



# OPERATIONAL MANUAL

for the

## Nigeria Pandemic Preparedness and Response Primary Health Care (PPR– PHC) Platform

**Prepared by:**

Michael Ailoje  
Technical Assistance  
Africa Coalition on Tuberculosis

September, 2025

## Acknowledgement

The development and validation of the Operational Manual for Strengthening Nigeria's Pandemic Preparedness and Response (PPR) Platforms was made possible through the collaborative efforts of multiple partners and stakeholders committed to inclusive and sustainable health security in Nigeria.

Special appreciation goes to the Stop TB Partnership, the Network of People Affected by TB in Nigeria (NEPWAN), and TB People Nigeria for their technical and financial support during the validation process. Their contributions ensured that the perspectives of affected communities and civil society were central to this framework.

We also acknowledge the contributions of the Sufabel Community Development Initiative, the TB Network Nigeria, YOUNITES, and other community-based organizations whose engagement and field insights enriched the development of this manual.

Implementation support in Nigeria was led by Janna Health Foundation, serving as the key implementing partner, whose coordination, documentation, and facilitation efforts were instrumental to the successful validation and adaptation of this operational manual.

This manual reflects the shared commitment of government, civil society, and communities to strengthen Nigeria's resilience through inclusive, coordinated, and people-centered pandemic preparedness and response systems.

## Executive Summary

The Nigeria PPR–PHC Platform Operational Manual provides the guiding framework for how communities, civil society, government, and partners will work together to strengthen pandemic preparedness and response (PPR) while reinforcing primary health care (PHC) and One Health systems.

Developed as part of the COPPER-CE initiative, the manual addresses one of the most critical gaps in Nigeria’s health security architecture: the lack of structured and sustained community and civil society participation in national and sub-national decision-making. It transforms community engagement from ad-hoc, invitation-based involvement into a permanent, institutionalised mechanism.

The manual outlines:

1. **Governance Structure:** a four-tier system comprising the General Assembly, Steering Committee, Secretariat, and Technical Working Groups (TWGs), supported by sub-national chapters.
2. **Membership Framework:** clear eligibility criteria, rights, and responsibilities to ensure diversity and inclusiveness across government, civil society organisations (CSOs), communities, the private sector, academia, and development partners.
3. **Representation Guidelines:** transparent processes for nominating, selecting, rotating, and supporting community and CSO representatives, with safeguards for equity, gender balance, and accountability.
4. **Standard Operating Procedures (SOPs):** practical rules for meetings, decision-making, documentation, and communication.
5. **Coordination and Linkages:** formal connections with government PPR TWGs, PHC governance bodies, and One Health platforms, ensuring the Platform is embedded in official structures.
6. **Advocacy and Resource Mobilisation:** strategies to influence policy, mobilise resources, and sustain PPR and PHC financing through government, donors, and the private sector.
7. **Monitoring, Evaluation, and Learning (MEL):** a results-focused framework to track Platform performance, prove impact, and drive continuous improvement.
8. **Sustainability Plan:** strategies to secure government ownership, diversify funding, strengthen capacity, and safeguard the Platform beyond donor project cycles.

The annexes provide practical tools, including meeting templates, membership forms, code of conduct declarations, a glossary, and key reference documents, making the manual actionable at both national and state levels.

In essence, this Operational Manual is a blueprint for resilience. It ensures that Nigeria’s PPR–PHC Platform is not another short-lived project structure, but a credible, inclusive, and lasting national mechanism that protects lives, builds trust between communities and decision-makers, and strengthens Nigeria’s health system to withstand future pandemics.

## Contents

Acknowledgement .....	2
Executive Summary .....	3
1. Introduction .....	5
2. Vision, Mission, and Objectives .....	7
3. Governance Structure of the PPR–PHC Platform .....	8
4. Membership Framework .....	10
5. Roles and Responsibilities .....	12
6. Standard Operating Procedures (SOPs) .....	14
7. Representation Guidelines .....	16
8. Coordination and Linkages .....	18
9. Advocacy and Resource Mobilisation .....	20
10. Monitoring, Evaluation, and Learning (MEL) .....	22
11. Sustainability Plan .....	24
12. Conclusion .....	26
Annexure .....	27
Annex 1: Sample Meeting Agenda and Minutes Template .....	27
Annex 2. Sample Minutes Template .....	28
Annex 3: Membership Application Form Template .....	29
Annex 4: Code of Conduct Declaration Form.....	30
Annex 5: Glossary of Key Terms.....	31
Annex 6: Reference Documents .....	32

# 1. Introduction

## 1.1 Background and Context

Nigeria has made important strides in strengthening its health security system through mechanisms such as the National Action Plan for Health Security (NAPHS), the Joint External Evaluation (JEE), and One Health coordination structures. Yet, when COVID-19 struck, it became clear that technical frameworks alone were not enough. Communities, the very people most affected by pandemics, often found themselves excluded from meaningful participation.

Civil society organisations, community leaders, and grassroots networks were invited into discussions only on an ad-hoc basis. This left gaps in accountability, weakened early warning systems, and limited the flow of intelligence from the ground to decision-makers. Vulnerable groups such as nomadic populations, displaced persons, persons with disabilities (PWDs), women, and people living with chronic conditions faced barriers to health services and were rarely consulted in designing responses. The experience underscored a critical truth: without institutionalised community engagement, health security platforms risk remaining fragile, top-down, and unsustainable.

## 1.2 Purpose of this Manual

This manual provides the operational backbone for the Nigeria PPR–PHC Platform. It defines how the platform will be governed, how members will be admitted and represented, and how decisions will be made and implemented. More than a rule book, it is a practical guide designed to:

- a. Embed communities and CSOs as equal partners in health security.
- b. Ensure transparency, accountability, and equity in decision-making.
- c. Build a resilient structure that endures beyond donor projects or emergencies.

