Corporate Alliance on Malaria in Africa (CAMA) Annual Technical Forum 2014

Capitalizing on Competencies: Partnering to Eliminate Malaria and Accelerate Progress on Maternal and Child Health

2 July / Transcorp Hilton, Abuja
Workshop Overview
Workshop Objectives

1. **Convene** the private sector with the key stakeholders involved in malaria control and maternal child health (MCH) in Nigeria

2. Set the stage for **partnership development in Nigeria** between the private sector, National Malaria Elimination Programme and key implementers

3. **Facilitate** the exchange of best practices, lessons learned and opportunities to implement malaria control and MCH programs in Nigeria

4. Provide an update on the **Federal Ministry of Health’s National Strategic Plan** including entry points for private sector engagement
Workshop Group

The diverse group of over 125 participants represented multiple sectors, including representatives from 25 companies.

**PRIVATE SECTOR**
Abt Associates  
Access Bank Plc  
Bayer CropScience  
Chevron Nigeria  
C.Zard & Company Ltd  
The Coca-Cola Company  
Crown Agents Limited  
Consolidated Breweries Plc  
Elyon Synergy Ltd  
Exxon Mobil Corporation  
General Electric  
International SOS  
Julius Berger  
Prima Rosa Flowers  
May & Baker Nigeria Plc  
STB McCann  
Nigerian Breweries Plc  
Nestlé  
Sanofi  
Shell Nigeria  
Swiss Pharma Nigeria Ltd  
Syngenta  
Biostadt Company  
Vestergaard Frandsen  
Wapic Insurance Plc

**GOVERNMENT**
National Malaria Elimination Program  
Family Health Department  
Department of Community Health and Malaria, Cross River State

**CIVIL SOCIETY, DONORS & ACADEMIA**
Africare  
African network on Vector Resistance  
Asabe Shehu Yar’Adua Foundation  
Association for Reproductive and Family Health  
Center for Communication Programs, Nigeria  
Friends of the Fund Africa  
Centre de Recherche Entomologique de Cotonou  
Christian Aid Nigeria  
Civil Society in Malaria Control, Immunization and Nutrition  
Clinton Health Access Initiative (CHAI)  
Development Africa  
ECOWAS  
eHealth Systems Africa  
FHI 360  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Institute of Human Virology, Nigeria  
Jhpiego  
JICA  
John Snow Inc.  
Management Science for Health (MSH)  
Olusegun Obasanjo Foundation  
ONE Campaign  
Planned Parenthood Federation of Nigeria  
Royal Heritage Health Foundation  
Rural Builders Organization  
Saving One Million Lives Initiatives  
Society for Family Health (SFH)  
Sustainable Healthcare Initiative Nigeria  
Support to the National Malaria Programme (SuNMaP)  
Wellbeing Foundation Africa  
USAID  
Vision Africa  
West African Infectious Disease Institute  
Youth Empowerment and Development Initiative
Key Themes & Recommendations

Improve multi-sector coordination through partnership

- There is a lack of coordination in program implementation and reporting between the private and public sector
- Duplication of program implementation is a poor use of limited financial resources
- Improved coordination will increase the return on malaria control investments

Improve data management and reporting protocols

- Data quality and collection frequency is subpar (a major issue for all stakeholders)
- Private sector (particularly IT, telecoms and healthcare), can provide the platforms, technology and training to enhance data gathering and management
- Private sector must be proactive in sharing program data at both state and federal levels. This requires a clear, accessible and central platform for data submission.

Boost effective/efficient diagnosis at points of care

- Scale-up interventions that work such as integrated community case management (iCCM)
- Increase training opportunities for current health workers, particularly at Patent Medicine Vendors (PMVs) where many seek diagnosis and treatment services
- Transfer private sector talents and knowledge in diagnosis and treating workforces to the public sector
Key Themes & Recommendations

Expand investment in malaria interventions beyond net campaigns

- Bednet distribution is the main malaria prevention intervention in Nigeria
- The consensus across all sectors is that to control and eliminate the disease, we need to expand the range of interventions
- Implementation of indoor residual spraying (IRS), larval source management (LSM) and other programs will require increased funding and technical support

Increase market demand for malaria commodities

- Increase demand for key malaria and MCH services and commodities by key populations, while conveying credible messages about diagnosis and prevention, through effective behavioral messaging campaigns

