



The Paediatric Association of Nigeria (PAN)

...caring so our children may live to their full potentials



FIVE YEAR Strategic Plan

2025 - 2029

PROJECTION • APPROACH • FOCUS • APPRAISAL



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FOREWORD

It is with great pride and optimism that I present the *Paediatric Association of Nigeria (PAN) 2025–2029 Strategic Plan*. This document represents the collective vision, dedication, and aspirations of our Association as we continue to advance the health and well-being of Nigerian children.

For nearly six decades, PAN has been at the forefront of advocacy, research, training, and service delivery for child health. Yet, the challenges before us remain profound. Nigeria continues to bear some of the highest rates of child mortality and morbidity globally, and inequities in access to quality health care persist across regions. At the same time, opportunities abound to harness our strengths, deepen partnerships, and influence policy in ways that can bring transformative change to the lives of children and families.

This five-year strategic plan is both a road map and a call to action. It lays out clear objectives: to strengthen our institutional capacity, scale up advocacy for child survival, improve the quality of paediatric practice, expand research and evidence generation, and ensure the welfare and motivation of our members. It recognizes that our work does not occur in isolation, but within the broader context of national policies, global commitments such as the Sustainable Development Goals, and the lived realities of Nigerian families. Above all, this plan reaffirms our unwavering vision of a world where every child inherits an equitable and optimal chance to survive, grow, and thrive. It is a vision that requires courage, collaboration, and consistency.

We are confident that, with the collective efforts of our members, partners, and stakeholders, the goals set forth in this plan will not only strengthen the Paediatric Association of Nigeria but also contribute significantly to improving child health outcomes across our nation.

I invite all who read this document to see themselves as partners on this journey. Together, we can build a healthier, safer, and more promising future for every Nigerian child.

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President
Paediatric Association of Nigeria (2024-2026)



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This Strategic Plan is a product of a highly consultative and participatory process made of invaluable inputs and insightful deliberations from the PAN members and its partners. The in-depth individual discussions within the PAN subcommittees and sub-specialties produced a strong backbone from which this document is built.

The Paediatric Association of Nigeria sincerely thanks all members who through their unreserved efforts, provided valuable inputs through the various subcommittees; and various partners, who, from their very busy schedule, created time and participated in this endeavour for this strategic plan.

Finally, the Paediatric Association of Nigeria would like to recognize the invaluable work of Dr. Ashiru M. Garba, the Chairman of the PAN Research Committee for writing the first draft of this strategic plan, as well as, the members of the PAN Executive Council (2024-2026) – *Dr. Ekanem Ekure, Dr. Petronila Tabansi, Dr. Chika Duru, Dr. Beatrice Ezenwa, Dr. Rasaki Aliu, Dr. Olaseinde Eletu, Dr. Tinuade Ogunlesi, Dr. Olufemi Ogunrinde and Dr. Maria Garba* for their efforts and time invested to consolidate this strategic plan document.





LIST OF abbreviations AND ACRONYMS

CORPs	Community Resource Persons
ENCC	Essential Newborn Care Course
EXCO	Executive Council
FMOH &SW	Federal Ministry of Health & Social Welfare
IME	Implementation, Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MIYCN	Maternal, Infant and Young Child Nutrition
MNCH	Maternal, Newborn and Child Health
MOSV	Missed opportunity for simultaneous Vaccination
NDHS	Nigeria Demographic and Health Survey
NiENAP	Nigeria Every Newborn Action Plan
NMR	Neonatal Mortality Rate
NSHDP	National Strategic Health Development Plan
PAN	Paediatric Association of Nigeria
RMNCAEH+N	Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health plus Nutrition
SDGs	Sustainable Development Goals
U5MR	Under-five mortality rate
UN	United Nations
WHO	World Health Organization





executive SUMMARY

The Paediatric Association of Nigeria (PAN) was inaugurated in 1969 as the apex professional body for certified paediatricians in Nigeria. PAN is a member of the Union of National African Paediatric Societies and Associations (UNAPSA) and the International Pediatric Association (IPA).

The association's membership also includes postgraduate resident doctors in paediatrics as "Trainee" members, and nurses with post-basic training in paediatric and/or newborn nursing care as "Associate" members. PAN remains committed to improving the survival, growth, and holistic development of Nigerian children by strengthening paediatric practice, research, advocacy, and capacity building.

With membership now exceeding 1,000 paediatricians and sub-specialists, the Association continues to serve as a trusted voice in child health, both nationally and internationally.

Despite global reductions in child mortality, Nigeria still bears one of the heaviest burdens, contributing significantly to worldwide under-five and neonatal deaths. The 2023/24 NDHS reports U5MR as 110 per 1000 live births, infant mortality rate - 63 per 1000 live births and neonatal mortality as 41/1000 live births. Preventable conditions—including prematurity, pneumonia, diarrhoea, malaria, malnutrition, and poor immunization coverage—remain leading causes of these mortalities.

Regional disparities further widen inequities in child survival outcomes. Urgent, coordinated, and evidence-driven responses are therefore required to ensure progress towards the Sustainable Development Goals (SDGs) 2030.

This Strategic Plan (2025-2029) provides a road map for PAN to consolidate its leadership in advancing child health and paediatric practice in Nigeria. Developed through a consultative and participatory process involving members, committees, and partners, the plan aligns with national health priorities, global strategies, and emerging child health needs.

Strategic Direction





VISION AND MISSION

Vision

To create a world where every child is born with equitable and optimal chance to survive, grow and develop.

Mission

To influence all policies and programmes that impact on the well-being of every child through advocacy and strategic interventions that promote and protect his or her survival, growth and development.

Core Values - CLAP

- **C**hild-centredness
- **L**ifelong learning
- **A**ccountability
- **P**rofessionalism

Strategic Objectives

1. Strengthen PAN's Leadership and Governance - Build an efficient and sustainable administrative structure with transparent financial management and functional committees.
2. Improve Child Health through Advocacy and Best Practices - Sustain visibility and stakeholder engagements in child health policies and implementation activities at national, state and local government levels, strengthen clinical mentorship and health workers training, implement quality improvement projects, and intensify public health education and awareness.
3. Advance Research and Evidence-Based Policy Influence - Develop a robust research agenda, establish ethics and governance structures, foster national and international collaborations, and ensure uptake of research findings into policy and practice.
4. Promote Membership, Welfare and Professional Development – boost membership, enhance the welfare and professional satisfaction of members, strengthen continuous professional development platforms, and foster unity and teamwork within the paediatric workforce.

Implementation, Monitoring and Evaluation

Implementation of this plan will be led by the PAN Executive Council (EXCO), supported by an Implementation, Monitoring and Evaluation (IME) Committee, with clear accountability mechanisms, performance indicators, and financial oversight. Progress will be assessed through quarterly reports, a mid-term review in 2027, and an end-term evaluation in 2029.