## 1.3 Scope and Coverage

The manual applies to both national and sub-national levels of the PPR–PHC Platform. It sets out:

- a. Governance and leadership arrangements.
- b. Membership rules and responsibilities.
- c. Standard operating procedures for meetings, decisions, and communication.
- d. Guidelines for CSO/community representation in Technical Working Groups (TWGs).
- e. Mechanisms for advocacy, resource mobilisation, and sustainability.

## 1.4 Guiding Principles

The platform is built on five guiding principles:

1. **Inclusivity** – Every affected voice matters, from the grassroots to the policy table.
2. **Equity and fairness** – Participation must be free of discrimination or tokenism.
3. **Transparency** – Rules, processes, and outcomes must be open and accountable.
4. **Collaboration** – Government, CSOs, academia, and the private sector all share responsibility.
5. **Sustainability** – Structures must outlive individual projects and remain functional over time.

## **1.5 Intended Users**

This manual is written for:

- a. Government institutions coordinating PPR and PHC.
- b. Civil society and community organisations seeking structured participation.
- c. Development partners and donors supporting pandemic preparedness.
- d. Academics, researchers, and professional associations providing technical input.

## **1.6 How to use this Manual**

Readers should see this manual as a living framework. It offers structures and templates that can be adapted to local realities. Platform members are encouraged to use it as:

- a. A reference for roles, responsibilities, and processes.
- b. A training resource for new members and representatives.
- c. A tool for monitoring, accountability, and continuous improvement.

## 2. Vision, Mission, and Objectives

### 2.1 Vision

A Nigeria where communities and civil society are fully engaged as equal partners in pandemic preparedness, response, and primary health care ensuring resilient systems that protect the health, rights, and dignity of all.

### 2.2 Mission

To institutionalise inclusive governance mechanisms that connect government, civil society, and communities in planning, designing, implementing, and sustaining pandemic preparedness and response, while strengthening primary health care and One Health approaches.

### 2.3 Strategic Objectives

The PPR–PHC Platform exists to:

1. **Formalise governance structures:** establish a clear operational framework, leadership arrangements, and accountability mechanisms for the platform.
2. **Institutionalise community and CSO participation:** Ensure that community representatives and CSOs have structured, ongoing roles in Technical Working Groups (TWGs) and other coordination forums.
3. **Strengthen linkages with PHC and One Health systems:** Promote integration of PPR with PHC delivery and One Health coordination at national and sub-national levels.
4. **Build community intelligence and advocacy capacity:** Equip communities with tools such as Community-Led Surveillance (CLS) and advocacy approaches to feed evidence and grassroots perspectives into national planning.
5. **Promote equity and inclusivity:** Guarantee meaningful engagement of vulnerable and marginalised groups, including women, youth, nomadic populations, IDPs, and people living with HIV, TB, and malaria.
6. **Sustain the platform beyond projects:** Secure long-term relevance through resource mobilisation, policy alignment, and ownership by government, partners, and communities alike.

### 3. Governance Structure of the PPR–PHC Platform

The Platform is designed as a multi-stakeholder body that balances government leadership with active community and CSO participation. Its governance model ensures clear roles, transparency in decision-making, and accountability at both national and sub-national levels.

#### 3.1 Overall Structure

The Platform governance has four main layers:

1. **General Assembly** – the highest decision-making body, bringing together all registered members annually.
2. **Steering Committee** – provides strategic direction and oversight on behalf of members.
3. **Secretariat** – manages daily coordination, communication, and technical support.
4. **Technical Working Groups (TWGs)** – thematic groups (e.g., PPR, PHC, One Health, Advocacy & Resource Mobilisation) where detailed work is carried out.

#### 3.2 Roles and Responsibilities

##### 3.2.1 General Assembly

- a. Composed of all platform members (government agencies, CSOs, communities, development partners, private sector, academia).
- b. Meets once per year to review progress, approve strategic priorities, and endorse key policy positions.
- c. Elects/renews the Steering Committee every two years.

##### 3.2.2 Steering Committee

- a. 10–15 members representing different constituencies (government, CSOs, key populations, academia, private sector, development partners).
- b. Chaired by the government e.g. Ministry of Health or the Nigeria Centre for Disease Control and Prevention (NCDC) and co-chaired by a CSO representative to ensure balance.
- c. Provides policy guidance, ensures accountability, and approves annual work plans.
- d. Meets quarterly (or as needed during emergencies).

##### 3.2.3 Secretariat

- a. A small coordination team hosted by an agreed institution (e.g., Ministry of Health with secondment of CSO staff).
- b. Responsible for:
  - a. Organising meetings and documentation.
  - b. Managing membership records.
  - c. Supporting communication between members and external partners.

- d. Ensuring follow-up on decisions taken by the Steering Committee.

### **3.2.4 Technical Working Groups (TWGs)**

- a. Flexible, thematic groups established to focus on specific areas:
  - i. Pandemic Preparedness & Response (PPR) TWG
  - ii. Primary Health Care (PHC) TWG
  - iii. One Health TWG
  - iv. Advocacy and Resource Mobilisation TWG
  - v. Community-Led Surveillance (CLS) and Evidence TWG
- b. Membership is open to interested organisations with relevant expertise.
- c. Provide technical recommendations, develop guidelines, and support implementation.

### **3.3 Decision-making Process**

- a. Decisions are made through **consensus** whenever possible.
- b. Where consensus cannot be reached, decisions may be taken by a **two-thirds majority vote** of members present.
- c. Emergency decisions can be made by the Steering Committee but must be ratified at the next General Assembly.

### **3.4 Accountability and Transparency**

- a. Meeting minutes and decisions are circulated to all members within two weeks of meetings.
- b. A summary of annual progress and financial accountability is shared publicly.
- c. Members are required to sign a Code of Conduct and declare conflicts of interest.

### **3.5 Sub-national Coordination**

- a. State-level chapters mirror the national platform, with their own assemblies, focal points, and TWGs.
- b. Sub-national representatives feed local intelligence and community priorities into the national platform.
- c. This ensures two-way communication: national-to-local policy direction, and local-to-national feedback and evidence.

