

Nigeria Health Products Supply System Policy

DEPARTMENT OF FOOD AND DRUG SERVICES, FEDERAL MINISTRY OF HEALTH & SOCIAL WELFARE, ABUJA, NIGERIA

National Product Supply Chain Management Programme (NPSCMP)

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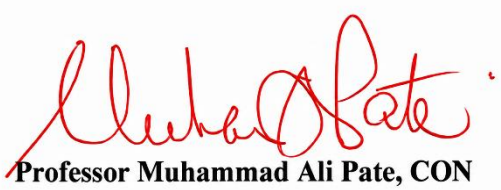
Foreword

The health and well-being of Nigerians are fundamental to the nation's productivity, stability, and sustainable development. No nation can prosper while its people are burdened by preventable illness or denied access to medicines and health products, they need to live full and productive lives. However, achieving improved health outcomes cannot be separated from the availability, accessibility, affordability, quality, and appropriate use of essential medicines, vaccines, diagnostics, and other health products.

It is with great pride that I present the Second Edition of the Nigeria Health Products Supply System Policy, which will guide the health products supply system through 2030. This policy represents a decisive framework designed to strengthen the availability, geographical accessibility, affordability, acceptability, and quality of health products across the country, in fulfilment of Government's commitment to Universal Health Coverage. It sets the direction by which the reduction of preventable morbidity and mortality, the protection of vulnerable groups, and equitable access to essential medicines, vaccines, diagnostics, and other health commodities will be pursued and measured in the years ahead.

This policy is the product of extensive, multi-stakeholder consultations, building on the lessons of the first edition of 2016 to 2018 and the interim Strategic Framework of 2021 to 2025, and drawing on the contributions of the Federal, State, and Local Governments, development partners, Non-Governmental Organisations, the organised private sector, and citizens across the country. It aligns with our statutory mandate under the National Health Act of 2014 and the National Health Policy of 2016, gives effect to the National Drug Policy, and responds to Nigeria's commitments under the Sustainable Development Goals, particularly the Universal Health Coverage target of SDG 3.8, and to the health system strengthening standards of the World Health Organization.

Formulating a policy is only the first step; its true worth will be measured in its implementation. I call upon all healthcare professionals, supply chain managers, State and Local Government authorities, development partners, and private sector actors to embrace the provisions of this policy and to translate them into consistent, disciplined practice at every point of the supply chain. I call on all stakeholders to support its implementation as they supported its development, so that together we may build a health products supply system worthy of our people, and secure a healthier, stronger, and more prosperous Nigeria for generations to come.



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Nigeria, 2026

Preface

This document is issued by the Federal Ministry of Health and Social Welfare as the Second Edition of the Nigeria Health Products Supply System Policy, prepared in fulfilment of the Ministry's mandate on policy formulation. It succeeds the first edition and consolidates the operational gains and lessons of the interim Strategic Framework that bridged the two. A defining moment in its preparation was the multi-stakeholder review meetings, where the decision was taken to move away from fragmented, process-based interventions and instead manage the country's supply chain as one integrated, maturing system, tracked against recognised global benchmarks.

The outcomes realised by the end of the first policy period in 2018, the strategies and lessons drawn from the intervening years, and the continually evolving demands on the health products supply system together created the need for this revised policy. The aim of this 2nd edition, the Nigeria Health Products Supply System Policy, is to build an efficient system of defined maturity that ensures access to health products for all Nigerians, both within formal public health facilities and beyond them. It sets out the vision, mission, considerations, and expected actions of donor, development, implementing, and supporting actors across both the public and private sectors of the Nigerian health products supply system.

Access, in the context of this policy, is understood in its fullest sense. It means that a patient can reach the health facility nearest to them, that the facility has the right medicine in stock, that the medicine is of assured quality and suited to the patient's condition, and that obtaining it does not expose the patient to financial hardship. These five dimensions, availability, geographical accessibility, affordability, acceptability, and quality, together define what access truly requires, and they run through every chapter of this policy.

The policy addresses the full scope of the supply system, from governance and workforce capacity to the sustainable financing of medicines and health products, including the Drug Revolving Fund model administered through State Drug Management Agencies. It also sets direction for an integrated, interoperable logistics management information system to strengthen commodity traceability, and for quality-assured procurement practices that support the growth of local manufacturing capacity. It has been drafted throughout for full alignment with Nigeria's governing health legislation and regulatory instruments.

As issued, this document serves as the binding technical reference for all tiers of Government, development and technical partners, civil society, regulators, and the private sector engaged in implementing, financing, and monitoring the health products supply system. Its provisions should now guide day-to-day practice at every level of the health product supply chain, and I trust it will serve as a practical and reliable working reference for all who use it.



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Acknowledgement

The development of the 2nd Edition of the Nigeria Health Products Supply System Policy reflects the commitment of a wide range of stakeholders and marks a significant milestone in Nigeria's ongoing efforts to strengthen a coordinated, efficient, and sustainable health products supply system capable of supporting equitable access to essential medicines, vaccines, diagnostics, and other health commodities.

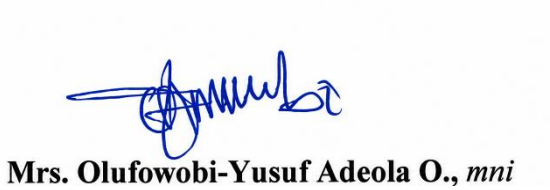
The Federal Ministry of Health and Social Welfare extends its profound appreciation to all institutions and development partners, including WHO, Lafiya Programme, United States Government, Global Fund CCM, PVAC, and other stakeholders whose expertise, collaboration, and commitment contributed significantly to the successful review and development of this Policy.

Special recognition is given to the National Product Supply Chain Management Programme (NPSCMP) for providing technical leadership and coordination throughout the review process. We also acknowledge the invaluable contributions of the Departments of Food and Drug Services, Public Health, Hospital Services, Planning, Research and Statistics, and other relevant departments and agencies whose insights ensured that the Policy aligns with national priorities and global best practices.

We are grateful to the SMoHs across all States of the Federation and the FCT for their participation in consultations, technical working groups, and validation sessions. Their diverse perspectives, implementation-level experience, and valuable contributions enriched the quality and relevance of this Policy.

Finally, we acknowledge the dedication of pharmacists, logisticians, warehouse managers, programme managers, data specialists, frontline health workers, private-sector partners, academic institutions, consultants, and other supply chain stakeholders whose continued efforts strengthen Nigeria's health products supply system. This Policy represents their collective commitment and serves as a guide to support improved supply chain performance.

It is our expectation that the Nigeria Health Products Supply System Policy will serve as a practical guide for policymakers, programme managers, and all stakeholders working to build a more coordinated, transparent, resilient, and sustainable health products supply system for Nigeria.



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Acronyms

3PL/4PL	Third-Party/Fourth-Party Logistics
ADR	Adverse Drug Reaction
AMR	Antimicrobial Resistance
API	Active Pharmaceutical Ingredient
ASCM	Association for Supply Chain Management
BCP	Business Continuity Plan
BHCPF	Basic Health Care Provision Fund
CHMIS	Community Health Management Information System
CMS	Central Medical Store(s)
DHIS2	District Health Information System II
DMA	Drug Management Agency
DPS	Director of Pharmaceutical Services
DRF	Drug Revolving Fund
DTC	Drug and Therapeutic Committee
eLMIS	Electronic Logistics Management Information System
EML	Essential Medicines List
ERP	Emergency Response Plan
FCT	Federal Capital Territory
FISHSS	Federal Integrated Sustainable Health Supply System
FMOH&SW	Federal Ministry of Health & Social Welfare
HCWM	Healthcare Waste Management
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HR	Human Resources
HSE	Health, Safety, and Environment
iLMD	Integrated Last Mile Delivery
ISHSS	Integrated Sustainable Health Supply System
IST	In-state Team
KPI	Key Performance Indicator
LGA	Local Government Area/ Local Government Area Council
LGHA	Local Government Health Authority
LLMCU	Local Government Logistics Management Coordinating Unit
LMCU	Logistics Management Coordinating Unit
LMD	Last Mile Delivery
LMIS	Logistics Management Information System
MDAs	Ministries, Departments, and Agencies
MDDC	Mega Drug Distribution Centre
MDM	Master Data Management
M&E	Monitoring and Evaluation
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food and Drug Administration and Control
NHIA	National Health Insurance Authority (formerly the NHIS)

NHIS	National Health Insurance Scheme
NHLMIS	Nigeria Health Logistics Management Information System
NIPRD	National Institute for Pharmaceutical Research and Development
NPHCDA	National Primary Health Care Development Agency
NPSCMP	National Product Supply Chain Management Programme
NSCIP	National Supply Chain Integration Project
PCN	Pharmacy Council of Nigeria (formerly, Pharmacists Council of Nigeria)
PMG-MAN	Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria
PPE	Personal Protective Equipment
PPMVs	Patent and Proprietary Medicines Vendors
PPP	Public Private Partnership
PSM	Procurement and Supply Chain Management
PSM/TWG	Procurement and Supply Chain Management – Technical Working Group
PVAC	Presidential Initiative for Unlocking the Healthcare Value Chain
RMNCH	Reproductive, Maternal, Newborn, and Child Health
SDDC	State Drug Distribution Centre
SDG	Sustainable Development Goal
SF	Substandard and Falsified
SMoH	State Ministry of Health
SOP	Standard Operating Procedure
SPHCDA	State Primary Health Care Development Agency
STGs	Standard Treatment Guidelines
TB	Tuberculosis
UHC	Universal Health Coverage
USG	United States Government
WHO	World Health Organization
WMS	Warehouse Management System

Executive Summary

Persistent challenges in Nigeria's health products supply system call for responsive policies that deliver practical solutions.

This second version of the supply chain policy, the Nigeria Health Products Supply System Policy, 2026, is formulated to address these challenges, taking into consideration developments in the broader policy, legal, and socioeconomic environment. This policy aligns with the National Health Policy of 2016, the National Drug Policy of 2021, and other relevant extant policies. It proposes a supply system explicitly designed to achieve access to health products – meaning that **products are available, geographically accessible, affordable, acceptable, and of assured quality** – in line with the Universal Health Coverage principles as contained in SDG 3.8. It uses the WHO health system strengthening approach to suggest interventions for improving the efficiency and effectiveness of the health products supply system.

