STATE ACCOUNTABILITY SCORECARD

LAGOS STATE

COVID-19 AND HEALTH SECURITY

REPORTING YEAR

2022

JANUARY - JUNE

ABOUT THE SCORECARD

The COVID-19 and health security accountability scorecard was developed through; adaptation of indicators from the WHO`s Joint External Evaluation tool for evaluation of International Health Regulation (IHR) 2nd edition, review of government documents including budget and presentations, review of COVID-19 related government online dashboards, advocacy/retreat meetings with relevant government agencies, CSOs, media and young people.

The scorecard was developed to report CSOs review on Lagos state`s capacity on preparedness and response to health security and COVID-19. The scorecard serves as an evidence tool to be used by all stakeholders including CSOs, professionals, media, advocates, young people and development partners to strategically influence actions that will mobilize resources, promote prudent spending, transparency and accountability of COVID-19 and health security fund.The scorecard indicators were grouped into two main categories; prevent and respond.

PREVENT

INDICATORS

SCORE

Financing, Coordination and Advocacy

Indicator	Score
Availability of financing for the implementation of COVID-19 response and International Health Regulation (IHR) capacities	Limited capacity
A financing mechanism and funds are available for timely response to public health emergencies	No Capacity
Annual expenditure report available on COVID-19 and Health Security	Demonstrated capacity
A functional mechanism established for the coordination, financing and integration of relevant sectors in the implementation of COVID-19 response and health security	Demonstrated capacity

Antimicrobial Resistance (AMR)

Indicator	Score
Functioning surveillance of Antimicrobial resistance	Progressive capacity
Effective infection prevention and control system	Demonstrated capacity

Immunization

Indicator	Score
Effective state COVID-19 vaccine access and delivery system	Demonstrated capacity
Lagos state readiness to reduce hesitancy and increase uptake of COVID-19 vaccine	Progressive capacity
COVID-19 Crisis Communication Centre (CRICC) has been set up at state level	Demonstrated capacity
Public information available through interpersonal, traditional & social media channels on COVID-19 vaccine	Demonstrated capacity
Functional State Task Force on COVID-19 exist	Demonstrated capacity

Definition of Keys | No Capacity | Limited capacity | Progressive capacity | Demonstrated capacity | Sustainable capacity

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RESPOND

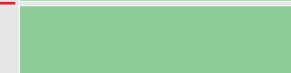## Emergency Preparedness and Response Operations

Indicator	Score
Functioning multi-sectoral multihazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested	🟧
Functioning Emergency response coordination	🟩
Functioning Emergency operations centre (EOC) capacities, procedures and plans	🟩

Risk Communication

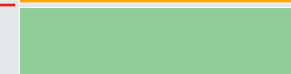| Indicator	Score
Established internal and partner coordination for emergency risk communication	🟧
Functioning public communication strategies for COVID-19 related emergencies	🟧
Functioning communication engagement with affected communities	🟩

Definition of Keys | No Capacity | Limited capacity | Progressive capacity | Demonstrated capacity | Sustainable capacity

2

PREVENT

Financing, Coordination and Advocacy

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
Availability of Financing for the implementation of COVID-19 response and International Health Regulation (IHR) capacities	There is no budget allocation available to finance the implementation of COVID-19 response and IHR.	A budgetary allocation or substantial external financing is made for some of the relevant sectors and their respective ministries.	A budgetary allocation or substantial external financing is made for human health, veterinary public health, agriculture, and all other relevant ministries or sectors	A sufficient budget is allocated with timely disbursement to some relevant MDAs	A sufficient budget is allocated with timely disbursement to all relevant MDAs
A financing mechanism and funds are available for timely response to public health emergencies	Financing for responding to public health emergencies not identified	An emergency public financing mechanism identified	Financing mechanism for emergency response is identified and funds allocated	The emergency public financing mechanism in place and funds can be access when needed	Financing mechanism can be executed and monitored in a timely and coordinated manner
Annual expenditure report available on COVID-19 and Health Security	No COVID-19 expenditure report available	Report of disbursement of funds for COVID-19 and health security is available on request	Report of disbursement of funds for COVID-19 and health security is available via online treasury portal	Expenditure report for COVID-19 and health security is available on request	Expenditure report for COVID-19 and health security is available via online treasury portal
A functional mechanism established for the coordination, financing and integration of relevant sectors in the implementation of COVID-19 response and health security	Coordination mechanism within and between relevant ministries, including government agencies, is not in place	Coordination mechanism within and between relevant ministries is in place.	A multi-sectoral, multi-disciplinary body, committee or task force addressing COVID-19 response and health security is in place	Functioning Multisectoral and multi-disciplinary coordination and communication mechanisms are in place.	Regular updates on the status of COVID-19 response and health security reported to stakeholders.

Antimicrobial Resistance (AMR)

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
Functioning surveillance of Antimicrobial resistance (AMR)	No laboratories that conduct antibiotic susceptibility testing	Some clinical or reference laboratories are conducting testing but can not produce AMR data locally	National AMR surveillance activities are performed according to national Standards.	Centrally coordinated state AMR sentinel surveillance system that produces regular reports on AMR resistance.	The state AMR surveillance system integrates surveillance of AMR in pathogens of concern to human and animal health
Effective infection prevention and control System	No systematic efforts, state programme, or responsible persons for Infection Prevention and Control (IPC)	State water, sanitation and hygiene (WASH) and environmental health standards exist but are not fully implemented.	State guidelines for IPC are available and disseminated	Statewide implementation of IPC plans and guidelines in public and private sectors in place	IPC is in place and functioning at public and private health facility