Conclusion

Through this Strategic Plan, PAN reaffirms its mandate to safeguard the lives and futures of Nigerian children. By strengthening its leadership capacity, advocating for effective child health policies, advancing paediatric research, and supporting the welfare of its members, PAN is strategically positioned to contribute significantly to Nigeria's progress towards achieving national and global child health targets.



1. BACKGROUND AND CONTEXT

1.1 BACKGROUND

Paediatric Association of Nigeria (PAN) was conceived in Ibadan in 1966, officially established in Lagos in March 1968 and inaugurated in 1969. It is a non-governmental, non-profit organization dedicated to advocacy for every Nigerian child, advancing best practices of pediatrics and child health in Nigeria. PAN also aims to foster collaboration and friendship among professionals in the field. It is the apex professional body for paediatricians in Nigeria and is actively involved in advocacy, capacity building, community service and research related to child health and development. Since its inception in 1968 with less than ten founding members, enrollment has grown to more than 1,000 members who practice as general paediatricians and sub-specialists in Adolescent Medicine, Allergy, Cardiology, Dermatology, Endocrinology, Gastroenterology-Hepatology-Nutrition, Haemato-Oncology, Infectious Diseases, Neonatology, Nephrology, Neurology, Pulmonology, Rheumatology, Social Paediatrics and Vaccinology, to mention a few.

1.2 GOAL AND OBJECTIVES OF PAN

1.2.1 Goal

To improve the survival and wholesome development of Nigerian children by harnessing the resources within the Association for effective utilization on high impact and time-tested interventions for improvement of child and adolescent health.

1.2.2 Objectives:

To:

- Identify the diverse and enormous capacity within the association and organize these capacities to yield greatest impact on child health in Nigeria.
- Position the association for better application of the enormous capacity within the association to collectively improve the chances of survival and development of children.
- Identify the least served children and develop strategies to reach these unreached or under-reached children with appropriate health care.
- Identify the high impact strategic interventions on child health and utilize

these maximally for children.

- Identify organizations with similar goals and form partnerships and collaborations for the application of high impact interventions on child health.
- Generate evidence on the state of child health in the country through appropriate research.
- Utilize evidence-based information for intense advocacy on improvement of child health.
- Influence policies related to the optimization of all aspects of child health and development, at all levels of governance nationally and globally.

1.3 ROLE AND ACHIEVEMENTS

- I.** Establishment of PAN governing bodies – Board of Trustee (BoT) and Executive Council (EXCO) whose membership are determined in accordance with the PAN Constitution. The EXCO coordinates and manages all activities of the association, while the BoT are the custodian of Associations' properties. Both bodies meet periodically to ensure PAN's continuous growth and success in line with its objectives and goal.
- II.** Development of, and periodic amendment to the PAN Constitution (last amendment was at the 46th PAN conference AGM 2025 in Gombe)
- III.** Organization of Annual General Meeting (AGM) and scientific conference (PANConf); (46 PANConf & AGM held to date)
- IV.** Legalization and setting up of PAN online footprints through the website, WhatsApp platform, Instagram, X, YouTube and Facebook accounts of the Association.
- V.** Capacity building of all cadres of health care workers at local, state and federal government levels. Continuous professional development of members through regular webinars, workshops and PAN Conferences.
- VI.** National and International representation at top leadership positions in the Union of National African Paediatric Societies and Associations (UNPASA) and International Pediatric Associations (IPA). Members of PAN have been Presidents of both UNAPSA and IPA, Chairpersons and Regional Representatives of the IPA Standing Committees, Executive Director of UNAPSA, members and Chairpersons of technical and working committees of states and federal governments of Nigeria.



- VII.** Collaborations & Research projects: PAN continues to collaborate on many relevant projects with national and global child health stakeholders including but not limited to the Federal and States Governments of Nigeria, World Health Organization (WHO), United Nations Children Education Fund (UNICEF), American Academy of Pediatrics (AAP), Gates Foundation, Royal College of Paediatrics and Child Health (RCPCH), UNAPSA, John Hopkins Hospital and other national professional organizations including the Society of Obstetrics and Gynaecology of Nigeria (SOGON).
- VIII.** Newborn and childcare projects: Organizing regular ENCC and HBB and respiratory support programmes, adolescents and school health activities programmes.
- IX.** Members' professional and social satisfaction: Regular social events and welfare support to members.
- X.** This strategic plan thus demonstrates the steadfastness of PAN to keeping a strong institutional framework requisite to achieve its vision.

1.4 CONTEXT

Nigeria's population is projected to be around 229.5 million in 2024, with nearly half of the population being under 18 years old, and approximately 31 million children under the age of five years.

In 2023, the global under-five mortality rate was halved compared to 2000, thanks to decades of dedicated efforts by governments, donors, health professionals, communities, and families. Despite this progress, an estimated 4.8 million children under five died in 2023, with most of these deaths being preventable. This includes 2.3 million newborns who died within the first 28 days of life and 2.5 million children aged 1–59 months. The under-five mortality rate (U5MR) remains high in many parts of the world, particularly in Africa, which has the highest U5MR at 76 per 1000 live births. However, the global trend in under-five mortality has shown a decline, decreasing by about 59% over the past 30 years. In 1990, the U5MR was estimated at 193 per 1000 live births, which has since decreased to 110 per 1000 live births according to the 2024 Nigeria Demographic and Health Survey. Infant Mortality Rate is at 63/1000 live births and Neonatal Mortality Rate at 41/1000 live births. These death rates in children varied greatly by geopolitical regions of the country with



sub national inequities being the major drivers of the observed differences in the mortality rates. The Northwest zone has the highest under-five mortality rate at 140 per 1000 live births, and the Southwest zone is lowest, at 42 per 1000 live births. Among the states, Under-5 mortality rate is highest in Jigawa State, Northwest (161 deaths/1000 live births) and lowest in Kwara State (North Central), Southwest (14 deaths/1000 live birth); while neonatal mortality rate is highest in Kano State, Northwest (59 deaths/1000 live births) and lowest in Ondo, South West (3 deaths/1000 live births). Sadly, more than 50% of these deaths can be prevented or treated by simple, cost-effective interventions such as immunization, good nutrition, clean water and appropriate care by trained healthcare providers. Leading causes of death in children under-5 years are preterm birth complications, pneumonia, birth asphyxia, congenital anomalies, diarrhea and malaria. The Sustainable Development Goals (SDGs) aim to reduce the U5MR and Neonatal Mortality Rate (NMR) to 25 and 12 per 1000 live births, respectively, by 2030. Nigeria is among the countries in the world that are 'off-track' for achieving the 2030 SGD target for under-five mortality rate of at least as low as 25 deaths per 1,000 live births.

