19

REPORT OF THE HOUSE COMMITTEE ON INFECTIOUS DISEASES ON THE INVESTIGATION OF THE OVER $1.8 AND $2.8 BILLION DOLLARS GRANT RECEIVED BY NIGERIA FROM GLOBAL AND USAID RESPECTIVELY FROM 2021 – 2025 FOR RESPONSE AGAINST HIV/AIDS, TUBERCULOSIS, MALARIA AND FOR SUPPORTING RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH

1.0 Introduction:

On October 22, 2025, the House of Representatives mandated its Committee on Infectious Diseases to investigate the utilization of over $4.6 billion in health grants received by Nigeria between 2021 and 2025. Of this, $2.8 billion came from the Global Fund and $1.8 billion from USAID. The grants targeted HIV/AIDS, tuberculosis, malaria, and health systems strengthening. The resolution was based on the powers of the Committee, as enshrined in Sections 88 and 89 of the Constitution of the Federal Republic of Nigeria, 1999 (as amended) and in line with the Standing Order of the House of Representatives. The investigation was launched on November 10, 2025 with an investigative hearing at Conference room 231, House of Representatives, New Building, and driven by concerns that despite substantial donor funding, Nigeria continues to bear one of the world's highest burdens of HIV, TB, and malaria.

2.0 Purpose of the Investigation:

The primary reason of this exercise is to oversight the utilization of the Grant Amount received by Principal and Sub-Recipients of Global Fund grants, through CCM Nigeria, and also to ensure legislative review and approvals of all Global Fund Recipients.

2.1 Objectives:

The primary reason of this exercise is to oversight the utilization of the Grant Amount received by Principal and Sub-Recipients through CCM Nigeria. The other specific objectives considered are:

i. Efforts to eliminate/eradicate the menace of the HIV/AIDS, Tuberculosis and Malaria as Public Health threat in Nigeria.
ii. Evaluate the utilization of the Global Fund Grants received by Nigeria to rule out financing terrorism activities.
iii. To assess the activeness and location of all organizations serving as Principal Recipients, Sub-Recipients, or Contractors and validate the status of their registration with CAC.
iv. Identify discrepancies where necessary as the entity responsible for oversight and appropriation roles on behalf of the government.
v. Understand the roles and responsibilities of the Recipients of the Global Fund in alignment with the national programs.
vi. Identify the support required by the Government (Counterpart and Co-financing) to facilitate efficient grant implementation to achieve the set targets.

2.2 Background:

The Global Fund is an innovative monetary instrument conceived in Nigeria by the G8 way back in the year 2000 with headquarters in Geneva, Switzerland. This novel funding mechanism is characterized by a robust Public Private Partnership (PPP) initiative that established Country Coordinating Mechanism (CCM), Nigeria symbolic of any efficient, effective, and progressive contemporary organization. The CCM mobilizes funds to support programs run by Governments and local experts in countries, working with communities in dire need of intervention to stem the decimating effects of the three diseases of AIDS, TB, malaria, and building resilient health systems. The GF current funding model enables strategic investment for maximum impact. It provides implementers with flexible timing, alignment with

national strategies and predictability on the level of funding available. There is active engagement with Government, implementers and partners throughout the funding application and grant implementation to ensure greater impact. The GF principle is premised on government ownership, transparency, accountability and duty of care and it's a gap filling mechanism.

The House of Representatives engagement with CCM was limited to only The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) from 2021 – 2025.

The Global Fund categorized Nigeria as a core portfolio and classified it as High Impact 1 Africa based on the HIV, TB and Malaria burdens that remains significant public health threat. To attract financial support from the Global Fund, the Federal Government, through the Federal Ministry of Health, catalyzed the creation of the Country Coordinating Mechanism (CCM) Nigeria in March 2002, as the only recognized entity that can access the Global Fund grants on behalf of Nigeria. The CCM Nigeria is a partnership comprising of representatives from the public, private and civil society sectors including the religious bodies. ***The CCM neither manages nor executes Global Fund grants but governs the grants to Nigeria in national interest. It exercises oversight functions for effective engagement of Global Fund grants to countries by the recipients.*** Its core mandates are to identify strategic programs, develop and submit proposals/Funding Request to the Global Fund for funding on behalf of government of Nigeria, and provide technical and managerial oversight, guidance & support to implementation of the grants for impact.

