



Nigeria

Collaborative Advocacy Action Plan (CAAP)

Delivering on country
commitments for women's,
children's and adolescents' health
and well-being



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**AFRICA HEALTH
BUDGET NETWORK**

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LIST OF ACRONYMS

AAFP	Association for Advancement of Family Planning
AWB	Adolescent Well-Being
AHBN	African Health Budget Network
ANHeJ	Association of Nigeria Health Journalists
AWB	Adolescent Health and Wellbeing
CAAP	Collaborative Advocacy Action Plan
CHAI	Clinton Health Access Initiative
CSO	Civil Society Organization
EVA	Education as a Vaccine
FMoH	Federal Ministry of Health
FP	Family Planning
GHI	Gem Hub Initiative
GoN	Government of Nigeria
HERFON	Health Reform Foundation of Nigeria
IRC	International Rescue Commission
LISDEL	Legislative Advocacy Initiative for Sustainable Development Goals
MAYEWG	Meaningful Adolescent and Youth Engagement Working Group
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MNCH	Maternal Newborn and Child Health
MSP	Multi-Stakeholder Platform
NAN	News Agency of Nigeria
NCS	Nigerian Cancer Society
NAWOJ	Nigeria Association of Women Journalists
NMA	Nigerian Medical Association
NUJ	National Union of Journalists
NDHS	Nigerian Demographic Health Survey
OSAP-H	Office of the Special Adviser to the President on Health
PMNCH	Partnership for Maternal Newborn and Child Health
RMNCEAH+N	Reproductive Maternal, Newborn, Child, Adolescent, Elder's Health plus Nutrition
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
TWG	Technical Working Group
U5MR	Under Five Mortality Rate
UNFPA	United Nations Population Fund
VNDC	Vaccine Network for Disease Control
WCAH	Women Child and Adolescent Health
WHO	World Health Organization

Setion 1 | CAAP overview

The CAAP process

The aim of the Collaborative Advocacy Action Plan (CAAP) initiative is to improve accountability for WCAH commitments (specifically related to MNCH, SRHR and Adolescent Well-Being issues) through the collaborative efforts of partners. The process involves an initial inclusive, partner-led, scoping and assessment of WCAH commitments in each participating country. Based on this evidence, partners then identify a set of advocacy actions to be undertaken collaboratively by WCAH stakeholders to improve the quality and implementation of existing WCAH commitments, while responding to the need for new commitments where critical gaps exist. The CAAP initiative adds value to the efforts of partners through:

- **improved evidence** on existing commitments and policy gaps at country level;
- **more meaningful engagement of underrepresented constituencies** in national policy processes, through multistakeholder convenings, strengthened alignment, and coordination among PMNCH partners and other WCAH actors;
- **enhanced visibility of national WCAH commitments** and, ultimately, increased accountability for WCAH commitments.

PMNCH facilitates the CAAP process through:

- **Convening country stakeholders through the strengthening/development of a Multi-Stakeholder Platform (MSP)** to agree on policy advocacy/accountability goals and priorities. This will be complemented by the development of a PMNCH-supported national **“Digital Advocacy Hub”**, through which partners can share ideas, strategies, tools and information to enhance coordination, and linkages with/enhancing synergies with existing initiatives.
- **Compile and disseminate information** through a national scoping review of existing WCAH-related commitments relevant to national planning and programming, enabling gap areas to be identified for increased partner advocacy and engagement; and assessing the implementation of the commitments;
- **Develop a country-specific Collaborative Advocacy Action Plan** for joint partner action to improve the quality and implementation of WCAH commitments while mobilizing new or additional commitments to address gap areas; and strengthen advocacy and accountability for commitments and their implementation.

CAAP process in Nigeria

Nigeria's commitments were made in the framework of the Sustainable Development Goals, in particular those relating to health and well-being, education and gender equality. There was a specific focus on the involvement of all relevant stakeholders with the health system strengthened while ensuring synergy of action between different sectors. The members of the National Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health Plus Nutrition (RMNCAEH+N) Multi-Stakeholders Platform (MSP) were involved at every state of the CAAP process in Nigeria. The involvement of the different stakeholders ranged from both physical and online participation. Stakeholders online reviewed the validation of the scoping and assessment of commitments then sent back their contributions and feedback via email. For stakeholders that attended physically, two validation meetings were held, one for the validation of the scoping and assessment of commitments and the other for the CAAP development.

