

USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program

Improved Access.
Improved Services.
Better Health Outcomes.



Infection prevention and control in action at MTaPS-supported Mother of Christ Specialist Hospital, Enugu. Photo credit: Adebayo Adebisi

MTaPS COUNTRY SUMMARY REPORT NIGERIA (2021–2024)

About USAID MTaPS

The US Agency for International Development (USAID) Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2024) enables low- and middle-income countries to strengthen their pharmaceutical systems, which are essential to establishing higher-performing health systems and achieving better health outcomes. The program is implemented by a consortium of global and local partners, led by Management Sciences for Health (MSH), a global health nonprofit.

Learn more at <https://www.mtapsprogram.org/>

INTRODUCTION

The USAID MTaPS program enables low- and middle-income countries to strengthen their pharmaceutical systems, which are critical for ensuring access to and appropriate use of safe, effective, quality-assured, affordable medicines, vaccines, health technologies and products, and related pharmaceutical services to improve health. MTaPS' objectives are to (1) strengthen pharmaceutical-sector governance; (2) increase institutional and human resource capacity for pharmaceutical management and services, including regulation of medical products; (3) increase availability and use of pharmaceutical information for decision making and advance the global learning agenda; (4) optimize pharmaceutical-sector financing, including resource allocation and use; and (5) improve pharmaceutical services, including product availability and patient-centered care, to achieve desired health outcomes.

MTaPS employs a pharmaceutical system–strengthening (PSS) approach to identify and implement strategies and actions that achieve coordinated and sustainable improvements of a pharmaceutical system to make it more responsive and resilient for achieving better health outcomes. The MTaPS approach emphasizes locally led development, country ownership, and self-reliance to support countries on the pathway to sustainability.

At the country level, the MTaPS approach is adapted to the specific context, national health system–strengthening strategies, and USAID's vision and support. In Nigeria, from 2021 to 2024, MTaPS provided technical assistance (TA) to the Ministry of Health (MOH) to strengthen pharmaceutical systems and services in antimicrobial stewardship (AMS), infection prevention and control (IPC), multisectoral coordination (MSC) on antimicrobial resistance (AMR), and COVID-19 vaccination, focusing on engaging private community pharmacies (CPs), hospitals, and clinics.



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CHALLENGES

- Limited AMR/IPC capacity on WHO's JEE highlighted national and global health security risks
- Lack of evidence-based AMS and IPC policies, guidelines, and protocols
- Limited coordination and collaboration among government sectors and agencies on related issues
- Inadequate record-keeping, compliance monitoring, and oversight of antibiotics use
- Absence of policies, regulations, and mechanisms for involving the private sector in COVID-19 vaccination
- COVID-19 pandemic strained public health care; most Nigerians rely on private sector



PARTNERS

MTaPS collaborates with a diverse range of local and international partners in Nigeria to strengthen its health care system, including:

- Association of Community Pharmacists in Nigeria (ACPN)
- Association of Nigerian Private Medical Practitioners (ANPMP)
- Breakthrough ACTION Nigeria (BAN), a partner USAID-funded project
- Federal Ministries of Environment, (FMOE); Agriculture & Food Security (FMOAFS); Water Resources & Sanitation (FMOWRS)
- Federal Ministry of Health & Social Welfare (FMOHSW)
- Food and Agriculture Organization (FAO)
- Guild of Medical Directors (GMD)
- Momentum Safe Surgery, a partner USAID-funded project
- National Agency for Food and Drug Administration and Control (NAFDAC)
- National AMR Secretariat
- Nigeria Center for Disease Control (NCDC)
- National Primary Health Care Development Agency (NPHCDA)
- Pharmacists Council of Nigeria (PCN)
- State Primary Health Care Development Agencies (SPHCDA)
- State-level AMR Technical Working Groups (TWGs)
- United Nations Environment Program (UNEP)
- WHO
- World Organization for Animal Health (WOAH)

COUNTRY CONTEXT

Nigeria has actively participated in advancing national and global health security efforts, with the goal of meeting international standards and recommendations. The World Health Organization's (WHO) 2017 Joint External Evaluation (JEE) to measure the country's capacity to prevent, detect, and respond to public health risks revealed health systems gaps hindering progress toward combatting AMR and classified the existing capacity of the country as "limited." Key findings included inadequate coordination between AMS and IPC structures at all levels; weak collaboration among relevant government sectors and agencies; lack of evidence-based policies, guidelines, and protocols; shortage of subject matter expertise among health professionals; poor quality medical records, including on antibiotics prescription and use; poor oversight and monitoring of compliance; and inadequate program funding and laboratory infrastructure.

