



NATIONAL MALARIA CONTROL PROGRAMME
Federal Ministry of Health, Abuja



ENGAGING THE PRIVATE SECTOR TO ELIMINATE **MALARIA** IN NIGERIA



Foreword

Malaria is endemic in Nigeria, with the country reporting more deaths from the disease than any other nation in the world. With an estimated population of 170 million, Nigeria has a large population at risk of malaria. Transmission of the disease occurs all year round, making it a major cause of morbidity and mortality. As a result, Nigeria accounts for 32 percent of the global estimate of 655,000 malaria deaths annually. Women and children are significantly affected: almost 4,000 maternal deaths occur due to malaria every year, while an estimated 300,000 children die from the disease annually.

Over the last decade, substantial progress has been made in the control of malaria in Nigeria. Through significant investment from the government and development partners, supply and distribution of anti-malaria commodities have increased nationwide; about 100 million Long-Lasting Insecticide Treated Nets (LLTN) were distributed over the last seven years to protect over 40 million households, while access to free and/or highly subsidized medication (ACTs) improved significantly. Also, diagnosis and prevention strategies have been greatly improved through guided research. These efforts have

led to a decrease in malaria prevalence across the country. However, a substantial commodity gap still exists, and other programmatic challenges remain. These issues need to be addressed to align with the global agenda of fast-tracking towards malaria elimination.

The National Malaria Strategic Plan (2014-2020) was developed to sustain the gains made in the past years and ensure transition from malaria control to malaria elimination in Nigeria. This can only be achieved by strategic collaboration with the private sector to better mobilize local resources for malaria elimination. This report highlights priority areas for private sector support, a detailed strategy for private sector engagement, as well as steps for implementation. It is a result of months of planning and deliberations with key stakeholders to ensure a robust, impactful guide for cooperation with the private sector to achieve the goal of malaria elimination.

We thank all who contributed to this report. We hope it will mark the beginning of a new phase in the fight against malaria with innovative solutions and sustainable partnerships.

Prof. Isaac F. Adewole, FAS, FSPSP, DSc (Hons)

Honourable Minister of Health

Message from **Alhaji Aliko Dangote** (Malaria Ambassador & Private Sector Leader)

With 25% of the world's disease burden for Malaria, Nigeria has and continues to experience significant financial and human costs as a result of this condition. Over 350 billion Naira is lost annually in productivity in the country due to workplace and school absenteeism as well as high treatment costs. This is hardly surprising as 97% of Nigerians are at risk of malaria infection, with 60% outpatient visits and 30% of hospitalizations due to the disease. It is estimated that approximately one to 5% of Nigeria's GDP is lost on account of malaria.

In spite of these dismal statistics, the goal of malaria elimination by 2020 as outlined in the National Malaria Strategic Plan, though ambitious is achievable through private sector participation. As seen with the recent success in the fight to eradicate polio in the country, leveraging the private sector's strengths, unique capabilities and reach is instrumental to achieving significant health gains. The private sector already plays a significant role in the Nigerian health industry- over 75% of health facilities nationwide are privately owned, while 50% of patients seek initial medical care from private providers. Therefore, the need for a strong public-private sector collaboration to accelerate the efforts of the National Malaria Elimination Programme (NMEP) towards a malaria free Nigeria cannot be over-emphasized.

This report, a result of detailed research, describes the opportunities,

strategies and potential actions through which the private sector can be actively engaged in the fight against malaria. It is hoped that such partnerships will prevent further spread of malaria by bridging the significant funding gap and scaling-up coverage of impactful interventions; thus ultimately strengthening the capacity of the nation's healthcare systems to combat malaria.

I therefore want to call on all stakeholders in healthcare- investors, donors, non-governmental organizations and healthcare providers for a renewed commitment to providing support and cooperation for overcoming the malaria scourge and achieving the goal of elimination.

Finally, I wish to thank the partners and colleagues who made this report possible

Alhaji Aliko Dangote, GCON
President Dangote Foundation



Acknowledgements

This document is the result of diverse contributions from many who deserve recognition. First is the Dangote Foundation, through the leadership of Alhaji Aliko Dangote, which graciously provided funding for the project. We are grateful for their support and continued commitment to the improvement of healthcare in Nigeria.

We are also grateful to the Director of Public Health and the staff of the Federal Ministry of Health, especially the National Malaria Elimination Programme (NMEP), who provided significant input and assisted in the report preparation process. We are thankful for the time and dedication devoted to the project throughout the course of work.

Our heartfelt thanks go to the Anadach team who interviewed private sector leaders from across the country; conducted desk research and collected relevant information, working with colleagues and partners; drafted the initial private sector engagement strategy and co-ordinated the finalization of the report and its production. Their tireless efforts greatly enhanced the quality and output of the report.

We also acknowledge the contributions of all the participants in the stakeholder consultation forum for the private sector engagement strategy document. They include officials of federal and state government ministries, departments, and agencies; representatives of professional organizations; civil society organizations; international development partners; the media and various other private sector establishments.

Lastly, we are immensely grateful to all the individuals who have contributed in one way or another to the development of this report. Though it is impossible to mention each one by name, their input was nonetheless vital to completing this work.

Dr. Nnenna Ezeigwe (MBBS, MPH, FMCPH)

National coordinator, National Malaria Elimination Program

CONTENTS

- 01** The Problem
- 02** The Case For Private Sector Involvement
- 03** Macroeconomic Impact
- 04** Progress On Malaria Control In Nigeria
- 05** The National Malaria Strategic Plan 2014–2020
- 06** Vision, Mission, Goals and Objectives
- 09** Why Should NMEP Work With The Private Sector?
- 11** Why Should Businesses Work With NMEP?
Interesting Practices and Examples from Other Countries
- 13** What Can Businesses Do?
- 19** Suggested Next Steps For Implementing Strategy
- 22** Annexes
- 29** References



// THE PROBLEM

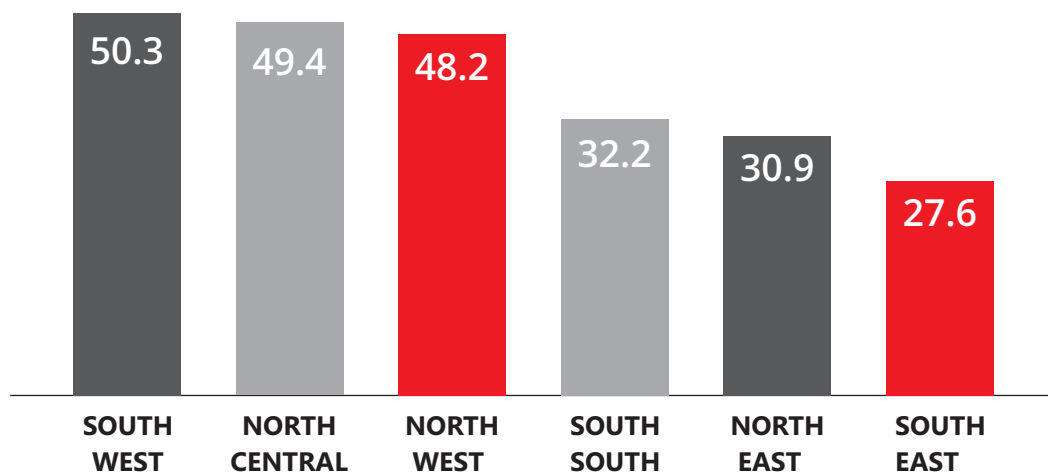
Nigeria has 25% of the world's disease burden for malaria and reports more deaths due to this disease than any other country in the world. In Nigeria, malaria is responsible for the deaths of an estimated 300,000 children per year and contributes to over 4,000 maternal deaths annually. It is also the number one cause of absenteeism in Nigeria, resulting in loss in productivity at work and school.

Ninety-seven per cent of Nigerians are at risk from malaria, with an estimated 50% of adults suffering at least one episode of the disease a

year. Malaria accounts for 60% of outpatient visits and 30% of hospitalizations. Also, Nigeria is a major exporter of malaria to other countries – 45% of reported malaria cases in London between 2000 and 2012 occurred due to travel from Nigeria, hence the requirement of most major international airlines to spray planes with insecticide before departure from Nigeria.

Malaria prevalence varies across the country, with zonal variations in children under five years old as reflected in Figure 1 below.

