financed and delivered in Nigeria. It will address the drivers of underperformance at the primary care level by removing the barriers to care. Specifically, Huwe will provide facilities with operational budgets to enable them improve quality of care delivered and reimburse facilities for delivering an explicit set of services.

Hon. Minister of Health Prof. I.F. Adewole inspecting Ebola screening machine at the Nnamdi Azikiwe International Airport Abuja

Huwe will be delivered in 20 States + FCT in the first instance. These States include: Abia, Niger, Osun, Lagos, Delta, Anambra, Imo, Ebonyi, Bayelsa, Edo, Ekiti, Kwara, Oyo, FCT, Plateau, Bauchi, Adamawa, Kano, Katsina, Yobe and Kaduna. These States have been chosen based on their demonstration of interests by the State Governors.

The program design for Huwe has been internationally acclaimed. Development partners have also demonstrated

Roll out of Basic Health Care Provision Fund implementation in Oshogbo. Osun State



## Commitments to the BHCPF

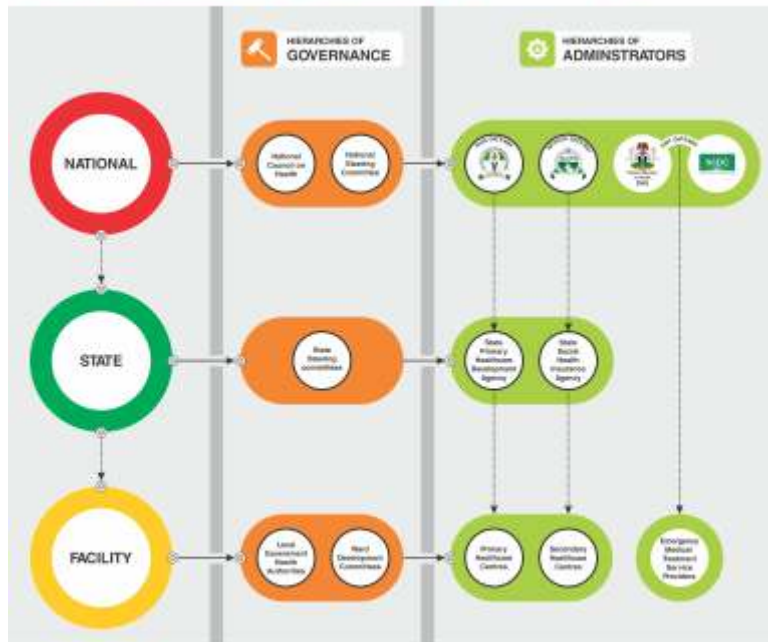
**\$20mn** Global Financing Facility

**\$75mn** BMGF

**£60mn** DFID



## GOVERNANCE AND ADMINISTRATION OF THE BASIC HEALTHCARE PROVISION FUND



interest by committing resources to the program. The Global Facility Financing (GFF) has committed \$20m, BMGF committing up to \$75m over the next 5 years and DFID committing £60m to support the program as well.

### What Is the Governance Structure Of the fund?

A National Steering Committee, chaired by the Honourable Minister of Health will be responsible for oversight and coordination of the entire fund.

The committee membership comprises of the Permanent Secretary of FMOH, Executive Director of the NPHCDA, the Executive Secretary of the NHIS and other members drawn from the Federal Ministry of Finance, Ministry of Budget and National Planning, Civil Society organisations, Representative of the State Commissioners of Health, Dangote Foundation donor partners and an independent member.

The National Steering Committee has a Secretariat where day to day activities are carried out to support the National Steering Committee. The Federal Ministry of Health, National Primary Healthcare Development Agency (NPHCDA) and the National Health Insurance Scheme (NHIS) all work together to

ensure proper supervision of the states primary healthcare development agencies and states social health insurance agencies respectively.

### What is the role of NHIS in the BHC PF Program?

NHIS shall be responsible for the provision of the Basic Minimum Package of Health Services (BMPHS) to all Nigerians /eligible target groups of Nigerians, through accredited public and private primary and secondary health care facilities.

### What is the role of NPHCDA on the BHC PF Program?

NPHCDA will support States in improving the quality of care delivered in PHCs by providing operational budgets and supportive supervision to these facilities.

H.E. Governor Gbenga Oyetola of Osun State and the Deputy Governor Niger State, Ahmed Muhammed Ketso at the roll out of Huwe in Osun and Niger States respectively.



PHCs will develop quality improvement plans and commit to continuous improvement. Facility performances will be measured using scorecards.

**How Is the fund being managed?**

TSA accounts have been set up at the CBN by national and states levels with financial management teams from the Office of the Accountant General of the Federation, and their equivalence at the states levels to oversee the day to day financial management of the programme. All participating health facilities have also gone ahead to open commercial bank accounts. A key performance indicator for the program is the timeliness of flow of funds to the health facilities.

