



NIGERIA GOVERNORS' FORUM



Oyo State Health Profile

Pace Setter State



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 Oyo State



Oyo state, ranked 5th in terms of population size and has a population density of 336 persons/km².



Created
23/09/1987



Land Mass
24,192 km²



Population
9,295,387



LGAs
34



Political Wards
361



Under 1 Population
381,877



Under 5 Population
1,909,387



Women of Child Bearing Age
2,100,325

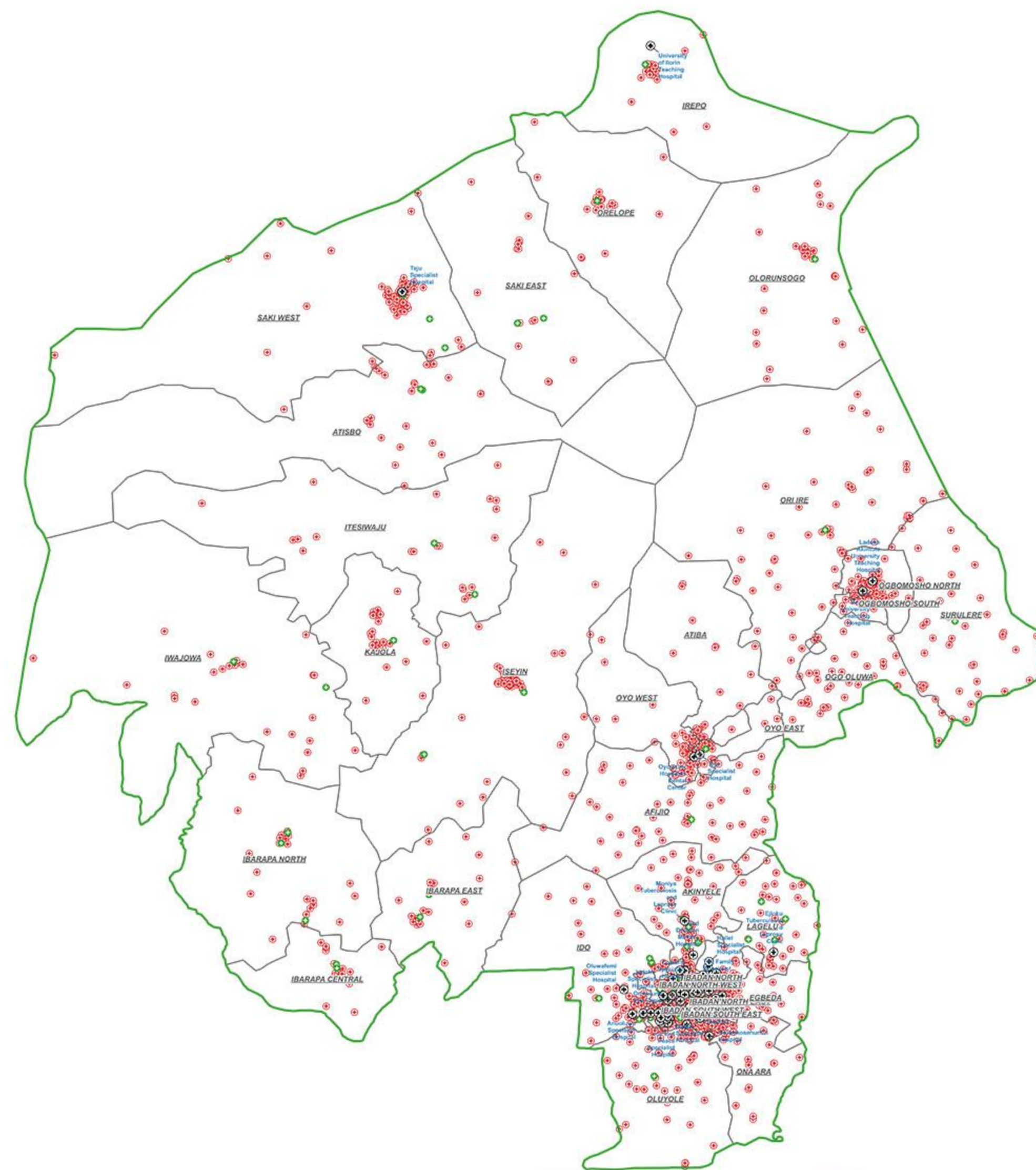


Pregnant Women
477,347

Health Facility Distribution



Oyo 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 **839**

Public: 733

Private: 106

Secondary **559**

Public: 53

Private: 506

Tertiary **4**

Public: 3

Private: 1

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	2	1	No Data
School(s) of Nursing & Midwifery	4	4	No Data
School(s) of Health Technology	2	2	No Data
School(s) of Pharmacy	-	-	No Data



Human Resource for Health

Occupation	Number	Density <i>(Per 10,000 Population)</i>	Target (WHO)
Doctors	245	<1	10
Nurses/Midwives	1,301	1.4	30
Community Health Workers	916	1	10
Pharmacists	69	<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



Oyo state is not investing adequately in health as evidenced by the low annual budgetary allocation and a per capita expenditure on health of N1,236; however budgetary release is fair.

