



Save A Life

CAMPAIGN PROPOSAL

Nigerian Physicians Advocacy Group (NPAG)

response to the 2020 National Surgical, Obstetrics,
Anesthesia & Nursing Plan (NSOANP)

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INTRODUCTION

The Nigerian Physician Advocacy Group (NPAG) is an advocacy extension of the Association of Nigerian Physicians in the Americas (ANPA). The mission of NPAG is to further good governance and foster the growth and development of an efficient and effective healthcare industry in Nigeria through partnership with key governmental, private entities and NGOs stakeholders. It is also the mission of NPAG to increase public education of key health related issues.

This paper details proposal for collaboration with the 2020 National Surgical, Obstetrics, Anesthesia & Nursing Plan (NSAONP) for Nigeria; specifically, NPAG wants to be a stakeholder in the development of a more efficient pre-hospital emergency response in Nigeria.



WHAT WE KNOW

- ⦿ Road traffic crashes (RTCs) are the leading cause of deadly injuries in Nigeria at 76.5%. Injuries sustained during a RTC account for the third leading cause of overall preventable deaths in Nigeria. Injuries sustained during a RTC are the most common cause of disability.
- ⦿ Factors leading to increased death and disability include: poor post-crash response which is defined as the subset of activities including emergency rescue, pre-hospital medical care and transport activities performed immediately after a road crash; poor road design/infrastructure; poor enforcement of traffic rules/regulations as well as increase in the number of people driving cars given the rapidly growing population.
- ⦿ The World Health Organization (WHO) estimates about 1-3% of GDP is lost annually in Nigeria due to RTCs. This is about 80 billion naira annually [19, 20].
- ⦿ The United Nations (UN) general assembly 2010 resolution on a decade of action for road safety includes five (5) key pillars: (1) Road safety management, (2) safer roads and mobility, (3) safer vehicles, (4) safer road users and (5) the post-crash response [21].
- ⦿ Nigeria was tasked via the UN Road Safety Collaboration (UNRSC) to improve road conditions as well as post-crash response. NPAG will focus on the pre-hospital medical care aspect of the post-crash response as part of our Save a Life Campaign initiative.

Nigeria's Post-Crash Response Data:

- ⦿ There are only three national orthopedic hospitals and one national trauma center in Nigeria. This number is grossly inadequate to cope with the burden of trauma arising from road traffic crashes in a country of approximately 200 million people.
- ⦿ Only 40.4% of the road traffic victims were brought to the hospital by either the Police or FRSC
- ⦿ Nigeria lacks “properly organized and effective pre hospital care systems with trained personnel and resources help to increase the number of RTC victims arriving to the hospital alive for treatment.” Between 2.3% and 12.2% of patients at a trauma center had received any form of pre-hospital care [refs].





WHAT IS NSOANP?

- ① “In May 2015, the World Health Assembly (WHA) passed resolution 68:15 mandating countries to include emergency and essential surgical, obstetrics and anesthesia care as integral component of Universal Health Coverage (UHC). This resolution and mandate have been a wakeup call for the Federal Ministry of Health (FMoH) to take action to develop and implement the National Surgical, Obstetrics, Anesthesia and Nursing Plan (NSOANP).”
- ① The NSOANP baseline assessment was carried out in 2017/2018. Following approval and permission from the Federal Ministry of Health, a country wide baseline assessment was planned. However due to logistic challenges and lack of funding, six states and the Federal Capital Territory (Abuja) were selected based on convenience and availability of volunteers willing to commit personal resources to the project. The states were Anambra, Benue, Cross River, Gombe, Kaduna, and Lagos, each representing one of the six geopolitical zones in the country.
- ① The Strategic Objectives of the NSOANP based on the assessment include:
 - Increase Surgeon, Anesthetists and Obstetricians (SAO) density from 1.65/100,000 population to 5/100,000 population by 2023.

