



NIGERIA

NATIONAL ACCOUNTABILITY SCORECARD

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 agencies, CSOs, media and young people.

The scorecard was developed to report CSOs review on Nigeria`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, media, advocates, young people and development partners to strategically influence actions that mobilize resources, promote prudent spending, transparency and accountability of COVID-19 health security funds. The scorecard indicators were grouped into four main categories; prevent, detect, respond, and IHR related hazards and points of entry.

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SELECTED COVID-19 AND HEALTH SECURITY FUNDS IN APPROVED 2022 BUDGET

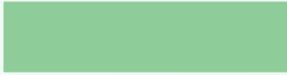
BUDGET CODE	BUDGET ITEMS	ALLOCATION (NGN)
ERGP25158419	Coordination of implementation of the National Health Sector COVID-19 Pandemic Response Action Plan	91,576,069
ERGP25159807	Institutionalization of Sustainable Financing Mechanisms for Health System Resilience	60,492,108
ERGP25174121	COVID-19 Pandemic Response Research for Health Security Strengthening the National Health Research Ecosystem to Support Vaccine and Pharmaceutical Development	230,000,000
ERGP25180293	Multilateral/bilateral Project-Tied Loans - Nigeria COVID-19 Preparedness and Response Project (COPREP)	45,116,500,000
ERGP25120418	Epidemic preparedness, capacity development on COVID-19, lassa fever and ebola	15,011,855
ERGP25171890	Strengthening public health emergency preparedness and response & global health security and coordination	60,000,000
ERGP7175903	Advocacy collaboration with international partners and NGOs -employment generation(msme) -COVID-19 impact -diversification of Economy -Financing Health Security (ERPM)	20,000,000

PREVENT

INDICATORS

SCORE

Financing, Coordination and Advocacy

Availability of Financing for the implementation of COVID-19 response and International Health Regulation (IHR) capacities	
A financing mechanism and funds are available for timely response to public health emergencies	
Annual expenditure report available on COVID-19 and Health Security	
A functional mechanism established for the coordination, financing and integration of relevant sectors in the implementation of COVID-19 response and health security	

Antimicrobial Resistance (AMR)

Functioning surveillance of Antimicrobial resistance (AMR)	
Effective infection prevention and control System	

Zoonotic Disease

Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	
Mechanisms for responding to infectious and potential zoonotic diseases established and functional	

Definition of Keys

No Capacity

Limited capacity

Progressive capacity

Demonstrated capacity

Sustainable capacity

INDICATORS

SCORE

Biosafety and Biosecurity

Government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)

**Immunization and Vaccine Delivery**

Effective National COVID-19 vaccine access and delivery system



Nigerian readiness to reduce hesitancy and increase uptake of COVID-19 vaccine



COVID-19 Crisis Communication Centre (CRICC) has been set up at national level



Public information available through interpersonal, traditional & social media channels on COVID-19 vaccine



Functional Joint Task Force on COVID-19 vaccine exist at national level

**DETECT****National Laboratory, Surveillance and Reporting Systems**

Effective national diagnostic network



Effective surveillance systems



Effective use of electronic tools in surveillance and reporting



Functioning national reporting network and protocol systems



Definition of Keys

No Capacity

Limited capacity

Progressive capacity

Demonstrated capacity

Sustainable capacity

RESPOND

INDICATORS

SCORE

Emergency Preparedness and Response Operations

Functioning National multi-sectoral multi-hazard emergency preparedness measures

Functioning emergency response coordination mechanisms

Functioning national emergency operations centre (EOC)

Linking Public Health and Security Authorities

Public health and security authorities linked during a suspect or confirmed biological, chemical or radiological event

Risk Communication

Established internal and partner coordination for emergency risk communication

Functioning public communication strategies for COVID-19 related emergencies

Functioning COVID-19 communication engagement mechanism with affected communities

Definition of Keys

No Capacity

Limited capacity

Progressive capacity

Demonstrated capacity

Sustainable capacity

IHR RELATED HAZARDS AND POINTS OF ENTRY

INDICATORS

SCORE

Points of entry

Routine capacities established at points of entry



Effective public health response at points of entry



Engage federal ministry of health and federal ministry of finance on publishing Nigerian government 2020, 2021 and 2022 COVID-19 and Health Security expenditure report