Figure 1: Prevalence of Malaria in Children under Five Across Nigeria's Geo-Political Zones



Source: Draft National Malaria Strategic Plan, 2014-2020

// THE CASE FOR PRIVATE SECTOR INVOLVEMENT

Nigeria loses an estimated US\$1.1 billion each year due to malaria-related absenteeism and treatment costs. In addition to direct costs to business and the economy, the disease indirectly damages the economy through the deterioration of human capital and the loss in savings, investments and tax revenues.

A healthy population is crucial to driving economic growth. Therefore, given the

pervasiveness of malaria in Nigeria, there is reason to deduce that the disease greatly hinders poverty eradication prospects and strategies in the nation. Compared to other large African economies, Nigeria has a greater malaria burden, and this may result in a greater macroeconomic impact (see Figure 2). Nigeria and the Democratic Republic of Congo (DRC) make up nearly half of the world's malaria burden.

Table 1: Malaria Burden in the Five Largest African Economies

Country	% Population at High Risk (2013)	Estimated % of High Risk Population Protected by ITN (2012)	% Annual Blood Examination (2007 - 2012)	% Cases Treated with Antimalarial Medicine (2012)	Change in Death Rates (2000 - 2012)
Nigeria	100	50	3	26	-5
South Africa	4	38	6	58	N/A
Angola	100	42	15	98	-25
Ethiopia	1	90	5	100	-1
Ghana	100	42	12	60	-10

Source: World Malaria Report 2013

// MACROECONOMIC IMPACT

Reducing the impact of malaria in Nigeria could boost the nation's economy in several ways. First, good health improves children's education as healthy children are able to attend school regularly. According to Holding and Kitsao-Wekulo (2004), malaria accounts for 15% of health-related absenteeism from school in some areas. The effect of malaria on learning and cognitive abilities is also important when considering the disease's economic impact. Cerebral malaria kills over 100,000 children in Africa each year. Of the children who survive, 10 to 15% are left with some neurological damage. Improved cognitive ability in children, on the other hand, is associated with higher earnings –

and, therefore, potentially stronger economies – in adulthood.

Malaria also affects economies through its impact on labour productivity. Healthier workers, like healthier schoolchildren, attend work more frequently and are more energetic and creative at their jobs. A one-year increase in life expectancy is thought to boost labour productivity by as much as four per cent. Moreover, if workers' communities are healthier, they will need less time off to look after sick relatives. Foster and Leighton (1993) estimated the value of malaria-related lost production to be between one and five per cent of Nigeria's GDP. The service sector bore the brunt of

15%

of health-related absenteeism
from school in some areas

100,000

children killed by cerebral
malaria in Africa each year

losses, losing eight per cent of production. Given the increasing importance of the service sector in the growing Nigerian economy, this could be quite detrimental.

Reducing the impact of malaria could also boost Nigeria's economy by promoting savings and investment. Gallup and Sachs (2001) found circumstantial evidence showing that the eradication of malaria in southern Europe in the 1940s and 1950s spurred economic growth by allowing for a significant increase in foreign investment and tourism to the region. For economies to grow, investment – which promotes job creation, higher incomes and improved technology – is essential.

Another way that malaria affects economies is by reinforcing poverty. The economic impact of

malaria, particularly in third world countries, is disproportionately felt by the poor. Many poor families live under housing conditions that afford little protection from mosquitoes (for example, they lack netting for windows and doors) and are less able to afford protection and treatment than wealthier families. A national study found that fever was more common in Nigerian children who lived in rural areas (compared to urban areas) and who were from the lowest income quintile (compared to the highest). Drawing from savings or selling off limited assets to pay for malaria treatment may make it more difficult for already impoverished families and individuals to escape poverty. Also, rural families are less likely to have access to health facilities; for example, 66% of the rural population live within five kilometres of a primary healthcare center compared to 80% of the urban population.



// IMPACT ON BUSINESS OPERATIONS

Absenteeism from work is a direct contributing factor to increased business costs resulting from malaria. Adults who fall sick with malaria have been found to miss between one and five days of work per malaria episode. They miss a similar number of days when caring for sick children or relatives. In addition, staff morale may be affected by illness amongst colleagues and family members, and this is likely to be magnified if said illness results in death. Death of staff due to disease also presents companies with increased costs as they recruit and train replacements.

The effect of malaria on businesses is not limited to its impact on staff. If customers are hard hit by

an illness, they may have to divert resources towards healthcare. This diversion can benefit some businesses, such as pharmaceutical companies or those providing funeral services, but it damages others as overall consumption declines.

The impact of health on corporate reputation is another consideration for some firms, with activists, governments, consumers and sometimes shareholders pressuring companies to behave in a socially responsible manner through corporate philanthropy or sponsorship of health programmes.

// PROGRESS ON MALARIA CONTROL IN NIGERIA

Substantial investments in malaria control have been made in Nigeria over the last decade in the context of previous National Malaria Strategic Plans. The 2014–2020 Malaria Strategic Plan presents a major scale-up of key interventions and aims to achieve pre-elimination status and reduction of malaria-related deaths to zero by 2020. To help achieve this strategic plan, the National Malaria Elimination Programme (NMEP) seeks to leverage on the private sector's strengths, capabilities and reach.

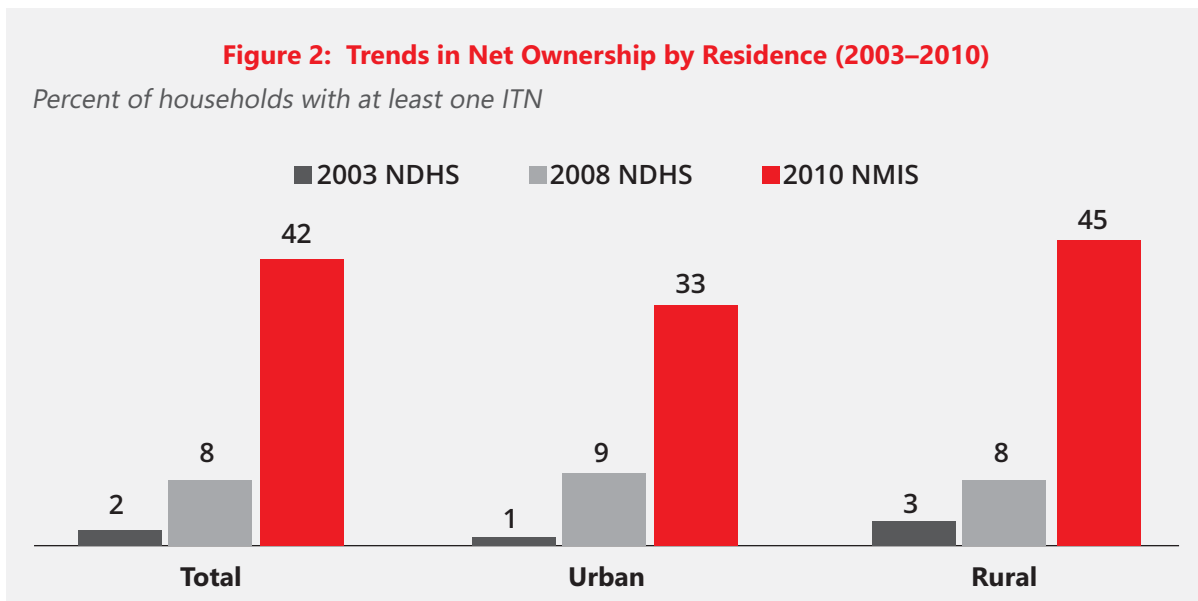
A major reason the private sector should consider supporting the NMEP is the progress on the malaria landscape in Nigeria demonstrated by the rapid scale-up and coverage of malaria interventions during the previous strategic plan. The NMEP (previously NMCP: National Malaria Control Programme) identified and led implementation of the following strategic priorities and guiding principles with measurable success:

- Rapid scale-up of prevention and treatment of malaria, which has led to distribution of over 100 million Long Lasting Insecticidal Nets (LLINs) since the inception of the Universal LLIN campaigns (see Figure 2), improved distribution of Artemisinin-based

Combination Therapy (ACTs) in public and private health facilities and improved access to subsidized ACTs through the Affordable Medicines Facility – malaria (AMFm) project.

- Focus has shifted from prioritizing the biologically vulnerable (pregnant women, children under five years of age, people living with HIV/AIDS) as primary target groups for interventions to universal and equitable access for all at-risk groups.
- Integration of malaria interventions into general health endeavours, which achieved synergy as well as increased cost-effectiveness and helped strengthen the healthcare system.
- Broad partnerships involving all sectors of society – government, civil society, traditional and religious leaders and the private sector – have increased dramatically, and an estimated 136,000 lives of children under age five have been saved between 2009 and 2010 as a result. It is estimated that the malaria-related mortality rate in children under five for 2010 is 15% lower than it would have been had expanded malaria control intervention coverage not occurred.

