

**All Hands.
One Mission:**

Bringing the
Nigeria Health Sector
to Light

NIGERIA HEALTH SECTOR-WIDE
**JOINT
ANNUAL
REVIEW**
2025

REPORT



2025 Health Sector Joint Annual Review Report

The Federal Ministry of Health and Social Welfare and its MDAs, in collaboration with development partners, convened the 2025 Health Sector Joint Annual Review (JAR) from November 12-14, 2025, in Abuja. This three-day event brought together key stakeholders to assess Nigeria's health sector performance under the Sector Wide Approach (SWAp) framework and realign efforts towards achieving the goals of the National Health Sector Renewal Investment Initiative (NHSRII). The meeting reinforced the nation's commitment to advancing public health and Universal Health Coverage.

The 2025 JAR aimed to:

1. **Review progress on the NHSRII priorities and commitments, and broader health sector performance**, by systematically assessing progress against them through data-driven performance reviews and partner accountability discussions.
2. **Spotlight best practices and opportunities, and facilitate multi-sectoral cross-learning and collaboration across core initiatives** by highlighting key achievements, progress made on set resolutions, towards achieving sector priorities, and UHC goals
3. **Jointly identify performance optimization opportunities and align on the way forward to accelerate progress in 2026 by** collaboratively proposing solutions to unmet 2025 resolutions and agreeing on key priorities and resolutions for 2026



Key Stakeholders

Ministers, Senators, and Executives

Prof. Muhammad Ali Pate, the Honorable Coordinating Minister of Health and Social Welfare; Dr Iziaq Adekunle Salako, the Honorable Minister of State for Health and Social Welfare; Sen. Abubakar Atiku Bagudu, the Honorable Minister of Budget and National Planning; Mr. Adebayo Olawale Edun, Honorable Minister of Finance and Cordinating Minister of the Economy; Sen. Banigo Ipalibo Harry, Chairman, Senate Committee on Health; Dr. Salma Ibrahim Anas, Senior Special Adviser to the President on Health; Uju Vanstasia Rochas-AnwukahSpecial Adviser to the Vice President on Public Health; Francis Ogbonna Erishi Nwifuru, Executive Governor, Ebonyi State.



Prof. Muhammed Ali Pate
Coordinating Minister of Health
and Social Welfare



Dr. Iziaq Adekunle Salako
Minister of State for Health and
Social Welfare



Ms Daju Kachollom mni
Permanent Secretary, Ministry of Health
and Social Welfare



Key Stakeholders

Traditional and Religious Leaders

(HRH) DR. Haliru Yahaya, Emir of Shonga, HRH ALH. (Dr) Adamu Baba Yunusa (MFR) ONA of Abaji - Chairman FCT Council of Chiefs Kwara State; Tangale of Gombe; His Eminence, Archbishop Daniel Okoh, represented by the General Secretary, Prof. Samson Adetunde Fatokun. The Permanent Secretary, Ms Kachollom Shangti Daju mni, Directors, and staff of the FMOHSW

DGs/ESs of health-related MDAs

DGs/ESs of health-related MDAs - Dr Muyi Aina, ED National Primary Health Care Development Agency (NPHCDA); Dr Kelechi Ohiri, DG National Health Insurance Authority (NHIA); Dr Jide Idris, DG Nigeria Centre for Disease Control (NCDC); Dr Abdu Muktar, National Coordinator, Presidential Unlocking Value Chain (PVAC) initiative; Dr Temitope Ilori, DG National Agency for the Control of AIDS (NACA); Dr Muntaka Umar-Sadiq, National Coordinator, SWAp Coordination Office; National Coordinator National AIDS/STI Control Program (NASCP), Dr Kamil Shoretire, Director, DHPRS, FMOHSW.

Honourable Commissioners of Health across states

Honourable Commissioners of Health across states in the country, including their Permanent Secretaries, and Directors of Planning, Research and Statistics, Executive Secretaries of State Primary Healthcare Development Agency and State Health Insurance Agencies, members of the diplomatic corps, the Association of the Local Governments of Nigeria (ALGON), civil society representatives from development partners, non-state actors, and academia.



**All Hands.
One Mission:**

Bringing the
Nigeria Health Sector
to Light

NIGERIA HEALTH SECTOR-WIDE
**JOINT
ANNUAL
REVIEW**
2025

DAY 1

SESSION HIGHLIGHT

Opening Ceremony

Moderator:

Chief Mrs Moji Makanjuola, *MFR*

The opening ceremony featured remarks and goodwill messages from dignitaries and key stakeholders, who applauded the leadership of the Federal Ministry of Health, including the Coordinating Minister, the Minister of State, and the Permanent Secretary, and their team for such critical national convening their leadership. Speakers expressed their commitment to supporting the ongoing health sector reforms ministry's efforts, underscoring the importance of collaboration, shared accountability, and collective action to drive progress in the Nigerian health sector.



Welcome Remarks

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



Goodwill Messages

Mr. Olawale Edun, Minister of Finance and Coordinating Minister of the Economy, welcomed participants to the 2025 Joint Annual Review (JAR) of the health sector, describing it as a forum to assess performance, evaluate outcomes, and reinforce collective ambition. He emphasised the importance of multisectoral collaboration and reaffirmed the commitment to building a resilient health system. He highlighted gains in immunization and maternal health while noting persistent challenges in achieving SDG 3 targets, driven by low service coverage and inadequate financial protection for Nigerians. He commended the introduction of the citizens' voice survey, which provides Nigerians with a platform to share their experiences and perceptions with the health system. Stressing the value of reliable data as the sector's compass, he encouraged its use to guide resource allocation and reduce dependence on donor funding.



Goodwill Messages

His Royal Highness Dr. Haliru Yahaya, Emir of Shonga, emphasised the critical role of collaboration in strengthening public health. He commended the commitment of all stakeholders to improving the health system, highlighting the significance of the “red letter” and the need to monitor both the allocation and utilisation of healthcare funds. While acknowledging the health system’s progress, he expressed concern over human resources for health, noting that excessive specialisation may lead healthcare professionals to seek fulfilment in other sectors. HRH reaffirmed his readiness to support the government and its partners in advancing Nigeria’s health objectives.

His Eminence, Archbishop Daniel Okoh, President of the Christian Association of Nigeria, represented by its General Secretary, Prof. Samson Adetunde Fatokun, recognized the 2025 JAR as a key opportunity to reflect on achievements and challenges and to agree on priority actions to save lives. He emphasized the importance of integrated service delivery and a people-centered,



inclusive approach to healthcare. He also commended the FMoHSW for providing a platform for diverse voices to be heard and reaffirmed CAN’s commitment to collaborating with the government and development partners in strengthening the health system.

Dr Muhammad Lecky, Chairman of the Health Sector Coalition, conveyed warm greetings on behalf of state actors and acknowledged the strong spirit of collaboration that has sustained the sector. He noted that this year’s review is taking place amid significant financial strain, with a 30–40% decline in external aid, while commending health leaders for increasing the national health budget by over \$200 million to cushion the effect. He also highlighted the need for innovative, diversified health financing mechanisms and efficient resource use to reduce out-of-pocket expenditures. Pointing to persistent system gaps, including limited socialisation of the SWAp approach, fragmented service delivery across levels of care, and inequities in access between urban and rural areas and for people living with disabilities, he acknowledged progress on the Basic Health Care Provision Fund (BHCPF). He stressed that it remains inadequate until all Nigerians, especially women, children, and the poor, can obtain quality care without financial hardship. He highlighted the importance of agreeing on concrete actions for the coming year to improve life expectancy and reduce preventable illnesses and deaths.



Goodwill Messages

Dr Njide Ndili, Healthcare Federation of Nigeria, represented by Dr. Benson Ayodele, affirmed the shared commitment to strengthening Nigeria's health system, highlighting collaboration, accountability, and evidence-based decision-making. He emphasised the private sector's integral role across all levels of care, the value of reviewing successes and lessons learnt, and the potential establishment of a National Healthcare Facility Regulatory Agency to standardise facility operations. He also stressed the importance of supporting public-private partnerships, including private facilities in cancer care. He reaffirmed his commitment to providing a platform for aligned engagement and translating collaboration into measurable outcomes.

Dr Mary Nana Brantuo, representing the Health Development Partners Group, extended her warm congratulations to the FMoHSW for the remarkable progress achieved in advancing Nigeria's health sector reform agenda. She commended the leadership for the updated COMPACT addendum, which broadens stakeholders' engagement and reinforces a shared responsibility for achieving universal health coverage. She reaffirmed partners' commitment to coordinate and support government priorities, mobilise resources for impactful interventions, and strengthen systems for informed data decision-making.



