September 2017

COUNTDOWN
Calling time on Neglected Tropical Diseases

**Nigeria Situational Analysis | Brief 2**

# Expanding the National Coordination Platform for Neglected Tropical Diseases in Nigeria to Reach Local Levels and Improve Partner Coordination

*Michael Adikpe Igbe, Okefu O. Okoko, Ruth Dixon, Laura Dean*

The COU**NTD**OWN project conducted an NTD situational analysis between February and April 2017 in Kaduna and Ogun States, Nigeria. The study consists of a literature review, a policy review and a qualitative component. Findings were triangulated and synthesised into key outcomes, presented in this series of 4 briefs. The Executive Summary contains further details regarding the methodology and key findings of the situational analysis overall.

In terms of coordination, Nigeria's national programme for NTDs is housed in the NTD Division, Public Health Department, of the Federal Ministry of Health (FMOH), with the responsibility of coordinating and providing leadership for NTD activities in Nigeria. It provides policy guidance for the implementation of activities carried out by states, Local Government Areas (LGA), health facilities, and communities. The FMOH leads and coordinates the integration of NTD interventions in collaboration with Non-Governmental Development Organisations (NGDOs), the United Nations (WHO and UNICEF), academia, and other ministries such as Education, Water Resources, Women's Affairs, Agriculture, Environment, and Information.

## Key Messages

- At the national level, the Neglected Tropical Disease (NTD) programme has set up strong co-ordination and partnership mechanisms. These are well replicated in states where NTD implementation has been ongoing for some time and emergent in states newer to NTD implementation. Such structures create a strong platform for good governance of the NTD programme across Nigeria and should be harnessed where possible.

- The NTD programme has a complex donor landscape. Varying reporting requirements and funding restrictions create challenges for data sharing, programme responsiveness and effective resource mobilisation.

- Co-implementation of NTD programme activities is actively pursued at higher levels of the administrative structure. At more local levels, it is recognised as having benefits in principle but effective implementation is challenged by job insecurity, lack of awareness, conflicting priorities and inadequate manpower.

- The NTD programme at National and State level is heavily reliant on tacit knowledge of those co-ordinating and implementing the programme, both in governmental positions and those in non-governmental organisations. Strengthening of existing systems and institutionalising knowledge in states where the NTD programme is in its infancy is essential.

Over the last decade, there has been a steady increase in partner involvement, resulting in a complex web of donors and implementing partners who contribute to the delivery of the NTD programme. This reinforces the necessity for strong coordination mechanisms aimed at reaching collective NTD control and elimination goals. This brief presents key findings from the situational analysis in relation to collaboration, partnerships and coordination of the NTD programme; it focuses on the successes and weaknesses in these areas as perceived by stakeholders at all levels of the health system in Nigeria.

## Key Findings

The NTD programme in Nigeria is large and complex; it currently implements activities targeted at 12 diseases in the country. To effectively and efficiently deliver interventions **the NTD programme has recently strengthened its focus on the integration and co-implementation of activities**. This has been applied to the PC NTDs through the common approach of Mass Administration of Medicines (MAM).

**Coordination and partnership mechanisms are well defined at national level and are present or emergent at state level**

Coordination of NTD activities resides in the Ministry of Health at all levels of operation (National, State, LGA and Community). The NTD programme employs the country's administrative structure of a three-tier system of governance in coordinating activities. Key informants reported that this structure is clearly delineated and that coordination at the National level is effective.

**At the National level, participants reported that clear roles and responsibilities create a strong platform for enhanced collaboration and partnerships within the NTD programme,** and an avoidance of ambiguity and overlap across all levels. This was thought to stem from the joint planning and policy development that the NTD programme undertook in collaboration with all stakeholders at the National level. Coordination effectiveness varies between each of the State contexts explored, but is a priority in both States.


*COU**NTD**OWN meets with the Permanent Secretary of Health, Kaduna State*

**Types of coordination for NTD implementation at the national level include cross-sectoral coordination, and coordination with partners/NGDOs.** The FMOH interfaces with all stakeholders, and holds well-established periodic National Steering Committee and National Review meetings that coordinate the inputs of these actors. Informants reported that the FMOH has maintained positive relationships with all partners. However, some responses emphasised that there is a heavy involvement and reliance on the input of international actors in the planning and implementation of the programme at the national and lower levels.

*"We have very good relationship with WHO because WHO has been assisting us with medicine procurement, they provide technical advice, they have been assisting us in capacity development, assisting in programme implementation by providing oversight functions to whatever we are doing … virtually all the documents we are using were adapted from the WHO."*

***Federal Ministry of Health, NTD programme staff***

Moving to lower levels of the health system (State and LGA), there were mixed experiences in terms of coordination and collaboration. Ogun State recently inaugurated state level coordination meetings through the State Advisory Committee on NTDs (SACON), and its success cannot yet be ascertained. In both states, these committees provide a platform for intersectoral collaboration, as various state ministries and interest groups are represented.

Kaduna State, where the NTD programme has a longer history of support, has been holding Technical Advisory Committee meetings for some time. This has aided the development of strong partner relations and collaborative action.

## Multiple donors present a risk of dependence and challenges related to varying donor requirements

Despite strong mechanisms to coordinate implementing NGDO partners at the National level, and collaborative decision making at the national and state levels, inflexible organisational policies and funding requirements limit their ability to be responsive to programme needs. Key informants reported that to access partner assistance, States and LGAs are constrained by donor requirements on top of the complex task of programme delivery.

