



NIGERIA GOVERNORS' FORUM



Akwa Ibom State Health Profile

Land of Promise



Universal Health
Coverage



RI/Polio Eradication



Nutrition



Health Security



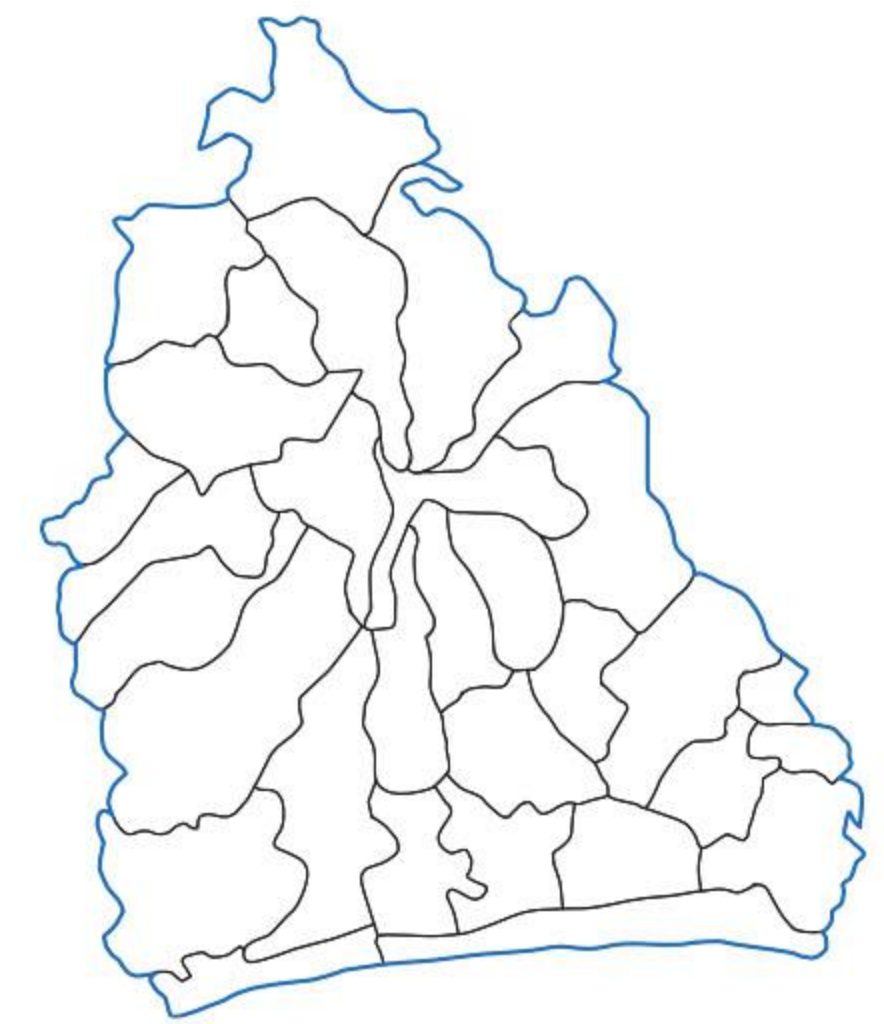
Your Excellency,

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 Akwa Ibom State



Akwa-Ibom state, ranked 15th in terms of population size and has a population density of 926 persons/km².



