

Is decentralisation effective for prevention and control of NCDs in Nigeria?

A team of specialists give updates on Nigerian Policies on NCDs

Non-communicable diseases (NCDs) are the leading cause of death globally and account for about 41 million (71%) deaths worldwide annually. These include about 15 million (37%) between 30 and 70 years of age, implying that NCDs are not necessarily just a problem of the elderly.¹ Hence, for a group of diseases such as NCDs, it is important that the local, state and federal governments in Nigeria work together. Nigeria is plagued by the four most common NCDs which accounted for 29% of the over 2 million deaths recorded in 2016: cardiovascular diseases (11%), respiratory diseases (2%), cancers (4%), and diabetes mellitus (1%) and other NCDs (11%).² Furthermore, Sickle Cell Disease (SCD), a major NCD, affects about 3.4 million people in Nigeria.³ Although it is predicted that NCD prevalence will rise in the coming decades,³ little has been done across the three tiers of government to prevent and control NCDs.¹

Thus, to understand the policy landscape for NCDs in Nigeria, we analysed the health sector's NCDs policy and strategic documents within the last decade (2010–2019) (Box 1). We extracted information on the extent to which the documents addressed World Health Organization's health system building blocks, namely: health service delivery, health workforce, health information systems, health system financing, access to essential medicine and leadership and governance.^{4,5} In addition, we examined the depth to which decentralisation was taken into account in the formulation of these policy and strategic documents.

In the context of a decentralised health system, our landscape analysis of policies, strategies and resources relevant to NCD prevention and control (see Box 1) shows that over the decades, Nigeria has, at the federal level, been making efforts to align with regional and global commitments for NCDs. NCD activities started as a control programme in 1989, but has now become



a Division in the Public Health Department of the Federal Ministry of Health. Nigeria conducted its only national survey on NCDs in 1990-1992 to determine the prevalence, risk factors and health determinants of major NCDs.³ In June 2004, Nigeria signed the WHO Framework Convention on Tobacco Control (FCTC) treaty, and subsequently, the National Tobacco Control Bill was developed and signed into law in May 2015. Nigeria is the first country to conduct the Global Adult Tobacco Survey (GATS) in sub-Saharan Africa.³

In addition, after the high-level meeting of the United Nations on NCDs in September 2011, a multi-disciplinary and multi-sectoral national task force on the prevention and control of NCDs was established. In appreciation of the increasing burden of NCDs, Nigeria developed a strategic plan of action on NCDs prevention and control, adapted from the Global Action Plan (GAP) on Prevention and Control of NCDs 2013–2020. Nigeria has also developed guidelines such as the National Strategic Guideline on the Prevention and Control of NCDs, the National Nutrition Guideline on Prevention and Control of NCDs and the National Guideline for the Control and Management of Sickle Cell Disease.^{3,6} In addition, underpinning the National Strategic Plan of Actions on NCDs are the international and national resolutions and documents. Despite all these efforts, however, Nigeria is still lagging in its response. For instance, Nigeria has no national guideline on the management of cardiovascular diseases and diabetes. The country also has no recent NCDs risk factors survey.¹

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Title of documents	Years	Categories of NCDs/risk factors addressed
Policy and Strategic Plan of Action on NCDs	2013	Cardiovascular diseases (hypertension, coronary heart disease, stroke), diabetes mellitus, cancers, asthma, sickle cell disease (SCD), oral health diseases, mental health, alcohol and substance use disorders, road traffic injuries and violence
National Strategic Plan of Action on Prevention and Control of NCDs	2015	Cardiovascular diseases; Cancer; Diabetes mellitus; SCD; Chronic respiratory diseases (CRDs); Mental, Neurological and substance use disorders (MNSDs); Violence and road traffic injuries; Oral health disorders (OHDs)
Nigeria Cancer Plan	2008-13	Cancers
Nigeria Cancer Plan	2018-22	Cancers
National Guidelines on Cancer Therapy	2011	Cancers
National Cervical Cancer Control	2010	Cancers
National Nutritional Guideline On NCDs Prevention, Control and Management	2014	Cardiovascular diseases (hypertension, coronary heart disease, stroke), diabetes mellitus, cancers, asthma, SCD, others, Relationship of unhealthy diets with NCDs
Health Sector Component of National Food And Nutrition Policy, National Strategic Plan Of Action For Nutrition	2014-19	Cardiovascular diseases (hypertension, coronary heart disease, stroke), diabetes mellitus, cancers, asthma, SCD, Others, Relationship of unhealthy diets with NCDs
National Guideline for the Control and Management of Sickle Cell Diseases	2014	Sickle Cell Diseases
National Tobacco Control Act	2015	Tobacco
National Strategic Health Development Plan I	2010-15	Cardiovascular diseases (hypertension, coronary heart disease, stroke), diabetes mellitus, cancers, asthma, SCD, oral health diseases, mental health, alcohol and substance use disorders, road traffic injuries and violence
National Strategic Health Development Plan II	2018-22	Cardiovascular diseases (hypertension, coronary heart disease, stroke), diabetes mellitus, cancers, asthma, SCD, oral health diseases, mental health, alcohol and substance use disorders, road traffic injuries and violence
National Multi-Sectoral Action Plan for the Prevention and Control of Non-Communicable Diseases	2019-25	Cardiovascular diseases (hypertension, coronary heart disease, stroke), diabetes mellitus, cancers, asthma, SCD, oral health diseases, mental health, alcohol and substance use disorders, road traffic injuries and violence