Allocation - FY 2022



Total State Budget

₦294.7 bn



Allocation to Health (%)

₦17.4 bn (6%)



Percentage Health Allocation to PHC

₦4.8 bn (27%)

Performance - FY 2022

State Budget Performance



₦209.7 bn

71%

Health Budget Performance



₦11.8 bn

68%

Health Expenditure Per Capita



₦840.78



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



122,571

- Target Not Met
- Target Met
- No Data



Call to Action

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

PHCUOR Scorecard

Primary Health Care Under One Roof



Oyo state 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 the development of a costed service delivery/investment plan.
2. Ensure that PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA.
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 budget line for nutrition.

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 its implementation of nutrition activities.

Drug Management Agency (DMA) Scorecard



Scorecard

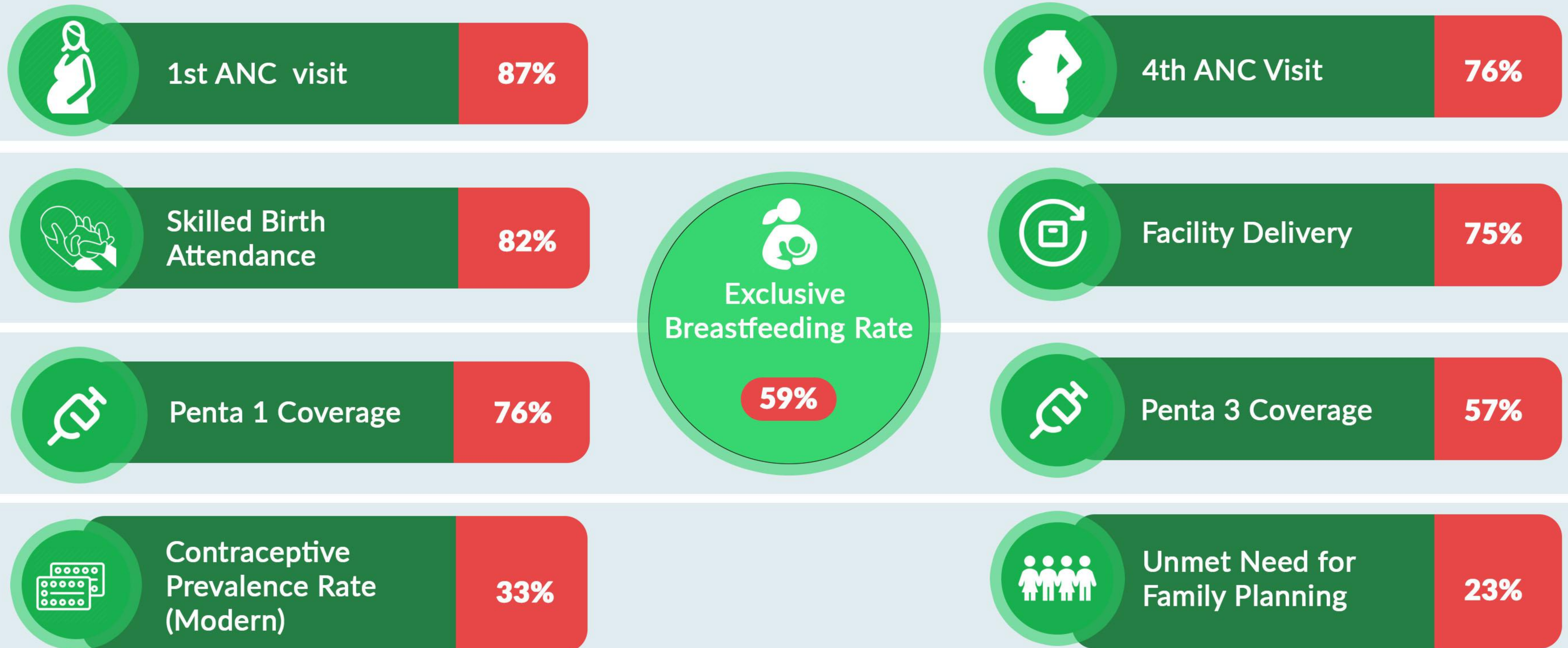
Indicator	Status
State Has Established An Autonomous DMA Backed By Law	
DMA Is Capitalized	
At Least 60% Of The Focal Ward PHCs Is Capitalized	
DMA Has Pharmagrade Warehouse With Adequate Capacity	
State Has A Single Supply Chain System	
State Manages Last Mile Delivery	

