



Review

The Role and Impact of the National Council on Health in Strengthening Nigeria's Health System: A Policy Review

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ABSTRACT

Background: The National Council on Health functions as Nigeria's supreme health policy-making authority, promoting coordination across different levels in policy development and implementation. The NCH annual meeting includes technical sessions to review health-related memoranda and formal council meetings to make decisions on policies and guidelines for the health sector. This paper examines the structure, roles, and contributions of the National Council on Health based on communiqués, meeting records, and strategic health policy documents from 2014 to 2024.

Methodology: A descriptive review of the National Council on Health history and resolutions from 2014 to 2024.

Findings: Key findings reveal the National Council on Health's pivotal role in promoting Universal Health Coverage, institutionalizing key reforms, and fostering intergovernmental collaboration. However, gaps remain in translating resolutions to actionable outcomes across States.

Conclusion: This review recommends strengthening accountability mechanisms, enhancing state participation, and leveraging digital health tools for effective policy tracking.

Keywords: National Council on Health, policymaking, state participation, advisory body.



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INTRODUCTION

The National Council on Health (NCH) is the highest policy-making and advisory body within the Nigerian health sector.¹ The National Council on Health was inaugurated in 1961 by the then Federal Minister of Health, Honourable Senator Dr. M.A. Majekodunmi¹. The National Health Act (NHAAct 2014) served to provide legislative backing for it. (NHAAct 2014),² while recognizes and provides for normal meeting of the Council at least once a year while stressing on active participation of all 36 States and the Federal Capital Territory in the meeting.² The membership and representation are drawn from all the tiers of government (federal, state, local government), related agencies, health institutions, as well as development partners and other stakeholders. This meeting provides a strategic platform for reviewing, updating and adopting health sector policies and ensuring alignment with national priorities. The NCH meeting plays a crucial role in shaping Nigeria's healthcare system and brings together key stakeholders to discuss and address pressing health issues.³

The primary objectives of the NCH include improving health outcomes through collaborative policymaking; fostering health security; strengthening intergovernmental and stakeholder collaboration; mobilizing resources; and promoting transparency and accountability in health governance.

The NCH offer advice to the government of the federation, through the Minister, on matters relating to the development of national guidelines on health and the implementation and administration of the National Health Policy;⁴ ensure the delivery of basic health services and prioritize other health initiatives to the people of Nigeria with available resources; advise the Government on technical matters relating to the organization, delivery and distribution of health services; issue and promote adherence to, norms and standards, and provide guidelines on health matters and any other matter that affects the health of the people; identify health goals and priorities for the nation and monitor progress of their implementation; promote health and healthy lifestyles; facilitate and promote the provision of health services for management, prevention and control of communicable and non-communicable health diseases; ensure that children, aged 0-5 years and pregnant women are immunized against infectious diseases; co-ordinate health services rendered by the Federal Ministry of Health (FMoH) with State, Local Governments, Wards and Private health care providers

and provide other additional health services to establish a comprehensive health system; integrate the health plan of the FMoH and State Ministry of Health (SMoH) annually; and perform such duties as may be assigned to the National Council by the Minister of Health; the National Council (NC) should determine the time frames, guidelines and format for the formulation of the National and State Health Plans; the NC should be advised by the Technical Committee established under the National Health Act (NHAAct).²

The delegates to participate in the NCH meeting include representatives from the Ministries, Departments, Agencies (MDAs) of the Federal Ministry of Health, all State Ministries of Health and the Health & Human Services Secretariat of the Federal Capital Territory Administration, Abuja. Members of the National Assembly, Federal Ministries of Education, Water Resources, Communication, Environment, Population Council, Bureau of Public Enterprises, Nigeria Governors Forum, Federal Competition and Consumer Protection Commission, Department of State Services and Medical Corps of the Nigeria Army, Nigeria Navy, Nigeria Police, Federal Road Safety Corps, Nigeria Correctional Service, Nigeria Customs Service and the Nigeria Security & Civil Defence Corps were also present. There are also participants from Development Partners, Civil Society Organisations, Private Sector Organisations, Health Professional Associations and Health Professional Regulatory Bodies.²

The States are usually represented by: The Honourable Commissioner for Health who is a member of council and is normally accompanied by some state representatives that include the Permanent Secretary State Ministry of Health (SMoH), the head of some parastatals, agencies.

State Primary Healthcare Development Agency, State Hospitals Management Board/Agency

State Health Insurance Agency, the tertiary health institutions and directors of the SMoH (particularly departments of Planning, Research and Statistics, Public Health/ Disease Control, Medical Services). The NCH secretariat in the State is the department of Planning, Research and Statistics (PRS) SMoH. The Head of Planning division PRS Department SMoH is the NCH desk officer.¹ The FMoH outlines the nine persons to represent the various states at the NCH meeting.²



The membership of NCH comprises of the Honourable Minister of Health, who is the Chairman of the Council, the Honourable Minister of State for Health, State Commissioners for Health of the 36 States who are members of Council, and the Secretary of Health & Human Services Secretariat, Federal Capital Territory Administration (FCTA). The Secretary of the NCH is the Permanent Secretary Federal Ministry of Health (FMoH). The Chairman of the Technical Committee is the Permanent Secretary FMoH with other members including all directors of the FMoH, the Legal Advisor of the FMoH, the Permanent Secretaries and two Directors (of which one is responsible for health services) of all SMoH and FCT department responsible for Health; one representative each from the following: Armed forces Medical Corps (Army, Air Force and Navy), Prisons Medical Services, each parastatals of FMoH, all statutory health regulatory agencies or councils, registered health professionals (including traditional medicine practitioners and alternative health providers, private health care providers; and the chairman of the Committee of Chief Executive of Teaching and Specialist Hospitals and Federal Medical Centres. The Planning, Research & Statistics department of the FMoH provides the Secretariat for administrative activities of the Technical Committee.²

The National Council on Health is structured into two core segments: the Technical Committee Session and the Council Session. The Technical Committee, chaired by the Permanent Secretary of the Federal Ministry of Health (FMoH), conducts a two-day preliminary review

of memoranda submitted by states, federal bodies, and health institutions. This session includes technical training and assessment of proposals for policy adoption. The Council Session, chaired by the Honourable Minister of Health, officially inaugurates the meeting and hosts deliberations based on technical recommendations. Delegates include Commissioners for Health from all 36 states and the FCT, FMoH officials, development partners (WHO, UNICEF, USAID), and professional associations.⁵

This paper aimed to review how the Council's framework impacts the health system's ability to deliver care and improve population health.

