The Road to 2020: Mobilizing the Private Sector in Nigeria’s Fight Against Malaria
The Corporate Alliance on Malaria in Africa (CAMA)
Annual Technical Forum, Lagos, Nigeria
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For more information, contact the Corporate Alliance on Malaria in Africa, cama@gbchealth.org
Executive Summary

The GBCHealth/CAMA two-day technical forum held at the Intercontinental Hotel, Lagos State, Nigeria on July 23rd-24th convened leading corporate organizations, health professionals, government and non-profits towards discussing public-private sector contributions to malaria control programming in Nigeria as well as assess the impact of activities of the National Malaria Elimination Program in Nigeria. The forum brought together major stakeholders from the public and private sector to discuss policies and activities related to malaria in Nigeria towards maximizing the impact of private sector contributions to malaria eradication.

The forum provided the NMEP a unique forum to garner critical private sector support of the national malaria agenda, with over 130 participants representing over 60 organizations in attendance, and expert speakers from both public, private and civil society sectors.

Throughout the forum, it became clear that stakeholders agree that non-scientific issues including financing, regulatory challenges related to commodity procurement and distribution, and health systems capacity are major roadblocks that will need to be addressed for Nigeria to be successful in the shift from malaria control to elimination.

Following the forum, CAMA was lauded for creating an open space for companies, government, donor agencies and development partners to discuss malaria issues and identify concrete actions to move forward.

National Malaria Strategic Plan objectives, strategies and opportunities for private sector support:

<table>
<thead>
<tr>
<th>NMSP Strategic Objective</th>
<th>Strategies to Support Objective</th>
<th>Private Sector Opportunities to Support Objective</th>
</tr>
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</table>
| Objective 1: at least 80 percent of targeted populations utilize appropriate malaria preventive measures by 2020 | • Ensure universal access to LLINs  
• Scale up IRS coverage  
• Implement larval source management for malaria control  
• Provision of IPTp to all pregnant women attending Antenatal clinics in targeted districts  
• Implement seasonal malaria chemoprevention in nine Sahel states  
• Conduct vector sentinel surveillance and resistance monitoring | • Partner with the public sector in funding advocacy/malaria messages  
• Provide research grants to universities/research institutes in the area of malaria research. Also award scholarships/fellowships to students in the area of malaria research  
• Private pest control providers (PECAN) can take up implementation of commercial IRS  
• The Private sector can fund IRS implementation and the establishment of malaria vector sentinel sites as part of their corporate social responsibilities  
• Private sector can utilize their robust logistics structures to distribute malaria commodities as part of corporate social responsibility. |
| Objective 2: to test all care-seeking persons with | • Ensure availability of and access to equipment and supplies for parasitological confirmation of malaria | • Support the airing of sustained Public Service Announcements |
| Objective 1: to suspected malaria using RDT or microscopy by 2020 | • Build capacity of personnel in public and private health facilities, and at community level for parasitological confirmation of malaria  
• Update and implement policies and guidelines for parasitological confirmation of malaria  
• Deploy RDTs and microscopy for parasitological confirmation of malaria in public and private health facilities and the community level  
• Strengthen systems for quality assurance and quality control of malaria diagnostic processes and services  
• Create demand for utilization of parasitological confirmation of malaria processes and services  
• Conduct operational research on parasitological confirmation of malaria processes and services | for public awareness of what individuals and groups can do (including radio and TV jingles, mobile phone messages)  
• Provide IT packages for tracking malaria interventions and progress e.g. SMS |
|---|---|---|
| **Objective 3:** to treat all individuals with confirmed malaria seen in private or public facilities with effective antimalarial drugs by 2020 | • Ensure availability of and access to commodities and supplies for treatment of uncomplicated and severe malaria  
• Treat causes of uncomplicated malaria according to National Treatment Guidelines  
• Strengthen capacity of public and private facilities for management of severe malaria  
• Implement a comprehensive national strategy for effective participation of the private sector in malaria case management  
• Scale up community case management of malaria as a component of integrated community case management  
• Strengthen delivery of prompt treatment of malaria for pregnant women  
• Strengthen sentinel surveillance of malaria treatment and conduct drug efficacy tests  
• Strengthen capacity for pharmacovigilance | • Provide marketing support at the community level for community sensitization to the uptake of malaria prevention, diagnosis and treatment behaviors  
• Provide financial support for commodity procurement in highly vulnerable areas of need  
• Provide logistics support to enable last-mile distribution of key commodities such as SMC  
• Scale up employer-provided health care services to include integrated malaria services |
| **Objective 4:** to provide adequate information to all Nigerian’s such that at least 80 percent of the populace habitually takes appropriate malaria preventive and treatment measures as necessary by 2020 | • Maintain high knowledge of malaria prevention and treatment practices  
• Scale-up demand for malaria prevention and management services  
• Enhance political will and enabling environment for malaria control/elimination strategies  
• Scale-up facilities-based dissemination of appropriate information for malaria prevention and management practices  
• Improve ACSM coordination at all levels | • Lending your marketing savvy and influence to communications campaigns  
• Propagating national messaging through social media and in the marketing of products and brands  
• Encourage your brand ambassadors to also support malaria campaign messaging  
• Providing free SMS messages that disseminate malaria messaging |
<p>| <strong>Objective 5:</strong> to | • Strengthen procurement-related | • Embark on local |</p>
<table>
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<tr>
<th>Objective 6: at least 80 percent of health facilities in all LGAs report routinely on malaria by 2020, progress is measured and evidence is used for program improvement</th>
<th>processes</th>
<th>manufacturing of essential malaria commodities (including LLINs, RDTs, and ACTs)</th>
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<tbody>
<tr>
<td>• Develop efficient distribution systems for anti-malarial medicines and commodities (storage, transport distribution and inventory management)</td>
<td>• Support and assist the NMEP in strengthening logistical management of commodities (warehouses, transportation, commodity distribution, infrastructure)</td>
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<tr>
<td>• Strengthen logistics management</td>
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<tr>
<td>• Implement policies on quality assurance and pharmacovigilance</td>
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<td>• Operationalize and update where necessary existing policies for malaria case management in the private sector</td>
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<td>• Increase access to anti-malarial prevention and management of commodities in the private sector</td>
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<tr>
<td>• Strengthen collaboration with NAFDAC to put in regulatory requirements for distribution including storage and transportation of anti-malarial products in the private sector</td>
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| Objective 7: to strengthen governance and coordination of all stakeholders for effective programme implementation towards an “A” rating by 2017 that is sustained through to 2020 on a standardized scorecard | | • Advocate for domestic resource allocation at the various tiers of government. |
| --- | --- | • Provision of infrastructure such as Malaria Programme House for effective programme management and implementation. |
| • Build capacity at national, state and LGA levels to deliver malaria control/elimination interventions | | |
Introduction to the 2015 CAMA Annual Technical Forum

This year’s forum, *The Road to 2020: Mobilizing the Private Sector in Nigeria’s Fight Against Malaria*, focused on the objectives of the Nigerian National Malaria Strategic Plan (NMSP) 2014-2020, and the private sector’s role in supporting the successful achievement of the NMSP to move Nigeria to a state of malaria pre-elimination by 2020. Having the private sector at the table for these discussions is key to harmonizing efforts in the country and for success.

Globally, 2015 has brought an enthusiasm for our collective success. In early July, the United Nations Secretary General announced the final progress report on the Millennium Development Goals. Over 34 million children’s lives have been saved in the past 15 years, with an estimated return on investment of USD 3.8 trillion to the economies of developing countries. Progress in malaria accounts for 20 percent of the child health MDG targets, indicating that integrated interventions, where appropriate and done effectively, can achieve double the impact. This has been hailed as one of the greatest public health achievements in history.

