



ANNUAL REPORT 2020

D-8 Health and Social Protection Programme

D-8 HEALTH AND SOCIAL PROTECTION PROGRAMME REPORT

Report of activities from January 1st to December 31st, 2020, to the Secretary General of the Developing 8 Countries organization for economic cooperation

Abstract

This report documents the activities of the D-8 Health and Social Protection Programme of the Developing 8 (D-8) countries organization for Economic Cooperation from January 1st to December 31st, 2020. The report details the programmatic and financial activities of the Programme in the year under review. The report also highlights key achievements and challenges experienced in the year, and articulates key lessons learned. The year ended with the team finalizing its strategic document, to serve as guide to programme implementation, and the anticipation for the commencement of the Islamic Development Bank and D-8 Health and Social Protection Programme project “revitalizing health markets” in 2021. 2020 was a great year, despite disruption from COVID-19; the Programme ended the year on a good note.

FOREWORD

I am pleased to present this report which details the activities of the D-8 Health and Social Protection Programme office from January 1st, 2020 to December 31st, 2020. The year 2020 can best be described as the year the world learnt new ways of living, readjusting to new ways of living with the advent of the pandemic. It is the year the world learned to reach out more, accept changes and find new opportunities in the midst of the challenging moments.

The achievements of the D-8 HSP thus far is attributed to a committed team working very hard and assisting me to deliver on the key milestones for the D-8 Health and Social Protection Programme (D-8 HSP). The team in 2020, were excellent and able to adjust to the new normal; coping with lockdown, creating and utilizing workspaces at home, innovating various digital tools to carry out assignments, and above all living safe by complying with COVID-19 prevention guidelines and supporting the global effort to end the spread of the virus.

During the period under review, the HSP has convened and engaged with governments, development partners and donors. The expanded discussions have proven effective in synergizing new areas of alignment and support that can be accrued from a variety of organizations. The Programme now has an office in Asokoro, Abuja, donated by the Nigerian Government. We have commenced our IsDB/D8 research project on “Building Institutional/Human Capacity to Revitalize Health Markets for Regional Cooperation and Trade”. The HSP has effectively coordinated its first virtual roundtable of Member Countries on COVID-19 and has moved on to facilitate the regular meetings of Implementation Monitoring Working Group and Resource Mobilization Working Groups consisting of representatives from D-8 Member Countries. Member Country focal points and embassies in Nigeria are regularly engaged and part and parcel of our success in 2020.

Signed

Dr. Ado J. G. Muhammad, OON
Global Director, D-8 Health and Social Protection Programme
3rd February 2021

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ABBREVIATIONS

CH	Chatham House
CPA	Country Partnership Agreement
D-8	Developing-Eight Countries
FY	Financial year
GCC	Gulf Cooperation Council
HLM	High Level Meeting
HSP	Health and Social Protection
ILO	International Labor Organization
IPPF	International Planned Parenthood Federations
IsDB	Islamic Development Bank
MoU	Memorandum of Understanding
PPFN	Planned Parenthood Federation of Nigeria
PSC	Private Sector Conference
SDG	Sustainable Development Goal
SG	Secretary General
TIKA	Turkish Cooperation and Coordination Agency
UHC	Universal Health Coverage
UN	United Nations
UNGASS	United Nations General Assembly
UNICEF	United Nations International Children’s Emergency Fund
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

The COVID-19 pandemic made 2020 an unprecedented year in history. With the advent of the pandemic, the world was forced to focus on the quality of its social and health systems. This brought to the fore the need for global solidarity to improve health and living standards of the world populace. As COVID-19 thoroughly stretched health and global economies and their capacity to handle the novel strain; D-8 Member States encountered their share of challenges as regards to national response and recovery efforts from the COVID-19 pandemic. The Health and Social Protection Programme office of the D-8 is responsible for the coordination and facilitation of health-related activities in the bloc, and has in the last one year, facilitated synergy among Member Countries and incorporated response activities around COVID-19. This annual report details the activities conducted from January 1st, 2020 - December 31st, 2020, to provide insight to the D-8 commission of the achievements recorded by the programme in accordance with its mandate.

Memorable events which took place in 2020 include: the 3-day working visit by the Secretary General to Nigeria; signing of country partnership agreement between the Nigerian government and the D-8; presentation of the letter of Commission to Dr. Ado Muhammad, the Global Programme Director of the HSP by the Nigerian Government; allocation and official commissioning of the D-8 Health and Social Protection Programme office in Nigeria; recruitment and set up of the programme team, development of designate website, www.d-8healthandsocialprotection.org; and increased media appearances and visibility for the D-8.

The report captures partnerships and engagements of key stakeholders in 2020 and the collaboration efforts being facilitated by the team. It also details the resource mobilization activities of the programme, grants won, and projects that the D-8 HSP Programme is co-funding with its partners. There is a draft of the HSP's five-year strategic document with detailed programme design, accompanied by our theory of change, and communications strategy awaiting peer review by select partners, endorsement and approval from Member Countries; as well as commencement of implementation from the second quarter of 2021. As part of the deliverable of the team, the D-8 HSP Programme office has developed a human resource policy which emphasizes the recruitment processes, staff welfare, entitlements and professional

procedures, and guiding principles of operation in the office upon full take off and availability of funds.

In the report are also details of programmes carried out in response to the COVID-19 pandemic. The programme office organized a D-8 COVID-19 roundtable for solidarity, cooperation and knowledge sharing between Member States. The highly successful meeting led to the inauguration and meetings of two working groups - Implementation Monitoring Working Group and Resource Mobilization Working Group. The virtual meeting provided a platform for the HSP to understand response efforts and build a sense of solidarity between and within Member Countries in the bloc. During this eventful year, the programme office utilized opportunities to mobilize human capacity and resources needed to respond to the impact, promote peer learning and support, as well as engagement of development partners to complement D-8 Member Countries COVID-19 response.

The successes enumerated above are not without huge sacrifices from the Global Director and his team. They have contributed in ensuring the smooth running of office and implementation of the programme in 2020. The most difficult challenge faced in implementing these activities, has been the lack of basal funding support from the D-8 secretariat and contributions from Member Countries, which has the potential to erode the goodwill and reputation built by the D-8 HSP programme. Addressing this immediately, is very important, considering the immense visibility the programme has gained. It is the Technical team's belief that the team has the potential to out-do its set goals, when all hitches highlighted in the report are addressed.

INTRODUCTION

In November 2018, the Secretary General of the Developing-8 countries (D-8) Organization for Economic Cooperation, appointed Dr. Ado J. G. Muhammad whom he acknowledged initiated and designed the HSP programme, as the Special Adviser on the Health and Social Protection programme of the Organization. His appointment took effect from December 1st, 2018. The Health & Social Protection (HSP) Programme was approved during the 41st Commission and 18th Council of Foreign Ministers meeting, held in Antalya, from November 1st - 3rd, 2018. However, the host Government of Nigeria cleared the appointment and received a letter of credence on 28th May 2020, kick starting the official assumption of duties.

The Government of Nigeria agreed to host the HSP Secretariat in Abuja and pledged to provide support in terms of accommodation and security for the staff that will be working in the organization.

The Programme was established to drive the Health and Social Protection programme of the D-8 which centers on human capital development in the Member Countries. The state of the healthcare system in most D-8 Member Countries is characterized by suboptimal health outcomes, poor quality of care and inadequate protection from financial risk. Recent studies have linked improvement in health and provision of social protection for the poor and vulnerable as germane for Human Capital Development for strong economic growth. This informed the HSP programme approval which would not only serve to achieve some of the objectives of the D-8 but also accelerate the attainment of the sustainable development goals (SDGs 1, 2 & 3) of Member Countries by 2030. From the onset, it was realized that although the D-8 Member Countries have different health system archetypes with different epidemiological profiles and burden of diseases, nonetheless, universal access to healthcare remained a priority for all the countries.

Context

The D-8 health systems performance also mirrors its macro-economic and health financing dynamics (see chart below) - reiterating the inter-sectoral linkages between health and economic development.

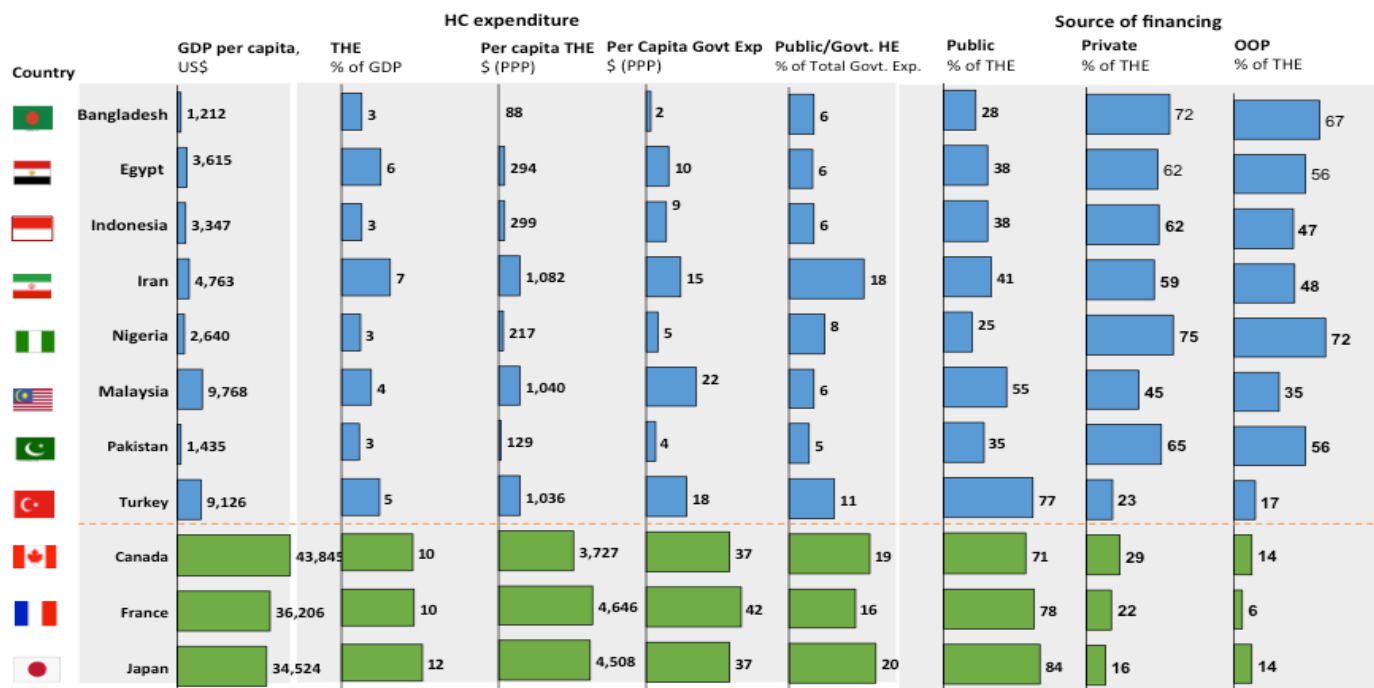


Figure 1: Analysis of health financing of selected countries

At the onset of the programme, five strategic pillars (expanding access to primary healthcare services, improving quality of care and human resource, opening up of market trade in health, preventing non communicable diseases, providing social protection to the poor and vulnerable) and four principles (national ownership and inclusion, evidence and impact, equity, and sustainability) were articulated/defined to help guide and shape the programme and its implementation. In realization of the importance of financing and data to the achievement of the objectives of the programme after consultation with Member Countries in Abuja (June 2019), these were added as additional strategic pillars (innovative and sustainable financing and data for performance and impact). Thus, the HSP programme is now characterized by seven strategic pillars as shown below:

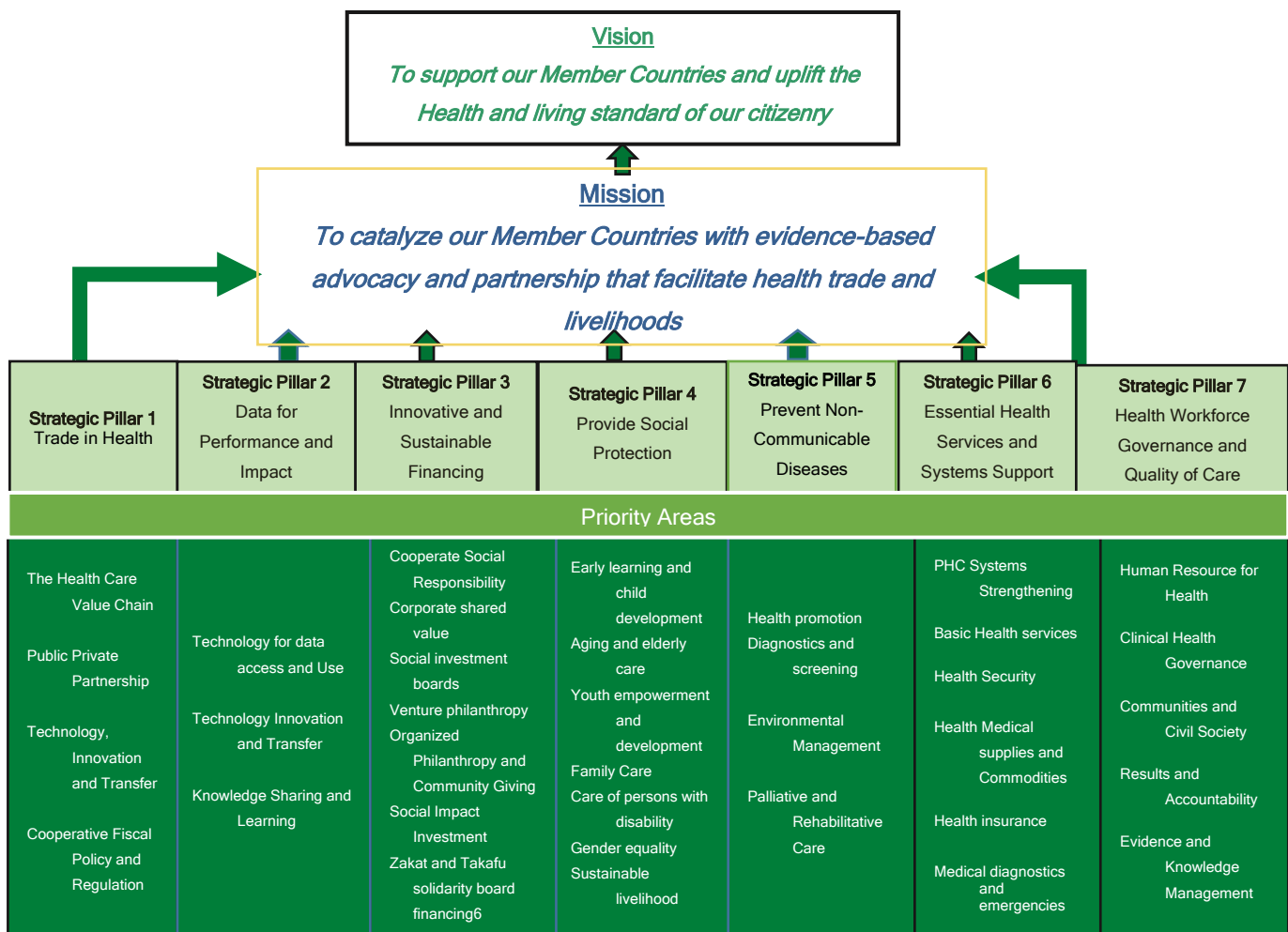


Figure 2: HSP seven strategic pillars with priority areas

Terms of Reference of HSP Programme Office

The implementation arrangement for the effective delivery of the HSP programme, was through a Health and Social Protection team with the mandate to:

- Work closely with country health leaders to align objectives and shape the policy environment towards realizing the noble objectives of the D-8 Health and Social Protection agenda.
- Use the modus operandi of consultations, workshops, conferences and alignment of voice at international health fora and side-meetings to achieve the aims and objectives of the D-8 HSP.

The key deliverables expected in the first few years are:

1. Launch and take-off of the D-8 Health and Social Protection programme
2. Develop a road map for the actualization of the D-8 Health and Social Protection agenda that will usher a new era of huge economic benefits for members, consistent with the overall vision of the D-8.
3. Mobilize resources for the prosecution of the D-8 Health and Social Protection agenda under the guidance of the Secretary General.

In addition to the above, specific targets were handed down to the team to be achieved in two years. These include:

1. Securing office accommodation, recruitment of essential personnel and obtaining seed grant for take-off.
2. Develop a plan for internalization of a Health and Social Protection agenda at the council and summit levels by facilitating consultation forum for the Ministers of Health at major events.
3. Develop a strategic plan to accelerate the health SDGs for the Member Countries.
4. Elaborate a biennial operational plan for the purposes of mobilizing resources within and outside the group in line with D-8 milestones that would have been declared at the D-8 health summits.
5. Develop annual progress reports for the Secretary General, Commissioners and Donors.

Towards achieving her terms of reference and meeting up with the key deliverables and targets, the team identified some low hanging fruits and began working on them. These fruits seemed to be like immediate next steps for which the Secretary General's approval became necessary. The initial activities implemented are:

- Sharing of the D-8 Health and Social Protection programme document with potential partners for comment and partnership.
- Launching and take-off of the D-8 Health and Social Protection programme.

- Initiating the development of a 5-year Strategic Health Development plan for D-8 (2020 - 2025) and Public Private Partnerships, in alignment with expectation of the original Charter of the D-8 and the ninth D-8 summit.
- Development of relevant instruments and MoUs with appropriate organizations for partnership on Health and SDGs including high-level advocacy visits, meetings and dialogue by the Secretary General for enhanced visibility, impact and actualization of the D-8 Health Vision.

This 2020 annual report details progress made from January 1st to 31st December 2020, towards achieving the mandate, deliverables, targets and discharging of the immediate responsibilities placed on the HSP team led by Dr. Ado. The activities and results are as documented in this report.

ACTIVITIES OF 2020

Secretary General's Second Working Visit to Nigeria

The year started on a good note for the programme office, following the Secretary General, Ambassador Dato' Ku Jaafar Ku Shaari's 3-day working visit in January 19th - 21st, 2020. The visit to the Vice President of Nigeria, Prof. Yemi Osinbajo, high level sectors like the Ministries of Industry, Trade and Investment, Health and Foreign Affairs, and meetings further consolidated on the partnership with ECOWAS, Islamic Development Bank, PPFN and Jaiz Bank in addition to providing a platform for smooth operation of the Health and Social Protection programme in the year under review. The visit to the Vice President helped to position the D-8 HSP as a highly valued partner in Nigeria. There is a sense of ownership and membership by the Nigerian government, which contributed to the success of key activities carried out in 2020. Since the visit, D-8 HSP became more visible, leading to several media interviews about the D-8 and its vision, Global Director Dr. Ado Muhammed has made key appearances in various media platforms to speak on topics around Global cooperation for health, innovative and sustainable financing, trade in health, health interventions in low and middle income countries, and the COVID-19 pandemic. The visit received a massive media coverage of the activities during the 3 days (January 19th - 21st) of the Secretary General's stay in Nigeria.



Figure 3: Group photograph of team with the Vice President

Signing of Country Partnership Agreement

Beyond the euphoria of the Secretary General's visit, the official signing of the Country Partnership Agreement was a validation to commence activities in earnest. The Nigerian President, President Muhammadu Buhari, GCFR, represented by the Minister of State for Foreign Affairs, Ambassador Zubairu Dada, officially approved the operations of the D-8 HSP in Nigeria on the 21st of January 2020. The occasion was witnessed by the D-8 countries' ambassadors in Nigeria, development partners like the World Health Organization, the Islamic Development Bank, and the media. It was a memorable event and a key achievement of the year for the entire D-8 organization, and the HSP team.



Figure 4: Signing ceremony of CPA at MFA in Abuja

COVID-19 Round Table

Stories about the year 2020, will not be complete without mention of the COVID-19 pandemic and the disruption of activities that came with it, as well as how the world adjusted to the new normal. Meetings now take place virtually, and people work remotely from home. Although the

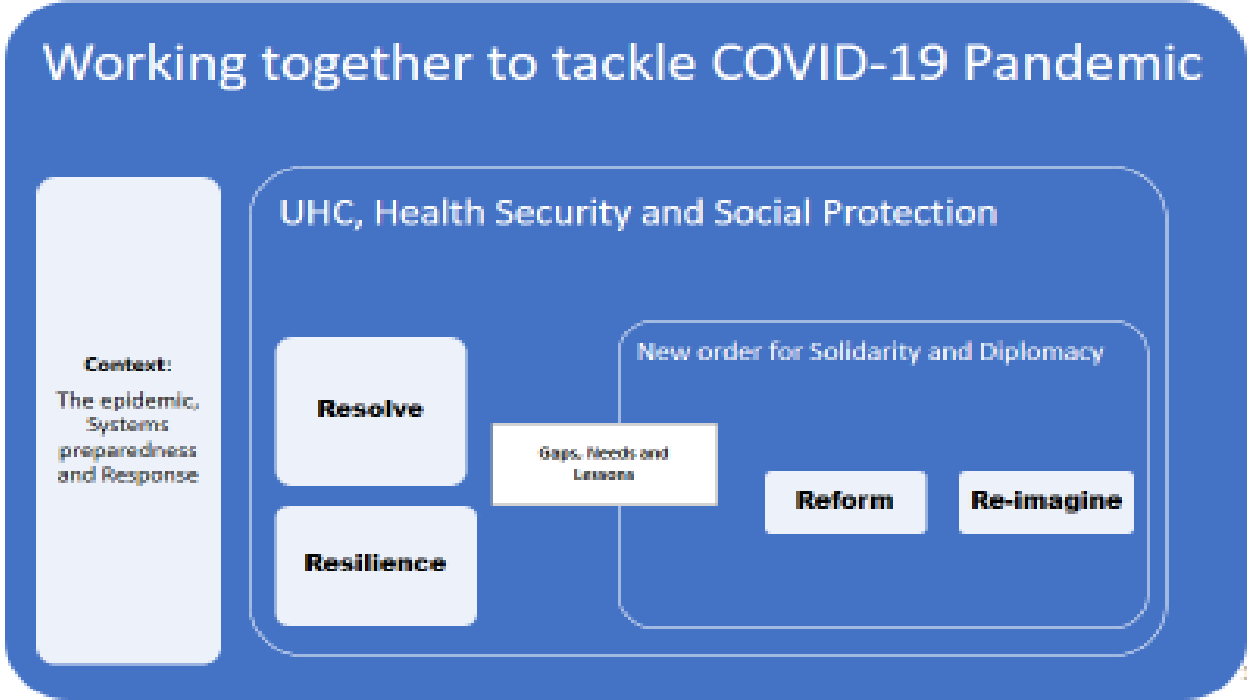
pandemic almost put the world at a halt, activities began to spring again, when the safety measures such as, social distancing, wearing of face mask, regular hand washing etcetera, were clearer and understood. At the wake of the outbreak, the Developing 8 Organization for Economic Cooperation (D-8), in efforts to respond to the pandemic, coordinated a solidarity force and built support among Member Countries by organizing its first virtual zoom roundtable meeting on April 16th, 2020, anchored by the Health and Social Protection programme in collaboration with Chatham House. The meeting was envisaged to provide a platform for coordinating D-8 response to stopping the pandemic in the short term and strengthening health systems in the long run. The virtual meeting had in attendance seven Member State delegations, drawn from ministries of health of the countries, country D-8 focal points, chief epidemiologist of Member Countries, Heads of COVID-19 pandemic National Responses, chief economist and communication experts. The HSP since inception has identified and engaged key partners who share common goals and with valuable impact to

the programme. During the meeting, partners and observers in attendance were: Global health security experts from Chatham House, Global Women Leader Strategic Philanthropy, CHESTRAD Global, World Health Organization focal points, International Labour Organization focal points, Islamic Development Bank focal points, Planned Parenthood Federation of Nigeria, TAJ Bank Nigeria Plc, Zenith Bank Nigeria Plc, Malaysian Technology Development Corporation and Islamic Center for Science.

At the meeting, D-8 Member Countries deliberated on: how to protect people in the bloc, plans to manage the economic drawdown, how to prevent similar pandemic from reoccurring, as well as life after the pandemic. The highly successful meeting ended with a consensus for the establishment of two Working Groups and the conduct of a COVID impact assessment study. The Implementation Monitoring Working Group, Resource Mobilization Working Group and Impact Assessment Team were constituted.

The Implementation Working Group consists of 4 countries: Indonesia, Iran, Nigeria, and Egypt, with secretariat support from Dr. Mahmud Mustafa of D-8 HSP, while the Resource Mobilization Working Group is made up of Bangladesh, Malaysia, Pakistan and Turkey, with Dr. Muntaqa Umar-Sadiq of D-8 HSP as the head of the working group. Other issues agreed during the

meeting include regular roundtable meetings to review progress made by the working groups, forum of D-8 health ministers to take forward the implementation of the working group’s recommendations, and a submission to the Heads of State Summit for important issues requiring their consideration and approval. Contextually, the meeting agreed on working together to resolve the COVID situation, build resilient health systems to withstand future pandemics and re-imagine new ways of addressing public health and emergence of economic challenges.



Official Presentation of Letter of Commission to the D-8 HSP Global Director

On May 28th, 2020, the Global Director Dr. Ado Muhammad, officially received his letter of Commission to the Nigerian Government. The Minister of Foreign Affairs, Mr. Geoffrey Onyeama received the letter on behalf of the Nigerian president, and officially welcomed the D-8 HSP as a diplomatic organization in Nigeria. Soon afterwards, the HSP team also visited the Minister of State for Foreign Affairs, Ambassador Zubairu Dada, to brief him on the progress made so far by the HSP with office accommodation and programme activities.