Created
23/09/1987



Land Mass
7,081km²



Population
6,559,881



LGAs
31



Political Wards
329



Under 1 Population
262,395



Under 5 Population
1,311,976



Women of Child Bearing Age
1,443,174

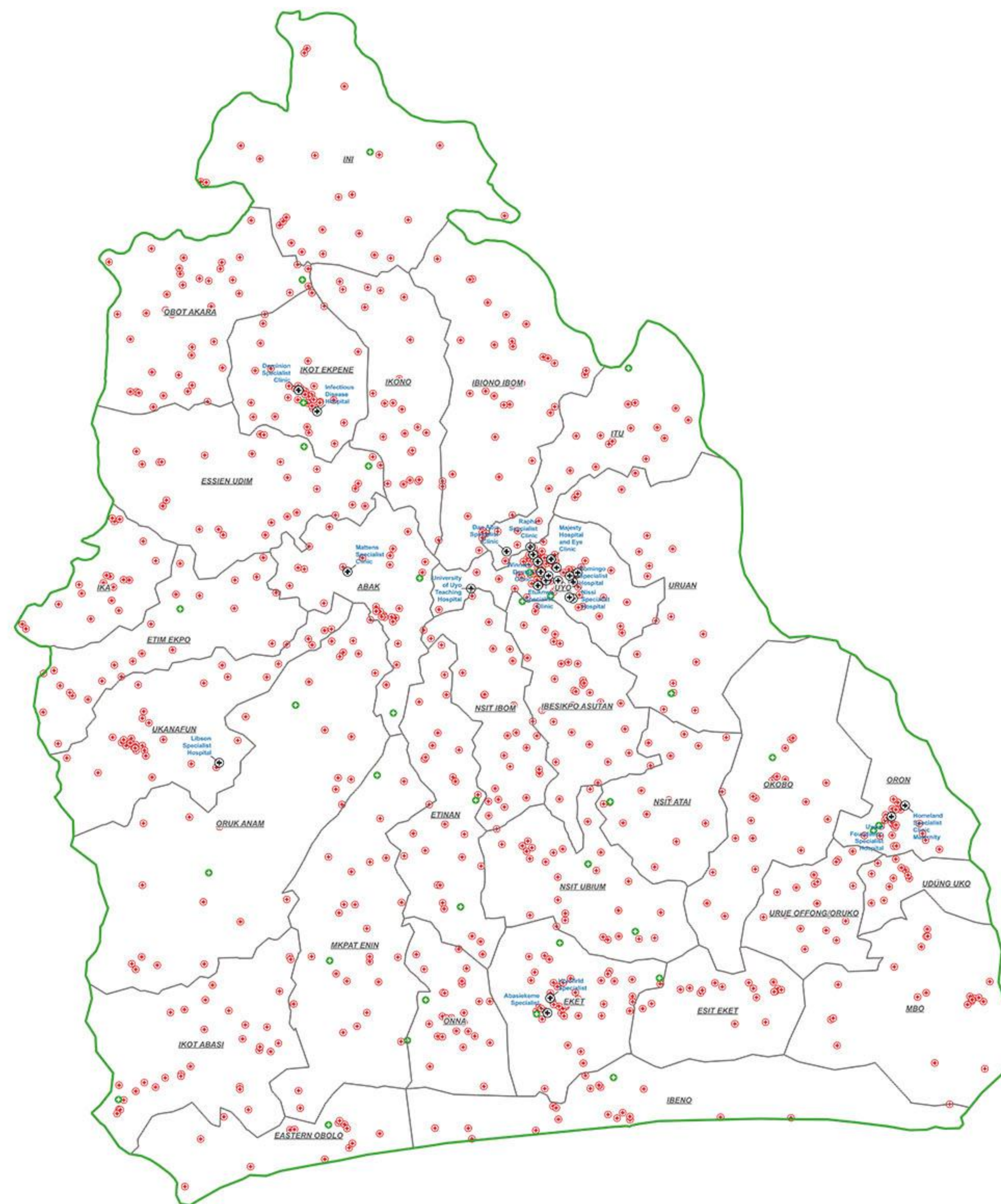


Pregnant Women
327,994

Health Facility Distribution



Akwa-Ibom 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** **442**

Public: 442

Private: 0

🏠 **Secondary** **42**

Public: 42

Private: 0

🏠 **Tertiary** **2**

Public: 2

Private: 0

Health Facility Per Capita **1/10,000 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	0	0	0
School(s) of Nursing & Midwifery	8	0	1010
School(s) of Health Technology	1	0	370
School(s) of Pharmacy	0	0	-



Human Resource for Health

Occupation	Number	Density <i>(Per 10,000 Population)</i>	Target (WHO)
Doctors	1621	2.5	10
Nurses/Midwives	8750	13.3	10
Community Health Workers	2361	4	10
Pharmacists	640	0.98	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 not investing adequately in health as evidenced by the low annual budgetary allocation, poor budgetary release and a per capita expenditure on health of ₦1,821.80; this may have contributed to some of the poor health outcomes in the state.

