



STRENGTHENING NIGERIA'S LEGAL PREPAREDNESS AT THE SUBNATIONAL LEVEL: A CALL TO ACTION

The International Health Regulations (IHR-2005) mandate Nigeria to establish, enhance, and sustain core public health capacities for effective surveillance and response at local, intermediate, and national levels. In alignment with this global obligation, the World Health Organization has called for a revitalised global framework for health emergency preparedness and response, emphasising the need to minimise human, social, and economic repercussions during health crises while ensuring accountability to the communities served. A recent WHO report underscores the fragmented nature of health emergency governance, financial mechanisms, and operational systems as primary impediments to swift and effective responses during public health emergencies. The 2023 Joint External Evaluation (JEE) of Nigeria's capacity to prevent, detect, and respond to public health threats has reaffirmed these systemic challenges at both national and subnational levels. This advocacy brief outlines a strategic roadmap for enhancing legal frameworks and bolstering health security capacities at the state level.

GOVERNANCE

Nigeria, a federation consisting of 36 states and the Federal Capital Territory, further subdivided into 774 local government areas, requires a robust health security infrastructure across all levels of government. Strengthening health security is one of the four strategic priorities of the Federal Ministry of Health and Social Welfare, alongside enhancing governance, improving population outcomes, and unlocking the health value chain. The Nigeria Centre for integral to health security, including health services, primary health care, surveillance, laboratory systems, and food safety. Key regulatory frameworks, such as the

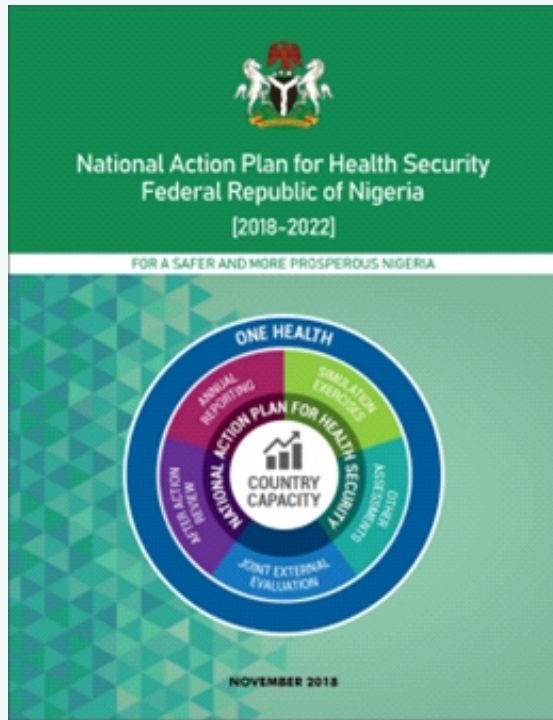
Quarantine Act of 1929 and the NCDC Act of 2018, establish the foundation for health security, while additional laws, policies, and regulations further support this mandate. The roles of subnational governments are explicitly delineated in the Integrated Disease Surveillance and Response (IDSR) guidelines (2019), which call for the establishment of oversight committees (Public Health Emergency Management Committees or Epidemic Preparedness and Response Committees), rapid response teams, public health laboratories, Public Health Emergency Operations Centres (PHEOCs), and the provision of budgetary allocations for emergency preparedness and response at the subnational level.

A qualitative study on national and subnational decision-making during Nigeria's COVID-19 response revealed that while partner inputs were sought, their involvement was insufficient during the initial stages of health emergencies. The study identified state-level coalitions of partners and government as a crucial opportunity for strengthening health security in Nigeria.

FINANCING

Significant and sustainable investments at the subnational level are critical to ensuring rapid detection and response to infectious disease outbreaks and other public health threats. Following the 2017 JEE assessment, Nigeria developed a National Action Plan for Health Security (NAPHS) and annual operational plans to address identified gaps. The estimated cost of implementing all planned activities in the NAPHS (2018-2022) was 134 billion Naira. At the state

level, a similar planning process is employed, beginning with a state-level JEE to identify gaps and culminating in the development of State Action Plans for Health Security (SAPHS) and one-year operational plans aligned with state budgets. Two critical financing streams are essential for sustaining health security capacities at the state level: routine funding for health security interventions, including PHEOC operations, public health laboratory functions, immunisation, and outbreak investigation, and a flexible financing mechanism for rapid response to public health emergencies, akin to the Rapid Outbreak Investigation Fund (ROIF) at the national level.