Thus, the policy is organised around the six themes of governance, financing, human resources, service delivery, access, and information management. In line with the SDGs, it makes provisions for equity considerations – both for the patients/clients as well as the health workers that provide the service. Central to the goal of efficiency improvements is the concept of maturity models used to evaluate and monitor overall supply system performance. Structurally, the policy comprises thirteen chapters and five annexes. Chapter 1 presents the preamble, vision, mission, goals and objectives, scope, targets, and commitments; Chapter 2 frames the supply chain as a vehicle for access; and Chapters 3 to 13 each set out the background, policy statements, and policy objectives for governance and leadership, workforce management, financing, integration, forecasting and supply planning, procurement, warehousing, last mile distribution, waste management, performance, and risk management. The annexes provide the glossary of terms, the background and context of the supply chain in Nigeria, existing regulations, stakeholders' roles, and the list of contributors.

It is hoped that all health products supply system players would find this revised version of the supply system policy a valuable guide as they work together to improve the health and, consequently, the socioeconomic well-being of all that live in our great country, Nigeria.

Chapter 1: Preamble

1.1 Rationale for a revised policy

Nigeria developed its first pharmaceutical and other health products supply chain policy in 2016 to address supply chain challenges. In 2019, supply chain stakeholders birthed a new vision for the health products supply chain in Nigeria, aligning it with the principles of Universal Health Coverage (UHC). The vision was a supply system that promotes both the development of institutions and supply chain operations, to ensure access to medicines and health products for all. It comprised interventions to address the long-standing gaps and challenges in the pharmaceutical supply chain in Nigeria.

In addition, there had been developments in public policies and other external changes that needed to be incorporated in a revised policy document to guide both internal and external stakeholders in the Nigerian Pharmaceutical Supply System. Hence, the need for a revision of the first pharmaceuticals and other healthcare products supply chain policy of 2016–2018.

The overarching consideration for this new vision is a supply system that leads to improved health outcomes at the individual and population levels. In doing this, it both guarantees access to medicines as well as ensures a uniform stream of service to all. Access to medicines within health systems comprises five components: availability, geographical accessibility, affordability, acceptability, and quality. That is, patients can visit the public health facility closest to them (geographical accessibility) to receive (availability) the right medicines for the right indication (acceptability) of the right quality without suffering financial hardship (affordability). This is, in the context of this new vision of the policy, a supply system comprising institutions, people, processes, and products that ensures the right medicines at the right price in the right place in the right dosage form and of quality for the patient, under the overall governance of a single entity. It also has a view to providing service to those unable to attend health facilities within the formal health system in Nigeria (See Annex 1).

1.2 Interim policy and strategic framework developments: 2021–2025

After the sun-setting of the first supply chain policy on the achievement of its mandate in December 2018, several strategic documents were developed to provide a level of heuristic control in the immediate and short-term periods (2019–2022). This includes the Strategic Framework, or interim supply chain policy, of 2021–2025 (See also Annex 2, Section C2.0).

In 2022, stakeholders, at a meeting held in Nasarawa State to review progress for the period 2019–2022, further refined the supply chain strategy to incorporate medium- and long-term views. At this review, a phased approach based on continuous improvements, or the Kaizen principles, was adopted as a means to attaining the new vision of the supply chain. As opposed to the first logistics, or process-based, supply chain framework encoded by the first policy of 2016–2018, this iteration adopts the systems view – wherein the entire country is considered as one supply chain unit, with the capacity for growth and maturity.

Overall, this new view of the supply system is one that seeks to provide uniform health products service delivery both within and without formal health facilities in order to improve patients' health outcomes. To do this, it recognises the need to build on human, institutional, financial, and process capacities. Central to the one stream of service envisioned is the coordinating role of the National Product Supply Chain Management Programme (NPSCMP). In measuring progress towards the attainment of this system, the Association for Supply Chain Management's (ASCM's) Global Health Supply Chain Maturity Model, was adopted and adapted to the Nigerian context, with a modified Level 4 being the highest level of maturity.

1.3 Policy, legal, and regulatory landscape: congruence with extant policies

This policy is congruent with extant broader policies and guidelines intended to address gaps or challenges in the health and health products supply systems in Nigeria (Annex 3).

1.4 Vision

A medicines and health products supply system that guarantees access – ensuring that every Nigerian can obtain quality, affordable, and appropriate health products at the nearest point of care – while promoting human capital and economic development.

1.5 Mission

To ensure the Nigerian populace has access to quality, affordable, and acceptable medicines and health products through a strengthened supply system, thereby achieving UHC.

1.6 Goals and objectives

a. The goal of this policy is to strengthen the health products supply system to ensure access to quality, safe and efficacious health products for UHC. It provides a framework for the decisions and investment needed to guide stakeholders and processes in the health products supply system for the short and medium-term period 2026–2030.

b. The objectives of this policy are to:
   i) Improve and sustain access to health products across all five dimensions: availability, geographical accessibility, affordability, acceptability, and quality assurance, for all Nigerians in line with UHC.
   ii) Build the capacity of the Government at all levels to operate sustainable health products supply systems;
   iii) Integrate the public health programmes and the essential medicines supply chains.
   iv) Optimise the integrated supply system.

c. The realisation of the goal and objectives would be in phases, as described:
   (i) 2026–2027: Phase I: (The short term) Governance/institution, capacity building and integration of the public health commodities and essential medicines supply chains (objectives ii, iii & iv).

(ii) 2028–2030: Phase II: (The medium term) Attainment and continuous improvements of the health products supply system to ensure access to health products under UHC (objectives i & iv).

1.7 Scope

The policy covers essential medicines and public health products. These include preventive, diagnostic, and curative health products.

1.8 Targets

The overarching target of this policy is a mature health products supply system by 2030. The Global Health Supply Chain Maturity Model adopted by this policy comprises 20 domains for the evaluation of the health products supply system, which includes categories covering governance, human resources, and digitalisation of procurement and supply chain management (PSM) processes. The higher the cumulative score across these domains, the more mature the health products supply system. The maturity target is ASCM Level 5 (or a modified Level 4, as adapted and defined for the Nigerian context) by 2030.

1.9 Declarations and commitments

The Federal, State, and Local Governments, and all stakeholders in the public and private sectors of the Nigerian Health System, hereby commit themselves to all actions necessary to achieve the goals and objectives of the Nigeria Health Products Supply System Policy.

a. Governments at all levels and the private sector are committed to improvements of the health products supply system as a crucial element in the national vision to achieve Universal Health Coverage (UHC).
b. All stakeholders, including the Federal, State, and Local Governments, National and International Non-Governmental Organisations (NGOs) and the organised private sector, therefore, agree to work together in partnership, and to deploy all necessary resources to achieve the goals of the Nigeria Health Products Supply System Policy.
c. The Government of Nigeria, its development partners, and other stakeholders will develop Strategic Frameworks, Action Plans, and Monitoring & Evaluation Plans for operationalising the policy.
d. All the relevant stakeholders will play key roles in achieving the following;
    i. Promotion of green (low carbon) and climate resilient supply chains by ensuring that emissions, air, noise and odour pollution is minimised and within nationally defined limits
    ii. Maximising the use of recyclable, renewable, and bio-degradable materials
    iii. Minimising the use of water, energy, and raw materials where practicable
    iv. Making practical efforts to minimise waste and ensure its safe disposal in an efficient and environmentally responsible manner
    v. In respecting human rights (fair labour practices, elimination of child labour/exploitation, etc.), and promoting safety, as well as appropriate workload.

Chapter 2: The Supply Chain as a Vehicle for Access

Improving access to medicines and health products to all Nigerians is the overarching aim of this policy. Within health systems, access is understood as a five-dimensional concept: products must be *available* at service delivery points; facilities must be *geographically accessible* to the populations they serve; products must be *affordable*, without imposing financial hardship on patients; they must be *acceptable*, meaning appropriate to the clinical need and consistent with treatment guidelines; and they must be of assured *quality*, retaining their efficacy and safety throughout the supply chain.

Each functional component of the health products supply system is, in effect, a mechanism for realising one or more of these dimensions of access. Forecasting and quantification determine whether the right products are available in the right quantities – the foundation of availability. Procurement shapes affordability through pricing mechanisms, pooled purchasing, and value-for-money disciplines. Warehousing and storage protect product quality and integrity across the supply network. Integrated last-mile distribution determines whether products physically reach communities, clinics, and patients in hard-to-reach areas – the geographical accessibility dimension. Financing mechanisms, including the Drug Revolving Fund and health insurance, sustain the affordability of products at the point of care over time. Governance and performance management provide the accountability structures that ensure all of these functions deliver, equitably and consistently, for the Nigerian population.

This framing, drawn from the World Health Organization's medicines supply framework, is the lens through which the policies and objectives in Chapters 3 through 13 should be read. A well-governed supply chain, a funded supply chain, or a digitally integrated supply chain is not an end in itself – it is the means by which every Nigerian, regardless of location or economic status, can access the health products they need. The chapters that follow therefore organise the policy's interventions around this access imperative: strengthening each supply chain function so that its contribution to availability, affordability, geographical accessibility, acceptability, and quality is explicit, measurable, and continuously improved.

Table 1: Mapping Supply Chain Functions to Access Dimensions

	Availability	Geographical accessibility	Affordability	Acceptability	Quality
Forecasting & supply planning	X				
Procurement			X		X
Warehousing & storage	X				X
Last mile delivery	X	X			
Supply chain financing			X		
Governance & leadership	X	X	X	X	X
Workforce management	X	X			
Selection & rational use				X	X
Performance & data systems	X				X
Waste management					X
Risk management	X				

Chapter 3: Governance and Leadership

3.0 Background

Governance of the Nigerian health products supply system mirrors that of the broader health system and administrative divisions of the country, being organised at the Federal/National, State, and Local Government levels. The institutions responsible for making and implementing health policies, including those that govern the health products supply system, are the Federal Ministry of Health and Social Welfare (FMOH&SW), State Ministries of Health (SMoH), and the Local Government Health Authorities. Policy implementation and support partners include Government Ministries, Departments, and Agencies (MDAs), the Nigerian Military and Paramilitary Forces, Customs Service, Donors, Implementing and Technical Assistance partners, and the private sector, as other stakeholders.

Historically poor collaboration among these stakeholders hinders the health products supply system. Progress since 2016 to address this challenge includes new structures (Section 3.0a) under the leadership of the National Product Supply Chain Management Programme (NPSCMP) (Section 3.0b).