- During the period of the last strategic plan, both federal and state governments increased expenditure on malaria control. Between 2008 and 2010 the federal government spent at least \$80 million, mobilizing almost five times as much in external funding.

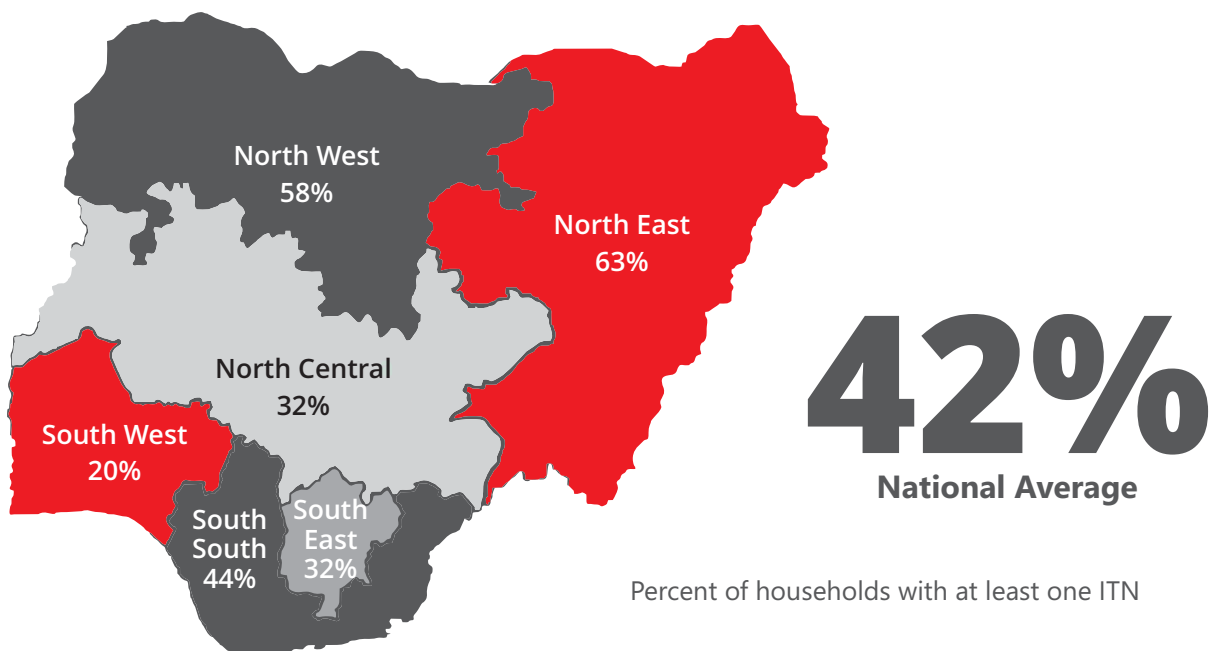


// THE NATIONAL MALARIA STRATEGIC PLAN 2014-2020

Despite the major successes of the National Malaria Strategic Plan, challenges remain. LLINs are not yet universally available (see Figure 4), malaria prevalence is still high across the country,

and malaria remains the most common cause of absenteeism from work and school as well as hospitalization.

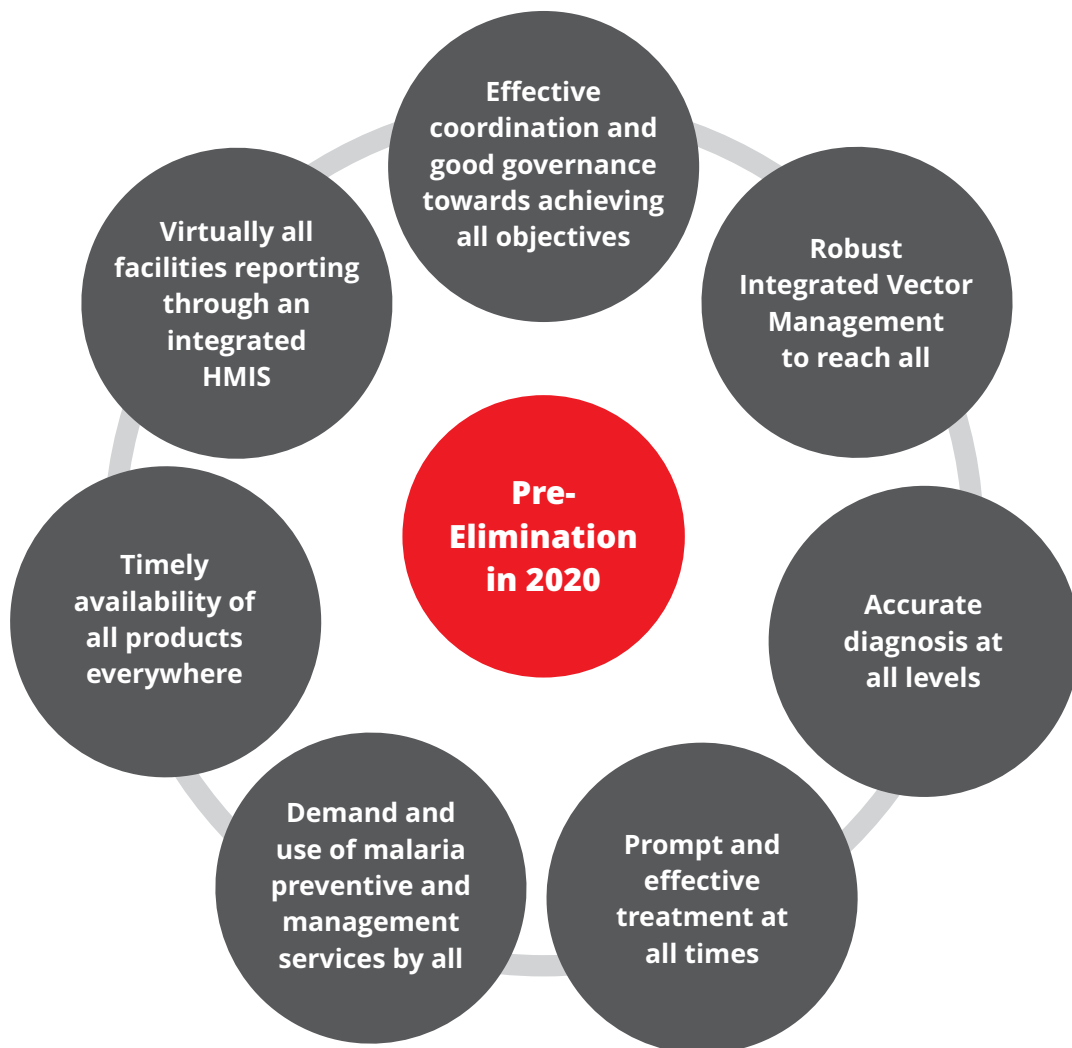
Figure 3: Universal Ownership of ITNs Not Yet Achieved



Source: Draft National Malaria Strategic Plan, 2014–2020

To address these challenges the federal government, through the National Malaria Elimination Programme (NMEP), has launched the next National Malaria Strategic Plan (summarised in Figure 5).

Figure 4: Summary Diagram of National Malaria Strategic Plan, 2014–2020



Source: Draft National Malaria Strategic Plan, 2014–2020

// VISION, MISSION, GOAL AND OBJECTIVES

Vision	The VISION is to have a MALARIA FREE NIGERIA.
Mission	The MISSION is to provide equitable, comprehensive, cost-effective, efficient and quality malaria control services ensuring transparency, accountability, client satisfaction, community ownership and partnership.
Goal	The GOAL is to reduce Nigeria's malaria burden to pre-elimination levels and bring malaria-related mortality to zero.

The **Objectives** of this Strategic Plan are to ensure that:

1.

At least 80% of targeted population utilizes appropriate preventive measures by 2020: Core technical strategies here include expanding universal access to insecticide treated materials, significantly scaling-up Indoor Residual Spraying (IRS) and expanding larviciding. There will also be support for Intermittent Preventive Therapy (IPTp) and Seasonal Malaria Chemoprevention (SMC).

2.

All persons with suspected malaria who seek care are tested with RDT or microscopy by 2020: This will be achieved through a massive scale-up in the availability of facilities for parasitological confirmation (RDT and/or microscopy) at all levels of healthcare delivery.

3.