METHODOLOGY

This paper adopts a desk review approach, sourcing documents from the National Health Management Information System, the District Health Information System-2, the Desk officer, National Council on Health, the Federal Ministry of Health, the Desk Officer at the State Ministry of Health, the Director of Planning, Research, and Statistics in the State Ministry of Health, and the Federal Ministry of Health websites. Documents were also sourced from the archives of the Federal Ministry of Health (FMoH), publicly available policy documents, and reports from state-level ministries. These data were analyzed to identify patterns, trends, key themes, and any gaps in the available resolutions from NCH meetings held between 2014 and 2024.

RESULTS

TABLE 1: The National Council on Health: Date, Venue Themes, Key findings and Recommendations

Year NCH	Of Venue	Theme	Presentations
57 th 25th – 29th August, 2014	Uyo. Ibom State	Akwa “Universal Health Coverage (UHC): Key to Achieving Sustainable Healthcare Delivery in Nigeria”	<ul style="list-style-type: none">• Universal Health Coverage (UHC): Key to Achieving Sustainable Healthcare Delivery in Nigeria• Financing Options for UHC 2015 and Beyond• Monitoring the Implementation of Universal Health Coverage (UHC).• Health, An Instrument for Economic Development and National Security• Sustainable Health Financing for Nigeria• Operationalizing the National Health Act, 2014 (NHAAct, 2014).
58th from 7th to 11th March, 2016.	Sokoto, Sokoto State	“Universal Health Coverage (UHC)”	



Year NCH	Of	Venue	Theme	Presentations
59 th 23rd January 2017	– 27th	Umuahia, Abia State	“National Health Policy: A Tool for Achieving Universal Health Coverage (UHC)” ⁵	<ul style="list-style-type: none">• Inter-Sectoral cooperation in the Public Health Services• ‘Emergency Preparedness: An Agenda for Nigeria’• Summary of presentations made at the Technical Session• Status of implementation of 57th NCH resolutions.• Summary of presentations made at the Technical Session• Summary of proceedings of the technical sessions• Status of implementation of 58th NCH resolutions.• Economic Recovery and Growth Plan (ERGP) and the Health Sector: Matters Arising”• Integrated Infrastructure Master Plan: Strengthening Primary Health Care• Strengthening Health Sector Institutions• Developing a Strong organizational culture for Institutional Growth of the FMOH• Partnership Engagement Strategies• Revamping the National Programme for Cancer Control”• Intra and Inter-sectoral Coordination Strategies Towards Better Health”• Status of implementation of 59th NCH resolutions• The Second National Strategic Health Development Plan: A Road Map for Achieving Universal Health Coverage• Better Implementation Strategies for NSHDP II: The Way Forward• Better Health for All through Revitalized Primary Health Care Service Delivery.• Human Resources for Health: A Panacea to Overall Health Care Delivery System of a Nation• Public Health Emergencies: Preparedness and Response• Predictable Financing and Risk Protection for Health• Status of implementation of 60th NCH resolutions.
60 th 6th – 9th November, 2017	Abeokuta, Ogun State	“Economic Recovery and Growth Plan (ERGP) and the Health Sector: Matters Arising”		
61 st 19th June, 2018	-22nd	Kano, Kano State	The Second Strategic Health Development Plan: A Road Map for Achieving Universal Health Coverage, ⁷	



Year NCH	Of	Venue	Theme	Presentations
62 nd 6th - 10th May, 2019		Asaba, State	Delta “Building a Resilient and Sustainable Health System for Improved Health Outcomes and UHC”	<ul style="list-style-type: none">• Consolidating the Journey towards Achieving Universal Health Coverage• Operationalisation of the Second National Strategic Health Development Plan• Framework for the Acceleration of Maternal and Child Health in Nigeria• Improving Health Outcomes through Programme for Result-• Basic Health Care Provision Fund: A Road Map towards Achieving Universal Health Coverage.• Health Emergencies, Outbreak, Preparedness and Response-• Curbing the Growing Menace of Substance Abuse among Women and Young People-• Status of implementation of 61st NCH resolutions.• “The Journey to Attaining Sustainable Development Goals (SDGs):• Applying Lessons from the COVID-19 Pandemic Towards Building a Resilient National Health System• Addressing the Crises of Human Resource for Health Challenges in Nigeria.• “Consolidating the journey Towards Achieving the National Action Plan for Health Security 2018 – 2022.• Fast-Tracking the Operationalisation of the National Health Act and the Second National Strategic Health Development Plan• Embracing Digital Health Technologies: A Panacea to Attaining Universal Health Coverage in Nigeria• Strengthening Health Data for National Security• Predictable Financing and Risk Protection for Health in Nigeria• Strengthening Health Partnerships for Improved Health Outcomes• Strengthening Primary Health Care Post-COVID-19 Pandemic• The Past, the Present and how we Secure the Future of Sustainable PHC in Nigeria-
Special NCH 30th November to 3rd December, 2021		Abuja, FCT	“The journey to attaining Sustainable Development Goals (SDGs) applying lessons from the COVID-19 Pandemic towards building a Resilient National Health System	
63 rd		Abuja, FCT	“Building a Resilient and Sustainable Health System for	



Year NCH	Of Venue	Theme	Presentations
5th – 9th December, 2022		Improved Health Outcome and Universal Health Coverage”	<ul style="list-style-type: none">• Preparing for the next Pandemic: Strengthening Local Vaccine manufacturing and biologicals for improved outcomes• Big Data: Documenting and Measuring improvements in Health Outcomes: accounting for outcomes -• Building essential Partnerships and mobilizing resources and Investments for improved Health outcomes.• Primary Health Care, the road to sustainable Health Care in Nigeria-• Climate Change and Health: deliberate action towards Safeguarding the Health of Nigerians-• Status of implementation of 62nd NCH resolutions.• “Building a resilient and inclusive healthcare system for a healthy Nigeria”• Strengthening Healthcare Access and Institutional Governance as a Panacea for Attainment of Universal Health Coverage• Building a Skilled and Motivated Workforce• Harnessing Evidence-Based Research and Development for Better Health• Innovative Financing for a 21st Century Healthcare Agenda• Digital Transformation and Health Information System.”• “Accelerating Pathways to Universal Health Coverage: Strategies for 2030 Success”• Health Workforce Development: Building Capacity for Quality Healthcare Delivery in Maternal and Child Health”• Community Engagement and Health Promotion: Empowering Communities for Better Health”• Innovations in Digital Health: Transforming Healthcare Delivery”
64th November 2023	Ado-Ekiti, Ekiti State	“Building a Resilient and Inclusive Healthcare System for quality Healthy Nigeria”	
65th November 2024	17th -21st Maiduguri, Borno State,	Accelerating Pathways to Universal Health Coverage: Strategies for 2030 Success,”	