However, even with this progress we cannot forget that there is still work to be done. We need to focus our efforts on new tools, new strategies, and new financing approaches if we intend to beat malaria. Partnerships—with the private sector, academia, government and development agencies—will be key to our success.

The forum topics covered in this report emphasize areas of importance to Nigeria’s National Malaria Strategic Plan and showcase current initiatives and opportunities for the private sector to support strengthened health systems, intervention effectiveness and the sustainability of the nation’s malaria program.
Welcome from GBCHealth, Access Bank Plc., Chevron and the Lagos State Ministry of Health

Speakers

- **Ms. Nancy Wildfeir-Field**, President, GBCHealth
- **Mr. Herbert Wigwe**, Group Managing Director, Access Bank Plc.
- **Mr. Deji Haastrup**, General Manager, Policy, Government and Public Affairs, Chevron Nigeria
- **Dr. Erniosho Eniola**, Director of Disease Control, Lagos State Ministry of Health

Opening the forum, **Ms. Nancy Wildfeir-Field** called on all stakeholders, including the Nigerian private sector, to support the national goal to reach malaria pre-elimination by 2020. “We have really understood what could be done and acted on it, we are playing our part and taking action, and Malaria can be prevented and can also be treated”. She said that it is the responsibility of every sector and stakeholder to take action and partner to strengthen the health system and to eradicate the nation’s number one public health threat—malaria.

**Mr. Herbert Wigwe** stated that “without health, life is not life”—malaria continues to rob Africans, and Nigerians in particular, of healthy lives. Wigwe stated his belief that all institutions in Nigeria have a role to play, and urged the participation and collaboration of all in this battle for health for all Nigerians. Calling on all stakeholders to coordinate and plan for collaborative efforts to eradicate malaria, develop human capacity and develop the nation, he said, “if the private sector could consider the future returns on having good health amongst citizens and also working with organizations such as GBCHealth, huge returns would be achieved”.

Wigwe also stated that his personal vision and that of Access Bank “is to see a world where every child born in Africa has an exact great chance with any child born in other parts of the world”. He called for collaboration between private and public partners to improve the health of the nation and to make diseases such as malaria a forgone story in the history of Nigeria.

**Mr. Deji Haastrup**, represented by Mr. Sunday Okegbemiro, assured Chevron’s commitment to assisting in the pursuit of malaria eradication on the continent to unlock the country’s human potential—malaria has caused much economy degeneration in the country. He called for other private sector players to come together with a strategy to work with organizations such as CAMA and the government to stop this deadly disease.

**Dr. Erinosho A. Eniola**, representing the Permanent Secretary of the Lagos State Ministry of Health said it was his pleasure and delight to be in such a forum on Malaria Elimination. He said the theme is timely as Nigeria is on the verge of becoming one of the 20 industrialized nations by the year 2020. He also stated that malaria places both social and economic burdens on people and needed to be eradicated. He said: “To win the war against malaria, there should be much intensifying action among government, private and public sectors”.

CAMA ANNUAL TECHNICAL FORUM 2015
Nigeria’s Road to Pre-Elimination by 2020

Nigeria remains one of two countries that account for nearly half of the global burden of malaria. Over 97% of the country’s more than 170 million people are at risk of being infected. The disease wreaks havoc on vulnerable groups such as children under 5 years of age and pregnant women, and costs the country more than N480 billion in economic losses annually. Malaria, therefore, is not only the country’s highest public health issue but also its most urgent one.

With newly revised malaria strategic plan, the National Malaria Elimination Program has outlined an ambitious agenda to move the country from control to pre-elimination by 2020. This session was anchored by the presentation of the National Malaria Strategic Plan 2014-2020; highlighting the key areas of focus, sharing where implementation has been successful thus far, and identifying who operational and implementation challenges can be rectified through well-thought through partnerships with sectors such as the business community.

“As the whole world marches towards malaria elimination, we should not only pray, but commit resources and other efforts to ensure that we are not left behind... The contribution of the Private Sector is acknowledged and highly valued, but we need to be more coordinated and align with national priorities to fast track progress.”

–Dr. Nnenna Ezeigwe

Speakers

- **Dr. Kelechi Ohiri**, Chief Executive Officer, Health Strategy and Development Foundation (moderator)
- **Dr. Aliyu Mohammed Bello**, Medical Director, ExxonMobil Nigeria
- **Dr. Nnenna Ezeigwe**, National Coordinator, National Malaria Elimination Program (NMEP), Federal Ministry of Health
- Ms. Zouera Youssoufou, Managing Director and Chief Operating Officer, Dangote Foundation
- **Dr. Erinosho Eniola**, Director of Disease Control, Lagos State Ministry of Health, representing the Permanent Secretary of the Lagos State Ministry of Health

Actions and Opportunities for Business

- Find a niche in the proposed PPP arrangement to scale up IRS
- Undertake the establishment of sentinel sites for monitoring malaria trends and resistance to chemicals used for vector control
- Embark on local manufacturing of essential malaria commodities (including LLINs, RDTs, and ACTs)
- Support and assist the NMEP in strengthening logistical management of commodities (warehouses, transportation, commodity distribution, infrastructure)
- Support the airing of sustained Public Service Announcements for public awareness of

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1 For more on the NMEP’s proposed public private partnership framework for IRS scale-up in Nigeria, contact cama@gbchealth.org
what individuals and groups can do (including radio and TV jingles, mobile phone messages)

- Provide IT packages for tracking malaria interventions and progress e.g. SMS
- Award scholarships/Endow academic chairs for human resources development in critical areas e.g. entomologists
- Provision of infrastructure such as Malaria Programme House for effective programme management and implementation.
- Advocate for domestic resource allocation at the various tiers of government.

Detailed Session Overview

Dr. Nnenna Ezeigwe emphasized the need for Private Sector participation to be better coordinated and aligned with national priorities. While malaria burden has fallen in many parts of Sub-Saharan Africa, Africa still bears over 80 percent of the global malaria burden, with children under 5 years of age accounting for 78 percent of malaria deaths. A significant proportion of this burden lies in Nigeria, with Nigeria and the Democratic Republic of Congo accounting for an estimated 40 percent of deaths from malaria in 2012.²

The National Malaria Elimination Programme’s (NMEP) vision is of a malaria free Nigeria, with the mission to provide equitable, comprehensive, cost effective, and efficient and quality malaria control services ensuring transparency, accountability, client satisfaction, community ownership and partnership.

The programme activities are derived from the National Malaria Policy and Strategic Plan. From 2009-2013 the strategic plan provided a road map for malaria control in Nigeria, focused on providing universal and equitable access to malaria interventions—the result was a rapid scale-up of a package of core interventions for impact. The current iteration of the NMSP (2014-2020) aims to achieve pre-elimination and a reduction of malaria-related deaths to zero by 2020.

The NMEP has a robust programme, which has made many gains over the past decade and has established ambitious goals to be met by 2020—however, the programme is encountering some major roadblocks. While it has strong donor support, it is constrained by resource mobilization. The total funding need to carry out the activities of the NMSP 2014-202 is USD 4,133,110,170.

Additional challenges being faced are:

- the flouting of government policies by health care providers,
- the quantity and quality of health care providers,
- absence of local capacities for commodities,
- lack of infrastructure and logistical issues, and
- training and retaining health care workers.

Ezeigwe called on the private sector to be more proactive in the fight against malaria, highlighting the following specific opportunities for involvement:

- Find a niche in the proposed PPP arrangement to scale up IRS
- Undertake the establishment of sentinel sites for monitoring malaria trends and resistance to chemicals used for vector control
- Embark on local manufacturing of essential malaria commodities (including LLINs, RDTs, and ACTs)
- Support and assist the NMEP in strengthening logistical management of commodities (warehouses, transportation, commodity distribution, infrastructure)
- Support the airing of sustained Public Service Announcements for public

awareness of what individuals and
groups can do (including radio and TV
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- Provide IT packages for tracking malaria
  interventions and progress e.g. SMS
- Award scholarships/Endow academic
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  entomologists
- Provision of infrastructure such as
  Malaria Programme House for effective
  programme management and
  implementation.
- Advocate for domestic resource
  allocation at the various tiers of
government.