## 4. Membership Framework

### 4.1 Categories of Membership

To ensure diversity and inclusivity, membership is open to the following categories:

1. **Government institutions** – Federal and State Ministries of Health, the Nigeria Centre for Disease Control and Prevention (NCDC), National Primary Health Care Development Agency (NPHCDA), Environment, Agriculture, Finance, and other relevant agencies.
2. **Civil Society Organisations (CSOs)** – non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations, and community networks engaged in health, rights, and development.
3. **Community representatives** – Leaders, grassroots networks, and associations of vulnerable groups (nomads, IDPs, PLHIV, women, youth, persons with disabilities, etc.).
4. **Development partners and donors** – Multilateral, bilateral, and international organisations supporting health security and PHC.
5. **Private sector** – Companies, professional associations, and industry actors contributing resources, innovations, and expertise.
6. **Academia and research institutions** – Universities, think tanks, and independent experts providing evidence and technical support.

### 4.2 Eligibility Criteria

- a. Demonstrated commitment to pandemic preparedness, PHC, or One Health.
- b. Evidence of legal registration (for institutions/ organisations).
- c. Willingness to sign and abide by the Code of Conduct and Conflict of Interest Policy.
- d. Ability to contribute expertise, information, or resources to the Platform's work.
- e. For community representatives: recognised legitimacy within their community or network.

### 4.3 Membership Rights

All registered members have the right to:

- a. Participate in General Assembly meetings and contribute to decision-making.
- b. Nominate representatives to Technical Working Groups and committees.
- c. Access and share information, documents, and outputs of the Platform.
- d. Submit proposals or agenda items for discussion.
- e. Vote during elections or decision-making processes.

### 4.4 Membership Responsibilities

All members are expected to:

- a. Actively participate in meetings, workshops, and consultations.

- b. Share relevant data, evidence, and community perspectives to inform decisions.
- c. Uphold transparency, accountability, and inclusivity in all engagements.
- d. Avoid conflicts of interest and declare any potential bias.
- e. Serve as a link between the Platform and their constituencies, ensuring two-way communication.
- f. Support advocacy and resource mobilisation efforts.

#### **4.5 Admission Process**

1. Submission of an application form (endorsed by the Secretariat).
2. Review and vetting by the Steering Committee.
3. Endorsement of membership by the General Assembly or Steering Committee.
4. Formal induction and signing of the Code of Conduct.

#### **4.6 Suspension and Exit**

- a. Membership may be suspended if an organisation or representative repeatedly fails to participate, violates the Code of Conduct, or acts against the Platform's principles.
- b. Voluntary withdrawal is allowed with written notice to the Secretariat.
- c. Expelled members may reapply after a minimum of one year, subject to review.

## 5. Roles and Responsibilities

The strength of the PPR–PHC Platform lies in the shared ownership of its members. Each category has defined roles and responsibilities that ensure effective coordination, inclusivity, and accountability.

### 5.1 Government Ministries, Departments, and Agencies (MDAs)

- a. Provide **policy direction** and ensure alignment with national strategies (NAPHS, PHC reforms, One Health frameworks).
- b. Facilitate integration of Platform recommendations into official government processes.
- c. Share timely data, surveillance updates, and technical guidance.
- d. Support resource mobilisation by linking Platform priorities with government budgets and donor pipelines.
- e. Host and co-chair meetings, ensuring visibility and legitimacy.

### 5.2 Civil Society Organisations (CSOs)

- a. Represent the perspectives of communities, vulnerable groups, and key populations.
- b. Provide evidence from the field, including barriers to access, discrimination, and service gaps.
- c. Advocate for accountability and transparency in PPR and PHC processes.
- d. Mobilise communities for active participation in preparedness, response, and monitoring.
- e. Co-lead technical working groups where appropriate, ensuring equity in technical input.

### 5.3 Community Representatives

- a. Act as the voice of the grassroots, ensuring lived realities are reflected in decision-making.
- b. Provide early warning signals and intelligence through Community-Led Surveillance (CLS).
- c. Mobilise their constituencies to participate in consultations, validation workshops, and advocacy activities.
- d. Monitor the impact of Platform decisions on communities and provide feedback loops.
- e. Uphold equity, ensuring women, youth, IDPs, nomads, PLHIV, and other vulnerable groups are not left behind.

### 5.4 Development Partners and Donors

- a. Provide financial and technical support to strengthen the Platform's sustainability.
- b. Facilitate knowledge sharing from regional and global best practices.
- c. Support independent evaluations and learning to enhance credibility.
- d. Encourage government and CSO partners to adopt inclusive and participatory approaches.
- e. Leverage diplomatic and political influence to elevate PPR and PHC on policy agendas.

## 5.5 Private Sector and Professional Associations

- a. Contribute resources, technology, and innovations for surveillance, communication, and service delivery.
- b. Support workplace preparedness and employee health as part of wider community resilience.
- c. Offer professional expertise in logistics, ICT, risk management, and communication.
- d. Partner in resource mobilisation through corporate social responsibility (CSR) initiatives.

## 5.6 Academia and Research Institutions

- a. Generate and share **evidence-based insights** to inform policy and practice.
- b. Conduct operational research to identify gaps, innovations, and scalable solutions.
- c. Train Platform members and community representatives in technical areas such as CLS, advocacy, and One Health.
- d. Document lessons learned for national and international learning exchanges.

## 5.7 Platform Leadership (Chair, Co-Chair, Secretariat)

- a. **Chairperson (Government):** provides overall leadership, ensures decisions are government-recognised, and presides over meetings.
- b. **Co-Chair (CSO):** balances power with civil society, ensures grassroots priorities are not sidelined, and co-leads advocacy.
- c. **Secretariat:** coordinates daily operations, manages communication, organises meetings, maintains records, and follows up on action points.
- d. **TWG Leads:** coordinate technical work, report to the Steering Committee, and ensure deliverables are produced on time.

