

# Family Planning Commodity Security in Nigeria: Navigating opportunities and challenges to meet FP 2030 Target

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Adesegun Fatusi, *FNAMed, FAS*

# Outline

Setting the Stage: FP Commodity Security & Global Context

FP Commodity Security: Nigeria's Reality & Challenges

Moving Forward: Navigating Opportunities & Achieving Goal

# FP Commodity Security & Global Context



# FP is one of the greatest “Development Buys”

Reduce unmet needs  
for Family Planning

Reduce unintended  
pregnancies & unsafe  
abortions

Improved maternal  
and child health &  
family well being

**FP Commodity  
enables individuals  
and households to  
meet their family  
planning needs &  
contribute to  
advancing national  
economic potential  
and growth**

Reduced health care  
expenditure especially  
for RH/MNCH

Increased women’s  
contribution to national  
economy

Ensure sustainable  
population growth rate

Gives the potential of  
Demographic Dividend

# FP Impact on Women's Economic Potential: Recent Findings from Modelling

*FP broadens women's opportunities to contribute to economies, societies & cultures.*

- Using contraception led to a 12% increase in women's engagement in paid work the following year in Kano, Nigeria
- In Nigeria urban women who began using contraception had a greater chance (45.6%) of paid employment compared to those not using FP
- Nearly 15% increase in women's control over use of their wages.

# FP measurably protects women's health and saves health systems money:

- ✓ Allows adolescent girls to delay pregnancy until their bodies have matured; helps adult women space pregnancies so their bodies have time to recover from pregnancy and childbirth.
- ✓ Over time, countries supporting families to have fewer children end up with a relatively larger proportion of working-age people and fewer dependents, thereby reaping a “**demographic dividend**” of rapid macroeconomic growth

*Family planning investments function like seed funding to help national economies generate greater income over the long term.*

Every additional \$1 a country spends on family planning services reduces the cost of pregnancy-related and newborn care by more than \$3.  
-UNFPA

# FP Commodity Security: A New “Age” of Disruptions



- USAID Dismantled
- \$500 million Withdrawn from Global Health Funding
- All US contributions to UNFPA Terminated



Destabilization of Global SRHR initiatives & FP Commodity Security

**The New York Times**

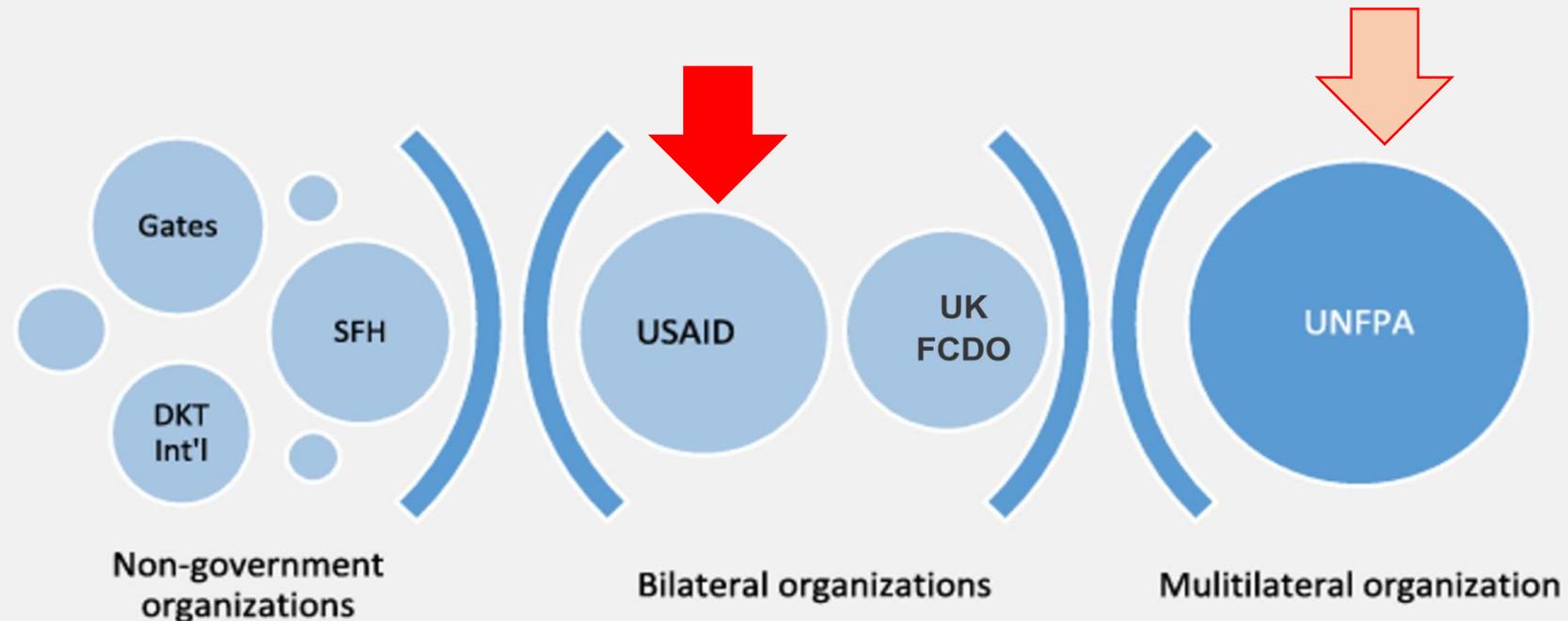
Tariff Tracker   Lashing Out at Political Foes   Government Shutdown   Legal Experts on Presidency

***\$10 Million in Contraceptives Have Been Destroyed on Orders From Trump Officials***

# Why the Global Change Matters for Nigeria

## Key partners that funded FP services in Nigeria (2015 – 2020)

NB: Size of the circle indicates the relative contribution of the funder



Source: Mbachu et al, 2023.

“The retreat of the US from global health has left **more** than a funding gap; it has exposed the weakness of a system that leaned too heavily on a handful of donors.”

- Ebere Okeleke (<https://www.chathamhouse.org/2025/10/africa-after-usaid-who-will-pay-health-bill>)

# Africa after USAID: who will pay the health bill?

The US retreat from global health funding has disproportionately affected African countries. Will African governments allow the cycle of dependency to continue, or reassert sovereignty over their health systems?

PUBLISHED 16 OCTOBER 2025



” Will African governments allow the cycle of dependency to continue, or reassert sovereignty over their health systems?”

# Aid at the crossroads

Trends in official development assistance

In 2023, aid to developing countries declined for the third consecutive year, affecting sectors crucial for sustainable development.