Ezeigwe acknowledged the contribution of the
private sector as being highly valued but made
the appeal that programs and partners must be
more coordinated and align with national
priorities to fast track progress.

Private sector foundations are taking increased
interest in malaria. Ms. Zouera Youssoufou
noted that malaria is a priority for Dangote
Foundation as all Nigerians are vulnerable to

Dangote Foundation has invested in the
purchasing of insecticide treated bed nets and
financially supporting organizations that run
malaria control and treatment programs in the
country. In order to reach elimination of malaria
in Nigeria, Youssoufou called upon other
private sector players to partner and work
collaboratively.

Dr. Erinosho Eniola, presented on behalf of the
Permanent Secretary of the Lagos State
Ministry of Health. Malaria is endemic in Lagos
state and is one of the leading causes of
morbidity and mortality in the state, posing a
major challenge to human development. The
State has institutionalized the following malaria
control interventions since 1999:

- Malaria Diagnosis with RDT and
  Microscopy
- Free Malaria Treatment with ACT
- Intermittent Preventive Therapy (IPT)
  with SP for pregnant women
- Use of Long Lasting Insecticide Treated
  nets (LLIN)
- Health Education
- Lagos State commenced integrated
  vector management which includes

Private sector foundations are taking increased
interest in malaria. Ms. Zouera Youssoufou
noted that malaria is a priority for Dangote
Foundation as all Nigerians are vulnerable to

malaria, and malaria has adverse effects on the
economy contributing to underdevelopment.

** NMSP 2014-2020 **

GOAL: To reduce malaria burden to pre-elimination levels and bring malaria-related
mortality to zero by 2020

<table>
<thead>
<tr>
<th>Strategy 1: Long-lasting Insecticidal Nets</th>
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<tr>
<td>• Mass distribution campaigns (Catch-up)</td>
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<td>• Routine Distribution Strategy (Keep-up)</td>
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<tr>
<th>Strategy 2: Indoor Residual Spraying, Environmental Management and Larviciding</th>
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<tr>
<td>• Increasing Access to RDTs and ACTs</td>
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<td>• Community Case Management</td>
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<th>Strategy 3: Effective Case Management</th>
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<tr>
<td>• Interim Preventive Therapy in Pregnancy (IPTp) and Infants (IPTI)</td>
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<th>Cross-Cutting Strategies</th>
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<tr>
<td>• Advocacy, Communication and Social Mobilization (ACSM)</td>
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<td>• Product and Supply Chain Management</td>
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<td>• Monitoring and Evaluation (M&amp;E)</td>
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<tr>
<td>• Programme Management</td>
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<td>• Intersectorial collaboration and partnership</td>
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Indoor Residual Spraying and Larviciding in 2010
In Lagos State, Eniola emphasized that the private medical sector must be involved in malaria interventions as a large proportion of clients access care from private healthcare providers. The development of sustainable partnerships with the private sector will increase coverage of key interventions through better reach in rural/remote areas and increased choice for households. Specifically, Eniola pointed to the private medical sector becoming involved in market-based approaches aimed at improving availability, access and affordability of malaria care and key commodities such as social marketing and social franchising.

In developing countries and areas of limited healthcare access, private providers (including corporate clinics) often are the only healthcare available. Although the private health sector plays an increasingly important role in healthcare in developing countries, it remains a new area of study and innovation. When governments cannot provide widespread access to care, and traditional charity-focused non-profits can only offer limited or temporary solutions, the private sector presents and opportunity for the scale-up of healthcare services.

Eniola pointed to the following as areas where the broader private sector (beyond medical providers) can fill needs in malaria control in Lagos State:

- Awareness Campaigns on Prevention, Diagnosis and Treatment of Malaria
- Subsidization of ACTs
- Increase coverage of IRS and Larviciding
- Procurement of High Impact LLINs for communities where there is insecticide resistance
- Procurement of LLINs for distribution to pupils in primary and students in Secondary Schools
- Logistic support for movement of commodities to facilities
- Quality data collection

Dr. Aliyu Mohammed Bello applauded other private sector organizations that are actively funding/supporting malaria control and prevention in Nigeria. ExxonMobil’s response to malaria in Nigeria began as a workplace program to mitigate the effects of malaria on business, but has evolved into a signature community investment initiative to help countries and communities meet their malaria control targets. Since 2000, ExxonMobil has contributed more than USD 140 million to non-profits for malaria control and treatment programs, making ExxonMobil one of the largest corporate donors in the fight against malaria. In addition to financial support, ExxonMobil applies their business competencies including:

- Portfolio management
- Supply chain consulting on net distribution
- Medical research and collaboration with academia
- Testing, monitoring and evaluation assistance to NGOs and governments
- High-level awareness-raising through marketing and advertising
- Convening and influencing opinion leaders and policymakers
- Governance and management assistance to NGOs

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3 Social Marketing: an approach used to develop activities aimed at changing or maintaining people’s behavior for the benefit of individuals and society as a whole.

4 Social Franchising: organization of multiple, existing private providers into contractually obligated networks to improve access to high quality healthcare that is affordable to underserved communities.
Building Robust and Efficient Data Structures for Reporting and Impact

Program operations cannot be improved and implementation will remain sub-par in the absence of accurate and reliable data. Scale-up of interventions will prove ineffective and donors will tighten and/or reduce investments in the face of poor data. For the NMSP 2014-2020, strong data is the foundation by which to reach populations in rural settings, deliver on pre-elimination targets and secure necessary financing. This session examined Nigeria’s malaria information architecture in light of the systems required to ensure robust data management processes and tools. It explored the barriers to implementing such a system, and precisely where and how the private sector can lend its expertise to drive optimal data collection for implementation, reporting and forecasting at a local, state and federal level.

NMSP Objective 6: At least 80 percent of health facilities report routinely on malaria by 2020, progress is measured, and evidence is used for programme improvement

Speakers

- Dr. Robert Chiegil, Deputy Country Director, FHI 360/MAPS (moderator)
- Pharm. Afusat Adesina, Pharmaceutical Society of Nigeria
- Dr. Orode Doherty, Country Director, Nigeria, Africare
- Mr. Hayim Raclaw, Vice President, Sales, Fio Corporation
- Dr. Perpetua Uhomohi, Director, Monitoring & Evaluation, National Malaria Elimination Program, Federal Ministry of Health

Actions and Opportunities for Business

- Provide support for electronic medical reporting (EMR) at secondary and tertiary facilities;
- Support SMS-based reporting nationally (this opportunity is especially well suited for mobile network providers)
- Support monitoring and evaluation surveillance systems

Detailed Session Overview

Dr. Perpetua Uhomohi, stated that the objective of the NMSP is that at least 80 percent of health facilities in all LGAs report routinely on malaria by 2020, progress is measured, and evidence is used for programme improvement.

The collection and use of data for malaria planning and evaluation in Nigeria occurs at two levels: the national and sub-national levels. Currently, planning for malaria interventions (including the preparation of the NMSP and Global Fund grants) is based on donor-supported surveys. Routine data reporting is sub-optimal and most data generated is not being used at sub-national levels for planning and decision-making.