3.0a Governance structures at the different levels of Government

The current governance structure of the health products supply system in Nigeria (Figure 1), designed to provide health products and services to the population on a sustainable basis, in line with UHC, is detailed below for the different levels of Government.

(i) FEDERAL: The Federal Integrated Sustainable Health Supply System (FISHSS) – the Federal Government and supporting partners – structured as follows:

1. The National Integrated Sustainable Health Supply System (ISHSS) Steering Committee chaired by the Honourable Coordinating Minister of Health & Social Welfare with members drawn from the chief executives of the various health agencies and other relevant stakeholders;
2. The National Product Supply Chain Management Programme (NPSCMP), as the hub [detailed in Section 3.0b];
3. Public-Private Partnership mechanisms such as the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC), Pooled Procurement Groups and others as may be assigned by the Honourable Minister of Health and Social Welfare.
4. The Procurement and Supply Chain Management Technical Working Group – a coordination and accountability platform chaired by the Director of Food and Drug Services with the national programmes, implementing partners, funders & principal recipients of grants and other relevant stakeholders as members; and
5. The Integrated Oversight Monitoring Team, composed of NPSCMP and national programmes, which provide oversight function and coordination at the Federal level for health products security.

6. Tertiary Health Institutions – with oversight from the Hospital Services Department and technical support from the NPSCMP, the tertiary institutions will

institutionalise DRF. Each facility shall establish a Health Facility DRF Management Team, to be chaired by the Chairman of the Medical Advisory Committee and the Head of the Pharmacy department, who serves as the secretary. The Tertiary Health Facility DRF Team is responsible for DRF operations at that level.

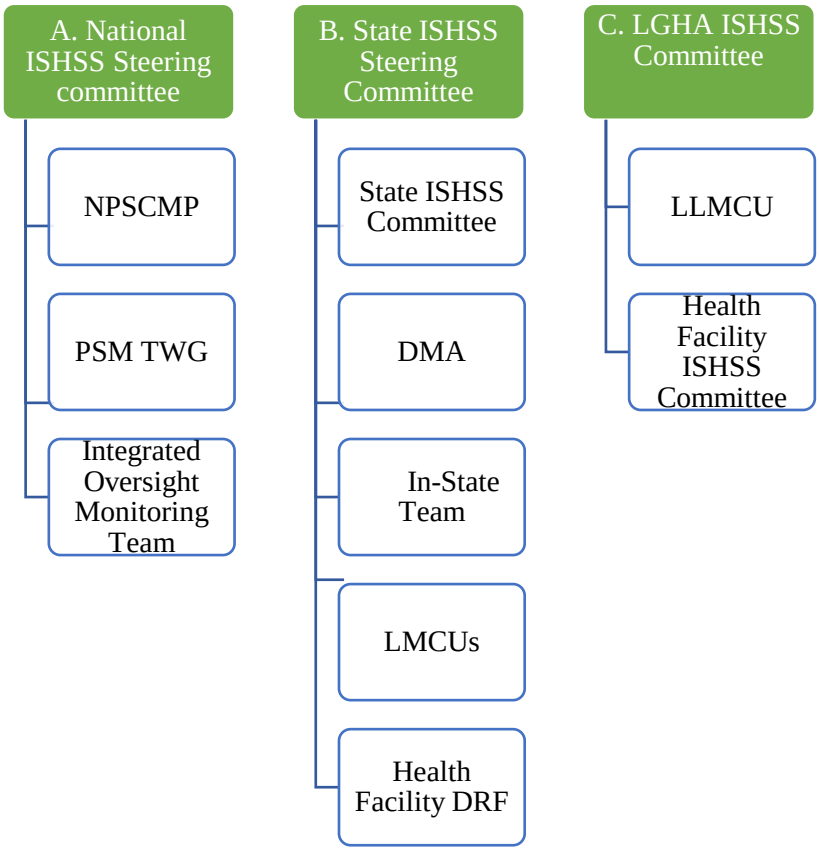


Figure 1: Governance of the Health Products Supply System at: (A) Federal, (B) State, and (C) Local Government levels in Nigeria.

Notes on abbreviations

1. *DMA Drug Management Agency*
2. *DRF Drug Revolving Fund*
3. *ISHSS Integrated Sustainable Health Supply System*
4. *LGHA Local Government Health Authority*
5. *LMCUs Logistics Management Coordinating Units*
6. *LLMCU Local Government Logistics Management Coordinating Unit*
7. *NPSCMP National Product Supply Chain Management Programme*
8. *PSM TWG Procurement and Supply Chain Management Technical Working Group*

(ii) STATE. The States' Integrated Sustainable Health Supply System (ISHSS) – State Governments, supporting partners, and communities – with the following structure:

1. A Steering Committee chaired by the Honourable Commissioner for Health, with members drawn from the chief executives of health agencies, including the DMA, with the Director of Pharmaceutical Services of the Ministry of Health as the Secretary, which provides policy guidance and general oversight across all levels within the State;

2. The State ISHSS Committee chaired by the Director of Pharmaceutical Services, with members as Directors from relevant health departments and MDAs including the DMA as well as from the community, providing strategic direction and oversight functions for the State Health Supply System;
    6.1.1 The In-state Team (IST) is the implementation arm of the state ISHSS, comprised of the Director of Pharmaceutical Services, LMCU coordinator, mid-level professionals, drawn from all levels across different cadres of the DMA and health facilities. Facility representatives will include doctors, nurses, pharmacists, community health workers, laboratory scientists and technicians, accountants and others from the public and private sectors. They provide oversight of the entire health supply chain at the facility level (DRF and public health commodities). The Team ensures health facilities in the State comply with the DRF guidelines and SOPs.
3. Oversight functions of relevant agencies over their respective entities
    6.1.2 Ministry of Health: State-owned tertiary facilities
    6.1.3 Hospital Management Board: to all secondary health facilities
    6.1.4 State Primary Health Care Development Board/Agency: to all primary health care facilities
    6.1.5 State Health Contributory/Insurance Agency: to all facilities
4. The Local Government Health Authority Integrated Sustainable Health Supply System – Consists of local government staff, supporting partners, and the ward development committees. The LGHA ISHSS Committee is chaired by the LGA Primary Health Care Coordinator (or Director), with the Essential Drugs Officer serving as the secretary. The team ensures that health facility staff administer medicines appropriately, in line with the seven rights of logistics, and documents safety issues, such as adverse drug reactions (ADRs). The LGA Logistics Management Coordinating Unit (LLMCU) provides data to the state for the resupply of medicines and other health supplies. They also ensure facilities are operating within the state DRF guidelines (drug management systems, pricing policy, financial management system and internal market operation).
5. The Health Facility ISHSS Committee/DRF Management Team is responsible for managing DRF operations at the health facility level:
    6.1.6 Tertiary facilities teams are chaired by the Chairman of the Medical Advisory Committee and the Head of the Pharmacy department as the secretary.
    6.1.7 Secondary facilities: A senior member of the facility management team chairs. The secretary may be selected based on the state context.
    6.1.8 Primary level facilities: Chaired by the Officer in Charge, while the Pharmacy in charge is the secretary.

3.0b The National Product Supply Chain Management Programme (NPSCMP)

(i) The NPSCMP was established as a Programme under the Department of Food and Drug Services in the FMOH&SW by an approval from the Head of Service of the Federation in 2012. It ensures the integration of the National, State and Local Government Council (LGA) supply chains through the Logistics Management Coordinating Units (LMCUs) at the State level and the Local Government Logistics Management Coordinating Units (LLMCUs) in the LGAs.

(ii) Composition: The NPSCMP shall be made up of NPSCMP workstream staff, national health programmes, whether they are Principal Recipients of the Global Fund, Sub-Recipients, and/or Implementing partners.

(iii) Functions: The principal functions of the NPSCMP are to:

1. Coordinate the health products supply system activities in the country by setting standards (policies, frameworks, guidelines, Standard Operating Procedures, tools, human resource requirements, and lexicon) and ensure implementation in an appropriate manner. It also redesigns the system when there is a paradigm shift.
2. Facilitate strengthening and continuous support to the federal tertiary, state and local government ISHSS.
3. Coordinate with private sector initiatives, including public-private partnerships such as pooled procurement groups, warehousing and distribution mechanisms that are designed to facilitate a strengthened national supply chain.
4. Responsible for the operation of the Nigeria Health Logistics Management Information System (NHLMIS)
5. Coordinate the routine collation, analyses, and dissemination of health products logistics data on the NHLMIS to ensure data visibility and accountability for improved performance and informed decision making; and to ensure value for money for interventions.
6. Review periodic reports from States' LMCUs on Last Mile Deliveries & Service Level Agreements reviews of contracted supply chain functions for performance indicators and targets, while identifying gaps, for resolution and strengthening the health products supply system.
7. Conduct annual state supply chain systems maturity assessment.
8. Provide routine mentoring/supportive supervision to the state ISHSS.
9. Perform other tasks as defined in the Terms of Reference.

3.1 Policy Statements

a. The Government shall optimise the supply system coordination structures at all levels.
b. The Government shall strengthen multisectoral collaboration among supply system stakeholders, not limited to public, donors and private (for-profit, faith-based and non-profit) sectors.
c. The Government shall unlock the value chain through stimulation of local production of health products, shaping the market to ensure sustainable local demand, supporting efficient procurement systems, and strengthening the health products supply system.
d. The Government shall promote research and development of local health products.
e. The Government shall use a business-like model to ensure that health products and social services are sustainably available at all levels.
f. The Government shall ensure that all federal tertiary health facilities adopt sustainable drug supply systems, such as establishing drug revolving fund schemes in line with the 2023 National DRF Guidelines.
g. There shall be an adherence to an accountability framework such that individuals and institutions are held responsible and accountable for health commodities/products and services under their supervision.

3.2 Policy Objectives

a. To optimise the health products supply system coordination structures at all levels.
b. To strengthen multisectoral collaboration among stakeholders in the health products supply system.
c. To unlock the value chain through research and development of local health products, stimulation of local production of health products, shaping market to ensure sustainable local demand, supporting efficient procurement systems, and strengthening of the health products supply system.
d. To establish and strengthen governance structures for drug financial management systems, such as the DRF, at all levels.
e. To ensure that governance structures at all levels are accountable for measurable improvements in access to health products, including availability and affordability at the point of care.