# Global ODA for Health Scenario



## Policy Brief

### Cuts in official development assistance: OECD projections for 2025 and the near term

26 June 2025

#### Key messages

- The OECD projects a 9 to 17% drop in official development assistance (ODA) in 2025. This comes on top of a 9% drop in 2024. The outlook beyond 2025 remains highly uncertain.
- The projected decline is driven by announced cuts in four major providers of ODA. For

“The OECD projects a 9 to 17% drop in ODA in 2025. This comes on top of a 9% drop in 2024. *The outlook beyond 2025 remains highly uncertain*”

- Anticipated cuts to multilateral organisations may trigger a second wave of funding decreases for the poorest countries and vital services. In 2023, nearly half of ODA to LDCs was delivered through multilateral channels. The eleven providers that have announced cuts



United Nations

UN News

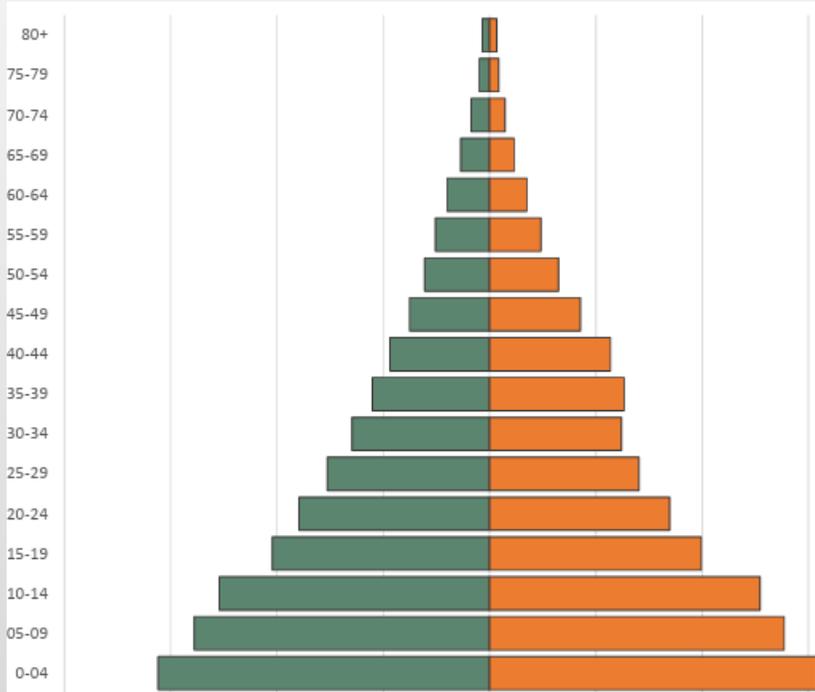
Global perspective Human stories

## WHO projects up to 40% cut in health aid in 2025

<https://news.un.org/en/story/2025/06/1164706>

# FP Commodity Security: Nigeria's Realities & Challenges

# Nigeria's Population Situation



Nigeria's Population Pyramid 2022

- Most populous country in Africa
- Young Population Structure
- Pop Census 2006: 140.4 Million
- Estimated Pop. (2024): 230.3 Million
- Projected Pop (2054): 374.1 Million
- By 2050; the 3<sup>rd</sup> most populous globally

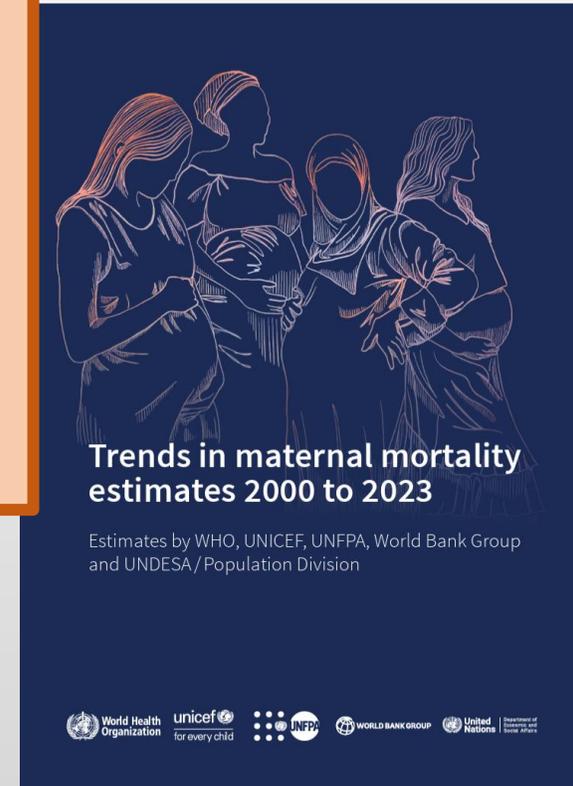
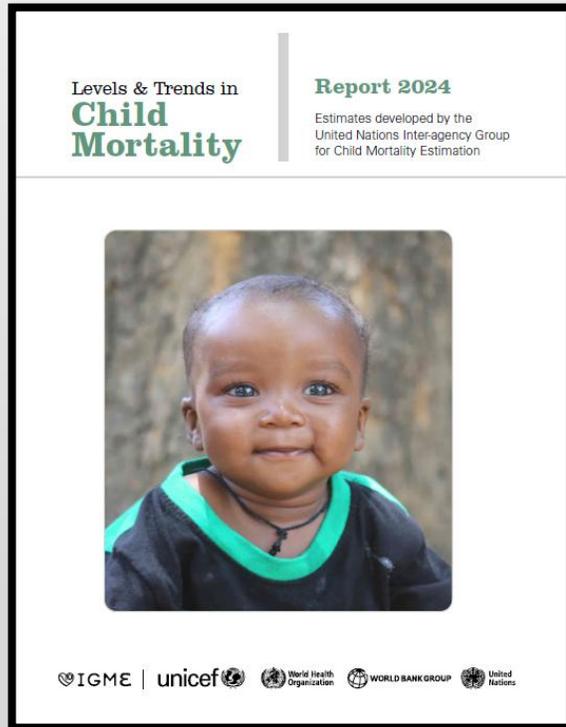
*Source: NBS, 2023*

Total Fertility Rate (2023): Nigeria= 4.8; Global Average = 2.2

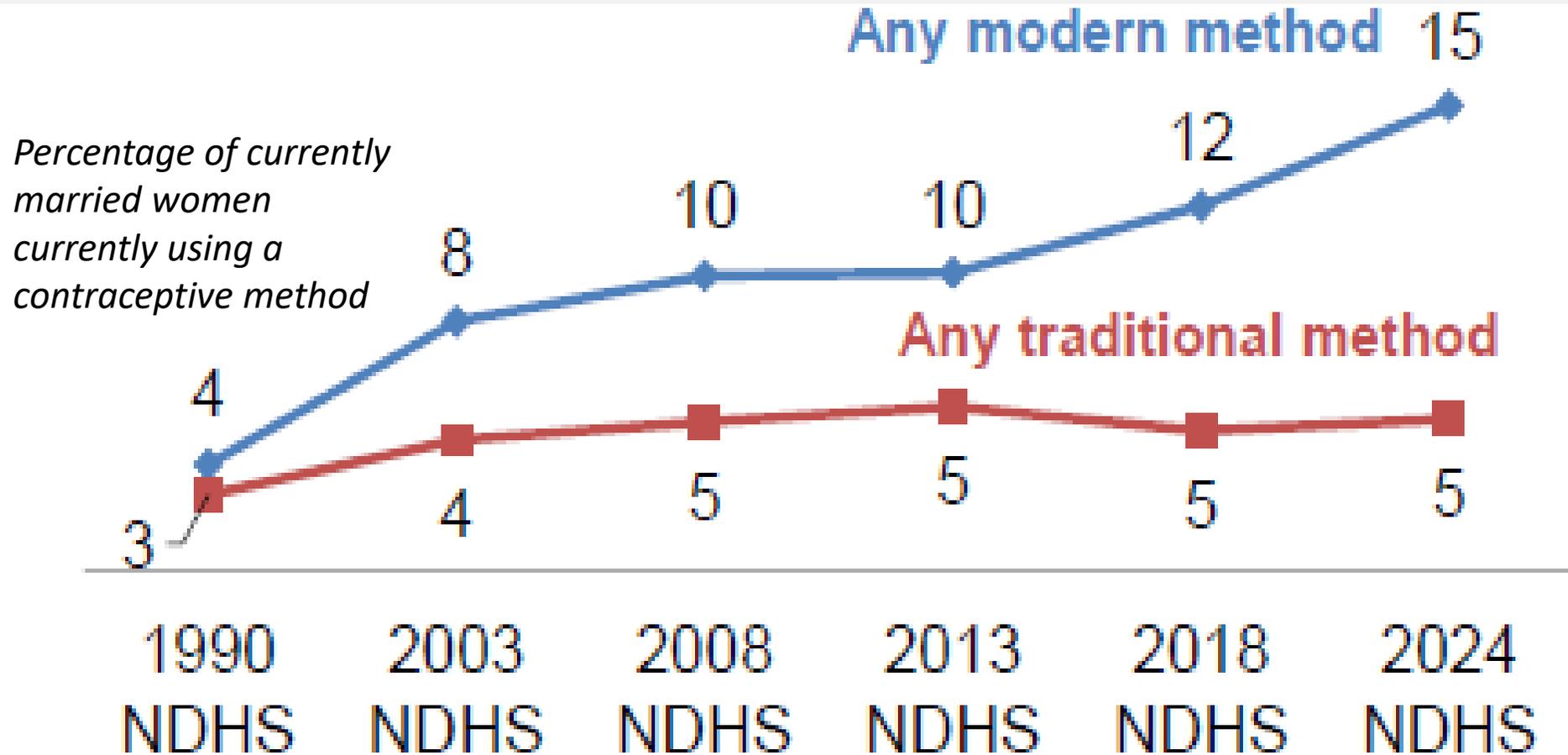
# Nigeria: Maternal & Child Health Situation

