



WHO is dedicated to the well-being of all people and guided by science, the World Health Organization leads and champions global efforts to give everyone, everywhere an equal chance to live a healthy life.

**We champion
health and a better
future for all**

MORE INFO



afro.who.int/countries/Nigeria

FOREWARD



I am pleased to present the 2025 Annual Results Report of the World Health Organization (WHO) Nigeria Country Office, which documents the progress made by the Government of Nigeria, with support from WHO and partners, toward improving health outcomes across the country.

The year 2025 was marked by significant complexity—characterized by overlapping disease outbreaks, humanitarian and security challenges, funding constraints, and persistent inequities in health service access. Despite these challenges, tangible progress was achieved across priority areas through strong government leadership, coordinated partnerships, and evidence-driven action. WHO remained committed to supporting Nigeria through its six core functions, providing technical leadership, normative guidance, capacity strengthening, convening, and monitoring in alignment with the Country Cooperation Strategy IV (2023–2027) and national reform priorities, including the Nigeria Health Sector Renewal Investment Initiative and the Sector-Wide Approach.

This report adopts a results-based and outcome-oriented approach, highlighting quantifiable achievements and system-level changes rather than activities alone. It clarifies WHO's distinct contributions while recognizing that all results presented are ultimately

government-led achievements, realized through collaboration with partners and communities. Notable gains in 2025 include progress in primary health care strengthening, financial protection, immunization and outbreak response, neglected tropical disease elimination, Polio eradication efforts, emergency preparedness, and health information and digital systems.

I extend my sincere appreciation to the Federal Ministry of Health and Social Welfare, state and local governments, health workers, communities, donors, and partners for their leadership and collaboration. I also commend WHO staff at all levels for their dedication and professionalism.

As we look to 2026, sustained focus will be required to protect gains, reach the unreached, and strengthen institutional sustainability. WHO remains fully committed to supporting Nigeria in advancing equity, resilience, and progress towards universal health coverage, while leaving no one behind.

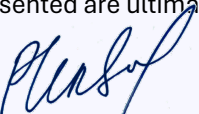

Dr Pavel Ursu
WHO Representative to Nigeria

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS

03

EXECUTIVE SUMMARY

06

DETAILED POLIO PROGRAMME

09

DETAILED RESULTS BY CORE WHO FUNCTIONS

14

DETAILED RESULTS BY CCS IV
STRATEGIC OBJECTIVES (1–5)

19

ACKNOWLEDGEMENT

32

ACRONYMS AND ABBREVIATIONS

AMR	Antimicrobial Resistance
AOP	Annual Operational Plan
AWaRe	Access–Watch–Reserve classification
BAY	Borno–Adamawa–Yobe States
BCU	Big Catch-Up
BHCPF	Basic Health Care Provision Fund
CEMONC	Comprehensive Emergency Obstetric & Newborn Care
CCS IV	Country Cooperation Strategy IV (2023–2027)
cVDPV2/3	circulating Vaccine-Derived Poliovirus type 2/3
DHIS2	District Health Information Software 2
DPC	Disease Prevention and Control
ENCC	Essential Newborn Care Course
ERC	Expert Review Committee
FCT	Federal Capital Territory
FHIR	Fast Healthcare Interoperability Resources
FMOHSW	Federal Ministry of Health and Social Welfare
GATS	Global Adult Tobacco Survey
GHED	Global Health Expenditure Database
GLASS	Global Antimicrobial Resistance and Use Surveillance System
HRH	Human Resources for Health
ICC	Inter-agency Coordination Committee
IDP	Internally Displaced Person

IDSR	Integrated Disease Surveillance and Response
IHR (2005)	International Health Regulations (2005)
IMCI	Integrated Management of Childhood Illness
IMS	Incident Management System
IPV	Inactivated Polio Vaccine
KMC	Kangaroo Mother Care
LGA	Local Government Area
MEARL	Monitoring, Evaluation, Accountability, Research and Learning
MR	Measles–Rubella
NAPHS	National Action Plan for Health Security
NAFDAC	National Agency for Food and Drug Administration and Control
NCD	Noncommunicable Disease
NEMSAS	National Emergency Medical Services and Ambulance System
NEOH	National Evaluation Framework of One Health
NHIA	National Health Insurance Authority
NHLMIS	National Health Logistics Management Information System
NHMIS	National Health Management Information System
NHSRII / NSRII	Nigeria Health Sector Renewal Investment Initiative
NITAG	National Immunization Technical Advisory Group
nOPV2	novel Oral Polio Vaccine type 2
NPHCDA	National Primary Health Care Development Agency
NSPACC	National Strategic Plan of Action on Cholera Control
OOPE	Out-of-Pocket Expenditure

PCN	Pharmacy Council of Nigeria
PEN Plus	Package of Essential NCD interventions (advanced care)
PHEOC	Public Health Emergency Operations Centre
PHC	Primary Health Care
PrEP	Pre-Exposure Prophylaxis
PSHAN	Private Sector Health Alliance of Nigeria
RBM	Results-Based Management
RCCE	Risk Communication and Community Engagement
RI	Routine Immunization
RMNCAEH+N	Reproductive, Maternal, Newborn, Child, Adolescent, Elderly Health + Nutrition
SCA	State Capacity Assessment
SCORE	Survey, Count, Optimize, Review, Enable (WHO assessment approach)
SMART Guidelines	WHO SMART Guidelines for digital health transformation
SPAR	State Party Self-Assessment Annual Reporting (IHR)
SRHR	Sexual and Reproductive Health and Rights
SWAp	Sector Wide Approach
TB	Tuberculosis
TWG	Technical Working Group
UHC	Universal Health Coverage
VPD	Vaccine Preventable Disease
WHO	World Health Organization

EXECUTIVE SUMMARY

1.1 Brief introduction

In 2025, WHO Nigeria supported national and subnational institutions to deliver measurable health results across primary health care strengthening, disease prevention and control, NCD and risk-factor response, digital health and data systems strengthening, and emergency preparedness and response, aligned with CCS IV (2023–2027) and national reform priorities including the NHSRII and SWAp agenda.

This report presents results using RBM principles, emphasizing system-level changes, outcomes, and measurable progress supported by WHO's core functions and partnerships.

1.2 How to read this report

WHO's role and attribution statement

WHO's mandate is to support Member States. Accordingly, all results presented in this report are achievements of the Government of Nigeria, realized with technical, normative, convening, and capacity-building support from WHO. The report incorporates:

- WHO contribution: Support delivered through one or more of the six WHO core functions (leadership/partnerships, evidence, norms/standards, policy options, capacity building, monitoring).
- Joint outcomes: Government- and partner-led achievements that extend beyond WHO's direct functional contribution.

