

HCE Coalition: Collaborative Action Strategy

Focus Country Briefing – Nigeria

HEALTH CAMPAIGN
EFFECTIVENESS COALITION
Strengthen Systems. **Maximize** Impact.

April 17th Stakeholder Meeting | Agenda

Objectives

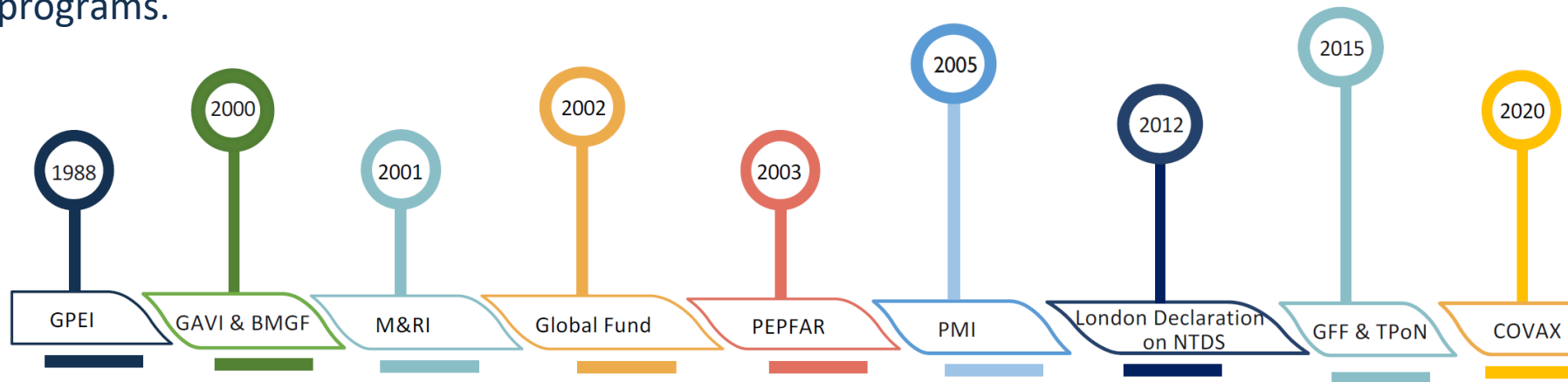
- Share an overview of the Collaborative Action Strategy (CAS) for Health Campaign Effectiveness (HCE)
- Share updates and key next steps on CAS Implementation in Nigeria

Topic	Activities	Est. Time
Welcome & Introductions	<ul style="list-style-type: none">• Welcome and General Introduction to CAS focal persons in Nigeria	5 mins
Program Overview	<ul style="list-style-type: none">• Overview of the HCE Coalition and the Collaborative Action Strategy	10 mins
Focus Country Update	<ul style="list-style-type: none">• Focus country update for Nigeria and key next steps	15 mins
Discussion	<ul style="list-style-type: none">• Q & A	30 mins

HCE Coalition & CAS Overview

A Fragmented Campaign Ecosystem With An Opportunity For Change

- 1 Over the last 25 years, there has been a growth of disease-specific initiatives and financing, which has driven a **proliferation of health campaigns** targeting diseases, with **little coordination** between programs.



- 2 Global health **campaigns play a strategic role within the context of a broader health system (e.g., PHC)**, and one does not always need to be at the cost of the other.

- 3 The long-term aim is to **reduce reliance on campaigns by strengthening health systems**, but **campaigns will continue in the near-term** to respond to outbreaks, and support disease elimination and SDG health goals.

The Health Campaign Effectiveness (HCE) Coalition



Founded in 2020, the HCE Coalition's Program Office is run by the Task Force for Global Health (TFGH)



The Coalition Leadership Team comprises global campaign funders, multi- and bi-lateral institutions, and country



Coalition members work around the world and across multiple disease domains (e.g., NTD, polio, VPDs, malaria, nutrition)



BILL & MELINDA GATES foundation



unicef
for every child



The Coalition seeks to identify best practices, reduce fragmentation, harmonize financing and strengthen collaboration amongst country leaders, funders, and implementers

Vision

Country-led health systems use a strategic balance of targeted health campaigns in concert with regular health services to achieve and sustain health-related development goals for all people

The HCE Coalition Identified Best Practices & Opportunities For Impact



The HCE Coalition undertook 3 years of research in 15 countries, which demonstrated **benefits and best practices** associated with **better coordinated and integrated campaigns**:



Better coverage & acceptability



Cost savings



Improved program efficiencies

Examples of identified **best practices that underpin the CAS** and its recommendations

Collaborative Planning

- Effective **cross campaign coordinating bodies**
- **Collaborative, cross campaign** planning

Implementation

- Ensure **active participation** at all levels of decision-making
- Ensure **community acceptability**

M&E/MERLA

- **Digitalize & harmonize tools & logistics**
- Create tools & protocols for **co-delivery** that align across campaigns

Financing

- **Align & coordinate** funding
- **Optimize incentive arrangements** at various levels of the health system

What is the Collaborative Action Strategy for Campaign Effectiveness (CAS)?



Collaborative Action Strategy (CAS)
for Health Campaign Effectiveness

December 2023

HEALTH CAMPAIGN
EFFECTIVENESS
COALITION

Strengthen Systems.
Maximize Impact.

Photo Credit: Brent Stirton / Getty Images for ITI | The Task Force for Global Health 2018

Who: The Collaborative Action Strategy (CAS)¹ for Campaign Effectiveness was developed in 2023 by 48 global, regional, and country-level experts representing major campaign funders, implementors, and country leadership.

What: The CAS is meant to shift ways of working amongst global, regional, and country level partners on key actions, roles, and coordinated approaches at the country level. It is designed to add **practical but transformative value to countries' existing campaign and health care efforts.**

Vision: The strategy seeks to guide partners toward a future state where programs collaborate effectively with each other and with corresponding health services to **maximize the impact of campaigns on health outcomes**, and ultimately aims to **catalyze stronger, more resilient country-led health systems** in the long term.

The core of the CAS are 12 Recommendations Developed to Enhance Country-Level Impact and Coordination

The CAS recommendations are intended to be **adaptable** and **flexible**, allowing for country specific decision-making. All recommendations will require **joint effort between countries, global funders and implementers**, with specific recommendations targeting funders (e.g., campaign finance), implementers (e.g., 1d), and MOHs (e.g., 1a).



Planning & Implementation



M&E/MERLA¹



Campaign Financing

<p>Rec #1a</p> <p>Establish or leverage an existing multi-sectoral, cross-campaign National Coordination Body</p>	<p>Rec #1b</p> <p>Identify campaigns and domains for collaboration and integration</p>	<p>Rec #2a</p> <p>Within countries, develop a coordinated and collaborative cross-campaign MERLA strategy</p>	<p>Rec #3a</p> <p>Create a comprehensive view of campaign financing at the country level</p>
<p>Rec #1c</p> <p>Develop a multi-year, cross-campaign workplan and schedule for campaigns</p>	<p>Rec #1d</p> <p>Harmonize tools and operations (e.g., logistics, supply chain, microplanning) across campaigns</p>	<p>Rec #2b</p> <p>Aligned with the coordinated country MERLA strategy, improve the ability of campaign implementers and partners to identify, measure, utilize, and share data on campaign effectiveness</p>	<p>Rec #3b</p> <p>Take incremental steps toward harmonizing and aligning campaign financing</p>
<p>Rec #1e</p> <p>Develop a coordinated and effective approach to enable active community engagement at all levels and phases</p>		<p>Rec #2c</p> <p>At the global level, develop a Learning Platform and a MERLA framework as a practical guidance to countries and global stakeholders</p>	<p>Rec #3c</p> <p>Harmonize and align incentive payment modalities and rates across campaigns</p>
			<p>Rec #3d</p> <p>Advance government role in campaign financing</p>

1. Monitoring, evaluation, research, learning, and adaptation

High-level Anticipated Outcomes For The CAS

1



Reduced fragmentation, and increased coordination and/or integration between campaign stakeholders & public health programs

2



More **effective campaigns** and **efficient resource** use to address country health gaps and priorities, and optimally serve target populations and communities

3



Streamlined approaches to **measurement, monitoring, evaluation, and learning** that foster sharing of information on the effectiveness and benefits of interventions, coordination, and integration

4



Timely, harmonized funding processes and streams to decrease the burden on countries and implement more effective campaigns

5



Progress toward transitioning health campaign interventions to the primary health care (PHC) system in the long-term

6



High-quality, equitable, accessible and people-centered health services via genuine community engagement throughout campaign phases, to meet multiple health needs