Goodwill Messages

Mr Mathew Vergis, Country Director at the World Bank, recognised the JAR as a testament to partners' commitment to Universal Health Coverage. He noted that UHC is a key global progress indicator, with health services expected to reach 1.5 billion people by 2030, and highlighted Nigeria as a critical model for advancing these goals. While acknowledging gains in maternal mortality, he noted Nigeria's low Human Development Index ranking. To accelerate progress, he outlined three priorities: strengthen SWAp implementation with robust accountability, expand focus on early childhood, and increase development spending for health.

Dr. Pavel Ursu, WHO Country Representative in Nigeria, commended the FMoHSW for JAR 2025, noting its timing is crucial as strong leadership drives health sector transformation toward Universal Health Coverage. He highlighted JARs as vital for assessing progress, identifying bottlenecks, and fostering inclusive dialogue for measurable results. He praised the release of the health sector statistical book, Nigeria's integration of JAR within SWAp, and the renewed investment framework, reflecting a results-focused health system. He affirmed WHO's commitment to supporting evidence-based policy and inclusive health sector transformation.

Thabani Maphosa, Gavi's Chief of Country Delivery Officer, applauded the strong collaboration between the FMoHSW and Gavi, noting that Nigeria has become a model for other countries in the effective management of HPV vaccination. He further commended the country's leadership on measles, rubella, and polio immunisation efforts, including its integrated campaign approach. With an ambitious target of reaching 100 million children, he observed that Nigeria is firmly on track to achieve it. He reaffirmed Gavi's commitment to supporting the Honourable Coordinating Minister for Health and Social Welfare in navigating financial pressures and sustaining progress.



Goodwill Messages

Engr Bello Lawal, ALGON Chairman, extended goodwill messages on behalf of the 774 LGA chairmen. He commended the FMoHSW for its continued collaboration and commitment to strengthening Nigeria's health sector in line with national priorities and the Sustainable Development Goals. He expressed full support for SWAp coordination, appreciated partners for sustained investment in improving the health sector, and urged all stakeholders to maintain the people-centred approach.

Dr Oyebanji Filani, HCH, Ekiti State, Chair, HCF, represented by Dr Muhammad Lawa Gana, recognised the JAR as a space where stakeholders in health take stock, share experiences, and celebrate collective efforts towards achievements and reflect honestly on areas where gaps exist. He appreciated the continued leadership of the CMoHSW, the shared partnership of development partners, and the dedication of every stakeholder working tirelessly at all national and subnational levels. He stated that progress has been made across the States, including strengthening primary health care, expanding health insurance coverage, and advancing the One Health agenda.



Dr Salma Ibrahim Anas, Senior Special Assistant to the President on Health, highlighted President Tinubu's renewed hope agenda, focused on saving lives, reducing financial hardship, and accelerating healthcare for all. She noted that JAR 2025 will build on previous reviews, emphasizing expanding domestic funding for the BHCPF to at least 2% of the consolidated revenue fund, mobilizing and efficiently using resources, strengthening linkages across all health facility levels, and fostering cross-sectoral collaboration, including with security agencies.



Guest Remarks

Sen. Banigo Ipalibo Harry, Chairman, Senate Committee on Health, represented by Dr. Adedayo, represented by Dr. Adedayo, commended Nigeria's strides in transforming the health sector under President Tinubu's renewed hope agenda. He noted that, under CMOHSW Prof. Muhammed Ali Pate, this vision has been translated into the Nigerian Health Sector Investment Renewal Initiative (NHSRII). This transformative national framework enhances funding, governance, and service quality to build a bold, resilient, and people-centred health system.

Mr. Olawale Edun, the Minister of Finance and Coordinating Minister of the Economy, acknowledged progress while emphasising the need to sustain efforts. He commended the nearly 60% increase in the 2025 health budget and the BHCPF, which rose from ₦131 billion in 2024 to ₦290 billion in 2025, noting plans to secure additional financing for 2026 vaccine procurement. He reaffirmed his commitment to bridging gaps between fund appropriation and release. He also commended the ward-based development programme in the area of revenue generation, ensuring no one is left behind, and by extension, enabling them to grow the economy.



Special Remarks

Dr Iziaq Adekunle Salako, Honourable Minister of State for Health and Social Welfare, congratulated the Coordinating Minister, emphasising the JAR as an essential tool for evaluating progress, addressing challenges, and setting clear sector objectives. He highlighted three priority health indicators: mortality rates, disease incidence, and health expenditure, and emphasised the need to focus on quality of care and client expenditure as key components in the journey toward universal health coverage.

Keynote Address

H.E. Abdulrazak Abdulrahman, Executive Governor of Kwara State and Chairman, Nigeria Governors Forum, represented by Prof. Olalekan Othman, expressed excitement about the revised compact addendum, describing it as a timely and thoughtful follow-up to the compact signed two years ago and a new agenda poised to accelerate healthcare outcomes in Nigeria.



Opening Address

Prof. Muhammad Ali Pate, the Honourable Coordinating Minister of Health and Social Welfare, officially declared the event open. In his remarks, he expressed gratitude to President Bola Ahmed Tinubu for prioritising the health and social welfare of Nigerians. He emphasised the administration's commitment to providing accessible healthcare without financial hardship. He called on all citizens to actively participate, noting that government efforts alone cannot meet all health needs.

He highlighted that this year's Joint Annual Review (JAR) builds on the baseline established in 2024, assesses key health indicators, features the signing of the addendum, and positions the country to advance towards Universal Health Coverage. As of Q3 2025, 84% of key performance indicators (KPIs) have been achieved. All 36 states and the FCT have conducted their Joint Annual Reviews

and State Performance Dialogues, with active citizen participation in sectoral decision-making. All 774 local government areas now have functional National Health Fellows and Public Financial Management Officers, reflecting the effective implementation of COMPACT commitments and a shift from donor-driven to results-oriented health systems.

He also noted that skilled birth attendance now exceeds 90%, demonstrating significant progress, and family planning uptake has increased, respecting families' rights to make informed choices. He concluded by stressing the need to consolidate these gains, expand health insurance coverage, and strengthen the primary healthcare system, which remains the foundation for achieving Universal Health Coverage.



Signing of revised Health Sector Renewal (UHC) Compact

The ceremonial signing of the revised Health Sector Renewal Compact addendum was held, witnessed by representatives from ALGON, the private sector, and traditional/religious institutions, and included an expanded set of focus areas.

The signing of the compact addendum was led by the coordinating minister of health and social welfare, with the following signatories: Representative of HE Abdulrazaq Abdulrahman, Executive Governor, Kwara State; Chair, NGF, Representative of His Eminence Alh. Muhammadu Sa'adu Abubakar, Sultan of Sokoto, Religious Leader, HIM Dr Adeyeye Enitan Ogunwusi CFR, Ooni of Ife, Traditional Leader, Representative of Most Rev. Daniel Chukwudumebi Okoh, President, CAN, Dr Njide Ndili, President, Healthcare Federation Nigeria, Hon. Engr. Bello Lawal, ALGON, Dr Muhammed Lecky, Health Sector Reform Coalition, and finally, Prof Muhammad Ali Pate, Honorable Coordinating Minister of Health and Social Welfare, signed the addendum, with witnesses from various MDAs present.



SESSION HIGHLIGHT

Technical Sessions

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

The technical sessions included presentations reviewing sector performance, updates from health MDAs, and discussions during plenaries, panel sessions, and breakout side meetings.



Session 1:

Status of 2024 JAR Resolutions

Dr. Kamil Shoretire, Director, Department of Health Planning, Research and Statistics, Federal Ministry of Health and Social Welfare, kicked off the session with an overview of the status of 2024 JAR resolutions. Highlights from the session include:

- Strengthening stakeholder coordination to improve service delivery, ensuring alignment with the commitments made. This has been achieved by the development and review of Annual Development Plans and quarterly state performance dialogue held
- Signing of the addendum to the compact, which allows various stakeholders to develop, disseminate, and onboard stakeholders on the code of conduct, reinforcing accountability, coordination, and shared responsibility among stakeholders.
- Improvement in the coordination of HIV/AIDS and related diseases at national and sub-national levels. This has been achieved through the establishment of a robust coordination mechanism for HIV, TB, and other associated diseases, with the ATM Technical Working Group as the central coordinating mechanism.
- Crashing maternal mortality with the launch of MAMII (Maternal and Neonatal Mortality Reduction Innovation and Initiative) and prioritising interventions in LGAs that have more than 50% maternal mortality for deploying dedicated interventions. So far, MAMII has been domesticated in 32 of 33 states, and key interventions are in progress.



- Building health workforce capacity by accelerating the progress of training 120,000 frontline HCWs to improve the quality of health services, especially in primary healthcare facilities. So far, an additional 10,158 HCWs were trained in 2025, bringing the total to 70,628, which is 59% of the overall target. Plans to deploy e-learning platforms are underway.
- Track performance through data-driven decision-making, and renew investment initiative by planning and conducting an annual mini-service to compare progress against baseline indicators using NDHS 2023 data. So far, the process of conducting mini DHS has been initiated, with results expected by the end of Q1, 2026. The flag-off ceremony will be done during the course of the review.
- Conducting state-level joint annual reviews in alignment with the annual operational plan and budgeting cycle. So far, 35 out of 37 states (98% of the target) have conducted their state-level joint yearly reviews.



