Federal Republic of Nigeria

Guidelines for Medical Donations to Nigeria's COVID-19 Response

Information for intending donors

Presidential Task Force on COVID-19 Response
5-8-2020

CONTENTS

1. ACRONYMS

FGN	Federal Government of Nigeria
IHR	International Health Regulations
IPC	Infection Prevention and Control
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
NAFDAC	National Agency for Food and Drug Administration and Control
NCDC	Nigeria Centre for Disease Control
PPE	Personal Protective Equipment
R&D	Research and Development
SARS CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SON	Standards Organisation of Nigeria
WHO	World Health Organization

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2. INTRODUCTION

On 31st December 2019, the World Health Organization (WHO) was notified of an outbreak of respiratory illness in Wuhan, China. On 7th January 2020, the causative agent was identified to be a novel coronavirus, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV-2). Following rapid escalation and spread of the virus to other countries, On 30th January 2020, the Director-General of WHO declared the outbreak a public health emergency of international concern under the International Health Regulations (IHR) (2005); and on 11th March 2020, the 2019 coronavirus disease (COVID-19) received the status of a pandemic.

The COVID-19 outbreak in the WHO African Region has rapidly evolved, as reflected by the significant upsurge in the number of cases and the rapid geographical expansion of the disease. As at 25th March 2020, a cumulative total of 1,716 confirmed cases had been reported across 38 countries in the region (COVID-19 WHO African Region: External Situation Report 4).

In Nigeria, the Federal Ministry of Health confirmed the first coronavirus disease (COVID-19) case in Lagos State on 27th February 2020.

The Government and people of the Federal Republic of Nigeria wish to express profound gratitude to international and local donors supporting the country response to the COVID-19 pandemic at this very critical time in our national development.

To ensure a standardized and coordinated response to this pandemic, the Federal Government of Nigeria (FGN) provides these guidelines to inform the support of our esteemed friends and partners that already are, or planning to assist the response efforts.

3. THE GUIDELINES

3.1. Purpose

The primary purpose of these guidelines is to enable humanitarian actors, as well as international and local donors support the COVID-19 pandemic response efforts of the FGN with appropriate and culturally acceptable **medical and non-medical supplies and technical support**. The support is expected to comply with the national and WHO approved protocol for the management of the pandemic as outlined in the tables and referenced documents below.

The focus of the guidelines is on the supplies and technical support required for implementing standardized minimum response packages that are essential and of high-priority during this pandemic. Minimum responses in this situation are the key supplies and actions that ought to be done. They are the essential first steps that lay the foundation for more comprehensive efforts that may be needed as more information about the virus unfolds and as the pandemic evolves.

3.2. Core Principles

The core principles of the guidelines are informed by the following:

1. Human rights and equity, that aims to maximize fairness in the availability and accessibility of supplies and technical support among affected populations, across gender, age groups, language groups, ethnic groups and localities, according to identified needs.

2. Do no harm that aims at reducing all possible risk or harm from the intended supplies or technical support.

3. Building on available resources and capacities including local capacities, supporting self-help and strengthening the resources already present. Where possible, it is important to build both government and civil society capacities.

4. Support systems, activities and programming should be integrated as far as possible through the national coordination structure instead of the proliferation of stand-alone technical services and supplies support.

5. All support of medical and non-medical supplies into Nigeria should meet the stipulations of the 'GUIDELINES FOR DONATIONS OF MEDICINES AND HEALTHCARE EQUIPMENT IN NIGERIA'; and the approval of the National Agency for Food and Drug Administration and Control (NAFDAC), Standards Organisation of Nigeria (SON) and WHO as in the attached references in section 5 below.

6. Locally made products to be given priority according to the FGN directives and the National Drug Policy 2005 as reviewed in 2019.

