

**Recommendations for a Forum of Civil  
Society Organization Networks to  
Contribute to National Health Policy and  
Planning in Nigeria**

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## ACRONYMS

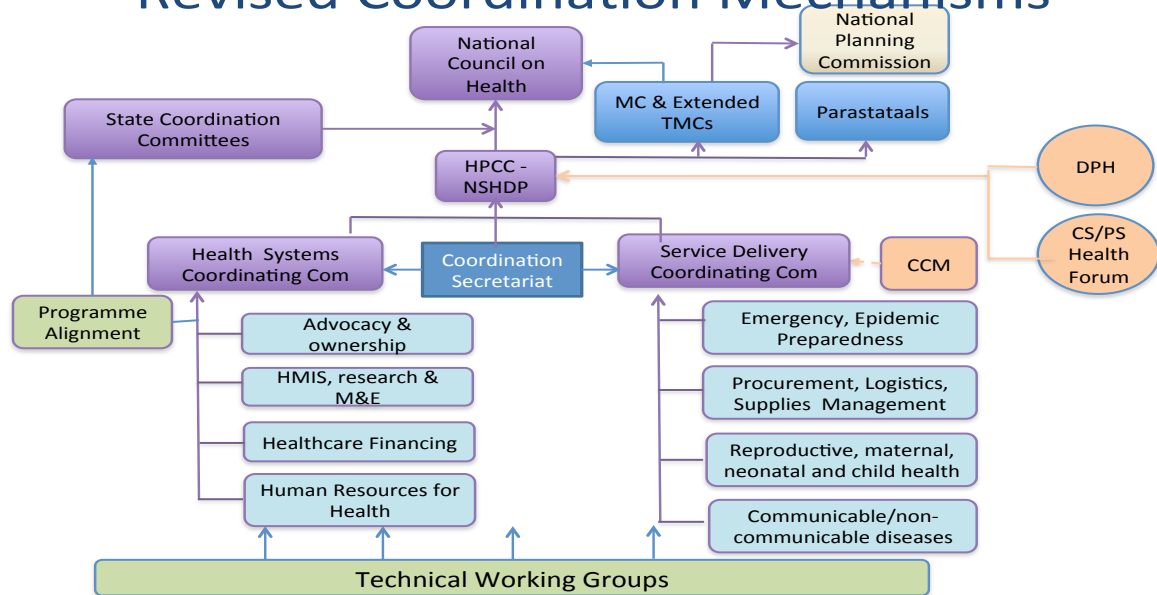
AIDSTAR-One	Technical Assistance Resources, Sector 1 (Task Order 1)
Centre LSD	African Centre for Leadership, Strategy and Development
CHESTRAD	Centre for Health Sciences, Research and Development
CiSHAN	Civil Society for HIV/AIDS in Nigeria
CSO	Civil Society Organization
DFID	Department for International Development or UK-AID
FMOH	Federal Ministry of Health
HERFON	Health Research Foundation of Nigeria
LASCOP	Lagos Civil Society Organization Partnership
MDAs	Ministries, Departments and Agencies
NCH	National Council on Health
PATHS	Partnerships for Transforming Health System
SAVI	State Accountability of and Voice Initiative
USAID	United States Agency for International Development

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## INTRODUCTION

1. Nigeria's National Strategic Health Development Plan 2010-2015 is organized around the six WHO building blocks of an effective health system, but adds specific reference to community participation and ownership. This is defined in the Plan as:
  - Strengthening community participation in health development
  - Empowering communities to play their roles – building capacity
  - Strengthening community-health interface – building partnerships
  - Increase national capacity for integrated multi-sectoral health promotion
  - Increase evidence based strengthening of community participation
2. In 2010, the Federal Ministry of Health (FMOH) and its Development Partners supported a review of coordination of external assistance to the health sector at Federal, State and Local Government levels to identify ways of improving coordination mechanisms. In 2011, an updated review was commissioned to respond to a series of changes to the institutional environment and leadership at the FMOH, the signing of the Country Compact and structural changes in committees following the adoption of the NSHDP. The reviews explored the different coordination mechanisms and relationships between partners in the health sector. The situation at State and LGA level was explored using two examples, Kano and Jigawa.
3. The review's findings and recommendations were formally approved at the 54th National Council on Health (NCH) Meeting in May 2012, subject to further consultation and finalisation. The reviews revealed a consensus that the current approach to coordination meetings needed reform. Complaints revolved around the transaction costs associated with attending meetings and a lack of outputs from these meetings. Key recommendations included: (1) Coordination mechanisms need to be more clearly organised in a hierarchy, with further clarification on purpose, deliverables, level and scope of membership, frequency and reporting lines. (2) The culture of meetings should become more outcome-focused. (3) Changes should focus around the new policy environment within the sector, including aligning with the key strategic priorities under the NSHDP. A restructuring of existing mechanisms was proposed to the 54<sup>th</sup> NCH that reduced the number of committees and aligned mechanisms with the strategic objectives of the NSHDP. This structure was subsequently reviewed in June 2012 and further discussed at the 55<sup>th</sup> NCH in mid 2012. The latest structure is presented in the diagram below.

