Mobilizing Nigeria’s Private Sector for Malaria Control & Elimination

CAMA Two Year Commitment Report
CORPORATE ALLIANCE ON MALARIA IN AFRICA

Chaired by **Chevron Corporation** with technical guidance by Jacob Williams, CAMA is a unique coalition of companies from various industries, all with business interests in Africa.

**CAMA members** are front runners in the fight against malaria. Their activities span the full spectrum of public health interventions including the development of product innovations to fight malaria such as bed nets, implementation of vector control measures such as Indoor Residual Spraying in communities, provision of treatment to families and pregnant women and guidance on policy frameworks and investments at institutions such as the Global Fund, RBM and Swiss Tropical Health Institute. CAMA members dues support Alliance management and nominal activities as agreed within the work plan, with members providing additional support for activities of interest.

**Government:** CAMA’s work in Nigeria is done in close collaboration with the National Malaria Elimination Program (NMEP). With the NMEP’s guidance, CAMA works to further engage the country’s private sector in malaria efforts that are complimentary to the National Malaria Strategic Plan.

**Development Partners & Technical Advisors:** CAMA receives technical advice from FHI360, Malaria Consortium in Nigeria, RTI International, and other development partners including USAID’s PMI.

**Private Sector:** CAMA’s private sector partners in Nigeria include CAMA members, as well as a number of industry leaders. CAMA convenes its private sector members annually, as well as for smaller events and campaigns such as 2016’s World Malaria Day Private Sector Roundtable. Additionally, the CAMA Secretariat provides its members and private sector partners with advisory services and tools for workplace programs, community programs and malaria campaigns.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>2</td>
</tr>
<tr>
<td>Impact Summary</td>
<td>3</td>
</tr>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Observations and Challenges</td>
<td>7</td>
</tr>
<tr>
<td>Opportunities and Lessons Learned</td>
<td>19</td>
</tr>
<tr>
<td>Next Steps</td>
<td>20</td>
</tr>
<tr>
<td>Report: Mapping Private Sector Malaria Initiatives in Nigeria</td>
<td>13</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

For the past decade, the Corporate Alliance on Malaria in Africa (CAMA) has mobilized business action on malaria—recognizing that the assets of the private sector are a valuable resource in the fight to protect employees, communities and consumers from malaria. Today, CAMA member companies both lead and support innovative malaria prevention, control and treatment activities and collectively deploy millions of dollars to programs that serve the needs of malaria-affected people and communities.

In 2015, CAMA embarked on a two-year journey to galvanize the Nigerian private sector to support the ambitious goal of the country’s National Malaria Elimination Programme— to move the country to malaria pre-elimination by 2020.

With the world’s highest malaria burden and an estimated annual economic loss of USD 1.1 billion due to malaria-related absenteeism and treatment costs, the private sector is increasingly acknowledging the strong business case for increased engagement on malaria in Nigeria. However, private sector efforts to date have been largely uncoordinated and fragmented, limiting the impact of their interventions. CAMA has sought to create a space for more effective and coordinated private sector malaria efforts, while deepening the business community’s understanding of the impacts of malaria, the challenges to combating the disease and opportunities to take action. In this effort, CAMA spent the last two years mapping current private sector malaria investments; creating a platform for discussion and learning; facilitating partnerships between business, implementers and the government; and increasing the visibility of private sector leadership on malaria in Nigeria.

After two-years of focusing our activities on Nigeria, this report offers insight into how Nigerian businesses are currently supporting the government to achieve its national malaria goals, the role that coordinating and convening organizations such as CAMA can play to further mobilize the private sector, and identifies challenges that remain. For CAMA members and partners, the report also offers suggestions for the future of the Alliance’s work in-country.

The next four years will be a period of great opportunity for business to contribute to a rapid acceleration of progress in the critical fight against malaria in Nigeria. Success will require overcoming underlying system challenges, transparency from all partners, and a renewed commitment to controlling the disease.

We hope that with the support of the business community, in generations to come, malaria will no longer be the cause of hundreds of
thousands of deaths, countless days lost to sickness, and that all in the country will have access to vital prevention measures and treatments.

Lastly, we would like to express our gratitude to the members and supporters of CAMA, for their continued support and engagement as we have focused our activities on Nigeria over the past two years.

Sancia Dalley
Vice President, GBCHealth

IMPACT

CAMA has made significant progress in convening and mobilizing the Nigerian private sector around malaria. In two years, the Alliance has:

- Been recognized in USAID/PMI’s Malaria Operational Plan for Nigeria in 2015 and 2016 as a means to galvanize the Nigerian private sector
- Facilitated the development of more than five public-private and private-private partnerships
- Provided feedback into national and regional strategic plans and policies for malaria control and elimination from the perspective of a unified private sector hub
- Collected and analyzed data from eleven leading companies encompassing the first Nigerian Private Sector Malaria Mapping Survey with results to formally be shared for dialogue in 2017
- Recruited six new companies to the Alliance in-addition to expanding our network of key stakeholders and leading businesses in Nigeria from across sectors
- Held three convening’s reaching over 90 private sector representatives and more than 310 attendees, stimulating key issue dialogues and knowledge-sharing
- Increased visibility for CAMA in the key market of Nigeria
- In recognition of the value of CAMA’s convening in Nigeria over the last two and a half years, CAMA has been lauded by partners across sectors for creating an open space for these companies, government players, donor agencies and development partners to share their work, lessons learned and challenges.
- The Alliance, its partners and our work have received wide media coverage from news outlets (including Business Day, Punch, All Africa and News Verge) covering our convenings and campaigns.
Mobilizing Nigeria’s Private Sector for Malaria Control & Elimination