7. For effective and timely support, all support/donations should include costs of warehousing and distribution.

8. All donations should have at least 85% of shelf life at the point of delivery.

9. All products should have product specification in terms of manufacturer, batch/lot numbers and references.

3.3. Scope

The scope of these guidelines aims to reduce the burden associated with the health threats in terms of mortality and morbidity, hospitalizations and demand for health care goods and services; to maintain essential services; protect vulnerable groups; minimize economic and social disturbance; and enable a quick return to normal conditions. It is therefore focused but not limited to the following key supplies and technical support for **Surveillance, Prevention and Control and Case Management.**

3.3.1 Surveillance

Laboratory confirmation of a COVID-19 case in any part of Nigeria will trigger a thorough investigation in line with WHO's recommended strategy to begin an investigation immediately, thus requiring immediate operational support and supplies. Key among the supplies required for **surveillance** that may be brought into the country or provided by local donors are **as listed in table and the World Health Organization's Commodity Disease Package for COVID-19 response and NAFDAC referenced below:**

COMMODITY	TECHNICAL DESCRIPTION		
Triple packaging boxes	Triple packaging boxes for transport	Guidance on regulations for the transport of infectious substances 2019–2020	*World Health Organization's Commodity Disease Package for COVID-19 response*
Viral transport medium	Viral transport medium with swab. Medium 1ml, 2ml or 3ml	· Comply with the CLSI standard M40-A (for the Quality Control of Microbiology Specimen Transport Devices). · Compatible with molecular and cell culture techniques.	

Sharps container boxes	Puncture-resistant container for collection and disposal of used, disposable and auto-disable syringes and needles. 5L capacity accommodating approximately 100 syringes. Boxes to be prominently marked.	· WHO performance specification E10/IC.1. · WHO/UNICEF standard E10/IC.2 or equivalent.	
Criteria for selection of specific diagnostic tests may include historical efficacy, adherence to any existing Target Product Profiles, ease of use, necessary throughout, distribution and logistics requirements, and manufacturer production capacity. For some pathogens, consideration may need to be given to the presence of mutations in targeted gene sequences or proteins. WHO can advise on the selection of tests on a case-by-case basis as determined by a specific event.		Technical guidance for COVID-19 is available online.	*World Health Organization's Commodity Disease Package for COVID-19 response*

3.3.2 Infection Prevention & Control

Based on current information, it is assumed that COVID-19 is a zoonotic disease with human-to-human transmission occurring through droplets or contact. This human-to-human transmission may occur due to breaches in infection prevention and control (IPC) practices. Thus, a central focus of any prevention/control strategy is protecting health care workers and the general population with appropriate IPC supplies and ensuring basic health logistics at responding facilities and the community.

The key supplies required for prevention and control that may be brought into the country or provided by local donors are **as listed in table and the World Health Organization's Commodity Disease Package for COVID-19 response and NAFDAC referenced below:**

COMMODITY	TECHNICAL DESCRIPTION	
Gloves, examination, non-sterile	Gloves, examination, nitrile, powder-free, non-sterile, single-use. Gloves should have long cuffs, reaching well above the wrist, ideally to mid-forearm. Sizes: small, medium, large.	· EU MDD Directive 93/42/EEC Category III · EU PPE Regulation 2016/425 Category III · EN 455 · EN 374 · ANSI/ISEA 105 · ASTM D6319 or equivalent
Gloves, examination or surgical, sterile	Gloves, examination or surgical, nitrile, powder-free, sterile, single-use. Gloves should have long cuffs, reaching well	·EU MDD Directive 93/42/EEC Category III ·EU PPE Regulation 2016/425 Category III ·EN 455 · ANSI/ISEA 105 · ASTM D6319 or equivalent

