EXECUTIVE COUNCIL MEMORANDUM AND STRATEGIC REPORT

TO: **The Executive Council (EXCO), Anambra State Government**
From: **Office of the Commissioner for Education**

Prepared By: **Dr. Obidike Ben Afam (Commissioner for Ministry of Health)**
DATE: **July 10, 2026**

SUBJECT: **HUMAN RESOURCES FOR HEALTH (HRH) RECRUITMENT STRATEGY (2026–2030)**

EXECUTIVE SUMMARY

Primary Health Care (PHC) remains the foundation of an effective and resilient health system and the first point of contact for most citizens seeking healthcare services. The Government of Anambra State has made significant investments in strengthening the primary healthcare system through infrastructure development, basic Health Care Provision Fund (BHCPF) implementation, recruitment of health workers, and strategic partnerships with development agencies. Despite these efforts, the State continues to face a significant shortage of skilled health workers across its Primary Health Care facilities.

As of April 2026, the Anambra State Primary Health Care Development Agency (ASPHCDA) has a total workforce of 1,645 personnel on payroll, representing approximately 6.67% of the 17,276 health workers required under the State Minimum Service Package (MSP) for the State's 617 Primary Health Care facilities. This leaves a staffing deficit of 15,631 personnel, with the greatest shortages occurring among Medical Officers, Nurses and Midwives, Community Health Extension Workers (CHEWs), Junior Community Health Extension Workers (JCHEWs), Pharmacy Technicians, Laboratory Technicians, and Health Records Officers.

The shortage has placed considerable pressure on the existing workforce, resulting in increased workload, limited access to quality health services, reduced service coverage in rural and undeserved communities, and challenges in achieving Universal Health Coverage (UHC) and Sustainable Development Goal 3 (SDG 3).

To address these critical workforce gaps, ASPHCDA proposes a five-year Human Resources for Health Recruitment Strategy (2026–2030) aimed at

recruiting 7,898 additional health workers across seven critical cadres. The recruitment will be implemented through a transparent, merit-based electronic recruitment process and complemented by equitable deployment, rural posting incentives, biometric payroll verification, and a statewide digital Human Resources for Health (HRH) management system.

The strategy is expected to significantly improve health workforce availability, strengthen service delivery across all 21 Local Government Areas, improve maternal, newborn, child, and adolescent health outcomes, reduce preventable morbidity and mortality, and position Anambra State as a leading performer in Primary Health Care service delivery nationwide.

Approval of this memorandum by the Executive Council will provide the policy and financial framework required to commence the phased recruitment programme beginning in the third quarter of 2026.

BACKGROUND

The Anambra State Primary Health Care Development Agency (ASPHCDA) is mandated to coordinate, strengthen, and oversee the delivery of Primary Health Care services across all 21 Local Government Areas of the State. The Agency is responsible for ensuring that every citizen has access to equitable, affordable, quality, and people-centred primary healthcare services.

In recent years, the State Government has invested substantially in strengthening the PHC system through the implementation of the Basic Health Care Provision Fund (BHCPF), rehabilitation and upgrade of Primary Health Care facilities, recruitment of selected health workers, deployment of digital health initiatives, and collaboration with development partners including the National Primary Health Care Development Agency (NPHCDA), WHO, UNICEF, and other stakeholders.

Notwithstanding these achievements, the current health workforce remains grossly inadequate when compared with the staffing requirements prescribed under the National Minimum Service Package (MSP) for Primary Health Care. The persistent shortage of skilled health workers has negatively affected service delivery, particularly in rural and hard-to-reach communities, where many facilities operate below the minimum staffing requirement.

A comprehensive review of the Agency's payroll and workforce data (April 2026) indicates that only 1,645 health workers are currently available to serve 617 Primary Health Care facilities, representing only 6.67% of the staffing requirement under the MSP.

Furthermore, workforce projections indicate that continued retirements, resignations, deaths, and other forms of attrition could significantly reduce the available workforce over the next five years if immediate recruitment measures are not implemented.

