



# Workshop on Resource Mapping and Multisectoral Partnership Coordination for the Implementation of the National Action Plan for Health Security

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7<sup>th</sup> to 9<sup>th</sup> September 2021  
Abuja, Nigeria

Picture





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## ABBREVIATIONS & ACRONYMS

AAR	After Action Reviews
AFRO	WHO Regional Office for Africa
AMR	Antimicrobial Resistance
CDC	Centers for Disease Control and Prevention
DTRA	Defense Threat Reduction Agency
EPRP	Emergency Preparedness and Response Plans
FAO	Food and Agriculture Organization
FETP	Field Epidemiology Training Program
GHSA	Global Health Security Agenda
GPW	General Programme of Work
GTP-II	Second Growth and Transportation Plan
IHR	International Health Regulations (2005)
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
NAPHS	National Action Plan for Health Security
NCDC	Nigeria Centre for Disease Control
PEPFAR	President's Emergency Plan for AIDS Relief
PHEM	Public Health Emergency Management
PHEOC	Public Health Emergency Operations Centres
REMAP	Resource Mapping and Impact Analysis on Health Security Investment tool
SimEx	Simulation Exercises
SOP	Standard Operating Procedures
SPAR	States Parties Self-Assessment Annual Reporting
SPH	Strategic Partnership for IHR and Health Security
USAID	United States Agency for International Development
VRAM	Vulnerability, Risk Assessment and Mapping
WHO	World Health Organization

## EXECUTIVE SUMMARY

The 7-9 September, 2021 Workshop on Resource Mapping and Multisectoral Coordination for the Implementation of the National Action Plan for Health Security conducted by the Nigerian Government coordinated by the Nigeria Centre for Disease Control (NCDC) with support from the WHO Regional Office for Africa (AFRO), the WHO Multisectoral Engagement for Health Security (MHS) Unit at Headquarters and the WHO Country Office in Nigeria, encouraged revitalization of the strategic partnership for health emergency preparedness in Nigeria.

The workshop was held to update the extensive previously collected REMAP data from an exercise in 2019 and accelerate the implementation of Nigeria's National Action Plan for Health Security (NAPHS) 2018-2022 through the mapping of technical and financial resources and the fostering of multisectoral approaches for strengthening core capacities under the International Health Regulations (IHR, 2005).

The workshop brought together more than 50 participants, representing the government of Nigeria, WHO, international organizations, as well as partners and donors, to discuss the mapping and mobilization of resources for NAPHS implementation.

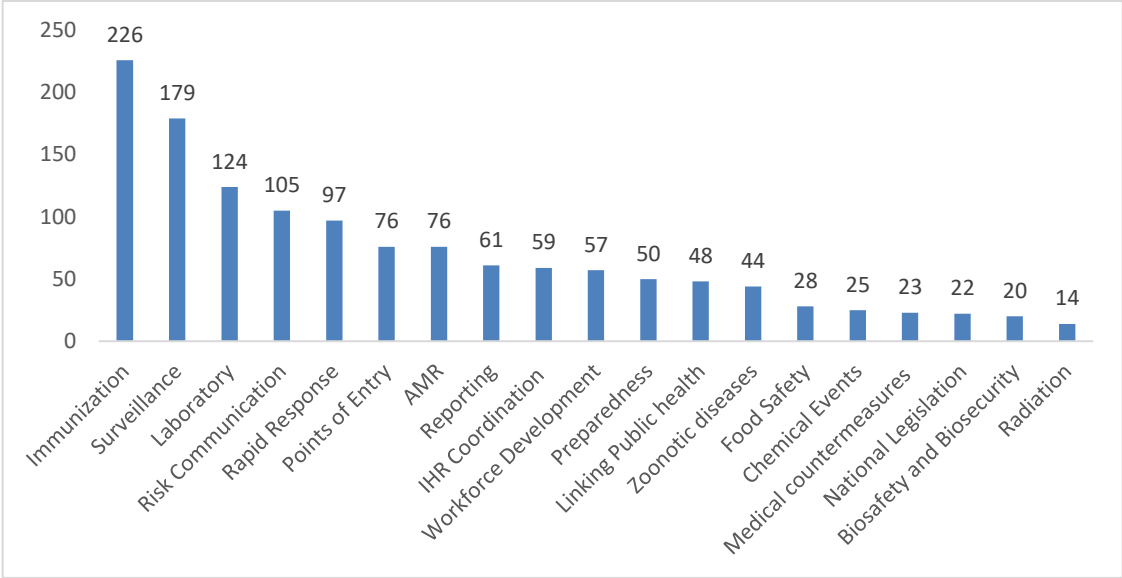
The workshop included analysis of Nigeria's health security strengths and gaps, with a focus on the 1,002 detailed activities prioritized for implementation of the five-year (2018-2022) NAPHS and the resources needed to implement them. The resource mapping and impact analysis on health security investment (REMAP) tool developed by WHO MHS was used for mapping and data visualization of the domestic funding, partner and donor landscape in Nigeria.

Workshop participants, with support of WHO Afro and MHS, used the tool to map health security investments and activities in Nigeria at the national and sub-national levels (state and Local government area [LGA]), including details such as the geographic location of partner projects and the main technical area being supported. This allows policymakers, donors and partners to see where gaps exist and where more investment of financial and technical resources is needed. Participants also identified potential new partners and donors that could provide technical and financial assistance for NAPHS implementation especially following increased interest in health security following the COVID-19 pandemic.

The recent exercise resulted in updating the mapping of the health security activities and investments of 46 partners who have ongoing projects throughout Nigeria. The data showed that partner

interventions are heavily weighted toward Immunization, AMR, medical countermeasures, with little support in areas including chemical events, linking public health and security, food safety and National legislation.