## 6. Standard Operating Procedures (SOPs)

The SOPs provide a clear framework for how the PPR–PHC Platform conducts its business. They ensure transparency, accountability, and efficiency in all operations.

### 6.1 Meetings

#### 6.1.1 Types of Meetings

1. **General Assembly:** convened once per year to review progress, set priorities, and elect/renew leadership.
2. **Steering Committee Meetings:** held quarterly, or more frequently during emergencies.
3. **Technical Working Groups (TWGs):** meet as required, usually monthly or bi-monthly, to drive thematic work.
4. **Emergency Meetings:** may be convened within 48 hours in response to urgent public health threats.

#### 6.1.2 Notice of Meetings

- a. Regular meetings: at least 14 days' notice with agenda circulated in advance.
- b. Emergency meetings: at least 48 hours' notice by email, SMS, or other rapid communication channels.

#### 6.1.3 Quorum

- a. General Assembly: **50% + 1 of registered members.**
- b. Steering Committee: **two-thirds** of members.
- c. TWGs: at least **half** of active members.

### 6.2 Decision-Making Process

- a. **Consensus is preferred** to ensure inclusivity.
- b. Where consensus cannot be reached, a **two-thirds majority vote** of members present will apply.
- c. Emergency decisions may be taken by the Steering Committee but must be **ratified** at the next General Assembly.

### 6.3 Documentation and Record-Keeping

- a. The Secretariat ensures accurate minutes, resolutions, and action points are documented for all meetings.
- b. Minutes are circulated to members within two weeks of any meeting.
- c. A central **digital repository** is maintained for all platform documents (accessible to members).

## **6.4 Communication Protocols**

- a. Official communication between members is coordinated through the Secretariat.
- b. Updates are shared through email, WhatsApp/Telegram groups, and official newsletters.
- c. External communication (media releases, public statements) must be cleared by the Chair and Co-Chair to ensure consistency.
- d. Members are encouraged to provide **feedback reports** to their constituencies after each engagement.

## **6.5 Conflict of Interest Management**

- a. All members must declare potential conflicts of interest before deliberations.
- b. Any member with a direct conflict may contribute to discussions but abstains from voting on related matters.
- c. The Secretariat maintains a conflict-of-interest register.

## **6.6 Code of Conduct**

- a. Members are expected to conduct themselves with professionalism, respect, and inclusivity.
- b. Disruptive behaviour, discrimination, or breach of confidentiality may result in suspension.
- c. Persistent violations may lead to removal of membership (as guided by the Membership Framework).

## **6.7 Monitoring and Follow-Up of Decisions**

- a. Action points from meetings are tracked by the Secretariat in an Action Matrix (with responsible persons and deadlines).
- b. Progress is reviewed at each subsequent meeting.
- c. Unresolved or delayed actions are escalated to the Steering Committee for resolution.

## 7. Representation Guidelines

### 7.1 Purpose

Representation guidelines ensure that community and civil society participation in the Platform is meaningful, transparent, and equitable. They prevent tokenism by setting clear rules for how representatives are nominated, supported, and held accountable.

### 7.2 Principles of Representation

- a. **Inclusivity:** all relevant constituencies must be considered, especially vulnerable and marginalised groups.
- b. **Transparency:** the process of nomination and selection is open, documented, and communicated to members.
- c. **Rotation:** representatives are not permanent; rotation guarantees fresh voices and avoids capture by individuals.
- d. **Accountability:** representatives must report back to their constituencies and bring grassroots perspectives into decision-making.
- e. **Balance:** equal weight is given to government, civil society, and community actors in committees and TWGs.

### 7.3 Nomination Process

1. Call for nominations issued by the Secretariat and circulated widely to Platform members.
2. Constituencies (CSOs, community networks, professional groups) nominate candidates based on agreed criteria.
3. Candidates submit short profiles outlining experience, constituency linkages, and commitment.
4. Steering Committee reviews nominations and ensures fair distribution across sectors, gender, and geography.
5. General Assembly endorses final representatives through consensus or voting.

### 7.4 Selection Criteria for Representatives

- a. Proven track record of working in health, rights, or development.
- b. Strong links with a defined constituency (e.g., PLHIV network, IDP community, nomadic association).
- c. Ability to represent collective interests, not personal agendas.
- d. Commitment to attend meetings and actively participate in TWG work.
- e. Willingness to provide regular feedback to their constituency.
- f. Gender and youth balance is mandatory in the final selection.

## **7.5 Tenure and Rotation**

- a. Representatives serve for a **two-year term**, renewable once.
- b. If a representative is inactive (misses three consecutive meetings without valid reason), their seat may be reassigned.
- c. Rotation is staggered to ensure continuity while bringing in new voices.

## **7.6 Support to Representatives**

- a. Orientation and induction provided by the Secretariat.
- b. Training in areas such as community-led surveillance (CLS), advocacy, and health governance.
- c. Travel and meeting costs covered to ensure equitable participation.
- d. Regular updates and briefing notes shared in advance of meetings.

## **7.7 Accountability to Constituencies**

- a. Representatives must organise periodic feedback sessions with their constituencies (e.g., quarterly meetings or digital briefings).
- b. Written constituency reports submitted to the Secretariat after every TWG/Steering Committee meeting.
- c. Failure to maintain constituency engagement may lead to replacement.

## **7.8 Code of Representation**

All representatives agree to:

- a. Uphold integrity, professionalism, and respect in all engagements.
- b. Speak from the perspective of their constituency, not personal interest.
- c. Avoid conflicts of interest and declare any affiliations openly.
- d. Respect the confidentiality of sensitive discussions.

## 8. Coordination and Linkages

### 8.1 Rationale

For the Platform to be effective, it must not operate in isolation. Strong coordination and linkages with government, PHC governance, One Health, and existing PPR Technical Working Groups (TWGs) are essential to ensure that community voices directly shape national and sub-national decisions.