Chapter 4: Supply Chain Workforce Management

4.0 Background

An effective health supply chain depends on a competent, adequately staffed, and equitably deployed workforce across all tiers, including national, regional, state, zonal, LGA, and facility levels. Core functions require clearly defined roles, standard competencies, continuous professional development, and supportive supervision.

Persistent gaps, such as fragmented HR planning, vacancy and turnover in critical posts, uneven digital skills, limited career pathways, and underfunded training, undermine performance, resilience, and value for money. Integrating supply chain cadres into national HRH planning and financing, professionalising PSM roles, and partnering with academia and the private sector are essential to deliver UHC.

4.1 Policy Statements

a. The Government shall develop a National Supply Chain Workforce Strategy to train, recruit, and retain logisticians, pharmacists, and data managers.
b. The Government shall strengthen Supply Chain Management (SCM) Coordination Units at federal (NPSCMP), state (LMCU) and LGA (LLMCU) levels in line with their mandates for planning, coordination, and oversight of essential medicines and public health programmes (e.g., DRF, RMNCH, HIV, TB).
c. Targeted learning programmes shall focus on the following core competencies: Governance & Stewardship, Supply Chain Operations, Financing & Sustainability, Digital Transformation & Data Use, and Monitoring & Evaluation.
d. The Government shall explore partnerships to build capacity for pooled procurement mechanisms, including framework contracts, joint ordering for essential medicines and vaccines and contract management.
e. The Government shall leverage and scale existing digital training platforms for SCM personnel at all levels, including the use of mobile tools for LMIS reporting, inventory tracking, and supervision. Other areas will include tendering, framework agreements, and contract management in line with the national Public Procurement Act of 2007.
f. The Government shall facilitate the development and implementation of Health Products Supply Chain Management Certification programmes in universities and higher learning institutions, to be domiciled in the Schools or Faculties of Pharmacy, and/or specific accredited training academies.
g. The Government shall collaborate with the private sector to create apprenticeship and job placement programmes for SCM graduates. Within the public service, the Government will establish secondment programmes between government and private supply chain organisations to enhance exposure and the capacity of public sector supply chain professionals.

4.2 Policy Objectives

a. To ensure a full complement of skilled supply chain workforce in Nigeria, capable of delivering access to health products across all levels of care, including hard-to-reach populations.

Chapter 5: Supply Chain Financing

5.0 Background

There are different financing mechanisms for ensuring sustainable health supply systems and assuring access to medicines and health products. The Drug Revolving Fund (DRF) is one financing mechanism that is effective when properly managed. In Nigeria, some states have demonstrated the effectiveness of the DRF with support from donors and implementing partners. Some examples include the Partnership for Transformation of Health Systems (PATHS and PATHS 2), Health Commodity Project (HCP), Maternal, Neonatal and Child Health (MNCH) and the Global Health Supply Chain Procurement and Supply Management (GHSC-PSM) projects. Thus, the DRF model has been adopted by stakeholders as one suitable for ensuring sustained access to health products in the drive to UHC. The aim is to leverage the benefits of this scheme while taking steps to avoid its pitfalls.

Other mechanisms for financing of supply chain activities that need to be fully explored include the Basic Health Care Provision Fund (BHCPF) within the National Health Act of 2014, the National Health Insurance Authority (NHIA), as well as catalytic funding donor organisations.

5.1 Policy Statements

a. The Government shall ensure the implementation of provisions within the National Health Act of 2014, which mandates that 45% of the Basic Health Care Provision Fund be disbursed through the NPHCDA gateway. Of this, 20% is allocated to vaccines, essential drugs, and medical consumables.
b. The Government, at all levels, shall ensure the full implementation of the provisions of the National Health Insurance Authority Act of 2022 (Sections 24–32), which assures healthcare (including medicines) for vulnerable groups and the formal and informal sectors.
c. The Government shall establish, strengthen, or scale up proven sustainable medicines and health product funding mechanisms such as the DRF.
d. All DRF operations shall be guided by the FMOH&SW's National DRF Operational Guidelines and Standard Operating Procedure for State Drugs and Medical Supplies Management Agencies & State Committees. Further, all DRF operations at health facilities, primary, secondary and tertiary, shall be guided by the National DRF Standard Operating Procedures Manual.
e. The Government shall facilitate public-private partnerships and other innovative financing mechanisms to fund the strengthening of the national supply chain network, including pharma-grade warehousing infrastructure, last-mile distribution and pooled procurement platforms.

5.2 Policy Objectives

To ensure the sustainable financing of Nigeria's integrated health products supply system.

Chapter 6: Supply Chain Integration

6.0 Background

Supply chain integration ensures that governance, processes, data, and infrastructure across procurement, warehousing, distribution, service delivery, and reverse logistics operate as a single, coherent system. In Nigeria, parallel programme supply chains, siloed LMIS platforms, fragmented financing (including DRF operations), and uneven private-sector engagement have limited visibility, increased costs, and weakened accountability.

An integrated approach, anchored by common standards, interoperable digital systems, joint planning, and aligned performance management, will improve availability, quality, equity, and value for money, while strengthening resilience and emergency readiness.

6.1 Policy Statements

a. The Government shall ensure implementation of the National Health Supply Chain Integration Framework, led by NPSCMP, defining governance, roles, and change-control for integration across all tiers and sectors.
b. Interoperability standards and master data management (MDM) for products, locations, facilities, suppliers, and batches shall be mandated, using recognised global standards where appropriate.
c. The Government shall pursue phased digital convergence, achieving short-term interoperability across existing LMIS and, in the medium to long term, a unified, well-functioning national LMIS integrated with warehouse management systems, transport management systems, quality assurance, and finance systems.
d. Commodity flows for priority programmes (e.g., RMNCH, HIV, TB, malaria, immunisation, AMR commodities) shall be progressively harmonised to reduce duplication and optimise shared assets.
e. The Government shall integrate e-procurement, e-invoicing, and payments with DRF systems to improve timeliness, transparency, and supplier performance.
f. Qualified manufacturers, wholesalers, and 3PL/4PL logistics providers shall participate in the national procurement platform through standard data-sharing protocols and performance-based framework agreements, to aggregate demand, secure value-for-money supply, and extend distribution reach in compliance with e-procurement and transparency requirements.
g. All products that are near expiry, expired, recalled, or damaged shall be routed in alignment with the national healthcare waste management policy of 2013.

6.2 Policy Objectives

To integrate health products supply systems within the country to optimise effectiveness and efficiency, and to ensure that integration directly improves patient access – reducing stock-outs, eliminating geographic gaps in supply, and lowering costs at the point of care.

Chapter 7: Forecasting, quantification and supply planning – Ensuring Continuous Availability

7.0 Background

In Nigeria's health supply chain, accurate forecasting, supply planning, and quantification are essential to ensure uninterrupted access to essential medicines and health products. Forecasting, which means estimating what products are needed, where, when, and in what quantities, forms the basis for budgeting, procurement, and distribution.

Challenges such as weak infrastructure, limited skilled personnel, stock-outs, and unreliable data undermine effective planning. Strengthening supply chain functions such as quantification, logistics and service data availability and use, is critical to building a responsive, resilient supply chain that can meet Nigeria's health priorities and improve health outcomes.

7.1 Policy Statements

a. The Government shall facilitate the establishment of multidisciplinary quantification teams at federal, tertiary facility and state levels in line with the National DRF Guidelines.
b. The Government shall develop and roll out a standard operating procedure to standardise forecasting, quantification and supply planning for all medicines and health products.
c. The National Drug Policy and the Essential Medicines Lists (EMLs) shall form the basis of health products selection and procurement at all levels.
d. The Government shall regularly make available to quantification teams, procurement, logistics and service data to aid accurate quantification.
e. The Government shall perform 5-year forecasts for essential medicines, public health commodities, which will be reviewed biannually to ease pooled procurement.
f. There shall be quantification yearly supported by three - to six-month supply planning to review and update quantification.
g. The Government shall ensure the inclusion of community-based programme health product needs in all forecasting and quantification exercises.

7.2 Policy Objectives

To generate reliable, consensus forecasts and costed supply plans that drive accurate budgeting, procurement of quality assured health products, to prevent stock-outs and ensure continuous availability – the foundational dimension of access – across all levels of the health system.

Chapter 8: Procurement – Improving Affordability and Quality Assurance

8.0 Background

In Nigeria's health supply chain, transparent, competitive, and timely procurement is essential to guarantee uninterrupted access to quality-assured medicines and health products. Procurement, which spans specification development, supplier prequalification, tendering, evaluation, contracting, and contract management, translates quantification and supply plans into actual commodities at the right price, quality, and time. It underpins budgeting, market shaping, local manufacturing development, and reliable distribution to all levels of care.

However, challenges such as fragmented purchasing, weak adherence to standard procedures, limited procurement capacity, price volatility and foreign exchange constraints, inadequate quality assurance, and delays in payments and deliveries undermine value for money and contribute to stock-outs and expiries. Strengthening procurement through pooled purchasing, strict application of value-for-money and lifecycle costing, e-procurement and price transparency, alignment with Essential Medicines Lists and DRF pricing, robust pre- and post-market quality controls, supplier performance management, and measured support for local production is critical to building a responsive, resilient supply chain that advances Nigeria's health priorities and improves health outcomes.

8.1 Policy Statements

a. The procurement of all health products by the Federal, State, and other Government bodies will be carried out in an open, transparent, timely, equitable, and accountable manner, ensuring probity as per the Public Procurement Act 2007.
b. The Federal Government shall collaborate with the private sector to establish and implement an innovative national pooled procurement vehicle for tertiary facilities. The platform will leverage economies of scale, boost local production and ensure the availability of affordable and quality-assured medicines and health products in line with section 18(d) of the Public Procurement Act 2007.
c. The Government shall ensure that medicines and health products are procured in line with pricing provisions in the National DRF Operational Guidelines and Standard Operating Procedures.
d. The Government shall enforce systems to ensure the procurement of quality health products in Nigeria.
e. The nation shall prioritise the procurement of locally manufactured health products.
f. Where adequate local production exists, the Government may prohibit the importation of equivalent health products.
g. The selection of health products for procurement by states and national programmes shall comply with the National Drug Policy and other relevant national policies and guidelines, including the Essential Medicines Lists (EMLs).
h. Procurement of medicines and health products shall follow the approved supply plan.

i. The Federal and State Governments shall take steps to ensure procurement follows value for money principles in line with the Public Procurement Act 2007 and the National DRF Guidelines.