The COVID-19 pandemic had a significant health impact on the country, with 266,000 confirmed cases and 3,150 deaths. As part of the response, the Government launched a national vaccination campaign and developed a strategy for integration of COVID-19 vaccination with primary health care services (SCALES 3.0) to provide access to hard-to-reach and vulnerable communities. Private-sector health providers, through which more than 60% of Nigerians access health services, have been called to support the implementation of the strategy. However, the absence of comprehensive policies, regulations, and mechanisms for involving the private sector in vaccination efforts constituted a significant barrier to achieving COVID-19 vaccination coverage.

STRATEGIC APPROACH

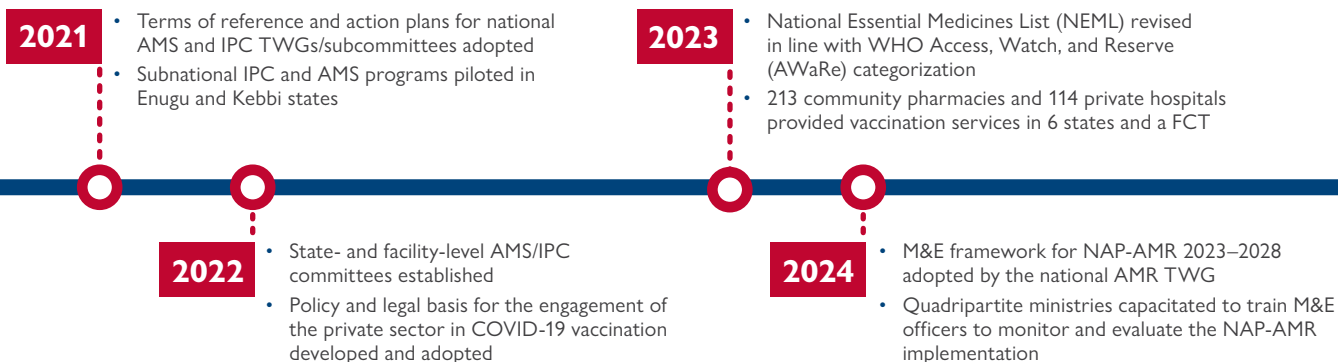
MTaPS' approach focuses on addressing government-defined priorities and needs in the areas of global health security and COVID-19 response, in harmony with corresponding donor strategies, such as USAID's strategy for strengthening pharmaceutical systems and the US COVID-19 Global Response and Recovery Framework. The primary objectives are to support AMR containment by slowing down the emergence of resistant bacteria and preventing the spread of resistant infections, and to accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations.

The approach emphasizes alignment with national policies and plans (e.g., SCALES 3.0 and the National Action Plan on Antimicrobial Resistance [NAP-AMR]), alignment with global evidence-based guidelines, e.g. manuals, frameworks, and tools; synergistic collaboration and coordination among government ministries, agencies, multinationals, and public and private sectors; leveraging the existing health system's infrastructure and expertise; and capacity building tailored to local partners' and facilities' needs.^{1,2,3,4,5}

Institutionalization and sustainability are key aspects of the approach to maintain change in the long run, as well as continuous monitoring and evaluation (M&E) of performance to ensure progress toward desired goals. To maximize impact, a geographical focus strategically targets selected states (e.g., the Federal Capital Territory [FCT], Oyo, Lagos, Kebbi, and Enugu), considering Government priorities to equitably address epidemic/health security risks as well as capacity needs, with the goals of maximizing efficiency of resource allocation and impact on health.

KEY MILESTONES

Over the years of MTaPS assistance, Nigeria saw transformative milestones, reflecting significant advancements in health systems strengthening and patient safety domains.



“We want you (MTaPS) to do all that is in your power to continue because within the time you joined the state vaccination drive, especially the outreach, we have seen the effect. Initially, only 30% of facilities were vaccinating and sending reports then, but now, we are so near 70%. So, we still need your help.”