Immunization

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
Effective state COVID-19 vaccine access and delivery system	No plan is in place for statewide vaccine access and delivery system	Plan is in place but implementation has not begun	Implementation has begun with vaccine delivery (maintaining cold chain) available in 40–59% of LGA within the state	Vaccine delivery (maintaining cold chain) is available in 60–79% of LGA within the state	Vaccine delivery (maintaining cold chain) is available in greater than 80% of LGA within the state
State readiness to reduce hesitancy and increase uptake of COVID-19 vaccine	No defined guidelines on mitigating vaccine hesitancy and optimizing uptake	Defined guidelines on vaccine hesitancy and uptake exist	Defined guidelines on vaccine hesitancy and uptake exist and disseminated to all stakeholders	Defined guidelines on vaccine hesitancy and uptake implemented	Defined guidelines on vaccine hesitancy and uptake implemented and evaluated annually
COVID-19 Crisis Communication Centre (CRICC) has been set up at state level	COVID-19 Crisis Communication Centre (CRICC) has not been established at state level	COVID-19 Crisis Communication Centre (CRICC) has been established at state level	COVID-19 Crisis Communication Centre (CRICC) has been established and COVID-19 communication strategies developed at state level	COVID-19 communication strategies developed and implemented at state level	COVID-19 communication strategies developed, implemented, evaluated and reviewed at state level

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
Public information available through interpersonal, traditional and social media channels on COVID-19 vaccine	Public information on COVID-19 vaccine is not available.	Public information available through interpersonal communication on COVID-19 vaccine	Public information available through interpersonal and traditional (radio) channels on COVID-19 vaccine	Public information available through interpersonal, traditional (radio & TV) channels on COVID-19 vaccine	Public information available through interpersonal, traditional (radio & TV) and social media channels on COVID-19 vaccine
Functional State Task Force on COVID-19 exist	No State Task Force on COVID-19l	State Task Force on COVID-19 inaugurated	State Task Force on COVID-19 inaugurated with diverse membership	State Task Force on COVID-19 inaugurated with diverse membership and agreed annual work plan	State Task Force on COVID-19 inaugurated with diverse membership and agreed annual work plan fully implemented

RESPOND

Emergency Preparedness and Response Operations

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
State multi-sectoral multi-hazard emergency preparedness measures, including emergency response plans , are developed, implemented and tested	A state multi-sectoral multi-hazard plan for strengthening emergency pre-paredness is not available.	A state mult-isectoral multi-hazard plan that identifies key measures for strengthening emergency preparedness for priority risks is in place.	Emergency preparedness measures are implemented at state levels by public health, animal health and other relevant sectors.	Emergency preparedness measures are implemented at state and local levels.	There are dedicated human resources and regular budget funding to support coordination, implementation and evaluation of emergency preparedness measures.
Functioning emergency response coordination mechanisms	Emergency response coordination mechanism is not available	A state health sector emergency response operation point of contact is available 24/7	A health sector emergency response coordination mechanism for emergencies including Public Health Emergency of International Concerns (PHEIC) is in place	Functioning emergency response coordination mechanisms at the state and local levels	Emergency response coordination mechanisms at all levels have been tested and updated in the past two years
Functioning state emergency operations centre (EOC)	An EOC has not been identified and no EOC plans/procedures are in place	State EOCs or equivalent structures are established	State EOCs or equivalent structures are established	State EOCs can be activated within 120 minutes of receiving an early warning or information of an Emergency.	EOC functions at all levels have been tested and updated regularly

Risk Communication

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
Established internal and partner coordination for emergency risk communication	No coordination platform and mechanisms for internal and partner communication are in place	Some adhoc communication coordination, such as meetings with some partners and/or irregular information sharing in place	Communication coordination exists but with limited partner and stakeholder engagement	Effective, regular communication and coordination with all partners and stakeholders	Effective, regular and inclusive communication coordination with partners and stakeholders
Functioning public communication strategies for COVID-19 related emergencies	No central unit or locus for public communication, or responsive adhoc media outreach in place	Public communication unit or team exists.	Proactive public outreach on a mix of platforms (newspapers, radio, television, social media, Internet) exist	There is planned communication with continuous engagement and proactive media outreaches	The government, partners and diverse media outlets are engaged in robust and increasingly responsive collaborations
Functioning COVID-19 communication engagement mechanism with affected communities	No arrangement to systematically engage populations at community level for emergencies in place	Community-level engagement system partially with mapping of existing processes, programmes, partners and stakeholders	Stakeholders mapped at intermediate and local levels, and decentralized system in place for communtiy engagement	Regular briefing, training, mobilisation of community engagement teams including volunteers.	Communities are equal partners in the risk communication process.

> " Calling on Lagos state government to map resources and establish health security and COVID-19 equitable recovery trust fund "

Recommendation

1 Calling on Lagos state government to map resources and establish health security and COVID-19 equitable recovery trust fund

4 Engage state ministry of health and ministry of finance on publishing the state government 2021 and 2022 COVID-19 and Health Security expenditure report.

2 Engage the state ministry of health for collaboration to monitor/track allocation, donors support, loans and government releases for health security and COVID-19.

5 Engaged the state government on availability of adequate COVID-19 vaccines in all the state's vaccination centers aimed at increasing uptake of COVID-19 vaccines.

3 The State Primary Healthcare Development Agency to strengthen community and CSOs involvement to increase utilization of COVID-19 vaccines, improve routine immunization performance and support factual public information on COVID-19 in the state.

6 Advocate for strengthening collaborative effort between legislators and CSOs for oversight on COVID-19 fund spending

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COVID-19
F I N A N C E S
ACCOUNTABILITY WORKING
GROUP IN NIGERIA

AHBN
MAYE

MEANINGFUL
ADOLESCENTS
AND YOUTHS
ENGAGEMENT
WORKING GROUP

CiSCANEN

NIGERIAN
CANCER
SOCIETY