



# STRATEGIC PLAN (2016 - 2021)

OCTOBER 2016

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## EXECUTIVE SUMMARY

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Centre for Health Economics and Development (CHECOD) is a multidisciplinary research, capacity building and advocacy organization. It was created in 2010 to develop capabilities in health economics in the African region and facilitate greater utilization of indigenous expertise in national development. Within the five-year period following set-up in the first quarter of 2011, the Centre became recognized as a notable source of technical expertise on health financing and governance, established partnerships and collaborations with national agencies and international organizations, and its staff are frequently consulted and engaged by local and international organizations on resource tracking/health accounts, economic and financial management in health, public expenditure tracking, and health insurance at community, state and national levels.

A recent review was undertaken to assess the Centre's visibility in the health policy and planning landscape and the extent of leveraging of its endowed capabilities in shaping public policy. The assessment reveals enduring need for expertise of the staff of the Centre but limited engagement in the policy process. While the Centre is duly engaged and maintains direct presence in technical working groups, its presence in mid-to-high level health policy advocacy meetings, dialogues and summits is rather indirect, through its work on behalf of development partners. Independent contribution and engagement in the policy process have been very limited. The Centre currently faces drawbacks in the functional areas of independent research, engagement and advocacy.

The five-year strategic plan (2016-2021) is set against the backdrop of renewed focus on the health sector at continental and regional levels especially in recognition of the critical role of health in demographic transition and dividends, increased emphasis on local evidence generation for advocacy, and policy shift toward local capacity-building and partnerships by international development and donor institutions.

The plan seeks to address these challenges and set the direction for successful evolution of the Centre into an independent public policy research, analysis and engagement organization. Specifically, the plan 1) assessed the Centre's strengths and unique capabilities, 2) identified threats and opportunities in both internal and external environment, and 3) specified the priorities and actions to address the weaknesses. The strategic plan sets priorities in research and publications, engagement and advocacy, and organizational development, and establishes a framework for implementation.

Key outcomes of the plan include increased scientific publications from independent and collaborative research, greater visibility in the policy space in Nigeria and Africa, visibility in the international and regional development forums, and expansion of the Centre's financial resource base.

The strategic priorities identified in the plan are to:

### **Build strong research capacity and network**

The Centre aims to leverage on its endowment of technical capacity to build and expand its research capacity and create a strong profile of publications in its thematic areas. It will also leverage on the network of non-resident associates, existing relationship and collaborations to build a productive research and knowledge-sharing network. The network will extend to private sector, public sector and non-profit non-governmental sector, and span domestic and international organizations.

**Grow and diversify research and dissemination funding**

Despite domestic economic recession, new research funding opportunities are opening up for local evidence generation. The Centre will strengthen its ability to respond to calls, improve the quality of grant applications, increase efforts to identify non-conventional funding programs, and strategically engage associates, consultants and members of the Technical Advisory Board to improve sourcing and grant application success rates.

**Strengthen external engagement**

The Centre will create a communications and external relations unit that will develop and implement an engagement plan. Through the unit, the Centre will take more active role in health sector engagement and dissemination activities, organize public seminars and lectures, and adopt targeted approach to communications and engagement at local, national and international levels.

**Develop and enhance capacity in health economics training**

In pursuit of its vision, the Centre will develop and strengthen its health economics training program. It will cultivate a supportive research environment and program of capacity building for the staff, introduce a program of internship for college and postgraduate students, and launch a training program in health economics for civil servants and other professionals in the health sector as well as non-health professionals interested in the health sector.

**Develop effective organization, staffing and leadership**

An organizational structure and an effective functional staffing system that aligns and supports the activities of the Centre will evolve. This will be complemented by tested professional development program at staff and leadership levels, periodic work plans, mentoring and performance reviews.

# 1. INTRODUCTION

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This strategic plan addresses the next five years of activity (2016-2021) at the Centre. The overarching objectives of the plan are to:

- Set direction for the successful evolution of CHECOD into an independent public policy research analysis and engagement organization
- Address the strategic issues critical to meeting the goal of this plan and pursuing the mission of the Centre, and align the Centre's manpower and associates around common goal and vision
- Establish research priorities and ensure effective use of resources to meet the knowledge and planning needs of the health policy and planning institutions in Nigeria and Africa over the next five years
- Further the understanding of the Centre as a strategic asset to the health sector in Nigeria and Africa.