INTRODUCTION

The Corporate Alliance on Malaria in Africa (CAMA) is a GBCHealth-led initiative to drive partnerships for malaria control and elimination. Established by Marathon Oil and Chevron Corporation in 2006, the Alliance is a unique coalition of companies from various industries, all with business interests in Africa. From its inception, CAMA has been a trusted platform for sharing knowledge and networking for companies to support the development and execution of workplace-based malaria programs. Over the past decade, CAMA has grown from an Alliance of companies in the extractives industry, to an Alliance with broader sector representation that includes commodity manufacturers and financial services firms. CAMA’s initial focus on workplace programs and corporate-led community programs has expanded over the years to include increased private sector engagement in national technical capacity building and region-wide initiatives.

In 2015, CAMA made a two-year commitment to establishing a presence in Nigeria

Nigeria, the most populous country in Africa, is key to achieving global malaria elimination goals. While there has been a significant decline in malaria deaths globally over the past decade, Nigeria still accounts for a quarter of the burden of malaria epidemic globally with 97 percent
of the population at risk of contracting malaria. According to the National Malaria Elimination Programme (NMEP), deaths resulting from malaria have been estimated at over 300,000 per year in Nigeria, accounting for more deaths per year than HIV/AIDS and a major contributor to mortality in children and pregnant women. Additionally, Malaria accounts for 60 percent of outpatient visits to health facilities, 20 percent of childhood deaths and 25 percent of infant deaths.

Malaria has a clear and significant impact on Nigeria’s business sector with an estimated annual GDP loss of USD 1.1 billion due to malaria-related absenteeism and treatment costs. Malaria also causes significant deterioration of human capital—adults sick with malaria have been found to miss between one and five days of work per malaria episode. Similar lengths of work are missed when caring for sick children or relatives. As a consumer base, communities with high malaria burdens may divert resources that would otherwise be spent on consumer goods towards healthcare. It is estimated that the value of malaria-related lost production is between 1 and 5 percent of Nigeria’s GDP.

Unless the NMEP and its strategic plans are supported and strengthened, malaria will remain a significant health and economic burden on the country’s population. Building off of successful malaria control campaigns in the country over the last decade—during the last strategic plan, 58 million LLINs were distributed—the NMEP has created an ambitious plan to get the country to pre-elimination by 2020. However, several challenges exist including commodity inventory management, procurement and logistics management; the delivery of malaria prevention and treatment services in the private health sector; insecurity and civil unrest; and a lack of adequate funding.

4. In order to be considered at the “pre-elimination” of malaria phase, Nigeria must reduce its morbidity to <1 case per 1000 population at risk.

In addition to carrying a majority of Africa’s malaria disease burden, Nigeria is a major economic hub, with a private sector that is increasingly investing and engaging in activities to improve the health of its workforces and the surrounding communities within which it operates. The country’s gross domestic product has increased during the past decade, with oil revenues a main economic driver. Nigeria

CAMA: 10-Years of Private Sector Malaria Engagement

Over the past decade, CAMA has:

• Provided advisory support to over 40 companies in the development and scale-up of their workplace and community initiatives. Companies include Chevron Corporation, Cameron International, Marathon Oil and Anglo Gold Ashanti (AGA). CAMA's work with AGA laid the foundation for the company becoming the first private sector principal recipient of USD 138 million Global Fund grant monies for IRS programming in Ghana.

• Identified needs and gaps in-country and mobilized business contributions to fill them, including a successful Entomology Training in Angola in 2009 to support the Ministry of Health in Entomological Surveillance. This workshop led to the creation of Angola's first insectary.

• Established multi-company and multi-sector partnerships to increase the scale and impact of malaria control initiatives, particularly in Southern Africa via the Southern African Development Commission and Elimination 8 agenda.

• Created evidence-based tools to help companies develop and manage workplace and community malaria programs, including SC Johnson’s Anti-Malaria Information, Education & Communication (IEC) program.

• Provided platforms for Alliance members to dive deeper into countries of joint interest including Angola, Southern Africa, Ghana and Nigeria.

Mobilizing Nigeria’s Private Sector for Malaria Control & Elimination
is also home to a growing class of business philanthropists.

Put together, the high burden of malaria and strong private sector in Nigeria has made the country a geography of interest for CAMA. While there have been solid efforts to mobilize the business community, CAMA members recognized the consistent gap in information about malaria efforts, lack of direction in terms of where to channel corporate resources and more importantly, a clear understanding of how existing corporate actions could be enhanced to achieve Nigeria’s 2020 Elimination Agenda. The negative brand implications of inaction are also becoming essential business considerations, with activists, communities, governments, consumers and occasionally shareholders pressuring companies to behave in a socially-responsible manner. In this context, actively engaging in the malaria fight can have positive business impacts on multiple levels.

