

Nigeria



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

WHO region	Africa
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2013)	17.4
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	49
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	55.6 (Female) 53.4 (Male) 54.5 (Both sexes)
Population (in thousands) total (2015)	182202
% Population under 15 (2015)	44
% Population over 60 (2015)	4.5
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2011)	54.4
Literacy rate among adults aged >= 15 years (%) (2007-2012)	51
Gender Inequality Index rank (2014)	...
Human Development Index rank (2014)	152
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	3.67
Private expenditure on health as a percentage of total expenditure on health (2014)	74.85
General government expenditure on health as a percentage of total government expenditure (2014)	8.17
Physicians density (per 1000 population) (2009)	0.376
Nursing and midwifery personnel density (per 1000 population) (2008)	1.489
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	34.1 [24.7-46.3]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	104.3 [77.4-139.5]
Maternal mortality ratio (per 100 000 live births) (2015)	814 [596 - 1 180]
Births attended by skilled health personnel (%) (2013)	35.2
Public health and environment	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) (2015)	19 (Total)

Sources of data:
Global Health Observatory 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Nigeria's health outcome indicators are still unacceptably high, in spite modest improvements. Maternal mortality ratio is 814 per 100 000. Mortality rate for infants and children under five years is 70 and 104 per 1000 live births respectively. A significant disparity in health status exists across States & geopolitical zones as well as across rural/urban divide, education & social status.

Communicable diseases still constitute a major public health problem: Malaria accounts for 27% of global burden; TB prevalence is at 323 per 100 000; HIV/AIDS prevalence is estimated at 3.2%. Malnutrition is common with stunting rate at 43.6%. Guinea worm transmission was interrupted in 2013, and the last Wild Polio Virus was reported in September 2016.

Non communicable diseases (NCDs) burden including hypertension, diabetes, and neurological disorders are on the rise. Road traffic accidents are significant, while alcohol consumption and tobacco use are exceptionally high at 9.1% and 17.4% in 2015 and 2016 respectively. Mortality attributed to household and ambient air pollution is at 99 per 100,000 of the population.

Nigeria experiences multiple public health events perennially, with most infectious in nature. Currently the Country has two WHO graded emergencies: Grade three North East humanitarian crisis and Lassa fever outbreak.

Achieving SDGs remains a challenge. Poverty is still pervasive with 53.5% of the population living at less than USD 1.9 a day, however Nigeria has embarked on domestication of SDGs, with States endeavoring to localize action albeit with varying pace. SDG targets on maternal and child mortality will require augmented efforts although the creation of the Midwives Service Scheme to increase the proportion of skilled birth attendants, and development of the MNCH quality of care strategy are a major step. Implementation of the Primary Health Care (PHC) revitalization programme is a key strategy for attainment of Universal Health Coverage and SDG3.

HEALTH POLICIES AND SYSTEMS

The enabling legal and policy frameworks for PHC revitalization include the National Health Act (NHA) 2014; National Health Policy (NHP) 2016 and Health Financing Policy and Strategy 2017; The 2nd National Strategic Health Development Plan 2017-2021 (NSHDP II) will operationalize the NHA 2014 and the NHP 2016. The government established the Basic Healthcare Provision Fund (BHCPF) to finance and manage the implementation of PHC revitalization as a means for achieving UHC. The act calls for allocation of at least 1% of the Consolidated Revenue Fund (CRF) in the national budget to capitalize the BHCPF so as to finance and manage the PHC revitalization agenda. The PHC revitalization targets to make 10,000 PHC Centres, at least 1 PHC per electoral ward, functional by 2019.

Healthcare is provided by public and private sectors. Public health services are concurrently the responsibility of the three tiers of government. Primary, secondary and tertiary level of care are the responsibility of the local government area, state government and federal government respectively. Besides, tertiary health care provision, the federal government manages the implementation of disease specific programs at all levels. The private sector provides close to 60% of health service delivery, in spite owning an estimated 30% of health facilities.