Barriers to effective data collection in the country include:

- Low capacity of measurement and evaluation officers at the sub-national level
- Inadequately trained human resources at all levels of data reporting
Lack of ownership for data collection process at the sub-national level
Plurality of DCTs in some HFs still a barrier to effective data collection
Currently, support for SS and DQA at HF and LGA levels largely donor-dependent
Inadequate support for replenishment of tools at LGA and state levels, DQA and real-time data transmission
Reporting from secondary and tertiary HFs and private HFs not currently captured in the DHIS
Difficulty in ascertaining functionality of health facilities on DHIS, and hence low reporting rate

There have been some successes:

- One integrated national routine M&E system now operational
- Vertical reporting largely surmounted
- Multiple tools harmonized and data elements rationalized
- Most states now reporting their data through the DHIS platform and reporting rate has increased
- Capacity of M&E officers have been build across the country
- Computers and modems and DCTs have been distributed to States and LGAs
- National M&E field officers have been recruited and trained to facilitate data collection, collation & analysis at sub-national levels
- Increased funding support for M&E activities by partners (GF/NFM)

Pharm. Afusat Adesina, representing the Pharmaceutical Society of Nigeria, said the technical arm of the pharmaceutical society deals at a grass-roots level through the association of community pharmacists and local drug vendors called 'Chemists'. She stated that best way to get robust data structures in Nigeria is through private medical providers because they have a wider reach in the country.

Adesina said that not all data gets to the National Malaria Elimination Program because of the parallel line of reporting and proposed developing a well-structured data collection system through collaboration with Pharmaceutical Society of Nigeria and community pharmacists. This system would involve the establishment of a Data Collection Zonal Centre for the collection of data from the community pharmacist and other vendors. From this center, the heads of the zonal Centre would compile/consolidate the data for reporting to LGAs, states and the National Level through DHIS.

Dr. Orode Doherty, spoke on how Africare has been supporting the private sector. She said that meetings with the private sector have been enabled through the support and auspice of the Global Fund. She added that there has not been opportunity for both private and public sector to collate the data garnered because attendance in these meetings has not been optimum. However, she said the private sector has the potential to achieve more in an efficient data collection and collation due to their proximity to the masses. She encouraged enhanced data
exchange between sectors and partners, and recommended using innovative technologies such as a cell phones coded to generate feedback for structured malaria data.

Mr. Hayim Raclaw recommended a technological solution to the challenges presented in collecting timely and accurate data. Fio’s ‘Fionet’ device is an automated diagnosis device that captures data and gives a report on what is captured to providers and centralized data “clouds”. The device was developed with primary health care workers in mind and is dependent on the skill of the user. The advantages of the device include improvement in care delivery, patient outcomes and data utility. It has been tested and rolled out in several African countries.

Question and Answer Session:

A participant asked, “apart from the collaboration of private and public sector to aid data collection is there no other means/platform the public sector could leverage to get data from the private healthcare sector?” Adesina, answered, sharing that community pharmacies have a zonal structure with each Local Government. Monthly meetings are held to collect and review data, which is then projected to other community pharmacists. A supervisory meeting is also held for monitoring and evaluation to ensure good structural co-ordination. The public sector needs to key into this structure and platform to ensure data realized is entered into the DHIS.

Contributing to this, U homoibhi said the Global Fund has assisted in subsidizing the cost of drugs, and suggested making data feedback from both community pharmacist and local vendors a requirement for receiving subsidized commodities.

Another participant asked about the potential for public-private partnership in the healthcare sector to improve data management in Nigeria. Doherty, using the Fionet device as an example—the device (and other new technologies) can piloted by the private sector and if results are positive the public sector should make use of that opportunity to partner, confirm results and endorse it for public use.

The last question was also focused on a technological solution, specifically the possibility of improving data collection through telecommunications, considering that more than 80 percent of Nigerians have access to mobile phones. Adesina responded using a supply chain management example. She said that the use of easily accessible mobile technology can enable appreciative data collection—providers can be provided with a chip to be inserted in the phone for data storage purposes. This data can then collected in a central collation center/point and then sent to the DHIS national system.
Reaching Key Populations via Telecoms Platforms

Reducing malaria morbidity and mortality by motivating every Nigerian to take recommended actions to fund, prevent, diagnose and treat, control and eventually eliminate the disease is a key strategic priority of the NMSP 2014-2020. Specifically, the plan aims to reach an awareness of 100 percent of the population having the correct malaria prevention and treatment practices. This spotlight presentation examined how telecoms platforms can be leveraged to create behavior change while overcoming the challenges faced by many traditional behavior change methods.

NMSP Objective 4: to provide adequate information to all Nigerian’s such that at least 80 percent of the populace habitually takes appropriate malaria preventive and treatment measures as necessary by 2020

Speakers

- **Mrs. Adjo Mfodwo**, Regional Manager, Anglophone West Africa, Bayer Environmental Science (*moderator*)
- **Ms. Sarah Doyle**, Africa Programs and Research Manager, Malaria No More
- **Mrs. Babafunke Fagbemi**, Executive Director, Centre for Communications Programs Nigeria (CCPN)

Actions and Opportunities for Business

Support national and locally tailored health messaging campaigns through:

- Lending your marketing savvy and influence to communications campaigns
- Propagating national messaging through social media and in the marketing of products and brands
- Encourage your brand ambassadors to also support malaria campaign messaging
- Providing free SMS messages that disseminate malaria messaging

Detailed Session Overview

**Mrs. Adjo Mfodwo** spoke about the essence of reaching the entire populace with accurate health behavior messaging—despite mass LLIN campaigns and making RDTs and ACTs available in public clinics, there is a lack of demand from consumers, as well as a lack of knowledge in what the consequences of malaria are and how malaria should be diagnosed and properly treated. These messages need to get to all vulnerable populations for true impacts to be made in the country.

**Ms. Sarah Doyle**, kicked-off the session, describing the activities of Malaria No More in

“We believe that in order for malaria to stay on the political agenda and for key leaders to engage, there must be an informed media to encourage public pressure for increased investment in malaria control”.

—Sarah Doyle, Malaria No More
the fight against malaria in Nigeria. She emphasized that Malaria No More programs focus on unlocking public and private sector resources to improve health outcomes and mobilize domestic resources for malaria. Malaria No More leverages private sector resources and their marketing savvy to support malaria education campaigns that support national malaria strategies and messaging, as well as using innovative marketing platforms to engage, educate, and incentivize the public to protect themselves and their families.

**Doyle** said Malaria No More works with private sector leaders who have commercial and social interests in Africa to support national malaria strategies and needs. Partnerships have led to private sector investments through:

- donating/delivering commodities,
- providing free SMS messages,
- sponsoring events, and
- direct funding to support implementation

Exxon Mobil, Novartis, African Barrick Gold, Huggies, Alere, Total, Sanofi, Airtel, Etisalat, MTN, Vodacom, Tigo and Sanofi are all corporate partners who have provided technical and financial support to Malaria No More.

**Doyle** also described the national **NightWatch Campaign**—an innovative communications campaign seeking to increase the proper use of life-saving malaria prevention, diagnostic, and treatment tools by bringing together leaders from all sectors—politics, business, entertainment, and faith through:

- A mass communications campaign on radio, TV, SMS, billboards, and social media,
- Simple call to action malaria messages delivered by national celebrities, and
- Leveraging the marketing savvy and influence of private sector partners.

Currently in Cameroon, Kenya, and Nigeria, NightWatch harnesses the power of pop culture and the reach of national consumer brands to give new vibrancy to the malaria fight and ensure that the significant commodity investments from multilateral partners are fully utilized. The campaign ambassadors include names such as Didier Drogba, Youssou Ndour, President Kikwete, President Sirleaf Johnson of Liberia, and Coach Stephen Keshi Of Nigeria. Over USD 2 million in in-kind support unlocked.

**Mrs. Babafunke Fagbemi** spoke about **Newman Street**, a television drama series that provides information on malaria and other important health issues affecting Nigerians. Newman Street features well-known faces and aspiring artists from Nollywood.