Table 1 shows the venue, date and theme for the various NCH held over the years under review.^{1,5} The 58th NCH was not held in 2015, due to the lack of funding and it was rescheduled to 2016 while that of 2016 was held in 2017.¹ The NCH



meeting for 2017 was also done later in the same year, thus explaining the presence of two NCH meeting observed in 2017 in table 1 above.

Table 2: Some of the National Council on Health Resolutions

NCH	Some NCH Resolutions
57 th NCH	<ul style="list-style-type: none">• The implementation of the costed National Strategic Plan of Action for Nutrition (2014 – 2018) at all levels of government, and called on states to adapt the strategic plan• Task shifting and sharing policy empowering relevant cadres of health care workers to provide quality essential health care services especially at PHCs and community levels.• The revised standards and guidelines for the conduct of foreign medical/health missions in Nigeria.• Adoption of the revised National Guidelines for Maternal, Newborn and Child Health Week (MNCH) Week Implementation in Nigeria to serve as the guide for the implementation of the bi-annual MNCH on the second Monday of May and November; and urged all States and LGAs to make annual budgetary provision for commencement of the implementation of the MNCH weeks in Nigeria.• The adoption of the National Guidelines for Inpatient management of complicated Severe Acute Malnourished (SAM) Children in Referral Health Facilities.• Council urged all States to ensure effective implementation of the Drug Revolving Fund Scheme in line with the provisions of the National Drug Policy and to ensure that Directors of Pharmaceutical Services are signatories to the DRF accounts.• Council further urged the States to ensure effective reporting of adverse drug reactions in line with the National Pharmacovigilance policy and make quarterly reports to NAFDAC on status of implementation of the Policy.• States should make adequate budgetary allocations and release funds for effective implementation of Drug Distribution Guidelines in the States and ensure the take-off of the new SDDCs in the States on or before the new deadline of 30th June 2015;
58 th NCH	<ul style="list-style-type: none">• The commencement of the process of developing a joint strategy and national coordination framework for the achievement of the health-related SDGs across the three tiers of Government in line with national priorities and current realities.• The implementation of the National Task Shifting/Task Sharing Policy at all levels.• The adoption and implementation of the National Quality Assurance Policy (NQAP) by the Federal and State Governments and the FCT along with all health programmes, partners and donors at Federal, State and Local Government Areas levels, including the provision of adequate budget for the implementation of the NQAP at all levels.• The adoption and implementation of the National Guidelines on the Establishment of Poison Information Control and Management Centres (PICMC) in Nigeria and the establishment of one PICMC in each of the six geopolitical zones and a Comprehensive PICMC in the FCT, along with the prompt provision of adequate budgetary provisions for the comprehensive operations of Chemicals Management Programmes;• The adoption and implementation of the National Policy for the Control of Viral Hepatitis in Nigeria including creation of awareness at all levels, and the incorporation of hepatitis within disease control budgets at all levels.
59 th NCH	<ul style="list-style-type: none">• The adoption and implementation of the Emergency Medical Service (EMS) policy;• A call to action for stopping the transmission of Poliovirus in Nigeria



NCH	Some NCH Resolutions
	<ul style="list-style-type: none">• All states of the Federation and the FCT to replicate the e-health governance structure at the state level for proper implementation of ICT in the national health system• Operationalization of the “End TB strategy” as the National strategy• Establishment of local government health authorities in accordance with the provisions of the National Health Act by the States PHC board• Commencement of discussions around the extended paid maternity leave to 24 weeks as a means of improving welfare of mother and child• Adoption and implementation of National Guidelines for the management of clubfoot in Nigeria using the Ponseti method• Adoption of the use of curriculum for the training of House officers in Obstetrics and Gynaecology and its implementation in all secondary and tertiary health institutions to serve as one of the tools for the MDCN to appraise the suitability of institutions to provide Housemanship training• Adoption of Voluntary Contributory Social Health Insurance Programme (VCSHIP) as a national policy that will include foreigners living in Nigeria (legal residents), foreign visitors to Nigeria and those with temporary residency permits
60th NCH	<ul style="list-style-type: none">• The adoption and implementation of the National Policy for Controlled Medicines (NPCM) and its Strategies in all the 36 States of the Federation and the Federal Capital Territory (FCT).• The adoption and implementation of the Guidelines for Quantification of Narcotic Medicines by all the States of the Federation and the FCT.• The adaptation and adoption of the National Essential Medicine List (NEML) and ensure the effective implementation of EML and National Treatment Standards Guidelines (NTSG) as these documents will improve the quality of healthcare and guarantee universal health coverage.• That all States’ Ministry of Health and the FCT activate the Health Data Governance Council in the States and FCT and make the Governance mechanism for Nigeria Health Information System (NHIS) functional.• Approved the National Health Financing Policy and Strategy (NHFP&S) for dissemination and use by all relevant stakeholders in Nigeria and the development of Health Financing Policy and Strategy by all States and FCT to accelerate sustainable health financing towards UHC in Nigeria.• Approved the four national oxygen documents: the National Policy on Medical Oxygen, the Clinical Guidelines on Oxygen Use, the National Strategy for the Scale-up of Medical Oxygen in Health Facilities and the Essential Equipment Lists.• That states should create NYSC / PHC Medical Team to support primary health care activities and that NYSC Medical Team should be posted to primary and secondary hospitals in the country during their service year.• Approved the posting of resident doctors to secondary and primary health facilities under the close supervision of consultants.• Approved the revitalization of the secondary and Tertiary Health Care System in all States.• Approved the inclusion of TB screening and referral services into the minimum health care package provided at the PHC, the provision of comprehensive TB services (diagnostic with rapid tool, treatment and care services) in all the 110 PHC undergoing revitalization



NCH

Some NCH Resolutions

under the Better Health 4 All programme; and the designation of all PHCs in the country as TB Treatment unit.