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- Train and supervise middle level workforce (including supervised task sharing) to provide surgical care where there is no SAO
- Strengthen existing healthcare facilities at all levels to provide emergency and essential surgical care
- Establish one federal children's hospital by 2023
- Achieve 75% access to surgical care by 2023
- Achieve 50% access to surgical care for children by 2023
- Health information, research and metrics 1: Comprehensive integrated national electronic medical records database for effective continuity of care and generation of data on disease prevalence to enable appropriate planning and research for disease prevention and treatment
- Health information, research and metrics 2: Create and disseminate a nationwide policy document on data collection and management in all levels of healthcare
- Finance: Achieve financial risk protection for 50% of population by 2023
- Governance and Leadership: Strengthen healthcare governance and leadership led by the Director, Department of Hospital Services, FMoH.

Key recommendations developed by NSOANP to address the strategic objectives is copied below. NPAG wants to be involved with the implementation of the highlighted NSOANP recommendations below. The details of the highlighted recommendation 4 is included:

A - Infrastructure & Service Delivery Recommendations from NSOANP Strategic Priorities for Surgical Care (StraPS) Report:

★ Scale up for surgical care

RECOMMENDATION 01

★ Efficient blood banking and supply

RECOMMENDATION 02

★ Efficient and organized referral system

RECOMMENDATION 03

★ Efficient pre-hospital emergency response (details below)

RECOMMENDATION 04

Strategic Goal: Efficient pre-hospital emergency response:

- ▲ Establish an efficient, reliable and responsive pre-hospital emergency response and ambulance system that covers all the levels of hospitals and in tandem with the emergency referral system.
- ▲ There must be an integrated pre-hospital emergency response communication system, an integrated emergency response workforce training system and continuous capacity development and maintenance.

- ▲ A good road network is necessary for adequate coverage. The ambulance system must cover remote areas with narrower roads using adapted smaller vehicle ambulances and air ambulances for rapid response. There must be coverage of highways across state lines.
- ▲ All healthcare workers must maintain a minimum level of training in emergency response and all health facilities must have up-to-date emergency care resources appropriate for the level of care.

★ **High quality, affordable and effective medicines**

RECOMMENDATION 05

★ **Readily available surgical supplies and consumables**

RECOMMENDATION 06

★ **Affordable, high quality and durable equipment**

RECOMMENDATION 07

★ **Efficient system for critical care**

RECOMMENDATION 08

★ **Scale up workforce for surgical care**

RECOMMENDATION 09

★ **Efficient medical record system**

RECOMMENDATION 10

B - Healthcare Information, Metrics & Research Recommendations from NSOANP Strategic Priorities for Surgical Care (StraPS) report:



Plan and Carry out advocacy activities with relevant stakeholders to ensure implementation of health-related budget and also promote political will for NSOANP

RECOMMENDATION 01



Set up and inaugurate an NSOANP technical working group by September 2019 for effective budgeting, tools, training modules and publications. The working group would also set up an efficient and effective Monitoring, Evaluation and Audit plans to document and track accountability for budget and service implementation at all level of governance.

RECOMMENDATION 02



Provide conducive environment to promote, support and drive commitment of personnel for positive service outcome and retention

RECOMMENDATION 03



Institutionalize and implement effective organogram and service protocols to promote efficient job delegation for smooth running of duties

RECOMMENDATION 04



Create awareness and public sensitization on the important of facility-based interventions using all media network

RECOMMENDATION 05



Provide appropriate intervention and policies to strengthen ability to diagnose ailments, perform surgery and maintain appropriate data of surgeries performed at PHC and District hospital levels.

RECOMMENDATION 06



Ensure institution of effective emergency ambulance and medical referral systems strengthened by the planned Emergency Medical Treatment Initiative (EMTC) being established at Federal Ministry of Health.

RECOMMENDATION 07



WHAT IS NPAG'S PLAN?

In 2020, NPAG will initiate its' Pre-Hospital Care, Public Awareness & Advocacy Plan (PPA) Plan otherwise known as the "Save A Life" Plan.