Members included Department of Family Health, Federal Ministry of Health (FMOH), Office of the Special Adviser to the President on Health (OSAP-H), SWAp National Coordinator, WHO, UNICEF, UNFPA, GFF, GIZ, Nigeria Medical Association, Nigeria Cancer Society, youth organizations, vulnerable groups, media, academia and other CSOs. In addition, the Department of Family Health (FMOH) in collaboration with the MSP organized a series of meetings and workshops to develop the revised National RMNCAEH+N strategy throughout 2023 and part of 2024, this platform was leveraged by African Health Budget Network (AHBN) to engage the MSP members including the youth, persons with disability, media and other CSOs to meaningfully engage and participate in the development of the revised strategy which was one of the documents that was assessed for the CAAP development. AHBN chaired the RMNCAEH+N MSP sub-committee on partnership, coordination and leadership and this provided one of the spaces used to elicit feedback on the CAAP e.g. during MSP meetings as well as the RMNCAEH+N strategy development process.

The CAAP coordinating partners included the Africa Health Budget Network (AHBN) and Education as a Vaccine (EVA) who organized a two-day validation meeting to validate the scoping and assessment of commitments of the Government of Nigeria (GoN) across the three thematic areas – Maternal, Newborn and Child Health (MNCH), Sexual and Reproductive Health and Rights (SRHR) and Adolescent Well-Being (AWB) in April 2024. Later, another two-day meeting to develop the advocacy action plan on key, identified issues on the thematic areas was also held.

The validation meeting of the scoping and assessment report (which yielded 148 commitments made by the FMOH) was characterized by stakeholders from CSOs, women and youth associations, academia and media among others, that went through the commitments under the three thematic areas – Maternal, Newborn and Child Health (MNCH), Sexual and Reproductive Health and Rights (SRHR) and Adolescent Well-Being (AWB) in April 2024. Participants were grouped into three groups to review and analyse commitments mapping and assessment under each thematic area. The general consensus was that the Nigerian government has relatively adequate policies especially in the area of MNCH and SRHR, however, gaps need to be filled in the area of implementation. Also, there are gaps in the quality of some of the commitments made in

the area of AWB and there is hardly any specific implementation plan for adolescents.

At the second meeting where CAAP was developed, relevant stakeholders participated and developed the collaborative advocacy action plan having understood the issues around the thematic groupings. The contribution of the participants to the advocacy action plan has guided the development of this document.

This CAAP plan was developed in 2024 and reflects priorities and activities identified at that time with present partners. It is a living document and will be updated regularly. Its implementation depends on partners and we invite you to join efforts to achieve advocacy goals by collaborating on the listed (and additional) activities.

For engagement and sharing of information, Nigerian partners are encouraged to use “Digital Advocacy Hub”.

Section 2 | Background

Overview of women’s, children’s and adolescents’ health in Nigeria

Nigeria is the most populous country in Africa, and this large population with over 250 ethnic groups has remarkable diversity. Although accurate census data is lacking, the country has a high population growth rate at 2.4%, which is sustained by high fertility at about 5.2 children per woman according to the National Demographic Health Survey (NDHS) 2018¹. Notable is the population of young people which is highest in the world with a median age of 18.1 years. About 70% of the population is under 30 years, and 42% is under the age of 15 years². The percentage of female population in Nigeria was reported at 49.3% in 2022, according to the World Bank collection of development indicators. The youths, women and girls/adolescents form majority of the vulnerable population³.

Nigeria has made modest progress on key RMNCAEH-N outcomes in the last decade although the achievement is not strong enough for the country to meet the SDG 3 targets⁴. One of the key challenges is inequality in access to services due to variations in socioeconomic status and geographical locations. In addition, other critical challenges include insufficient financing by Nigerian government to fulfil some of the commitments made at the global, regional and national levels, ineffective use of available resources leading to poor service delivery and dearth of robust population health & mortality data. The NDHS of 2018 showed a marginal reduction in Maternal Mortality Ratio (MMR) from 576 in 2013 to 512 deaths per 100,000 live births¹. Similar improvement was also reported in the Infant Mortality and Under-5 Year Mortality Rate (U5MR)¹. There were also small-scale improvements reported for the Total Fertility Rate (TFR), contraceptive uptake, Skilled Birth Attendant (SBA) coverage, Penta 3 coverage and measles immunization coverage¹. However, the neonatal mortality rate remained persistently high at 39 deaths per 1,000 livebirths (NDHS 2018) higher than the 2013 result (37)¹. According to NDHS

2018, 37% of Nigerian children aged 6-59 months are stunted, 7% are wasted, 22% are underweight¹. Considering the SRHR and AWB approaches, while the fertility rate is known to be relatively high and there is a very youthful population bulge in Nigeria⁵, the national birth rate for adolescent girls between the age 15-19 years is high at 75 births per 1,000 women. According to MICS 2021, this rate is 25 times higher for women with no education and eight times higher for women from poor households of the country⁶. For example, Nigeria is currently not on target to meet SDG 3.7.2 indicator under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services including Family Planning (FP), information and education, and the integration of reproductive health into national strategies and programs. The current scenario and resulting challenges which a country like Nigeria is facing, will be effectively addressed if FP is strengthened and prioritized as a national development agenda, with strong leadership commitment and funding at all levels. There is therefore a need to take sexual and reproductive health more seriously especially among adolescent girls and young women of 15-24 year in which about 8.4% of them reportedly had sex before age 15 years in Nigeria (MICS 2021/22)⁶.

