

COMMUNIQUÉ ISSUED AT THE END OF THE 2025 HEALTH SECTOR–WIDE JOINT ANNUAL REVIEW MEETING HELD AT TRANSCORP EVENT CENTRE, MAITAMA, ABUJA FROM NOVEMBER 12 – 14, 2025

PREAMBLE

The Federal Ministry of Health and Social Welfare (FMoHSW), in collaboration with its MDAs, state governments, development partners, the private sector, traditional and religious institutions, civil society and academia, convened the 2025 Health Sector Joint Annual Review (JAR) from 12–14 November 2025 at Transcorp Event Centre, Abuja. The three-day Review assessed national and subnational performance under the Sector-Wide Approach (SWAp) and realigned collective action to accelerate delivery of the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and progress towards Universal Health Coverage (UHC).

The event was chaired by Prof. Muhammad Ali Pate, the Honourable Coordinating Minister of Health and Social Welfare, alongside Dr Iziaq Adekunle Salako, Honourable Minister of State for Health, the meeting brought together nearly 1,000 physical participants representing government, partners, Traditional Institutions, ALGON, private organizations, media and citizens across all levels.

This year's Review, preceded for the first time by State-level JARs, demonstrates Nigeria's deepening commitment to the NHSRII Compact and to the SWAp principles of One Plan, One Budget, One Report, and One Conversation.

Specific objectives for the 2025 JAR were

I. Review progress on NHSRII priorities, Compact commitments and sector performance using data-driven performance reviews and partner accountability dialogues.
II. Spotlight best practices, innovations and opportunities for multi-sectoral learning and scale-up across core themes.
III. Jointly identify performance optimization actions and agree priority resolutions and targets for 2026.

MAJOR HIGHLIGHTS

- **Successful convening of the 2025 Joint Annual Review, with strong participation *(almost 1000 delegates, a 2-fold increase from the 450 in 2024)*** from Federal and State Governments, development partners, the Nigeria Governors' Forum, ALGON, traditional and religious leaders, private sector, civil society, academia, and the media.

- **Official signing of the UHC Compact Addendum,** expanding the Compact to private sector actors, LGAs, Traditional Institutions and other ministries; integrating emerging health sector priorities; responding to global health financing shifts; and strengthening accountability through clearer "Ask-and-Offer" frameworks.

- **Five NHSRII Spotlight Sessions showcased progress and opportunities across the 13 priority areas**, including:

    - Early gains in maternal and neonatal mortality reduction under MAMII;
    - improvements in PHC functionality, emergency referral systems, and social health insurance uptake;
    - advancements in local manufacturing, regulation, and pooled procurement under the health value-chain reforms;
    - strengthened health security architecture via surveillance, laboratories, and emergency operations; and
    - governance and financing transitions in preparation for evolving donor landscapes.

- **Showcase of key digital tools**, including the BHCPF digital platform, the national e-learning system enabling free training for frontline health workers, and PHC

revitalization dashboards providing real-time facility readiness and service delivery visibility; the SAVE MAMA from RESMAT, NHIA digital platform for claims

- **First-of-its-kind open dialogue on corruption and fiduciary risk**, featuring the BHCPF case study, cross-agency perspectives, and clear actions and commitments to strengthen transparency and accountability.
- **Conduct of the expanded ICC session which brought together senior leadership** from NPHCDA, FMoHSW, development partners, and state counterparts for a rigorous review of immunization performance. The session enabled deeper engagement on data quality, accountability frameworks, vaccine financing outlook, and alignment of 2026 targets—demonstrating stronger integration of ICC processes into the JAR platform.
- **Flagship exhibition and learning showcase at JAR with over 45 abstracts and multiple exhibits**; MDAs, state teams, development partners, and private innovators demonstrated tools, dashboards, digital applications, policy frameworks, and programme results. The exhibition created a shared learning space, strengthened cross-agency visibility, and highlighted practical examples of how reforms under the NHSRII are taking shape across the country.
- **An Interactive People's Pulse Town Hall was convened to elevate citizens' perspectives and strengthen a transparent feedback loop** between Nigerians and health leaders. The forum enabled open dialogue on cost of care, service quality, facility responsiveness, health worker behaviour, and accountability, ensuring that lived experiences directly inform future policy and programme adjustments.
- **Inauguration of the TA pool committee** which will guide, coordinate and oversee the pooling and deployment of Technical assistance in line with SWAp priorities
- **Launch of major national products and strategies**, that together form an integrated ecosystem, one that improves how we plan, how we allocate resources, how we measure performance, and ultimately how we deliver results for Nigerians, including:
    - Data Plans, Tools & Reports Health Sector Strategic Blue Print (HSSB), National Health Facility Registry (NHFR), National Health Management Information System

(NHMIS) Assessment, Multi-Source Data Analytics and Triangulation (MSDAT), Larval Source Management to strengthen data quality, visibility, and coordination;

- National CEmONC Facility Readiness Assessment Report, providing Nigeria's most comprehensive evaluation of emergency obstetric and newborn capacity;
- Climate & Health National Adaptation Plan, advancing resilience against climate-driven health risks;
- Second National Action Plan for Health Security (NAPHS-2), strengthening outbreak preparedness and response;
- N-CAS Strategy, integrating campaigns under "One Plan. One Campaign. One Frontline"; and
- the Mini-DHS Framework, enabling annual, high-fidelity outcome measurement to track progress toward NHSRII goals.