COMMODITY	TECHNICAL DESCRIPTION	
	above the wrist, ideally to mid-forearm. Sizes: small, medium, large.	
Goggles, protective	Good seal with the skin of the face, flexible PVC frame to easily fit all face contours with even pressure, enclose eyes and the surrounding areas, accommodate wearers with prescription glasses; clear plastic lens with fog- and scratch-resistant treatments; adjustable band to secure firmly so as not to become loose during clinical activity; indirect venting to avoid fogging. May be re-usable (provided appropriate arrangements for decontamination are in place) or disposable.	· EU PPE Regulation 2016/425 · EN 166 · ANSI/ISEA Z87.1 or equivalent
Face shield	Made of clear plastic and providing good visibility to both the wearer and the patient Adjustable band to attach firmly around the head and fit snuggly against the forehead, fog-resistant (preferable). Completely covers the sides and length of the face. May be re-usable (made of robust material which can be cleaned and disinfected) or disposable.	· EU PPE Regulation 2016/425 · EN 166 · ANSI/ISEA Z87.1 or equivalent
Fit test kit	To evaluate effectiveness of seal for tight-fitting respiratory protection devices.	OSHA 29 CFR 1910.134 Appendix A
Particulate respirator, grade N95 or higher	N95 or FFP2 respirator, or higher. Good breathability with a design that does not collapse against the mouth (e.g. duckbill, cup-shaped).	· Minimum "N95" respirator according to FDA Class II, under 21 CFR 878.4040, and CDC NIOSH, or · Minimum "FFP2 according to EN 149, EU PPE · Regulation 2016/425 Category III, or equivalent
Mask, surgical – health care worker	Surgical mask, good breathability; internal and external faces should be clearly identified Type II or higher.	· EU MDD Directive 93/42/EEC Category III or equivalent · EN 14683 Type II, IR, IIIR · ASTM F2100 minimum level 1 or equivalent
Mask, surgical – patient	Surgical mask, good breathability; internal and external faces should be clearly identified Type I.	· EN 14683 any type including Type I · ASTM F2100 minimum level 1 or equivalent
Scrubs, tops	Tunic/tops, woven, scrubs, reusable or single-use, short-sleeved (tunic/tops), worn underneath the coveralls or gown.	
Scrubs, pants	Trouser/pants, woven, scrubs, reusable or single use, worn underneath the coveralls or gown.	
Apron, heavy duty	Straight apron with bib. Fabric: 100% polyester with PVC coating, or 100% PVC, or 100% rubber, or other fluid-resistant coated material. Waterproof, sewn strap for neck and back fastening.	· EN ISO 13688 · EN 14126-B and partial protection (EN 13034 or EN 14605) · EN 343 for water and

COMMODITY	TECHNICAL DESCRIPTION	
	Minimum weight: 300 g/m2 Covering size: 7090 cm (width) x 120–150 cm (height). Reusable (provided appropriate arrangements for decontamination are in place).	breathability or equivalent
Gown	Single-use, length mid-calf. Hoods, boots and shoe cover.	· EU PPE Regulation 2016/425 and EU MDD Directive 93/42/EEC · FDA Class I or II medical device or equivalent · EN 13795 any performance level, or · AAMI PB70 all levels acceptable, or equivalent NAFDAC recommended standard
Alcohol-based hand rub	100 ml and 500 ml bottle	NAFDAC recommended standard
Biohazard bag	Disposal bag for biohazardous waste; 30 x 50 cm, with "Biohazard" print; autoclavable polypropylene Thickness: 50 µ or 70 µ body bags, (NAFDAC recommended standard).	
Safety box	Safety box for needles/syringes; 5L capacity; cardboard for incineration, box-25.	Biohazard label as per WHO PQS E010/011
Soap	Liquid (preferred); powder and bar.	
Gloves, cleaning	Outer glove should have long cuffs, reaching well above the wrist, ideally to mid-forearm. Minimum 280 mm total length. Sizes: small, medium, large. Reusable.	Puncture-resistant, FDA compliant
Hand drying tissue	50 to 100 m roll.	
Chlorine	Neck, granules, 1kg, 65–70% + measurement spoon.	

3.3.3 Case Management

There is no specific treatment or vaccine for COVID-19 currently. However, Research and Development (R&D) efforts for MERS-CoV are ongoing. WHO guidance on COVID-19 case management is in development. However, treatment Personal Protective Equipment (PPE) for at-risk health care workers in health care facilities and **etiological supportive/symptomatic treatment with** antibiotics, pain/fever relief and mechanical ventilators as may be required, is applicable. **Home care kits for home isolation of asymptomatic or mildly symptomatic** cases (in the event of a large outbreak) may also be required after due clearance by NAFDAC and SON.