**How do we ensure the funds get to the points of care for Nigerians?**

As earlier mentioned, Huwe will track the timeliness of fund disbursment. A

monitoring framework that mitigates leakages and wastages has been developed, with an independent verification agency established to asse performance

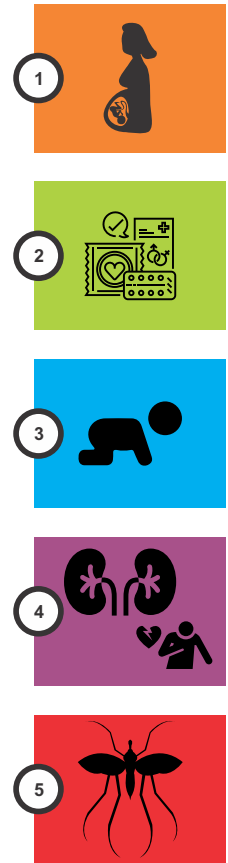
**.How do we ensure funds transparency & accountability?**

Federal and State level accounts have been opened at the Central Bank of Nigeria, with mandate given to the CBN to only disburse funds to accounts recognized by the National Steering Committee.

Amounts given to each State and facility will also be made publicly available on multi platforms to ensure citizens can follow the flow of funds and hold stakeholders accountable.

**What are the kind of healthcare services covered under the BHCPF Program?**

Beneficiaries will have access to an explicit set of services defined as the Basic Minimum Package of Health Services (BMPHS) at no cost at the point of use.



Hon. Minister of Health Prof. I.F. Adewole inspecting Ebola screening machine at the Nnamdi Azikiwe International Airport Abuja



These consists of the following interventions:

1. Maternal Health interventions for pregnant women (ANC, Labour and Delivery, Emergency Obstetric and Neonatal Care and caesarean section),
2. Family Planning,
3. Two (2) children focused interventions for under-5s (curative care and immunization),
4. Urinalysis screening test and a Cardiovascular Disease screening check (blood pressure check),
5. Treatment of malaria for all Nigerians.

### **Saving One Million Lives Programme for Results (SOML-PforR)**

The SOML PforR was designed as a 4-year (April 2015 – December 2019) program of the Federal Government of Nigeria (FGON) supported by an IDA credit of US\$500 million. The overarching objective is to increase the utilization of high impact, cost effective, evidence based Maternal, Child and Nutrition Interventions in Nigeria. The specific objectives are to increase the utilization of the following: a. Vaccination coverage among young children (Pentavalent3); b. Contraceptive prevalence rate (modern methods); c. Vitamin A

The Vice President, Prof. Yemi Osinbajo, presenting Certificate of Excellence to Adamawa State Governor . Adamawa state emerged Most Improved in key MNCH indicators in 2016/2017



Hon. Minister of Health Prof. I.F. Adewole during the dissemination of the National Health Survey which was supported by Save One Million Lives



supplementation among children 6 months to 5 years of age; d. Skilled birth attendance; e. HIV counselling and testing among women attending antenatal care; and f. Use of insecticide treated nets (ITNs) by children under five.

Some of the salient achievements of the programme include the Launch and disbursement of \$55.5m to the 36 States and FCT, on 14th July, 2016 and the Disbursement of 1st performance-based earnings to beneficiary States and FCT. Others include the engagement of Independent Verification Agents (IVAs) to provide credible and coherent analysis of performance and earnings. It supported the conduct of 2016 National Health Facility Survey, 2016 Multiple Indicator Cluster Survey (MICS5) and 2018 SMART Survey as well as the conduct of Performance Management Assessments to States.

SOML also launched and disbursed the 2nd performance-based disbursement to the tune of \$122,348,000, it successfully



conducted Programme Mid-Term Review in November, 2018 and achieved general improvements in Pentavalent 3 and PMTCT. So far, \$259m has been disbursed to States.

### SPECIAL PROJECT

The Special Projects unit was created to strengthen and ensure the prompt actualization of critical and extraordinary

Hon. Minister of Health Prof. I.F. Adewole addressing the Press during an inspection of the Health Facilities in the IDP Camps in Borno



Massive Health Response to the North East: Hon. Minister of Health Prof. I.F. Adewole assessing the health commodity store



Massive Health Response to the North East: Vehicles, drugs & other materials donated



FMOH interventions. It is meant to serve as the focal point for the implementation of special interventions/campaigns that are critical towards sustainably strengthening the leadership role of the FMOH, improving health outcomes/health equity and achieving the goals and objectives of the current Administration.

Some of the successes recorded in the period under review include the continual support to crisis affected states with medicines and health related supplies as well as other necessary health related support to prevent the high cases of mortalities, for instance it provided logistics support (Medicines and Health related supplies) to Benue state during the flooding disaster of 2017, and also delivered logistics support (Medicines and Health related supplies) to the 12 Flood affected states during the National Disaster on Flood in 2018.

It facilitated increased access to quality health care for inhabitants of the 25 accessible Local Government Areas of Borno state, with a record of over 1,000,000 (one million) persons, most especially women and children, reached with emergency medical, nutritional and psychosocial care in Borno State. It also provided a roadmap for the rehabilitation of the Health systems in each of the six (6) North East states and has developed and validated State Specific Operational Plans. In addition the unit facilitated the engagement of 325 ad-hoc human resource for Health staff comprising of Doctors, Nurses, Pharmacists, Midwives, Laboratory Scientist, Health Records Officers, Community Health Extension Workers and Mental Health and Psychosocial CHEWs; the unit coordinated the largest Government funded Health Sector Humanitarian Response by a lower middle income country and the Development and implementation of a Health Sector Humanitarian Response to Humanitarian crisis.

