

ACHIEVEMENTS OF THE FEDERAL MINISTRY OF HEALTH

DEPARTMENTS, PROGRAMMES AND UNITS

The Department has five Divisions namely: Policy & Planning, Research & Knowledge Management, International Cooperation, Monitoring & Evaluation and Health System Support.

MISSION

To serve as the fulcrum through which the Ministry performs its stewardship role and other Statutory responsibilities necessary for achieving the goals and objectives of the National Health Policy and the National Health Act.

MANDATE

- i. To coordinate policy and plan formulation and priority settings.
- ii. To coordinate monitoring and evaluation of the health system and its performance.
- iii. Revision of M&E policies and plans in collaboration with the policy and planning division.
- iv. M&E of all health and health-related policies, plans, budgets, programmes, projects, and activities of the Federal Government in collaboration with other programmes, Departments, Parastatals, Ministries and Institutions.
- v. Coordination of all health actors in discussing issues relating to implementation of the NHAct.
- vi. To promote and co-ordinate essential national health research for efficient health system development.
- vii. Provide comprehensive health information for evidence-based planning and decision making using appropriate technology.
- viii. To effectively coordinate development partners, NGOs, and other health actors;
- ix. To plan for human resource for health development and co-ordinate the implementation of the HRH Policy.
- x. To coordinate resource mobilization and healthcare financing activities.
- xi. To collaborate with stakeholders towards achieving the National Health Policy Goals and the SDGs.
- xii. Design, production and distribution of national health data collection instruments in collaboration with the relevant departments, programmes and agencies of the federal ministry of health.
- xiii. Training on the use of the database and data collection instruments in collaboration with relevant departments, programmes and agencies of the Federal Ministry of Health.
- xiv. Coordinate the management of an integrated National Health Information platform.
- xv. Coordinate the design and implementation of health survey in collaboration with NPopC, NBS and other relevant agencies.

- xvi. Coordinate documentation and harmonization of survey data and report in line with national standards.

- xvii. Process approved research grants to institutions/individuals following approval by the Research Committees as well as receive and archives all research findings of approved national research both funded and unfunded.
- xviii. To co-ordinate bilateral agreement in a way that would enhance Health development and improvement in Health status of Nigeria.
- xix. To develop bilateral agreements, protocols, MOUs and other related instruments for collaboration with other countries.

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II.

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. Strengthened the health sector M&E System Governance Quarterly health data consultative committee (HDCC) meetings were conducted in 2019. The status of HDCC at the sub-national level was carried out in 2019 and GF RSSH project supported many States in reactivating or establishing their HDCC meetings.
- ii. The M&E 2020 operational plan (AOP) for NSHDP II was developed and validated by the M&E technical working group.
- iii. The National Health Workforce Profile (NHWP) was validated and launched on 3rd March 2020 by the Honourable Minister of Health.
- iv. The quarterly meetings of HCF Technical Working Group took place.
- v. Advocacy meetings and scoping visit to States on the National and State Health Account were conducted.
- vi. Developed and launched the second National Strategic Health Development Plan (NSHDP II) as a successor to the first National Health Plan (8th January, 2019).
- vii. Developed and validated the Annual Operations Planning Guidelines and concluded the training of the Federal Ministry of Health's DAPs, States and the FCT on the development and application of Annual Operational Plan (AOP) tool for implementation of the NSHDP II.
- viii. Technical support to DAPs and some States on the development of their respective Annual Operations Plans (AOPs).
- ix. Conduct of the 62nd National Council on Health Meeting held at Events Centre, Okpanam Road, Asaba, Delta State from 9th - 13th September, 2019.
- x. Conduct of a workshop on the year 2020 Mock Budget Exercise for the Planning Cell Officers of the Ministry in July, 2019
- xi. Preparation of 2015-2019 Tenure Report of the Honourable Minister of Health and Honourable Minister of State for Health.
- xii. Compiled the achievements in the Health Sector published in the 2020-2022 Fiscal Strategy Paper in May 2019.
- xiii. Conducted the tracking of Implementation Status of the 62nd NCH Resolutions in the States.
- xiv. Participated in the monitoring & evaluation exercise in conjunction with the Ministry of Budget & National Planning on implementation of the Ministry's 2018 last quarter capital projects in June, 2019
- xv. Coordinated the conduct of Top Management Committee (TMC) meetings.

- xvi. Facilitated the submission of memos for the consideration of the Federal Executive Council (FEC).
- xvii. Compilation of a ten-year (2007-2018) Compendium of National Council on Health Resolutions/Communique.
- xviii. Compilation of a Handbook on the National Council on Health in Nigeria.

Strategic Pillar Three: Strengthened Health System for Delivery of Package of Essential Health Care Services

- i. The Department carried out data collection in Imo and Oyo States on the National Health Workforce Registry (NHWR) with support from MSH. Data verification has also been done.
- ii. The PCS Meeting of the Nigeria Public Health Training Initiative (NPHTI) and In-Country Review Meeting were hosted, as well as the Supply of 2-nos. 14-seater bus and books & Journals (Foreign and Local).
- iii. RSSH trainings were organized by MSH.
- iv. The NGO branch organized a two-day Health sector NGOs conference in May 2019 and fifty- five NGOs including 20 states NGOs Desk officers and provision of three laptops and a multipurpose printer for the branch.
- v. Oral Health Advocacy Initiatives (OHAI) assisted in the repairs of the leaking roof of the NGOs office to save office facilities, files and official documents of the Branch from damage by rain water from the roof.
- vi. The National and sub-national (State and LGA) were trained on the health facility registry which is the platform used for managing the master facility list.
- vii. DHPRS staff were also trained on how to administer the harmonized integrated supportive supervision (ISS) and Data quality assessment (DQA) tools
- viii. DQA was conducted in selected states with support from GF RSSH. States were supported on how to identify gaps in data produced and how to improve the quality of data reported. The GF RSSH also supported monthly data review in some selected States.
- ix. The review of the 2013 NHMIS tools was done in 2019. The NHMIS tools (version 2019) are used to capture health data from health facilities in the country and are supposed to be reviewed every two years.
- x. The health facility registry (HFR) was rolled out in 17 States across the country. The HFR is integrated with the DHIS2 and serves as the platform for managing the Master Facility List (MFL).
- xi. Convened a meeting of the National Health Research Committee in Lagos, and also convened meetings in partnership with the WHO towards the inauguration of Technical Working Group for the National Research for Health Strategic Plan (NR4HSP)
- xii. Impact Assessment of distributed 31 Ambulances (May/June, 2019) in six Zones: - South East Zone, South South Zone, South West Zone, North West Zone, North Central Zone, North East Zone
- xiii. Coordinated the training of Nigerian Doctors and Nurses by the High Commission of India.

- xiv. Training of the Federal (DAPs) and States on writing good and quality memoranda of the National Council on Health (NCH), tracking status of implementation of the NCH resolutions as well as report writing.

ONGOING AND PROPOSED PROJECTS/ACTIVITIES.

- i. To complete the 2018 NHA and commence 2019 NHA.
- ii. To support the four RSSH States (Lagos, Oyo , Kaduna and Imo) in conducting their State Health Account.
- iii. To complete the mid-term review of the National Health Financing Policy and Strategy.
- iv. Printing and dissemination of HRH profile.
- v. Establishment of State Health Workforce Registry in Delta, Kogi and Ondo States with support from GF-RSSH.
- vi. Updating and finalization of the draft migration policy.
- vii. Step down training on introduction to Scientific Research Methodology to NPHTI supported institutions.
- viii. Step down training on Competency-Based Education Method to NPHTI supported institutions.
- ix. Training of Trainers on Public Health Science skills.
- x. Step down training on Public Health Science skills to health care workers in all health facilities across 17 LGAs in Plateau State.
- xi. Support four states (Akwa Ibom, Gombe, Plateau and Ogun) for the establishment of their state health workforce registry.
- xii. Roll-out of the HFR to the remaining States.
- xiii. Training at National and sub-national level on the revised NHMIS tools.
- xiv. Optimization of the DHIS2 platform.
- xv. To facilitate Advocacy, Dissemination, and data use for action.
- xvi. Develop national health survey coordination guidelines.
- xvii. Impact Assessment of 12 Ambulances distributed to Tertiary Hospitals.

CHALLENGES

- i. Lack of funds to implement most of the projects/activities.
- ii. Lack of capacity building for some officers in DHPRS.
- iii. Lack of timely response from collaborating Departments, Programmes and Agencies on official matters.
- iv. Inadequate office space and equipment (Desktop Computers, Printers and stationeries) to carry-out the activities.

CRITICAL SUCCESS FACTORS

- i. Skilled and adequate personnel.
- ii. A strategic and focused leadership.
- iii. Friendly work processes.

- iv. The development of NSHDP 11 and M&E plan for the NSHDP II contributed greatly to the achievement of DHPRS.
- v. Stakeholders' involvement in DHPRS activities.
- vi. Partner support also contributed to success of DHPRS project implementations.
- vii. Development of a National Strategic Plan for Health Research in Nigeria and the Operational Plan.

WAY FORWARD / RECOMMENDATIONS

- i. Need to revive activities of Health Research in the Ministry.
- ii. The need for more collaboration with other Departments.
- iii. Development of Data Base for Essential National Health Research in Nigeria.
- iv. Need to move the Central Medical Library to Abuja for effective operation and also to avoid wastages of financial resources.
- v. Provision of office space and equipment to carry-out its activities.
- vi. Adequate and timely release of funds for the scheduled activities.
- vii. Capacity building for officers in the Department to improve productivity.

DEPARTMENT OF FOOD AND DRUGS SERVICES

The Department of Food and Drugs Services was established in 1993 following the excision of National Agency for Food and Drug Administration and Control (NAFDAC) from the then Food and Drug Administration and Control (FDAC) Department.

VISION

A Department that is resolutely committed to, and focal in, promoting access to safe and wholesome Food and Drugs for effective health care delivery in Nigeria.

MISSION

To promote the health of all Nigerians through the formulation of national policies, development of guidelines and strategies and initiation of legislation aimed at ensuring that 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.

MANDATE

To develop policies and initiate legislation relating to food, drugs, chemicals, cosmetics, water and medical devices and also provide pharmaceutical services. The Department is also responsible for:

- i. Coordinating supply chain managements of essential medicines and other health commodities of all health programmes including provision of technical support for selection, forecasting/quantification, procurement, warehousing and distribution;
- ii. Provision of secretariat for the National Drug Formulary and Essential Drug List Committee;
- iii. Promotion of Clinical Pharmacy Programmes in Federal and State Health Facilities Nationwide;

- iv. Establishment and operation of the National Drug and Poison Information Center including provision of technical Support for the operation and establishment of such units in Federal and State Health Facilities Nationwide;
- v. Formulation, implementation and monitoring of National Drug Policy;
- vi. Selection, procurement, storage and distribution of narcotics drugs for licit use of health facilities nationwide;
- vii. Production of essential medicines through Federal Manufacturing Pharmaceutical Laboratory in Lagos;
- viii. Conducting drug utilization surveys and monitoring of Drug and Therapeutics Committee Nationwide;
- ix. Provision of pharmaceutical manpower needs of Federal Staff Clinics and Hospitals;
- x. Liaison between the Federal Ministry of Health, its Agencies/Parastatals and other bodies on issues affecting food, drugs, chemicals, cosmetics, medical Devices etc.; and
- xi. Training of Intern Pharmacists.

Divisions/Programmes Under the Department are:

- i. National Product Supply Chain Management Programme [NPSCMP];
- ii. Pharmaceutical Services (PS);
- iii. Food Safety Programme (FSP);
- iv. Drugs and Vaccines Development (DVD);
- v. Chemical Management Programme (CMP);
- vi. Planning, Monitoring, Evaluation and Information/Special Duties Unit (PMEI/SD); and
- vii. Water Safety Programme (WSP).

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. Finalized the review of the National Drug Policy (NDP) 2005.
- ii. Developed and disseminated the maiden edition of the National Policy for Controlled Medicines (NPCM).
- iii. Developed and disseminated the maiden edition of the National Guidelines for quantification of Narcotic Medicines.
- iv. Developed and disseminated the maiden edition of the Guidelines for the Management of Pain in Nigeria.
- v. Facilitated the conduct of review meetings of the National Drug Formulary/Essential Drug List (NDF/EDL) Review Committee.
- vi. Participated in the drafting of National Chemical and Biological Emergency Preparedness and Response Plan for Nigeria on Chemical and Biological Weapons Convention.
- vii. Developed a first draft of the harmonized Health Commodity Logistics Standard Operating Procedure (SOP).
- viii. Concluded Memorandum of Understanding (MOU) with Environ Focus Ltd to pilot LifeStraw (instant microbiological water filter) in Communities, Hospitals, Schools and IDP camps in Nigeria

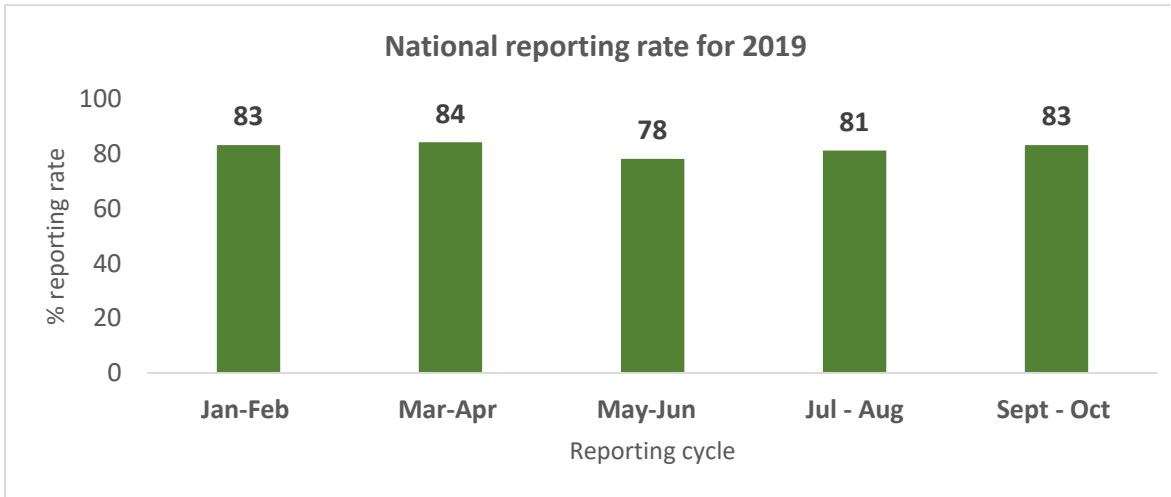
Strategic Pillar Two: Increased Utilization of Essential Package of Health Care Services

- i. Provided technical advice to Ministry of Finance on processing of Import Duty Exemption Certificates (IDEC) on health products for national and international donors.
- ii. Developed Essential Drug Management (EDM) Manual for Primary Healthcare, in collaboration with National Primary Health Care Development Agency (NPHCDA).
- iii. Scaled up Essential Drug Management at Primary Healthcare Level in the eight Nigeria State Health Investment Project (NSHIP) States, in collaboration with NPHCDA.
- iv. Facilitated the implementation of Pharmaceutical Care delivery services in all public health facilities.
- v. Improved the practice of Clinical Pharmacy in secondary and tertiary health care facilities.
- vi. Developed the 2nd draft Unified National Food Safety Training Manuals for food handlers across the supply chain (Sept-Nov, 2019).
- vii. Celebrated the World Food Safety Day (June, 2019).

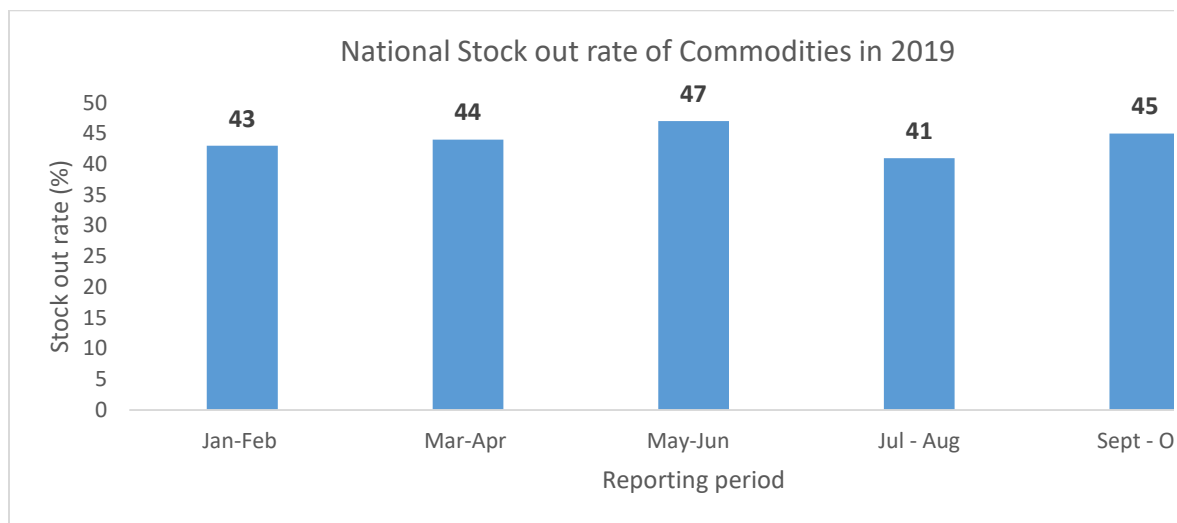
Strategic Pillar Three: Strengthened Health System for Delivery of Package of Essential Health Care Services

- i. Decentralized the warehousing of Narcotic Medicines into 6-Zonal Narcotic Stores and the Federal Central Medical Stores, Oshodi.
- ii. Facilitated the opening of a Drug Revolving Fund (DRF) Account for Narcotic Medicines at CBN.
- iii. Facilitated the training of Community Pharmacists (CP) and Patent and Proprietary Medicines Vendors (PPMVs) on childhood killer diseases, in collaboration with Clinton Health Access Initiative (CHAI).
- iv. Embarked on periodic visitation to the Federal Staff Clinics to ensure compliance with good pharmaceutical practice.
- v. Reviewed the curriculum for Schools of Health Technology in collaboration with Pharmacists Council of Nigeria (PCN), to incorporate rational use of controlled medicines.
- vi. Engaged a private warehouse operator, MDS Logistics, for the operation of the two PHARMA GRADE warehouses in Abuja and Lagos under Public Private Partnership arrangement following a competitive bidding process supervised by Infrastructure Concession Regulatory Commission.
- vii. Supervision of the final transition audit count of assets, medicines and other health products in the pharma grade warehouses and Supervision of end of year physical inventory count of Global Funds malaria product
- viii. Developed assessment tools for the assessment of capability of States to manage third party logistics for the distribution of health products to facilities.
- ix. Trained staff on Good Manufacturing Practice (GMP), as part of activities to achieve the requirements for the production of oral morphine Solution (OMS) in the Federal Pharmaceutical Manufacturing Laboratory (FEPMAL), Yaba Lagos.

- x. Reduction of wastage: Commodities worth **NGN 32,548,784** at the risk of expiry were redistributed through the instrumentation of the National Stock Status review meeting.
- xi. Stakeholders Support:
 - Engagement of the Private Operator for APMW and LCMW supported by USAID;
 - Training on distribution SOP supported by the Global Fund;
 - Training of FMOH Staff on GMP supported by FGN;
 - Training of FMOH Staff on GMP supported by USP;
 - Training on GMP supported by American Cancer Society; and
 - Training in warehouse process and supply chain supported by Nigerian Breweries.
- xii. Recruitment of 37 Supply Chain LMCU consultants to strengthen and develop capacity of State LMCU. In addition, three (3) consultants were also recruited to provide oversight functions at the zonal level.
- xiii. Development and use of National Health Logistics Management Information System (NHLMIS). This has brought about increase in the tracking of:
 - a) **Reporting rate** -National Reporting rate of Health Commodities on the National Health Logistics Management System (NHLMIS) has remained relatively consistent in 2019, with reporting rate peaking in March – April 2019 reporting period at 84%. This decreased to 78% in the May – Jun reporting cycle and increased to 83% in the Sept – Oct 2019 reporting cycle; and



- b) **Stock Out rate-** In the Nigeria Health Logistics Management Information System (NHLMIS) the Stock-out rate describes how many products have been reported with zero (0) stock. This is calculated as: Number of products with zero (0) stock in the reporting period / total number of products reported.