This memorandum therefore seeks the approval of the Executive Council for the implementation of a comprehensive five-year Human Resources for Health Recruitment Strategy (2026–2030) designed to strengthen the Primary Health Care workforce and improve healthcare delivery across Anambra State.

STRATEGIC OBJECTIVE

The overall objective of this Recruitment Strategy is to build a sufficient, competent, equitably distributed, and motivated health workforce capable of delivering high-quality Primary Health Care services to all citizens of Anambra State in line with the State Health Sector Strategic Plan, the National Minimum Service Package, and the Universal Health Coverage agenda.

Specific Objectives

1. Recruit 7,898 additional health workers between 2026 and 2030.
2. Address critical staffing shortages across seven priority health workforce cadres.
3. Improve equitable distribution of health workers across all 21 Local Government Areas.
4. Strengthen staffing in rural and underserved communities through incentive-based deployment.
5. Improve retention through competitive remuneration, career progression, and performance-based management.
6. Introduce a fully digital Human Resources for Health Management Information System for transparent workforce planning and management.
7. Strengthen Primary Health Care service delivery and accelerate progress towards Universal Health Coverage

CURRENT HUMAN RESOURCES FOR HEALTH (HRH) SITUATION

The availability of an adequate and competent health workforce is fundamental to the delivery of quality Primary Health Care services. A review of the Anambra State Primary Health Care Development Agency (ASPHCDA) payroll as of April 2026 indicates that the Agency has a total of 1,645 health workers serving 617 Primary Health Care (PHC) facilities across the State.

Under the National Minimum Service Package (MSP) for Primary Health Care, each Basic PHC is expected to have a minimum complement of 28 health workers comprising Medical Officers, Community Health Officers, Nurses/Midwives, Community Health Extension Workers (CHEWs), Junior Community Health Extension Workers (JCHEWs), Pharmacy Technicians, Laboratory Technicians, Health Records Officers, and other support staff.

Based on this standard, Anambra State requires 17,276 health workers to adequately staff all 617 PHCs. The current workforce therefore represents only 6.67% of the recommended staffing level, leaving a deficit of 15,631 personnel.

This shortage continues to affect:

* Availability of 24-hour PHC services.
* Maternal, newborn and child health services.
* Immunization and disease surveillance.
* Emergency preparedness and response.
* Non-communicable disease screening and management.
* Community outreach and health promotion.
* Implementation of BHCPF and other national health programmes.

The shortage is more pronounced in rural and hard to reach communities where many facilities operate with one or two health workers, limiting their ability to provide comprehensive PHC services

BASELINE WORKFORCE ANALYSIS AGAINST THE NATIONAL MINIMUM SERVICE PACKAGE (MSP)
TABLE 4.1: CURRENT WORKFORCE COMPARED WITH MSP REQUIREMENT (APRIL 2026)

Cadre	Current Workforce	MSP Requirement	Deficit	% of MSP Achieved
Medical Officers (Doctors)	**47**	617	**570**	**7.62%**
Nurses & Midwives	420	3,702	3,282	11.35%
CHEWs	480	3,085	2,605	15.56%
JCHEWs	320	3,702	3,382	8.64%

Pharmacy Technicians	45	1,234	1,189	3.65%
Laboratory Technicians	40	1,234	1,194	3.24%
Health Records & Support Staff	293	3,702	3,409	7.91%
TOTAL	**1,645**	**17,276**	**15,631**	**9.52%**

Analysis of the Workforce Gap

The analysis shows that ASPHCDA is currently operating with only 9**.52%** of the workforce required under the National Minimum Service Package. The staffing deficit of **15,631** health workers is substantial and poses a significant challenge to the delivery of quality primary healthcare services.

Although CHEWs represent the highest percentage of workforce coverage (15.56%), the State still requires an additional 3**,085 CHEWs** to attain the minimum staffing standard. Similarly, Nurses and Midwives have a deficit of **3,282**, while JCHEWs require an additional **3,702** personnel.