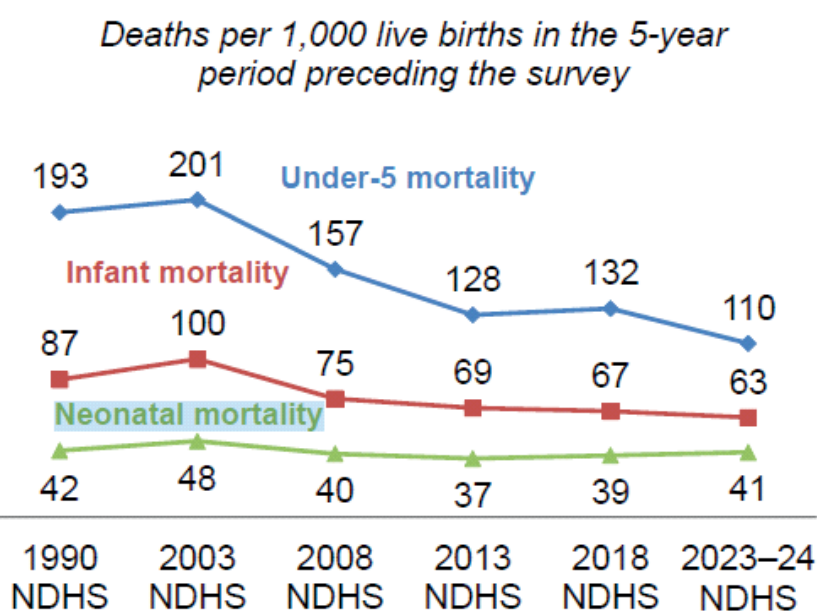


Figure 1: Trends in Childhood Mortalities in Nigeria (1990–2024) (NDHS, 2024)



There is a wide gap between the annual reduction of under-five mortality required to achieve the 2030 SDG target and the historic rate of reduction of under-five mortality in Nigeria. Achieving the 2030 SDG target for U5MR in Nigeria would save nearly 3.6 million children's lives, but that would require an increase in the reduction of U5MR from the currently roughly 2% per year to more than 16% per year.

The government of Nigeria through the Federal Ministry of Health & Social Welfare (FMOH & SW) and partners have put in place different interventions and strategies which helped to achieve the above figures. Most interventions target preventable and treatable diseases that cause over half of all deaths in children under five. Some of these interventions are mentioned below:

- The National Child Rights Act [2003]: In line with the UN Convention of the Rights of the Child, aimed at upholding the best interests of a child to be of paramount consideration in all actions taken in the care provided to children.
- National Policy for Integrated Early Childhood Development in Nigeria [2007]: To expand, universalize and integrate interventions from various sectors in early childhood development for effective implementation and coordination of programmes that will, optimize development for children age 0-5 years in Nigeria
- National Health Act [2014]: To provide a framework for the regulation, development and management of the national health system and sets standards for rendering health services in Nigeria.
- Helping 100K Babies Survive & Thrive initiative [2014]: To improve education modules on helping babies breathe, essential care for small babies, and antenatal corticosteroids for preterm birth, a Global Development Alliance of partners are implementing efforts in three countries to save at least 100,000 newborn lives each year.
- National Guideline for The Maternal and Perinatal Death Surveillance and Response [2015]: To eliminate preventable maternal and perinatal deaths by enhancing accountability for maternal and perinatal health through active surveillance and speedy response to Maternal and Perinatal deaths.
- National Health Policy [2016]: To accommodate emerging trends and to attain Universal Health Coverage and other health-related Sustainable Development Goals, the FMOH revised the National Health Policy.
- Essential Newborn Care Package [March 2016]: To provide an ENCC package with a combination of documented evidence about newborn health in Nigeria and global



best practices to ensure provision of a full range of updated, evidence-based interventions and standards that will enable health care workers to give high quality care during childbirth and postnatal period considering the needs of the newborn baby. The ENCC package conveys the national recommended standards for use at all levels of health care delivery

- Nigeria Every Newborn Action Plan (NiENAP) [2016]: To accelerate progress and scale up evidence- based high-impact and cost -effective interventions to end preventable stillbirths and newborn deaths.
- National Strategy for Scale up of Chlorhexidine in Nigeria [2016]: To lead national scale-up efforts and overcome key barriers in realizing widespread coverage of Chlorhexidine gel in Nigeria by integrating Chlorhexidine gel use into existing health programmes and supporting the scale up of other products for mothers and children in Nigeria.
- National Pneumonia Control Strategy and Implementation Plan [2019]: To recommend key interventions needed to combat childhood pneumonia.
- National Strategy for Maternal, Infant and Young Child Nutrition (MIYCN) in Nigeria [2021]: To improve the nutrition of mothers, infants, and young children by promoting optimal feeding practices like exclusive breastfeeding and appropriate complementary feeding.
- Child Health Policy [2022]: To provide framework for planning, management, delivery and supervision of services to address the critical problems affecting childcare in the target group
- Integrated Community Case Management of Childhood Illnesses: a strategy that ensures comprehensive and continuous care for sick children under five years focusing on the most common diseases and killers of children: malaria, diarrheal diseases, pneumonia and malnutrition. Community Resource Persons (CRPS) play an important role in addition to the health care providers.
- National Guidelines on Maternal, Infant and Young Child Nutrition [2022]: To guide and standardize nutrition services such as exclusive breastfeeding for the first six months, the timely introduction of diverse and nutritious complementary foods at six months, and antenatal micronutrient supplementation for mothers for optimal health across the life cycle, primarily focusing on the first 1,000 days (pregnancy to two years).
- National Guidelines for Integrated Management of Acute Malnutrition [2022]: To integrate community mobilization, outpatient therapeutic care for uncomplicated cases, inpatient care for severe or complicated cases, and targeted supplementary feeding for moderate cases in the management of cases of acute malnutrition.



The vaccination coverage for children in Nigeria showed some improvement over the years, from 23% in 2008 to 39% in 2024 for children age 12-23 months who received all basic vaccinations while percentage of children who received none of the basic vaccinations increased from 29% to 31% during the same period. The report showed wide disparity in coverage by states, with coverage highest in Cross River state (69%) Southern region and lowest in Sokoto (8%) North West region. While these trends show improvement, they still fall short of Sustainable Development Goal 3, for which the target is achieving more than 90% coverage of all basic vaccinations among children aged 12 months to 23 months.

The percentage of vaccination visits at health facilities by children age 12 months to 23 months where a missed opportunity for simultaneous vaccination (MOSV) occurred is highest for North West region (35.8%) and lowest in South West region (18.6%). At states level, the MOSV was highest in Sokoto (50.0%) and Katsina (46.9%) and lowest in Lagos (10.4%) and Rivers (13.5%). Access to some essential health services is also low in the North West, as well as prevalence of key infectious diseases when compared to the rest of the country- According to the MICS 2021: Skilled birth attendance: national is 51%, whereas in the North-West is 24%, DPT3: National 57%; Northwest: 43%, ARI prevalence: National: 2%; Northwest: 5% and Diarrhea prevalence: National: 13%; Northwest: 21%.