- Nigeria's maternal mortality ratio (MMR) is the highest globally: 993/100,000 live births
- Nigeria has the highest maternal mortality burden: 75,000 maternal deaths/yr
- Nigeria contributed 28.7% of 2023 global maternal deaths

- Nigeria's U5MR (2023 NDHS) = 110/1,000;
- 2nd highest globally;
- One of the only 4 countries with U5MR >100/1,000



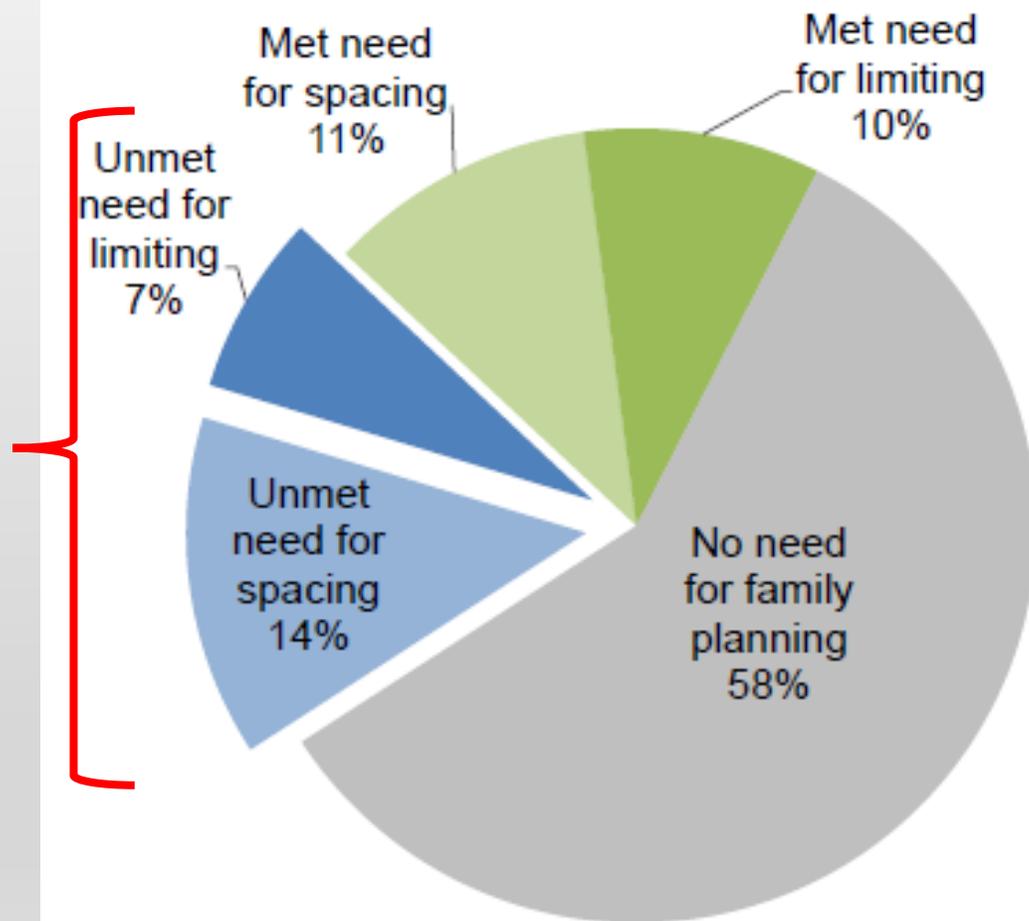
# Trends in Contraceptive Use in Nigeria (1990-2024)



Source: NDHS 2024

## Demand for family planning

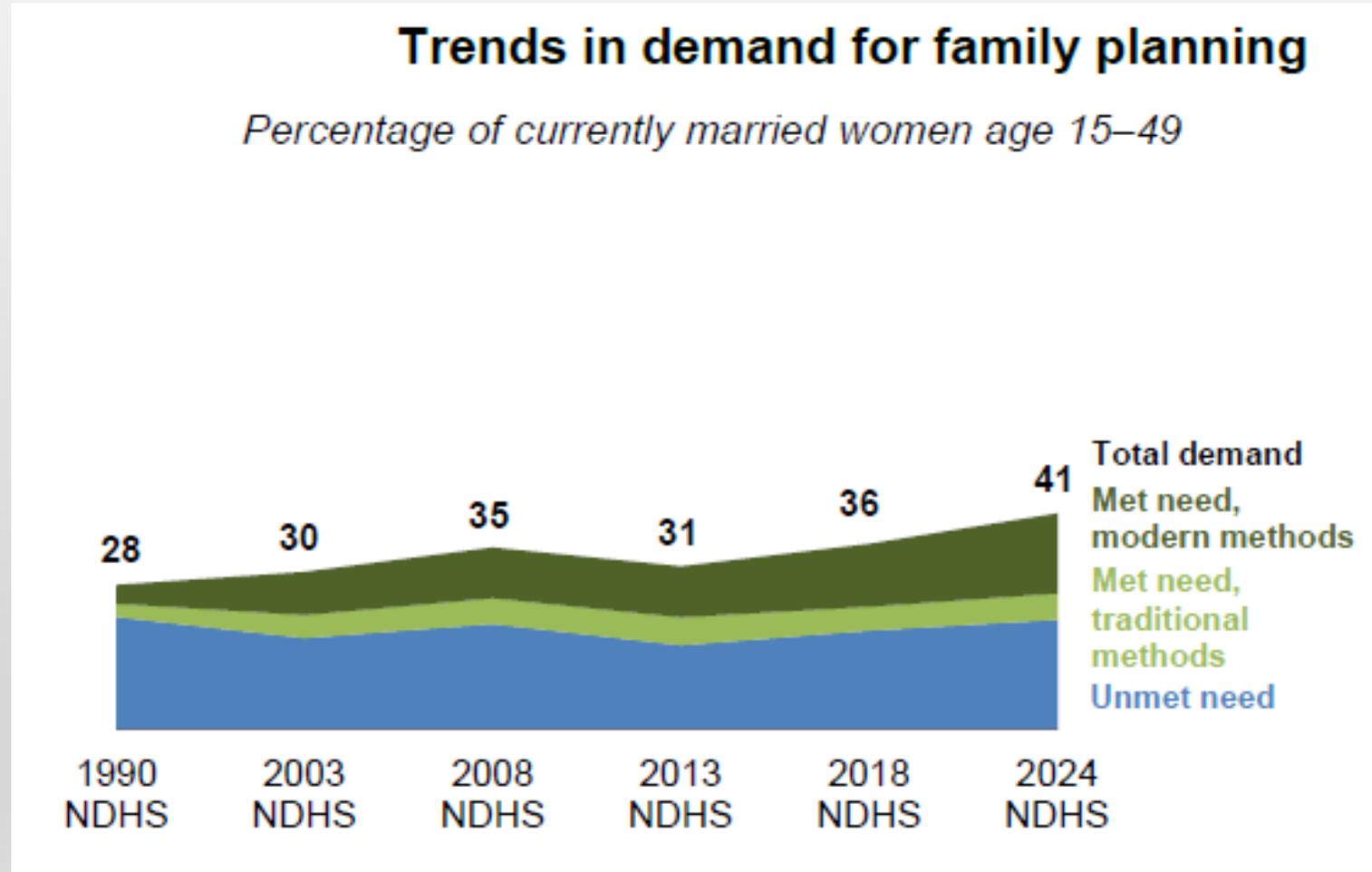
*Percent distribution of currently married women age 15–49 by need for family planning*



