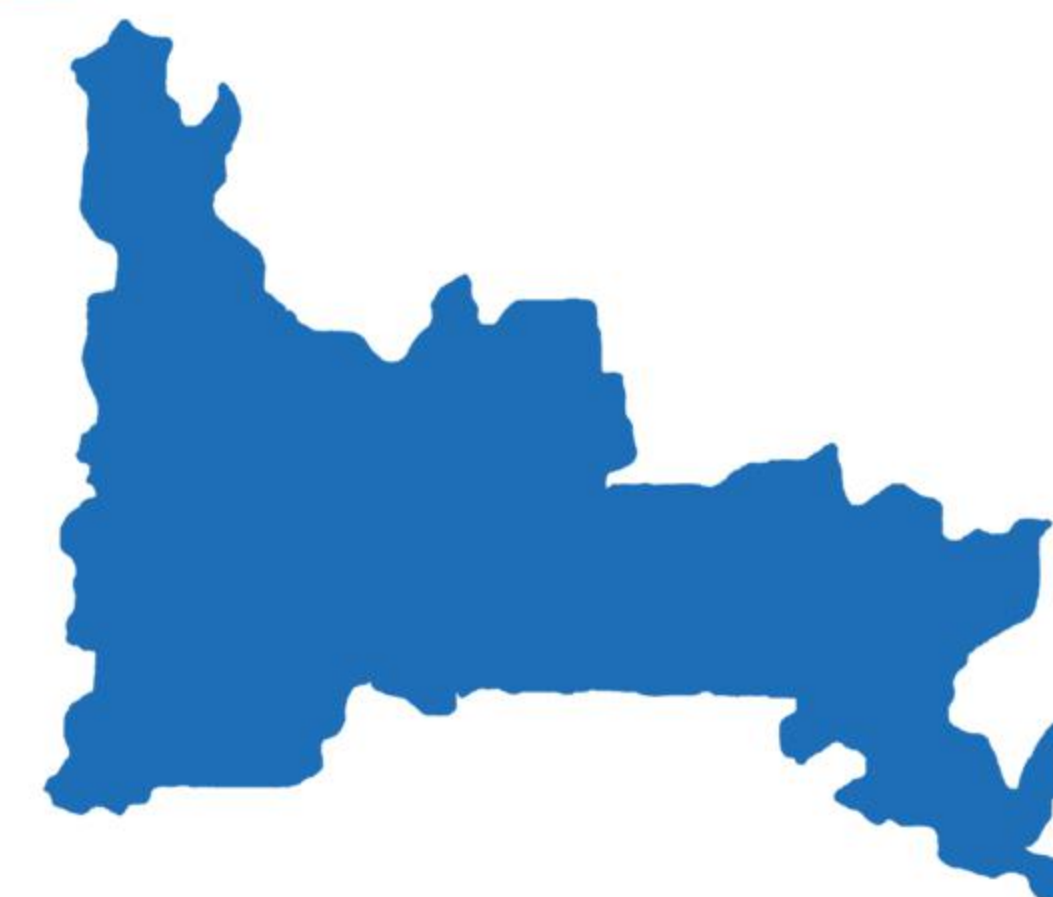


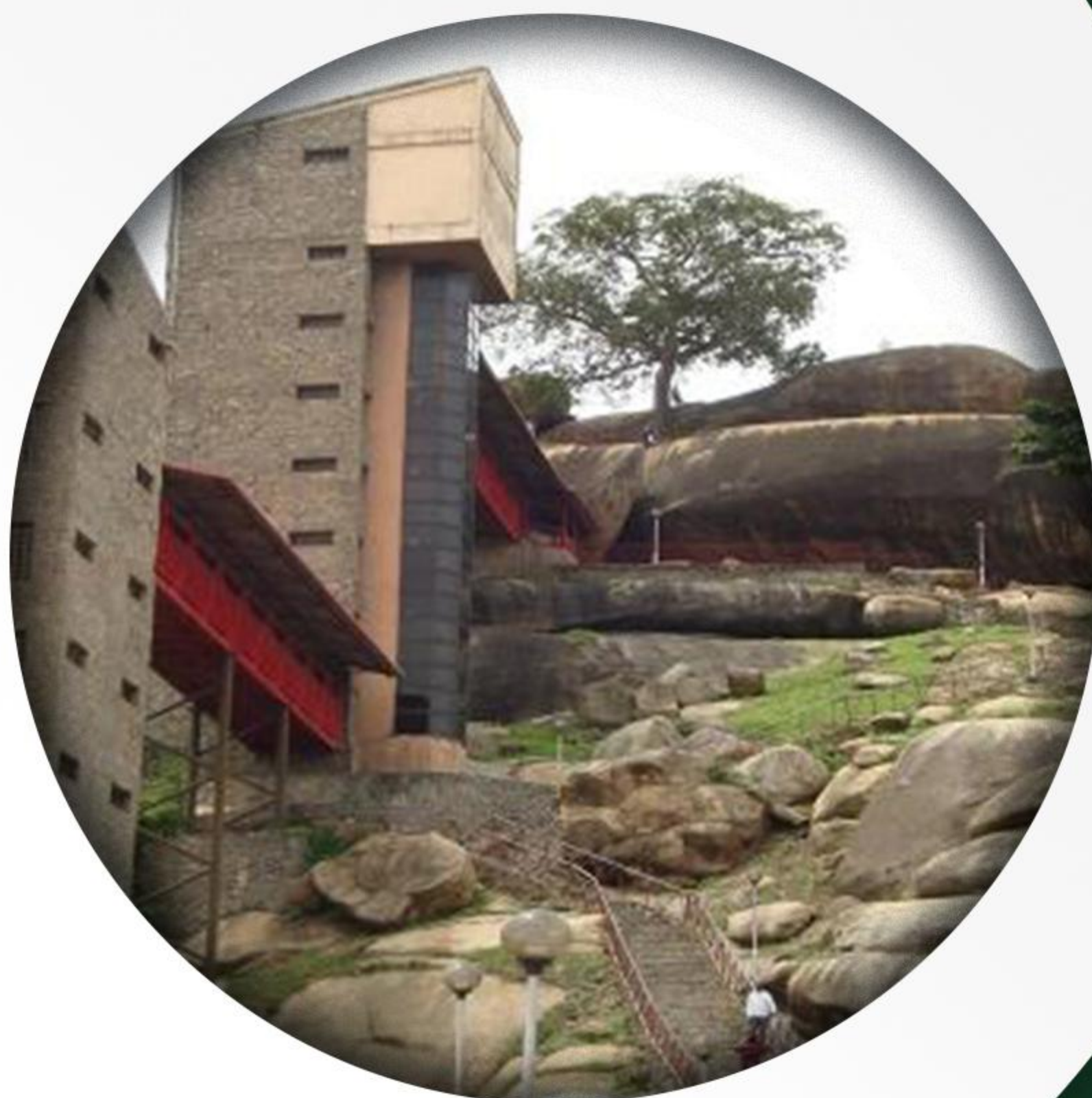


NIGERIA GOVERNORS' FORUM



Ogun State Health Profile

Gateway State





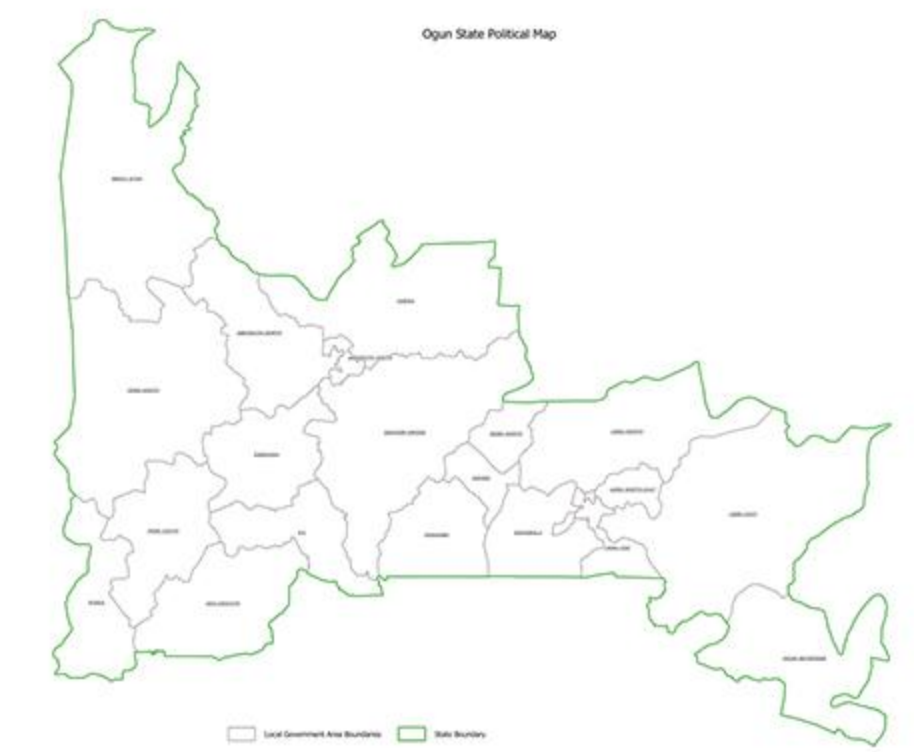
Your Excellency,

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 Ogun State



Ogun state, ranked 16th in terms of population size and has a population density of 374 persons/km².