The planning process and document preparation was coordinated by the research and operations teams. Inputs were sought from other resident staff, associates and members of the Technical Advisory Board of the Centre. A core team of the Heads of Research and Operations met for discussions and reviewed drafts. They received inputs and encouragements from external constituents including partners, collaborators and associates with experience in think tank institutions.

The process began with a set of core question. These are:

- Where is CHECOD in the health sector policy and planning landscape in Nigeria and other countries in Africa?
- What are the key strengths of the Centre and how well are they channeled into serving the health policy and planning community?
- What are the real or perceived weaknesses of the Centre or the things that need to be changed in order to achieve the objectives?
- What are the emerging issues or challenges on the policy horizon that the Centre should prepare to address? What are the key success factors required to meet these challenges?
- What are the top priorities among these issues? How do these connect with the areas of focus at the Centre?

At the request of the Technical Advisory Board, this document details a strategic plan to guide the successful evolution of the Centre and demonstrate strategic alignment with the policy and planning needs of the health sector in Nigeria and other countries in Africa.

## 2. BACKGROUND

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Centre for Health Economics and Development (CHECOD) is a not-for-profit, non-governmental organization created in 2010 by a group of African multidisciplinary professionals including development economists, health economists, health professionals, statisticians, social and behavioral scientists and financial experts. CHECOD was created to promote greater and more effective utilization of indigenous health professionals in national development and to develop capabilities in health economics in the region. The Centre aims to provide technical assistance and support to action-oriented interventions on health and economic issues that constrain the equitable delivery of quality health services.

### **Vision**

To be an international training and technical assistance resource center in health economics and policy analysis for health system improvements and economic development of African countries.

### **Mission**

To improve health systems development in Africa through health economics and policy-oriented health research services, training, research, knowledge creation, dissemination and advocacy.

### **Goals**

- To develop and strengthen technical capacity in the application of economic analysis to health policy and practice for health sector professionals, health service managers, academicians, economic and development planners in Nigeria and other countries in Africa.
- To undertake policy-relevant research and consultancy services on health economics and development initiatives to guide policy makers in ensuring high quality, cost-effective and sustainable health care.
- To provide technical assistance, advisory and information services to Nigerian governments and semi-government organizations on analysis of the health systems, health policy formulation and implementation.
- To build up partnerships and networks with government, academia, private sector and health care providers, national and international agencies and organizations engaged in the health economics and socioeconomic development initiatives to address important issues in health care.
- To advocate for health systems and economic reforms in Africa with evidence from research in health economics and development.

### 3. REVIEW AND ANALYSIS (2011 - 2016)

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The strategic plan for 2011-2016 was launched with the overarching focus on “health systems and economic reform” in reflection of the need to optimally use evidence from research in health economics and development for health systems reform. This focus aligned with the series of fiscal and macroeconomic reforms being implemented by governments of African countries at that time. The five main strategic goals of the plan were to:

- Train health sector professionals, health service managers, academicians, economic and development planners and ensure they are technically equipped to understand and effectively use economic analysis in health policy formulation and implementation
- Produce policy-oriented health research to ensure high-quality, cost-effective and sustainable healthcare
- Ensure optimal utilization of research findings for health policy formulation and implementation
- Establish effective collaborations, networks and partnerships with national and international stakeholders for growth and development of the health system.
- Engender confidence and build support of policymakers and other stakeholders for use of evidence from research in health economics policy development.

#### 3.1. Achievements

During the period under the first plan, the Centre recorded achievements in the health policy and planning landscape in Nigeria. The major achievements are listed below.