The key supplies required for case management that may be brought into the country or provided by local donors are **as listed in table and the World Health Organization's Commodity Disease Package for COVID-19 response and NAFDAC referenced below:**

COMMODITY	TECHNICAL DESCRIPTION	
Laryngoscope – neonate	Instrument used to expose and view the larynx and surrounding areas during orotracheal and nasotracheal intubation. Consists of a large cylindrical, hollow, slightly ribbed handle with a threaded head compatible with different blade types and sizes. Each blade has fibre optics or a single bulb; bulb is at least a 2.7 V halogen light and is removable for cleaning. Handle is 19 mm diameter and battery powered with two standard alkaline dry-cell batteries (1.5 V, type AA (LR6)). Blades, Macintosh type (curved): · No. 0, length 55 mm, for newborn · No. 1, length 70 mm, for infant · No. 2, length 90 mm, for child Heavy-walled plastic or metal case Instructions for use, troubleshooting and maintenance (English, French, Spanish) Supplied with six compatible batteries in total. Four extra halogen bulbs.	ISO 7376:2009 or equivalent
Endotracheal tube, without cuff	Without cuff, sterile, single-use. Consists of a thin, flexible, transparent and single hollow cylinder, with an anatomical curvature Magill-type of 37.5°, black and legible depth markings and graduation in centimetres, with radio-opaque continuous line mark, with pilot balloon, with a standard connector at the proximal end. The proximal end of the tube safely fits the connector from which size is selected according to the tube size. The connector is straight and double-ended, with the proximal end being an outer, standard 15 mm internal diameter, conical tip that allows the tube to be connected to the ventilation system (breathing circuit or manual resuscitator). The distal end of the tube is open and bevelled (obliquely cut), atraumatic, with Murphy's eye. Endotracheal tubes to be standard in all aspects: dimension, markings and connectors.	

COMMODITY	TECHNICAL DESCRIPTION	
Endotracheal tube, with cuff	With cuff, sterile, single-use. Consists of a thin, flexible, transparent and single hollow cylinder, with an anatomical curvature Magill-type of 37.5°, black and legible depth markings and graduation in centimetres, with radio-opaque continuous line mark, with cuff and pilot balloon, with a standard connector at the proximal end. The proximal end of the tube safely fits the connector from which size is selected according to the tube size. The connector is straight and double-ended, with the proximal end being an outer, standard 15 mm internal diameter, conical tip that allows the tube to be connected to the ventilation system (breathing circuit or manual resuscitator). The distal end of the tube is open and bevelled (obliquely cut), atraumatic, with Murphy's eye. The cuff, situated at the distal end of the tube, provides an airtight seal between the tube and the tracheal wall. It seals the lungs against the liquid secretions moving around in the upper airway. Also ensures that the environment below the cuff can be pressurized and ventilated with a carefully controlled gas mixture. The cuff has a low pressure in order to avoid inadequate pressure on the tracheal mucous membrane to prevent damage or even necrosis. It typically has a capacity of 10 mL. The cuff is inflated via a small-bore inflation tube welded to the outside of the tracheal tube or built into its wall. The pilot balloon indicates the cuff distension. One end is connected to the cuff through a thin inflation tube located close to the proximal end. The other end has a spring-loaded, one-way valve that maintains a pre-set pressure in the circuit, and has a Luer tip connector for syringes. Endotracheal tubes to be standard in all aspects: dimension, markings and connectors	· ISO 5361:2016; · ISO 10993-1:2018; · ISO 11135:2014 or equivalent
Endotracheal tube introducer, Bougie	Blue or yellow tube with graduated marking. Curved tip with distal rounded smooth tip; sterile, single-use. Diameter: 10 Fr and 15 Fr; length: 60–70 cm	· ISO 5361:2016; · ISO 10993-1:2018; · ISO 11135:2014 or equivalent
Endotracheal tube introducer, Stylet	Flexible and malleable guide (stylet). Soft and round end-tip. Shaped as needed. Graduated marking. Manufacturer name and tube size are indicated on the tube. Sterile, single-use. Diameter: 10 Fr and 14 Fr; length: 30–45 cm.	
Colorimetric end tidal CO2 detector	Sizes compatible with child and adult endotracheal tube; single-use.	ISO 5367:2014 or equivalent