Unmet Need for  
FP in 2024:  
21%

Source: NDHS 2024

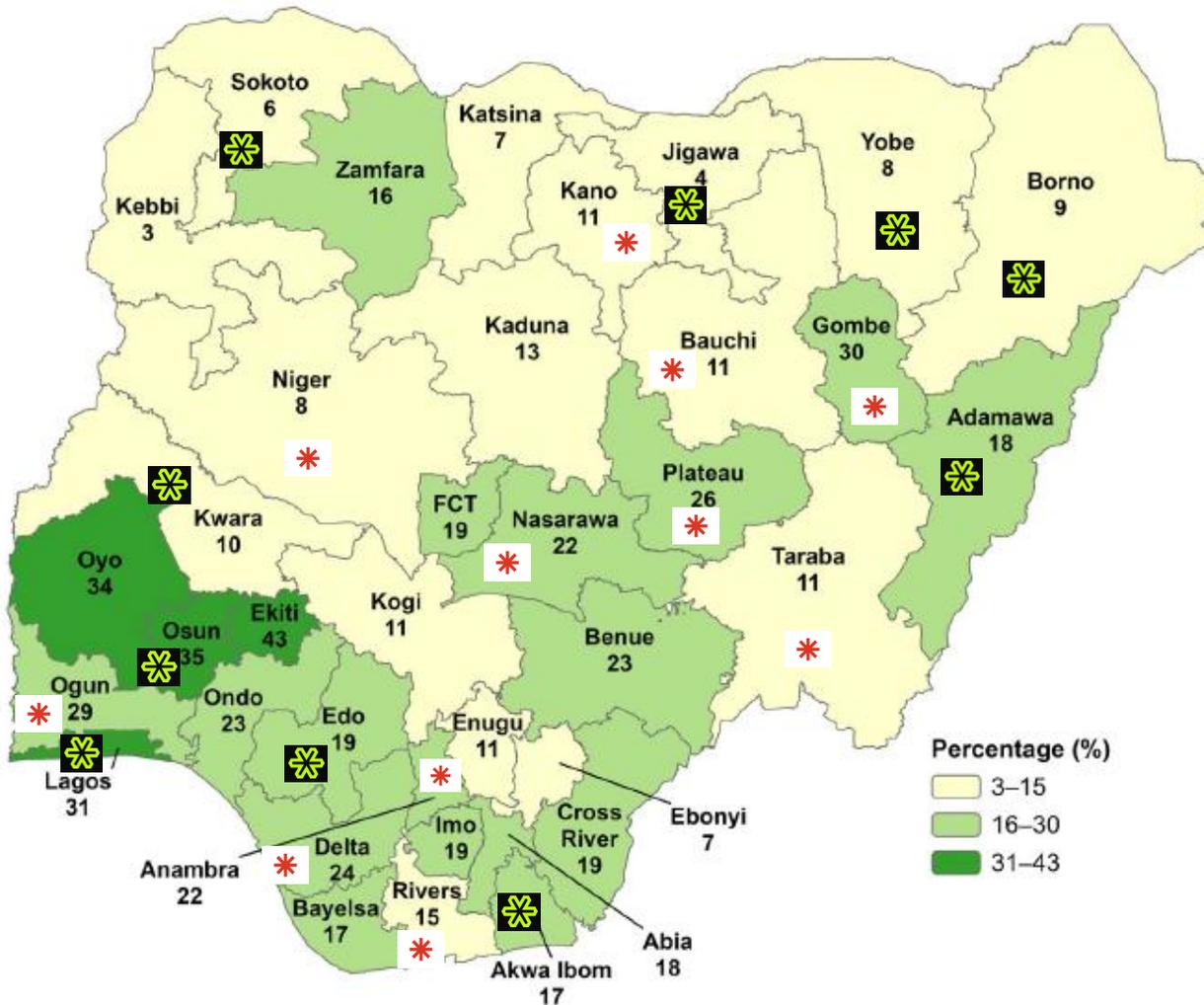
# Trends in Demands for Family Planning in Nigeria (1990 – 2024)



Source: NDHS 2024

## Modern contraceptive use by state

Percentage of currently married women age 15–49 using a modern contraceptive method



Modern  
Contraceptive  
Use Rate in  
Nigeria  
(2024), with  
Focus on TCI-  
Supported  
States

