

Nigeria



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	182202
% Population under 15 (2015)	44
% Population over 60 (2015)	4.5
Life expectancy at birth (2015)	53.4 (Male) 55.6 (Female) 54.5 (Both sexes)
Neonatal mortality rate per 1000 live births (2015)	34.3 [25.3-46.6]
Under-five mortality rate per 1000 live births (2015)	108.8 [83.4-139.7]
Maternal mortality ratio per 100 000 live births (2015)	814 [596 - 1 180]
% DTP3 Immunization coverage among 1-year-olds (2014)	66
% Births attended by skilled health workers (2013)	35.2
Infants exclusively breastfed for the first 6 months of life (%) (2013)	17
Density of physicians per 1000 population (2009)	0.408
Density of nurses and midwives per 1000 population (2008)	1.605
Total expenditure on health as % of GDP (2014)	3.7
General government expenditure on health as % of total government expenditure (2014)	8.2
Private expenditure on health as % of total expenditure on health (2014)	74.9
Adult (15+) literacy rate total (2007-2012)	61
Population using improved drinking-water sources (%) (2015)	68.5 (Total) 57.3 (Rural) 80.8 (Urban)
Population using improved sanitation facilities (%) (2015)	25.4 (Rural) 32.8 (Urban) 29.0 (Total)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2011)	54.4
Gender Inequality Index rank out of 155 countries (2014)	
Human Development Index rank out of 188 countries (2014)	152

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cdo>

HEALTH SITUATION

Various health indicators have shown steady, albeit slow, improvement. In 2013, Nigeria was certified free of indigenous transmission of Guinea worm. Substantial progress has been made towards polio eradication with no case of WPV1 being reported since July 2014 and no reported cases of WPV3 since November 2013. Success is tempered by the continuing challenges presented by communicable diseases. The use of insecticide-treated bed-nets increased from 8% in 2008 to 50% in 2013, but malaria contributes some 30% to childhood mortality. AIDS, lower respiratory tract infections and diarrheal diseases are among the leading causes of years of life lost. Malnutrition is very common and the extent of stunting has stagnated at 40%. The increasing burden of non-communicable diseases including hypertension, diabetes, neurological disorders and road traffic injuries presents a novel challenge for the health system. Alcohol consumption and tobacco use are increasingly high.

Progress towards achieving MDGs in Nigeria is mixed. Poverty is still pervasive in Nigeria, where recent figures indicate 68% of the population lives on less than US\$1.25 a day. The goals concerning child mortality and maternal mortality (MDG 4 and 5), will also require augmented efforts. The most recent figures for maternal mortality and under-5 child mortality are 814 per 100,000 live births and 108.8 per 1,000 live births respectively. The government of Nigeria took a major step towards accelerating reductions in MMR with the creation of the Midwives Service Scheme to increase the proportion of deliveries attended by skilled birth attendants. Nigeria is on track toward achieving, in part or in whole, three out of the eight MDG's by 2015, namely, basic education, HIV prevalence and the global partnership for development.

In Nigeria, great disparities in health status exist, across the states and geopolitical zones. Disease etiology is linked to social determinants such as socio-economic status, education, gender inequality, as well as poor access to water, sanitation and hygiene.

HEALTH POLICIES AND SYSTEMS

In 2003, the Federal Government of Nigeria undertook a purposeful reform of the National Health Care Delivery System in the context of the National Economic Empowerment and Development Strategy, 2003-2007, along with its implementation framework State Economic Empowerment and Development Strategies. This planning exercise led to the President's 7-Point Agenda which is being implemented through two instruments: the Vision 20:2020 document, as well as the National Strategic Health Investment Plan 2007/2008 which facilitated the revision of National Health Policy; definition of a framework for achieving the MDGs in Nigeria; drafting of the National Health Bill; revitalization of the National Council on Health; formal launching of the National Health Insurance Scheme and formulation of several sub-sectors policies, plans and programmes. This paved the way for the formulation of the National Strategic Health Development Plan (NSHDP) 2010-2015, which aligned national development initiatives with various international agreements, declarations and goals including MDGs, Ouagadougou Declaration, the Paris Declaration on Aid Effectiveness and Accra Agenda for Action.

The NSHDP formulation generated a generic framework to guide and standardize formulation of state and local government plans, and formalised the participation of key national and international stakeholders in the health sector. The NSHDP with its National Results Framework serves as the overarching reference document for actions in health by all stakeholders to ensure transparency and mutual accountability. The NSHDP has eight priority areas: Leadership and Governance; Health Service Delivery; Human Resources for Health; Financing for Health; National Health Management Information System; Partnerships for Health; Community Participation and Ownership; and Research for Health. Joint Annual Reviews and a Mid-Term Review have been institutionalised to monitor and evaluate the NSHDP and its components, namely the State Strategic Health Development Plans (SSHDP) and Federal Strategic Health Development Plan. A Presidential UHC Summit held in Abuja in March 2014 declared and reaffirmed health as a fundamental human right, and made commitment to increase budgetary allocations in health; mandatory health insurance and special funds to cover the poor.

COOPERATION FOR HEALTH

To complement the NSHDP process, a National Compact agreement was signed between Federal and State governments and key Development Partners in Nigeria, as an agreed coordination framework to guide and monitor the implementation of NSHDP and SSHDP.