COMMODITY	TECHNICAL DESCRIPTION	
Resuscitator, adult	Compressible self-refilling ventilation bag; capacity: 1475–2000 mL Oxygen reservoir bag complete. Non-rebreathing patient valve with pressure-limiting valve, patient connector outside/inside diameter: 22/15 mm. Inlet valve with nipple for O2 tubing. Masks, silicon; sizes: adult small, adult medium, adult large.	ISO 10651-4:2002 or equivalent
Resuscitator, child	Compressible self-refilling ventilation bag, child, capacity: 500–700 mL Oxygen reservoir bag complete. Non-rebreathing patient valve with pressure limiting valve, patient connector outside/inside diameter: 22/15 mm. Inlet valve with nipple for O2 tubing Masks, silicon, for child.	
Oropharyngeal airway, Guedel, sterile, single-use	One-piece, semi-rigid, curved plastic tube. To be inserted through the oropharynges to facilitate airway management. Guedel type. Flange surface is permanently marked with tube size/length in mm, and the manufacturer or supplier's name. Bite resistant. Proximal (or buccal) end straight and reinforced. Distal end semi-rigid, curved, with atraumatic soft rounded edges Infant sizes: 00, 0, 1; adult sizes: 2, 3, 4.	·EN12181 ·ISO 5364; ·ISO10993-1 or equivalent
Nasopharyngeal airway	Sterile, single-use; recommended for use as an airway adjunct in the semi-conscious or unconscious patient with an intact gag reflex. Individually packaged, sterile, with a conveniently attached surgical lubricant for quick access to facilitate ease of insertion. Flexible and soft material for maximum patient comfort Rounded tip allows for gentle insertion. Trumpet design for secure placement. Diameter and size labelled according to standards. Range of sizes from 20 Fr to 36 Fr.	
Suction devices	Portable suction devices/aspiration pumps used to evacuate secretions and liquids from the nasal cavity or from high airways. Devices capable of resisting high-level disinfection procedures. Aspiration pumps vary in vacuum level and flow capacity. Anti-bacterial filter and containers should be available, if applicable.	
Compound sodium lactate solution	Compound solution of sodium lactate (Ringer's lactate), injection solution, w/o IV set and needle, 1000 mL.	
Infusion giving set	Infusion giving sets for adult and pediatric use to be considered. IV catheters and scalp vein sets covering all range of sizes to be considered. Stopper/closing cones, 3-way stopcock and other devices needed to complete the infusion line to be considered.	
Paracetamol	Paracetamol, 500 mg, tablets	
Azithromycin	500mg capsule	
Chlorpheniramine Tab	4mg Tablet	

**Donations relating to medicines, diagnostics and equipment are recommended to follow the National Guidelines for Donation of Medicines and Health Care Equipment in Nigeria – 2007 (http://health.gov.ng/doc/DDG.pdf).*