- That the Proprietors/Chief Medical Directors of Private health facilities in Nigeria should ensure compliance with existing law to report/ notify all TB cases managed in their health facilities to the States Tuberculosis and Leprosy Control Programme for transmission to the National Tuberculosis Control Programme and also Private Health facilities to Provide evidence on TB reporting and other health data reporting before renewal of their annual license. Also, the State Ministry of Health should include questions on TB notification in the checklist for private health facility accreditation.
- Approved the deployment of Nutrition Professionals to LGA/ PHC facilities in the spirit of PHCUOR vis-a- vis equitable distribution of staff and the review of curriculum of CHEW on Nutrition in the colleges of Health Technology.
- Approved and recommended to National Colleges to further deliberate on the compulsory posting of resident Doctors for clinical rotation.
- Approved the mobilization of funds for health research from National, States as well as development Partners. Council directed that the NCH Secretariat should bring up this issue at the next meeting.
- Approved the strengthening of health referral systems which can be achieved by Working at the National level to develop policy documents and coordination structures.
- Approved that States should handle Last Miles Delivery for ownership and sustainability and also for development partners to support the states in the discharge of this responsibility.
- Approved the dissemination and use of National Health Accounts (NHA) 2006-2016 results by FMOH, SMOH, Development Partners, and all Nigerians to make a case for increased investment in health, policy development and implementation. The process of institutionalizing NHA and SHA which should include (a) Establishment of Healthcare Financing Equity and Investment (HCFE&I) unit in the Department of Planning Research & Statistics of Ministries of Health and (b) Establishment of Healthcare Financing Equity and Investment Technical Working Group using the FMOH model to support NHA and SHA studies.
- The creation of budget line(s) for HCFE&I in the state annual budget to finance SHA, submission of subsequent health expenditure data from States in electronic format and the use of IPSAS to ensure prompt and appropriate data for NHA and SHA studies.
- Collection of health financing data through existing routine platforms for collection of health data such as the DHIS.
- Collaboration with Accountant's General in all the States to nominate a focal person for NHA to ease collection of health expenditure data.
- The use of earmarked taxes and levies as innovative financing mechanism for health and that the Federal Ministry of Health pursues appropriate legislation on the subject matter for national application.
- The establishment of State Monitoring Committee headed by State Directors of Medical Services who is to work with the MDCN in the regulation of Alternative Medicine practice.
- Council noted the progress in the development of the second National Strategic Health Development Plan and urged all States, FCT and Federal Ministry of Health to conclude and submit their specific plans in the next two weeks for harmonisation into One National Plan.
- Council noted the memoranda on progress of various health initiatives reported by FMOH, the 36 states and FCT.



NCH	Some NCH Resolutions
61st NCH	<ul style="list-style-type: none">• Council further noted the information provided by heads of Departments, Agencies and Parastatals of the Federal Ministry of Health on National Population-based HIV/AIDS Survey (NHAIS) in Nigeria, Primary Health Under One Roof, Immunization, Revitalization of PHCs, CHIPS, Response to Disease Outbreaks and the STEPS Survey.• The second National Strategic Health Development Plan (NSHDP II), its associated 36 States & FCT Plans, the implementation of the Plans by all stakeholders in the health sector across all levels of government for the period 2018 to 2022 as well as the M&E Plans to track progress during implementation.• That States and the FCT should hold their respective State Council on Health meetings 2-3 months before the NCH meeting to do progress appraisal report on the resolutions of the NCH and further domesticate resolutions for presentation to the Governors' Forum.• That States and Health Partners should support the rollout of Health Facility Registry (HFR) in their respective States• The adoption and subsequent implementation of the Guidelines for Pain Management in Nigeria in all the 36 States of the Federation and the FCT.• The Emergency Medical Services Implementation Plan, the creation of an EMS Fund Account to be opened for the purpose of Managing the 5% of the 1% BHCF, and all other funds of EMS in Nigeria domiciled in FMOH and the appointment of Dr Nnamdi E. Nwauwa as the chairman of the Emergency Medical Treatment Committee.• The adoption and implementation of the 2018-2022 National Cancer Control Plan (NCCP); adoption and adaptation of the implementation Strategies and appropriate budgetary provision by all the 36 States of the Federation and the Federal Capital Territory (FCT).• That every State and the FCT make financial commitments to defray the cost of survey fieldwork in their States for the Nationwide Stepwise Survey on Non-Communicable Diseases.• The National Policy on the Sexual and Reproductive Health and Rights of Persons with Disability with emphasis on Women and Girls for adoption, dissemination and implementation in all States and the FCT.• The strengthening of the State Drug Control Committee (SDCC) on the delivery of drug use sensitization, prevention, treatment and continuum of care of drug use disorder; the establishment/strengthening of at least one drug dependence treatment centre, with community drop-in-centres attached to it, by each State/(FCT) and the training of SMoH healthcare providers by the 25 National Master Trainers (psychiatrists) in the provision of evidence based drug dependence treatment services;• The creation of One-Health multi-sectoral AMR Technical Working Groups to be funded in all States, the celebration of Global Antibiotic Awareness Week in November of each year as an annual event and the institutionalization of Infection Prevention and Control (IPC) and HospitalAntibiotic Stewardship (HAS) in all secondary and tertiary health facilities in the country by the creation of IPC focal persons and IPC committees;• The establishment of State/FCT Programme on NCDs to strengthen coordination for the prevention and control of Non-Communicable Diseases in Nigeria.• That adequate budgetary provisions be made by FMOH and every SMoH for Food Safety activities as required by the NPPSIS; all State Ministries of Health to take the lead in establishing a State Food Safety Management Committee by securing appropriate approvals and all States should have a food safety desk to ensure proper implementation of the NPPS and its implementation Strategy at all levels.