In 2015, after a rigorous 10-month process of fact-finding trips and meetings in Nigeria, CAMA made a commitment to engage in a two-year Nigeria-focused workplan. CAMA’s vision for the private sector in Nigeria is one that is engaged cooperatively in malaria control activities by protecting its workforces and the communities in which they operate, and by leveraging their unique competencies to strengthen programs implemented by partners. This means partnerships—with active and supportive partners—with other companies, the state and national government, development agencies and civil society. CAMA believes that by sharing our 10-years of experience, developing a network within Nigeria to foster dialogue and knowledge sharing between partners, and beginning to map out opportunities for the private sector to have greater impact and build the business case for malaria partnerships, we are on our way to making this vision a reality. Ultimately, these actions will help to create positive health outcomes while at the same time increasing the visibility and recognition of the business community’s efforts.

Working closely with various stakeholders leading and/or participating in the malaria elimination agenda, CAMA’s work in Nigeria focused on building awareness of the need for private sector involvement, assessing the current contributions being made by business in-country, providing visibility for companies currently taking action, and identifying high-impact partnerships where business expertise and resources could make serious impact.

“CAMA is coming in at the right time. Now that we are looking at elimination, we are happy that they are trying to galvanize the private sector, which is a partner that we want to get on board at this particular moment in the fight. So we are very pleased that CAMA has come up with the annual technical forum in Nigeria, and I think that it can only move us faster towards elimination”

– Dr. Nnenna Ezeigwe (National Coordinator, National Malaria Elimination Programme)
OBSERVATIONS & CHALLENGES

The amount of government spending on health and malaria in Nigeria is difficult to determine, as funding levels vary and actual spending does not always match the original budget. However, the recent elections have brought a renewed energy and optimism for increases to national resources dedicated to health. The Nigerian Government has made a bold move by transitioning its malaria strategy from one of control to one of pre-elimination. Realization of the NMEP’s ambitious plan to reach pre-elimination status by 2020 will require focused coordination and increased resources from all stakeholders—including the private sector. The National Malaria Strategic Plan (NMSP) 2014-2020, emphasizes strengthening public-private partnerships across interventions, especially to conduct IRS, implement IPTp and in the integration of the commodity logistics system.¹

When CAMA first began its work in Nigeria, a series of meetings were conducted to build relationships with key stakeholders and to identify where the private sector can best fill gaps in the national malaria landscape. During our time spent in Nigeria, CAMA has identified several roadblocks to the more comprehensive participation of the Nigerian private sector in malaria control activities.

CAMA has directed activities toward the elimination of some of these roadblocks, as well as surmounting other issues that have stymied the Alliance’s progress in Nigeria.

Additional challenges remain in Nigeria that inhibit the reality of eliminating malaria from Nigeria including a substantial funding gap for malaria programming and the need for overall health systems-strengthening—the lack of a strong health system in the country has reduced the capacity for the country to absorb funding for malaria and other diseases and for real impact. These are areas where there is an opportunity for private sector competencies to be leveraged, but it will take more time. Increased leadership and transparency from all partners is necessary to create partnerships to overcome these longer-term issues.

Promoting Opportunities for Private Sector Engagement with National Malaria Elimination Programme

Prior to launching CAMA’s two-year workplan for Nigeria-based activities, the team invested time in developing a relationship with the national government, particularly with the National Malaria Elimination Programme (NMEP). Prioritizing establishing a working relationship with the NMEP was important to

CAMA’s ability to legitimize our presence in the country as well as to access the network of players from a variety of sectors working on malaria in the country. Building a relationship of dialogue with the NMEP was essential in ensuring that CAMA was able to align our plans and priorities with the established national priorities, as well as to provide guidance for NMEP to improve interaction with the business community on malaria issues.

During this dialogue, and in developing relationships with CAMA companies operating in the country, it became clear that **while the NMEP desired increasing its engagement with the private sector, there was no clear established mechanism to support the development of these partnerships**. From the private sector point of view, there was no clear point of entry to engage with the government and no clear identified areas where private sector support would be valued. From the government point of view, there was a lack of understanding of what the private sector was currently engaged in and in what areas they would be best able to support the priorities of the NMSP.

**Things are moving in a positive direction, with CAMA setting the stage for partnership development and deeper dialogues.** In 2014, CAMA convened a first of its kind full-day forum bringing together Nigeria’s private sector, government and other stakeholders to discuss the state of malaria control in Nigeria and the role of the private sector. Since the forum, the NMEP’s relationship with the private sector has deepened. In 2015, at the request of both the government and CAMA’s in-country private sector partners, CAMA convened a second forum in Nigeria. This forum spanned two-days and focused on entry points for the private sector in the context of the Federal Ministry of Health’s Strategic Plan for malaria pre-elimination.
On November 14, 2016, the Dangote Foundation and the NMEP unveiled the country’s Private Sector Strategy Against Malaria, the product of a series of conversations with both private sector, NMEP and stakeholders including CAMA. It is a positive sign that this activity was undertaken with strong private sector input. We hope that the strategy provides a strong and actionable framework that is utilized by all sectors to increase partnership opportunities.

The NMEP has since continued to reach out to the CAMA Secretariat and members for input through various committees, as well as viewing CAMA as the go-to organizer of the private sector around malaria in Nigeria. **CAMA now represents the private sector voice on the NMEP’s Advocacy, Communications and Social Mobilization (ACSM) and Integrated Vector Management (IVM) working groups.** By participating in these working groups, CAMA is able to provide feedback on national and regional strategic plans and policies for malaria control on behalf of the private sector, and ensure that government policies, strategies and tools for malaria control are shared with the private sector.