Session 2:

State of health of Nigerians

Dr. Adaeze Oreh, the Honourable Commissioner for Health, Rivers State, presented the state's performance across three priority areas.

- **Facility readiness:** States were assessed on insurance penetration, emergency transport services, and both basic and comprehensive emergency obstetric and newborn care. Ekiti, Lagos, and Ogun recorded a 9% rise in NHIA performance. FCT achieved 100% in comprehensive obstetric and newborn care, while Lagos and Ogun reached 80%.
- **Service delivery:** She shared a broad review of reproductive health performance. Five states, Adamawa, Jigawa, Kaduna, Rivers, and Yobe, showed improvements, while many southern states declined in 2025. Key drivers of insurance coverage remain Delta, Kano, and Lagos; Lagos covers 2.7 million lives, and Kano 1.1 million. Maternal mortality dropped from 138 to 130 per 100,000 live births. Under-5 mortality fell by 20%, saving about 90 children quarterly. Immunisation coverage improved overall, though gaps persist in BCG and Penta 3.
- **Strategic planning:** Efforts are focused on strengthening BEmONC and CEmONC facilities, improving the health workforce, and expanding NHIA enrolment for women and children to reduce out-of-pocket expenses. Community structures are being mobilised to scale outreach and stimulate demand for ANC, family planning, and child health services. States are also embedding facility-readiness and service-quality indicators into their 2026 operational plans to serve underserved and hard-to-reach communities.



Session 3:

Panel session: Progress, challenges & opportunities

Dr Kamil Shoretire, Director, DHPRS, FMoHSW, presented updates on the country's health status, key indicators, and citizen feedback. He noted steady gains in maternal and under-5 mortality, modern contraceptive use, antenatal care (4+ visits), and malaria control. Hypertension cases declined by 29%, and PHC attendance rose from 19 million in Q1 to 24 million in Q3, reaching 28 million this quarter. He also acknowledged ongoing gaps in BCG and Penta coverage but expressed confidence that continued collective effort will drive improvements.

Mrs Ladidi K. Bako-Aiyegbusi, mni, Director, Department of Nutrition, FMoHSW, moderated the plenary Q&A and thanked both speakers and participants. She guided discussions that generated questions across four thematic areas.

- **Drivers of Increased Hospital Visits:** The Commissioner attributed rising facility attendance to better ANC retention through improved health worker attitudes and engagement of religious and traditional leaders; stronger service availability via mobile clinics reaching remote areas, especially on market days; and teamwork with communities that have rebuilt trust and boosted uptake.
- **National-Level Drivers of Progress:** Dr Simeon Onyemaechi pointed to the aggressive rollout of NHSRII through SWAp as a major driver. He noted the proposed increase of BHCPF from 1% to 2% of the CRF, stressing the need for joint advocacy. He also called for expanding insurance uptake by translating materials into local languages and integrating insurance education into pre-service training.
- **State-Level Data and Operational Planning:** Dr. Bashir reported that the Health Sector Compact has improved alignment and enabled states to conduct reviews aligned with national standards. Insights from quarterly reviews now shape operational plans focused on PHC revitalisation, extended service hours, HRH

expansion, and efficient deployment. He stressed replicating the Compact at the LGA level, scaling insurance enrolment, and sustaining political will. Currently, 95% of states have completed their State Joint Annual Review.

- **NGF Support for Fiscal Accountability and Resource Mobilisation (Dr. Chienekwu Oreh):** He noted that NGF is helping states improve budget credibility through realistic budgeting and review of budget implementation reports. States are being encouraged to leverage BHCPF 2.0, use peer learning to adopt proven practices, and explore solidarity funds to support vulnerable groups. The NGF Investopedia platform is also attracting partners and investors to state health priorities.
- **Wafaa Abdulateef, Country Director, UNICEF,** highlighted that community health workers can be invested in to ensure that reaching the last mile is made possible. She also emphasised the importance of vaccinating from pregnancy until less than two years, and also focusing on children, giving them an integrated response. She lastly reiterated the importance of financing in unlocking value chains.



Session 4:

NHSRII Spotlight I: Maternal, Neonatal, and Child Mortality Reduction Innovation and Initiatives

Dr. Dayo Adeyanju, RMNCAH Lead, SWAp Coordination Office (SCO), opened the session with an overview of progress and strategies to reduce maternal mortality since the MAMII program. He highlighted strong momentum and clear areas of work ahead.

Achievements include activating 32 out of 33 MAMII states, each developing and costing implementation plans totalling over ₦333 billion across the activated states. More than 1.4 million pregnant women are now accessing ANC services in the 172 priority LGAs. Deliveries by skilled birth attendants rose by 35% from 437,427 to 588,808 between 2023 and 2025. Maternal mortality in MAMII LGAs dropped by 13%, from 150 to 130 deaths per 100,000 live births.

Next steps include conducting a comprehensive gap analysis to determine funding needs across the 32 states with costed plans and mobilising resources accordingly; activating MAMII in Rivers and the remaining non-MAMII states; using federal funding as a catalyst to drive state-level domestic financing; and tracking state performance through the MAMII task teams and implementation dashboard to maintain accountability and momentum.



Session 4:

NHSRII Spotlight I:

Dr Muyi Aina, Executive Director of the National Primary Health Care Development Agency (NPHCDA), provided an update on the agency's efforts to enhance PHC functionality, service delivery, and quality of care, including sexual and reproductive health (SRH) services. His presentation covered BHCPF 2.0, PHC revitalisation, maternal, neonatal, and child health (MNCH) service improvements, and stakeholder coordination. Key highlights include:

1. **Financial Accountability and BHCPF 2.0:** Between 2023 and the second quarter of 2025, the Basic Health Care Provision Fund (BHCPF) disbursed a total of ₦52 billion, with projected 2025 disbursements reaching ₦27.373 billion, representing more than a 100% increase over 2024. From the third quarter of 2025, the fund will transition to a performance-based Direct Facility Financing system. To enhance equitable access, BHCPF plans to expand coverage by adding 5,212 PHC facilities nationwide. Financial accountability has been strengthened through the deployment of 771 PHC Financial Management Officers, who visited over 92% of BHCPF facilities between July and October 2025. Facilities supported by BHCPF have demonstrated three-to-four-fold higher service utilisation compared to non-supported facilities. In addition, the BHCPF PHC-FMS app has streamlined business planning, expenditure tracking, and account visibility.



Session 4:

NHSRII Spotlight I:

2. **PHC Revitalisation and Service Delivery:** Significant progress has also been made in PHC revitalisation. Functional PHCs in the North Central zone increased from 10% in 2024 to 62% in 2025, while the North West zone improved from 8% to 77%. Equipment distribution included 1,653 cold chain units and 500 equipment bundles, while 110,000 Mama Kits were procured and distributed to states to strengthen maternal care. Patient satisfaction remains high, with 98% reporting a positive experience and 58% willing to recommend the facilities to others.
3. **Maternal & Neonatal Health (MNH) and Routine Services:** Maternal, neonatal, and child health services have also improved steadily. Between the fourth quarter of 2024 and the third quarter of 2025, overall general attendance increased by 17%, skilled birth deliveries rose by 8% to 715,000, and ANC 4 visits increased by 5% to 845,000. In the 172 MAMII priority local government areas, ANC 1 visits increased by 10%, ANC 4 visits by 21%, and skilled birth deliveries by 18% from 2023 to 2025. Investments in sexual and reproductive health have supported both service delivery and systems strengthening. This includes the revitalisation of 113 PHCs and upgrades in 30 CEmONC facilities, the nationwide distribution of 500 medical equipment bundles and essential commodities, revisions to 13 nursing and midwifery curricula, and plans to equip 31 skills labs across 10 states. Immunisation campaigns have reached 7.4 million children under five, including 3.4 million vaccinated

against polio, achieving a 41% reduction in cases and providing routine vaccines to over 163,000 children who were previously zero-dose. Additionally, 15.6 million adolescent girls have received the HPV vaccine nationwide, while 234,700 children in Bayelsa and Kebbi states received malaria vaccines in Phase 1 of the program.

4. **Health Workforce, Training, and Campaigns:** The health workforce has been expanded and strengthened, with 13,434 skilled birth attendants recruited across five states and 1,155 community-based health workers deployed across 11 states. From 2024 to 2025, 70,628 healthcare workers received training on integrated service delivery.