*Adeoye Buzrat Adetoro,
State Immunization Officer (SIO), Oyo State Primary Health Care Board (SPHCB)*

KEY RESULTS

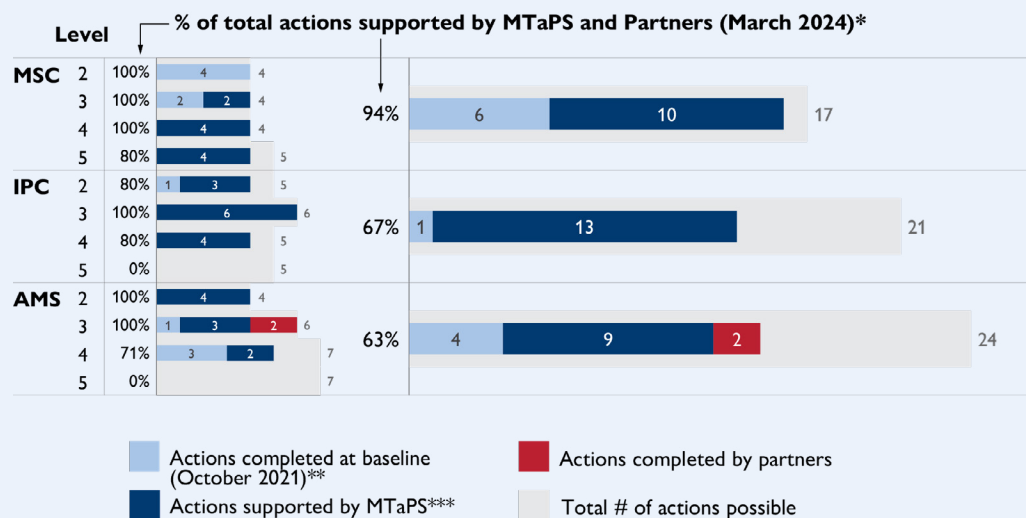
Working in collaboration with the MOH and other stakeholders, MTaPS supported Nigeria in achieving the following key results:



Global Health Security Agenda/Antimicrobial Resistance (GHS/AMR)

As stated above, Nigeria received a score of level 2 (limited capacity) for both IPC and AMS during the baseline JEE evaluation conducted in June 2017. The JEE tool (Version 1, 2016) used for this evaluation did not include an MSC indicator. During its startup period, MTaPS used the WHO Benchmarks for International Health Regulations (IHR) Capacities tool (2019) to conduct a situational analysis. This analysis showed that the country at that time had partially or fully addressed 6/17 (35%) benchmark actions in MSC, 1/21 (5%) actions in IPC, and 4/24 (17%) actions in AMS.

Over the life of the project, MTaPS collaborated with and provided technical assistance to national counterparts to fully or partially address additional benchmark actions. The graph (figure 1) below provides the percentage of benchmark actions fully or partially completed with MTaPS support and actions completed with support from only other partners, as of March 2024. As a result of addressing these benchmark actions, Nigeria scored level 3 (developed capacity) in MSC and remained at level 2 (limited capacity) in IPC and AMS during the recent JEE conducted in 2023 using the 2022 version of the tool, which is more stringent.



*Total number of actions completed include both fully and partially completed actions

**Actions assessed to have been completed at baseline is MTaPS initial situational analysis using the WHO Benchmarks for IHR Capacities 2019 tool, not an official JEE score

***MTaPS supported actions may have been completed with or without the additional support of other partners

Figure 1. Number of WHO Benchmarks for IHR Capacities completed at baseline, supported by MTaPS and completed by partners for each of the technical areas from levels 2 to 5 and their cumulative counts



Effective Multisectoral Coordination on AMR

- The 2023–2028 NAP-AMR development, inclusive of a detailed and costed priority activity plan, has improved multisectoral involvement among the principal ministries through the process of co-development, which marks an important milestone in AMR governance collaboration.
- Established the AMR TWG and subcommittees in Kebbi and Enugu states with corresponding programs in 7 facilities.