- Target Not Met
- Target Met
- No Data

Access and Service Utilization...



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



Call to Action

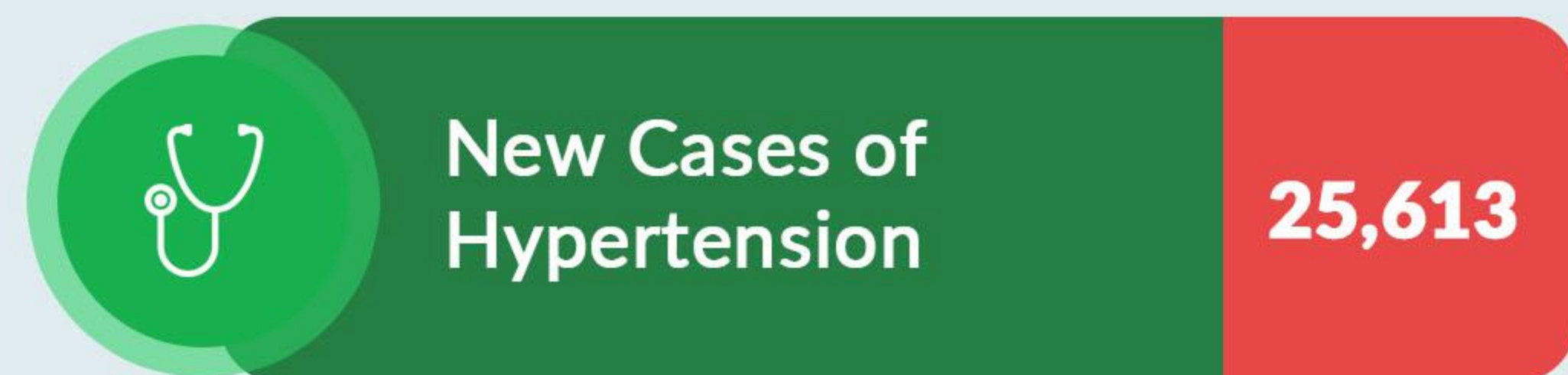