ONGOING PROJECTS

- i. Development of the National Supply Chain Strategic Plan in Nigeria.
- ii. To this end, NPSCMP under the RSSH Grant is to develop a National Supply Chain Strategic Plan.
- iii. Finalization of harmonized Health Commodities Logistics SOP.
- iv. Roll out of Tuberculosis into the National Health Logistics Management Information System.
- v. Review of the 6th edition of the Nigeria Essential Medicines List (NEML).
- vi. Development of the maiden edition of the Nigeria Essential Medicines List for Children (NEMLc).
- vii. Review of the 2nd Edition, 2005 of the National Drug Policy (NDP).
- viii. Development of the first edition of the National Drug Formulary (NDF).
- ix. Development of Guidelines for provision of Water, Sanitation and Hygiene (WASH) facilities/services in the Healthcare Facilities (HCFs) in Nigeria.
- x. Development of Guidelines for Drinking Water Quality and Safety Monitoring and Surveillance in Nigeria.
- xi. Procurement of mobile water Laboratory testing kits and accessories
- xii. Collaboration with EnvironFocus Ltd to pilot Lifestraw (microbiological water filter) in Communities, Hospitals, Schools and IDP camps in Nigeria
- xiii. Periodic Drinking Water Quality Monitoring and surveillance of Public Water Utilities
- xiv. Data Collation on chemical Poison incidences in all the tertiary healthcare facilities in South- south and South west geopolitical zones.

- xv. Sensitization programme to reduce the use of Mercury in ASGM sites in Nigeria.

PROPOSED PROJECTS

- i. Development of a National Medicines Pricing Policy.
- ii. Review of the Nigerian National Pharmacovigilance Policy and Implementation Framework, 2012.
- iii. Publishing and Launching of the 7th edition of NEML and maiden edition of the NEMLc.
- iv. Review of Guidelines on Drug and Medical Equipment Donations.
- v. Review of the 2nd edition of the Nigeria Standard Treatment Guideline (NSTG).
- vi. National Food Safety Sensitization and awareness creation event in ten (10) State Capitals.
- vii. Establishment of a Foodborne Illness detection and response team.
- viii. Review and assessment of the current foodborne disease surveillance and food contamination monitoring.
- ix. Development of SOPs, guidance and training documentations on the prevention and control of national food safety emergencies.
- x. Development of a unified food safety web portal for information exchange between government MDAs at all levels, food manufacturers/handlers and the general public.
- xi. Sensitization of the general public on the use, handling and proper disposal of hazardous chemicals.
- xii. Capacity building on WHO global Chemicals Roadmap in the health sector to reduce chemical hazards to its barest minimum.
- xiii. Setting up of National Committee on Chemical Surveillance, detection and response
- xiv. Review of policies and legislative framework for Chemical Surveillance, detection and response in the health sector.
- xv. Dissemination of National guidelines for Poison Information Control and Management Centres in all the tertiary healthcare facilities.

CRITICAL SUCCESS FACTORS

- i. Recruitment of consultants at Federal and State levels.
- ii. Diligence on the part of the staff.
- iii. The part release of 2018 appropriation.
- iv. Effective collaboration with other relevant stakeholders in health.

CHALLENGES

- i. Inadequate or lack of fund as well as non-release of allocated funds.

- ii. Inadequate office equipment, furniture and materials.
- iii. Inadequate staff strength.
- iv. Inadequate training and re-training of officers.
- v. Unconducive working environment.
- vi. Bureaucratic procedures.

WAY FORWARD/RECOMMENDATION.

- i. Provision of adequate funding for the various activities of the Department.
- ii. Provision of the necessary office equipment and stationeries so as to ensure a conducive working environment.
- iii. Completion of the transition process of the Public Private Warehouses to ensure smooth take off by the Private Operator.
- iv. Increased staff strength with adequate capacity building.
- v. Establishment of the National Committee on Chemical Surveillance, detection and response team.
- vi. Sensitization on WHO global Chemicals Roadmap in the health sector.

DEPARTMENT OF PUBLIC HEALTH

The Department of Public Health, created with the mandate to formulate public health policies and guidelines, and facilitate their implementation and evaluation in Nigeria, is one of the oldest Departments in the Federal Ministry of Health. The Department has staff strength of approximately 1,500 individuals with about a thousand staff working in the Abuja office. There are nine (9) Divisions in the Department with over 100 Port Health Services formations across the country. The Department also has 11 stand-alone programmes, training centres and boards including the National Arbovirus Control Programme located in Enugu; National Eye Health Programme; National Tuberculosis and Leprosy Training Centre, Zaria; Community Health Practitioners Registration Board of Nigeria (CHPRBN) and the West African Health Examination Board (WAHEB).

VISION

A vibrant Department that is responsive to the evolving health needs of Nigerians

MISSION

To contribute towards the provision of optimal health for all Nigerians in line with existing National Health Policy.

Mandate

To coordinate the formulation of Public Health policies and guidelines and support their implementation and evaluation in Nigeria through health promotion, surveillance and prevention.

The Department of Public Health has nine (9) Divisions namely:

- i. HIV/AIDS and viral hepatitis programme;
- ii. National Malaria Elimination Program (NMEP);
- iii. National Tuberculosis and Leprosy Control Programme (NTBLCP);
- iv. Non-Communicable Diseases Control Programme (NCDs);
- v. Neglected Tropical Diseases Division (NTDs);
- vi. Occupational Health & Safety Division;
- vii. Climate Change/Environmental Health;

- viii. Port Health Services Division (PHS); and
- ix. Epidemiology Division.

Other Programmes/Units/Training Center/Boards in the Department Include:

- i. National Eye Health Program (NEHP);
- ii. National Onchocerciasis Control Program (NOCP);
- iii. National Lymphatic Filariasis Elimination Program;
- iv. National Schistosomiasis & Soil Transmitted Helminths Control Program;
- v. Nigeria Guinea Worm Eradication Program (NIGEP) & Human African Trypanosomiasis (HAT);
- vi. Zoonotic Disease NTDs Unit;
- vii. Community Development Unit;
- viii. Snake Bite Envenoming Unit;
- ix. National Arbovirus & Vectors Research Center, Enugu;
- x. National Tuberculosis & Leprosy Training Center, Zaria; and
- xi. West African Health Examination Board (WAHEB).

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. Developed the 1st National Policy on Prevention and Control of Hepatitis in Nigeria.
- ii. Conducted the maiden edition of Joint ATM annual review meeting in June 2019.
- iii. Developed zero draft National Tobacco Control Communication Plan on 20th – 21st May, 2019 at Rockview Hotel (Classic), Adetokunbo Ademola Crescent, Wuse II, Abuja.
- iv. Validation of Package of Essential Non-Communicable Diseases (PEN) document in March, 2019.
- v. Participated in an interactive session on the National Tobacco Control Regulation organized by the House Committee on delegated Legislation (4th – 8th April, 2019).
- vi. Developed a zero draft National Alcohol Policy on 16th – 18th June, 2019, in collaboration with WHO.
- vii. Finalization of the draft National Tobacco Control Strategic Plan of Action, 25th – 26th July, 2019
- viii. Developed a draft National Mental Health Bill on 16th August, 2019, with the support of WHO.
- ix. Developed an Enforcement Strategies and Set up of the enforcement task force for implementation of the National Tobacco Control Act, 2015 held on the 25th September, 2019.
- x. Validation of the draft National Tobacco Control Strategic Plan of Action, 12th – 13th December, 2019.
- xi. Conducted review meeting for annual implementation.
- xii. Developed five-year NTDs Master plan.
- xiii. Developed Monitoring and Evaluation guidelines.
- xiv. Inauguration of new members of the NTDs Steering Committee that will serve for three years (March, 2019).
- xv. Inauguration of Supply Chain Management task force Committee.
- xvi. Inauguration of Onchocerciasis and Trachoma task force.

- xvii. Inauguration of Lymphatic Filariasis and Schistosomiasis/Soil Transmitted Helminths Technical Working Group (TWG).
- xviii. Carried out periodic coordination activities through holding annual or biannual Steering Committee meetings.
- xix. Final Draft of Subsidiary legislation is under review in preparation for submission for executive assent.
- xx. National Public Health Emergency contingency plan for points of entry prepared.
- xxi. Nigeria point of entry policy on the prevention & control of cross border transmission of yellow fever in place.
- xxii. Coordinated the activities of Community Development in the States of the Federation.
- xxiii. Developed a working synergy between Community Development and National Primary Health Care (NPHC)
- xxiv. Developed a draft strategic framework for Community Development.
- xxv. **Child Eye Health Treatment Guidelines:** Developed Treatment Guideline for the Delivery of child eye health in Nigeria and Performance standards to measure the quality of child eye health services in Nigeria which was also presented at and adopted by the 36 states and FCT at the 62nd National Council on Health.
- xxvi. **School Eye Health Programme:** Developed National School Eye Health Implementation Guidelines for the provision of eye care services to learners and teachers in schools and teacher's manual to guide easy identification of eye issues by teachers for referral to health centres.
- xxvii. **National Eye Health Policy:** Developed and finalized Nigeria's first National Eye Health policy which was presented at and adopted by the 36 States and FCT at the 62nd National Council on Health sponsored by Sight-savers.

Strategic Pillar Two: Increased Utilization of Essential Package of Health Care Services

- i. Annual celebration of Global Days – World AIDS Day, World TB Day, World Malaria Day, World Leprosy Day, World Diabetes Day, Mental Health Day, World No-Tobacco Day, World Sickle Cell Day, World Day for Safety & Health etc.
- ii. Press briefing to commemorate the 2019 World No Tobacco Day with the theme: Tobacco and Lung Health held on the 31st May, 2019.
- iii. Sensitized over 500 traders at Wuse Market on the dangers of Tobacco and the National Tobacco Act held on 3rd June, 2019.
- iv. Sensitized over 100 Healthcare workers and Community Based Organizations (CBOs) in FCT on the Diabetes Awareness and Care (DAC) Project, 18th June, 2019
- v. Sensitized 35 stakeholders in the Film/Entertainment industry on the National Tobacco Act, (23rd – 24th July).
- vi. Commemoration of World Heart Day Celebration: Sensitization of over 500 traders at Garki Market on “Healthy Heart” 26th September, 2019.
- vii. Press briefing and launch of the Pocket-sized handbook titled “My Healthy Heart Pocket book” by the HMSH, 27th September, 2019.
- viii. Screened almost 300 Public/Civil Servants on Cardiovascular risk factors.
- ix. Nigeria received WHO certification as a guinea worm free country.
- x. Achieved interruption of LF and Onchocerciasis in 28 LGAs (Plateau, Nasarawa and Kaduna States). More than 2.2 million persons are no more in need of Mass Administration of Medicines for Lymphatic Filariasis/Onchocerciasis in these States.
- xi. FMOH delivered 84 million treatments for Lymphatic filariasis in 2018, and has stopped treatment for onchocerciasis and Lymphatic filariasis in Plateau, Nasarawa and Kaduna due to successful elimination of Onchocerciasis and LF.

- xii. 22 million people are treated annually for trachoma, leading to interruption of transmission in 72 LGAs with 9million people no longer at risk for blinding trachoma.
- xiii. 10,753 lid surgeries conducted in 7 trachoma endemic States (Bauchi, Kaduna, Sokoto, Yobe, Jigawa, Kebbi and Katsina).
- xiv. Procurement and distribution of 1,640 vials of Anti Snake Venom (ASV) to treatment center's/health facilities across endemic States.
- xv. Maintained ongoing treatment in 540 and 421 for Schistosomiasis and STH, respectively.
- xvi. Scaled up WASH activities especially in endemic LGAs to monitor post control activities.
- xvii. Developed post control surveillance guideline for SCH/STH to guide post control activities.
- xviii. Intensified supportive monitoring and supervision for improved implementation through feedback mechanisms.
- xix. Institutionalized Micro planning meeting with implementation guide including timelines, responsible persons, medicine needs should be calculated prior to medicine request and release to effectively control implementation in line with the national guidelines.
- xx. Nigeria still maintains the status of guinea worm disease-free after certification of the country as Guinea worm eradicated by WHO.
- xxi. Conducted review of treatment reporting tools for NIGEP.
- xxii. Developed treatment snapshot for PC-NTDs for ease of tracking progress.
- xxiii. Conducted annual PC-Medicine reporting, requisition and allocation to implementing States.
- xxiv. Development and production of Supply Chain Management Standard Operating Procedure (SCM-SOP) manual.
- xxv. Development and production of SCM training manual and Logistics Management Information System, (LMIS) tools
- xxvi. Conducted a 4-day sensitization and training meeting for all the State Climate Change Desk Officers and State Procurement Officers across the 36 States plus FCT.
- xxvii. Carried out Climate Change and Air Pollution awareness creation and sensitization activities on the health impact of Climate Change in four markets in F.C.T, four schools in FCT as well as Radio and TV stations.
- xxviii. **Global days:** Commemorated 2019 World Glaucoma Week (sponsored by Biogenerics Pharmaceuticals and Drugfield Pharmaceuticals) and World Sight Day (sponsored by Christian Blinden Mission-Seeing is Believing Program and Sight-savers) where 500 and 1700 people - civil servants and road users - were screened, treated and referred accordingly for blinding conditions. Approximately 700 free spectacles and free medications were dispensed to improve sight.
- xxix. **Radio Design Document:** Developed a radio design document in collaboration with CBM-Seeing is Believing programme and aired 13 episodes of a radio magazine programme on FRCN in Jigawa, Kano, Plateau, Osun, Oyo, Akwa Ibom and Cross River States to promote child eye health in Nigeria.

Strategic Pillar Three: Strengthened Health System for Delivery of Package of Essential Health Care Services

- i. Conducted the largest ever HIV population-based survey (National HIV/AIDS Impact and Indicator Survey, NAIS 2018).
- ii. Conducted the Global Adult Tobacco Survey and released its findings making Nigeria the 1st country in Africa to achieve this feat.
- iii. Production, launching and distribution of new security featured International Certificate of Vaccination & Prophylaxis (E-Yellow Cards).

- iv. Launched National Guideline for Prevention, Control and Management of Sickle Cell Disease.
- v. Procurement and distribution of anti-snake venoms to reduce deaths as a result of snake bites.
- vi. Increased ART sites, uptake of anti-retroviral drugs, scaled up Prevention of Mother to Child Transmission (PMTCT) services and HIV Counselling and Testing (HCT) services in the country.
- vii. Expansion of access to TB services through increased number of Directly Observed Treatment Short-Course (DOTS) and Microscopy canters nationwide.
- viii. Commencement of NCDs STEP wise survey 2019
- ix. Sickle Cell Facility Assessment in the six geo-political zones in the Country (Abakaliki, Yenagoa, Keffi, Birnin-Kebbi, Gombe, Ebute - Metta) on 6th – 8th February, 2019.
- x. World Health Organization-European Respiratory Society (WHO-ERS) training-the-trainer's workshop for 37 participants on Tobacco Cessation Interventions in Nigeria in February, 2019.
- xi. Training of 67 Primary Health Care providers in the FCT on brief Tobacco Cessation Services in March, 2019.
- xii. Training of over 200 healthcare workers and CBOs on the prevention, care and early identification of symptoms of Diabetes (19th – 21st June, 2019).
- xiii. Diabetes Awareness and Care (DAC) Training of Trainers for 13 participants on the Facility Mentoring Team, 18th – 19th September, 2019.
- xiv. Completion of House listing for NCDs Stepwise Survey
- xv. Mentoring of 55 DAC Project implementing Primary Healthcare Providers in FCT.
- xvi. Supportive Supervisory visit to 14 randomly selected DAC projects implementing PHCs in Imo State 3rd – 5th December, 2019.
- xvii. Based on Sight Savers supported survey, Kaduna State met the requirements for stopping treatment. NOEC has endorsed that IVM treatment should stop in Kaduna State.
- xviii. On the epidemiological map, NOEC endorsed changing of Bauchi from Blue (No data/information) to Tan (Transmission suspected interrupted) and Oyo from Yellow (On track for elimination by 2025) to Tan.
- xix. Nigeria Centre for Disease Control (NCDC) has set up a multifunctional laboratory for running of analysis within the country. They have put plans in place to train in-country lab employees.
- xx. Conducted Onchocerciasis Epidemiological survey in Osun, Gombe, Ondo, Ekiti, Niger, and Katsina States.
- xxi. Conducted Onchocerciasis Entomological survey in 10 States - Zamfara, Kebbi, Plateau, Nasarawa, Bauchi, Oyo, Ondo, Taraba, Sokoto and Benue.
- xxii. Onchocerciasis hypo assessment in selected States.
- xxiii. Onchocerciasis and LF surveillance in Plateau and Nasarawa States.
- xxiv. Completed the mapping of the Lymphatic Filariasis (LF) disease in all the 774 LGAs in the Country and determined the number of LGAs endemic for the disease.
- xxv. Scaled up treatment of the LF disease to 548 out of the 583 endemic LGAs.
- xxvi. Conducted Preliminary Assessment Survey in 103 LGAs of the 20 States.
- xxvii. Development of draft guidelines assessment with a training module for Nigeria.
- xxviii. Conducted Impact assessment in 1 and 47 LGAs for Schistosomiasis & STH respectively.
- xxix. Commenced mid-term assessment in 39 LGAs and 139 LGAs for Schistosomiasis and Soil Transmitted Helminthiasis, respectively.
- xxx. Scaled-up treatment in 133 LGAs and 25 LGAs for Schistosomiasis and Soil Transmitted Helminthiasis, respectively.

- xxxi. Commenced scale down assessment in 1LGA and 47 LGAs for Schistosomiasis and Soil Transmitted Helminthiasis, respectively.
- xxxii. Scaled up WASH activities in endemic LGAs to monitor post control activities.
- xxxiii. Developed post control surveillance guideline for SCH/STH.
- xxxiv. Conducted baseline assessment survey on Schistosomiasis in Mobbar LGA of Borno State.
- xxxv. Tropical Data training for Trachoma impact survey in 42 LGAs in 7 States (Jigawa, Sokoto, Kano, Katsina, Kebbi, Niger & Zamfara).
- xxxvi. Conducted 2019 National Trachoma task force meeting.
- xxxvii. Conducted impact assessment in Sokoto, Yobe and Jigawa States.
- xxxviii. Training of 48 Trachomatous trichiasis surgeons in Bauchi, Kebbi, Kaduna, Zamfara, Benue, Jigawa and Yobe.
- xxxix. Conducted Mass Distribution of Anti Rabies Medicines in 494 LGAs in 30 States.
- xl. Based on Sight Savers supported survey, Kaduna State met the requirements for stopping treatment. NOEC has endorsed that IVM treatment should stop in Kaduna State.
- xli. On the epidemiological map, NOEC endorsed changing of Bauchi from Blue (No data/information) to Tan (Transmission suspected interrupted) and Oyo from Yellow (On track for elimination by 2025) to Tan.
- xlii. Cross River, Jigawa & Yobe are States also lined up for reclassification on the epidemiological map as soon as DBS samples are analysed.
- xliii. Conducted training of State NTD Coordinators and Logistic officers on the use of LMIS tools.
- xliv. Mass administration of Trachoma medicine in 52 LGAs in the Country and a total of 10,428,097 persons treated with azithromycin.
- xlv. Establishment of Vaccination / Yellow card issuing Centers in Non-POE State.
- xlvi. Upgrading/Partitioning/Furnishing of PHS offices at the FMOH Headquarters (Ground floor).
- xlvii. Introduction of E-Yellow cards and Scanners for authentication of the cards.
- xlviii. Increase in revenue generation through E-yellow cards and waiver for repatriation of human remains.
- xlix. Introduced publicity materials for E-yellow jingles/ advertorial via electronic/print media.
- I. Designation of Points of Entry (POEs) namely:
 - Nnamdi Azikiwe International Airport Abuja;
 - Murtala Muhammed International Airport Lagos;
 - Apapa seaport Lagos; and
 - Mallam Aminu Kano International airport Kano.
- li. Developed Standard Operating Procedures (SOP) for the designated Ports and ground crossing.
- lii. Developed E- learning management system centers in Abuja & Lagos (Pro Health sponsored) i.e. online learning and physical learning center.
- liii. Organized a 4-Day training from 2nd – 5th April 2019 tagged “Community Led Total Sanitation” (CLTS) in a bid to contribute towards achieving an Open Defecation Free Nigeria by 2025.
- liv. **National Health Management Information System:** Developed Eye Health data collection and reporting tools and an instructional manual to guide use in health care facilities. This is currently in the first phase of pilot in 11 facilities in the 6 geopolitical zones. The monthly summary form is being configured to the DHIS2, a software used nationally for collating and analysing health data and also allows public access.