Report structure

The report is organized into three complementary result lenses:

- a. Polio Programme deep dive (Section 2) due to its scale and operational complexity.
- b. Results by WHO core functions (Section 3), clarifying WHO's distinct value-add beyond activity reporting.
- c. Results by CCS IV Strategic Priorities 1–5 (Section 4), each expanded with:
 - Quantifiable achievements and infographics
 - Equity/Gender/LNOB lens
 - Challenges/risks + adaptive measures
 - One impact case story
 - Key signals for 2026

Methodology and evidence base

Results included here were synthesized from the attached cluster inputs, focusing on:

- Documented outputs and outcomes (policies, systems, governance mechanisms)
- Quantitative program metrics (coverage, reach, training volumes, facility upgrades, population benefited)
- Institutional strengthening achievements (standards, guidelines, digital toolkits, registries, accountability mechanisms)
- Partner-enabled implementation (WHO vs Government/Partners contribution narrative)

1.3 Headline quantifiable achievements/results (2025)

Primary Health Care, systems, and UHC (selected headline results) with WHO support to government

- **327 PHCs revitalized** and **48 CEMONC facilities strengthened**, advancing service readiness and quality.
- **13 nursing colleges upgraded**, enabling an estimated 3,960 students/year contribution to health workforce supply.
- **200,000+ health workers recorded** in the National Health Workforce Registry supported by WHO's design/digitization assistance.
- **700+ HRH officers trained**, strengthening HRH governance and analytics.
- Government's "1 day ago" (1d) reforms supported: **4.9 million additional Nigerians** covered on risk protection mechanisms (bringing total to **21.73 million**).
- Through WHO supporting the PSHAN adoption approach: **134,137 people accessed services** across **60 adopted PHCs** in **33 states + FCT**, including **62,393 fully immunized children**, **17,319 ANC clients** (including **5,511 new**), and **3,781 skilled deliveries**.

Immunization, VPD outbreak response, and NTDs

Significant achievements were recorded, with WHO providing technical and coordination support to the government, notably:

- Meningitis reactive vaccination: **2.2 million** people vaccinated (ages 1–29), **97% coverage** in **5 states**.
- Oral cholera vaccination: **2,786,841** vaccinated, **91% coverage**.
- Mpox vaccination: **~7,000** high-risk individuals/HCWs vaccinated across 5 states.
- Targeted measles response vaccination: **186,590** children reached, **98% coverage** across priority outbreak states.
- Integrated MR campaign (Phase 1): **59,841,291** children vaccinated, achieving **101% MR coverage** across **21 states**.
- Big Catch-Up in 200 priority LGAs: **6,570,128 Penta doses** delivered (**73%** of target); **plus 3,123,357 IPV doses (52%)** and **4,138,281 bOPV doses (69%)** administered—strengthening RI and polio integration.
- NTD progress: Onchocerciasis eliminated in Plateau & Nasarawa; transmission interrupted in **15 states**; **30.5 million** people no longer requiring ivermectin. Trachoma: **87%** reduction in population at risk (**from 41 million to <5 million**), allowing **36 million** to stop MDA; LF: TAS in **436 LGAs**, **120 million** no longer needing preventive chemotherapy; Schistosomiasis eliminated in Akwa Ibom.
- PrEP readiness evidence: **10 states assessed**; **79 facilities assessed** and **736 mapped nationwide**, establishing a data-driven foundation for integrated expansion.

Emergencies and health security

With WHO playing a technical, coordination, and capacity-strengthening role in health emergencies and health security, key results per the different areas included:

- IHR SPAR: Nigeria achieved **57%** overall score—above regional average (**51%**) and equal to global average (**57%**).
- Meningitis preparedness: **495 frontline HCWs trained** across 11 states.
- 7:1:7 framework expansion: expanded to **13 additional states**, meeting timeliness benchmarks of **25% detection**, **43% notification**, **50% response**.

1.3 Headline quantifiable achievements/results (2025)

Emergencies and health security

- Reactive vaccination authorization (GAVI-ICG): **>3.7 million doses authorized**; including **2.4 million OCV** administered with **>98%** target reached in 5 states; and **2.3 million Men5CV** administered with **>97%** target reached in 5 states.
- Health Cluster (BAY): reached **2.05 million people** through **4.14 million consultations** (65% of target) with **43% funding** secured; Lean Season: **370,503 people** reached (34% of target) with **39% funding** secured.
- Mental health in emergencies: 983 people reached with treatment (486 males; 497 females).
- Workforce surge for emergencies: **1,455 healthcare workers trained** on prevention/preparedness/detection/response.

Polio programme

Through technical, coordination, and capacity-strengthening support, the following achievements contributed to sustaining Nigeria's Wild Polio-Free status and interrupting circulating vaccine-derived poliovirus type 2 (cVDPV2)

- WHO restructured polio workforce: **>2,300 surge personnel reselected**, total personnel adjusted from **6,400 (2024) to 4,100 (2025)** to align resources with priority geographies and funding constraints.
- Campaign delivery: **2 nationwide + 2 subnational** polio campaigns supported; **>40 million children reached each round**; **>230,000 vaccinators/supervisors trained and deployed**.
- Campaign quality improved to **90%** (up **5 percentage points** from 2024).
- Surveillance strengthened: oversight of 95 priority sites and 91 wastewater locations; **540,000+ supervision visits** and **237,000 active case searches**; **140,000 community informants engaged**.
- cVDPV2 cases reduced by **30%** (from **122 in 2024 to 86 in 2025**).
- Integrated reach: **>300,000 zero-dose children identified and vaccinated** using polio-supported community assets.
- Oversight bodies: **>80% of recommendations** from national bodies (NCC/National Containment/ ERC) implemented.
- 2026 readiness: Walkthrough microplanning in **14 priority states** identified **>176,000 settlements** and counted **22.7 million children**—supporting “no missed settlement” strategies.

DETAILED POLIO PROGRAMME

2.1 Context and strategic intent (2025)

Nigeria's polio response in 2025 operated amid insecurity, funding contractions, and persistent immunity gaps, while requiring continuous adaptation to reach underserved and high-risk communities.

WHO's approach prioritized (i) optimized workforce deployment, (ii) improved campaign quality, (iii) heightened surveillance sensitivity, and (iv) integrated delivery to reach zero-dose children.



Figure 1: Polio programme theory of change.