Increase local supply chain capacity

- Expand on existing supply chain structures and make them more efficient to ensure speedy distribution of life-saving commodities
- Increase the number of storage warehouses for commodities and the manpower to manage these facilities effectively
- Offer incentives (e.g. tax breaks) to grow local manufacturing markets for essential commodities
Session Highlights
Country Spotlight on Nigeria

MODERATOR
Ms. Sancia Dalley, Director, GBCHealth

SPEAKERS
Dr. Nenna Ezeigwe, Coordinator, National Malaria Elimination Program, Federal Ministry of Health, Nigeria

Dr. Wapada Balami, Director of Family Health, Federal Ministry of Health, Nigeria
Country Spotlight on Nigeria: Malaria Burden

Malaria remains the highest public health burden in Nigeria

- Over 9 out of 10 Nigerians are at risk of infection
- Malaria accounts for approximately 60 percent of outpatient visits and 30 percent of admissions*
- Malaria accounts for 25 percent of mortality in children under 5 years and 11 percent of maternal deaths
  - Preventing and treating malaria in children effectively could avert 250,000 child deaths
- Malaria causes an annual national loss to the economy of approximately N480 billion (USD $2.9 billion) along with high rates of absenteeism within the workforce and among school-aged children

*MIS 2010
Country Spotlight on Nigeria: Primary Interventions

- Net distribution is the primary intervention of the National Malaria Elimination Programme (NMEP) with over 58 million nets distributed between 2010-2013 during universal LLIN campaigns
  - This is below universal coverage targets*

- Promotion of Focused Antenatal Care (FANC) as an entry point to the provision of other critical services (such as malaria prevention/treatment) is an opportunity for closer collaboration between the NMEP and Family Health Department
  - The integration of malaria interventions into general health activities has achieved synergies, increased cost-effectiveness and supported health system strengthening

*NMEP Presentation, 2014
Country Spotlight on Nigeria: Success

Malaria prevention interventions have successfully led to a shift from hyper- to meso-endemic malaria in the past decade.

*Binned Predicted Mean PfPR*$_{2-10}$

PfPR describes the estimated proportion of 2-10 year olds in the general population that are infected with *P. falciparum* at any one time, averaged over the 12 months of 2010.
Country Spotlight on Nigeria: Elimination Goal

Nigeria’s National Malaria Elimination Programme aims to lead the country from the control to elimination phase.

Malaria elimination is the permanent interruption of local mosquito-borne malaria transmission. Sustained political commitment, adequate resourcing and effective partnerships are all fundamental to the success of malaria elimination programmes.

The process of change from malaria “control” to “elimination” for Nigeria’s National Malaria Control Programme

*NMEP Presentation, 2014*
Country Spotlight on Nigeria: Needs

For Nigeria to move from malaria control to elimination, the following need to be addressed:

− **Communications and Advocacy** - at the national and local level to increase demand for health services and commodities

− **Data** – the collection and central management of data need improvement, particularly on those programs that are not managed by the NMEP

− **Infrastructure** – improving existing facilities and building new ones, especially in rural areas

− **Capacity building** – training health workers, including PMVs on malaria diagnosis, treatment and prevention to improve quality of care

− **Collaboration** - incredible amounts of duplication of control and prevention efforts are occurring across sectors, costing time and money and not yielding maximum impact

− **Funding** – the NMEP has a funding gap of over USD700 million (2014-2017), leaving essential interventions and commodities unfunded
Country Spotlight on Nigeria: Funding Gap

The NMEP must close **a funding gap of USD700 million for essential malaria control interventions**

- This funding gap demonstrates sub-optimal funding of malaria control, non-maximization of the potential of Nigeria’s private sector in malaria control and over-dependence on development partner funding

Summary of NMEP Gap Analysis in USD from 2014-2017:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>TOTAL</th>
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<td>ACTs</td>
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<td>92,785,577.00</td>
<td>63,676,692.00</td>
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<td><strong>712,768,782.00</strong></td>
<td><strong>82.2</strong></td>
</tr>
</tbody>
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*NMEP Presentation, 2014*
Nigeria’s private sector can provide support to the NMEP’s efforts to eliminate malaria by focusing on identifying solutions and partnerships to:

- Increase the number of sentinel sites in-country for better malaria incidence monitoring

- Foster the domestic production of key commodities (LLINs, ACTs, etc.) to assist in cost-saving measures around procurement and delivery

