



NIGERIA GOVERNORS' FORUM



Lagos State Health Profile Centre of Excellence



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 Lagos State



Lagos state, ranked 2nd in terms of population size and has a population density of 4,460 persons/km².



Created
27/05/1967



Land Mass
3,345 km²



Population
14,920,049



LGAs
20



Political Wards
246



Under 1 Population
596,802



Under 5 Population
2,984,010



Women of Child Bearing Age
3,282,411

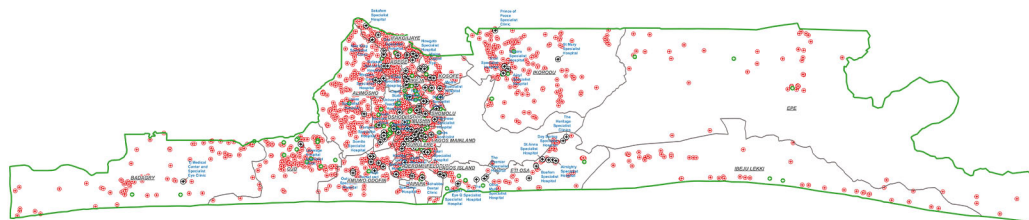


Pregnant Women
746,002

Health Facility Distribution



Lagos 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 **2,580**

Public: 328

Private: 1,940

Secondary **290**

Public: 28

Private: 262

Tertiary **22**

Public: 5

Private: 17

**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	1	215
School(s) of Nursing & Midwifery	1	-	80
School(s) of Health Technology	1	-	800
School(s) of Pharmacy	-	-	-



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	2,517	1.7	10
Nurses/Midwives	4,157	2.8	30
Community Health Workers	226	<1	10
Pharmacy	598	<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



Lagos state is not investing adequately in health as evidenced by the low annual budgetary allocation, fair budgetary release and a per capita expenditure on health of N6,240.20.

Allocation - FY 2022



Total State Budget

₦1,758.2 bn



Allocation to Health (%)

₦127.7 bn (7%)



Percentage Health Allocation to PHC

₦15.1 bn (12%)

Performance - FY 2022

State Budget Performance



₦1,270.2 bn

72%

Health Budget Performance



₦93.1 bn

73%

Health Expenditure Per Capita



₦6,240.2



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).

Health Insurance



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

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



2,597,718

● Target Not Met

● Target Met

● No Data



Call to Action

The State Government should sustain its efforts by ensuring prompt release of equity funds and government/employee contribution into the scheme.

PHCUOR Scorecard

Primary Health Care Under One Roof



Lagos State 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 the development and implementation of a costed service delivery;
2. Ensure that all PHC programs and staff should be moved from SMoH and SMoLGA to SPHCB.
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.

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. Ensure prompt release of funds for the implementation of programs in the MSPAN