- iv. **Primary Eye Care:** Domesticated and field-tested the WHO Primary Eye Care (PEC) Training manual for Trainers and Trainees in Calabar, Cross River State following the approval of the Honourable Minister of Health.

ONGOING AND PROPOSED PROJECTS/ACTIVITIES

- i. Advocacy visit to Kano State on National Hypertension Control Initiative, 22nd – 24th January, 2020.
- ii. Non-Communicable diseases Stepwise Survey.
- iii. Finalization of National Alcohol Policy (1st week of March, 2020)
- iv. Finalization of Mental Health Bill.
- v. Flag off of the National Hypertension Control Initiative in Kano and Ogun States.
- vi. Building and Equipping Model Occupational Health Centres in Abuja
- vii. Risk Assessment/supervisory visit to the six Zonal offices.

- viii. Finalisation of the Sectoral documents on Climate Change and Air Pollution {Situation Analysis and Needs Assessment (SANA) and Health component of the National Adaptation Plan (HNAP).
- ix. **Diabetic Retinopathy:** The programme is working on Donor support to develop a framework for treatment of DR and equip selected DR treatment centres for pilot in 1 State of each of the Geo-Political Zones.
- x. **National Health Management Information System:** This programme is currently in the first phase of pilot in 11 facilities in the 6 Geo-Political Zones. The programme is working actively to scale up pilot in the next phase to more facilities in the 6 Geo-Political Zones.
- xi. **Global days:** The programme will be commemorating the World Glaucoma week from the 8th - 14th March, 2020 and the world sight day in October, 2020 in collaboration with donors and professional groups - Ophthalmological Society of Nigeria (OSN), National Association of Optometrist (NOA) to carry out a screening exercise.
- xii. **Primary Eye Care:** The next step of implementation is the pilot of PEC in selected PHC facilities in 1 State of each of the Geo-Political Zones to foster integration of PEC into PHCs, the major access point for health care for under-privileged Nigerians especially in the rural area.
- xiii. **School Eye Health Programme:** The next step of implementation is the pilot of School eye health in selected schools in 1 State of each of the Geo-Political Zones.
- xiv. **Strategic Development Plan:** The programme is making plans to develop a strategic development plan in line with the National Strategic Development plan II and the National Eye Health Policy.

CRITICAL SUCCESS FACTORS

- i. Staff dedication.
- ii. Sensitisation and training of the Climate Change Desk Officers in the States of the Federation on Climate Change and Air Pollution.
- iii. Increased awareness of the Nigerian populace of the health impacts of Climate Change.
- iv. Development of an action plan in line with the Open Defecation Free Nigeria agenda.

CHALLENGES

- i. Inadequate budgetary allocation for NCDs interventions and programmes.
- ii. No reliable data on NCDs and its risk factors in the country which has hampered effective NCDs intervention plan.
- iii. Inadequate number of technical staff in the Division.
- iv. Low level of commitment by partners towards NCDs intervention in Nigeria.
- v. Inadequate office space and working tools/materials.
- vi. Inability to mark some international global NCDs days due to financial constraints.
- vii. Poor coordination of NCDs activities from National to Local Government Levels.
- viii. Huge treatment gaps on Trachoma still exist.
- ix. Mapping gap in Borno exists: 1 LGA for Schisto/STH and 14 LGAs for Trachoma due to security issues.
- x. Inadequate Information Education Communication (IEC) materials for training and sensitization on Trachoma.
- xi. Inadequate funding for supportive monitoring and supervision, logistics support and capacity issues
- xii. Delays in securing Custom Duty waiver for NTDs medicines.
- xiii. Lack of field operational vehicles for effective implementation of programme activities.
- xiv. Inadequate funding of occupational health and safety services at all levels of Government in the country.
- xv. Lack of equipment for risk assessment surveillance on occupational health and safety.
- xvi. Lack of donor support to complement OHS government activities

WAY FORWARD/RECOMMENDATIONS

- i. Improved budgetary allocation for NCDs interventions.
- ii. Provision of adequate office space and materials for screening of Ministry staff for NCDs.
- iii. Provision of adequate work space and working tools/materials.
- iv. Develop coordination framework for coordination of NCDs activities and interventions from National to Local Government levels.
- v. Adequate and timely release of ministry funds to support implementation of programmes and activities, especially scale up medicine administration in endemic LGAs.
- vi. Mainstream NTDs funding into the Ministry's Special Programmes (BHCPF, SOML) or create an intervention fund to fast track NTDs elimination.
- vii. Speedy approval for custom duty waiver for all NTD medicines
- viii. Adequate logistics for supervision and monitoring, provision of office furniture and equipment for smooth coordination of NTDs programme.
- ix. Completion of Mapping gap in Borno and commencement of treatment.
- x. Integrate snakebite policy into the NTDs and FMOH National Policy.
- xi. Federal Ministry of Health to synergize with the Federal Ministry of Labour to have National Workplace Safety, Health and Welfare Bill passed into an Act.
- xii. To improve capacity building through training, retraining, awareness creation, advocacy visits and expansion of stakeholder's collaboration.
- xiii. More Funding for occupational health and safety practices.
- xiv. The need to equip the existing model occupational centres in the country.
- xv. Get Climate Change and Environmental Health mainstreamed in all decisions, planning, budgeting and implementation in the Ministry.

HIV/AIDS AND VIRAL HEPATITIS PROGRAMME

The National AIDS, STI and Hepatitis Control Programme (NASCP) is responsible for the health sectors' response to HIV/AIDS in Nigeria. The Division has seven main components: Treatment, Care and Support; Prevention, Strategic Information, Programme Development and Administration, Logistics, Laboratory & Blood Safety, Advocacy, Communication and Social Mobilisation. It is also responsible for developing intervention and formulating policies and strategies for HIV/AIDS control in Nigeria. It has a staff strength of 75.

The National Agency for the Control of AIDS (NACA) is responsible for the multisectoral coordination of HIV activities in the country although NASCP (FMOH) accounts for about 75% of critical areas in prevention, treatment, care and support for both people living with and affected by HIV/AIDS. NASCP collaborate with other health related Ministries, Government Agencies, International Development Partners and Donor Agencies for most of its activities

VISION

A division, anchored on a culture of continuous improvement, proactively contributes to overall public health in Nigeria, through effective coordination of the health sector response to HIV/AIDS.

MISSION

To reduce morbidity and mortality from HIV/AIDS in Nigeria through effective, overall coordination and management of the health sector response

MANDATE

- i. Coordination of the national health sector response for HIV/AIDS.
- ii. Development and dissemination of policy documents, guidelines, tools and training materials.
- iii. Technical assistance and capacity building of national and sub-national actors.
- iv. Monitoring trends of the HIV epidemic.
- v. Performance monitoring and reporting (local and international).
- vi. Technical guidance on procurement of and supply chain management of pharmaceuticals and laboratory products.
- vii. Conducting, coordinating and disseminating research findings.

- viii. Prevention is one of the programmatic areas in the National Health Sector response to HIV/AIDS. This component has the following sub-units:
- HIV Counseling and Testing - (HTS);
 - Prevention of Mother to Child Transmission - (PMTCT/EID);
 - Sexually Transmitted Infections - (STI) control
 - Hepatitis Control -
- ix. In line with the mandate of the HIV/AIDS Division, these different thematic areas are part of the national intervention program in the areas of coordination, capacity building, training of trainers and training for service provision, supervision and providing technical assistance to the states. The component participates in the development and review of National Policy Documents, training manuals, Standard Operating Procedures (SOPs) and job aids.

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. Development of the two-plan implementation for the improvement of EID coverage.
- ii. Development of a Two-Year operational plan for elimination of Mother to Child Transmission of HIV (UNICEF).
- iii. Dissemination of the 2017 PMTCT Cascade Evaluation at National Level.
- iv. Development of clinic based mentoring guideline for PMTCT.
- v. Development of guidelines for the implementation of TB/PMTCT intervention.
- vi. Periodic National PMTCT Task Team meeting – total of 7 since 2016.
- vii. Drafting of the strategic framework for the engagement of non-formal health care actors for RMNCAH/PMTCT services in conjunction with Family Health and NACA.
- viii. Coordination meeting of Implementing Partners.
- ix. Early Infant Diagnosis Stakeholders Meeting – total of 4 since 2016.
- x. Development and launch of the national hepatitis manual, policy and strategic plan.
- xi. Appointment of States focal person on coordination of state hepatitis programme.
- xii. Collaboration with relevant stakeholders - PHCDA, Rotary club, hepatologists/endocrinologist association in screening and treatment of hepatitis.
- xiii. Collaboration with TB division in diagnosis of viral hepatitis using the GeneXpert machine.
- xiv. Numerous conferences and workshops on viral hepatitis.

- xv. Assessment of Differentiated Service Delivery Models (DSD) and Development of Operational Manual for DSD Revision of the National Acceleration Plan for Paediatrics.
- xvi. Adolescent HIV and AIDS Treatment and Care Harmonization and Adaptation of the Facility-based and Community-based Pediatrics and Adolescents (age ≤14 years) HIV Risk Assessment Checklist.
- xvii. Generated forecast for all the commodities (ARVs, OIs and Laboratory commodities).
- xviii. Developed supply plan of HIV commodities.
- xix. Coordination of Supply Plan Review of HIV commodities. A regular semi-annual activity to ensure adequate resources are available to guarantee commodity security for the HIV/AIDS programme.
- xx. Revised forecast in line with prevailing direction and updated supply plan.
- xxi. Developed protocol and costed budget for cohort event monitoring of TLD with collaboration with NAFDAC and support from CHAI, PEPFAR, NACA and GF.
- xxii. Organized a meeting of stakeholders to review the process of active event monitoring
- xxiii. Developed a Concept paper and budget for setting up a conservative pregnancy registry. Submitted developed concept paper and budget for pregnancy registry to MSH for possible funding.
- xxiv. Participation in the quarterly integrated stock status report comprising all the health programs and anchored by the National Product Supply Chain Management Program.
- xxv. In partnership with NAFDAC had a workshop on review of the Quality Assurance Policy framework of health commodities and with support from MSH.
- xxvi. Participated in development of national harmonized logistics framework organized by NPSCMP with support from MSH.
- xxvii. Coordination of Quarterly Expanded HIV/AIDS PSM TWG meetings.
- xxviii. Coordination of bimonthly National HIV/AIDS PSM TWG (coordination) meetings.
- xxix. Coordination of biannual joint national treatment, laboratory and PSM stakeholders' meeting to improve collaboration among the various players in the programme.
- xxx. HIV Partnership for Achieving Control of Epidemic (PACE ECHO) Project Pilot in collaboration with University of Maryland, Baltimore (UMB).

Strategic Pillar Two: Increased Utilization of Essential Package of Health Care Services

- i. Dissemination of the clinic-based evaluation of the use of Dual HIV/Syphilis in Antenatal Care setting in Nigeria.
- ii. Annual Commemoration of world hepatitis day.

Strategic Pillar Three: Strengthened Health System for Delivery of Package Of Essential Health Care Services

- i. Conducted training for selected Most at risk populations (MARPs) (208 Staff of Police Clinic on PMTCT from the 6 geo-political zones).
- ii. Introduced new pharma and diagnostics products in response to the need for periodic monitoring, reviewing and updating previously forecasted data and assumptions to inform the total commodity requirements and costs.

- iii. Commenced implementation of transition of pediatric patients to optimal regimen.
- iv. Conducted on the spot assessment of TLD uptake and reasons for deviations from the transition plan.
- v. Strengthened quality of care at ART sites.
- vi. Mentored health care workers on documentation and reporting.
- vii. Sensitized health care workers on the need for pharmacovigilance for new products.
- viii. Commenced processes for instituting active pharmacovigilance for new products.
- ix. Monitor the quality of medicines used in all disease programs both Public and Private Sectors.
- x. Determined the quality of medicines at different levels in the supply chain.
- xi. Conducted quality control tests of medicines used in disease programs twice a year in NAFDAC ISO 17025 Accredited laboratory.
- xii. Nigerian AIDS Impact & Indicator Survey NAIS – This cross-sectional population-based survey was conducted and concluded in June 2019. The preliminary finding from the survey shows that the National Prevalence of HIV is 1.4%. These vary across the States.
- xiii. Integrated Bio-Behavioral Surveillance Survey (IBBSS) among High Risk Groups- This survey is initiated by FMOH in collaboration with NACA and funded by GFATM. It combines behavioral and serologic study on study respondents.
- xiv. Conclusion on the ARV Resistance study, Data Validation and Reporting conducted Bi-annually.
- xv. Reviewed and Finalized the National Data collection tools 2016-2017.
- xvi. Viral Load Suppression and HIV Drug Resistance Prevalence among PLHIV in Nigeria: Establishment of National Data repository
- xvii. Quantification for 3rd line products requirement for children and young adolescents under the new Horizon programme.

- xviii. Reviewed Data sources.
- xix. National Viral hepatitis Surveillance Workshop.
- xx. Protocol development & approval for Pilot test and roll out HIV Recency testing and Surveillance in the routine HTS testing programme.
- xxi. Developed HIV recency testing Training Modules & training slides.
- xxii. Developed HIV Reporting Module on the DHIS platform.
- xxiii. Pilot test and training of HIV module on DHIS in 12 States.
- xxiv. Review of IBBSS protocol, Training on ECHO Model and Scale up of HIV PACE ECHO.

ONGOING AND PROPOSED PROJECTS/ACTIVITIES

- i. Revision of the National ARV Guidelines in line with the recent WHO guidelines

NATIONAL TUBERCULOSIS AND LEPROSY CONTROL PROGRAMME

The National Tuberculosis and Leprosy Control Programme (NTBLCP) was established in 1989 with a mandate to coordinate TB control activities in the country. The implementation of TB control activities is guided by the National TB strategic Plan (2015 – 2020) with a Goal to ensure universal access to high quality, patient centered, TB prevention, diagnosis and treatment for all Nigerians regardless of geographic location, income gender, age, religion, tribe etc. The control strategy for TB is based on the WHO recommended End TB strategy, which Nigeria endorsed all the commitments to End TB globally.

The year 2019 started with high expectation as regards to the stipulated targets from the United Nations high level meeting with a Global target of identifying and treating 40million Tuberculosis cases and placing 30 million contacts of index patients on preventive therapy. Nigeria had its own share, which is to identify and treat 1,179,600 Cases by 2022 and place 2,367,525 on preventive therapy by 2022.

The General objectives of the programme is to reduce the burden of TB, Leprosy and BU to a level that it is no longer a public health problem in Nigeria. The programme's goal, vision, mission and mandate are described below.

MANDATE

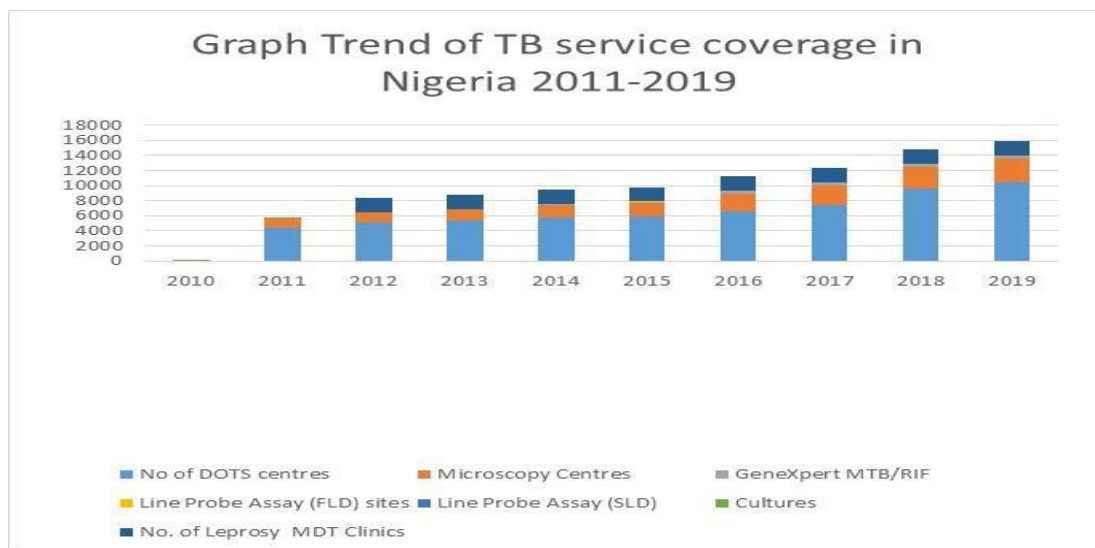
To facilitate and coordinate national efforts in controlling the burden of TB, Leprosy and Buruli Ulcer in Nigeria.

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

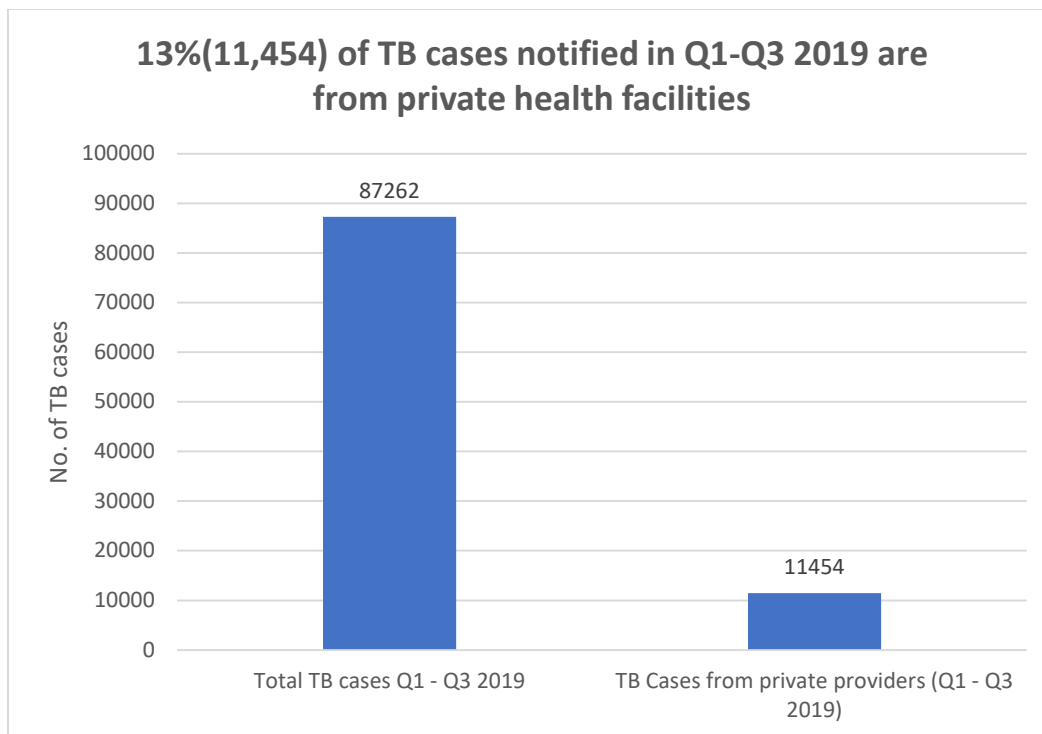
- i. The programme has put in place a series of guidelines and policies to enhance the control of the three diseases. The programme has implemented up-to-date recommendations from WHO for the control of TB. In 2019, the programme updated the following guidelines:
 - The National TB, Leprosy and BU management and control guideline;
 - The National MDR-TB Guidelines was updated to capture the recommendations from the 2019 WHO Guidelines for treatment of multi drug resistant TB with all oral MDR-TB regimen to commence in 4th quarter 2019;
 - National guidelines for management of latent TB; and
 - Developed the National Plan for translating United Nations High Level Meeting (UNHLM) commitments into action in Nigeria, with sub national targets for the state, as well as produced semester and annual score cards to track the performance of each State in achieving the set targets.