The PPA Plan will be an ON-GOING project for NPAG, particularly as any NSOANP related efforts are to be done and re-assessed in five (5) year cycles. NPAG's PPA Plan includes goals that will satisfy our Federal and State- centered campaigns. Each letter acronym "PPA" represents one arm of the PPA strategy.

P = Pre-Hospital Care:

The NSOANP StraPS report has already detailed the desired strategic targets for improving Nigeria's pre-hospital/post crash response. Of those listed, NPAG will focus on the strategic target of increasing the percentage of national proficiency in cardiopulmonary resuscitation (CPR) training. See table below for expected progression of this target over 5 years

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	STRATEGIC TARGET	INDICATOR	HOW TO MEASURE	RESPONSIBILITY	FEEDBACK
YEAR 1	Increased percentage national proficiency in CPR	5% of population expected to be proficient in CPR	Percentage of population trained in CPR	FG, SG: Policy reviews FMoH, SMoH: Training reviews	FG, SG, FMoH, SMoH, Hospitals, Professional bodies, Development partners and private sector
YEAR 2	Increased percentage national proficiency in CPR	10% of population expected to be proficient in CPR	Percentage of population trained in CPR	FG, SG: Policy reviews FMoH, SMoH: Training reviews	FG, SG, FMoH, SMoH, Hospitals, Professional bodies, Development partners and private sector
YEAR 3	Increased percentage national proficiency in CPR	15% of population expected to be proficient in CPR	Percentage of population trained in CPR	FG, SG: Policy reviews FMoH, SMoH: Training reviews	FG, SG, FMoH, SMoH, Hospitals, Professional bodies, Development partners and private sector
YEAR 4	Increased percentage national proficiency in CPR	20% of population expected to be proficient in CPR	Percentage of population trained in CPR	FG, SG: Policy reviews FMoH, SMoH: Training reviews	FG, SG, FMoH, SMoH, Hospitals, Professional bodies, Development partners and private sector
YEAR 5	Increased percentage national proficiency in CPR	25% of population expected to be proficient in CPR	Percentage of population trained in CPR	FG, SG: Policy reviews	FG, SG, FMoH, SMoH, Hospitals, Professional bodies, Development partners and private sector

■ FG = Federal government

■ SG = state governments

■ LG = Local government

■ FMoH = Federal Ministry of Health

■ SMoH = State Ministry of Health

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NPAG has identified the following organizations and occupations as those of interest where first responder/CPR training would be beneficial if not mandatory:

- ⦿ Federal Road Safety Commission (FRSC) workers
- ⦿ National Emergency Management Agency (NEMA) workers
- ⦿ National Youth Service Corps (NYSC) members
- ⦿ All hospital/clinic nursing staff
- ⦿ All hospital/clinic physician staff
- ⦿ Medical students, medical/surgical residents and allied health and nursing trainees.
- ⦿ Federal, state, and local police officers
- ⦿ Secondary school students (JSS3, SS1-3)
- ⦿ Child care givers

NPAG intends to work with the following seven existing international CPR training sites certified by the American Heart Associations in Nigeria to sponsor scheduled CPR training courses:

- ⦿ Angel & Eagle Global Rescue Services Limited - Abeokuta, Ogun
- ⦿ College of Medicine, University of Ibadan - Ibadan, Oyo State
- ⦿ Seventh-day Adventist Hospital Ile-Ife - Ile-Ife, Osun State
- ⦿ Trigen Healthcare Limited - Lagos
- ⦿ Code Red Emergency Medical Services - Owerri, IMO State
- ⦿ Emergency Response International - Port Harcourt, Rivers State
- ⦿ Nigerian Red Cross

Sponsored training will begin for FRSC & NEMA workers and NYSC members and police officers. We will partner with these organizations to coordinate training programs and create a schedule of training to be provided by our international CPR training partners. NPAG will serve as over-seers of these efforts and monitor the number of courses completed, number of certified trainees and reliance of our training partners. These reports will be provided to the NSOANP leadership.