Drug Management Agency (DMA) Scorecard



| Lagos 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



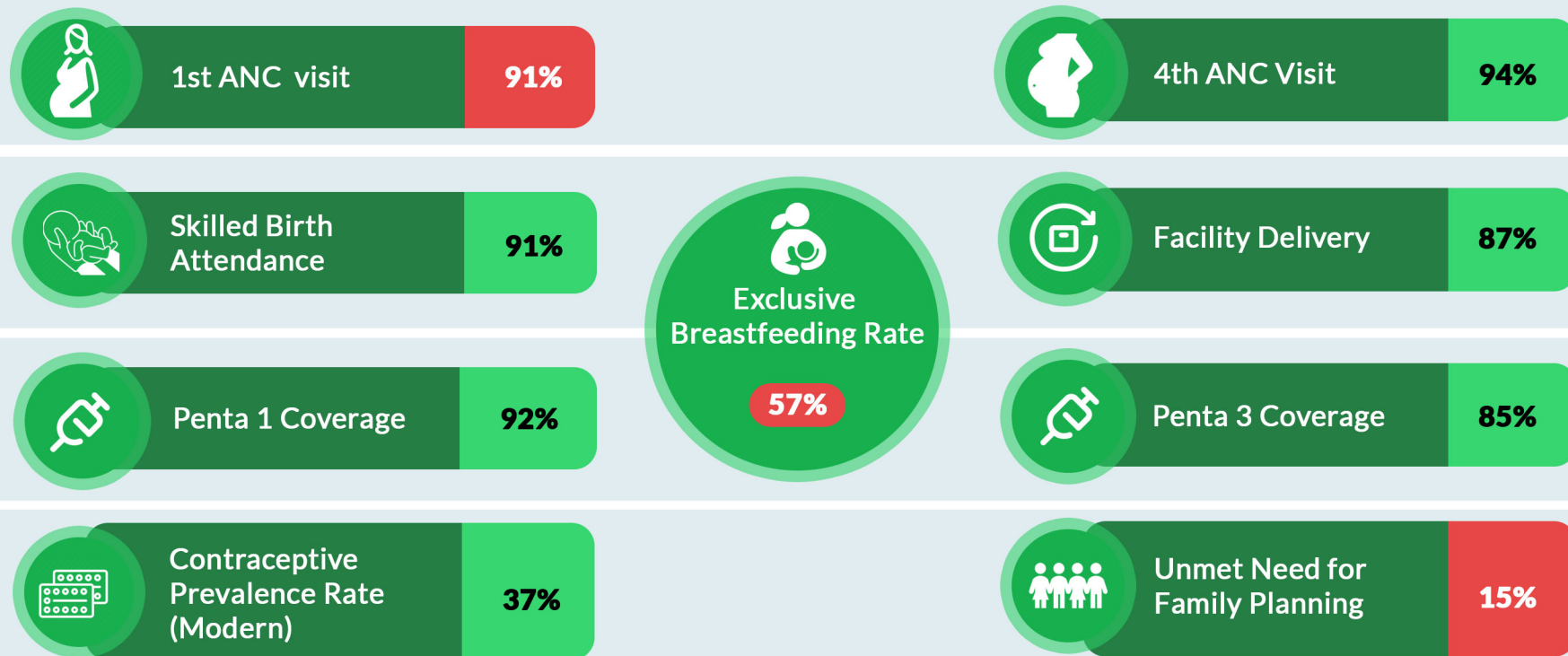
Call to Action

The State Government 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...



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

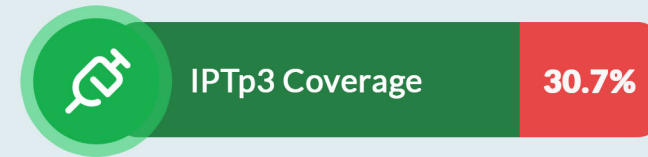
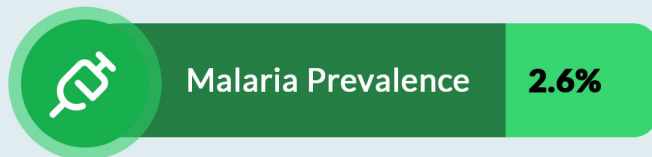
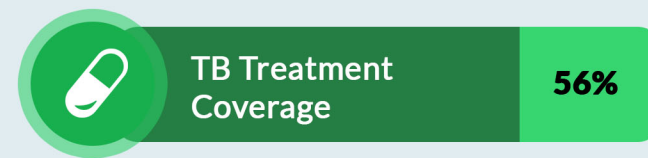
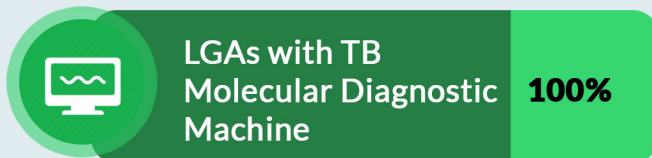
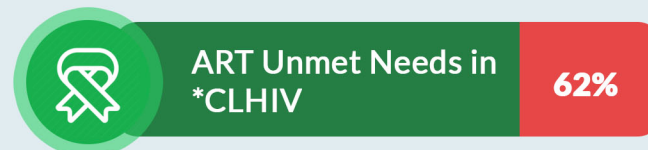
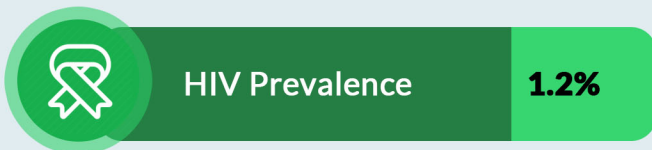
The state government should:

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 good network of TB molecular machines within the State. However, there are 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.



Call to Action

The State Government should 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, NTBLC, NMEP, DHIS2.

Health Outcomes

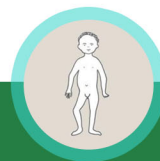


Despite the progress in immunization there is still a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortalities in the state.



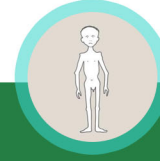
Zero Dose Children

40,287



No. of Children with Stunting

152,584



No. of Children with Wasting

55,246



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

5,369



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

7,322



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

7,322



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



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

S/N	Title	Description
1	TB Control programme	Free TB diagnosis and treatment.
2	TB PR (Lagos)	The principal recipient for the TB grant by the Global Fund.
3	Influenza Surveillance Programme	This is an active programme in partnership with NCDC and WHO in LASUTH.
4	Newborn Screening programme for Sickle cell	Sickle cell screening for Newborns.
5	Reproductive and Maternal Health Services	Establishment of teen mom's clinic.