2.2 Results framework (Outcome-level summary)

- Polio programme delivery optimized under constrained resources.
- Campaign quality and reach improved, accelerating interruption of cVDPV transmission.
- Surveillance sensitivity strengthened across priority sites and communities.
- Integrated service delivery enabled identification and vaccination of zero-dose children.

2.3 Key quantifiable achievements (2025) delivered with WHO support

a) Resetting WHO polio operational capacity for performance - key metrics

- WHO restructured the Polio Eradication Programme (PEP) delivery footprint to match priority geographies and funding constraints.
- >2,300 surge personnel reselected and overall personnel capacity adjusted from 6,400 (2024) to 4,100 (2025)—strengthening accountability, clarity of roles, and frontline performance.
- The revised structure reinforced oversight at federal, state, and LGA levels and supported coordination with government systems and partner assets.



Workforce Optimization

Deployment by priority geography and overall personnel capacity, to strengthen accountability, clarity of roles, and frontline performance.

<u>2024</u>	↓	<u>2025</u>
6,400		4,100

Figure 2. Workforce optimization: 6,400 → 4,100 (2024–2025) and deployment by priority geography.

b) Delivering higher quality campaigns reaching more children

- WHO supported government delivery of **two nationwide** and **two subnational** polio campaigns in 2025.
- Each round reached **>40 million children**.
- **>230,000 vaccinators and supervisors** were trained and deployed (including women and youth serving their communities).
- Campaign quality improved to **90%**, an increase of **5 percentage points** compared with 2024.

2025 Polio Campaigns



The Nigeria Government **Supported by WHO**, delivered **two Nationwide** and **two Subnational** Polio Campaigns in 2025.

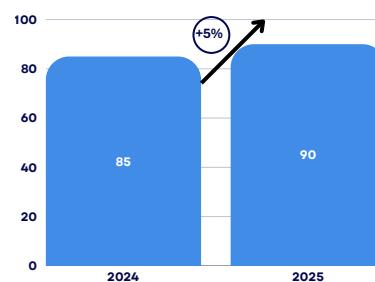


40M+

Children reached in each round of vaccination exercise.

Campaign Quality

Improved from **85%** in 2024, to **90%** in 2025. A **5% increase**.



>230,000 vaccinators and supervisors

were trained and deployed (including women and youth serving their communities).



Figure 3. Campaign reach and quality trend (2024 vs 2025): 85% → 90% quality; children reached per round

c) Strengthened surveillance and earlier risk detection

- Surveillance oversight covered **95 priority sites** and **91 wastewater locations**.
- Field performance included **>540,000 supervision visits** and **237,000 active case searches**.
- WHO engaged **140,000 community informants**, deepening community-linked detection and response capacity.

Result: These combined measures contributed to a **30% reduction** in cVDPV2 cases—from **122 (2024)** to **86 (2025)**.



These combined measures contributed to a **30% reduction in cVDPV2 cases—from 122 (2024) to 86 (2025)**.

Figure 4. Surveillance sensitivity dashboard: priority sites, wastewater sites, supervision visits, case searches, informants.

d) Integration to reach zero-dose children

- Polio-supported community platforms enabled the identification and vaccination of >300,000 zero-dose children previously unreached by routine services—strengthening trust and re-linking families to the health system.

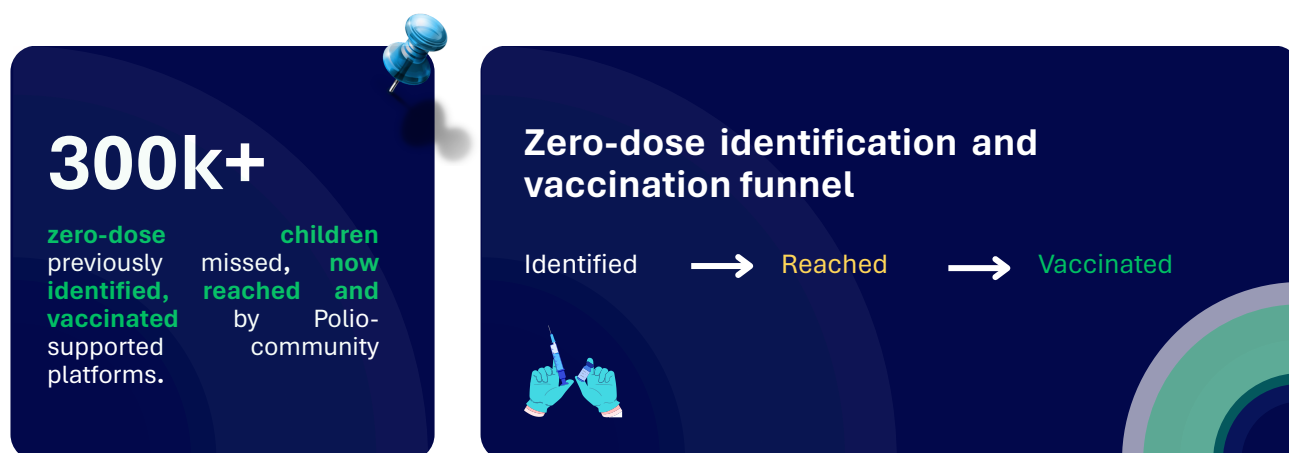


Figure 5. Zero-dose identification and vaccination funnel (identified → reached → vaccinated).

e) Strengthened accountability through national oversight bodies

- WHO sustained functionality of key national bodies (Certification, Containment, ERC), translating expert oversight into action. In 2025, >80% of recommendations from these bodies were implemented, reinforcing performance improvements and national ownership.

2.4 WHO vs Government/Partners contribution (Polio)

WHO contribution (core functions):

- Leadership: coordination, partner alignment, accountability loops
- Evidence: microplanning and risk analysis; synthesis of monitoring outputs
- Norms/standards: campaign and surveillance protocols; quality assurance
- Policy options: prioritisation to protect surveillance sensitivity under funding cuts
- Capacity building: training design/delivery for vaccinators, supervisors, surveillance staff
- Monitoring: dashboards, supportive supervision, wastewater surveillance oversight



Government/partners contribution:

- Government implementation of campaigns and surveillance; leadership at federal/state/LGA levels.
- Partners supporting commodities, logistics and community engagement where applicable.
- Communities and local structures supporting access, trust and informant networks.

2.5 Equity, gender and leaving No One Behind (LNOB) Lenses

- The programme prioritised children in insecure areas, urban slums, riverine communities and IDP settlements. Walkthrough microplanning improved settlement-level visibility and supported tailored approaches to access barriers.
- Community informant networks (140,000 engaged) strengthened trust and enabled earlier detection. Integrated outreach to identify and vaccinate >300,000 zero-dose children demonstrate explicit LNOB intent.
- Where feasible, recruitment of women and youth as vaccinators/supervisors supported household access and improved acceptance.