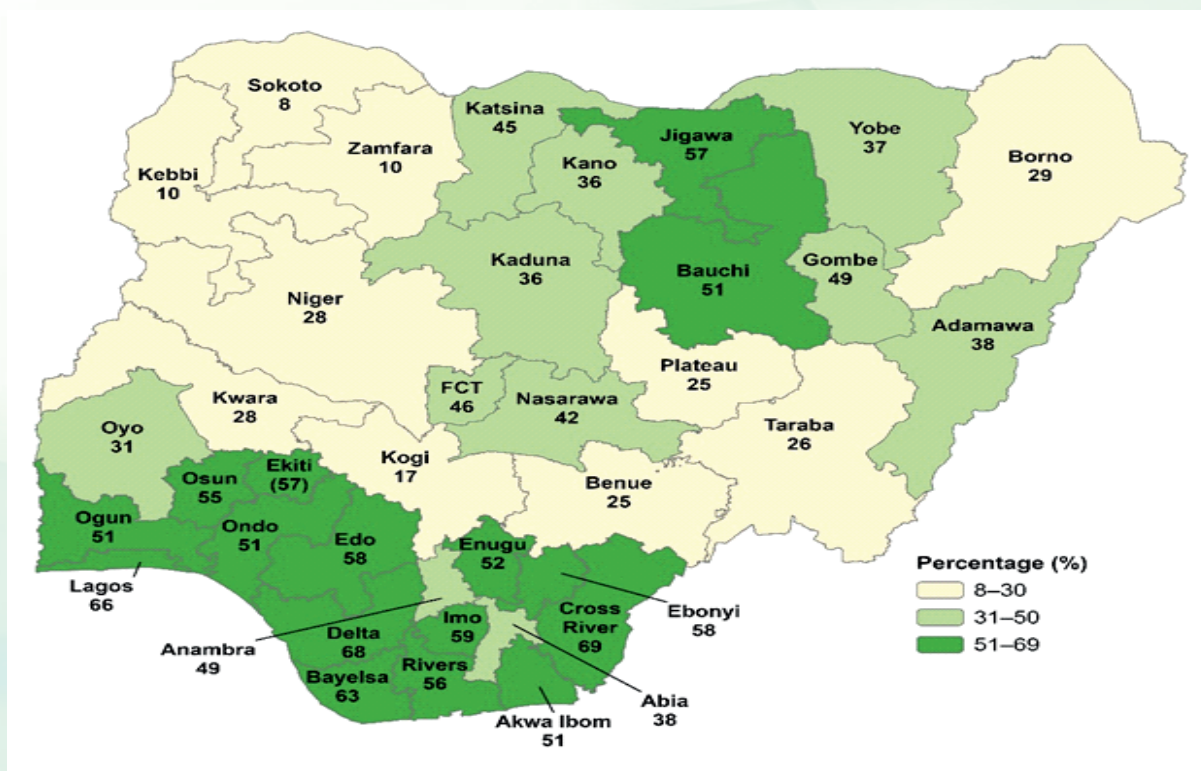


Figure 2: Vaccination coverage by state (NDHS 2024)



Way Forward

Nigeria is currently off track to achieve the global target by 2030 on child mortality. Hence, the efforts need to be doubled to achieve the goal of good health and well-being of all children. The development of the current PAN strategic plan process commenced with a literature review covering a wide range of relevant literature pertaining to child health nationally, regionally, and globally. It was put in line with the national programs and strategies put in place by the Ministry of Health Second National Strategic Health Development Plan (NSHDP 2019), the National Child Survival Plan of Action (2025-2029), among others.

The PAN strategic plan places child health and quality pediatric care at the top of its agenda. This is reinforced in its mission statement which underpins child health, knowledge promotion, research, advocacy, regional and international partnerships as key ingredients aiming to improve the well-being of children and members of the Association. If its goals are achieved, the PAN strategic plan will make an important contribution to the national MNCH goals. Hence, the PAN is committed to engage with FMoH and other partners to ensure good healthcare services and promotion of child health as detailed in this strategic plan.

2. PAEDIATRIC ASSOCIATION OF NIGERIA ORGANIZATIONAL CAPACITY

2.1 WHAT PAN SHOULD BE DOING VISION

To create a world where every child is born with equitable and optimal chance to survive, grow and develop.

MISSION

To influence all policies and programmes that impact on the well-being of every child through advocacy and strategic interventions that promote and protect his or her survival, growth and development.

2.2 CORE VALUE^S: CLAP

- o Child-centredness
- o Lifelong learning
- o Accountability
- o Professionalism



2.3 ORGANIZATIONAL ANALYSIS (SWOT ANALYSIS)

PAN internal analysis was aimed at identifying mainly intrinsic factors that would affect in any way the journey of the Association to achieve its coming five-year goals. Among them, motivating factors should be exploited fully as well as mitigating those that could pull back the Association's drive.

Strengths	Weakness
The Association's leadership consists of dedicated senior pediatricians who hold influential positions in various institutions, including the Ministry of Health, University Teaching Hospitals, and development partners.	The long-term financial sustainability of PAN requires deep reflection and calls for consideration of additional sources of funding. So far, the main funding for the organization has come from annual membership subscriptions.
The continuously growing membership of PAN over the years indicates significant potential for exponential growth in the coming year.	Though PAN membership has substantially become better, there is still less coverage in some states especially in the Northern region.
PAN is taking up more young Pediatricians that, together with its strong leadership will lead to a more active and fruitful Association	Weak organizational structure and function.
PAN has built strong ties with local, regional and international organizations; and these collaborations will definitely lead to many more	There exists task sharing among members through different subcommittees, but individual ownership of PAN activities is still not adequate.
PAN has built credibility and is the guide and leader for comprehensive childcare delivery by promoting best pediatric practices in the country	Members do not fully understand the role of the executive Council and its limitations, and individual members' contribution to support this team.
Wide-ranging skills and knowledge base in healthcare delivery, research and community services amongst members	Despite a few community outreaches, the Association does not adequately reach the community.



Opportunities	Threats
Postgraduate Medical Colleges for pediatric residency program and many Universities have started PhD programmes in child health which has become promising pool for PAN membership.	The scarcity of Paediatricians and busy lifestyle
Many organizations focusing on MCNH providing avenue for partnership and collaboration	Unregulated access to prescription-only medicines and technologies.
Various PAN partners such as UNICEF, WHO focusing on MCNH, help in capacity building of Nigerian health workforce who directly or indirectly are involved in childcare (including PAN members)	PAN is facing an occasional brain drain that risk diverting the Association's potentials
The SDGs have targets directly related to the health of the child. The rest of the goals also indirectly affect child health and survival	Fake and sub-standard clinical laboratories and diagnostic centres/outlets
Government vision focusing on Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health plus Nutrition (RMNCAEH+N) offers an opportunity for PAN interventions to be supported at the highest political level in terms of research and training	
The emerging private health practice together with current increase in medical laboratory, imaging and pharmaceutical companies in Nigeria set a better ground for PAN to contribute to quality childcare	
Maximizing opportunities from advances in ICT and Technology	



3. STRATEGIC FRAMEWORK

To realize the PAN vision and mission, key outcomes and outputs were developed with input from association members via sub-committees. These outcomes serve as crucial milestones to guide the association and assess progress during the implementation of this plan. The strategic objectives and corresponding outcomes are detailed in the following section.

