



NIGERIA GOVERNORS' FORUM



Abia State Health Profile

God's Own 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 Abia State



Abia state, ranked 28th in terms of population size and has a population density of 687 persons/km².



Created
27/08/1991



Land Mass
6,320 km²



Population
4,340,370



LGAs
17



Political Wards
184



Under 1 Population
173,615



Under 5 Population
868,074



Women of Child Bearing Age
954,881

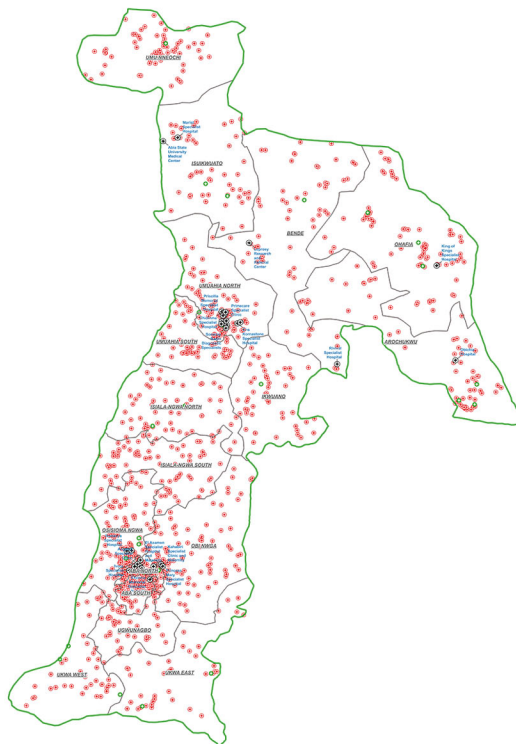


Pregnant Women
217,019

Health Facility Distribution



Abia 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** **967**

Public: 748

Private: 219

 **Secondary** **516**

Public: 16

Private: 500

 **Tertiary** **3**

Public: 3

Private: 0

**Health Facility
Per Capita**

**3/10,000
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	1	1	195
School(s) of Nursing & Midwifery	6	3	600
School(s) of Health Technology	1	4	500
School(s) of Pharmacy	1	0	100



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	114	<1	10
Nurses/Midwives	310	<1	30
Community Health Workers	602	1	10
Pharmacists	20	<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



Abia 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 N841; this may have contributed to some of the poor health outcomes in the state.

Allocation - FY 2022



Total State Budget

₦147.3 bn



Allocation to Health (%)

₦11.3 bn (8%)



Percentage Health Allocation to PHC

₦1.7 bn (15%)

Performance - FY 2022



State Budget Performance

₦46.5 bn
32%



Health Budget Performance

₦3.6 bn
32%



Health Expenditure Per Capita

₦840.78



Call to Action

The state should gradually work towards \$29* (₦12,000 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. 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



57,741

- 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



Abia 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



| Abia state does not have a Drug Management Agency.

Scorecard

Indicator	Status
State Has Established An Autonomous DMA Backed By Law	Target Not Met
DMA Is Capitalized	Target Not Met
At Least 60% Of The Focal Ward PHCs Is Capitalized	Target Not Met
DMA Has Pharmagrade Warehouse With Adequate Capacity	Target Not Met
State Has A Single Supply Chain System	Target Not Met
State Manages Last Mile Delivery	Target Not Met