The greatest proportional shortages are observed among Medical Officers, Pharmacy Technicians, and Laboratory Technicians. With only **47 Medical Officers** serving 617 PHCs, many facilities lack regular access to physician-led clinical services, increasing referrals and reducing the quality of care available at the primary healthcare level.

The shortage of Pharmacy and Laboratory Technicians also limits medicine management, diagnostic capacity, disease surveillance, and quality assurance within PHCs.

Without strategic investment in workforce recruitment and equitable deployment, these shortages will continue to undermine the State's efforts to improve health outcomes and achieve Universal Health Coverage.

STATE HRH PROJECTION (2026–2030)

To address these workforce gaps in a realistic and fiscally sustainable manner, ASPHCDA proposes a phased recruitment of 7**,898 health workers** between 2026 and 2030.

Table 5.1: Proposed Recruitment by Cadre

S/N	Cadre	Current Workforce	MSP Requirement	Deficit	Proposed Recruitment	Priority Level
1	Medical Officers	47	617	570	65	Very High

2	Nurses & Midwives	420	3,702	3,282	1,660	Very High
3	CHEWs	480	3,085	2,605	2,065	Critical
4	JCHEWs	320	3,702	3,382	1570	High
5	Pharmacy Technicians	45	1,234	1,189	660	High
6	Laboratory Technicians	40	1,234	1,194	660	High
7	Health Records & Support Staff	293	3,702	3,409	1218	Medium
	TOTAL	**1,645**	**17,276**	**15,631**	**7,898**	

Key Findings

The proposed recruitment of 7**,898 health workers** will not eliminate the entire workforce deficit but will substantially strengthen the PHC system by increasing the workforce from **1,645 to approximately 7,898 personnel by 2030**, after accounting for projected attrition and retirements.

The recruitment strategy deliberately prioritizes frontline service providers—particularly **CHEWs, JCHEWs, Nurses and Midwives, and Medical Officers**—because these cadres have the greatest impact on service delivery, maternal and child health, emergency care, and community-based health interventions.

By adopting a phased approach over five years, the State will be able to align recruitment with available fiscal resources while ensuring equitable deployment across all **21 Local Government Areas**.

6. STAFF ATTRITION ANALYSIS (2026–2030)

Human Resources for Health (HRH) planning requires not only an assessment of the current workforce but also an understanding of the number of staff expected to leave the system through retirement, resignation, death, migration, dismissal, and other forms of attrition. Failure to replace these losses will further weaken the Primary Health Care (PHC) system and compromise the delivery of essential health services.

A review of the Agency's workforce profile indicates that a significant number of health workers are approaching retirement age, while the State continues to experience annual workforce losses due to resignations, transfers, deaths, and migration of skilled personnel to other sectors and countries. To ensure continuity of healthcare services, the proposed recruitment strategy has taken projected attrition into account.

Table 6.1: Projected Staff Attrition (2026–2030)

Year	Starting Staff	Projected Retirements	Other Attrition	Total Losses	Staff Remaining
2026	1,765	68	251	319	1,446
2027	2,917	65	245	310	2,607
2028	3,857	62	284	346	3,511
2029	4,262	60	309	369	3,893
2030	4,645	58	323	381	4,264

Analysis

The projection indicates that approximately **1,645 health workers** may be lost over the five-year period if no replacement strategy is implemented. This represents a significant threat to service continuity, particularly in rural communities where staffing levels are already below the national minimum standard.

The proposed recruitment plan therefore serves two important purposes:

- Replacement of staff lost through retirement and other forms of attrition.
- Progressive expansion of the workforce towards the National Minimum Service Package (MSP) staffing standard.

Without a phased recruitment programme, the State risks a continuous decline in the available workforce, resulting in increased workload for remaining staff, poor quality of care, and reduced access to essential health services.