Strengthened IPC program

- National IPC strategic plan, recognized as a Level 3 capacity, adopted by the MOH. The plan sets standards for preventing the spread of infections, preparing for outbreaks, and ensuring a strong response to public health emergencies.
- National guidelines on IPC for viral hemorrhagic fever approved by the MOH and disseminated within the NCDC network to increase the protection and preparedness of health workers to manage potential Lassa fever outbreaks.
- The national program for the prevention and control of health care-associated infections (HCAIs) capacitated to conduct a systematic review and meta-analysis of HCAI in Nigeria and to develop a national surveillance protocol for bloodstream infections.
 - This protocol is implemented by the MOH and the NCDC to deepen the understanding and management of HCAI throughout the country.
- IPC programs are functional in 7 facilities in Enugu and Kebbi, leading to a 97%–825% increase in Infection Prevention and Control Assessment Framework (IPCAF) performance scores, from baseline measurements, signaling substantial improvements in infection control.
- 1,967 staff received step-down training, including an introduction to IPC, hand hygiene, and other relevant topics, from IPC team members in MTaPS-supported facilities.



Strengthened AMS

- Facilitated by the AMR TWG, the establishment and adoption of a comprehensive One Health AMS policy and strategy set the stage for the implementation of AMS programs across Nigeria.
- Nigeria achieved the WHO's AWARe antibiotic categorization, guiding optimal use and mitigating AMR through meta-analysis of resistance patterns, development of usage guidelines, and integration into the NEML.
- AMS programs are functional and AMS/IPC hybrid committees initiated in 7 health care facilities across Enugu and Kebbi states, enhancing AMS at the local level.
 - 176 persons trained in AMS topics such as AMS and antimicrobial use point prevalence surveys (AMU-PPS) with MTaPS support to improve AMS across supported facilities.
- Baseline and follow-up AMU-PPS in 6 facilities demonstrated improvements, with 4 facilities meeting and 1 exceeding the 60% WHO benchmark for prescribing Access group antibiotics—a critical shift toward more responsible antibiotic use, which helps to minimize the risk of AMR development.

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123,143
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community pharmacies and 114
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Accelerated access to COVID-19 vaccinations through private-sector engagement

- Comprehensive mechanism for involving private community pharmacies and other private health care providers in mass COVID-19 vaccination established, setting a model for regulated participation, engagement, and integration into national programs.
- Enhanced immunization capacity in the national COVID-19 response, with a scalable vaccination model, through the engagement of private CPs, hospitals, and clinics in seven states.
 - This included capacity building, data integration, and demand-generating approaches equipping the government to quickly expand immunization efforts nationwide and effectively respond to future pandemics.
- COVID-19 vaccine information management improved through standard operating procedure development and integration of private health provider data with the national management information system on the DHIS2 platform.
 - This facilitates data analyses to assess the performance of private facilities or vaccination teams to make evidence-based decisions, e.g., to increase immunization coverage, reduce vaccine wastage, and evaluate effectiveness of strategies.
- 123,143 doses of COVID-19 vaccines administered through private health care providers.
- 213 community pharmacies and 114 private hospitals supported to provide vaccination services in the community.



Nigeria implements a groundbreaking vaccination strategy.

Recognizing the critical role of private community pharmacies and private health care facilities—accessed by over 60% of the population for health services—MTaPS facilitated their integration into the national vaccination campaign. This effort, supported by strategic partnerships, the development of technical standards, comprehensive training, demand generation, and regulatory oversight, dramatically improved access to COVID-19 vaccines. By August 2023, the project had resulted in the administration of over 120,000 vaccine doses, directly supporting the government's goal of mass immunization and laying the foundation for public-private health care collaborations. This achievement not only strengthened Nigeria's response to the ongoing pandemic but also established a scalable model for future public health emergencies, underscoring the critical impact of leveraging private health care providers in national vaccination and pandemic response efforts.



Community pharmacies (CPs) spearhead COVID-19 vaccination effort. Photo credit: Iyobosa Igbinovia



PEER-REVIEWED PUBLICATIONS

- Moving from assessments to implementation: promising practices for strengthening multisectoral antimicrobial resistance containment capacity. <https://doi.org/10.1186/s42522-023-00081-6>.



FEATURED RESOURCES

- Technical Brief: [Strengthening Antimicrobial Stewardship in Nigeria](#)
- Technical Highlight: [Implementing Antimicrobial Stewardship at a Teaching Hospital in Nigeria](#)
- Technical Brief: [Strengthening Infection Prevention and Control in Nigeria](#)
- Technical Brief: [Strengthening Multisectoral Coordination for Combating Antimicrobial Resistance in Nigeria](#)
- Technical Brief: [Moving from Assessments to Implementation: Promising Practices for Strengthening Antimicrobial Resistance Containment Capacity](#)



Moving from Assessments to Implementation: Promising Practices for Strengthening Antimicrobial Resistance Containment Capacity