The FRSC also regulates 47 accident clinics for roadside pre-hospital care in 20/36 states in Nigeria. At the plenary proceedings of the House of Representatives December 4, 2019, the following was reported by Rep. Akinola Adekunle Alabi

“...there are only forty-seven (47) roadside and mobile clinics across Nigeria, out of which 18 are furnished and functional, fifteen (15) are furnished but non-functional, while the remaining fourteen (14) are neither furnished nor functional”.

“...the available roadside clinics are grossly insufficient to cater for the medical needs of accident victims, and the functional ones are poorly managed hence, people continue to die on the high ways for want of immediate medical attention”.

During this meeting, the following motion to “Mandate the Committee on Federal Road Safety Commission to interface with the Federal Road Safety Commission to ascertain the current infrastructural, equipment and manpower status of roadside and mobile clinics and recommend measures to be taken to make them functional to cater for victims of road accidents and report back within eight (8) weeks for further legislative action” was approved. **NPAG would work with the FRSC to improve the functioning of these roadsides clinics as they are an existing part of Nigeria’s pre-hospital care. All roadside clinical staff should be trained in basic life support (BLS), advanced cardiovascular life support care (ACLS) and basic emergency care. NPAG would work with the FRSC to establish quality criteria for existing roadside clinics.**

As for hospital/ clinical staff (nurses and physicians), medical trainees and remaining occupations of interest, **NPAG will partner** with the FMoH, SMoH, FG, SG, the Medical & Dental Council of Nigeria (MDCN), National Postgraduate Medical College of Nigeria (NPMCN) and West African College of Surgeons (WACS), Nursing and Midwifery Council of Nigeria (NMCN), the National Universities Commission (NUC) and the Federal Ministry of Education **to advocate for and sponsor a CPR training bill requiring CPR training for key industries and groups.**

P = Public Awareness:

Public awareness is integral to any major paradigm shift with significant societal impact. As stakeholders of the NSOANP work to improve healthcare in Nigeria, the public must be aware and do their part. **To this end, NPAG will launch a “Save A Life” public awareness campaign.**

NPAG will harness social media and traditional media outlets (TV and radio and celebrity influencers) to educate the public on seatbelt safety for all car passengers, road safety, and the importance of the general public learning CPR. This public awareness will include messaging targeting adolescent aged children and older.

A = Advocacy:

With only 4% of the GDP in Nigeria allotted for healthcare, this is not enough money to fully finance or even sustain on an on-going basis all the recommendations in NSOANP. As it stands, paying for emergency care (including hospitalization or emergency/trauma surgery) is impossible for most Nigerians. In fact, per the NSOANP StraPS report, it is estimated that 65% or more of Nigerians are impoverished every year due to surgical care and 66% incur catastrophic expenditure due to surgical care. Although health insurance exists, it covers only about 5% of the population and there's no financial risk protection against surgical care for majority of Nigerians. Further, there is no standard method for hospitals to recuperate the losses, which has the negative effect of inadequate resources to care for other patients.

NPAG's plan for advocacy includes doing so within our Diaspora partnerships and private sector networks to raise funds to help bridge some of the inevitable budgetary gaps.

Also, NPAG plans to participate in and spearhead lobbying efforts that implore the FG, SG and LGs to increase health care spending to meet the 5-year health budgetary allocation goals set forth in the NSOANP. See table below.