### OTHER DEPARTMENTS

These comprise the Human Resources, Finance and Accounts, Procurement, General Services, Reform Coordination and Service Improvement and ICT departments who have all worked hard to support the attainment of the goals of the Federal Ministry of Health.



# KEY ACHIEVEMENTS

## 3. Achievements by Health Parastatals

### NATIONAL AGENCY FOR FOOD AND DRUGS ADMINISTRATION AND CONTROL (NAFDAC)

The The National Agency for Food and Drug Administration and Control (NAFDAC) was established by Decree No. 15 of 1993 as amended and now the National Agency for Food and Drug Administration and Control Act Cap N1 Laws of the Federation of Nigeria (LFN) 2004 as a Parastatal of the Federal Ministry of Health. The act mandates the Agency to regulate and control the manufacture, importation, exportation, distribution, advertisement, sale and use of Foods, Drugs, Cosmetics, Medical Devices, Bottled water, Chemicals and Detergents (known as regulated products).

Within the period under review, The Central Drug Laboratory, Yaba attained ISO 17025 Laboratory Accreditation by ANSI-ASQ National Accreditation Board on January, 28 2015. The NAFDAC Zonal Laboratory, Agulu, after audit assessment from ACLASS ANSIASQ National Accreditation Board (ANAB) on 19th - 23rd September successfully attained ISO 17025 Laboratory Accreditation for seven (7) test scopes on the 13th of December, 2016. In the same vein, the NAFDAC Area Laboratory, Kaduna successfully achieved ISO 17025 laboratory Accreditation in March, 2017.

On laboratory Analysis, a total of One Hundred and Thirty-Two Thousand, Three Hundred and Twenty-Eight (132,328) samples were analysed. A total of One Hundred and Twenty-One Thousand and Eighteen (121,018) samples were found to be satisfactory while Eleven Thousand, Three Hundred and Ten Thousand (11, 310) were unsatisfactory. On M&E Framework for Food Fortification: NAFDAC and Partners including National Fortification Alliance (NFA) and relevant MDAs developed a National Monitoring and Evaluation framework for food fortification activities which was disseminated at meeting of Government officials, Industry and other partners, held on the 28th September, 2016 at Dover Hotel, Adeniyi Jones, Ikeja Lagos.

#### Samples Analysed by NAFDAC



**132,328**

Samples Analysed



**121,018**

Satisfactory



**11, 310**

Unsatisfactory

Some fake drugs and foods marked for destruction by NAFDAC.



Regional Total Diet Study (RTDS) Survey: NAFDAC coordinated and participated in the Regional Total Diet Study (RTDS) Survey in 2017. The RTDS is a regional Programme sponsored by World Trade Organization-Standard Trade Development Facility (WTO-STDF) to assist four countries namely: Nigeria, Cameroon, Mali and Benin Republic to assess the level of exposure to contaminant in diet of the region. The total diet study is a key source of data for National Food Risk Analysis Centre. The result has since been disseminated. It successfully launched a number of documents including - NAFDAC Good Manufacturing Practice (GMP); Guidelines for Pharmaceutical Products 2016 and NAFDAC Good Clinical Practice (GCP)

Hon. Minister of Health Prof. I.F. Adewole during the ECOWAS Commission meeting on Tobacco held in Abuja.



NAFDAC destroyed counterfeited, substandard, spurious and unwholesome regulated products worth

**N10,300,200,000**  
2015 - 2018

Guidelines 2016. Electronic copies of the guidelines were also hosted on the NAFDAC website

**On registration:** The Agency succeeded in clearing of 6000 backlog of applications by April 09, 2018 and updating the Regulations and Guidelines that have not been revised for thirteen years by June 2018. On Nationwide GMP Inspection of Pharmaceutical Sites, a nationwide inspection for Good Manufacturing Practice (GMP) of 170 local Pharmaceutical manufacturing sites was conducted. The outcome will enable NAFDAC to advise companies on the path of GMP certification. On improved Inspection Activities, in 2015 – 2018, a total of Sixty-Three Thousand, Nine Hundred and Twenty-One (63,921) inspections were conducted on regulated Food manufacturing facilities. Similarly, Sixteen Thousand, and Forty-Eight (16,048) GMP inspections were carried out on drug manufacturing facilities. Similarly, on the

**Registration of Regulated Products:** Provision of good quality, safe and efficacious drugs and wholesome food in the country through registration of regulated products. New drugs molecules screened are through clinical trials to ensure they are safe and efficacious. In this regard, Forty Thousand, Three Hundred and Sixteen (40,316) regulated products of which food - (food + water); Twenty Two Thousand, Nine Hundred and Eighty-One (22,981) and drugs and others; Seventeen Thousand, Three Hundred and Thirty-Five (17,335) were registered from 2015 - 2018.

The Agency has updated the Regulations and Guidelines that have not been revised for thirteen years in June 2018; enforcing submission of applications for drug product approval using Common Technical Document (CTD); reducing registration for product approval or compliance directive to 90 days for food, simple cosmetics and water and 120 days for drugs and some cosmetics; while online registration for drug or food approvals was launched on December 15, 2018. In terms of investigation and enforcement, the Agency intercepted and destroyed twenty-five (25) containers of Tramadol worth One Billion, Seven Hundred and Eight Million, Seven Hundred and Fifty Thousand Naira (N1, 708,750,000). Plans are underway to



destroy more than 30 containers of tramadol and other unregistered products worth more than 198 billion naira on the street.