**Number of health security activities in Nigeria mapped in each of the Core Capacities.**



Resource mapping is an ongoing process, with an invitation to other partners to also share information and become involved for a coordinated multisectoral approach to strengthening preparedness in Nigeria. The NCDC IHR coordination secretariat will use the REMAP tool for periodic review of the progress of NAPHS implementation and the identification of additional areas for support.

Officials of the Federal Republic of Nigeria, including the Director General of the NCDC, Dr. Chikwe Ihekweazu, described the resource mapping process, with its focus on partner participation and contribution, as an example of the coordinated approach that is needed to facilitate Nigeria’s strengthening of national health security and contribution to regional and global health security. Officials supported establishing a strategic partnership for NAPHS implementation in Nigeria (government, donors and partners, WHO, World Bank, USAID, USCDC, FAO and others) with the ongoing resource mapping process to be used in an outreach effort to attract new partnerships, funding, and technical support, and to foster harmonization of country, donor and partner efforts for effective public health preparedness and strengthening of national IHR (2005) capacities.

## INTRODUCTION

The Federal Republic of Nigeria, the most populous nation in Africa with an estimated population of more than 200 million, is bordered by Niger to the north, Chad to the northeast, Cameroun to the east, and Benin Republic to the west. Nigeria's national strategic plan, the Economic Growth and Recovery Plan (EGRP) and the National Strategic Health Development Plan II outlines a strategy for development that emphasizes the need for health emergency preparedness. Nigeria has established a National One Health Steering Committee and also implements health security through an IHR multisectoral technical working group. The attainment of health security in Nigeria is challenged by natural and man-made emergencies, including recurrent drought, floods, disease outbreaks and food and environmental contamination.

Nigeria has been working to evaluate and strengthen its health security capacities as a signatory to the International Health Regulations (IHR, 2005), a legally binding framework requiring countries to develop and maintain core capacities to prevent, detect, assess and respond to events that may constitute a public health emergency of international concern. Nigeria's leadership on health security led to the country volunteering in June 2017 for a Joint External Evaluation (JEE) assessment of the national health security capacities across 19 technical areas.

Nigeria used the JEE results to guide development of its National Action Plan for Health Security (NAPHS). The NAPHS, formally launched by the Hon. Minister for Health Dr. Isaac Adewale on 17th December 2018, is to be implemented over a five-year period (2018-2022) and he noted that this strategic plan would enable proper planning, prioritization and resource mobilization, to strengthen health security and public health emergencies capacity in Nigeria.

He also stated that the plan was a significant investment aimed at enhancing our preparedness and response strategy. "Outbreaks in the last few years have reinforced the need to institute safeguards that will ensure that as a nation, we are better prepared at all times to deal swiftly and decisively with issues pertaining to health security"

In January 2019, seeking to accelerate implementation of the NAPHS, Nigeria requested the support of the WHO Strategic Partnership for IHR and Health Security (SPH) in resource mapping and multisectoral partnership coordination. Nigeria was among the first countries to conduct the resource mapping exercise, which has previously been initiated in Sierra Leone and Tanzania but was the first to conduct the resource mapping exercise down to the subnational level mapping resources from its 36 states and federal capital territory (FCT) with the support of Nigeria WCO engaging a consultant to collect data for a period of six (6) months. A workshop on Resource Mapping and Multisectoral Partnership Coordination for the Implementation of the National Action Plan for Health Security was held July, 2019, in Abuja, FCT, using the resource mapping and impact analysis on health security investment (REMAP) tool. The present workshop held on 7<sup>th</sup> to 9<sup>th</sup> Sept 2021 is to revise and update the previously collated data.

The REMAP tool shows countries what resources exist for activities that contribute to the implementation of a national plan such as NAPHS. The tool maps the health security projects that donors are supporting in the country, allowing policymakers, donors and partners to see where gaps exist and where more investment of financial and technical resources is needed. This provides valuable information for the country and at the same time offers visibility for the partners' investments.

The tool facilitates country prioritization of health security activities and provides a platform for users to identify which activities a country's different plans have in common, demonstrating the linkages between plans and allowing harmonization of health security efforts. Countries use the tool to monitor the progress in implementing their national health security plans and to measure the effectiveness of allocations for public health preparedness and health security activities. The country controls the resource mapping process and maintains ownership of the data, while WHO provides guidance and technical support that can include adapting the tool for the national context.

Countries have ownership of their health security through resource mapping, using the process to enable improved donor coordination, multisectoral approaches to health emergency preparedness, and new strategic partnerships for strengthening IHR capacities and building resilient health systems.

The WHO Multisectoral Engagement for Health Security (MHS) Unit , working together with WHO Regional and Country Offices, provides support such as the resource mapping tool to Member States in an effort to scale up multisectoral preparedness, accelerate implementation of IHR (2005), and contribute to the global strategic priority in the WHO General Programme of Work (GPW 13) of 1 billion more people better protected from health emergencies.



The workshop at the Bon Elvis Hotel, in Abuja was attended by more than 40 people, who maintained COVID-19 safety protocols. Participants included representatives of WHO, the Nigerian government (including the NCDC, Federal Ministries of Health, Agriculture & Rural Development, Environment, Finance, Office of the National Security Advisor (ONSA) in the Presidency, the National Agency for Food and Drug Administration and Control (NAFDAC), Ports Health Services, Nigeria Nuclear Regulatory Authority (NNRA), National Biosafety Development Agency, Ports Health Services, National Biosafety Management Agency, as well as partners and donors such as FAO, US-CDC, AFENET, USAID, Core Group, Resolve to Save Lives, Public Health England, Pro Health International, LISDEL and Nigeria Health Watch.