### 8.2 Linkages with Government PPR Structures

- a. The Platform formally connects with the National PPR Technical Working Group (TWG) through accredited CSO/community representatives.
- b. At the state level, representatives are linked to State Emergency Preparedness and Response Committees or equivalent structures.
- c. Platform recommendations are submitted to the Federal Ministry of Health (FMoH), NCDC, and NPHCDA for consideration and integration into policy.
- d. Government officials sit in the Platform Steering Committee to ensure two-way communication and accountability.

### 8.3 Linkages with Primary Health Care (PHC) Governance

- a. The Platform integrates with existing Ward Development Committees (WDCs), Health Facility Committees, and State PHC Boards.
- b. Issues from the community level (service delivery challenges, access barriers, feedback from patients) are escalated to the Platform and reflected in advocacy at the national level.
- c. The Platform ensures PHC concerns are not overshadowed by “emergency-only” responses but remain central to preparedness and resilience.

### 8.4 Linkages with One Health Coordination Mechanisms

- a. The Platform aligns with the One Health Steering Committee (involving human, animal, and environmental health sectors).
- b. Representatives from environmental groups, veterinary associations, and climate-health networks are included as members.
- c. Joint meetings and learning exchanges are organized to avoid duplication and promote cross-sector action.

### 8.5 Linkages with Advocacy and Resource Mobilization Platforms

- a. The Platform works with national advocacy coalitions (e.g., TB, HIV, malaria, health financing groups) to amplify financing for PPR and PHC.
- b. An Advocacy Agenda Alignment Note is developed to show how community priorities link with national policies and financing streams.
- c. Development partners and donors are invited as observers or technical supporters in Steering Committee and General Assembly meetings.

## **8.6 Linkages with Sub-national Structures**

- a. State-level chapters of the Platform mirror national arrangements, with state Steering Committees and TWGs.
- b. Community issues (e.g., vaccine hesitancy, stock-outs, health worker shortages) are escalated to the national level through structured reporting lines.
- c. Feedback from the national level (new policies, resources, or strategies) is cascaded down to communities through state chapters.

## **8.7 Mechanisms of Coordination**

- a. Formal MoUs/letters of recognition with relevant government agencies (MoH, NCDC, NPHCDA, Environment, Agriculture) to institutionalise relationships.
- b. Joint planning sessions with government and partners at the start of each year.
- c. Representation slots reserved for the Platform in national TWGs, and government seats reserved in the Platform Steering Committee.
- d. Quarterly coordination meetings to track joint actions and resolve bottlenecks.

## 9. Advocacy and Resource Mobilisation

### 9.1 Rationale

Pandemic Preparedness and Response (PPR) cannot be sustained without political commitment, financial investment, and community demand. The Platform serves as a unified voice to push for stronger policies, increased funding, and equitable resource allocation while empowering communities to hold leaders accountable.

### 9.2 Advocacy Role of the Platform

- a. Develop and maintain a National Advocacy Agenda that reflects community priorities on PPR, PHC, and One Health.
- b. Use evidence from community-led surveillance (CLS), research, and field observations to influence policy.
- c. Engage policymakers at federal, state, and local levels through policy briefs, roundtables, and direct dialogue.
- d. Mobilise public opinion through media campaigns, community dialogues, and social media advocacy.
- e. Build alliances with existing advocacy coalitions (HIV, TB, malaria, climate-health, disability rights) to amplify messages.

### 9.3 Resource Mobilisation Strategies

- a. Advocate for increased government budget allocations for PPR and PHC, with emphasis on equity and inclusion.
- b. Develop joint resource mobilisation proposals with member organisations for submission to donors, partners, and private sector actors.
- c. Engage the private sector through Corporate Social Responsibility (CSR) programs and Public–Private Partnerships (PPPs).
- d. Leverage development partner support to finance Platform operations, training, and community engagement.
- e. Encourage contributions (financial or in-kind) from Platform members to sustain basic activities.

### 9.4 Tools and Approaches

- a. Advocacy Agenda Alignment Note: a technical brief showing how community priorities align with existing government strategies (NAPHS, PHC reforms, One Health).
- b. Scorecards and Accountability Dashboards: track government commitments versus delivery.
- c. Community Advocacy Guides: simplified tools for grassroots organisations to participate in advocacy at ward, LGA, and state levels.
- d. Policy Briefs and Position Papers: produced by TWGs and validated by the Steering Committee for use in dialogue with decision-makers.

## **9.5 Advocacy Targets**

- a. Federal Ministry of Health, NCDC, and NPHCDA – for integration of Platform recommendations into national policy.
- b. State Ministries of Health and State Primary Health Care Boards – for sub-national ownership and implementation.
- c. National Assembly Committees on Health and Appropriations – for budget allocations and oversight.
- d. Development partners and donors – for sustained technical and financial support.
- e. Private sector leaders – for innovation and co-financing of preparedness activities.

## **9.6 Sustaining Advocacy Efforts**

- a. Regular media engagement to keep PPR on the public agenda.
- b. Capacity building for CSO and community representatives in policy analysis, media skills, and budget advocacy.
- c. Establishment of an Advocacy & Resource Mobilisation TWG within the Platform.
- d. Annual Advocacy Week to showcase progress, highlight gaps, and call for action from stakeholders.

## 10. Monitoring, Evaluation, and Learning (MEL)

### 10.1 Why MEL Matters

Pandemic Preparedness Platforms in many countries fail because they meet without measuring results, or they produce reports without feedback from the very communities they claim to serve. The Nigeria PPR–PHC Platform will not repeat that mistake. Its MEL framework is designed to do three things simultaneously:

1. Track performance – Are we functioning as planned?
2. Prove value – Can we show measurable contributions to PPR and PHC?
3. Drive change – Are lessons feeding directly into better decisions, policies, and resources?