- The Centre became a notable source of technical support on health financing and program implementation in the following specific areas:
  - o Health Accounts: CHECOD provided technical support to the Federal Ministry of Health on National Health Accounts (NHA) and to State Ministries of Health on State Health Accounts (SHA). Expertise in health accounts is currently available in Nigeria mainly at CHECOD and the National Bureau of Statistics (NBS).
  - o Budgeting and Expenditure Tracking Studies: On behalf of donors and development partners, CHECOD provided technical support to the Government of Nigeria, National Aids Control Agency (NACA) and PEPFAR on PFIP and PCRP
  - o Community-Based Health Insurance Schemes: Technical support to the National Health Insurance Scheme (NHIS) on establishment of CBHIS and Vulnerable Group Social Health Insurance (VGSHI)
  - o State Health Insurance Schemes: Technical support to IFC/World Bank on Economic and Financial Modelling of State Health Insurance Schemes (SHIS). This report was of significant influence in the decision by NHIS to shift emphasis toward SHIS.
  - o Economic and Financial Management; Fiscal Space for Health: Technical support to USAID projects on economic and financial management in the health sectors of Bauchi and Sokoto States, as well as analysis of fiscal space for implementation of State Health Insurance Schemes in several USAID-supported states.
  - o National Health Bill: Technical support to Save the Children, Nigeria on Cost Benefit Analysis of National Health Bill. This report was of significant influence in securing presidential assent to

- the National Health Act, 2014.
- o Routine Immunization: Technical support to Save the Children, Nigeria on Positive Deviance Approach to Routine immunization in Zamfara, Jigawa, Kastina, Gombe and FCT States of Nigeria.
  - o Universal Health Coverage: Technical support to National Health Insurance Scheme on Development of Business Plan to Achieve Universal Health Coverage in Nigeria.
  - o Nutrition in Northern Nigeria: Technical Support to Oxford Policy Management (OPM) on Working to Improve Nutrition in Northern Nigeria, etc.
- CHECOD maintains presence in Technical Working Groups of Policy Institutions in the health sector
    - o Federal Ministry of Health: Technical Working Group (TWG) on Health Financing Policy and Strategy.
    - o Lagos State Ministry of Health: Core Implementation Team (CIT) of Lagos State Health Scheme.
    - o Senate Committee Panel on Demographic Dividend supported by the Global Financing Facility (GFF) and funded by UNFPA and Nigeria's Federal Ministry of Health
  - The Centre maintains collaborations with relevant domestic organizations and agencies and has supported development partners and donor institutions
    - o National agencies: These include National Bureau of Statistics (through MoU), National Population Commission, National Primary Health Care Development Agency, National Health Insurance Scheme, National Planning Commission, and State Ministries of Health and Bureaus of Statistics.
    - o International organizations: USAID Health Finance and Governance (HFG) Project on analysis of fiscal space of state governments to fund insurance coverage of the priority and vulnerable population groups. This includes conduct of surveys and analysis of public finance at state government levels
    - o Development partners and donor agencies: The Centre has been engaged by international organizations including WHO, DFID (PATHS), Global Fund, UNICEF, UNFPA and USAID to provide technical support to governments at federal and state levels.
  - The Centre is currently spearheading the technical analysis essential for demographic transition and dividends at both national and state levels in Nigeria, and hopes to become the primary resource center on the subject
    - o Estimation of National Transfer Accounts (NTA) 2010, a system of accounts adopted by the United Nations Development Program (UNDP) for practical analysis of demographic dividends.
    - o Recent launch of State Transfer Accounts (STA) project to support analysis of demographic dividends potentials at State levels in recognition of wide disparities among states and the political economy of Nigeria's federalism



### **3.2. Organization**

Staff strength at the Centre grew from 6 in 2011 to 11 in 2016 which comprises 2 Doctoral, 4 Master's and 5 Bachelor's degree holders. The staff is supported by a network of 6 non-resident associates, all Doctorate degree holders, situated in universities, hospitals and medical colleges. Over the last 5 years, staff at the Centre participated in not less than 12 funded research projects and earned total income of USD575,000.

### **3.3. Challenges**

Although CHECOD is recognized as a source of technical capabilities in health economics, especially in the area of health financing and governance, its contributions and engagement in the policy process have been very limited. While the Centre is duly engaged and maintains direct presence in technical working groups, its presence in mid-to-high level health policy advocacy meetings, dialogues and summits is rather indirect and mainly through its work on behalf of development partners. The Centre is constrained on two important areas – independent research and effective external engagement – that are essential to fulfilment of the goal of independent evidence-based advocacy for health system and economic reforms.