8.2 Policy Objectives

a. Ensure that procurement strategies, including pooled purchasing and DRF pricing mechanisms, actively reduce the cost of health products at the point of care, thereby improving affordability for patients.
b. Guarantee product quality and reduce the prevalence of substandard and falsified (SF) health products.
c. Contribute to the development of local manufacturing and strategic autonomy

Chapter 9: Warehousing – Protecting Product Quality and Availability

9.0 Background

Warehousing is a critical function in Nigeria's health supply chain, serving as the central link between procurement and distribution of medicines and health products. Well-managed warehouses ensure that products are stored under conditions that preserve quality, are available in the right quantities, and can be dispatched in a timely and cost-effective manner to all levels of the health system.

The Nigerian health supply chain operates through a decentralised system, with key warehousing functions managed at the national, regional, state, zonal, and LGA levels. These warehouses serve as storage hubs that facilitate the receipt, storage, inventory management and distribution.

Despite progress, challenges persist in warehousing infrastructure, temperature control, inventory management, data visibility, and human resource capacity. Inadequate adherence to good storage and distribution practices contributes to product losses through expiry, damage, or compromised quality. Addressing these challenges is essential for building a modern, resilient warehousing system capable of supporting UHC goals and responding to public health emergencies.

9.1 Policy Statements

a. The Government shall explore the options of Public Private Partnership (PPP) to establish and maintain adequate warehousing infrastructure at the national, regional, state, zonal and LGA levels.
b. The Government shall implement standardised warehouse operating procedures (SOPs) and the 2023 Good Storage and Distribution Practices Guidelines for Pharmaceutical Products.
c. The Government shall deploy electronic warehouse management systems (WMS) and ensure integration with the national eLMIS to ensure efficient inventory control and product traceability.
d. The Government shall monitor warehouse performance regularly using key performance indicators (KPIs) to improve service delivery and accountability.
e. All warehousing staff shall be trained and certified in core competencies and SOPs, with continuous professional development.
f. Federal and State Governments shall standardise warehouse design, layout and equipment across national, regional, state, zonal and LGA stores.
g. The Government shall ensure that cold-chain equipment is provided for temperature-sensitive products.
h. The Government shall promote optimised network design (including 3PL/4PL use where efficient), cross-docking, and space utilisation to lower costs and improve service levels.

i. The Government shall ensure privately owned warehouses comply with these policy requirements.

9.2 Policy Objectives

To ensure that all public and private sector warehouses handling health commodities fully comply with national warehousing standards, so that quality-assured products are available in the right quantities and dispatched in a timely and equitable manner, protecting availability and product quality for all Nigerians, including those in underserved areas.

Chapter 10: Integrated Last Mile Distribution – Realising Geographical Accessibility

10.0 Background

The existence of vertical pharmaceutical supply chains in Nigeria leads to waste. The National Supply Chain Integration Project (NSCIP), created in 2015, successfully ended in 2018, having unified supply chains that provide medicines to patients in Nigeria across the Federal-led public health programmes. Further integrating both the Federal health programmes and state-level essential medicines supply chains would lead to greater efficiency and align with the overall approach to leverage existing resources in a lean way. Integration refers to both the flow of products and the flow of information necessary to monitor, coordinate, and control the flow of health products in the supply system.

Efficient, resilient logistics systems are critical to delivering essential health products and achieving Universal Health Coverage. A standardised, integrated last-mile delivery (iLMD) improves access to health products and services, benefiting patients and leading to improved health outcomes. Drug management agencies should holistically meet health facilities' needs. iLMD implies that the seven (7) rights of logistics are met. These rights are that the right patient receives the right health product(s) for the right indication(s) for the right duration in the right formulation(s) at the right cost, and that the right customer is served..

10.1 Policy Statements

a. The Government shall ensure full implementation of the National Health Supply Chain Integration Framework.
b. The Government shall facilitate public-private partnerships and innovative financing mechanisms to support medicines and health product distribution to federal tertiary facilities and state-led distribution to lower-level public and private facilities.
c. The Government shall enforce the full implementation of national guidelines on drug distribution, ensuring all states establish State Drug Management Agencies (DMA) and the private sector establishes Mega Drug Distribution Centres (MDDCs), in line with the National Drug Policy.
d. The Government shall enforce the full implementation of national guidelines on drug distribution, ensuring pharmaceutical distribution meets pharma grade standards across public and private sectors for all finished pharmaceutical products, throughout the supply chain from manufacturing or importation to the point of use.

10.2 Policy Objectives

a. To ensure integrated, equitable last-mile delivery of health products meeting national standards to all levels of the health system – including remote and underserved communities – thereby realising the geographical accessibility dimension of access to medicines under UHC.

Chapter 11: Waste Management

11.0 Background

Waste management is an essential function of Nigeria's health supply chain, safeguarding patients, health workers, communities, and the environment by ensuring that health-care waste is segregated, handled, treated, transported, and disposed of safely and efficiently. Effective systems reduce infection risk, protect product quality during reverse flows, and prevent environmental contamination.

Nigeria is grappling with significant challenges in healthcare waste management (HCWM), with the national healthcare waste management policy indicating that 10–25% of waste is hazardous. Hospitals, clinics, pharmacies, laboratories, and diagnostic facilities, such as radiology, generate the waste. The waste includes expired or unused health products, such as medicines, vaccines, medical devices, and personal protective equipment (PPE).

Unsafe practices such as poor waste segregation, inadequate PPE use, open dumping, and low-temperature incineration pose serious risks to public health and the environment. Persistent challenges include weak segregation and documentation, limited reverse logistics capacity, inadequate treatment and disposal options, incomplete execution of recalls, and uneven regulatory compliance. The national healthcare waste management policy of 2013 indicated that only 11.5% of healthcare workers have received formal HCWM training, and many facilities operate without structured waste management systems.

Establishing a coordinated, sustainable, and enforceable framework is critical to safeguarding community health, protecting healthcare workers, and preserving the environment.

11.1 Policy Statements

a. The Government and stakeholders at all levels in the health products supply system shall promote waste management in line with global and national best practices, including compliance with the Nigerian Healthcare Waste Management Policy of 2013.
b. A National Steering Committee shall lead HCWM governance with state and local structures.
c. The Government shall designate, finance and maintain a tiered waste management infrastructure network at facility, LGA/zonal, state, regional, and national hubs for healthcare waste aggregation, treatment, and disposal.
d. Healthcare waste management activities shall be financed through dedicated allocations within health budgets at all levels.
e. The Government shall scale healthcare waste management training, integrating it with clinical, safety protocols and digital tracking systems across all supply chain levels.

11.2 Policy Objectives

To protect the public from potential harm that may result from the unsafe or ineffective disposal of health products' waste.

Chapter 12: Supply Chain Performance

12.0 Background

Regular and timely measurement of supply chain performance underpins a well-functioning health supply chain and the timely delivery of medicines and health products across Nigeria's health system. A coherent performance agenda driven by standardised indicators, reliable data, and routine review enables transparency, accountability, value for money, and continuous improvement from central levels to the last mile.

Nigeria's supply chain measurement systems are inefficient, with poor data quality, fragmentation across programmes (such as the vaccine management), limited interoperability with service delivery data management platforms (DHIS2), and high costs. These factors result in poor health product visibility and contribute to stockouts at the last mile.

The Nigeria Health Logistics Management Information System (NHLMIS) was introduced to address these gaps, yet integration and local ownership remain challenges. Strengthening LMIS through compulsory interoperability, cost reduction, local solutions, and adoption of NHLMIS across all programmes is key to meeting Nigeria's 2030 commodity traceability goal.

12.1 Policy Statements

a. The Government shall ensure the optimisation of the current NHLMIS platform in the short-term and work towards a home-grown solution in the medium- to long-term.
b. The Government shall require mandatory reporting of health products supply system data by all Drug Management Agencies and health facilities across the country.
c. The Federal Government shall require the interoperability of all health products management information systems existing in the country.
d. The Government shall finance national and subnational PSM platforms to continuously analyse and use supply chain data for evidence-based health-product decisions, capacity building, and collaborative learning.
e. The Government shall ensure harmonisation of LMIS tools across the country for efficient logistics reporting to aid decision-making
f. The Government shall be committed to achieving the traceability of all programmatic commodities by 2030.
g. The Government shall explore local solutions to ensure the digitisation of all health products supply system functions by 2030.
h. The Government shall explore innovative financing mechanisms to establish the digital infrastructure for the effective use of digital tools.
i. The Government shall coordinate health products and information flow across community health products supply sub-systems, including the community health management information system (CHMIS).

12.2 Policy Objectives

a. To track and publicly report access-oriented performance indicators – including stock-out rates, product availability at the last mile, patient out-of-pocket costs, and geographic equity of distribution – as the primary measures of supply system success.

Chapter 13: Risk Management

13.0 Background

Supply chain risk management ensures the continuous availability and quality of medicines and health products in Nigeria by anticipating, preventing, mitigating, and responding to disruptions. Risks span demand and supply shocks, price and foreign-exchange volatility, supplier failure, substandard and falsified products, cold-chain breakdowns, transport and infrastructure outages, cyber incidents, insecurity, regulatory changes, public health emergencies, and climate-related hazards.

A structured, system-wide approach, linking risk identification, assessment, mitigation, monitoring, and business continuity across procurement, warehousing, distribution, and reverse logistics, is essential to protect service delivery, value for money, and UHC goals.

Nigeria's health products supply chain is vulnerable to operational, political, economic, and regulatory risks that disrupt the availability of essential medicines and health products. Weak coordination, inadequate inventory control, and poor data visibility further undermine the system's resilience. An adaptive, technology-driven national health supply chain risk management framework is needed to anticipate threats, coordinate stakeholders, and ensure the uninterrupted availability of health products.