FIVE-YEAR HRH RECRUITMENT PLAN (2026–2030)

To address the critical shortage of skilled health workers, ASPHCDA proposes a phased recruitment of 7**,898 health workers** over a five-year period. The recruitment will prioritize frontline clinical cadres while ensuring equitable deployment across all twenty-one (21) Local Government Areas.

The recruitment plan has been designed to:

- Address immediate staffing shortages.
- Replace projected workforce losses.
- Improve service delivery in rural and underserved communities.
- Support implementation of the Basic Health Care Provision Fund (BHCPF).
- Strengthen emergency preparedness and response.
- Improve maternal, newborn, child, and adolescent health outcomes.
- Accelerate progress towards Universal Health Coverage.

Table 7.1: Annual Recruitment Plan by Cadre (2026–2030)

Cadre	2026	2027	2028	2029	2030	Total
Medical Officers (Doctors)	0	20	20	15	10	**65**
Nurses & Midwives	400	500	420	190	150	**1,660**
CHEWs	500	620	520	250	175	**2,065**
JCHEWs	380	470	395	190	135	**1,570**
Pharmacy Technicians	160	200	170	75	55	**660**
Laboratory Technicians	160	200	170	75	55	**660**
Health Records & Support Staff	294	364	308	144	108	**1,218**
TOTAL	**1,500**	**1,250**	**750**	**750**	**750**	**7,898**

8. PROJECTED WORKFORCE AFTER RECRUITMENT

The phased recruitment strategy has been designed to ensure that the State steadily increases its health workforce while accommodating annual staff losses through retirement and other forms of attrition.

Table 8.1: Workforce Projection (2026–2030)

Year	Workforce at Start	Projected Losses	Recruitment	Workforce at Year End
2026	1,765	82	1,894	3,457
2027	2,946	148	2,374	5,683
2028	3,886	136	2,003	7,550
2029	4,290	77	939	8,412
2030	4,671	70	688	**9,030**

*Note: Minor variations may occur due to annual retirement patterns and workforce adjustments. The projected end-of-plan workforce is approximately 9***,030 health workers**, *representing the strategic target of this HRH Recruitment Plan.*

Justification for Front-Loaded Recruitment

The proposed recruitment schedule intentionally allocates **1,894 recruitments in 2026** and 2**,374 recruitments in 2027** because these two years are the most critical for stabilizing the PHC workforce. During this period, the State is expected to experience the highest number of

retirements and workforce shortages, particularly among experienced clinical personnel.

Front-loading recruitment will enable the State Government to:

- Rapidly fill critical vacancies in Primary Health Care facilities.
- Reduce the workload on existing health workers.
- Improve access to skilled health personnel in rural communities.
- Strengthen implementation of BHCPF and other national health programmes.
- Build a sustainable workforce that can support future expansion of PHC services.

From 2028 onwards, annual recruitment of **750 personnel** will focus on maintaining workforce stability, replacing attrition, and closing the remaining staffing gaps in line with available fiscal resources.

9. FINANCIAL IMPLICATIONS OF THE FIVE-YEAR HRH RECRUITMENT PLAN (2026–2030)

The successful implementation of the proposed Human Resources for Health (HRH) Recruitment Strategy will require sustained financial commitment by the Government of Anambra State. However, investment in the health workforce is not merely an expenditure but a strategic investment that will yield significant returns through improved population health, increased productivity, reduced maternal and child mortality, stronger disease surveillance, enhanced emergency preparedness, and accelerated progress toward Universal Health Coverage (UHC).

The proposed financial estimates are based on the approved salary assumptions for the various health worker cadres and are intended to provide the Executive Council with the projected annual personnel cost associated with the phased recruitment of **7,898 health workers**.

10. APPROVED MONTHLY SALARY ASSUMPTIONS

For the purpose of this recruitment strategy, the following monthly basic salary structure has been adopted.