2.6 Key challenges, risks, and adaptive measures (Polio)

- **Funding shock:** surveillance funding reportedly faced a 51% cut, requiring value-for-money prioritization to protect sensitivity in the most vulnerable geographies.
- **Insecurity and access barriers:** necessitated microplanning methods that identify every settlement and tailor operational plans to risk.
- **Weak routine immunization and fragmented resources:** required stronger integration and defragmentation of assets at community level.

Adaptive measures: workforce optimization; intensified microplanning; community informant expansion; stronger accountability loops; prioritization of high-risk settlements

2.7 Impact Case Story (Polio)

Nigeria intensifies surveillance to sustain progress toward polio eradication

In Jigawa State, Salamatu Abubakar has become a critical link in Nigeria's effort to end polio. As a village health worker, she now knows that a child who suddenly loses strength in their legs may signal an urgent issue. *"Now I report quickly so they can get help," she said.*

Her role was strengthened during a Rapid Surveillance Assessment (date??), part of Nigeria's intensified push to stop all forms of poliovirus. Led by the government with support from World Health Organization and partners, the assessment reviewed health facilities and engaged community informants to ensure suspected cases are detected and acted on without delay.

In Jigawa alone, thousands of community health workers and volunteers are supporting early detection, linking communities to the health system. The exercise confirmed strong local coordination while identifying practical steps to further improve surveillance.

Nigeria has been free of wild poliovirus since 2020. Now, strengthened surveillance and rapid response systems are helping to close remaining gaps.



2.8 Key signals for 2026 (Polio)

- Walkthrough microplanning in **14 priority states** mapped **more than 176,000 settlements** and counted **22.7 million children**, creating a detailed operational base to accelerate interruption of cVDPV2 and cVDPV3.
- 2026 emphasis: reaching insecure areas, urban slums, riverine communities, and IDP camps with “no missed settlement” strategies.

DETAILED RESULTS BY CORE WHO FUNCTIONS

This section consolidates results that demonstrate WHO's distinct value-add through its six core functions, showing where WHO's comparative advantage enabled scale, quality, and system-level change.

WHO enabled results by:

- Convening and governance strengthening (platforms, TWGs, coordination).
- Technical standards and guidance aligned to global norms.
- Capacity building and supportive supervision for performance.
- Monitoring dashboards and feedback loops for corrective actions.

3.1 Providing leadership and engaging in partnerships

Results: WHO used its convening role to help government strengthen coordination platforms (e.g., SWAp mechanisms, immunization governance, emergency response coordination) that improved alignment and reduced fragmentation across partners and sectors.

Illustrative quantified partnership-enabled results include



Figure 6. WHO convening role map (Government–UN–Donors–CSOs–Private Sector) and key outcomes delivered.

3.2 Shaping research and generating evidence

Results: WHO strengthened national evidence generation across multiple domains, supporting policy revision and program redesign. Examples include

Example	Quantified achievement (2025)	Result interpretation
Tobacco control evidence	GATS 2025: 97.3% response; 13,850 households; 290 enumerators	Updated policy-relevant evidence base for prevention
Service planning evidence	PrEP: 10 states assessed; 79 facilities assessed; 736 mapped	Targeted expansion and integration planning
Timeliness evidence	7:1:7 expanded to 13 states; 25% detection; 43% notification; 50% response	Operational learning and corrective action

3.4 Articulating evidence-based and ethical policy options

Results: WHO translated global evidence into Nigeria-ready policy options and supported policy dialogues that unlocked system changes, including

Area	Quantified achievement (2025)	Result interpretation
Financing reforms	- Tariff review implemented April 2025 - Basic Health Care Provision Fund (BHCPF) 2.0 guidance approved	Enabled purchasing and benefit package updates
Transparency tools	Global Health Expenditure Database (GHED) updated and released 28 Nov 2025	Strengthened evidence base for financing decisions
Preparedness planning	- National Action Plan for Health Security (NAPHS) 2.0 launched Nov 2025; - National Strategic Plan of Action on Cholera Control (NSPACC) launched on 4 Feb 2025	Improved national preparedness architecture

3.5 Building sustainable institutional capacity

Results: WHO strengthened institutions, workforce, and system capability at scale, including:

Example	Quantified achievement (2025)	Result interpretation / rationale
HRH systems	• 700+ HRH officers trained • 200,000+ health workers recorded in the workforce registry • 13 nursing colleges upgraded, supporting 3,960 students/year	Strengthened pipeline and analytics for equitable distribution
Emergency readiness	• 1,455 Health Care Workers (HCWs) trained on preparedness/detection/response; • 495 trained for meningitis readiness across 11 states • 370 RRT members trained (BAY) plus 110 PHC workers trained on emergency management (step-down)	Improved surge capacity and response readiness
Polio operational capacity	• >230,000 vaccinators/supervisors trained; and • 140,000 informants engaged	Improved frontline delivery and surveillance linkage

3.6 Monitoring health trends

Results: WHO supported government to strengthen monitoring systems and surveillance routines to improve visibility of trends and performance. Examples include:

Example	Quantified achievement (2025)	Result interpretation / rationale
Indicator availability	SDG indicator availability 63% (2025) vs 51% (2019)	Improved national monitoring capability
Routine reporting	DHIS2 93% coverage; 77% timeliness	Better routine monitoring for planning and accountability
High-intensity surveillance	Polio: >540k supervision visits; 237k case searches	Earlier detection and targeted response

3.7 Sustainability Signals and next Steps

Sustainability signal	What to protect / scale in 2026	Core function(s)
Institutionalised governance	Strengthen subnational functionality and accountability routines	Leadership & partnerships
Adopted standards	Support implementation, compliance monitoring and iterative updates	Norms & standards; Monitoring
Strengthened data systems	Improve data quality and routine data use for decisions	Monitoring; Evidence
Workforce capacity	Convert training into performance through supervision and mentoring	Capacity building



DETAILED RESULTS BY CCS IV STRATEGIC OBJECTIVES (1–5)

Each strategic objective below includes: (a) quantifiable achievements (b) equity/gender/LNOB lens, (c) challenges/risks/adaptive measures, (d) one impact case story, and (e) key signals for 2026.

Contribution Pathway and evidence

WHO contribution was delivered through a combination of technical leadership, convening and partner alignment, normative guidance and standards, capacity building, and routine monitoring for corrective action.

