



Nigeria

Collaborative Action Strategy Experience and Outcomes



Background

Prior to 2025, Nigeria conducted over 20 health campaigns annually, but few of them were collaboratively planned, coordinated, or integrated. This fragmentation strained the health system, compelling the country's health leadership to reform its approach to health campaigns. To address these challenges, the **Federal Ministry of Health and Social Welfare and the National Primary Health Care Development Agency developed the Nigeria Collaborative Action Strategy (N-CAS)** in 2024. The N-CAS is being implemented through a phased, highly contextualized national approach that combines strong federal leadership with state-level customization. In October 2025, the N-CAS was piloted in three states—Kano, Oyo, and Yobe—providing the first opportunity to integrate malaria and neglected tropical disease (NTD) interventions with childhood immunizations and polio vaccination. In February 2026, the second phase of the pilot took place in the state of Akwa Ibom.

Nigeria aligned the N-CAS with broader national strategies, including the Sector-Wide Approach (SWAp) and the Nigeria Health Sector Renewal Investment Initiative. Positioning the N-CAS within these frameworks helped legitimize integration as a system-strengthening reform and provided a platform for resource pooling and cross-program collaboration.



The Collaborative Action Strategy for Health Campaign Effectiveness is an adaptable framework of recommendations to support Ministries of Health in transforming how health campaigns work in their countries by fostering better coordination, collaboration, and integration on their terms.

Visit campaigneffectiveness.org to learn more.

Photo Credit: Prof. Yahaya Mohammed



Outcomes of Nigeria's first CAS-guided campaigns

INTEGRATION WAS OPERATIONALLY FEASIBLE & HIGHLY EFFECTIVE. Preliminary coverage targets were met or exceeded across all domains:

- Measles-rubella—over 15 million across the four pilot states (Oyo, Kano, Yobe, and Akwa Ibom)
- Polio—over 800,000 reached across three states (Oyo, Kano, and Yobe)
- NTDs—over 2.7 million across the four pilot states (Oyo, Kano, Yobe, and Akwa Ibom)
- Seasonal malaria chemoprevention—over 930,000 reached (Preliminary results in Yobe State)

MEASURABLE COST SAVINGS (USD\$4.18M) AND EFFICIENCY GAINS FROM INTEGRATION OF POLIO and non-polio supplemental immunization activities, reducing the delivery cost per child by 23%.

ANCHORING N-CAS TO NIGERIA'S HEALTH SECTOR RENEWAL INVESTMENT INITIATIVE THROUGH THE SWAP STRATEGY increased coordination across traditionally siloed departments.

MICROPLANNING AND QUICK ADAPTATION BY TEAMS bridged operational differences across polio, measles-rubella, malaria, and NTD campaigns, resulting in high coverage.



Photo Credit: Prof. Yahaya Mohammed



Lessons Learned from N-CAS Implementation

Integration is a systems challenge, not just technical.

- Field-level coordination demonstrated immense potential, but the pilots highlighted the need for deep structural harmonization. Addressing fragmented financing streams, reconciling disparate data tools (e.g., digital checklists vs. paper biodata registers), and aligning conflicting population denominators.

Governance structures catalyzed and legitimized N-CAS implementation nationally.

- Successes:** Strong leadership, phased institutional development, and robust accountability mechanisms.
- Next steps:** Continued progress depends on earlier multi-program alignment and deeper institutionalization of governance structures across federal and state levels.

Multi-domain campaigns achieved strong population-level outcomes.

- Successes:** Improvements in coverage, efficiency, operational coordination, equity of reach, and community acceptance.
- Next steps:** Integration depth remains uneven, with operational complexity, financing fragmentation, and late cross-program alignment limiting full harmonization



Evaluation Report of the Collaborative Action Strategy Pilot Phase
2024 - Q1 2026

HEALTH CAMPAIGN EFFECTIVENESS COALITION
Strengthen Systems. Maximize Impact.

May 2025

Integration resulted in heavy workloads for the workforce and inequitable compensation.

- Successes:** Consolidating campaigns reduced cumulative workforce disruptions and improved system resilience.
- Next steps:** Despite varying workloads, stipends and transport allowances remained disease-specific and unaligned. Harmonized and equitable compensation frameworks are needed to ensure fairness, morale, and sustainability of collaborative delivery models.

Progress in modernizing data systems and data use practices to support collaborative campaigns, especially at management levels.

- Successes:** Harmonized dashboards, integrated reporting templates, and real-time decision-making platforms.
- Next steps:** Aligning frontline data tools, standardizing denominators, and embedding integrated reporting workflows across all programs.

Pooled financing showed promise, but fragmented donor streams created friction at community levels.

- Successes:** National-level pooling (particularly across immunization platforms) showed clear efficiency gains and reduced administrative duplication.
- Next steps:** Expanding multi-donor pooled funding mechanisms, stronger domestic co-financing, and earlier alignment across federal and state financing actors.

For more detail about Nigeria's N-CAS experience and learnings, see **The Collaborative Action Strategy for Health Campaign Effectiveness: Evaluation Report of the Pilot Phase (2024-Q1 2026)** available at campaigneffectiveness.org.

Reference

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