### 10.2 What We Will Measure

The Platform’s MEL goes beyond attendance lists and workshop counts. It focuses on outcomes that really matter:

- a. **Functionality of the Platform**
  - i. Regularity, inclusiveness, and quality of meetings.
  - ii. Implementation rate of agreed action points.
- b. **Equity and representation**
  - i. Share of seats occupied by CSOs, women, youth, nomadic groups, IDPs, and other vulnerable populations.
  - ii. Evidence of two-way feedback (community → Platform → community).
- c. **Policy and advocacy influence**
  - i. Number of national or state policies, budgets, or strategies where Platform inputs are reflected.
  - ii. Visibility of Platform in public and media debates on PPR/PHC.
- d. **Resource mobilisation and sustainability**
  - i. Actual funds, in-kind contributions, or partnerships brokered.
  - ii. Proportion of government budget lines aligned with Platform advocacy asks.
- e. **Community-level outcomes**
  - i. Evidence that barriers identified by communities (stock-outs, discrimination, access issues) are being acted upon.
  - ii. Integration of community-led surveillance findings into official government response.

### 10.3 How We Will Measure It

- a. Quarterly Monitoring Reports – prepared by the Secretariat, but validated by TWGs to ensure accuracy.

- b. Annual Scorecard – a public-facing tool that tracks commitments vs delivery (e.g., “government promised X budget, released Y”).
- c. Community Pulse Checks – short surveys, townhalls, or digital polls to capture the voice of ordinary citizens, especially vulnerable groups.
- d. Independent Reviews – every two years, an external evaluator will assess performance and credibility.

#### **10.4 Learning and Adaptation**

MEL is not just about numbers. It’s about learning and adapting. To make this real:

- a. After-Action Reviews will be held after major health emergencies to document what worked and what failed.
- b. Bi-annual Learning Exchanges between national and state chapters will capture innovations and local solutions.
- c. Knowledge Hub – a digital repository with reports, tools, and stories accessible to all members, communities, and partners.

#### **10.5 Accountability and Transparency**

- a. The Platform will publish an Annual Performance & Accountability Report, accessible to government, partners, and the public.
- b. Each representative (government, CSO, community) must provide feedback reports to their constituency, closing the loop on representation.
- c. Financial contributions and resources mobilized will be tracked and disclosed openly.

# 11. Sustainability Plan

## 11.1 Why Sustainability Matters

Many platforms collapse once donor projects end. Meetings stop, community voices fade, and institutional memory disappears. The Nigeria PPR–PHC Platform is deliberately designed to avoid this cycle. Sustainability is not an afterthought, it is built into governance, financing, and accountability from day one.

## 11.2 Core Strategies for Sustainability

### 1. Government Ownership and Institutionalization

- a. Formal recognition through the Federal Ministry of Health/NCDC/NPHCDA ensures the Platform is embedded in official PPR and PHC structures.
- b. Integration of Platform functions into national and state-level TWGs guarantees relevance beyond project timelines.
- c. Annual reporting to the government and parliament secures political legitimacy.

### 2. Shared Responsibility among Members

- a. Costs for basic operations (meeting logistics, knowledge sharing) are shared across government, CSOs, the private sector, and partners.
- b. Members commit staff time and technical expertise, reducing over-reliance on external consultants.
- c. A “rotation model” for hosting meetings spreads costs and ownership.

### 3. Diverse Resource Mobilisation

- a. Advocacy for dedicated government budget lines for PPR and PHC, with civil society monitoring disbursement.
- b. Engagement of private sector CSR programs (e.g., telecoms for digital surveillance, banks for health financing, media for advocacy).
- c. Partnerships with donors for catalytic funding tied to performance and innovation.
- d. Community contributions (in-kind, local support) to strengthen ownership.

### 4. Capacity Building and Leadership Development

- a. Continuous training for CSO and community reps on governance, advocacy, and surveillance.
- b. Mentorship programs to prepare the next generation of Platform leaders.
- c. Gender and youth leadership pathways to guarantee diversity and renewal.

### 5. Knowledge and Learning Systems

- a. Establishment of a digital knowledge hub to store documents, lessons, and tools accessible to all members.
- b. Documentation of success stories and case studies to attract future support.

- c. Bi-annual learning exchanges to reinforce peer-to-peer capacity building.

### **11.3 Risk Management for Sustainability**

To remain relevant, the Platform proactively manages risks:

- a. Risk of politicisation: mitigated through balanced co-chairing (government + CSO) and transparent decision-making.
- b. Risk of donor dependency: addressed by diversifying funding streams and embedding costs in government budgets.
- c. Risk of inactivity: reduced by setting clear membership responsibilities and rotation policies.
- d. Risk of exclusion: minimised through strict adherence to representation guidelines for women, youth, nomads, IDPs, and PLHIV.

### **11.4 Long-Term Vision**

The long-term goal is for the Platform to evolve into a recognised national mechanism for community engagement in health security and PHC governance with its own institutional identity, continuous government recognition, and sustainable financing.

It should be seen not as a project outcome, but as part of Nigeria's permanent health security architecture.

## 12. Conclusion

The Nigeria PPR–PHC Platform Operational Manual is more than a procedural guide; it is a commitment to inclusive, transparent, and sustainable health security governance. It provides clear rules and practical tools that ensure communities, civil society, government, and partners work together as equal stakeholders in safeguarding the nation’s health.

This manual addresses a long-standing gap: the absence of structured, consistent, and meaningful participation of communities in pandemic preparedness and primary health care. By setting standards for governance, representation, advocacy, and accountability, it transforms community engagement from ad-hoc invitations into institutionalised practice.

The value of this document lies not only in its content but in its use. It must remain a living framework regularly reviewed, adapted, and strengthened to respond to emerging challenges and lessons learned. The principles it outlines inclusivity, equity, transparency, collaboration, and sustainability should guide all actions of the Platform at both national and sub-national levels.

Ultimately, this manual is about building trust and resilience. Trust between communities and decision-makers. Resilience within health systems to withstand future shocks. And confidence among partners that Nigeria is committed to embedding communities at the heart of pandemic preparedness and response.