However, health security funding at the state level remains suboptimal. Nevertheless, investments in public health preparedness have consistently yielded substantial returns on investment (ROI). The NAPHS highlights that every \$1 invested in prevention and preparedness saves approximately \$2-7 in response costs. This reality was starkly illustrated during the COVID-19 pandemic when Nigeria incurred losses exceeding \$16 billion during the lockdown, alongside the incalculable loss of lives. The federal government, through the Basic Health Care Provision Fund (BHCPF) NCDC Gateway, has committed approximately 80% of the fund to finance state-level public health emergency operations and the initial management of public health emergencies. However, other routine health security activities, such as preparedness actions, still require budget allocations from states or external partner support.

SYSTEMS

Coordinated efforts are imperative to achieve a harmonised approach to capacity development and implementation of health security at the subnational level. States and local government areas are optimally positioned to ensure early detection, notification, and response to outbreaks. However, there is considerable variability across states in terms of population, income, disease risk profiles, and health capacity. The NCDC's recently launched 5-year strategic plan prioritises subnational health security support, enhanced surveillance, improved laboratory diagnostics, workforce development, public health informatics, research and innovation, partnerships (including with the private sector), efficient data management, and financing for health security.

However, individual capacity scores may not fully reflect performance when coordinated actions across technical areas are required under time pressure. The

WHO recommends that countries implement early action reviews using the 7-1-7 target to assess the performance of early detection and response systems in real-world situations. The 7-1-7 target sets three performance benchmarks: 7 days to detect a disease outbreak, 1 day to notify relevant public health authorities, and 7 days from notification to complete early response actions. Data generated from public health emergency personnel by reviewing outbreak milestones and exploring bottlenecks can be



synthesised to identify common barriers requiring larger investments. Currently, the BHCPF NCDC gateway, pandemic fund, and Global Fund CR19M incorporate Early Action Reviews/7-1-7 in their results frameworks.

INDICATORS OF A FUNCTIONAL HEALTH SECURITY PROGRAM IN STATES

1. A functional high-level multisectoral governance committee overseeing epidemic preparedness and response at the state level (Public Health Emergency Management Committee) chaired by the Deputy Governor or Secretary to the State Government.
2. The state has conducted a Joint External Evaluation (State JEE) within the last five years and developed a five-year strategic State Action Plan for Health Security (SAPHS).
3. The state has conducted annual assessments of its health security capacities and developed an Annual Operational Plan (AOP) (one-year SAPHS) to be incorporated into the state budget.
4. At least 50% of the state's outbreaks meet the 7-1-7 target.
5. The state has an NCDC-recognized, functional public health laboratory for detecting priority diseases.
6. The state has established an intra-state sample referral and transportation mechanism.
7. The state has a functional epidemiology unit with dedicated emergency preparedness and response funds.
8. A functional public health emergency operations centre with adequate staffing and funding.

IMPROVING INSTITUTIONAL AND LEGAL FRAMEWORK FOR HEALTH SECURITY IN STATES

A comprehensive institutional and legal framework is essential for supporting governance and financing interventions, enabling states to create a conducive environment for health security while advancing coordination and collaboration. Effective legal reforms to improve

a state's legal framework would allow for a cohesive state health security program aligned with Nigeria's One Health approach and access to resources during emergencies and for system-strengthening efforts. Notably, investments in this area would facilitate early identification of any laws or other legal instruments that could impede outbreak detection and control, enable access to financing for public health emergencies, and support states in developing plans that can be used for domestic resource allocation and fundraising through partnerships.

The key steps to achieving optimal health security governance at the state level include:

Milestone I: Legal instruments have been reviewed at the state level, gaps have been identified, and holistic reforms have been initiated.

1. Train subnational legal officers on conducting legal assessments for IHR and Legal Preparedness (AOP).
2. Conduct legal assessments (AOP).
3. Develop and implement legal reforms based on gaps identified from the legal assessments.

Milestone II: Leadership and coordination at the state level have been assessed, and recommendations for improvement have been made.

1. Assess governance mechanisms, identify gaps, and provide
2. Develop and implement standard operating procedures (SOPs) and plans for oversight committees.
3. Train public health and state security officials on incident management.

Milestone III: The state has adequate resources to fulfil its mandate for health security.

1. Review health security capacities and develop and update State Action Plans for Health Security (SAPHS) with costing.

1. Develop and implement resource mobilisation plans.
2. Review state-level epidemic response and reporting of lessons learned to improve performance.
3. Implement the 7-1-7 target framework in all states to identify common barriers and inform the design of regional capacity-strengthening efforts.

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