COOPERATION FOR HEALTH

The 58th National Council of Health (NCH)-the highest coordination body for health sector initiated the development of the 2nd National Strategic Health Development Plan 2017-2021-II (NSHDP II). A framework which focuses on 15 priority areas was used by states and the federal level to develop their plans which was then consolidated into a single national strategy. The NSHDP II has been validated and will be endorsed at the 61st NCH session in May 2018.

The United Nations Country Team has developed the 4th Common Country Programme Document: The United Nations Sustainable Development Partnership Framework UNSDPF (2018-2022). The UNSDPF is based on the new SOPs for UN coherence, lays emphasis on partnerships, aligns to the SDG as a foundation and will serve as collective support and response to national development initiative of the Economic Recovery and Growth Plan (ERGP).

The Health Partners Coordinating Committee (HPCC) is an umbrella coordination structure for engaging stakeholders in the health sector in the development and implementation of health policies in the country. The coordination and aid effectiveness from multiple partners and agencies at various levels still remain a challenge.

A midterm review of the CCS III 2014-2019 was conducted to align the document with the 13th GPW, AFRO Transformation agenda, the UNSDPF, NSHDP II and the ERGP of Nigeria.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Achieving and sustaining UHC through a revitalised primary health care approach and sustainable service delivery through strengthening of health systems	<ul style="list-style-type: none"> Strengthen Health Systems Leadership, Governance and Stewardship capacity through human resources development, improved health information systems, effective procurement and supply management, and improved regulatory mechanisms and quality assurance of health services Enhance Evidence-based policy and strategic planning Promote People-centred integrated services based on PHC and UHC principles Facilitate increased availability of quality assured essential medicines and appropriate health technologies with improved regulatory capacity and mechanisms and promote rational drug use to minimise antimicrobial resistance. Strengthen Health Systems Information and evidence generation for effective monitoring of health systems performance in Nigeria Strengthen Health Care Financing to ensure achievement of UHC targets
STRATEGIC PRIORITY 2: Promote health and scale up priority interventions through the life-course	<ul style="list-style-type: none"> Contribute to the reduction of maternal, neonatal and child morbidity and mortality rates as well promoting the health of the adolescents and the elderly Support the implementation of the Essential Nutrition Actions (ENA) particularly during the first 1000 days through the health system and through community-based actions as Nigeria's contribution to the UN Decade of Action on Nutrition (2016-2025) Build capacity for the implementation of health-in-all policies approach, inter-sectoral action and social participation to address social determinants of health and mobilise multi-sectoral approach for health Support mainstreaming of the social determinants of health including equity, gender and health promotion in all health programmes Support the promotion of healthy lifestyles and healthy living
STRATEGIC PRIORITY 3 : Scale up priority interventions for communicable and non-communicable diseases, towards universal health coverage	<ul style="list-style-type: none"> Support the government in the prevention and control of HIV/AIDS, TB and malaria in line with international guidelines Support the strengthening of national capacity for the control, elimination and eradication of neglected tropical diseases Support the updating and implementation of the strategic plan for non-communicable diseases including mental health, alcohol and substance abuse in line with global NCD strategy. Provide technical support to increase coverage for routine childhood, maternal and adolescents' immunization, including supplemental immunization activities.
STRATEGIC PRIORITY 4: Scale up national capacity for preparedness and response to public health emergencies, including polio eradication and crisis management	<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 Strengthen the capacity of the government to assess health risk and develop and implement policies, strategies and regulations for prevention, mitigation and management of health impacts of environmental Risks Support eradication of polio and response to epidemic-prone diseases
STRATEGIC PRIORITY 5 : Promote partnership coordination and resource mobilization in alignment with national, regional and global priorities	<ul style="list-style-type: none"> Partnership coordination based on the principles of harmonization and aid effectiveness in the health sector Resource mobilization and assistance with monitoring of the impact of health resources on developmental goals National capacity to translate, adopt and implement regional and global resolutions on priority health issues, such as resolutions from WHA, regional planning meetings, UN, AU and ECOWAS Advocacy for Nigeria's involvement in regional and global health diplomacy and policymaking. Strengthen the capacity of WHO country office staff and relevant FMOH staff to effectively implement the CCS and facilitate WHO work in Nigeria