



NIGERIA GOVERNORS' FORUM



Osun State Health Profile

Land of Virtue



Universal Health
Coverage



RI/Polio Eradication



Nutrition



Health Security



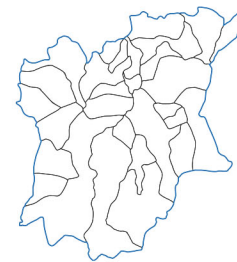
Your Excellency,

This profile gives a snapshot of the key health indices in your state as well as some of the key actions your excellency needs to prioritize to build a stronger and resilient health system for better health outcomes.

Signed

DG NGF

Get to Know Osun State



Osun state, ranked 19th in terms of population size and has a population density of 687 persons/km².



Created
27/08/1991



Land Mass
9,251km²



Population
5,666,957



LGAs
30



Political Wards
332



Under 1 Population
226,678



Under 5 Population
1,133,391



Women of Child Bearing Age
1,246,731

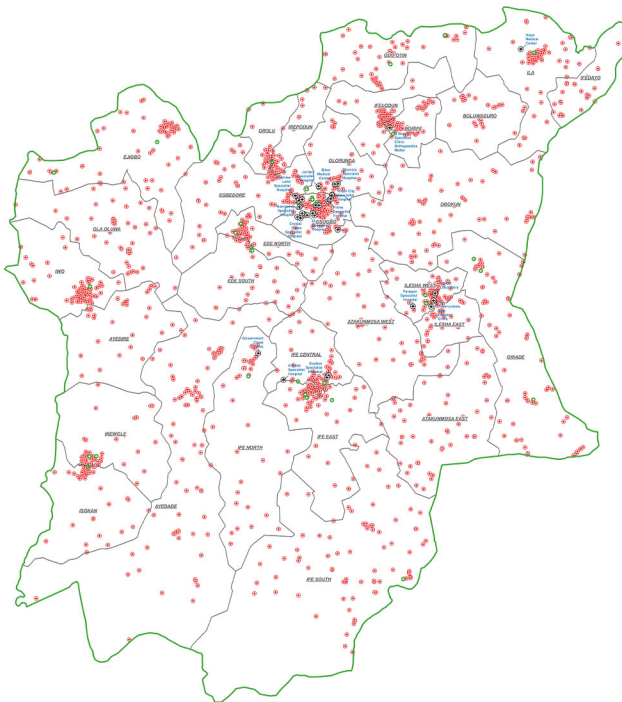


Pregnant Women
283,348

Health Facility Distribution



Osun State has adequate number of health facilities for its population size based on the standard of 1 basic health unit per 10,000 population.



● Primary Health Facility ● Secondary Health Facility ● Tertiary Health Facility □ Local Government Area Boundaries □ State Boundary

Primary **1,070**

Public: 889

Private: 181

Secondary **55**

Public: 24

Private: 31

Tertiary **6**

Public: 4

Private: 2

**Health Facility
Per Capita**

**2/10,000
Population**



Call to Action

The State Government should:

1. Focus on enhancing the quality of existing facilities rather than building new ones.
2. Aim at ensuring at least one **FUNCTIONAL** primary health care centre per ward in line with the national PHC revitalization strategy.

Human Resource for Health



The number of skilled birth attendants is far below the recommended minimum standard required to be on path to 'ending preventable deaths by 2030'.



Health Training Institutions

Institution	Public	Private	Admission Quota
College(s) of Medicine	2	2	425
School(s) of Nursing & Midwifery	4	10	965
School(s) of Health Technology	1	6	-
School(s) of Pharmacy	1	-	300



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	107	<1	10
Nurses/Midwives	519	<1	30
Community Health Workers	1,625	3	10
Pharmacists	38	<1	2.5



Call to Action

The State Government should **PRIORITIZE** investments in Human Resource for Health (HRH) by:

1. Developing a realistic comprehensive HRH plan (including an implementation plan) that includes a minimum HR requirement for the different types of health facilities, taking into account the fiscal space of the state;
2. Recruiting based on the implementation plan (including incentives to retain).

Health Financing



The state is making progress towards achieving the Abuja Declaration of 15% allocation to health as evidenced by the allocation to health and fair budgetary release. However, the per capita expenditure on health of N1,785.50 is very low and this may have contributed to some of the poor health outcomes in the state.

Allocation - FY 2022



Total State Budget

₦129.8 bn



Allocation to Health (%)

₦16.3 bn (13%)



Percentage Health Allocation to PHC

₦0.9 bn (5%)

Performance - FY 2022



State Budget Performance

₦100.3 bn

77%



Health Budget Performance

₦10.1 bn

62%



Health Expenditure Per Capita

₦1,785.50



Call to Action

The State Government should sustain its efforts on allocation and release of funds to health, gradually work towards \$29*(N12,000 approx.) per capita, while investing in health insurance.