Looking ahead, the NPHCDA plans to complete the revitalization of 1,752 PHCs by December 2025, recruit and deploy at least 2,648 skilled birth attendants and 5,915 community-based health workers, scale up MAMII implementation in priority LGAs, and implement the Maternal and Perinatal Child Death Surveillance and Response (MPCDSR) system. The agency will also roll out the last-mile vaccine delivery (DRIVE) system across 12 states by the end of 2025, with nationwide expansion in 2026, and scale up the e-learning and BHC PFMS platforms across all states.

The ED concluded with a live demonstration of NPHCDA's e-learning platform, which offers 20 modules and 10,250 assessment questions in five languages (English, Pidgin, Hausa, Igbo, Yoruba). Modules are accessible anytime for self-paced learning, with certificates issued upon completion.



Session 4:

NHSRII Spotlight I:

Dr Kelechi Ohiri, Director-General of the National Health Insurance Authority (NHIA), provided an update on the NHIA's initiatives to enhance financial access to healthcare and expand health insurance coverage in Nigeria. His presentation highlighted NHIA's strategies to ensure comprehensive emergency obstetric and newborn care (CEmONC), strengthen financial protection, and shared insights from the National Health Financing Dialogue.

1. **Coverage:** NHIA's efforts to expand coverage have focused on three key interventions: enforcing the health insurance mandate, increasing citizens' awareness and access, and rebuilding public trust, including through the Memorandum of Understanding with SERVICOM. These efforts have contributed to a 10% increase in health insurance enrolment from last year and Q3 2025, bringing total enrollees to over 21 million. The states driving the largest coverage are Delta (2.835 million), Lagos (2.783 million), and Kano (1.175 million).
2. **Equity:** Approximately 2.5 million Nigerians were enrolled in the Basic Health Care Provision Fund (BHC PF) program as of Q3 2025, with Kano (231,406) and Oyo (116,805) leading in enrolment. The launch of BHC PF 2.0 reforms in October 2025 introduced the National Identification Number (NIN) as a mandatory requirement for beneficiary enrolment and increased the capitation share to 71.25%, up from 57%. The maternal component of CEmONC has reached 19,270 women as of October 2025, representing a remarkable 4,310% growth



Session 4:

NHSRII Spotlight I:

in the number of women treated. Across 242 empanelled facilities in 36 states and the FCT, the most common obstetric emergencies addressed were obstructed labour (6,915 cases) and pre-eclampsia (3,964 cases), accounting for 60% of all conditions treated. The neonatal component was launched in September 2025 across seven facilities in Kano and Lagos, with plans for scale-up. The Fistula Free Program (FFP) also demonstrated significant progress, with claims paid growing by 255% between October 2024 and October 2025. NHIA's support for global health initiatives reached 25,815 beneficiaries across Gombe, Anambra, Ebonyi, and Kwara states under programs targeting people living with HIV and those affected by tuberculosis. To improve transparency and minimize exclusion in equity programs, NHIA has launched a vulnerability assessment tool.

3. **Quality:** Quality of care has been strengthened through tariff incentivization, with capitation rates for health care facilities increasing by 93% (from ₦750 to ₦1,450) and fee-for-service rates for HMOs and facilities rising by 378% (from ₦146 to ₦700) between December 2023 and February 2025. The health benefit package was reviewed to ensure integration of essential services, including family planning commodities, HIV care, and tuberculosis treatment. NHIA also resolved 88% of complaints received (2,098 of 2,384) within defined timelines.
4. **Market efficiency:** reforms have focused on addressing market concentration and ensuring access. The top ten HMOs now

account for 75% of private plan enrollees, and all non-national HMOs have been required to upgrade to national status. Furthermore, all states now operate state health insurance schemes supported by law.

Looking ahead, NHIA's strategic priorities for 2026 include accelerating the insurance mandate, deepening partnerships, engaging the informal sector through innovative mechanisms, and scaling up equity programs with a special focus on the neonatal component of CEmONC. Digital transformation remains a priority, with the launch of an end-to-end platform for enrolment, claims submission, and complaints. Regulatory oversight will be strengthened to ensure compliance across the health insurance value chain. At the same time, internal restructuring will improve organizational effectiveness and enable NHIA to fulfill its dual role as both regulator and scheme operator.

Prof. Ismail Jibrin, the Executive Chairman of the National Emergency Medical Treatment Committee (NEMTC), presented the updates on emergency transport and referral services. For urban emergency transport, the National Emergency Medical Services and Ambulance System (NEMSAS) has established emergency medical service structures in 30 states and the FCT, with plans to onboard the remaining states by December 31, 2025. Between its launch and the date of reporting, NEMSAS responded to 11,687 emergencies through the urban EMT gateway, operated



Session 4:

NHSRII Spotlight I:

jointly with federal tertiary hospitals, of which 43.5% (5,086) were obstetric emergencies. NEMSAS has mapped 523 available ambulances and aims to expand its fleet through collaborations with the Federal Road Safety Corps, which has committed 150 vehicles, and the private sector, to meet the national target of 3,143 ambulances.

In rural areas, the Rural Emergency Services and Maternal Transport (RESMAT) structures have been established in 166 of the 172 MAMII priority LGAs, with 107 LGAs actively transporting emergencies. To date, over 15,000 pregnant women and neonates have been transported using RESMAT, with 47% of these services provided by National Union of Road Transport Workers (NURTW) drivers. Most transports (89%) were to CEmONC facilities, and 82% were due to labour.

Prof. Jibrin also highlighted SAVEMAMA, an entirely digital RESMAT model designed to manage rural maternal and neonatal emergencies. He shared key implementation lessons, emphasising the importance of leadership commitment, partnerships, collaboration, and multisectoral engagement in accelerating progress. He concluded by urging state governments to strengthen EMS structures, calling on development partners to provide implementation support, and encouraging the public to make use of the free emergency medical services available to them.

Bushra Binte Alan, Senior Specialist at the World Bank, reviewed the spotlight session and expressed satisfaction with the successful actualisation of the MAMII program and the progress achieved to date. She commended the Nigerian health sector's commitment to transparency and the open presentation of data for collective review. She further emphasised the need to expand facility empanelling and increase health insurance enrolment while addressing the social, cultural, and religious determinants that influence health outcomes. She concluded by reiterating the shared moral responsibility to ensure that no woman dies during childbirth.



Session 5:

NHSRII Spotlight II: Governance and Financing in Transition – Building Resilient Systems amid Global Funding Shifts

Moderator:

Tajudeen Ibrahim, ES, Global Fund CCM,

Dr Temitope Ilori, the Director-General of the National Agency for the Control of AIDS (NACA), highlighted Nigeria's continued donor dependence, noting that external partners contributed 11.6% of total health spending in 2022, and emphasized the need to strengthen our domestic funding for health. According to the FMOH Resource Mapping, donor health funding totals \$1.5 billion, with 35% coming from the U.S. Government to support HIV, TB, malaria, and RMNCAH+N programs. She emphasised that the recent U.S. aid suspension highlighted Nigeria's vulnerability to funding shocks, reinforcing the urgent need to strengthen domestic financing and governance to ensure continuity of essential health services, including HIV, TB, and malaria interventions, and highlighting the toll: 23m+ women and children receiving malaria services, 1.9m+ PLHIV, and 50k TB-infected persons at risk of service interruption.



Session 5:

NHSRII Spotlight II:

With the Nigerian government taking immediate action to improve governance, coordination, budgetary allocation, health financing, and DMR. She recommended the The principal recommendation is to set a trajectory to achieve four cardinal goals during Nigeria's transition to self-reliance in financing essential health services and finally define a pathway to Nigeria's transition from the status quo to self-sufficiency in financing essential health services through increased funding, improved data systems, health workforce, commodities, logistics and supply chain, alignment and positioning for the future.

Dr Jide Idris, the Director General of NCDC, spoke about the progress made in building health security and laboratory systems resilience. With the nationwide rollout of SORMAS, an integrated surveillance system using open-source software designed to detect and manage disease outbreaks, NCDC is strengthening digital disease surveillance at the grassroots level. All LGAs can now report data in real time.



Session 6:

NHSRII Spotlight III:

The path to self-reliance – Advancing local manufacturing of life sciences products and market shaping initiatives

Moderator:

Dr Olumide Okunola, Senior Health Specialist,
World Bank

Dr. Salihu Bello, representative of the Director General of NAFDAC, emphasised NAFDAC's role as a regulatory leader; it is the first regulatory agency in Africa to sustain the status as a National Regulatory Authority. Some of its achievements include strengthened laboratory systems and regulatory frameworks to ensure commodity security and patient safety, and the implementation of policies that promote local manufacturing, and attract foreign investment from organisations like NASENI, Finecure, and GSK. Also, he noted the progress in increased international partnerships aimed at expanding local pharmaceutical production in Nigeria.