Figure 5: Presentation of Letter of Commission

Inauguration and Meetings of Working Groups

The programme office in the year under review inaugurated two working groups as recommended by the April 16th COVID-19 virtual meeting - the Resource Mobilization Working Group on June 18th, and the Implementation Working Group on June 23rd. The working groups had the responsibility to translate the suggestions and recommendations from the virtual meeting of 16th April into results. Since the inauguration, the IMWG has had seven meetings, with minutes of proceedings duly documented by the HSP.

The Resource Mobilization group has met twice with detailed information and outcome of the meetings documented by the HSP. From the IMWG, a consensus has been reached for the creation of a D-8 visualizer, to be used for evidence generation of data in the bloc, the use and promotion of experiential learning between Member States. The IMWG has thought out a plan to improve cooperation in epidemic response, human resource for health, trade in health, data performance and use. The Resource mobilization group has focused on drafting a plan towards innovative and sustainable financing for health in the bloc. The overall objective and activities of the two working groups are aligning with the HSP strategic goals.



Figure 6: COVID-19 virtual roundtable

Inauguration D-8 HSP Focal Persons

The Programme Office inaugurated Member Country Focal Points on 2nd September 2020. A list of carefully selected personnel representing each Member Country would serve as a country focal point for the HSP programme. This is an important structure that will help ease communication with Member Countries and coordinate their key activities. The focal point team at the end of the inauguration agreed to meet quarterly to share updates and review progress made on their assigned roles. The team will also develop a Google group platform where they can keep in touch with each other's activities.

Commissioning of HSP Programme Office

As part of its commitment to the D-8, the Nigerian Government in July officially allocated an office space for the secretariat to operate legally. This is in fulfillment of the agreement for the host country to provide a befitting accommodation for the HSP programme with the accompanying diplomatic status.

On November 14th, the Federal Government of Nigeria officially handed over the office space to the D-8 HSP for use. Part of the highlights of the event during the commissioning was the speech

by the Secretary General to the Nigerian Government; high commissioners of D-8 countries in Nigeria; partners; and the HSP team. The message was reassuring of the commitment of the D-8 to boost economic cooperation of Member Countries and the importance the organization attaches to Health and Social Protection which aligns with the Human Capital Development plan of the D-8.

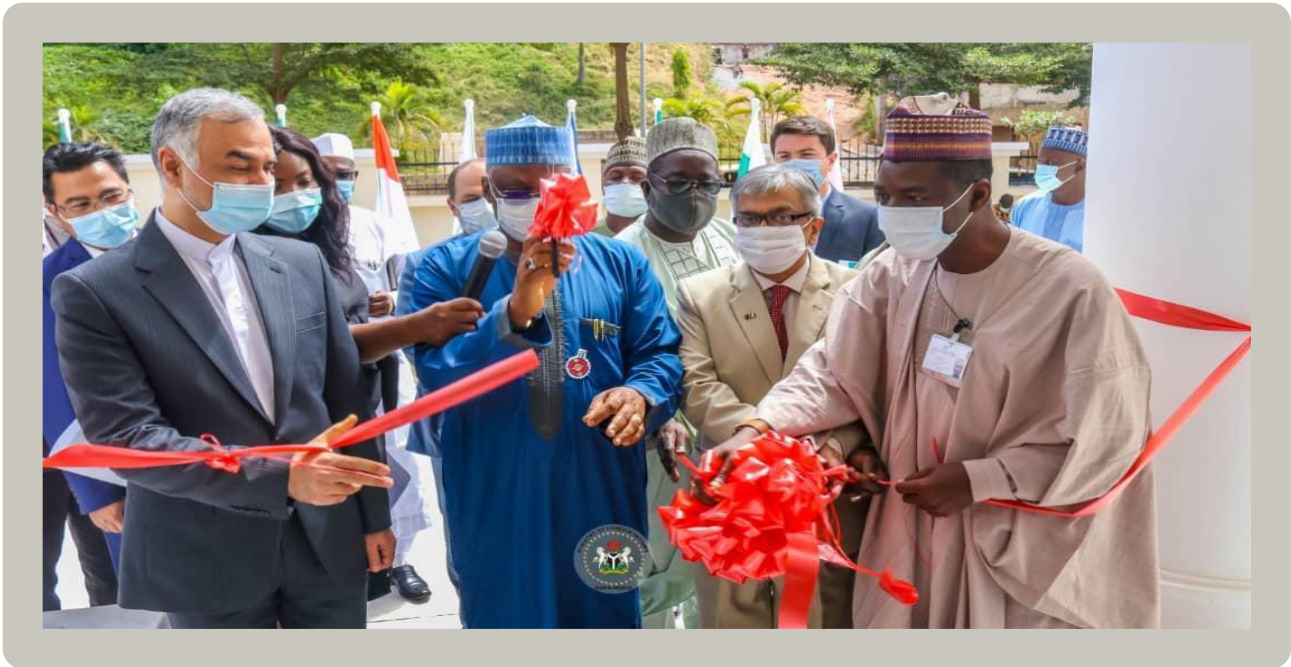


Figure 7: Ribbon cutting during the opening of HSP office



Figure 8: The HSP office premises

Engagements/Partnerships

The year 2020 has been an eventful one for the HSP despite halt in activities due to the pandemic and lockdown. In the year under review, the programme continued to engage relevant stakeholders for partnership and collaboration in terms of her lofty ambitions, some of which includes:

- **Member Country Embassies in Nigeria:** Seven embassies of the Member Countries based in Abuja (Indonesia, Egypt, Iran, Pakistan, Malaysia, Bangladesh and Turkey) were visited and briefed on activities of the HSP and the need for collaboration. The Secretariat has also ensured that the embassies are part of key activities that were carried out this year. In the coming year, a staff will be assigned to provide monthly update as report of HSP programmes to the embassy to improve our communication.
- **IsDB:** HSP in 2020 continued the engagement with the Islamic Development Bank. Following our proposal for partnership projects, in November, the co-funded project, “Building Institutional/Human Capacity to revitalize health markets for regional cooperation and trade” was approved, and details are provided in the Grants Section.
- **PPFN:** The Planned Parenthood Federation of Nigeria, was engaged in the year under review. The PPFN is one of the important stakeholders that have supported the setting up of the HSP office in Nigeria. The PPFN has provided N10 million to support a Sexual

and Reproductive Health Rights desk officer in the secretariat, a Hilux van, and other office materials. See details in the grants section.

- **WAHO:** In February 2020, the HSP engaged the Director General of West Africa Health Organization (WAHO) Professor Stanley Okolo. This visit was initiated following the Secretary General's courtesy visit to ECOWAS Commission in January. Key outcome of the meeting is the agreement by both partners to strengthen collaboration on HSP thematic areas, Universal Health Coverage, Non Communicable Diseases, Maternal and Child Health, Communicable Diseases, Global Health Security, Human Resource for Health, as well as Social Protection. The WAHO is a health subsidiary of the ECOWAS and has huge coverage in Africa. The HSP hopes to learn some of its strategies on coordination of health interventions and country collaboration.
- **Deputy Secretary General of the UN, Amina Muhammad:** In April 2020, the Programme Office met with the Deputy Secretary General of the UN Amina Muhammad, to discuss the HSP programme focus and area of support and collaboration. Amina expressed satisfaction with the vision of the D-8 in creating the Health and Social Protection moving forward; the HSP will be engaged directly through her office to implement SDGs related programmes within the D-8 bloc.
- **ILO:** the HSP is talking with the International Labour Organization for possible collaboration and capacity building of designated staff on Social Protection. Our projection for 2021, is for the HSP to send a staff to the ILO to build capacity on Social Protection.
- **MacArthur Foundation:** The HSP also engaged the MacArthur Foundation to present our vision and areas where we need the support of the Foundation. The HSP is currently drafting a concept note to the Foundation to fund key activities around information dissemination and peer learning within Member Countries on COVID-19.
- **National Health Insurance Scheme:** The D-8 HSP programme is engaging Nigeria's NHIS, to set up technical committee on innovative and sustainable financing for health.
- **Family Health FMoH:** The D-8 HSP is envisaging a collaboration for development of a digital tool for collation of data and its use in Nigeria.

The D-8 HSP is also in discussions with other development partners for collaborative opportunities; organizations like the World Bank, CHESTRAD Global, the World Health

Organization, and Chatham House for technical assistance and joint resource mobilization activities in 2021. We are also expanding our engagement to organizations like the Kuwait Fund, Qatar Foundation, and Swedish Embassy. Our engagements can broadly be categorized into in-country and off-shore engagements.

Grants/Projects

IsDB/D-8 Project

In November 2020, the Islamic Development Bank officially approved the commencement of the IsDB/D-8 HSP, “Building Institutional/Human Capacity to Revitalize Health Markets for Regional Cooperation and Trade” project.

The project is designed to revitalize and shape therapeutic goods (TG) health markets, in order to build more sustainable and integrated health systems that are accessible, equitable and affordable to populations; thereby improving the delivery and uptake of quality healthcare that effectively contributes to universal health coverage (UHC) goals of Member Countries.

The 12 months’ project is designed to emphasize market-led growth, innovative approaches, private sector engagement and regional partnerships for trade and development; with a view to strengthening the competitiveness and capacities of Member Countries in the strategic industries in which they have a comparative advantage, by creating local value chains, leveraging innovative blended financing instruments and building the human capital base for sustainable economic growth.

The project cost is 62,300 Euros, with a co-funding of 20,600 Euros from the D-8 HSP. IsDB/D-8 project is initiated to address health market failures that undermine the quality, access and affordability of healthcare (services and supplies) delivery within the bloc; and subvert fundamental human rights related to universal access to quality healthcare and social protection, particularly for the poor and vulnerable.

Given the diversity of health markets across the eight focal Member Countries, these challenges differ within and across countries; and range from market fragmentation, policy and regulatory constraints, information asymmetry, to the weak financial management capabilities of healthcare Small and Medium-sized Enterprises (SMEs) and the high cost of capital alongside widening financing gap in achieving the SDGs in some of the countries.

The project will address leadership and governance challenges, by supporting Member Countries in strengthening health systems. Improve supply chain systems, to reduce mismanagement in medical products and technology procurement systems while ensuring Member Countries' compliance to quality and safety standards for health trade. Within the 12 months' implementation time of the project, the HSP will identify innovative ways to improve technology, information management systems in the health sectors of Member Countries.

Approach, Methodology and Scope

For the purpose of the study, the eight D-8 Member Countries will be clustered into 3 regions including: (i) Asia - Pakistan, Bangladesh, Indonesia and Malaysia; (ii) Middle East - Turkey, Iran; (iii) Africa - Nigeria, Egypt. Three regional consultants (that focus mainly on Turkey, Nigeria and Indonesia) will be engaged to provide the overall technical analysis and strategic support for the study - and will be supported by local country data consultants that work with regional consultants to cover Bangladesh, Egypt, Iran, Malaysia and Pakistan. Institutionally, the process will be led by a study secretariat and facilitated by a joint core project team consisting of representatives from IsDB and D-8 HSP to guide the process.

The D-8 HSP has engaged a lead consultant, four regional consultants and local consultants from the countries to provide in-depth context to the research team.

Planned Parenthood Federation of Nigeria (PPFN)

In line with the HSP Memorandum of Understanding with the PPFN, and resolution of the National Executive Committee of the PPFN, to collaborate with the D-8, in November 18th, 2020, the PPFN approved the grant donation of N10 million naira, to support the recruitment of a desk officer for Sexual and Reproductive Health Rights to work with the programme team of the HSP for a period of one year, a laptop, and the donation of a used Toyota Hilux Double Cabin to support movement.

Government of Nigeria through the Presidency

The Government of Nigeria through the Presidency, on the 7th of December 2020, approved the donation of an operational vehicle for the programme office. The HSP officially received a Nissan Altima with Chassis Number IN4AL3A91HC1745339 and registration Number KWL 422 BE as support to the programme.

Development of D-8 HSP Website, Official Email and Social Media Accounts

To improve visibility, share information and promote the programme success stories, the HSP in 2020, built a website, with domain name www.d-8healthandsocialprotection.org. The website will also host the quarterly e-newsletters of the HSP that will be circulated to a wider audience from next year. The idea is to improve visibility and promote the HSP as a brand. Using Blue Host, official email accounts have been created for all staff; emails and google documents are saved in the backend of the HSP email account. The HSP has also created various social media accounts to its name, including, twitter (@D8hsp), YouTube, LinkedIn (info@d-8healthandsocialprotection.org) Facebook (info@d-8healthandsocialprotection.org), and an official WhatsApp group which are all in use.¹

Media Appearances

In the year under review, various media organizations have reported about activities of the D-8 HSP, both electronically or through the print and online platforms. In Nigeria, there has been key media appearances on television and radio made by the Global Programme Director, to respond to topical global issues, such as the COVID-19 response and D-8 countries approach. Visibility and attribution of result to the programme is critical as it places it in the right position for assessment by potential donors or partners; the achievements so far were done with little or almost no cost., However, inclusion of a communications budget will add value to the HSP's communication activities. Annexed are links and screenshots of video clips.