Phase One States



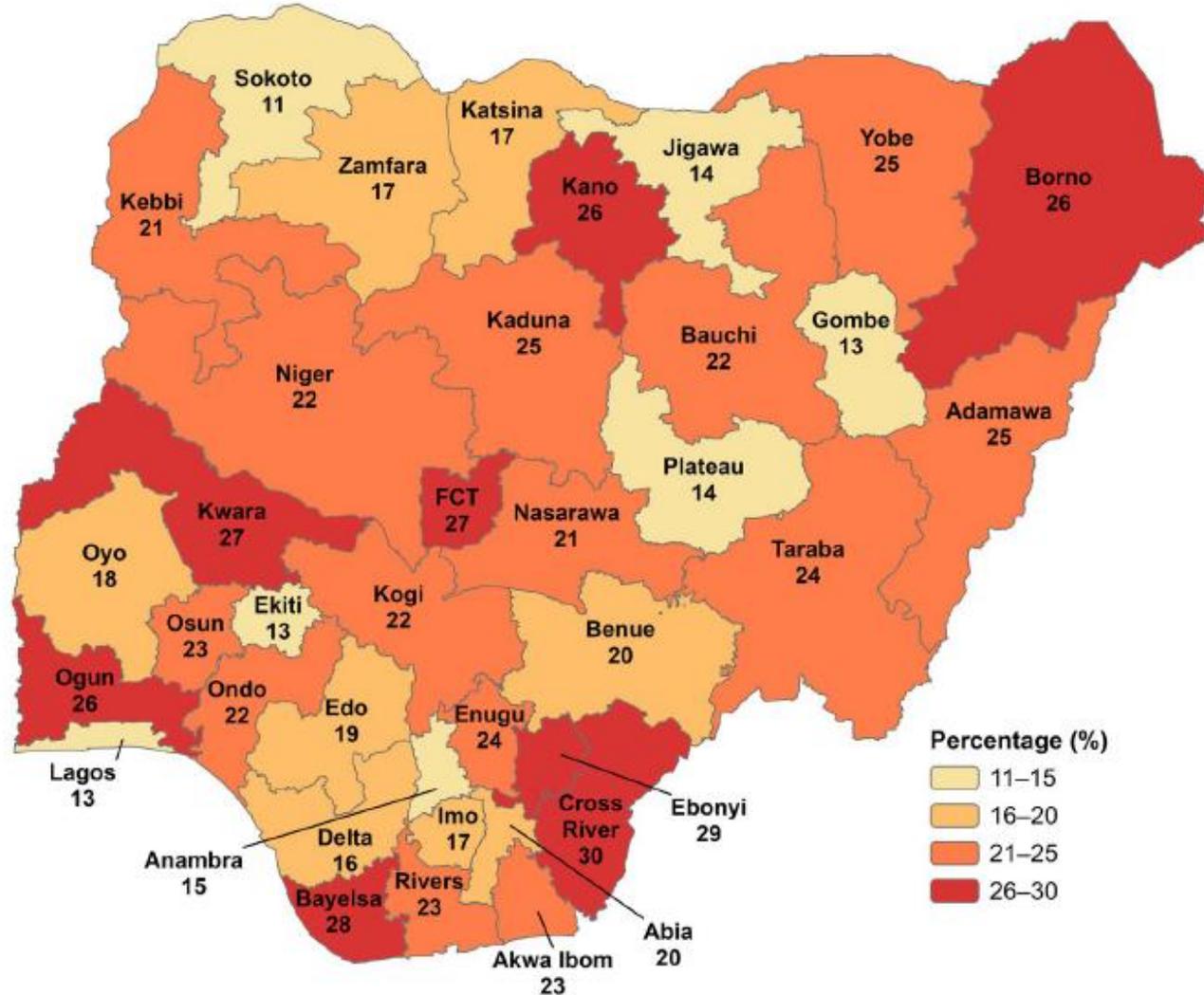
Nextgen States



Source: NDHS 2024

## Unmet need by state

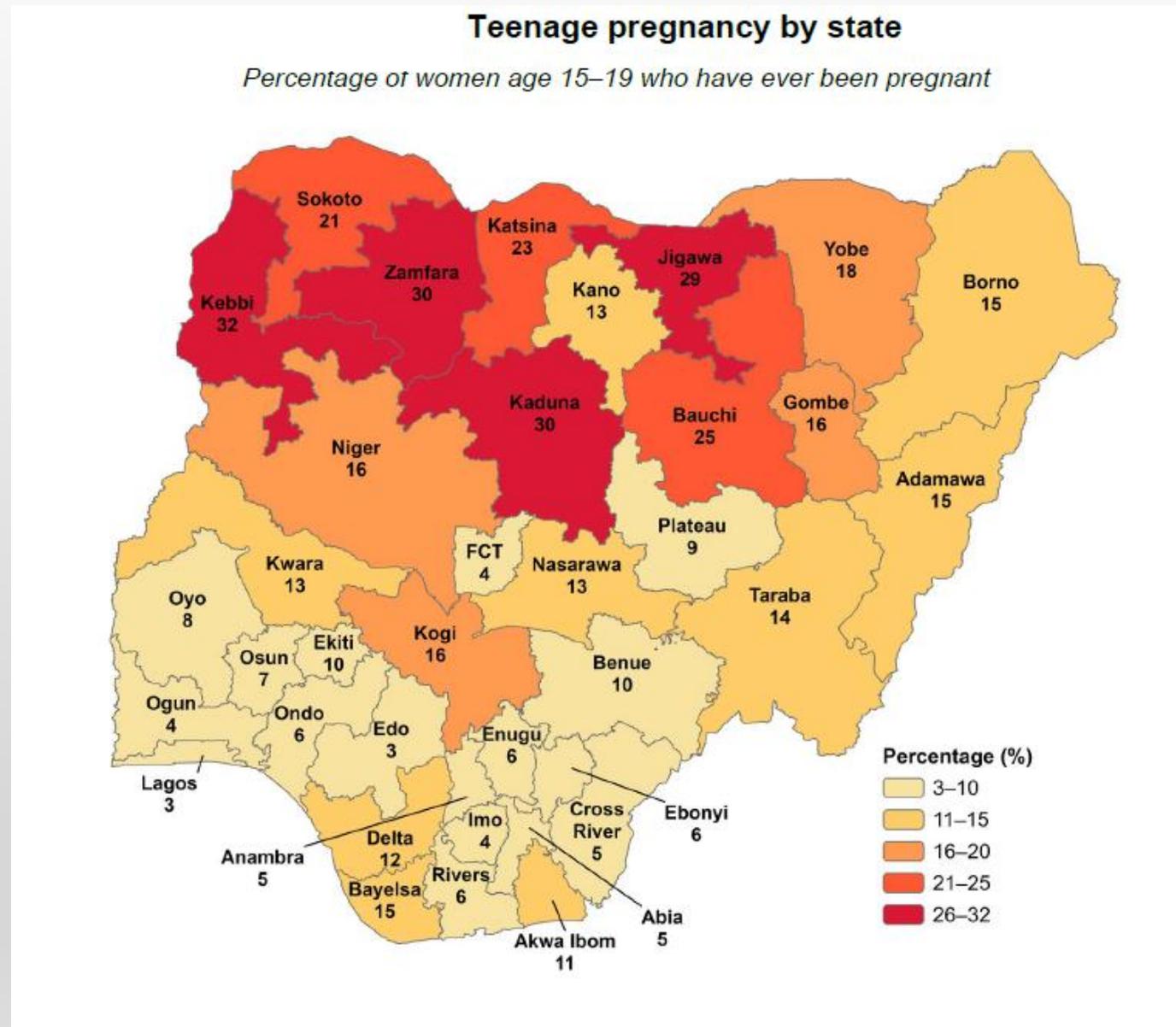
Percentage of currently married women age 15–49 with unmet need for family planning



Unmet Need  
for Family  
Planning in  
Nigeria by  
State (2024)

Source: NDHS 2024

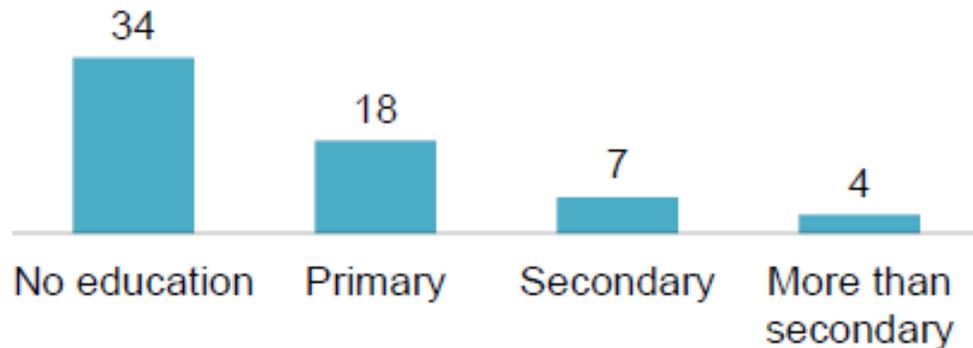
# Teenage Pregnancy in Nigeria by State (2024)