PATHWAY TO SUSTAINABILITY

MTaPS provides technical guidance and supports countries in establishing strategic direction and development of critical capacities on a pathway to sustainable and resilient pharmaceutical systems. Through its activities in country, MTaPS strengthened the capacity of local governments and organizations (public, private, and civil society) for improved, locally led and more sustainable pharmaceutical service delivery, as highlighted below:

- Broad stakeholder consensus in the development of national strategic plans (NAP-AMR, IPC, One Health) ensures the maintenance of technical and managerial capacity for continued implementation
- Established state AMR TWGs with multisectoral participation will ensure sustainable collaboration across sectors for antimicrobial resistance management
- A replicable process established for collaborative development of AMS-related guides and tools
- Transferred IPC training capacity to national partners, creating a pool of facilitators skilled in developing training content and cascading IPC training sessions
- A policy basis established for engaging the private sector in COVID-19 vaccination and Global Health Security Agenda initiatives
- Vaccination training is now integrated into the PCN's Mandatory Continuing Professional Development Program for Nigeria's pharmacists
- The NCDC AMR team facilitated the expansion of subnational AMS programs in two states and seven hospitals, encompassing training, action plan development, and mentor assignments.
- The MTaPS AMS Mentorship toolkit was adopted nationwide to scale up AMS programs

RECOMMENDATIONS

For the **NPHCDA**:

- Based on the COVID-19 experience, engage the private sector in the national immunization program.

For the **PCN**:

- Establish certification programs covering a broad range of immunization topics for private community pharmacies to increase their capabilities to provide immunization services.

For the **Government of Nigeria**:

- Allocate dedicated funds to bridge the gap between planning and budgeting to ensure the sustainability of AMS programs at all levels and to reduce dependence on external partners.
- Pass legislation to ensure commitment at all levels and institutionalize AMR programs at the facility level.
- Integrate AMR modules into the pre-service curriculum to educate future health care professionals on AMR management and prevention strategies.

For the **NCDC**:

- Conduct periodic training, mentorship, and regular follow-ups in health care facilities to maintain the progress of IPC and AMR programs.
- Use localized data, such as point prevalence surveys, to motivate improvements in health care facilities.
- Enhance the capabilities and resources of microbiology laboratories to improve HCAI surveillance.

For the **AMR Coordination Committee**:

- National AMR TWG should use the new JEE 3.0 Benchmark Actions to outline short- to mid-term implementation activities and to review progress biannually.

REFERENCES

1. WHO (2020). [COVID-19 vaccines: safety surveillance manual](#)
2. [WHO Access, Watch, Reserve \(AWaRe\) classification of antibiotics for evaluation and monitoring of use](#) (2021)
3. WHO (2016). [Guidelines on core components of infection prevention and control programs at the national and acute health care facility level](#)
4. WHO (2017). [Instructions for the national infection prevention and control assessment tool 2 \(IPCAT2\)](#)
5. WHO (2019). [Antimicrobial stewardship programs in health-care facilities in low-and middle-income countries: a WHO practical toolkit](#)

FUTURE CONSIDERATIONS

- Private-public partnership (PPP) can enable large-scale vaccination such as COVID-19, showcasing the power of PPP in improving health-sector crisis response. This approach could be beneficially extended to routine immunization programs.
- For sustained mass vaccination efforts by private health providers, reliance on corporate social responsibility alone is insufficient. Adopting a funded “fee-for-service” model through PPPs could ensure the provision of effective and lasting vaccination services.
- Improving infection control is key to pandemic preparedness and requires enforcing performance monitoring, continuous education, and quality improvement programs, building on existing guidelines.
- Implementing certification in AMR/AMS knowledge for all health care staff, including senior management—potentially during license renewals or in-service training—is essential for improving infection control and pandemic preparedness.
- Resourcing microbiology labs is critical for effective AMS and HCAI surveillance, advancing infection control measures, and health security.
- Encouraging the dissemination and increased awareness of the AWaRe categorization is a step toward establishing a comprehensive monitoring system for antibiotic use.
- Increasing engagement with the community, including civil society, to ensure its active participation in PSS is very important.
- Strengthening the MOH’s ability to collaborate with the private sector is essential for securing a reliable and sustainable supply of quality health commodities through private-sector channels, aiming for self-reliance beyond donor support.

RECOMMENDED CITATION

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