Nigeria operates through a three-tier government system – Legislative (make laws), Executive (implement laws), and Judiciary (interpret laws). Health is on the concurrent legislative list in the country's constitution, meaning that both Federal and State governments can legislate on health issues. Given the decentralized governance system, laws are mostly implemented at the subnational levels (States, LGAs and Ward), thus domestication at the subnational level is a necessary precondition for a law to be implemented, and is often a critical gap in the legal framework. Some of the advantages of this decentralized form of implementation include ability to adapt to the local context, take administrative decisions quickly and enhanced ownership by local governance and community structures.

The national-level offices primarily oversee State Ministries Departments and Agencies (MDAs) by guiding policy direction and capacity development activities. Various agencies and departments have been created under relevant Ministries to drive policy implementation across the country. Although a range of institutions oversee laws and policies intended to achieve each commitment, the Federal and State funding is chronically inadequate to meaningfully address most of these issues.

Overview of commitments for women's, children's and adolescent's health and well-being

In Nigeria, both government and partners are aligned in the need to improve investment in RMNCAEH+N issues. The Nigerian government made both financial and non-financial commitments. Almost all of the government's commitments focused on financial, policy, and improving service delivery aspects. The PMNCH platform has provided guidance for easy mapping and tracking of government's commitments according to their MNCH, SRHR and AWB focus.

Designing good quality policy documents and making quality commitments have been possible since various stakeholders were always involved. In terms of policy considerations, the federal government performed very well in making available quality policies and strategic plans which could lead to the expected outcomes especially for MNCH and SRHR issues. Majority of the State governments have adopted and domesticated the various health policies available especially in MNCH including – ante/peri/post natal care, immunization and nutrition, data information system and health workers trainings among other. The main challenge is with adequate implementation of domesticated policies. Also, action plans are also being developed routinely with the involvement of development partners to guide conduct of planned activities at all levels, the States are at different level of implementation due to inadequate domestic financial backing of the adopted policies

The FMOH has also responded to advocacy efforts and global call to invest in SRHR especially access and choice to effective contraception methods. There are areas in which quality of policy are inadequate in the area of aligning with the beliefs and tradition of the people. For example, consultations with stakeholders are needed for specific areas around SRHR (gender-based violence (GBV), birth control and abortion) and adolescent rights and wellbeing. The Nigerian Government has also made financial, policy and program commitment towards adolescent wellbeing in 2023 in the context of SDGs⁷.

The Nigerian Government has made a commitment towards adolescent well-being in response to the UN Secretary General's Call for SDG Transformation Commitments at the SDG Summit 2023 and in support of the Global Forum for Adolescents 2023. While policies exist to back up some of the commitments made towards AWB, the result on implementation has been insufficient. There is almost no specific intervention directed to improve the health and wellbeing of adolescents. Interventions such as health education, nutrition, pregnancy support, legal interventions and even ongoing HPV vaccination are not specific for adolescents. Interventions that adolescents benefit from are embedded into the general services. Thus, no national or state government's standards for delivery of information and services to adolescents, including on user fee exemption, dedicated financing and safe space for counseling has been documented or found.

Generally, findings of this report shows that the implementation of most commitments made by the Nigerian government are hampered firstly, by poor budget allocations and weak performance in terms of releases of budget allocations. Secondly, reliance on donor funding and services within the health sector space has consistently slowed down implementation towards achieving set targets. Most health interventions in Nigeria are donor-driven, which is very risky for the country as funding from donor agencies continue to dwindle due to donor fatigue. Thirdly, poor accountability mechanism within the health system leading to unequal distribution or utilization of available resources and tampering with data or evidence. Fourthly, there is poor political will to adapt and adopt some of the key commitments at the subnational levels including States and Local Government Areas (LGA), where implementation of health polices and guidelines is carried out. Relevant policies and implementation guidelines have been provided at the federal level; however, a few states have not adequately domesticated the documents an those who did are not implementing.