In the bid to reduce the level of fake drugs in circulation, the Agency through its Investigation and Enforcement Directorate destroyed counterfeited, substandard and unwholesome regulated products worth about Ten Billion, Three Hundred Million and Two Hundred Thousand Naira only (N10,300,200,000) between 2015 - 2018. On Pharmacovigilance, the Agency has established a Pharmacovigilance Centre to monitor Adverse Drug Reactions (ADRs) and safety of medicines. In 2015 - 2018, 5475 ADRs were reported and analysed.

**Vitamin A Fortification of Food:** Currently, the efforts of the Agency have yielded over 70% industry compliance with mandatory vitamin A fortification of flour (wheat and maize), sugar, and vegetable oil/margarine/ butter. This has drastically reduced vitamin A deficiency related diseases.

A baby being weighed a child care facility in northern Nigeria.



## NATIONAL HEALTH INSURANCE SCHEME (NHIS)

The mission of the National Health Insurance Scheme is to facilitate fair-financing of healthcare costs through pooling and judicious utilization of financial resources to provide financial risk protections and cost-burden sharing for people, against high cost of care, through various pre-payment programmes/products prior to their falling ill. This is in addition to providing regulatory oversight to Health Maintenance organizations (HMOs) and participating Healthcare Providers (HCPs).

In the period under review, some modest achievements of the Scheme include;

1. The roll out of State Social Health Insurance Programme SSHIP in several States (19 States).
2. Providing relief for out-of-pocket payment to its beneficiaries at the point of access to care
3. Registration and coverage of Federal Government's employees and families ( Principal Count – 1,148,346; Dependant Count – 2,167,143)
4. Implementation of Vital Contributors Social Health Insurance Programme (VCSHIP), Community Based Social Health Insurance Programme (CBSHIP), Tertiary Institutions Social Health Insurance Programme (TISHIP) etc.
5. Strengthening the Referral System in Healthcare Delivery
6. Initiation of programmes to removal of Social and Economic barriers in accessing healthcare
7. Development of Operational Manual for the Basic Healthcare Provision Fund

The Flag-off of PMB PHC Revitalization Agenda at Kuchigoro by President Muhammadu Buhari GCFR. Hon. Minister of Health, Prof. I.F. Adewale is third from the left. Beside him is the Hon Minister of State for Health.



### **NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY (NPHCDA)**

The NPHCDA, a parastatal under the Federal Ministry of Health was established by decree 29 of 1992 to provide technical directions for the development and effective delivery of Primary Health Care in Nigeria. Its vision is to make PHC Services available to all in Nigeria while its mandate is to provide technical and programmatic support to States, LGAs and other stakeholders in the functioning, planning, implementation, supervision and monitoring of PHC services in Nigeria.

The agency has recorded significant achievements in the period under review including;

1. The inauguration of the supply chain revitalization committee by the Hon.

Minister of Health, Professor Isaac Folorunso Adewole on March 9th, 2017;

2. Public presentation and circulation of the 2016/2017 NICS/MICS survey, which for the first time acknowledged the dismal level of 33% National Immunization Coverage for Penta3 with over 700,000 Nigerians (under-five children) un-immunized;
3. The establishment of the National Emergency Routine Immunization Coordination Centre (NERICC) as a rapid response strategy to stimulate nationwide demand for immunization services. NERICC has also supported the establishment of State Emergency Routine Immunization Coordinating Centre (SERICC) in 11 States, which had low immunization coverage level;
4. The establishment of the Presidential Initiative on Primary Health Care which is meant to revitalize 10,000 PHC centers across the Nation (one per ward). 80 out of 110 model PHC centers under the first phase have been completed, with more than 4,800 facilities revitalized across the country with support from our partners;



5. Introduction of Community Health Influencers and Promoters services (CHIPS) – comprising selected community-based women mobilizers (10 per ward), charged with the responsibility of mobilizing women and the community in general to demand for PHC services;
6. Implementation of reforms and reorientation of Staff at the Agency at the National, Zonal and State levels for effective and result oriented PHC service delivery;
7. Harmonization of programmes and activities of the Agency with major Development Partners such as WHO, UNICEF, BMGF, e.t.c;
8. Re-organization of the Experts Review Committee (ERC) on immunization with appointment of 4 new public health experts into the committee;
9. Establishment of the Reaching Inaccessible Children (RIC) strategy to immunize children in security compromised areas;
10. Improvement of Financial Management processes, risks and controls and
11. Introduction of the task-shifting policy. This is a concept of building capability of identified staff to address technical personnel gaps in the agency, using a standardized and systematic approach

The Hon. Minister of Health, Prof I.F. Adewole at the commissioning of the PHC in Fuka, Niger State by the Etsu Nupe, Alhaji Yahaya Abubakar



## NATIONAL INSTITUTE FOR PHARMACEUTICAL RESEARCH AND DEVELOPMENT (NIPRD)

The National Institute for Pharmaceutical Research and Development (NIPRD), was established by Government order No. 33 Vol. 74 of 11th June 1987 part B but it became functional in 1989. Some of its functions include, the conduct of research into and development of both old and new drug substances and pharmaceutical agents, particularly for tropical diseases, from local materials and synthesis; carry out research and development into the pharmaceutical production of local raw materials; evaluate, preserve, purify and standardize useful medicinal plant preparations into suitable and generally acceptable dosage form; conduct bio-pharmaceutical and pharmacokinetic studies on both imported and locally manufactured drugs, and provide specifications for the production and use in the manufacture of pharmaceutical products; develop new or improved quality control methods, quality standards and specifications for the production and use in the manufacture of pharmaceutical products and carry out research on drug distribution, storage, stability and shelf-life.