Most of the research at the Centre are based on projects funded by development partners and institutions and awarded to individual consultants. The Centre lacks proprietary rights over the output of those projects. Activities in many areas of research that are of interest to the leadership and staff of the Centre and align with interests in the policy community are largely dependent on self-funding by staff of the Centre. These include emerging issues in health, including health transition and demographic dividends, social protection, human resources for health, sustainable health financing strategies and universal health coverage.

## 4. EXTERNAL CONTEXT

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Compared to the period of the first strategic plan, there have been many changes in the policy environment that are favorable to increased engagement and visibility of the Centre.

- There is renewed focus on the health sector at the continental, regional and country levels, especially in recognition of its salience to demographic transition and dividends. The African Union declared 2017 as the year of focus on demographic dividend, and similar emphasis is emerging at regional and country levels.
- International organizations including the World Health Organization (WHO) are increasingly emphasizing partnership with local institutions on both technical and non-technical aspects of their activities. Alongside is the renewed emphasis on local evidence generation as the basis of advocacy and doing development differently.
- There is increasing recognition of capacity gaps in the implementation of development initiatives in the sector and an emphasis on closing the gaps by donors and development partners.
- New and increased resources are flowing into the health sector to support reform programs and initiatives. New donors are also entering the program funding space.

Our 2016-2021 strategic plan seeks to reposition the Centre, strengthen its areas of activities to meet the knowledge and technical capacity needs of strategic partners, collaborators and government at all levels in their efforts to strengthen the health system.

## 5. STRATEGIC PRIORITIES AND ACTIONS 2016 - 2021

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This section outlines the goals and objectives that CHECOD will deliver through implementation of the strategic plan (2016-2021). Building on the achievements under the previous plan, the Centre will aim to achieve effectiveness in three key areas

- **Research**
- **Engagement**
- **Capacity Building**

The goal of successful evolution of the Centre into a prominent resource for health policy and planning requires continuous flow of independent research and publications in reputable academic and policy journals, and active engagement of policymakers and other public policy stakeholders including the general public through evidence from research and analysis. In line with its vision, knowledge and capacity in health economics at the Centre will be transferred to the next generation of researchers, analysts and policymakers through a program of training and capacity building. To be successful, the Centre has identified five strategic priorities to support these three elements as follows:

1. **Build strong research capacity and network**
2. **Grow and diversify research and dissemination funding**
3. **Strengthen external engagement**
4. **Develop and enhance capacity in health economics training**
5. **Develop effective organization, staffing and leadership**

Each of these priorities support one another in moving the Centre toward fulfilling its mission, facilitating productivity in the thematic research areas and visibility in the health policy and planning landscape. The strategic priorities and details of actions supporting the achievement of the priorities are describe below.

**Priority 1: Build strong research capacity and network**

- Key Actions:**
- 1.1 Define research priorities based on extant and emerging development challenges and policy-relevant issues arising from stakeholder engagement in policy and development forums
  - 1.2 Leverage on relationships with national statistical agencies and development institutions to expand and improve research as well as source data and potential collaborations
  - 1.3 Actively engage the Centre's non-resident associates in the Centre's research pillars and thematic areas and create active links between the resident and non-resident members of the Centre
  - 1.4 Expand the space for research collaborations through partners in private sector, public sector and non-governmental organizations
  - 1.5 Introduce the Centre to the research departments of local and international development organizations for potential collaboration and exchange
  - 1.6 Register and connect the Centre with local and international health research organizations and participate regularly in academic and policy conferences

- 1.7 Establish a review mechanism for the Centre's research outputs through members of the Technical Advisory Board or other suitably accomplished academic and policy experts in the fields
- 1.8 Attract and retain high quality staff and fellows to strengthen research capacity and leadership
- 1.9 Create opportunities for students to use resources at the Centre in the conduct of theses and research projects
- 1.10 Generate publications on a quarterly basis in thematic areas that brings to bear the strength of the Centre and aligns with development policy focus