CAMA’s perspective has been highly valued by key stakeholders. In addition to engagements with the NMEP, CAMA has been invited to present at numerous National and Regional seminars and conferences to share tactics and best practices on private sector engagement including the Roll Back Malaria (RBM) Partnership West African Regional Network Meeting for National Programme Managers, and annual Nigerian State Malaria Program Managers Review Meeting.

**Building a Business-to-Business Learning Platform to Share Best Practices and Challenges**

In addition to engaging directly with the Government of Nigeria, CAMA recognized the need and opportunity for companies to strengthen their workplace and community programs to better protect their employees, families and consumers from malaria. There are a number of companies in Nigeria already invested in malaria, either in workplace programs, through community philanthropy/CSR, or as part of their core business offerings. Other companies are just beginning their activities or considering making malaria a priority.

Over the past decade, CAMA has found that one of the most effective ways to strengthen such programs is through peer sharing. Through its convenings and by acting as a central hub for sharing private sector successes and challenges, CAMA is providing companies operating in Nigeria with a platform to strengthen their own malaria programs through learning from one another. Examples of these convenings and briefings include CAMA’s 2014 and 2015 Annual Partners Forums, both of which were held in...
Partnership Spotlight: Access Bank and HACEY Health Initiative

Access Bank and HACEY Health Initiative, a development organization focused on improving the health of under-served populations, are part of the CAMA network in Nigeria. After collaborating on CAMA’s 2015 forum, the partners deepened their relationship. Together, Access Bank and HACEY Health Initiative have provided direct education for over 10,000 young people on HIV prevention, conducted HIV/AIDS counseling and testing for over 2,000 young people, and reached over 1 million Nigerians with malaria prevention and management messages.

In recognition of the value of CAMA’s convening in Nigeria over the last two and a half years, Access Bank and HACEY Health Initiative have provided over 10,000 young people with direct education on HIV prevention, conducted over 2,000 tests, and reached over 1 million Nigerians with malaria messages.

“CAMA allows us to profile our workplace program before peers and other partners, which we rarely get to do otherwise”

– Dr. Richard Ajayi (Company Medical Advisor, Nigerian Breweries Plc.)

Nigeria. In addition, CAMA has held several webinars covering topics such as investing in maternal and child health, seasonal malaria chemoprophylaxis campaigns, and insecticide resistance. Through these convenings, CAMA has worked with the local offices of existing CAMA members (Bayer, Chevron, Syngenta), as well as recruited new in-country members (Access Bank, ExxonMobil, Nigerian Breweries, Nigeria LNG, Wapic Insurance and Dangote Foundation), and has engaged with many other companies, expanding our Nigerian network (including Coca-Cola, Etisalat, Lafarge, Sahara Group and Vestergaard).

Fostering Multi-Sector Coordination and Partnership

Beyond the government, other development funders and implementers have expressed a desire to better engage the private sector to both fund malaria projects and to create partnerships to leverage private sector competencies. CAMA has held dialogues with a number of these key stakeholders including the Private Sector Health Alliance of Nigeria, Malaria Consortium, FHI360, CCPN, HACEY Health Initiative, RTI International, the Global Fund, and the US President’s Malaria Initiative (PMI) to better understand their current engagement with the private sector and opportunities for future private sector involvement.

In recognition of the value of CAMA’s convening in Nigeria over the last two and a half years, CAMA has been lauded by partners across sectors for creating an open space for these companies, government players, donor agencies and development partners to share their work, lessons learned and challenges. The Alliance, its partners and our work has also received wide media coverage from news outlets (including Business Day, Punch, All Africa and News Verge) covering our convenings and campaigns.

In 2015, CAMA was invited to present on our work with the Nigerian private sector during the Roll Back Malaria (RBM) Partnership’s West African Regional Network (WARN) annual meeting. National Malaria Coordinators from across the region were in attendance and expressed a strong interest in partnering with CAMA to engage their local private sectors in support of malaria control across the region.

The Alliance received mention in PMI’s 2015 and 2016 Malaria Operational Plans (MOPs) for Nigeria as a means to galvanize corporate endeavors to support resource mobilization and leverage the strength of the private sector in Nigeria. With Management Sciences for Health (MSH), CAMA is exploring opportunities for CAMA to deepen and expand its engagement with the private sector in strategic states as well as at the federal level.

Mapping Private Sector Investments

The CAMA-led effort to map private sector malaria investments in Nigeria demonstrates that companies are making a difference, investing over NGN 3.2 billion annually on malaria control, in addition to in-kind
donations and technical guidance provided to implementing partners by leveraging their core competencies. The results also showed that while the majority of investments were directed towards prevention efforts, this was mainly achieved through the distribution of LLINs. There remains great untapped potential to scale-up IRS in the country, starting with building the capacity for business-implemented spraying in areas of business operation with guidance from NMEP.

The mapping exercise also confirmed that the majority of private sector investments are made in states with business operations. While the overlap between areas of operation and health need will always be a business priority, this represents a missed opportunity for business investments to have greater impact by redirecting investments towards areas of higher malaria prevalence and need.

The resulting report, Mapping Private Sector Malaria Investments (see page 13) underscores the importance of measuring investment impact and sharing data with all stakeholders; leveraging CEO power to advocate for greater action; and sharpening investments to focus on interventions in areas of higher critical need.