# Socioeconomic Factors Affect FP Use & Outcomes: Example of Teenage Pregnancy

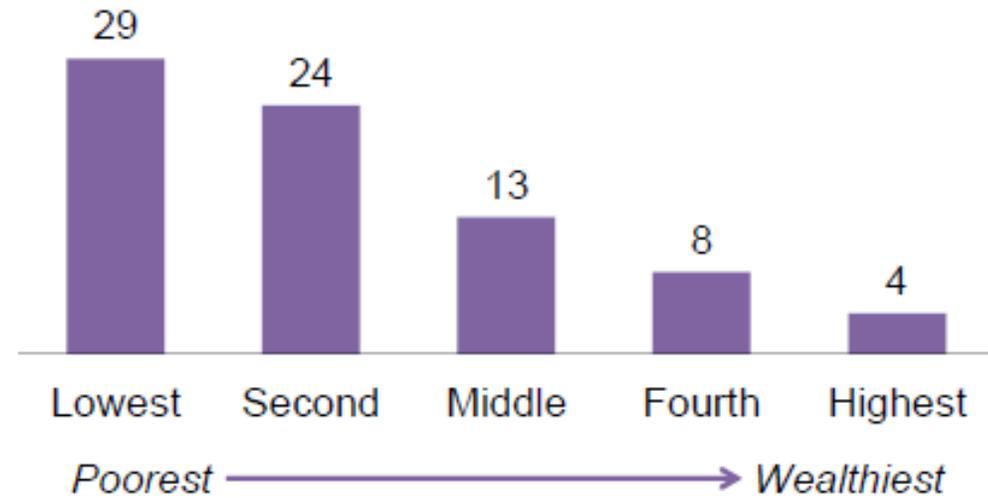
**Teenage pregnancy by education**

*Percentage of women age 15–19 who have ever been pregnant*



**Teenage pregnancy by household wealth**

*Percentage of women age 15–19 who have ever been pregnant*



Source: NDHS 2024



# Adolescents Require Special Attention

More than a tenth (11.8%) of adol girls aged 17 already pregnant (2024)

About 15% (14.8%) of adol girls (15-19 years) have been pregnant (2024)

Adolescent pregnant rate has only declined by 8 percentage point in 20 years (23% in 2003 vs. 15% in 2024)

Pregnant adolescents have the highest rate of abortion among all age groups: 2.4% in 2024

**NIGERIA'S FAMILY PLANNING VISION FOR 2030:**

A country where everyone, including adolescents, young people, populations affected by crisis and other vulnerable populations, are able to make informed choices, have equitable and affordable access to quality Family Planning (FP) and participate as equals in society's development.



**1. Strengthen integration of FP into Nigeria's socio-economic development frameworks and plans**  
 Framing FP as a development issue as well as a health issue will help reinforce shared duties of the private sector and all government levels in ensuring access to resources.



**5. Strengthen the national and sub-national multi-stakeholder accountability mechanisms**  
 By December 2023 and through strengthened mechanisms like facility health and ward health development committees, civil society organizations and media structures will monitor key indicators of FP rights and needs.



**2. Increase FP access and choice by scaling up evidence-based, high impact practices**  
 The government has a timeline for better meeting individual/family needs, with the aim of getting the 12% modern Contraceptive Prevalence Rate (mCPR) to at least 27% by 2030.



**6. Establish sustainable systems at national, state and local government area levels to address sexual and reproductive health needs**  
 These plans will center all citizens in humanitarian/fragile contexts, health emergencies and natural disasters.



**3. Strengthen the national FP supply chain, reducing stock out rates, increasing end-to-end data visibility and enhancing national capacity**  
 To ensure 'last mile' contraceptive availability and get stock out rates below 20%, the Ministry of Health will lead state-funded supply procurement.



**7. Reduce social and gender norms hindering autonomy and access to rights-based FP information and services**  
 The government will work with key stakeholders and use a gender synchronized approach to increase access to FP information and services for all, including women and girls.



**4. Improve financing for FP by leveraging both existing and additional innovative domestic mechanisms**  
 Annually, the government will allocate a minimum of 1% of the National and State Health budgets, which is equivalent to N4.7 Billion and N6.9 Billion respectively.



**8. Reinforce the use of data to inform evidence-based policy actions and program strategies at all levels**  
 The government will define key indicators and be systematic in using digital monitoring and analysis techniques, harmonizing FP data hubs into one platform.

# Nigeria's FP2030 Goal





**INVESTMENT CASE AND  
FINANCIAL SUSTAINABILITY  
PLAN FOR FAMILY  
PLANNING IN NIGERIA  
(2024 - 2030)**



November 2023



**“By 2030, if Nigeria achieves mCPR of 27%, every US\$1 invested in Family Planning will yield about US\$69.3 cost savings”**

# Nigeria's Potential Health Gains of Investing in FP

Country, subregion or region	Investment amount (in USD)	No. of women and couples receiving modern contraceptive care	No. of unintended pregnancies averted	No. of unplanned births averted	No. of unsafe abortions averted	No. of women's and girls' lives saved	Cost savings in pregnancy-related and newborn health care for each additional \$1 invested in family planning (in USD)
Nigeria	1,000,000	65,229	15,455	6,044	6,321	83	1.98

Source: Guttmacher Institute (FP Impact Calculator), 2024

# Impact of Meeting Women's FP & Related Needs

If all needs were met for contraceptive, maternal and newborn, and abortion care in Nigeria the following sexual and reproductive health outcomes for women aged 15-49 and their newborns  would decrease dramatically

Unintended pregnancies would drop by



Abortions would drop by



Unsafe abortions would drop by



Maternal deaths would drop by



Newborn deaths would drop by





Federal Government of Nigeria

# NIGERIA FAMILY PLANNING BLUEPRINT 2020-2024



Target (2024):  
27% mCPR



## THE NATIONAL PRIVATE HEALTH SECTOR ENGAGEMENT STRATEGIC PLAN FOR FAMILY PLANNING SERVICES

FEDERAL MINISTRY OF HEALTH  
ABUJA, NIGERIA

AUGUST 2020

Domestic Fund  
Mobilisation

FEDERAL MINISTRY OF HEALTH



National Guidelines for  
State-Funded Procurement of  
Family Planning Commodities

November 2021

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# Nigeria has the Key Policies to Drive FP Acceleration



