



FEDERAL MINISTRY OF HEALTH



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Data-driven strategic planning and prioritization: Lessons from Nigeria



Active TB Screening for Nomads in Health Facilities



JHF Staff providing Health Education in Nomadic Communities

Community



JHF Staff conducting Community Health Education on TB

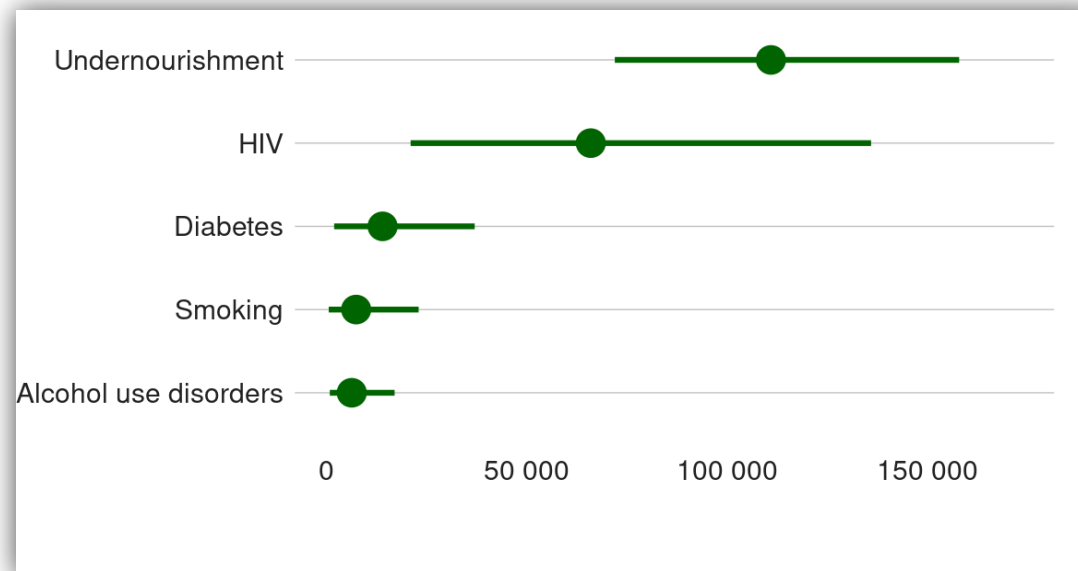
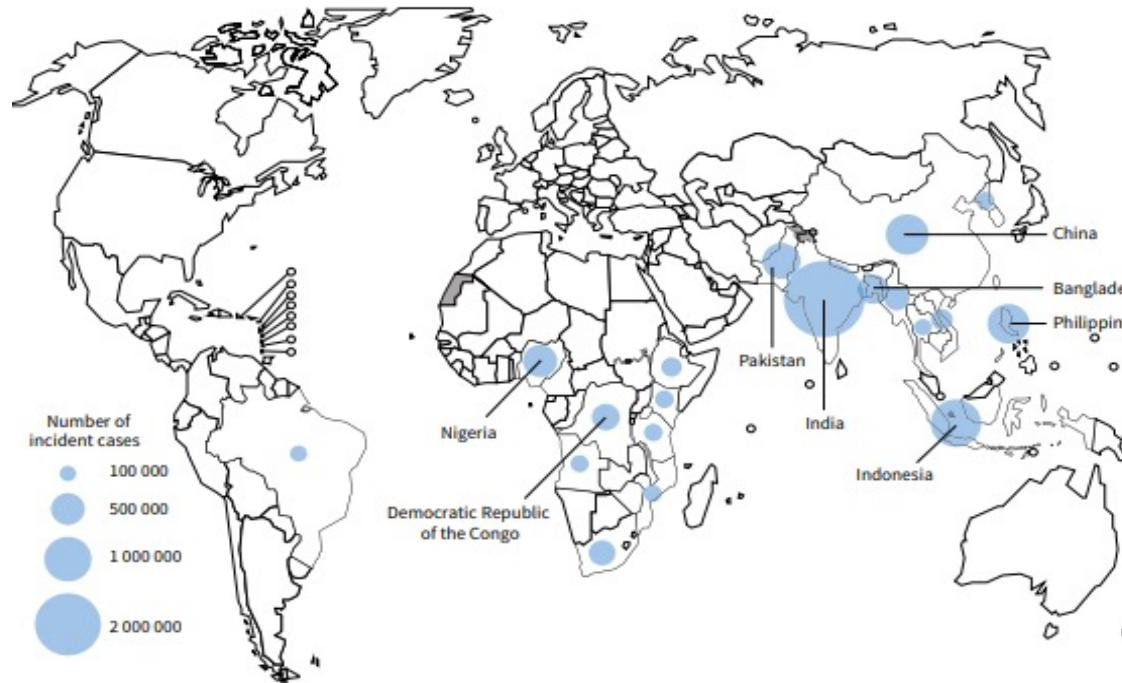
Outline

- Country Profile
- Epi-Gap
- Prioritization
- Introduction of efficiency
- Integration
- Scenario costing
- NSP goals and Objectives
- Conclusion

Country Overview

- The roadmap towards developing a bold and robust strategic plan depends on the generation, analysis and utilization of evidence.
- A bottom-up approach using key resources (such as **People Centered Framework, TB digital platform, Patient Pathway Analysis** together with joint programme reviews) for prioritization of interventions helped Nigeria develop a new NSP

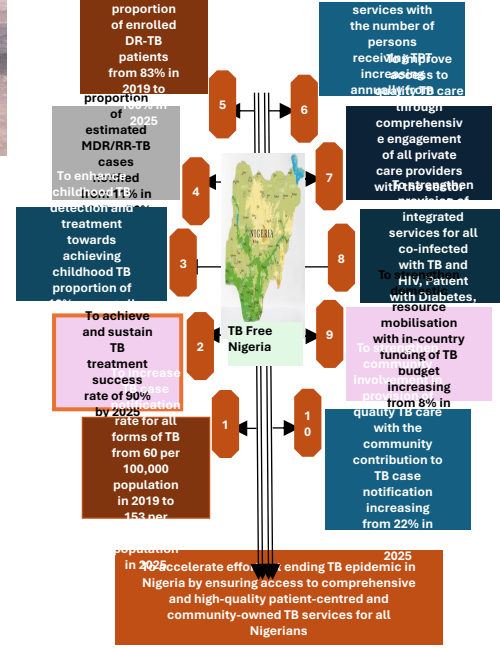
(<https://www.who.int/publications/i/item/9789240022843>)



- Nigeria has the highest TB burden in Africa and 6th in the world
- **TB Incidence of 219/100,000**
- An estimated >510,000 TB cases occurred in 2025 (20% of TB burden in Africa).
- Mortality rate
- **Catastrophic Cost is 71%**

NSP 2021-2026

- Expanded DOTs sites to include non-high burden states
- Revitalization of Non-Reporting
- Targeted community approach using CBOs for ACF
- Case finding among key population – IDPs, NOMADS
- OPD/PQE: Screening of OPD sites
- X-ray for adult & Children
- Increased access to TB diagnostic services and new innovations
- Strategic focus on PPM

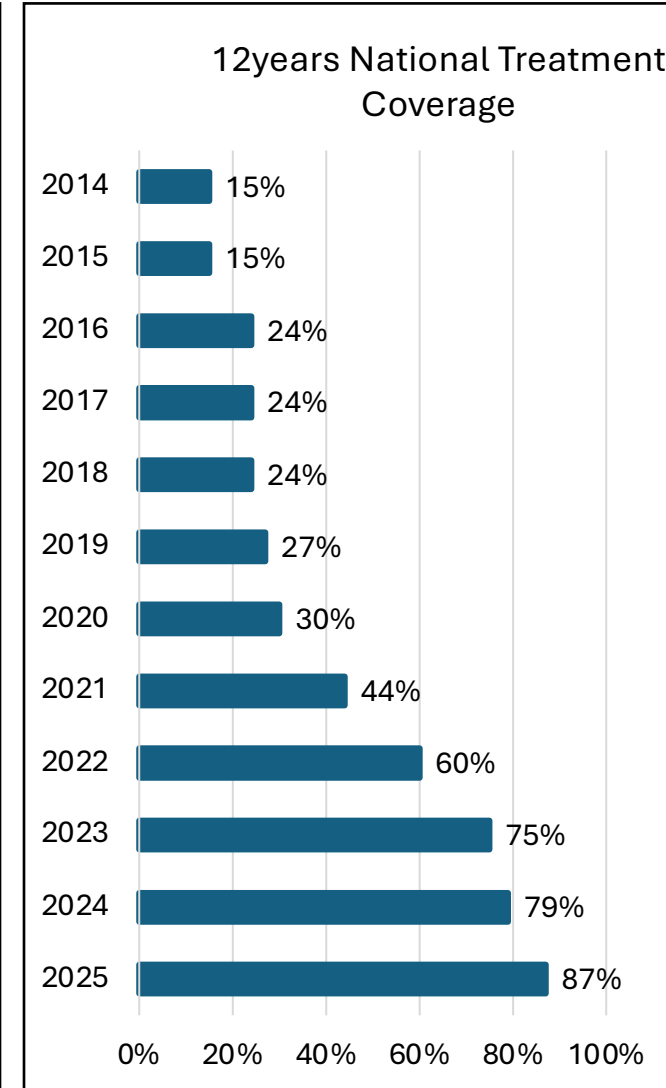
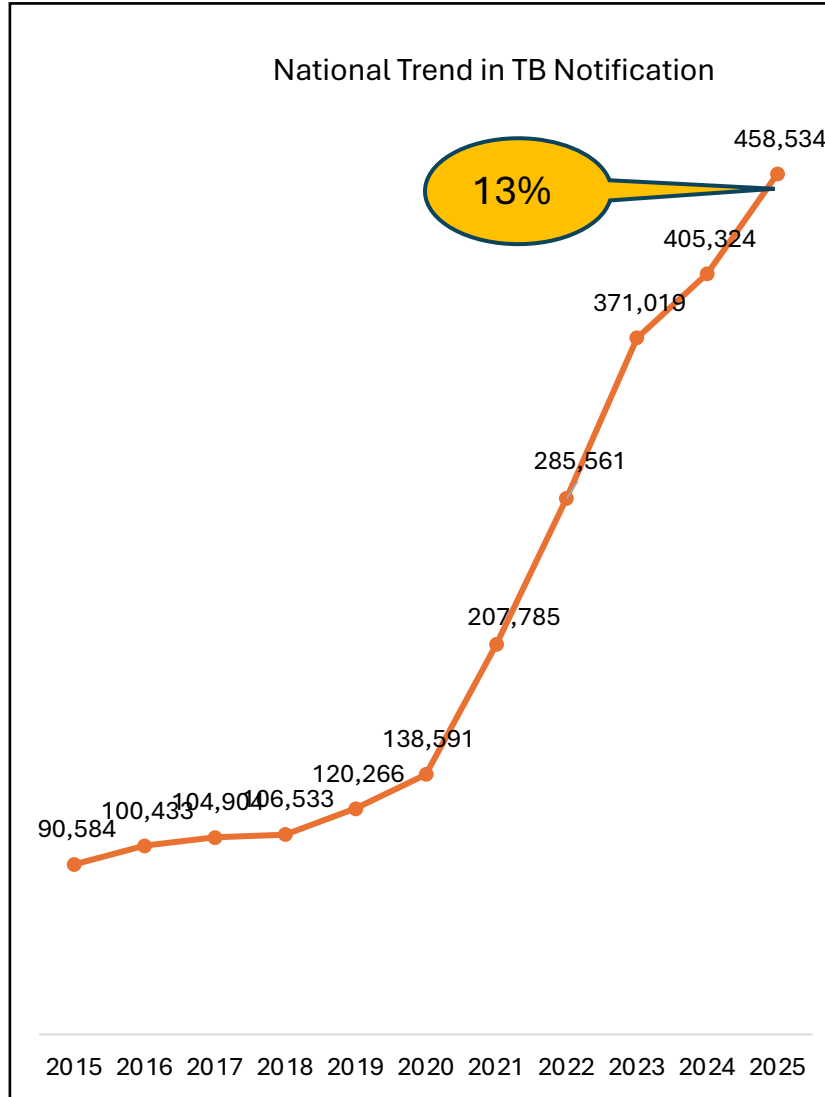