In the period under review, the agency recorded the following achievements;

- a. Under Research and Development of Drugs Phytomedicines and Pharmaceutical Raw Material, it carried out quality testing of samples of 2014 National HIV Sero prevalence sentinel survey among women accessing ANC-PMTC services in Nigeria: The project has been completed

Some scientists at work (courtesy NIPRD website)



and the report submitted to NASCP/FMOH. It facilitated the research and development studies including trade marking of developed phytomedicines for the treatment of Malaria (NIPRIMAL), Immune Booster (NIPRIMUNE), (Antidiabetic) NIPRIDAB; NIPRIBOL (for management of Ebola) and antifungal. All waiting for up-scaling and commercialization. It carried out the preparation of fixed dose combination (NIPRIBOL) for the treatment of Ebola Virus Disease. First phase of the study completed, awaiting further funding for the other phases; carried out quality evaluation of dispenser bottles used in the



production of bottled water within Abuja municipal area council of Federal capital Territory and Environs; facilitated the determination of the level of essential and heavy metals in Local and Foreign Herbs Sold in Markets in North-Western States of Nigeria; carried out studies on the content and extent of abuse of codeine containing cough preparations (CCCP) in the Federal Capital Territory and Environ.

b. Designed and prepared questionnaires and study tools, carried out studies on the Formulation of oral solids, capsules, tablets, and controlled release dosage forms, stability of solids, liquids and semi-solids of various products. It also completed the Morphine project involving the assessment of the stability of oral morphine sulphate solution in the presence of select preservatives Transdermal drug delivery systems, ointments, creams, lotions, and other preparations. The report has been submitted to Federal Ministry of Health. The organization also received the ANDi award for Innovative Technology for Africa on the development of pharmaceutical grade starch and starch derivatives from underutilized sources in Nigeria. Some of the other researches carried out include,

- a. Determination of Parameters for NIPRIMAL: A Mono herbal Formulation for the Treatment of Uncomplicated Malaria”.
- b. Physicochemical properties of teas and herbal teas obtained from Abuja market.
- c. Extraction and physicochemical characterization of a new polysaccharide obtained from the fresh stem of *Musa balbisiana*.



- d. Compaction characteristics of the mixed stem bark extract of *Anogessus leiocarpus* and *prosopis Africana* tablet formulations in the presence of channelling agents etc.

c. Commercialization of Research Results – NIPRID signed licensing Agreement after Federal Executive Council Approval for commercial production and marketing of NIPRISAN (an anti-sickling phyto drug for management of sickle cell) to May and Baker Nigeria PLC a wholly Nigeria Pharmaceutical Company, which is the first for the country.

d. Health Service Delivery - NIPRD through its Research clinic and partnering with IHVN serves the inhabitants and indigenes of Idu Karmo, Gwagwa up to Deidei axis. Some of the activities carried out include, advocacy and confirming the availability of professional personnel and best practice, in terms of care to our client. A total of 1,038,400 patients registered under OPD, 75,000 registered for GYNAE, 17 registered for NHIS, 2155 HIV client registered on treatment and cared, 150 patients placed under DOT (Direct observation therapy) treatment, 178 staff, 5,548 on OPD, 10,992 on ARV and 11163 on retroviral drugs.

e. Strengthening institutional Support, Partnership and Collaboration - NIPRD on 18th May 2016 received the Standard Organisation of Nigeria's certification (ISO 9000:2008) for Quality Management System which is the first in the FMOH It also received the ISO 17025 Laboratory certification from ANAB in May 2018, making NIPRD the only government research Institution in Africa to have the ISO 9001 and ISO 17025 Certificates. It also developed and signed MOUs with University of Abuja towards joint research projects, collaboration and establishment of a Pharmacy school towards improved manpower development of Nigerian students.

f. NIPRD also recorded great strides in human capital development and in the upgrade of her building, equipment and infrastructure facility for research and development.

## NIGERIA INSTITUTE FOR MEDICAL RESEARCH (NIMR)

Nigerian Institute of Medical Research Yaba, Lagos, is the apex medical research organisation in the country, charged with the responsibility to conduct research into diseases and conditions of public health importance. It is the oldest research institute in Nigeria, dating back to the arrival at Yaba of the British Yellow Fever Commission in the 1920. It started as an affiliate of the MRC UK and metamorphosed from the West African Council of Medical Research to Medical Research Council of Nigeria in 1960, National Institute of Medical Research in 1977 to Nigerian Institute of Medical Research in 1993. Its vision is to be an institution of excellence in basic, applied and operational research for the promotion of national health and development in Nigeria and to conduct research into diseases of public health importance in Nigeria and develop structures for the dissemination of research findings while providing the enabling environment and facilities for health research and training in cooperation with the federal and state ministries of health and in collaboration with universities, allied institutions and organized private sector nationally and internationally.