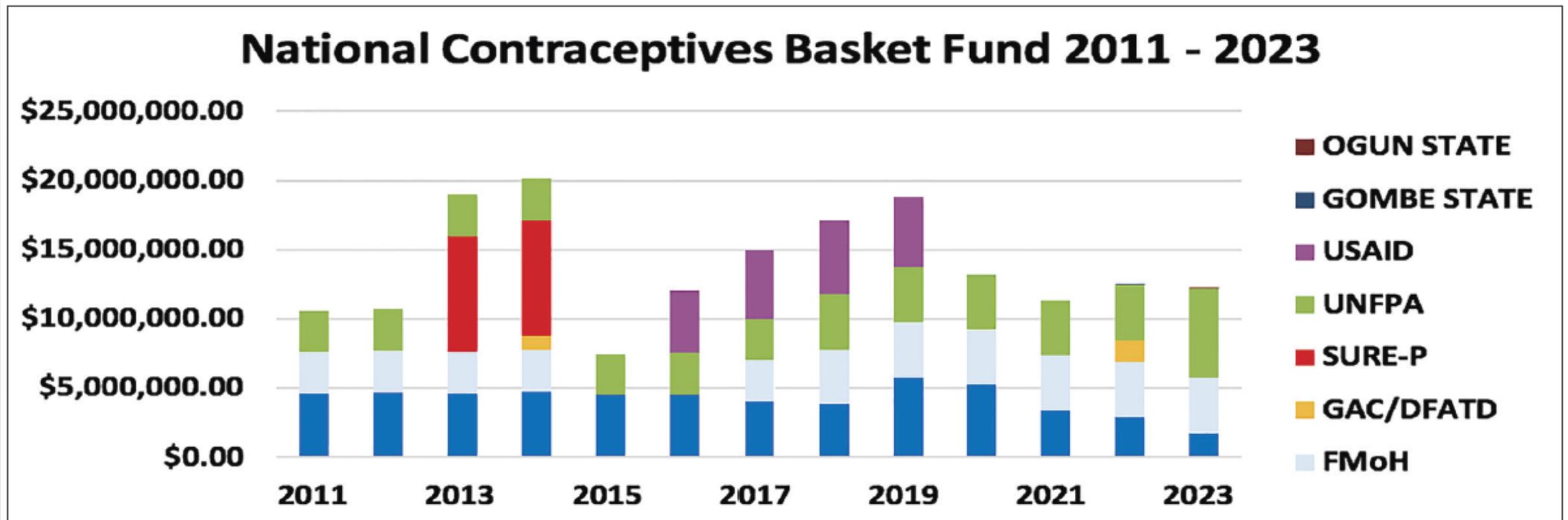
**PSHAN**  
FP2030 Commitment



ANigeria where everyone has  
equitable access to quality and  
affordable healthcare and wellness.

[www.pshan.org](http://www.pshan.org)

# Funding of Contraceptive Commodities is a Major Challenge to Meeting Nigeria's FP Goal

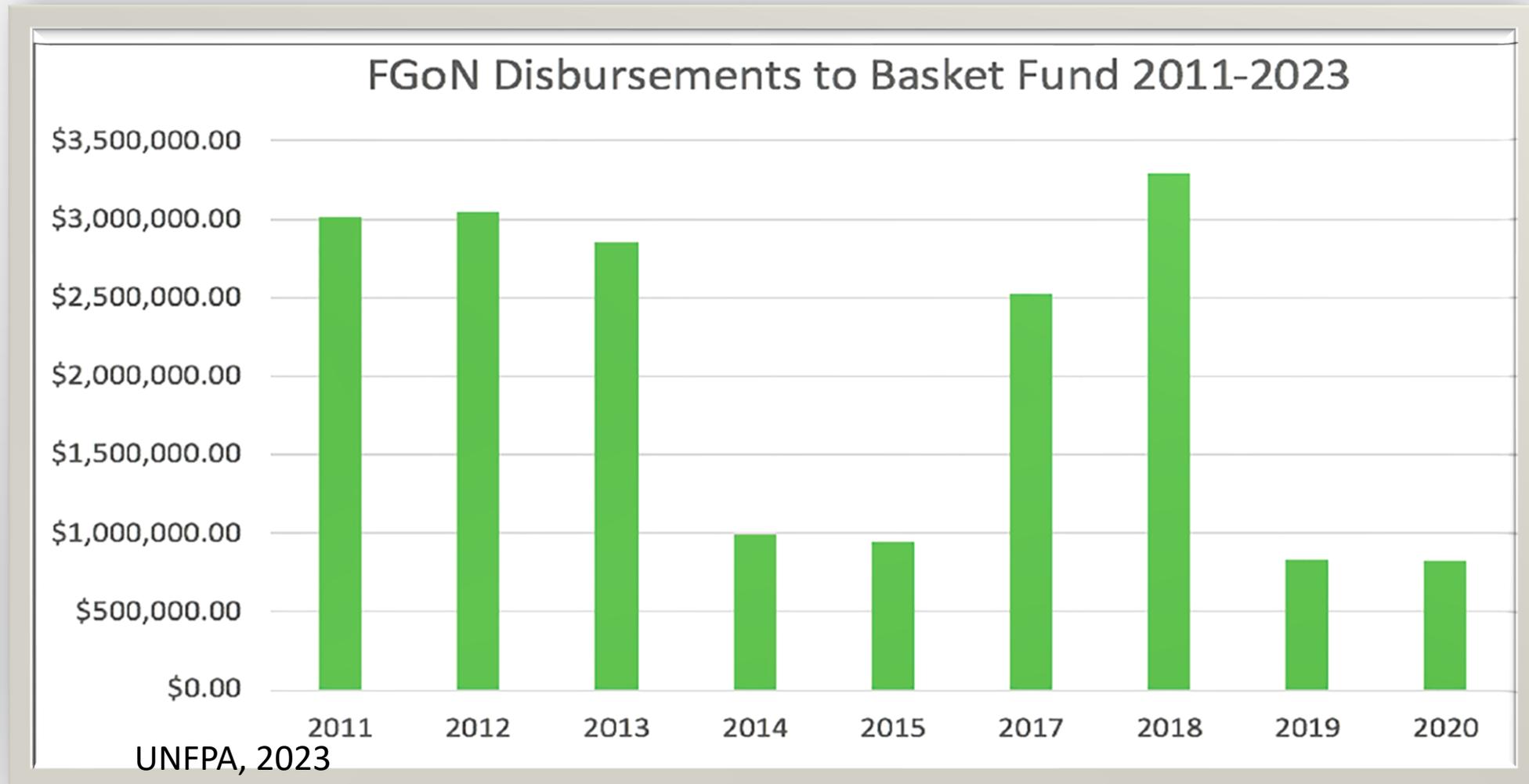


# Investments in FP: Domestic Funds

## (i) Federal Government

- Until 2011, FP procurement for Nigeria was entirely provided by donors
- In 2011 FGN instituted a Basket Fund scheme for the management of funds from govt & partners; committed to a counterpart contribution of US\$3 million annually
- At 2012 London summit, FGN committed to providing an additional US\$8.3 million annually
- FP2030: Nigeria committed to Federal & State Govts allocating 1% of their health budget to FP

# Federal Government Funding of FP Commodity Has Been Inconsistent



# Investments in FP in Nigeria:

## (ii) State Governments

### Funding for FP in State Budget

- 25 states had FP budget in 2024
- 24 states (excl. Borno with FP fund lumped with other activities):
  - FP Budget: 0.47% of health budgets
  - 2024 FP allocation is 57% higher than 2023 allocation (N4.52B vs N2.88B)
- Only Lagos (1.69%) & Kebbi (1.18%) allocated at least 1% of their health budgets to FP in 2023

### FP Commodity Procurement Fund

- State funding of FP commodity procurement started only in 2023 but gradually growing
- 2023: 2 states (Gombe and Ogun)
- 2024: 5 States (Adamawa, Delta, Lagos, Ogun and Rivers)
- 2025: 5 states so far (Cross River, Bauchi, Gombe, Lagos, Sokoto)

# Contraceptive Funding & Gaps: 1<sup>st</sup> July 2025

<b>Contributor</b>	<b>Fund disbursed (1<sup>st</sup> July 2025)</b>	<b>%</b>
FGoN	3,752,426.00	8%
States	135,324	0.6%
UNFPA	8,332,403.20	19%
FCDO	414,728.68	1%
Gates Foundation	4,379,084.20	10%
CIFF	4,200,000.00	9.3%
<b>Total</b>	<b>23,793,542.54</b>	<b>47.9%</b>
<b>Funding gap</b>	<b>23,793,542.54</b>	<b>52.1%</b>

Source: UNFPA, 2025

# States' Contributions for FP Commodity as of 1<sup>st</sup> July 2025

Year	State	Amount (\$)
2025	Lagos	35,600
2025	Bauchi	32,878
2025	Sokoto	19,726
2025	Gombe	32,878
2025	Cross River	14,242
Source: UNFPA, 2025		

# Investments in FP: Domestic Funds

## (iii) Private Sector



- Funds for FP from private sector has been poor
- Private Sector Health Alliance of Nigeria has set an “overarching goal of improving family planning services and outcomes by 2034, aligned with the national goals of reducing maternal and child mortality and fostering economic growth” by leveraging private resources for various targeted initiatives

# Towards a Sustainable FP Agenda: Embracing Challenges & Navigating Opportunities

# Global Official Development Assistance Challenge: New Reality; New Opportunity



“We cannot build healthier populations purely on the generosity of other nations. It is time to define our path, rooted in sovereignty and aligned with local needs”

<https://www.premiumtimesng.com/health/health-news/812355-nigerias-health-minister-seeks-new-public-health-order-for-africa.html>



“But in this crisis lies an opportunity – an opportunity to shake off the yoke of aid dependency, and embrace a new era of sovereignty, self-reliance, and solidarity..”