- ii. Provided free TB, Leprosy and BU services in over 10,000 health facilities in the country. The trend in number of health facilities providing TB services is shown in the graph below:



- iii. Capacity building, which entailed training of about 20,000 Patent Medical Vendors and Community Pharmacists in the community took place in 2019, this training was to enable them identify a presumptive TB and refer to a nearby hub for diagnosis. The Programme also involved Community Based organizations to ensure house-to-house case finding.
- iv. A national Public-Private Mix (PPM) steering committee was established which provides support to the programme in coordinating and guiding implementation of TB control in the private sector.
- v. TB Surveillance officers were recruited in 12 states (Rivers, Delta, Imo, Anambra, Lagos, Oyo, Benue, Niger, kaduna, kano, Bauchi and Taraba) to work with non-NTP private facilities (private health facilities, Patent medicine vendors, community Pharmacists) to improve TB case notification. The Global fund PPM Principal recipient and the USAID supported Shopsplus has scaled up the piloted PPM approach in all the States in Nigeria.
- vi. Private sector was also engaged in the provision of TB services, which has led to a significant number of TB cases being detected from the private sector. The number of TB cases notified by the private health care facilities is shown in the table below:

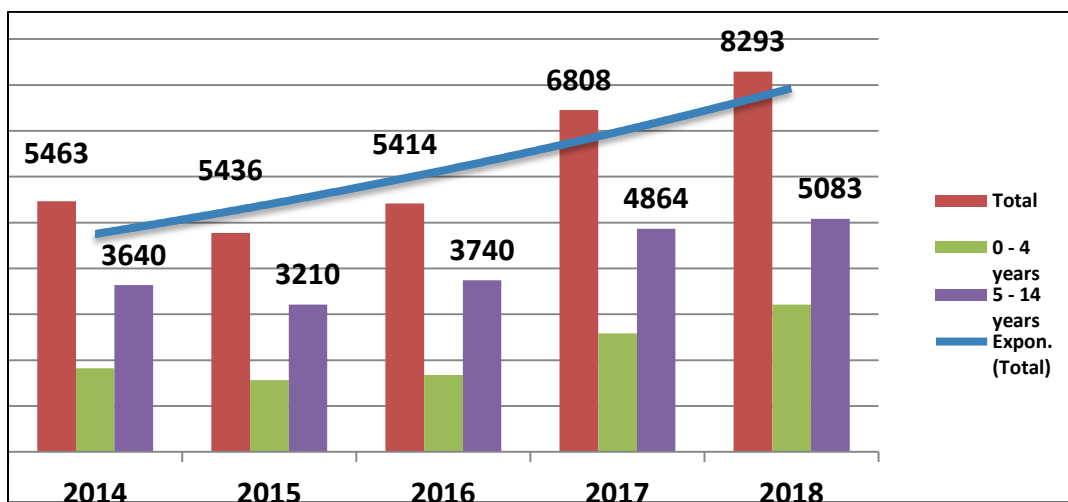
TB cases notified from private health facilities in Q1 – Q3 2019



Strategic Pillar Two: Increased Utilization of Essential Package of Health Care Services

- i. The TB programme 2019 commenced phase integration of TB services in the RMNCAH +N, this was done to increase the number of childhood TB cases notified and placed on treatment thereby reducing the TB related mortality among children. The integration of TB into RMNCAH+N in addition to other interventions has led to an increase in number of childhood TB cases notified (see trend in childhood TB cases notified below)

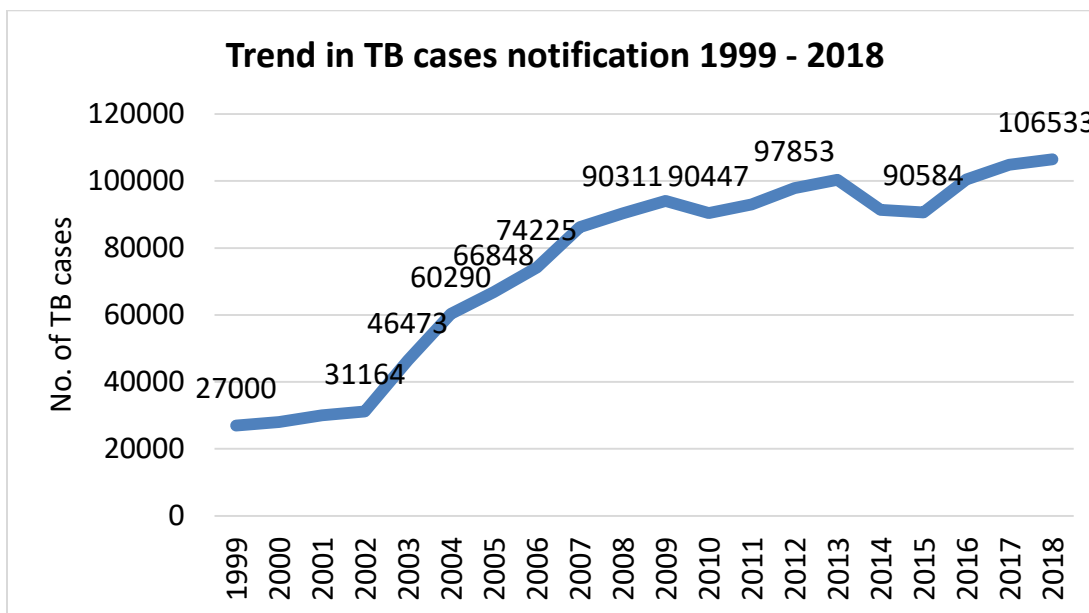
Fig: Trend in childhood TB cases notified 2014 – 2018.



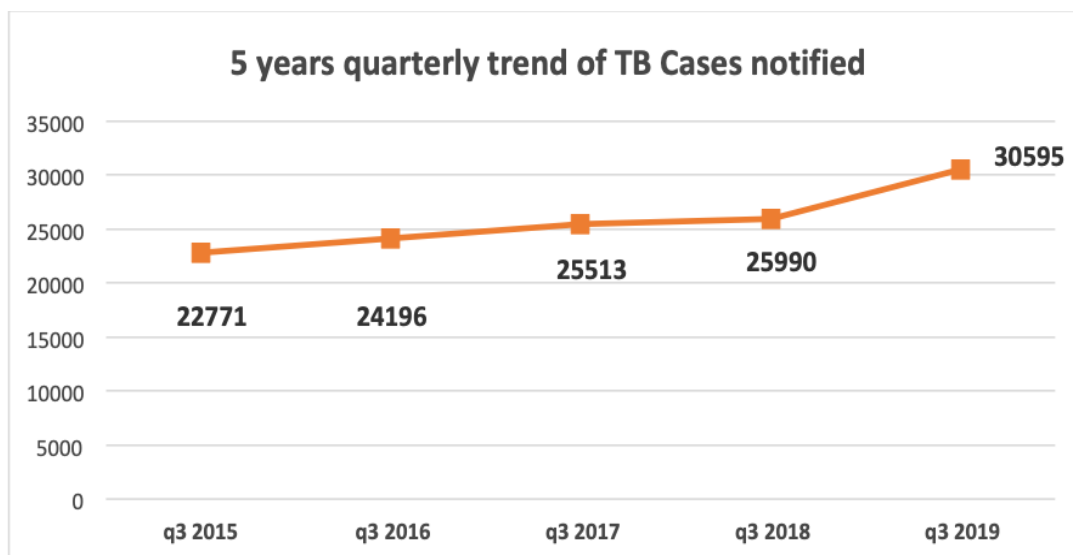
- A total of 6,937 childhood TB cases were notified in q1 – q3 2019.
- The programme is also collaborating with Pediatricians across the country and their umbrella body in building capacities of medical officers and General Health Workers on childhood TB detection.
- The programme in 2019 adapted and domesticated the latest WHO recommended treatment regimens for children and is in-use nationwide.

ii. Increase in number of TB cases notified

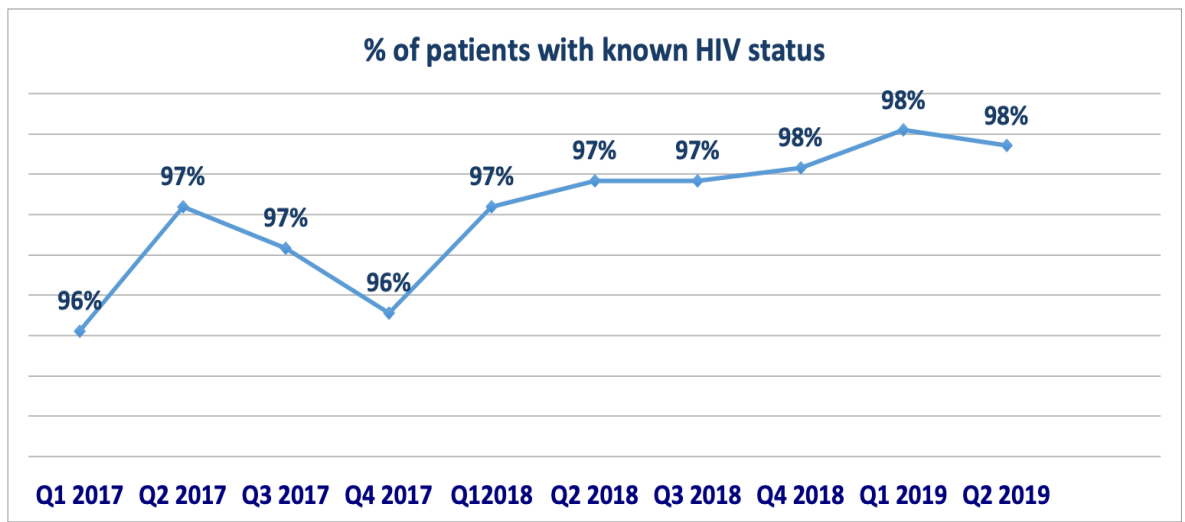
The provision of free TB services in the health facilities has led to an increase in number of TB cases notified in the country. The number of TB cases notified increased from 90,584 in 2015 to 106,533 TB cases in 2018 (see trend below). A total of 87,262 TB cases were notified from Q1 – Q3 2019.



iii. The programme made significant progress in the number of TB cases notified in Q3 2019, the programme for the first time since inception notified above 30,000 TB cases in a quarter (5 years' quarterly trend in Q3 TB cases notification is shown in the fig below). The increase is a result of scaling up of TB screening in OPDs, Community TB intervention and the rapid engagement of private health facilities in provision of TB services.



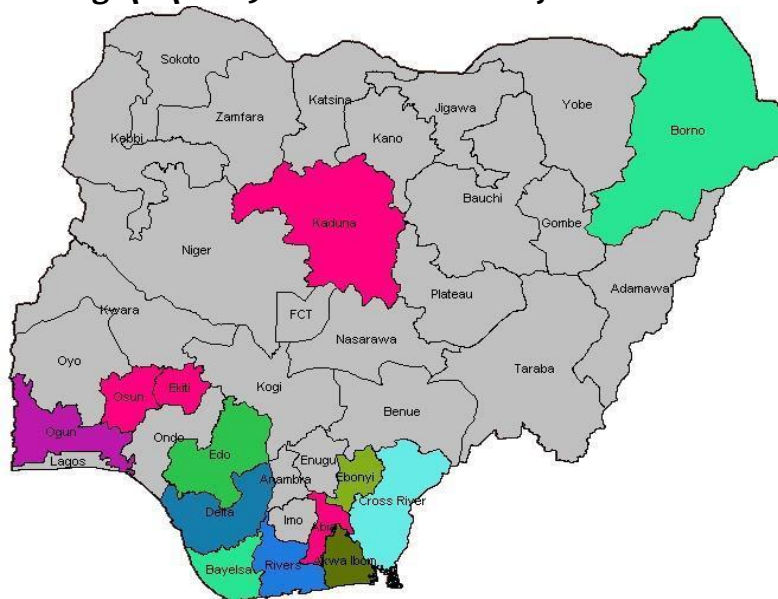
iv. 98% of notified TB cases had documented HIV status (see figure below)



v. 109 Buruli Ulcer cases notified (Q1 -Q2 2020)

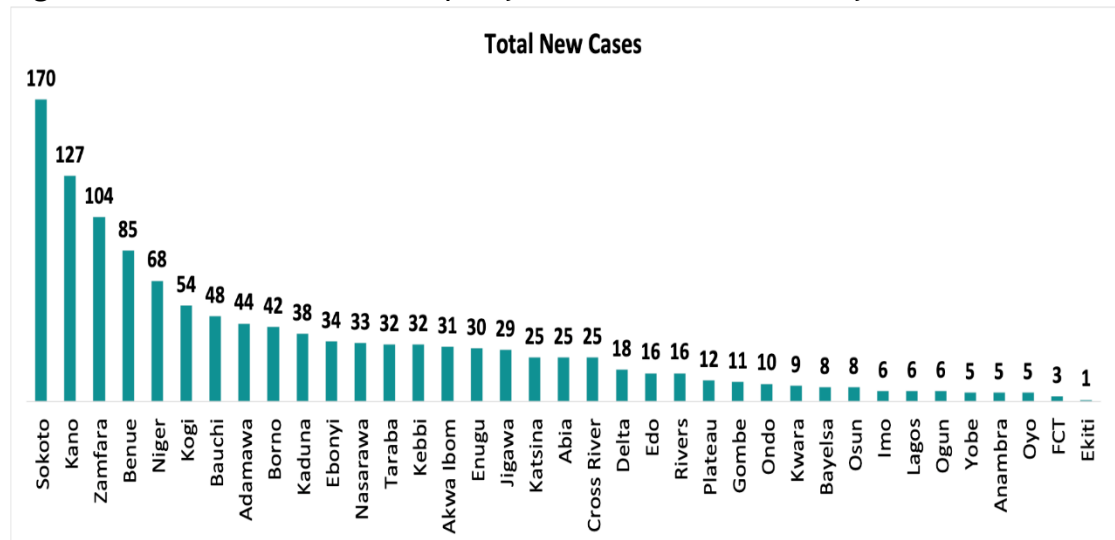
109 Buruli Ulcer disease (Q1 -Q2 2020) was notified in the country. The number of BU cases notified per State is shown below:

Map showing Q1-Q2 2019 Buruli Ulcer cases by State



- vi. A total of 1221 New Leprosy Cases notified in q1-q3 2019 (leprosy cases notified by State is shown in the figure below

Figure: No. of new leprosy cases notified by State in 2019



Strategic Pillar Three: Strengthened Health System For Delivery Of Package Of Essential Health Care Services.

i. Diagnostic services and expansion

The WHO rapid molecular diagnostic test was introduced in Nigeria in 2011 and adapted as the first line of testing in 2016, the number of the Gene Xpert MTB/RIF machines (rapid diagnostic test machine) has increased from 7 in 2011 to 398 in 2019. In 2019 additional 250 diagnostic centres were activated and staff trained.

This capacity building has resulted in 3106 Microscopy centres across the country, which is mostly used for monitoring patients on treatment and in some instances where accessibility to Xpert machines is a challenge; it is also used for TB diagnosis.

The programme has also established TB reference Laboratories across the country, these laboratories have the capacity to diagnose various types of drug resistant TB using various approaches in accordance with International standards.

- ii. In 2019, 850 General Health care workers who will man the Dot centres were trained and established, making the total number of Dots facilities to be 10,475.
- iii. The programme instituted a logistics management information system (NAVISION) to help monitor drug supply and avert stock out time. Logistics officers from the states have been trained and this training is currently being cascaded further.

Strategic Pillar Four: Protection from Health Emergencies and Risks

- i. The TB programme in order to institute and implement effective TB control in emergency situations developed National Guidelines for implementing TB control in crisis situations. And in line with this TB programme is currently providing TB services in IDP camps for internally displaced persons in Borno, Yobe and Adamawa states.

Strategic Pillar Five: Predictable Financing and Risk Protection

- i. The National programme in collaboration with WHO held a PPM summit with corporate organizations in Lagos to leverage their corporate social responsibilities towards domestic financing of TB programmes.

- ii. In partnership with the Stop TB partnership in the country, the office of the First Lady of the Federal Republic of Nigeria was engaged, the First Lady, who has become global TB champion, further inducted the wives of the 36 States Governors as ambassadors and to join in furthering the course for domestic resource mobilization.
- iii. Development of a costed plan to translate the commitments of the president at the UN high-level meeting on TB into action was done in 2019. This plan has laid down points for utilizing domestic resources as a means for target achievement.

CHALLENGES

Some of the key challenges to the TB control efforts in Nigeria include:

- i. Dwindling fund for TB control activities (both government and donor), the TB funding gap increased from 55% in 2015 to 60% in 2018 thus most of the planned interventions could not be implemented consequently resulting to low TB case finding in the country;
- ii. Poor counterpart fund contribution and budget releases at national & sub-national levels;
- iii. Low TB case finding (Adult and children). Despite the increase in number of TB cases notified, the number of TB cases notified in 2018 only represent about 24% of the estimated TB cases in the country;
- iv. Finding the huge number of missing TB cases remains one of the greatest challenges facing the TB control efforts in Nigeria;
- v. Low level of awareness of TB among the general population;
- vi. Inadequate coverage of TB diagnostic & Treatment services. About 400 LGAs in the country do not have ready access to GeneXpert MTB/RIF machines;
- vii. Lack of resources to implement the costed Plan for translating UNHLM commitments into actions; and
- viii. Human resource challenge for programme implementation especially at the lower level.

WAY FORWARD/RECOMMENDATIONS

- i. Provide resources to implement the costed plan for translating UNHLM commitments into action
- ii. Mobilize domestic resources to bridge the 60% funding gap
- iii. Establish Multisectoral Mechanism for Ending TB in Nigeria. The establishment of a Presidential initiative to End TB in Nigeria is being proposed to be headed by His Excellency the President of the Federal Republic of Nigeria and with membership from State Governors, private sector, line Ministries and civil societies.
- iv. Facilitate Collaboration with Corporate Organizations, Philanthropists and Bilateral & Multilateral Organizations to support TB in closing the Gap through support and funding.
- v. Provide GeneXpert MTB/RIF machines for the 400 LGAs where there is no ready access to the service
- vi. Implement massive awareness campaigns and other ACSM strategies to address the limited knowledge about TB in the country.
- vii. Rapidly Scale up TB services to all Public and Private Health Facilities in the country.

NATIONAL MALARIA ELIMINATION PROGRAMME

Malaria is endemic in Nigeria and remains one of the leading causes of childhood and maternal morbidity and mortality in the country. Nigeria accounts for a quarter of the

global malaria burden and 53% of cases in the West African sub-region. Annually, 81,640 malaria deaths occur in Nigeria. Additionally, between 2010 and 2016 households contributed an average of 83.4% of total malaria expenditure (FMOH 2016). At least one billion USD each year is lost as a direct result of malaria infections, thus making the disease one of the leading causes of poverty, low productivity and reduced school attendance.