Allocation - FY 2022



Total State Budget

₦586.9 bn



Allocation to Health (%)

₦24.3 bn (4%)



Percentage Health Allocation to PHC

₦1.7 bn (7%)

Performance - FY 2022



State Budget Performance

₦413.4 bn

70%



Health Budget Performance

₦12.0 bn

49%



Health Expenditure Per Capita

₦1,821.80



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 does not have a state social health insurance scheme.

Scorecard (2022)

Indicator	Status
Existence of a State Social Health Insurance Agency	Target Not Met
Health Insurance Made Mandatory	Target Not Met
Equity Funds Release	Target Not Met
Government Contribution For Formal Sector	Target Not Met
Employee Contribution For Formal Sector	Target Not Met

Total No. of Enrollees



- Target Not Met
- Target Met
- No Data



Call to Action

The State Government should urgently set up a state social health insurance scheme.

PHCUOR Scorecard

Primary Health Care Under One Roof



Akwa-Ibom state has an existing Primary Health Care Board however there seems to be a slow paced 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 PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA government.
2. Ensure the development and implementation of a costed service delivery plan.
3. Ensure one functional PHC per ward as per minimum service package for healthcare delivery outlined in the National

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(MSPAN)	●
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. Approve 6 months paid maternity leave.
3. Ensure release of funds for the implementation of MSPAN.