All persons with malaria seen in private-public healthcare facilities or community agents receive prompt treatment with an effective anti-malarial drug by 2020: This will be achieved by promoting availability of appropriate antimalarial medicines through free, subsidized or commercial systems. Secondary- and tertiary-level healthcare facilities will be strengthened to deliver on the treatment objectives of severe malaria while the community-level intervention will focus on pre-referral treatment and improved referral systems.

4.

At least 80% of the population routinely practices appropriate malaria prevention and management behaviour by 2020: Evidence based innovative behavioural change communication messages delivered through multiple platforms and targeting both health workers and the general public will drive the efforts to achieve this objective. There will be advocacy to policy makers and stakeholders while social mobilization will be highly promoted.

5.

System in place for timely availability of appropriate antimalarial medicines and commodities required for prevention and treatment of malaria in Nigeria by 2018 - Forecasting and quantification will be strengthened, while effort is made to ensure effective and efficient distribution systems. There will also be partnerships with key government agencies to strengthen and update malaria related regulatory policies and in the conduct of pharmacovigilance.

6.

At least 80% of health facilities in all LGAs report routinely on malaria by 2020: This will be with stronger emphasis on the use of ICT platforms and deployment of the District Health Information Software (DHIS) and Health Management Information System (HMIS). The use of SMS platforms for feeding information from the peripheral facilities to central systems will be introduced. A robust Monitoring and Evaluation framework has been developed to guide the scheduling of data collection processes.

7.

To strengthen governance and coordination of all stakeholders for effective programme implementation towards an A-rating by 2018 on a standardized scorecard: Building on the existing gains of the partnership arrangement, programme management will promote capacity development and ensure public-private partnerships in facilitating availability.

The required financing for the 2014–2020 National Malaria Strategic Programme is summarized in Table 3. However, there remains a significant funding gap (for example, the funding gap was \$470 million in 2015). Further details are available in Annex 5.

Table 3: Summary of Financial Requirements to implement NMSP, 2014-2020

Total Cost-NMSP 2014-2020 in US\$								
	2014	2015	2016	2017	2018	2019	2020	Total
Programme Cost	80,327,249	64,659,469	62,876,695	46,249,886	37,372,598	30,769,771	26,688,459	348,944,127
Drug, Commodities and Supplies	169,589,986	339,422,719	653,422,862	437,175,117	485,703,632	695,998,286	771,936,067	3,553,248,668
Health System Cost for logistics (Drug and Commodity Distribution)	9,638,312	10,103,330	44,027,377	34,608,829	27,711,480	56,670,024	48,158,024	230,917,375
Total	259,555,547	414,185,518	760,326,934	518,033,832	550,787,710	783,438,081	846,782,550	4,133,110,170

Key priority areas for support from the private sector, defined by the management of the NMEP, include:

- Integration of malaria interventions into general health endeavours, which achieved synergy as well as increased cost-effectiveness and helped strengthen the healthcare system.
- IT packages for tracking interventions and progress (for example, SMS);
- Local manufacture of commodities and services;
- Logistic management of commodities;
- Physical infrastructure;
- Sustained Public Service Announcements for public awareness on what individuals and groups can do;
- Sustained awareness creation on the available malaria interventions and the need for the populace to access and utilize them.

// WHY SHOULD NMEP WORK WITH THE PRIVATE SECTOR¹?

As noted above, the 2014–2020 Malaria Strategic Plan presents a major scale-up of key interventions and aims to achieve pre-elimination status and reduction of malaria related deaths to zero by 2020. To help achieve this strategic plan, the NMEP seeks to leverage on the private sector’s strengths, capabilities and reach.

Responding to government leadership, the Nigerian private sector (among other stakeholders) has played an instrumental role in the fight to eradicate polio. It appears that polio eradication in Nigeria is now within reach, demonstrating that a strong public-private sector coalition can contribute to achieving significant health gains. We believe that this positive experience can be replicated in achieving the National Malaria Elimination Goal.

There are several reasons why working strategically with the private sector can help accelerate NMEP’s goals for malaria elimination.

- The private health sector accounts for at least a third of the 34,000 health facilities in the country, and 50% of Nigerian patients with a fever seek initial treatment from privately owned health establishments (particularly from the at least 34,000 Patent Medicine Vendors). Since a large proportion of patients with malaria are treated within the private sector, improving the quality of malaria treatment through private pharmacies and drug shops is critical.

Table 2: Distribution of Facilities by Ownership

Type	Ownership	
	Public	Private
Primary	72%	28%
Secondary	24%	76%
Tertiary	88%	12%
Total	67%	33%

Source: Draft National Malaria Strategic Plan, 2014-2020

For example, Nigeria was one of the pilot countries for the Affordable Medicines Facility - malaria (AMFm).² According to the independent evaluation of the programme, the AMFm was a 'game changer' in the private for-profit sector in Nigeria, with a dramatic impact on the antimalarial market, through large increases in Artemisin Combined Therapy (ACT) availability, price decreases and increase in market share.

- Devising strategies, developing new technologies, and distributing and marketing products are important aspects of malaria

control efforts and are often part of the private sector's day-to-day activities.

- Several major/large businesses have already taken action on malaria, with benefits including developing new business, promoting worker and customer loyalty and protecting workforces. Businesses also have close relationships with employees and their families, and often with suppliers and customers, and are therefore well-placed to assist with health education campaigns. For example, most major oil companies operating

¹ For the purpose of this strategy, the private sector will be defined to a large extent as the formal private sector, unless otherwise stated.

² The Affordable Medicines Facility – malaria was an innovative financing mechanism designed to expand access to the most effective treatment for malaria, artemisinin-based combination therapies (ACTs), through the public, private and NGO sectors.

in Nigeria already have health education programmes, and this puts them in a prime position to develop malaria elimination plans (if they have none) that complement the national strategy for malaria control.

- Many firms currently involved in malaria control (especially at the global level) either manufacture or deliver prevention and treatment tools as a core part of their business. Also, the private sector is heavily involved in vaccine research, and pharmaceutical companies are key partners with such Malaria Vaccine Initiatives and other international vaccine-promoting agencies. However, the involvement of such firms at national, state or local levels in Nigeria is currently extremely limited.
- A financing gap currently exists in the NMEP which could be addressed by reallocation of funds at federal, state and local government

(which was the biggest contributor to Nigeria's economic growth in 2013), this could become an impediment to achieving malaria elimination. It is, therefore, important that the NMEP engage private sector partners, such as manufacturing, mining or plantation companies, and oil and gas companies, to conduct or support malaria case detection and diagnosis, vector control and surveillance endeavours. This could also help free up public resources to be used in other deserving areas.

Meeting the goal of malaria elimination in Nigeria requires coordinated effort between the private sector and the NMEP. The objectives of such partnerships should be to prevent the further spread of malaria, scale-up coverage of impactful interventions and, ultimately, strengthen the capacity of the nation's healthcare systems to fight malaria. There has been a significant amount of advocacy and research for global partnerships

“ It is, therefore, important that the NMEP engage private sector partners, such as manufacturing, mining or plantation companies, and oil and gas companies, to conduct or support malaria case detection and diagnosis, vector control and surveillance endeavours. ”

levels. Nigerian private sector organizations, particularly through their associations, could play a role in public policy dialogue and advocacy for malaria. The private sector could play a key role in advocating on the importance of a malaria-free Nigeria for equitable economic growth.

- Under certain conditions, it has been shown that agricultural, plantation, mining, and timber extraction activities have caused increases in malaria incidence and contributed to malaria resurgences. While this may not yet have been documented in Nigeria due to the current endemic nature of the disease, this may explain some of the variation across the country. Given the rapid revitalization of the agriculture industry

in healthcare, especially with regard to malaria. The Global Fund for HIV/AIDS, Malaria and Tuberculosis has identified four major ways to engage the private sector, which may be relevant to the NMEP's private sector engagement:

- Seek financial contribution and support for marketing campaigns
- Seek pro-bono services and core competency partnerships
- Support for advocacy and governance, globally and locally
- In-country co-investments and operational contributions

// WHY SHOULD BUSINESSES WORK WITH NMEP?

Given the significant negative impact of malaria on the Nigerian economy, it is to the benefit of the private sector to play a key role in malaria elimination so as to promote equitable economic growth, in addition to their direct efforts to minimize the impact of malaria on their particular businesses.

Rather than attempting to carry out solitary malaria control efforts, businesses and

organizations should collaborate. Governments, non-governmental organizations and business associations may all have specialist knowledge that can help strengthen a company's programmes, aligning them with national malaria control efforts. In Nigeria, the NMEP is the focal point for malaria control and elimination efforts, and should be an important partner for companies and business associations.