From 2002 to 2020, the CCM has mobilized over US$4.8 billion from the Global Fund and applied same to high impact interventions to reduce the burden of HIV, TB and malaria in Nigeria including support the resilient and sustainable system for health (RSSH),

particularly targeted at underserved communities and vulnerable key affected populations.

Furthermore, **the 2021-2023 allocation** including COVID -19 Response of US$ **1,214,246,506** billion from the Global Fund to support HIV, TB, malaria, resilient and sustainable system for health and COVID-19 management from 2021 to 2023 implementation period that was extended till 31 December 2025. Similarly, HIV, TB and Malaria allocation for **the 2023-2025 was US$ 962, 656,930** million from the Global Fund to support the HTM national response but was reduced to **US$ 867,155,886**.00 in 2025 due to constraint global funding landscape.

The Global Fund investments in Nigeria have impacted significantly on the health system and lives of Nigerians, saving many lives, and reducing morbidity and mortality from HIV, TB and malaria as well as contributed significantly to the reduction of infection transmission rate. Also, the Global Fund investment has contributed to significant improvement in Health Systems across key building blocks.

3.0 Investigative Methodology:

The Committee on infectious Disease adopted the following strategies in conducting the exercise:

i. Investigative Hearing
ii. Desk review of grant documents submitted by both CCM and Principal Recipients
iii. Consultation with the Global Fund-Country Team
iv. Interactive session with CCM members and Principal Recipients
v. Triangulation of information received from CCM, PR/SR and Global Fund
vi. Oversight visit to Principal Recipients and Sub-Recipients

4.0 Committee Membership & Attendance

The investigative hearing was presided over by the Chairman, Rt. Hon. Amobi Godwin Ogah, FCE. and the following members and secretariat staff.

4.1 Committee Members Present:

1. Hon Amobi Godwin Ogah, FCE
2. Hon. Godwin Offiono
3. Hon. Chike Okafor
4. Hon. Ibe Okwara
5. Hon. James Barka
6. Hon. Donald Ojogo
7. Hon. Mathew Donatus
8. Hon. Sesoo Ikpager
9. Hon. Uchenna Harris Okonkwo
10. Hon. Alfred Aljanger
11. Hon. Hashimu Adamu Ranga
12. Hon. Olusoji Adetunji
13. Hon. Ojo Sunday Makunjuola
14. Hon. Peter Aniekwe
15. Hon. Maureen Gwacham
16. Hon. Ginger Onwusibe
17. Hon. Illiyasu Aliyu Aburbakar
18. Hon. Princess Adeshola Ayoola
19. Hon. Akintunde Rotimi
20. Hon. Abdulmaleek Abdulrahman Danga
21. Hon. Abdullahi El Rasheed
22. Hon. Saba Ahmed Adamu
23. Hon. Mansur Musa Jega
24. Hon. Fom Dalyop Chollom
25. Hon. Mark Chidi Obetta
26. Hon. Paul Ekpo
27. Hon. Jafaru Leko
28. Hon. Obordo Mittema

29. Hon. Mohammad Jajere
30. Hon. Akiba Bassey
31. Hon. Rodney Ambariowei
32. Hon. Aliyu Mustapha
33. Hon. Kabir Yussuf A.
34. Hon. John Dafaan
35. Hon. Akinlade Abiodun
36. Hon. Fatoba S. Olusola
37. Hon. Esosa Iyawe
38. Hon. Garuba Koko S.
39. Hon. Shehu Dalhatu
40. Hon. Emil Inyang
41. Hon. Dominic Okafor

4.3 Committee Secretariat:
Aneke Nnenna Gladysmary – Clerk
Amaka Happiness Uzodinma – Deputy Clerk

4.4 Leadership Representation:
Rt. Hon. Tajudeen Abbas, GCON (Speaker, House of Representatives) – Ably Represented by Rt. Hon. Ibrahim Ayokunle Isiaka, Deputy Chief Whip House of Representatives.