Principles to guide CAS Implementation

- **Country led:** CAS implementation is **led by the focus country (i.e., the MoH and NPHCDA)** and aligns with the country's priorities—**CAS success (i.e., what does campaign effectiveness look like) will be defined by the country stakeholders**
- **Coalition Leadership Team Commitment:** The HCE Coalition's Leadership Team and Program Office are committed to supporting focus countries by **mobilizing staff and resources, providing technical assistance, and facilitating policy and funding changes where necessary**
- **Multi-partner and multi-sectoral collaboration:** The CAS is not intended to be another vertical project or top-down initiative but rather is an **approach that asks ALL country campaign partners (e.g., MoH, NPHCDA, funders, implementing partners, CHWs) to break away from silos and collaborate toward shared goals**
- **Learning and adaptation:** The implementation process will be different for each country; the HCE Coalition supports countries in the learning process, **facilitating adaptation and continuous improvement** along the way

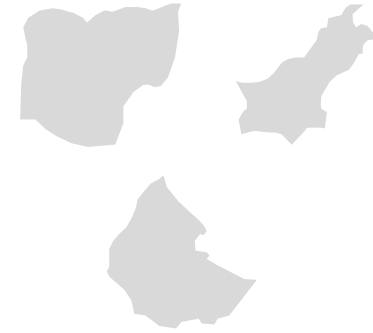
Nigeria CAS Implementation

High-level Timeline For The CAS



Phase 1 (i.e., implementation in focus countries)

- Recommendations are **customized** to a country context
- **Execution and collaboration** in countries
- Learning, knowledge sharing, and dissemination occur
- **Robust socialization and alignment within LT orgs**



Phase 1

Phase 2 [estimated]

2024

2025

2026

2027

HCE Coalition CAS Planning Meeting, Addis Ababa

Jan 30th – Feb 1st

- The meeting included **broad participation** from global, regional, and country stakeholders, including **MoHs of Nigeria and Ethiopia, and NPHCDA Nigeria**



Phase 2

1. Focus country outcomes and learnings are **analyzed**
2. CAS and recommendations are **scaled beyond focus countries**



Current Activities & High-Level Next Steps for CAS Implementation



MOH/NPHCDA Engagement

- Conducted a debrief on the Addis convening with country government (MOH & NPHCDA)
- **The Hon. CMHSW endorsed HCE/CAS**
- Director of Public Health and the Executive Director NPHCDA have been recognized as leads for all HCE activities in-country

February 2024

HCE/CAS Secretariat

- **HCE secretariat is established** and sits at the office of the Hon. CMHSW with support from NPHCDA and office of the DPH
- TA being recruited to support secretariat functions including coordination across health programs for effective campaign & implementation

March-April 2024

Feasibility (Opportunity) Assessment

- **A feasibility (opportunity) assessment is underway** to understand current campaign practices, capacities and resources available and needed for CAS customization and execution; and
- Identify the risks, challenges, and opportunities to CAS implementation, as well as current and required partners for CAS customization and implementation

April 2024

CAS Customization

- **Campaign and stakeholder mapping conducted** to understand which health programs to include in the CAS for co-delivery of campaigns
- **CAS is being considered under SWAp** to address four (4) key points in the Nigerian Strategic Vision for the Health Sector (2023-2026)
- Stakeholder engagement meeting to form members of the **CAS TWG** and develop TORs for its subgroups (planning & implementation, MERLA, Policy & Finance) slated **for 22-23 April, 2024**
- **Review & customize the CAS** to the Nigeria context (and to be aligned with the SWAp strategy) slated for **May/June 2024**

April–June 2024



Contextual Factors Driving CAS Implementation in Nigeria

Background

- Nigeria is a signatory to numerous global targets for the elimination and eradication of diseases, e.g., Onchocerciasis, Measles, polio etc.
- Recognizing the complexity of these goals, strategies such as campaigns are employed to bridge gaps and quickly attain the goals.
- Many campaigns are planned for and implemented within the Nigeria health ecosystem. However, as we move towards attaining the goals, this has inadvertently led to:
 - Fragmentations within the health system,
 - Stretching of resources,
 - Campaign fatigue among stakeholders, etc.
- Consequently, this disruption has impacted the traditional and consistent provision of health services at the facilities.