Joint outcomes were realised through government-led implementation (federal, state and LGA levels) together with partners providing complementary resources, logistics, service delivery platforms, and community engagement.

For **evidence approach**, the quantified achievements reported below are traceable to programme documentation (approved guidelines/strategies, training registers, service utilisation reports, coverage tallies, DHIS2 dashboards, or surveillance outputs).

4.1 CCS IV STRATEGIC PRIORITY 1

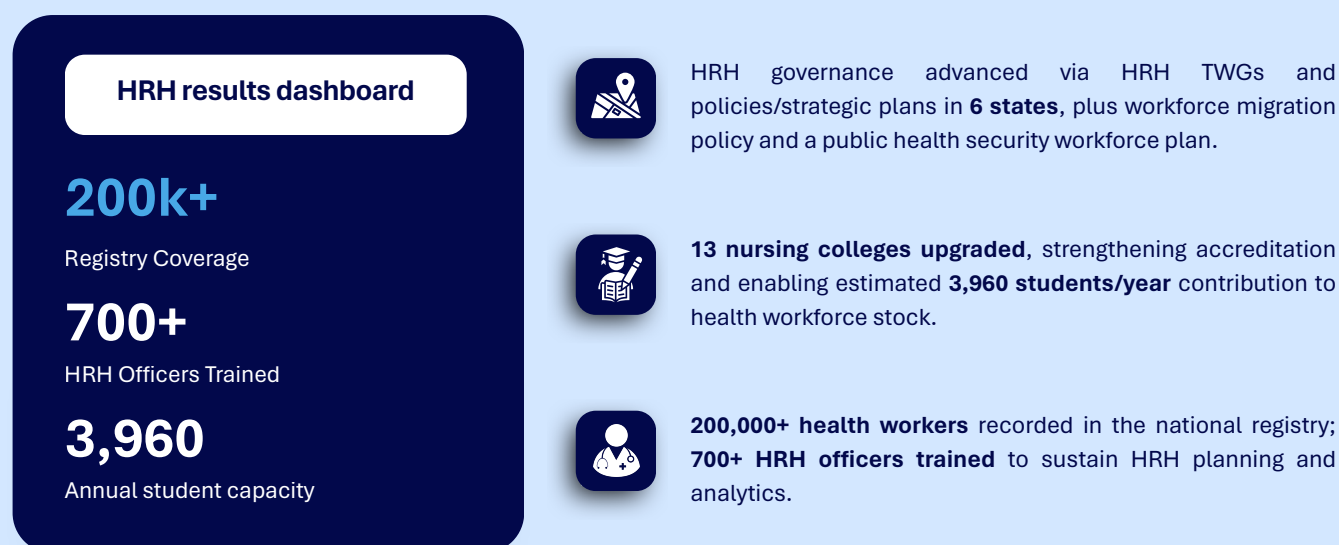
Advance PHC Approach and Essential Health Systems Capacities for Equity and Gender Equality across all levels to advance UHC

4.1.1 Quantifiable achievements

Outcome (with WHO contribution): PHC readiness and essential system capacities strengthened to accelerate UHC reforms under NHSRII/SWAp and improve quality and continuity of essential services.

Key results:**a: Service delivery and quality strengthened**

- PHC guidance/tools developed or updated, including the HOPE-PHC manual and emergency continuity protocols to systematize quality improvement and resilience.

b. Health workforce systems strengthened

Infographic placeholder: Figure 8. HRH results dashboard (registry coverage 200k+; 700+ trained; 3,960 annual student capacity).

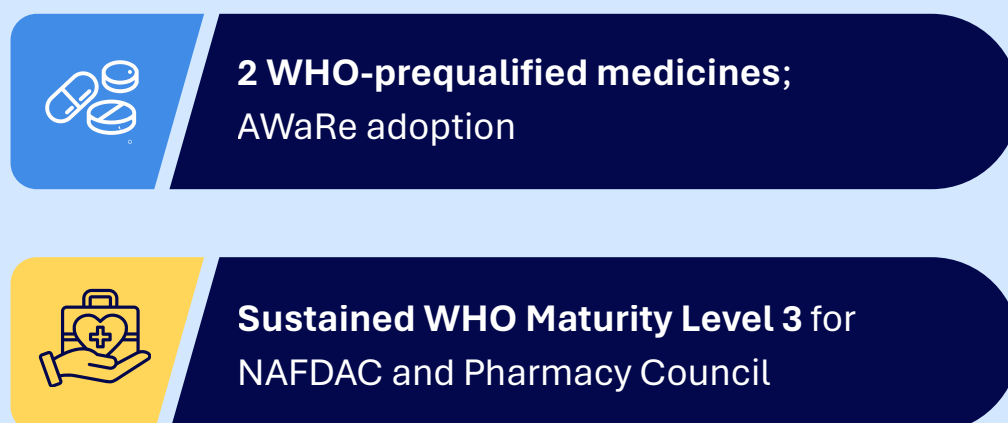
c. Medicines, regulation, and supply systems advanced

Figure 9. Regulatory/supply milestones (ML3 sustained; 2 WHO-prequalified medicines; AWaRe adoption).

4.1.2 Gender, equity, leaving no one behind

The strategic priority results contributed to equity by strengthening PHC readiness and system functions that enable identification and reduction of disparities through better planning, workforce distribution systems, and improved data-driven governance.

4.1.3 Challenges, risks, and adaptive measures

Main constraints included workforce shortages and uneven distribution, delayed policy domestication, last-mile supply limitations, funding volatility, and insecurity affecting service delivery and monitoring. Adaptive measures included digital monitoring tools, continuity protocols, stronger Technical Working Group (TWG) governance, and SWAp-enabled coordination.

4.1.4 Impact case story (Strategic Priority 1)

Celebrating the Lifesaving Generosity of Blood Donors

When Kemi Adesina donated blood for the first time, she did not expect a call of appreciation. A colleague had shared an urgent request for O-negative blood on WhatsApp, and knowing she was a match, she stepped forward.

“I did it because it felt like the right thing to do,” said the 28-year-old. “I hate needles, but I’m glad I went through with it. It saved a life.”

Her story underscores the need to foster a culture of voluntary blood donation in Nigeria. Across the country, regular donors like Kemi continue to give, driven by a simple goal—helping others in need.

Blood donation is critical for emergencies, childbirth, and routine care. With support from the World Health Organization and partners, Nigeria is strengthening blood services, improving safety, and encouraging more voluntary donations.

Observed each year on 14 June, World Blood Donor Day highlights the power of collective action. Each donation can save up to three lives—turning a single act into lasting impact.