Results

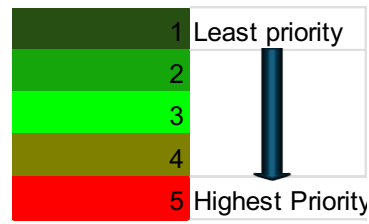
2025
458,534

		2024	2025	2026
Current estimated country need				
A. Total estimated population in need/at risk	#	506,687	521,027	535,772
B. Country targets (from National Strategic Plan)	#	344,547	375,139	410,829
	%	68%	72%	77%

- We set out to notify 410,829 TB cases by 2026
- Global stock out of medicines for months in 2024/2025
- Change in funding landscape in 2025 which impacted on prog activities
- We surpassed the 2026 target in 2025 by 12%



Problem prioritization- 1



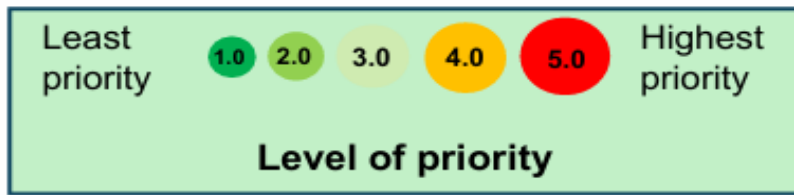
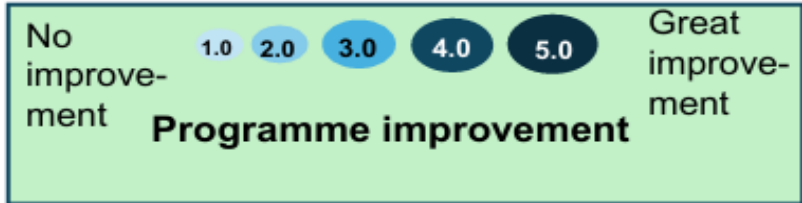
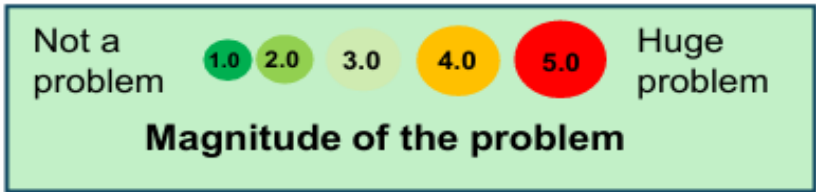
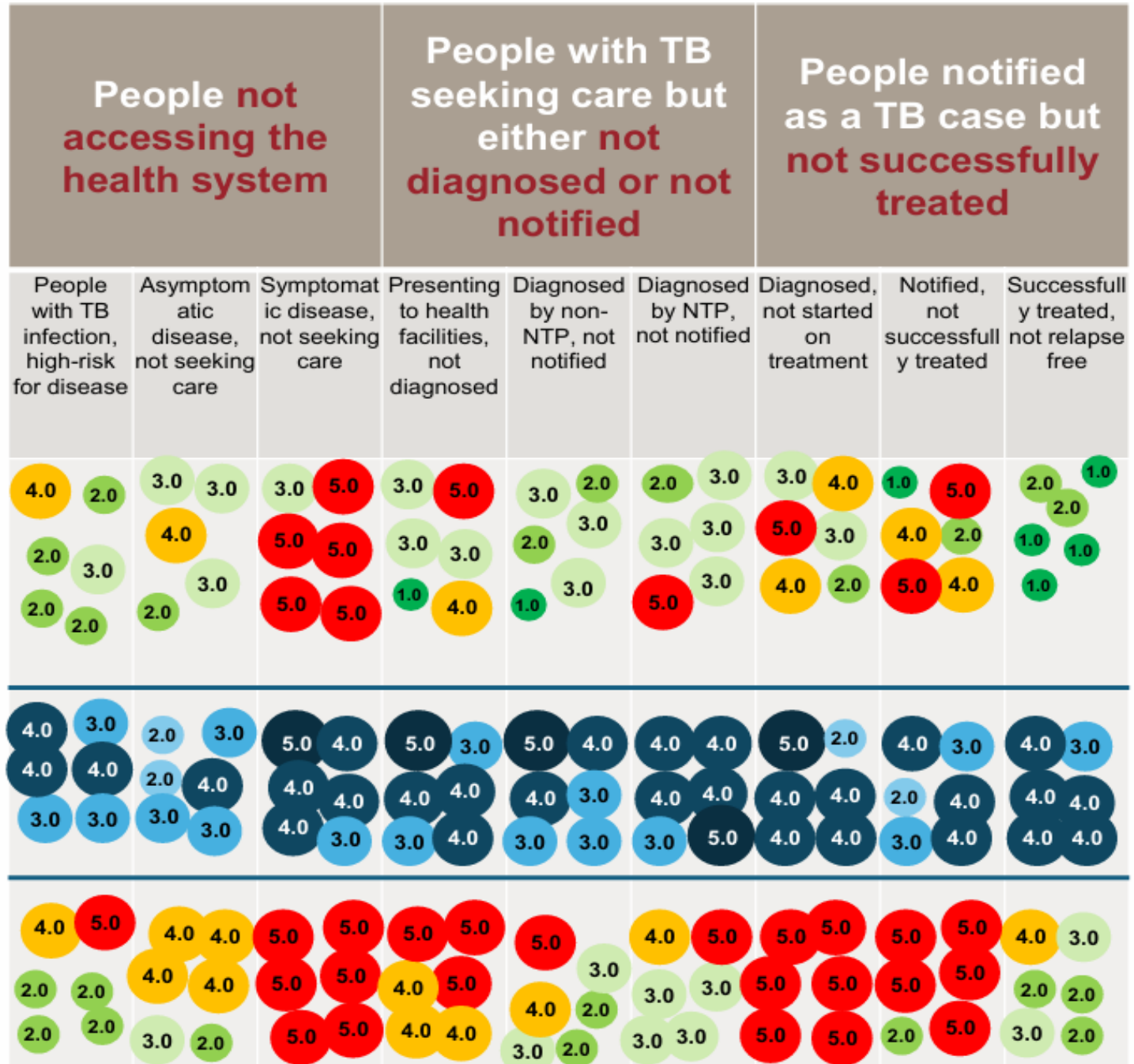
Category	Sub Category	Problem - How big a problem is this within the context of the overall TB burden?	Progres - To what extent is there progress against this challenge	Priority - What level of priority should be given to filling the remaining gaps related to this challenge?
DS-TB	Pulmonary TB	5	4	4
	Extra Pulmonary TB	4	2	5
	Childhood + Adolescent	5	3	5
	Key Populations	4	3	4
	Others	3	2	3
DR-TB		4	2	5
TB/HIV		3	4	3

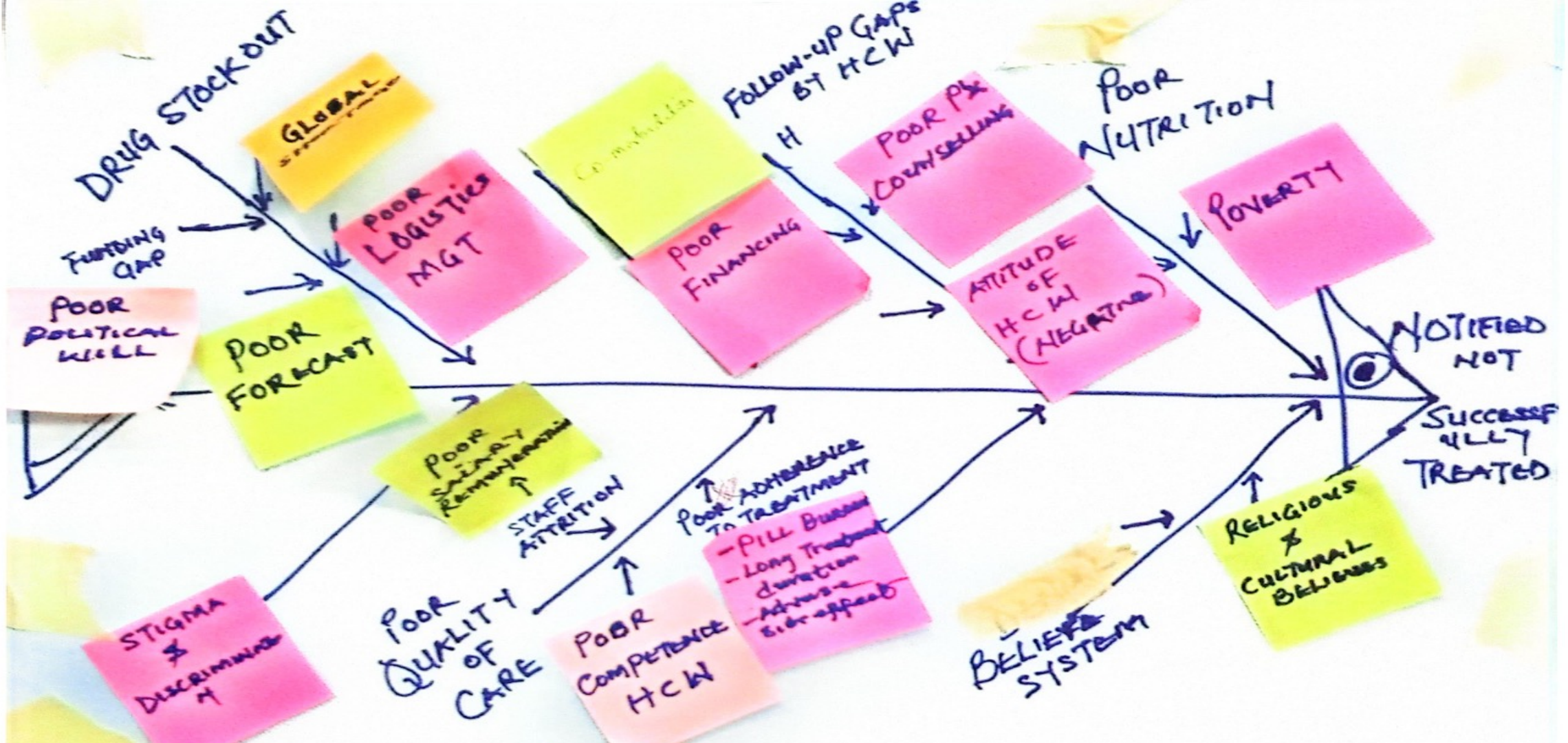
	Problem - How big a problem is this within the context of the overall TB burden?	Progres - To what extent is there progress against this challenge	Priority - What level of priority should be given to filling the remaining gaps related to this challenge?
Significant gap in TB case detection (DS, DR, Childhood TB)	4	4	5
Unsuccessful treatment outcome (24% in DR-TB; 17% in TB/HIV & 6% in DS-TB)	4	3	4

- The stakeholders considered DS-TB, DR-TB & pediatric TB to be of high priority.
- Significant gap in TB case detection (DS, DR, TB/HIV) was also identified as area of priority

NTBLCP Problem prioritization along the care continuum (summary of group work)

In Nigeria, along the continuum of care, people with symptoms who were not seeking care and people diagnosed with TB who were not notified were identified to be the highest priorities for the NSP 2027-2031





POOR POLITICAL WILL???