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	Action Health Incorporated (AHI)	Adolescent Health	No Data
2	Aliko Dangote Foundation	Infection, Prevention and Disease Control	State Wide
3	Association of Reproductive & Family Health (ARFH)	Reproductive Health, Mother & Child Health, Family Planning	11 LGAs
4	Bill & Melinda Gates Foundation (BMGF)	Family Planning, Nutrition, Immunization, Maternal & Child Health, Adolescent Health, Universal Health Coverage	State Wide
5	Catholic Caritas Foundation of Nigeria (CCFN)	Emergency Response, Public Health interventions	State Wide
6	Centre for Integrated Health Program (CIHP)	Global Health	No Data

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
7	Development Outcomes	Family Planning, MNCH	State Wide
8	Clinton Health Access Initiative (CHAI)	NCDs, Malaria, Child Health, HIV/AIDS, Tuberculosis, Health Financing and Health Systems, Essential Medicines; Immunization, Universal Health Coverage	State Wide
9	Damien Foundation Belgium (DFB)	Tuberculosis, Leprosy, HIV/AIDS ART	State Wide
10	Development Governance International Consult (DGI)	Tuberculosis budget advocacy, Integration of TB into SSHIS benefit package	State Wide
11	Family Health International (FHI 360) Alive & Thrive Project	Infection, Prevention and Disease Control	10 LGAs
12	Evidence Action	Policy & Advocacy	10 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
13	Global Fund (GF)	Malaria, HIV Diagnosis, Treatment and Care; PMTCT (Family and TBA), EID, TB Case Finding and Diagnosis, HIV Testing Services, PMTCT, ART services; Tuberculosis; HIV Integration; Drug-Resistant Tuberculosis	State Wide
14	GIZ	RSSH	State Wide
15	Health Emergency Initiative (HEI)	Infant and Maternal Mortality; Post Crash Care; Emergency Response	State Wide
16	Health Policy Plus (HP+)	Policy, Health Financing & Advocacy	-
17	Health Strategy & Delivery Foundation (HSDF)	Health System Strengthening, Maternal & Newborn Child Health, Non-Communicable Diseases	State Wide
18	Health Systems Consult Limited (HSCL)	Development and refining of policies, plans and processes; Organizational Development	State Wide
19	Project Hope	Health System Strengthening.	10 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
20	Institute of Human Virology Nigeria (IHVN)	Facility TB-Surge, Contact Tracing, Laboratory Diagnosis, Epidemic Prevention	State Wide
21	Joint United Program on HIV/AIDS (UNAIDS)	HIV/AIDS ART	State Wide
22	Lafiya Palladium	Infection, Prevention and Disease Control	State Wide
23	Legislative Initiative for Sustainable Development (LISDEL)	Advocacy	State Wide
24	Market Doctor	Global Health	State Wide
25	MTN Foundation	Global Health	State Wide
26	Newborn Essential Solutions (NEST 360)	Newborn Health Innovation	State Wide

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
27	Options/E4A-MAMAYE	Maternal & Child Health	State Wide
28	PharmAccess Foundation	Healthcare Regulation; GIS Mapping of Facilities	State Wide
29	Save The Children International (SCI)	Maternal and Child Health; Reproductive Health; Immunization	Ikorodu
30	Society For Family Health (SFH)	Family Planning, Immunization	5 LGAs
31	The Challenge Initiative (TCI)	Urban Reproductive Health	4 LGAs
32	Total Nigeria	Disease Control	State Wide
33	World Bank	Health Impact of Pollution, Disease Surveillance	State Wide
34	Trauma Care International Foundation (TCI)	Trauma care, First Aid, Emergency Response	State Wide

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
35	United Nations Children Fund (UNICEF)	Maternal and Child Health; Infant and Maternal Mortality	State Wide
36	United Nations Population Fund (UNFPA)	Maternal Health, Adolescent Sexual and Reproductive Health, Family Planning	State Wide
37	United States Agency For International Development (USAID)	Maternal and Child Health; Reproductive Health; Immunization	State Wide
38	World Health Organization (WHO)	Global Health, Public Health response	State Wide
39	Youth Development and Empowerment Initiative (YEDI)	MNCH, Adolescent Health	State Wide

Summary of Key Actions



Health Facility Distribution

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1. Sustain its performance on antenatal delivery and immunization services.
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The State Government should also scale up ART treatment for CLHIV and expand coverage of IPTp3.

Health Outcomes

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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.

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