## Revised Coordination Mechanisms



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4. This report addresses the design of this mechanism, currently referred to as the "CS/PS Health forum" - a Civil Society/Private Sector Forum able to contribute the perspectives of these stakeholders in the health system in Nigeria to policy and planning discussions at Federal level in a more coordinated manner.
5. The report makes a series of recommendations for the composition, membership and work of this forum, drawing upon the results of an intensive consultation with different stakeholders in Lagos State and at the Federal level in Abuja. The mission was the first opportunity for CSOs to exchange ideas on such an assembly. As such the mission should be viewed as an initial step in the formation of the forum rather than a definitive statement, further work on a number of points is needed. The report summarises the current state of discussions and concludes with a series of suggestions for "next steps", being mindful of the need for further consultation to continue to secure consensus on the best way forward.

## BACKGROUND

1. The Nigerian context presents several challenges to coordinate a civil society contribution to health policy, planning and monitoring at Federal level. In summary these are:
  - Government is seeking to engage with civil society and is willing to share information on policy, plans and budgets so civil society can play an accountability and watchdog role. However, the lack of coordination amongst CSOs has made it difficult for government to communicate with CSOs and a history of differences of position between government and CSOs has also hampered this engagement.
  - There are a very large number of CSOs in Nigeria that are concerned with health. An exact tally is not available, but it is certainly in the tens of thousands. The size, roles, capacity and operations of CSOs in the health sector differ greatly. Selecting a small group of individual CSOs to work together in some sort of national platform from this group to represent a community level perspective on health policy and planning would be very challenging, if not impossible.

- The idea for an "umbrella body" currently allows the possibility of including the "private sector" in the forum. This sector comprises two main groups, commercial health providers and professional associations of health practitioners (doctors, nurses, pharmacists etc.) who have their own quite powerful, trades unions. Whether these three groups have perspectives and interests that can be combined into an effective national forum is questionable.
2. Fortunately, many CSOs concerned with health issues have formed membership "coalitions" or "networks" on different thematic areas. According to general opinion, there are 32 of these in Nigeria. However, there are only a few CSO networks that possess expertise and experience in health policy and planning and none that have this work as their focus. This work generally takes the perspective of a specific disease, especially related to HIV/AIDS. There is a consensus among the CSO Networks that a forum able to engage meaningfully in national health policy and planning debates will need some capacity support and development.
  3. The political context in which CSOs operate in Nigeria cannot be ignored. There is intense competition for resources, influence and favour among CSOs. CSOs are not immune from corruption. There is resentment at the perception, whether real or not, of an externally driven agenda. There is a suspicion of leaders who serve their own interests rather than the interests of those they are leading. Selecting those who will sit on the forum and its legitimacy are therefore fraught with potential controversies.
  4. There is some work already taking place on CSO coordination and its contribution to health policy and planning at State level. Much of this work has been driven by the need to make external aid to the sector more effective. In Lagos State, a UK-AID supported project, State Accountability and Voice (SAVI) and PATHS2 have together supported the Lagos Civil Society Organizations Partnership (LACSOP). LACSOP focuses on improving participatory budgeting process at the state level as well as facilitation of engagement with key government Ministries, Departments and Agencies (MDAs) around state level health financing. Also in Lagos State, PATHS2 has helped support the formation of the Health Sector Coordination forum. This is a platform to discuss, align and harmonize aid to the health sector to improve effectiveness and to ensure government and development partners' accountability. PATHS2 also supports CSO involvement in health policy, planning and services in the six States where it works, beginning with Facility Health Committees (FHCs) and extending to CSOs contribution to the Medium Term Sector Strategies (MTSS) process in the states. The Office of the President also has a Special Adviser for CSO liaison on aid issues and supports the Centre for Health Sciences Training, Research and Development (CHESTRAD) to represent civil society. Therefore, there is some experience to draw upon in extending CSO engagement to national level discussions of health policy and planning.

## **PURPOSE OF THIS MISSION**

1. A team from PATHS2 visited Lagos and Abuja from the 2<sup>nd</sup> to the 9<sup>th</sup> September 2012 to consult with stakeholders regarding establishing a "Civil Society/Private Sector forum" to contribute to national health policy development. <sup>i</sup>
2. The mission's TOR are annexed. The purpose of the mission was articulated in the terms of reference (TOR) as; to develop a proposal for establishing an umbrella body for health sector civil society organisations..... to enable better input to the health policy discussions in the sector." Reference in the TOR was made to "options" for the umbrella body and this is reflected in our report.