“As a result of the 2014 CAMA Forum in Abuja, we realized that we could do more with Malaria in Pregnancy, so we introduced this intervention into our community programs.”

–Mr. Sunday Okegbemiro (Coordinator, Corporate Responsibility & National Affairs, Nigeria, Chevron)

**Closing the Funding Gap**

Historic funders of malaria programming in the country include the Global Fund, USAID PMI, DFID and the World Bank. Although the World Bank’s Booster program ended in 2015, the Bank is exploring integrated health program implementation through performance-based financing options, private sector strengthening and health governance support. DfID’s funding of the Support for the National Malaria Program (SuNMap) is expected to continue, but the funding levels are not yet determined beyond 2016. Updated allocation amounts from The Global Fund for Nigeria will be released in

![Figure 1. Gap Analysis—Essential Commodities and IRS in Nigeria (2016-2020). As Nigeria moves towards pre-elimination, there will be an increased need for resources directed towards reducing the vector population and ensuring full-coverage of treatment and prevention for malaria. Given existing levels of funding, it will be necessary to identify new sources of funding in order to meet pre-elimination targets.](image-url)
December, however it is safe to say that this commitment will not fully cover the program’s costs. Figure 1, Gap Analysis – Essential Commodities and IRS in Nigeria shows how much of the NMEP’s National Strategic Plan is currently covered under a committed budget, as well as a growing need for additional resources as the country moves towards malaria pre-elimination.

It is commonly believed that the Government of Nigeria spends less than 5 percent of its national budget on healthcare—a number that will need to be increased to fully fund programs such as the NMSP and to strengthen the country’s health system. Nigeria will need to capture additional domestic resources to insure against volatile donor funding to move to pre-elimination.

While philanthropic contributions from the private sector have been identified as a potential source to fill some of this funding gap, the recent economic slowdown in Nigeria, in particular the instability of the local currency and fall in oil prices, raises concerns about the ability of the private sector to provide sustainable funding for malaria programming. While CAMA companies remain committed to furthering the engagement of the private sector on malaria in the country, this challenge must be acknowledged. Additionally, the private sector is reluctant to directly fund government programs due to a lack of transparency and concerns around corruption and absorptive capacity.

Despite these challenges, mobilizing additional financial resources for malaria control in Nigeria remains a priority topic area for CAMA. Access Bank and the Private Sector Health Alliance of Nigeria (PHN) are spearheading an effort to pool private sector resources and assist in closing this gap through the Malaria to Zero Initiative.

“There for a long time existed a disconnect, between the public systems and the private systems, where everybody was doing everything by themselves individually, in pockets which led to inefficiencies and wasted resources. But, partnership and coming together has brought in to place increased efficiency in not only utilization of resources, but harmonizing what everyone is doing without duplication. For me, this is the correct step in the right direction that will ensure that our targets and goals are achieved, especially the ambitious goal Nigeria has set to go down the road to pre-elimination by 2020”

- Dr. Barnabas Bwambok (Country Head Nigeria, Vestergaard)
**Introduction**

To realize the ambitious goal of reaching malaria pre-elimination by 2020 set by the National Malaria Elimination Programme (NMEP) focused coordination and increased resources from all sectors, including the private sector, will be required. Many Nigerian businesses implement workplace programs to protect employees and support community-oriented interventions through funding and in-kind services, complementing governmental programs. However, these efforts have been largely uncoordinated and undocumented. Reliable data on the scope and scale of malaria initiatives implemented and supported by the private sector is an essential first step for better coordination.

Better data is necessary for better coordination. As such, in 2016, CAMA led an effort to map the malaria investments of corporate organizations including human resource, technical and financial investments. Results reflect responses collected via survey from eleven leading companies from the extractives, industrial materials, beverage, financial services and telecommunications sectors.

**How Should This Information Be Used?**

Thanks to the leadership of the Nigerian business community, private sector participation in malaria control in Nigeria is increasing. However, the issues of coordination and duplication of effort must be addressed for the country to see real impact in some of the hardest-hit areas. By aligning investments where need is most urgent, companies will see a greater return on their investments in the form of social impact and improved health outcomes. This type of demonstrable and documented result will not only build the case for continued investment, but can also incentivize other companies domestically to contribute resources where needed.

Major donors such as The Global Fund to Fight AIDS, Tuberculosis and Malaria and the U.S. President’s Malaria Initiative are calling for increased investment of domestic resources towards malaria elimination, and health writ large. Mapping out current private sector investments in malaria control, and making such information widely available to all stakeholders domestically creates an opportunity to stimulate increased and more efficient local coordination and investment. The power of this data is to influence investment decisions, directing them to areas of underinvestment and highlighting “crowded” areas of investment where duplication of efforts may be resulting in diminishing returns.

“The contribution of the private sector is highly valued, but we need to be more coordinated and align with national priorities to fast track progress”

– Dr. Nnenna Ezeigwe, NMEP National Coordinator
Survey Results

Companies are making a difference

Our results show that companies are already making a difference. By making data on their current activities available through means such as this CAMA/PHN survey, companies can make smarter, more targeted investments. The companies surveyed are investing over NGN 3.2 billion in health in Nigeria annually, approximately 40 percent (over NGN 616 million annually) of which is being directed to support malaria control. Encouragingly, companies reported an expected increase in funding for malaria control in the next five years, compared to the previous five years.