Dr. Abdu Mukhtar, the National

Coordinator of PVAC, expressed its goal of establishing Nigeria as a regional hub for pharmaceutical production and shared some of its key achievements, which include collaboration with the private sector to develop local manufacturing plants; pilot clinical trials initiated at the Aminu Kano Teaching Hospital, Kano State; provision of technical assistance to local manufacturers, especially in nutrition and malaria-related products (insecticide-treated bed nets and drugs); and engagement with financial institutions (World Bank, BOI, Afreximbank) to unlock up to ₦7 billion funding. The PVAC Fund was created to invest directly in innovative health businesses in Nigeria.



Session 6:

NHSRII Spotlight III:

Dr. Hamzat Omotayo, from the WHO, commended the progress of NAFDAC and PVAC, highlighting the necessity to balance policies, regulations, and macroeconomic realities for sustainable local production. He urged Nigeria to adopt India's local manufacturing roadmap, emphasising that while improving sustainable local production of commodities is important, ensuring financial access to medical commodities is also crucial. Additionally, he stated the need to:

- Strengthen the technical and vocational health workforce beyond academic degrees.
- Integrate supply chain and manufacturing skills in training curricula.

Thabani Maphosa, Chief Country Delivery Officer, Gavi, emphasised Africa's strategic approach to vaccine manufacturing, leveraging Nigeria's large market of over 8 million children. He called for regional collaboration and regulatory frameworks as a foundation for vaccine security. He also advocated targeted resources and that not all countries need to manufacture vaccines, but all countries should have equitable access.



**All Hands.
One Mission:**

Bringing the
Nigeria Health Sector
to Light

NIGERIA HEALTH SECTOR-WIDE
**JOINT
ANNUAL
REVIEW**
2025

DAY 2

INAUGURAL ADDRESS

Strengthening Nigeria's Health System Resilience for Sustainable and Inclusive Care

**Dr. Iziaq Adekunle Salako,
Hon. Minister of State for Health**

Dr. Iziaq Adekunle Salako, Hon. Minister of State for Health, reaffirmed the government's commitment to a resilient, inclusive, and sustainable healthcare system following the unprecedented challenges caused by the pandemic and the funding cuts that exposed the health system to vulnerabilities. He emphasized that coordination, innovation, and high political commitment are key to achieving resilience, with key achievements across themes:

- **Service delivery:** NDHS 2023 data revealed progress on MCH with 57% penta coverage, 85% treatment success rate for TB, 70% coverage of households with ITN, 18 million malaria cases averted, and 51% pregnant women receiving intermittent preventive therapy. ANC coverage increased by 42%, zero wild polio, 73% HPV coverage, and the HIV/AIDS control program has enrolled close to 4.8 million people living with HIV



INAUGURAL ADDRESS

- **Financing:** Government health expenditure increased to about 5.2% from about 3–4% in the past years; health insurance coverage expanded to nearly 12% of Nigerians, but out-of-pocket expenditures for health remain high; external dependency is at 21% emphasizing the need for investment in the health sector
- **Human Resources for Health:** Over 37,000 health workers employed, with 75% being clinical staff; about 50% of deliveries are now handled by skilled birth attendants; workforce migration policy implemented for better retention and diaspora engagement; expanded training quotas and introduction of the National Health Fellows Program. However, the staff: patient ratio for clinical staff is 3% and below the 5% WHO recommendation due to the migration of health workers
- **Infrastructure:** Revitalized 30% PHCs (9,000), 70% tertiary facilities digitized with the target of achieving 100% by 2027, across the country. Innovation, such as the power for health initiative in HFs and the launch of 1st electronic research platform
- **Digitization:** About 17% of federal acquisition has been digitized, and generating evidence to action has been invested in through research and innovation to support action
- Launch of the electronic research ethics platform, supported by the US CDC and partners, as a private shift towards transparency, efficiency, and international sovereignty in research oversight

THE ROLE AND SIGNIFICANCE OF THE 2025 JAR | NIGERIA HEALTH SECTOR-WIDE JOINT ANNUAL REVIEW, 2025



- **Surveillance:** Strengthened disease surveillance through SORMAS, with 96% of LGAs reporting in real time, and emergency operation centers established in 32 states. National preparedness has been scaled up, with laboratory capacity for PCR testing expanded from 5 to 29 and 7 genomic sequencing laboratories.

Challenges

These challenges are multifaceted, ranging from funding gaps, fragmentation, dwindling human resources, supply chain vulnerabilities, infrastructure deficit, and high out-of-pocket expenses. A determined stance has been taken to change the narrative, with commitment to ensuring innovative ways and advocating for additional support and collaborative monitoring and accountability.

Next Steps

- Ensure states meet health budget benchmarks and release counterpart funding to match donor fund obligations
- Expand insurance coverage through mandatory subscription, scale up the vulnerable group inclusion, and expand the benefit package to include catastrophic health conditions, NCDs, mental health, and emergency care.
- Scale up PHCs capacity to provide basic healthcare services by ensuring compliance with minimum standards of care through training and development of different health workers cadre
- Expand BHCPF and digital governance to include investment provision for digital health transformation agenda.
- Improve supply chain innovations through digitization, transparent commodity forecasts, procurement, distribution, and accountability systems

Long-term sustainability plan

Prioritize climate resiliency and leverage carbon credits for financing, demonstrate political will and responsible leadership, close critical gaps, and collaborate across sectors and partners with to renew health investments



SPECIAL REMARKS

Dr. Jean Kaseya, DG, African CDC, commended Nigeria's leadership in health reforms and digital transformation and urged African countries to mobilise domestic resources and reduce dependency on external aid. He provided examples such as Rwanda's National Health Infrastructure Scheme, which aims to reduce out-of-pocket spending. He encouraged collaboration on local manufacturing and emphasised the need for stronger governance to eliminate resource wastage, particularly concerning ghost workers. Additionally, he praised Nigeria's advancement in digitisation.

He also highlighted PVAC's initiative for local bed net production in Nigeria. Acknowledging the effort of the Nigerian government in driving a unified review meeting for the health sector (JAR), the Africa CDC boss made a case for the audience to be expanded to the rest of the continent by 2026



Session 7:

NHSRII Spotlight IV: Tackling Corruption in the Health Sector – Driving Integrity through Data and Fiduciary Management

Moderator:

Chief Mrs. Moji Makanjuola, MFR,

Dr Oritseweyimi Ogbe, Secretary, Ministerial Oversight Committee, presented The State of the Evidence (The BHCPF case study), outlining how procurement fraud, ghost workers, data falsification, weak controls, and resource misallocation continue to undermine service delivery with only 5.7% of facilities producing reliable data. Case studies and surveys showed further issues, misappropriation, forged signatures, and widespread facility-level malpractice. He pointed to emerging reforms, including BHCPF 2.0 digital financial management tools, verification systems, and community-led accountability measures and closed by appealing for collective responsibility and commitment to transparency, accountability, and data integrity to curb corruption and improve health outcomes.



Session 7:

NHSRII Spotlight IV:

1. **Experience with corruption and measures to address it, particularly in the context of the Basic Health Care Provision Fund (BHCPF):** Dr Amina Ahmed El-Imam, HCH, Kwara State, explained that corruption in the state ranges from absenteeism to drug diversion, both of which have been reduced under recent BHCPF reforms. Key measures include strict enforcement, staff retraining, and strong community ownership through gender-inclusive Ward Development Committees, which help drive accountability across wards. Auditors track fund use and verify compliance, while the State Oversight Committee monitors adherence to agreed processes.
2. **Experiences with data falsification, either from errors or poor documentation, and how it affects health and fiduciary matters:** The representative of the Statistician General, NBS, noted that data falsification often stems from attempts to present more favourable results, especially in medical death reporting leading to distorted statistics and weakened planning. The bureau now uses checks such as probing questions in templates, cross-referencing with earlier submissions, and digital tools that flag inconsistencies in real time. These challenges underscore the need for stronger capacity in documentation to rebuild trust and ensure data accurately reflects reality.

3. **Corruption in the health sector. Is it a matter of concern?:** Joshua Luke, Director, FPFMD, Office of AGF, stressed that trust is the operative currency of any health system. It determines whether policies work, resources reach the intended beneficiaries, and reforms take hold. Trust cannot be demanded; it must be earned, and reliable data is central to that process. Drawing from COVID-19 lessons, he noted that countries with higher trust had more predictable responses. Consistent communication of even imperfect data helps improve transparency, strengthen community confidence, track service use, and reduce corruption while systems work to improve data quality over time.



Session 7:

NHSRII Spotlight IV:

AUDIENCE PARTICIPATION & INSIGHTS:

- Mohammed Rilwanu, Executive Chairman of Bauchi SPHCB, expressed difficulties in tracking fund utilisation at facilities, noting that direct transfers from the CBN limit oversight and suggesting periodic on-site supervision to verify fund use and introducing an annual business plan.
- Recommendations on integrating biometric software at primary health care centres to track staff attendance and absenteeism, ensuring resources are allocated only to functional facilities.
- Professor Pate commented that the tracking is currently in use in Gombe State and asked that states develop a coordinated approach to discuss this at the upcoming National Council on Health meeting, including a roadmap for implementation, learning from Gombe.
- Dr. Francis Akonia, Secretary of Health Emergency Issues, also highlighted the use of the Vita tool and the Business Plan Tracker to monitor funds, detect duplications, and flag irregularities, and the importance of reviving and expanding this initiative to enhance accountability across states.
- An online participant shared concerns around medical officers referring patients from public facilities to their private clinics and the need for it to be addressed within the broader human resources for health framework.

