Private Sector as an Integral Part of the Solution for Malaria Surveillance -Nigeria Integration Efforts

Annual RBM Partnership Monitoring & Evaluation Reference Group Meeting
Kigali, Rwanda
17 – 20, May 2022

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Our Vision - a malaria free Nigeria;
Our goal – to reduce malaria burden to pre-elimination levels and bring malaria-related mortality to zero

Presentation Outline

- Background/NMSP
- Overview of Malaria Surveillance in Nigeria
- Private Sector in Nigeria
- Effort of NMEP and Partners in Private Sector
- Private Sector Integration
- Conclusion

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Objectives of the NMSP (2021 -2025)

1. Improve access and utilization of vector control interventions to at least 80% of targeted population by 2025.
2. Ensure provision of chemoprevention, diagnosis and appropriate treatment for 80% of the target populations at risk by 2025
3. Improve generation of evidence for decision making and impact through reporting of quality malaria data and information from at least 80% of health facilities (public and private) and other data sources including surveillance, surveys and operations research by 2025.
4. Strengthen coordination, collaboration, and strategic partnership to promote efficiency and effectiveness of malaria control activities towards achieving at least 75% improvement from baseline using a standardized OCA tool.
5. Improve funding for malaria control by at least 25% annually through predictable and innovative sources to ensure sustainability at federal and sub-national levels

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Objective 3: Strategies

- Strengthen generation and reporting of quality malaria data through routine and non-routine sources. The NMDR is a
- Improve generation of evidence from evaluations, therapeutic efficacy and entomological surveillance studies for strategic deployment of interventions.
- Strengthen human resource for SMEOR.
- Harness innovation in technology and expand research for Malaria Programme.
- Integrate and coordinate SMEOR interventions.
- Develop a functional Pharmaceutical Management Information System (PMIS) to strengthen evidence-based decision making for malaria programming,
- Collaborate with NPSCMP and NAFDAC for integrated supportive supervision activities and promote Quality Assurance for malaria medicines/commodities across all facilities (public and private) respectively.
- Reinforce and enhance advocacy approaches targeting private sector stakeholders to improve timely, appropriate and reliable malaria data reporting

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Malaria Surveillance: Overview

- **Scope: Disease, vector & parasite surveillance all ongoing**

Disease

- Integrated within national HMIS
- Tracking screening, Fever, diagnostics, treatment, inpatient, deaths
- Approx. 39,000 HFs listed on DHIS, expected to report monthly
- Only 6,185 are listed as Private HFs
- The Surveillance System tracks <30% of expected cases

Vector

- Entomology (adult, larval density, survival, type of vector, vector behavior, insecticide resistance monitoring)
- Surveillance through Sentinel sites (29 sites)
- Environmental & climatic surveillance (rainfall, humidity,) not yet fully incorporated in analyses

Parasite

- Through Therapeutic Efficacy Studies (TES)
- Surveillance through Sentinel sites (at least one site per state)

Challenges of malaria surveillance in Nigeria

- Some of the challenges of Malaria Surveillance system include:
  - Low reporting from the private sector
  - Incomplete reporting from all health sectors
  - Poor quality of data
  - Inadequate training for health care workers on malaria surveillance at all levels
  - Insufficient surveillance tools to capture number of malaria cases seen
- To address these challenges:
  - Training on the revised HMIS tools (v2019) across all States and provision of Seed stock of HMIS tools to private facilities to enhance reporting as well as link annual renewal of practice license to reporting in some States in the country
  - Establishment of the NMDR as a surveillance support tool to ware-house and track routine and non-routine malaria data in one platform for ease of data use for decision-making
  - Use of data quality dashboard in the National Malaria Data Repository (NMDR) to track and resolve illogical data
  - Training and re-training of HCWs during mentoring and supportive supervisory visits to HFs
  - Continuous advocacy to policy makers for printing and distribution of surveillance tools across all health sectors

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Private Sector in Nigeria

Description

- The private health care sector in Nigeria is complex and heterogenous in activities and type of services provided. Activities include health care services, manufacturing, philanthropy through CSR, product supply chain, research and system analysis.
- The health care service providers consists of formal: tertiary, secondary, PHC health facilities, Community pharmacies as well as informal: Patent Medicine Vendors (PMVs) and drug sellers.
- The private health sector in terms of operating principle can also be classified as: either private not-for-profit (PNFP-e.g missionary HFs) and for-profit health (PFP) facilities (individually/private organization-owned private HFs).