#### **OBJECTIVES OF THE WORKSHOP**

- Provide better visibility of available and potential resources for health security in order to accelerate the implementation of the national action plan for health security (NAPHS)
- Facilitate the sharing of information between the country, partners and donors, including data on partner investments and activities, on country needs and gaps and on the effectiveness of funds allocated to preparedness activities in public health and health security;
- Encourage collaboration and synergies through the harmonization of the efforts of the country, donors and partners in order to prepare the strengthening of national capacities for prevention, detection and response as well as public health;
- Provide the country with evidence-based information to measure the effectiveness of investments, as well as for the allocation and distribution of resources needed to strengthen health security.

## **REPORT ON THE SESSIONS**

### **DAY 1: OPENING SESSION**

This was moderated by Dr. Clement Daam of the NCDC. After the opening prayer, Mrs. Elsie Ilori; Director of Surveillance and Epidemiology department representing the Director General, NCDC, welcomed the resource mapping workshop participants. She noted that Nigeria's JEE revealed the country's health security gaps and strengths and enabled the development of the NAPHS. She invited Mrs. Vivian Idogho of the ministry of Finance to give an overview of the journey towards strengthening of financing for the NAPHS by MDAs. This was followed by goodwill messages from partners present. The next presentation was by Dr. Oyeladun Okunromade, Deputy Director Surveillance and Head, IHR Coordination at NCDC, gave the background of the development of NAPHS, its implementation status

and the objectives of the workshop. A selection of partners/funders including WHO, Core Group and USAID gave presentations on their contributions for the implementation of health security activities so far, with USAID stating their commitment to \$4million dollars investment.

This was then followed by the group photograph of facilitators and participants.

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## SESSION TWO

A virtual presentation was taken on the introduction to resource mapping tool by Mr. Sean Cockerham followed by an Introduction to the working group session by Mrs. Olubunmi Ojo (International Consultant) with emphasis of division into core areas: Prevent, Detect, Respond and Other capacities. Groups appointed a leader and rapporteur, and facilitators joined them to support their work.

Group work then commenced moderated by Dr. Ibrahim N. Mamadu which involved revision of the data collection done internally during the 2-day data collection workshop conducted by WCO and the technical area leads. New information was inserted in the data collection sheets and redundant data was removed.

After lunch group work continued until the evening. Result/presentation of group work was done at plenary and summary was given and end of day 1 of the workshop wrap up was done.

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## DAY 2:

This was moderated by Dr. Bola Lawal of the NCDC. A recap of day one was taken by Mr. Ishaku of the NCDC. This was followed by introduction of day 2 work by Mrs. Olubunmi Ojo. The same groups as Day 1 were maintained.

A presentation by Dr. Micheal Onigbile of the World bank on spending from the REDISSE grant was done. He elaborated on access to funding by technical areas outside the human and animal sectors who were encouraged to submit requests through the relevant sector secretariat (the human or animal health) ' to REDISSE project offices for consideration for funding.

The four working groups facilitated by Mrs. Ojo and Dr. Ande Elisha commenced work on updating the REMAP dashboard. The day closed by 5.00pm.

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## DAY 3:

Moderated by Dr. Clement Daam who welcomed participants to the third day of the workshop followed by a recap of day 2 activities. Followed by the following sessions:

### **Presentation of the Resource Mapping Dashboard at the High-Level meeting:**

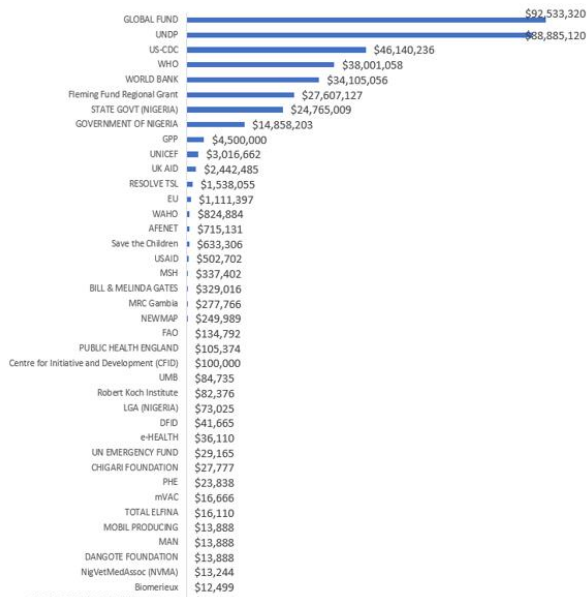
This was done physically and virtually and the presentation was by Mrs. Olubunmi Ojo. She gave feedback to dignitaries including the DG NCDC, Dr. Chikwe Ihekweazu, representatives of partners, donors and other stakeholders with a total of \$384,348,688 mapped so far from 46 partners and NGOs.





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## Amount of investment mapped by each of the Partners and the country during the resource mapping (\$384,348,668)



GEF (GLOBAL ENVIRONMENT FACILITY)	\$11,111
THE PLACE NIG LTD	\$11,111
IKEJA CITY MAIL	\$11,111
Pro Health International	\$10,416
TURNER WRIGHT NIG	\$10,277
BREAKTHROUGH ACTION	\$8,333
GAVI	\$8,333
GSK	\$7,135
Ducit Blue Solution	\$7,135
OUT OF POCKET	\$6,400
IFAIN	\$5,555
SOLINA	\$5,555
Sewage Dislodgers Nig	\$5,000
NEW INCENTIVES	\$3,889
ANIMAL CARE LTD	\$3,472
GRAND CEREALS LTD	\$3,472
VET COUNCIL OF NIGERIA	\$3,208
KECCOHD	\$2,886
TRUTHMILES LTD	\$2,778
Lagos Guild of Vets	\$2,222
UN HABITAT	\$1,094
NMA	\$1,086
IFPRI	\$889
Emzor	\$833
NigVetMedAssoc	\$833
Sanoft	\$833
NWSC Corp Member	\$349
AU	\$333
UKWENI CDS PROJECT	\$51
PRO HEALTH INT	\$0
PLAN INTERNATIONAL	\$0
ICRC	\$0
MSF	\$0
NATIONAL AGIP OIL CO	\$0
U.S. DTRA	\$0
KIDNEY CHALLENGE	\$0
UB-EAO	\$0
KOICA	\$0
GERMANY - GZ	\$0
ONSA	\$0
SHELL PDC	\$0