- Enhance logistics and distribution mechanisms to reach key affected populations including warehouse management, transportation/distribution and infrastructural improvements

- Develop and disseminate IT/telecommunications packages for malaria tracking and behavior change communication/advocacy campaigns

- Encourage consumer engagement to build awareness on malaria prevention, diagnosis and treatment
Partnership to Enhance Health Systems to Deliver on Malaria and Maternal Child Health Interventions

MODERATOR
**Dr. Robert Chiegil**, Deputy Country Director/Deputy Chief of Party, FHI 360

SPEAKERS
**Dr. Iyam Ugot**, Special Advisor to the Governor of Cross River State, Department of Community Health

**Dr. Mike Egboh**, National Program Manager, Partnership for Transforming Health Systems Phase II (PATH2), Abt Associates

**Dr. Ugo Okoli**, Project Director, SURE MCH, National Primary Health Care Development Agency

**Dr. Oniyire Adetiloye**, Deputy Country Director, Jhpiego, Nigeria

**Mr. Oladimeji Agbolade**, Head of Public Affairs, Sanofi, North East Africa

**Mr. Clement Ugorji**, Manager, Public Affairs and Communications, The Coca-Cola Company
Within Nigeria, there are tremendous gaps in the health system that cripples the impact of malaria program.

To tackle this, panelists agreed more focus must be placed on the following areas:

- **Logistics and Distribution Chains** – to enhance and ensure timely delivery of essential commodities, particularly in the most remote locations of the country where high-risk populations live and work.

- **Domestic Manufacturing** – to minimize the cost of imported commodities and the challenges with reliability of imported commodities.

- **Human Resource and Development** – to have adequate human capital that is well trained, financed and able to deliver quality services across the health care chain. Removing the dependency on donors to train health workers and institutionalizing this process enhances sustainability rather than the current one-off approach.

- **Better Coordination** – among national, state and local government, the private sector and partners.

- **Transparency and Accountability** – between government and partners on resource allocation, including corresponding data.

- **Monitoring and Evaluation** – to monitor health programs and intervention effectiveness.
Companies in Nigeria can accelerate progress on MDGs 4, 5 and 6 and see maximum impact on their returns by investing in the development of health systems

**Logistics and distribution** – Provide infrastructure and intellectual knowledge to increase the speed of delivery of health commodities
- Partnerships in this area enhance supply chains and support development of rural health infrastructures in ways that government sometimes cannot

**Domestic Manufacturing** – Grow local manufacturing of health commodities to enhance planning and delivery systems
- Federal Government will need to put in place incentives that will attract further growth in this area from entrepreneurs and investors
- Current commodity manufacturers can establish joint ventures with local companies to explore domestic manufacturing as is done in other countries such as Tanzania with A to Z Textiles for net manufacturing

**Human Resource and Development** – Identify ways to second talent from the private sector into public sector as an opportunity to transfer valuable skills and knowledge
- Some companies currently provide trainings for public sector but these are one-offs and often are not institutionalized
Collaboration and Innovation on Malaria and Maternal Child Health – A Conversation with CAMA Co-Chairs

MODERATOR

Ms. Ochuko Keyamo, Program Manager, Corporate Alliance on Malaria in Africa (CAMA), GBCHealth

SPEAKERS

Ms. Adjo Mfodwo, Regional Manager, Bayer Environmental Science, West Africa

Mr. Deji Haastrup, General Manager, Policy, Government and Public Affairs Department, Chevron, Nigeria
A Conversation With CAMA CO-Chairs

Private sector partnerships are increasingly a key component of development initiatives. Businesses can come together as one unified voice:

- To share best practices and promote understanding in the fight against malaria
- To move the needle in global health through a collective voice and force utilizing coalitions such as CAMA
- To manage diverse interests, resolve conflict, match resources and work towards a clear cut goal to impact on malaria control and elimination efforts.
- Private sector alliances act as a one stop shop for the public sector to access the private sector.
  - Example: in 2013, Bayer Environmental Science partnered with the Gambia NMCP to conduct a pilot study in one district in Gambia, and the project is still ongoing.

The Corporate Alliance on Malaria in Africa (CAMA) is a unique coalition of companies from various industries with business interests in Africa. These companies recognize the importance of the private sector in the fight against malaria and recognize the impact that malaria has on business and economic development. Partnerships are a fundamental way of doing business for CAMA members.