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	STRATEGIC TARGET	INDICATOR	HOW TO MEASURE	RESPONSIBILITY	FEEDBACK
YEAR - 01	Advocacy towards achieving 10% health budgetary allocation	Willingness of governments to increase budgetary allocation to health	Evaluation of impact of advocacy activities	NSOANP coordinators NSOANP implementation committees	FMoH/SMoH
YEAR - 02	<ul style="list-style-type: none"> ▲ Increase health budgetary allocation to 5.5 ▲ Reduce out-of-pocket expenditure for health to 55% 	<ul style="list-style-type: none"> ▲ Percentage allocation for health in the federal budget ▲ Percentage budget allocation for health in each State of the federation ▲ Catastrophic expenditure from healthcare 	<ul style="list-style-type: none"> ▲ Percentage of health budget allocation to total budget ▲ Percentage of households experiencing catastrophic expenditure from healthcare 	<ul style="list-style-type: none"> ▲ Federal Government State Governments Ministry of Budget and National Planning National Assembly State Houses of Assembly ▲ Federal Ministry of Health State Ministries of Health National Bureau of Statistics 	Collect Information: a) i. On progress in data collection for future budget planning ii. On release of funds in current budget dispensation b) Collected quarterly From: i. Ministry of Health ii. Ministry of Budget and National Planning d) Analysis of i. Allocation adequacy using NSOANP target as benchmark ii. Budget performance using in release of funds and actual project implementation rate as benchmark e) Result of analysis sent to i. Department of Health Services, FMoH ii. NSOANP implementing team f) Analyzed information used to gauge advocacy efforts
YEAR - 03	<ul style="list-style-type: none"> ▲ Increase health budgetary allocation to 7.5% • Reduce out of pocket expenditure for health to 45% 	<ul style="list-style-type: none"> ▲ Percentage allocation for health in the federal budget ▲ Percentage budget allocation for health in each State of the federation ▲ Catastrophic expenditure from healthcare 	<ul style="list-style-type: none"> ▲ Percentage of health budget allocation to total budget ▲ Percentage of households experiencing catastrophic expenditure from healthcare 	<ul style="list-style-type: none"> ▲ Federal Government State Governments Ministry of Budget and National Planning National Assembly State Houses of Assembly ▲ Federal Ministry of Health State Ministries of Health National Bureau of Statistics 	Collect Information: a) i. On progress in data collection for future budget planning ii. On release of funds in current budget dispensation b) Collected quarterly From: i. Ministry of Health ii. Ministry of Budget and National Planning d) Analysis of i. Allocation adequacy using NSOANP target as benchmark ii. Budget performance using in release of funds and actual project implementation rate as benchmark e) Result of analysis sent to i. Department of Health Services, FMoH ii. NSOANP implementing team f) Analyzed information used to gauge advocacy efforts

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	STRATEGIC TARGET	INDICATOR	HOW TO MEASURE	RESPONSIBILITY	FEEDBACK
YEAR - 04	<ul style="list-style-type: none"> ▲ Increase health budgetary allocation to 9% ▲ Reduce out of pocket expenditure for health to 35% 	<ul style="list-style-type: none"> ▲ Percentage allocation for health in the federal budget ▲ Percentage budget allocation for health in each State of the federation ▲ Catastrophic expenditure from healthcare 	<ul style="list-style-type: none"> ▲ Percentage of health budget allocation to total budget ▲ Percentage of households experiencing catastrophic expenditure from healthcare 	<ul style="list-style-type: none"> ▲ Federal Government State Governments Ministry of Budget and National Planning National Assembly State Houses of Assembly ▲ Federal Ministry of Health State Ministries of Health National Bureau of Statistics 	<p>Collect Information: a) i. On progress in data collection for future budget planning ii. On release of funds in current budget dispensation b) Collected quarterly From: i. Ministry of Health ii. Ministry of Budget and National Planning d) Analysis of i. Allocation adequacy using NSOANP target as benchmark ii. Budget performance using in release of funds and actual project implementation rate as benchmark e) Result of analysis sent to i. Department of Health Services, FMOH ii. NSOANP implementing team f) Analyzed information used to gauge advocacy efforts</p>
YEAR - 05	<ul style="list-style-type: none"> ▲ Increase health budgetary allocation to 10% ▲ Reduce out of pocket expenditure for health to 25% 	<ul style="list-style-type: none"> ▲ Percentage allocation for health in the federal budget ▲ Percentage budget allocation for health in each State of the federation ▲ Catastrophic expenditure from healthcare 	<ul style="list-style-type: none"> ▲ Percentage of health budget allocation to total budget ▲ Percentage of households experiencing catastrophic expenditure from healthcare 	<ul style="list-style-type: none"> ▲ Federal Government State Governments Ministry of Budget and National Planning National Assembly State Houses of Assembly ▲ Federal Ministry of Health State Ministries of Health National Bureau of Statistics 	<p>Collect Information: a) i. On progress in data collection for future budget planning ii. On release of funds in current budget dispensation b) Collected quarterly From: i. Ministry of Health ii. Ministry of Budget and National Planning d) Analysis of i. Allocation adequacy using NSOANP target as benchmark ii. Budget performance using in release of funds and actual project implementation rate as benchmark e) Result of analysis sent to i. Department of Health Services, FMOH ii. NSOANP implementing team f) Analyzed information used to gauge advocacy efforts</p>