NCH	Some NCH Resolutions
	<ul style="list-style-type: none">That States should consider implementing cultural friendly policies to promote breastfeeding.That the FMoH should publish a ten-year compilation of directives of Council and approved memos for record purposes in order to strengthen the institutional memory of the health sector as well as ensuring that this compendium be carried out every ten years including the current state of implementation of the decisions approved.That all States with necessary support from the National Centre for Disease Control (NCDC) should establish, by allocating physical space, a dedicated centre for coordination of Public Health Emergency Operations with requisite infrastructural facilities and equipment for mitigation of and response to infectious disease outbreaks before the next regular council meeting.The integration of Climate Change issues into all training curricula of medical and health institutions in Nigeria and teach same to all upcoming medical and health professionals. FMOH to continue further discussions into FMOE and other relevant agencies.A coordinated, extensive and sustained public enlightenment campaigns to be carried out by all relevant MDAs at Federal, State and Local Government levels against the use of calcium carbide for fruit ripening and the development of a National Code of Practice (NCP) on Artificial Ripening of fruits. The Federal Ministries of Health (FMoH), Agriculture & Rural Development (FMA&RD) as well as the Standard Organization of Nigeria (SON) to drive the process.The scale up of the implementation of Maternal and Prenatal Deaths Surveillance and Response (MPDSR) in the Private Health Facilities and Communities in line with Universal Coverage with the reviewed Training Manual, Guideline and Tools as well as scaling up in 36 states and FCT, the use of the electronic platform for data entering, notification, quantification, analysis and reporting from 8 states to 36 States and FCT;The decentralisation and sustainability of the Free Skin Cancer Treatment for persons with Albinism in the following designated Federal Teaching Hospitals across the six Geopolitical zones in Nigeria and FCT (ABUTH, UMTH, JUTH, UNTH, UPTH, UCH and NHA);The institutionalization of a coordination office for health sector response to humanitarian crisis in all State Ministries of Health as well as strengthening the extant National coordination office on health sector response to humanitarian crisis.That all congregate settings including the Corp camps, Religious camps, Social camps and Prisons, should consciously maintain the minimum standard necessary for Infection Prevention and Control, especially entry and exit triage systems as recommended in the National Policy as well as ensure that there is a fully functional clinic with a holding bay for identified cases of infectious diseases in order to guarantee the interruption of transmission of infectious diseases where necessary and safeguard lives of campers and inmates. Council also constituted a team (DHS, Director Medical Prison, HCH Niger and Nasarawa States) to bring up in one month what should be discussed with the Minister of Interior.That all partners share their plan of action including their annual health expenditure to be declared to their project States to ensure proper tracking of health expenditure and for estimation of the State and National Health Account;
62nd NCH	Federal to Implement Resolutions <ul style="list-style-type: none">Resolution: The Emergency Medical Services Implementation Plan, the creation of an EMS Fund Account to be opened for the purpose of managing the 5% of the 1% BHCPF, and all other funds of EMS in Nigeria domiciled in FMOH and the appointment of



NCH

Some NCH Resolutions

Chairman of the Emergency Medical Treatment (EMT) Committee- Federal showed moderate progress (25.10%)

- Resolution (xix): The decentralization and sustainability of the Free Skin Cancer Treatment for persons with Albinism in the following designated Federal Teaching Hospitals across the six geo-political zones in Nigeria and FCT (ABUTH, UMTH, JUTH, UNTH, UPTH, UCH and NHA) – significant progress (50%) was seen.

States to Implement

- That States and the FCT should hold their respective State Council on Health meetings 2-3 months prior to the National Council on Health (NCH) meeting in order to do progress appraisal report on the resolutions of the NCH and further domesticate resolutions for presentation to the Governors' Forum – Bauchi and Cross- Rivers State had complete progress.
- Adoption, dissemination and implementation in all States of the Federation and the FCT of the National Policy on the Sexual and Reproductive Health and Rights of Persons with Disability with emphasis on Women and Girls- FCT has complete progress.
- The strengthening of the State Drug Control Committee (SDCC) on the delivery of drug use sensitization, prevention, treatment and continuum of care of drug use disorder; the establishment/strengthening of at least one drug dependence treatment centre, with community drop-in-centres attached to it, by each State of the Federation / the Federal Capital Territory (FCT) and the training of SMoH healthcare providers by the 25 National Master Trainers (psychiatrists) in the provision of evidence based drug dependence treatment services- 5 states (Anambra, Bauchi, Kaduna) showed significant progress while Rivers State had slow progress.
- The establishment of State/FCT Programme on NCDs to strengthen coordination for the prevention and control of Non-Communicable Diseases in Nigeria- 5 states including (Adamawa, FCT) showed complete progress.
- That adequate budgetary provisions be made by FMoH and every SMoH for Food Safety activities as required by the NPFSIS; all State Ministries of Health to take the lead in establishing a State Food Safety Management Committee by securing appropriate approvals and all States should have a food safety desk to ensure proper implementation of the NPFS and its implementation Strategy at all levels- Adamawa and FCT had complete progress.
- A coordinated, extensive and sustained public enlightenment campaigns to be carried out by all relevant MDAs at Federal, State and Local Government levels against the use of calcium carbide for fruit ripening and the development of a National Code of Practice (NCP) on Artificial Ripening of fruits. The Federal Ministries of Health (FMoH), Agriculture & Rural Development (FMA&RD) as well as the Standard Organization of Nigeria (SON) to drive the process- Rivers State had no action
- Federal, 36 states, FCT and health stakeholders should adopt the National Council on Health handbook as a guide on all National/State council on health matters in Nigeria.
- The Federal Ministry of health should continuously build the capacity of relevant officers at all levels on NCH matters including writing of good quality NCH/SCH memoranda.
- The ten-year compendium on NCH resolutions should be used as a score card for evaluating the impact of NCH meetings.
- All Departments, Agencies and Parastatals of the Federal and State Ministries of Health should develop Annual Operations Plans (AOPs) on or before 3rd quarter each year to



NCH

Some NCH Resolutions

inform annual budget development and to demonstrate the operationalisation of the NSHDP II.