SECTION 3 | Collaborative Advocacy Action Plan

Summary of Advocacy Goals in Nigeria

<p>Advocacy Goal 1</p>	<p>To advocate for timely release of family planning approved federal budget by at least 50% to achieve sexual reproductive health of women and adolescents for the year 2025.</p> <p>Apart from insufficient prioritization and funding allocation for SRHR activities, funding releases should be timely and significant in quantum given the importance of these issues. In 2023, the equivalent of the pledged 4 million per year for FP was allocated and captured under the service wide vote category of the budget (general space for all MDAs) which makes release more difficult. Thus, an international partner paid the \$4 million on behalf on Nigeria to UNFPA. Meanwhile, in 2024, equivalent of \$2 million was captured under the FMOH budget for FP, however, advocacy is needed for the release of at least 50% of this fund. There is need to improve the knowledge of policy makers at the Federal and State levels while emphasizing the link between WCAH and SRHR interventions such as FP. Advocacy should also reach the Ministry of Finance and Budget Office of the Federation and other relevant MDAs that are responsible for release of allocated fund.</p>
<p>Advocacy Goal 2</p>	<p>To advocate for the creation of a dedicated budget line at the Federal Ministry of Health to support Nigeria's AWB agenda by the year 2025 in line with the <u>Nigeria Government Commitment Statement of Adolescent Well-being and SDG Priorities</u>.</p> <p>The CAAP Lead and other partners would advocate for implementation of commitments targeting appropriation, approval, and timely release of funds for Adolescents Health and Well-Being interventions at the national level with the aim of achieving expected advocacy result by the year 2025. This advocacy strategy may extend later to other MDAs over time with an associated annual review process of implementation.</p>
<p>Advocacy Goal 3</p>	<p>To strengthen meaningful engagement and participation of CSOs, young people and other relevant constituencies in the RMNCAEH-N Technical Working Groups (TWGs) of the health sector Renewal Plan/ Sector Wide Approach (SWAp).</p> <p>This is to advocate for entry point for more partners especially CSOs to contribute to the new initiative of the FMOH. The SWAp is a new government direction to organize the health sector using the One Plan, One Budget, One Report and One Conversation ensuring that all efforts are aligned and unified. The idea of the government is eliminating the fragmentation that has long plagued Nigerian health sector leading to inefficiencies and poor outcome. For now, only government and donor partners make up the RMNCAEH+H TWG, without the inclusion of other stakeholders including CSOs, young people and other relevant constituencies. The TWGs are guided by Terms of Reference (ToR) which is expected to provide technical assistance and effective governance to the coordination of the RMNCAEH-N and provide a clear roadmap to accelerate efforts in reduction of maternal , neonatal and child mortality rates.</p>

Advocacy Goal 4

To advocate using existing multi stakeholder platform to implement the resolution on MNCH adopted during the 77th World Health Assembly (WHA) and co-sponsored by Nigeria

Nigeria co-sponsored and committed to the MNCH Resolution from the 77th WHA which aims to accelerate progress towards SDG 3.1 and 3.2 targets, leveraging efforts of ongoing initiatives including ENAP/EPMM . Based on current trends and evaluation by the WHO, it is likely that more than 80% of countries will not achieve their national maternal mortality target. In fact, 64 countries will miss neonatal mortality target, and 59 countries will miss the under-five mortality target by 2030. Nigeria is one of these countries. Therefore, a focused, urgent, and coordinated course-correcting action is needed in Nigeria for maternal, newborn, and child survival to achieve the SDGs. The CAAP coordinating partner and others would support the implementation of this MNCH Resolution through advocacy processes leveraging of existing platforms such as SWAp TWGs for RMNCAEH+N, quarterly performance review meetings between the Coordinating Minister of Health & the Commissioners for Health among others and State Advisory Group meetings.

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones [Implementation planned till December 2025]	Linked accountability mechanisms, as applicable
Advocacy Goal 1: To advocate for timely release of family planning approved federal budget by at least 50% to achieve sexual reproductive health of women and adolescents for the year 2025						
Activity #1 <i>Develop and validate advocacy briefs on family planning approved budget allocation and releases (2022,2023 and 2024) with focused messages to policy makers, key influencers and parliamentarians</i>	Family Health department, FMOH, Ministry of Budget and Economic Planning, Ministry of Finance (MoF) and the National Assembly (NASS)	Chair of the Health Committee (National Assembly), SA to President on Health, Emir of Shanga (Vice chair of the RMNCAEH-N platform core group), UNFPA and members of the National RH TWG WHO representative	Nigeria CAAP Lead	Health Reform Foundation of Nigeria (HERFON), Gem Hub Initiative (GHI), Vaccine Network for Disease Control (VNDC), Association for Advancement of Family Planning (AAFP), National Advocates for Health and Association of Nigeria Health Journalist (ANHej)	March 2025	The Bi-annual meeting of National RH Technical Working group Quarterly performance review meeting of SWaP between 36 States and FCT and the Coordinating Minister of Health
Activity #2 <i>Convene health journalists to sensitize them about RH and Family planning budgetary issues, to raise awareness and understanding of importance of availability, access, affordability of RH and FP services</i>	Head of Health Promotion Division of the Federal Ministry of Health and Social Welfare, and Director Information at the Minister of Health's Office	Executive Council of Association of Nigerian Health Journalists (ANHEJ), Nigeria Association of Women Journalist (NAWoJ) News Agency of Nigeria (NAN), and Nigeria UHC forum	Nigeria CAAP Lead	Nigeria Union of Journalist (NUJ), National RH Journalists Association	April/May 2025	Annual Health Promotion Conference 2025
Activity #3 <i>Carry out advocacy visits to key stakeholders to influence releasing Family Planning approved Budget</i>	Office of the Accountant General of the Federation (Treasury House), MoH & Social Welfare, MoF, State Minister for Health & Social Welfare, Budget	SA to the President on Health, Head of Family Health Department; FMOH, Representatives of UNFPA USAID, FCDO, WHO representative	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, National Advocates for Health and ANHej	May/August 2025, TBC [Linked to dates of key meetings]	Annual National Family Planning Conference FP2030 Nigeria Bi-annual review meetings