NIMR's achievements in the period under review can be categorized as follows;

**1. Leadership and Governance** - In the last two years, the Institute's laboratory at our Center for Human Virology and Genomics obtained the international standard organization accreditation ISO 15189:2021





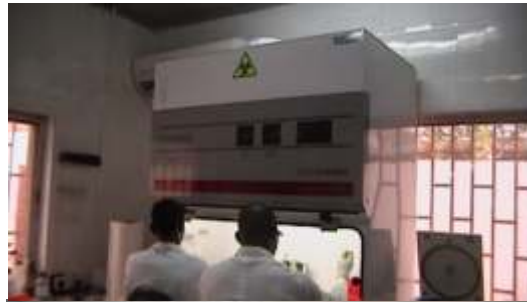
making it the first public laboratory to attain this standard in the country and also the laboratory was listed on the WHO list of prequalification for kit testing making Nigeria one of the 8 countries in the world so recognized. The establishment of the Centre for Research in Traditional, Complementary and Alternative Medicine (CRTCAM) in the Institute in 2017 provided a platform for collaboration between the Institute researchers and the Council of Physicians of Natural Medicine and other Alternative Medicine Practitioners in the country. The Centre since inception has evaluated a number of herbal preparations.

**2. Developments of Human Resources for Health Research** - Deliberate actions were put in place to ensure the development of the capacity of research staff through institutional sponsorship of staff for PhDs, Medical fellowships and post-doctoral positions. A total of 25 staff were undergoing postgraduate training during the reporting period (PhD: 15; MSc/MPH: 8)

**3. Infrastructural development to support Health Research** - Several structures were renovated, built or acquired to support research

**Centre For Human Virology And Genomics**  
The national reference centre for HIV was renovated and upgraded to reposition it to provide research backup for the national HIV programme as well as conduct other cut edge research that inform policy.

Centre for human virology and genomics before upgrade and renovation



**4. Health system strengthening efforts** - In the last 3 years the Institute has continued to support the national health system through the following;

- i. Establishment of laboratory capacity for faster and efficient diagnosis of diseases of public health importance such as typhoid, salmonella species, helicobacter pylori, Tuberculosis, hepatitis B and C, HIV/AIDS, etc.,



- ii. The Centre for Human Virology and Genomics' has been listed as WHO prequalified evaluating laboratory, making Nigeria one of the eight countries in the world to be so listed. The Centre is also a nationally designated Mega PCR laboratory to support the national HIV programme
- iii. Establishment of a Buruli Ulcer Unit to support the FMOH in the prevention and control of the diseases. The Unit is now designated as National Reference Laboratory for Buruli Ulcer.

Some scientists at work  
(courtesy NIMR website)



## 5. Contributions towards improving health policies and interventions -

- I. The Institute's HIV/AIDS programme continues to be among the largest and the best in the country with cumulative enrolment above 25000 patients including adults, pregnant women and children with an MTCT rate of less than 1%, loss to follow of 20%, mortality rate of about 3.3% and viral suppression rate of 93-95%.
- II. The Tuberculosis programme has managed cumulatively more than 7,000 patients with TB since the commencement of the DOTS services with a treatment /cure rate above 90%. In the last 3 years 650 patients were managed for TB with TB/HIV coinfection rate of 30-33%.
- III. The Institute's emergency preparedness and response team continue to support the FMOH during diseases outbreak and other national emergencies. At end of these outbreak and emergencies the institute prepares a detailed report which is made available to the ministries with lessons learnt and recommendations to help prevent future outbreaks

## NIGERIA CENTRE FOR DISEASE CONTROL (NCDC)

The Nigeria Centre for Disease Control (NCDC) is an agency established by an Act of Parliament to lead the response to the challenges of public health emergencies and to enhance Nigeria's preparedness and response to epidemics through prevention, detection and control of communicable diseases. The Honorable Minister of Health (HMH), Professor Isaac Adewole led the process and supported the leadership of NCDC to realize the passage of NCDC Bill by the National Assembly and subsequent assent by the President of the Federal Republic of Nigeria, President Muhammadu Buhari in November 2018.

The Lassa Fever International Conference held in Abuja in January 2019 to mark 50 years since the Lassa Fever virus was isolated in Nigeria. Honorable Minister of State for Health, Dr. Ehanire, Executive Governor of Nasarawa State H.E. Gov Umar Tanko Almakura, The D.G. of NCDC Dr. Chikwe Ihekweazu at the conference.



The achievements of NCDC in the period under review cut across the following areas- Surveillance improvement - a new digital surveillance tool- Surveillance and Outbreak Review Management System (SORMAS), was developed and introduced for ease of reporting. This has been fully deployed in 211 Local Government Areas (LGAs) in 16 States in Nigeria. This enables digital reporting of surveillance data, improved response time and better data management.