- 3.1 Strategic Objective 1:** To strengthen the leadership, management and administrative capacity of PAN administrative structure for effective and efficient implementation of the association's agenda
- 3.2 Strategic Objective 2:** To improve child health through awareness creation, as advocacy to stakeholders influences decision and prompt action and provision of best paediatric practice practices,
- 3.3 Strategic Objective 3:** To strengthen PAN research capacity through partnerships and participation in order to address children and adolescents' health needs leading to overall improvement of newborn, child and adolescent health outcomes and survival.
- 3.4 Strategic Objective 4:** To champion the welfare of PAN members and other health sector workers for a united, motivated and productive child health workforce by providing a platform for teamwork



Strategic Objective 1: To enhance the leadership, management and administrative capacity of PAN for effective and efficient

SN	Strategic Interventions	Key Activities	Objectively Verifiable Indicators	Risk and Assumption	Year				
					1	2	3	4	5
1	Skilled, motivated and resourceful workforce at the PAN secretariat to effectively and efficiently drive the implementation of PAN activities	Conduct PAN Secretariat workforce analysis (quantity and skills of staff)	Workforce analysis report	Fund to engage a consultant					
		Develop Secretariat workforce policy guidelines/manual	Availability of policy, guidelines and manuals	Fund to engage a consultant					
		Develop PAN Secretariat staff job descriptions	Staff Job description available	Fund to engage a consultant					
		Attract, Recruit, Deploy & Retain staff to fill vacant post (if any)	Vacant posts identified and filled	Staff with the required skills available in the job market					
		Deploy an electronic human resource management platform for planning and management	Availability of functional HR management e-platform	Fund availability					
2	Establish a project management unit to enhance PAN business development Activities	Conduct a market analysis to identify areas with ethical comparative advantages and for potential PAN business opportunities	Availability of market analysis report	Fund to engage a consultant					
		Develop a PAN Business Development Plan (BDP)	PAN BDP developed	Fund to engage a consultant					
		Recruit staff with competences and skills for implementing the BDP	Functional Business Development Unit	Funds for the salary					
		Implementation of the PAN Developed Business Plan	No. of business activities commenced & implemented						



3	Improved PAN knowledge management (KM) capacity to accurately and timely generate and widely disseminate its technical and operational activities	Develop Knowledge Management Strategy	PAN KM strategy developed	Fund to engage a consultant					
		Mapp key PAN stakeholder & audiences and their needs	List of audiences and information needs	Fund to engage a consultant					
		Implement Knowledge Management Strategy including developing guidelines for PAN communications	Up to date strategy implementation tracked	Fund to engage a consultant					
		Assemble existing KM materials and resource	Assembled KM materials & resources	Existing PAN archive					
		Develop key KM products tailored to users	KM products developed						
4	Improved efficiency and effectiveness of a financial management system that is transparent and accountable to PAN at all times	Conduct a review of the financial management system (FMS) of the PAN secretariat	Report on the review	Fund to engage a consultant					
		Develop or revise the FMS guidelines and manual	Revised manual available	Fund to engage a consultant					
		Procure, install and use appropriate FMS software	FMS software procured	Funds for the salary					
		Prepare accurate and timely financial reports that are disseminated regularly for PAN financial planning	Financial report disseminated						
5	Functional and effective PAN standing committees for enhanced performance and improved value for money of PAN activities	Periodically review number of committees based on strategic needs, committee TORs and membership	Updated PAN committees						
		Set biennial PAN committees performance targets	Committees' KPI set						
		PAN committees develop and present costed annual or biennial operation plan	PAN committees AOP						



		Monitor and evaluate biannually committee activities and results based on targets within budget and re-plan where necessary	Review meeting reports						
		Submission of PAN committees annual report	Submitted Annual report						
6	Sustainable financial mechanism for PAN	Roll out paid professional course & CME	No. of courses & CME roll-out	impactful courses					
		Diversify investment portfolio	No. of new investments added	Fund will be available					
7	Functional and Effective PAN leadership across the country, MDAs	Functional constitutionally structured state chapter leadership across the country	No. PAN State chapters established	Adequate PAN at state levels					
		PAN representative in Board, Committees, Technical working groups in MDA at national and state levels	No. of PAN representation in MDAs	MDAs valued PAN engagement					
		Establish collaboration with child health related organizations including NAFDAC, NPHCDA, WHO and UNICEF and cooperates doing child related services & products	No. MoU signed	Partners interest					
		Endorsement of quality child products, training program, schools	No. of MoU	Products endorsed are useful, high quality & impactful					



Strategic Objective 2: To improve child health through awareness creation, advocacy to stakeholders influences decision and prompt action and provision of best paediatric practice

SN	Strategic Interventions	Key Activities	Objectively Verifiable Indicators	Risk and Assumption	Year				
					1	2	3	4	5
1	Advocate for Child health to remain on national health agenda	Develop PAN advocacy & communication policy	PAN advocacy & Communication policy developed						
		Build capacity workshop on advocacy to the EXCOS or advocacy subcommittee to enable PAN to engage in advocacy initiatives at various levels	Report of capacity building workshop on advocacy	Funds availability					
		Hospital in Abuja & the six geopolitical zones	Steps achieved towards establishment of a Hospital	Govt by-in					
		Advocate for senatorial zonal centre of excellencies in Neonatal cares	No. of centres established	Govt & partners support					
2	Improve child morbidity and mortality indicators	Establish PAN clinical mentorship in Hospitals (include research to each project to know the impact of mentorship)	Number of Hospitals benefited from formative supervision by paediatricians per annum	PAN faculty willingness					
		Map out a list of goal directed quality improvement (QI) projects contextualized per institution/hospital [to be pilot in each geopolitical zone]	Number of QI projects successfully undertaken	Partners support					
		Organize outreaches for adolescent health awareness (SRH, girl child education, drug abuse SHP activities etc.)	Number of adolescent health awareness events successfully organized	Funds availability					