**Fagbemi** stated that Newman Street works in Nigeria because it utilizes an already popular media platform (television) as a tool to increase the awareness to eradicate malaria in Nigeria. Newman Street owes its success to Nollywood support, and its universal appeal as a drama dealing with familiar issues. It is shown on local stations including AIT and NTA.

Newman Street’s success is measured by an impact assessment structure that was designed including baselines and surveys. Making the show’s results and outcome data available has led to continued donor support.
Prompt and Effective Treatment of Malaria Through Integrated Services

Malaria accounts for 25 percent of under-5 mortality and 11 percent of maternal mortality in Nigeria. Efficient implementation of programs and coordination across key populations and points of service can help to avert these statistics. This session highlighted the effective strategies needed and programs underway such as Integrated Community Case Management (ICCM), and integrating Seasonal Malaria Chemoprevention campaigns with the distribution of micronutrient supplements. Speakers identified where and how these interventions can double efforts and impact, and examples of how companies can accelerate their implementation and advocacy to meet the NMSP 2014-2020 targets.

**NMSP Objective 3: to treat all individuals with confirmed malaria seen in private or public facilities with effective anti-malarial drugs by 2020**

**Speakers**

- **Mr. Bright Orji**, Program Officer, Nigeria, Jhpeigo
- **Dr. Ruth Aisabokhae**, Nigeria Program Manager, Malaria, Clinton Health Access Initiative (CHAI)
- **Dr. Godwin Ntadom**, Deputy Director and Head of Case Management, National Malaria Elimination Program, Federal Ministry of Health
- **Mr. Tunde Adenipekun**, Senior Program Officer, Global Fund Malaria, Society for Family Health, Nigeria
- **Mr. Sunday Okegbemiro**, Coordinator, Corporate Responsibility & National Programs, Nigeria, Chevron Corporation
- **Dr. Uwem Inyang**, Program Manager Malaria, USAID Nigeria (*moderator*)

**Actions and Opportunities for Business**

- Provide marketing support at the community level for community sensitization to the uptake of malaria prevention, diagnosis and treatment behaviors
- Provide financial support for commodity procurement in highly vulnerable areas of need
- Provide logistics support to enable last-mile distribution of key commodities such as SMC
- Scale up employer-provided health care services to include integrated malaria services

**Detailed Session Overview**

**Mr. Bright Orji** argued that opportunities for increased corporate engagement in increasing uptake in IPTp should focus on:

- Strengthening both the health system and the community is a way to achieve results and sustaining MIP prevention
- Need to focus more on community-level activities to raise awareness of malaria control strategies and institute community referral system that would increase early and repeat ANC attendance
- There will be need to scale up in the State community–clinic delivery system for preventing MIP and other diseases
Critical investment in addressing missed opportunities – making available low dose folic acid.

**Dr. Godwin Ntadom** pointed to the challenges in malaria case management in Nigeria, namely:

- Human Resistance to changes; difficult to convince individual with fever with negative RDT results
- Low skills of officers carrying out microscopy
- Inadequate / dilapidated equipment and consumables for malaria microscopy
- Huge capacity gap in diagnosis at the private sector
- Inadequate commodities
- Government resources and partners’ supports are directed to the Public Sector

**Dr. Ruth Aisabokhae**, presented opportunities for corporate engagement in increasing access to and uptake of a combined SMC and LNS campaign including:

1. Marketing Support:
   a. Community sensitization is a critical component
   b. More above-the-line marketing efforts are needed

2. Financial Support:
   a. Funding to government and organizations to cover programming costs; commodity procurement and last-mile distribution

**Mr Tunde Adenipekun** presented the critical issues that SFH is facing in Nigeria:

- Low uptake of RDTs due to reluctance of health providers to accept test results when it comes out negative, particularly as against the more common poor quality microscopy
- Low capacity of microscopists and poor quality microscopy services
- Inadequate and unstable supply of ACTs to health facilities
- Training of health workers on the use of RDTs and malaria case management
- Advocacy to health professional bodies to share in-country quality assurance measures for increased confidence in the RDTs

Based on these challenges, **Adenipekun** made the following recommendations:

- Employer-based malaria control in the private sectors need to be scaled up to enhance integrated services
- Raise a groundswell of support among professionals for RDT use and adoption through group engagement
- Ensure a more universal adoption of policies and practices on malaria control within the private facilities and linking this to renewal of registration
Integrated Vector Management and Innovation to Combat Insecticide Resistance

The NMSP 2014-2020 emphasizes significant scale-up of Indoor Residual Spraying. However, little or no effort is geared towards this currently, despite the potential contributions of IRS to malaria control in the face of low LLIN-usage. With more than two thirds of all malaria endemic countries facing rising insecticide resistance, an already fragile control effort is threatened and we need coordinated strategies to manage the malaria vector. This session highlighted the state of resistance in Nigeria and explored policy and advocacy elements to incentivize malaria research and development, including new innovative malaria control technologies, to tackle resistance and implement effective Integrated Vector Management approaches.

NMSP Objective 1: at least 80 percent of targeted populations utilize appropriate malaria preventive measures by 2020

Speakers

- **Dr. Samson Awolola**, Head, Molecular Entomology and Vector Control Research Laboratory, Public Health Division, Nigerian Institute of Medical Research (moderator)
- **Dr. Joel Akilah**, Deputy Director and Head Integrated Vector Management Unit, National Malaria Elimination Program (NMEP)
- **Dr. Tolu Arowolo**, National Professional, Malaria, World Health Organization 34
- **Dr. Petrus Inyama**, Project Country Technical Manager, PMI Africa Indoor Residual Spraying (AIRS) Project, implemented by Abt Associates
- **Mrs. Adjo Mfodwo**, Regional Manager, Anglophone West Africa, Bayer
- Environmental Science

Actions and Opportunities for Business

- Partner with the public sector in funding advocacy/malaria messages
- Provide research grants to universities/research institutes in malaria research.
- Award scholarships/fellowships to students in the area of malaria research
- Private pest control providers (PECAN) can take up implementation of commercial IRS
- The Private sector can fund IRS implementation and the establishment of malaria vector sentinel sites as part of their corporate social responsibilities
- Private sector can utilize their robust logistics structures to distribute malaria commodities as part of corporate social responsibility.

“We need to move this process forward to commence plans to scale up Malaria Vector Control in the context of a sustainable strategy”

- **Dr. Joel Akilah on scaling up vector control through Public-Private Partnerships**

Detailed Session Overview

The panel session started with a brief introduction of the session and the panelist by
the moderator, Dr. Samson Awolola. Awolola spoke on how the Nigerian Institute of Medical Research has been combating insecticide resistance in Nigeria. Highlights of his speech included various research carried out by the institute. There is an urgent need for a concrete country plan for insecticide resistance management. The current data could be harmonized with the NMEP/PMI initiative and fed in to the IR-Mapper\(^5\) for easy reference.

He summarized by stating that widespread resistance to pyrethroids and DDT and to a lesser extent organophosphate and carbamate.

The overall results highlight the need for a preemptive measure and resistance management strategies in Nigeria notably Lagos, Oyo, Kwara, Anambra and the FCT Abuja, in order to minimize the spread of resistance to states such as Ekiti and Edo where the Anopheles population remains susceptible to pyrethroid insecticides.

After this, the moderator invited Dr. Tolu Arowolo to speak on innovative ways to combat insecticide Resistance, challenges in tackling it and how the private sector would feature in the program.

Integrated Vector Management is a major means of vector control to interrupt malaria transmission. However the full effectiveness of a national IVM strategy is impeded by:

- Non-attainment of universal coverage of LLINs
- Low utilization of LLINs
- Lack of proper baseline entomological indices prior to LLINs and IRS implementation
- Limited capacity regarding Indoor Residual Spraying
- Poor infrastructure (e.g. storage facilities) to support IRS commodities and activities
- Inadequate infrastructure for effective and routine entomological and insecticide resistance monitoring
- Deployment of inappropriate interventions.