13.1 Policy Statements

a. The Government shall establish a National Health Supply Chain Risk Management Framework aligned with national disaster risk management, health security, and emergency preparedness plans, with clear governance, roles, and escalation protocols across all tiers.
b. All national, regional, state, and zonal warehouses and distribution points shall maintain and test Business Continuity Plans (BCPs) and Emergency Response Plans (ERPs) at least annually, to identify, assess, and monitor supply chain risks – including maintaining a risk management register – with after-action reviews.
c. All national, regional, state, and zonal warehouses and distribution points shall maintain valid insurance coverage per national minimum coverage standards; proof of coverage shall be verified annually and shall be a condition for licensing, participation in public supply chain programmes, and performance-based contracting.
d. The Government at all levels shall enforce occupational health, safety, and environmental (HSE) requirements – including fire safety and hazardous waste protocols.
e. The Government at all levels shall maintain strict adherence to financial management systems so that DRF funds are not decapitalised.
f. The Government shall explore the use of technology for real-time monitoring of procurement, contract management and supplier risk management.
g. The Government shall explore the adoption and deployment of comprehensive risk management indicators for monitoring, predictive analytics, and risk mitigation.

h. Strengthen risk-based coordination and communication among NPSCMP, health agencies, donors, suppliers, and partners with early-warning, escalation, and incident-response mechanisms.
i. The Government at all levels shall review and update their respective Supply Chain Risk Management Plans annually.

13.2 Policy Objectives

a. To operationalise a national risk management system that protects the continuous availability and affordability of essential health products, and builds capacity at all levels to detect, respond to, and recover from disruptions to access.

Annexes

Annex 1: Glossary of Terms

Term	Definition
Access to medicines	Access to medicines within healthcare systems is a five-dimensional concept comprising availability, geographical accessibility, affordability, acceptability, and quality.
Adverse Drug Reaction	A response to a medicine which is noxious and unwanted, and which occurs at doses normally used in man for the prophylaxis, diagnosis, or therapy of diseases or for the modification of physiological functions
Cross-docking	A technique that allows the transfer of inbound products to be quickly moved onto outbound transport without the need for warehousing. A cross-dock is a facility that enables this process.
Dosage form	A means of administering a dose of a medicine. Example dosage forms are tablets, capsules, and syrups.
Essential medicines	Medicines for the treatment of priority public health needs as contained in the Essential Medicines Lists.
Essential Medicines List	A list of medicines, as specified by the World Health Organization (WHO), required to treat the most prevalent diseases among children and adults that every health facility should have.
Forecasting	"The process of estimating the quantities and costs of products required to meet demand during a particular time frame." The process uses consumption, service, demographic, and morbidity data, including assumptions on programmatic scale-up, service capacity, and related factors in its estimation.
Health products	These include medicines/drugs/pharmaceuticals, diagnostic technologies and supplies, bed nets, insecticides, aerial sprays against mosquitoes, and other products, laboratory diagnostic equipment, and supportive products (e.g., microscopes and reagents) that are used for the prevention, diagnosis, or treatment of diseases.
Human rights	Equity considerations that include the right to a safe work environment as well as the right to medicines.
Last Mile Delivery	The last step of the logistics process involving the movement of products from the warehouse to the health facility, or end-user.
Pharmacovigilance	This is the detection, assessment, and prevention of adverse drug reactions and includes monitoring and providing early warning of adverse effects due to medicines. Pharmacovigilance can include suspected inefficacy arising from substandard or falsified medicines with provisions, in some cases, for description of the suspected substandard and falsified medicine.
Pooled procurement	Pooled procurement is a formal arrangement where financial and other resources are combined across different purchasing authorities, to create a single entity for procuring health products on behalf of individual purchasing authorities (WHO).

Term	Definition
Procurement	Procurement, here, refers to the activities undertaken to source health products from the manufacturers or distributors. It includes pricing mechanisms, vendor selection, generation of purchase orders, as well as the receipt of purchased products into stores/warehouses.
Public health emergency	Acute or chronic events that have widespread negative consequences for human health and require a rapid, coordinated response to overcome.
Quality	The total set of characteristics of an entity that affect its ability to satisfy stated and implied needs and to ensure the consistent and reliable performance of services or products in conformity with specified requirements. It is the ability of a product (medicine, vaccine, or other technology) to retain the properties it had at the point of manufacture throughout its assigned shelf-life or use period.
Quality assurance	A wide-ranging concept covering all matters that individually or collectively influence the quality of a product. It is the totality of the arrangements made with the object of ensuring that medical products are of the quality required for their intended use. Quality, in the context of supply chain management, can refer to a product, document, activity, process, and/or service, where it can be defined as how well a product or action conforms with pre-specified or desired characteristics or protocol.
Quality control	Tests to ensure quality along all the steps of production or along the health products supply chain/system.
Quantification	Quantification involves the determination of the number of treatments expected to be needed during a defined period. It is usually undertaken at national level based on information from all geographical areas and levels of the healthcare system.
Rational use	This is when patients receive medicines appropriate to their clinical needs, in doses that meet their individual requirements, for an adequate period of time, and at the lowest cost to them and their community.
Reverse logistics	Movement of products from end-user to retailer/manufacturer.
Risk management	A process, or set of activities, designed to identify, assess, and mitigate disruptions/vulnerabilities in the supply chain.
Selection	Specifying a limited list of commercially-available, cost-effective medicines for common disease conditions. Product selection has also been defined as the process by which health programmes select, or choose, and ultimately procure the right health products that will be used at different levels of the health system.
Standard Operating Procedures (SOPs)	A series of guidelines and procedures that are developed to define how tasks and activities are to be performed to ensure the safe, effective, efficient, and consistent operation of an organisation or entity.
Standard Treatment Guidelines (STGs)	A series of disease-specific evidence-based clinical treatment, medicines management, and referral protocols, whose primary

Term	Definition
	purpose is to improve the quality and cost-effectiveness of medical care services through harmonised knowledge and practices.
Supply planning	This is the process of "determining which health products should be procured, the amount to be procured, the time at which they should be delivered, and the financial costs to be incurred".
Traceability	The ability to map a health product's journey at any point within the supply chain usually using a unique code. Here, this applies along the entire supply chain from port of entry to patients. Traceability as defined by NAFDAC "is the ability to identify, track forward the movement through specific stage(s) of extended supply chain and trace backward the history, application or location of a pharmaceutical product" .
Warehousing/ storage	A set of activities including receipt, inventory management, and dispatch for distribution to subsequent service delivery points.
Waste management	"Pharmaceutical waste includes expired, unused, spilt and contaminated pharmaceutical products, prescribed and proprietary drugs, vaccines and sera that are no longer required, and, due to their chemical or biological nature, need to be disposed of carefully. The category also includes discarded items heavily contaminated during the handling of pharmaceuticals, such as bottles, vials and boxes containing pharmaceutical residues, gloves, masks and connecting tubing." One other category is substandard and falsified medicines. In most cases, waste disposal implies the use of incinerators.

Annex 2: The Health Products Supply Chain in Nigeria: Background and context

A2.0: Structure, maturity, & context

A2.1 General structure: The supply system as a network of players, products and processes
The supply chain for health products, in the context of health systems, can be described as the network of players and processes through which pharmaceuticals and other health products pass from the manufacturers to the end-users. Structurally, the supply chain for pharmaceuticals can be modelled as a sequential five-level system starting from a primary manufacturer of an Active Pharmaceutical Ingredient (API) to demand points such as pharmacies that provide medicines to end-users or patients (Figure 2).

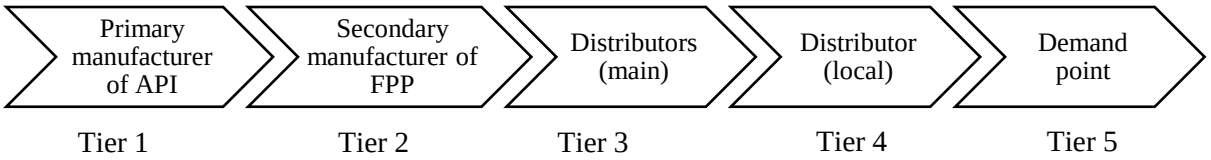


Figure 2: Structural levels of the pharmaceuticals supply chain

[Adapted from the "five-tier" model of Silva et al., 2019 indicating the flow of medicines from primary manufacturers of API to patients at the demand points.]

On the other hand, with other health products – medical consumables, for example – the supply chain is slightly different. There may be just the one manufacturer, and the end-user is not always a person, but can be a healthcare facility; that is, the supply chain may not always consist of the 5 sets of players in Figure 2. In both cases, however, the essence of the supply chain is to get products effectively and efficiently to the end-user.

A2.2 Profiling pharmaceuticals supply chain processes: maturity models
Maturity models profile the effectiveness and efficiency of supply chains. There are various frameworks for evaluating how effectively and efficiently a supply chain performs in accessing its maturity. Examples include the Capacity Maturity Model, and the Association for Supply Chain Management (ASCM)'s Maturity Model (MM). As with most models, the ASCM's Maturity Model, which is adopted in this policy, is based on the Kaizen philosophy that continuous process development is necessary for developmental maturity.

The ASCM MM framework, thus, classifies pharmaceuticals supply chains into 5 levels, and provides the metrics for chain evaluation or profiling – allowing for country self-assessments.

A2.3 The Nigerian Pharmaceutical Supply Chain: Structure and context
There are three key groups of players in the pharmaceutical supply chain in Nigeria – the public sector (Government at Federal, State, and Local Government levels), the private sector (manufacturers, distributors, and demand point operators), and development agencies.

The structure of the Nigerian Pharmaceutical supply chain in terms of the 5-tier structure is described below:

- **Tiers 1 and 2**. There is no primary manufacturer of APIs at Tier 1 yet in Nigeria. Manufacturers import almost all their APIs (Tier 2) from China and India. There are

over 100 manufacturers in Tier 2, with the Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMG-MAN) listing 120 members. In 2014, four were prequalified, or assessed as meeting international quality manufacturing standards, to supply medicines for WHO global programmes. Manufacturers include the Nigerian Army Drug Manufacturing Company which manufactures medicines primarily for the Nigerian Armed Forces and associated organizations, as well as the Nigerian Air Force Drug Manufacturing Unit established in 2016 with a similar mandate as the Nigerian Army. As a whole, apart from these military companies, the Nigerian Government does not wholly own any manufacturing company. In 2005, the Federal Government partnered with May and Baker (M&B) for the local production of vaccines. Thus, the majority of manufacturing is in the private sector.

