



IMPLEMENTATION OF THE HBHI APPROACHES IN NIGERIA

Presented at the meeting on
Institutionalising iCMM to End Preventable Child Deaths 25th July, 2019

Addis Ababa

National Malaria Elimination Programme (NMEP)
Federal Ministry of Health Nigeria



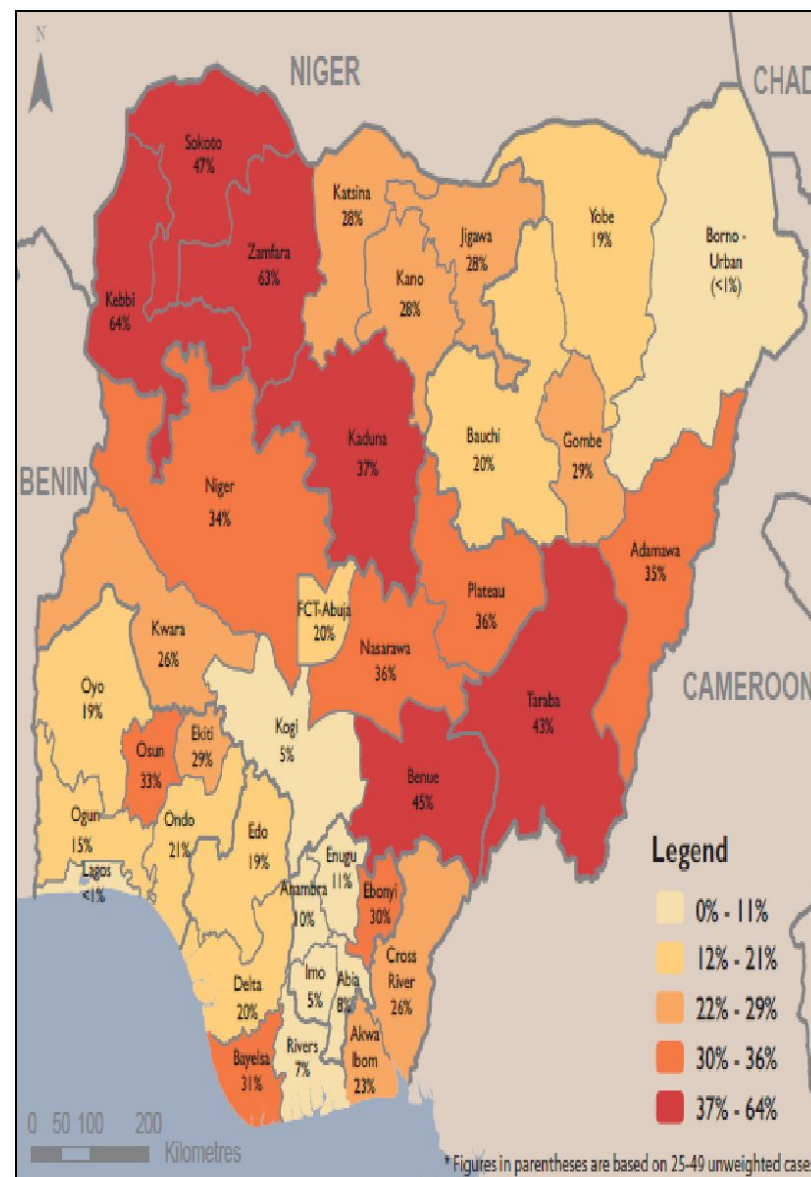
Outline

- Country Profile
- Status of implementation
 - Political will to reduce malaria deaths
 - Strategic information to drive impact
 - Better guidance, policies, and strategies,
 - A coordinated national malaria response
- Challenges



Country Profile

- Africa's most populated country
- Estimated to have 199,220,487 inhabitants in 2017
- Nigeria is made up of six geopolitical zones:
 - 36 States and the Federal Capital Territory
 - 774 Local Government Areas





Malaria Burden in Nigeria

Risk

Entire population (198 Million) at risk

Morbidity

Annual Cases:

53.7 Million

25% of global burden

53% of West Africa burden

Prevalence: 27% (2015 MIS),
range (<1% - 64%)