**Priority 2: Grow and diversify research and dissemination funding**

- Key Actions:**
- 2.1 Create and grow an earmarked base funding for independent inquiry and related activities
  - 2.2 Access grant funding from local and international development institutions and donor agencies through independent and collaborative research and project proposals
  - 2.3 Increase the number of research calls and produce early draft proposals in response to calls in areas of expertise of staff of the Centre
  - 2.4 Improve the quality and success rate of funding application from the Centre by engaging strategically with consultant proposal writers and seek mentoring from more successful grant writers
  - 2.5 Strategically engage members of the Technical Advisory Board and research associates to develop outreach and fund-raising program and improve sourcing and success rates in funding calls
  - 2.6 Increase efforts to identify and target non-traditional, non-conventional or less popular funding programs and sources

**Priority 3: Strengthen External Engagement**

- Key Actions:**
- 3.1 Create a communication and external relations unit to develop and implement a communication and engagement plan for the Centre
  - 3.2 Organize an annual lecture on pertinent health issue in March to commemorate the memorial of the founding chairman
  - 3.3 Plan and implement two public seminars annually to present the research and publications of the Centre
  - 3.4 Take a more active role in health sector dissemination activities, meetings, dialogues and conferences
  - 3.5 Adopt a targeted approach to external communications locally, nationally and internationally
  - 3.6 Develop an email listing of contacts in health research, analysis, dissemination, policy and development institutions and regularly share insights from the Centre's research and engagement through a newsletter
  - 3.7 Provide regular analysis of contemporary health economics and development topics and share them through the website and email listing

- 3.8 Use the website as an effective tool of engagement and outreach. Publicize the Centre on social media

**Priority 4: Develop and enhance capacity in health economics and development training**

- Key Actions:**
- 4.1 Establish a formal staff training program in health economics and development, and develop a standard curriculum for the program
  - 4.2 Secure internal and external resources for training and develop a mechanism for follow-up and evaluation
  - 4.3 Introduce, advertise and secure funding and other resources for a program of internship for college and postgraduate students
  - 4.4 Launch a training program in health economics for civil servants and other professionals in the health sector as well as non-health professionals interested in the health sector
  - 4.5 Develop training modules for health financing and governance for program implementing units at state level, focused on universal health coverage.

**Priority 5: Develop effective organization, staffing and leadership**

- Key Actions:**
- 5.1 Develop an organizational structure and a functional staffing system that supports the main activity areas of the Centre
  - 5.2 Establish a professional development program across the units of the Centre including mentoring
  - 5.3 Conduct annual work plan and performance review across the functional units
  - 5.4 Secure stable, diverse and growing funding for the Centre through maintenance and expansion of existing contract funding sources
  - 5.5 Provide essential facilities and equipment to produce outstanding knowledge outputs and effective engagement.

## 6. RESEARCH AND PROGRAM PILLARS AND THEMES

Africa is endowed with a young population, where children under age 15 account for 41% of the population, disaggregated into 16% under age 5, 13% age 5-9 and 12% age 10-14. This population structure is reminiscent of an early stage of demographic transition where mortality and fertility rates are high, and fertility is largely insensitive to mortality improvements. More than anything else, a weak health system has the greatest potential to delay demographic transition. In most of the countries, the health systems are weak as are economic stimulants of demographic change. Recently, the African Union (AU) declared 2017 as the year of focus on harnessing demographic dividends. In line with this focus, the Centre's research program for 2016-2021 is summarized in the theme “strengthening the health system for demographic dividends” with pillars that focus on specific components of the health system and reflect the links between the health system and demographic transition.

### **Pillar 1: Reproductive, Maternal, Newborn and Child Health (MNCH)**



High mortality and morbidity rates, and inefficient family planning services are swelling grounds for high fertility, and are main factors delaying the demographic transition. In many areas, the demographic and human capital profile is yet to induce aspirations for small family size, and where the aspiration exists, unmet need for family planning is enormous. A series of interventions aimed at mortality reductions and family planning have been implemented in different settings across countries on the African continent. In spite of these, RMNCH indicators have not improved substantially at the population level as would be expected from the pace of interventions. This research pillar focuses on interventions and investment cases for RMNCH services.