- Participants further discussed how CSOs can use data to hold institutions accountable, drawing on the “Budget Transparency and Accountability Network” model to track spending, verify contracts, and expose issues like ghost workers.
- ES Oyo SPHCDA raised concerns about non-functional facilities on DHIS2, which affect computation, stressing the need to empower states with the authority to update facility lists and manage the timeliness and completeness of reporting.

Chief Mrs Moji Makanjuola MFR summarised the key challenges, including approval delays, a form of corruption, and documentation gaps when partners bypass state oversight. Proposed solutions included timely approvals, using the SWAP approach for partner coordination, data digitization and enhanced knowledge sharing among state executives, WDCs, and communities.

Reviewing the panel, Moussa Dieng, Global Financing Facility (GFF), emphasised the importance of trust, transparency, and accountability, starting at the facility level. He also encouraged capacity building and expenditure tracking to enhance governance and instill confidence in the health system.



Session 8A: (Concurrent Sessions)

Expanded Interagency Coordination Committee (ICC) Meeting

Commencement:

Adoption of the Agenda

The Honourable Coordinating Minister invited participants to review the meeting agenda. Following the review, Chika Offor from the Vaccine Network seconded the motion for its adoption.

Welcome Address

The Honourable Coordinating Minister welcomed all participants to the expanded ICC meeting. He noted that convening the meeting during the Joint Annual Review (JAR) was timely, as it provided an opportunity to review the Accountability Framework. Participants then proceeded with formal introductions.



Session 8A: (Concurrent Sessions)

Expanded Interagency Coordination Committee (ICC) Meeting

Review of Minutes from the Previous ICC Meeting

Dr. Muyi Aina, the Executive Director of NPHCDA, presented the status of action points from the previous ICC meeting held on November 7, 2024. Of the eight action items, 75% had been completed.

The Honorable Coordinating Minister noted that Agenda Item 5 should remain open pending the Gavi Board's decision and assessment of the situation in Nigeria. Thabani Maphosa requested clarification from the World Bank on Item 4 regarding the exploration of currency hedging strategies to manage foreign exchange fluctuations.

The World Bank representative explained that vaccine procurement is conducted in U.S. dollars and remains dynamic due to exchange rate variations. However, the Government of Nigeria is taking measures to strengthen the naira's value. The Honorable Minister added that while the naira is appreciating, stakeholders, particularly the World Bank, should continue to closely monitor the situation.

Review of Accountability Framework (AF) 3.0

The Coordinating Minister invited Dr. Bakunawa to present the revised Accountability Framework (AF 3.0). Dr. Bakunawa outlined the rationale for revising the framework, reducing

indicators from 27 to 14, with two main objectives:

1. Assess AF 3.0 milestone performance against 2025 targets
2. Identify strategies to improve implementation.

He presented the revised indicators, aligned with the NHSRII M&E framework, across four areas: Core, Program Performance, Health Financing, and Alliance indicators. These were developed collaboratively with the FMoH, NPHCDA, and partners. When asked about ICC approval, he confirmed this was the first presentation to the committee.

Dr. Bakunawa highlighted vaccine co-financing delays, downgraded from "B" to "C" by the Honourable Minister, and noted Penta-3 coverage at 67%, below the 73% target. He also flagged health financing gaps, noting only 4.3% of the federation's budget was allocated to health.

The Coordinating Minister stressed the need for ICC members to take the Accountability Framework seriously, critically review the indicators, and interrogate the data before assessing performance.



Session 8A: (Concurrent Sessions)

Expanded Interagency Coordination Committee (ICC) Meeting

Partner Comments

- Gavi (Thabani Maphosa): Recommended that targets, particularly for Penta-3 and MCV coverage, be realistic and achievable given current programmatic and fiscal constraints.
- WHO Representative: Requested clarification on how targets were derived, the methodologies used, and the data sources supporting the indicators.
- UNICEF Representative: Suggested revisiting whether the indicator for fully immunised children should rely on annual survey measurements and how best to ensure consistency over time.
- Chizoba Wonodi: Observed that initial targets were based on NSIPSS projections and proposed that they be revised to reflect current realities, including macroeconomic shifts and implementation bottlenecks.

Coordinating Minister's Response:

The Minister acknowledged that achieving 15% of the health allocation target within a year is unrealistic and emphasised aligning targets with present fiscal and programmatic conditions. He directed that representatives from the government, WHO, UNICEF, and technical experts should stay behind to revise the framework and reconvene the ICC at 2:00 p.m. the next day.

Additional Comments

Cole expressed concern that a year had passed without an ICC meeting to review the proposal and requested ministerial guidance on which indicators and targets to revise. The Honourable Coordinating Minister noted that a core ICC meeting had recently taken place to discuss the integrated MR campaign, but agreed that Alliance performance and health financing indicators require review. Thabani Maphosa agreed, adding that there was confusion between goals, targets, and indicators, which should be clarified. Dr. Muyi Aina apologised for the mix-up, took responsibility, and assured that the proposed targets would be corrected.

Presentation on Gavi 6.0 Leap

Jessica Crawford presented an overview of the Gavi 6.0 Strategy, outlining its aspirations to:

1. Introduce and scale up vaccines,
2. Strengthen health systems (HSS),
3. Improve programmatic and financial sustainability, and
4. Ensure healthy vaccine markets.

She further explained the principles of the Gavi LEAP initiative, noting that Nigeria's transition timeline would be extended under the ELTRACO policy, potentially saving \$127 million in co-financing if the Gavi Board approves the



Session 8A: (Concurrent Sessions)

Expanded Interagency Coordination Committee (ICC) Meeting

transition away from the bespoke strategy. Thabani Maphosa clarified that the proposed plan had passed through the PCC but awaits final Board approval.

The Minister thanked participants for their continued support. He reiterated that the Accountability Framework would be revised and shared following internal consultations.

In response to a question from Thabani Maphosa on strengthening the ICC, the Minister assured participants that

the government is enhancing governance mechanisms, referencing the expanded MoC, which includes Gavi. He affirmed that the ICC remains a priority forum for key immunization discussions, citing its recent role in prioritising the MR campaign.

The Minister concluded by confirming that the ICC would reconvene at 2:00 p.m. on Friday, November 14, 2025, via a hybrid model, to review the updated indicators.

The meeting was adjourned accordingly by 5:06 pm.



Session 8B: (Concurrent Sessions)

Unlocking Access to Sexual and Reproductive Health for Maternal Mortality Reduction in Nigeria

The Sexual Reproductive Health for Maternal Mortality Reduction panel session focused on 3 main objectives:

1. Present key findings from the SRH assessments to identify programmatic priorities and advocate for integrated, data-driven solutions
2. Examine the critical role of SRH in scaling up integrated, high-impact health interventions, such as the MAMII initiative.
3. Aligning with the urgency for subnational adoption and ownership of key SRH interventions and enabling policies.

Dr Uchenna Igbokwe, the Executive Director of Solina Centre for International Development and Research (SCIDaR), moderated a plenary discussion on sexual and reproductive health (SRH) implemented by the National Primary Healthcare Development Agency. He emphasised the importance of integrating SRH with MAMII interventions by aligning family planning, ANC/PNC, skilled birth attendance, and emergency obstetric care across PHC and CEmONC facilities, ensuring a seamless continuum of care to strengthen readiness, reduce maternal and newborn deaths, and advance UHC.



Session 8B: (Concurrent Sessions)

Unlocking Access to Sexual and Reproductive Health for Maternal Mortality Reduction in Nigeria

Mrs Ronke Atamewalen, SRH lead SWAp Coordination

Office, presented findings on gaps in facility readiness, service demand, policy, and funding. She reported that only 30% of BHCPF facilities offer the complete SRH service package, with cultural sensitivities limiting the provision of post-abortion care (PAC). Policy analysis revealed that health is not explicitly recognised as a legally enforceable right in the National Constitution, six states have yet to pass the Child Rights Act, and only 9% of people are aware of PAC services, with 86% experiencing access barriers. Additionally, she highlighted a projected \$28.5 million (12.5%) reduction in MNCH program funding due to declines in USG and multilateral support.

To address these gaps, Mrs Ronke Atamewalen outlined ongoing interventions, including NPHCDA's PHC revitalisation across 2,164 facilities, the delivery of medical equipment worth ₦8.2 billion to 500 PHCs, capacity building for 70,628 staff, and procurement of essential maternal and newborn health commodities. These efforts aim to enhance service readiness, address funding shortfalls, and ensure that quality SRH services reach those who need them most.