Created
02/03/1976



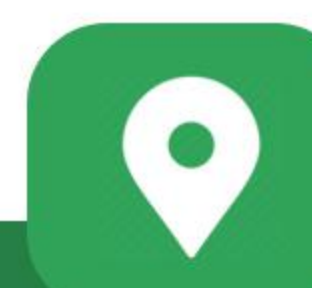
Land Mass
16,762km²



Population
6,267,473



LGAs
20



Political Wards
236



Under 1 Population
250,699



Under 5 Population
1,253,495



Women of Child Bearing Age
1,378,844

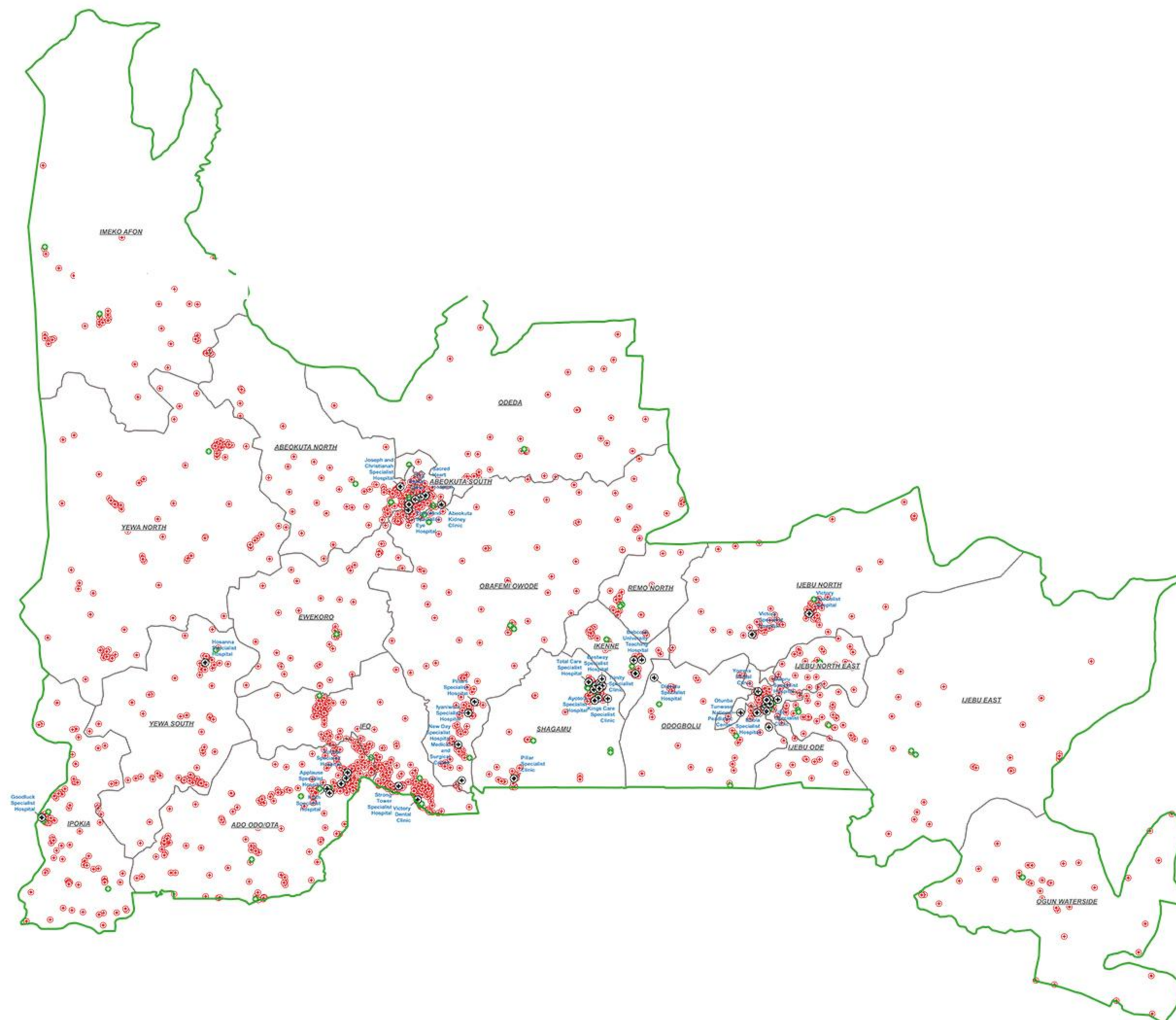


Pregnant Women
313,374

Health Facility Distribution



Ogun 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** **1,188**

Public: 505

Private: 683

🏠 **Secondary** **42**

Public: 40

Private: 2

🏠 **Tertiary** **4**

Public: 3

Private: 1

**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	5	9	1,380
School(s) of Nursing & Midwifery	6	5	6,900
School(s) of Health Technology	1	9	1776
School(s) of Pharmacy	1	-	150



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	376	<1	10
Nurses/Midwives	1,347	2.1	30
Community Health Workers	1,025	2	10
Pharmacists	110	<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



Ogun state is not investing adequately in health as evidenced by the low annual budgetary allocation, poor budgetary release and a per capita expenditure on health of N2,063.1.

Allocation - FY 2022



Total State Budget

₦350.7 bn



Allocation to Health (%)

₦34.3 bn (10%)



Percentage Health Allocation to PHC

₦9.1 bn (27%)

Performance - FY 2022



State Budget Performance

₦244.2 bn

70%



Health Budget Performance

₦12.9 bn

38%



Health Expenditure Per Capita

₦2,063.1



Call to Action

The State Government should increase its allocation to health and gradually work towards \$29*(N12,000 approx.) per capita and invest more in health insurance.

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

Health Insurance



The state has a functional state social health insurance scheme which makes health insurance mandatory. However, the non-release of equity fund and Government/employee contribution for the formal sector 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



54,648

- Target Not Met
- Target Met