// INTERESTING PRACTICES AND EXAMPLES FROM OTHER COUNTRIES

International private sector companies and business organizations involved in the fight against malaria as part of their social impact and CSR drives have gained a boost in their reputation. These companies channeled their diverse competencies and infrastructure to attract partners and resources, securing funding from external donors and jumpstarting scale-up interventions that would have been impossible otherwise.

Supporting malaria control is a contribution that the private sector can and should make,

strengthening their businesses while saving lives – a win-win model.

As stated earlier, most well-known examples of private-public partnerships have been with large multinationals, but this does not diminish the importance of action at the local level.

Some specific examples of private-public action against malaria, which may be relevant in Nigeria, include:



Ghana

In 2004, in the Ghanaian community of Obuasi, gold producer AngloGold Ashanti received as many as 6,800 malaria patients per month at the company's hospital, out of a total workforce of 8,000 people. AngloGold partnered with Ghana's National Malaria Control Programme, along with other organizations, to implement indoor residual spraying, the distribution of bed nets and the facilitation of rapid diagnosis and treatment.

By 2009, only 1,100 malaria patients visited the hospital each month and monthly malaria medication costs at the company had fallen from US\$ 550,000 to US\$ 9,800.



Mozambique

During the first two years that aluminum smelter company BHP Billiton operated in Mozambique, the company reported 6,000 malaria cases, which included 300 medical evacuations and 13 fatalities, and incurred US\$ 2.7 million in malaria-related costs.

The company partnered with the Lubombo Spatial Development Initiative to help reduce malaria infections from 625 cases per 1,000 people to fewer than 200 cases per 1,000 in the Maputo Province of Mozambique. In addition to savings resulting from reduced absenteeism and healthcare costs, the initiative's success helped secure two grants worth US\$ 47 million from the Global Fund for the Regional Control of Malaria.



Tanzania

Said Salim Bakhresa & Co. (SSB), an East African flour mill with 6,000 employees, was able to cut its malaria-related treatment costs by two-thirds and achieve an 80% decline in malaria-related absences four years after the initiation of its malaria control initiative in 2008. The company invested US\$ 45,500 to provide nets for its workers and obtained a return on investment in the nets in one year by significantly reducing the likelihood of workers missing shifts due to malaria. Also, through the Malaria Safe Programme, Artemisinin-based Combination Therapy (ACT) was made available for employees, and this proved to be more effective in treating malaria than the nets.

Such interventions, as well as malaria education sessions and distribution of prevention tools and materials, have allowed the organization to develop a healthier workforce, increase productivity at its factories and focus on pushing its products to the market rather than expending resources managing the disease.



Chad & Cameroon

ExxonMobil found that malaria would increase the costs of constructing an oil pipeline from Chad to Cameroon. A survey of employees and contractors revealed a case incidence of 1,750 malaria cases per 1,000 workers per year. In the absence of an effective malaria control effort, construction would take over four days longer than planned and cost an extra US\$ 4 million. These factors spurred ExxonMobil to invest in a comprehensive malaria control programme aimed at employees, contractors and the wider community. The company required contractors to offer prevention and treatment services to their workers, and worked with NGOs to provide such services to communities.

Programme monitoring shows that the project saved ExxonMobil US\$ 3.8 million in project delay costs, as malaria incidence was reduced by 70% compared to the pre-programme survey. The number of additional days' work, moreover, was sharply reduced.

// WHAT CAN BUSINESSES DO?

The Nigerian private sector is among the most vibrant and fast growing in the world, and is driving economic growth in the country. Thus, using the same resources and capabilities that have contributed to its success, the private sector could make a significant impact in the drive for malaria elimination through its expertise in marketing, technology, supply chain management and logistics, and so on.

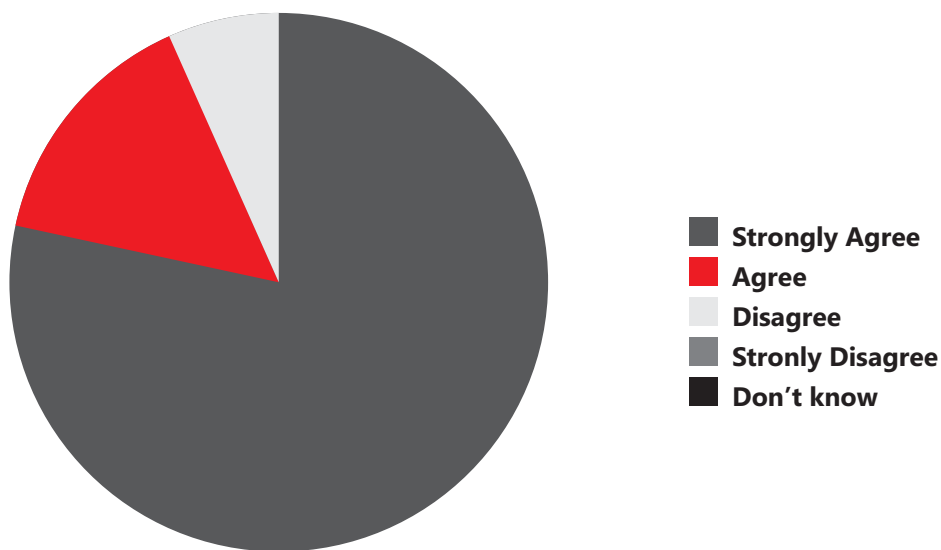
More specifically, the private healthcare sector has broad reach and serves families and individuals from all income levels, and so may have innovative approaches to healthcare that could prove significantly useful. Investing in the elimination of malaria – a disease that affects all Nigerians – may also create opportunities for individual corporations to extend their reach to

consumers. Contributing to an increasingly successful programme to eliminate malaria (which is the primary health concern for 78% of Nigerians) could be an effective way to create impact with an organization's CSR resources.

To better understand the perception of the Nigerian private sector, we conducted interviews, structured discussions and surveys with over 50 leaders in various private sector organizations including oil and gas, manufacturing, health services, consulting and financial services companies. It would appear that while private sector companies understand that malaria is an important health issue in Nigeria (over 75% strongly agree that it is; see Figure 5), relatively few devote any resources to fighting the disease.

Figure 5: Private Sector Companies on the Importance of Malaria

Do you agree that malaria is a big problem in Nigeria?



About 60% of companies had supported a health-related programme but less than 20% had supported malaria control or elimination programmes. About 30% were aware of any programmes working towards the elimination of malaria in Nigeria (including leaders in some of the largest private sector healthcare organizations), but all respondents indicated that the private sector should be more involved in this. About half of the companies interviewed

indicated interest in joining a consortium or association of businesses to fund or support the NMEP. Only 50% of companies interviewed had a CSR policy in place.

We also asked companies to rank the most important factors they considered prior to funding a cause (1 being most important and 4 being least important).

Table 3: Important Factors that Companies Consider before Funding Causes

	Important (Ranked 1 or 2)
Linked to company's core business, for example technical advice, pro-bono advice	60%
Social impact	53%
Cost implications	47%
Business development /potential increase in customer base	40%

While these results may not be statistically significant, they do suggest that the NMEP has an opportunity to engage the private sector. While many private sector organizations consider malaria an important health issue, there is, ironically, limited engagement from the private sector with regard to solving this problem. Therefore, it would appear that one of the key areas of focus for the NMEP should be building awareness of its agenda, including its successes and challenges. The problem, however, goes beyond creating awareness. It is significant to note that only a small number of organizations surveyed indicated a willingness to directly donate to the NMEP. About 25% of companies interviewed had experienced difficulties working with government institutions, largely due to the bureaucracy and complexity of these processes. To attract private sector engagement, it is therefore important to devise a simple and unencumbered avenue for these organizations to get involved.

Based on the results of our surveys and interviews, we suggest that the NMEP considers categorizing private sector organizations, and engaging each group differently (see Table 4). However, it needs to be recognized that some companies may fit in several categories; for example, a large listed company may provide both direct funding to the programme and expand provision of malaria prevention and treatment services for its employees and host communities. We believe it is also important to engage relevant associations as champions, as this may provide cost-effective opportunities to get the message of malaria elimination out. We believe that the initial focus on stepping-up engagement should be on marketing and promotion of the national malaria programme to create an environment conducive for wide private sector engagement. There should also be a focus on a number of high-profile 'wins' which could help galvanize other groups.