*'"He who pays piper dictates the tune". So we had partners who are supporting these vertical programmes, so the officers were giving information on their own activities only to the partner that is supporting'*

***Kaduna State, staff member, State Primary Health Care Development Agency***


*The COUNTDOWN research team at the launch*

*'The partners should help us in considering the CDD. Because we told the UNICEF people that CDDs have been asking for incentives….they normally tell us that they can't give us money for drugs and give us money for swallowing…that it's not possible to be giving money to CDDs'*

***Ogun State Ministry of Health, NTD programme staff***

At the state level, when partners are absent or end their support, the state may be unable to continue with MAM. The capacity strengthening element of international involvement is critical to the development of the NTD programme. Systems that are flexible enough to respond to local needs must be developed to sustain gains toward NTD elimination.

## Challenges to co-implementation occur due to fears of job insecurity, competing priorities, and difficulty engaging senior stakeholders

Programmatically, co-implementation occurs between the onchocerciasis and lymphatic filariasis programmes, and the schistosomiasis and soil transmitted helminths programmes, due to similarities in drug regimens and target groups. However, several challenges were identified in ensuring adequate co-implementation.

At the National and State level (particularly Kaduna State), one of the key challenges to successful co-implementation of NTD activities was a perception of job insecurity among implementers. Informants reported that NTD programme managers and focal points at the various health systems levels (most commonly State level) often thought that some of their jobs would no longer be relevant. Despite agreement that co-implementation is the best path from a technical standpoint, this perception strongly affects the acceptability of co-implementation, leading managers to protect their disease-specific programmes from perceived encroachment by others.

In Ogun State, the NTD programme is less developed, key informants felt that challenges to co-implementation of NTD activities often stemmed from a lack of awareness. Implementers may not fully understand the need to harmonise specific activities, in part due to weaknesses in training, but also due to erratic funding and resource limitations. Fluctuations in funding often meant that the state had to implement what it could, when it could.

Other widespread challenges to co-implementation were identified as variance in programme eligibility criteria (e.g. school-aged children for schistosomiasis versus children aged 5 and above for onchocerciasis), complex donor reporting requirements (as discussed above), and inadequate human resources. In some rare cases, key informants described that at National level they may be double funded for the same activity, but the inflexibility in resource allocation led to waste.

When discussing co-implementation with non-NTD disease programmes (such as malaria or immunisation programmes), key informants described similar challenges (fears of job insecurity, lack of unified objectives, and differing target populations). In addition, a few key informants at the national level described investing a lot of time and resources to seek collaboration with other disease programmes that was not reciprocated.

A further hindrance to well-intentioned collaboration efforts at the national level was lack of access to senior officials. NTD programme staff report that collaborative planning meetings cannot be successful without the participation of senior managers who can make decisions about programme design and implementation.

## Over-reliance on 'tacit knowledge' can compromise continuity in programme delivery

At all levels, some implementers have been engaged with the NTD programme for many years (sometimes 25 or more). Such individuals are well versed in programme history and the way the programme 'should' operate based on their tacit knowledge and experience. However, programme progression and decision making has not been well documented, particularly at lower levels of the health system.

Key informants described that challenges frequently arose when these 'knowledge sources' were redeployed or left the programme without a handover or transition period, compromising continuity in programme effectiveness and coordination. Continuity in programmatic decision making was particularly problematic in Ogun State, where some appointments within the health and education system were viewed to have political affiliation and knowledge of programme delivery may not have been considered when hiring. FMOH staff also perceived that at state level, recruitment is not always merit-based. However, this was not the case in Kaduna State, where appointments were linked to a specific career path.

## Recommendations

**1.** Emergent good practices at the state level for coordination of NTD activities should be harnessed and influence coordination at the national level.

**2.** Lobbying and dialogue with international partners and funding organisations is essential to encourage more flexibility and control for the NTD programme to allocate resources and implement programme delivery.

**3.** Implementers should be reoriented about co-implementation to allay their fears of losing their position and roles. Provision of funds for joint planning events at lower levels of the health system may also help facilitate collaboration at these levels.

**4.** Strategies should be explored to engage senior decision makers in collaboration activities such as planning co-implementation of programme activities and inter-sectoral action.

**5.** Mechanisms to decrease reliance on the tacit knowledge of experienced programme implementers should be explored. These measures will be particularly important in states where the NTD programme is in its infancy. They may include documentation procedures, longer handover or transition periods, organising orientation visits to 'model' programmes in states with longer programme history, and identifying a cadre of NTD programme 'champions' who exemplify good organisation and collaborative practice and who serve as mentors for incoming programme managers.

**Acknowledgements**

We would like to thank all study participants for their time and contributions. We also thank Susie Crossman and Tori Lebrun for their support in finalising this document. Thanks also to the COU**NTD**OWN Nigeria team, and Rachael Thomson, Sally Theobald, Sunday Isiyaku, Phil Downs, Ifeoma Anagbogu, Elizabeth Elhassan and Elena Schmidt for their reviews.

COUNTDOWN
Calling time on Neglected Tropical Diseases

COUNTDOWN (grant ID PO 6407) is a multi-disciplinary research consortium dedicated to investigating cost-effective, scaled-up and sustainable solutions to control and eliminate the seven most common NTDs by 2020.

Contact: llar@sightsavers.org
Visit: www.countdownonntds.org
Follow: @NTDCOUNTDOWN

COUNTDOWN Consortium
Liverpool School of Tropical Medicine
Pembroke Place
Liverpool, L3 5QA

FEDERAL MINISTRY OF HEALTH

LSTM LIVERPOOL SCHOOL OF TROPICAL MEDICINE

Sightsavers

This is an output of a project funded by UK aid from the UK government. However the views expressed do not necessarily reflect the UK government's official policies.

UKaid from the British people