**Laboratory strengthening** - In 2017, the National Reference Laboratory was operationalized in Abuja, and now leads public health laboratory diagnosis in the country. The laboratory together with its network of laboratories has the capacity to test for the six epidemic prone diseases in Nigeria- Lassa fever, measles, cholera, yellow fever, cerebrospinal meningitis and monkey pox.

**Emergency operations and response** - In the last four years, NCDC has continued to provide states with supplies for outbreak response such as personal protective equipment, medication etc. In 2018 alone, nearly 60 Rapid Response Teams were deployed from the national level to states in Nigeria.

**Research and institutional development** - Nigeria is at the forefront in the global Lassa fever research. There is a national Lassa fever research plan, working with partners to understand and push for the production of new measures such as Lassa fever vaccines, strategic partnerships as well as human resource. Following directives from the Honourable Minister, NCDC began the coordination of Antimicrobial Resistance surveillance for the country. In addition, Nigeria now

NCDC at work: Providing effective and efficient emergency response



contributes to the Global Antimicrobial Resistance Surveillance System.

**Strategic Partnerships** - NCDC has built partnerships with other national public health institutes in United Kingdom, Germany, United States of America and other countries. In addition, NCDC receives support from the World Health Organization, Africa CDC, West African Health Organization, UNICEF, Gates Foundation, a credit facility from the World Bank and other international agencies.

**Human Resources** - With leadership from the Honourable Minister and approval from the Office of the Head of Service, the NCDC human resource capacity has increased from less than 100 in 2015, to over 200 in 2019. This includes individuals with specialized skills across the functions of the Agency.

---

The NCDC Incident Coordination Centre where all agencies and partners meet for outbreak response.

## NURSING AND MIDWIFERY COUNCIL OF NIGERIA

The council has the mission to promote and maintain excellence in Nursing and Midwifery education and practice in line with global best practices. The Nursing Council of Nigeria was established by the registration of Nurses ordinance of August, 1947 and the Midwives board by Midwives Ordinances of 1930. The two bodies were merged into Nursing and Midwives Council of Nigeria by the decree No. 89 of 1979 now known as nursing and midwifery (registration) Act. Cap. N143, Laws of the Federation of Nigeria, 2004.

Some of the achievements recorded by the council include,

- I. Standard and accreditation – the council regulates and controls nursing and midwifery training institutions in Nigeria
- II. Computerization of council's activities.
- III. Indexing of students of all approved Nursing and Midwifery institutions
- IV. Conduct of professional examinations for all cadre of student nurses and midwives
- V. Registration of all qualifies nurses and midwives
- VI. Updating, licensure and verification of documents for nurses and midwives
- VII. Support of nurses and midwives continued education and capacity update.



## PHARMACIST COUNCIL OF NIGERIA

The Pharmacists Council of Nigeria (PCN) is a Parastatal under the Federal Ministry of Health established by Cap P17, LFN, 2004 and charged with the responsibility of regulation and control of pharmacy education, training and practice in all aspects and ramifications. Some of the functions of the council include, determining the standards of knowledge and skill to be attained by persons seeking to become registered members of the pharmacy profession and reviewing these standards from time to time as circumstances may require; securing the establishment and maintenance of registers of persons entitled to practice as members of the profession and the publication from time to time, of lists of those persons; reviewing and preparing from time to time a statement as to the statement of conduct which the Council

A pharmacist at work (courtesy Pharmacist Council of Nigeria website)



considers desirable for the practice of the pharmacy profession; regulating and controlling the practice of the profession in all aspects and ramifications; and performing such other functions as may be required of Council under this Act.

Some of the achievements recorded include;

- I. Transformation in ICT for PCN Regulatory Activities - This involved the introduction of online registration to improve the efficiency of registration and licensure of pharmacists, pharmaceutical premises and patent and proprietary medicines vendors. Also, the website for the agency has been redesigned, restructured to make it more efficient and effective, improved functionality, usability and easy interaction between the stakeholders and the Council.
- II. The Reform of the PCN Act - The current PCN Act which has become ineffective has undergone comprehensive review and transformed to the new PCN Bill 2017 which has been passed by both Chambers of the National Assembly and currently awaiting Presidential Assent.
- III. Creation of Enforcement Department - The Office of the Head of Civil Service of the Federation (OHCSF) approved the creation of a separate Enforcement Department from the Inspection and Monitoring Department of PCN vide letter reference number OE&MS/MSO/58/VOL.I dated October 11, 2017 which has greatly contributed to sanitizing the practice environment

The Honourable Minister of Health, Prof. Isaac F. Adewole during the launch of the Pharmaceutical Society of Nigeria Foundation in Abuja



within the pharmaceutical landscape through the closure of illegal and unregistered pharmaceutical premises including the patent and proprietary medicines vendors.