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones [Implementation to take place over the period January – December 2025]	Linked accountability mechanisms, as applicable
Activity #4 <i>Participate at the National RH working group meeting and present the issue of timely release of 50% of the family planning approved budget by the government.</i>	Director Family Health Division, Chair of the RH working group	NGO members of the RH working group (e.g. Pathfinder, JHPIEGO), UNFPA and WHO focal point/officers.	Nigeria CAAP Lead	National Advocates for Health and Meaningful Adolescent and Youth engagement working group (MAYE)	2nd half of 2025 [linked to the Bi-Annual National RH Technical Working group]	Bi-Annual National RH Technical Working group
Advocacy Goal 2: To advocate for the creation of a dedicated budget line at the Federal Ministry of Health to support Nigeria's AWB agenda by the year 2025 in line with the <u>Nigeria Government Commitment Statement of Adolescent Well-being and SDG Priorities</u>						
Activity #1 <i>Conduct analysis for the health ministry budget for the last 5 years to identify the allocation for Adolescent Health and the gaps that necessitates the creation of the dedicated budget line.</i>	Director of Finance FMOH & SW, Director of Family Health FMOH, Representative from Ministry Budget and National Planning.	Health Committee Members of both Senate and House of Representatives	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, National Advocates for Health, MAYE WG, ANHeJ and NAWoj	March 2025	National Adolescent Health working Group quarterly meeting, National TWG on Population Management quarterly meeting SWaP Quarterly performance review
Activity #2 <i>Develop an advocacy brief that presents evidence on the importance of the creation of a budget line for advancing Adolescent health and wellbeing.</i>	Director of Finance FMOH & SW, Director of Family Health FMOH & SW, Representative from Ministry Budget and National Planning.	Health Committee Members of both Senate and House of Representatives, UNICEF representative, National Population Commission	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, National Advocates for Health, Nigeria Health Watch	April - May 2025	National Adolescent Health working Group quarterly meeting, National TWG on Population Management quarterly meeting Ministry of Budget and planning quarterly performance meeting

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones [Implementation to take place over the period January – December 2025]	Linked accountability mechanisms, as applicable
Activity #3 <i>Validate and present the advocacy brief to relevant NGO coalitions, media, youth advocacy groups and health professional bodies (e.g. NMA, NAAM, PSN, NCS)</i>	Coordinating Minister of Health, Chair of the Health Committee on Senate and House of Representative	Minister of Youth and sports, Minister of Women Affairs, UNICEF and WHO country representatives	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, National Advocates for Health, SWAG, MAYE, ANHEJ	June 2025, TBC [linked to date of Adolescent Health working group quarterly meeting]	National Adolescent Health working Group quarterly meeting, National TWG on Population Management quarterly meeting Annual National Council on Health
Activity #4 <i>Support health journalists to amplify the message on social and traditional media on creation and implementation of a budget line for adolescent health and wellbeing</i>	Coordinating Minister of Health, Chair of the Health Committee on Senate and House of Representatives, Minister of Budget and Planning	Minister of Youth and sports, Minister of Women Affairs, UNICEF and WHO country representatives, Nigerian Union of Journalist (NUJ), ANHeJ, NAWoJ	Nigeria CAAP Lead	HERFON, GHI, VNDC, Advocates for Health, SWAG, MAYE	June/July 2025	National Adolescent Health working Group quarterly meeting, National TWG on Population Management quarterly meeting Annual National Family Planning Conference Annual Association of Nigeria Health Journalists (ANHEJ) Conference