Table 9.1: Monthly Basic Salary by Cadre

Cadre	Monthly Basic Salary (₦)	Annual Salary per Officer (₦)

Medical Officers	330,000	3,960,000
Nurses & Midwives	285,000	3,420,000
Community Health Officers (CHO)	157,000	1,884,000
Community Health Extension Workers (CHEWs)	110,000	1,320000
Junior CHEWs (JCHEWs)	157,000	1,884,000
Pharmacy Technicians	165,000	1,980,000
Laboratory Technicians	165,000	1,980,000
Health Records Officers	165,000	1,980,000
Health Attendants/Support Staff	185,000	2,220,000

The above estimates represent basic salary projections for planning purposes. Actual emoluments shall be determined in accordance with the approved Anambra State Civil Service Salary Structure and any subsequent Government reviews.

11. ESTIMATED ANNUAL WAGE BILL

The annual wage bill has been estimated based on the number of officers proposed for recruitment each year and the applicable salary assumptions.

Table 11.1: Estimated Annual Personnel Cost

Year	Number to Recruit	Estimated Annual Wage Bill (₦)
2026	1,894	**4,097,880,000**
2027	2,374	**5,098,560,000**
2028	2003	**5,153,328,000**
2029	939	**1,988,280,000**
2030	688	**1,833,290,400**
TOTAL	**7,898**	**₦18,171,338,400**

Note: The above represents the annual salary obligation associated with each year's new recruitment cohort. Personnel recruited in earlier years will remain on the payroll in subsequent years; therefore, the State's recurrent personnel budget will increase progressively as recruitment advances.

12. OPERATIONAL COST OF THE RECRUITMENT EXERCISE

To ensure transparency, accountability, and merit-based selection, ASPHCDA proposes a one-time electronic recruitment exercise.

Table 12.1: Operational Budget

Item	Estimated Cost (₦)
Electronic Recruitment Platform	12,000,000
ICT Equipment & Software	10,000,000
Biometric Registration	8,000,000
Interview Panels	10,000,000
Logistics & Transportation	9,000,000
Security	6,000,000
Public Communication & Advertisement	5,000,000
Contingency	5,000,000
TOTAL	**₦65,000,000**

The recruitment exercise will be conducted over **five (5) days** using electronic shortlisting, computer-assisted verification, biometric capture, and transparent interview processes. The system will eliminate opportunities for manipulation, improve public confidence, and ensure recruitment based strictly on merit.

13. COST–BENEFIT ANALYSIS

Although the proposed recruitment programme represents a significant financial commitment, the expected socio-economic and health benefits far outweigh the associated costs.

Expected Benefits

The proposed investment will:

- Improve staffing levels in all **617 Primary Health Care facilities**.
- Strengthen implementation of the Basic Health Care Provision Fund (BHCPF).
- Reduce maternal, neonatal, and under-five mortality.
- Increase immunization coverage and disease surveillance.
- Improve emergency preparedness and response.
- Reduce patient waiting time.
- Increase access to skilled birth attendance.
- Improve healthcare access in rural and under-served communities.
- Create employment opportunities for over 7**,898 qualified health professionals**.
- Enhance internally generated economic activity through increased household income and local spending.
- Improve Anambra State's performance on national health indicators and attract greater support from development partners.

In addition, strengthening the PHC workforce will reduce avoidable referrals to secondary and tertiary health facilities, improve patient satisfaction, and increase public confidence in government health services.

14. FINANCIAL SUSTAINABILITY

To ensure the long-term sustainability of this recruitment initiative, ASPHCDA proposes that the recruitment be implemented in phases over the five-year period (2026–2030). This approach will enable the State Government to:

- Integrate personnel costs into the annual Medium-Term Expenditure Framework (MTEF) and State Budget.
- Align recruitment with available fiscal space.
- Replace staff lost through retirement and attrition without disrupting service delivery.
- Monitor workforce performance and adjust recruitment based on emerging needs.
- Sustain the gains achieved under the Basic Health Care Provision Fund and other health sector reforms.

The phased approach also provides flexibility for Government to review staffing needs annually while maintaining fiscal discipline.