- Federal Ministry of Health to continue monitoring the implementation of the NSHDP II at all levels and report progress to Council at every council meeting.
- Federal, 36 states and FCT should ensure Development Partners supporting the implementation of the NSHDP II key into the AOP regime as part of their support.
- Federal, 36 states and FCT should adopt and commence implementation of the National Health Promotion Policy (2019).
- All Development partners and Civil Society Organisations to
- endorse the Country Compact committing to the implementation of the Second National Strategic Health Development Plan.
- Federal Ministry of Health to commence provision of technical support to all states for the adoption and implementation of the National Roadmap for accelerating reduction of Maternal and Neonatal mortality in Nigeria at all levels and the designation of Desk Officers at both the Federal and State levels.
- Federal, 36 states and FCT should adopt and commence implementation of the National Noma Policy and three-year Noma action plan for Nigeria (2019 – 2021) and identify more centres for establishment.
- Federal, 36 states and FCT should adopt and commence implementation of the National Policy and Strategic Plan for Ear and Hearing Care (EHC) at all levels.
- State Coordinators for EHC activities should be appointed in all 36 State Ministries of Health and FCT to work with the Desk Officers on EHC at the Federal Ministry of Health.
- Federal, 36 states and FCT should adopt and commence implementation of the National Quality of Care Strategy for the reduction of Maternal and Neonatal mortality at all levels.
- The National Health Research Ethics Committee (NHREC) should establish an electronic platform (e-platform) for protocol submission and review.
- The NHREC should commence charging of 0.5% of grant value as fees for submission and review of protocols from researchers.
- Federal, 36 states and FCT should observe World Food Safety Day (WFSD) celebration and activities at all levels.
- All 36 States and FCT should establish Traditional, Complementary and Alternative Medicine Department/Boards to enhance coordination, regulation and control of TCAM practice and its products in Nigeria.
- Federal, 36 states and FCT should ensure appropriation of adequate funds for polio eradication and routine immunization to enable the polio eradication programme to sustain its high impact interventions to finally achieve certification and a polio free status.
- 36 states and FCT should establish or reactivate State/LGAs Task Forces on Immunization (STFI/LGTFIs) to provide the needed coordination and oversight at the state and LGA levels as well as for Council to interface with Governors and Chairmen of LGAs with identified low commitment.
- Federal, 36 states and FCT should engage with development partners working in states to develop a transition mechanism by end of 1st quarter 2020 to cushion the effects of the global ramp down of polio resources which inevitably leads to lay off of several development partners agencies' members of staff, as we move closer to certification.
- Federal, 36 states and FCT should adopt and commence implementation of the National Eye Health Policy at all levels and the designation of Eye Health desk officer to interface with the National Eye Health Programme;



NCH	Some NCH Resolutions
63rd NCH	<ul style="list-style-type: none">• Federal, 36 states and FCT should adopt and commence implementation of Treatment Guideline for Child Eye Health at all levels of government by all stakeholders in the Nigerian Health Sector.• All 36 states and FCT should establish State Drug Resistant Tuberculosis (DR-TB) treatment compliance teams.• Federal, 36 SMoH and FCT Health and Human Services Secretariat should create Legal Units where none exists and create and institutionalize a MEDICO-LEGAL WEEK to create awareness on legal issues in health.• FMoH should repurpose the national coordination architecture for health sector response to humanitarian crisis to provide normative guidance for processes geared towards improving health outcomes for populations within fragile settings.• Federal, 36 States and FCT to improve health outcomes within fragile setting by strengthening and scaling up present response modalities.• FMoH in collaboration with states and other relevant stakeholders should develop a national policy document for the health of refugees, migrants and internally displaced persons.• FMoH should set up and operationalise systems to collaborate with the Ministry of Humanitarian Affairs, Disaster Management and Social Development in the provision of relevant technical support for health in humanitarian crisis, and disaster management.• Federal, 36 State Ministries of Health and FCT Health and Human Services Secretariat to prioritize the provision of Water, Sanitation and Hygiene services in health facilities across the country by creating a budget line or increasing budgetary allocation for Water, Sanitation and Hygiene.• FMoH should develop a policy that will guarantee free treatment for all Leishmaniasis patients, the inclusion of Leishmaniasis treatment into procurement plan/budget of the MOH for the purchase of drugs on annual basis and that development partners working in the State support the initiative.• SMoH and Agriculture and Rural Development, Departments and Agencies to create budget lines for training of staff as field epidemiologists in the Nigerian Field Epidemiology and Laboratory Training Programme;• All tertiary and specialist hospitals in Nigeria should procure and ensure a continuous supply of basic antidotes in their hospitals.• All tertiary and specialist hospitals should establish functional poison centres in all satellite hospitals or clinics that are affiliated to tertiary hospitals and in all states of the federation to improve access to medical management of poisoning.• All states and FCT should establish data quality “control rooms” domiciled in their Primary Health Care Boards (PHCBs) for stakeholders to address challenges relating to service delivery on District Health Information System (DHIS2) for the enhancement of decision making through the use of quality data.• Federal Ministry of Health should disseminate the report of the 2017 National Health Accounts Study as validated by stakeholders from the 36 States and FCT.• 36 States and FCT should adopt Workload Indicator of Staffing Needs (WISN) tool for the assessment of Human Resource for Health needs and distribution at all levels of the health sector;• Proceedings of the Special National Council on Health Meeting, November, 30 – December, 3, 2021.



NCH

Some NCH Resolutions

- Implementation of the Resolutions of the Special National Council on Health, November 30 – December 3, 2021, Abuja.
- The Review of National Health Research Policy and Priorities (NHRP&P) 2022.
- The Development of the National Action Plan on Antimicrobial Resistance and the eventual inclusion of the awareness of antimicrobial stewardship in the essential medicines list, national drug formulary, and standard treatment guideline.
- The Development of Nigeria Standard Treatment Guideline 3rd Edition, 2022.
- The Adoption and Implementation of the National Guidelines for Water, Sanitation and Hygiene (WASH) in Healthcare Facilities (HCFS) in Nigeria.
- Notification of the 28 Newly Gazetted NAFDAC Regulations on Food, Drugs, Chemicals, and Herbal Medicines; Distribution, Advertisement, and Good Practices.
- The need for States to domesticate Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition (RMNCAEH+N) multi-stakeholders Partnership Coordination Platform (MSPCP) and to establish Departments of Family Health.
- Policies developed by the Department of Family Health.
- The Establishment and Strengthening of Drug and Medical Supplies Management Agency (DMSMA) in the States.
- The urgent need for the Creation of Mental Health Units in All- Ministries of Health.
- The need to Review Extant Public Health Law and Replace it with a new Public Health Law to improve public health response in conformity with International Health Regulation (IHR).
- The need to migrate routine data at the facility level from paper-based to electronic base management information system (MIS) as part of the FMOH agenda of revitalising one PHC per ward.
- The use of a novel digital decision support system, called algorithm for the management of childhood illness (ALMANACH) by healthcare workers in Adamawa State.
- Adoption of National Oral Health Policy in Nigeria.
- The progress made on the integration of primary eye care into primary health care system; and
- Memorandum of the Honourable Minister of Health on the need to institute programs and policy actions to fast-track the demographic transition in Nigeria; xv. Adoption of National Oral Health Policy in Nigeria.
- The progress made on the integration of primary eye care into primary health care system; and
- Memorandum of the Honourable Minister of Health on the need to institute programs and policy actions to fast-track the demographic transition in Nigeria.
- Adoption of the Nigeria Health sector Renewal Investment Initiative (NHSRII) to improve health care access and outcomes across Nigeria.