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones [Implementation to take place over the period January – December 2025]	Linked accountability mechanisms, as applicable
Activity #5 <i>Conduct advocacy visit to the Minister of Health and Directors of the Ministry, Minister of Budget and Planning and the Committees on health at the National Assembly (Senate and House of Representatives) to prepare and implement a specific budget-line specific for Adolescent Health and Well-Being (AWB)</i>	Coordinating Minister of Health and Social Welfare, State Minister of Health and Permanent Secretary FmoH, Chair of the Health Committee on Senate and House of Representatives, Minister of Budget and Planning, NASS	Minister of Youth and sports, Minister of Women Affairs, UNICEF and WHO country representatives	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, National Advocates for Health, SWAG, MAYE	August/September 2025, TBC [Linked to the meetings of the SWAp advisory group]	SWaP Quarterly performance review meeting SWaP monthly state advisory group meetings. Ministerial oversight committee of the Basic Healthcare provision Fund (BHCPF) quarterly meetings. National Adolescent Health working Group quarterly meeting, National TWG on Population Management quarterly meeting
Advocacy Goal 3: To strengthen meaningful engagement and participation of CSOs, young people and other relevant constituencies in the RMNCAEH-N Technical Working Groups (TWGs) of the health sector Renewal Plan/ Sector Wide Approach (SWAp)						
Activity #1 <i>Develop advocacy brief that present evidence on the benefits (Value-add) involving CSOs, ART and HCPA in the key activities of the RMNCAEH-N TWGs in line with SWAp.</i>	Director of Family Health Division FMOH &SW, Head of Coordinating Unit FMOH & SW	Members of the RMNCAEH-N MSP, Health Promotion division; FMOH & SW	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, Nigeria Cancer Society (NCS), Nigeria Medical Association (NMA), Universities and Colleges, National Advocates for Health, MAYE WG and ANHeJ	March 2025	RMNCAEH+N/ SWAP Technical Working Groups quarterly meeting SWaP monthly state advisory group meetings

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones [Implementation to take place over the period January – December 2025]	Linked accountability mechanisms, as applicable
Activity #2 Conduct advocacy visit to the coordinating Minister of Health and Social Welfare (SW) and provide clear, concise, and compelling information to justify the importance (value-add) including CSOs, ART and HCPA to the TWGs	Minister of Health and Social Welfare, State Minister of Health, Permanent Secretary FMOH and SWAp National Coordinator	Members of the RMNCAEH-N MSP, Head Health Promotion division; FMOH & SW	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, National Advocates for Health, MAYE WG, NCS, NMA, Universities and Colleges, Health Professional Bodies, Academia, ANHej and NAWoj	April/May 2025, TBC [Linked to ongoing health sector meetings]	RMNCAEH+N/ SWAP Technical Working Groups quarterly meeting SWAp monthly state advisory group meetings. Ministerial oversight committee of the Basic Healthcare provision Fund (BHCPF) quarterly meetings
Activity #3 Support all the non-state actors (CSOs, young people, media and persons with disabilities PWDs) to fully participate in all meetings of the RMNCAEH-N TWGs	Director of Family Health Department & SWAp National Coordinator	Members of the RMNCAEH-N MSP, WHO and UNFPA representatives	Nigeria CAAP Lead	HERFON, GHI, VNDC, Association for Advancement of FP 2030 CSO focal point), National Advocates for Health	June-July 2025, TBC [Linked to the meetings of the RMNCAEH-N coordination platform and SWAp monthly state advisory meetings]	RMNCAEH-N Multistakeholder Coordination Platform quarterly meeting SWAp monthly state advisory group meetings
Advocacy Goal 4: To advocate using existing multi stakeholder platform to implement the <u>resolution on MNCH adopted during the 77th World Health Assembly (WHA)</u> and co-sponsored by Nigeria						
Activity #1 Convene multi stakeholders meeting to raise awareness and promote understanding on the MNH Accelerated Plan which the Nigerian government cosponsored at the 77th WHA (at least 2 meetings)	Minister of Health and Social Welfare, State Minister of health, Permanent Secretary (PS) FMOH Director family health and Heads of divisions of the FMOH	WHO representative UNICEF representative UNFPA representative, Member of the RMNCHAE+N MSP	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, National Advocates for Health, SWAG and MAYE	February 2025, TBC [Linked to the RMNCAEH-N MSP meeting]	RMNCAEH-N Multistakeholder Coordination Platform biannual meeting

