Nigeria PPR Advocacy Agenda Alignment Note

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Introduction & Purpose

The COVID-19 pandemic exposed a critical weakness in Nigeria's health security system: communities were not meaningfully engaged in preparedness and response. While national institutions such as the NCDC and NPHCDA provided leadership, the absence of structured community intelligence and advocacy led to delays, mistrust, and missed opportunities to prevent escalation.

Primary Health Care (PHC) facilities which serve as the first point of contact for most Nigerians remain under-resourced, with persistent shortages of drugs, staff, and infrastructure. These weaknesses undermine pandemic preparedness and widen inequalities in access to health services, particularly for women, youth, nomadic groups, IDPs, and people living with HIV and TB.

Communities are not just beneficiaries of health services they are frontline actors. Through Community-Led Surveillance (CLS) and advocacy, they can provide early warning signals, identify barriers to PHC services, and hold authorities accountable. However, for this to succeed, community priorities must be aligned with national strategies and frameworks, ensuring they reinforce rather than compete with government plans.

Highlight priority issues raised by communities and CSOs for stronger pandemic preparedness and PHC

Demonstrate how these priorities directly align with existing national and global frameworks such as the National Action Plan for Health Security (NAPHS), NPHCDA PHC reforms, the One Health Strategic Plan, and the Sustainable Development Goals (SDGs)

Provide advocacy pathways that connect community evidence with policy influence, budget allocation, and accountability mechanisms at federal, state, and local levels

By aligning advocacy with established frameworks, this Note ensures that community voices are not seen as demands from the outside but as integral contributions to Nigeria's health security architecture.

Community-Identified Priorities

Consultations with CSOs, Ward Development Committees (WDCs), and grassroots networks reveal a set of recurring priorities that must be addressed to strengthen Nigeria's pandemic preparedness and PHC systems. These are not abstract demands but real issues communities experience daily.

1

Uninterrupted Supply of Essential Medicines and Vaccines

- Frequent stock-outs of malaria, TB, HIV, and maternal health commodities undermine trust in PHCs
- Communities demand predictable and consistent supply chains, backed by accountability measures to track delivery

2

Adequate and Equitable Health Workforce

- Many rural PHCs operate with only one health worker or none at all
- Communities call for minimum staffing standards to be enforced, alongside incentives to attract and retain workers in underserved areas

3

Institutionalization of Community-Led Surveillance (CLS)

- CLS is currently fragmented and project-driven
- Communities demand formal recognition of CLS in national surveillance systems, with clear pathways for feedback and response

4

Equity and Inclusion for Vulnerable Populations

- Women, youth, nomadic groups, IDPs, and PLHIV often face stigma, discrimination, or neglect
- Advocacy calls for deliberate policies and representation quotas to guarantee their participation in decision-making

5

Strengthened Feedback and Accountability Loops

- Communities frequently report issues but receive little or no feedback on action taken
- Communities demand formal mechanisms for authorities to report back on responses, closing the accountability gap

6

Improved Infrastructure for PHC Resilience

- Lack of electricity, clean water, and functional equipment at PHCs weakens both routine care and emergency response
- Communities advocate for PHCs to be upgraded as hubs of preparedness, not left as weak links

Alignment with National and Global Frameworks & Advocacy Pathways

Community priorities are not stand-alone demands; they are consistent with Nigeria's existing commitments at both national and international levels. Aligning advocacy in this way ensures that government sees community input as a reinforcement of official policy goals, not as an external agenda.

National Action Plan for Health Security (NAPHS)

- Community-Led Surveillance (CLS): aligns with IHR core capacities on surveillance and response
- Feedback and accountability mechanisms: support NAPHS goals for risk communication and community engagement
- Equity and inclusion: strengthen Nigeria's compliance with international obligations under the International Health Regulations (IHR)

NPHCDA Reforms

- Uninterrupted supply of medicines and vaccines: aligns with NPHCDA's PHC revitalization agenda and push for reliable supply chains
- Health workforce gaps: directly support the agency's goal of staffing every PHC with a minimum complement of skilled workers
- Infrastructure upgrades: consistent with the national PHC revitalization program that seeks to upgrade 10,000 PHCs nationwide