3. The team tested the principles of acceptability, practicality, cost-effectiveness and effectiveness for the design of the forum with stakeholders and there was consensus on the following issues. First, the design of the forum should be acceptable to as many stakeholders in Nigeria as possible in order to be workable. Any imposition of a design from outside will be counterproductive. This means further consultation is needed on some points, and a step-by-step process is appropriate in the Nigerian context where stakeholder acceptability of a consultative forum is critical for its success. Second, as far as possible, the design and operations of the forum should build on the experience, structures, skills and organizations that already exist rather than requiring new initiatives. This will enable the forum to start up and function more quickly. Third, from the outset the forum should be designed to reflect the positive contribution of community perspectives on key health policy debates. Finally, members of the forum should engage on a voluntary basis.
4. Prior to the team's visit, a discussion guide was circulated widely to groups scheduled for the team to meet to facilitate discussions. The team then met with three groups of stakeholders; network organizations representing CSOs working on health and development in Nigeria, other Nigerian CSOs supporting community health as part of their work, the Federal Government, and DFID-supported projects involved in health and civil society development. The team had two round-table meetings with network organizations representing CSOs working on various health issues and a number of one on one discussions with other stakeholders. Annex three is a complete list of everyone the team interacted with.
5. Discussion during the group consultations centred on five questions:
  - Is a forum as envisaged in the new Federal Structure a good idea? Is it needed?
  - What is the purpose of the forum?
  - Which organizations should comprise the forum?
  - How should the forum operate? What kind of support would it require to be effective?
  - What processes should be used to establish and support the forum?

## **A GOOD IDEA?**

1. There already exist numerous platforms where Nigerian and foreign CSOs are represented in health policy and planning discussions, so is a new forum needed? Bilateral donors, particularly USAID and UK-AID, support much of this work. A large share of development assistance in the health sector (47% in 2008 and 30% in 2009) is disbursed via contracts held by international consulting firms rather than via the Nigerian government. <sup>ii</sup> Implementation of activities under such contracts is done by Nigerian CSOs. This places some CSOs that are recipients of donor support through these contracts in a potentially influential position. A reflection of this is the participation of individual CSOs on various donor forums, government technical committees such as the Interagency Coordination Committee, the Health Partners' Coordination Committee and a number of Technical Working Groups. However, CSOs on these groups are representing themselves, rather than the constituency at large. The general view is that despite this engagement, with few exceptions, such as the CSO role on the Global Fund's Country Coordinating Mechanism, CSO representation is not effective in influencing policy or strategy development.
2. Although there are some 32 national CSO networks that address health issues, none of these have been selected to represent civil society as a whole in an organized way to provide a constituency perspective on national health policy and planning, development and monitoring, except on particular sub-sector issues, such as malaria or HIV/AIDS. The need

for an assembly of some sort to provide such an organized contribution was unanimous among everyone the team spoke with.

## OBJECTIVES OF THE FORUM

1. The idea for the forum came from the recognition that there is no comprehensive CSO input to the NSHDP process or a mechanism through which CSOs can make an input to national health policy and health planning.
2. There is also a commitment on the part of the CSO Networks that the forum should be a partner to the government to make a positive contribution, rather than take a critical or confrontational position on health policy and planning discussions. That said, the accountability role of CSOs should also be reflected in the forum's work.
3. Most CSOs and their networks focus on disease specific issues. One example is the large national network of CSOs concerned with HIV/AIDS. However, a few have a broader remit. Civil Society for Malaria Control, Immunization and Nutrition has recently decided to expand its work to encompass child survival. A few CSOs also address some of the eight strategies of the new National Health Strategic Plan. There has been a particular effort more recently to analyse federal and state health budgets to hold government accountability in the allocation of funds to its priority areas and programmes. It is worth noting that much of this work has been done by CSOs who are working on development issues beyond the health sector, such as the African Centre for Leadership, Strategy and Development.
4. There is also agreement that the forum's role should be to bring community perspective to issues of health policy and planning, and that it should continue to hold government accountable for serving community health needs.
5. **Recommendation #1: The purpose of the forum should be to "provide a contribution to national health policy development, planning, financing and performance from an evidence-based community perspective".**

## THE FUNCTIONING OF THE FORUM

1. Stakeholders expressed a number of guidelines and principles that will guide the operations of the forum.
2. The forum should comprise a number that is manageable and cost effective, and at the same time, representative of the main themes encompassed by national health policy and planning, as well as the six geo-political zones of Nigeria (as far as possible). but it cannot be all-inclusive.
3. It should not become a "clique" of a few civil society networks that exercises undue power over health policy and planning. Membership could be rotated, with perhaps 20-30% of members leaving after a period of two or three years. The location of forum meetings might also rotate and not always held in Abuja.
4. Although there is the need for members of the forum to meet together regularly, much of its work can be conducted remotely.
5. The forum should be well organized and efficient in its work, with meetings properly prepared, conducted, transparent and followed up.
6. The forum must be credible; its outputs should be based on good research/evidence, and of

high quality and credible.