- Areas of Impact
1. Poor logistics mgt
 2. Poor forecasting.
 3. Stigma and discrimination
 4. Staff incompetence.
 5. Belief systems.
- QUALITY OF CARE**

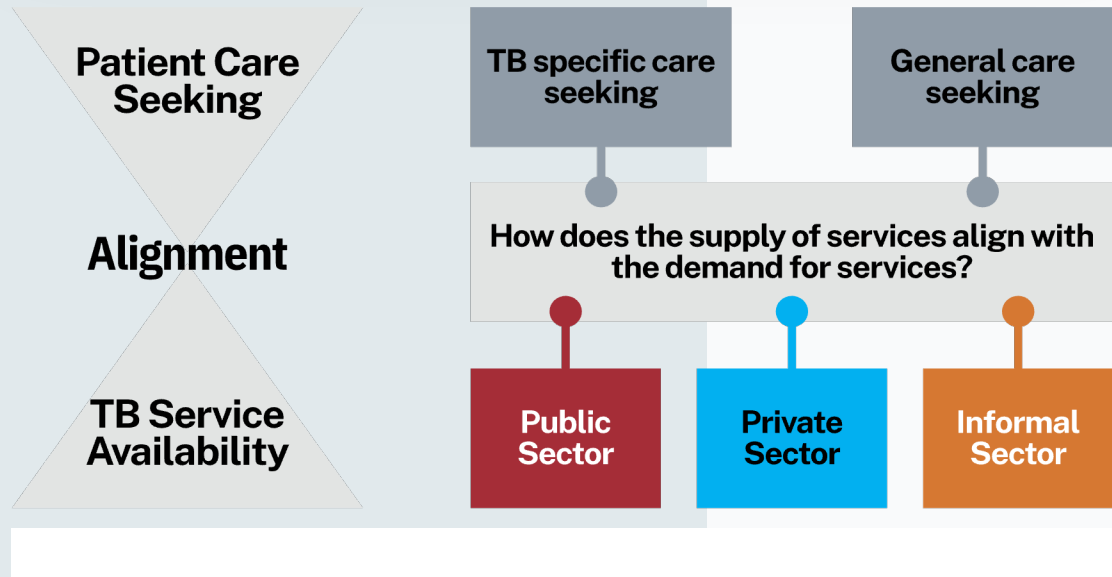
Adherence

GRP 6

Core group meeting

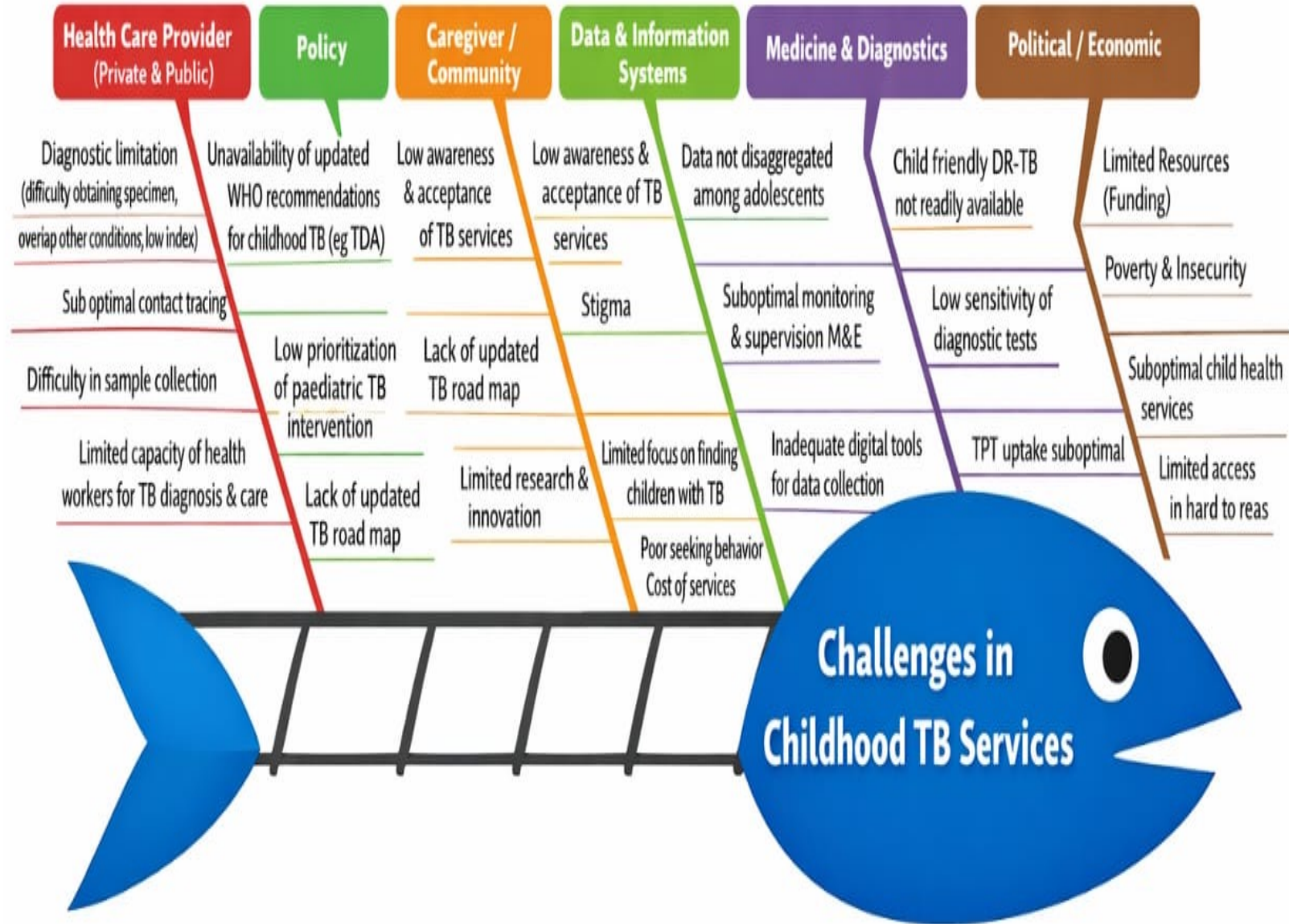


- The core group of programme officers from all stakeholders was constituted to use the outcome from the stakeholders meeting and other available information to further develop the new NSP from 20th April to 2nd May 2026
- The core meeting commenced on 20th April 2028
- The core team further conducted some root cause analysis where needed, identified interventions, prioritized interventions & developed objectives and activities
- The team is currently working on the costing of the NSP



Root Cause Analysis: Use evidence; dashboards and reports

- Detail root cause analysis were conducted for the TB control efforts in Nigeria along the continuum of care and also key thematic area of the programme with gaps.
- This was done to be able to identify appropriate domain of action and interventions that will accelerate the efforts to end TB in Nigeria

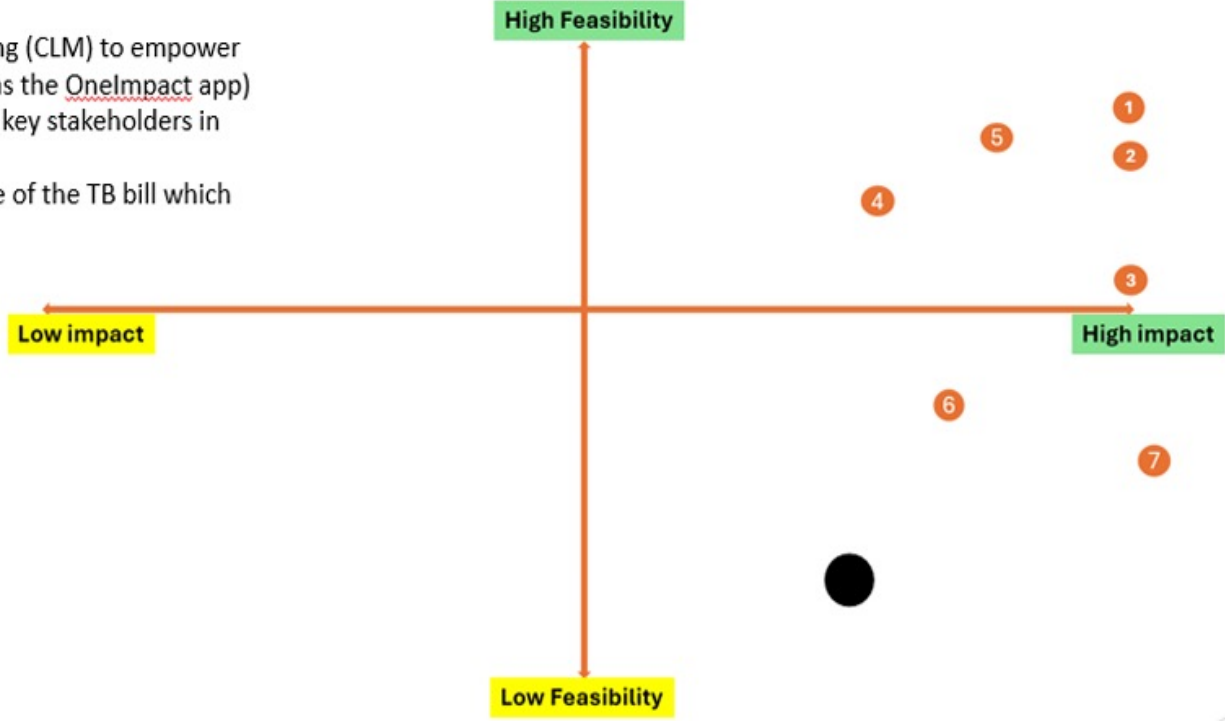


Feasibility and Impact analysis

DRAFT

SAMPLE - INTERVENTIONS FOR HUMAN RIGHT AND PRIOTIZATION

- 1. Review of Human Rights and Gender Action Plan for Tuberculosis Care and Prevention in Nigeria 2021 – 2025
- 2. Strengthening the capacity of stakeholders on gender and human rights
- 3. Sustained engagement of community leaders (traditional & religious), TB survivors, influential members of the community with knowledge on human rights, and implications of violations
- 4. Engage TB survivors, persons affected by TB, youths and other TB KVPs actively in human right-based community mobilization & awareness creation
- 5. Support the rollout of Community-Led Monitoring (CLM) to empower communities to demand right based care (such as the OneImpact app)
- 6. Collaborate with Law enforcement agencies and key stakeholders in the justice sector (NPF, NCS, LA, MoJ HRVC etc.)
- 7. Intensify parliamentary advocacy for the passage of the TB bill which has passed first reading

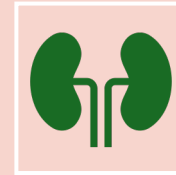


NSP Goal and objectives

- Objectives



Priority 1: Scale up equitable TB case finding and treatment for all TB (DS-TB and DR-TB), with focus on under-reached populations.