4.1.5 Key signals for 2026

2026 priorities include:

- Scale PHC quality and continuity protocols and strengthen supportive supervision.
- Expand use of workforce registry analytics for deployment, skill-mix planning and training prioritisation.
- Strengthen supply chain visibility, diagnostics and medicines governance
- Sustain regulatory and lab systems improvements and integrate data for early detection.

4.2 CCS IV STRATEGIC PRIORITY 2

Improve equity and quality in health system coverage and financial protection through integrated people-centered services across the life-course

4.2.1 Quantifiable achievements

Outcome (with WHO contribution): Integrated, people-centered services strengthened, with measurable expansion in financial protection and immunization/outbreak control.

Health financing and coverage results



Figure 10. Financial protection and service delivery: coverage expansion (+4.9m) and PSHAN PHC results.

RMNCAEH+N quality results

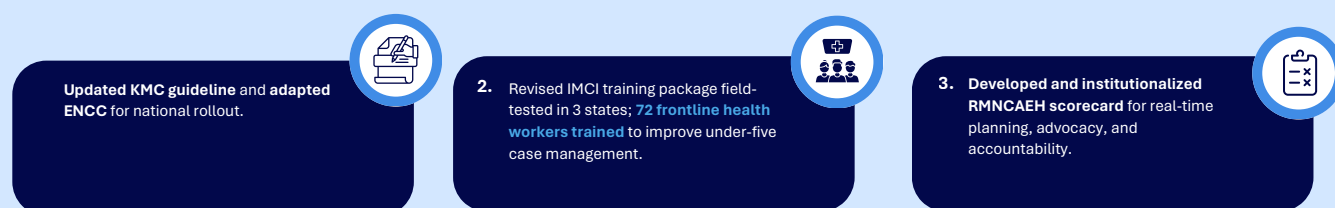


Figure 11. RMNCAEH quality package (KMC/ENCC/IMCI/Scorecard) and expected pathway to mortality reduction.

Immunization/outbreak and integration results



Figure 12. Vaccination impact dashboard (OCV, Men, MR, BCU outputs).

NTD elimination progress:

- Onchocerciasis eliminated in Plateau & Nasarawa; transmission interrupted in 15 states; 30.5m no longer requiring ivermectin.
- Trachoma: 87% reduction in population at risk (41m → <5m); 36m no longer needing MDA.
- LF: TAS in 436 LGAs; 120m no longer needing preventive chemotherapy.
- Schistosomiasis eliminated in Akwa Ibom.

4.2.2 Gender, equity, leaving no one behind

Priority populations included zero-dose/under-immunized children, under-fives, adolescents (including girls for HPV), pregnant women, IDPs, nomadic and hard-to-reach communities, and key populations for HIV prevention. Geographic focus included fragile settings in the Northeast/Northwest and priority LGAs nationwide.

4.2.3 Challenges, risks, and adaptive measures

Constraints included insecurity, hesitancy, cold chain gaps, supply pressures, surveillance and laboratory capacity limitations, malaria vaccine completion challenges, and TB detection/enrolment gaps (e.g., DR-TB enrolment gap in Lagos). Adaptive measures included expanded age cohorts, integrated delivery (MNCH weeks/SMC), readiness dashboards, EOC reviews, solar cold chain pilots, cascade lab training, and high-risk operational planning.

4.2.4 Impact case story (Strategic Priority 2)

Nigeria accelerating action to expand HIV prevention options with long-acting injectable PrEP

In Ugep, Cross River State, Effiong, 52, speaks with quiet confidence about the future. He is in a relationship where his partner is living with HIV, while he is negative (sero-discordant). To stay HIV-negative, he has relied on daily medication (pre-exposure prophylaxis (PrEP)). “If there’s an injection that works for months,” he says, “it would give me even more peace of mind.”

His optimism reflects a broader shift in Nigeria’s HIV response. With technical support from the World Health Organization and funding from the Global Fund, the government is preparing to expand prevention options through long-acting injectable PrEP — offering more choice, flexibility, and control.

A readiness assessment across over 70 public health facilities in 10 states confirmed strong foundations for rollout. Led by national institutions with partner support, the exercise mapped service delivery platforms and identified steps to ensure equitable access.

For Hauwa, 28, in Gombe, the option represents empowerment. “If injectable PrEP can protect me, I’m ready,” she says.

Since 2016, oral PrEP has protected thousands in Nigeria. Injectable PrEP — lasting two to six months — will complement existing services, particularly for those who prefer less frequent dosing.

As Nigeria advances towards ending AIDS as a public health threat by 2030, expanding prevention choices is bringing protection within reach for all.

4.2.5 Key signals for 2026

Focus will remain on reducing zero-dose burden, improving multi-dose completion, strengthening integrated outbreak preparedness, consolidating accountability at subnational level, and strengthening domestic financing to sustain gains across TB/HIV/malaria/NTDs/VPDs.

4.3 CCS IV STRATEGIC PRIORITY 3

Address root causes of ill health, including determinants and risk factors (NCDs, mental health, violence, injuries)

4.3.1 Quantifiable achievements

Outcome (with WHO contribution): National evidence and policy readiness strengthened for NCD and risk factor prevention, including tobacco control and climate-linked health risks.

Tobacco control evidence results (GATS 2025):



Figure 13. Tobacco control indicators: prevalence, quit attempts (45.4% → 57.2%), tax support (79.8%).

4.3.2 Gender, equity, leaving no one behind

Priority populations included vulnerable groups affected by malnutrition and food insecurity, women exposed to unsafe cosmetic products, populations facing climate-linked health risks, and those needing access to severe NCD services (e.g., PEN Plus). Geographic emphasis included fragile and food insecurity-affected regions and national rollout where policies apply.

4.3.3 Challenges, risks, and adaptive measures

Constraints included weak enforcement environments, service fragmentation for NCDs, capacity gaps, unsafe product markets, and climate-related shocks. Adaptive measures included governance strengthening, standardized tools, training, and integration of surveillance and reporting mechanisms.

4.3.4 Impact case story (Strategic Priority 3)

Health leaders commit to accelerate action against severe chronic diseases in Africa

For many families across Africa, living with severe chronic illnesses has long meant travelling long distances for care or going without it. That reality is beginning to change.

At the second International Conference for PEN-Plus in Africa, hosted by Nigeria with support from the World Health Organization and partners, countries renewed commitment to expand access to lifesaving treatment closer to communities.

PEN-Plus equips district hospitals with trained health workers to manage complex noncommunicable diseases—bringing specialised care within reach of those who need it most. Across Africa, the model is already improving access and outcomes, with more patients receiving treatment without the burden of high costs.