- **Tiers 3 and 4**. Distributors are a mix of players. In the public sector, the government operates warehouses in the form of Central Medical Stores (CMS) and others from which public health facilities obtain medicines and other health products. The private sector obtains medicines either from the open drug markets, licensed importers/and or wholesalers, State Drug Distribution Centres (SDDCs), Mega Drug Distribution Centres, and even Community Pharmacies (CPs) that can also serve as main and local distributors for some manufacturers. For example, FIDSON lists 332 distributors of its products across Nigeria, and Drugfield lists 34, comprising, in both cases, CPs. The National Drug Distribution Guidelines (NDDG) make provision for the replacement of the open drug markets with the Co-ordinated Wholesale Centres (CWC). The development partners also ran their own distribution facilities until the recent integration. Distributors are also now online locations, for example Drugstoc. Other actors also provide both warehousing (Main distributor, Tier III) and distribution (Local distributor, Tier IV) functions, for example, CHANMediPharm – a religious NGO.

- **Tier 5**. Demand points, or service delivery points where people obtain medicines, are similarly diverse and staffed by both professional and non-professional players. The Government operates public hospital pharmacies across the three tiers of health facilities, while in the private sector, demand points include Community Pharmacies (CPs), private hospital pharmacies, Patent and Proprietary Medicines Vendors (PPMVs), and traditional medicines practitioners' practices. Usually, PPMVs (non-professionals) outnumber Community Pharmacies (professionals) in communities. In Kano State, for example, there are about 6,500 PPMVs to 550 CPs. There are also differences in the geographical distribution of CPs. Overall, it is estimated that 50% of all CPs are located in the South-West geo-political zone of the country – implying greater access to professionally-run pharmacies in this region. Evolutions in demand points features are described later in Section C2.2B.

The regulation of all premises used in the supply chain for pharmaceuticals is currently the mandate of the Pharmacy Council of Nigeria (PCN).

Historically, due to the multiplicity of players, inefficient distribution, the prevalence of substandard and falsified (SF) medicines, and the lack or non-implementation of policies, the Nigerian Pharmaceutical Supply Chain had been described as chaotic. In 2006, Nigeria launched the first National Drug Distribution Guidelines (NDDG), as part of efforts to improve the efficiency and effectiveness of its pharmaceuticals supply chain, which it revised in 2012.

B2.0: Evolutions in the Nigerian pharmaceuticals supply system: 2016–2024

B2.1 The first pharmaceuticals supply chain policy, 2016–2018
An additional initiative launched in 2012 to address some of the observed gaps in the pharmaceuticals supply chain, was the National Product Supply Chain Management Programme (NPSCMP). The NPSCMP was established under the Federal Ministry of Health's Department of Food and Drug Services with a mandate to coordinate the supply chain.

In 2016, Nigeria launched its first ever Supply Chain Policy for Pharmaceuticals and other Healthcare products, which was formulated under NPSCMP, hereinafter, policy, with the goal of improving access to health products, including pharmaceuticals, with an optimised resource use. In other words, to make health products available, accessible, affordable, acceptable, and of assured quality; and to do this in a lean way – using or leveraging on existing resources. The need for this policy arose from the 2014 assessment of the supply chain in Nigeria that found challenges in the supply chain system ranging from stock-outs in public hospitals, health workforce capacity challenges, sub-optimal forecasting and procurement practices, SF medicines, parallel distribution systems, and wastages. The policy aimed to unify the parallel public (Government) and programmatic (development partners) pharmaceuticals supply chains, while ensuring access to medicines by end-users.

An assessment of the impact of this policy showed that it largely achieved its objectives. The integration of parallel supply chains for public health commodities; the creation of new institutions for control, implementation and monitoring; and the establishment of a national level health information system were key achievements. The new institutions which were established through the National Supply Chain Integration Project, NSCIP, were the Logistics Management Coordinating Units (LMCUs) at the Federal, State and LGA levels. Human capital development was also achieved with a 155% growth in healthcare workers engaged in supply chain management activities between 2015 and 2019.

However, there was only limited improvement in access to medicines with the availability of medicines improving only in some States such as Kaduna.

C2.0: The Nigerian Pharmaceutical Supply Chain: Landscape Analysis

C2.1 Outcomes from the implementation of policy and programme initiatives, 2016–2022
The outcomes from the implementation of the first policy (2016–2018) and the interim supply chain policy framework (2021–2025, and on-going) are summarised here.

a. Integration: At the 2022 stakeholders' meet, the national supply chain was judged to be at Level 3. A significant achievement of the first supply chain policy is the integration of the public health commodities and the states essential medicines completed in December 2018, as previously mentioned.

b. Warehousing and Distribution: Integration of Last Mile Delivery (LMD) began for HIV/AIDS, Malaria, and Family Planning Programmes supported by USAID in April 2017 and was completed in March 2018. Thus, by 2018, there were 6 regional warehouses and 1 distribution channel for these programmes coordinated nationally. The regional warehouses or depots are in: Abuja (FCT); Anambra, Cross River; Lagos; Gombe; and Sokoto States.

c. Procurement: Memoranda of Understanding (MoU) have been signed by some State governments (Ekiti, Niger, Kaduna, Nasarawa, Sokoto, and Yobe States) with local manufacturers to facilitate less expensive direct procurement of medicines.

d. Governance: The Logistics Management Coordinating Units (LMCUs) at state and LGA levels were created and operationalised.

C2.2 Gaps and opportunities

A. Gaps

However, despite these achievements, challenges still exist that are hampering the attainment of the SDG3 goals. A recent systematic scoping review by Olutuase et al., 2022, evaluated 27 peer-published articles from 2005 to 2020 to describe challenges with the medicines and vaccine supply chain in Nigeria. This study identified eight groups of challenges: human resources; financial; distribution; governance; storage; inventory management – including stock-outs (Out-of-Stock); data management; and infrastructural (Figure 3).

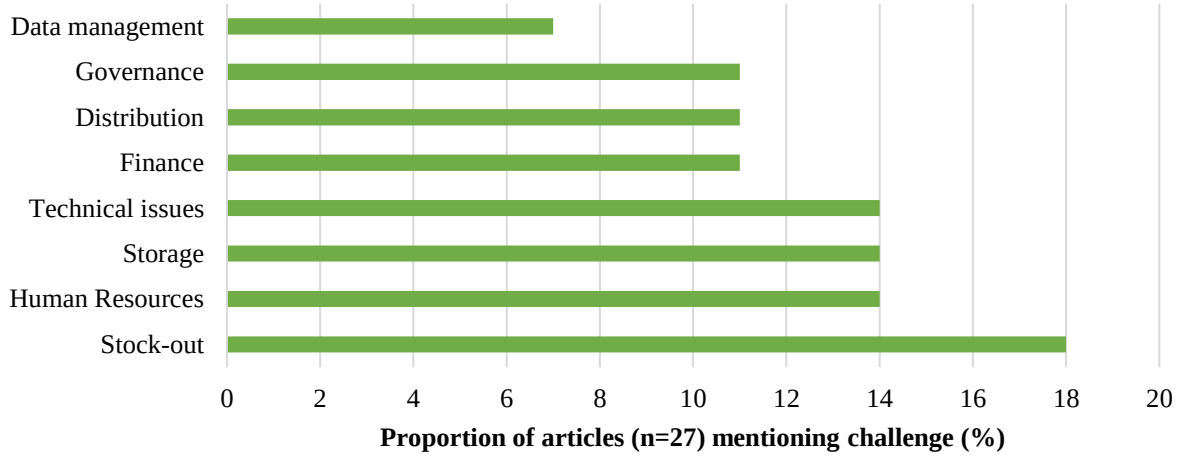


Figure 3: Pharmaceuticals supply chain challenges in Nigeria, 2005–2020

The most frequently reported challenge was stock-out of medicines and vaccines (18%, 5/27). The least frequent was data management (7%, 2/27). Stock-outs included the prevalence or challenge with Substandard and Falsified medicines, the actual lack of medicines and vaccines in some facilities from inefficiencies in inventory management, equipment, and corruption.

The human resource challenge included lack of capacity in logistics management, as well as corruption and insurgency. Storage issues included inadequate cold storage facilities and equipment, and destruction of storage facilities – from insurgencies, riots, national disasters such as flooding.

Technical issues included multiple supply chain functions including inefficient procurement, damages to products, irregular power supply, and disruptions in supply chains. Financial challenges included lack of financial resources and poor funding for vaccine supply. With

distribution, delays in importation, difficulties in maintaining fleet vehicles, distance, insecurity during transportation, poor data, and difficulties in maintaining cold storage during transportation were the components.

The governance challenge comprised poor implementation of, and non-adherence to, policies. Data management challenges included poor forecasting, procurement, reliability and availability of data, inventory monitoring data, and the general lack of data for procurement and decision making.

These gaps in the supply chain are long-standing.

In addition, there is perceived poor standards, or low quality of service, at demand points. Gaps in quality of service in CPs as determined from an exit interview survey conducted in the South Western Zone of Nigeria in 2019 is reported by Ihekoronye et al., 2021

In 2004, Nigeria launched the Service Compact, or SERVICOM, to improve and benchmark standards of service delivery in its public facilities including healthcare facilities. The SERVICOM compact entails an index of 62 Key Performance Indicators (KPIs) for evaluation of service delivery grouped in five domains of timeliness, information, professionalism, service delivery, and staff attitude. In the private sector, there are both voluntary standards of practice to guide service delivery in CPs such as the Community Pharmacists Action (COPA), as well as mandatory guidelines from PCN covering hospitals, CPs, and PPMVs. However, the extent of implementation of these and the impact on overall service delivery in the country remain unknown.

An additional challenge is the vulnerability to external shocks from importation of both APIs and Finished Pharmaceutical Products (FPPs). The lack of control of Tier I manufacturing of the raw materials/APIs for medicines constituted a challenge during COVID with supply chain disruptions arising from border closures in China and India and deliberate government decisions in these countries to restrict the export of certain medicines. As Nigeria relies on almost all its API supply from these countries, this represents both a weakness and a threat to medicines security. This is the same with finished products, for which 70% are imported.

B. Opportunities

i. Manufacturing

Various Government incentives during COVID-19 saw the growth of local manufacturing from about 30% to about 45%. This is still low, in contrast to another Low- and Middle-Income Country (LMIC) – Bangladesh – with about 98% local production of its essential medicines needs. Recently, the National Institute for Pharmaceutical Research and Development (NIPRD) and a local manufacturing company, EMZOR, have received funding and or technical support for the establishment of API production. These developments in the local manufacturing space bode well for Nigeria's pharmaceuticals supply system.