7. The forum will comprise volunteers; no payment for membership will be made. Members who do not participate actively will be replaced. As a volunteer body, a secretariat will be needed to support the forum. The secretariat will serve the forum, not lead it.
8. The terms of reference, structure, membership, leadership and reporting/documenting functions of the CSO forum will be critical factors in its formation. These functions clearly need careful thought and developed further, possibly at the initial meetings of the forum, or perhaps by a preparatory Steering Committee reporting to the 32 networks.

## MEMBERSHIP OF THE FORUM

1. Considerable discussions centred on the issue of membership of the forum - what constituency should it represent, in whose interests should it operate?
2. Stakeholders recognized that "civil society" encompassed not just voluntary non-profit organizations but also four other groups as follows.
3. First, in Nigeria there are a number of international development agencies working on health and development. Some are non-profit and some for profit consulting agencies that have registered as private agencies in Nigeria. Examples range from Action Aid, Save the Children and Medicines Sans Frontiers which are non-profit agencies headquartered in Europe but that also operate health and CSO support programmes in Nigeria, to. Abt. Associates, a US for-profit company that is contracted by donors to implement their projects, such as PATHS2, and Family Health International that manages the Global HIV/AIDS Initiative Nigeria (GHAIN) part of USAID's Technical Assistance Resources, Sector I, Task Order 1 (AIDSTAR-One) project.
4. Second, the for-profit health sector is very large and diverse in Nigeria, providing by all accounts nearly half of all health services. Organizations in this sector encompass groups that provide hospital and other tertiary health care services. Then there are commercial companies that do not provide health services as their main activity, but that finance or arrange health services, such as Health Management Organizations, or large companies that provide some level of health service to their employees.
5. Third are companies such as MTN and Glo (both telecommunication companies), T.Y.Danjuma, Mobolaji Bank Anthony and the Tunwase Foundation, that have established foundations to make donations to CSOs in development sector.
6. Fourth, here are the Nigeria chapters of international philanthropic development agencies, such as the International Commission of Red Cross and Red Crescent Societies, Rotary International, and Lions Club International. These are also part of civil society.
7. Finally, there are the powerful health professional associations in Nigeria, i.e. the Nigerian Medical Association, the Association of Nigerian Nurses and Midwives and the Pharmaceutical Society of Nigeria. With a combined membership of many thousands these professional groups are important civil society players.
8. Clearly there are a vast number of organizations encompassed by the term "CS/PS forum" used in the latest suggested organogram for improved aid coordination to the health sector. These represent the diverse and vibrant civil society of Nigeria, all with their political and economic interests. In the course of this assignment, this team met with just one group, the Nigeria CSOs and CSO networks active in the health sector. This group's

discussions of which organizations should be represented on the forum centred on three concerns.

9. CSO Networks believe that international development companies, such as consulting groups that manage donor contracts, already have adequate representation in the policy and planning thinking of the FMOH. They do not therefore need to be represented on the forum.
10. Professional associations of health providers also exercise considerable influence on health policy and planning, and exist to represent their members' interests rather than those of the community at large.
11. Similarly, health management organizations exist to finance health services for their members, and most of these are among the wealthier sectors of Nigerian society. These companies do not represent the interests of poorer sectors of the Nigerian population, and certainly not those of the most vulnerable. This is also true of large companies that might provide some health services or health benefits to their employees.
12. The forum should represent the interests of the community and this perspective must be central to what the forum will bring to the policy and planning process.
13. In summary, the majority view among the CSO Networks consulted was that the forum should comprise only national CSO Networks selected from their own community, excluding professional associations, the for-profit private sector, and international NGOs and donor project management companies. It is recognized that the for profit private sector, international NGOs and professional associations will be excluded by this decision. It may be that the FMOH will wish to discuss alternative arrangements for including these groups in policy and planning discussions.
14. **Recommendation #2: The CSO forum should comprise National CSO Networks that are already active on health issues.**