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones [Implementation to take place over the period January – December 2025]	Linked accountability mechanisms, as applicable
Activity #2 <i>Develop advocacy brief that present evidence and the commitments that aligns with action points made by Nigeria in the MNH Acceleration Plan</i>	Minister of Health and Social Welfare, State Minister of health, Permanent Secretary (PS) FMOH Director family health and Heads of divisions of the FMOH, OSAP-H, Parliamentarians	Members of the RMNCAEH-N MSP, Health Promotion division; FMOH, WHO representative UNICEF representative UNFPA representative	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, National Advocates for Health, MAYE WG and ANHej	March 2025, TBC [Linked to RMNCAEH+N/ SWAP Technical Working Group quarterly meeting]	RMNCAEH+N/ SWAP Technical Working Group quarterly meeting
Activity #3 <i>To inform and educate the National Assembly about the resolution and their role to strengthen oversight to ensure its implementation</i>	Chairman Committee on health at the senate and HoR, Clerks of the NASS	WHO representative UNICEF representative UNFPA representative Health Promotion division; FMOH	Nigeria CAAP Lead	National Advocate for Health (NA4H)	April 2025, TBC [Linked to the quarterly meeting of the SWAp TWG]	RMNCAEH+N/ SWAP Technical Working Group quarterly meeting
Activity #4 <i>Conduct advocacy visits to the coordinating Minister of Health and Social Welfare (SW) and provide clear, concise, and compelling evidence on the implementation of 'MNH Accelerated Plan which the Nigerian government cosponsored at the 77th WHA'</i>	MoH and Social Welfare, State MoH, Permanent Secretary FMOH and SWAp National Coordinator	Members of the RMNCAEH-N MSP, Head Health Promotion division; FMOH, WHO representative UNICEF representative UNFPA representative	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, National Advocates for Health	January – December 2025	RMNCAEH+N/ SWAP Technical Working Group quarterly meeting, SWAp monthly state advisory group meetings, Ministerial oversight committee of the Basic Healthcare provision Fund (BHCPF) quarterly meetings

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones [Implementation to take place over the period January – December 2025]	Linked accountability mechanisms, as applicable
Activity #5 <i>Advocacy visits to the Federal ministry of Health to promote incorporation of key resolutions into existing ongoing reforms in the health sector – SWAp, BHCPF 2.0, Health Sector Strategic Blueprint and Annual Council on health resolutions etc</i>	Minister of Health and Social Welfare, State Minister of health, Permanent Secretary (PS) FMOH Director family health and Heads of divisions of the FMOH, OSAP-H	Members of the RMNCAEH-N MSP, Head Health Promotion division; FMOH, WHO representative UNICEF representative UNFPA representative	Nigeria CAAP Lead	HERFON, GHI, VNDC, AAFP, National Advocates for Health, MAYE WG and ANHej	July 2025; TBC [Linked to the SWAp TWG quarterly meetings]	RMNCAEH+N/ SWAP Technical Working Group quarterly meeting

ANNEX 1 | WHAT IS A QUALITY COMMITMENT

Commitments should be of the highest quality, including as many as possible of the following attributes:

Scope

- Government-led **financial, policy** and/or **service delivery** pledge to advance WCAH through MNCH, SRHR and/or AWB. Commitments may be supported by Official Development Assistance (ODA);
- Commitments are made in support of national campaign targets as well as global or regional financing, policy, programmatic, or accountability processes and platforms generated by Member State-led institutions or initiatives in support of these processes; and
- A specific focus on WCAH, and a subsequent link to the national social development plans, **policies, and budgets**.

Context and format

- Context-specific, highlighting concrete and measurable results that can be monitored through established institutionalized accountability mechanisms;
- SMART – Specific, Measurable, Achievable, Relevant, Time-bound; and
- ‘New’ or ‘Additional’ commitments, where possible;

An example of a quality commitment is:

Financing commitment made by Secretariat of State for Planning and Regional Integration, Guinea Bissau towards ICPD25:

Mobilize at least \$1,000,000 through domestic and foreign funding mechanisms for implementation of the ICPD Programme of Action in Guinea-Bissau, especially ICPD interventions related to young people, by 2024.