However, the percentage of health investments that companies are directing to malaria control varies greatly, from just 4 percent to 96 percent of investments made. Companies who are currently not invested in malaria, but are making health investments, should consider the relative burden that malaria has on employees and the country at large. Similarly, companies who are investing a proportionately small amount in malaria, should consider the potential impact on employees and communities in Nigeria that can be made by directing more towards the leading cause of premature death and a major cause of lost productivity in the country (see Figure 2).

According to self-reported results of the survey, thanks to the investments made by Nigerian businesses, thousands of employees and their families have been protected from and treated for malaria, millions of consumers have been reached with malaria awareness messaging, and hundreds of thousands of health care workers have been trained.

Additionally, from the companies surveyed, in the past year, Nigerian business investments have led to 915,000 pregnant and unborn children being protected with intermittent preventive therapy (IPTp); the procurement of over 1 million rapid diagnostic tests (RDTs) to ensure malaria cases are appropriately diagnosed and treated; and over 13 million insecticide treated nets distributed to protect individuals and families at risk of malaria.

While these results are impressive, the data suggests that there are still gaps in corporate-led malaria interventions and in high-burden geographies with unmet need, where new private sector investments would be wisely directed. The data also suggest the potential duplication of investments and/or interventions within the same geographic areas.

Companies are protecting their employees

Companies, particularly in the extractives industry, are investing in malaria prevention and treatment to protect their employees. These companies have seen increased usage of LLINs among their workforce, a reduction in the number of cases diagnosed and treated,

![Impact of malaria investments made by the private sector in Nigeria. As self-reported by companies surveyed by CAMA in 2016.](image)

Figure 2. Top causes of death in Nigeria in 2005 and 2015. Institute for Health Metrics and Evaluation. [Health Data - Nigeria](source).
and reductions in absenteeism. One company reported a reduction in malaria cases among their workforce of more than 50 percent.

The majority of investments are made in prevention, particularly in the purchase and distribution of LLINs

The majority of companies surveyed ranked prevention of malaria as the number one area of investment, followed by investing in diagnosis (RDTs), advocacy/behavior change communications, treatment of malaria, and IPTp. This trend was fairly consistent across sectors. More data will be needed to determine whether these areas of intervention match areas of greatest need in the geographies they are operating in. However, at the national level, a recent gap analysis of the funding needs for malaria programming in Nigeria over the next four years shows and immediate, and increasing, need for funding for IRS (see Figure 1, page 11).

The outlier of the group was one company in the commodities sector who invested over almost NGN 11 million into insecticide resistance management workshops at the local level, in addition to the donation of products for IRS. The production of IRS commodities is part of the company’s core business creating a clear opportunity to support IRS in-country.

Outside of Nigeria, companies such as Anglo Gold Ashanti have demonstrated success in implementing IRS in both workplace and community settings. Replicating this in Nigeria is of high interest to the Government and is an opportunity for the Nigerian private sector to make substantial impact. While the logistics, resources and capacity needs to successfully implement IRS are high, it is an intervention with proven ROI (see The Business Case for IRS).

Company investments go beyond cash contributions

The private sector has skills and expertise that are needed in supply chain management, project management, in reaching last-mile consumers and in behavior change communication. 100% of companies surveyed have invested in-kind resources leveraging their core competencies from a telecommunications company utilizing its media expertise and platforms to spread behavior change messages, to a petroleum company supporting its implementing partners in mapping and baseline assessments for community programs. While the need to mobilize additional financial resources to meet malaria program funding requirements is important, the value of in-kind investments and use of private sector expertise to improve program efficiencies should not be understated.

For companies with limited financial resources to direct towards malaria control efforts, dialogues with local government and implementing partners can highlight areas where in-kind resources and expertise can lead to substantial impact on the ground.
The Concentration of Current Private Sector Investments is More Closely Correlated to Areas of Industrialization, Rather Than Malaria Prevalence

Corporate investments in malaria control exist throughout the country with most companies investing in the South West and South East of the country. For many companies, investments are greatest in the areas surrounding a company’s offices/operations. This bodes well for the protection against malaria in those states, districts and cities with strong commercial activity, but it leaves other parts of the nation underserved and vulnerable. All communities in Nigeria are at risk of contracting malaria, with the highest concentrations currently found in the North West, North Central and South West of the country. Companies can increase the impact of their investments by expanding efforts to areas such as the North West where malaria burden remains much higher than the rest of the country.

It is important to note that the distribution of wealth and wellbeing is highly divergent in Nigeria—for nearly all health and socioeconomic indicators, the south of the country is significantly better off than the North. This is compounded by the current political instability in the North of the country, with the presence of Boko Haram keeping many international NGOs from operating in areas of greatest need. Finding solutions to improve infrastructure and the delivery of health care to populations in the North of the country will be key to moving towards malaria pre-elimination.

In addition to being asked in which states they directed resources, companies were asked if they supported any nationwide efforts such as the NMEP. The vast majority of companies surveyed do support national campaigns—all of which are related to advocacy and communications.