The NMEP is responsible for the development of policies, guidelines, plans and coordination of all malaria control activities in Nigeria. In line with the mandate, the division is divided into six (6) thematic areas which include Program management (PM), Integrated Vector Management (IVM), Case Management (CM), Procurement and Supply-Chain Management (PSM), Advocacy Communication and Social Mobilization (ACSM) and Monitoring and Evaluation (M&E). The National Malaria Strategic Plan (NMSP) guides the implementation of malaria control interventions in Nigeria.

Some core interventions implemented under the NMSP include Integrated Vector Management which has as its key strategies, the use of Long-Lasting Insecticidal Nets (LLINs), indoor Residual Spraying (IRS), Larval Source Management (Larviciding and Environmental Management) and use of personal protective measures such as house screening, durable linings and the use of repellents. Other significant strategies include Malaria chemoprevention, health system strengthening and other cross-cutting interventions such as Social and Behavioural Change Communications and Surveillance, M&E. The deployment of all these interventions has seen huge investments by Government and Donors towards the achievement of zero malaria-related deaths by 2020.

VISION

To have a “Malaria Free Nigeria”

MISSION

To provide equitable, comprehensive, cost effective, efficient and quality malaria control services ensuring transparency, accountability, client satisfaction, community ownership and partnership.

GOAL

To reduce malaria burden to pre-elimination levels and bring malaria-related mortality to zero.

Objectives of National Malaria Elimination Programme

- i. **To provide at least 80% of the targeted population with appropriate preventive measures by 2020:** Core technical strategies here include expanding universal access to insecticide treated materials. This will involve sustained mass distribution of Long-Lasting Insecticidal Nets (LLINs), significantly scaling up Indoor Residual Spraying (IRS) and expanding larval source management (larviciding and environmental management). There will also be support for Intermittent Preventive Therapy (IPTp) and Seasonal Malaria Chemoprevention (SMC).
- ii. **To test all care-seeking persons with suspected malaria using RDT or microscopy by 2020:** This will be through a massive scale-up in the availability of facilities for parasitological confirmation (RDT and/or Microscopy) at all levels (including the private sector and community systems) of health care delivery in the country.

Policies will be updated as necessary and there will be systems in place to ensure quality of diagnostic products.

- iii. **To treat all individuals with confirmed malaria seen in private or public facilities with effective anti-malarial drugs by 2020;** This will be achieved by promoting availability of appropriate antimalarial medicines through free, subsidized or commercial systems. Malaria Management will also be delivered through the community systems using malaria case management as the driver for the iCCM and Ward Minimum Health Package. The secondary and tertiary level health facilities will be strengthened to deliver on the treatment objectives of severe malaria while the community level intervention will focus on pre-referral treatment and improved referral systems.
- iv. **To provide adequate information to all Nigerians such that at least 80% of the populace habitually takes appropriate malaria preventive and treatment measures as necessary by 2020:** Evidence based innovative behavioural change communication messages delivered through multiple platforms and targeting both health workers and the general public will drive the efforts at pursuing the attainment of this objective. There will be advocacy to policy makers and stakeholders while social mobilization will be highly promoted.
- v. **To ensure the timely availability of appropriate antimalarial medicines and commodities required for prevention and treatment of malaria in Nigeria wherever they are needed by 2018:** Forecasting and quantification will be strengthened, while effort is made to ensure effective and efficient distribution systems that ride on completeness of the logistic management information systems. There will also be partnerships with key government agencies to strengthen and update malaria related regulatory policies and in the conduct of pharmacovigilance.
- vi. **At least 80% of health facilities in all LGAs report routinely on malaria by 2020:** This will be with stronger emphasis on the use of ICT platforms and deployment of the DHIS and HMIS. The use of SMS platforms for feeding information from the peripheral facilities to central systems will be introduced. Supervision and coordination activities to enhance completeness of reporting from facilities will be strengthened. Capacity on M and E will emphasize the special pre-elimination needs in surveillance and reporting. A robust M and E framework has been developed to guide the scheduling of data collection processes.
- vii. **To strengthen governance and coordination of all stakeholders for effective program implementation towards an “A” rating by 2018 on a standardized scorecard.** Building on the existing gains of the partnership arrangement, Programme management will promote human capacity development, ensure public, private partnerships in facilitating availability and use of antimalarial commodities and strengthening of governance with the use of electronic dashboards.

STRUCTURE

NMEP has six (6) strategic branches through which activities are implemented. They are as follows:

- i. Programme Management (PM) Branch;
- ii. Advocacy Communication and Social Mobilization (ACSM) Branch;

- iii. Surveillance, Monitoring, Evaluation and Operations Research (SMEOR);
- iv. Case Management (CM) Branch;
- v. Integrated Vector Management (IVM) Branch; and
- vi. Procurement Supply Chain Management (PSM) Branch

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. NMEP in collaboration with SuNMaP-2 developed a Financial Plan for NMEP and 6 States (namely, Yobe, Jigawa, Katsina, Kano, Lagos and Kaduna States) as establishing Nigeria's investment in malaria has remained a huge task essentially because of the financial management challenges and fragmentation of resources for malaria controls
- ii. Renewed and increased collaboration with professional associations and bodies e.g NMA, PAN etc
- iii. Review of LLIN Implementation Guideline
- iv. The Road Map for National Domestic Resource Mobilization for Malaria was developed in collaboration with SuNMaP-2 to further supplement national efforts towards improved domestic financing, planning and delivery of sustainable malaria programmes in the light of dwindling external financing for malaria elimination. Capacity of programme officers were also built to support States to conduct similar activities.
- v. Reviewed 2018- 2020 forecast based on service data in GF supported States.
- vi. **Technical Working Group Meeting** -Programme Management branch organized Two Technical Working Group meetings (TWG-Malaria). The meeting deliberated on 2020 GF proposal writing, MPR and development of new National Malaria Strategic Plan (NMSP) as well as other priority issues
- vii. Developed malaria specific Monthly Summary Form (MSF) for reporting from secondary and tertiary health facilities towards improved reporting:
 - Received consensus of DHPRS for the development of the MSF;
 - Developed first draft of the MSF with inputs from stakeholders;
 - The draft MSF was finalized through a stakeholders meeting. Participants included representatives from States Hospital Management Boards and tertiary health facilities;
 - Visited authorities of tertiary health facilities and state hospital management boards in 13 GF supported states and received their commitment
 - to reporting of data from their health facilities using the malaria specific MSF and conducted advocacy visits to leadership of Hospital Management Boards and Tertiary hospitals on the establishment of malaria core team across all General and Tertiary Hospitals; and

- Facilitated the procurement of tablets through MSH for records officers for these health facilities across the 13 GF supported states for reporting unto the DHIS.
- viii. Held stakeholders meeting and Inauguration of the 2020 Malaria Indicator Survey Implementation Committee;
- ix. Produced and disseminated NMEP newsletter for three quarters;
- x. Development of Training Manual on Continuous Distribution; and
- xi. IVM Subcommittee and Expert Group Meetings held.

Strategic Pillar Two: Increased Utilization of Essential Package of Health Care Services

- i. Conducted high-level advocacies to Niger, Kano, Yobe, Taraba, Kaduna and Delta States respectively and secured support for the LLINs campaigns conducted and the States' commitments to improving support for malaria activities. State support included provision of storage facilities for LLINs, airing of jingles, and monitoring of campaign activities.
- ii. Commemoration of 2019 World Malaria Day marks the anniversary of a historic occasion which provides an opportunity for governments and their Partners to rededicate themselves to the spirit of the Abuja Summit and the fight against the disease. Activities carried out to commemorate 2019 WMD are as follows: Visit to Internally Displaced Persons (IDP) Camp, Press Briefing by the Chairman National World Malaria Day Committee, Rally / Walk, Ministerial Press Briefing.



The HMH, the Chairman 2019 WMD, some members 2019 WMD and some participants during the rally



The DPH-FMOH, National Coordinator NMEP, The Chairman of the press and participants at the rally.



A cross section of participants at the Pre-Press-briefing held on the 29th February, 2019 at NMEP Conference Room



Members of the Planning Committee that visited Wassa IDP camp led by the NC-NMEP and others.

- iii. Malaria Coordination activities country-wide were discussed through monthly Programme Management sub-committee meetings.
- iv. Implemented Rapid Impact Assessment (RIA) in all public secondary and tertiary HFs in the 36+1 States.
- v. Organized national ToT and training of data collectors.
- vi. Held media chats and broadcast messages on social media handles to maintain/improve knowledge of malaria and its interventions.
- vii. Assessed progress on the implementation of Malaria ACSM activities country-wide through monthly ACSM sub-committee meetings.
- viii. Conducted Drug Therapeutic Efficacy study at 3 sentinel sites in collaboration with NIMR. Preliminary report indicates the ACTs used in the study are still efficacious (ACPR uncorrected).
- ix. Implementation of iCCM in 4 states which has led to more accessibility of antimalarial commodities.
- x. Pilot Project on Rectal Artesunate in Adamawa State. Results are ready for dissemination.
- xi. PSM NMEP provided oversight on the distribution of malaria health products through Chemonics' 3PL from zonal warehouses to 13,433 health facilities in GF and PMI supported States.
- xii. LMIS/HMIS data triangulation at selected health facilities in the GF supported States which showed discrepancies between service data and LMIS.
- xiii. Implemented Rapid Impact Assessment (RIA) in all public secondary and tertiary HFs in the 36+1 States:
 - Received consensus of relevant partners on the conduct of 2019 RIA including scope of the assessment and others; This was achieved through a meeting of NMEP with Partners;
 - Prepared and submitted protocol for the assessment with inputs from Partners to NHREC;
 - Obtained ethical approval from NHREC for the assessment exercise; and

- Developed and installed data collection tool for the RIA on Kobo collect application on Android electronic device used for data collection during field work.
- xiv. Establishment of the Nigeria Malaria Data Repository (NMDR):
- Engaged a NMDR project manager with support from PMI-4S to manage the NMDR;
 - Collated data (routine and non-routine) for the NMDR to Ehealth4everyone and HISP;
 - Development an NMDR Project Charter for operationalization of the NMDR; and
 - Presented the completed Phase 1 - 2 activities under the NMDR.
- xv. Coordinated the conduct of Bi-annual national Data Quality Assessment visits with partners (CRS, MC and MSH) to the 13 GF supported States to ascertain level of implementation of planned SME activities at state level, address bottleneck to implementation and conduct data quality audits to selected health facilities towards improving data quality.
- xvi. Track the level of implementation of Supply Chain activities country-wide through monthly PSM sub-committee meetings.
- xvii. Strengthened efficient and effective distribution of malaria health product through Coordination meetings between PR and service providers.
- xviii. Organized the Inauguration of the 2020 Malaria Indicator Survey Management Committee by the HMM.
- xix. Collated data for the malaria stratification exercise and intervention mixes in collaboration with the World Health Organization.
- xx. Held an SME review meeting with GF Country Team in Geneva.
- xxi. Piloting of Community delivery of IPTp and SP resistance study done in Ohaukwu LGA.
- xxii. Micro planning for LLIN Campaign in Delta, Yobe and Cross River States.
- xxiii. Monitoring of Vector Surveillance sites in Kano, Niger and Osun States.

Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services

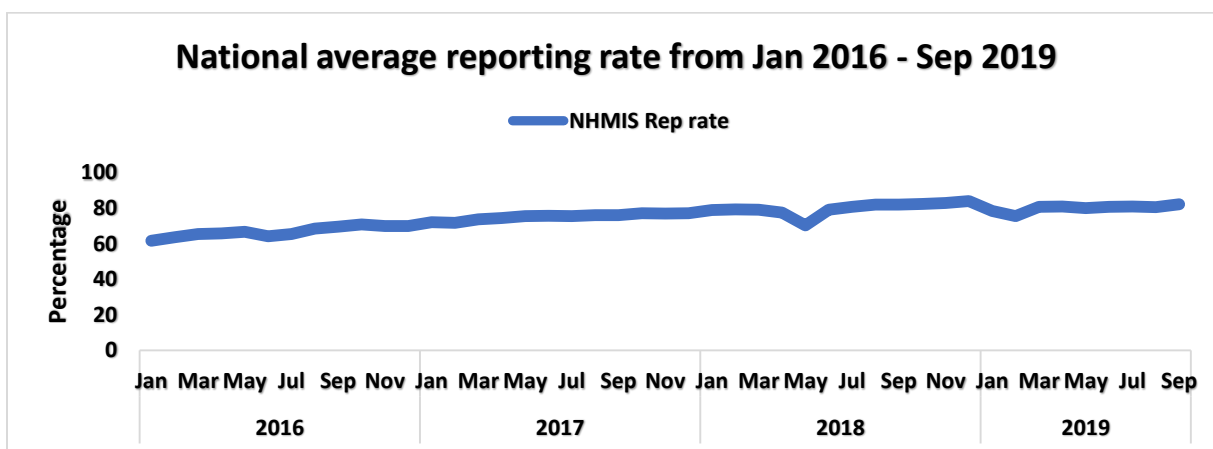
- i. Organizational Capacity Assessment (OCA) was carried out for NMEP in collaboration with SuNMaP and the findings at the September OCA indicated the situation of NMEP and the overall capacity assessment of the Programme stood at 46%. Fourteen (14) NMEP officers were trained to better administer OCA and to provide the required support to the States' Malaria Programme.
- ii. Refresher training on Malaria Scorecard was conducted by ALMA in collaboration with NMEP to build capacity of NMEP and Partners on Malaria scorecard to enable them provide support for subnational level and also to review the indicators and move up some to wave one for better performance.



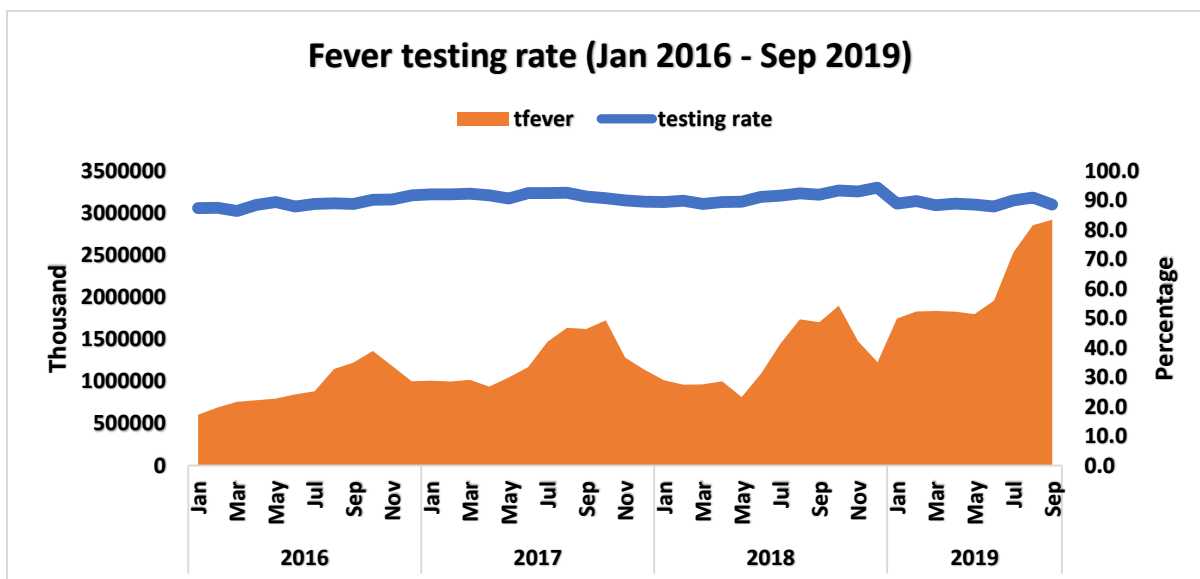
CROSS SESSION OF PARTICIPANTS AND FACILITATORS DURING SCORECARD FOR ACCOUNTABILITY AND ACTION WORKSHOP

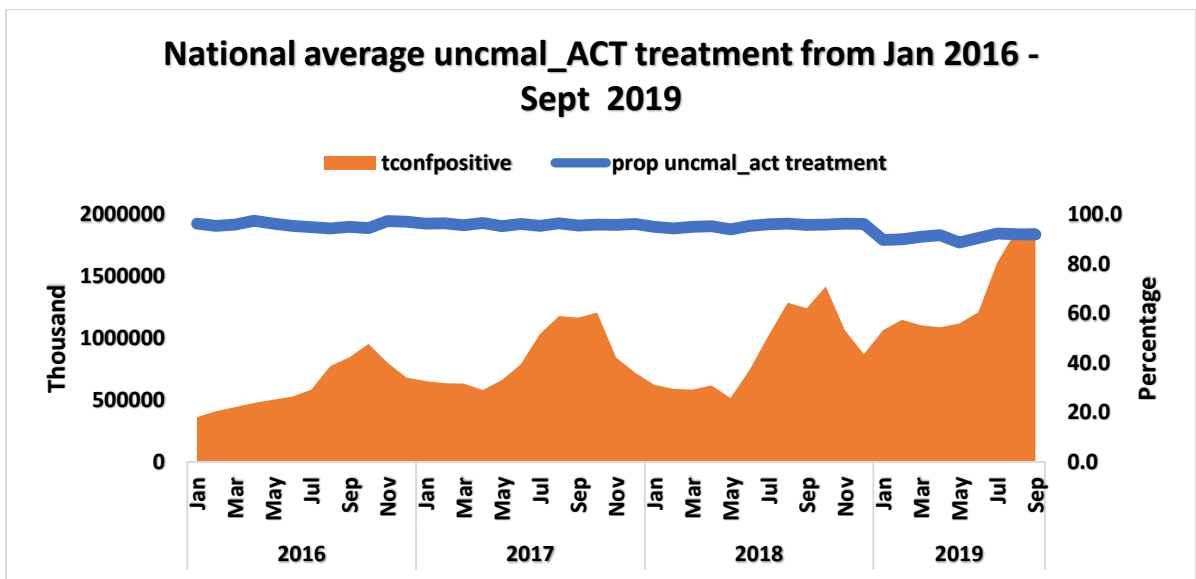
iii. Participated in the national and zonal dissemination of the NDHS 2018

Trend Analysis of Malaria Data (Source: DHISv2)

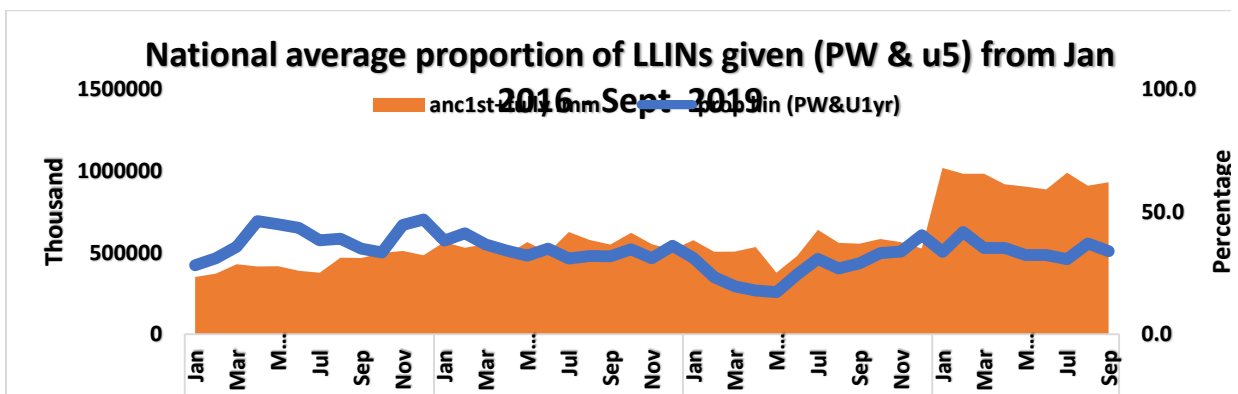


Reporting rate on the DHIS has improved from 60% in Jan 2016 to 82% as at Sept 2019

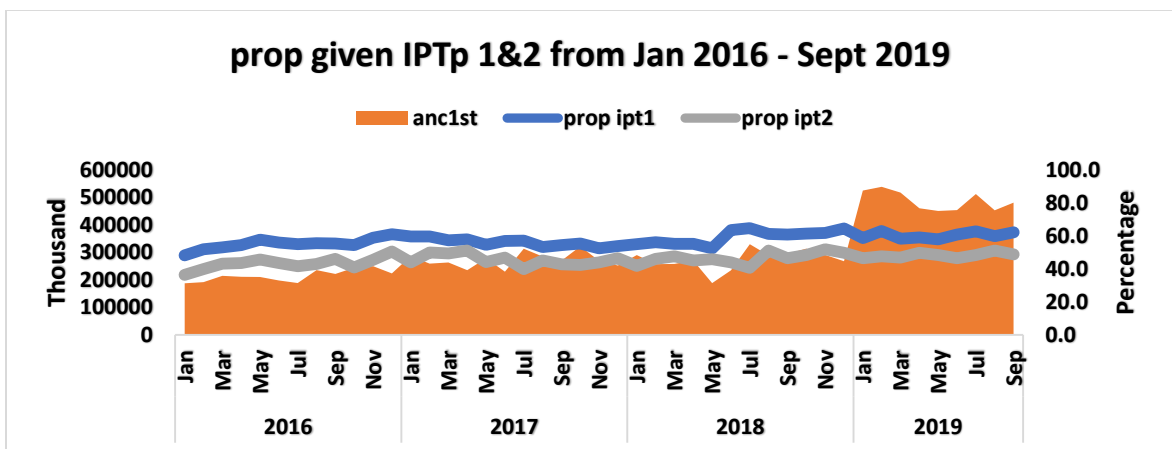




Uncomplicated malaria cases treated with ACTs remains at above 90%



Noticeable missed opportunities among pregnant and children fully immunized



Despite low IPTp uptake still there is increase from 36% in Jan 2016 to 49% in Sep 2019

- iv. Coordinated the implementation of one national Surveillance, Monitoring and Evaluation Technical Review Meeting with states M&E officers.
- v. Conducted one National Malaria Operations Research Stakeholders' Meeting, 23rd -24th July 2019 to review and update the Prioritized OR Agenda questions.