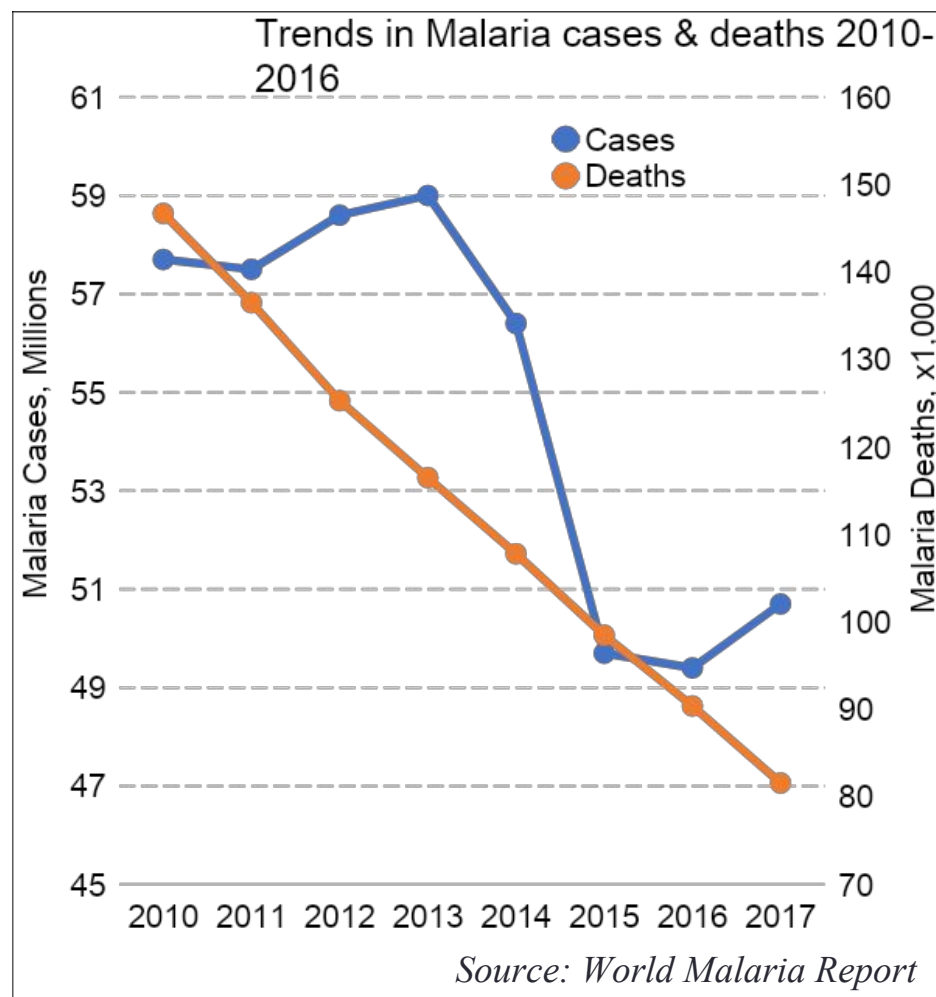
Mortality

Annual Deaths:

81,640 deaths

19% of global burden

45% of West Africa burden



Source: World Malaria Report 2018



Background

- Scoping mission and national stakeholders meeting was conducted March 2019 with RBM partners
- Self assessment was done to document the situation in the 4 response elements:
 - Political will to reduce malaria deaths
 - Strategic information to drive impact
 - Better guidance, policies, and strategies,
 - A coordinated national malaria response



Key Recommendations at the National Stakeholders Meeting

The HBHI steering group agreed that the HBHI process and action planning should be considered as a continuum towards the development of the next Malaria Strategic Plan

Need for state level engagement for completion of country focused assessment template on the log frame

Synthesis of outputs as well as the outputs from the expert review on malaria as key inputs into the High Level National Malaria DIALOGUE

Tentative Plan for a National dialogue to hold in July 2019.



National Stakeholders meeting on HBHI





Response Element 1: Political Will

S/N	Key Area	Progress of implementation
1	Political structures	<ul style="list-style-type: none">• Planned advocacy to new governance structures: Governors forum, Legislators forum and Federal Exec. Council• Coordination structures (TWG, CCM) are functioning.• Planned National dialogue pending
2	Accountability	<ul style="list-style-type: none">• Plan to align with the national accountability framework
3	Awareness	<ul style="list-style-type: none">• World Malaria Day• National Council on Health (information notes)• Advocacy to the government• Advocacy to the relevant professional bodies
4	Financing	<ul style="list-style-type: none">• World Bank, ADB and IDB negotiations advanced• Advocate for more domestic private sector funding at National Malaria Dialogue



Response element 2: Strategic Information

S/ N	Key Area	Progress of implementation
1	National malaria data repositories	<ul style="list-style-type: none">• Linkage to DHIS2 completed• Collation of non-routine data ongoing
2	Progress review	<ul style="list-style-type: none">• Malaria Programme Review commenced• Annual and quarterly review done
3	Analysis of stratification, intervention mixes and prioritization	<ul style="list-style-type: none">• Epi-analysis (triangulation of all available data such as MIS, RIA, Routine data) to guide stratification• In-depth/granular data analysis and intervention mixes being proposed will be reflected in the new strategic plan
4	Subnational operational plans	<ul style="list-style-type: none">• States Annual Operational Plans to be operationalized
5	Monitoring and Evaluation	<ul style="list-style-type: none">• Surveillance, Monitoring and Evaluation systems• Regular assessment of DHIS2 data• Mechanisms for data collection from private sector yet to be fully explored



Response element 3: Guidance, Policies, strategies

S/N	Key Area	Progress of Implementation
1	Continually update guidelines	<ul style="list-style-type: none">• National guidelines adapted and updated (Diagnosis and treatment, Integrated vector control, BCC guide, M&E framework etc)
2	Improved dissemination and update of global policies at the country-level	<ul style="list-style-type: none">• Coordination platforms and stakeholder engagement platforms used for guideline dissemination• Collaboration with professional bodies
3	Effective and optimal deployment of national policies	<ul style="list-style-type: none">• National and state level deployment• Plans to create a section for national guidelines on our website



Response element 4: Coordination

S/N	Key Area	Progress of Implementation
1	Processes requiring coordination	<ul style="list-style-type: none">• Harmonization of stakeholders support• Private Sector Engagement Strategy (commenced quarterly subcommittee)• Inter and intra sectorial collaborations e.g. SOML, BHCPH/NPHCDA• Integration with other disease programmes: Mal-RMNCH, Joint ATM meetings
2.	Coordination structures	<ul style="list-style-type: none">• CCM, TWG and thematic subcommittees at national• Subnational coordination platforms
3	Aligned partner support	<ul style="list-style-type: none">• Delineated geographical spread of partner agencies operations• Partners involvement with AOP development



Challenges

- Delay in the appointment of substantive heads of health ministries at national and subnational levels
- Lack of additional malaria intervention support in some states
- Suboptimal public sector health funding
- Weak and uncoordinated private sector engagement and financing
- Inadequate skilled manpower especially in the rural settings
- Increasing security challenges
- Capacity to stratify and target interventions to high risk state / LGA
- Coordination and harmonization of tiers of government; broader health systems agencies, parastatals and departments working on malaria; donors; and PPPP



**THANK YOU FOR
YOUR ATTENTION**