		Public & Community awareness programmes in Radio/TV shows deliver around child health via PAN Public Health Education committee & PAN publicity via social media, influencers	Number of regular Radio/TV awareness shows delivered	Airtime is be paid					
3	Improved paediatric practice and key child health indicators through evidence intervention	Continue to organize PANConf annually	PANConf report	Large attendances					
		Increases the number of sub-specialty preconference workshops during PANConf	No. of sub-specialty preferences organized	Sub-supports					
		Timely publication of Nigerian of Paediatrics [NJP]	Published NJP	Author will continue to patronize NJP					
		Appointed International Consulting Editors	No appointed	Willingness of international editors to participate					
		Upgrading of NJP manuscript processing to an online processing system	Online manuscript processing system in place	Funds availability					
		Indexing of NJP in the prestigious platform such PUBMED, SCOPUS, DOAJ	Indexing of NJP	Requirement of indexing					
		Diversify funding mechanism for NJP through grants, advert etc.	No. of funding sources						
		CPD events (Online courses/webinars/symposium, etc.) organized by PAN	No. CPD events conducted	Interest of the target audiences					
		Conduct training on [PAL, ETAT+ HBB, ENCC	No. of trainings conducted	Available funds					
		PAN accreditation as CPD provider by regulatory bodies locally [MDCN, NMC etc.] and regionally	No. of accreditation secured	Application for accreditation will be approved					



		Subscribe to online evidence-based resources (e.g. UpToDate, Hinari, PedsinReview, NeoReview, OPENPediatrics)	No. of subscriptions	Funds availability					
4	Commemorate days relevant to child health and well-being	Develop calendar days relevant to child health and wellbeing	Child health events calendar developed						
		Develop messages to commemorate days relevant to child health and well-being	No. Messages developed						
		Collaborate with other health organizations [UN agencies, CBO, NGO] in developing the messages	Report of events	Partners support					
		child and adolescent health	No. special days celebrated	Funds					
5	Enhance visibility of PAN brand at National and global through partnership and mainstream media, social network presences	Maintain active membership at international paediatric societies IPA, etc.	PAN representation on such platforms	Funding to participate					
		Effective involvement of PAN at African and global paediatrics societies	No. of PAN effectively participating in such societies	Members participation					
		Develop articles, columns, interviews and discussions on mainstream media PAN New [Quarterly], newspapers, TV	No. delivered	Available discussants, panelists & authors					
		Create and maintain additional social media platforms for PAN	No. of active social platform for PAN created	Patronage					
		Regular posting on PAN social media pages	No. of postings	Active Programs					



Strategic Objective 3: To strengthen PAN research capacity through partnerships and participations in order to address children and

SN	Strategic Interventions	Key Activities	Objectively Verifiable Indicators	Risk and Assumption	Year				
					1	2	3	4	5
1	Strengthening governance and regulatory mechanisms for PAN research and development in line with the PAN constitution	Develop PAN health research policy, guidelines, norms, standards, and tool	Policy, guideline Developed						
		Establish functional PAN health research ethics committee [PANHREC] to review and monitor implementation of approved health research	Functional PANHREC in place						
		Conduct training for members of the PAN research ethical committee	No. of PANHREC Members Trained	Funds available & members interested					
		Develop intellectual property and patency policy	Policy Developed						
2	Strengthen PAN health research capacity to contribute to evidence-based decision making and research and development	Establish a mechanism to conduct needs assessment on capacity of PAN membership to identify health research gaps	Need assessment tools developed	willingness to be part of it					
		Develop and implement a program to address identified capacity needs and gaps e.g. workshops, seminars, conferences etc.	Research methods, grant & scientific writings program developed	Members who will registered					
		Foster strategic partnerships at national and international levels for improved quality research output	No. of MoU signed at all levels	Partners availability					



3	Strengthening the development and implementation of the PAN research agenda	Develop and disseminate a PAN health research agenda and strategy	PAN research agenda workshop conducted	Stakeholders interested						
		Promote research and development products for PAN membership	No. research products developed							
4	Enhance strategic collaboration and partnership or the promotion of research and development	Promote partnership in research and development at national and international levels	MoU Signed at all levels	Partners availability						
		Map existing and potential PAN researchers with areas of specialization and develop & maintain a database/directory of the researchers for potential linkages	directory & Data base developed	Cooperation of the researchers						
		Map existing and potential health research entities at national and international level and maintain a database	Research entities mapped at all levels							
		Establish linkages between research institutes, private sector organizations, and MDAs at national and international levels	No. of linkage established with relevant stakeholders	Stakeholders interested						
5	Strengthen the dissemination and utilization of paediatrics research findings to inform policy, programming and practice	Develop and support communication strategies for dissemination of paediatric research findings to different target audiences (e.g. policy makers, politicians, consumers, development partners and the public)	Research dissemination strategy developed	Audience availability & interest						
		Create and support a platform for regular dialogue between paediatric researchers and policy makers for evidence-based decisions	No. researcher-policy makers dialogues conducted	Audience availability & interest						
		Establish an electronic research repository for paediatric research	PAN Electronic repository for research developed	PAN website capacity to accommodate						
		Create a mechanism for harvesting, collating, documenting and uploading of paediatric research on the website	No. of research products uploaded on PAN website	PAN website capacity to accommodate						



6	Enhance mechanism for resource mobilization and allocation for paediatric research activities	Advocate for funding paediatric related research at all levels	No. advocacy conducted at all levels	Partners availability					
		Build capacity for resource mobilization for health research (e.g. proposal writing, grantsmanship, fund-raising etc.)	No. PAN research funded	Availability of funds					

Strategic Objective 4: To champion the welfare of PAN members and other health sector workers for a united, motivated and productive child health workforce by providing a platform for teamwork

SN	Strategic Interventions	Key Activities	Objectively Verifiable Indicators	Risk and Assumption	Year				
					1	2	3	4	5
		Initiate Annual Comprehensive health check-up week	i. Health check-up week set up ii. Checklist is available iii. No. of members who had annual health check	Member will be responsive					
		Educate and encourage Members to diversify their income through investments	No. of workshop conducted	Member will be responsive					
		Establish PAN Cooperative Society with clearly defined obligations and benefits (this should have a clear management and governance structure, not tied to EXCOs]	Framework for establishment of Cooperatives developed	members will be interesting					



		Engage financial advisory firms and financial institutions to provide enlightenment on running profitable businesses, creating viable group/mega practices, understanding different financial instruments available and accessing finance under the right terms and conditions	No. of enlightenment sessions held No. of Financial institutions engaged	Members will be interesting					
2	Improve professional satisfaction among PAN members	Identify and share opportunities with members	No. of Opportunities identified and shared	Opportunity available					
		Develop mentorship and career guidance programme for undergraduate and postgraduate medical students	No. of Seminars done for medical students	Medical students will engage					
		Membership survey of what member want for the PAN	Survey results published	Members participation					
		Encourage involvement of pediatricians in training in all PAN activities	Increase in No. residents registered in PAN	Residents will engage					
3	Enhance value, visibility and responsiveness of the members	Real-time membership mapping	Updated database of PAN members	Member will be responsive					
		Publish list of members, sub-specialty & location	Updated database of PAN members	Member will be responsive					
		Distinguished service award and other professional recognition awards for members	No. of members celebrated	funds will be available					
		Quarterly reminder of payment of subscription/annual due	80% of members paid their due	Member will be responsive					



4. IMPLEMENTATION ARRANGEMENT

4.1 GOVERNANCE

For successful implementation, the PAN President in collaboration with various subcommittees and sub-specialty associations will establish a strategy implementation, monitoring and evaluation (IME) committee to play this important role. The committee will lead the mobilization of resources, coordination and collaboration with all other committees, sub-specialty associations and the secretariat, to ensure successful implementation of the strategy. The chairman of the committee will be the PAN President and will be co-chaired by a PAN member with experience in policy/strategy development and review, widely respected with network to be able to mobilize resources. Other members will be selected to reflect the competencies required for the different thematic areas.