## MEMBERSHIP APPLICATION PROCESS

1. The next critical issue is therefore the process of selecting the members of the forum. This must be transparent, fair, and above all based on the ability of the members to carry out the mandate of the forum to "provide a contribution to national health policy development, planning, financing and performance from an evidence-based community perspective".
2. Stakeholders raised three issues with the team: first, Nigerians must manage the application process and not outside consultants, donor agencies, or government. Second, membership should be based on objective criteria developed against the mandate of the forum as above. Third, the outcome of the application process must be broadly acceptable to the Health CSO Network community.
3. Two main options are available; first, an assessment of the capacity of Health CSO Networks to undertake policy analysis (possibly adapting the tool developed by The State Accountability and Voice Initiative, SAVI, for a similar exercise in Lagos State) can be conducted to select the most capable organizations to become members of the forum. Second, an application procedure can be implemented, whereby health CSO Networks that wish to establish the forum are chosen via a competitive application. Applications must be designed to enable a fair and objective assessment of the competences and suitability of the applicants to undertake the work of forum. A volunteer "panel" comprising three or four

independent, respected and knowledgeable Nigerians carefully chosen for their integrity and acceptability to the Health CSO community, can do the assessment of applications.

4. Implementing the second option will need further work on the design of the application procedure and the selection of the panel. The team suggests that a round table of CSO Networks meet to consider the recommendations in this report, and, if they are accepted, to appoint a small Steering Committee to develop the membership application procedure. The team has no recommendations to make regarding the membership of the panel at this point, but had a useful conversation with the Executive Director of the African Centre for Leadership, Strategy and Development (Centre LSD) on this issue.
5. **Recommendation 3: A panel is established and provided with support from PATHS2 to design and implement a membership application process for the forum.**

## THE SECRETARIAT

1. The forum will need the support of a small secretariat to carry out its work. A number of potentially controversial issues were explored. First, there is a strong agreement that the secretariat should *serve* the members of the forum rather than *lead* the forum, so as to avoid the forum being perceived as a surrogate for the organization providing secretariat support.
- 2.
3. Second, there is also a general consensus that the task of supporting the forum should not be allocated to one of the existing health CSO networks; again this will give the appearance that the forum is not fairly representative. Third, stakeholders do not think it appropriate for PATHS2 or another donor-supported project to provide the secretariat to the forum, because sustainability is a concern – what happens when the project finishes? Finally, the location of the secretariat is an issue, though it is generally felt that it should probably be located in Abuja, where the FMOH and other development partners are located and various policy-making meetings are held. There is also the question of whether the secretariat staff should be located in the offices of the Ministry of Health itself, for ease of access to the "corridors of power".
4. The secretariat needs to undertake three tasks. The first is to provide the forum with logistics support. These tasks include communication with members of the forum, organizing their travel and accommodation during meetings, recording decisions and positions and so forth. The second task is to support the forum in making written and verbal contributions to policy debates, to produce position papers, reports, presentations and other communications materials arising from the deliberations and decisions of the forum and to ensure that these are transparent. Finally, the secretariat should be able to provide access to technical skills and capacity that members of the forum might not possess, or to provide training and capacity development support to members of the forum, either directly or by sub-contracting other agencies to do this work.
5. There are basically two options for providing this support. One, a new secretariat can be formed, requiring new staff to be recruited, office premises to be rented, financing to be arranged and so forth. Second, in line with the principle that the design of the forum should as much as possible leverage existing capacity and structure, an existing organization can be invited to assume the tasks of the secretariat.
6. The Health Reform Foundation of Nigeria (HERFON) has been recommended as the most appropriate organization to provide support to the forum, at least for a start. This role also complies with its mandate to improve capacity in Nigeria for health sector reform, to support networks for health reform and to advance evidence-based policy analysis and development. HERFON is a membership organization comprising individuals who are

interested in health policy and possess qualifications and experience in health policy issues. It can offer the forum access to its membership, if required. It already has the staff, premises and facilities to provide the logistical support the forum will require to operate. And finally, HERFON receives a sizeable accountable grant from UK-AID, but also secures support from its membership and has an active fundraising programme, thus providing some initial financial capacity and the assurance of longer-term sustainability. Also because HERFON's membership is based on individuals and not organizations there is less chance of a perceived conflict of interest.

7. The team acknowledges that further discussions will need to be held with HERFON and with UK-AID to confirm if HERFON is willing and able within its current capacity to assume the responsibilities of acting as the forum's secretariat. The question of having at least a member of the secretariat in the offices of the Federal Ministry of Health also needs to be explored further.
8. **Recommendation 4: HERFON should be asked formally if it is willing to form the secretariat for the forum. DFID should be consulted.**

## **SUMMARY OF RECOMMENDATIONS**

**Recommendation #1: The purpose of the forum should be to "provide a contribution to national health policy development, planning, financing and performance from an evidence-based community perspective".**

**Recommendation #2: The CSO forum should comprise only National CSO Networks that are already active on health issues.**

**Recommendation 3: A Panel is established and provided with support (possibly from the secretariat (see below) to design and implement a membership application process for the forum.**

**Recommendation 4: HERFON should be asked formally if it is willing to form the secretariat for the forum. DFID should be consulted.**

## **SUGGESTED NEXT STEPS**

The team recommends that the following process be followed to give the forum a good chance of beginning its work soon. These initial steps will require some further inputs from PATHS2, but once the membership of the forum is agreed, and the Secretariat appointed, responsibility can be passed to the forum itself.