For frontline providers, this means new skills and stronger referral systems. For patients, it means timely care, fewer complications, and renewed hope.

As countries scale up implementation, the focus remains clear: close gaps in access, strengthen health systems, and ensure no one is left behind. In communities across Africa, PEN-Plus is turning policy into practice—bringing quality care closer to home and improving lives.



4.3.5 Key signals for 2026

- Translate evidence into strengthened enforcement and fiscal measures.
- Expand integrated NCD service models (including PEN Plus) with clear standards and referral pathways.
- Strengthen surveillance and monitoring of risk factors and prevention outcomes.

4.4 CCS IV STRATEGIC PRIORITY 4

Build institutional capacities for research, information, data systems, and digital technologies for health

4.4.1 Quantifiable achievements

Outcome (with WHO contribution): National HIS maturity, digital health standards, and evidence systems improved for better planning, financing, implementation, and monitoring.

Data and HIS improvements:

- Indicator availability for SDG health monitoring improved to 63% (2025) from 51% (2019) (WHO-led SCORE assessment).
- DHIS2 reporting performance reached 93% coverage and 77% timeliness.
- National Monitoring, Evaluation, Accountability, Results, and Learning (MEARL) Plan developed to align indicators and strengthen accountability mechanisms (Joint Annual Review, State of Health of the Nation contributions, indicator refinements).

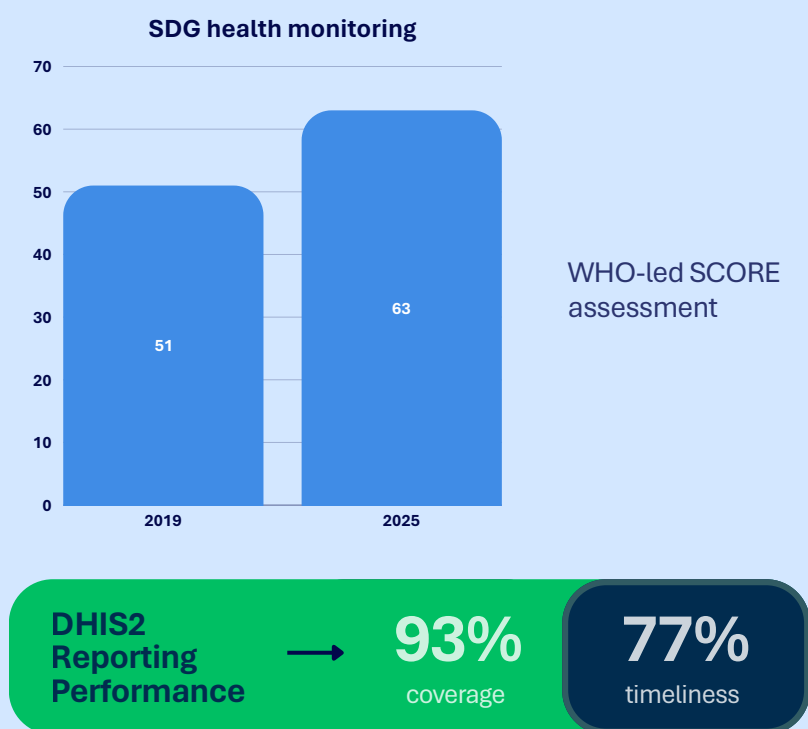


Figure 14. HIS maturity and DHIS2 performance trend (2019–2025; 93%/77%).

Digital health governance and standards:

Figure 15. Digital health architecture outputs: DAK, FHIR IG, ePharmacy requirements and governance structures.

4.4.2 Gender, equity, leaving no one behind

Strengthening MEARL and HIS enables better collection and use of sex-disaggregated and equity-sensitive data, improving visibility of disparities affecting women, girls, and vulnerable groups—supporting targeted policy and planning decisions. Interoperability standards reduce fragmentation and support continuity of care for mobile populations

4.4.3 Challenges, risks, and adaptive measures

Challenges included data quality and fragmentation, uneven subnational capacity, interoperability gaps, weak research governance and evidence use, and accountability limitations. Adaptive measures included indicator harmonization, MEARL planning, dashboards, routine data reviews, SMART guidelines-based interoperability acceleration, and capacity-building.

4.4.4 Key signals for 2026

2026 priorities include stronger governance for interoperability and data exchange frameworks, improved data quality capacity, digital literacy including AI-enabled solutions, and a national Health Data Hub to support SDG monitoring and equity-focused decision-making.

4.5 CCS IV STRATEGIC PRIORITY 5

Prevent, mitigate and prepare for emerging risks; rapidly detect and sustain effective response to emergencies (including humanitarian crises, climate threats, AMR)

4.5.1 Quantifiable achievements

Outcome (with WHO contribution): National and subnational capacities improved across preparedness, detection, and response—reducing risk and improving timeliness of outbreak response.

Policy and system strengthening



Figure 16. Preparedness architecture: NAPHS 2.0, NSPACC, DRR Strategy, PoE tool.

Measured capacity and performance improvements:

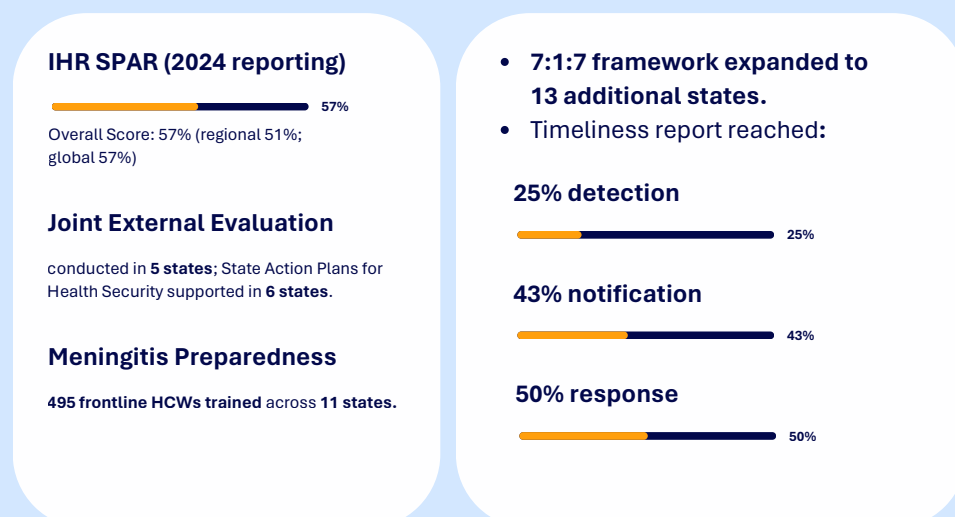


Figure 17. 7:1:7 timeliness performance and geographic expansion.