Strategic Vision

- The Government of Nigeria has set out a strategic vision for the health sector (2023- 2026) with the goal to
 - Save lives
 - Reduce financial and physical pain
 - Produce good health for all Nigerians
- Competing health priorities and programs are being aligned as part of the country's goal to
 - Reduce frequent outbreak of diseases and meet disease elimination/eradication targets
 - Increase efficiency, improve access and save cost with introduction of new medicines, vaccines and programs

The Government of Nigeria has set out a Strategic Vision for the Health Sector [2023-2026]



Our goal is to save lives, reduce both physical and financial pain and produce health for ALL Nigerians

Outcomes we want to achieve:

DALY improvement, lives saved, OOP reduced, [metric for producing health], [equity]

Effective governance

- Strengthen oversight and effective implementation of the National Health Act
- Increase accountability to and participation of relevant stakeholders and Nigerian citizens
- Strengthen regulatory capacity to foster the highest standards of service provision
- Improve cross-functional coordination & effective partnerships to drive delivery

Efficient, equitable and quality health system

- Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition)
- Strengthen prevention through primary health care and community health care
- Improve quality of care and service delivery across public (primary, secondary and tertiary care) and private, across all levels of the health system
- Improve equity and affordability of quality care for patients
- Revitalize the end-to-end (production to retention) healthcare workers pipeline

Unlocking value chains

- Promote clinical research and development
- Stimulate local production of health products
- Shape markets to ensure sustainable local demand
- Strengthen supply chains

Health Security

- Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa)
- Build climate resiliency for the health system in collaboration with all other sectors

The Collaborative Action Strategy for Campaign Effectiveness (CAS) happens to be in line with the four marked points in the Nigerian strategic vision.

Data & Digitization: Digitize the health system & have data backed decision making

Financing: Increase effectiveness of spend and alignment of spend with strategic priorities

Culture & Talent within MDAs: Strengthen capabilities & values and drive a performance based culture within the FMoH.



Strategic blueprint for NPHCDA (2024 – 2026)

Sector Strategic Goal

Save lives, reduce physical and financial pain, and produce health for ALL Nigerians

PHC Strategic Objective: Every Nigerian has equitable access to quality PHC services they need through a system that they trust

Reduced Maternal and Under-5 Mortality

Increase proportion of wards with functional PHCs and competent PHC frontline health workers

Increased utilization of PHC services and outpatient attendance

Increased coverage of Penta 3, fully-immunized children, antenatal care, and skilled birth attendants

Decreased zero-Dose children, stunting and wasting

Strategic Pillars and Priorities

1. Strengthened NPHCDA positioned for effective and accountable implementation of the SWAp and NHA

- 1.1 Revamp organizational structure and top team to effectively deliver on strategy
- 1.2 Update enabling law to be fit-for-purpose and to enable stewardship of PHC in Nigeria
- 1.3 Digital transformation of core functions, departments and programs
- 1.4 Strengthen brand and reputation of NPHCDA with stakeholders and citizens
- 1.5 Engender a skilled, motivated and engaged workforce
- 1.6 Provide collaborative leadership to states and partners for the implementation of SWAp and PHC development

2. Efficient, Equitable, Quality and Trusted Primary Health Care services

- 2.1 Improve functionality of PHCs across the country, starting with a minimum of 1 per ward and expanding to ~17,600 over 4 years
- 2.2 Reform NPHCDA BHCPF gateway, in synergy with NHIA gateway, to incentivize quality and accountability
- 2.3 Establish sustainable framework for PHC workforce development, training and retention
- 2.4 Improve coverage of routine immunization and reduce zero-dose children
- 2.5 Scale up innovations that improve utilization and Quality of Care for RMNCAHN services
- 2.6 Re-establish trust for the PHC system among citizens and communities

3. Effective frontline health security through PHC system

- 3.1 Streamline and integrate non-polio SIAs to maximize quality and reduce outbreaks of vaccine preventable diseases
- 3.2 Reorganize polio campaign strategy to improve effectiveness and interrupt cVPP2 transmission
- 3.3 Position PHC system to proactively detect and mount initial response to outbreaks and other health emergencies

Data for Decisions, measurement and learning at all levels of PHC system

Strategic people-oriented collaborations with sister MDAs, States, development partners, health workers and communities

Discussion

Open Discussion

- 1 How do you envision the CAS supporting the country's priorities?
- 2 What are the risks or challenges with customizing CAS to the Nigerian context and preparing for implementation?