- vi. Supported strengthening of existing malaria ACSM core groups in 13 States through supportive supervision and targeted training, and provided guidance on technical issues.
- vii. Trained ACSM focal persons and state health educators in 26 States on new SBC strategies and effective planning of ACSM activities.
- viii. Capacity building of all cadres of health care providers (PHC and Secondary facilities) on severe malaria including MIP and RDT use in 13 states through; Training of selected staffs in all viable facilities.
- ix. Step down training on Malaria Health Product Logistics Management System tool to all HFs in the GF supported States.
- x. Led the development of National Training Manual for Routine Distribution of LLIN through ANC/EPI Channels and review of the National LLIN Campaign Implementation Guidelines.
- xi. Rolled-out MHPLMS training (ToT and cascade to states and LGAs).
- xii. Conducted LLINs replacement campaigns in Delta, Yobe, Cross River, Kaduna, Taraba, Kano, Niger, Plateau States.

Strategic Pillar Five: Predictable Financing and Risk Protection

- i. The Programme is coordinating efforts towards additional resources mobilization for Malaria Elimination from the World Bank, African Development Bank and Islamic Development Banks.

ONGOING AND PROPOSED PROJECTS/ACTIVITIES

- i. Review of progress and performance of the country's malaria programme.
- ii. Training on the use of Malaria Health Products Logistics Management System tool to the remaining States.
- iii. HMIS/LMIS data triangulation at the HFs in the 13-GF supported States.
- iv. Advocacy to political leaders, policy makers and private sector leaders for adequate, timely and sustained funding of malaria control activities.
- v. Strengthening of ACSM Core Groups in all the States and FCT.
- vi. Targeted women sensitization and monitoring of Inter-Personal Communication (IPC) sessions.
- vii. Targeted SBC activities to improve uptake of IPT by pregnant women, use of ITNs by the general populace, low adherence to testing before treatment, and use of ACTs for confirmed malaria cases.
- viii. The Severe Malaria Retrospective Study in Secondary and Tertiary Health Facilities across the 6 geopolitical zones. The study provided evidence on the Severe malaria burden in each Zone.
- ix. Strengthening the capacity of laboratories and laboratory scientists is currently ongoing for those listed States.

CHALLENGES

- i. Inadequate consumption data from States and health facilities for quantification, and other supply chain decisions.
- ii. Staff attrition in the State logistic team and M&E officers.

- iii. Inadequate fund to carry out some key PSM activities such as monitoring and supervision.
- iv. Inadequate information sharing from partners in warehousing and distribution.
- v. 12 States plus FCT without partner's support were not covered with malaria commodities thereby leading to widespread stock out.
- vi. Inadequate Support to carry out DQA/Supervisory visits to States, outside the GF support.
- vii. Inability to significantly improve reporting of malaria data particularly severe malaria data from secondary and tertiary health facilities (HFs) and the private sector malaria data unto the DHIS due to delayed roll out of the revised 2019 HMIS tools that captured these data elements.
- viii. Inadequate data capturing tools and poor data quality in the health facilities.
- ix. Inadequate funding support to carry out other high impact M&E activities.
- x. Poor follow up on advocacies to States to track commitments made.
- xi. Inadequate funding of malaria SBC and advocacies.
- xii. Insufficient staff capacity to engage the private sector.

- xiii. Limited focus on provider behaviour change issues that are critical to improved uptake of malaria commodities (mRDT and ACTs).
- xiv. Get regional ambassadors and utilize national malaria ambassadors to improve advocacy and follow up.
- xv. Collaborate with partners to track commitments made during high-level advocacies.
- xvi. Improve advocacy with the private sector and accelerate efforts to establish a private sector desk in NMEP.
- xvii. Assess current SBC strategies to determine ones to scale up or deploy.
- xviii. Stratify and deploy SBC interventions based on malaria epidemiological profiles.
- xix. Persistence of non-adherence to RDT negative results.
- xx. Inadequate funding to implement Case Management interventions in states without support.
- xxi. Grossly inadequate number of trained malaria microscopists leading to incorrect results.
- xxii. Lack and or inadequate private sector Case Management coverage.
- xxiii. No funding support for States due for LLIN Campaign.
- xxiv. Wide spread of Insecticide Resistance according to results from Vector Surveillance Sentinel Sites hence the need to scale up the sentinel sites beyond the current 16 across the 6 Geopolitical Zones in the country.

DEPARTMENT OF FAMILY HEALTH

The Department of Family Health (DFH) was created from the Department of Public Health in July 2008. The DFH plays a prominent and pivotal role in contributing to the improvement of the health indices of the country as well as the achievement of the Reproductive, Maternal, Neonatal, Child, Adolescent Health (RMNCAH) and Nutrition Sustainable Development targets, and Sustainable Development Goal (SDG) 3 by 2030. The Department comprises five Divisions namely: Gender, Adolescent School Health and

Elderly Care (GASHE) Division, Reproductive Health Division, Nutrition Division, Health Promotion Division and Child Health Division.

Mission

The Mission of the Department is “to develop and coordinate the implementation of policies and programmes that promote the health of the family through efficient integrated health services in Nigeria”.

MANDATE

- i. Facilitate the development of policy and implementation framework on maternal, newborn, child health and adolescent.
- ii. Coordinate and provide technical assistance to States and LGAs on the implementation of Family Health interventions.
- iii. Supply of reproductive health commodities to States and LGAs; and
- iv. Implement Integrated Supportive Supervision of Family Health programs nationwide.

The Family Health Department’s core functions include:

- i. Effective coordination on RMNCAH and Nutrition, School Health, Elderly Care and Wellbeing, that proactively contributes to overall family health in Nigeria;
- ii. To advocate and promote the health care delivery across the life cycle and ensure gender mainstreaming across all RMNCAH, Nutrition and Elderly policy document strategies, programmes and intervention in Nigeria; and
- iii. To collaborate with all Departments within FMOH, line Ministries, Development Partners and other relevant stakeholders to promote quality service delivery and empower individuals and communities to make informed decisions, promote healthy lifestyles and enhance quality of life for Nigerians.

ACHIEVEMENTS IN 2019 ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. Zero Draft of the Gender in Health Policy Developed /finalized/Validated.
- ii. Review of the M&E and supervisory checklist of the National Policy of Adolescent Health and Development in Nigeria.
- iii. Finalization, printing and dissemination of Minimum Package of Services & Standard (MPSS) for provision of Youth friendly health services in Nigeria.
- iv. Review of the National policy on Adolescent Health and development of the young people and implementation plans.
- v. Developed a strategic framework for the National Policy on Sexual and Reproductive Health of Persons with disabilities with emphasis on women and girls.
- vi. Developed FGM Clinical Management Protocol for the management of FGM survivors.
- vii. Revised the FGM Policy and its Plan of Action.
- viii. GASHE participated in the Finalization of the Ageing Policy in Nigeria.
- ix. Developed and Printed the National Roadmap on Accelerated Reduction of Maternal and Neonatal Mortality (ARMNM) in Nigeria.

- x. Launching and approval of the National Roadmap on ARMNM at the National Council of Health for implementation in the 36 States and FCT. (Awaiting Zonal Orientation and Dissemination).
- xi. Scoping, Monitoring and Supportive Supervisory Visits to Designated Basic Emergency Obstetric and Newborn Care (BEMONC); Comprehensive Emergency Obstetric and Newborn Care (CEMONC) Facilities and One Life Saving Skill (LSS) Centre in Oyo State.
- xii. Inauguration of the Mal-RMNCAH Working Group.
- xiii. Inauguration of the Jigawa State Integrated Disease Steering Committee (IDSC)/State Mal-RMNCAH Working Group.
- xiv. Launched the National zero water campaign with the goal of improving Exclusive breastfeeding rate through the campaign and communication objectives for the support of mothers from the health system, the home and community settings, workplaces and policy environment.
- xv. Hosted the maiden edition of National Micronutrient Conference with the aims to create an interphase and generate discussions among multiple stakeholders representing different sectors on leveraging strengths to scale up micronutrients' interventions within the country to contribute to the attainment of the Sustainable Development Goals (SDGs).
- xvi. Approval of the revised National Health Promotion Policy (2019) by the National Council on Health (NCH) during the NCH meeting held at Asaba, Delta State from 9th – 13th Sept., 2019.

Strategic Pillar Two: Increased Utilization of Essential Package of Health Care Services

- i. Strengthened Maternal, Infant and Young Child Nutrition in the health facility and community levels, conducted Assessment and Monitoring of the 21 States service delivery and effective utilization of the procured Ready-to-Use-Therapeutic Food (RUTF) for the management of severe acute malnutrition in the 63 CMAM sites (1 per senatorial District and at 3 CMAM sites per State).

Strategic Pillar Three: Strengthened Health System for Delivery of Package of Essential Health Care Services

- i. Orientation of Adolescent Desk Officers, Directors Public Health (DPH) on the Minimum Package of Services & Standard (MPSS) for provision of Youth friendly health services in Nigeria.
- ii. Capacity building on Gender mainstreaming in Kano, Kaduna, Katsina.
- iii. Essential Newborn Care Training (Full ENCC) for Health workers in Bayelsa State, Melgams Hotel, Onopa Area, Yenagoa, Bayelsa State, 14th – 19th Jan, 2019.
- iv. Review of the 2013 version of the NHMIS tools and instructional manual.
- v. Workshop held on NHMIS instruction Manual at ISAC Resort Keffi, Nasarawa State, 25th Feb – 7th March, 2019.
- vi. Training of Trainers on Integrated Management of Childhood Illnesses.
- vii. TOT Training on Integrated Community Case Management at Katsina Tourist Hotel Katsina State, 15th – 20th April, 2019.

- viii. LGA Step down Training on Integrated Community Case Management at Katsina Tourist Hotel Katsina State, 22nd – 27th April, 2019.
- ix. Essential Newborn Care Training (Full ENCC) for Health workers in Rivers State at Dannic Hotel GRA Port Harcourt Rivers State, 2nd -5th April 2019.
- x. National Training of Trainers on Revised NHMIS tools (version 2018) at P Essential Newborn Care Training (Full ENCC) for Health workers in Oyo State.
- xi. Modified Essential Newborn Care Training (mENCC) for CHEWs in Oyo State, Kakanfo Inn, Ring road Ibadan, Oyo State. 12th -18th May, 2019 Peace Heaven Hotel, Wuye District, Abuja 21st -24th May, 2019.
- xii. State Training of Trainers on Quality of Care Improvement Approaches held at Yola, Adamawa State, 10th – 14th June, 2019.
- xiii. Roll out of CARAMAL Project in Adamawa State on iCCM Supervisors Refresher training on Rectal Artesunate Suppository (RAS), GUYUK LGA Adamawa State 11th – 13th June, 2019.
- xiv. Training on mENCC For Community Health Extension Workers in Edo State
- xv. National Training of Trainers of Senior Health Workers, FBOS, CBO On Community Integrated Management of Childhood Illnesses (CIMCI), Deroma Hotels, Kuje Area Council FCT Abuja 22nd – 25th July, 2019.
- xvi. Training of Trainers on Essential Newborn Care for Frontline Health workers.
- xvii. State TOT Training on Integrated Community Case Management at Royal Tropicana Hotel, Kano, 13th – 19th August, 2019.
- xviii. LGA Step down Training on Integrated Community Case Management at Royal Tropicana Hotel Kano 20th - 22nd August, 2019 where 58 LGA Supervisors trained on Step down iCCM.
- xix. National TOT on IMCI for Senior Health workers, Doctors, Nurses & Midwives.
- xx. Modified Essential Newborn Care Course Training for CHEWs and JCHEWs.
- xxi. Facilitation Skills Training on IMCI for Senior Health workers, Doctors, Nurses & Midwives, Makurdi Benue State, 2nd – 4th September 2019.
- xxii. IMCI Case Mgt. Training for frontline health workers at Gombe, Jigawa, Taraba, Osun, Yobe, Delta and Kano States.

ON-GOING AND PROPOSED PROJECTS / ACTIVITIES

- i. 5-Day Orientation of FMOH Staff and FCT Health Care Providers on Provision of Adolescent and Youth Friendly Health Services.

- ii. 5-Day Orientation/ Awareness creation for FCT Gender Desk Officer, Health care providers, NGOs, CSOs and Partners on Sexual Reproductive Health & Rights of persons with Disabilities, e.g Women/Girls.
- iii. Validation of the National Policy on the health & Development of Adolescent & Young people in Nigeria.
- iv. Launching of the Gender in Health Policy.
- v. Quarterly distribution of contraceptive commodities to 36 states and FCT.
- vi. Conduct of Procurement and Supply Management meetings.
- vii. National Reproductive Health Technical Working Group Meeting (for effective coordination)
- viii. Conduct of Global Program to Enhance Reproductive Health Commodity Survey in 36 States and FCT.
- ix. Training of Doctors, Nurses Midwives and CHEWs on Expanded Life Saving Skills (ELSS), Life Saving Skills (LSS) and Modified Life Saving Skills (MLSS), respectively.
- x. Further meetings of the MPDSR Steering Committee to discuss and finalize use of existing structures in the nationwide implementation of MPDSR.
- xi. Prevention and management of acute malnutrition in children under 59 months of age by the establishment of 36 CMAM sites using the procured and distributed RUTF in 12 States.
- xii. Promotion of the women's nutritional status by Integration of iron, folic acid and vitamin A supplementation during ANC and postnatal clinic through Zonal ToT for Health Workers with MNDC Guidelines.
- xiii. Promotion of Adolescents' Nutrition by Iron and Folic Acid supplementation in Adolescents using nutrition education for Adolescents at Youths Friendly Health centers, schools and NYSC Camps.
- xiv. Prevention, promotion and Control of Diet Related Noncommunicable Diseases using Nutrition Assessment and Counseling Support to promote healthy nutritional practices throughout the human life course by integration of Nutrition services in each service delivery point in the Health facility.
- xv. Promotion of optimal Infant & Young Child feeding practices through Protection, Promotion and Support of Breastfeeding and Complementary feeding using National Baby Show during the 2020 World Breastfeeding as well as sustained mass media campaign on Zero water.
- xvi. Prevention and management of acute malnutrition in children under 59 months of age using Review of National Policy on IYCF and its protocols and National guidelines for integrated CMAM at Outpatient and Inpatient care levels.
- xvii. The mandate of quarterly appraisal on supervision of the ongoing establishment of 36 CMAM sites in 12 States is also proposed.
- xviii. Review of National Micronutrient Deficiency Control guideline.
- xix. Quarterly MNDC Advisory Committee meeting and Stakeholders Consultative meeting.
- xx. Finalization of MNP training manual and tools.
- xxi. Development of National guideline on Iron Folic supplementation.
- xxii. Stakeholders' consultative meeting on rice fortification.
- xxiii. Media chat on Micronutrient Deficiencies.

- xxiv. On-going review of the National Integrated Reproductive Maternal Newborn Child Adolescent Health plus Nutrition Social and Behaviour Change (NIRMNCAH+N SBC) Strategy.
- xxv. Integration of key Malaria Messages into existing RMNCAH+N Social and Behaviour Change materials.
- xxvi. Adoption of Provider Behavior Change (PBC) Initiative.
- xxvii. On-going review of the Counselling Flip Chart on Integrated Reproductive Maternal Newborn Child and Adolescent Health plus Nutrition Key Household Practices (IRMNCAH+N KHHP).
- xxviii. Capacity Building on Advocacy for Programme Officers in the FMOH.
- xxix. Launching of the revised National Health Promotion Policy (2019) and the National Strategic Plan for Health Promotion (NSPHP 2020-2024) at National and sub-national levels.
- xxx. Training of Trainers Course on Essential Newborn Care Course (ENCC) for Southern and Northern Zones
- xxxi. Child Health Technical Working Group Meeting.
- xxxii. Integrated Supportive Supervision for frontline health workers in North – East Zone.
- xxxiii. Integrated Management of Childhood Illness (IMCI) TOT on case management course for frontline health workers.

CRITICAL SUCCESS FACTORS

- i. Release of 2019 Budgetary allocation (funds) to the Division for the activities.
- ii. Supports/ Sponsorship by Partners/Donors.
- iii. Team spirit among staff.
- iv. Improved Coordination.
- v. Policy environment enabler.

CHALLENGES

- i. Grossly inadequate funding.
- ii. Lack of Development Partners' presence in some parts of the country as well as Concentration of Donors in particular regions of the country.
- iii. Inadequate manpower.
- iv. Lack of monitoring and supportive supervision for States' programmes due to funding famine
- v. Low budgetary allocation.
- vi. Equipment – Computers, Printer, Scanner, Stationery.
- vii. Inadequate budget allocation for Health Promotion activities/programmes at National level.
- viii. Programmes largely donor funded.
- ix. Inadequate Office space.

WAY FORWARD / RECOMMENDATIONS

- i. Allocation and prompt release of funds to implement approved programmes/activities.