Recommendations for Action

Invest more in the states where malaria prevalence is more acute. Overlap between areas of operation and health need will always be a top priority for business—but it does not have to be the end of their engagement. In order to do the most good, companies should consider expanding investments and replicating practices in locations of highest need. This is particularly relevant to companies operating at a national scale, who can support the

Distribution of malaria in children under-five (darker green indicates greater malaria prevalence).
advancement of the country as a whole. When selecting new investment sites, companies should consider if partnerships with state and local governments and nonprofits can be forged to accelerate program development and enhance effectiveness.

**Sharpen investments to focus on intervention areas where Nigeria’s performance lags.** National net distribution campaigns have proven effective in delivering nets throughout the country. Instead of, or in addition to, supporting short net distribution campaigns, companies should consider investing in areas where country programming still lacks—namely, IRS, demand creation for quality ACTs and IPTp, commodity procurement and supply chain management, and health systems strengthening.

**Leverage CEO power to advocate for greater action.** If CEOs focused their advocacy efforts both internally to ensure malaria prevention in the workforce is a priority, as well as externally to encourage government bodies and other stakeholders to target the areas where the greatest gains against malaria can be made, including in increased health spending and strengthened health systems, they could play a major role in the achievement of malaria pre-elimination in Nigeria. According to our survey, companies are already leveraging their business assets and competencies through in-kind contributions to malaria programs. Companies should continue to harness these opportunities to strengthen malaria programs in the country. CEOs can also leverage their networking power to share the business case for investing in malaria to peers leaders of companies who already invest in health, but have not turned their attention to malaria.

**Measure impact and share data with all stakeholders, including peers, the government and public.** Monitoring and evaluation systems are vital to identify what does and does not work, and ultimately, to guide more effective investing. Setting goals and tracking progress is core to business success and growth; the associated skills and systems are one more example of the critical business expertise that can be applied to health programs. In addition, monitoring and evaluation can be a powerful tool for internal advocacy, providing evidence of impact and results, and thereby increasing support and buy-in within companies. However, there is much room for improvement in both the quality of monitoring and evaluation of corporate investments in malaria, and the availability of this data.

Distribution of corporate investments into malaria in Nigeria (*darker green indicates more corporates with active investments*).
OPPORTUNITIES & LESSONS LEARNED

Engaging at the State Level

While CAMA has fostered close relationships at the NMEP level, the “real work” – i.e. implementation—takes place at the state level. State-level leaders are able to make policy changes that impact the health of their populations while providing incentives for business to partner on critical malaria programs. In order to foster better cooperation between state government and companies operating within those states, CAMA will need additional human and financial resources. However, we do believe there is an opportunity for impact in fostering dialogues at the state level to better understand how company programs can be expanded to follow State community programs, and vice versa.

Connecting with the Local Private Sector

The historic core of CAMA’s membership consists of multinational/global companies with operations in Africa, many in the extractives sector. Our deep dive in Nigeria resulted in greater engagement with local and regional companies such as Access Bank, Etisalat, Nigerian Breweries, Nigeria LNG and Sahara Group. CAMA has demonstrated its ability to connect with this type of company and these companies have found value in CAMA’s experience, with many inviting CAMA’s manager to speak at company CSR conferences. There continues to be a space to utilize CAMA’s model to build local private sector capacity to support malaria control in the form of workplace programs, community investments and regional and national partnership initiatives. However, the Alliance must balance supporting local companies and maintaining its core international funding base.

Exploring Systems Issues

The evidence-based interventions and tools effective at combating malaria are well-known—nets, vector management, preventative therapies to protect those at risk, and diagnostic testing to confirm cases before treatment with quality ACTs. However, the successful implementation of these interventions has been hindered by inadequate national investments in malaria control, gaps in program coverage due to bottlenecks in service delivery, weaknesses in health systems, and growing resistance to insecticides and antimalarial drugs.

These challenges are not unique to malaria or to Nigeria. The Ebola outbreak has exposed weaknesses in West African health systems—proving that despite advances in the fight against HIV, malaria and maternal and child mortality, national and community health systems remain unprepared and inadequate
to handle a health crisis. The outbreak shed light on gaps in leadership and governance, financing, health workforce capacity, availability of products, and distribution and access to health services.

For businesses operating in West Africa, addressing the root causes of underperformance in health systems will lead to healthier employees, better return on philanthropic investments, and healthier consumers. CAMA plans to convene a forum to explore these issues in 2017.

**Addressing Business Desires for Consulting and Implementing Services**

CAMA provides an opportunity for companies to share best practices, to engage in dialogues and partnership creation with diverse stakeholders, to support collective action and to advocate for increased private sector engagement in malaria control. In this capacity, CAMA has spoken at a number of company CSR events/workshops in Nigeria, and has provided tools, resources and guidance to individual companies. However, CAMA has found that many companies within Nigeria are seeking deeper guidance and advisory services from the CAMA Secretariat—from acting as a partnership broker to advising on the creation of a malaria CSR portfolio. Within CAMA’s current set up, there are not the financial or human resources to devote to individual companies. While CAMA is not set up to directly implement the programs of one specific company, but rather focuses on common platforms, there is an opportunity for organizations such as GBCHealth to increase their one-on-one consulting work with companies wishing to deepen their individual impact.

**Increasing the Visibility of CAMA and the Collective Work of the Private Sector**

While CAMA has gained some visibility through press coverage of its activities in Nigeria, there is a need to further publicize the role of the Nigerian private sector in malaria control in order to strengthen our ability to engage new companies. Increased visibility has the opportunity to increase the number of companies who are engaging, increasing consumer rewards to companies acting responsibly, increasing pressure on and creating the space for new partnerships. This is an opportunity for companies to support the Alliance’s efforts through providing media spots and communications support.