Definition of Keys

No Capacity

Limited capacity

Development capacity

Demonstrated capacity

Sustainable capacity

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 government open 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 government open 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)

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 national AMR sentinel surveillance system that produces regular reports on AMR resistance.	The national AMR surveillance system integrates surveillance of AMR in pathogens of concern to human and animal health
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Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
Effective infection prevention and control System	No systematic efforts, national programme, or responsible persons for Infection Prevention and Control (IPC)	National water, sanitation and hygiene (WASH) and environmental health standards exist but are not fully implemented.	National guidelines for IPC are available and disseminated	Nationwide implementation of IPC plans and guidelines in public and private sectors in place	IPC is in place and functioning at national, state and health facility levels

Zoonotic Disease

Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	Some capacities for surveillance of zoonotic diseases exist but are not organized between the animal health or public health system	Country has a list of five priority zoonotic diseases/pathogens agreed among sectors	Zoonotic surveillance systems in place for one to four zoonotic diseases/ pathogens	Zoonotic surveillance systems in place for five or more priority zoonotic diseases/pathogens	Routine sharing of information between the sectors.
Mechanisms for responding to infectious and potential zoonotic diseases established and functional	Despite some mechanisms for specific diseases/ pathogens, no coordinated response mechanism in place	Documented multi-sectoral national policy, strategy and/or plan for response has been elaborated	An established multi-sectoral operational mechanism for coordinated response to outbreaks of zoonotic diseases is in place	Several experiences of response to zoonotic events confirm "timeliness" and efficiency of the multisectoral operational mechanism	The multi-sectoral operational mechanism for the response to zoonotic events and emerging diseases is regularly tested and reviewed for continuous improvement

Biosafety and Biosecurity

Government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	No comprehensive national biosafety and biosecurity system in place as.	Some elements of a comprehensive national biosafety and biosecurity system are in place	Comprehensive national biosafety and biosecurity system is being developed	Biosafety and biosecurity system is developed, but not sustainable	Sustainable multi-sectoral biosafety and biosecurity system is in place
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Immunization and Vaccine Delivery

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
Effective National COVID-19 vaccine access and delivery system	No plan is in place for nationwide 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 states within the country	Vaccine delivery (maintaining cold chain) is available in 60–79% of states within the country	Vaccine delivery (maintaining cold chain) is available in greater than 80% of states within the country
Nigerian 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 national level	COVID-19 Crisis Communication Centre (CRICC) has not been established at national level	COVID-19 Crisis Communication Centre (CRICC) has been established at national level	COVID-19 Crisis Communication Centre (CRICC) has been established and COVID-19 communication strategies developed at national level	COVID-19 communication strategies developed and implemented at national level	COVID-19 communication strategies developed, implemented, evaluated and reviewed at national level
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 Joint Task Force on COVID-19 vaccine exist at national level	No Joint Task Force on COVID-19 vaccine at national level	Joint Task Force on COVID-19 vaccine at national level inaugurated	Joint Task Force on COVID-19 vaccine at national level inaugurated with diverse membership	Joint Task Force on COVID-19 vaccine at national level inaugurated with diverse membership and agreed annual work plan	Joint Task Force on COVID-19 vaccine at national level inaugurated with diverse membership and agreed annual work plan fully implemented