Challenges for private sector involvement include:

- Limited funding for research and development
- Limited capacity for vector surveillance and entomological monitoring
- Poorly coordinated strategies for managing insecticide resistance
- “Value for money”

Opportunities for private sector involvement include:

- Close collaboration with implementing partners, academic and research institutions
- NMEP and enabling environment for private sector involvement
- Introduction of new/ innovative product through pilot schemes/implementation research
- Building capacity (technical and infrastructural) for entomological monitoring.

Arowolo emphasized that the management of insecticide resistance is a shared responsibility of all stakeholders. It will be critical to develop mapping and a database of insecticide resistance in Nigeria. Additionally, there is a need to increase operational research in resistance management in the country. This research and data will be needed to keep malaria control and elimination strategies up to date and effective.

Dr. Joel Akilah gave a presentation on Sustainable Investment in Scaling up IRS Implementation and the Need for Innovations in Insecticide Resistance management in Nigeria. The thrust of the NMSP 2014-2020 for integrated vector management (IVM) is the

\(^5\) IR Mapper is an interactive map for visualizing data from insecticide susceptibility and resistance mechanism tests. It is available online (http://www.irmapper.com/).
provision of high impact vector control interventions towards universal coverage. This will be implemented through:

- sustained and improved distribution of LLINs using a modified mixed-model approach (replacement campaigns & continuous distribution)
- rapid scale up of IRS
- source management
- establishment of vector surveillance sites
- capacity building
- other vector control strategies such as house screening and personal protection will be promoted

Evidence has shown that IRS at 80 percent coverage of target risk populations, and target structures, remains the most efficacious and effective intervention that reduces malaria transmission rapidly at an affordable cost. An IRS management structure has already been established at national and sub-national levels in Nigeria (especially in Nasarawa and Lagos States which have World Bank supported programs). IRS officers have been identified at the National, State and LGA levels and trained.

Akilah presented the “business case” for investing in IRS as:

- Benefits are accrued to both government and the private sector
- IRS is highly human-resource intensive and provides employment and opportunities to build the capacity health practitioners and
- It also creates opportunities for employment, skills training and technology transfer at the community level (spray operators, supervisors, town announcers, etc)
- It is a highly visible and community-centered intervention
- A good IRS program can showcase a politicians effort on health care and reputational capital can be made
- Pest Control Association of Nigeria (PECAN) members if trained will be properly positioned for strategic business expansion beyond their current practice of fumigation
- There are considerable resources in country to sustain IRS

However, there are major challenges to overcome including:

- Vector resistance
- Huge size of the country
- Overreliance on donor support and funding (needs for local funding for ownership and sustainability)
- Weak local support

Vector resistance remains the major challenge to malaria vector control globally and in Nigeria. Nigeria has begun to put in place plans to manage this challenge—immediately through the establishment of 18 vector surveillance and insecticide resistance monitoring sentinel sites, with the long-term plan to establish at least one sentinel site per state. To date, six sites have commenced activities, with funding from PMI. An additional six sites are expected to be established this year with funds from the Global Fund.

Dr. Petrus Inyama spoke on the PMI Africa Indoor Residual Spraying (AIRS) Project, implemented by Abt Associates. He highlighted that while the Nigerian malaria control strategy relies on mass distribution campaigns of LLINs, IRS is critical in mass LLIN distribution areas because it:

- Reduces insecticide resistance among the population
- Compliments LLIN usage
- Confers protection when LLIN usage is poor
- Rapidly reduces malaria vector density
- Reduces lifespan of malaria vectors thereby preventing transmission

Inyama suggested the following approaches and innovations to combat resistance in Nigeria:
• Delineation of the country for the purpose of deploying various malaria vector control interventions
• Utilization of pre-emptive approaches rather than responsive approach to combat insecticide resistance
• Inter-sectoral collaboration especially between the Ministries of health, environment and agriculture.
• Strengthening of human capacity for IRS including training of personnel for IRS advocacy and community mobilization.
• Good quality surveillance data need to be collated to enhance understanding of the impact of insecticide resistance

He further highlighted the challenges in scaling up IRS:

• Funding: IRS requires consistent funding
• Resistance to pyrethroid insecticides by local mosquitoes has necessitated the use of more expensive classes of insecticides
• Limited human resource
• Limited infrastructure to support IRS scale up
• Poor cooperation between development partners and the government
• Lack of government will to implement IRS
• Inadequate advocacy on IRS

Inyama made the following recommendations for areas where the private sector can support IVM scale-up in Nigeria: Partner with the public sector in funding advocacy/malaria messages

• Provide research grants to universities/research institutes in the area of malaria research. Also award scholarships/fellowships to students in the area of malaria research
• Private pest control providers (PECAN) can take up implementation of commercial IRS
• Fund IRS implementation and the establishment of malaria vector sentinel sites as part of their corporate social responsibilities
• Utilize robust private sector logistics structures to distribute malaria commodities as part of corporate social responsibility

Inyama identified capacity building for IRS personnel as a major component in effective implementation of IRS in addition to infrastructure strengthening in entomological analysis, and suggested the establishment of functional insectary and laboratories.

Mrs. Adjo Mfodwo spoke on Bayer’s work on malaria vector elimination and the challenges encountered in producing insecticides for malaria control. She mentioned that:

• Bayer partners with National Malaria Control Programmes to better manage IRS operations through capacity building and the support of local vector control structures and initiatives
• Bayer partners with research institutions across the African continent to drive research that addresses the challenges of IRM while building research capacity in Africa
• Bayer has invested in production facilities in Africa producing vector control commodities for Africa
• Bayer hosts IRM workshops bring together scientists and operational staff to exchange ideas about the practical aspects of IRM and develop solutions
• Supports the development of entomological monitoring sites to improve the data available for IRM

Bayer is a long-term investor in the development of solutions for vector control. Currently, 6 of the 15 WHOPES-recommended insecticides for vector control are from the Bayer development pipeline with Bayer investments in R&D for the development of new vector control tools increasing fivefold over the past 10 years.

Of note is the development of an insecticide with a new mode of action for IRS, FLUDORA.
FLUDORA is a mixture of clothianidin and deltamethrin (as dry formulation), which is targeted at achieving more than 6 months of residual activity. It has greater cost-effectiveness than other currently available non-pyrethroid IRS solutions and has a product safety profile in line with pyrethroids.

She concluded by highlighting barriers to innovation as:

• Insufficient commitment to support innovation by the uptake of new products
• Decision making at both funding and implementation levels needs to be driven by scientific principles
• Financial or politically driven decision making creates more challenges for the management of resistance (e.g. advocating for the use of products that do not support IRM)
• Lack of strong leadership and coordination of the use of insecticides at a local level to ensure that national IRM priorities are being followed
Barriers to Accessing Malaria Commodities for Accelerated Implementation

Malaria commodity access is a critical pillar to any successful malaria program. However, multiple issues impede the rapid availability of and planning for malaria commodities at country and regional levels. This session discussed the “downstream” issues related to barriers in the product to market supply system that hinder speedy delivery of malaria commodities to those who need them most. The discussion highlighted models of regional registration and procurement systems that rely on government and business collaboration in planning and delivering commodities and how this not only increases efficiencies but also quality control.

NMSP Objective 5: to ensure timely availability of appropriate antimalarial medicines and commodities required for prevention and treatment of malaria in Nigeria wherever they are needed by 2018.