5.0 Committees Observations and Findings:

i. The committee observed recurring accountability gaps as most **Principal Recipients** rely heavily on Global Fund systems.
ii. The National Assembly is currently excluded from Country Coordinating Mechanism Nigeria and implementation plan approvals.
iii. The committee observed counterpart funding delays, ITN diversion post-distribution, state selection equity issues, too many Sub-Recipients, stigma due to TB clinic locations, and exclusion of Parliamentary input from strategic grant design.

iv. The Committee observed that Principal Recipients and Sub-Recipients were not submitting their implementation plans to the National Assembly for review and approval before implementation of any grant.

v. The committee also observed that quarterly reports of grant activities have not been submitted to the National Assembly to track utilization and results.

vi. The committee found that Law Enforcement Collaboration is non- existent as there is no collaboration with EFCC and ICPC to ensure transparency, accountability and compliance with the implementing partners.

vii. The Committee saw the need for sustained domestic counterpart funding and reduced dependency on donor systems.

viii. The committee recognized the implications for governance as the investigation marks a shift toward legislative assertiveness in donor aid oversight, using constitutional powers under Sections 88 & 89 of the 1999 Constitution as amended.

ix. The committee also observed that all PRs were not procuring commodities using national procurement systems. The CCM and PRs explained that the grant conditions mandated the PRs to demonstrate transparent procurement process, fiduciary controls, and measurable health impact. For Nigeria portfolio, procurement of health products and non-health products were done through wambo.org and paid directly by Global Fund.

6.0 Recommendations:

i. The committee recommends immediate legislative review and approval that will compel the Principal Recipients and Sub-Recipients to submit annual implementation plans to the National Assembly for review and approval prior to fund disbursement from Global Fund.

ii. The committee recommends the mandatory submission of quarterly programmatic and financial reports to strengthen monitoring and accountability.

iii. The Committee recommends the collaboration of agencies like EFCC and ICPC to ensure full accountability from all implementing partners.

iv. The committee recommends that future grants should be structured to enable Nigerian institutions to manage funds and align with national health strategies.

v. The committee calls for the strengthening of domestic financing commitments to reduce dependency and improve sustainability.

vi. The committee recognizes the need for National Assembly to appropriate the Counterpart funding and pledges committed by the country.

vii. The Committee recommends the increase in budgetary allocation to the health sector, with a dedicated budget line for HIV, TB and Malaria.

viii. The committee recommends the funding of CCM Nigeria operations through budgetary allocation to the Ministry of Health to ensure the performance of grants oversight and address challenges in implementation.

ix. The committee recommends the provision of a permanent office accommodation for CCM Nigeria and all National Programs with good working conditions.

x. The Committee recommends the empowerment of the Ministry of Health and Social Welfare in pursuing the full fulfilment of all pledges towards replenishment of the Global Fund Grant cycles.

7.0 Conclusion:

The Global Fund to fight AIDS, Tuberculosis and Malaria has approved the sum of **US$1,214,246,506 Billion** to support Nigeria's HIV (US$327 Million), TB (US$155Million), Malaria (US$403 Million), and C19RM/RSSH (US$ 327 Million) for the period 2021-2023. This approval came following a review of a proposal submitted by the CCM Nigeria on 23rd March 2020, and subsequent C19RM fast-track, resource mobilization full funding in July & November 2020 which were all adjudged to be technically sound and strategically focused by the independent Technical Review Panel/Investment Committee of the Global Fund.

Global Fund investments in Nigeria have impacted significantly on the health system and lives of Nigerians, saving many lives, and reducing morbidity from HIV, TB and malaria. Overall, the investments have contributed to reduced morbidity and mortality from HIV, TB and malaria. Recently, the Global Fund support was extended to COVID-19 pandemic, and this has resulted in increased diagnostic capacity and continued provision of HIV, TB and malaria services during the Covid-19 pandemic.

Hon. Amobi Godwin Ogah
Chairman
House Committee on Infectious Diseases

Aneke Nnenna Gladysmary
Clerk