Summary of projects under the PPA "Save A Life" Plan

01

CPR TRAINING + ROADSIDE CLINIC
IMPROVEMENT - FRSC

CPR TRAINING - NEMA

02

03

CPR TRAINING - NYSC

CPR TRAINING - POLICE

04

05

CPR TRAINING BILL

"SAVE A LIFE" PUBLIC AWARENESS
CAMPAIGN

06

07

ADVOCACY - FUNDRAISING

ADVOCACY - LOBBYING TO
INCREASE HEALTH BUDGETARY
ALLOCATIONS

08

Key Partners:

The Federal Road Safety Commission (FRSC)

The Federal Road Safety Commission (FRSC) is the lead agency in Nigeria on road safety administration that was established in 1988. They are the results of a collective organization. The Commission has 18,000 men and officers. Their statutory functions include:

- ⦿ making the highways safe for motorists and other road users;
- ⦿ recommend works and infrastructures to eliminate or minimize accidents on the highways
- ⦿ educating drivers, motorists and other members of the public generally on the proper use of the highways;
- ⦿ They also have the mandate to prosecute persons who have committed traffic offenses.
- ⦿ cooperating with bodies or agencies or groups in road safety activities or in prevention of accidents on the highways.
- ⦿ providing roadside and mobile clinics for the treatment of accident victims free of charge. They currently operate 27 roadside clinics in 20/36 states in Nigeria. <https://frsc.gov.ng/road-side-clinics/>
- ⦿ giving prompt attention and care to victims of accidents
- ⦿ regulating the use of seat belts and other safety devices
- ⦿ FRCS has a call center with a unique number which is toll free for Nigerians to call in need of assistance.

NATIONAL EMERGENCY MANAGEMENT AGENCY (NEMA)

NEMA was established in the year 1999, and is saddled with the responsibility of managing medical emergencies such as fire outbreaks, disease epidemics, flood disasters and road traffic accidents [13, 14].

- ⦿ It is a federal government agency that is promptly mobilized during disasters and other **medium scale emergencies**.

- ⦿ The agency is equipped with modern emergency combating gadgets such as Helicopter; Vehicle and Boat ambulances.
- ⦿ NEMA has a call centre with a national emergency number which is 24h toll free.
- ⦿ The agency also has Beacon services (a tracking transmitters, which is triggered during an emergency). The basic purpose of this system is to help rescuers find survivors within the so-called “golden day” (the first 24h following a traumatic event) during which the majority of survivors can usually be saved.
- ⦿ The ambulance services are free of charge. The agency has offices located in the 36 states of the Federal Republic of Nigeria.