- No Data



Call to Action

The State Government to ensure regular and timely release of equity fund, and fast track government and employee contribution into the scheme.

PHCUOR Scorecard

Primary Health Care Under One Roof



Ogun state has a primary healthcare board but has not 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:

1. Ensure its PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA.
2. Develops and implement a costed service delivery plan.
3. 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.(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.

Scorecard	
Indicator	Status
Existence of State Committee on Food and Nutrition	Target Met
Presence of Nutrition Departments In Relevant MDAs	Target Not Met
Budget Line For Nutrition In Key MDAs	Target Not Met
Release of Fund For Nutrition (2022)	Target Not Met
Availability of Multi-Sectoral Plan of Action For Nutrition	Target Met
Availability of Government-Owned Creche	Target Not Met
Approved Six Months Paid Maternity Leave.	Target Not Met
Government Spending Greater than/Equal to Partner Spending	Target Met

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. Ensure timely release of funds to implement programmes in the MSPAN.
3. Approve 6 months paid maternity leave.

Drug Management Agency (DMA) Scorecard



| No Data.

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

NA

Access and Service Utilization...



There is fair access to and utilization of antenatal and delivery services, however low access to immunization and family planning services.



Call to Action

The State Government should Identify and address barriers to access and utilization of antenatal, delivery, immunization and family planning services.

Access and Service Utilization



The state has high unmet needs in terms of treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for a third of its pregnant women. There is a low network of TB molecular diagnostic machines.