Table 4: Suggested Categorization of Private Sector Companies for NMEP Engagement

Category	Potential for Business Engagement	Example of Potential Actions
I	Provide direct funding to fill identified gaps in the National Malaria Strategic Plan	<ul style="list-style-type: none"> ● Philanthropic/DIRECT CASH donations to NMEP; for example, large listed companies (both national and international), coalitions (for example, Private Sector Health Alliance) ● Provision of pro-bono/reduced-fee services, like marketing or secondment of staff, to assist the NMEP with identified areas of weakness (for example, to develop and launch marketing plans)
II	Health Services and other In-Kind Services	
IIa	In-Kind Health Services	<ul style="list-style-type: none"> ● Philanthropic/DIRECT CASH donations to NMEP; for example, large listed companies (both national and international), coalitions (for example, Private Sector Health Alliance) ● NHIS could provide bed nets as part of its coverage for NHIS- and privately-insured patients. ● HMOs (like Hygeia, THT and so on) could promote anti-malaria messages, distribute bed nets to their covered private population as well as monitor healthcare providers to ensure that they follow NMCP guidelines, with negative financial consequences for failure to comply. ● Partnership with various professional healthcare associations and regulatory agencies, like MDCN, PCN, HCPAN, NAPPMED, to educate their members (through mandatory CME/CPE/update courses on malaria enforced by regulatory agencies) and encourage the use of malaria treatment guidelines including RDT kits. ● Partnership with larger hospital groups (Eko, Lilly Hospitals, St Nicholas, Cedar and so on) and diagnostics chains (Pathcare, Echoscan and so on) for messaging, leveraging on NMEP guidelines to patients, subsidized training of public healthcare personnel, etc. ● Partnership with monitoring agencies like (Health Facility Monitoring and Accreditation Agency) HEFAMAA and professional organisations like SafeCare and SQHN (Society for Quality in Healthcare in Nigeria) to monitor providers' use of treatment guidelines. ● Improve robustness of NMEP malaria databases by collecting incidence data, method and effectiveness of treatment among patients and insured in both public and private sector.

Table 4: Suggested Categorization of Private Sector Companies for NMEP Engagement

Category	Potential for Business Engagement	Example of Potential Actions
Ila	In-Kind Health Services	<ul style="list-style-type: none"> ● Philanthropic/DIRECT CASH donations to NMEP; for example, large listed companies (both national and international), coalitions (for example, Private Sector Health Alliance)
Ilb	Provide direct healthcare services (including malaria prevention and treatment) to employees and, in some cases, community	<ul style="list-style-type: none"> ● Encourage/ensure that companies with a large employee base (such as international oil and gas companies and multinationals, locally-owned corporations and consortiums, airlines, banks and so on) provide or widen coverage of services that meet NMEP guidelines to their employees and relevant local communities, provide adequate messaging and bed nets. ● Reflect on labour laws to see if there is any support for these activities ● Work with Ministry of Trade and Investment to ensure that new foreign investors develop anti-malaria programmes for their workers. ● Improve robustness of NMEP malaria databases by collecting data on the disease's incidence among employees and host communities
Ilc	Other in-kind services that support malaria elimination	<ul style="list-style-type: none"> ● Construction and engineering firms can build mosquito-proof structures and promote vector control by draining or filling in breeding sites. ● Information technology firms can work with the government to develop surveillance systems to track the disease, and can also work to strengthen health management systems like Sproxil. ● Financial services firms can help the poor cope better with malaria by developing micro-credit programmes that are linked to the provision of information about malaria and other health issues like health insurance.

Table 4: Suggested Categorization of Private Sector Companies for NMEP Engagement

Category	Potential for Business Engagement	Example of Potential Actions
III	<p>Companies that can donate, subsidize, produce or distribute commodities</p>	<ul style="list-style-type: none"> ● Procter and Gamble, UACN, Coca Cola, Dangote Transport and so on – Sharing expertise or directly providing logistics for distribution of commodities ● Provision of subsidized anti-malarial prevention or treatment for vulnerable groups including pregnant women, children under five and rural populations ● NMEP can work with local companies interested in producing commodities like bed nets, ACTs or RDTs locally, by guaranteeing purchasing, brokering required partnerships and donor founding and so on. ● Telecommunication companies can provide pro-bono or reduced-fee services to support SMS use in improving logistics.
IV	<p>Provide assistance with Information Education Communication (IEC), media and public education</p>	<ul style="list-style-type: none"> ● Work with media and entertainment companies to support/fund marketing strategies and campaigns by leveraging on different media platforms (billboards, radio, TV, social media, newspapers, blogs) and increasing the dynamism of the current NMEP website ● Work with celebrities and influencers to support messaging; consider selecting cultural icons as ambassadors and working with Nollywood executives to incorporate anti-malaria messaging in movies ● Work with schools (including universities) to develop education and communication campaigns targeted at young people, for example competitions, health education classes (malaria awareness talks in schools) and so on ● Telecommunication companies can provide free or subsidized SMS services for messaging, and help leverage on mobile banking methods to facilitate crowd-sourcing of donations and other philanthropic efforts

Table 4: Suggested Categorization of Private Sector Companies for NMEP Engagement

Category	Potential for Business Engagement	Example of Potential Actions
V	<p>Companies, associations and organizations that can provide assistance on capacity building and advocacy</p>	<ul style="list-style-type: none"> ● Work with selected universities and/or training institutes (Lagos Business School, Abuja University of Science and Technology, University of Ibadan, Ahmadu Bello University, University of Nigeria, Nsukka and so on) to offer pro-bono or reduced-cost training ● Work with selected organizations (like National Economic Summit Group (NESG), Manufacturers Association of Nigeria (MAN), private school associations) with capacity to advocate for increased malaria funding from federal and state governments, and encourage members to fund or support anti-malaria efforts ● Business associations can help firms by developing guidelines for good practice

We believe that the initial focus on stepping-up engagement should be on marketing and promotion of the national malaria programme to create an environment conducive for wide private-sector engagement. It would also be important to develop clear policies and a transparent accountability framework under which the private sector can be engaged. Furthermore, there should be a focus on a number of a high-profile 'wins' which could help galvanize other groups.

// SUGGESTED NEXT STEPS FOR IMPLEMENTING STRATEGY

Time line: 0-6 months

Critical Actions

- Promotion of strategy for engaging private sector, for example through workshops with various stakeholder groups; dinner with current anti-malaria funders and selected interested parties to formally launch engagement strategy; meetings with NESG, Lagos Chamber of Commerce and Industry, Healthcare Federation of Nigeria (HFN), oil and gas industry stakeholders, media and telecommunications firms, entertainment, and so on
- Final Engagement Document made available in paper and electronic formats, leveraging on bloggers, journalists and other media professionals to publicize engagement strategy. It is important that all such campaigns include email and phone contact details so that members of the public can follow up
- Identify 1–2 Nigerian companies willingly to share their data on the cost-effectiveness of addressing malaria (or willing to analyze their data for malaria incidence)
- Build social media presence and engagement on platforms like Twitter, Facebook and website and update on a regular basis. It is important that the use of these platforms remains dynamic to encourage interaction
- Develop an active ACSM (Advocacy, Communication and Social Mobilization) strategy focusing on the private sector.
- Disseminate all necessary ACSM (Advocacy, Communication and Social Mobilization Framework and Implementation Plan) guidelines to pertinent private sector groups so that all parties are on the same page
- Modify public malaria message in the following ways:
 - Simplify message to basic step-by-step instructions akin to ebola message model
 - Advise population to get tested for malaria before taking any antimalarial medication
 - Tailor the message such that the true severity of malaria resonates with the audience
- Hold stakeholder meeting with private sector and policy makers like NAFDAC, APCON and other necessary collaborators to formulate a policy requiring pharmaceutical companies to include uniform malaria message within all malaria adverts
- Reconvene stakeholder meeting after 12 months
- Work on a few quick high-profile wins, for example Nollywood/Telecom/NMEP partnership launch; malaria support by Dangote (for example Dangote support for employees and host communities); Private Sector Alliance support for RDTs
- Meet with international groups working with the private sector (for example GBA, WEF) to leverage on their connections
- Sensitization of private healthcare professionals (primary and secondary healthcare providers, PPMVs, laboratory scientists and so on) on the importance of implementing malaria treatment protocols/guidelines (including the use of RDT kits) through the respective professional associations (MDCN, NAPPMED, PCN, HCPAN and so on)

// SUGGESTED NEXT STEPS FOR IMPLEMENTING STRATEGY

Capacity Required

- Private Sector Co-ordinator required at NMEP at federal level. The Malaria Ambassador has kindly agreed to fund such a Unit/position hosted at the Private Sector Alliance for 48 months.
- Key focus of such a unit will be to generate/follow-up on donations, partnerships and so on. Actual implementation will be done by relevant service units.
- Each state level unit should appoint a private sector coordinator who will interact with the private sector unit. States with a large private sector might want to consider having a small unit.