Dr Uchenna Igbokwe further moderated the panel discussion on SRH access enablers: policies and national integrated interventions, following the presentations. He expressed appreciation to the audience and noted the presenter's significant achievements. He further guided a discourse between the audience and the presenter:

1. **Dr. Samuel Oyeniyi, Federal Ministry of Health and Social Welfare**, emphasised the need to disseminate commodity distribution information electronically through SWAp.
2. **Dr Nana Sandah-Abubakar, National Primary Healthcare Development Agency**, explained that a state-led model was adopted to improve SRH, following readiness assessments to drive ownership and accountability. She highlighted NPHCDA's support for first-year recruitment of frontline health workers to enhance local ownership
3. **Dr. Dayo Adeyanju, RMNCH Lead, SWAp** discussed integrating SRH into MAMII to reduce maternal mortality, focusing on states and communities with high maternal burden. He noted the importance of assessing SRH during supervisory visits, training CHCWs to improve knowledge, and ensuring procurement to promote service delivery.
4. **Nnennaya Kalu-Umeh, National Health Insurance Agency**, clarified NHIA's role in providing financial risk protection for SRH. She explained that the equity program strengthens BHCPF services and the Vulnerable Group Fund



Session 8B: (Concurrent Sessions)

Unlocking Access to Sexual and Reproductive Health for Maternal Mortality Reduction in Nigeria

(VGF), integrating Family Planning and BEmONC into the benefit package. She also described NHIA's Financing Access and Fistula programs, which have enrolled 3,600 women across 19 facilities and digitised data tools. To address access barriers, the programs provide information dissemination and transport stipends for vulnerable groups.

5. **Dr. Moriam Jagun, IPAS**, highlighted gaps in policy implementation and comprehensive sexual orientation services. She stressed the need to strengthen task-shifting and task-sharing policies, optimise human resources for health, and clarify legal ambiguities around ownership of SRH services at state and LGA levels.
6. **Dr. Ejike Oji, CSO**, emphasised the need to strengthen post-abortion care, improve data quality, expand information dissemination, and release funds to enhance SRH service delivery and reduce maternal mortality.

Following the panel session, the audience engaged the panelists on several key topics, including education and awareness creation, managing commodity stock-outs, pre-abortion care, cultural norms affecting policy adoption in northern Nigeria, and upgrading health infrastructure.

Mrs Ronke Atamewalen, the SWAp office, moderated the second panel discussion on action planning and frontline care.



Session 8B: (Concurrent Sessions)

Unlocking Access to Sexual and Reproductive Health for Maternal Mortality Reduction in Nigeria

Dr Iriah Akhere-Ugbesia, NPHCDA, presented the agreed next steps to expand access to SRH by strengthening facility readiness, HRH, commodity availability, domestic resource opportunities, and continuous M&E for multi-level implementation in 8 priority states, such as Zamfara, Kebbi, Ekiti, Ondo, Enugu, Benue, Taraba, and Akwa Ibom state.

1. During the panel discussions. Dr. Ekem Emmanuel, HCH Akwa Ibom, highlighted the inclusion of family planning into the benefit package, a task-shifting and task-sharing policy, integration of partner workplan into the AOP, and strengthening accountability to ensure access to free and quality services.
2. Furthermore, Dr. Oluwaserimi Adewumi Ajetunmobi, HCH Oyo State, stressed the challenges posed by funding gaps, awareness creation, capacity building, political will, legal vetting, and strengthening existing structures. She further discussed the strategies in place to mitigate identified gaps.
3. Dr Shu'aib Abdulrahman, HCH Gombe State, shared successes, including 80% of funds released and strengthening of commodities through last-mile delivery.

4. Finally, sharing successes from the Healthcare center, Dr Halima Ibrahim Bello, MD, Sabo Bakin Zuwa Maternity Hospital, Kano, recognized the effect of the CeMONC empanelment. She shared stories with free CS sections, power supply, and water. She highlighted that an enabling environment will improve access to quality healthcare.

Following the panel session, the audience engaged with the panelists on various topics. Highlights included;

1. Inclusion of menopause in the SHR conversation to improve quality of life
2. Inclusion of family planning commodities
3. Access to DRF



Session 8C: (Concurrent Sessions)

Scientific Conference - Oral and Poster Presentations

The scientific session showcased 23 posters, 19 oral presentations, and 17 exhibitions, highlighting a wide range of research and innovations across the health sector.

Oral presentations were grouped into four thematic quadrants: Governance, Adaptive Systems, and Sustainable Financing; Emergency Preparedness and Response; Community Engagement and Equity; and Technological Innovation and Workplace Resilience. Each presenter had 10 minutes, followed by a discussion session where both onsite and virtual participants asked questions and shared reflections.

The session fostered rich discussions and practical insights across all themes, emphasising the critical roles of strong governance, adaptability of systems, equity, and innovation in building resilient and sustainable health systems.



**All Hands.
One Mission:**

Bringing the
Nigeria Health Sector
to Light

NIGERIA HEALTH SECTOR-WIDE
**JOINT
ANNUAL
REVIEW**
2025

DAY 3

Session 9

The People's Pulse: What Nigerians are Saying about Health

Dr Lawal Bakare, SWAp Coordination Office, presented the citizens' voices survey designed to integrate public perspectives into the ongoing health sector reform. The survey interviewed over 2500 Nigerians across all 36 states and the FCT. It received ethical approval, used standardised questionnaires, and a computer-assisted telephone interview in all local languages for inclusion. It also interviewed gatekeepers, traditional leaders, commissioners of health, and health-sector leadership across national and subnational levels.

Results showed public voice and perception between 42% and 47%, quality of care rated at 75% with women who utilize services regularly having a higher quality perception. Reform perceptions increased from 47% to 7%. However, health security and unmet needs declined from 52% and 48%, respectively, with 87% respondents having no health insurance.

Video screening: Voices from the field

Voices from the field showed a skilled labourer whose last hospital experience in October 2024 was distressing, due to unpleasant attitudes from health workers and prioritization of money over care. He mentioned that there is no facility in his community forcing him to travel a long distance on bad roads to access care, and how both healthcare and medications are unaffordable.



Session 9

The People's Pulse: What Nigerians are Saying about Health

Despite these challenges, he acknowledged improvements in the health sector, including the availability of scanning machines that enhance the quality of care. He urged the Minister and Commissioner of Health to support the poor and vulnerable in accessing quality healthcare.

Townhall discussions

Dr. Ngozi Azodo highlighted the role of leadership in establishing and sustaining the healthcare systems as a major driver of progress in the health sector. She encouraged states to learn lessons from Abia state under the Project Ekueme initiative, which aims to strengthen primary health centers by revitalizing 200 PHCs, 190 of which have already been fully revitalized, with 150 fully equipped. Also, approval has been granted to employ 771 healthcare workers to operate these facilities.

Malam Abubakar Hannas, DG of the Kaduna State Contributory Health Management Agency, discussed the role of religious and traditional leaders in driving healthcare messaging and encouraging NHIS enrollment to support ANC and facility deliveries, and reducing high out-of-pocket expenses. Using Kaduna as a case study, he stated that the state is leveraging strong political will at the LGA level, taking a one-LGA approach rather than sensitizing the entire state at once.



Uchenna Ewoleke emphasized the importance of political will, stating that progress is impossible without leadership commitment. He reported improvements on the demand side of health financing, with enrollees increasing from 0% to 60%.



Session 10:

NHSRII Spotlight V: Health And Jobs - Revitalizing The End-To-End Healthcare Workers' Pipeline

Moderator:

Dr Ada Okonwo, Deputy Director,
DHPRS, Federal Ministry of Health and Social Welfare

Dr Zaiyanatu Umar, HRH Lead, SCO, highlighted that HRH is not only part of the third strategic pillar but is central to all pillars as the heart of the health sector, working across prevention, promotion, response, and stimulating local production of health products. She further emphasized the need to revitalize the end-to-end health workforce pipeline, due to observed gaps across health cadres.

Dr Fatima Kyari, CEO the Medical and Dental Council of Nigeria, noted that MDCN and other sister regulatory bodies are addressing high intake, low graduation, and infrastructural challenges in medical training institutions. In line with the NHSRII and Renewed Hope Agenda, medical school intake is being expanded, potentially doubled, without compromising standards, with support from TETFUND and the Federal Ministry of Health, alongside scholarships to address geographical and cultural disparities. In addition, the

MDCN ensures skilled doctors are strategically deployed across the country, with an ongoing credentialing process to license and monitor all doctors, including those trained abroad, to facilitate their return.

Kareem Adeniji, MD of Tabade Pharmaceutical, outlined the private sector's complementary role in workforce production, retention, and deployment, noting that the real challenge is the lack of skilled personnel, not just staff numbers, which can be improved by creating an enabling environment for the public sector through initiatives like PVAC.