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Private Sector in Nigeria-2

- The Private sector form a significant part of the healthcare system in Nigeria constituting 49.5% of the listed health facilities on the HMIS/DHIS
  - Representing over 16,400 hospitals and clinics.
  - A total of 3768 registered Community Pharmacies
  - Over 200,000 Proprietary Patent Medicine Vendors (PPMVs), with less than one third registrated with the Pharmacist Council
- The private sector is the first point of call for some 50-60% of Nigerian seeking formal health care for a febrile illness. That translates into over a 100million people relying on this sector for health care.
- A notable 66% of children under five receive care at private health facilities in Nigeria (NDHS 2018).
- Yet, contribution of private sector to the national HMIS is less than 30% of the current data on the HMIS.
- In 2021, Ave. Reporting rate on HMIS (national) was 79.9% (v2019), & 2.2% (v2013)
- By public HFs-85.6%(2021) & 87.9 (Q1 2022); private HFs-66.7% (2021); 71.8% (Q1 2022)
- Neglecting this whole sector without adequate coordination will undermine any goal of eliminating Malaria in Nigeria.

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Key Challenges of the Private Sector

- **Regulation:** There is minimal regulation by regulatory or supervisory authorities on the private sector with little impact on the quality of care
- **Information**: The private sector's contribution to the HMIS is less than 30% of the current data on the HMIS. There is no system of enforcing or ensuring compliance.
- **Policy:** Minimal mechanism in place for oversight for private sector
- **Quality**: We have a limited understanding of the national quality standards and compliance of products and poor visibility on the provision of diagnostic services, and poor penetration in the RDT market and limited demand
- **Fees for Services**: The National Health Account (NHA) showed that household spending formed the bulk of the expenditure on Malaria, put at about 82% of the total expenditure on Malaria. The household expenditure decreased to 78.5% in 2017.
- There is limited coverage of the National Health Insurance Scheme in the private sector

Efforts of NMEP and Partners in Private Sector – 1

- In cognizant of the important role that the private sector plays in malaria surveillance in Nigeria, the country has taken the following initiatives to address some of the challenges related to the private sector:
- With support from Global Fund, implemented the following;
  a. Affordable Medicines Facility-malaria (AMFm) and Private Sector Co-payment mechanism in 2010-2016, which allowed for delivery of subsidized genuine but affordable mRDTs and ACTs into the private sector supply chain, and surveys conducted to track implementation
  b. In 2012 NCH approval for CP/PPMVs to conduct RDT tests in their outlets and banned the use of monotherapies for uncomplicated malaria. NMEP then conducted "RDT Acceptability Studies" in the private sector.
  c. The AMFm and PSCM were very successful and well received by all stakeholders. Initially, the subsidy was 95% which meant First Line Buyers(FLBs) pay only 5% of the landing cost. However, in 2013, the subsidy was reduced to 85%, and thus required Importers to pay 15% of the landing cost of the subsidized drugs. In 2017, the GF withdrew the subsidy for the PCSM, because it was not sustainable. This led NMEP to launch the ACT PSCM Transition Plan

Efforts of NMEP and Partners in Private Sector – 2

c. ACT/RDT Price and availability surveys in the private sector were monitored with the WHO/ACT watch team between 2011-2017.

d. Sales data collected from Importers and wholesalers on antimalarials sold quarterly 2011-2016.

e. Biannual Monitoring of Quality of malaria medicines supply chain from manufacturer to retail outlets with USP and NAFDAC; 2014 to date.

f. NMEP is currently implementing a pilot project in 5 states; aimed at improving access to quality malaria care (diagnosis and treatment) and reporting in the private sector through CPs/PMVs, with a view to scale up to more states