KEY OBSERVATIONS

1. **Governance & Accountability**

The signing of the UHC Compact Addendum strengthens mutual accountability across federal, state, LGA, private sector, and traditional institutions. However, operationalisation at the subnational level remains uneven: fewer than half of states have fully functional coordination platforms, and alignment to One Plan/One Budget processes varies significantly across zones. The ICC review highlighted the need for technically sound targets and consistent use of validated data sources to avoid performance distortion.

2. Maternal & Newborn Health

MAMII is delivering measurable gains: **up to 17% reduction in maternal mortality** in early-implementing LGAs and improving trends in neonatal mortality across participating states. Gains are supported by rising ANC1 and ANC4 coverage and improved referral pathways. Persistent gaps remain in CEmONC availability—only **32% of assessed facilities meet minimum readiness criteria**, and blood availability remains a binding constraint in multiple states.

3. PHC Functionality & Service Readiness

PHC revitalisation efforts have raised functionality scores in several zones, with increases in **24-hour service availability, electricity reliability, and WASH standards**. However, critical gaps persist: staffing deficits remain acute, especially in rural LGAs, commodity stockouts and limited CEmONC capacity continue to undermine service quality.

4. **Health Financing & Financial Resilience**

Domestic financing through BHCPF and State Health Insurance Schemes expanded, with **over 2.4 million vulnerable Nigerians enrolled** and improvements in claims processing. However, external funding declines and delayed budget releases present risks to essential programmes. Vaccine financing discussions at the ICC highlighted the need for predictable counterpart contributions and improved budget execution at both federal and state levels.

5. **Data & Evidence for Decision-Making**

The integration of **NHFR, NHMIS Assessment recommendations, MSDAT, and the Mini-DHS framework** strengthens Nigeria's pathway to a single source of truth. States with stronger data governance demonstrated better alignment between administrative and survey indicators. However, routine use of these platforms at state and LGA levels remains inconsistent, with varying levels of data validation, completeness, and timeliness—limiting full-sector accountability.

6. **Market-Shaping & Local Production**

Reforms under the Presidential Value Chain Initiative continue to gain momentum, with new MoUs signed with local manufacturers and over **40 private sector entities engaged** in expanding pharmaceutical and diagnostics production. Early wins are visible in syringes, PPE, and select commodities. Sustained industrial policies, regulatory clarity, and guaranteed demand mechanisms will be essential to scaling local production and reducing dependency on imports.

7. **Integrity, Transparency & Systems Strengthening**

Across BHCPF, immunization financing, and PHC operations, data quality improvement and anti-fraud controls remain critical. Cases of **ghost workers, irregular payments, double expenditures, and weak fiscal tracking** were highlighted. Strengthening digital

financial management systems, enforcing compliance with treasury guidelines, and institutionalising routine audits are central to building public trust.

8. Sexual & Reproductive Health (SRH)

Progress in SRH is evident with availability of enabling policies and state-owned implementation platforms. However, facility readiness remains a critical bottleneck - **30% of BHCPF facilities** currently provide the complete suite of SRH services, and 86% of the assessed population continues to face access barriers. Stronger community, especially male involvement, sustainable financing, and integration are required to accelerate progress and ensure investments translate to improved outcomes.

9. Immunization

Mixed performance in the implementation of the Gavi accountability framework (across core programmatic and especially the vaccine financing indicators) due to tight fiscal realities.

RESOLUTIONS

In line with international commitments on donor coordination and the shift to supporting government priorities by supporting government ownership and using national systems. The meeting resolved to strengthen stakeholder coordination for improved health service delivery, ensuring alignment with the commitments outlined in the Compact. These includes:

1. **Operationalize the UHC Compact Addendum by Q1 2026** through a co-created implementation framework with clear Ask-and-Offer commitments and a robust tracking mechanism.
2. **Adopt biometric verification across all PHCs** and health-insurance platforms to eliminate ghost workers, strengthen attendance management, and enhance HRH transparency and performance, drawing from the Gombe model. *(To formalize these, at the National Council on Health (NCH) at the NCH, Gombe to present a case study of Biometric registration for potential review and adoption for scale up; and also a memo to be reviewed on the standardized certification pathway for medical officers to safely perform emergency obstetric procedures).*