Dr Bala Muhammed Audu, Nigerian Medical Association President, stated that policy pronouncements must be grounded in evidence, and data systems like the National Instance (DHIS2) should integrate data from development partners for visibility and scale best practices.



Session 10:

NHSRII Spotlight V:

Dr Ndagi Alhassan, CEO, Nursing and Midwifery Workforce Strengthening, although nurses form more than 50% of the health sector and are well-trained, many still leave the country. To mitigate these, certain measures have been taken, including providing a digital library and skill labs, curriculum revisions such as the E-MOTIVE bundle on PPH, and a new 6-unit course requirement for re-licensing.

Dr Bashir Idris, CEO of CHPRBN, affirmed that Nigeria produces quality medical doctors and healthcare professionals. Still, we keep losing them to better opportunities abroad, indicating the need for an enabling working environment, good infrastructure, workplace safety, career progression, and good remuneration to retain the nursing workforce. Mentoring and skill transmission should also be factored in when considering retaining a competent workforce. A career growth roadmap should be integrated into practice from college through the start of work in facilities.

AUDIENCE PARTICIPATION & INSIGHTS:

Senior medical staff should also be evaluated on the effectiveness of their mentorship in the growth and development of younger workers, serving as a key criterion for their rating and promotion. Another critical issue is the

retention of qualified lecturers in the medical field, as many are leaving the country, threatening the continuity and quality of medical education. Additionally, the training curriculum for medical students and workers should be reviewed to integrate innovations such as AI and AI-based tools, aligning with the global healthcare direction.

Dr Uchenna Igbokwe, CEO, Solina Center for Research and Development on HRH Reflections, emphasized strengthening community-level engagement through worker capacity building and digital innovations, improving accreditation and specialized capacity to reduce service delays, and building on existing successes such as Gombe's biometric system. Considering the high target set for reducing maternal mortality, expanding the accreditation of CEMonC facilities to scale is critical. However, the limited number of available obstetricians poses challenges and requires critical thinking on how we can empanel facilities with accreditation to provide quality cesarean sections. In addition, an investment portfolio review revealed only 2% of the budget allocated to HRH, indicating the need to rethink investments and explore innovations for improving productivity.



Official Launch of Action Plans, Reports, and Products

Moderator:

Chief Mrs Moji Makanjuola MFR

Key products launched:

Health Sector Strategic Blueprint, N-CAS Strategy, Climate & Health National Adaptation Plan, Second National Action Plan on Health Security (NAPHS2); Nationwide CEmONC Facilities Readiness Assessment Report, NHMIS Assessment Report; Flag-off of Mini-DHS; Larval Source Management, MSDAT, and National Health Facility Registry dashboards.



Zaiyanatu Umar, representing Dr Muiy Aina, discussed the Nigeria Collaborative Action Strategy, which was piloted in Kano, Yobe, and Oyo, with phase 2 in Akwa-Ibom State. The strategy aims to align campaigns within the NPHCDA and the Federal Ministry of Health, as progress is possible with collaboration on the reform agenda, thereby avoiding wastage and improving resource allocation. The strategy proved effective in delivering campaigns for measles and rubella, NTDS, malaria, and polio immunization, achieving high coverage across age groups.

Ms. Juliet from the UK's Foreign, Commonwealth and Development Office, commended the Federal Ministry of Health and partners on the launch of Nigeria's Climate & Health National Adaptation Plan (HNAP 2025–2030). She highlighted the urgency driving this agenda as Nigeria faces a projected 21% rise in disease burden by 2030 and heat-related deaths double by 2080. The HNAP aligns with national

frameworks and provides a roadmap across all levels, with potential to unlock financing such as World Bank BHCPF DLIs and the Green Climate Fund once implementation begins. Noting Nigeria's presence at COP30 as a moment to showcase this progress, the UK reaffirmed its continued support as the focus now shifts from launch to delivery.

The Director General of NPoPC commended the data collection endeavor of the federal government using the mini DHS, in order to close data gaps created by the long intervals between full DHS surveys, and monitor unified data programs. He emphasized the importance of regular data collection and that the tool is expected to collect about 50 indicators nationally.

Dr Jide Idris, the Director-General of the NCDC, launched the National Action Plan 2.0 on health security and commended Nigeria's Joint External Evaluation (JEE) score, a measure used to assess the preparedness of a nation. He reiterated the need to address major challenges in the health space, as Nigeria is currently managing 9-10 outbreaks. He also expressed appreciation to partners, including GAVI, Global Fund, the WHO, and consultants, for their funding and support in achieving the NAP 2.0 on health security.



Dr Anthony Adoghie spoke about the redesigned health facility registry, which lists and classifies all facilities in the country, allowing state and LGA M&E officers to enter, suspend, or delist facilities. This is in response to the gap revealed in the National Health Management Information System (NHMIS). He also launched the MSDAT platform, an open-source dashboard that aggregates routine and periodic data, making it accessible and a single source of truth for the country that will continue to evolve, incorporating all health sector reports and assessments. The National Secondary Health Facility Readiness Assessment Report provided a comprehensive baseline on emergency obstetric & neonatal care capacity nationwide.

Dr Adaeze from the private sector expressed support to engage and improve the existing document, but noted that they were not fully aware of their contributions to the plans and stressed the need for coordinated input from the private sector, which provides over 60% of care and service delivery, including manufacturing, to help shape the plans and support the government in implementing them.

Launch Remarks

The Coordinating Minister for Health and Social Welfare, Prof. Muhammed Ali Pate, thanked all participants for their engagement in the Health Sector Renewal Investment Initiative and stated that the launch of the strategic tools and reports is meant to strengthen national priorities through transparency, accountability, and evidence-based action. He acknowledged the Permanent Secretary's contributions to climate and health adaptation, data strengthening, and transformation, and then invited key participants to the golden table for the product unveiling and photographs.



Read Out of the Communique and JAR 2025 Resolutions

Presenter:

The Permanent Secretary, FMoHSW, Ms. Daju Kachollom S, mni



Highlights of the 2025 Joint Annual Review

- Participation doubled from 450 in 2024 to over 1000 delegates and stakeholders attending
- Official signing of the Universal Health Coverage compact that expanded to include the private sector, LGAs, traditional institutions, and other ministries
- The review integrated emerging health sector priorities and global health commitments with progress showcased across 30 priority areas, including maternal & neonatal mortality, PHC revitalization, local manufacturing oversight, and health value-chain improvements.

Progress in Health Sector Renewal and Digital Tools

Advancements in local manufacturing regulation, food procurement, and health value chain reforms. The introduction of key digital tools like the national e-learning system and health sector performance dashboards. Senior leadership across agencies also facilitated an expanded ICC session to review immunization and PHC metrics.

Exhibition and Town Hall Meetings

The scientific exhibition showcased tools, dashboards, digital applications, policy frameworks, and reform results from states, enabling cross-learning and highlighting real-life reform. An interactive People's Town Hall was convened to elevate citizen voices and strengthen the accountability loop, and a Technical Assistance Coordination Committee was inaugurated to guide demand-driven TA across states.

Launch of National Products and Strategies

Several national products were launched, forming an integrated ecosystem to enhance planning, resource allocation, measurement, and performance management. They included the HSSB, NHFR, NHMIS assessment report, MSDAT, and NCAS, among others.

Challenges and Gains in Health Sector Performance

Maternal and newborn health shows measurable gains, with a 17% reduction in maternal mortality in the early implementing LGAs. However, critical gaps persist in primary healthcare revitalization efforts, including staffing and the availability of commodities. Additionally, health financing improved with over 2.4 million vulnerable Nigerians enrolled in state health insurance schemes, but data issues persist, indicating the need to adopt technically sound targets to avoid performance distortions.

Resolutions and Future Plans

The resolutions aim to ensure alignment with the commitments applied in the compact and support government ownership:

- Strengthen stakeholder coordination and fully operationalize the UHC compact.
- Improve data quality systems, institutionalize data use, and deploy robust DQA plans.
- Accelerate human resources for health reforms, scaling the health value program nationally, and closing financing gaps.
- Improve SRH service quality by integrating SRH with maternal health services, and secure sustainable SRH financing.
-

The CMoHSW amended the communique to include appreciation to the Minister of State for Health, Ministers of Finance and Economy, Ministers of Budget and Planning, the Kwara State Governor (NGF Chairman), State Commissioners, Director Generals of agencies, key development partners (Global Fund, GAVI, UNICEF, WHO, Africa CDC), technical teams, representatives of health fellows and all participants. To close the 2025 JAR meeting, the CMoHSW, Prof. Ali Muhammed Pate, thanked everyone for their participation, and the meeting concluded with the national anthem and a reminder of the National Council of Health scheduled for the following week in Calabar.





All Hands. One Mission:
Bringing the Nigeria Health Sector to Light