**Step 1: Circulate this report for comments with people met (see Annex 3). Request comments back by email. Finalize and circulate the report. Responsibility: PATHS2.**

**Step 2: Hold a joint consultation with all the CSO Networks to agree on/ develop further the recommendations in this report. The consultation might best appoint a small Steering Committee to develop the terms of reference, structure, mode of operation, and selection process for the forum, and develop a the job description of the Secretariat. Responsibility: PATHS2**

**Step 3: Pending further discussions - formalize HERFON's role as Secretariat to the forum.  
Responsibility: PATHS2**

**Step 4: Advertise for CSO Networks to apply to become members of the forum and complete selection process. Responsibility: PATHS2**

**Step 4: The Forum then decides on more detailed ways of working, appointment of a chairperson, where it meets, how often, rotation of memberships and so forth.  
Responsibility: CSO forum.**

**END**

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## **ANNEXES**

### **ANNEX 1: IDENTIFIED NATIONAL CSO NETWORKS/ COALITIONS AND PROFESSIONAL ASSOCIATIONS**

#### **National Civil Society Network/Coalition (in alphabetical order):**

1. Advocacy Group on the Right to Health (AGORTH)
2. Association of OVC NGOs in Nigeria (AONN)
3. Association of Positive Youth in Nigeria
4. Association of Women living with HIV/AIDS in Nigeria (ASHWAN)
5. Campaign to end Paediatric AIDS, Nigeria
6. Civil Society for the Eradication of TB in Nigeria
7. Civil Society Health Watch
8. Civil Society in Malaria Control, Immunization and Nutrition (ACOMIN)
9. Civil Society Initiative on Health
10. Civil Society Network for Volunteering Development (A.K.A. GIVE Network)
11. Civil Society Network on HIV/AIDS (CiSHAN)
12. Development Network (DevNet)
13. Gender-based Network
14. Health Reform Foundation of Nigeria (HERFORN)
15. Human Rights Network (HuRiNet)
16. International Coalition of Women living with HIV/AIDS (ICW) Nigeria
17. Media and Arts Entertainers Network
18. National Network of NGOs (NNNGO)
19. National Youth Network on HIV/AIDS (NYNeTHA)
20. Network of People Living with HIV/AIDS in Nigeria (NEPWHAN)
21. Network on Reproductive Health
22. Nigeria Maternal, Neonatal and Child Health (MNCH) Coalition
23. Nigeria HIV Vaccine and Microbicides Society (NHVMAS)
24. Nigeria Network of Religious Leaders on AIDS (NiNERELA)
25. Reproductive Health Journalists (Network)
26. Treatment Action Movement (TAM), Nigeria
27. White Ribbon Alliance

#### **National Professional Associations (in alphabetical order):**

28. Association of Community Health Practitioners
29. Association of Nigerian Nurses and Midwives
30. Paediatric Association of Nigeria (PAN)
31. Pharmaceutical Society of Nigeria (PSN)
32. Nigerian Medical Association (NMA)