● Target Not Met
● Target Met
● No Data



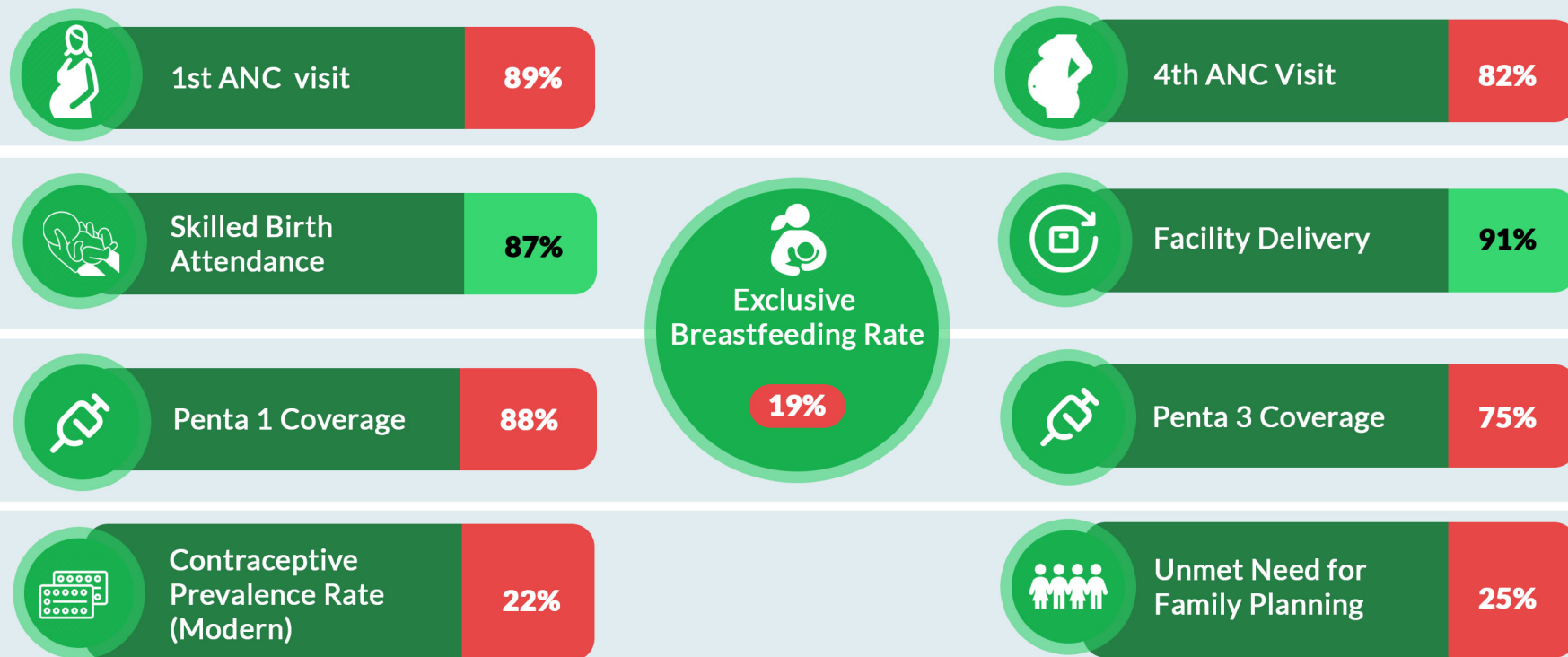
Call to Action

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

Access and Service Utilization



The state has high unmet needs in terms of diagnostics for TB patients, Treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for half of its pregnant women.



HIV Prevalence

2.0%



ART Unmet Needs in
*CLHIV

86%



LGAs with TB
Molecular Diagnostic
Machine

65%



TB Treatment
Coverage

32%



Malaria Prevalence

14.5%



IPTp3 Coverage

51.1%



New Cases of
Hypertension

13,030



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 unacceptable numbers of child mortality in the state. The state has the fourth highest number of deaths in children before their 5th birthday.



Zero Dose Children

19,076



No. of Children with Stunting

49,941



No. of Children with Wasting

17,167



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

2,721



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

7,772



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

16,250



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 Abia state that the Government needs to sustain.

S/N	Title	Description
1.	Telehealth Initiative Across all PHC Facilities	A virtual platform that connects doctors to supervise and support Local Health Workers (LHW) & Community Health Practitioners (CHP). Seventy-five percent (75%) of the PHCs recorded overall increase in client flow for both physical and virtual visitors, 61% of the PHCs reported prompter PHC activities-Immunization, Family Planning, Antenatal, 77% of PHCs recorded improved health visitors retentions and reduced referral rates, 83% of PHC workers reported better confidence and improved work esteem, 97% recorded enhanced PHC worker competence and capacity, 89% of PHC workers noted a renewed sense of job satisfaction.
2.	Maternal, Perinatal and Child Death Surveillance and Response (MPDSR)	A surveillance and response system that tracks & reviews all maternal, neonatal deaths and stillbirths to identify causes and establish measures for prevention of future occurrences.

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	Marie Stopes International	Family Planning	State Wide
2	UNFPA	Reproductive Health	State Wide
3	UNICEF	Nutrition & Immunization	State Wide
4	WHO	Immunization & Disease Surveillance	State Wide
5	World Bank	Nutrition	State Wide

Summary of Key Actions



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The State Government should:

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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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