The third United Nations Development Assistance Framework (UNDAF-III) focuses on: Good Governance, Social Capital Development, Sustainable and Equitable Economic Growth and Human Security and Risk Management. Development partners operate in many states and work in diverse areas of health, some deriving their programmes directly from the NSHDP. WHO operates in all 36 States and at the FCT.

The multitude of partners and agencies at various levels makes coordination and aid effectiveness in the country a pertinent challenge. The National Council on Health is the highest coordination body for health in Nigeria. The Health Partners Coordinating Committee (HPCC) is further an umbrella coordination structure for engaging stakeholders in the health sector. The Development Partners' Group further functions as the technical arm of the HPCC. Government is committed to improving the coordination structures and functions.

Through the CCS III, the WHO country office in Nigeria is well positioned to contribute to strengthen the coordination structures and mechanisms and to provide timely technical support based on the country defined health priorities.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2019)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Strengthen Health Systems based on a Primary Health Care approach</p>	<ul style="list-style-type: none"> • Support strengthening of leadership, governance and stewardship in the health sector to facilitate clear policy directions in health and development and use of accountability and regulatory frameworks at all levels of health system. • Maintain advocacy and policy dialogue for development of evidence based national health policies, strategies and plans and strengthen capacity for development and implementation of evidence based legislation, regulation and financing. • Support development of policy options, tools and technical support for equitable people-centred integrated service delivery and strengthening of public health approaches and capacities to plan and implement of UHC strategies; including evidence-based HRH policies, strategies and plans that respond to the country needs; strategies for expanding financial risk protection measures (national & community health insurance) as well as strategies to increase the quality and safety of health services. • Support development and implementation of national policies and guidelines on better access to health technologies; and strengthen evidence-based selection and rational use of health technologies and improved access to affordable and quality assured essential medicines at all levels of health care and strengthen capacities of national regulatory authorities. • Support monitoring of the health situation using global standards, and leadership in the new data generation and analysis; provide policy options, tools and support to define research priorities and addressing ethical issues.
<p>STRATEGIC PRIORITY 2: Promote health and scale up priority interventions through the life-course</p>	<ul style="list-style-type: none"> • Contribute to the reduction of maternal, neonatal and child morbidity and mortality rates • Build capacity for implementing health-in-all policies and for fostering inter-sectoral action and social participation to address social determinants of health • Support the mainstreaming of social determinants of health and health promotion by integration them into disease control and community health programmes, training curricula in schools, accountability and monitoring frameworks. • Promote healthy cities, villages, workplace and health-promoting schools initiatives. Support the FMOH to develop and implement a national health promotion policy with funding and legislation to reduce exposure to major risk factors. • Support inter-sectoral action on the economic, social, demographic, nutritional, cultural and environmental determinants of health; promoting food safety and security, and inter-sectoral action on social determinants of health. • Support the health dimension of poverty reduction, right-based and gender dimensions of health programs and adopt gender equality policies and gender mainstreaming strategies that are organization-wide and beyond. • Strengthen the national capacity to assess health risk and develop and implement policies, strategies and regulations for prevention, mitigation and management of health impacts of environmental risks
<p>STRATEGIC PRIORITY 3: Scale up priority interventions for communicable and non-communicable diseases towards universal health coverage</p>	<ul style="list-style-type: none"> • Provide technical and policy support to develop/adopt guidelines for scaling up the control of HIV/AIDS, TB and Malaria • Facilitate the development of policy guidelines, plans and budget at all levels of government for the control of Neglected Tropical Diseases and build capacity of for disease mapping, surveillance and monitoring of progress towards eradication. • Provide technical support for the updating and implementation of chronic NCDs national strategic plan and primary prevention of NCDs and to conduct a comprehensive assessment of the burden of road traffic accidents in Nigeria. • Provide technical support to increase coverage of routine childhood and maternal immunization, including the supplementary immunization activities
<p>STRATEGIC PRIORITY 4: Scale up national capacity for preparedness and response to public health emergencies, including polio eradication and crisis management</p>	<ul style="list-style-type: none"> • Support strengthening of capacity for integrated disease surveillance and response at all levels of the government for effective disease surveillance and response to emergencies, including disaster management • Support eradication of polio, surveillance for acute flaccid paralysis and national capacity building for response to epidemic-prone diseases
<p>STRATEGIC PRIORITY 5: Promote partnership coordination and resource mobilization in alignment with national, regional and global</p>	<ul style="list-style-type: none"> • Support review of health sector coordination mechanisms and structures and provide guidance on partnerships and aid effectiveness based on regional and global initiatives and facilitate the functioning of various partnerships Fora. • Working with other partners support the Federal and States MOH advocating for increased resources and investments in health to meet Abuja declaration targets. Support generation of evidence about the economic burden of diseases. • Build national capacity to translate, adopt and implement globally and regional Resolutions on priority health issues e.g. WHA, UN resolutions; AU, ECOWAS and other health related resolutions. • Advocate for Nigeria's involvement in regional and global health diplomacy and policy-making • Strengthen capacity of WHO country office staff to promote and facilitate the work of WHO in Nigeria