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## Detailed listing of investments and activities by partner

STRATEGIC PARTNERSHIP COORDINATION

### Partner Details in their Contribution to IHR, Nigeria

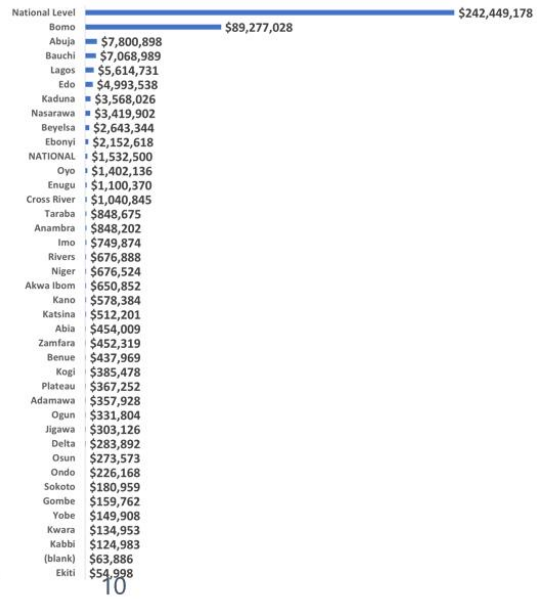
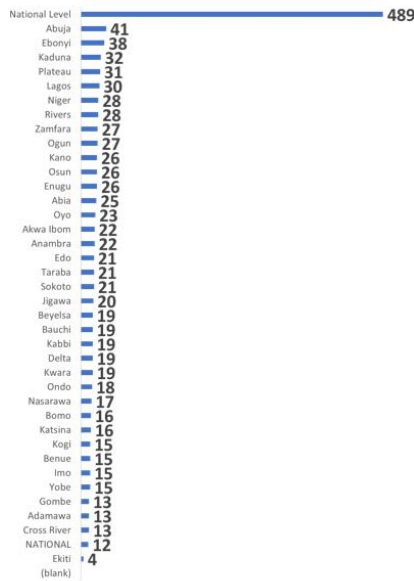
Summary

Partners	Technical Area	District	Partner	Amount invested	Activity Description
GERMANY - GIZ	Rapid Response	National Level	GLOBAL FUND	\$1,089,577.13	Optimise PHEOCs at sub-natio
GLOBAL FUND	Rapid Response	National Level	GLOBAL FUND	\$312,625.63	Update of internet infrastrucl
GOVERNMENT OF NI...	Preparedness	National Level	GLOBAL FUND	\$153,882.36	upgrade of backup power infr
GPP	Rapid Response	National Level	GLOBAL FUND	\$192,317.85	Train 480 PHEOC staff at Natio
GRAND CEREALS LTD	Rapid Response	National Level	GLOBAL FUND	\$64,270.61	all levels for COVID-19 coordin
GSK	Surveillance	National Level	GLOBAL FUND	\$787,466.61	Conduct PHEOC simulation ex
ICRC	Surveillance	National Level	GLOBAL FUND	\$190,685.25	Engage additional contact trac
IFAIN	Surveillance	National Level	GLOBAL FUND	\$217,712.99	Conduct training for focal pers
IFPRI	Surveillance	National Level	GLOBAL FUND	\$2,537,894.06	Procurement and delivery of d
IKEJA CITY MAIL	Laboratory	National Level	GLOBAL FUND	\$241,559.76	Conduct training of surveillanc
IOM	Surveillance	National Level	GLOBAL FUND	\$982,444.18	Training and refresher session
	Laboratory	National Level	GLOBAL FUND	\$259,189.01	Train 30 event-based surveilla
	Laboratory	National Level	GLOBAL FUND	\$259,189.01	Support specimen collection, n
	Laboratory	National Level	GLOBAL FUND	\$1,799,923.68	Support specimen collection, n
	Laboratory	National Level	GLOBAL FUND	\$1,466,604.48	support to Military Laboratory
	Workforce Development	National Level	GLOBAL FUND	\$45,136.98	Recruit surge staff to support i
	IHR Coordination	National Level	GLOBAL FUND	\$1,403,780.96	Expand the virtual platforms fr
	IHR Coordination	National Level	GLOBAL FUND	\$683,304.36	Technical Assistance for Feder
	Risk Communication	National Level	GLOBAL FUND	\$3,412,047.55	Technical Assistance for Feder
	Risk Communication	National Level	GLOBAL FUND	\$3,412,047.55	Social Mobilization for adhere
	Risk Communication	National Level	GLOBAL FUND	\$1,378,208.78	vaccination
	Risk Communication	National Level	GLOBAL FUND	\$831,625.00	COMMUNITY LED MONITORIN
	Surveillance	National Level	GLOBAL FUND	\$134,447.08	Social Mobilisation for Uptake
	Risk Communication	National Level	GLOBAL FUND	\$24,673.95	CAPACITY TRAINING FOR PERS
	Workforce Development	National Level	GLOBAL FUND	\$178,861.30	Stakeholders Engagements -H
					Training of HCWs in states to i