Financial Summary

Description	Amount (₦)
Five-Year Recruitment Target	**7,898 Staff**
Estimated Annual Wage Commitment (Five Cohorts Combined)	**₦6.198 Billion**
Recruitment Operational Budget	**₦65 Million**
Implementation Period	**2026–2030**

HRH RECRUITMENT IMPLEMENTATION STRATEGY

To ensure transparency, credibility, and fairness, the Anambra State Primary Health Care Development Agency (ASPHCDA) proposes a **one-time electronic recruitment exercise** for the phased recruitment of 7**,898 health workers** over the 2026–2030 period.

The recruitment process will be merit-based, technology-driven, and aligned with the principles of accountability, equity, and equal opportunity. The exercise will be coordinated by ASPHCDA in collaboration with the State Ministry of Health, the Office of the Head of Service, Civil Service Commission, Ministry of Finance, and relevant development partners.

Recruitment Framework

The proposed recruitment exercise will be conducted as follows:

Activity	Description

Recruitment Duration	Five (5) Working Days
Recruitment Method	Fully Electronic Recruitment Platform
Interview Centres	Three (3) Recruitment Hubs in Awka and the State Ministry of Health Headquarters
Recruitment Target	5,000 Health Workers
Recruitment Cadres	Doctors, Nurses & Midwives, CHEWs, JCHEWs, Pharmacy Technicians, Laboratory Technicians, Health Records Officers/Support Staff

Interview Panel Composition

To ensure credibility and transparency, each interview panel shall comprise:

- Chairman – Professor/Consultant in the relevant discipline
- Representative of the State Ministry of Health
- Representative of ASPHCDA
- Representative of the Civil Service Commission
- Representative of the Office of the Head of Service
- Representative of NPHCDA/Development Partners
- Human Resource Specialist
- ICT Officer (Electronic Verification)
- Secretary

Key Features of the Recruitment Process

The recruitment exercise shall incorporate the following innovations:

- Fully electronic application portal.
- Online verification of credentials.
- Computer-assisted shortlisting.
- Biometric registration of successful candidates.
- Transparent scoring and ranking system.
- Real-time publication of successful candidates.
- Digital personnel database.
- Automatic payroll integration.
- Rural posting agreement for all successful candidates.
- Compliance with the Federal Character and Equal Opportunity principles.

This approach will eliminate manual manipulation, reduce recruitment delays, improve public confidence, and ensure that only qualified candidates are recruited into the State health workforce.

STRATEGIC BENEFITS TO ANAMBRA STATE

Approval and implementation of this HRH Recruitment Strategy will deliver significant benefits to the Government and people of Anambra State.

Health System Benefits

The proposed recruitment will:

- Increase the availability of skilled health workers across all **617 Primary Health Care facilities**.
- Improve access to quality healthcare in all **21 Local Government Areas**.
- Strengthen implementation of the Basic Health Care Provision Fund (BHCPF).
- Improve maternal, newborn, child, and adolescent health outcomes.
- Increase skilled birth attendance and antenatal care coverage.
- Strengthen disease surveillance and outbreak response.
- Improve immunization coverage and reduce vaccine-preventable diseases.
- Enhance emergency preparedness and response capacity.
- Improve healthcare quality and patient satisfaction.
- Reduce referral burden on secondary and tertiary health facilities.

Economic and Social Benefits

Implementation of this strategy will also:

- Create employment opportunities for over **7,898 qualified health professionals**.
- Reduce unemployment among health graduates.
- Stimulate economic activities through increased household income.
- Improve workforce productivity through a healthier population.
- Increase investor confidence in the State's healthcare system.
- Position Anambra State as a national leader in Primary Health Care delivery.

RISKS OF NON-APPROVAL

Failure to approve this HRH Recruitment Strategy is likely to have serious consequences for the health system and the overall socio-economic development of the State.

Key risks include:

- Continued decline in the health workforce due to retirement and attrition.
- Increased workload and burnout among existing staff.
- Reduced quality of healthcare services.
- Persistent shortage of skilled personnel in rural and under-served communities.
- Increased maternal and child mortality.