- IV. Implementation of the National Drug Distribution Guidelines (NDDG)
- V. Establishment of an Institutionalized and Centralized Internship Placement Programme of Pharmacy Graduates by Federal Government of Nigeria
- VI. Introduction of National Pre-Registration Examination for Pharmacists
- VII. Repositioning of Pharmacy Technician Training and Practice in Nigeria and
- VIII. Constitution of Codeine Control and Other Related Matters Working Group (CCRWG)

### **MEDICAL REHABILITATION THERAPISTS REGISTRATION BOARD OF NIGERIA**

The Medical Rehabilitation Therapists (Registration) Board of Nigeria is a Board established by decree 38 of 1988 to regulate and control the training and practice of seven Professions that are responsible for the rehabilitation of patients with disabling conditions and established disabilities. These are

- I. Physiotherapy;
- II. Occupational Therapy;
- III. Speech Therapy;
- iv. Audiology;

- v. Orthotics and Prosthetics; and
- vii. Osteopaths and Chiropractic medicine in health sector in Nigeria

The achievements of the board in the period under review include;

- I. Reduction in the proliferation of fake licenses
- II. Accreditation - Within the period 2015 and 2018, a total number of 55 institutions were accredited including both the academic and clinical institutions
- III. Surveillance and War against Quackery - Over, 20 (twenty) facilities, who were either not accredited to practice, or promoting quackery, or practicing below the established and expected regulatory practice have been closed down, sanctioned while some have been advised accordingly. The Board had since 2015 taken up legal cases against a few illegal practitioners in the profession.

Others recorded achievements are in the areas of Examination, Induction, Indexing, Creation of New Units, Continuous Professional Development, Staff, Structure and Welfare, Internally Generated Revenue, policy development, Interagency collaboration, celebration of international day for persons with disabilities, upward review of the curriculum of training – physiotherapists.

# GLOBAL COLLABORATIONS



AGENCIES  
DEPARTMENTS  
POLICIES  
INTRODUCTIONS  
NIGERIA: PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE

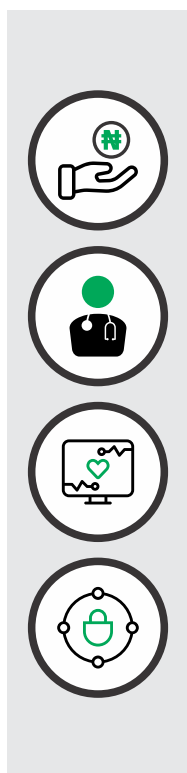


AGENCIES  
 DEPARTMENTS  
 POLICIES  
 INTRODUCTIONS  
 NIGERIA: PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE





# LOOKING FORWARD



As we look forward to the next 5 years, increased financing, continuity of high impact programs and accountability must guide our approach. Public financing for health must continue to increase to enable us sustain the successes achieved so far and reduce out of pocket expenditure. Programs such as the BHCPF must be implemented in accordance with the implementation manual as it provides a pathway to achieving Universal Health Coverage. Accountability processes must continually be improved upon to ensure elimination of wastages and increased allocative efficiency.

In addition, continuous engagement with States is important to ensure ownership and increased performance management of programs. Increase in the number of public private partnerships to complement government's investments in health care is important. So far we have midwived the LUTH NSIA cancer centre and are working with

AFREXIM to set up a multi specialty centre focusing on managing complex NCDs.

We will continue to work with the Ministry of Budget and National Planning on approaches to harness the power of the young and strong population bulge, achieve demographic dividend, while paying attention to our population growth.

There is need to continue to strengthen public health preparedness through increased vigilance at our entry ports and digitization of yellow cards.

In sum, the legislative frameworks, policies and program being implemented serve as a foundation for continuous improvement of the health sector with the resultant increase in health outcomes. This certainly would facilitate the attainment of Universal Health Coverage and have a knock on effect on increased productivity and economic growth.

Programmatic successes have been recorded over the last 4 years

<b>Total grant from GAVI to Nigeria' over the next decade</b>	<b>\$1.03bn</b>	<b>Current RI coverage from 48% in 2016</b>	<b>57%</b>	<b>Current HIV prevalence down from 3% in 2014</b>	<b>1.4%</b>
<b>Current Modern CPR up from 10% in 2013. Also committed \$12mn Total amount to family planning commodities over the last three years</b>	<b>18%</b>	<b>Policy initiative put in place to enable medical practitioners give back to the Nigerian society</b>	<b>11:1</b>	<b>Total number of Teaching Hospitals currently being upgraded to provide high end oncology care</b>	<b>7</b>
<b>Current malaria prevalence down from 42% in 2013.</b>	<b>27%</b>	<b>Total amount disbursed to States under SOML in the last 3 years based on performance.</b>	<b>\$256mn</b>	<b>National humanitarian health and nutrition response in the North East</b>	<b>N4.3bn</b>
<b>Disbursed to combat Polio in the last 3 years</b>	<b>~N15bn</b>	<b>Operationalized the NCDC to strengthen public health emergency response and preparedness</b>	<b>NCDC</b>	<b>Addressing malnutrition in the country.</b>	<b>N1.6bn / \$232mn</b>



# APPRECIATION

*"Finally we thank President Muhammadu Buhari GCFR for providing us the opportunity to make our humble contribution to national development. The experience was worthwhile. we thank all Nigerians for their support."*



**PROF. ISAAC F. ADEWOLE**  
Honorable Minister of Health



**DR. OSAGIE EHANIRE**  
Honorable Minister of State for Health



# NIGERIA

## PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE



A Documentation of Salient Achievements  
of The Buhari Administration  
in the Health Sector  
2015 -2019

Publication of the Federal Ministry of Health  
Abuja, Nigeria