Reference: (prorated state contribution from \$86 per capita – WHO recommended) World Health Organization. (2018).

Health Insurance



The state has a functional state social health insurance scheme which makes health insurance mandatory. There has been release of Government/employee contribution for the formal sector however, the non-release of equity fund would negatively impact on the scheme.

Scorecard (2022)

Indicator	Status
Existence of a State Social Health Insurance Agency	
Health Insurance Made Mandatory	
Equity Funds Release	
Government Contribution For Formal Sector	
Employee Contribution For Formal Sector	

Total No. of Enrollees



246,607

- Target Not Met
- Target Met
- No Data



Call to Action

The State Government should ensure regular and timely release of equity fund into the scheme.

PHCUOR Scorecard

Primary Health Care Under One Roof



Osun state has performed well in its implementation of the Primary Health Care Under One Roof policy – a governance reform to improve PHC implementation and integration.

Scorecard	
Indicator	Status
Existence of a State Primary Health Care Board	●
Existence of Approved Minimum Service Package That Is Linked To SSHDP	●
Existence of Costed Service Delivery/Investment Plan	●
Provision Made For Investment Plan In The Annual Budget of The Last Year	●
PHC Programmes And Staff Moved To SPHCB From SMoH and SMoLGA	●

● Target Not Met
● Target Met
● No Data



Call to Action

The State Government should sustain commitment to Primary Health Care Under One Roof approach and ensure one functional PHC per ward as per minimum service package for healthcare delivery outlined in the National Primary Health Care Development Agency (NPHCDA) guidelines for the revitalization of PHCs.

Nutrition Scorecard



The state has a functional state Committee on Food and Nutrition. However, the state does not have a nutrition department in relevant MDAs and most of the nutrition interventions are funded by partners which is not sustainable.

Scorecard

Indicator	Status
Existence of State Committee on Food and Nutrition	●
Presence of Nutrition Departments In Relevant MDAs	●
Budget Line For Nutrition In Key MDAs	●
Release of Fund For Nutrition (2022)	●
Availability of Multi-Sectoral Plan of Action For Nutrition	●
Availability of Government-Owned Creche	●
Approved Six Months Paid Maternity Leave.	●
Government Spending Greater than/Equal to Partner Spending	●

● Target Not Met
 ● Target Met
 ● No Data/Missing Validation



Call to Action

The State Government should:

1. Set up nutrition departments in relevant MDAs (- at minimum in the following MDAs: Health, Agriculture, Budget and Planning, Women Affairs, State Primary Health Care Board).
2. Develop MSPAN and ensure prompt release of funds for its implementation.
3. Approve 6 months paid maternity leave.

Drug Management Agency (DMA) Scorecard



| The State does not have a Drug Management Agency.

Scorecard

Indicator	Status
State Has Established An Autonomous DMA Backed By Law	
DMA Is Capitalized	
At Least 60% Of The Focal Ward PHCs Is Capitalized	
DMA Has Pharmagrade Warehouse With Adequate Capacity	
State Has A Single Supply Chain System	
State Manages Last Mile Delivery	