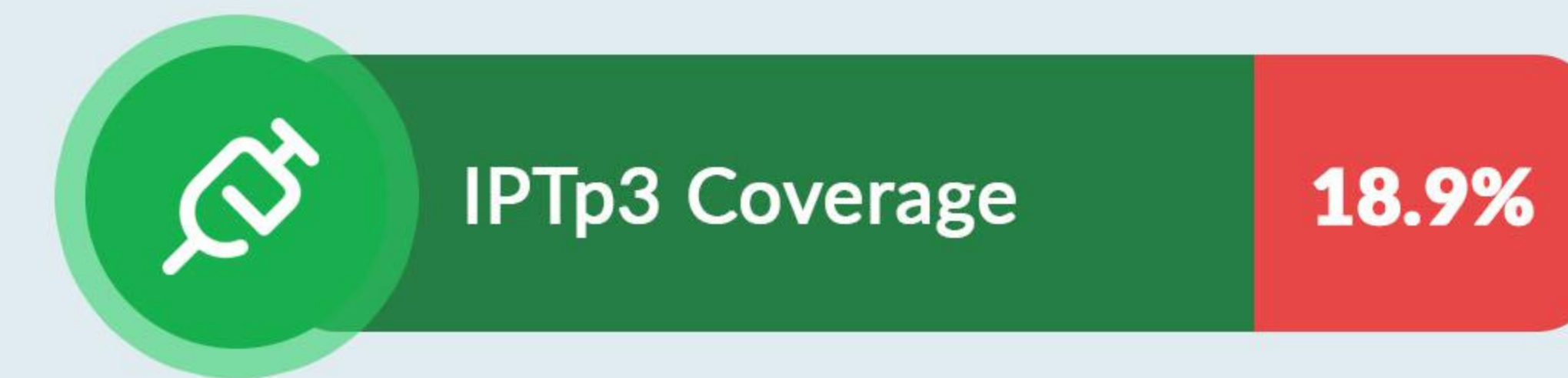
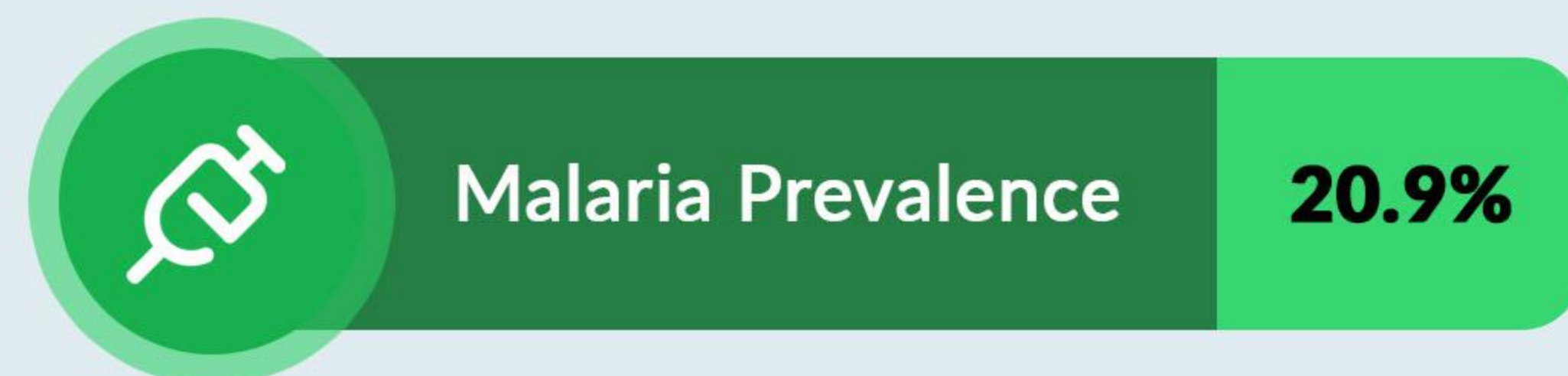
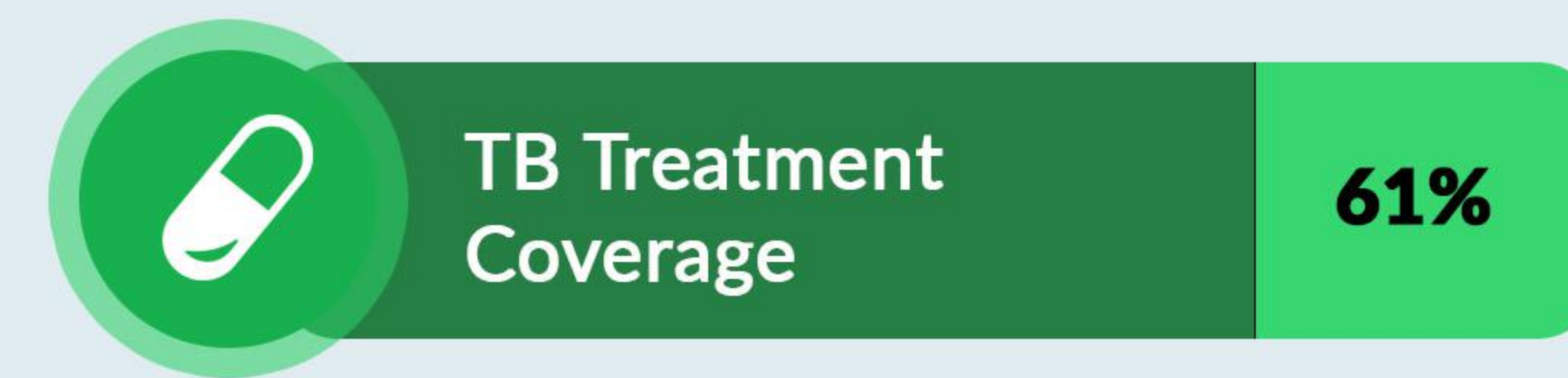
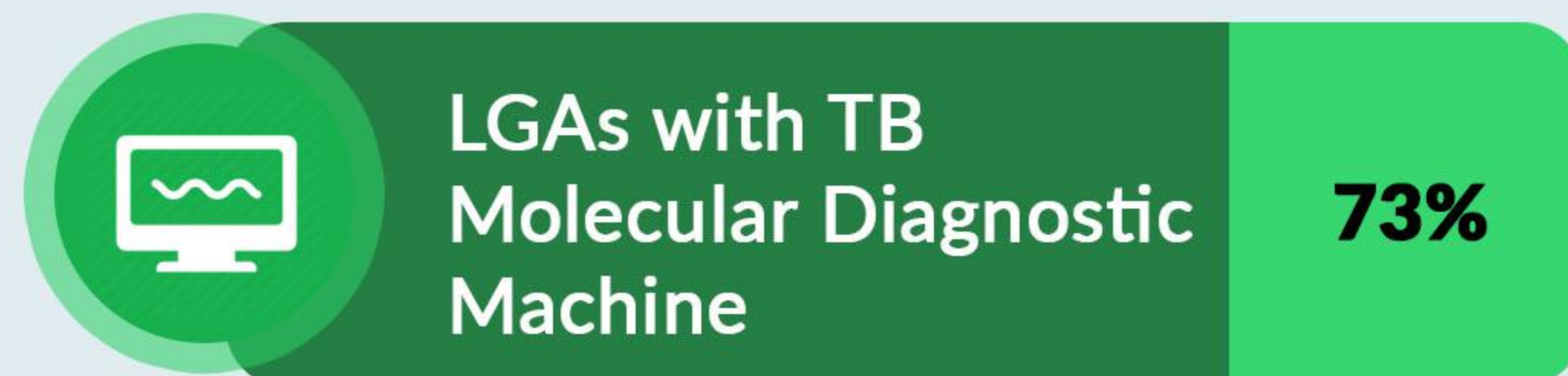
The State Government should:

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

Access and Service Utilization



The state has a fairly good network of TB molecular diagnostic machine unmet needs in terms of diagnostics for TB patients, with high unmet needs in terms of treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for about a quarter of its pregnant women.



Call to Action

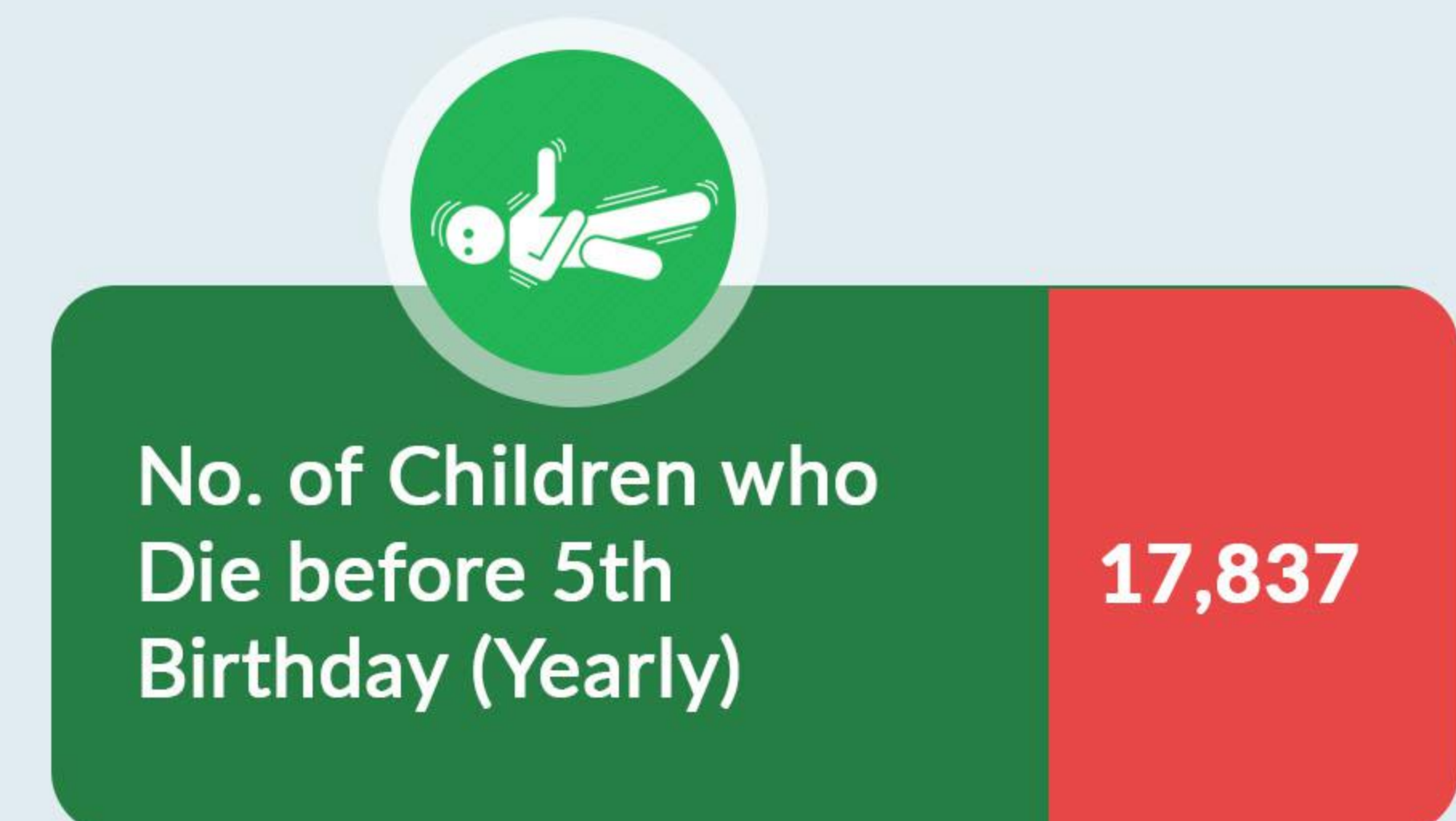