One reason for the inadequate response to NCDs is lack of political commitment at the national level. While the previously mentioned actions demonstrate some level of political will for combatting NCDs, the political commitment needed for an all-inclusive action is still not sufficient.⁷ Evidence of this can be seen in the limited budget appropriated and accessible for NCDs prevention, lack of data to determine the current national burden of NCDs and a non-functional surveillance system to systematically collect information on the risk factors and cases of NCDs. The reasons for the low political commitment include prioritisation of infectious diseases, limited knowledge of the burden of

NCDs among decision makers, and limited donor support as compared to diseases such as Tuberculosis, HIV/AIDS and Malaria.

But perhaps a more important factor crippling effective response to NCDs in Nigeria is a lack of attention to its decentralised health system.^{8,9,10} While policy thrusts may originate from the national level, implementation is largely the responsibility of sub-national governments. Hence, for a national policy to be implemented at the state and local government level, it needs to be designed, deployed, and supported in a way that can facilitate sub-national adoption and scale up, and in a way that promotes quality implementation by state and

local governments. Failure to design, deploy and support policies with consideration for decentralisation has consistently led to weak implementation, especially in primary health care.^{11,12} For NCD policies, these lapses were apparent in policy documents and their development processes.

While most national NCD policies lack information on sub-national implementation, others revealed minimal involvement of sub-national and other relevant stakeholders. The implication of this is in limited robustness of the policy documents and low probability of implementation at sub-national levels. Furthermore, mapping the NCDs documents against the health system building blocks revealed governance as the most addressed issue, and financing and essential medicines as the least addressed. In most of these cases governance is dealt with as delegating roles and responsibilities to relevant ministries, department and agencies to sub-national levels of government. But merely delegating responsibilities without a participatory approach and a deep sense of ownership is not likely to result in the desired coordinated and effective response to the rising burden of NCDs.

Notably missing in almost all policy documents are accountability features that ensure effective sub-national implementation of the NCDs policies, especially at the primary health care level. This limits the ability of the national government to manage relationships with and perform oversight on sub-national governments. With their limited ability to generate revenue locally and insufficient financing by the national government (especially for NCDs), sub-national governments have little option than to use their autonomy to prioritise health issues they deem necessary. It is even commendable that the National Multi-Sectoral Action Plan (NMSAP) for the prevention and control of NCDs in Nigeria 2019–2025¹³ was launched in 2019, although most of the issues addressed in this strategic plan were roles and responsibilities of organisations at the national level. Engagement with state governments was limited to ‘advocacy visits’.

For an effective response to NCDs prevention and control activities and the need for a strong political commitment, Nigeria needs to adapt and integrate strategies it has applied to infectious diseases such as HIV and poliomyelitis. For example, it may be necessary to pool technical, financial and human resources alongside high-level sub-national advocacy to support implementation, and provide adequate budgetary allocation nationally and sub-nationally to support NCD policy implementation. Existing mechanisms of health financing in Nigeria, such as the National Health Insurance Scheme (NHIS) and Basic Health Care Provision Fund (BHCPF), should be re-designed with explicit consideration for sub-national adoption and scale-up of NCD prevention and control from the primary health care level upwards.

Furthermore, national NCD policy design should include strong enforceable inter-governmental accountability features, such as rewarding performance or imposition of sanctions in cases of non-performance. National NCD policies must comprehensively address

all aspects of the health system, with explicit focus on strengthening health information systems to routinely and systematically collect information on all diseases including NCDs and their risk factors at the sub-national level and transmit them to the national level. This will support policy makers at all levels to monitor the trend and burden of NCDs, promote accountability and commitment to effective response and provide a platform for coordinated population health research on NCDs. There is also need to build the capacity of community health workers who live within the community and are the backbone of the primary health care system.

It is commendable that Nigeria is making efforts to address the burden of NCDs. The launch, in 2019, of the National Multi-Sectoral Action Plan for the prevention and control of NCDs will help guide the country towards its set goal by 2025. But the current approach is rather slow and insufficient for a decentralised health system. To give NCDs the priority that they deserve, Nigeria needs strong political commitment to define roles and responsibilities, entrench and enforce accountability for NCD policy implementation at every level of government. National policies and strategies for NCDs must be re-imagined and re-designed, addressing health systems holistically and incorporating information generation, and they must be used across levels of government and levels of the health system. By taking its own decentralisation seriously, these measures can help Nigeria move towards a response that can effectively stem the rising tide of NCDs.

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