One Health Strategic Plan

- CLS integration: helps detect zoonotic outbreaks and environmental health threats early
- Equity and inclusion: ensures community participation in One Health coordination at national and state levels
- Infrastructure improvements in PHCs: contribute to stronger frontline detection of human-animal-environment interactions

Sustainable Development Goals (SDGs)

- SDG 3 (Good Health & Well-Being): strengthened PHCs and CLS ensure universal access to essential services
- SDG 10 (Reduced Inequalities): deliberate inclusion of women, youth, nomads, IDPs, and PLHIV addresses systemic inequities in health access
- SDG 16 (Peace, Justice & Strong Institutions): feedback and accountability mechanisms strengthen trust and governance

Advocacy Pathways

To transform community priorities into policy influence and resource commitments, advocacy must follow structured pathways at different levels of governance. These pathways ensure that evidence from CLS and PHC experiences translates into real action.

1

Federal Level

Engage the Federal Ministry of Health (FMoH), NCDC, and NPHCDA through policy briefs and scorecards based on CLS evidence. Advocate for budget lines dedicated to community-led surveillance and PHC resilience within federal allocations. Participate in national Technical Working Groups (TWGs) under the PPR–PHC Platform to institutionalize community inputs.

2

State Level

Channel advocacy through State PHC Boards and State Emergency Preparedness Committees, where decisions directly affect PHC operations. Use CLS reports to highlight service gaps and mobilize state-level resources for PHCs and surveillance systems. Build alliances with state CSO networks to amplify collective voice and ensure state governments prioritize preparedness.

3

Local Government and Community Level

Present findings at Ward Development Committees (WDCs) for local ownership. Engage LGA authorities to address immediate PHC gaps such as drug stock-outs, staffing, and infrastructure. Use community dialogues and scorecards as platforms to push for accountability from local authorities.

4

Legislature

Target the National Assembly Committees on Health and Appropriations to advocate for increased health allocations. Push State Assemblies to prioritize PHC in state budgets and oversight. Provide legislators with constituency-specific evidence so they can champion local issues in national debates.

5

Development Partners and Donors

Share advocacy briefs with bilateral and multilateral partners to align community priorities with donor funding streams. Engage private sector actors (banks, telecoms, media houses) for co-financing and corporate social responsibility (CSR) support. Position CLS and PHC resilience as investment priorities that strengthen Nigeria's health security and economic stability.

Next Steps & Call to Action

Community priorities are clear, national frameworks are in place, and the PPR–PHC Platform provides a vehicle for engagement. The challenge now is to translate alignment into action.

Immediate Next Steps

1

Institutionalize CLS

- Recognize community-led surveillance as a formal part of Nigeria's national surveillance framework
- Provide resources and tools for consistent reporting and feedback

2

Strengthen PHC Resilience

- Allocate budget lines for staffing, supply chains, and infrastructure upgrades at federal and state levels
- Integrate CLS findings into PHC quality improvement initiatives

3

Guarantee Equity and Representation

- Enforce representation quotas for women, youth, nomads, IDPs, and PLHIV in PPR–PHC structures
- Support capacity building for CSOs and grassroots groups to engage meaningfully

4

Close the Feedback Gap

- Establish mandatory reporting mechanisms where authorities must provide feedback to communities on actions taken
- Use WDCs, community meetings, and digital tools (SMS, WhatsApp) for two-way communication

5

Sustain Advocacy and Resource Mobilization

- Create an Advocacy & Resource Mobilization Working Group within the PPR–PHC Platform
- Link community advocacy to ongoing budget cycles, donor dialogues, and private sector CSR

Call to Action

Pandemic preparedness and PHC cannot succeed without communities at the center. This Advocacy Agenda Alignment Note is not an external demand — it is a framework to make Nigeria's own strategies more inclusive, equitable, and effective.

Government, donors, CSOs, and communities must now work together to ensure that:

> **Every signal is acted upon, every PHC is functional, and every voice is heard.**

The future of Nigeria's health security depends on it.