More recently, the Federal Government approved a zero Customs duty on imported APIs and pharmaceuticals production machinery to boost local production as well as other initiatives such as volume contracts.

ii. Demand points

Currently, the landscape of pharmaceutical services delivery platforms in Nigeria comprises:
Decentralised Drug Distribution (DDD)/Differentiated Service Delivery (DSD) Models: These models encompass a range of options to increase geographical accessibility to public health goods outside the public health space, some of which enhance Last Mile Delivery to end-users unable to access formal health facilities. Examples include: The Integrate Project seeking to engage CPs and PPMVs in the provision of family planning and primary healthcare services. The DSD model to increase access to HIV/AIDS medicines and services encompassing the use of CPs, private hospitals, and home delivery. This DSD model was first implemented in some form in 2015. In its present forms, it is supported by National policies.

Online pharmacies: Beginning January 2022, online pharmacies can operate in Nigeria and deliver medicines apart from controlled drugs to clients via mail or delivery service operators – a crucial step in Last Mile Delivery. These are virtual platforms – albeit linked to a physical premise and run by private sector actors.

Physical premises: The physical space comprises public and private hospital pharmacies, PPMVs, and traditional medicine practices, as described earlier in Section A2.3.

These innovations in the 5th level (Tier 5) of the pharmaceuticals supply system provide further opportunities, in addition to those listed in Section C2.2B, for system strengthening to ensure access to medicines.

Annex 3 Existing regulations and relevant provisions for supply system management

S/No.	Policy	Gap addressed	Aim	Relevant sections/strategies and targets for supply chains
1	National Drug Distribution Guidelines, 2nd Edition, 2012	The challenges of uncoordinated drug distribution in Nigeria, including the presence of open drug markets and the prevalence of Substandard and Falsified medicines	To institutionalise a well-ordered drug distribution system and provide guidance for drug distribution in Nigeria.	1. States to establish State Drug Distribution Centres (SDDCs). Central Medical Stores, where in existence, form the basis for the SDDCs. States to provide take-off fund. Public-Private Partnerships (PPPs) are to be guided by the Federal Government of Nigeria's PPP policy. 2. Medicines selection to be based on inclusion in the Essential Medicines Lists and registration by NAFDAC. 3. Procurement to comply with the Public Procurement Act of 2007. SDDC to maintain a fleet for Last Mile Delivery. 4. Private sector to establish Mega Drug Distribution Centres (MDDC) with presences in all 6 geopolitical zones
2	NAFDAC Good Storage and Distribution Practices Guidelines for Pharmaceutical Products, 2023	Substandard and Falsified medicines in the supply chain	To provide the minimum requirements of Good Distribution Practices in Nigeria to all players in the pharmaceutical supply chain apart from Patent and Proprietary Medicine Vendors, but including donors, freight agents, transporters, and clearing agents/houses.	1. Distribution only by authorised personnel. 2. Accountability to be ensured in all phases of the distribution process to allow tracking. Monitoring systems to be instituted for Controlled Substance to alert to diversion or misuse. 3. There should be Quality Management Systems setting out responsibilities, processes, and risks management for activities undertaken, including a Quality Manual guiding the quality assurance of products, and appropriate documentation. 4. Donated products to comply with regulations of NAFDAC.

S/No.	Policy	Gap addressed	Aim	Relevant sections/strategies and targets for supply chains
3	National Health Policy, 2016	-	To ensure that quality medicines, vaccines, commodities and other technologies are available, affordable, and accessible to all Nigerians.	1. Creating enabling environments, structures, systems, and processes that ensure access in line with international best practices. 2. Facilitate the development and use of traditional medicines. 3. Promote local production. 4. Strengthen a unified management system for pharmaceuticals with a functional Logistic Management Information System (LMIS) that leverage pooled procurement and economies of scale. 5. Facilitate adequate storage facilities at all levels, including cold storage. 6. Facilitate Public Private Partnerships (PPPs) in the provision of pharmaceuticals.
4	National Quality Assurance Policy for Medicines and Other Health Products, 2015	Medicines quality	To ensure pharmaceuticals are of quality, effective, affordable, and safe	The policy sets standards and considerations for manufacturing, procurement, distribution, storage/warehousing, packaging and labelling, transportation, quality control, and dispensing. It also covers pharmacovigilance, and domiciliation of State Logistics Management Coordinating Units (LMCUs) in the Director of Pharmaceutical Services (DPS) office. The targets it sets are to ensure: a. 90% of medicines and other health products in the supply chain meet standards in terms of safety, quality, and efficacy by 2022; b. Six quality control laboratories in addition to NAFDAC receive international accreditation; c. 95% of prescriptions comply with Standard Treatment Guidelines (STGs) and other relevant guidelines; d. 95% of patients receive adequately labelled medicines.

S/No.	Policy	Gap addressed	Aim	Relevant sections/strategies and targets for supply chains
5	The National Drug Policy, 3rd Ed., 2021	System-wide challenges in access to medicines	To ensure sustainable access to safe, efficacious, and quality medicines.	Provides considerations, regulations, strategies, and targets on all aspects of Procurement and Supply Chain Management, including local manufacturing, as well as rational use of medicines and antimicrobials. Selected considerations are: 1. Medicines should have ≥ 75% remaining shelf life at purchase. Donated medicines should have ≥ 50% remaining shelf life at the point of delivery to the Federal Ministry of Health. 2. Public procurement should give preference to local manufacturers or importers to keep down price. 3. Drug Revolving Funds (DRFs) should be strengthened at all levels of healthcare facilities. 4. Functional Drug and Therapeutic Committees (DTC) in health facilities. 5. Antimicrobial stewardship. 6. Generic prescribing. 7. Online pharmacies.
6	Nigeria Vaccines Policy, 2021	Challenges with immunisation, including COVID-19	Encourage local production of vaccines and ensure self-sufficiency in vaccine availability.	Ensure ownership of vaccines supply chain management processes for sustained access to vaccines in Nigeria. This is to mitigate the burden of vaccine-preventable diseases in the country.

S/No.	Policy	Gap addressed	Aim	Relevant sections/strategies and targets for supply chains
7	National Policy for Controlled Medicines and its Implementation Strategies, 2017	Challenges with the access and use of controlled medicines	Ensure sustainable availability and accessibility to affordable controlled medicines for medical and scientific purposes while preventing diversion.	1. Establish robust and efficient supply chain for controlled medicines. 2. Enhance rational selection and quantification based on consumption and morbidity data. 3. Ensure routine procurement of Schedule I narcotics. 4. Prequalify, and regularly inspect, local manufacturers to manufacture Schedule I narcotics for the FMOH&SW. 5. Institute robust inventory management practices to include forecasting and transportation plans. 6. Enhance visibility throughout the supply chain for controlled medicines - including between prescriber and pharmacist at the health facility level. 7. Ensure safe and simple recall and waste management practices.

Notes:

1. Policies were identified through a review of documents published on the website of the Federal Ministry of Health and Social Welfare and by relevant regulatory agencies.
2. The full list of policies and guidelines consulted are:
    1) The Nigeria Vaccine Policy, 2021;
    2) The National Health Act, 2014;
    3) The National Health Policy, 2016;
    4) The Nigeria Supply Chain Policy for Pharmaceuticals and other Healthcare Products, 2016;
    5) National Health Products Supply Chain Strategy and Implementation Plan, 2021–2025;
    6) The Blueprint for the Implementation of the National Health Product Supply Chain Strategy (2021–2025) State Level;
    7) Traditional Medicine Policy, 2007;
    8) The Public Procurement Act of 2007;
    9) The National Drug Policy, 3rd Ed., 2021;
    10) The National Strategic Health Development Plan II, 2018–2022;
    11) The National Quality Assurance Policy for Medicines and other Health Products, 2015;
    12) National Guidelines on Drug Donations;
    13) National Drug Distribution Guidelines, 2012;
    14) National Policy for Controlled Medicines and its Implementation Strategies, 2017;
    15) NAFDAC Good Storage and Distribution Practices Guidelines for Pharmaceutical Products, 2023.

Annex 4 Stakeholders' roles

	Stakeholder	Role/Function
1	Armed Forces; military and paramilitary	Policy implementation
2	CCM (Country Coordinating Mechanism), Global Fund	Fund public health initiatives
3	CHAI (Clinton Health Access Initiative)	Access to medicines and diagnostics, including medicines for children
4	Chairmen, Local Government Councils	Policy formulation and implementation
5	FMOH&SW Department of Food and Drug Services	Policy formulation and implementation
6	Global Fund Resilient & Sustainable Systems for Health/Covid-19 Response Mechanism	Public health supply chain partner
7	Governors of the 36 states and the Minister of the FCT	Policy formulation and implementation
8	Medical and Dental Council of Nigeria	Policy formulation and implementation
9	Medical Laboratory Science Council of Nigeria (MLSC)	Policy formulation and implementation
10	Medipool	Procurement through a public-private partnership with the FGoN
11	National Agency for Food and Drug Administration and Control (NAFDAC)	Regulations, product quality
12	National Agency for the control of AIDS (NACA)	Public health supply chain partner
13	National Centre for Disease Control (NCDC)	Policy formulation and implementation
14	National Health Insurance Authority (NHIA)	Policy formulation and implementation
15	National Institute for Pharmaceutical Research and Development (NIPRD)	Supply chain partner/research organisation
16	National Malaria Elimination Programme	Policy formulation and implementation
17	National Primary Health Care Development Agency (NPHCDA)	Policy formulation and implementation
18	National Product Supply Chain Management Programme (NPSCMP)	Coordination, Guidelines, Policies, M&E
19	National TB and Leprosy Control Programme	Policy formulation and implementation
20	National Tropical Disease Elimination Programme	Policy formulation and implementation
21	Nigerian Medical Association	Policy formulation and implementation
22	Nursing and Midwifery Council of Nigeria	Policy formulation and implementation

	Stakeholder	Role/Function
23	Pharmaceutical Manufacturers Group of Manufacturers' Association of Nigeria (PMG-MAN)	Supply chain partners
24	Pharmacy Council of Nigeria (PCN)	Pharmacists, PPMVs, premises regulation
25	Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC)	Supply Chain Ecosystem Strengthening
26	Society for Family Health	Public health supply chain partner
27	State Houses of Assembly	Regulations
28	State Ministries of Health, including the FCT	Policy formulation & implementation
29	United Nations Population Fund	Public health supply chain partner
30	United States Pharmacopoeia	Partner, quality assurance
31	USG Global Health Supply Chain Procurement and Supply Management	Public health supply chain partner
32	World Health Organization (WHO)	Support

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