3. **Strengthen integrity, transparency, and fiduciary controls by rolling out digital expenditure-tracking** and biometric attendance across all BHCPF-supported facilities by Q3 2026, supported by empowered oversight committees.
4. **Improve Data quality and use for action** by implementing robust quality assessment plans, optimizing DHIS2, and strengthening data culture and management practices across levels
5. **Advance HRH reforms by establishing a National HRH program, and explore deployment of new cadres of the future health workforce aligned with Nigeria's emerging service-delivery priorities** and long-term economic ambitions including value chain optimization, regulation, and management.
6. **Accelerate and scale the MAMII programme nationally**; close the financing gap through domestic resource mobilization and private sector resource pooling, strengthen SBBC and community engagement, and expand to new LGAs guided by mini-DHS data, with full scale-up of MPCDSR and referral systems by Q4 2026.
7. **Improve access to and quality of SRH through policy domestication, sustainable financing, community engagement, and stakeholder collaboration.** Specifically:
    a. Domesticate and disseminate key policies (STOP, VAPP, TSTS, etc.) across remaining states by leveraging the Governors Forum, First Ladies Forum, and targeted sensitization of state health leaders, traditional and religious leaders, while also reviewing constitutional provisions to reinforce the fundamental right to life.
    b. Integrate SRH (family planning, Post-abortion care) into maternal health service delivery at all levels
    c. Urgently address family planning stockouts and strengthen sustainable SRH financing through a total market approach—leveraging the DRF for paying clients, ensuring full SRH coverage under BHCPF, and prioritizing vulnerable groups for free or subsidized services.
    d. Apply a life-cycle approach to SRH programming to ensure state-specific prioritization and contextualization, including integrating post-menopausal care into key policies and programs

e. Deploy CSOs to strengthen community awareness, shift harmful norms, and drive demand for SRH services, while addressing socio-economic determinants of maternal mortality—such as girls' and women's education—through coordinated multi-sectoral collaboration with relevant stakeholders.

8. **Deploy and scale the PHC Financial Management System** and explore linkages with financial institutions to improve real-time visibility, and mitigate fiduciary risks.

9. **Expand health insurance coverage and equity programmes** by enforcing employer insurance mandates for all organizations engaging with government, scaling equity schemes, digitizing enrollment and claims, and enrolling 5 million Nigerians, including 1 million additional vulnerable persons, by end-2026.

10. **Advance local manufacturing and supply-chain resilience by operationalizing Medipool**, incentivizing private-sector investment, and transitioning at least 20 priority commodities to local production with five new manufacturing plants operational by 2026.

11. **Nigeria committed to the full release of its counterpart for vaccines procurement** and meeting its obligations in the revised accountability framework (AF 3.0)

12. **Strengthen State and LGA delivery systems** to improve readiness, responsiveness, and accountability in the following areas:

    a. State-level resource mobilization, focal accountability, and performance tracking, ensuring LGA structures are fully aligned with NHSRII priorities.
    b. Emergency response capacity, by scaling NEMSAS and RESMAT and ensuring all PHCs meet minimum readiness standards for CEmONC and timely referral.
    c. Inter-agency collaboration across NPHCDA, NHIA, NCDC, NMEP, NAFDAC and other key actors to strengthen integrated service delivery and facility readiness
    d. Accountability for Drug Revolving Funds (DRFs) to eliminate leakages, curb corruption, and ensure uninterrupted access to essential medicines.

13. **As part of resource pooling, mutual accountability and transparency from the portfolio review, the stakeholders will;**

a. Institute data-guided monitoring and fund allocation guided by periodic resource mapping, National health accounts, and public expenditure review at national level; as well as State Resource Mapping and State health accounts
b. Support strengthening of the public expenditure framework review - World Bank
c. Establish iterative joint updates beyond the joint annual review for partners to adjust programming and reallocate resources proactively
d. Optimize state level investments, particularly to unlock HOPE PHC incentives and strengthen frontline service delivery - All Development Partners
e. Advance a government co-financing arrangement with bilateral partners

14. **Conclusion:**

Much appreciation to the Hon. Minister of Finance and Coordinating Minister of the Economy, Hon. Minister of Budget and National Planning, National Coordinator, SWAp Coordinating Office, Hon. Commissioners for Health, Chief Country Delivery Officer GAVI, Country Director World Bank, Director General Centre for African Centre for Disease Control, World Representative, World Health Organization (WHO), and Traditional Rulers.

ISSUED this 14th day of November, 2025 in Abuja.

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Dr. Mary Ama Brantuo

Rep of Health DPG

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Daju, Kachollom S. ***mni*** ***Dr. Oyebanji Filani***

Permanent Secretary Chair of Hon. Commissioners

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Professor Muhammad Ali Pate

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