#### **Themes:**

1. Evaluation of RMNCH interventions
2. Assessing the merits and costs of scaling-up successful interventions
3. Evidence-based and costed investment cases for RMNCH
4. Family planning services and state health insurance packages
5. Search for context-compatible interventions in child health and family planning
6. Adolescent reproductive, STDs and HIV/AIDS service coverage expansion

**Pillar 2: Healthcare Financing and Stewardship**



Health financing indicators are generally weak in the African continent especially among the low income countries. Available estimates from Health Accounts show that out-of-pocket (OOP) spending in fee-for-service (FFS) delivery represents the dominant source of healthcare financing. In low income settings, this portends a potentially vicious cycle of poor-health due to the disastrous consequences of catastrophic events. To alleviate this burden and protect population health, many countries have launched national health insurance schemes as a step toward universal health coverage. Insurance coverage rates remain low especially in the larger countries, including Nigeria, and health insurance schemes are being launched at subnational levels to grow coverage. This research pillar focuses on the healthcare financing strategies and reforms being undertaken in African countries and assesses the sustainability of those reforms.

**Themes:**

1. Estimation of health accounts and sub-accounts both at the federal and state levels
2. Assessment of health financing pathways to fiscal sustainability at subnational levels
3. Fiscal space and sustainability of public coverage of vulnerable population groups
4. Factors shaping fiscal sustainability of state health insurance schemes
5. Correlations between benefits packages and equity in healthcare consumption
6. Affordable options for the informal, indigent and vulnerable population groups

**Pillar 3: Public Financial Management**



Efficient public financial management in the health sector is critical for overall performance of the health system and achievement of the healthcare targets and health-related sustainable development goals. Fundamentally, this requires effective and sustainable systems of resource generation, streamlined processes and supply chains for resource allocation and utilization, integrated organizational financial management system, and adequate capacity for management and monitoring of the resource chains. In addition, mechanisms and frameworks to ensure that resources are applied to target purposes in a timely and accountable manner must be developed in ways that are in conformity with existing legal and institutional frameworks and consistent with international best practices.

- Themes:**
1. Assessment of policy, planning and budgeting frameworks
  2. Design and implementation of revenue administration framework and strategies
  3. Sectoral budgeting, expenditure frameworks and resource allocation reviews
  4. Strengthening institutional capacity for public financial management in the states
  5. Public sector budget performance evaluation and reviews
  6. Activity programming and costing template development
  7. Capacity building on zero-base budgeting and medium-term sector strategy plans

**Pillar 4: Demographic Transition and Economic Development**



Successful and scalable supply-side RMNCH interventions are essential to health transition by stimulating mortality declines. Effective health financing strategies are essential for universal health coverage and uptake of healthcare services. While these investments pay off by lowering the burden of mortality and morbidity and inducing health and epidemiological transition, the prospects of demographic transition and aspirations for smaller families are brightened by economic incentives internalized in consumption, savings and women's time use. These incentives arise from labor force participation, financial services and inclusion, effective system of targeted public transfers, and education and other human capital services targeted at specific population and age groups. Thus, a package of financial, economic and healthcare interventions are essential to stimulating demographic transition and dividend. This research pillar is focused on analysis of the state of demographic transition and dividends, the economic and health-related factors



underlying the current state, the appropriate design of interventions to stimulate the transition, and cross-border opportunities for economic development arising from asymmetries in the state of demographic transition.

**Themes:**

1. Analysis of epidemiological, health and demographic transition
2. Inter-sectoral and inter-governmental frameworks for demographic dividend
3. Assessment of demographic dividend through transfer accounts and lifecycle deficits
4. Targeted population interventions to stimulate demographic transition
5. Assessing the contribution of interventions to demographic and health transition
6. Analyzing the economic and financial consequences of the lifecycle deficit
7. Demographic asymmetries, cross-border economic opportunities and financial flows

## 7. IMPLEMENTATION

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This strategic plan will be implemented through concerted efforts of the leadership and staff of the Centre and will be supported by an organization-wide system of work plans and deliverables. In the first stage, the strategic priorities enumerated in the plan will be translated into detailed organizational work plan with timelines and milestones, and progress will be assessed periodically by means of an evaluation framework. In a second step, the organizational work plan will be translated into unit work plans and assigned to the heads of units. In the third step each unit will coordinate the activities of its leadership and staff to implement the actions in a timely and effective manner.

To enhance performance, an implementation team will be constituted internally to monitor progress toward achievement of the work plans. An independent external monitor will be appointed for periodic evaluation of the organizational work plan and provide an assessment of the progress relating to the strategic priorities and overall mission of the Centre.



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