¹ . Annexed are our social media analytics for the year.



Figure 9: HSP Global Director, Dr. Ado Muhammed interviewed by Plus TV on the D-8 trade aspirations

D-8 Health and Social Protection Five-Year Strategy Plan: Jan 2021 - Dec 2025

According to the HSP programme document, the strategic plan is a key deliverable within the first two years of the launching of the HSP programme. The HSP team, in February began the Development of Programme Strategy, the first meeting facilitated by Dr. Muntaqa Umar-Sadiq was for articulation of the organization's vision, mission and goals, structure and organogram. The HSP team during the meeting came up with a schematic design which highlights hierarchy and processes of engagement for the secretariat. That achieved, the team moved on to the development of a five-year programme strategy, with support from a technical expert, Ms. Vivian Onuma who took over the responsibility to develop the five-year strategy on a pro-bono basis, engaged each member of the team, individually and as groups, to understand our priorities and collective professional aspiration for the programme.

The strategic plan tries to respond to the changing environment, by anticipating current needs and streamlining the focus for the first five years (Table 1), and how it helps our SDGs 1, 2 and 3 goals. Many current trends and considerations helped to inform the plan's development. The realities of living with COVID-19 informed the areas of focus, while key thrusts of the D-8

collaboration influenced the approach to reaching these strategic goals. For the first phase of the strategy implementation, the HSP will focus on the first three strategic goals. The three strategic goals directions focus on encouraging trade between Member Countries aimed at improving health and standards of living, encouraging and supporting increased financing for health and improved data management for impact:

1. Trade in Health
2. Innovative and Sustainable Financing for Health
3. Data for Performance and Impact

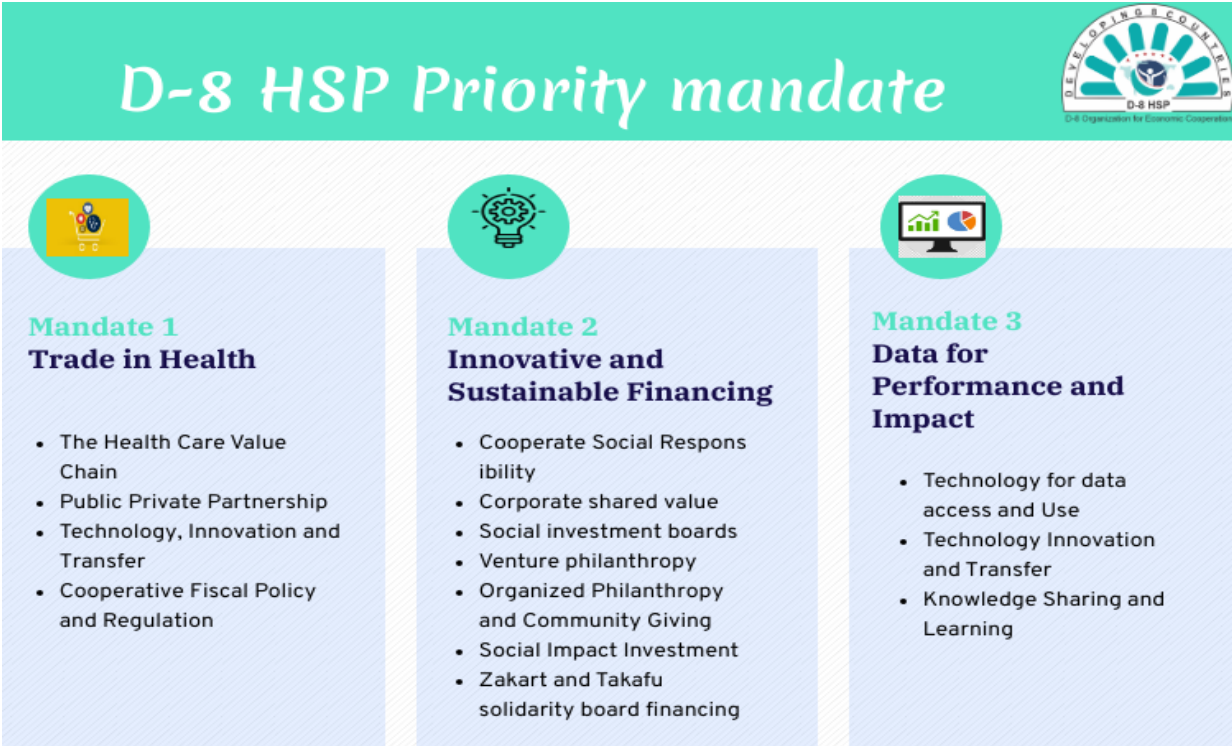


Figure 10: D-8 HSP 2020 - 2025 Priority Mandate

The strategy summarizes the critically important process of charting the way for the Health and Social Protection Programme within the D-8 organizations to actualize the vision across all Member States. The strategy also encompasses three essential functions, i.e., implementation of the strategy culled from select pillars (see table 1) of the programme, leadership and team structure and attendant resources/mechanisms required for the successful implementation of the strategy. Several review team meetings took place both physically and virtually; before the end of the year, the HSP had a draft document as its five-year strategy. The draft will be shared with partners like the Chatham House, Point Hedge, PPFN, CHESTRAD Global, and the WHO

for peer review after which a bigger meeting of Member Countries will be organized for validation, endorsement and approval. However, the successful implementation of the strategy will depend greatly on building consensus, financing the plan, flexibility of all stakeholders and partnering with relevant organizations to rally the support on the way forward to universal health in each country.

Progress with Implementation of Previous Work Plan

Arising from the consultative meeting of June 2019, with Member Countries, the secretariat was charged with specific responsibilities in order to attract funding and staffing support. The charge was to develop a six months' plan detailing the programme of work for the remaining milestones and secretariat operations. The plan was to bring out the areas of need for staffing that will be provided by the Member Countries. Essentially the work plan has four thematic areas identified. These are (a) Partnership Coordination and Management (b) Operational Planning (c) Programme Planning, and (d) Data Intelligence and Security. The entire budget was estimated to cost Euros 627, 704.05 as per approval of 15th September 2019. However, as part of the efforts at mobilizing resources, the Government of Nigeria requested for a submission against financial year 2020 and the budget had to be reviewed to cater for all the support Nigeria will be giving. The revised budget is Euros 1,777,883.76 out of which the Government of Nigeria will provide Euros 1,168,428.38.

The programme office in the year under review, began implementation of the work plan, though with limited resources, major components of the work plan have been achieved. They include:

- **Partnership and Coordination Management:** The HSP has strengthened existing partnerships, utilizing strings of opportunities to build new ones. Organizations such as IsDB, PPFN, Chatham House, WHO, are actively working with the HSP at the moment. The HSP is hoping to deepen engagement with the World Bank, the ILO, and MacArthur Foundation by 2021. The HSP has effectively coordinated the Implementation and Monitoring Working Group meetings as well as the Resource Mobilization Working Group comprising Member Countries of the D-8. Currently the IMWG is focused on COVID-19 - the main health focus this year. There are plans to expand the ToR of the IMWG to capture key areas of interest for the programme.
- **Operational Planning:** The programme has fully begun operation with contract and

seconded staff and necessary procurement activities as approved in the procurement plan.

- **Programme Planning:** Key programmes planned in the year, were carried out, however due to restrictions in travel and movement from the COVID-19 pandemic, some programme activities were not carried out, but will be carried over to 2021.
- **Data Intelligence and Security:** in 2020, the HSP set up the Implementation Monitoring Working Group, initially as a response to COVID-19. The key role of the group is to gather data from set indicators on COVID-19 and health systems. The HSP through the support of NIHR Iran is building a visualizer to serve as a central access point for data, updated information, technical update, and tools to address COVID-19. Through the visualizer, the programme will introduce, and familiarize epidemic response departments, healthcare workers, private sector, and other relevant stakeholders in the D-8 experiential learning, knowledge sharing and collaboration within and with the countries, with the aim to harmonize efforts and response. The visualizer will gradually expand to accommodate other HSP programme-related data from Member Countries. Due to constraints in financial resources, the database has not been deployed.

Financial Report

The HSP programme office has set up a fiduciary system. The office has received approval of the Secretary-General to operate a bank account which is guided by the financial regulations of the D-8. The office had hitherto received the staff and financial regulations of the D-8. Using the received regulations, the programme office has drafted and adopted financial and staff regulations under which it operates. Annexed to this report is the income and expenditure account statement to date.

Staffing

The secretariat engaged the services of three types of staff: office assistants, professional consultants, and securities to ensure the smooth function of the office. Two interns were hired - Hauwa Abdulkadir and Hauwa Abdullahi; while Ndidi Chukwu, Dayo Lomuwagun, Oraibi Imabibo were appointed as assistant, consultant, and programme staff respectively, to add to the earlier approved core team of Dr. Ado, Dr. Mahmud, Dr. Muntaqa, and Mr. Haydar. Musa Danmusa, an official driver was also recruited to drive the Global Director with Tijani Peter, Wisdom Dawa, and Solomon Ori providing the Global Director and the office space with security.

REMAINING MILESTONES IN 2020

D-8 Health Minister Meeting

D-8 Health Ministerial meeting was conceived to brief Member Countries Health Ministers on the activities of the D-8 HSP, and implementation arrangements for COVID-19 Impact Assessment study, resource mobilization and, implementation monitoring working groups set up during the virtual roundtable meeting held on the 16th of April 2020. The meeting will also discuss health systems strengthening, and financing during and after the pandemic.

The programme office considers this important meeting as a crucial opportunity to bring the Health Ministers together, and strengthen cooperation and solidarity among Member States. The ministers of health of the D-8 will during the meeting deliberate on the bloc's approach to mobilize resources for programmes that promote the health and social protection agenda of the D-8. The meeting will be chaired by Nigeria's Minister of Health. Date is yet to be confirmed.

In view of the realities of the digitalized world and COVID-19 travel restrictions, the invitees will be able to participate remotely from their various locations and contribute meaningfully to the outcome. Zoom conferencing facility will be used for the meeting.

Business Case Development

Information, especially programme data, is needed to develop a business case that details the value proposition in this project for the Member Countries. It provides the justification for each of the interventions envisaged, the gap that will be filled, the benefits that will be derived, the assumptions and risks. All the interventions will be costed along every strategic initiative together with the options and opportunities therein. The business case document will be of great value to investors and the programme which hopes to mobilize enormous resources in funding support from partners and donors alike especially the non-traditional donors the programme is targeting. The document will be developed and packaged for the heads of states of Member Countries along with the report at the summit. It will spell out the investment opportunity that each country can avail herself of.

Private Health Sector Conference

In accordance with the first strategic pillar of the D-8 Health and Social Protection programme which is unlocking the market potential of the health sector in Member Countries through Trade in Health, the D-8 recognizes that a healthy population promotes economic development and resilience. As the global community converges on the SDGs agenda, access to basic health services will improve to guarantee universal coverage, and with it more demand for many health goods (products and services). Given that the countries of the D-8 are already trading in many areas (agriculture, food security, energy, transport, infrastructure, education, ICT), expansion of a demand in health commodities and services, if well managed and coordinated, will result in a trade boom especially if limiting barriers can be identified and removed urgently. Member Countries trading in health and its value chain products, coupled with the social protection interventions, will alleviate poverty, and provide financial protection for the poor. Poverty, hunger and disease are inextricably intertwined, with one begetting the other in a vicious cycle. Therefore, this initiative will of necessity, address poverty and hunger issues related to health as in the health-related SDG goals 1 and 2 - aimed at eliminating poverty and hunger. The HSP envisions a health market with huge potential for trade (over \$400bn) in the D-8 Member Countries for the private sector; the private sector has ideas that the public sector can leverage on to become more efficient including domestic resource mobilization for UHC financing.

The proposed Private Sector Conference (PSC) will help to bring private sector stakeholders together to address policy, regulation, and access to capital for the growth of the private sector across the entire health value chain. With some public technocrats, it will be an opportunity for the public and private sectors to align in mobilizing resources for UHC. The HSP believes a window of opportunity is opening for meaningful health systems reform in the D-8 bloc being driven by epidemiologic shifts, such as ageing populations, increased public expectation for affordable and accessible care, and economic hardships that are “prompting people to put more pressure on their governments to expand their social safety nets, including health protection”.

This conference which is set to hold within the first six months of 2021, will allow for dialogue and consultations. The D-8 Health and Social Protection aims to, with the Private Sector Conference, strengthen economic cooperation, stimulate job creation and expand trade opportunities, which will help to accelerate progress in improving the D-8 Member States’ position in the global economy and the standard of living of its beneficiaries. The expected

outcomes are some of the followings:

1. Increased knowledge and understanding of the D-8 HSP programme by the private sector players and synergistic approach or strategy by all participating countries and private sector representatives for UHC.
2. Health trade barriers and their mitigation are identified within the D-8 bloc by private sector players.
3. Networks amongst the private sector operators are created with the enabling environment for business to thrive gradually evolving through exchange of notes/cards and signing of MoUs.