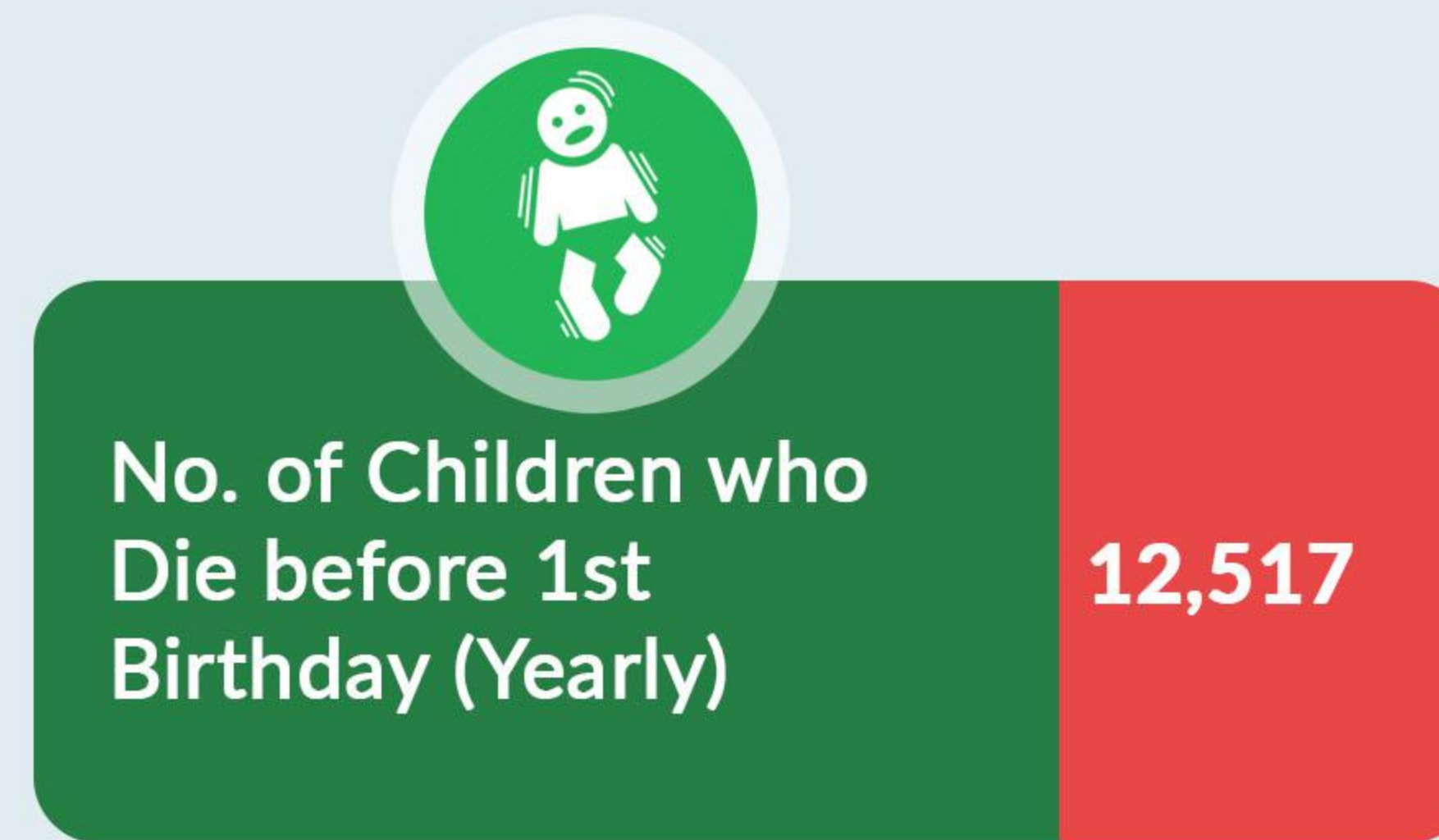
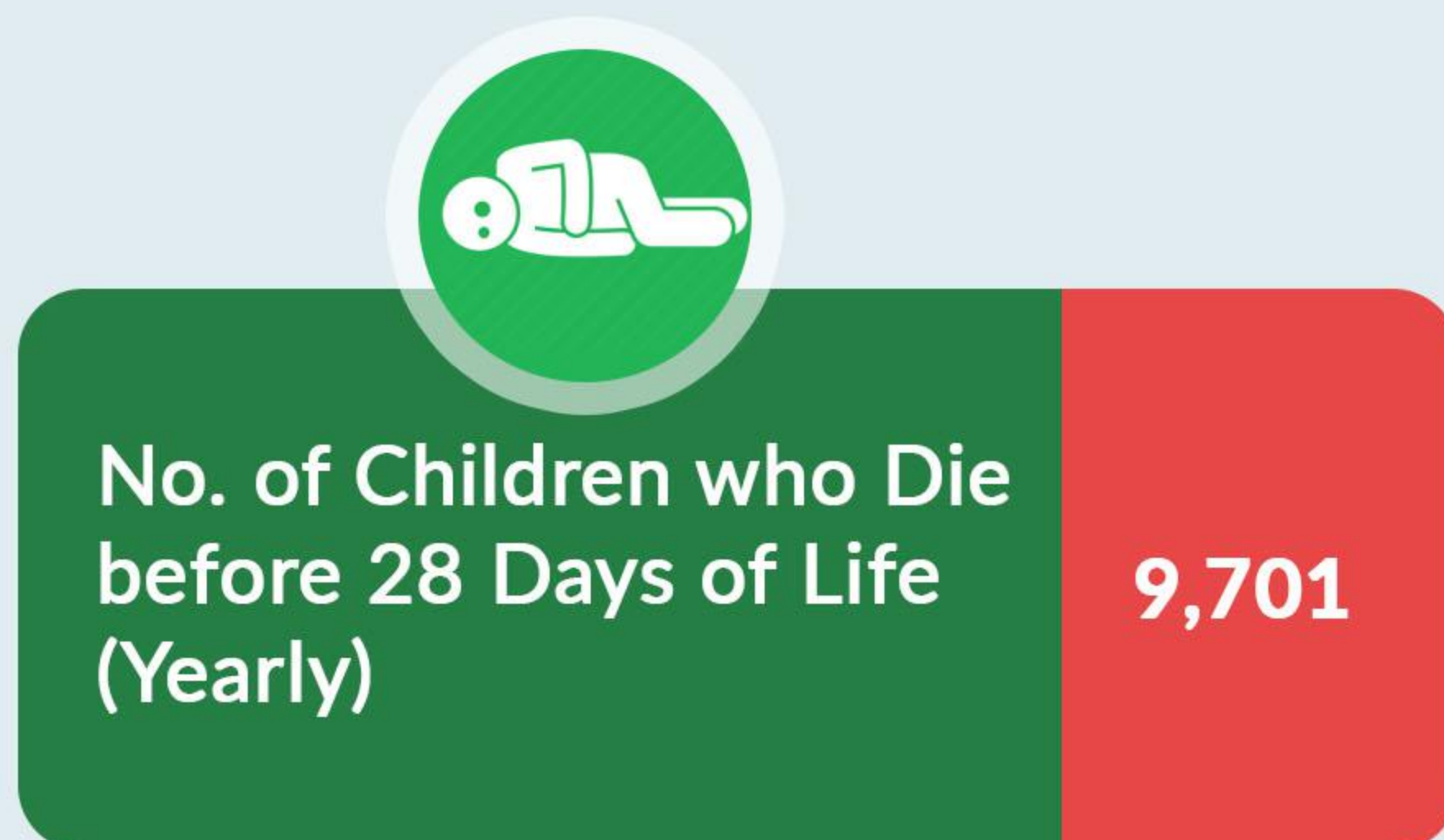
The State Government should ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and expand coverage of IPTp3.