**ANNEX 3: ATTENDANCE AT MEETINGS**

DATE	ORGANIZATION	ATTENDANCE
Monday, 3 September 2012	Partnership for Transforming Health Systems (PATHS2), Lagos	- Bisi Tugbobo, State Team Leader - Akaoma Onyemelukwe, State Programme/ Technical Specialist HRH
	Civil Society Initiative on Health	- Prof. Adenike Grange, President/ Founder, Ade Grange Child Foundation/ Chairperson Civil Society Initiative on Health - Seun Tariah, Program Officer, Ade Grange Child Foundation - Abayomi Rotimi Mighty, Program Officer, Ade Grange Child Foundation
Tuesday, 4 September 2012	Consultation with CSO Networks/ Coalitions	- Akaoma Onyemelukwe, PATHS2 Lagos - Kaoru Kawada, JAAIDS/ Africa Japan forum - Olayide Akanni, JAAIDS/ Media and Arts Entertainers Network - Charles Mba, HURINET - Vickie Uremma Onyekuru, DevNet/ LACSOP - Chijoke Andrew Ezeanwu, HURINET - Grace Dafiell, AONN - Francis Umoh, PATA/ Civil Society Health Watch - Durueke Florita, NHVMAS - Michael Nwafejoku, NNNGO - Ebenezer Anyaene, DevNet/HURINET/LACSOP
	Meeting with State Accountability and Voice Initiative (SAVI), Lagos and Lagos Civil Society Partnership (LACSOP) Executive Members	- Ayo Adebuseye, NNNGO/ LACSOP - Bola Nuga, CISHAN/ LACSOP - Anthony Aupam, NEWDAN/ LACSOP - Nwiido Oluwatoyin, SAVI Lagos - Oghogho Olabisi, SAVI Lagos - Vickie Onyekum, DevNet/ LACSOP - Akaoma Onyemelukwe, PATHS2 Lagos - Dede Kadiri, Innovation Matters/ LACSOP - Obanubi Felix, SAVI Lagos - Adebayo Adebukola Shehu, LCSDPP - Bassay Grace, LCSDPP
Wednesday, 5 September 2012	Partnership for Transforming Health Systems (PATHS2), Abuja	- Benson Obonyo, National Technical Director, PATHS2, Abuja
	Civil Society in Malaria Control, Immunization and Nutrition (ACOMIN)	- Ayo Ipinmoye, National Programme Coordinator, ACOMIN, Abuja - Fatima Kolo, Programme Officer, ACOMIN, Abuja - Dimeji Oyekale, Programme Officer, ACOMIN, Abuja
Thursday, 6 September 2012	Health Reform Foundation of Nigeria (HERFON)	- Dr Nkem Ene, Program Manager, HERFON, Abuja - Wale Adeleye, Program Officer, HERFON, Abuja - Innocent Nwankwo, Program Officer, HERFON, Abuja
	Federal Ministry of Health (FMoH)	- Dr Yemi Esan, Director, Dept. of Planning, Research and Statistics, FMoH - Dr Yagaya Imam, Director, International Cooperation, FMoH

	State Accountability and Voice Initiative (SAVI), Abuja	<ul style="list-style-type: none"> <li>- Damilare Babalola, Programme Manager, SAVI Abuja</li> <li>- Sylvanus Nabena, Programme Officer, SAVI Abuja</li> </ul>
Friday, 7 September 2012	Consultation with CSO Networks/ Coalitions	<ul style="list-style-type: none"> <li>- Jenet Lenya, Ageibo Cecilia Care foundation</li> <li>- Godiya Enjo, Voice and Accountability Unit, PATHS2</li> <li>- Osasah Monday, Africa Centre for Leadership, Strategy and Development</li> <li>- Ifeyinwa Aniunoh, Association of Women living with HIV/AIDS in Nigeria (ASWHAN)</li> <li>- Olowu Joseph, Network of people living with HIV/AIDS in Nigeria (NEPWHAN)</li> <li>- Martin Mary Falana, Kids &amp;Teens Resource Centre (K&amp;TRC) (Rep. GIVE Network)</li> <li>- Emeka Nsofor, Human Support Services (Representing GIVE Network)</li> <li>- Wale Adeleye, Health Reform Foundation of Nigeria (HERFON)</li> <li>- Fatima Kolo, Civil Society on Malaria Control Immunization &amp; Nutrition (ACOMIN)</li> <li>- Durami Alhamdu, Civil Society for HIV/AIDS in Nigeria (CiSHAN)</li> <li>- Esther James, Association of Women living with HIV/AIDS in Nigeria (ASWHAN)</li> </ul>
	Voice and Accountability Unit, PATHS2	<ul style="list-style-type: none"> <li>- Oko Igado, Technical Manager, V &amp; A, PATHS2 Abuja</li> <li>- Godiya Enjo, Policy and Planning Technical Officer, V &amp; A, PATHS2 Abuja</li> </ul>
	Civil Society for HIV/AIDS in Nigeria (CiSHAN)	<ul style="list-style-type: none"> <li>- David Atamenwalen, Project Director, CiSHAN Abuja</li> </ul>
	Africa Centre for Leadership, Strategy and Development (Centre LSD)	<ul style="list-style-type: none"> <li>- Dr Otive Igbuzor, Executive Director, Centre LSD</li> <li>- Monday Osasah, Programme Officer, Centre LSD</li> </ul>

## ANNEX 4; TERMS OF REFERENCE

### PATHS2 – Strategic Review of the Health Sector

#### Terms of Reference – Civil Society

##### Introduction

PATHS2 is supporting the Federal Ministry of Health (FMOH) on improving coordination and harmonization in the health sector. As part of that support, PATHS2 prepared an updated Federal level report<sup>1</sup> (March 2011), in advance of the 54<sup>th</sup> National Council on Health. A summary report on the review finding was produced and a presentation made to the National Council of Health (NCH). The NCH favourably considered the issues and findings and adopted the process (NCH Meeting 5-10 May 2011).

The COUNCIL COMMUNIQUE concluded:

‘Council noted the Review Report of Health Sector Coordination mechanisms and approved as follows

- i. the streamlining of existing coordination bodies;
- ii. formalization of engagement of state (Government) and non-state actors;
- iii. **setting up an umbrella body for civil society organizations;**
- iv. development of an agreement for harmonized and joint technical assistance to the country;
- v. enhanced role for the state coordination and international development Units of the FMOH subject to final approval at the 55th Session of the Council; and
- vi. introduction of web-based system to update information on partner activities.’