Through the various ministries of trade and industries in Member Countries, pharmaceutical manufacturers association of the trade and commerce chambers will be requested to select the two highest net worth firms to participate in this conference. Two philanthropists or investors will join this to deliberate for two days across a carefully drafted agenda that is commonly agreed upon by all during a pre-conference teleconference engagement with the HSP. The venue and date will be finalized at these pre-meeting teleconference.

CHALLENGES

A major issue for the HSP is the difficulty of accessing the required resources for its work from set up to delivering on key milestones. This section details the challenges faced in overcoming them:

- **Finances:** Most activities highlighted in the work plan were not carried out due to financial constraints. We appreciate the start-up fund from the Secretariat which helped the setup of the programme office, now that the office has fully commenced activities, funds are needed to implement planned activities for the coming year. The programme office on its own has privately mobilized funds from partners, which are used to run the office and carry out some low hanging programmes. The Nigerian Government is the only Member Country that has made a contribution to support the HSP so far. Though the 2020 budgetary allocation to the HSP has been judiciously utilized to fill some funding gaps, available resources needed for programme implementation remains inadequate.
- **Human resources:** Staffing is a very important aspect of any start-up venture such as the HSP programme. To implement the five-year strategy, the programme will need additional technical staff, with diverse specialties in programme implementation around health and social protection. The HSP is currently operating with a seconded director from the Nigeria Civil Service, whose secondment tenor will elapse by March 2021. The services of two young public health graduates on the internship scheme is being used and stipends are given to them at the end of each month. Though this is a major advantage, it does not fully provide the number of required skills and results needed for a critical programme such as the D-8 HSP. Member Countries are expected to contribute to staffing of country focal persons as per the organogram of the HSP programme, however nominated focal points from Member Countries have not fully commenced regular engagement with the office. With so much to deliver in terms of key activities as set out in the year, working with a lean staff capacity may hinder the implementation of planned activities.
- **Visibility on the global stage:** Visibility is essential to the programme. To be recognized at the global stage is what will attract the interest of our target stakeholders. This requires both technical, political and financial resources to achieve. Engagement with partners recently has brought to light a huge gap in visibility. Most of the developmental partners are just learning about D-8 for the first time (WHO, Chatham House, International Labour Organization, World Bank, just but to mention a few). It is important that we utilize various

platforms - international meetings, media engagements, advocacies, etc., to reach out to our audience while also working with the right global partners.

RECOMMENDATIONS

These are directly derivable from the aforementioned challenges. They are itemized below in the order of whom they are targeted to. These are: -

For the Secretary-General:

1. Obtain approval from the Commission for core funding of HSP activities and annual subscriptions/contributions from Member Countries.

For the Commission:

1. Provide needed support by sending staff from all Member Countries to beef up the programme.
2. Endorse a suitable contribution modality for annual funding of HSP programme activities.
3. Provide the needed political and financial support for our visibility at the global stage.

FINANCIAL SUMMARY

Developing 8 Health, Social Protection Programme (D-8 HSP) Income and Expenditure Statement for the Period to 31 December 2020.

Income:	Note	NGN	NGN
D8 Secretariat	1	11,880,000	
Government of Nigeria	2	80,000,000	
PPFN	3	10,000,000	
Total income - (a)			101,880,000
Expenditure			
<i>Programme Cost:</i>			
Partnership With Chatham House		9,760,000	
Sub-total: Programme Cost		(9,760,000)	
<i>Staff & admin expenses</i>			
Staff costs		37,740,149	
Office utilities		2,193,100	
Insurance		-	
Repairs and maintenance		18,174,262	
Travels and accommodation		-	
Vehicle running expenses		85,900	
Advertising and promotions		-	
Depreciation and amortization		-	
		-	
		-	
Sub-total: Staff and admin expenses.			(58,193,411)
Total expenditure - (b)			(67,953,411)
Surplus/(deficit) - (a -b)			33,926,589

Developing 8 Health, Social Protection Programme (D-8 HSP)

Notes to Income and Expenditure Statement

for the Period to 31 December 2020.

1 **Income - D8 Secretariat**

This represents the start up support fund provided by the D8 Secretariat. Total amount equals EUR 24,000.00, converted at NGN495/EUR1.00 at CBN central rate on transaction date.

2 **Income - Government of Nigeria**

This represents the contributions made to date by the Government of Nigeria based on funding agreement.

3 **Income - PPFN**

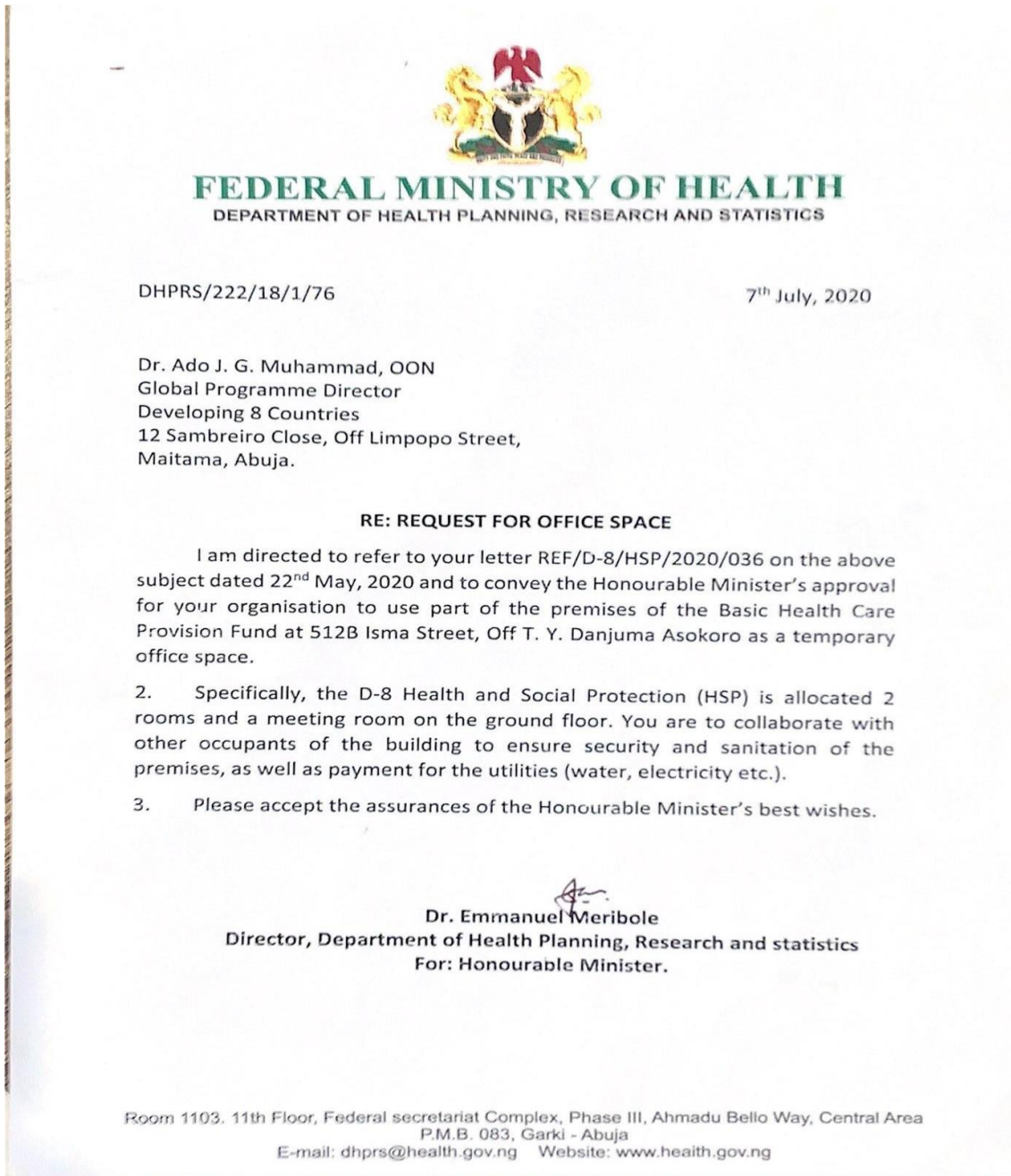
This is the sum provided by the Planned Parenthood Federation of Nigeria as funding for the position of a Communications Specialist.

4 **Staff costs**

This sum is the gross amount paid to staff of the Programme office for the period to date based on signed engagement letters.

ANNEXURES

Annex i: Letters of Support



PPFN/HC.319/59

18th November, 2020

Dr Ado J.G Muhammad, OON
 The Global Programme Director
 D-8 Organisation for Economic Cooperation
 No 12 Sambreiro Close, off Limpopo Street
 Maitama
 Abuja

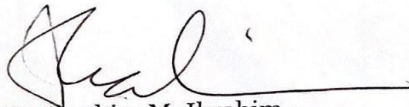
Your Excellency,

Letter of Donation

In line with our Memorandum of Understanding and the resolution of the National Executive Committee (NEC) of Planned Parenthood Federation of Nigeria (PPFN) to collaborate with the D8 organisation at its 89th Meeting held on the 25th September, 2020

PPFN has approved the donation of a used Toyota Hilux Double cabin to your organisation. We hope this vehicle will support your organisation's work.

Yours Sincerely,



Dr. Ibrahim M. Ibrahim
Executive Director

Executive Assist
Pls prepare a draft.

ABR
23/11/2020

President:
Chief Nkwagu Wilfred Mbam

Treasurer:
Hajiya Wasilat Saulawa

Executive Director:
Dr. Ibrahim M. Ibrahim

North Central Office: No. 6A Bay Clinic Road, Tunga Minna, Niger State.
| Email: ncregion@ppfn.org

North East Office: 15 Atiku Abubakar Road Gwabba, Gwagwala, Bauchi State
| Email: neregion@ppfn.org

North West Office: Former SDP Building, along Nnamdi Azikiwe Express Way Ungwan Muazu, Kaduna
| Email: nwregion@ppfn.org

South East Office: 4 Onitsha Road, Near Radio Nigeria Enugu, Enugu State
| Email: seregion@ppfn.org

South South Office: No. 222B Upper Mission Road Benin City, Edo State.
| Email: ssregion@ppfn.org

South West Office: 74, Opposite Jos Carpet, Liberty Stadium Road Oke-Ado, Ibadan, Oyo State
| Email: swregion@ppfn.org

Annex ii: D-8 HSP Focal Points

S/N	Country	Name	Designation
1	Bangladesh	N/A	
2	Egypt	Dr. Alaa Eid	Ministry of Health and Population
3	Indonesia	Mr. Ferdinand Tarigan	Deputy Director for Multilateral Health Cooperation
4	Iran	Ms. Sara Anandepour	Expert of International Organization Office, MOHME, Iran
5	Malaysia	Mutazira Abdul Mubin,	Deputy Undersecretary of Policy and International Relations Division, Ministry of Health Malaysia
6	Nigeria	Dr. Emmanuel Meribole	Director, Health Planning, Research and Statistics, Ministry of Health
7	Pakistan	Dr. Assad Hafeez	Director General, MOH
8	Turkey	Mr. Yunus Emre Kaval	Department of Relations with International Organizations; General Directorate of EU and Foreign Affairs Ministry of Health



**REQUEST FOR EXPRESSION OF INTEREST (EOI)
FOR A SHORT TERM CONSULTANT “STC” ASSIGNMENT
FOR
BUILDING INSTITUTIONAL/HUMAN CAPACITY TO REVITALIZE HEALTH MARKETS
FOR REGIONAL COOPERATION AND TRADE
(PROJECT CODE: 10F198220)**

December 2020

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V	Sample Curriculum Vitae (CV)	18

INVITATION FOR EXPRESSION OF INTEREST (EOI)

Date: 9th December 2020

SHORT TERM CONSULTANTS “STC” ASSIGNMENT FOR BUILDING INSTITUTIONAL/HUMAN CAPACITY TO REVITALIZE HEALTH MARKETS FOR REGIONAL COOPERATION AND TRADE (PROJECT CODE: 10F198220)

The Islamic Development Bank Group (IsDBG) and Developing 8 Health and Social Protection Secretariat (D-8 HSP) have approved an administrative budget for financing consulting services for building institutional and human capacity to revitalize health markets for regional cooperation and trade within and across selected Member Countries.

The Terms of Reference (TOR) of the Services is attached in Appendix A. The services will be provided by individual consultants who may be self-employed professionals or an employee of a consulting firm. IsDB and D-8 HSP will select and engage the consultants in accordance with the IsDBG and D-8 Corporate Procurement Policy.

IsDB and D8 HSP invite Expression of Interest (EOI) and proposals from individual consultants for consideration to advance the recruitment process.