DETECT

National Laboratory, Surveillance and Reporting Systems

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
Effective national diagnostic network.	No evidence of use of rapid and accurate point-of-care/ farm-based diagnostics and laboratory-based	Minimal, laboratory diagnostic capability exists within the country	Tier-specific diagnostic testing strategies are documented but not fully implemented	Tier-specific diagnostic testing strategies is fully documented and implemented	Country has capability for performing advanced molecular and serological techniques as part of a national system of sample referral
Effective surveillance systems	The country has no surveillance system for diseases/syndromes/ events	Surveillance system is in place relying either on Indicator Based Survey (IBS) or EBS	Both IBS and Event Based Surveillance (EBS) are in place at the central and intermediate levels	Both IBS and EBS are in place at all the levels	The performance of the surveillance system is regularly evaluated and updated at all levels
Effective use of electronic tools in surveillance and reporting	There is no electronic tool to collect, report or analyse surveillance data	Adhoc electronic tools have been developed to facilitate the collection, reporting or the analysis of surveillance data	Information technology tools available at the national level	Country has in place a secure integrated electronic surveillance tool for public health surveillance at all levels	The surveillance system is equipped with a fully secure interoperable, electronic tool for public health surveillance.
Functioning national reporting network and protocol systems	Country does not have protocols or processes for reporting to Food Agricultural Organisation (FAO), World Organisation for Animal Health (OIE) or WHO	Country is in the process of developing and establishing protocols and processes.	Country has established protocols and processes.	Country demonstrates timely reporting of a potential Public Health Emergency of International Concern (PHEIC) to WHO and to the OIE.	Country demonstrates timely reporting of a potential PHEIC to the WHO from district to national and international levels and to the OIE.

RESPOND

Emergency Preparedness and Response Operations

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
National multi-sectoral multi-hazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested	A national multisectoral multihazard plan for strengthening emergency preparedness is not available.	A national multisectoral multihazard plan that identifies key measures for strengthening emergency preparedness for priority risks is in place.	Emergency preparedness measures are implemented at national levels by public health, animal health and other relevant sectors.	Emergency preparedness measures are implemented at national, subnational 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 national 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 national and subnational	Emergency response coordination mechanisms at all levels have been tested and updated in the past two years
Functioning national emergency operations centre (EOC)	An EOC has not been identified and no EOC plans/procedures are in place	National EOCs or equivalent structures are established	National EOCs or equivalent structures are established	National 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

Linking Public Health and Security Authorities

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
Public health and security authorities linked during a suspect or confirmed biological, chemical or radiological event	No relationships and protocols between public health, animal health and security authorities	Points of contact and triggers for notification and information sharing have been identified and shared	MoU or other agreement/protocol, that includes at least roles, responsibilities, SOPs and information to be shared, exists between public health and security authorities	At least one public health emergency response or exercise in the previous year that included information sharing with security authorities using the formal MoU or other agreement/protocol related to all hazards	Public health and security authorities exchange reports and information on events of joint concern at national, intermediate and local levels on a regular basis using the formal MoU or other agreement/protocol

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.

IHR RELATED HAZARDS AND POINTS OF ENTRY

Points of Entry

Indicators	No Capacity	Limited capacity	Progressive capacity	Demonstrated capacity	Sustainable capacity
Routine capacities established at points of entry	No capacity at points of entry for appropriate medical services	Designated points of entry have access to appropriate medical services.	Designated points of entry have developed other routine capacities prescribed in the IHR.	All routine core capacities prescribed in the IHR .	All routine core capacities prescribed in IHR are Functioning.
Effective public health response at points of entry	Public health emergency contingency plan for responding to public health emergencies occurring at points of entry is not in place or under development.	Public health emergency contingency plan in place at each designated point of entry.	Public health emergency contingency plans at designated points of entry are integrated into the national emergency response plan and adhoc measures.	Demonstrated capacities of applying recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers.	Evaluation of effectiveness in responding to public health events at points of entry conducted, and evidence of an existing periodic evaluation

Inline with 'One Health Strategy', Nigerian government should strengthen coordinated surveillance systems in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities.

Recommendation

1

Federal government to ensure adequate COVID-19 vaccines made available to all the 36 states including Federal capital territory and support poor performing states to increase vaccine uptake and reduce hesitancy.

4

Support relevant government agencies for development of innovative ways to monitor/track allocation, donors support, loans and government releases for health security and COVID-19.

2

Federal government to support states in strengthening state crisis communication team and community involvement for factual public information on COVID-19 that will increase uptake of vaccine.

5

Inline with 'One Health Strategy', Nigerian government should strengthen coordinated surveillance systems in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities.

3

Advocate to strengthen a national financing mechanism and multi-sectoral coordination for health security including COVID-19 recovery as a response to public health emergencies.

6

Engage federal ministry of health and ministry of finance on publishing Nigerian government 2020, 2021 and 2022 COVID-19 and Health Security expenditure report.

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in collaboration with