Drug Management Agency (DMA) Scorecard



| Akwa-Ibom 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



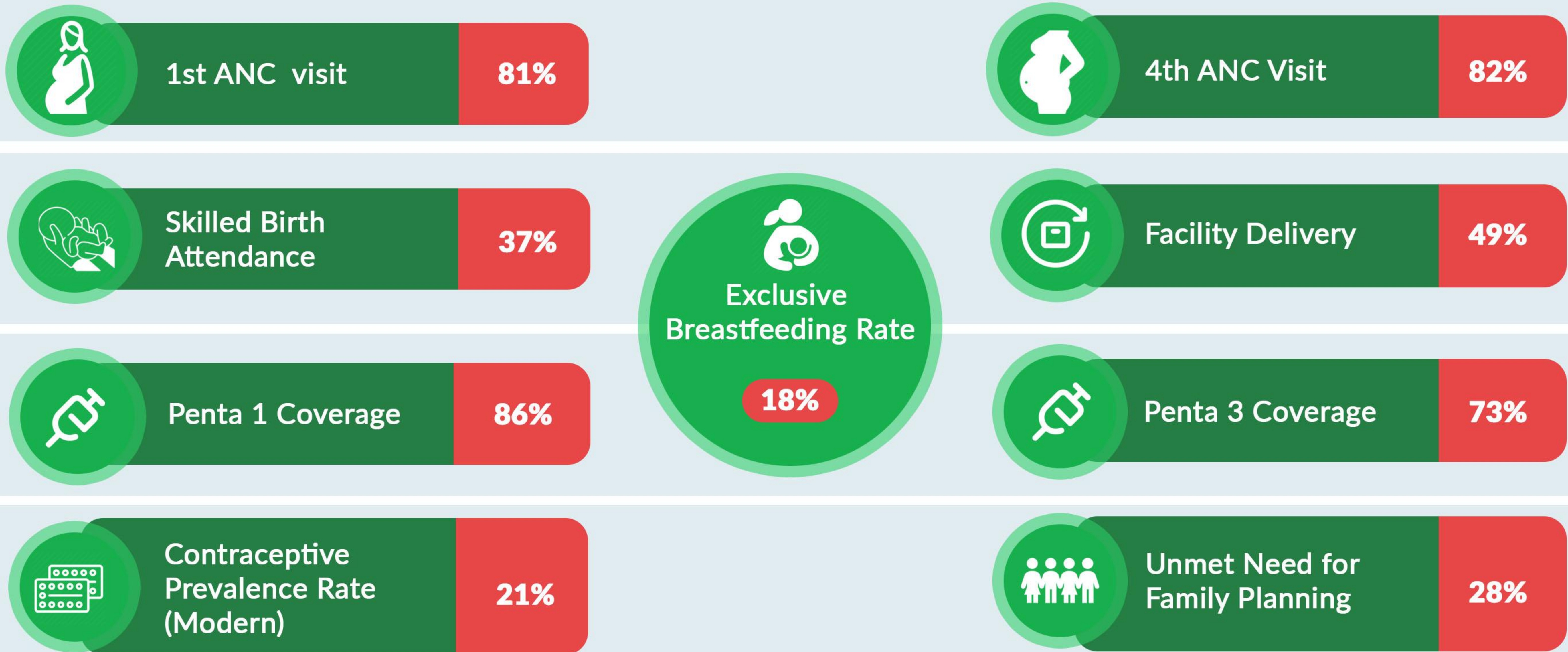
Call to Action

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...



The access to and utilization of antenatal and immunization services is fair however access to family planning delivery services is low with about a third of women-in-union needing family planning services not having access to it. and less than 20% of children under 6 months are exclusively breastfed (EBF)