Applicants who wish to submit an EOI should complete the EOI and technical proposal form in Annex B and submit it through email by 17:00 pm (West Africa Time), the 23rd December 2020 to the following authorized representative of D8 HSP:

Mr. Dayo Lomuwagun

Consultancy Service Unit

Finance, Procurement and General Services Department

Developing 8 Health and Social Protection Secretariat (D-8 HSP)

E-mail: Dayo@d-8healthandsocialprotection.org

Annex A: Terms of Reference

Annex B: EOI and technical proposal form

Annex C: Evaluation criteria

ANNEX A

TERMS OF REFERENCE

Overview of the Project

The Islamic Development Bank Group (IsDBG) and Developing 8 Health and Social Protection Secretariat (D-8 HSP) are jointly developing an initiative that seeks to support IsDBG/D8 Member Countries - starting with eight (D8) focal Member Countries including Pakistan, Bangladesh, Indonesia, Malaysia, Turkey, Iran, Nigeria and Egypt - to revitalize and shape their respective therapeutic goods (TG) health markets, in order to build more sustainable and integrated health systems that are accessible, equitable and affordable to

populations; thereby improving the delivery and uptake of quality healthcare to effectively contribute to universal health coverage (UHC) goals.

The study is designed to emphasize market-led growth, innovative approaches, private sector engagement and regional partnerships for trade and development; with a view to strengthening the competitiveness and capacities of Member Countries in the strategic industries in which they have a comparative advantage, by creating local value chains, leveraging innovative blended financing instruments and building the human capital base for sustainable economic growth.

Problem Statement

IsDBG/D-8 Member Countries (MCs) face health market failures that undermine the quality, access and affordability of healthcare (services and supplies) delivery; and subvert fundamental human rights related to universal access to quality healthcare and social protection, particularly for the poor and vulnerable.

Given the diversity of health markets across the eight focal Member Countries, these challenges differ within and across countries; and range from market fragmentation, policy and regulatory constraints, information asymmetry, to the weak financial management capabilities of healthcare, Small and Medium sized Enterprises (SMEs) and the high cost of capital alongside widening financing gap in achieving the SDGs in some of the countries.

In addition, findings from the IsDB health sector technical study and D-8 HSP rapid health diagnostic assessment of Member Countries highlighted underlying supply, demand and governance health system challenges including:

- Serious leadership and governance challenges that include weak public health management; inadequate health-related legislations and their enforcement; horizontal and vertical inequities in health systems; and weak national health information and research systems;
- Unreliable supply chain systems, mismanagement in medical products and technology procurement systems, wide variance in quality and safety standards amongst others;
- Limited adoption of innovation and technology in healthcare delivery, a dearth of information and communications technology (ICT) and mass Internet connectivity, compounded by a paucity of ICT-related knowledge and skills, limiting capacities of national health management information systems (HMIS) and relevant staff to generate, analyze and disseminate information for use in decision-making and performance management;
- Suboptimal health financing schemes in Least Developed Countries (LDCs) including majority of IsDB and D-8 MCs, which is characterized by low investment, lack of comprehensive health financing policies and strategic plans, extensive out of pocket (OOP) expenditure, lack of social safety nets to protect the poor, weak financial management, inefficient resource use, and weak mechanisms for coordinating partner support;

The COVID-19 crisis will stand out as a point of inflection and discontinuity for Member Countries. The COVID-19 pandemic exploited weaknesses across health markets, cumulatively creating the conditions for a preventable economic, social and health catastrophe. Manufacturing, trade and supply chain disruptions as well as insufficient stockpiling, contingency planning, and coordination across national and regional health markets led to shortages of essential therapeutic goods and equipment. As the world recovers from the COVID-19 crisis, health markets in Islamic Development Bank (IsDB) and Developing-8 (D-8) Member Countries must adapt to a new paradigm, with the private sector and revitalized health markets at the fore; as critical enablers of sustainable health systems.

Consistent with the mandates of IsDB Group's US\$ 2.3 billion strategic preparedness and response programme and the recently launched D-8 COVID Financing Facility, there is a focus on going beyond immediate emergency response to concurrently supporting Member Countries back on the path of economic recovery through restoring livelihoods, building resilience and tailoring support to build strong health markets, starting with trade and cooperation in therapeutic goods (TGs)² markets within and across MCs.

Background and Rationale

The private sector plays a significant role in delivering, financing and investing in healthcare, across the healthcare value chain, including pharmaceuticals, consumables, vaccines and bioscience; distribution, supply chain and retail; medical device; health insurance and health service provision market segments.

IsDB and D-8 Member Countries have demonstrated different archetypes of private sector value propositions, supply and demand health market dynamics, trade relations and industry expertise - and are in different cycles in their respective health market value chain. The COVID-19 pandemic offers a window of opportunity for Member Countries to reimagine and reposition their health market ecology and production inputs (such as in therapeutics, consumables, medical devices, vaccines amongst others) to build more sustainable, resilient, and integrated health markets that are fit-for-purpose in the modern era, with potentially huge knock on economic and trade benefits within and across Member Countries.

Although there is limited data on how much investment is needed for the therapeutic goods and services value chain infrastructure in D-8 focal Member Countries, there is a case for harnessing private capital markets, whether by direct government borrowing against future project revenues, or blended finance public private partnerships that build large scale regional

² Therapeutic goods are broadly defined as products for use in humans in connection with: preventing, diagnosing, curing or alleviating a disease, ailment, defect or injury, influencing inhibiting or modifying a physiological process

capital project development pipelines.³ In addition, a huge gap also exists between actual and potential funding to deliver on the sustainable development goals (SDGs). For example, the SDGs will require additional spending in 2030 of US\$0.5 trillion (15% of GDP) for low-income developing countries and US\$2.1 trillion (4% of GDP) for emerging market economies.⁴ For the eight D-8 Member Countries, this implies an investment of USD\$290 - 350 billion.⁵ It is estimated that developing countries will need to increase private sector funding by 2-3x to bridge the development financing gap.⁶

There is a compelling opportunity for the D-8 and IDBG to create the conditions to tap into the 2030 global addressable market in therapeutic goods and services, (estimated at US\$680 - 1,250 billion⁷) and offer a triple-win value proposition from significant “returns on equitability” in capital preservation, regional security and human dignity.

Aims and Objectives of the Study

Islamic Development Bank Group and D-8 Member Countries have committed to achieving the targets within the 2030 Sustainable Development Goals (SDGs). Among these Goals, SDG 3, “ensure healthy lives and promote wellbeing for all at all ages” includes targets related to the progressive provision of Universal Health Coverage (UHC), research and development, trade, intellectual property rights, health financing of therapeutic goods and services, and capacity strengthening for early warning, risk reduction and management of national and global health risks⁸. For the eight D-8 Member Countries, reducing mortality rates - or increasing life expectancies by an average of 3 years - could create an additional US\$2.7 trillion in GDP over 10-20 years⁹ - creating transformative conditions of socio-economic prosperity for 1.4 billion people.

³ “Better Business, Better World, The Report of the Business & Sustainable Development Commission.” *Better Business, Better World | UN Global Compact*, Business and Sustainable Development Commission, Jan. 2017, sustainabledevelopment.un.org/content/documents/2399BetterBusinessBetterWorld.pdf.

⁴ Gaspar, V, et al. “Fiscal Policy and Development: Human, Social, and Physical Investments for the SDGs.” *IMF Staff Discussion Notes*, International Monetary Fund, www.imf.org/en/Publications/Staff-Discussion-Notes/Issues/2019/01/18/Fiscal-Policy-and-Development-Human-Social-and-Physical-Investments-for-the-SDGs-46444. [Accessed 2 Oct 2020].

⁵ Gaspar, V, et al., World Bank national accounts data, and OECD National Accounts data files. Current US\$.

⁶ *The Road to the SDGs: The President's Programme, A New Business Model for a Fast-Changing World*

⁷ “Better Business, Better World”.

⁸ “SDG 3: “Ensure Healthy Lives and Promote Wellbeing for All at All Ages.” *World Health Organization*, World Health Organization, 3 Feb. 2017, www.who.int/sdg/targets/en/. [accessed 2 Oct 2020]

⁹ *D-8 Health and Social Protection Programme: Concept Note*. 10 Dec. 2018, developing8.org/wp-content/uploads/2019/03/D-8-Secretariat-Health-and-Social-Protection.pdf. [accessed 2 October 2020]

The purpose of this study is to develop preliminary readiness assessments for D-8 Therapeutic Goods and Services Global Value Chain (selection analysis) that aligns and balances health policy benchmarks with economic, social and market needs. The aim of this assignment is to; (i) identify the institutional, human and market capacity constraints that impede the growth, viability and integration of therapeutic goods health markets in MCs, and (ii) propose strategic, market-led, private-public partnership capacity building interventions to revitalize health policy and market outcomes, and foster regional cooperation and trade within and between MCs using Islamic blended finance facilities.

To achieve this aim, a strategy focusing on four objectives is outlined:

- I. To undertake an exploratory / formative study of the D8 MCs to determine the situation of TGs markets for the purpose of improving UHC through sustainable and affordable TG supply chains; identify opportunities for trade and regional cooperation and innovative blended financing mechanisms.
- II. To co-develop capacity building programs of action and strategic interventions that address identified health market, capacity and trade barriers within or between Member Countries and revitalize therapeutic goods health markets in MCs with innovative financing mechanisms.
- III. To develop relevant knowledge products related to the study including consultation papers, policy briefs and study reports for publication and or dissemination.
- IV. To identify key recommendations, best practices and lessons learnt to establish Health 4.0 global value chains aligned with health policy benchmarks and principles of responsible investment.

Tasks and Activities

It is envisaged that the following tasks and work streams will be carried out as part of the study:

- I. Conduct rapid diagnostic of the health markets in selected MCs to characterize health markets and assess strengths, weaknesses, threats and opportunities;
- II. Review gaps in institutional, business, trade, policy, technology and human capacity in selected MCs to deliver therapeutic goods to their health systems;
- III. Examine the role and modality for private firms, institutional investors in MCs (focal countries) to create Therapeutic Goods Value Chain and highlight potentials for regional cooperation and market integration;
- IV. Identify incumbent and emerging supply chains related to IsDB 5 industry champions into which TGs can be integrated - and market factors deterring or determining this integration;
- V. Assess the key considerations for developing a market-specific approach to de-risking emerging health businesses and technologies, and highlight potentials for regional financing, and financing from the IsDBG and other sources;
- VI. Review the spectrum of operational deliverables needed to support successful non State actor (NSA) input into a Health Markets' revitalization strategy and identify critical priorities behind each of those operational deliverables;

- VII. Align health policy measurement and assessment frameworks with market economics for progressive universal healthcare initiatives;
- VIII. Construct a Therapeutic Goods and Services GVC Selection capacity building roadmap for scalable public private partnerships and capital project pipeline development.

The study will focus on three stakeholder groups that deliver results in:

- I. **Regional trade** - formulate demand side analytical products, policy frameworks, and risk assessment tools to assess TG market infrastructure and value chain readiness with 5 industry champions, emerging players and entrepreneurs;
- II. **Islamic blended finance** - map data, transaction comparables, legal and commercial models for Islamic blended finance facilities with institutional investors, Member Countries and non-state actors for commercial scale market rate opportunities, aligned with principles of responsible investment and relevant impact investment metrics;
- III. **Health 4.0 infrastructure** - evaluate strategies, evidence, core metrics, and resources required to build therapeutic goods and trade-in-services infrastructure for scalable delivery of universal healthcare.

Study Outputs and Outcomes

The primary outputs of the study will include:

- Three (3) regional studies for reference purposes.
- One (1) study report for publication and printing.
- Three (3) detailed policy briefs.
- One (1) consultation paper.
- Virtual consultative workshops.
- Capacity building programme of action and strategic engagement proposal.

Findings of the study will contribute to the following study outcomes; i) increasing UHC coverage in D8 countries ii) increasing TG trade and regional cooperation in D-8 MCs through engagement with the private sector and iii) improving TG financing through blended and innovative financing mechanisms.

Approach, Methodology and Scope

For the purpose of the study, the eight D-8 Member Countries will be clustered into 3 regions including: i) Asia - Pakistan, Bangladesh, Indonesia and Malaysia; ii) Middle East - Turkey, Iran; iii) Africa - Nigeria, Egypt. Three regional consultants (that focus mainly on Turkey, Nigeria and Indonesia) will be engaged to provide the overall technical analysis and strategic support for the study - and will be supported by local country data consultants that work with regional consultants to cover Bangladesh, Egypt, Iran, Malaysia and Pakistan. Institutionally, the process will be led by a study secretariat and facilitated by a joint core project team comprising of representatives from IsDBG and D8 HSP to guide the process.

The **regional consultants (RC)** will focus on one region each (Turkey, Nigeria and Indonesia) and be responsible for;

- Managing and conducting related regional/country TG health market diagnostic and summarizing main recommendations and proposals;
- Executing primary stakeholder engagement, consultations and interviews for respective regions;
- Developing well informed regional reports, analysis and recommendations at the granular level, from which summative inputs will be incorporated to inform the aforementioned main study report.