- ii. Creation of a dedicated Budget Line for implementation of National Adolescent Health & Development programmes.
- iii. High Level Advocacy to the States to facilitate the creation of a budget line for Adolescent /School Health programmes.
- iv. Continuous Capacity Building for State level Officers and Providers (e.g. Health Workers, Teachers, etc) to ensure effective implementation of programmes in Gender, Adolescent Health and Elderly care.
- v. Three (3) day Training of Master Trainers on the Safe Termination of Pregnancy for Legal Indication
- vi. Supportive Supervision on MPDSR.
- vii. Adequate budgetary allocation.
- viii. Provision of adequate office space and equipment.
- ix. Adequate budgetary allocation to Nutrition activities, especially activities focused on prevention of malnutrition (such as the protection, promotion and support of Breastfeeding).
- x. Provision of adequate office space.
- xi. Provision of office equipment.
- xii. Creating awareness on the implications of Micronutrient Deficiencies for national development
- xiii. The need for government and partners collaboration on MNDC.
- xiv. Health Promotion budget allocation should be increased to ensure implementation of planned activities aimed at empowering individuals to take control of their health and its determinants as well as adopt preventive measures. This will contribute to improving the health indices of the country.

- xv. Health Promotion should be included in all programmes within the Ministry of Health in line with the Health in All Policy (HiAP) framework by the World Health Organization.
- xvi. The Ministry needs to ensure that appropriated funds for activities are timely released to ensure maximum impact.

DEPARTMENT OF HOSPITAL SERVICES

The Department of Hospital Services (DHS) is one of the professional Departments in the Federal Ministry of Health. It has the responsibility of technically supervising/overseeing all the Federal Tertiary Health institutions (Federal Tertiary Hospitals, Health Regulatory Bodies and Professional Schools) in the country.

STRUCTURE

The Department has nine (9) Divisions with two (2) Programmes. These are as follows:

- i. Teaching Hospitals Division (THDs);
- ii. Federal Medical Centres Division (FMCs);
- iii. Specialty Hospitals Division (SHs);
- iv. Regulatory and Professional Schools Division (R&PS);
- v. Nursing Services Division;
- vi. Dentistry Division;
- vii. Trauma and Emergency Response;
- viii. Medical Laboratory Services (MLS);

- ix. Inspectorate; and
- x. E-health – Unit.

THE PROGRAMMES ARE:

- i. National Blood Transfusion Services (NBTS); and
- ii. National Cancer Control Programme/ Nuclear Medicine Programme (NCCP)

MANDATES

The DHS has the following mandates among others:

- i. Advise the Federal Government through the Federal Ministry of Health on all matters pertaining to the Federal Tertiary Health Institutions (THs, FMCs, SHs etc);
- ii. Coordinate and provide guidance to the Governing Boards of the various Health Institutions under the Federal Ministry of Health;
- iii. Facilitate the implementation of the relevant portion of the National Health Policies as well as the National Health Act;
- iv. Coordination of supervision, monitoring and evaluation of Federal Health Institutions utilizing a system of feedback mechanism for efficient/effective service delivery;
- v. Coordinate the training and research guidelines as well as ensure smooth training facilitation of doctors abroad (processing and issuance of the statement of needs for treatment abroad and in country);
- vi. Coordination of the activities of the Standing Medical Board (SMB) by the reviewing of the state of health of public servants (SHs);
- vii. Initiates policies and their implementations that enhances clinical services in Nigeria e.g. Blood transfusion, Cancer Control and Treatment, Emergency Medical services, Quality Care, Patient Safety etc;
- viii. Coordination and regulation of the Regulatory Bodies and the Professional Schools;
- ix. Coordination of the hospital-based Drug Demand Reduction (DDR) in collaboration with the United Nation Office on Drugs and Crime (UNODC); and
- x. Other functions as may be assigned by the Honourable Minister.

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcome

- i. Finalization of 2018 Report on National Epidemiological Network on Drug Use (NENDU).
- ii. Inauguration of Technical Working Group (TWG) and National Steering Committee for Harm Reduction.
- iii. Study tour of Harm Reduction facility in Kenya and Policy Dialogue Meeting on Harm Reduction.
- iv. Meeting of Harm Reduction TWG coupled with Development of Training Manual for needle & syringe exchange programme.
- v. Stakeholders sensitization meeting on needle & syringe programme.
- vi. Development of National Referral Directory for substance users and Policy on Continuum of Care.
- vii. Supervision of recruitment, promotion and disciplinary exercise in several FMCs in collaboration with the Department of Human Resources.
- viii. The FMC Bill has gone through the process of Public Hearing at the National Assembly.

- ix. The Division was involved in the successful inauguration of the Governing Boards of Health Regulatory Bodies/Councils, Teaching Hospitals, Federal Medical Centres and other Parastatals and Agencies under the purview of the FMOH
- x. Contributed to the improvement and sustenance of Industrial harmony through the Standing Committee on Critical Labour Issues in the Health Sector and the provision of supervisory support to health workers.
- xi. Initiated and commenced the implementation of the resolutions reached at the Alternative Dispute Resolution (ADR) Centre of the National Industrial Court of Nigeria (NICN) on the matter between the Joint Health Sector Unions (JOHESU) and the Federal Government that has become the judgement of the NICN.
- xii. Ensured the implementation of the “No-Work, No-Pay” Law of the Federal Government in Federal Tertiary Health Institutions (FTHI) across the Country that has resulted in relative industrial peace and harmony in the Health Sector.
- xiii. Held consultative meeting for the implementation of Quality Management System in the Tertiary Health facilities.
- xiv. Successfully organized three quarterly meetings of the National Laboratory Technical Working Group.
- xv. Enhanced communication among laboratory professionals.
- xvi. logistic management system training Successfully organized three quarterly meetings of the National Laboratory Technical Working Group.
- xvii. Presentation of the National Strategic Plan for Nurses and Midwives at the National Council of Health. September, 2019.
- xviii. Development of State of the World’s Nursing Report. September, 2019.
- xix. Inauguration of Noma Technical Working Group (TWG) on 7th February, 2019.
- xx. Inauguration of National Noma Champion ‘ The Sultan of Sokoto, Muhammadu Sa’ad Abubakar on 8th February, 2019.
- xxi. The National Noma control policy and Triennial Noma control action plan for Nigeria (2019-2021) was approved in the 2019 National Council on Health held on 9th -13th September.
- xxii. Commemoration of National Noma Day.
- xxiii. Hosting of African Regional Noma Countries on the way forward on eradicating Noma in African Regions from 19th – 22nd November, 2019.

Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services

- i. Electronic Medical Record and health pay collection that has been ongoing in Federal Medical Centre, Keffi since 2014.
- ii. Deployment of Electronic Medical Records and pay collection in Federal Medical Centre, Katsina. The significance is that it was developed and deployed by a Medical Doctor in the Institution.
- iii. Media Stakeholders Training on Harm Reduction.
- iv. Participated in Quality Management (QMS) System training.
- v. QMS Step down training for the States.
- vi. Training of State Surveillance officers/Epidemiologists on timely identification and prompt reporting of Noma on 15th July, 2019.
- vii. The officers trained cascaded the training down to the Local government officers through various programmes.
- viii. Training of; Traditional Birth Attendants, Health workers, Epidemiologists and Chief Orientation Mobilisation Officers (COMO) of all the 21 Local Governments in Kebbi

State on early detection and prompt reporting of Noma from 30th September-4th October, 2019.

ONGOING PROJECTS/ACTIVITIES

- i. Review of the National Medical Laboratory Strategic plan.
- ii. Review of Nigeria Medical Laboratory Policy.
- iii. End term evaluation review of Nigeria Medical Laboratory Strategic Plan.
- iv. End term evaluation review of National Medical Laboratory Policy.
- v. National Policy on Management of Laboratory Waste.
- vi. National Laboratory Quality Assurance Policy.
- vii. National Laboratory Quality Assurance Policy, Finalization and adoption of National Strategic Plan for Nurses and Midwives.
- viii. Participating in National Association of Nigerian Nurses in North America (NANNNA) Conference.
- ix. Monitoring and evaluation of accident and emergency services of FTHIs.
- x. FMC Act to be passed into Law.
- xi. Ongoing petition in National Assembly from ex staff of FMC Jalingo.
- xii. Training of staff on oxygen utilization.
- xiii. Monitoring and Evaluation of Accident and Emergency services of FTHIs.
- xiv. Implementation of the National Strategic Plan for Ear & Hearing Care in Nigeria (2019 – 2023).

PROPOSED ACTIVITIES

- i. Needs Assessment visit to 14 Regulatory Councils/Bodies to establish areas in which their various Acts require amendment.
- ii. 3-Days Sensitization Workshop with the various Regulatory Bodies/Councils to discuss areas of conflict in the Acts Establishing them.
- iii. 4-days Stakeholders Meetings to review Acts with identified areas of conflicts.
- iv. 3-days stakeholders meeting for the drafting and production of reviewed Acts as Executive Bills to be forwarded to the National Assembly.
- v. Capacity building of Senior Officers of DHS/R&PS Division on regulatory activities.
- vi. Periodic Monitoring and Evaluation of Regulatory Councils/Bodies.
- vii. Participation at global forum of Labour Organisations (International Labour Organization ILO in Geneva.
- viii. Production and dissemination of reviewed Acts of Regulatory Councils.
- ix. Launching of the State of the World's Nursing Report on World Health Day (7th April, 2020).
- x. Harm Reduction Needle & Syringe Take off in 3 Pilot States – Oyo, Gombe and Abia.

CRITICAL SUCCESS FACTORS

- i. Strong leadership with clear purpose.
- ii. Planning and assessment guide.
- iii. Continuous review and evaluation.
- iv. Professionalism, commitment and determination.
- v. Collaboration with relevant Departments.
- vi. Technical support from international and donor partners.
- vii. Funding from international and development partners such as World Health Organization (WHO), UNODC, Nigeria Centre for Diseases Control (NCDC), National Orientation Agency (NOA), Medicines Sans Frontiers (MSF), Inter country for Oral Health (ICOH) for Africa and others.

CHALLENGES

- i. Industrial disharmony in many Tertiary Hospitals.
- ii. Acrimony arising from tenure of CMDs.
- iii. Manpower shortage in clinical departments. Recruitments are not usually based on need but mostly on self-interest.
- iv. Issues with payment of Out-sourced Services which hampers services.
- v. Acute shortage of office space in the Department for smooth workflow.
- vi. Shortage of office equipment and stationeries in the Department.
- vii. The FMCs have no law governing their existence and operations.
- viii. Dwindling budgetary allocation to Federal Tertiary Hospitals across the country.
- ix. Training and re-training of health workers in FMCs on the utilization of oxygen and oxygen equipment among other things.
- x. Procurement and distribution of pulse Oximeters and oxygen analyzers to FMCs.
- xi. Federal Staff Hospital Gwarinpa and Staff Clinics have no budget line. They are forced to operate without some essential equipment.
- xii. Lack of Ambulance for Federal Staff Hospital Gwarinpa and Federal Staff Clinic
- xiii. Pending Legal Issues in Court, etc.
- xiv. Inadequate facilities for cancer treatment and supportive care.

- xv. Dearth of technical staff especially, in the area of nuclear medicine,
- xvi. Release of funds, Inter- and intra- professional rivalries.
- xvii. Inadequate budgetary provision, Lack of funds for oversight functions

WAY FORWARD/RECOMMENDATIONS

- i. The FMOH should initiate a process to amend the Acts setting up the Federal Teaching Hospitals to limit the tenure of CMDs/MDs to a single tenure of 5 years as is obtainable in the Universities.
- ii. The hospitals should recruit more professional staff than clerical/admin staff.
- iii. The central pooling of House Officers and other Interns by the various Regulatory Bodies should be fast-tracked to mop up the backlog and ensure that all health professionals secure spaces to do their internship soon after graduation.
- iv. The Ministry should make a case to the OHCSF on the need to take possession of offices that are locked up in the building to ease the accommodation problem.
- v. The Ministry should endeavor to organize retreats for Chairmen and Members of Boards of FTHs to intimate them with the public service rules and regulations so as to adhere to laid down procedures in doing government business.
- vi. Being the institutional memory of the hospitals in the Ministry, the Department of Hospital Services should be involved in all establishment matters in the hospitals.
- vii. Provision of office space, furniture, equipment and working tools.
- viii. Increase budgetary provision to cover for training, supply and utilization of oxygen, oxygen equipment and consumables.
- ix. The FSH Gwarinpa and FSCs Phase I and II should be given a budget line.
- x. Provision of Ambulance for Federal Staff Hospital and Clinics.
- xi. Increase in fund allocation for the FMCs, Federal Staff Hospital Gwarinpa and Clinics and the Division to improve effective healthcare service delivery to Nigerians.
- xii. There is a need to allocate adequate funding for the implementation of the NSP for EHC (2019 – 2023).

- xiii. There is a need for adequate funding by the FGN to tackle the growing menace of substance use disorder in Nigeria.
- xiv. Strengthening of regular supervision/monitoring (oversight functions) of the Health Regulatory Bodies/Professional Schools.

NATIONAL BLOOD TRANSFUSION SERVICE (NBTS)

CORE MANDATE: is to “Provide a centrally coordinated blood transfusion service on a country-wide basis within the National Health Plan”.

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II.

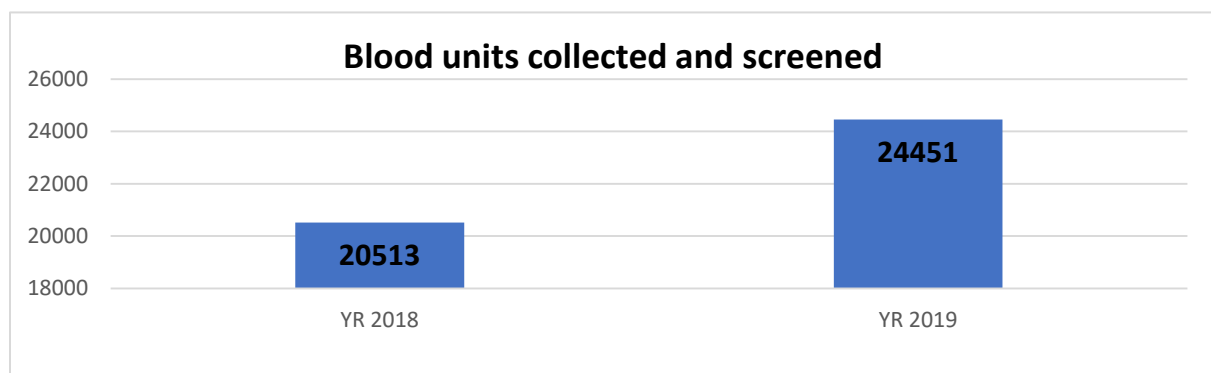
Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. World Blood Donor Day 2019 (June 14th) was marked successfully across the country. Blood donors were encouraged and the general public were sensitized to become regular blood donors.
- ii. The National Blood Service Commission (NBSC) Bill successfully scaled through first and second readings at the National Assembly (House of Representatives).

Strategic Pillar Two: Increased utilization of essential package of health care services

- i. **Blood Collection and Screening** - NBTS collected and screened a total of **24,451** blood units during the period under review (**January-December**) 2019.

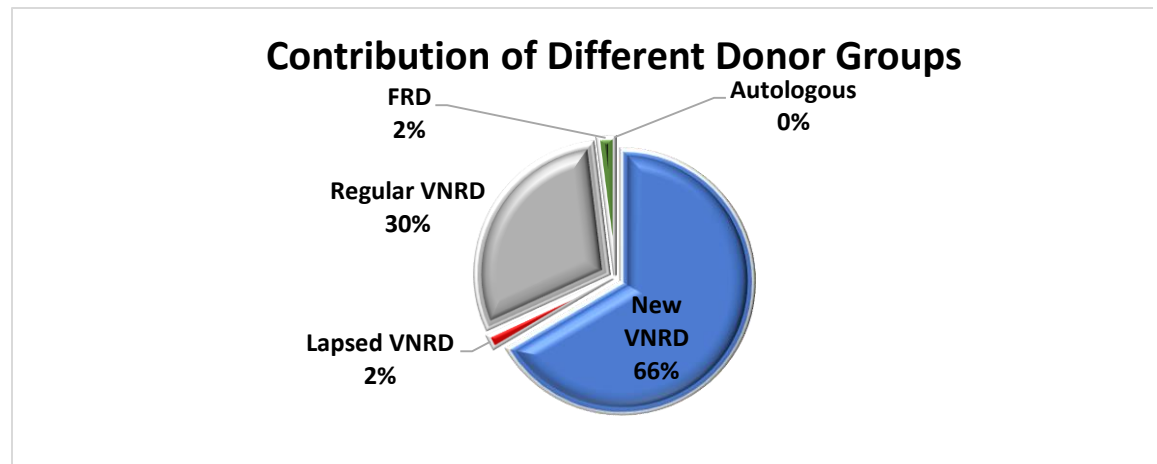
Graphical presentations of Blood collection and Screening activities for YR 2019



The table above shows that a total of **24,451** units of blood were collected and screened by all NBTS centres **during the period under review (January-December) 2019**, compared to **20,513** units in 2018.

- **Contributions of Different Donor Groups:** About **66** percent of the donors were first time donors, **30** percent were regular donors, while **2** percent each were lapsed and Family Replacement Donors (FRDs) respectively. The low percentage of FRDs highlights the need for health facilities to forge stronger

partnerships with the NBTS by keying into the Hospital Linkage programme (HLP). Below is a chart showing the different donor groups contributions.

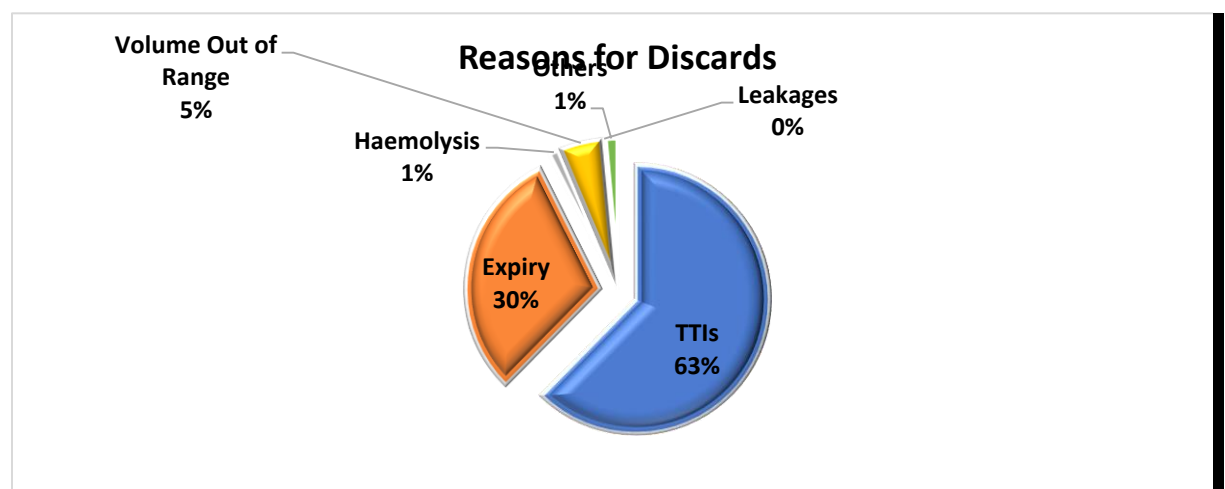


- **Gender Disaggregation:** Most of the blood donors were males (73%), while females accounted for 27% of all blood donations. This is due to cultural and social reasons.

ii. SCREENING AND LABORATORY

A total of **24,451** units were screened for the 4 WHO mandated TTIs; out of which, **18,972** units of safe whole blood were issued out for use, while **5,233** units were discarded for various reasons.

The chart below depicts the various reasons for the discards



The chart above shows that **63** percent of the discards were due to TTIs. This was almost inevitable as **66** percent of blood collections were from first time donors. Hopefully, over time, and as the pool of regular blood donor base increases, the discards due to TTI will decrease.

- iii. **Migration from a semi-automated blood screening system to a fully automated system** – Advanced technology Blood screening equipment were installed at the NBTS centres in Jos and Abuja by Advance Medisystems / Abbott.

Strategic Pillar Three: Strengthened Health System for Delivery of Package Of Essential Health Care Services.