Time line: *6-12 months*

Critical Actions

- Work with existing funders to expand and align programmes to the National Malaria Strategic Plan.
- Based on earlier work with international groups, existing funders work on philanthropic donations. Based on experience, shift target from just CSR to marketing budgets.
- Continue promotion/working with different groups and associations, for example collaborating with health professional training associations and regulatory bodies to encourage organization of trainings for their members.
- Actively promote communication
 - Begin stratified communication of malaria
- message to well-defined target groups. Groups should be defined along multiple dimensions like geography, gender, religion, age and so on.
 - A bouquet of media communications should be used:
 - Above the line
 - Direct (through advertising media)
 - Social media (utilize the youth in propagating this message amongst themselves, for example through campus activations and encouraging blog, Twitter, Facebook, Instagram, Snapchat, WhatsApp conversation amongst university students and youth groups)
- Begin monitoring audience acceptance of communication campaign immediately

Capacity Required

- Strengthen M&E, Advocacy Units to work with relevant groups. The private sector will likely be interested in ensuring accountability, monitoring and longer-term impact of any projects they finance.
- Led by the Private Sector Unit in NMEP, working closely with commercial media

// SUGGESTED NEXT STEPS FOR IMPLEMENTING STRATEGY

Time line: *Beyond 12 months*

Critical Actions

- Continue to work with different categories as defined in Table 4, especially by convincing the various groups that malaria is an important business issue, and therefore a worthy major recipient of their CSR funds
- Increase business-to-business sharing of best practices to broaden corporate engagement
- Periodic monitoring and oversight of healthcare providers on use of treatment guidelines through HEFAMMA, SafeCare, SQHN and respective professional bodies

Capacity Required

- Consider setting up NMEP 'taskforce' to work with these organizations and groups involved in monitoring.

Time line: *3-5 years*

Critical Actions

- Test for impact of malaria message and, most importantly, determine level of behavioural change

Capacity Required

- Led by NMEP Private Sector Unit

// ANNEXES

Annex 1: List of Abbreviations



- ACSM** - Advocacy, communication and social mobilization
- ACT** - Artemisinin-based Combination Therapy
- AMFm** - Affordable Medicines Facility – malaria
- APCON** - Advertising Practitioners' Council of Nigeria
- CME** - Continuing Medical Education
- CPE** - Continuing Professional Education
- DHIS** - District Health Information Software
- GBA** - Global Banking Alliance
- HCPAN** - Healthcare Providers' Association of Nigeria
- HEFAMAA** - Health Facility Monitoring and Accreditation Agency
- HFN** - Healthcare Federation of Nigeria
- HMIS** - Health Management Information System
- IPTp** - Intermittent Preventive Therapy (pregnancy)
- IRS** - Indoor Residual Spraying
- ITNs** - Insecticide Treated Nets
- LLINs** - Long Lasting Insecticide Nets
- MCP** - Malaria Control Programme
- MDCN** - Medical and Dental Council of Nigeria
- NAFDAC** - National Agency for Food and Drug Administration and Control
- NAPPMED** - National Association of Patent and Proprietary Medicine Dealers
- NESG** - Nigerian Economic Summit Group
- NMCP** - National Malaria Control Programme
- NMEP** - National Malaria Elimination Programme
- NMSP** - National Malaria Strategic Plan
- PCN** - Pharmacists Council of Nigeria
- PPMV** - Patent Proprietary Medicine Vendors
- RDT** - Rapid Diagnostic Tests
- SMC** - Seasonal Malaria Chemoprevention
- SQHN** - Society for Quality in Healthcare in Nigeria
- SSB** - Said Salim Bakhresa & Co.
- VREL** - Volta River Estates Limited
- WEF** - World Economic Forum

// ANNEXES

Annex 2: Partnerships between Plantations and Malaria Control Programme in Malaysia



There is limited research and experience with public-private partnerships at national or local levels. A recent study looked at partnerships between plantations and the Sabah District Malaria Control Programme (MCP), where partnerships were typically developed for one of two reasons:

- (1) high levels of ongoing malaria transmission; or
- (2) occurrence of an outbreak or death on-site.

The MCP indicated three reasons for collaborating with the commercial sector:

- (1) plantations are often located in remote geographic areas which are difficult to access;
 - (2) plantations often recruit immigrants who are at higher risk for malaria; and
 - (3) collaborations in which plantation management provide financial or human resources to control malaria free up critical MCP resources to focus on other communities.
- Plantation managers reported different, though complementary, incentives to collaborate, the most common of which included:
- (1) worker productivity and reduced absenteeism,
 - (2) social responsibility,
 - (3) attracting workers,
 - (4)

decreasing employee health costs, and (5) labour laws.

Managing collaborations with plantations requires significant time and resource commitment by the MCP. Each plantation is visited every week by programme officers; and if this is not possible, at least biannually during IRS and ITN activities.

Another strategy that was noted as successful by both groups was formal recognition of collaboration by awarding certificates of appreciation to plantations dedicated to reducing malaria incidence. Plantation managers noted that they were able to utilize these certificates as leverage to incentivize board members to continue malaria control funding.

While this describes an experience in a Malaysian region, there may be useful lessons for the development of such partnerships at the federal, state and LGA levels in Nigeria.

Source: Malaysian Department of Health



Annex 3: Engaging Private Sector in IEC and Media in Tanzania

Malaria No More and telecom partner Vodacom came together with celebrities and government leaders to celebrate a new era in Tanzania's fight against malaria. The launch of mZinduka! enables information to reach people through personal, interactive mediums. By simply downloading the mZinduka! song – which features some of Tanzania's top musicians – listeners also get the opportunity to receive, respond to and engage

with Tanzania's top malaria spokespeople via informative texts, automated calls from pop stars, quizzes and more.

Within the first few days, over 650,000 Tanzanians had already downloaded the song – which promotes malaria safety and awareness – and began receiving weekly malaria communications to their cell phones

Source: Malaria No More

// ANNEXES

Annex 4: Private Sector Supporting Capacity Building in Malaria Control



Pfizer supports a major medical training and research center headquartered within Uganda's Makerere University to improve health in Africa by training medical professionals and providing them with skills and resources to use in their communities. Successes (as of September 2011):

- a) Trained over 6,500 healthcare workers from 27 African countries since 2004. IDI-trained workers indicate they have trained, on average, 20 additional healthcare workers per month
- b) Providing quality care and treatment to over 31,154 patients
- c) Award-winning laboratory, one of very few College of American Pathologists accredited

research facilities in Africa, enables the Institute to conduct the majority of its research projects on site

- d) 111 research publications, 147 abstracts and 15 research projects under way, all aimed at improving regional healthcare policy and practice and developing a new generation of independent African researchers
- e) Building research capacity in Africa by pairing promising new investigators with established researchers from North America and Europe, and through mentoring arrangements and fellowships



Annex 5: Private Sector Supporting Malaria Control in Ghana

The Volta River Estates Limited (VREL), a banana farming and export company, has 720 employees and is located in a highly endemic malaria zone in Ghana. Company staff, their families and members of the communities where the company operates are all susceptible to malaria all year round.

In 2006, malaria accounted for 60% of out-patient visits in the district. However, following the initiation in 2009 of the Malaria Safe Programme, a workplace malaria prevention strategy which grew out of the United Against Malaria (UAM)

campaign, there was significant decline in recorded malaria cases at VREL clinics – a fall of 58.8% between 2007 and 2012, while referral/incidence of severe malaria also dropped by 60.7% within the same period. Also, absenteeism due to malaria reduced by 57% between 2007 and 2012, which translates into more hours spent at the workplace and higher productivity and output for the company. The Malaria Safe Programme involves a four-pronged approach: education, protection, visibility and advocacy.