Speakers

- **Ms. Sancia Dalley**, Director, Global Programs & Partnerships, GBCHealth *(moderator)*
- **Dr. Josiane Etang**, Senior Malarialogist and Medical Entomologist, Coordinating Institution Against Diseases in Central Africa (OCEAC)
- **Dr. Monica Eimunjeze**, National Agency for Food & Drug Administration and Control (NAFDAC)
- **Ms. Clare Omatseye**, President, Healthcare Foundation of Nigeria

Detailed Session Overview

**Ms. Sancia Dalley** kicked off the session noting that despite advancement in malaria control, we still face major regulatory and procurement challenges for malaria commodities. She identified the need for manufactures to go from country to country to register products different registration requirements as a limiting factor in the timely and efficient delivery of commodities to the market.

**Dr. Josiane Etang** started her presentation by introducing OCEAC⁶, an executive agency of the Central Africa Economic and Monitoring Commission for Public Health covering six countries (Cameroon, Chad, Gabon, Equatorial Guinea, Central African Republic and Congo). OCEAC strengthens the regulatory authority so as to enhance capacity of Central Africa to access new public health commodities in a timely manner.

**Etang** emphasized that there is a need to create a policy framework aimed at strengthening regulatory authorities with a focus on manufacturing, marketing and use. She identified four pillars necessary to the creation of such a framework:

1. Autonomous national regulatory authorities that will ensure independence, transparency and accountability.
2. Good regulatory practices to be implemented to meet the global standard of quality and efficacy
3. Establishment of a center to organize training
4. Support for coordination and harmonization to increase collaboration between stakeholders (trade officials

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⁶ OCEAC is the *Organisation de coordination pour la lute contre les grande epidemies en Afrique*
Creating organizational structures such as OCEAC creates a platform for better practices and allows for the introduction of products into the market, but requires significant political will at multiple levels:

1. African political commitment, joint decision by key parties, political will and share vision at continental level.
2. There should be African ownership, political commitment, good governance and shared vision as well as coordinated existing regional structures for harmonization.
3. A full political mandate for regional economic community political structure including common operational plan, policies and product registration standard should be established.

Regulatory harmonization of public health products has four main goals:

1. To establish effective regulatory system for a better control of industry and products
2. To make more effective use of human and financial resources
3. To facilitate the movement of product in the community
4. To improve access to product at lower cost

Dalley, re-emphasized the need to harmonize regulatory systems for effective coordination, product registration and accountability. She then asked Dr. Monica Eimunjeze to discuss the policy and systems required for NAFDAC to have efficient product registration and quality assurance process in Nigeria.

She responded that as regulatory agency charged with safeguarding public health in Nigeria, “we have infrastructure and regulatory frameworks in place that supports access to quality products that ensure that product entering within our jurisdiction are of good quality and maintain that quality throughout the life cycle of the product. In NAFDAC, that translates to making sure that there are systems in place that monitor product development, clinical trials, product registration, quality assurance and product inspection”

Eimunjeze maintained that NAFDAC aims to protect public health; hence, it has streamlined product registration process that ensures the quality of products is safe and increases access without duplicating effort. She identified massive counterfeiting as a serious challenge in food and drug regulation in Nigeria. To try to combat this, NAFDAC has put in place a mobile authentication system for most drugs in the country.

Eimunjeze mentioned that although there are different regulatory systems that are strong and work independently in the Economic Community of West African State (ECOWAS) region, there is still a strong need to harmonize common standards. She explained that NAFDAC is opening up bilateral discussions with other countries within the region to facilitate access and accelerate registration pathways with a view to harmonize and strengthen regulatory systems for malaria commodities.

The session proceeded with a question by the moderator to Omatseye. She was asked “What are the policy challenges you experience as Health Care Federation of Nigeria”? She responded by re-emphasizing the importance of the private sector in the eradication of malaria. stating that policy is just one of the many challenges the private sector faces in eradicating malaria in Nigeria. She highlighted the following factors as other challenges:

- Regulation and regulatory hurdles
- Lack of distribution infrastructure in Nigeria and West Africa as a whole
- Poor incentives for the private health care sector
- Lack of access to long-term financing

She further elaborated on three policies that have direct effect on drug distribution and the harmonization of regulatory systems:
1. **The public-private sector partnership policy**: She faulted the policy as one that was developed without provisions for development in the health care sector. She recommended that the policy should make provisions for the establishment of laboratories and industries for the manufacture of drugs and other health-related commodities.

2. **The ECOWAS CET (Common External Tariff) Policy**: HFN believes the policy was well developed; however, the policy has its pros and cons. 70 percent of drugs used in Nigeria are imported; hence, if a zero import duty on drugs can be achieved, it will drive down cost, drive access and improve the use of quality drugs. She concluded by saying Government policies are important; however, inconsistent policies have drastic effect on the private healthcare sector’s ability to access affordable and accessible malaria commodities.

She recommended a more decentralized registration and distribution system that would allow in-country manufacturers to distribute approved, locally-produced drugs without further approval from global bodies such as the WHO.

**Dalley**, shed more light on the point raised by Omatseye on access to financing noting that small and medium scale enterprises that are major distributors and suppliers are often ignored and are not well financed.

She asked **Eimunjeze** her perspective on how NAFDAC can play a role in enabling the private sector to get products into the market. **Eimunjeze** responded that NAFDAC has worked very closely with local manufacturers to support them in product registration and has helped them to secure funding through the Bank of Industry in Nigeria at friendly interest rates.

The moderator rounded up the session by saying; “**Harmonization can work, but in the context of harmonization, we need to understand that various countries are at different levels in the regulatory process. All countries may not be able to subscribe to one policy or standard but there is an opportunity for each country to learn from each other**”
The Road to Elimination: Increasing Domestic Funding for Malaria to Get to 2020

The first of two plenaries focused on financing examined the “why” of domestic financing, laying out Nigeria’s current funding pipeline and needs to realize the NMSP 2014-2020. Discussion focused on why the smart use of funds coupled with a reliable funding stream becomes more urgent as malaria elimination efforts are ramped up. Speakers examined the policies in place to drive advocacy for resource mobilization domestically and the operational areas where costs could be saved for allocation elsewhere.

Speakers

- **Amb. (Retired) John Simon**, Founding Partner, Total Impact Capital
- **Mr. Muntaqa Umar-Sadiq**, CEO, Private Sector Health Alliance of Nigeria
- **Mr. Tomas Hatem**, the Senior Fund Portfolio Manager, High Impact Africa, the Global Fund to Fight AIDS, Tuberculosis and Malaria
- **Dr. Charles Nelson**, the Chief Executive, Malaria Consortium

Detailed Session Overview

**Amb. (Retired) John Simon** explained the purpose of the panel, which was to critically look at the need to fund malaria elimination efforts to bridge the USD 4 billion funding gap for the critical activities of the NMEP, explore strategies to create resources and identify funding sources.

**Mr. Muntaqa Umar-Sadiq** pointed to the significant health and economic challenges in Nigeria posed by malaria, causing 11 percent of maternal mortality, 30 percent of under-five mortality and 300,000 lives lost annually. Additionally, malaria is the number one cause of absenteeism, which reflects a $1.1 billion loss annually. The “majority of malaria absenteeism comes from private sector employees—for this reason, the private sector is keen in eliminatory malaria so as to foster economic growth and wealth creation”. Absenteeism due to malaria has caused low productivity both at work and school and has affected the private sector output.

**Umar-Sadiq** elucidated that the finance will come from every citizen through proper orientation not just the private sector because about 67% of the fund in the health sector is from the private sector as their social and corporate responsibility.

Umar-Sadiq stated that a more sustainable financing framework is needed to achieve the goal of moving Nigeria to malaria control and to pre-elimination.

There are two definitions of “private sector” in this context: (1) the corporate sector—companies with significant growth, capability, expertise and resources that the public can benefit from and (2) the private health sector.