The following 30 memoranda (resolutions) were noted by the Council:

- i. Institutionalizing Performance Review of Health Policies, Strategies and Plans.
- ii. The Development of Kaduna State Health Policy 2022.
- iii. Update on the implementation of Maternal, Perinatal and Child Deaths Surveillance and Response (MPCDSR) in Nigeria.
- iv. Strengthening health system capacity for prevention and management of health impacts of e-waste on child and adult health in Nigeria.



NCH	Some NCH Resolutions
	<ul style="list-style-type: none">• v. The Routine Immunization (RI) Expansion/ Intensification Strategy/ Interventions.• vi. Building Essential Partnerships and Mobilizing Resources and Investments for Improved Health Outcomes: The Impact of Significant Collaborations and Scales 3.0 Strategy On COVID-19 Vaccination Coverage in Imo State.• vii. Improving tuberculosis surveillance using polio eradication house-to-house structure.• viii. The viral hepatitis elimination program in Nasarawa State.• ix. Enhancing the disease surveillance system for better efficiency.• x. The establishment of the infectious disease centre, Olodo for the treatment of COVID-19 and other highly infectious diseases in Oyo State.• xi. The official notification of the attainment of World Health Organisation (WHO) global benchmarking maturity level 3 (ML3) by the Nigeria Regulatory Systems by NAFDAC.• xii. The use of rectal artesunate suppository as a pre-referral treatment for severe malaria in Adamawa State.• xiii. The progress made towards achieving Universal Health Coverage through the establishment of Telemedicine in Anambra State.• xiv. Strengthening Primary Health Care for the integration of the private health sector in HIV/AIDS, Tb, and Malaria (ATM) services delivery in Cross River State.• xv. Improving data timeliness and quality in the Niger State Health System by the establishment of a Zonal Data Control Room.• xvi. The integration of mental health services into the components of Primary Health Care service delivery in Oyo State.• xvii. The renovation and upgrade of Primary Health Care facilities in Oyo State towards strengthening health care services.• xviii. Implementation of Community-Based Surveillance (CBS) in stemming the tide of epidemic- prone diseases (cholera); NCH ABUJA 2022 PAGE 9• xix. The outcome of the 2020 National Health Accounts Study in Nigeria.• xx. The Basic Health Care Provision Fund (BHCDF).• xxi. Adoption and implementation of Health Insurance Scheme (HIS) in Cross River State.• xxii. Imo State Health Insurance Agency's milestones on the National Strategic Health Development Plan II.• xxiii. The introduction of a funds flow mechanism on capitation paid to public healthcare facilities for the management and implementation of the Katsina State contributory scheme.• xxiv. Increasing and maximising funding for the Lagos State health sector.• xxv. Kick-starting of pilot operations of the National Emergency Medical Services and Ambulance System (NEMSAS) programme in the Federal Capital Territory.• xxvi. The marked gains recorded from the institution of collaborative health insurance governance.• xxvii. Memorandum of the Honourable Commissioner for Health Abia State on effect of Abia State Tele-Health Initiative: a novel ingenuity on the management of public health emergencies during COVID-19 pandemic.• xxviii. Memorandum of the Honourable Commissioner for Health Delta State on Cancer Control in Delta State;• xxix. Domestication of the National Health Act;



NCH	Some NCH Resolutions
64 th NCH	<ul style="list-style-type: none">xxx. Memorandum of the Honourable Commissioner for Health, Delta State on development and progress made on the control of sickle cell disorder in Delta State.Consider opportunities to secure bilateral relationships with Nigerian migrant health workforce destination countries to consolidate agreements on remittances and knowledge transfer as well as targeted developmental assistance to scale up productionInstitutionalization of the Nigerian Diaspora Health knowledge and skills repatriation as a way to convert “Brain Drain to Brain Gain” both at the Federal and State levelsAdopt and ensure the implementation of Maternal, Infant and Young child nutrition training at both States and LGA levelsConduct every 5 years, Impact Assessment of National Council on Health resolutions in all 36 states and FCT AbujaCommemorate the Health Promotion DaySupport the domestication and implementation of the Antimicrobial Resistance manualEstablish Budget lines for Family Planning at both National and sub national levels for implementation of Nigeria's Family Planning programme
65 th NCH	<ul style="list-style-type: none">Adoption and implementation of Nigeria Digital Health Initiative at National and subnational levelsAdoption and implementation of the revised National Policy on Food Safety and Quality and its implementation planAdoption of the CHEMOSAFE Policy for all cancer treatment centers in NigeriaAdoption of the National Policy and Strategic Plan for Hospice and Palliative care across all levels of health care servicesAdoption of the National Policy and Strategic plan for Hospice and Palliative care across all levels of healthcare services andSupport the implementation of the policy to improve the quality of life of patients with life threatening illness and their families in NigeriaAdoption and implementation of the revised 2024 National Policy on Infection Prevention and Control at national and subnational levels and the allocation of necessary resources for policy execution and capacity buildingIntegration of GBV within the primary health care service delivery through the incorporation of GBV care in the minimum service package and inclusion of GBV in the pre-service and inservice training curricula of primary health care workers and build community based GBV support networks, including peer support groups to promote awareness, attitudinal change, gender equality and survivor supportAdoption and implementation of the 2022 National Task Shifting and Task Sharing (TSTS) Policy

DISCUSSION

The NCH is essential for: developing and implementing policies that improve the healthcare system, mobilizing resources and investments to support healthcare development, for promoting accountability and transparency in healthcare delivery and management.² Over the years, NCH meetings have focused on diverse thematic areas critical to health sector development. Key

focus areas have included: Implementation of the Second National Strategic Health Development Plan (NSHDP II, 2018–2022);³ Strengthening Primary

Health Care under the Primary Health Care Under One Roof (PHCUOR) policy;⁵ Promoting local vaccine production and expanding routine immunization; Leveraging digital health systems for data-driven



decision-making; Institutionalizing Basic Healthcare Provision Fund (BHCDF) mechanisms at federal and state levels; Addressing public health threats such as COVID-19, tuberculosis, and substance abuse and Integrating mental health, traditional medicine, and Water, Sanitation and Hygienic (WASH) policies in health systems planning.