Efforts of NMEP and Partners in Private Sector – 3

Key partners on Private Sector include; Clinton Health Access Initiatives (CHAI), Society for Family Health (SFH) and Malaria Consortium (MC)

Activities;

1. Clinton Health Access Initiatives (CHAI)

- Between 2016 -2018, CHAI supported the training of over 4,000 PMVs in Lagos and Kano and deployed PMV service registers for malaria case management to a cohort of PMVs in the two states
- In Lagos, this private sector project transitioned PMV registers to a mobile platform and developed a malaria surveillance system to improve the state's malaria programming which is available to the SMEP

Efforts of NMEP and Partners in Private Sector – 4

- This project developed a DHIS2 Dashboard that mirrors the Country's NHMIS platform. Key indicators tracked were
  - Reporting rate, reporting timeliness and completeness, test uptake, ACT uptake and confirmed cases
- Rolled out the malaria surveillance system to 387 pharmacies, but reporting rates have been low, requiring incentives to institutionalize it. Since inception (Apr 2019) to date, over 56,000 malaria cases have been reported on the platform.
- The programs show 20% -30% overall reporting rates without any incentives. Subsidy has been shown to improve reporting to ~58%; cost intensive and unsustainable difficult to demonstrate return on investments (ROIs)

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Private Sector Integration – 1

- A Joint Annual Programme Review (JAPR) of HIV, TB and Malaria conducted in 2019, highlighted bottle necks in the private sector which include;
  - Lack of adequate collaboration between NMEP and the Private Sector
  - Private Sector implementation identified to be in isolation in most cases, and data not being transmitted into the DHIS platform but in separate databases
  - No established desk or focal point for Public Private Philanthropy partnership for malaria control at NMEP

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Private Sector Integration – 2

- This has led to the establishment of a Public Private Philanthropy Partnership (PPPP) subcommittee at NMEP as a coordination platform (meets quarterly) and serves as a forum for partner interaction on different areas on implementation-commodities, data reporting, regulatory issues, waivers, advocacies etc
- There has been significant improvement in coordination and collaboration between public, private and philanthropic actors.
- And enhancement in the efficiency and utilization of resources for malaria control and improvement of case management and vector control outcomes in the private sector

Strategies for Engaging Private Sector on Surveillance

- **Conducting a baseline assessment of the private sector** is critical to understanding its composition, size, geographical distribution and quality of services provided-
- NMEP conducted a baseline study on private sector CPs/PMVs in 2018 and 2022.
- **Facilitating reporting, referral and training linkages between the public and private sectors** and making malaria a notifiable disease- NMEP, CHAI are doing this in 7 states currently, with plans to scale up to other states
- **Financial incentives for uptake of RDTs and ACTs. combined with training and community awareness campaigns for improving uptake**.- CHAI found that this was necessary for institutionalization of reporting, however issue of sustainability.
- **Regulatory procedures including licensing/ inspections to assess capacity and infrastructure etc by professional bodies or government**. NMEP/PCN/NAFDAC collaborating on this (data reporting mandatory for renewal of licenses)

Other Roles Of Private Sector

In Surveillance:

- Providing Funding
- Initiate and host data reporting, storage and feedback system for a fee.
- Pharmacies, PPMV outlets and hospitals are being used to collect patient data and malaria response patterns
- They may serve as testing hubs for malaria
- In other areas of surveillance such as IRM/ Entosurveillance, private sector can take up role for vector breeding site identification and monthly collection of adult mosquitoes.

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Conclusion

- NMEP has recognized the need to integrate the private sector malaria services into the overall malaria surveillance system in Nigeria if we are to ensure a robust system, as this sector contributes over 50% of health service provision for malaria and other febrile illnesses and other childhood diseases.
- Measures such as the pilots being supported by the GF, CHAI, SFH, MC and the government-driven CHIPs program are all aimed at addressing the challenges in the private with plans to scale up to cover all parts of the country

Thank you for Listening

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