Target Not Met
 Target Met
 No Data



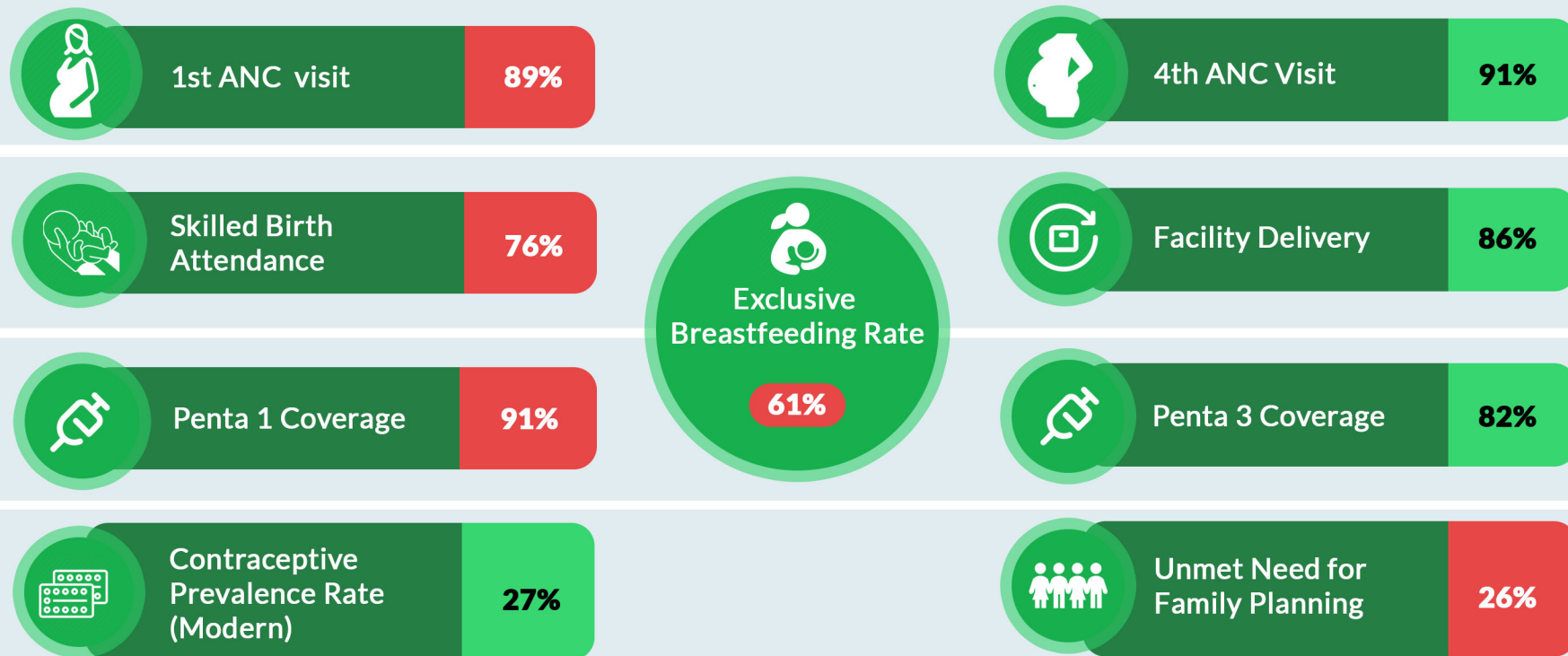
Call to Action

The State Government should urgently set up a DMA to ensure availability of quality and affordable essential medicines in all health facilities within the State.

Access and Service Utilization...



There is good access to and utilization of antenatal, delivery and immunization services. However, access to family planning is low with about a quarter of women-in-union needing family planning services not having access to it.



Call to Action

The State Government should:

1. Sustain its performance on antenatal, delivery and immunization services.
2. Identify and address barriers to access and utilization of family planning services.

Access and Service Utilization



The state has a fair network of TB molecular diagnostic machines, unmet needs in terms of Treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for a quarter of its pregnant women.



HIV Prevalence

0.8%



ART Unmet Needs in
*CLHIV

83%



LGAs with TB
Molecular Diagnostic
Machine

63%



TB Treatment
Coverage

195%



Malaria Prevalence

19.3%



IPTp3 Coverage

25.2%



New Cases of
Hypertension

9,899



Call to Action

The State Government should ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and expand coverage of IPTp3.

CLHIV – Children Living with HIV, ART – Antiretroviral Therapy, IPTp3 - Intermittent Preventive Treatment of Malaria for Pregnant Women (3rd dose +)
Reference: HIV health Sector Report 2021, NTBLCP, NMEP, DHIS2

Health Outcomes



Despite the progress in immunization there is still a significant number of zero-dose children, high numbers of children with stunting & wasting and unacceptably high numbers of childhood mortalities in the state.



Zero Dose Children

15,031



No. of Children with Stunting

74,942



No. of Children with Wasting

17,167



No. of Children who Die before 28 Days of Life (Yearly)

2,225



No. of Children who Die before 1st Birthday (Yearly)

3,152



No. of Children who Die before 5th Birthday (Yearly)

4,449



Call to Action

The State Government urgently needs to prioritize investments in maternal and child healthcare services, including nutrition interventions, immunizations, and healthcare infrastructure to improve the health outcomes of children in the state. It is also important for the state to work with key partners to identify and target communities with unvaccinated children.

- i. Stunting: Children Shorter in Height-for-Age
- ii. Wasting: Children with Low Weight-for-Height
- iii. Zero-dose: Children who failed to receive any routine vaccination - never reached by routine immunization services

Flagship Projects



S/N	Title	Description
1.	-	-

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	AMEN Foundation	HIV/AIDS, Tuberculosis	All LGAs
2	Damien Foundation	Tuberculosis & Leprosy	All LGAs
3	Excellence Community Education Welfare Scheme (ECEWS)	HIV/AIDS	All LGAs
4	Shepherd for Health, Environment, Advocacy and Development	Malaria Eradication, LMCU	All LGAs
5	Management Science for Health (MSH)	Family Planning	All LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
6	Shepherd for Health, Environment, Advocacy and Development (SHEAD)	Health	All LGAs
7	The Challenge Initiative (TCI)	Family Planning	All LGAs
8	UNICEF	Nutrition, Annual Operation Plan	All LGAs
9	Concern Universal/United Purpose	Covid-19 Intervention, HIV/AIDS	All LGAs
10	WHO	Immunisation, Disease surveillance	All LGAs

Summary of Key Actions



Health Facility Distribution

The State Government should:

1. Focus on enhancing the quality of existing facilities rather than building new ones.
2. Aim at ensuring at least one **FUNCTIONAL** primary health care centre per ward in line with the national PHC revitalization strategy.