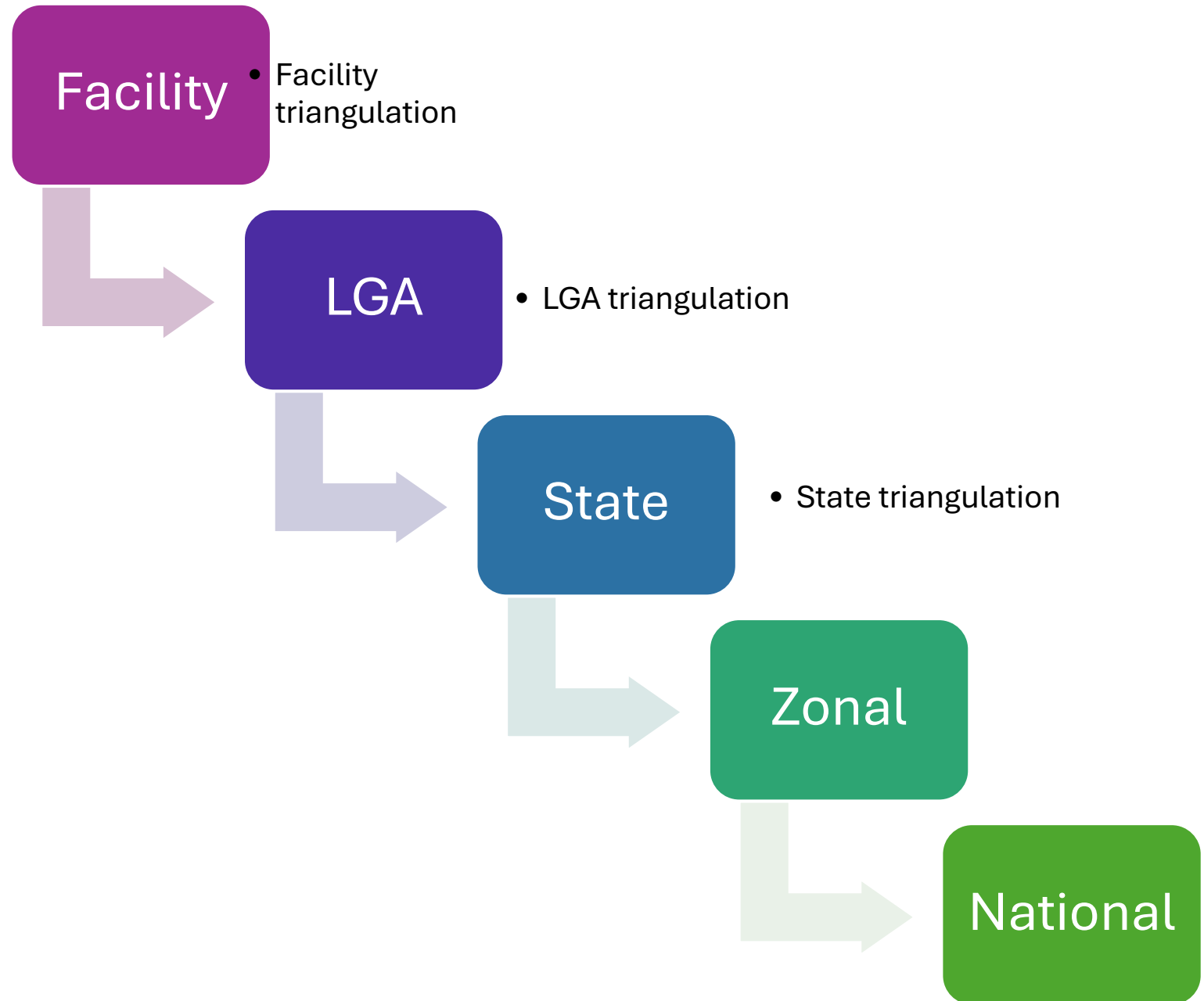
Priority 2: Accelerate universal drug susceptibility testing (DST) and equitable access to quality diagnostics



Priority 3: Accelerate TB prevention among eligible contacts

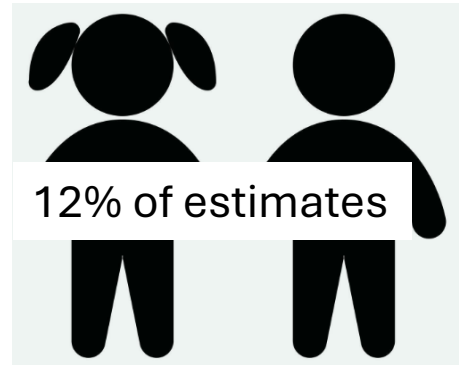
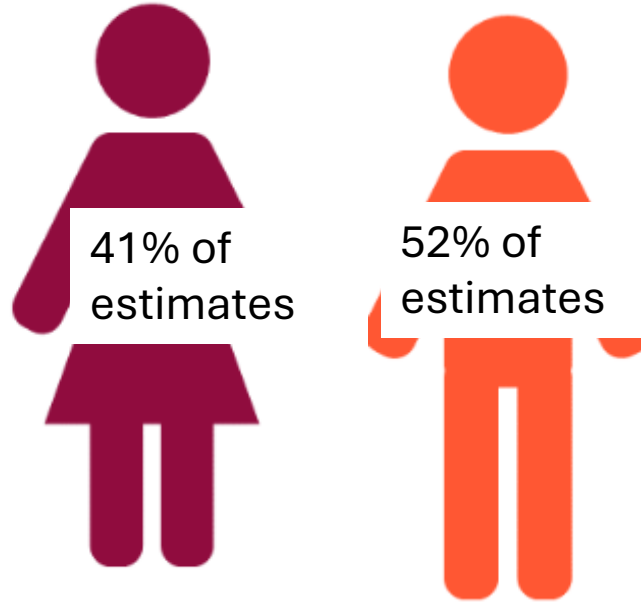
Data Flow, quality checks and data use for Sub-national planning

- Evidence/quality data is key for planning at both National and sub-national levels
- Embedding quality checks along the data flow pathway is crucial
- Quality checks such as triangulation, conditional formatting, cascade analysis etc
- Ranking of states based on finding to help further framing of interventions

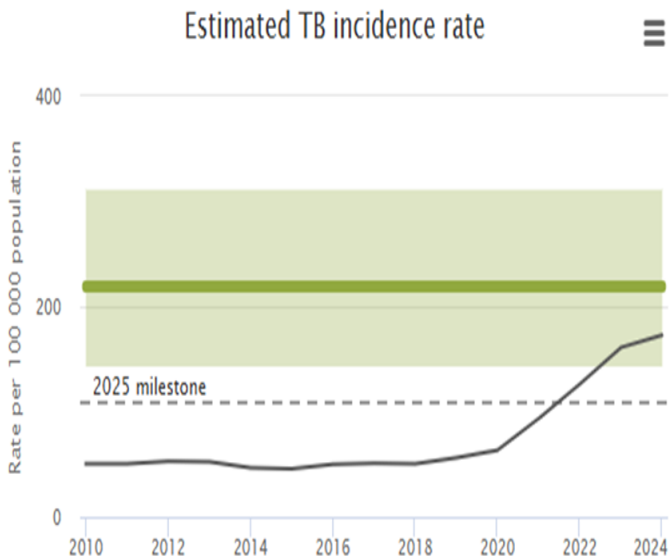
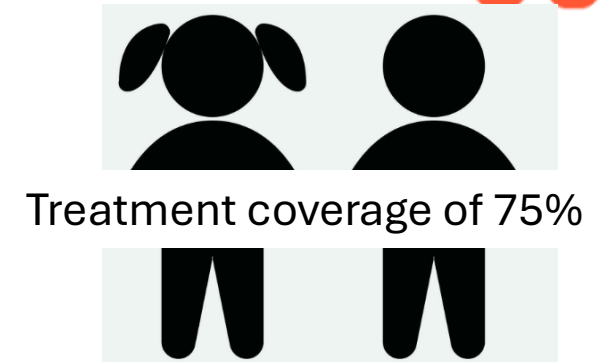
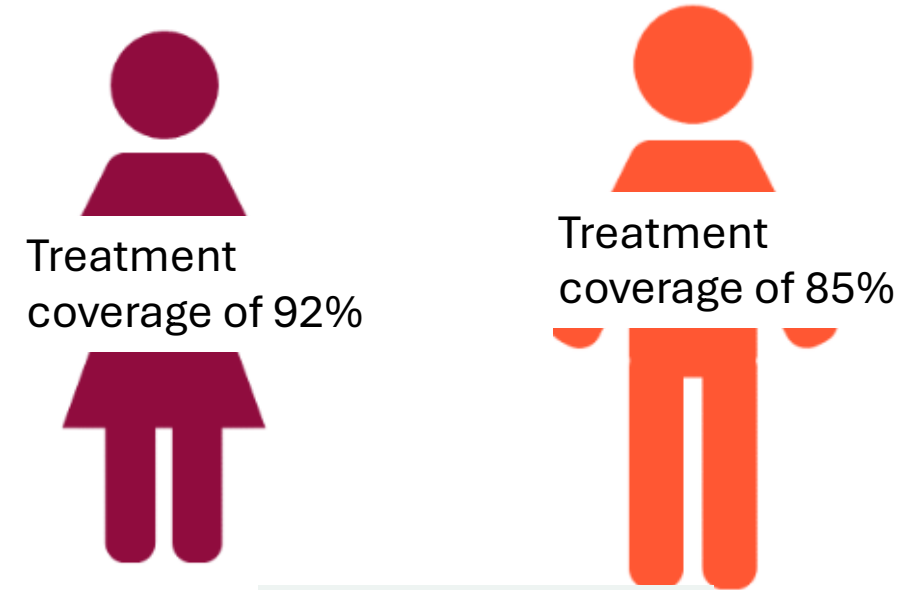


Nigeria TB burden

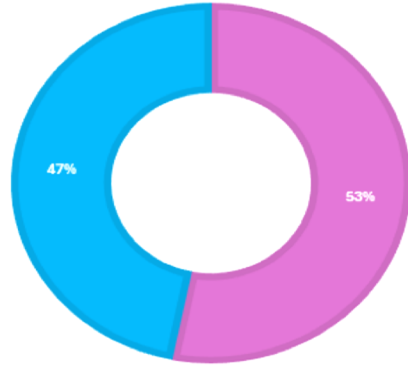
- **TB Incidence of 219/100,000**
- An estimated >510,000 TB cases occurred in 2025 (20% of TB burden in Africa).