Business should not be an afterthought but rather part and parcel of any program strategy.
New Technologies for Malaria Vector Control

MODERATOR
Pro. Wellington Oyibo, WHO Consultant and Professor at University of Lagos, College of Medicine

SPEAKERS
Mr. Fredrick Nyambar, Head, Commercial Operations Sub-Saharan Africa, Bayer CropScience

Dr. Uwem Inyan, Program Manager Malaria, USAID/PMI, Nigeria

Dr. Akilah, National Malaria Elimination Programme
LLIN distribution has increased significantly with over 58 million distributed between 2010-2013. However, concerns about net usage, net replacement and distribution into new communities remain high:

- Usage rates remain at about 23 percent and major uptake must take place to meet MDG targets
- Almost 30 percent of children under 5 slept under a net*; still net ownership is higher than children’s use
- Net replacement will be a major part of the upcoming cycle for Nigeria’s malaria program with over 47 million nets expected to be distributed in 2014/2015 in 17 states across the country

*MIS 2010
New Technologies for Malaria Vector Control

In the push to meet malaria targets in Nigeria, greater commitment and investments towards integrated vector management strategies will be required if a significant improvement in the MDGs is to occur.

While some states are engaging in Larval Source Management or Indoor Residual Spraying, LLINs remain the major vector control (VC) intervention used across Nigeria.
Adopting IRS and LSM strategies as part of an integrated vector management strategy is a sound public health solution that also boosts local development:

- Very high human-resource intensive interventions that offer opportunities for local employment, skill training and technology transfer
- Provides tremendous visibility within communities and could be leveraged for other health and social development campaigns, as well as political support

Large quantities of insecticides and equipment is required to implement IRS and LSM at scale in Nigeria. This is a daunting task for many, but the investments have potential to provide great returns:

- Clearly communicated tender processes can provide guidance to suppliers while gathering data to support local manufacturing
- Employers with large workforces can adopt partnerships with local state health departments and implementing partners to carry out IRS and LSM in communities surrounding company operations

State level pilots are testing other VC interventions such Durable Wall Linings (not limited to pyrethroids to manage against resistance), window and door screens, and approved aerosols
Two primary challenges are highlighted as obstacles to innovating for new VC technologies:

1. **Resistance** – Pilots to identify appropriate insecticides for local malaria vectors were completed and six sentinel sites created to monitor vectors—however, this is not enough to manage resistance across the country

2. **Financing** – VC is time and labor intensive, requiring significant amounts of capital to effectively carry out. Investments cover:
   - **Human capacity** – to lead vector research and implement programs
   - **Infrastructure** – sentinel sites required to monitor malaria trends and vector resistance
   - **Products** – chemicals and equipment to implement interventions

The key solutions identified to boost VC in Nigeria include:

- Investing in local manufacturing of commodities
- Bulk purchase of VC commodities
- Closer collaboration with NMEP as projects are piloted to identify opportunities to scale
(Mis)Diagnosing Malaria – Nigerian Breweries Case Study

MODERATOR
Dr. Maxwell Kolawole, Country Director, Malaria Consortium, Nigeria

SPEAKER
Dr. Richard Ajayi, Brewery Medical Doctor, Nigerian Breweries Plc
Many malaria cases are diagnosed presumptively—this leads to misdiagnosis, poor care and overuse of ACT

- Less than 15 percent of fever cases were diagnosed before treatment with antimalarials

We must increase the use of malaria rapid diagnostic tests (mRDTs) and microscopy to reduce levels of misdiagnosis

- Workers need to be trained in the use of mRDTs
- Many countries are procuring and delivering more ACTs than RDTs, due in part to lack of financing for increasing diagnosis. There were 278 million ACTs procured globally in 2011 (UNICEF)
- iCCM treatment of fever emphasizes the confirmation or discounting of malaria as a cause of fever as an essential step and is helping to reduce the pressure on ACTs and to ensure that children are being treated correctly. (UNICEF)

Majority of Nigerians seek treatment for malaria initially through the private sector (57 percent with fever first seek treatment from a chemist or PMV)

- Results from a SFH 2012 study introducing RDTs to PMVs are pending
- SuNMaP is also testing approaches to make it advantageous (economic incentives and in terms of improved patient relations) for informal providers to use RDTs
- PMI plans to proceed with pilots in three states to introduce RDTs to PMVs
Nigerian Breweries is a local subsidiary of beverage giant HEINEKEN, operating in Nigeria since 1946 and holding the position of the largest brewing company in the country