// ANNEXES

Annex 6: NMEP Financial Gap 2014 - 2017

NEED IN USD						
ITEM	2014	2015	2016	2017	TOTAL	%TAGE
LLINs	311,152,291	266,959,536	279,815,535	369,863,452.58	1,227,790,814.68	45.82
IRS	39,398,078	87,685,559	181,803,067	276,697,227.31	585,583,931.35	21.86
IPTp	3,693,018	3,811,194	7,193,893	11,549,652	26,247,757.33	0.98
ACTs	112,515,750	142,657,112	171,188,534	194,333,224	620,694,620.63	23.17
Severe Malaria	12,032,836	14,764,907	15,356,279	15,040,862	57,194,884.29	2.13
SMC	5,061,865	10,447,658	16,172,979	22,254,099	53,936,601.67	2.01
iCCM	0.00	4,727,943.18	5,913,409.15	6,977,685.25	17,619,037.58	0.66
ACSM	3,455,777	5,250,725	3,294,005	3,676,255	15,676,762	0.59
PSM	1,354,171	1,939,262	1,821,803	1,821,803	6,937,039	0.26
M&E	3,636,719	2,762,409	2,363,352	3,151,457	11,913,937	0.44
Community Case Management	14,294,141.77	10,198,254	13,786,720	9,653,154	47,932,269.77	1.79
PRG MGT	2,652,332	1,699,421	1,552,800	1,898,401	7,802,954	0.29
TOTAL	509,246,980	552,903,981	700,262,376	916,917,272.26	2,679,330,609.29	100

GAP IN USD						
ITEM	2014	2015	2016	2017	TOTAL	%TAGE
LLINs	27,428,535	212,690,612	225,546,611	360,834,528.78	826,500,287	38.13
IRS	18,026,281	80,561,627	181,803,067	276,697,227.31	557,088,202	25.70
IPTp	1,698,223	3,811,194	7,193,893	11,549,652	24,252,96	31.12
ACTs	88,291,804	131,657,112	160,188,534	194,333,224	574,470,675	26.50
Severe Malaria	10,623,336	12,983,677	12,569,420	13,036,978	49,213,411	2.27
SMC	93,865	5,479,658	16,172,979	22,254,099	44,000,602	2.03
iCCM	0.00	1,025,146.78	781,747.06	783,171.91	2,590,066	0.12
ACSM	3,455,777	5,250,725	3,294,005	3,676,255	15,676,762	0.72
PSCM	1,354,171	1,939,262	1,821,803	1,821,803	6,937,039	0.32
M&E	3,636,719	2,762,409	2,363,352	3,151,457	11,913,937	0.55
Community Case Management	13,613,096.77	10,198,254	13,786,720	9,653,154	47,251,225	2.18
PRG MGT	2,652,332	1,699,421	1,552,800	1,898,401	7,802,954	0.36
TOTAL	170,874,141	470,059,098	627,074,931	899,689,951.17	2,167,698,122	100

// ANNEXES

Annex 7: AGENDA

STAKEHOLDERS' CONSULTATION ON THE DRAFT PRIVATE SECTOR ENGAGEMENT STRATEGY FOR MALARIA ELIMINATION IN NIGERIA

9.00am – 9.30am: Registration

9.30 am – 9:50am: Opening Remarks

- Dr. Nnenna Ezeigwe (National Coordinator, NMEP)
- Ms. Zouera Youssoufou (CEO, Dangote Foundation)

9:50am – 10:15am: Overview of NMSP 2014-2020

10.15am – 10.45am: Overview of Draft Strategy: Engaging the Private Sector to Eliminate Malaria in Nigeria

- NMEP (Update on the process)
- Dr. Susan Ekuri (Senior Consultant, Anadach Group)

10.45am – 11.00am: Tea Break

11.00am – 12.30pm: Framing Discussion on Strategy – Dr. Egbe Osifo-Dawodu
Partner, Anadach Group

2-3 Break Out Discussions

12.30pm – 1.45pm: Lunch with the Malaria Ambassador (Alhaji Aliko Dangote – TBC)

1.45pm – 2.30 pm: Reflections (Representatives from each group present their feedback) – Facilitated by Anadach

2.30pm – 2.50 pm: Conclusions from the day, and Next Steps – NMEP/Partner, Anadach

2.50pm – 3.00pm: Closing Remarks - Dr Nnenna Ezeigwe

// ANNEXES

Annex 8: ATTENDANCE LIST

S/N	NAME	ORGANIZATION
1.	Maria Feyisitan	Anadach
2.	Babafunke Fagbemi	CCPN
3.	Paul Ojajuni	HACEY
4.	Nkechi Anyanwu	St. Nicholas Hospital
5.	Pamela Ajayi	Pathcare Nigeria
6.	Akintola Rita	Shell Health Nigeria
7.	Oyewale Oyebanji	Anadach
8.	Zouera Youssoufou	Dangote Foundation
9.	Ntadoni Godwin	NMEP, FMOH
10.	Isaiah Owolabi	HACEY
11.	Itohowo Uko	NMEP, FMOH
12.	Obo Henshaw	Malaria No More
13.	G. Pearson	Imperial Logistics
14.	Ndukwe Ukoha	HSDF
15.	Dr. Okogun	Lily Hospital
16.	Okibe E. O	NMEP
17.	Dr. Ezeigwe Nnnenna	NMEP
18.	Owochie Nnnenna	NMEP
19.	Musa Bala	Dangote Foundation
20.	Femi Sunmonu	Purple Source Healthcare
21.	Osunniyi Abiola	InStratGHS
22.	Zeinab Cole	PSHAN
23.	Femi Owoeye	SUNMAP
24.	Joe Agasi	NMEP
25.	Nna McCarthy	JHUCCP
26.	Anita Nwachukwu	Clinton Health Access
27.	Iyeme Efem	JSI
28.	Dayo Oluwole	Malaria No More
29.	Dozie-Nwanna .C	NAFDAC
30.	Chinwe Okala	Chevron Nig.
31.	Audu Maikori	Chocolate City
32.	Edward Israel.Ayide	Chocolate City Group
33.	Dr. U.O. Sanda	Health Providers Ass. Of Nig.
34.	Dr. Adeyemi Doro	MYLAN
35.	Onimisi Adaba	Cool Wazobia Info
36.	Jeffrey Daniel	J. Pansoul
37.	Claire Omatseye	HFN -Healthcare Fed. Of Nig.
38.	Sunnie Omeiza-Michael	Lagos chamber of Commerce
39.	Ochuko Keyamo	GBC Health
40.	Oyeyemi Gbenga-Mustapha	The Nation
41.	Itunu Akinware	HFN - Healthcare Fed. Of Nig.
42.	Dr. Onyeka Erobu	FHS Med. Consulting

// REFERENCES

AMFm Independent Evaluation Team, '**Independent Evaluation of Phase 1 of the Affordable Medicines Facility – malaria (AMFm)**', The Global Fund to Fight AIDS, Tuberculosis and Malaria (2012)

Bloom D. et al, '**Business and Malaria: A Neglected Threat**', (Geneva [World Economic Forum], 2006)

Department for International Development (DFID), '**Costed Extension of the DFID Support to National Malaria Programme (SUNMAP) – Business Case**' (2013)

Federal Ministry of Health, '**Draft National Malaria Strategic Plan: 2014–2020**' (Abuja, 2013)

Federal Ministry of Health, '**National Malaria Control Programme Strategic Plan 2009–2013**' (Abuja, 2009)

Federal Ministry of Health, President's Malaria Initiative – Nigeria; '**Malaria Operational Plan FY 2014**'

Abutu A. (2014) "**Nigerians rank malaria, typhoid fever as major concerns**"- Hala Nigeria-Africa Health Journalists Association (AHJA) survey. SciDev.Net (online)

Johnson R. and Ipaye B., '**Towards Effective Relationships in Public-Private Partnerships for Malaria Control**', – Report to NMCP (2011)

Nelson J., '**Business as a Partner in Strengthening Public Health Systems: An Agenda for Action**', CSRI Report no. 13, John F Kennedy School of Government, Harvard University, 2006. [Policy brief for the Clinton Global Initiative, with The Conference Board, International Business Leaders Forum and CSR Initiative]

National Population Commission (NPC) [Nigeria], National Malaria Control Programme (NMCP) [Nigeria], and ICF International, '**Nigeria Malaria Indicator Survey 2010**' (Abuja, 2012)

Oluwayemi et al., '**Neurological Sequelae in Survivors of Cerebral Malaria**', The Pan African Medical Journal (2013) 15:88

Roll Back Malaria Partnership, '**Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa**' (the sixth report in the Roll Back Malaria Progress & Impact Series) 2006

Sanders, K.C. et al, '**Eliminating Malaria in Malaysia: the Role of Partnerships between the Public and Commercial Sectors in Sabah**', Malaria Journal (2014) 13:24 [doi:10.1186/1475-2875-13-24]

Verhoosel, H., '**Engaging the Private Sector in the Fight against Malaria**', [Myanmar] The Myanmar Times, November 25 to December 1, 2013, p. 8