Call to Action

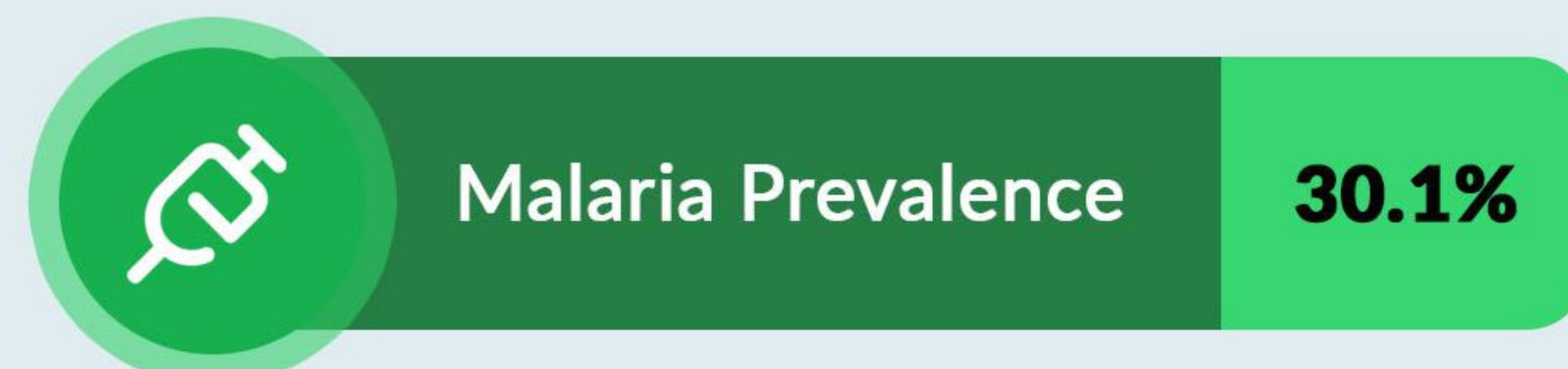
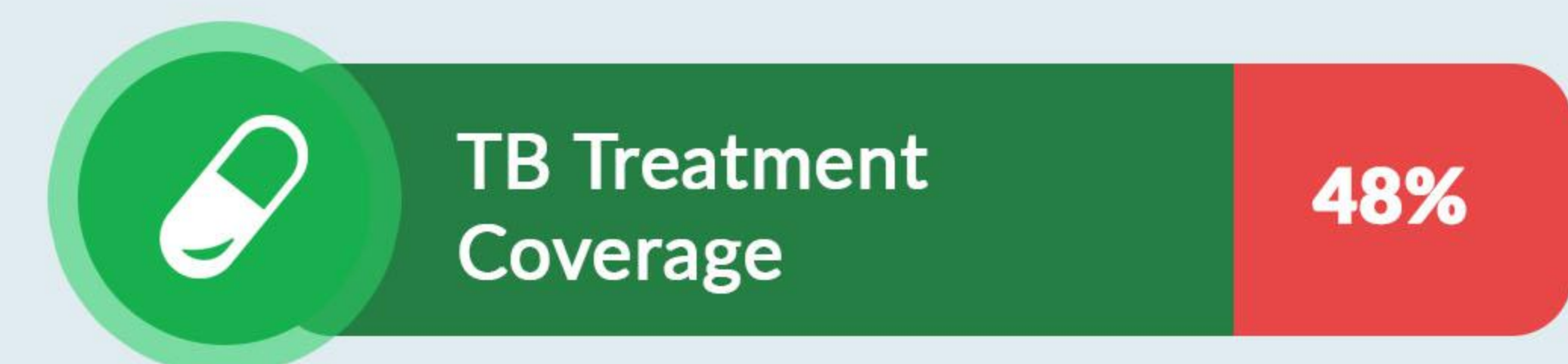
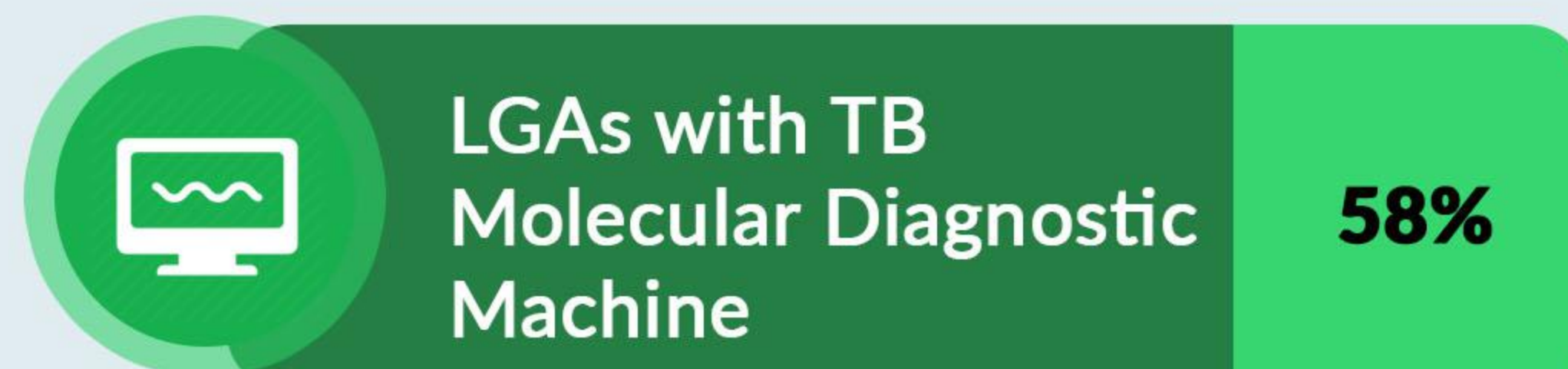
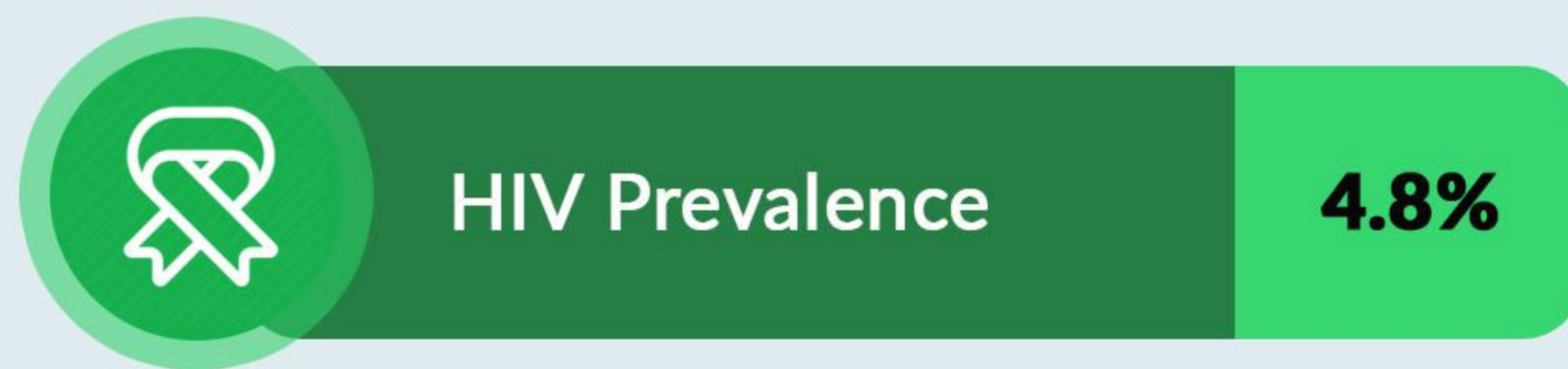
The State Government should:

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

Access and Service Utilization



The state has limited network of TB molecular diagnostic machine high unmet needs in terms of, Treatment for Children living with HIV and only provides 3 doses of malaria pzyrophylaxis for 7% of its pregnant women.



Call to Action

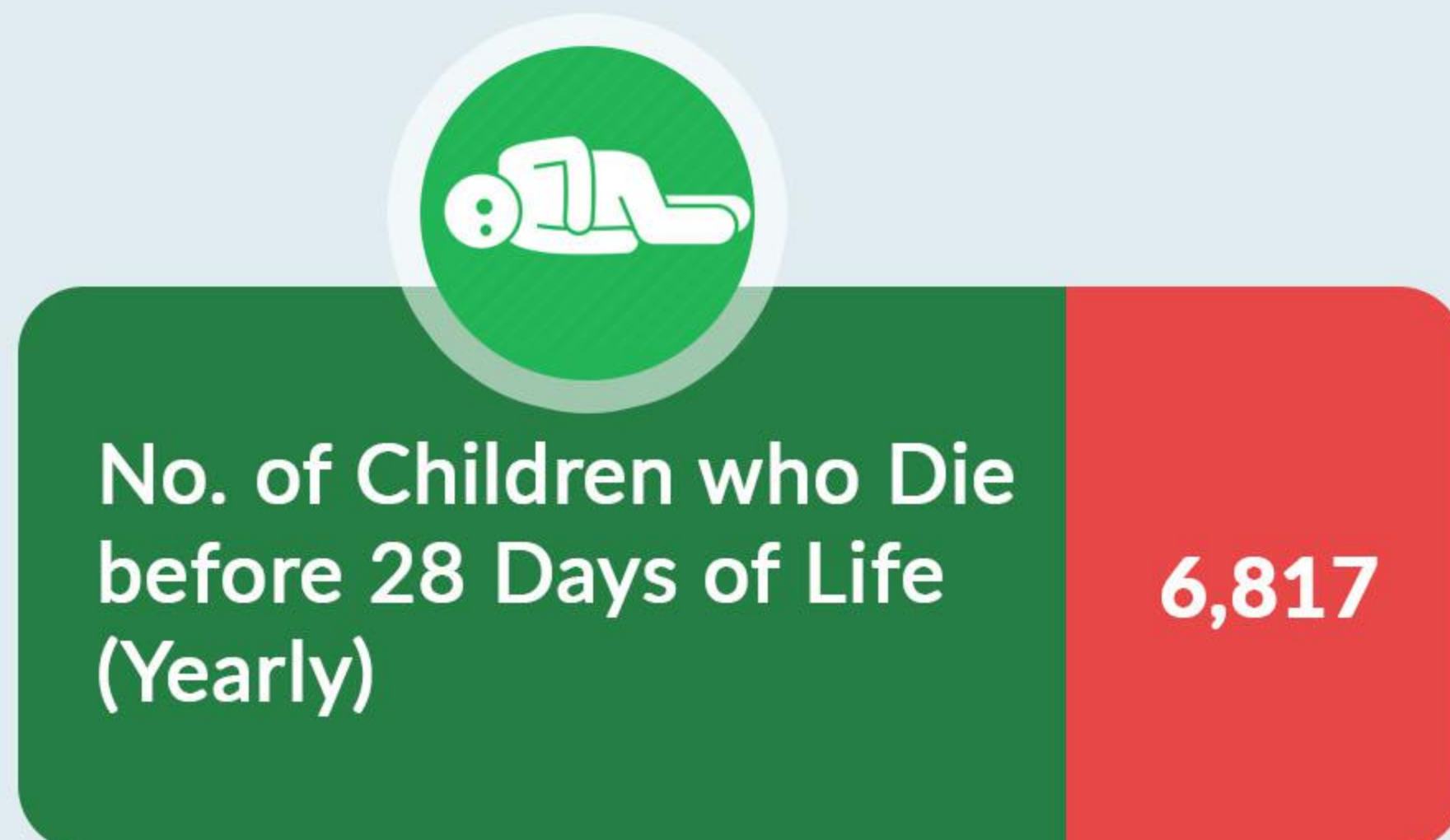
The State Government to: The State Government should ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and expand coverage of IPTp3.