- The company has been operating an extensive workplace malaria program for several years, covering over 3200 full-time employees and 22,400 beneficiaries

- Eight clinics located across the country with 15 medical staff (doctors, nurses and lab scientists) operating on a shift systems to serve workplace sites

- Malaria diagnosis is conducted via RDT in all clinics

- Malaria light microscopy conducted in Lagos clinic which serves the majority of employees while other sites are served by an external private lab contracted by the company
Challenges faced by Nigerian Breweries population:

- Presumptive diagnosis
- Poor quality of tests conducted at local public health clinics which impacts quality of diagnosis
- Little knowledge on malaria as evidenced by employees’ questions and assumptions
- Easy access to over the counter anti-malarials (including chloroquine) leads to improper self-treatment

Accurate diagnosis requires:

- Quality Rapid Diagnostic Tests
- Appropriate and functioning lab equipment
- Highly skilled lab technicians and well trained medical staff
  - Nigerian Breweries Plc invests in yearly training of medical staff to ensure current knowledge of malaria epidemiology, diagnosis and treatment protocols
Nigerian Breweries PLC Outcomes:

- Only confirmed malaria cases are treated by NB Plc

- Percent of malaria cases vs total clinic consultations have dropped yearly
  - From 1 out of 6 to current 1 out of 11
  - Malaria now accounts for less than 4 percent of all clinical consultations (as of 2013 data)

- The drop in malaria consultations also reflects preventive measures being implemented by the company such as distribution of LLINs (60 percent of employees are covered)
Malaria Control and Elimination in the Age of Resistance

MODERATOR
Dr. Chioma Amajoh, Director, Community Visions Initiative

SPEAKERS
Prof. Martin Akogbeto, Director, Centre de Recherche Entomologique de Cotonou
Ms. Charity Obe, Program Manager, Syngenta
Dr. Barnabas Bwambok, Technical Marketing Manager, Public Health, Vestergaard Frandsen
Pyrethroid-treated materials are the best available tools for malaria prevention but spread of resistance is a problem, leading to decreased effectiveness

- In Nigeria, areas in the South and West have already shown significant pockets of resistance to pyrethroids
- Prevalence of agricultural insecticide in malaria control contributes significantly to resistance issues faced across the region and in Nigeria
- Increasing resistance to Organo-phosphate and Carbamate chemicals in West Africa

The operational implications of vector resistance include:

- Limited effectiveness of IRS and LLINs
- Difficulties when choosing an insecticide for the implementation of a vector control intervention

In order to control resistance, it is necessary to:

- Have yearly monitoring and mapping at sentinel sites in various ecological areas
- When resistance is detected, the severity, distribution, mechanisms involved and operational impact must be determined
- Share appropriate tools to effectively monitor resistance trends
Control and Elimination in the Age of Resistance

The IR Mapper tool consolidates reports of resistance onto filterable maps. Below, an IR Mapper generated image shows resistance to pyrethroids in Nigeria.
Control and Elimination in the Age of Resistance

In addition to pyrethroid resistance, resistance to carbamate and organo-phosphate (OP) chemicals has emerged in West Africa.

*Prof Martin Akogbeto (ANVR)
Both short- and long-term solutions in insecticide R&D exist to manage evolving vector resistance.

Short term solution: **re-formulate existing insecticides**
- Actellic 300CS (a pyrethroid formulation by Syngenta) provides long lasting control on typical surfaces (potential for only one spray round per year) and is being used in spray programs across Africa
- These solutions have the potential to reduce IRS costs (by being longer lasting) and to deliver cost savings to overall health systems through their effectiveness

Long term solution: **create and approve the use of new active ingredients**
- Identifying new classes for VC has been difficult, however recently a new mode of action has been developed by Sumitomo and approved by WHO/WHOPES
- Challenges to developing new active ingredients:
  - New insecticide development has been driven primarily by agro-business industry, not for public health VC
  - In a small market, the cost to develop a new active ingredient is high at ~$180 million
  - New active ingredients can take 8+ years to bring to market
- Partnerships between chemical manufacturers and research institutions or NGOs can help accelerate the time from product formulation to market
  - Collaborations such as IVCC are working on new insecticidal active ingredients with novel Modes of Actions
While managing resistance in malaria programs in Nigeria is a real challenge, the NMEP recommends three strategies:

- **Rotation** – two or more classes of insecticide are sprayed in rotation annually

- **Mosaic** – the use of different classes of insecticides sprayed in different houses in same area

- **Mixture** – co-formulated insecticide sprays are used and/or a combination of interventions with different insecticide classes
Accelerating Achievement of MDG 4 and 5 – Strengthening Prevention and Treatment in Pregnancy and for Children Under 5

MODERATOR
Mr. Temitayo Erogbogbo, The Wellbeing Foundation

SPEAKERS
Mr. Bright Orji, Program Manager, Jhpiego

Dr. Aboubacar Kampo, Chief of Health, UNICEF, Nigeria

Ms. Constance Nwokejiobi, Program Coordinator, Exxon Mobil Foundation Programs Nigeria
Malaria control in Nigeria is key to achieving the MDG 4 and 5 targets of improving MCH. Evidence-based interventions are available to protect women and children during pregnancy, but health system challenges and other factors limit coverage.

The percent of women in Nigeria age 15-49 with a live birth between 2008-2010 who during pregnancy:

- Took any antimalarial drug: 30%
- Took any SP/Fansidar: 20%
- Took 2+ doses of SP/Fansidar: 17%
- Received any SP/Fansidar during an ANC visit: 15%
- Took 2+ doses of SP/Fansidar and received at least one during an ANC visit: 13%

*MIS 2010*
Malaria presents an enormous challenge for MCH:

- Malaria in pregnancy (MIP) accounts for deaths, illnesses such as fever, anemia, abortion, miscarriage, still birth and low birth weight
- Only 13 percent of pregnant women in Nigeria take the recommended full course of anti-malarials.

To improve management of MIP:

- Promote integration and coordination between antenatal care and malaria prevention
- Increase community initiatives that overcome barriers to care-seeking
- Dedicate resources to M&E
- Treat febrile diseases correctly by prioritizing diagnosis
Accelerating Achievement of MDG 4 and 5

The private sector has the opportunity to support the sustainable scale-up of healthcare services when the government cannot provide widespread access to care and NGOs can only offer temporary solutions.

For integrated MiP programs where the most at-risk populations are in hard to reach settings, companies can provide critical support by:

- **Unlocking bottlenecks** in the logistics channels that cripples the ability to deliver critical services such as treatment and preventative measures

- **Data management** to assist in tracking need and usage on the ground in order to plan and course-correct in programs more efficiently assistance to NGOs and governments

- **Providing marketing and advertising support** to increase program access by understanding the population, what products/services they use and how to create demand

- **Influencing policy** at State and Federal level to ensure coordination across agencies in order to effectively keep the “end-user” or “patient” at the center of health interventions
  - In Nigeria, the NMEP and Division of Family Health partner for better coordination—this must be effectively instituted at the State and local government levels
Financing for Malaria to Meet MDG 4 and 5 – Boosting Investments Locally

MODERATOR

Ms. Chidi Ezeigbo, Communications Director, Friends of the Global Fund Africa

SPEAKERS

Ms. Nicolette Selman, Fund Portfolio Manager, The Global Fund to Fight AIDS, TB and Malaria, Nigeria

Mr. Oluwatoyin Idowu, Head of Developing Banking, Access Bank Plc

Mr. Robert Brinckman, Health Financing, Clinton Health Access Initiative
Financing for Malaria to Meet MDG 4 and 5

Major sources of financing for malaria in Nigeria:

Moving forward, there is a need to increase domestic financing of malaria programs in the country.

Historically, the private sector has had an important relationship with the Global Fund as donors, technical assistance providers, members of Country Coordinating Mechanisms (CCMs) and implementing partners.

The Global Fund New Funding Model (NFM) sets opportunities to more effectively engage the private sector and attract additional funding to support specific priorities.

- Under the NFM, the concept note is the outcome of a country-led multi-stakeholder dialogue, articulating not only interventions that will be funded by a country’s indicative envelope, but the full expression of all unfunded need within a country.