Operational response and vaccination impact:

- >3.7 million doses authorized by GAVI-ICG for reactive campaigns in 2025.
- 2.4 million OCV doses administered in 5 states with >98% target reached.
- 2.3 million Men5CV doses administered in 5 states with >97% target reached.

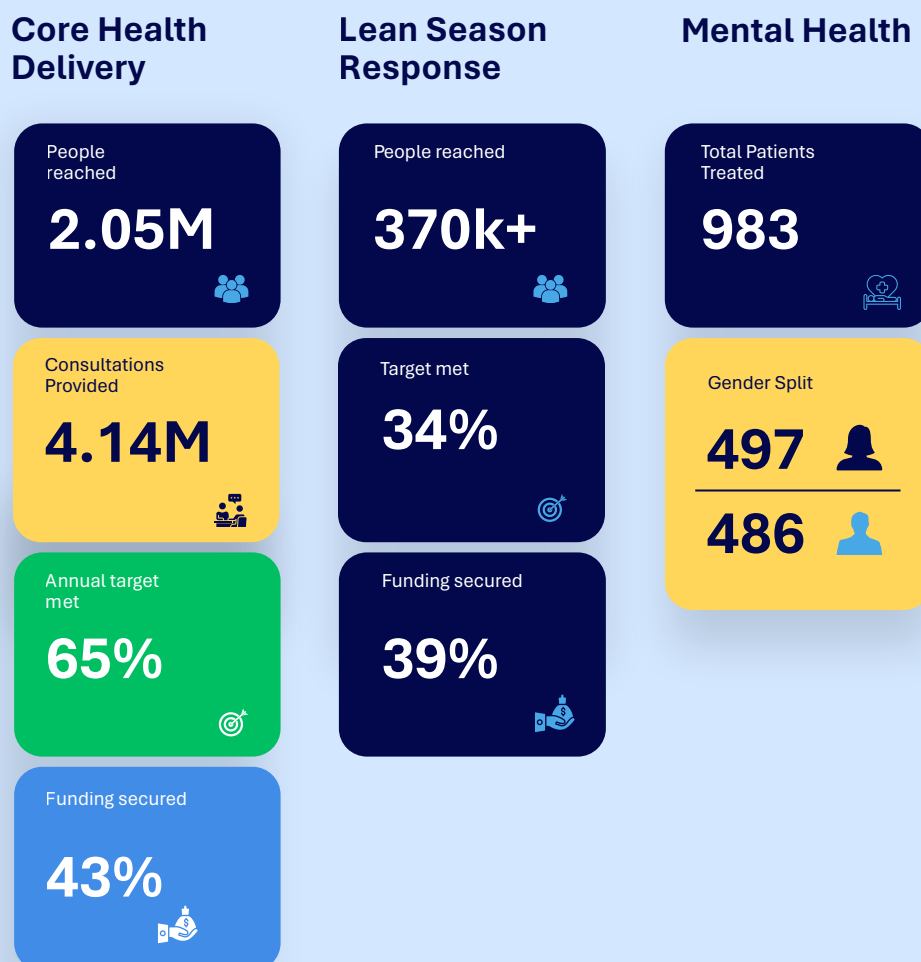
Humanitarian response (BAY) – health service delivery:

Figure 18. BAY humanitarian health response dashboard: reach, consultations, funding, mental health service outputs.

AMR/One Health achievements:

- AMR integrated across major national policies/strategies (One Health Strategic Plan, NAPHS, SWAp framework, WASH guidelines, food safety framework, National Drug Policy, lab strategic plan).
- Applied NEOH to review the One Health system; supported development of a national policy brief guiding subnational dialogues (e.g., Ebonyi).
- Built surveillance capacity (including private/military labs) and supported Nigeria's reporting of fungal AMR data to GLASS; supported AMU surveillance integration through regulatory data flows.

**One Health/AMR and labs**

- Financing mobilized
- NEOH application, 1,300 trained.

Figure 19. One Health/AMR and labs: financing mobilized, NEOH application, 1,300 trained here

4.5.2 Gender, equity, leaving no one behind

WHO prioritized populations most at risk—displaced communities, flood/cholera-prone areas, and fragile settings—ensuring that outbreak control and essential services reached women, children, and underserved groups.

4.5.3 Challenges, risks, and adaptive measures

Challenges included sustaining commodities and supply chains amid overlapping outbreaks, insecurity and floods restricting access, health workforce turnover, misinformation and fatigue, and complex multi-partner coordination. Mitigation measures included decentralizing diagnostics, community-led interventions, integrated IPC/RCCE strategies, and sustained partner coordination via cluster and SWAp structures.



4.5.4 Impact case story (Strategic Priority 5)

High-level delegation visits Nigeria, urges commitments from government

In Abuja, Nigeria's efforts to eradicate polio were marked by renewed urgency and hope. When leaders convened in February 2025, they emphasized that every child must be vaccinated and that no chance to do so should be overlooked.

A delegation from the Global Polio Eradication Initiative, led by Chris Elias, met with government officials, traditional leaders, and partners to boost coordination and speed up efforts. Engagement with authorities and leaders reinforced country ownership and accountability.

For health workers, this momentum improves microplanning, vaccine delivery, and community engagement to tackle misinformation. Nigeria has made progress. After reporting cases in multiple states in 2024, no new type 2 poliovirus cases were detected by early 2025—showing that intensified efforts are paying off. With WHO and partners, the country is strengthening surveillance, enhancing campaign quality, and integrating immunization with outbreak response.

Sustained leadership and community trust are driving progress—bringing Nigeria closer to a future where every child is protected from polio.

4.5.5 Key signals for 2026

Focus will remain on all-hazards preparedness, IHR monitoring, operationalization of One Health coordination, strengthening PHEOC and IDSR/SORMAS-based intelligence, and improving access to countermeasures through coordinated response pillars.

ACKNOWLEDGEMENT OF PARTNERS

Thank you to all WHO Nigeria partners for your steadfast collaboration and commitment to improving public health outcomes across the country.

Your support and shared vision continue to strengthen our collective impact and drive progress toward a healthier Nigeria.

Gates Foundation



JAPAN GOV
THE GOVERNMENT OF JAPAN



**World Health
Organization**

Nigeria

NIGERIA COUNTRY OFFICE:
**UN HOUSE , PLOT 617/618, DIPLOMATIC DRIVE,
CENTRAL DISTRICT AREA, ABUJA.**