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 numbers of children mortalities in the state.



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

- 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 Akwa Ibom State that the Government needs to sustain.

S/N	Title	Description
1.	Gender Based Violence Hospitals	Multisectoral collaboration (Ministry of Health, Ministry of Women Affairs and FEYReP (NGO)).

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Location
1	AIDS HEALTH CARE FOUNDATION	HIV	State Wide
2	Antof Rural Resources Development care	Reproductive Health	State Wide
3	Breakthrough Action	Reproductive Health	State Wide
4	CCCRN	HIV	State Wide
5	ECEWS	HIV	State Wide
6	Family Empowerment and Youth Reorientation Path Initiative (FEYReP)	Nutrition	State Wide
7	Global Fund (ARFH)	Tuberculosis, Leprosy & Buruli Ulcer	State Wide
8	GLRA/IHVN	Tuberculosis, Leprosy & Buruli Ulcer	State Wide

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Location
9	HEARTLAND ALLIANCE	HIV	State Wide
10	Hellen Keller International	Neglected Tropical Diseases	State Wide
11	JHPIEGO	HIV	State Wide
12	KCV	Tuberculosis, Leprosy & Buruli Ulcer	State Wide
13	Marie Stopes	Reproductive Health	State Wide
14	National Agency for the Control of AIDS NACA	HIV	State Wide
15	PALLADIUM	HIV	State Wide
16	Planned Parenthood Federation of Nigeria	Reproductive Health	State Wide
17	UNFPA	Reproductive Health	State Wide

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Location
18	UNICEF	Reproductive Health	State Wide
19	United States Presidents Malaria Initiative	Malaria	State Wide
20	USAID	Malaria	State Wide
21	USAID (Global Health Supply Chain)	Logistic Management Coordinating	State Wide
22	USAID (TMEC-RISE)	Logistic Management Coordinating	State Wide
23	Vitamin Angels	Nutrition	State Wide
24	World Bank (IDA)	Nutrition	State Wide
25	World Bank (SOML)	Reproductive Health	State Wide

Summary of Key Actions



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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:

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2. Approve 6 months paid maternity leave.
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The State Government should also ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and expand coverage of IPTp3.

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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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