The private sector can:

- Participate in the country dialogue process and concept note development through the country’s CCM.
- Contribute financial resources to the Global Fund or directly to country programs, ensuring gaps are filled and services can be scaled up.
- Contribute core expertise, provide guidance to grant applicants, build capacity of recipients and CCMs, help to address implementation risks and bottlenecks.
- Align their own corporate programs to support national strategic plans or to complement Global Fund programs.
Financing for Malaria to Meet MDG 4 and 5

Current Global Fund Allocation for Nigeria:

<table>
<thead>
<tr>
<th>Disease Component</th>
<th>Existing Funding (US$)</th>
<th>Additional Funding (US$)</th>
<th>Total Allocation as of 1 January 2014 (US$)</th>
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<tr>
<td>HIV</td>
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<td>234,043,479</td>
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<td>Tuberculosis</td>
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<td>Malaria</td>
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</tr>
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</table>

15% of the total allocation is available only when willingness-to-pay/increase in funding for health over the coming years is demonstrated.

*Nicolette Selman, the Global Fund, 2014*
Financing for Malaria to Meet MDG 4 and 5

Companies can pledge funds during the replenishment cycle, or can co-invest directly with a Global Fund-supported program at the country level.

Private sector earmarking opportunities in current country responses can be channeled via:

- Interim funding requests
  - Nigeria is an interim applicant during the transition phase to the NFM with USD 167 million in interim funding for malaria programs granted in 2013

- Indicative funding requests
  - Nigeria’s 2014-2016 Global Fund allocation for malaria is USD 499.5 million

Private sector scale-up opportunities in above indicative funding requests

- A newly-created register of unfunded quality demand will maintain an accurate listing of program interventions determined by the fund to be sound financial investments, but for which there was no available funding at the time of grant approval.

*Nicolette Selman, the Global Fund, 2014*
Financing for Malaria to Meet MDG 4 and 5: CSR

Malaria has a direct impact on corporate bottom line and investments can yield double impact for children and mothers

1. Malaria has a profound effect on the economy, therefore impacting private sector growth and potential
   - ¾ of companies in Africa reported that malaria negatively impacts their business*
   - $12 billion of GDP lost in Africa per year due to malaria**

2. Sickness and death due to malaria has a real earnings impact on individual companies. For example, in Malawi, malaria can cost companies on average $42,000 – $870,000 in earnings loss per year
   - Malaria negatively impacts productivity, leads to higher headcounts, and can lead to on-the-job safety issues

3. Malaria is a good investment: With sustainable financing, malaria is preventable and treatable at low cost
   - At $5 - $8 per case averted,*** malaria control is a “best buy” in global health

4. Greater investment in malaria and public health can improve corporate image, customer satisfaction and boost sales

Slide Source: Brinckman, Robert (Clinton Health Access Initiative): “Corporate Sector Involvement in Malaria Financing”, July 2014
CSR systems in most African states are fragmented, inefficient and rarely well-aligned with government strategies

- Corporations tend to invest near operations sometimes multiple companies within the same areas
- Corporate presence rarely mirrors health burden
- Individual CSR programs are often uncoordinated or unaligned with government strategies and goals, or data isn’t effectively fed-up to State or Federal levels

CSR funds streamline and align relationships between CSR actors and the government as well as reducing overhead and redundancy

- In Papua New Guinea a malaria initiative launched in 2013 to unite corporate entities against malaria – PNG Industry Malaria Initiative (PIMI) – with the model to pool funds to support malaria programs within a focused geographic zone where companies have joint operations
- **Nigeria application:** under business coalitions such Private Sector Health Alliance and Nigerian Business Coalition, companies can start thinking about how to pool resources towards specific goals
- Major Nigerian corporations can launch a pilot to assess benefits of the pooled financing model
Next Steps

Share workshop findings
- Speaker presentations available online
- Summary of workshop available online
- Plan 2015 follow-up meeting to assess progress over the course of the year

Promote Collaboration with the Private Sector
- Promote and foster deeper involvement of key stakeholders especially those in-country: alignment of programs, building partnerships, maximizing impact, optimizing resources
- Collect case studies of corporate programs on malaria and MCH for publication in 2015

Support the NMEP
- Move forward dialogue between 2-3 corporate partners and NMEP and/or local state health leaders to incubate a partnership by 2015
- Continue to keep NMEP informed of progress on corporate malaria programs as they become available
- Support NMEP in disseminating its Private Sector Strategy Plan once finalized
A Special Thanks to Our Sponsors & Co-Conveners:
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And visit us at www.gbchealth.org