

# Strengthening health system resilience:

## Lessons from Nigeria's COVID-19 pandemic governance strategies

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### Key messages

**The Nigerian health system lacks everyday resilience and resilience to shocks:** The system struggled to maintain essential health services while responding to the COVID-19 outbreak. Structures created to manage Ebola and other disease outbreaks helped but have not been sustained.

**Multisectoral collaboration was crucial to the COVID-19 response but was not institutionalized:** Strategic, multisectoral collaboration helped mitigate poor preparedness but these collaborative mechanisms were not formalized or retained.

**Well planned health system governance structures facilitated national and subnational responses to COVID-19:** The centralized coordination body in the Presidency, with similar structures at subnational levels, enhanced political commitment to strengthening emergency public health response capacity at all levels of government.

**Lessons from COVID-19 have strengthened capacity at the national level but less so at subnational levels:** States were not included in pandemic strategic decision-making. Institutionalizing Public Health Emergency Operation Centres (PHEOCs) at the subnational levels could improve their functional management capacity.

**Continued investment in COVID-19 surveillance capacity is needed:** Evidence production, enhanced communications infrastructure, and integrated disease surveillance systems enabled knowledge sharing on COVID-19 and other diseases. Policy frameworks, structures, and investment are needed to sustain these services.

**Comprehensive health sector reforms could help build resilience:** Reforms involving key stakeholders at national and subnational levels could help mainstream Health in All Policies (HiAP). Implementing reforms in the upcoming National Strategic Health Development Plan 3 could strengthen health system governance.



## Executive summary

### The issue

Resilient health systems are critical to achieving good health outcomes before, during, and after public health emergencies. One of the key foundations of resilient health systems is governance, characterized by strong leadership, good coordination, and responsive decision-making. This brief identifies and analyses health system governance strategies used in Nigeria to prepare for, and respond to, the COVID-19 pandemic. It highlights lessons learned and policy implications for strengthening future health system resilience.

### The findings

- Effective interagency collaboration and coordination were crucial to the successful implementation of the COVID-19 response in Nigeria. However, these efforts have not been institutionalized.
- Disease surveillance capacity at national and subnational levels was enhanced and proved effective.
- Lessons from the COVID-19 pandemic have strengthened functional management capacity at the national level, but less so at subnational (state and local government) levels, where delayed responses remain an issue. State governments had limited involvement in strategic decision-making, resulting in limited capacity to prepare and respond to health emergencies.
- Strategic, operational, and tactical coordination were achieved in the short term, but strategic coordination was not sustained. Failure to sustain strategic coordination structures like the Presidential Steering Committee (PSC) threatens resilience and future response capacity.
- Policy frameworks and structures to foster organizational learning and a learning culture remain absent, resulting in inconsistent response strategies and missed opportunities for knowledge sharing and future innovation.
- Without improved governance structures, future emergency response efforts could experience delays and inefficiencies, fragmented communication, inequitable distribution of resources, reduced community engagement, policy barriers, and missed opportunities for prevention and preparedness.

### Policy implications

- In line with the recommendations of the Lancet Nigeria Commission and the Presidential Health Sector Reform Committee, there is an overarching need to mainstream HiAP.
- Funding and capacity-building are required to ensure that the country's research and surveillance capabilities remain effective for the timely detection and real-time reporting of disease outbreaks.
- Variations in state-level capacity require a bespoke approach of technical assistance and financial support.
- More active subnational involvement is required in strategic decision-making and operational planning, which could be achieved through decentralized decision-making structures and backed by adequate funding and capacity-building from subnational stakeholders.
- Maintenance and consolidation of strategic coordination structures – for example, establishing a dedicated agency to coordinate multisectoral collaboration and ensure distributed leadership and decision-making – are essential to building health system resilience and better responding to public health emergencies in the African Region.

**Table 2:** Assessment of resilience-strengthening and constraining governance strategies at various stages of shock during the COVID-19 pandemic in Nigeria