NATIONAL YOUTH SERVICE CORP (NYSC) NIGERIA

NYSC scheme was created in a bid to reconstruct, reconcile and rebuild the country after the Nigerian Civil war and was established by decree No.24 of 22nd May 1973. Its function is to:

- ⦿ “primarily to inculcate in Nigerian Youths the spirit of selfless service to the community, and to emphasize the spirit of oneness and brotherhood of all Nigerians, irrespective of cultural or social background”.
- ⦿ “To develop in the Nigerian youths the attitudes of mind, acquired through shared experience and suitable training. which will make them more amenable to mobilization in the national interest”.
- ⦿ The National Youth Service Corps is in collaboration with some international, national, regional and local Agencies in many areas of human and societal developmental needs towards meeting the national and global challenges and offer Nigerian graduates programs such as:
 - USAID - Global HIV/AIDS Initiative Nigeria supported by the USAID is supporting this initiative by providing counselling, testing and Anti-Retroviral Drugs.
 - SERVICOM - Under this platform, corps members form CDS groups in their places of primary assignment to promote effective service delivery at the national, state and Local Government levels. They assist in carrying out Servicom sensitization in both the public and private sectors of the society.
 - JOHN HOPKINS UNIVERSITY JHU/CCP - engages in training of NYSC staff and to address issues on Good Governance and Reproductive Health using corps members.

- ICPC/EFCC - Corps members are organized into various groups to campaign against corruption, fraud and other forms of economic and financial crimes.

FEDERAL MINISTRY OF HEALTH

Federal Ministry of Health one of the Federal Ministries of Nigeria concerned with the formulation and implementation of policies related to health. It is headed by a Minister appointed by the President, assisted by a Permanent Secretary, who is a career civil servant. The Ministry has several departments specializing in different aspects of health care.

- ⦿ **Family Health Department** concerned with creating awareness on Reproductive, Maternal Neonatal and Child Health, ensuring sound nutrition including infant and young child feeding, and care of the elderly and adolescents.
- ⦿ **Department of Public Health** coordinates formulation, implementation and evaluation of public health policies and guidelines. It undertakes health promotion, surveillance, prevention and control of diseases
- ⦿ **Department of Planning Research & Statistics** developing plans and budgets and monitoring their implementation, serving as Secretariat to the National Council on Health, conducting health research in collaboration with other departments and agencies, institutions and parastatals, conducting operational research and data collection, and performing various coordination functions.
- ⦿ **Department of Hospital Services** supervises 53 Federal Tertiary Hospitals – Nigeria’s Teaching hospitals, Orthopedic Hospitals Federal Medical Centers and National Eye Centers. The department processes appointment of Chief Medical Directors and Medical Directors, supervises oral health research, develops policies on nursing, coordinates training programs for nurses and monitors the midwifery service scheme in collaboration with NPHCDA.
- ⦿ **Department of Food and Drugs Services** formulates national policies, guidelines and strategies on food and drugs, and ensures ethical delivery of pharmaceutical services nationwide.
- ⦿ The FMoH also regulates the Nigeria Centre for Disease Control.



THE BUDGET AND OVERSIGHT

PROJECT	CALCULATIONS	SUBTOTAL
CPR Training- FRSC	~ 18,000 services members x \$40 USD per trainee	\$720,000
FRSC Clinic Improvements		\$200,000
CPR Training - NEMA	~ 10,000 services members x \$40 USD per trainee	\$400,000
CPR Training - NYSC	~2300 youth members x \$40 USD	\$92,000
CPR Training - Nigerian Police	¼ of 371,800 (92,950) services members x \$40 per trainee	\$3,718,000
Sponsor CPR Training Bill		\$2000
"Save A Life" Public Awareness Campaign		\$100,000
Lobbying To Increase Health Budgetary Alloc		\$2000
Grand Total		5,232,200 USD over 5 years
GOAL		1,046,440 USD per year
		261,610 USD per Quarter

Proposal to FMoH/NSOANP Committee: Match dollar for dollar monies raised by NPAG which would provide 50% of this proposed budget or \$2,616,100 USD.

NPAG is committed to ensuring that monies raised are used for their stated purpose. Thus, it is our plan to be executers of the aforementioned projects, working closely with the industries in question to make sure our plan is executed. Further, it is our desire to work closely with the FMoH and the proposed NSOANP committee as a subcommittee and, thus, to adhere to any obligations to report on our progress to the appropriate leadership.