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 and unacceptably high numbers of childhood 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 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 Oyo State that the State Government needs to sustain.

S/N	Title	Description
1.	Free Drug Policy in PHC Facilities all PHC Facilities	Monthly Procurement of Drugs and Consumables for Use in PHC Facilities.

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	Oyo	Damien Founndation of Belgium	TB/LP
2	Oyo	DGI Consult	TB
3	Oyo	Evidence Action	NTD
4	Oyo	Marie Stopes International	Family Planning
5	Oyo	NEST 360	Newborn
6	Oyo	Presidential Malaria Initiative for States	Malaria
7	Oyo	Save the Children International	Nutrition
8	Oyo	SOCIETY of FAMILY PLANNING	Family Planning
9	Oyo	SOLINA	Nutrition
10	Oyo	UNFPA	Reproductive Health

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
11	Oyo	UNICEF	Nutrition and Immunization
12	Oyo	USAID	Malaria/TB
13	Oyo	WHO	Nutrition and Immunization
14	Oyo	World Bank (ANRIN)	Nutrition

Summary of Key Actions



Health Facility Distribution

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.

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 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 continue 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 the development of a costed service delivery/investment plan.
2. Ensure that PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA.
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 prompt release of funds for its implementation of nutrition activities.

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 and delivery 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, 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



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