ANNEX 2 | MNCH, SRHR and AWB SUB DOMAINS

MNCH	SRHR	AWB
<p>High-quality MNCH services for mothers, newborns and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.</p> <p>Maternal:</p> <ul style="list-style-type: none"> • Preconception care • Antenatal care • Skilled birth attendants • Postnatal care • Emergency obstetric care <p>Newborn</p> <ul style="list-style-type: none"> • Small and vulnerable newborn care • Prevention of stillbirths <p>Child:</p> <ul style="list-style-type: none"> • Child health services including • Breastfeeding and child nutrition • Immunization services <p>MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing</p> <ul style="list-style-type: none"> • UHC Schemes • Country health expenditure per capita on MNCH financed from domestic sources and ODA for MNCH • Out-of-pocket expenditure for MNCH services (% of current health expenditure) 	<p>Access and choice to effective contraception methods (family planning).</p> <ul style="list-style-type: none"> • Family planning needs satisfied • Strengthened autonomy and access to contraceptive services • Comprehensive sexual health education <p>Access to safe and legal abortion services</p> <ul style="list-style-type: none"> • Legalized abortion and access to safe abortion services <p>Prevention and treatment/referrals for Sexual and Gender-Based Violence</p> <ul style="list-style-type: none"> • Legal mechanisms for addressing GBV • Training and support for health workers on GBV • Violence against women and girls including intimate partner violence <p>Prevention, detection and management of reproductive cancers, especially cervical cancer</p> <ul style="list-style-type: none"> • Cervical cancer screening programs • HPV vaccine programs 	<p>Policy: National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)</p> <ul style="list-style-type: none"> • Health education for children and adolescents – including mental health • Provision of quality education and training opportunities to ensure their future employability • Nutrition programs and physical activity for children and adolescents • Pregnant adolescent support • Financial protection for adolescent health <p>National standards for delivery of AWB information and services to adolescents, including on user fee exemption</p> <ul style="list-style-type: none"> • Health services for adolescents – user fee exemptions for health services (contraceptives, immunizations)

MNCH	SRHR	AWB
<p>Health systems strengthening including MNCH data and accountability, human resources for health – especially midwifery and nursing – and essential medicines and commodities</p> <ul style="list-style-type: none"> • MNCH information systems and accountability mechanisms including birth registration and disaggregation of data (sex, age) • Training and support for health workers for service delivery • Essential medicines, vaccines, commodities, technologies and innovations • Health information systems • Health system financing • Leadership and governance <p>Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality</p> <ul style="list-style-type: none"> • Nutrition schemes and food security across the life course: pregnancy nutrition, breastfeeding support, child nutrition, adolescent nutrition • Financing for WCAH • Education • Shelter • WASH facilities and services • Protection from pollutants and toxicants and excessive heat • Social protection • Child Protection • Women in the workforce and leadership positions 	<p>Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial protection and SRHR financing</p> <ul style="list-style-type: none"> • Coverage of all essential SRH interventions • Country health expenditure per capita on SRHR financed from domestic sources and ODA for SRHR • Out-of-pocket expenditure for SRHR services (% of current health expenditure) 	<p>Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment without parental consent)</p> <ul style="list-style-type: none"> • Legal provisions against child marriage • Interventions to eliminate female genital mutilation • protection from violence (including physical, sexual, gender-based and electronic violence) and injury. <p>AWB is embedded in national policies and plans with dedicated financing for AWB programs</p> <ul style="list-style-type: none"> • Country health expenditure per capita AWB financed from domestic sources and ODA for AWB • Out-of-pocket expenditure for AWB services (% of current health expenditure)

ANNEX 3 | LIST OF ORGANIZATIONS INVOLVED AND/OR CONSULTED IN THE DEVELOPMENT OF CAAP

Government

- Federal Ministry of Health- Department of Family Health
- Federal Ministry of Health- Office of the National Coordinator for Sector-Wide Approach
- Office of the Special Adviser to the President on Health

International Development Partners

- Global Financing Facility hosted by the World Bank, Nigeria Office.
- German Agency for International Cooperation
- World Health Organization (Email Correspondence)
- United Nations International Children's Emergency Fund (Email Correspondence)
- United Nation Population Fund (Email Correspondence)
- African Field Epidemiology Network
- Development Eight (D8)
- International Budget Partnership

NGOs

- Plan International
- Save the Children
- Clinton Health Access Initiative
- Legislative Advocacy Initiative for Sustainable Development Goals (LISDEL)
- National Advocates for Health
- Health Reform Foundation of Nigeria (HERFON)
- Nigeria Health Watch
- Nigeria Medical Association (NMA)
- National Safemotherhood Committee
- Network of Women with Disabilities
- Vaccine Network for Disease Control (VNDC)
- Association of Women in Trade & Agriculture
- Timawale Inclusive Health Foundation
- Association for Advancing Family Planning (AAFP)
- Nigerian Cancer Society (NCS)
- Association of Nigerian Health Journalists (ANHei)

Youth Groups

- Centre for Adolescent Health & Social Development
- GEM Hub Initiative (GHI)
- Meaning Adolescent and Youth Engagement (MAYE) Working Group
- Education as a Vaccine (EVA)
- Stand With a Girl (SWAG) Initiative

Media

- Nigeria Union of Journalists (NUJ)
- National RH Journalists Association
- News Agency of Nigeria (NAN)
- Nigerian Television Authority
- Nigeria Association of Women Journalists (NAWOJ)
- Nigerian Tribune
- Kiss FM Nigeria
- Vision FM Abuja
- Anambra Broadcasting Service
- Independent Television (ITV)
- Talk Health 9ja



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