COMMODITY	TECHNICAL DESCRIPTION		
Oxygen concentrator	Device concentrates oxygen from ambient air. Mobile on four antistatic swivel castors, two with brakes. Flowrate: continuous and adjustable; oxygen purity: 93% ± 3%; output pressure: 0.04–0.07 MPa; noise level < 55 dB Integrated oxygen concentration and pressure sensors. Four-step filtering of air intake, including bacterial filter; all filters replaceable; coarse filter is washable/reusable. Display panel with audio/visual alarms for: "low oxygen concentration" (< 82%), "high/low pressure" (0.1/0.23 MPa), "power failure" and "occlusion" (no flow). Accessories and spare parts should be available to ensure at least one year of operation.	WHO; Concentrator, oxygen	*World Health Organization's Commodity Disease Package for COVID-19 response*
Pulse oximeter	Compact portable device to monitor haemoglobin oxygen saturation and calculate the pulse rate of a patient; fingertip or tabletop; battery powered or line powered. SpO2 detection to include the range 70–100% SpO2 resolution: 1% or less Pulse rate detection to include the range 30–240 bpm Pulse rate resolution: 1 bpm or less Complies with ISO 80601-2-61:2011, or equivalent.		
Flow-splitter, for oxygen supply	Flow splitter for diversification of oxygen delivery. Each outlet with an independent flowmeter for independently controlled oxygen flow rates. Full scale is graduated in litres per minute (L/min). The device is connected to a single oxygen supply (e.g. concentrator). Input pressure: 50–350 kPa.	WHO-UNICEF Technical Specifications and Guidance for Oxygen Therapy Devices, 2019	*World Health Organization's Commodity Disease Package for COVID-19 response*
Flowmeter, Thorpe tube	The Thorpe tube flowmeter is composed of inlet and outlet ports, a regulator, a valve and a clear tapered measuring tube. It is suitable for connection to various medical gas sources, such as a centralized system, cylinders, concentrators or compressors; standard (absolute, non-compensated) and pressure-compensated flowmeter versions; suitable for specific flow ranges.		
Humidifier, non-heated	The humidifier is inserted in the inspiratory line of a breathing circuit to add moisture to the breathing gases for administration to a patient. The bubbling bottle humidifier is a sealed container filled with water and connected inline into the breathing circuit. The medical gas mixture flows through the water inside the bottle and is enriched in		

	humidity. This type of humidifier does not heat the gas. Should be compatible with oxygen concentrator, including necessary hose connectors.		
Nasal prongs	Oxygen cannulae (nasal prongs) are plastic tubes shaped as two prongs delivering air/oxygen mixture into the nasal cavities and connected to an oxygen administration circuit; cannulae can be designed for low-flow applications (0–15 L/min range in general) or high flow (> 15 L/min typically). Oxygen and air/oxygen mixture compatibility, as per ISO 15001; different sizes: adult, paediatric, neonatal.		
Catheter	Flexible nasal catheter with multiple holes (6 to 12 lateral eyes) at distal end. Oxygen and air/oxygen mixture compatibility, as per ISO 15001. Proximal end with connector. Sterile, single-use. Diameter: 8 Fr. Length: 40 cm with lateral eyes, sterile, single-use.		
Oxygen mask	Connection tube, reservoir bag and valve, high-concentration, non-sterile, single-use; different sizes: adult, paediatric.		
Venturi mask	Venturi mask, w/percent O2 Lock + 2.1 m tubing, non-sterile, single-use; different sizes: adult, paediatric.		
Patient ventilator, for critical care	·Tidal volume up to 1000 mL ·Pressure (inspiratory) up to 80 cm H2O ·Volume (inspiratory) up to 120 L/min ·Respiratory rate: up to 60 breaths per minute ·Synchronized intermittent mandatory ventilation (SIMV) respiratory rate: up to 40 breaths per minute. ·CPAP/PEEP up to 20 cm H2O ·Pressure support up to 45 cm H2O ·FiO2 between 21% and 100% ·Inspiratory and expiratory times up to at least 2 sec and 8 sec respectively ·I:E ratio from 1:1 to 1:3 Modes of ventilation: ·Volume controlled ·Pressure controlled ·Pressure support ·SIMV with pressure support ·Assist/control mode ·CPAP/PEEP	ISO 80601-2-80 and ISO 80601-2-79 or equivalent	
	Alarms are required: FiO2, minute volume, pressure, PEEP, apnea, occlusion, high respiration rate, disconnection. System alarms required: power failure, gas disconnection, low battery, vent inoperative, self-diagnostics. If an alarm silencing feature is incorporated, it must be temporary and clearly displayed when activated.		