87% Treatment Coverage



THE CASCADE VISIBILITY



47% Screen

85,874,118

58% Screen

50% presumptive

7,366,512

50% presumptive

58% diagnosed

More females were screened due to health seeking behaviour
More males were diagnosed with TB among those screened.

42% diagnosed

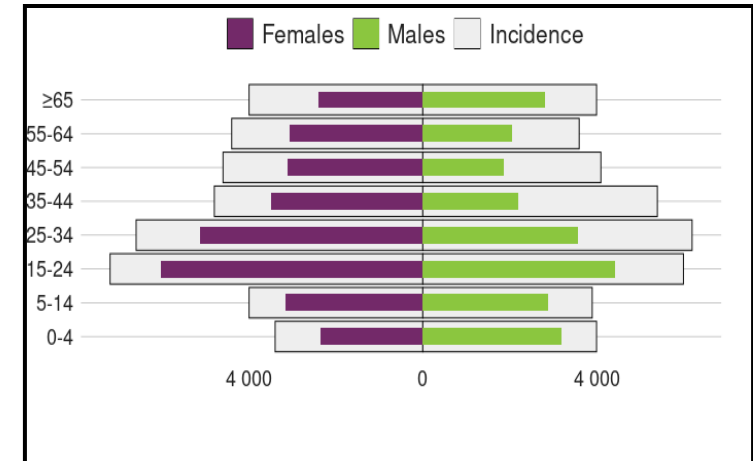
59% Case

41% Case

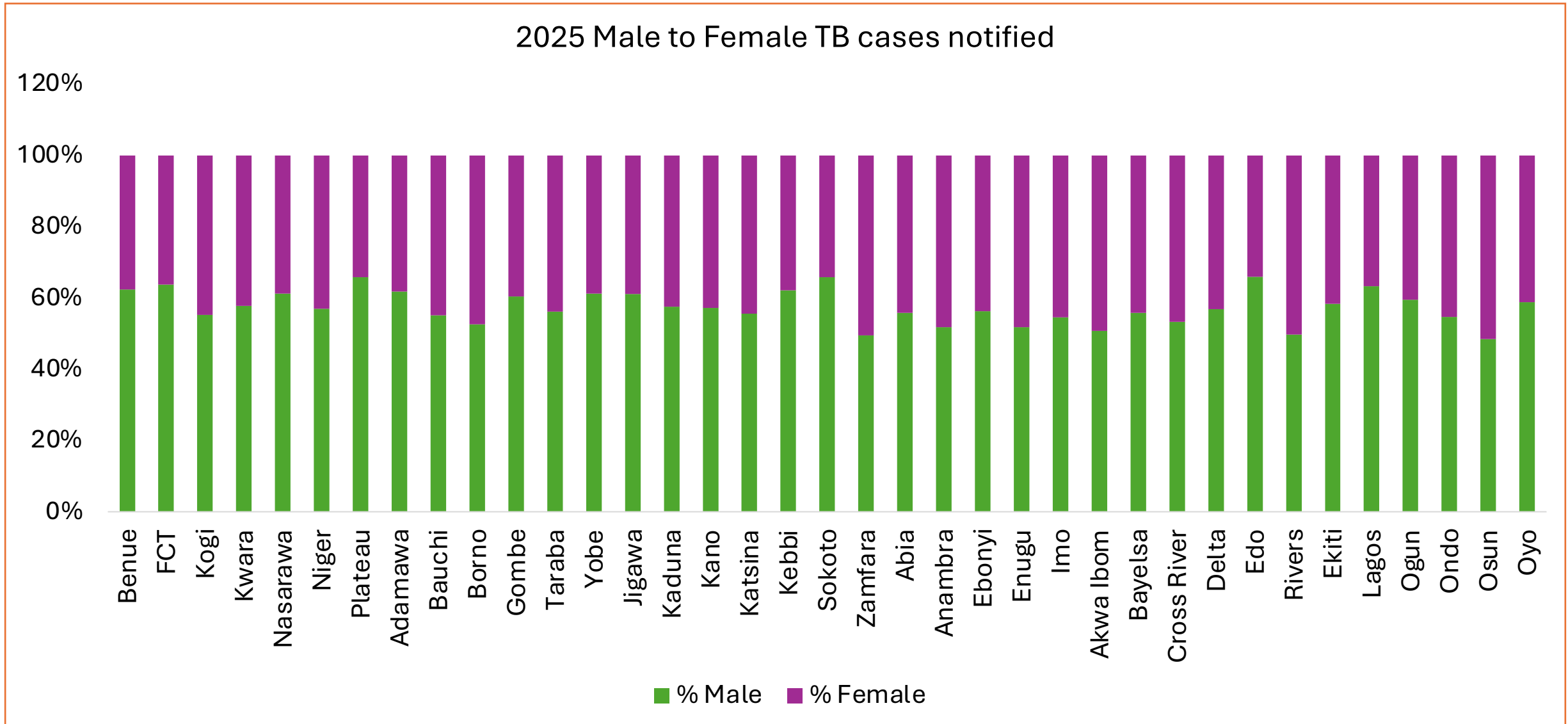
2024 till Q 4 2025

>870,046

- Cascade analysis
- Quantification for consumables and drugs
- Estimation of yield – to aid



2025 cases: Male to Female Proportion by state



More males are diagnosed

Treatment coverage by states (2025)

23 states reached 70% and above

TB Treatment coverage in 2025					
State	Treat Coverage grading	State	Treat Coverage grading	State	Treat Coverage grading
Sokoto	Green	Anambra	Purple	Plateau	Yellow
Kebbi	Green	Adamawa	Purple	Ogun	Yellow
Katsina	Green	Abia	Purple	Enugu	Yellow
Osun	Green	Gombe	Purple	Kwara	Yellow
Bauchi	Green	Kano	Purple	Delta	Yellow
NW Total	Green	Ebonyi	Grey	Bayelsa	Yellow
Taraba	Green	Benue	Grey	Edo	Yellow
Borno	Green	FCT	Grey	Ekiti	Yellow
Cross River	Green	Oyo	Orange		
Rivers	Green	Imo	Orange		
Zamfara	Green	Ondo	Orange		
Nasarawa	Green	Lagos	Orange		
Akwa Ibom	Green				
Jigawa	Green				
Kaduna	Green				
Niger	Green				
Kogi	Blue				
Yobe	Blue				

Code	Treatment coverage grading
States that met the national TB treatment coverage (TC) average of 87%	Green
States with TC 80%-86%	Blue
States with TC 70%-79%	Purple
States with TC 61%-69%	Orange
States with TC below 50%	Yellow

16 states

2 states

5 states

State	2023 TB Cases	2025 TB Cases	% change in annual TB case notifications between 2023 and 2025
Plateau	4703	5397	15%
Ogun	6159	5800	-6%
Enugu	3608	4966	38%
Kwara	1828	3414	87%
Delta	5839	5877	1%
Bayelsa	1072	1776	66%
Edo	1948	2631	35%
Ekiti	515	976	90%

Projected using estimated incidence of 219/100,000pop

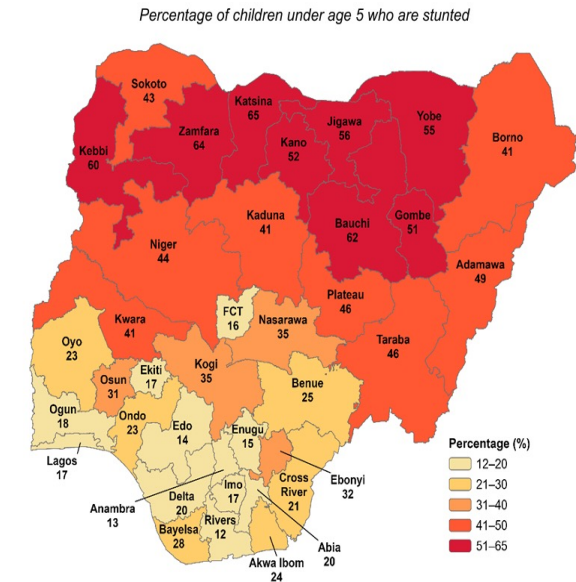
TB notification in 2025

State	# All forms of TB
Sokoto	38,608
Katsina	29,108
Kano	26,282
Bauchi	23,216
Kebbi	22,386
Kaduna	22,321
Rivers	22,197
Borno	18,787
Osun	17,175

- 7 states reported >20 000 TB cases
 - 5 in north-west: Sokoto, Katsina, Kano, Kebbi, Kaduna, + Bauchi & Rivers
- 52% of all forms of TB cases are in 10 states

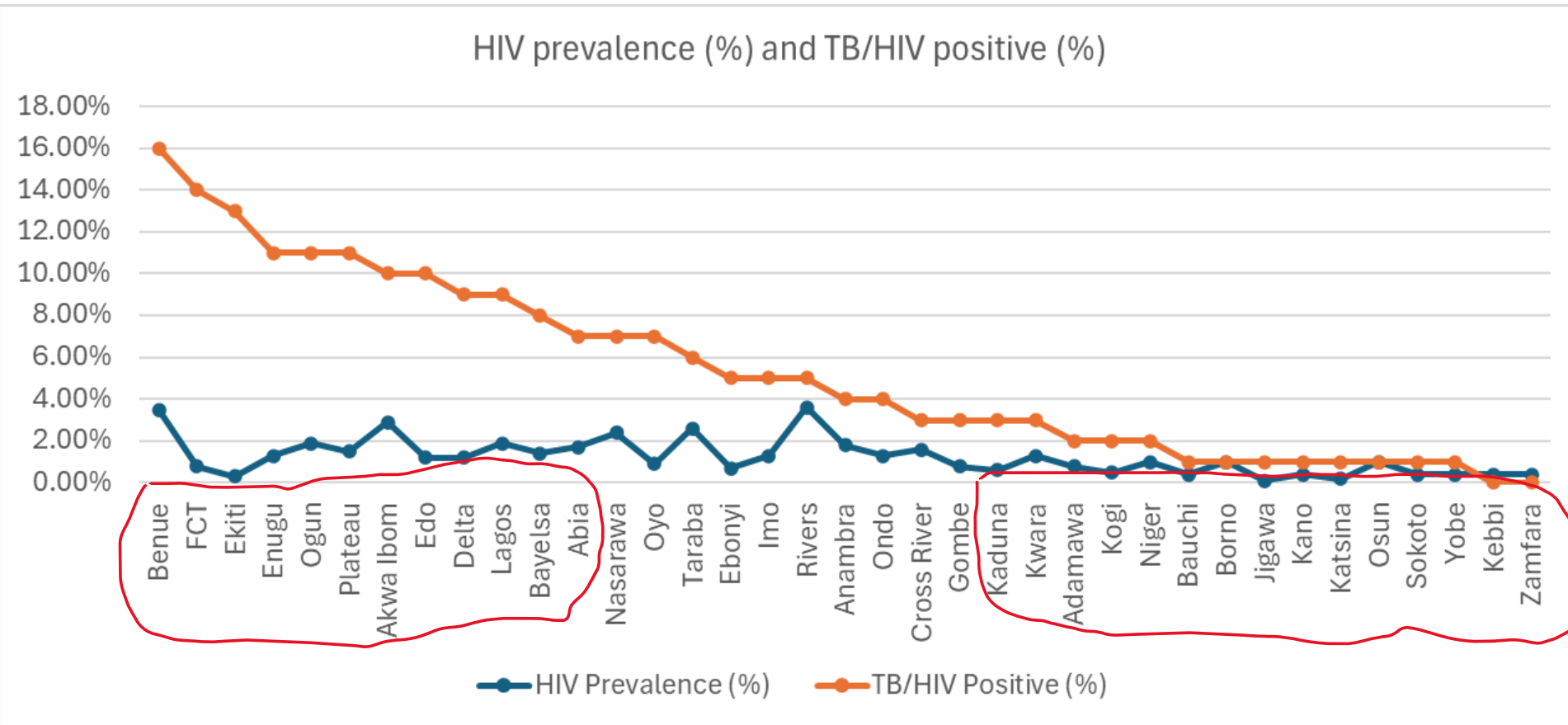
% Contribution of each zone to TB case notification in 2025