- <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-africa-health-sovereignty-summit---5-august-2025>

# Navigating Opportunities for Sustainable FPCS

- Commitment
- Capital (Financial Resources)
- Capacity (Health Workers & Health System)
- Community Ownership
- Context-Specific & Replicable Solutions: Innovations & Learning
- Coordination

# 1. Commitment

Sustained high-level advocacy within health sector & across development sectors to achieve & sustain commitment

- Within the State :
  - House of Assembly
  - Health Sector (Involvement of PRSD, Finance and other units)
  - Other Govt Sectors: Budget & planning, Finance, Women Affairs etc
  - Non-Government sectors: Religious & community leaders, CSOs
  - Academia
  - Others
- Nigeria Governors Forum
- Commissioners of Health Forum

## 2. Financial Resources

- Federal & State Govts should commit to a minimum allocation of 1% annually of their health budget to FP (Nigeria's FP 2030 commitment)
- Intensive mobilization of domestic funding from other sources, particularly private sectors and insurance services
- Utilise national opportunities & Frameworks: SWAp, Hope Agenda etc

# 3. Capacity

- Health Workers:
  - Capacity building using innovative, integrated and cost-effective approach and with appropriate engagement of technology
  - Strong focus and operational support to community health workers and community resource persons
- Health system
  - Health system approach and application of systems thinking for sustainable outcomes
- Regular performance monitoring, effective communication (score cards etc) & use of result to drive improvement and changes

## 4. Community Ownership & Community-based Accountability

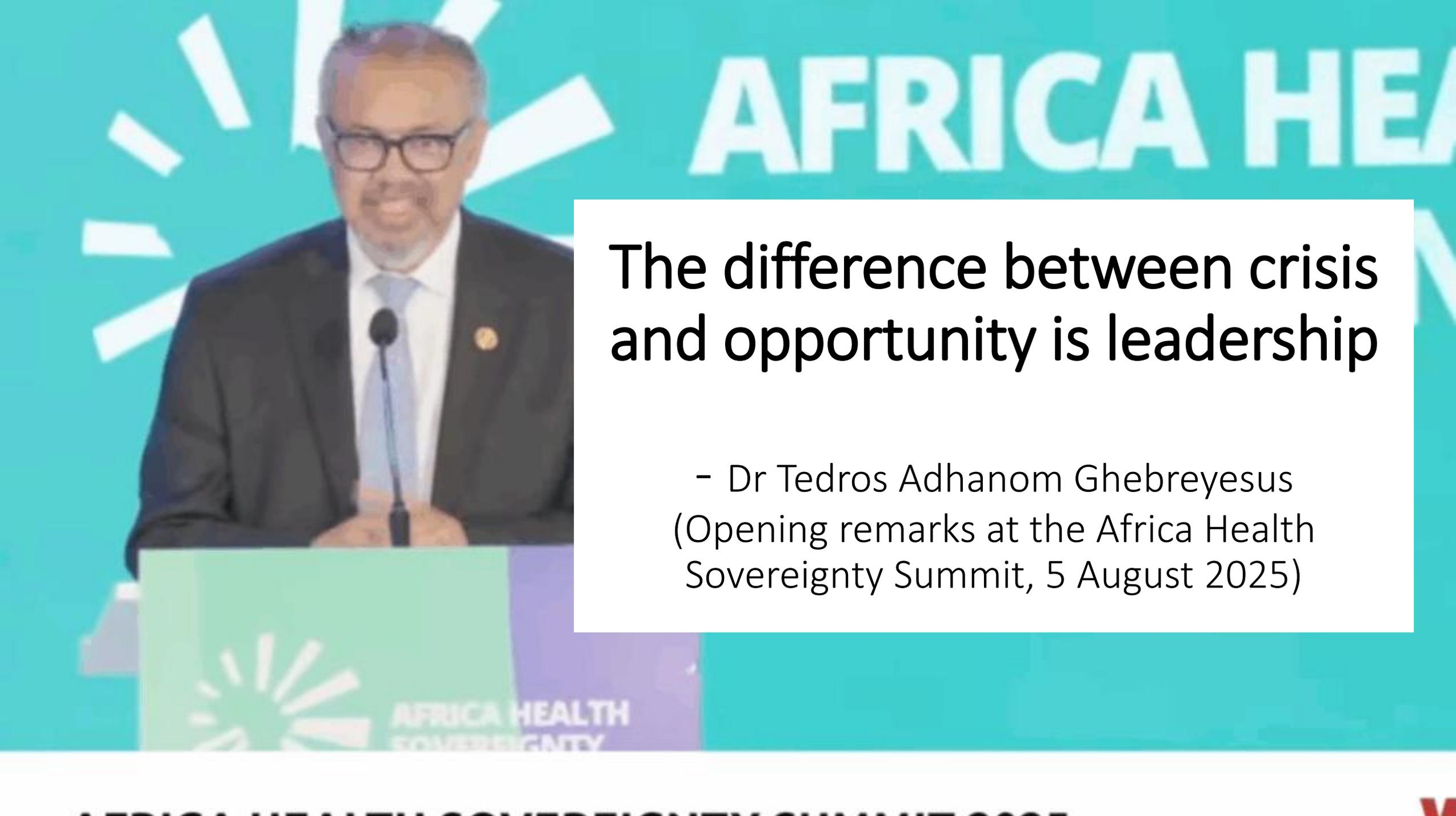
- Community involvement at every level of decision making and engagement of community leaders and resources in implementation as much as possible
- Strengthening and institutionalizing community accountability systems

## 5. Context-specific & replicable solutions

- Development of solutions that address specific local context
- “Challenge model” for stimulating creation of solutions (including opportunities for young people)
- Use of simple and relevant technologies, including social media
- Peer learning across systems and states
- Disseminating lessons learned and integrating such into programmes systems
- Promotion of Implementation research and science

# 6. Coordination

- Strong and focused effort of government to coordinate partners:
  - Government
  - International Development Partners
  - Civil Society Organisations etc

A photograph of Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, speaking at a podium. He is wearing a dark suit, a light blue tie, and glasses. The background is a teal wall with a white sunburst logo and the text "AFRICA HEA". The podium has a green and purple section with the text "AFRICA HEALTH SOVEREIGNTY".

AFRICA HEA

## The difference between crisis and opportunity is leadership

- Dr Tedros Adhanom Ghebreyesus  
(Opening remarks at the Africa Health  
Sovereignty Summit, 5 August 2025)

AFRICA HEALTH  
SOVEREIGNTY

AFRICA HEALTH SOVEREIGNTY SUMMIT 2025

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Conclusion



**“No Commodity; No Programme”**

**Think FP Commodity Security:  
Think Health Development; Think Economic Growth**