The successful implementation of this manual will ensure that the Platform is not just another initiative but a lasting national mechanism that protects lives, advances equity, and strengthens Nigeria’s leadership in health security.

## Annexure

### Annex 1: Sample Meeting Agenda and Minutes Template

#### A. Sample Meeting Agenda

**Platform:** Nigeria PPR–PHC Platform

**Meeting Type:** [General Assembly / Steering Committee / TWG]

**Date:**

**Time:**

**Venue:** (Physical or Virtual – include link if online)

**Chair/Co-Chair:** [Insert Name(s)]

#### Agenda

##### a. Opening Session

- i. Welcome remarks (Chair/Co-Chair)
- ii. Objectives of the meeting
- iii. Adoption of agenda

##### b. Updates and Reports

- i. Secretariat report (progress on action points)
- ii. TWG updates (each lead provides a brief status)
- iii. Partner and stakeholder updates

##### c. Discussion Items / Thematic Focus

- i. [E.g., Review of operational manual progress]
- ii. [E.g., Integration of CLS findings into national TWG]
- iii. [E.g., Resource mobilization strategy for next quarter]

##### d. Decisions and Action Points

- i. List decisions taken
- ii. Assign responsibilities
- iii. Agree on timelines

##### e. Any Other Business (AOB)

- i. Emerging issues from members
- ii. Announcements

##### f. Closing Session

## Annex 2. Sample Minutes Template

**Platform:**

**Meeting Type:** [General Assembly / Steering Committee / TWG]

**Date:** [Insert Date]

**Time:** [Insert Time]

**Venue:** [Insert Venue or Link]

**Attendance**

Name	Organization	Role	Present/Absent
1			

**Agenda Item 1: Opening Session**

- a. Welcome remarks by [Name].
- b. Objectives of meeting were outlined.
- c. Agenda was adopted without/amended with changes.

**Agenda Item 2: Updates and Reports**

- a. Secretariat presented progress report.
- b. TWG leads shared updates.
- c. Key highlights: [Summarize briefly].

**Agenda Item 3: Discussion Items / Thematic Focus**

- a. Issue 1: [Discussion summary].
- b. Issue 2: [Discussion summary].

**Agenda Item 4: Decisions and Action Points**

Action Point	Responsible Person/Group	Timeline	Status (Next Meeting)

**Agenda Item 5: AOB**

- a. [Briefly note issues raised].

**Agenda Item 6: Closing**

- a. Chair summarized outcomes.
- b. Next meeting agreed for [Insert Date].

**Prepared by:** [Name, Secretariat]

**Reviewed/Approved by:** [Chair/Co-Chair]

## Annex 3: Membership Application Form Template

### Membership Application Form

#### Section A: Organization/Individual Details

- a. **Name of Organization/Individual:** \_\_\_\_\_
- b. **Type of Applicant:**  Government Institution  CSO/NGO  Community Representative  Development Partner  Private Sector  Academia/Research  Other: \_\_\_\_\_
- c. **Contact Person:** \_\_\_\_\_
- d. **Position/Title:** \_\_\_\_\_
- e. **Address:** \_\_\_\_\_
- f. **Email:** \_\_\_\_\_
- g. **Phone Number:** \_\_\_\_\_
- h. **Website/Social Media (if any):** \_\_\_\_\_

#### Section B: Organizational/Individual Profile

1. **Year of Establishment (if organization):** \_\_\_\_\_
2. **Legal Registration Number (if applicable):** \_\_\_\_\_
3. **Geographic Coverage (National/State/LGA/Community):** \_\_\_\_\_
4. **Areas of Work (tick all that apply):**
  - Health Security/PPR
  - Primary Health Care (PHC)
  - One Health
  - Community Mobilization
  - Advocacy & Policy Influence
  - Research/Academia
  - Other: \_\_\_\_\_
5. **Target Groups Served (tick all that apply):**
  - General Population
  - Women and Girls
  - Youth
  - Nomadic Communities
  - Internally Displaced Persons (IDPs)
  - People Living with HIV (PLHIV)
  - Persons with Disabilities
  - Other Vulnerable Populations: \_\_\_\_\_

#### Section C: Contribution to the Platform

1. Why do you want to join the Nigeria PPR–PHC Platform?
2. What experience or expertise can you contribute to the Platform?
3. How will you ensure two-way communication with your constituency?

#### Section D: Commitment

By signing this application, the organization/individual agrees to:

- a. Abide by the Platform's Code of Conduct and Conflict of Interest Policy.
- b. Actively participate in meetings, consultations, and activities.
- c. Represent constituencies transparently and inclusively.
- d. Support collective advocacy and knowledge-sharing efforts.

#### Authorized Representative:

- a. Name: \_\_\_\_\_
- b. Position: \_\_\_\_\_
- c. Signature: \_\_\_\_\_
- d. Date: \_\_\_\_\_

#### Section E: Secretariat Use Only

- a. Application Received on: \_\_\_\_\_
- b. Reviewed by Secretariat on: \_\_\_\_\_
- c. Decision of Steering Committee:  Approved  Not Approved
- d. Membership Category Assigned: \_\_\_\_\_

## Annex 4: Code of Conduct Declaration Form

### Code of Conduct & Conflict of Interest Declaration

#### Section A: Purpose

This declaration affirms that every member of the Nigeria PPR–PHC Platform upholds the highest standards of integrity, inclusivity, and accountability in the execution of their roles.