Human Resource for Health

The State Government should **PRIORITIZE** investments in Human Resource for Health (HRH) by:

1. Developing a realistic comprehensive HRH plan (including an implementation plan) that includes a minimum HR requirement for the different types of health facilities, taking into account the fiscal space of the state.
2. Recruiting based on the implementation plan (including incentives to retain).

Health Financing

The State Government should sustain its efforts on allocation and release of funds to health, gradually work towards \$29*(N12,000 approx.) per capita, and while investing more in health insurance.

Health Insurance

The State Government should ensure regular and timely release of equity fund into the scheme.

Primary Health Care Under One Roof

The State Government should sustain commitment to Primary Health Care Under One Roof approach and ensure one functional PHC per ward as per minimum service package for healthcare delivery outlined in the National Primary Health Care Development Agency (NPHCDA) guidelines for the revitalization of PHCs.

Summary of Key Actions



Nutrition

The State Government should:

1. Set up nutrition departments in relevant MDAs (- at minimum in the following MDAs: Health, Agriculture, Budget and Planning, Women Affairs, State Primary Health Care Board).
2. Develop MSPAN and ensure prompt release of funds for its implementation.
3. Approve 6 months paid maternity leave.

Drug Management Agency

The state government to urgently set up a drug management agency to ensure availability of quality and affordable essential medicines in all health facilities within the state.

Access and Service Utilization

The State Government should:

1. Sustain its performance on antenatal, delivery and immunization services.
2. Identify and address barriers to access and utilization of family planning services.

The State Government should ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and expand coverage of IPTp3.

Health Outcomes

The State Government urgently needs to prioritize investments in maternal and child healthcare services, including nutrition interventions, immunizations, and healthcare infrastructure to improve the health outcomes of children in the state. It is also important for the state to work with key partners to identify and target communities with unvaccinated children.



About the NGF Secretariat

The Nigeria Governors' Forum

The Nigeria Governors' Forum (NGF) was founded in 1999. It is a platform for the elected Governors of the 36 states of Nigeria that promotes collaboration amongst the Governors, irrespective of their party affiliation, to share experience, promote co-operation, and good governance at the subnational level.

The NGF Secretariat

The NGF is supported by a secretariat which is the technical and administrative arm of the Nigeria Governors' Forum. It is a policy hub and resource centre that sets agendas & priorities to enable the forum to meet its set objectives. The Secretariat serves as an interface between federal MDAs, development partners, and states. The Secretariat has several units including Health, IGR, Economics, Legal, Education, Agriculture, Peace, and Inclusive Security.

The Health Team

The health unit of the NGF Secretariat is responsible for coordinating all health-related interventions being championed by the secretariat. It is committed to catalysing a stronger health system and better health outcomes at the subnational level in line with national goals and strategies.

Our Vision

Is to be the leading go-to resource and learning hub for catalysing subnational health development and contributing to health SDGs.

Our Mission

Is to keep the NGF informed and up-to-date on health priorities and promote evidence-based decision-making & actions, accountability, and learning for better health outcomes at the subnational level.

What We Do

We leverage our convening powers to support States to achieve their health goals through Evidence Generation, High-Level Advocacy, Resource Mobilization, Accountability and Partnerships, and Capacity Building. We also engage with key federal MDAs, such as the FMOH, NHIA, NPHCDA, FMFBNP, and Office of the Vice President.

Our Team

The health team is a multidisciplinary team that includes high-profile professionals that have excelled in different fields of endeavour including Advocacy, Health Policy Analysis, Health Systems Strengthening, Public Health, Health Financing, Health Information System, Immunization, Supply Chain, Monitoring, Evaluation, and Learning.

Our Health Partners

BMGF, ADF, GAVI, UNICEF, R4D, NHED.

NIGERIA GOVERNORS' FORUM



📍 51, Lake Chad Crescent,
Maitama, Abuja,
Federal Capital Territory,
Nigeria

✉ Info@ngf.org.ng
☎ +234 (0) 92920025 | +234 (0) 92920026
🌐 <http://www.nggovernorsforum.org>