Geopolitical zone	% of the contribution to Nigeria population	% contribution to national TB notification
North Central	14%	12%
North East	14%	17%
North West	26%	37%
South East	12%	9%
South South	15%	13%
South West	20%	13%

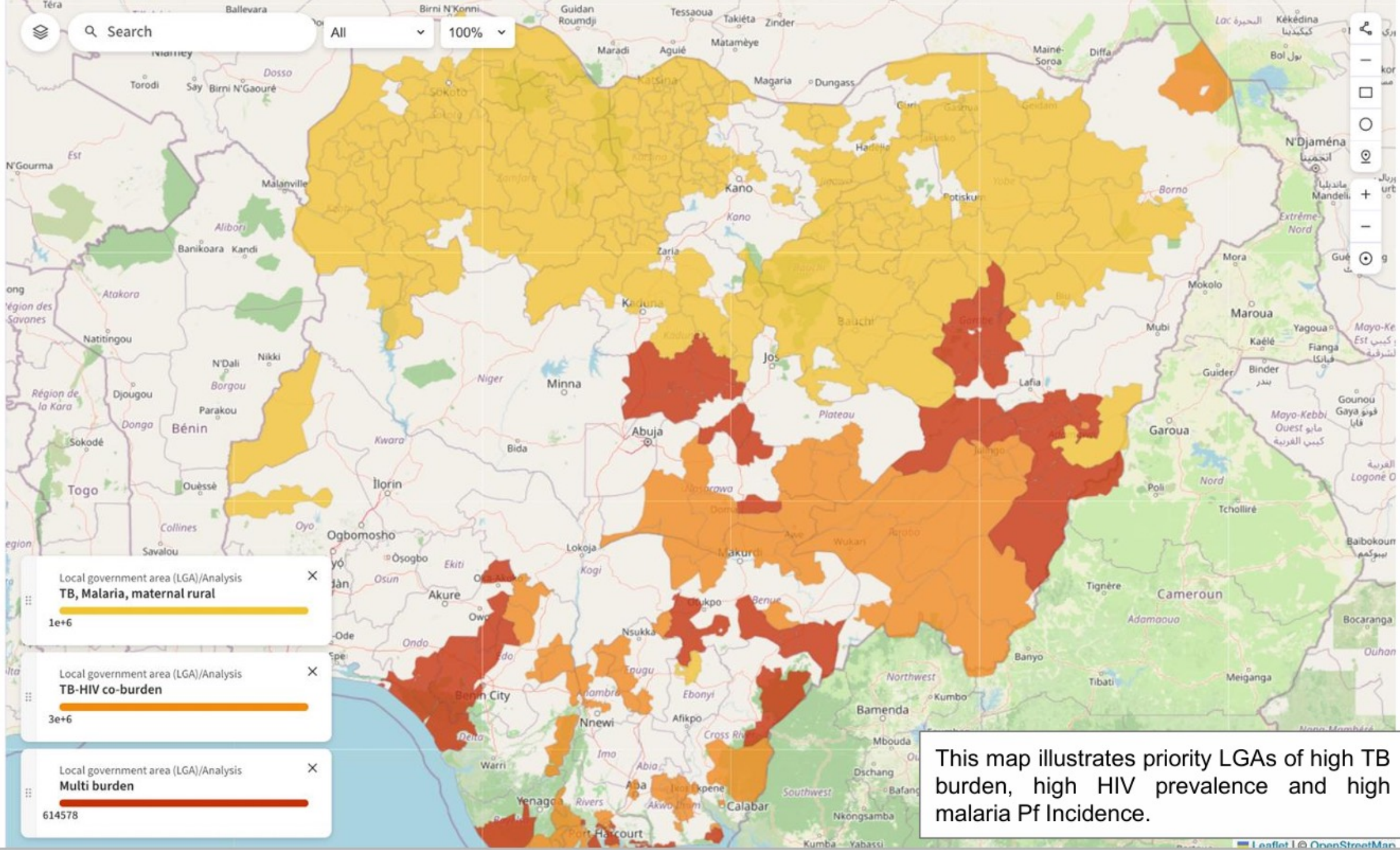


- Undernutrition is concentrated in the North-West and North-East regions (NDHS 2024). States with very high levels of stunting ($\geq 45-50\%$) include Kano (~52%), Jigawa (~56%), Katsina (~65%), Kebbi (~60%), Bauchi (~62%), Zamfara (~64%), Sokoto (~43%), and Gombe (~51%). **In 2025, over half (54%) of all TB notifications originated from the two zones (NW & NE)**

HIV prev & TB/HIV co-infection rate

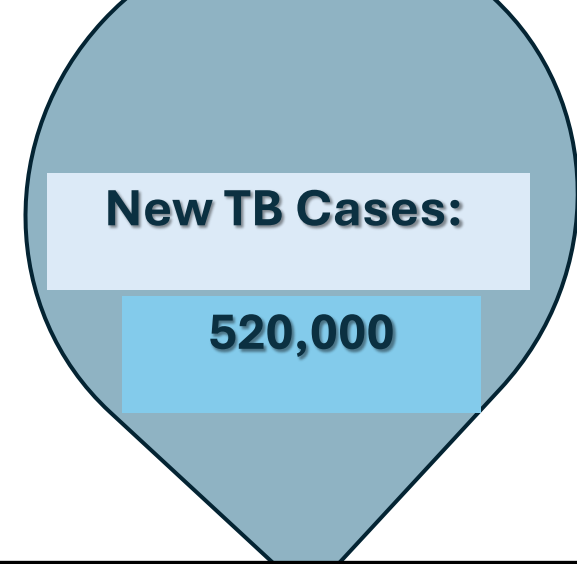
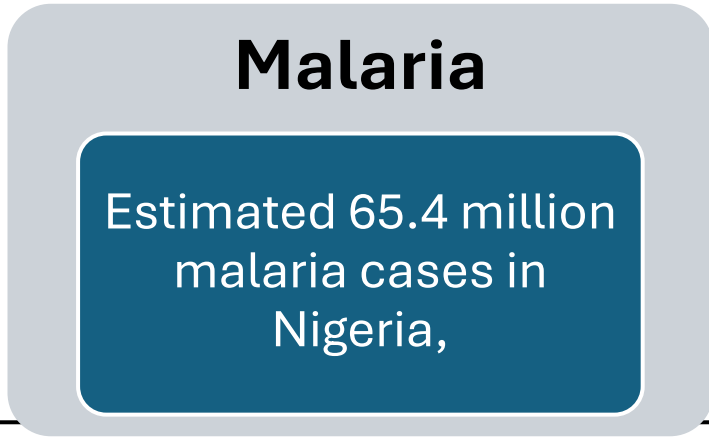
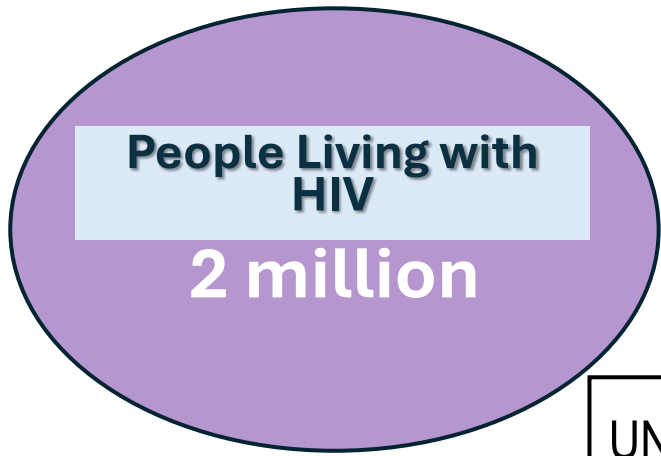


- HIV prev drives TB/HIV co-infection rate (e.g. Benue)
- Most of the states that has high HIV prevalence and high TB/HIV pos rate are from South
- Most of the states that has low HIV prevalence & low TB/HIV pos rate are from the North
- Undernutrition drives TB burden in the North, while HIV drives TB burden in south



BURDEN PROFILE SUMMARY — Nigeria Programme · 774 LGAs

Profile	LGAs	Total Population
<i>PRIMARY BURDEN PROFILES</i>		
A. TB-Malaria-Maternal Rural	161	49,404,062
B. TB-HIV Co-burden	74	20,831,249
C. Multi-burden	52	11,494,905



UNFUNDED GAP for the three disease has consequences

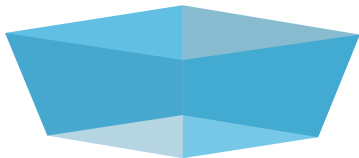
Prevalence of **malaria** co-infection with **HIV** is 22.9%, TB co-infection to HIV is 5%, Combined mortality rate tops list in Africa

- **RISK FACTORS**
 - TB: Under nutrition (diet), **PLHIV (life style)**, **Alcohol consumption**,
 - HIV; **Life style**, **Alcohol consumption**, drug use
 - Malaria: **life style** (use net or not?)

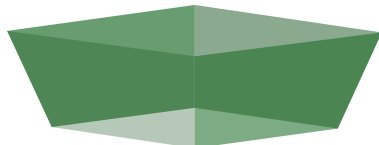
Risk factors can be interwoven among same population, therefore integrate intervention (screening, diagnosis/referral to facility) For efficiency in utilization of funds

Comprehensive, integrated and multifaceted strategy is essential.