HIV Prevalence

1.1%



ART Unmet Needs in
*CLHIV

71%



LGAs with TB
Molecular Diagnostic
Machine

40%



TB Treatment
Coverage

47%



Malaria Prevalence

24.9%



IPTp3 Coverage

35.7%



New Cases of
Hypertension

17,500



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



There a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high childhood mortalities in the state.



Zero Dose Children

83,055



No. of Children with Stunting

82,562



No. of Children with Wasting

14,311



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

11,561



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

13,956



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

17,445



Call to Action

The State Government urgently needs to prioritize investments in maternal and child healthcare services, including nutrition interventions, and immunizations 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



This page details the key flagship projects ongoing in Ogun State that the Government needs to sustain.

S/N	Title	Description
1.	Hub and Spoke Project	Implementation of Hub and Spoke project to assist healthcare establishments in their quests to serve patients well. It affords the State unique opportunities to strengthen referral linkages across the three tiers of healthcare and thereby maximize efficiency and effective of healthcare delivery system.
2.	Electronic Medical Record (EMR)	Introduction of Electronic Medical Record (EMR) to assist with longitudinal collection of electronic health information about a patient's health history, such as diagnoses, medicines, tests, allergies, immunizations, and treatment plans. EMR help to provide better quality of care for patients by enabling quick access to patient records, resulting in more efficient care. It plays a critical role in how healthcare practitioners store medical records, provide treatment, and manage finances.
3.	Capacity Building for Health Workforce	Training of Ultrasound Scan (USS) Technicians (a cadre of health worker) to provide mobile USS services at PHC level to ensure equitable distribution of USS services to rural areas and improve early detection of leading causes of maternal and newborn complications.

Flagship Projects



This page details the key flagship projects ongoing in Ogun State that the Government needs to sustain.

S/N	Title	Description
4.	Logistic Management Project	Introduction of drone to fill the existing gaps within the State health and emergency supply chains, especially in serving the most disadvantaged, remote, sparsely populated or otherwise underserved rural communities, areas, and facilities. The main use of these drones is to enhance supply chain capabilities by offering delivery services for products (essential medical commodities and diagnostic samples) to, and from, hard-to-access (seasonally or year-round) rural health facilities.
5.	Maternal Mortality Reduction Project	Universal administration of low-dose aspirin to pregnant women to address the leading causes of maternal and foetal complications such as pre-eclampsia, preterm delivery Intrauterine foetal death, hypertension in pregnancy, diabetes in pregnancy and multiple gestations. The daily low-dose aspirin use in pregnancy is considered safe and is associated with a low likelihood of serious maternal, or foetal complications, or both, related to use.

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	Association for Reproductive and Family	TB	State Wide
2	CARITAS CATHOLIC FOUNDATION OF NIGERIA	TB	State Wide
3	CHEMONICS	Malaria	State Wide
4	GERMAN LEPROSY AND TB RELIEF ASSOCIATION	Leprosy & TB	State Wide
5	KNCV	TB	State Wide
6	Management Science for Health	Malaria	State Wide

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
7	Marie Stopes International	Family Planning	State Wide
8	Society for Family Health	Family Planning, Malaria	State Wide
9	Society for HIV/ Health	HIV/ AIDS	State Wide
10	Society for TB Health HIV, TB Immunization, HIV, Health	Immunization, HIV, TB Health Financing	State Wide
11	UNFPA	Maternal & Child Health	State Wide
12	UNICEF	Maternal & Child Health	State Wide
13	WHO	Maternal & Child Health	State Wide

Summary of Key Actions



Health Facility Distribution

The state government should:

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Health Financing

The State Government should increase its allocation to health and gradually work towards \$29*(N12,000 approx.) per capita and invest more in health insurance.

Health Insurance

The State Government to ensure regular and timely release of equity fund, and fast track government and employee contribution into the scheme.

Primary Health Care Under One Roof

The State Government should:

1. Ensure PHC programs and staff should be moved from SMoH and SMoLGA to SPHCB.
2. Develops and implement a costed service delivery plan
3. 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. Ensure timely release of budgeted funds for the implementation of MSPAN.
3. Approve 6 months paid maternity leave.

Drug Management Agency

NA.

Access and Service Utilization

The State Government should identify and address barriers to access and utilization of Antenatal, Delivery, Immunization and Family Planning services.

Also, 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, and immunizations 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>