- i. **Training of blood safety focal persons** - WHO supported the NBTS to conduct trainings for blood safety focal officers from 68 tertiary health facilities in the six (6) geo-political zones of the country on the use of the District Health Information System (DHIS2) and the National facility tools & registers for the purpose of blood safety data reporting.
- ii. **Development of M&E plan for the NBTS** – NBTS developed an M&E plan in collaboration with WHO and relevant stakeholders with a view to strengthening its capacity in the area of data & information management on blood safety activities in Nigeria.

ONGOING AND PROPOSED PROJECTS/ACTIVITIES.

- i. Review of Quality documents and Job Aids - The NBTS Quality team commenced the process of reviewing NBTS quality documents and Job Aids in line with international standards to ensure reproducibility and uniformity in procedures and practice across the NBTS network.
- ii. Scale up blood collection activities across all centres in the NBTS network.
- iii. Training of Laboratory staff on Basic Blood Group Serology and TTIs testing commenced in earnest.
- iv. It is proposed that DQA visits will be conducted to all NBTS centres to assess each centre's operational procedures, capacity to conduct TTI screening in a quality assured manner, Data and Quality compliance, as well as on-site supportive supervision.
- v. Intensify Media activities and Sensitization Campaigns.
- vi. Efforts towards attainment of AFSBT accreditation by the NBTS are on-going.

CRITICAL SUCCESS FACTORS.

- i. Focused Leadership.
- ii. Dedicated Workforce.
- iii. Adherence to Quality standards.
- iv. Leveraging on new technology.
- v. release of funds.

CHALLENGES

- i. Lack of enabling legislation required to carry out regulatory function on blood transfusion practices.
- ii. Late release of budgetary appropriation for program implementation during the period under review, resulting in low levels of blood collection and late implementation/execution of scheduled activities.
- iii. High cost of fuelling and maintenance of generating sets at each NBTS center due to frequent power outages and epileptic power supply in the country.

- iv. Low public awareness and deep cultural myths/ misconception on voluntary blood donation by the general public and eligible groups.
- v. Fragile and ageing infrastructure/inadequate and ageing project vehicles.
- vi. Continued insurgency/ security challenges experienced in the North East Geo-Political Zone, which has greatly reduced blood collection activities in the Zone.

WAY FORWARD/ RECOMMENDATIONS.

- i. Fast-track the legislative processing of NBSC Bill into Law in order to enforce compliance & regulate blood safety practice nationwide.
- ii. Build on the progress made so far in strengthening NBTS' capacity to collect national blood safety data routinely and improve data/information Management system on blood safety in Nigeria through the training of blood safety focal persons from Secondary health institutions.
- iii. Improve partnerships with Health facilities through the strengthening of Hospital Linkage programme (HLP) activities in all NBTS centres to ensure availability of safe blood for blood transfusion purposes at all times.
- iv. Strengthen and improve NBTS' Quality Management Systems (QMS) towards the attainment of accreditation by the African Society for Blood Transfusion (AfSBT) including participation in External Quality Assessment (EQA).

NATIONAL CANCER CONTROL PROGRAMME (NCCP)

VISION

To reduce morbidity and mortality due to cancer and cancer related illnesses to the barest minimum, reverse the increasing prevalence of the disease, meet global targets on the elimination and eradication of cancer, and significantly increase the life expectancy and quality of life of Nigerians.

MISSION

To develop and implement policies and programmes as well as undertake other necessary actions that will strengthen the national health system to be able to deliver effective, efficient, quality and affordable cancer health services that foster improved health status of Nigerians.

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE PILLARS OF NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. Development of Annual Operational Plan of the National Strategic Plan for the Prevention and Control of Cancer of the Cervix in Nigeria 2019.
- ii. National review meeting of key stakeholders on cancer for final review and adoption of annual Operational Plan of the National Strategic Plan for the Prevention and Control of Cancer of the Cervix in Nigeria 2019.
- iii. Launching and dissemination of National Strategic Plan for Prevention and Control of cervical cancer in Nigeria.
- iv. Development of monitoring and evaluation tools for cervical cancer by the World Health Organisation (WHO).

- v. Joint partnership between FMOH and Clinton Health Access Initiative (CHAI) to upscale UNITaid funded cervical cancer screening of over 40,000 women in three States of the Federation.

Strategic Pillar Three: Strengthened Health System For Delivery Of Package Of Essential Health Care Services

- i. Training of cancer Registrars on: migration from CanReg4 to CanReg5; how to use CanReg5 and redcap application for cancer data collection and registration.

ONGOING PROJECTS/ACTIVITIES

- i. Building of bunkers at six oncology centres of excellence to install newly procured brachytherapy machines.
- ii. Monitoring and evaluation work on cervical cancer in Abuja.
- iii. Plans to make available 14 more chemotherapy drugs at affordable rates through the chemotherapy access programme (CAP)

PROPOSED PROJECTS/ACTIVITIES

- i. Free breast and cervical cancer screening at National Hospital and Federal Medical Centre Abuja, during breast cancer awareness month (October).
- ii. National stakeholder's engagement workshop at Abuja for UNITaid-funded two and half years CHAI cervical cancer programme.
- iii. State stakeholder's engagement workshop in three States (Lagos, Kaduna and Rivers) for UNITaid-funded two and half years CHAI cervical cancer programme.
- iv. Launch of the Chemotherapy Access Programme (CAP) in conjunction with Clinton Access Health Initiative.

CRITICAL SUCCESS FACTORS

- i. Primary prevention (vaccination) and Secondary prevention (Screening and treatment).
- ii. Stakeholder engagement and participation.

CHALLENGES

- i. Insufficient funding.
- ii. Inadequate facilities for cancer treatment and supportive care.
- iii. Dearth of technical staff especially, in the area of nuclear medicine.
- iv. Poor coordination of Non-Governmental Organizations NGOs in the cancer space.
- v. Inadequate staffing in most cancer registries.
- vi. Inadequate buy-in by other critical stakeholders including State Governments in cancer control activities.

WAY FORWARD / RECOMMENDATIONS

- i. More Government attention should be given to cancer prevention.
- ii. All Federal Government projects on cancer treatment should be completed so as to ease access to treatment.
- iii. Good communication channels with partners working in cancer space should be improved upon.
- iv. More staff should be provided in the area of nuclear medicine and cancer registrars.

- v. There is a need for more advocacies for enhanced collaboration with the State Governments to reach the grassroots in cancer awareness and control.

DEPARTMENT OF GENERAL SERVICES

The Department of General Services of the Federal Ministry of Health has a primary mandate of provision of Transport, Utility Services, Facility Management, Office Allocation, Maintenance Services and Security Services in general. The Department became operational following its creation (along with two other Departments in some MDA's) by the Federal Government Circular of the office of the Head of Civil Service of the Federation **Ref. No. HCSF/CMO/EM/234/17 of 11th July, 2014**. The Department was carved out of the Department of Human Resources Management (HRM), where Staff were moved for the takeoff and saddled with the responsibilities. The staff strength of the Department today is currently one hundred and twenty-seven (127).

The Department has two Divisions namely; Maintenance Division and General Service Division.

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. Statutory Annual Stock taking of Stores in line with Current Extant Rules.

Strategic Pillar Three: Strengthened Health System for Delivery of Package of Essential Health Care Services

- i. Conducted capacity building program for the Store Officers and Stock Verifier on Computer skills.
- ii. Renovated concrete roof over basement to stop rain water leakage (headquarters).
- iii. Provision of plumbing, carpentry and electrical consumables for FMH H/Q and replacement of old circuit Breaker 250 kva, 160A, 60A, and Miniature Breaker.
- iv. Developed Fixed Asset Verification of Headquarters for codification to enable the creation of a fixed asset Register.
- v. Repaired left Elevators.
- vi. Restoration of water from the Water Board.
- vii. Provided Lighting to all floors of the Ministry, Regular Maintenance of Generator and steady power supply to the Ministry. (Replacement of breakers)'
- viii. Purchased fire-fighting Equipment and burglary proof of the first to third floor of the Ministry for proper security of the principal officers' offices.
- ix. Painted the basement and allocated Car Parks to mitigate the suffering of Staff at the car park.
- x. Cleared Food vendors in the Ministry premises to restore cleanliness and Security.

ONGOING AND PROPOSED PROJECTS/ACTIVITIES.

- i. To Strengthen General Services and General Maintenance of FMOH HQTRS.
- ii. To purchase desktop computers for the computerization of the central store at the Headquarters and State and Capacity Building for the Store Officers.

- iii. To Install Security Gadget for FMOH HQTRS.HON. Minister HON. Minister of State Office and Security Gate for protection of lives and Property /Lagos office.
- iv. Provision and Installation of Burglary Proof and safes Doors Fire Proof Cabinets, offices security gadgets, office Tables, Chairs Cabinets, Air Conditioners and Fridges for Hqtrs and States.
- v. Maintenance of Federal Store Oshodi Warehouse.
- vi. To Purchase office furnitures and equipment.
- vii. To Purchase utility/maintenance vehicles for the Headquarters and liaison Office in Lagos (3 Official Vehicles, 3Hilux and a 15seater pool Vehicles).
- viii. To Purchase more Fire Fighting Equipment / installation and Training.

CRITICAL SUCCESS FACTORS.

The Permanent Secretary and Director, General Services have the responsibility to factor and oversee the day to day running of the Department and carry out policy implementation with respect to FMOH general services and administration. Also, procurement processes in the Department are undertaken by the Tenders Board, headed by the Permanent Secretary and due process is followed in the award of contracts for goods and services in the FMOH.

CHALLENGES.

In 2019, the Department was faced with a number of challenges which include:

- i. The deplorable situation of the Ministry's Elevators affected easy movement;
- ii. Inadequate funding and late release of Budget for implementation of projects;
- iii. Inadequate Office Accommodation in the Ministry in general and the Department of General Services in particular;
- iv. Inadequate training and retraining for the General Service Department Staff to enhance performance on their jobs particularly Drivers, Technicians. Etc.;
- v. Inadequate Fire Fighting equipment due to budgetary Constraints;
- vi. Lack of Utility Vehicles for effective operation of the Ministry;
- vii. Inadequate Funding of Outsourced Services Particularly Cleaning and Security; and
- viii. Non implementation of Critical Budget lines as a result of Procurement issues.

WAY FORWARD/RECOMMENDATIONS

- i. Provision of adequate funding to carry out its daily challenges and emergency issues that may arise from any Department for the betterment of the Ministry.
- ii. Provision of adequate Accommodation for Staff of the Ministry.
- iii. Prompt Funding of outsourced services, particularly, cleaning and security in the budget lines.
- iv. Prompt release of funds to carry out maintenance works,
- v. Return of procuring entity to the Ministry to facilitate General Services activities.
- vi. Creation of a special imprest for addressing critical maintenance matters before release of Budget.
- vii. Procurement of 2 Nos. New Lifts (Elevator) for the Ministry to facilitate easy movement of Staff and Guests to the Ministry.

DEPARTMENT OF REFORM COORDINATION & SERVICE IMPROVEMENT

The Department of Reform Coordination and Service Improvement (RC&SI) was created vide Circular ref. no. HCSF/CMO/EM/243/17 dated 11th March, 2014 issued by the Office of the Head of Civil Service of the Federation (OHCSF). The Department consists of two (2) Divisions namely:

- i. SERVICOM; and
- ii. Reform Coordination (RC).

VISION

To continue through reform, to identify best practices to drive the service delivery initiatives in the Health sector.

MISSION

To ensure a reform driven and customer focused service delivery in the Health sector

MANDATE

The Department was created with the following mandates:

- i. To serve as focal point for driving all change, reform, innovation and improvement efforts within the Ministry in line with the overall framework set by Bureau for Public Service Reform (BPSR), OHCSF and other Central Agencies of Government;
- ii. To Work with the leadership of the Ministry to identify processes, systems and service gaps to develop interventions to eliminate such gaps;
- iii. Coordinate, drive, monitor and report on the Reform Agenda of the Ministry;
- iv. Coordinate and drive SERVICOM aim and initiatives within the Ministry;
- v. Troubleshoot service failures and develop proposals to address them;
- vi. Research and identify good practices that can be adopted/adapted to improve service delivery in the Ministry;
- vii. Liaise with the Ministry's Departments and the OHCSF to develop, refine, improve and recommend more efficient processes, procedures and systems for the Ministry to achieve its objectives;
- viii. Develop and launch initiatives to drive and mainstream a continuous service improvement culture within the Ministry; and
- ix. Develop and deploy change management tools and practices to institute sustainable improvements in the Ministry.

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. Sensitized staff on the various reform initiatives of Government such as the Executive Order 001 on the Ease of Doing Business, patients' bill of rights, as well as on some aspects of the public service rules (PSR), code of ethics etc.
- ii. Established a front office Desk to handle enquiries and complaints from both staff and visitors.
- iii. Monitored service delivery performance in Health Institutions in the South west zone. The exercise was essentially to ensure that service providers in the Health Institutions delivered services in compliance with SERVICOM Principles of Prompt and efficient

services.

- iv. Produced a draft service charter for the Ministry to ensure that standards were adhered to.
- v. The Ministerial SERVICOM Committee met periodically to review progress, identify challenges and give policy direction. The Ministerial SERVICOM Committee (MSC) also provided a strong Networking link with the Parastatals SERVICOM Units (PSU).

ONGOING AND PROPOSED PROJECTS/ACTIVITIES

Some of the ongoing and proposed Projects/Activities of the Department include:

- i. A proposed retreat to bring under one roof all the chief executives of institutions/Agencies under the Ministry to rub minds on how to give service delivery the needed support;
- ii. Development of an implementable Service charter for the Federal Ministry of Health, Headquarters;
- iii. Conduct statutory monitoring and evaluation of service delivery of health Institutions in the remaining five zones; and
- iv. Institutionalizing an award system tagged “Honourable Minister’s award” for the best performing Health Institutions as well as deserving staff of the Ministry, aimed at engendering healthy competitions amongst these institutions on who will be the best SERVICOM compliant Health Institution.

CRITICAL SUCCESS FACTORS

The critical success factor of the Department has been the determination and drive of staff of the Department to go the extra miles to resolve service delivery issues.

CHALLENGES

- i. Funding was the major challenge which hampered the activities of the Department in 2019.
- ii. lack of logistic support to follow up complaints in Health Institutions within the FCT.
- iii. Office accommodation as well as shortage of office equipment and materials such as computer sets, printers, stationery items etc. is also a major challenge.

WAY FORWARD/RECOMMENDATIONS

- i. Ensure that funds are released to drive the SERVICOM Initiatives and the activities of the Department.

MEDIA AND PUBLIC RELATIONS UNIT

The Media and Public Relations Unit of the Federal Ministry of Health is responsible for the Ministry’s public image and the dissemination of authentic and timely information as they relate the Ministry to the general public.

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. The Unit achieved effective coverage, publicity and documentation of the Ministry's programs and activities to generate favorable opinions.

CHALLENGES:

- i. The Unit lacks modern and up-to-date professional equipment to enable effective and efficient performance. These include digital photo and video cameras, video editing suite, laptops, desktops and voice recorders for information officers.
- ii. lack of utility vehicles to carry out publicity and public relations matters.

PUBLIC PRIVATE PARTNERSHIP (PPP) /DIASPORA UNIT

The PPP/DIASPORA unit has two arms; the Diaspora matters and PPPs. The Diaspora arm of the Unit was established by the former Minister of Health, Prof. Babatunde Osotimehin in 2009 to effectively coordinate the activities of the various Nigerian health professionals (Doctors, Nurses, Pharmacists, Pharmaceutical Scientists,) in the Diaspora, while the former President of Nigeria, Dr. Goodluck Ebele Jonathan approved the establishment of Public Private Partnership (PPP) units in Federal Ministries, Departments and Agencies (MDAs). The approval was conveyed through a circular, Reference Number: OHCSF/MSO/932/II/160 of November, 2012 from the former Head of Service of the Federation: Mr. I.B Sali, CFR.

The Unit is structured under the office of the Permanent Secretary in line with the directive conveyed through the circular; to avoid bureaucracy and unnecessary delays.

MANDATES

DIASPORA

- i. To coordinate and facilitate all activities of Nigerian Health Professionals in Diaspora when in Nigeria;
- ii. To collaborate with other MDAs, all Government and Private Health Institutions on Diaspora matters;
- iii. To develop Programmes that would enable the Diaspora transfer technical skills and be involved in Healthcare Management including management of health facilities;
- iv. To encourage investment in Healthcare and Medical Research;
- v. To Promote Nigeria as a competitive healthcare destination by the Diaspora; and
- vi. Any other assignment delegated to the Unit.

PUBLIC PRIVATE PARTNERSHIP (PPP)

- i. Negotiating/re-negotiating of all PPP projects using financial models to ensure viability;
- ii. Analyzing all PPP projects with a view to determining the participation of each party in the procurement arrangement;

- iii. Identifying, prioritizing, selecting and developing framework for Public-Private Partnership projects;
- iv. Assessing the current status and performance of key infrastructure in the health sectors;
- v. Assessing the policy, legal and institutional environment for involving the private sector in the provision of infrastructure;
- vi. Evaluating projects in the Capital budget and suggesting those that can be undertaken through PPP;
- vii. Ensuring that all PPP projects are included in the mid-term Expenditure Framework for continuity;
- viii. Undertaking financial and credit risk assessment in all PPP transactions;

- ix. Assessing, evaluating and managing post-contract activities;
- x. Assisting policy makers in developing the required strategies for increased private sector participation in infrastructure service, including contract monitoring; and
- xi. Any other assignment relevant to the function of the unit assigned by the management.

ACHIEVEMENTS IN 2019 GROUPED ACCORDING TO THE DIFFERENT PILLARS OF THE NSHDP II

Strategic Pillar One: Enabled Environment for Attainment of Sector Outcomes

- i. Implemented the 3rd Phase of the FGN/CPL (formerly FGN/VAMED/CPL) Special Presidential Intervention in the Tertiary Health Sector.
- ii. Participated at Annual Scientific Conferences of Diaspora Health Professional Groups in a quest to create awareness, foster continuous medical education, solicit cooperation and support.
- iii. The PPP Unit is a member of the Project Delivery Team, charged with the responsibility to drive the implementation of the Health Sector Reform Programme (HSRP) of BPE.

Strategic Pillar Three: Strengthened Health System for Delivery of Package Of Essential Health Care Services

- i. Operations and Maintenance of the Premier Medical Warehouse, Abuja and the Federal Central Medical Warehouse Lagos).
- ii. PPP Projects at the University of Port Harcourt Teaching Hospital (UPTH):
 - Construction of Staff Housing Estate
 - Shopping Complex
 - Construction of New House Officers' Quarters.
- iii. Developed Solar Photovoltaic Systems for University Teaching Hospitals.
- iv. Interaction with Diaspora Physicians, Nurses, Pharmacists and Pharmaceutical Scientists' Organisation for the transfer of Skills and Other Contributions from the Diaspora to the Health Sector.

CHALLENGES

- i. Inadequate funding/ timely release of funds.

- ii. Inadequate Office Accommodation and inadequate staffing.
- iii. Non-compliance by Diaspora Health Professionals to the Foreign and Medical Mission guidelines.
- iv. Delay in budgetary appropriation.
- v. Misconception about the concept of PPP which triggers staff/union opposition to the implementation of projects in the Teaching Hospitals.

WAY FORWARD/RECOMMENDATIONS

- i. The PPP unit should be given the necessary support to effectively process all PPP projects and avoid unnecessary bottlenecks within the system.
- ii. Appropriated funds budgeted for programmes and Projects should be released as at when due for the implementation of planned programmes and projects.
- iii. Continuous sensitization on the concept of PPP and other forms of partnership to avert staff/union opposition to partnership initiatives in the Health Sector.
- iv. Continuous engagement and involvement of Nigerian Health professionals in Diaspora in the development of the Health sector and encourage them to invest in the health sector.