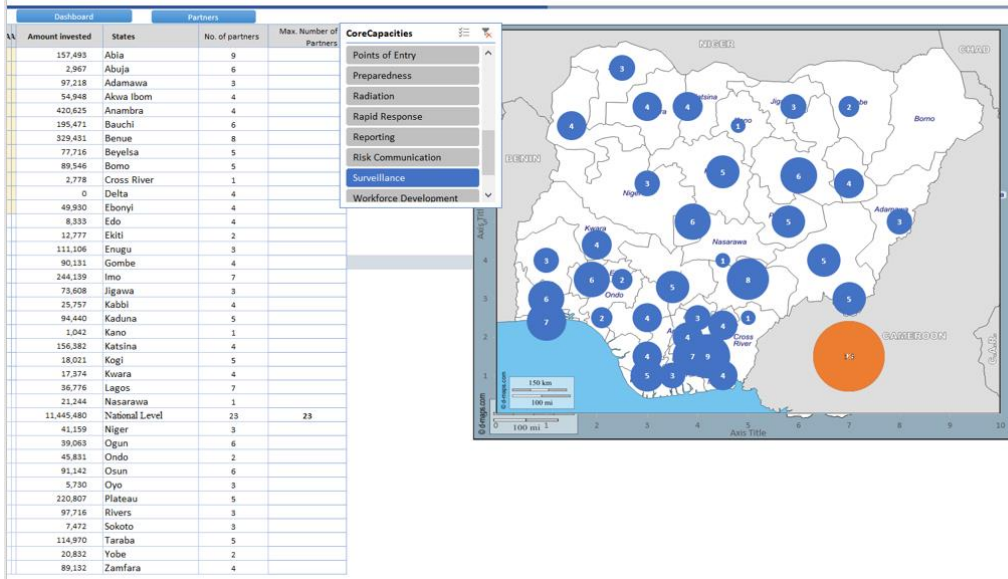
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# The number of interventions and total investment mapped by region



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# Visualizations of geographical support in each of the 19 technical areas



**Partner’s role in implementing health security actions:** presentations by AFENET, US-CDC, Resolve to Save Lives, LISDEL, FAO and other partners were taken.

The DG NCDC gave his remarks and encouraged all government and other stakeholders to keep pushing towards achieving sustainable capacities under the IHR. He recalled when NCDC was just starting with a few funds from only one grant to now seeing the output of this resource mapping investments was extremely encouraging.

## Discussion of Technical Needs for Assistance identified through the resource mapping:

Moderated by Dr. Ibrahim Mamadu, technical areas with critical gaps were given opportunity to highlight

priority activities in need of urgent interventions and partners were updated as to areas of possible support.

### Group work:

Group work continued on updating the implementation status of activities in the dashboard based on the Monitoring and Evaluation data collected earlier in July workshop that was supported by World Bank REDISSE Project through WHO AFRO.

Technical area	JEE indicator	External evaluation	Midterm JEE score	Monitoring Score	Change
National Legislation, Policy and Financing	P1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors, to enable compliance with the IHR	1	2	2	↑
National Legislation, Policy and Financing	P1.2 Financing is available for the implementation of IHR capacities (New indicator in JEE v2)		2	2	↔
National Legislation, Policy and Financing	P1.3 A financing mechanism and funds are available for timely response to public health emergencies (New indicator in JEE v2)		2	2	↔
IHR Coordination, Communication and Advocacy	P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR	2	2	2	↔
Antimicrobial Resistance	P3.1 Effective multi-sectoral coordination on AMR (New indicator in JEE v2)		4	4	↔
Antimicrobial Resistance	P3.2 Surveillance of AMR (Indicator combines P3.1 and P3.2 from JEE v2)	2	2	2	↔
Antimicrobial Resistance	P3.3 Infection prevention and control	2	1	1	↓
Antimicrobial Resistance	P3.4 Optimise use of antimicrobial medicines in human and animal health and agriculture	2	1	1	↓
Zoonotic Disease	P4.1 Coordinated surveillance system in place in the animal health and public health sector	2	3	3	↑
Zoonotic Disease	P4.2 Mechanism for responding to infectious and potential zoonotic diseases established and functional	1	3	3	↑
Food Safety	P5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	2	1	1	↓
Food Safety	P5.2 Mechanisms are established and functioning for the response and management of food safety emergencies	2	1	1	↓
Biosafety and Biosecurity	P6.1: Whole-of-government biosafety and biosecurity system is in place for human, animal, and agriculture facilities	1	2	1-No capacity	↓
Biosafety and Biosecurity	P6.2: Biosafety and biosecurity training and practices	1	1	2	↓
Immunisation	P7.1: Vaccine coverage (measles) as part of national program	3	2	4	↑
Immunisation	P7.2: National vaccine access and delivery	4	4	4	↔
National Laboratory System	D1.1 laboratory testing for detection of priority diseases	3	4	3	↔
National Laboratory System	D1.2 Specimen referral and transport	1	2	2	↑
National Laboratory System	D1.3 Effective Modern point-of-care and lab based diagnosis	2	3	3	↑
National Laboratory System	D1.4 Laboratory quality system	2	2	3	↑
Surveillance	D2.1 Surveillance systems (Combines D2.1 and D2.4 of JEE v1)	3	2	3	↔
Surveillance	D2.2 Use of electronic tools	2	3	3	↑
Surveillance	D2.3 Analysis of surveillance data	3	3	3	↔
Reporting	D3.1: System for efficient reporting to WHO, FAO and OIE	3	4	3	↔
Reporting	D3.2 Reporting network and protocols in country	2	3	3	↑

Table 1: Percentage strategic activity implementation (N=231)

% activity implementation	Frequency (%)
0	32 (13.9)
1 – 30	35 (15.2)
31 – 60	73 (31.6)
61 – 99	47 (20.4)
100	44 (19.1)
<b>Total</b>	<b>231 (100.0)</b>