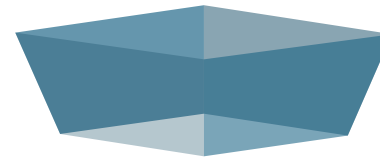
Integrated interventions around screening, diagnosis



Enhancing primary healthcare systems

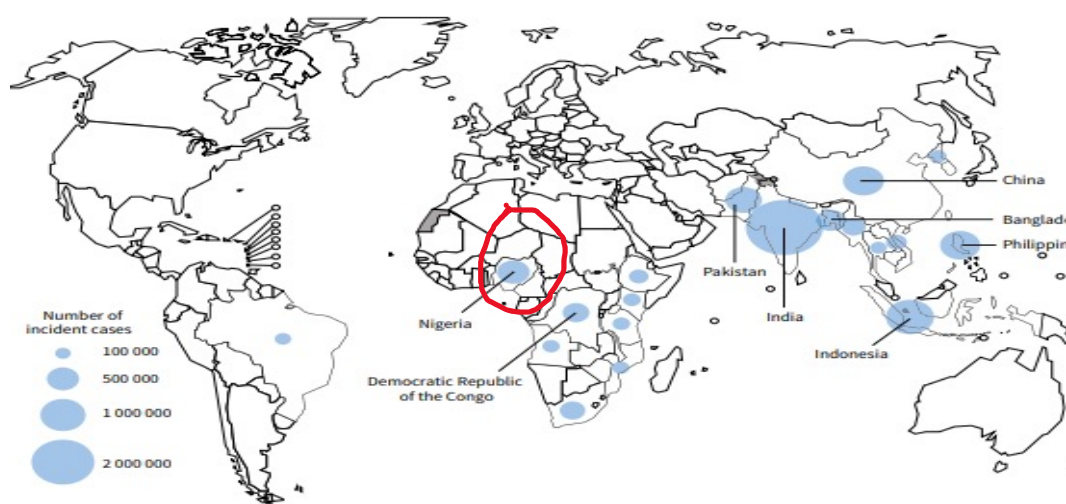


Integrated health promotion messages



Nigeria Health Sector Renewal investment Initiative

Reform



"swap" refers to the Sector-Wide Approach (SWAp), a strategic framework for improving the health sector through a coordinated and integrated approach to health service delivery.

ATM TWG – Mandate and TOR

❖ Key Principles:

❖ Addressing Fragmentation:

❖ Focus on Accountability:

"One Plan, One Budget, One Report, and One Conversation," aiming for better alignment and coordination across the sector.

It seeks to overcome past fragmentation and inefficiencies in the health system by streamlining processes and fostering collaboration.

SWAp promotes accountability by requiring states to report on how funds are spent and by tracking progress through data-driven findings.



Executive Summary

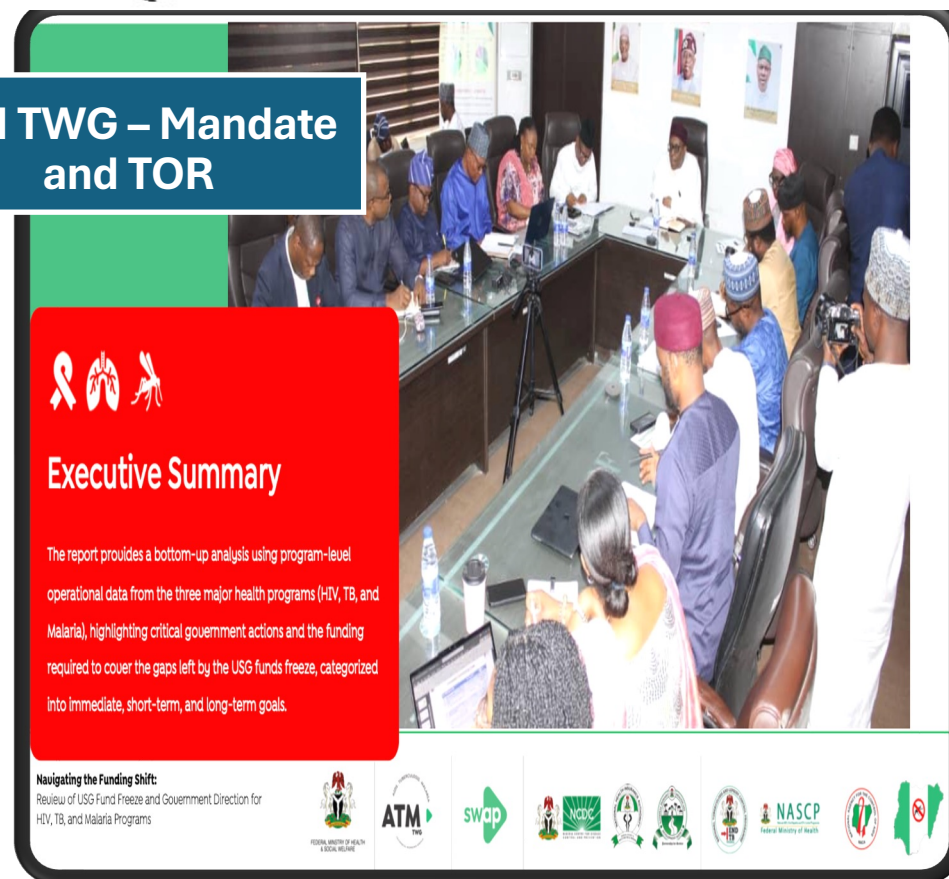
The report provides a bottom-up analysis using program-level operational data from the three major health programs (HIV, TB, and Malaria), highlighting critical government actions and the funding required to cover the gaps left by the USG funds freeze, categorized into immediate, short-term, and long-term goals.

Navigating the Funding Shift:
Review of USG Fund Freeze and Government Direction for HIV, TB, and Malaria Programs



Provide guidance, support, and technical input to ensure resilience within the ATM response environment in Nigeria.

Develop and support the establishment of a uniform platform for conversation towards efficiency and effective implementation of ATM response in Nigeria.



NTBLCP National Strategic Plan 2027-2031

Costing and scenario analysis with

The Integrated Health Tool for planning and costing (IHT)

Tuberculosis module

NSP Development Stakeholders Engagement

April 16 – 17, 2026

DRAFT



Integrated Health Tool
for planning and costing



Defining the Scenarios

Scenarios	Interventions
0	Baseline
1	Scenario 1 - Improved treatment outcomes
1+	Scenario 1+ - Improved treatment enrolment (+sc 1)
2	Scenario 2 - Improve screening and diagnosis for TB among PLHIV and household contacts
3	Scenario 3 - Improve TPT for household contacts and PLHIV of all ages
4	Scenario 4 - Expand screening and diagnosis of TB in HRG (+ Sc1 + Sc 2) with CXR and Xpert
5	Scenario 5 - Expand TPT to TB in HRG (+Sc 3)
6	Scenario 6 - Scale up initial diagnosis with existing diagnostic tools
6B	Scenario 6B - Scale up initial diagnosis with state of art tools - NPoC
6C	Scenario 6C - Scale up initial diagnosis with existing diagnostic tools + new tool (NPoC)
7	Scenario 7 - Drug resistance testing scale up (+ Sc1 + Sc 2 + Sc4)
8	Scenario 8 - Drug resistance novel treatment scale up (+ Sc1 + Sc 2 + Sc3+ Sc4+Sc7)
9	Scenario 9 - Scale up non-medical treatment support (+ Sc1 + Sc 1+ + Sc 2 + Sc3+ Sc4 + Sc5 + Sc8)
	Scenario 10 - TB & HIV interventions scaled-up (+Sc 9)
11	Scenario 11 - Scale up diagnosis with NPOC + improved treatment enrolment (Sc 6B + Sc 1+)
12	Scenario 12 - NPOC+ improved treatment enrolment + screening all (Sc 11 + Sc 2 + Sc 4)
13	Scenario 13 - NPOC + improved treatment enrolment + TPT all (Sc 11 + Sc 3 + Sc 5)
14	Scenario 14 - NPOC+ improved treatment enrolment + screening all + TPT all (Sc 12 + Sc 3 + Sc 5)
15	Scenario 15 - NPOC+ improved treatment enrolment + drug resistance novel treatment scale up (Sc 11 + Sc 8)
16	Full scenarios with existing diagnostic tool
17	Full scenarios with new diagnostic tool (NPoC)
18	Full scenarios with existing and new diagnostic tools combined

Total cost of NSP 2027-2031 (USD) by Scenarios

Scenarios	2027	2028	2029	2030	2031
Sc0	141,149,213	142,765,004	144,829,907	146,590,785	148,564,159
Sc.1	141,149,213	142,765,004	144,829,907	146,590,785	148,564,159
Sc.1+	150,407,076	156,570,200	163,012,089	169,717,337	176,650,276
Sc.2	141,520,246	143,314,858	145,562,057	147,510,497	149,674,445
Sc.3	142,196,210	144,313,315	146,914,842	149,238,724	151,803,777
Sc.4	144,913,915	148,572,799	152,803,649	156,847,495	161,220,008
Sc.5	142,263,289	144,417,175	147,057,782	149,422,835	152,031,069
Sc.6	147,302,704	152,420,592	158,380,289	164,294,869	170,829,833
SC.6B	105,206,395	104,920,448	108,285,298	111,607,849	104,107,084
Sc.6C	113,803,374	116,671,631	121,434,718	126,152,931	126,798,364
Sc.7	147,660,865	152,989,682	159,156,271	165,333,284	172,125,963
Sc.8	150,595,033	157,877,000	166,478,772	175,556,978	185,839,598
Sc.9	161,016,742	173,620,105	187,334,636	202,178,545	218,110,242
Sc.10	161,017,065	173,620,606	187,334,729	202,179,447	218,111,358
Sc.11	109,469,855	111,454,743	116,524,144	121,855,558	118,701,111
Sc.12	112,270,645	115,452,647	122,031,404	128,964,213	125,860,821
Sc.13	109,639,421	111,644,555	116,725,357	122,077,156	118,930,430
Sc.14	112,562,491	115,919,839	122,735,164	129,990,778	127,277,836
Sc.15	111,134,916	114,222,446	120,586,166	127,412,254	125,961,508
Sc.16	170,018,728	189,053,862	210,715,061	235,214,557	262,719,183
Sc.17	123,766,211	133,840,842	149,691,346	167,819,599	171,418,690
Sc.18	134,009,270	148,811,638	167,390,179	188,521,970	205,211,162

Cost-effectiveness of different scenarios: 2027-2031

Cost-effectiveness of different scenarios (2027-2031)								
Scenario	Total cost	New cases averted	Death averted	Cost per new case averted	Cost per death averted	DALY averted	Cost per DALY averted	Incremental cost
Sc0	723,899,068.19	-	0	-	-	-	-	-
Sc.1	723,899,068.19	-	35271	-	20,524	740,689	977	-
Sc.1+	816,356,978.09	19,478	47903	41,912	17,042	1,005,966	812	92,457,910
Sc.2	727,582,101.91	13,633	309	53,370	2,356,814	6,483	112,229	3,683,034
Sc.3	734,466,868.05	23,383	543	31,411	1,351,627	11,411	64,363	10,567,800
Sc.4	764,357,865.39	46,124	36166	16,572	21,135	759,481	1,006	40,458,797
Sc.5	735,192,150.03	23,914	555	30,743	1,323,605	11,664	63,029	11,293,082
Sc.6	793,228,286.77	-	0	-	-	-	-	69,329,219
SC.6B	533,347,075.15	2,191	215	243,401	2,84,901	4,507	118,329	(190,551,993)
Sc.6C	604,081,017.45	-	84	-	7,10,789	1,767	341,942	(119,818,051)
Sc.7	797,266,065.57	46,124	36166	17,285	22,045	759,481	1,050	73,366,997
Sc.8	836,347,319.86	70,759	36631	11,820	22,832	769,247	1,087	112,448,252
Sc.9	942,259,669.16	88,459	49269	10,520	19,125	1,034,649	911	218,360,601
Sc.10	942,263,205.28	88,459	49269	1,650	19,125	1,034,649	911	218,364,137
Sc.11	577,225,410.75	24,998	48094	23,090	12,002	1,009,968	572	(146,673,657)
Sc.12	603,799,730.83	63,159	48854	9,560	12,359	1,025,944	589	(120,099,337)
Sc.13	578,236,918.95	26,844	48147	21,540	12,010	1,011,093	572	(145,662,149)
Sc.14	607,706,108.58	66,404	48932	9,152	12,419	1,027,574	591	(116,192,960)
Sc.15	598,537,289.77	24,998	48094	23,943	12,445	1,009,968	593	(125,361,778)
Sc.16	1,067,721,390.75	88,459	49269	12,070	21,671	1,034,649	1,032	343,822,323
Sc.17	745,756,687.26	93,856	49459	7,946	15,078	1,038,638	718	21,857,619
Sc.18	843,164,219.53	90,496	49342	9,317	17,088	1,036,177	814	119,265,151