	No evidence	Non-existent	Weak	Medium	Strong
Assessment criteria	Stage of shock				
	1. Preparedness	2. Shock onset and alert	3. Shock impact and management	4. Recovery and learning	
<b>1. Effective and participatory leadership with strong vision and communication</b>					
Set of contingency plans and protocols, and emergency legislation	Medium: disease-specific plans and protocols only	Strong: National Pandemic Response Plan was developed	No evidence of change		
Functional management capacity for governance	Weak: exists at federal level only-NCDC	Strong: functional NCRC		No evidence of change or sustainability	
Stakeholder participation and engagement	Weak: federal level only	Medium: federal and state levels only	No evidence of change or sustainability		
Leadership/steering and a clear chain of command	Weak: no chain of command	Medium: clearer chain of command at the federal level	No evidence of change or sustainability		
Accountability of government agencies	Weak: exists only on paper	Weak: exists only on paper	Weak: exists only on paper	Weak: exists only on paper	
Effective governance structures	Weak: ineffective structures	Medium: stakeholder involvement		No evidence of change or sustainability	
Clear and feasible plan for response measures	Medium: provisional protocols and guidelines developed	Strong: multisector response plan developed by NCRC		No evidence of change	
Setting strategic direction	Medium: activation of a CPG and interministerial technical working group	Strong: PSC		No evidence of change	
Established public trust in response agencies	Non-existent				
Effective communication	Weak: absence of a communication strategy	Weak: absence of a communication strategy	Strong: development of RCCE strategy; multimedia campaigns; role models	No evidence of change	
<b>2. Coordination of activities across governments and key stakeholders</b>					
Collaboration between sectors	Strong: inter-ministerial technical working group	Strong: public sector collaboration with organized private sector coalition CACOVID; strengthened engagement of health sector with Nigeria Civil Aviation Authority	Strong: multisector CEPI involving NIMR, NIPRD and NAFDAC; multidisciplinary Ministerial Expert Advisory Committee on COVID-19	Weak: lack of sustainability of collaboratives	
Agreements with relevant actors	Non-existent				
<b>3. Organizational learning culture that is responsive to crises</b>					
Innovative organizational culture, culture of learning	Strong: lessons from previous epidemics	Strong: decentralization of EOCs was modelled after PEI; co-option of experts from PEI; adoption of community feedback model of Ebola	Strong: adoption of effective communication strategies used during the Ebola outbreak	No evidence of sustainability	
Use of feedback and analysis in informing decision-making	Non-existent	Strong: mitigation strategies were informed by country risk assessment and evidence of effectiveness	Strong: expansion of testing sites based on data from the pattern of community transmission	No evidence of sustainability	
Mechanisms to assess, audit, and learn from response to shock and implement change	Weak: due to defunct Expert Review Committee on Polio Eradication	Strong: COVID-19 mitigation team	Strong: COVID-19 mitigation team	No evidence of sustainability	

Assessment criteria	Stage of shock			
	1. Preparedness	2. Shock onset and alert	3. Shock impact and management	4. Recovery and learning
<b>4. Effective information systems and flows</b>				
Flow of information between stakeholders, data-sharing mechanisms	Strong: integration of data collection systems into the country's health information system	Strong: NCDC microsite for COVID-19; toll free lines; press briefings	Strong: NCDC microsite for COVID-19; SMS-based interactive chat box; press briefings; Twitter	Weak: only the NCDC website and Twitter are functional
Flow of data, information and analysis into decision-making and evaluation	No evidence of its existence			
Mechanisms of timely dissemination of guidelines and protocols	Weak: NCDC website	Strong: NCDC microsite for COVID-19; press briefings; Twitter	Strong: NCDC microsite for COVID-19; SMS-based interactive chat box; press briefings; Twitter	Weak: only the NCDC website and Twitter are functional
Communication infrastructure	Weak: not available or functional at subnational levels, except in Lagos State	Weak: not available or functional at subnational levels		Weak: not available or functional at subnational levels
Existence of data collection and linkage systems	Strong: SORMAS and Mobile Strengthening Epidemic Response System–users			The state of functionality of both systems cannot be ascertained
<b>5. Surveillance enabling timely detection of shocks and their impact</b>				
Epidemiological surveillance and early warning systems	Weak: passive system of surveillance of the IDSR	Medium: intensified and active case detection through screening of travellers at ports of entry	Strong: contact tracing; community surveillance using the AVADAR approach and informants	Strong: adoption of integrated and unified surveillance strategy to monitor other epidemic-prone diseases
Existence of mechanisms to identify change in need and access to services	Weak: IDSR does not identify the change in need and access to services	Weak: IDSR does not identify the change in need and access to services	Medium: daily review of hospital records in Lagos State only	There is no evidence that the daily review is sustained.

## About AHOP

The African Health Observatory - Platform on Health Systems and Policies (AHOP) is a regional partnership that promotes evidence-informed policy-making. AHOP is hosted by the WHO Regional Office for Africa through the integrated African Health Observatory. National Centres include Addis Ababa University, Ethiopia; KEMRI Wellcome Trust, Kenya; the Health Policy Research Group, University of Nigeria; the University of Rwanda; and Institut Pasteur de Dakar, Senegal. AHOP draws on support from the European Observatory on Health Systems and Policies (EURO-OBS), the London School of Economics and Political Science (LSE), and the Bill & Melinda Gates Foundation (BMGF).

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