Table 2: Percentage Activity Implementation by Technical Area

<b>TECHNICAL AREA</b>	<b>0</b>	<b>1-30</b>	<b>31-60</b>	<b>61-99</b>	<b>100</b>	<b>Total</b>
<b>National Legal and Financing</b>	6 (22.2)	2 (7.4)	11 (40.7)	2 (7.4)	6 (22.2)	27 (100)
<b>IHR Coordination</b>	1 (8.3)	2 (16.7)	2 (16.7)	5 (42.7)	2 (16.7)	12 (100)
<b>AMR</b>	4 (14.8)	6 (22.2)	12 (44.4)	1 (3.7)	4 (14.8)	27 (100)
<b>Zoonoses</b>	1 (7.1)	2 (14.3)	6 (42.9)	2 (14.3)	3 (21.4)	14 (100)
<b>Food safety</b>	2 (33.3)	0 (0.0)	3 (50.0)	1 (16.7)	0 (0.0)	6 (100)
<b>Biosafety &amp; Biosecurity</b>	5 (50.0)	3 (30.0)	0 (0.0)	0 (0.0)	2 (20.0)	10 (100)
<b>Immunization</b>	1 (6.7)	1 (6.7)	0 (0.0)	2 (13.3)	11 (73.3)	15 (100)
<b>Nat Laboratory</b>	1 (6.7)	2 (13.3)	4 (26.7)	8 (53.3)	0 (0.0)	15 (100)
<b>Surveillance</b>	2 (8.7)	4 (17.4)	10 (43.5)	4 (17.4)	3 (13.0)	23 (100)
<b>Reporting</b>	1 (9.1)	2 (18.2)	4 (36.4)	3 (27.3)	1 (9.1)	11 (100.0)
<b>Human resource</b>	0 (0.0)	2 (40.0)	1 (20.0)	1 (20.0)	1 (20.0)	5 (100)
<b>Emergency Preparedness</b>	0 (0.0)	0 (0.0)	5 (55.6)	1 (11.1)	3 (33.3)	9 (100.0)
<b>Emergency Response</b>	0 (0.0)	0 (0.0)	4 (30.8)	6 (46.2)	3 (23.1)	13 (100.0)
<b>Linking PH &amp; Security</b>	0 (0.0)	1(16.7)	3 (50.0)	1(16.7)	1(16.7)	6 (100.0)
<b>MCM</b>	0 (0.0)	2 (28.6)	4 (57.1)	1 (14.3)	0 (0.0)	7 (100.0)
<b>Risk Comm</b>	0 (0.0)	4 (57.1)	1 (14.3)	2 (28.6)	0 (0.0)	7 (100.0)
<b>POE</b>	0 (0.0)	0 (0.0)	1 (12.5)	3 (37.5)	4 (50.0)	8 (100.0)
<b>Chemical Events</b>	8 (80.0)	2 (20.0)	0 (0.0)	0 (0.0)	0 (0.0)	10 (100.0)

<b>Rad Emergencies</b>	0 (0.0)	0 (0.0)	2 (33.3)	4 (66.7)	0 (0.0)	6 (100.0)
<b>TOTAL</b>	32 (13.9)	35 (15.2)	73 (31.6)	47 (20.4)	44 (19.1)	231 (100.00)



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## NEXT STEPS AND CLOSING SESSION

Dr. Oyeladun Okunromade moderated the final session where the recommendations from Mrs. Ojo's presentation was discussed and the next steps adopted:

### Key Recommendations

- Government of Nigeria, WHO and its partners: Use REMAP data to accelerate collaboration to mobilize resources for the implementation of priority activities of the NAPHS Government of Nigeria
- Discuss with WHO the possibility of mobilizing technical assistance through the global strategic preparedness network (GSPN) for the implementation of priority activities of the NAPHS Government of Nigeria
- Use the resource mapping tools to monitor the progress of the NAPHS and analyze the impact and discuss the results during regular meetings
- Nigeria to periodically update the resource mapping at the national and subnational level with the support of WHO

### Next Steps

- NCDC to use the resource mapping data for partner coordination and informing comprehensive resources mobilization plan, to further accelerate the implementation of the health security plan.
- WHO to support NCDC to further update and refine the remap tool base on available and new information on health security investment and activities
- Remap data to be validated by country and published on the WHO strategic partnership portal (SPH Portal) which will be used for information sharing and as a platform for collaboration and advocacy to advance the implementation of the NAPHS in Nigeria
- NCDC to liaise with WHO to build capacity on REMAP tool

### Closing Remarks by Dr. Oyeladun Okunromade (Head, IHR Division- NCDC)

She appreciated all participants for an engaging session and further extended her appreciation to WHO Afro for the key recommendations to Nigeria. She stated that the recommendations will be executed and the remap tool will be institutionalized by IHR coordination, also the IHR coordination will key in activities from the mapping tool into the NAPHS tracker

## Pictures gallery



Figure 1: Cross section of participants with the Director Surveillance and Epid, Mrs Elsie Ilori, Dr. Oyeladun Okunromade, WHO AFRO consultant Mrs. Olunmi Ojo