In September 2011, PATHS2 held fact-finding missions in each of the 5 states. Then five state level reports were produced, providing an overview of the current health sector coordination issues in Enugu, Jigawa, Kaduna, Kano, and Lagos<sup>2</sup>.

This scope of work builds on the findings from this work, and presents the terms of reference for one aspect of intervention related to civil society, which is needed to support PATHS2’s overall work on strategic review of the health sector in Nigeria.

##### Background

This is an opportune time for PATHS2 to build on the momentum, and act upon opportunities to improve coordination at both federal and state level:

- Firstly, there has been growing national momentum to align behind the aid effectiveness agenda: Nigeria signed the Global Compact of International Health Partnerships and Related Initiatives (IHP+) in May 2008; the National Strategic Health Development Plan, 2010-2015 (NSHDP) was developed by the Federal Ministry of Health, and mandated by the National

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<sup>1</sup> Daniels, D and Onwukwe, I. (2011). *Review of Coordination and Harmonization in the Nigerian Health System (Update March 2011)*. PATHS2

<sup>2</sup> Daniels, D., Onwukwe, I., Eze, B. (2011). *Review of Coordination and Harmonization in the Health Sector: Enugu State. Report of a State consultation and fact-finding mission.*

Daniels, D and Onwukwe, I. (2011). *Review of Coordination and Harmonization in the Health Sector: Enugu State. Report of a State consultation and fact-finding mission.*

Daniels, D., Onwukwe, I., Abdullah, M. (2011). *Review of Coordination and Harmonization in the Health Sector: Jigawa State. Report of a State consultation and fact-finding mission.*

Daniels, D., Onwukwe, I., Makarfi, S. (2011). *Review of Coordination and Harmonization in the Health Sector: Kaduna State. Report of a State consultation and fact-finding mission.*

Daniels, D and Onwukwe, I. (2011). *Review of Coordination and Harmonization in the Health Sector: Lagos State. Report of a State consultation and fact-finding mission.*

Council on Health in 2010; the government and development partners signed the Nigeria Country Compact<sup>3</sup> (Dec 2010).

- Secondly, there is relatively high interest and desire of Commissioners of Health and senior officials within the State Ministries of Health to improve coordination.
- Thirdly, all of the 5 reviewed states have developed State Strategic Health Development Plans (SSHDPs), mostly running from 2010-2015. This is a key step forward, as they act as master plans for taking forward improvement in health care and improving health outcomes across the state. The SSHDPs also aligned to the NSHDP, which emphasizes the Nigerian government's commitment to 'one plan, one budget, and one results framework'.

### **An umbrella body for civil society organizations**

One of the findings of the Federal level assessment on sector coordination and those at State level is the lack of a sufficient Civil Society mechanism for full engagement in health sector planning and review. There are numerous active civil society groups and several thematic networks. However there is no umbrella body that serves the function to enable appropriate level of civil society participation is key coordination meetings are processes.

#### **Objectives:**

- To establish a design and reach consensus on an umbrella body for Civil Society groups in the health sector

#### **Specific Activities:**

- Initial concept development and outline workplan (inception report)
- Work Group with focal points identified by FMOH and Civil Society groups/networks
- Wide-ranging consultations with Civil Society groups covering all key areas of health
- Draft outline proposal for establishment of an Umbrella Body at Federal level
- Roundtable meeting in Abuja with key representatives from CS networks, government and DPs.
- Drafting a next steps document for TORs, resourcing and linkage with other sector coordination mechanisms.

#### **Deliverables and Milestones including timetable:**

- Inception Report (DATE)
- Roundtable minutes, conclusions (DATE)
- Outline proposal and documented agreements (DATE)
- Next Steps document for establishment of Umbrella Body (DATE)

#### **Inputs:**

##### **International Technical Assistance:**

- Oversight and technical design inputs – 5 days
- Development of CS Umbrella concept and proposal (Nigeria based) – 15 days

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<sup>3</sup> Nigeria's Country Compact – "Achieving measurable results for health through the National Strategic Health Development Plan 2010 – 2015.

## ENDNOTES

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<sup>i</sup> The team comprised Mehboob Dada (MannionDaniels Consultant) Cliff Lenton (MannionDaniels Senior Health Sector Specialist), and Mayowa Joel (MannionDaniels Consultant).

<sup>ii</sup> STATEMENT PARLIAMENTARY STAKEHOLDER DIALOGUE ON AID EFFECTIVENESS AND RESULTS, National Assembly Complex, Abuja, Nigeria 16th - 17th May 2011

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