As part of the consulting engagements, data will be collected through qualitative and quantitative methods including documentary research, semi-structured interviews and on-line surveys. Specifically, the consulting engagements will involve the following methodologies:

1. **Document review and development of tools:** Targeted analytical work including development of data collection tools as well as desk review of existing policies, legislations, programs, country strategies and other relevant documents;
2. **Key informant interviews, questionnaire surveys and consultations** through in person or telephone interviews as well as on line surveys (if required) with Member Countries, partner organizations, and various other stakeholders for the purpose of primary data collection, triangulation and data validation;
3. **Analysis** of key findings using several theoretical and analytical tools (including market analytic tools) to inform recommendations as well as the framework and proposal development;
4. **Report writing** of key findings and recommendations; and finalization of strategic framework and capacity building proposals based on feedback from the core project team and Member Countries for dissemination.
5. Engagement with private sector, non-state actor stakeholders to secure letters of support, expressions of interest or other relevant memoranda.

Deliverables and Reporting Format

The expected primary deliverables from the assignment are:

- An inception report.
- Study tools and study protocols to guide coherent regional engagement.
- A professionally written main study report of 15,000 words in length (excluding tables, figures, maps, footnotes, appendices, and references). The main study report will be prepared by a lead consultant for the entire study drawing collectively from the regional reports for publication. Each regional study report will provide details and serve as reference - no word count. The draft report should adhere to the following:
 - Text in A-4 size paper, font size of 12 cpi, spacing of 1.5, and 1" (2.5 cm) margins on all sides;

- All illustrations (maps, figures, tables, graphs, pictures, etc.) employed in the paper to be duly referenced and appropriate authorizations secured;
- All references cited in the text to be appropriately captured in the list of references.
- Organization of a virtual D-8 workshop for validation of the study findings and analytics for the purpose of development of capacity building framework/operational strategy with selected MCs to ensure their ownership.
- A final Capacity Building Programme/Strategic Intervention to Revitalize Therapeutic Goods Health Markets in selected MCs - revised in line with the stakeholder feedback and suggestions.
- Three regional policy briefs on the situation of health markets in the D-8 MCs; and implications for health market growth in the region.
- A separate document containing the underlying data in excel for all figures and tables in the report.

Duration, Reporting and Indicative Schedule for Deliverables

The selection process will be jointly undertaken by a selection committee set up by the IsDBG and D8 HSP. The duration of the assignment is 21 working days for the regional consultants. The study will be carried out over a 6 - 8-month period. Majority of the tasks will be conducted in the first five months of the project, thereafter, occasional touchpoints and revisions incorporating the feedback of the stakeholders would occur over the subsequent months. The regional consultant(s) will be managed by a lead consultant, report to a study secretariat and be guided by a joint core project team comprising of representatives from D-8 and IsDBG (SID, Health, and the Country Strategy and Cooperation departments). All deliverables are expected to be finalized through rigorous consultative meetings and in-depth discussions with key partners and relevant stakeholders. The final draft report will be submitted to the study secretariat for their feedback and clearance. The deliverables and tentative timeline are presented in the table below.

No.	Milestones	Indicative high level timeline
1	Submission of inception report including draft outline	Week 2
2	Health market diagnostic and issues diagnostic paper	Week 6
3	First draft report on the development of a capacity building framework and an operational strategy	Week 10
4	Organization of the virtual workshop	Week 13
	Submission of the draft proposal and knowledge/policy briefs	Week 15
5	Feedback from study secretariat	Week 17

6	Submission of final revised report, cost model, briefs and private sector memoranda	Week 22
7	Dissemination workshop	Week 27

Table 1: Proposed timeline for key deliverables

Location and Working Arrangements

The consultant(s) will work remotely and undertake in-depth desk reviews of relevant national documents using his or her own networks and affiliations. The consultant(s) will be supported with any relevant information necessary for execution of the tasks under this assignment. The consultant will be responsible for providing her/his own working station (i.e., laptop, internet, phone, scanner/printer, etc.) and access to reliable internet connection. Consultants should indicate which of the consulting regional roles they want to cover as part of the assignment.

Qualifications and Experience

The selection criteria to assess the technical capacity of the consultants is included in Annex C.

The consultant should have the following qualifications and experiences:

- I. At least a masters' degree in health economics or any related discipline;
- II. Cognate experience in capacity assessment, framework and programme design, policy reviews and analysis and a good knowledge of developing markets within the global economy;
- III. At least 10 years of relevant experience in public health field with preference to related research and analytical work;
- IV. Experience in writing case studies with significant publications in books, reports and/or journals; and
- V. Strong (written and oral) command of English. Knowledge of French will be an added advantage;
- VI. Strong interpersonal skills and ability to dialogue with diverse stakeholders to create consensus around issues and capable of working in multi-cultural environments;
- VII. Effective time management and organizational skills to ensure qualitative outputs under strict deadlines.

Cost of the Consultancy and Budget

The total cost of the consultancy assignment is US\$ 42,000 (forty-two thousand United States Dollars). Lump-sum contract will be used for this assignment and payments will be linked to pre-agreed milestones and deliverables. Advance payment in the amount of 75% of the contract price will be paid upon receipt of the acceptance letter and signed contract by relevant parties while 25% will be paid upon receipt and written acceptance of the final report by the study secretariat and joint project team.

Item	Unit (days)	Unit Cost US\$	Subtotal US\$
Professional fees for regional consultant	21	600	12,600

Professional fees for regional consultant	21	600	12,600
Professional fees for regional consultant (with additional leadership/management role)	28	600	16,800
Sub-total			42,000

Table 2: Detailed cost breakdown of the available budget for the assignment

Application Process and Contract Arrangements

- **How to apply:** Submit the expression of interest indicating the project title, code, D-8 region of interest and proposed technical approach in Annex B alongside a comprehensive curriculum vitae, to Dayo@d-8healthandsocialprotection.org, by 23rd December 2020, 17:00 pm (West Africa Time).
- The contract will be on lump sum basis, and the consultant will be entitled to remunerations upon meeting milestones or submission of the deliverables as per agreed schedule. Payments will be based on the schedule to be stipulated in the contract. The contractual details of the assignment will be reflected in the contract to be signed between the consultants and the D-8 HSP.
- For further clarification, you may contact: Haydar Daudu at: haydar@d-8healthandsocialprotection.org

ANNEX B

EXPRESSION OF INTEREST AND PROPOSAL FORM

Consulting services for building institutional and human capacity to revitalize health markets for regional cooperation and trade; project code: 10F198220

Date: _____

Region: _____ (Middle East / Africa / Asia)

Dear, Mr. **Dayo Lomowagun**, Developing 8 Health and Social Protection Secretariat (D8 HSP).

I have read carefully your Invitation for Expression of Interest (EOI) for the captioned assignment/project and find that the Terms of References (TOR) and Scope of Work match my skill mix and experiences for providing the services required in the TOR. I would like to express my interest to be considered for the assignment. I understand that D-8 HSP and IsDB do not have an obligation that I must be selected.

I have attached to this EOI and curriculum vitae (CV) for your consideration. Some of the key

information is highlighted below:

I. Personal Profile

Nationality: Date of Birth: Permanent Address: Phone No.: Email:
--

II. Past Consultancy Assignment References

[Notes to consultant: Please select most relevant consultancy assignments you have recently completed to demonstrate your technical qualifications and experience.]

Period	Client	Project	Country	Your role (as a lead consultant or as a member of a team?)	Value of the contract

III. Please provide a brief description of your proposed technical approach, methodology and work plan for the study

IV. Availability

I shall be available for the services from _____ to _____.

V. Eligibility Declaration

I, the undersigned, certify to the best of my knowledge and belief:

I have read terms of reference (TOR) and Scope of Work (Appendix A), for this assignment.

- I confirm that the project references submitted as part of this EOI accurately reflect the experience of myself.
- I confirm that I have never been convicted of an integrity-related offense or crime related to theft, corruption and fraud.
- I understand that any misrepresentations that knowingly or recklessly mislead, or attempt to mislead may lead to the automatic rejection of the proposal or cancellation of the contract, if awarded, and may result in further remedial action, in accordance with D-8 and IsDB Integrity and Anti-Corruption Policy.

Signature:

Name of the Applicant

ANNEX C EVALUATION CRITERIA

Criteria	Scores
General Qualification	30
▪ Academic Qualification	20
▪ English Language Proficiency	10
Adequacy for the Assignment	50
▪ Similar Assignment report prepared before	10
▪ Area of Expertise / Technical approach related to the assignment mentioned in the ToR	40
Experience in the Sector	20
▪ Specific Experience related to the assignment mentioned in the ToR	10
▪ Multi-lateral/International Organization	5
▪ National Exposure	5
Technical Scores	100

SAMPLE CURRICULUM VITAE (CV)

Position Title and No.: ----
 Name of Expert: ---
 Date of Birth: ---
 Country of Citizenship/Residence: ---
 Contact Information: ---

EDUCATION

Education: *{List college/university or other specialized education, giving names of educational institutions, dates attended, degree(s)/diploma(s) obtained}*

ADDITIONAL COURSE WORK

EXPERIENCE

Employment record: *{Starting with present position, list in reverse order. Please provide dates, name of employing organization, titles of positions held, types of activities performed and location of the assignment, and contact information of previous clients and employing organization(s) who can be contacted for references. Please mark if the assignment is considered relevant to the assignment.}*

1.

- 2.
- 3.

OTHER SHORT-TERM CONSULTING

PAPERS/PUBLICATIONS

Membership in Professional Associations and Publications:

Skills (language, technical, computer, others):

Certification:

I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes myself, my qualifications, and my experience, and I am available to undertake the assignment in case of an award. I understand that any misstatement or misrepresentation described herein may lead to my disqualification and/or sanctions by the Bank.

Name of Expert:

Signature:

Date:

Annex IV: Picture album of key engagements undertaken



Figure 11: D-8 visit to Nigeria’s Minister of State for Trade and Investment, Aisha Abubakar during the 3-day working visit of the Secretary General in Nigeria



Figure 12: D-8 visit to Nigeria’s Minister of Health Dr. Osagie Ehanira during the 3-day working visit of the Secretary General in Nigeria



Figure 13: Group photo with high commissioners of D-8 embassies in Nigeria, Nigeria’s Minister of State for Foreign Affairs, Amb. Zubairu Dada, the D-8 Secretary General and team after the signing of Country Partnership Agreement for the HSP



Figure 14: Global Director, Dr Ado Muhammad during a courtesy visit to Director General of West Africa Health Organization (WAHO) Professor Stanley Okolo

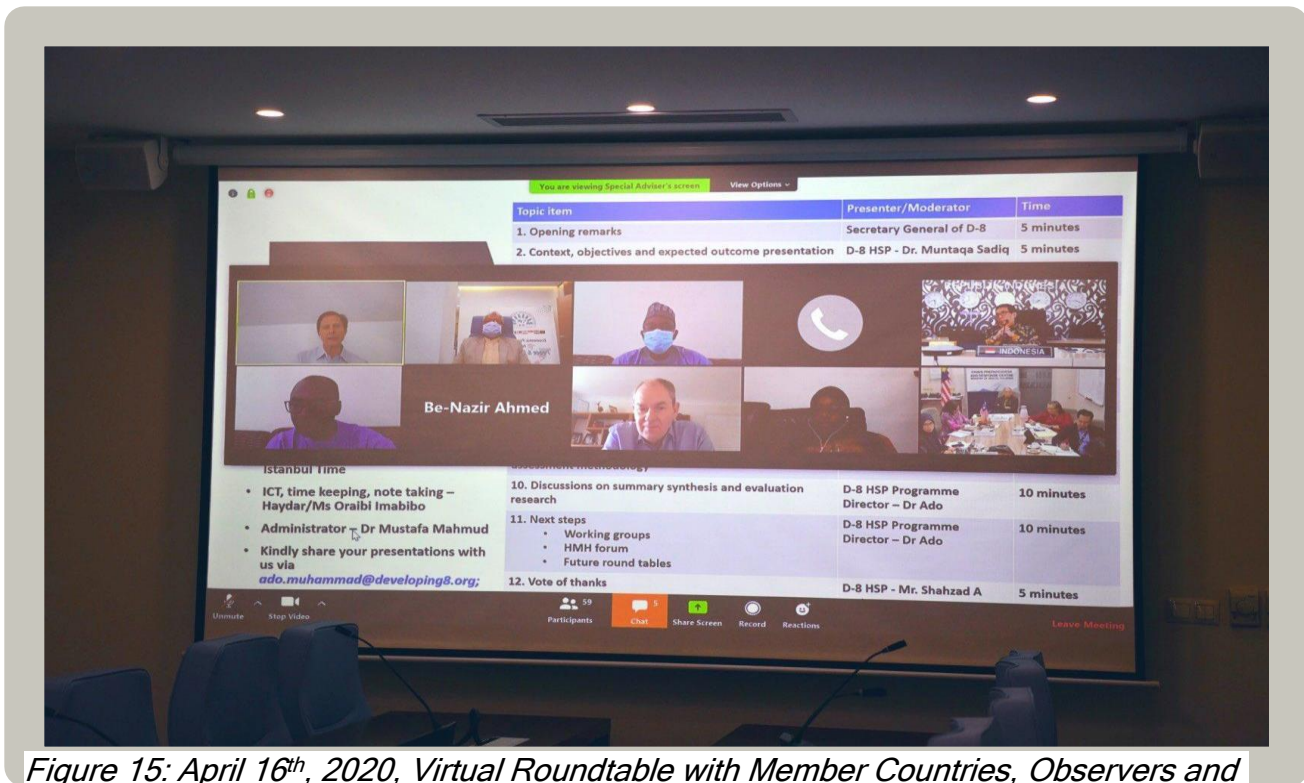


Figure 15: April 16th, 2020, Virtual Roundtable with Member Countries, Observers and Partners