States are expected to implement the previous NCH Communique Resolutions. Additionally, states are to provide memoranda to the Council for deliberation and approval.^{1,5} The quality of the NCH meeting largely depends on the quality of memoranda submitted and presented by members to enable the Council to make evidence-based decisions. Good quality memoranda stimulate extensive deliberations during Council meetings.¹ The full participation of states is therefore necessary for a robust and engaging NCH meeting. The National Council on Health (NCH) resolutions from these meetings help to shape the health sector at all levels of care.

Key trends

The trend of the National Council on Health (NCH) in Nigeria from 2014 to 2024 shows a move toward solidifying national healthcare policy, with a growing focus on achieving universal health coverage (UHC) through strategic initiatives. The period was defined by the passage of the National Health Act in 2014, a downturn in per-capita healthcare spending, and a later push for increased investment and digital transformation.

2014: Legislative foundation

Establishment of the NCH: The National Health Act of 2014 legally established the NCH as the apex policymaking body for Nigeria's health sector. This act formalized the roles and responsibilities of health authorities at all levels of government.

Setting standards: The act also established new standards for health service delivery and formalised a framework for regulating, developing, and managing the national health system.

Creation of the BHCDF: A major provision of the 2014 act was the establishment of the Basic Health Care Provision Fund (BHCDF) to support primary healthcare services.

2015–2019: Funding downturn and gradual recovery

Decline in per-capita spending: Following the passage of the Health Act, Nigeria experienced a significant decline in per-capita healthcare spending, from a peak in 2014 to a low in 2018. This downward trend negatively impacted the healthcare system.

COVID-19 pandemic response: Although the pandemic began in 2020, the period immediately preceding and during the COVID-19 pandemic highlighted significant weaknesses and spurred renewed interest in strengthening the health sector.

2020–2024: Renewed focus on UHC and digitalisation

Increased budget allocations: The trend of declining per-capita spending reversed in the 2020s, with a noticeable increase in the 2024 federal budget for health. These funds were allocated to strengthening primary healthcare and expanding health insurance coverage.

The Nigeria Health Sector Renewal Investment Initiative (NHSRII): Unveiled at the 64th NCH in November 2023, the NHSRII provided a unified roadmap for achieving UHC by improving governance, reducing financial barriers, and addressing systemic challenges.

Digital health transformation: At the 65th NCH meeting in November 2024, the council endorsed the Nigeria Digital Health Initiative (NDHI). This initiative aims to unify existing digital health platforms and standardize data governance to transform healthcare delivery.

Focus on workforce and emergency care: The 65th NCH meeting also passed resolutions to strengthen human resources for health, institutionalize a reward system for state-level achievements, and advance the National Emergency Medical Service and Ambulance System (NEMSAS) into an independent agency.

Address health challenges: The 65th NCH focused on building capacity for maternal and child health, promoting community engagement, and addressing climate-induced health vulnerabilities through the Health National Adaptation Plan (H-NAP).

Over the decade, the NCH's actions reflect the following trends:

Move from legislation to implementation: The initial period focused on establishing a legal framework with the 2014 Act. By the later years, the focus shifted to implementing concrete strategies and initiatives based on that framework.

Prioritization of universal health coverage: While always a goal, UHC became a central, overarching theme, driving specific policies like increased funding for the



BHCPF, health insurance expansion, and governance reforms.

Digitalization as a core strategy: In the latter half of the decade, the NCH embraced digital technology as a primary tool for achieving healthcare goals. The NDHI and the push for digital record-keeping reflects this modernizing approach.

Increased focus on human resources and emergency response: Concerns over "brain drain" and the challenges of outbreaks led to a renewed emphasis on improving working conditions for health workers and establishing a robust national emergency medical service.

Limitations of the Study

This was a desk review of available data on the National Council on Health (NCH) meetings, therefore subjectivity and bias in data source can be a limitation. The review was limited to existing document which were not easily accessible.

Implications of the Study

This review of the National Council of Health's (NCH) activities from 2014-2024 highlights the implementation and impact of the 2014 National Health Act, including its role in policymaking and efforts towards Universal Health Coverage (UHC). The review shows that the council has been a crucial forum for policy approval, but implementation faces challenges like funding gaps, lack of coordination, and workforce shortages. While the council approves policies aimed at universal health coverage (UHC), studies from this period highlight the need to strengthen governance and the health information system, and improve coordination between federal government levels, state government and the private sector for effective policy impact.

Recommendations

To enhance the effectiveness of the NCH, the following recommendations are proposed:

- Strengthen accountability mechanisms to track state compliance with resolutions made.
- Institutionalize mid-year performance reviews at state level.
- Digitize NCH resolution tracking and integrate with national health dashboards.
- Promote greater involvement of civil society and sub-national actors in shaping the NCH agenda.

- Encourage inter-ministerial coordination to address social determinants of health.

CONCLUSION

The National Council on Health remains a pivotal governance structure for Nigeria's health sector, enabling policy coherence, stakeholder alignment, and multisectoral collaboration. The review of Nigeria's health sector from 2014-2024 reveals that despite the National Health Act of 2014 establishing the National Council on Health (NCH) and outlining its functions, significant challenges remain. Implications include persistent underfunding, weak primary healthcare infrastructure, poor service delivery, and workforce emigration, which have hampered the achievement of national health goals and universal health coverage, as highlighted by reports from the period. The NCH's role is to provide high-level policy guidance, but its effectiveness has been constrained by these systemic issues. While it has made commendable strides, challenges persist in translating resolutions into State-level implementation. The National Council on Health according to the NHAct 2014 makes recommendations to States to improve Health Outcomes by strengthening the healthcare system in order to achieve Universal Health Coverage (UHC). This through identifying health goals and priorities for the nation and monitor progress of their implementation; promote health and healthy lifestyles; facilitate and promote the provision of health services for management, prevention and control of communicable and non-communicable health diseases; integrate the health plan of the FMoH and SMoH annually.

DECLARATIONS

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Conflict of interest: Nil

Ethical consideration: Not Applicable

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