Figure 2: Group section presentations by Dr. Ibrahim Mamadu



Figure 3: Partner presentations by Core group and others

### Physical Attendance

S/N	Name	Organization	Designation	Phone No	Email Address
1	Elsie Illori	NCDC	Director		<a href="mailto:elsie.illori@ncdc.gov.ng">elsie.illori@ncdc.gov.ng</a>
2	Oyeladun Okunromade	NCDC	DD	<a href="tel:08033559994">08033559994</a>	<a href="mailto:Oyeladun.okunromade@ncdc.gov.ng">Oyeladun.okunromade@ncdc.gov.ng</a>
3	Ikene Onoh	NCDC	Assistant Director HEPR	<a href="tel:07036354733">07036354733</a>	<a href="mailto:ikeonah@yahoo.com">ikeonah@yahoo.com</a>
4	Olawale Akande	FMEVN	CSO	<a href="tel:08033029239">08033029239</a>	<a href="mailto:Akandetunde780@gmail.com">Akandetunde780@gmail.com</a>
5	Inweregbu Stella	NCDC	SO	<a href="tel:07068256011">07068256011</a>	<a href="mailto:Stella.inweregbu@ncdc.gov.ng">Stella.inweregbu@ncdc.gov.ng</a>
6	Isyaku Shaibu Gani	NCDC	SO	<a href="tel:08065367017">08065367017</a>	<a href="mailto:Isyaku.gani@ncdc.gov.ng">Isyaku.gani@ncdc.gov.ng</a>
7	Oni Olufunbi Abisadura	FMOH	SOII	<a href="tel:08183769563">08183769563</a>	<a href="mailto:Olufunbioni1@gmail.com">Olufunbioni1@gmail.com</a>
8	Bola Lawal	NCDC	Epid	<a href="tel:08132728565">08132728565</a>	<a href="mailto:Bola.lawal@ncdc.gov.ng">Bola.lawal@ncdc.gov.ng</a>
9	Robinson Nneji	NCDC		08137151173	<a href="mailto:robinson.nneji@ncdc.gov.ng">robinson.nneji@ncdc.gov.ng</a>
10	Nsikak Iman	NCDC	SO	<a href="tel:08175370580">08175370580</a>	<a href="mailto:nsikak.inam@ncdc.gov.ng">nsikak.inam@ncdc.gov.ng</a>
11	Hadiza Mohammed Otaki	NCDC	SO	<a href="tel:08037778513">08037778513</a>	<a href="mailto:Hadiza.otaki@ncdc.gov.ng">Hadiza.otaki@ncdc.gov.ng</a>
12	Saddiqa Sani	NCDC	SO	<a href="tel:07066112726">07066112726</a>	<a href="mailto:Saddiqa.sani@ncdc.gov.ng">Saddiqa.sani@ncdc.gov.ng</a>
13	Habeebah Bakare	NCDC	PA	<a href="tel:08037908412">08037908412</a>	<a href="mailto:Habeebah.bakare@ncdc.gov.ng">Habeebah.bakare@ncdc.gov.ng</a>
14	Dr. Agha U. Agha	NBMA	H(biosecurity)	<a href="tel:07046124200">07046124200</a>	<a href="mailto:ukpaison@yahoo.com">ukpaison@yahoo.com</a>
15	Jibril M. Aliyu	NCDC	SO	<a href="tel:08039648824">08039648824</a>	<a href="mailto:Jibril.aliyu@ncdc.gov.ng">Jibril.aliyu@ncdc.gov.ng</a>
16	Clement Daam	NCDC	S		
17	Dr ibeh B. O	NABDA	Director	<a href="tel:08068767253">08068767253</a>	<a href="mailto:barthokeyibeh@yahoo.com">barthokeyibeh@yahoo.com</a>
18	Chiamaka Iwuzor	NABDA	BS/BS	<a href="tel:08033174202">08033174202</a>	<a href="mailto:Juliet">Juliet</a>
19	Abiodun Ogunniyi	NCDC	AMR	<a href="tel:08056242576">08056242576</a>	<a href="mailto:biodun.ogunniyi@ncdc.gov.ng">biodun.ogunniyi@ncdc.gov.ng</a>
20	Dr. Fatima Mohd Yusuf	PHS/FMOH	DD	<a href="tel:08036004751">08036004751</a>	<a href="mailto:Fatimamohammedyusuf@yahoo.com">Fatimamohammedyusuf@yahoo.com</a>