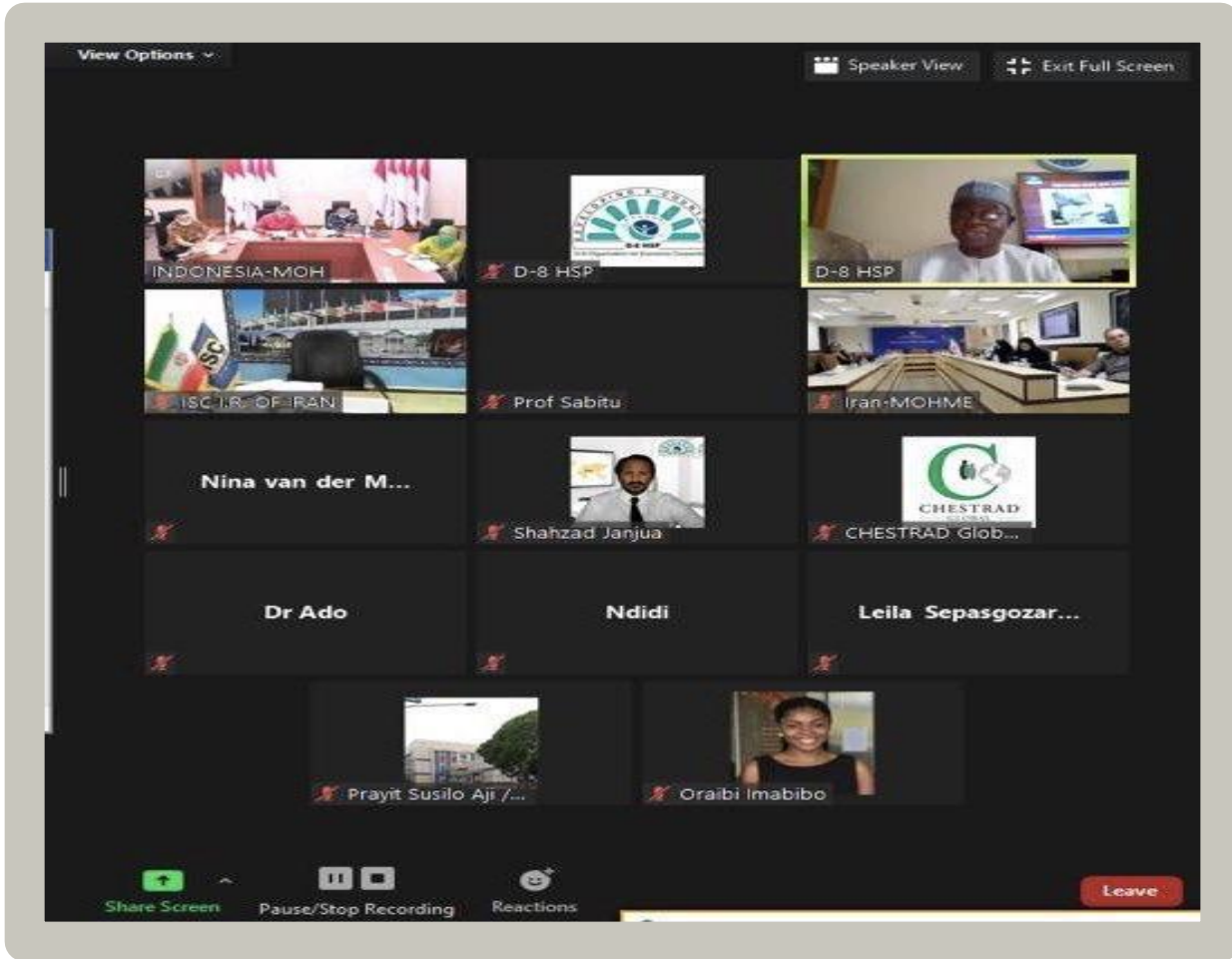



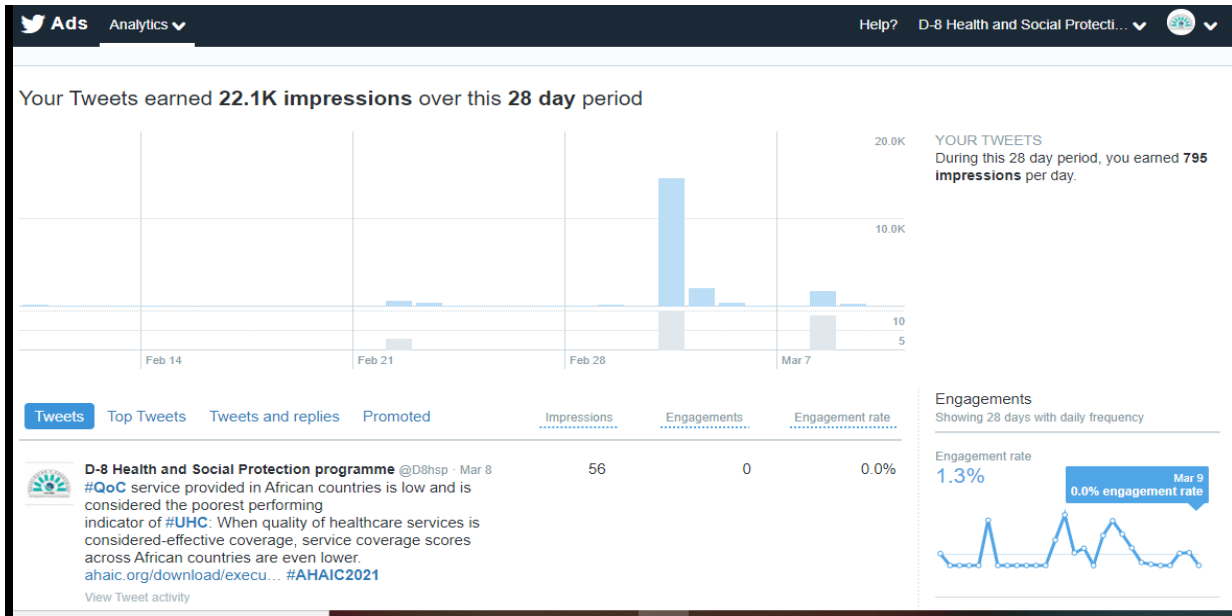


Figure 16: Inaugural meeting of the Implementation Working Group

Annex V: Social Media Activity

Tweet id	Tweet per	Tweet tex	time	impressio	engagem	engagem	retweets	replies	likes	user profi	url clicks	hashtag	cf detail	exp	permalink	app opens	app instal	follows	email twe	dial phon	media vie	media eng
1.37E+18	https://tw	#QoC	2021-03-0	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.37E+18	https://tw	Coverage	2021-03-0	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.37E+18	https://tw	Africa	2021-03-0	119	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.37E+18	https://tw	#Choose	2021-03-0	76	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.37E+18	https://tw	Happy	2021-03-0	176	2	0.011364	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
1.37E+18	https://tw	Give a wo	2021-03-0	100	7	0.07	0	0	1	0	2	0	2	0	0	0	0	0	0	0	2	2
1.37E+18	https://tw	In 2019,	2021-03-0	158	6	0.037975	0	0	2	0	0	0	0	0	0	0	0	0	0	0	4	4
1.37E+18	https://tw	Country	2021-03-0	164	3	0.018293	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
1.37E+18	https://tw	Your mum	2021-03-0	154	3	0.019481	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0
1.37E+18	https://tw	like never	2021-03-0	85	2	0.023529	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0
1.37E+18	https://tw	What to	2021-03-0	1924	46	0.023909	0	0	1	0	0	4	0	0	0	0	0	0	0	0	41	41
1.37E+18	https://tw	What to	2021-03-0	2429	35	0.014409	0	0	0	0	0	5	1	0	0	0	0	0	0	0	29	29
1.37E+18	https://tw	What to	2021-03-0	1841	24	0.013036	0	0	0	2	0	5	0	0	0	0	0	0	0	0	17	17
1.37E+18	https://tw	What to	2021-03-0	4824	68	0.014096	0	0	0	0	1	6	0	0	0	0	0	0	0	0	61	61
1.37E+18	https://tw	What to	2021-03-0	2132	31	0.01454	1	0	2	1	0	4	1	0	0	0	0	0	0	0	22	22
1.37E+18	https://tw	What to	2021-03-0	1502	36	0.023968	0	0	0	2	0	1	0	0	0	0	0	0	0	0	33	33
1.37E+18	https://tw	What to	2021-03-0	926	19	0.020518	0	0	0	1	0	2	0	0	0	0	0	0	0	0	16	16
1.37E+18	https://tw	What to	2021-03-0	1260	24	0.019048	0	0	0	1	1	1	0	0	0	0	0	0	0	0	21	21
1.37E+18	https://tw	#Covid_1	2021-03-0	82	2	0.02439	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	2
1.36E+18	https://tw	#Nigeria	2021-02-2	173	10	0.057803	4	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0
1.36E+18	https://tw	Our	2021-02-2	731	85	0.116279	8	1	18	7	0	0	12	0	0	0	0	0	0	0	39	39
1.36E+18	https://tw	Instead	2021-02-2	659	8	0.01214	1	0	4	2	0	0	1	0	0	0	0	0	0	0	0	0

	<p>D-8 Health and Social Protection programme @D8hsp · Mar 3 What to know about #novavax #COVIDVaccineArrives</p>	4,824	68	1.4%
<p>@lapipettelabs #D8Covidvaccineinfo #SenateElection2021 #Sanremo2021 #matura2021 #MuesluemGuerses pic.twitter.com/Ku5N6PXjLI pic.twitter.com/YdIXvLt4F1</p> <p>View Tweet activity</p>				
	<p>D-8 Health and Social Protection programme @D8hsp · Mar 3 What to know about #PfizerVaccine #PfizerVaccine #PfizerBiontech #COVIDVaccineArrives</p>	2,132	31	1.5%
<p>@lapipettelabs #D8Covidvaccineinfo #SenateElection2021 #Sanremo2021 #matura2021 #MuesluemGuerses pic.twitter.com/Ku5N6PXjLI pic.twitter.com/UZ4DpviC9f</p> <p>View Tweet activity</p>				
	<p>D-8 Health and Social Protection programme @D8hsp · Mar 3 What to know about #Sinopharm #vaccine #vaccination #COVIDVaccineArrives</p>	1,502	36	2.4%
<p>@lapipettelabs #D8Covidvaccineinfo #SenateElection2021 #Sanremo2021 #matura2021 #MuesluemGuerses pic.twitter.com/Ku5N6PXjLI pic.twitter.com/1ID91SNQdzN</p>				



Annex VI: Media Reports and Links

Video	https://www.facebook.com/OfficialAITlive/videos/227865412296356/
Video	https://youtu.be/XLz81ORhuHU
Video	https://youtu.be/XLz81ORhuHU
Video	https://youtu.be/bgJGVd15Xxw https://youtu.be/bgJGVd15Xxw
Video	https://youtu.be/ITc4YbV2qlo

News report	https://nnn-ng.cdn.ampproject.org/v/s/nnn.ng/d-8-set-to-prioritise-trade-among-member-countries/?amp_js_v=a6&amp_gsa=1&usqp=mq331AQFKAGwASA%3D#aoh=16052627872552&referrer=https%3A%2F%2Fwww.google.com&amp_tf=From%20%251%24s&ampshare=https%3A%2F%2Fnnn.ng%2Fd-8-set-to-prioritise-trade-among-member-countries%2F
News report	https://asknigeria.com.ng/topic/9173/who-lauds-nigeria-for-d-8-programme-office-donation
News report	https://portal.nannews.ng/1927133/d-8-set-to-prioritise-trade-among-member-countries/
News report	https://suprememagazine.org/who-lauds-nigeria-for-d-8-programme-office-donation/
News report	https://www.independent.ng/who-lauds-nigeria-for-d-8-programme-office-donation/
Video	https://youtu.be/mx-z5mEZzA4
Video	https://youtu.be/9mQxtYkprbY
Video	https://youtu.be/cxDpKmLRwE