- Poor implementation of BHCPF and other national health programmes.
- Reduced capacity to respond to disease outbreaks and public health emergencies.
- Poor performance on national health indicators.
- Reduced confidence of development partners and potential loss of external funding opportunities.
- Delayed achievement of Universal Health Coverage and Sustainable Development Goal (SDG) 3.

MONITORING, EVALUATION AND ACCOUNTABILITY

To ensure effective implementation, ASPHCDA will establish a comprehensive Monitoring and Evaluation (M&E) framework with the following key performance indicators:

- Number of health workers recruited annually.
- Percentage of vacancies filled by cadre.
- Percentage of rural PHCs meeting MSP staffing standards.
- Staff retention rate.
- Health worker distribution across the 21 LGAs.
- Reduction in vacancy rates.
- Improvement in PHC utilization.
- Maternal, neonatal, and under-five mortality indicators.
- Annual performance assessment and reporting to the State Executive Council.

Quarterly implementation reports will be submitted to the Executive Council through the Honourable Commissioner for Health.

STRATEGIC RECOMMENDATIONS

In view of the significant workforce deficit currently facing the Primary Health Care system in Anambra State, ASPHCDA recommends that the Executive Council approve the following:

1. **Approval of the Five-Year Human Resources for Health Recruitment Strategy (2026–2030).**
2. **Approval for the phased recruitment of 5,000 additional health workers** across seven critical health cadres.
3. **Approval of the ₦65 million operational budget** for the one-time electronic recruitment exercise.
4. **Approval for the implementation of a statewide biometric Human Resources Information System (HRIS)** and payroll verification to eliminate ghost workers and strengthen accountability.
5. **Approval of a mandatory three-year rural posting policy**, supported by hardship allowances and other incentive packages to improve retention in underserved communities.

6. **Approval for annual budgetary provisions** to accommodate the phased recruitment and associated personnel costs within the Medium-Term Expenditure Framework (MTEF).
7. **Approval for periodic workforce reviews** to ensure that staffing remains aligned with the National Minimum Service Package (MSP) and the health needs of the State.

EXECUTIVE COUNCIL DECISION SOUGHT

The Executive Council is respectfully requested to:

1. **Approve the ASPHCDA Human Resources for Health Recruitment Strategy (2026–2030).**
2. **Approve the phased recruitment of 5,000 health workers** across seven priority cadres over the period 2026–2030.
3. **Approve the release of ₦65 million** for the conduct of the electronic recruitment exercise.
4. **Approve the implementation of a statewide digital Human Resources Information System (HRIS)** and biometric payroll verification.
5. **Direct the Ministry of Finance and relevant Government agencies** to make annual budgetary provisions for the implementation of this recruitment strategy.
6. **Authorize ASPHCDA** to commence the recruitment process in the third quarter (Q3) of 2026 following Executive Council approval.

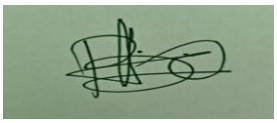
CONCLUSION

The strength of any health system depends largely on the availability, competence, and equitable distribution of its health workforce. Despite the remarkable investments made by the Government of Anambra State in strengthening Primary Health Care infrastructure and expanding access to services, the current shortage of skilled health personnel remains one of the greatest constraints to achieving Universal Health Coverage.

This Human Resources for Health Recruitment Strategy presents a practical, evidence-based, and fiscally phased approach to addressing the State's workforce deficit. The proposed recruitment of 7**,898 additional health workers** over the period 2026–2030 will significantly strengthen service delivery across all 617 Primary Health Care facilities, improve health outcomes, enhance equity in access to care, and reinforce the State's leadership in Primary Health Care development.

The Anambra State Primary Health Care Development Agency therefore respectfully requests the approval of the Executive Council to implement this strategic investment in the health and wellbeing of the people of Anambra State.

Submitted for Executive Consideration and Strategic Approval



Dr. Obidike Ben Afam
Honourable Commissioner for Health
Anambra State Government