Summary of the cost of full NSP 2027-2031 (scenario 18)

Categories	2027	2028	2029	2030	2031	Total
Consumables costs	59,130,629	71,696,330	87,776,880	106,156,162	120,769,035	445,529,038
Programme-specific health system costs						
Outpatient visit costs	2,766,649	3,209,612	3,698,058	4,234,748	4,816,361	18,725,429
Inpatient day costs	190,092	288,587	423,330	613,353	839,057	2,344,419
Equipment and infrastructure costs	2,190,000	2,190,000	2,190,000	2,190,000	2,190,000	10,950,000
Logistics and supply chain costs	9,569,819	11,070,029	12,944,831	14,984,263	16,239,628	64,808,570
Programme support costs	60,162,080	60,162,080	60,162,080	60,158,444	60,162,080	300,806,764
Total	134,009,270	148,811,638	167,390,179	188,521,970	205,211,162	843,164,220

Funding Commitments and Gaps for NSP 2027-2031 – Full scenario 18

TB Funding Landscape 2027-2031 (USD)						
	2027	2028	2029	2030	2031	Total
Domestic public - HR	23,786,428	25,719,937	27,024,687	28,375,922	29,794,718	134,701,692
Domestic public – NonHR	32,898,407	41,658,883	50,419,360	59,179,835	59,179,835	243,336,320
Global Fund	44,308,986	44,308,986	44,308,986	44,308,986	44,308,986	221,544,930
USG	14,100,000	12,690,000	10,152,000	8,460,000	8,460,000	53,862,000
Total Potential Funding	115,093,821	124,377,806	131,905,033	140,324,743	141,743,539	653,444,942
Estimated NSP Cost (IHT)	134,009,270	148,616,638	167,195,179	188,326,970	205,016,162	843,164,220
Funding Gap	18,915,449	24,238,832	35,290,146	48,002,227	63,272,623	189,719,278
% of Funding Commitment	86	84	79	75	69	77
% Funding Gap	14	16	21	25	31	23

Comments and Questions

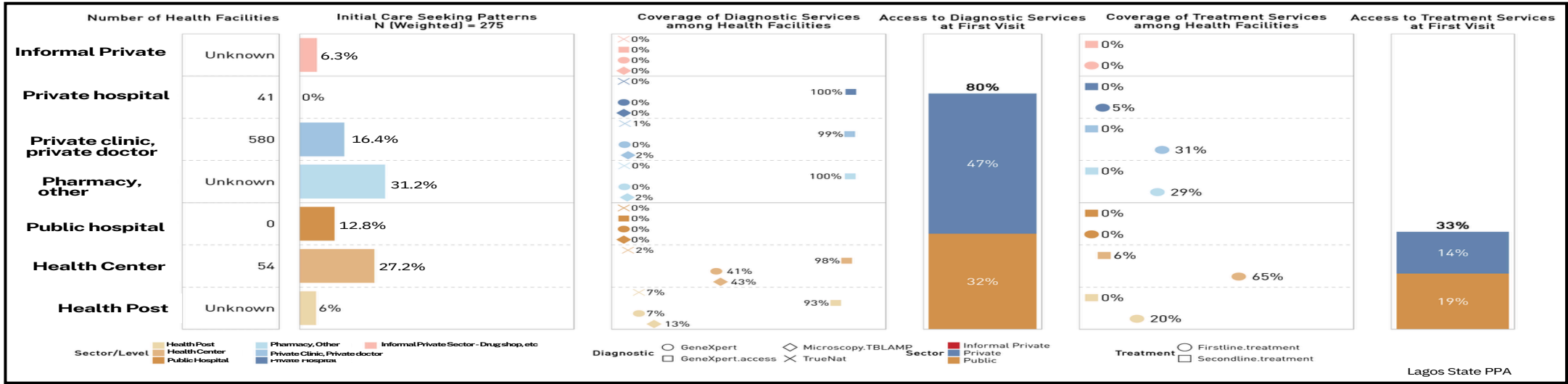
Who should pay for
the
unallocated/Gaps?

NHIA

Who else?

Scenarios from Lagos and kano

Supply-Side Dynamics



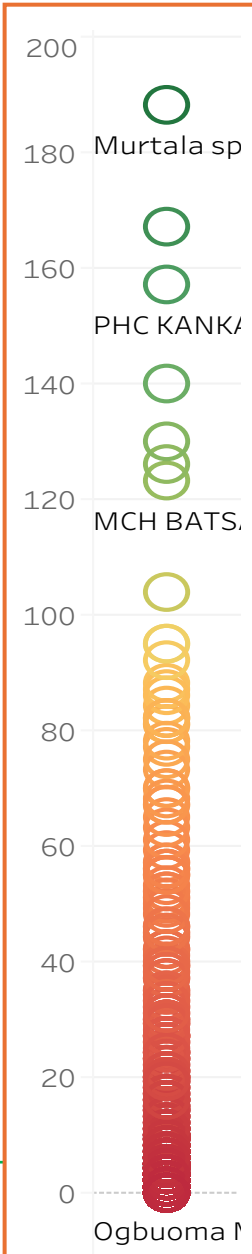
State Key Findings

- Kano**
- Diagnostic access 70.7%, lower than desired.
 - Treatment access relatively higher (69.7%) but still below optimal.
 - Reliance on health posts with limited diagnostic capacity.

- Lagos**
- Diagnostic access very high (83.6%), indicating good coverage.
 - Treatment access remains low (29.9%), suggesting a major bottleneck.
 - Heavy reliance on private sector where treatment availability is limited.

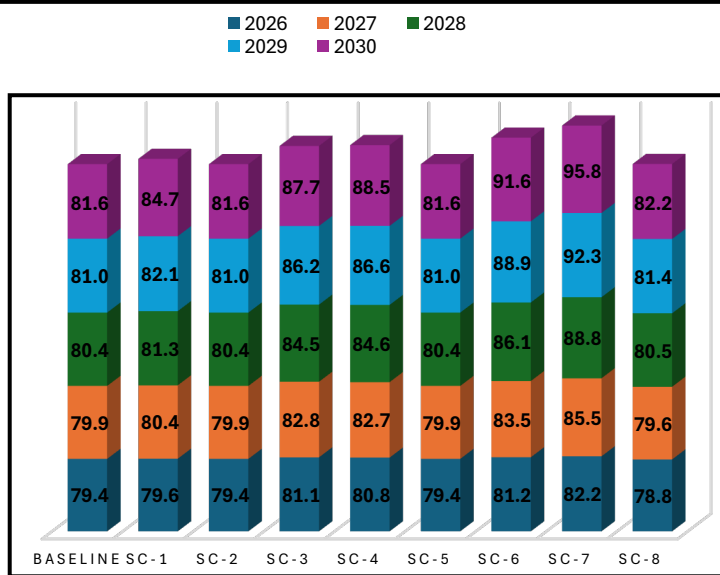
Recommended Actions

- Expand GeneXpert and microscopy coverage at health posts and private clinics.
- Strengthen supply chain for first-line drugs across primary facilities.
- Increase engagement with private sector to harmonize diagnostics and treatment.
- Invest in training and supportive supervision to sustain quality of TB services.
- Prioritize expansion of first-line drug availability, especially in private sector facilities.
- Improve referral linkages from private providers to public treatment centers.
- Strengthen regulatory frameworks to ensure private facilities are included in TB control efforts.
- Scale up community awareness and health-seeking interventions to support early diagnosis and treatment.



Combinations of the tools with IHT;

Lagos state



- Scenarios of interventions developed,
- Using IHT tool, costing of these scenarios
- Mapping of resources to funders

Budget categories	2026	2027	2028	2029	2030 Total		
Case detection and diagnosis: DSTB	4,245,202.9	5	4,698,603.58	5,143,998.93	5,505,036.59	6,187,736.47	25,780,578.52
Case detection and diagnosis: MDR-TB	793,016.97	884,984.16	976,640.12	1,061,694.84	1,386,995.59	5,103,331.68	
Treatment: DSTB	2,621,723.6	5	2,875,257.71	3,137,887.98	3,353,085.70	4,329,109.73	16,317,064.78
Treatment: MDR-TB	294,662.14	330,550.53	375,893.72	409,529.41	548,725.13	1,959,360.93	
Key populations (TB care and prevention) – Prisoners and Diabetes	1,727,881.1	0	2,280,803.00	2,648,847.11	2,944,598.70	3,201,500.29	12,803,630.20
Policy, planning, coordination, and management of NTP	709,745.00	669,454.00	652,588.00	668,446.00	657,688.00	3,357,921.00	
Prevention	828,517.90	979,720.09	1,148,383.41	1,322,682.64	1,585,670.25	5,864,974.29	
Non-TB budget	261,546.62	307,635.20	359,110.45	411,378.51	487,849.87	1,827,520.65	
Other	1,536,604.0	5	1,650,015.45	1,760,442.99	1,861,914.29	2,190,016.01	8,998,992.80
Funding sources	2026	2027	2028	2029	2030 Total		
Grand total	13,018,900.39	14,677,023.73	16,203,792.71	17,538,366.68	20,575,291.33	82,013,374.84	
Domestic public (State)	2,562,904.11	2,909,382.92	3,213,387.36	3,787,845.52	4,080,169.50	16,253,689.40	
The Global Fund	6,752,156.43	7,573,540.74	8,339,844.33	9,002,827.17	10,563,039.55	42,231,408.23	
LASHMA/NHIA	2,118,364.98	2,410,559.72	2,683,397.70	2,924,383.60	3,429,694.33	13,566,400.33	
Other external sources	465,443.01	526,888.54	582,989.18	630,581.73	741,821.92	2,947,724.38	
Domestic public (Federal)	982,013.87	1,118,633.80	1,246,156.14	1,354,710.67	1,622,548.03	6,324,062.51	
Domestic public (LGA)	138,018.00	138,018.00	138,018.00	138,018.00	138,018.00	690,090.00	
Grand total	13018900.39	14677023.73	16203792.71	17538366.68	20575291.33	82013374.84	



Acknowledging WHO, CDC, KNCV PLUS, The GF





Thank You 🙏