At the secretariat level, there will be a focal person for policy implementation and monitoring who will liaise with the committee. The strategy implementation committee shall meet at least once every quarter either physically or using appropriate electronic platforms. They will produce and submit to EXCO, a quarterly progress report.

4.2 FINANCING

Resourcing and financing the implementation of the Strategic plan is the Achilles Heel for the overall process. The final plan would be costed and funding sources identified to arrive at an annual implementation budget to avoid forecasts that are beyond the means of PAN – a key issue that hampers plan implementation. PAN will then agree on a transparent distribution of the available resource envelopes with emphasis on high impact priorities. It is obvious that PAN may require additional resources for implementation. This strategic plan was developed using recognized best practice processes to ensure it meets donor sponsor requirements. The plan should be widely circulated to get feedback from all professional stakeholders and ensure broad support. The timely implementation of the Business Development Initiative is essential for mobilizing more resources. Assessment of fiduciary risks and consideration of value for money are important factors in the implementation of all activities.

4.3 MONITORING AND EVALUTATION

This five-year strategic plan will be implemented between 2025 and 2029. Overall, the PAN executive secretariat is mandated to follow up its implementation, through different sub-



committees and supporting staff. Progress shall be monitored by the IME sub-committee in collaboration with the PAN Executive Council in reference to the annual action plans to be developed at the beginning of each operation year by every sub-committee. An M&E framework shall be developed as a key accountability tool for tracking implementation. Key performance indicators (KPIs) should be monitored and reported biannually. The biannual reviews should include not only technical monitoring of implementation of activities, but also a financial review to ensure transparency, accountability and value for money. The IME sub-committee will not only analyze the progress of the activity reports but will also alert weak points to be tackled throughout each year of operation to ensure successful action plans. The report of IME sub-committee should be shared to all members on a quarterly basis via the already existing PAN communication channels.

The PAN secretariat shall prepare an annual operational plan and budget based on the outputs outlined by this plan and the annual action plan of sub-committees. These (plan and budget) will be deliberated and validated by the general assembly and widely shared with the available funding partners.

The M&E sub-committee will prepare the annual activity reports, and the PAN Treasurer will prepare the financial report, and both will be shared with members at the general assembly. The M&E Subcommittee must highlight in its annual reports how the target has been reached.

Financial audits shall be carried out annually and the reports shall be submitted to all relevant stakeholders including funders.

It is planned that an internal midterm review of this plan shall be carried out in 2027 whereby members will hold a workshop to assess the progress being made in the implementation of this plan. Depending on the availability of funds, an external expert will be brought on board to support the process. All issues identified by analyzing technical progress reports, financial and audit reports, shall be discussed and appropriate action taken.

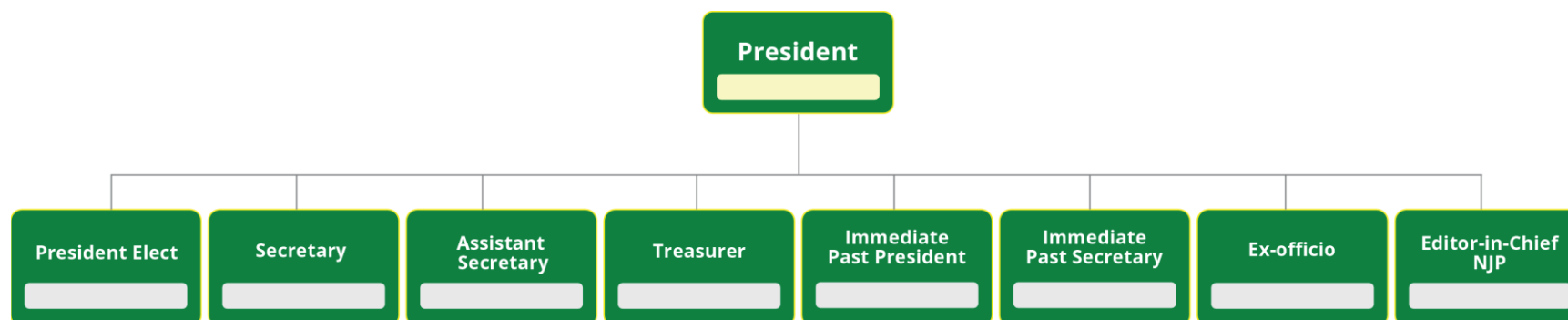
We plan to conduct a comprehensive end-term evaluation of this strategic plan in 2029 to assess best practices and insights, thereby informing the planning of future phases.



5. GOVERNANCE STRUCTURE

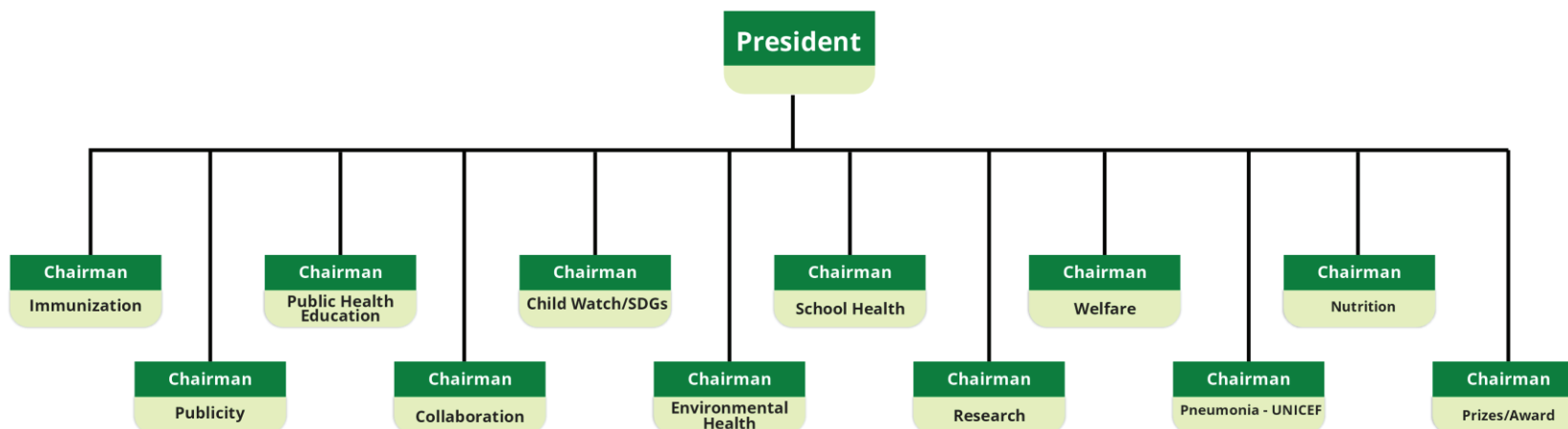
Annex I: PAN Executive Council organogram

The affair of the association is managed by an elected PAN Executive Council headed by the President. The scope of influence of the association includes the whole 36 states of the Federal Republic of Nigeria and the Federal Capital Territory (FCT).