21	Femi Stephen	FMOH/FDS	PSO	<a href="tel:08061680137">08061680137</a>	<a href="mailto:femistephen@live.co.uk">femistephen@live.co.uk</a>
			Preparedness/supply chain	<a href="tel:0814528670">0814528670</a>	<a href="mailto:fatima.bukar@ncdc.gov.ng">fatima.bukar@ncdc.gov.ng</a>
22	Fatima A. Bukar	NCDC			
23	Okpala Chika	FMENV	ACEHO	<a href="tel:08037116362">08037116362</a>	<a href="mailto:chizodos@yahoo.com">chizodos@yahoo.com</a>
24	Peace Umar	NCDC	SO	<a href="tel:08059885213">08059885213</a>	<a href="mailto:Peace.umar@ncdc.gov.ng">Peace.umar@ncdc.gov.ng</a>
25	Amira Bukar	NCDC	Asst Legal Admin	08069776004	<a href="mailto:Amirabukar11@gmail.com">Amirabukar11@gmail.com</a>
26	Ali Mohammed Jidda	NNRA	AM	<a href="tel:08035148860">08035148860</a>	<a href="mailto:Amj2k2400@yahoo.com">Amj2k2400@yahoo.com</a>
27	Idogho Vivien	ERPM/FMFBNP	PAO	<a href="tel:08092872121">08092872121</a>	<a href="mailto:vineboo@yahoo.com">vineboo@yahoo.com</a>
28	Sebastaine Yennan	NCDC	DD/Surv	<a href="tel:08065340851">08065340851</a>	<a href="mailto:Sebastaine.yennan@ncdc.gov.ng">Sebastaine.yennan@ncdc.gov.ng</a>
29	Dr. Andebutop Elisha	NCDC	STA ODG	<a href="tel:08036004000">08036004000</a>	<a href="mailto:Elisha.andebutop@ncdc.gov.ng">Elisha.andebutop@ncdc.gov.ng</a>
30	Damilola Kolade	NCDC	Surv	<a href="tel:07018420445">07018420445</a>	<a href="mailto:Daniel.kolade@ncdc.gov.ng">Daniel.kolade@ncdc.gov.ng</a>
31	Ifeyinwa Okoli	ONSA	PSO	<a href="tel:08103346113">08103346113</a>	<a href="mailto:okoliifeyinwa@gmail.com">okoliifeyinwa@gmail.com</a>
32	Elihu Adabara	NCDC	HEPR	<a href="tel:08060997424">08060997424</a>	<a href="mailto:Elihu.adabara@ncdc.gov.ng">Elihu.adabara@ncdc.gov.ng</a>
33	Simi Cole	NCDC	HR	<a href="tel:08036791234">08036791234</a>	<a href="mailto:Simi.cole@ncdc.gov.ng">Simi.cole@ncdc.gov.ng</a>
34	Chioma Carol Egbo	NCDC	PPKM	<a href="tel:07044739725">07044739725</a>	<a href="mailto:Chioma.egbo@ncdc.gov.ng">Chioma.egbo@ncdc.gov.ng</a>
35	Olatunde Adewale	NCDC	HR	<a href="tel:08060721853">08060721853</a>	<a href="mailto:Olatunde.adewale@ncdc.gov.ng">Olatunde.adewale@ncdc.gov.ng</a>
36	Anthony Ahumibe	NCDC	LAB	<a href="tel:08036130808">08036130808</a>	<a href="mailto:Anthony.ahumibe@ncdc.gov.ng">Anthony.ahumibe@ncdc.gov.ng</a>
37	Yashe .R. Usman	NCDC	SURV	<a href="tel:08027325356">08027325356</a>	<a href="mailto:Rimamdeyati.yashe@ncdc.gov.ng">Rimamdeyati.yashe@ncdc.gov.ng</a>
38	Adaobi Ezewizie	NCDC		<a href="tel:08033970891">08033970891</a>	<a href="mailto:Adaobi.e123@gmail.com">Adaobi.e123@gmail.com</a>
39	Khadijah Sagir	NCDC		09060003040	<a href="mailto:Khadijah.sagir@ncdc.gov.ng">Khadijah.sagir@ncdc.gov.ng</a>
40	Taiwo Adebesin	NPHCDA		08038836524	<a href="mailto:Taiwoadebesin70@gmail.com">Taiwoadebesin70@gmail.com</a>
41	Paul Majam	NCDC		08027471239	<a href="mailto:paulmajam@gmail.com">paulmajam@gmail.com</a>
42	Chiamaka Iwuzor	NBDA		08033174202	<a href="mailto:julietmcjir@yahoo.com">julietmcjir@yahoo.com</a>
43	Olasoja Taiwo	FMARD		08034917865	<a href="mailto:7taiwo@gmail.com">7taiwo@gmail.com</a>
44	Olanrewaju Fatai	FMOH		08036086768	<a href="mailto:Fmoh1968@yahoo.com">Fmoh1968@yahoo.com</a>
45	Olubunmi Ojo	WHO-AFRO	Consultant	<a href="tel:08033024638">08033024638</a>	<a href="mailto:Olubunmiojo2002@yahoo.com">Olubunmiojo2002@yahoo.com</a>
46	Dr. Jerry Pantuvo	PHE	TA	<a href="tel:08061203546">08061203546</a>	<a href="mailto:Jerry.pantuvo@phe.gov.uk">Jerry.pantuvo@phe.gov.uk</a>
47	Dr Ibrahim N. Mamadu	WHO	NPO	<a href="tel:08023577377">08023577377</a>	<a href="mailto:mamadui@who.int">mamadui@who.int</a>
48	Davies Adedamola	WHO	AVADAR NDA/HDT	<a href="tel:09062789297">09062789297</a>	<a href="mailto:daviesa@who.int">daviesa@who.int</a>
49	Philip B. Igawe	CGPP	PM.GHS	<a href="tel:07037703340">07037703340</a>	<a href="mailto:Philp.igawe@crs.org">Philp.igawe@crs.org</a>
50	Kafayat Alawode	LISDEL	SNR KM-MEE Advisor	<a href="tel:08034917459">08034917459</a>	<a href="mailto:akafayat@lisdell.org">akafayat@lisdell.org</a>

51	Uwem Inyang	USAID	Snr Program Specialist	<a href="tel:087068753442">087068753442</a>	<a href="mailto:uyang@usaid.gov">uyang@usaid.gov</a>
52	Mahmood Dalhat	WHO	Consultant	<a href="tel:08036794329">08036794329</a>	<a href="mailto:mmdalhat@gmail.com">mmdalhat@gmail.com</a>
53	Oguntola Ibukun	NHW	Program Officer	08053931450	ibukunoguntola@nigeriahealthwatch.com
54	Babatunde Akuh	USAID	STO	<a href="tel:08096824693">08096824693</a>	<a href="mailto:baknola@intapsprogram.ng">baknola@intapsprogram.ng</a>
55	Joseph Odu	RSTL	TA	<a href="tel:08060087840">08060087840</a>	<a href="mailto:jodu@resolvetosavelives.org">jodu@resolvetosavelives.org</a>
56	Abraham Zira	FAO	EPID	<a href="tel:07065869464">07065869464</a>	<a href="mailto:Sbrahim.zira@fao.org">Sbrahim.zira@fao.org</a>

### Virtual Attendance

1. Dr Chikwe Ihekweazu
2. Dr. Patrick Nguku AFENET
3. Dr Emmanuel Agogo RSTL
4. Dr Danjuma Jenom RSTL
5. Dr. Saleh Mohammed US-CDC
6. Dr. Rex Mpazanje EPR cluster lead, WHO Nigeria
7. Dr. Sean Cockerham WHO Headquarters
8. Mr. Bismarck Adusei WHO Headquarters