He said the private sector focuses on four areas in the fight against malaria:

1. Mobilizing resources
2. Capacity development
3. Advancement in advocacy programmes
4. Specific investments in implementing partners

He identified the major challenges faced by the private sector in combating malaria as:

- Lack of Data: how many lives are saved from an intervention, what the exact investment required is
- Non-availability of government oversight architecture
- Limited financing

Meanwhile he mentioned that the three key sources for finance are:

1. Philanthropists
2. Private sector budgets to support public health (through CSR and foundations)
3. Customer-base (leveraging crowd funding platforms)

However, he stated that the most important new form of financing is coming through “impact investments”, which are providing a platform for investing in impactful outcomes.

Mr. Thomas Hatem, said the Global Fund allocation for Nigeria for 2014-2017 is USD 1.13 billion. However, he stated that the large scale financing needed to cover the entirety of NMSP activities will not come from outside donors—domestic funding will be key to realizing the goal of pre-elimination by 2020.

Dr. Charles Nelson emphasized that Malaria Consortium works alongside the NMEP on planning and financing at the State and Federal Level. While Malaria Consortium’s collaboration with the NMEP is yielding results, an intervention mechanism is needed to affect change in the hardest to reach and most vulnerable populations—this can only be achieved when government takes it up as their national responsibility.

Umar-Sadiq said that accurate health data facility is necessary to ensure accountability for the funding generated and that it will also aid in concrete decision-making. He noted that lack of this is the reason why we have no commensurate result with the billion of dollars invested in the health sector.

Umar-Sadiq reiterated that to make the impact of the private sector sustainable there needs to be partnership between the private sector and the public sector. He claimed that most public funds are channeled towards agricultural development and education with little or no interest in health. He said it is important to formulate a strategic health plan that will be able to draw funds from the public.

### NMSP 2014 -2020 total funding need is $4,133,110,170

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<td>$183,908,130</td>
<td>$95,391,862</td>
</tr>
<tr>
<td><strong>Gap</strong></td>
<td>$384,467,321.77</td>
<td>$630,311,410.00</td>
<td>$927,644,141.62</td>
</tr>
</tbody>
</table>

Sources of Funding

1. **Federal & State Governments**: Continuous especially for recurrent budget such as HR and overheads
2. **Global Fund**: NFM 2015-2016 (24 states)
3. **PMI/USAID**: Commitment up to 2016
4. **DFID/SuNMaP**: SuNMaP closes out March 2016
5. **World Bank Booster Project**: World Bank Booster Closed March 2015
6. **DFATD/WHO**: ICCM ends in March 2017 (2 states)
Innovative Models of Financing for Social Impact

The second of two plenaries focused on financing examined the “how” of financing for social issues such as malaria. Discussion focused on practical examples where private sector, private foundation, high network individuals and development agencies/donors can partner to create new models for health financing at the country level that maximizes impact and provides social or other returns on investments made. This session sought to plant the seed for opportunities to explore such solutions in the context of Nigeria’s malaria elimination agenda.

Speakers
- **Amb. (Retired) John Simon**, Founding Partner, Total Impact Capital (*moderator*)
- Dr. Ayodeji Oluwole Odutolu, the Senior Health Specialist, Africa Region, World Bank
- Mr. Ola Isola, Head, Franchise Group, Access Bank Plc.
- Mrs. Zouera Youssoufou, Managing Director and Chief Operating Officer, Dangote Foundation

Detailed Session Overview

**Amb. (Retired) John Simon** introduced the panelist and the session as one saddled with the responsibility of answering the question of what mechanisms that can be used to bring the different sources of finance together to really bridge the USD 4 billion NMEP funding gap.

**Dr. Ayodeji Oluwole Odutolu**, firstly acknowledged the eradication of polio in the country and further recommended strategies in the eradication should be replicated in the elimination of malaria. Secondly, he challenged malaria statistics that had been presented during the technical sessions as obsolete, with a lack of reliable updated malaria data over the past decade. He asked for more recent statistics and figures—much has been done in the past decade in Nigeria in terms of scaling-up interventions. The health outcome data is not yet caught up with the data we have on the rollout of interventions.

He further said that innovative finance comes from how efficient we are in the use of resources. He stated that the World Bank has supported malaria eradication in Nigeria with about $255 million in the last 7 years and that the Bank however has gone beyond malaria issue to a new project, *Saving One Million Lives*, which it provides $500 million for four years in tackling health issues including malaria based on World Bank performance indicators.

He emphasized the need for collaboration between the private and public sectors to mobilize the resources needed for planned malaria interventions to be put in place and have impact.

**Mr. Ola Isola** said the Financial Sector has a big role to play in helping to improve financing for malaria elimination because they are very close to both the private and public sectors. However, he pointed to challenges in participating in this space:

“For the financial sector to be fully involved, they must have confidence in performance driven programs, accountability and reporting—the private sector (and major donors) thrive on good governance structures, accountability and performance driven

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metric systems—if all these are not there it will be difficult for the financial sector play its part”.

He further stated that institutions such as Access Bank look for performance driven programs with accurate reporting to invest in. Ishola noted that the for them to invest, programs must have clear governance, integrity, credibility in the technical partner, clear metrics of assessment, continuous stakeholder engagement, knowledge sharing, a drive towards accomplishing outcomes and application—all factors in which private institutions are anchored.

Mrs. Zouera Youssoufou backed the notion of impact investing, a structure which Dangote Foundation has in place to mobilize funds, with the Foundation emphasizing investing in interventions that show impactful results.

Odutolu said from World Bank perspective, the goal of their investments is the development impact—that is, the impact of the investment has on the economy as a whole. Malaria, has a significant economic impact as it effects all areas of life.

Simon then asked the panelists to recommend strategies to unite the private sector behind increasing impact-oriented investments in malaria control in Nigeria.

Youssoufou replied that the answer is through targeting philanthropists, as well as through a complementary plea to all private sectors together. There must be a round table discussion on what everyone is expected to do, the benefits of each player and the need for all the players to have a clear roadmap on how private sectors are going to be supportive. She stated that “If we all agreed that our goal is to reduce the burden of malaria in Africa then it shouldn’t be difficult to agree on a common way forward”.

Simon then asked “How can the World Bank help to create this private sector synergy”?

Odutolu said the World Bank does not only provide finance instrument but also provides capacity building, knowledge strengthening to help build partnerships.

Simon asked the panelists “How helpful do they see a proposed financing partnership”?

Ishola replied that every step towards financial inclusion is a right step towards social inclusion.

Questions from the Audience

A participant asked, “How can we use a Social Financing Innovative Model to drive demand in investment in the health sector?”

Odutolu answered that the challenge is that all the data collected or collated needs to be analyzed and remodeled with indicators that reveal the exact figure of where we are now.

Odutolu also added that the role of NMEP is important and what should drive coming together is the vision to reduce the fragmentation by having a clear-cut goal, as the NMEP sets for the country.

Youssoufou said what is important is to have coordination with the NMEP as its leader in driving the process of collecting data.
THE CORPORATE ALLIANCE FOR MALARIA IN AFRICA

The Corporate Alliance on Malaria in Africa (CAMA) is a unique coalition of companies from various industries, all with business interests in Africa. Launched by Marathon Oil in 2006 and with GBCHealth as implementing partner and Secretariat, CAMA brings the collective force and voice of the private sector to drive impact on malaria in Africa from control to elimination. It is currently co-chaired by the Chevorn Corporation and Bayer.

Our Vision: To reduce the incidence of malaria by promoting private sector cooperation on malaria control projects in Sub-Saharan Africa.

Our Mission: To provide a forum for corporations, working with governments and NGO’s, to cooperate on existing malaria intervention projects in Africa with the aim of creating new partnerships, share best practices and promote understanding of the fight against malaria.

Our Goal: To maximize malaria intervention benefits through the optimization of in-country cooperation, information sharing and private sector advocacy.

Learn how your organization can become involved by contacting cama@gbchealth.org.

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