	Air and externally supplied oxygen mixture ratios fully controllable; inlet gas supply (O2) pressure range 35 psi to 65 psi; medical air compressor integral to unit, with inlet filter.	

4. FREQUENTLY ASKED QUESTIONS

1. **What are the official donation mechanisms for the COVID-19 response in Nigeria?**
    a. **The Private Sector Coalition Against COVID-19 (CACOVID)** led by the Central Bank of Nigeria, Access Bank and Dangote Foundation, which brings together several public-spirited individuals and corporate organizations.
    b. **The Oil and Gas Sector Funding Stream** coordinated by the NNPC, and bringing together major players in Nigeria's upstream and downstream oil and gas sectors.
    c. **The United Nations ONE COVID-19 Basket Fund** facilitated and implemented by the UN system in Nigeria, through a Project Management Board comprising representatives of the UN system in Nigeria, the Presidential Task Force on COVID-19 Response, relevant government agencies and contributing donors. The Basket Fund will serve as a financing and investment platform for the UN, other multilateral organizations, bilateral organizations, the private sector, foundations, and philanthropists.
    d. **Federal Government of Nigeria COVID-19 Eradication Support Accounts** comprising five commercial bank accounts managed by The Accountant-General of the Federation.

2. **Who is managing the funds mobilized by each of the official funding mechanisms?**
    The funds being mobilized by the funding streams listed above are managed by the various groups with the Presidential Task Force on COVID-19 ONLY providing guidance on resource requirements and deployment.

3. **If I want to donate funds towards the COVID-19 response in Nigeria, where should I make my cash or cheque donations?**
    All cash and cheque donations MUST be channeled through the funding streams listed above.

4. **Does the Presidential Task Force on COVID-19 collect any monetary donations?**
    No. The Presidential Task Force on COVID-19 is not accepting or receiving any donations of cash or cheques from the private sector or from international donors.

5. **How is the Presidential Task Force involved with the funding mechanisms?**
   Each of the funding streams will make direct interventions in the area of medical supplies and the upgrading or equipping of healthcare facilities and infrastructure, based on the needs and requirements submitted by the Presidential Task Force on behalf of Federal and State Governments.

   The Task Force through its Resource Mobilization and Coordination Office will regularly make available to all existing and potential donors a comprehensive assessment of the specific needs and requirements of the various Federal and State Governments at the forefront of the response to COVID-19. This needs assessment will guide all donors & investors towards the most appropriate and efficient use of the funds donated.

6. **What types of the donations is the Presidential Task Force accepting on behalf of the Federal Government?**
   The only donations that the Task Force will receive on behalf of the Federal Government will be of equipment, essential supplies and technical support/assistance and other non-monetary contributions.

7. **I would like to donate equipment and supplies as part of the COVID-19 response in Nigeria. How should I go about it?**
   We advise that intending donors of equipment and supplies contact the Task Force's Resource Mobilization and Coordination Office to request for a Needs Assessment Report, to ensure that only required items are supplied, and that they meet requisite specifications and quality standards.

Presidential Task Force on COVID-19 Response Contact Details:

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5. RESOURCE DOCUMENTS

For more information on established regulations on imports and local production in Nigeria, and to the full World Health Organization Disease Commodity Package, please refer to the following links:

1. List of drugs registered with NAFDAC: https://www.nafdac.gov.ng/drugs/drug-database/
2. List of locally manufactured drugs registered with NAFDAC: https://www.nafdac.gov.ng/wp-content/uploads/Files/Resources/Directorate_Resources/R_and_R/List-of-Registered-Locally-Manufactured-Drugs.pdf
3. World Health Organization Commodity Disease Package for COVID-19: https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov)
4. Product certification for locally manufactured non-health products: http://son.gov.ng/son-product-certification
5. Guidelines to Donations of Medicines and Healthcare Equipment in Nigeria: www.health.gov.ng
6. National Drug Policy 2005 reviewed 2019: www.health.gov.ng