#### Section B: Code of Conduct Principles

As a member of the Platform, I commit to:

- a. **Professionalism & Respect**
  - i. Treat all members and stakeholders with dignity and fairness.
  - ii. Respect diverse perspectives, including those of marginalized and vulnerable groups.
- b. **Inclusivity & Equity**
  - i. Promote meaningful participation of women, youth, nomads, IDPs, PLHIV, and other vulnerable communities.
  - ii. Avoid discrimination based on gender, ethnicity, religion, disability, or health status.
- c. **Transparency & Accountability**
  - i. Share accurate and timely information with the Platform and my constituency.
  - ii. Uphold agreed decisions and report back on actions taken.
- d. **Conflict of Interest Management**
  - i. Declare any personal or organizational interests that may influence decision-making.
  - ii. Abstain from voting on matters where a conflict exists.
- e. **Confidentiality**
  - i. Respect the confidentiality of sensitive information shared within the Platform.
  - ii. Avoid using Platform information for personal or organizational gain.
- f. **Active Participation**
  - i. Attend meetings regularly and contribute constructively.
  - ii. Fulfill agreed responsibilities and tasks assigned by the Platform.

#### Section C: Conflict of Interest Declaration

Please tick one:

- I have no conflicts of interest to declare.  
 I have the following conflicts of interest to declare:

#### Section D: Commitment

I hereby commit to abide by the Code of Conduct and Conflict of Interest Policy of the Nigeria PPR–PHC Platform. I understand that violation of these principles may result in suspension or termination of my membership.

**Name of Member/Representative:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### Section E: Secretariat Use Only

- a. Received on: \_\_\_\_\_
- b. Recorded by: \_\_\_\_\_
- c. Action taken (if any): \_\_\_\_\_

## Annex 5: Glossary of Key Terms

- Accountability** – The obligation of Platform members to explain decisions, justify actions, and take responsibility for outcomes.
- Advocacy** – Coordinated actions (policy briefs, campaigns, dialogues) aimed at influencing decision-makers to adopt policies or allocate resources that strengthen PPR and PHC.
- Community-Led Surveillance (CLS)** – A system where communities themselves detect, report, and respond to unusual health events, complementing government surveillance systems.
- Conflict of Interest** – A situation where personal, financial, or organizational interests could improperly influence a member's actions or decisions.
- Consensus** – A collective decision-making approach where members agree on a common position without the need for voting, unless absolutely necessary.
- Constituency** – A defined group of people or organizations that a Platform member represents (e.g., women, youth, PLHIV, IDPs, nomadic communities).
- General Assembly** – The highest decision-making body of the Platform, comprising all members and convened annually.
- Governance Structure** – The arrangement of leadership and decision-making bodies (General Assembly, Steering Committee, Secretariat, TWGs) that guide Platform operations.
- Inclusion / Inclusivity** – Ensuring that all relevant voices, especially those of vulnerable and marginalized groups, are actively engaged and valued in decision-making.
- Monitoring, Evaluation, and Learning (MEL)** – A framework for tracking Platform performance, assessing results, and adapting strategies based on lessons learned.
- One Health** – An integrated approach to health that recognizes the interconnection between human health, animal health, and the environment.
- Operational Manual** – The guiding document that outlines the governance, rules, procedures, and standards for the functioning of the PPR–PHC Platform.
- Pandemic Preparedness and Response (PPR)** – Actions taken before, during, and after pandemics to minimize health, social, and economic impacts.
- Primary Health Care (PHC)** – Essential health services provided at the community level to ensure universal health coverage and resilience during emergencies.
- Representation Guidelines** – Rules for nominating, selecting, rotating, and supporting members (especially CSOs and community reps) to ensure fair and effective participation.
- Secretariat** – The administrative arm of the Platform, responsible for coordination, communication, documentation, and follow-up.
- Steering Committee** – A leadership group drawn from different constituencies that provides strategic direction and oversight.
- Sustainability** – The ability of the Platform to continue operating effectively beyond the life of donor projects, supported by government, members, and diverse resources.
- Technical Working Groups (TWGs)** – Thematic sub-groups of the Platform focused on specific areas such as PPR, PHC, One Health, advocacy, or community surveillance.
- Transparency** – The practice of making processes, decisions, and resource use open and accessible to all stakeholders.

## Annex 6: Reference Documents

The following key documents provide the policy and technical foundation for the Nigeria PPR–PHC Platform. Members are encouraged to consult them regularly for guidance and alignment.

### A. National Frameworks and Policies

1. **National Action Plan for Health Security (NAPHS)** – Nigeria’s strategic plan for strengthening core capacities to prevent, detect, and respond to health emergencies.
2. **Joint External Evaluation (JEE) Reports** – Assessments of Nigeria’s International Health Regulations (IHR) core capacities, highlighting strengths and gaps.
3. **State Party Annual Reporting (SPAR)** – Annual self-assessment submitted to WHO on IHR core capacities.
4. **National Primary Health Care Development Agency (NPHCDA) Guidelines** – Framework for PHC governance and service delivery.
5. **Nigeria Centre for Disease Control (NCDC) Strategic Plan** – Priorities for surveillance, preparedness, and response.
6. **National One Health Strategic Plan** – Framework linking human, animal, and environmental health for preparedness and response.
7. **National Health Policy** – Overall direction for Nigeria’s health system.

### B. Regional and Global Frameworks

1. **International Health Regulations (IHR 2005)** – Binding international legal framework for pandemic preparedness and response.
2. **World Health Organization (WHO) Pandemic Preparedness Frameworks** – Technical guidance on readiness and response systems.
3. **African Union Africa CDC Framework for One Health** – Regional guide on integrating multi-sectoral approaches to health security.
4. **Global Health Security Agenda (GHSA)** – International partnership to strengthen global and national capacity to prevent, detect, and respond to infectious disease threats.
5. **Community-Led Monitoring and Surveillance Guidelines (Global Best Practices)** – Guidance on integrating community systems into surveillance and response.
6. **Sustainable Development Goals (SDGs), particularly Goal 3** – Ensure healthy lives and promote well-being for all at all ages.

### C. Platform-Specific Resources (to be updated over time)

- i. Nigeria PPR–PHC Platform Operational Manual (this document).
- ii. Representation Guidelines endorsed by the Platform.
- iii. Advocacy Agenda Alignment Note (once developed).
- iv. Annual Platform Performance & Accountability Reports.