Annex II: PAN Sub-Committee Organogram

The association has restructured its subcommittees in order for Paediatricians with interest in specific areas of child health to address some of the major health issues of children. These sub-committees generate information for the PAN EXCO and may be deployed by the President to represent the association in various capacities at different fora.



Sub-Committees

1. Immunization

1. Develop programs aimed at strengthening routine immunization to reach zero dose children
2. Attract and sustain adequate funding for research into childhood immunization
3. Ensure monitoring of and advocacy for a comprehensive immunization schedule
4. Periodically review and update of PAN immunization schedule
5. Produce a one-page algorithm (chart) on immunization.
6. Create clear milestones of achievement for the immunization subcommittee with timelines

2. ChildWatch Nigeria/SDGs

1. Ensure monitoring of and advocacy for
 - a. Scaling up and sustenance of child health interventions that impact on achieving the SDGs especially 2 and 3.
 - b. Improved access of children to equitable, essential and quality child health care.
 - c. Community response to and ownership of activities in child health care.
 - d. Increased stakeholder involvement in activities that lead to achievement of the SDGs especially 2 and 3.
 - e. Implementation of the National Child Survival Action Plan at the national and sub national levels.
2. Create clear milestones of achievement for the Child Watch/SDG subcommittee with timelines.
3. Develop an Advocacy Manual/Tools to be used by PAN members for advocacy.

3. Publicity

1. Develop a PAN publicity protocol, including a policy on social media engagements
2. Review and update the PAN social media handles like Facebook, Instagram and X
3. Drive traffic towards the PAN website as well as PAN social media handles by using media items on PAN activities which will encourage online interactions among PAN members and with members of the public
4. Regularly publicize all PAN activities including relevant activities from other subcommittees by sharing them on different media outlets.
5. Work with PAN webmaster to update information on the PAN website
6. Work with the secretariat to provide content for the bi-annual PAN news bulletin
7. Ensure that any message intended to be posted on behalf of PAN on her social media platforms are duly cleared by the PAN President or PAN Secretary if the President is not readily accessible.
8. Create clear milestones of achievement for the Publicity subcommittee with timelines.

4. Public Health Education

1. Develop a framework to provide public health education on all issues relevant to child rights and health



2. Engage in activities that promote public enlightenment regarding common childhood diseases and social issues relevant to child health
3. Work with the social media Immunization Champions to promote health education messages on social media platforms
4. Work with the publicity subcommittee to promote health education messages on social media platforms
9. Ensure that any message intended to be posted on behalf of PAN on her social media platforms are done after clearance by the PAN President or PAN Secretary if the President is not readily accessible.
5. Create clear milestones of achievement for the Public Health subcommittee with timelines

5. Environmental Health

1. Encourage the establishment of child environmental health units in tertiary institutions.
2. Develop a policy brief on child-friendly environment for PAN to use in advocacy.
3. Develop guidelines for the control of environmental health problems that affect children.
4. Create clear milestones of achievement for the environmental health subcommittee with timelines.

6. School Health Programme

1. Advocate for school health program (SHP) in various public and private primary and secondary schools in Nigeria
2. Monitor SHP in various public and private primary and secondary schools in Nigeria
3. Review PAN's current role in Nigeria's SHP and its potential roles.
4. Draw up a strategic plan to implement PAN's intended new role in the SHP.
5. Create clear milestones of achievement for the SHP subcommittee with timelines

7. Research

1. Develop a research policy to guide research protocols involving PAN.
2. Develop guidelines for research activities within PAN.
3. Identify areas of capacity building for Paediatricians.
4. Actively search for grants that can be implemented by PAN members,
5. Produce a Grant Writing Handbook for PAN.
6. Create clear milestones of achievement for the RESEARCH subcommittee with timelines.

8. Collaboration

1. Develop a framework to guide the collaborations of PAN, professionally or socially.
2. Identify stakeholders (government and non-governmental agencies) that may collaborate with PAN on activities that promote child health
3. Identify funding agencies that may collaborate with PAN to fund child health activities
4. Ensure collaboration with other stakeholders from the RMNCAEH + N continuum of care to ensure quality child health service delivery.
5. Create clear milestones of achievement for the Collaboration subcommittee with timelines.



9. Welfare

1. Ensure the regular follow-up of PAN Elders (age >70 years) through various means.
2. Organize visitation of PAN Elders in the different states on a case-to-case basis.
3. Organize the visitation of any sick or incapacitated PAN member
4. Organize commiseration with any bereaved PAN member
5. Plan for PAN representation at members' major social events such as weddings, burials, inaugural lectures etc.
6. Ensure the PAN Secretariat is informed about important events/milestones concerning her members such as appointments, deaths, promotions etc.

10. Pneumonia-UNICEF

1. Follow up on the already existing proposal for nationwide research on childhood pneumonia.
2. Search for grants to execute the project.
3. Advocacy on childhood pneumonia.
4. Provide technical support for training on childhood pneumonia algorithm.
5. Create clear milestones of achievement for the Pneumonia-UNICEF subcommittee with timelines.

11. Prize and Awards

1. Develop minimum uniform criteria that should be met by any person or body who wishes to sponsor PAN Awards or Prizes.
2. Screen any request to PAN for institution of PAN Awards or Prizes.
3. Develop guidelines for the selection of PAN Award or Prize winners in accordance with the vision of the sponsors.
4. Jointly with PAN Executive council, constitute a selection sub-committee for the different PAN Awards or Prizes who will apply the guidelines in the selection of the prize winners.
5. Monitor the PAN Award or Prize winner selection process for quality assurance.

12. Nutrition committee

1. Provide guidance and recommendations on good nutritional practices for infants, children and adolescents.
2. Ensure monitoring of and advocacy for good nutritional practices for infants, children and adolescents.
3. Assist PAN to develop policies and guidelines related to child nutrition.
4. Collaborate with the PAN Public Health and Publicity sub committees to develop educational material on good nutritional practices for the public.
5. Create clear milestones of achievement for the PAN Nutrition subcommittee with timelines.



REFERENCES

1. Nigeria 2021 Multiple Indicator Cluster Survey (MICS) & National Immunization Coverage Survey (NICS)
2. The 2024 Nigeria Demographic and Health Survey (2024 NDHS)





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...caring so our children may live to their full potentials