**Addressing CAMA Secretariat Resource Constraints**

CAMA’s ability to expand its work in Nigeria is hindered by financial, human resource and infrastructure constraints. Hosted by GBCHealth, the CAMA Secretariat is made up of a small team with one full-time in-country manager and part-time support from GBCHealth’s team in New York. This lack of “boots” on the ground limits the ability of CAMA to pursue aggressive outreach to local partners. If CAMA makes the decision to continue its work in Nigeria beyond its two-year commitment, and to ramp up activity, these limitations will need to be addressed.

Currently CAMA’s core operating expenses are covered by membership dues paid by member companies. Billed on an annual basis, the lack of timely receipt of dues has limited CAMA’s ability to effectively deliver on workplans matched with expected budgets. Resource intensive activities such as convenings are reliant on additional fundraising, which, with limited staff presence, is time intensive. Operating without a budget surplus inhibits the Secretariat from the ability to participate in a number of activities to which the Alliance is invited to participate in.
At this conclusion of CAMA’s two-year focus on Nigeria, the Alliance and its supporters must now make a decision on where to focus its future activities.

Continuing Work in Nigeria

A continuance of CAMA’s Nigeria-focused work will provide the Nigerian private sector with a central platform for their malaria work, as well as provide an engagement point for the private sector and other key stakeholders. Additionally, ramping up activities will allow CAMA to begin to address additional issues and challenges that have been uncovered including: working at the state level to drive partnerships and business supported malaria initiatives, explore business-implemented IRS opportunities and convening the private sector and partners to discuss underlying health systems issues. In order to continue this work, CAMA will need additional human capital and infrastructure in Nigeria. It will also require the Alliance to commit to financially supporting the creation of a more permanent presence of CAMA in Nigeria to ensure CAMA is able to deliver on activities and objectives reliably.

However, an expected increase in GBCHealth presence in Nigeria offers up the opportunity for CAMA to leverage GBCHealth human capital, brand and convening power for its own malaria-focused activities, and establishing a stronger CAMA Secretariat presence in Nigeria creates a physical presence for CAMA in sub-Saharan Africa that has not existed since the closure of GBCHealth’s Kenyan and South African offices in 2013.

Exploring a Commitment to an Additional High-Burden Country

In addition to Nigeria, there are a number of countries that are of interest to CAMA for both their high malaria burden and private sector presence—in particular, the Democratic Republic of Congo and Ghana have long been geographies of interest to CAMA members. If CAMA chooses to expand focus beyond Nigeria, there is the opportunity to explore introducing CAMA’s model into one of these countries. This will enable us to better understand the issues facing these countries and to build out CAMA’s network of both international companies operating in-country as well as local businesses. However, in order to pursue a deep-dive into another high-burden country, CAMA will have to divert resources away from Nigeria or raise additional fund to support the travel and exploratory meetings necessary for the Secretariat to establish relationships on ground.
Focusing on CAMA’s Global Priorities with Annual Regional Meetings

Finally, CAMA can choose to return to its previous model of operating, with the Alliance focused on expanding its reach to the headquarters of companies with operations in sub-Saharan Africa, maintaining a focus on elevating private sector contributions to the malaria fight via strategic global and regional communications, and working on thematic issue areas of interest including combating insecticide and drug resistance, integrating malaria and maternal and child health interventions, and financing for malaria elimination, while holding annual technical workshops in the region serving as an opportunity to bring together partners, discuss region-specific issues and share best practices. Pursuing this path would maintain CAMA’s current core membership, however, risks missing opportunities to create greater impact through in-country activities. It is worth noting that GBCHealth, CAMA’s Secretariat, continues to engage companies on global malaria policy, advocacy and regional activities through the Private Sector Members Constituency to the Roll Back Malaria Partnership, and as Focal Point to the Private Sector Delegation to the Global Fund, offering CAMA companies an opportunity to engage with the activities of these groups.

Herbert Wigwe (CEO and Group Managing Director, Access Bank Plc) opens CAMA’s 2015 Partners’ Forum, The Road to 2020: Mobilizing the Private Sector in Nigeria’s Fight Against Malaria in Lagos.
GBCHealth is a non-profit organization dedicated to leveraging the power and resources of the private sector to meet today’s most pressing health challenges. Founded in 2001 under the leadership of Ambassador Richard C. Holbrooke, GBCHealth has worked with hundreds of companies, individually and in partnership, to address health issues in their workplaces and communities where they operate. GBCHealth currently serves as the Focal Point for the Private Sector Delegation to the Global Fund Board, as the Focal Point for the Roll Back Malaria Partnership’s Private Sector Constituency, and as the lead implementer of the Corporate Alliance for Malaria in Africa (CAMA).

For more information on the Corporate Alliance on Malaria in Africa and GBCHealth’s activities in Nigeria, please contact:

Ochuko Keyamo
Country Manager, Corporate Alliance on Malaria in Africa, Nigeria
okeyamo@gbchealth.org

We would like to acknowledge the following GBCHealth Staff who contributed to the writing and production of this report:

Writing & Editing: Maggie Arbogast, Ochuko Keyamo, Ian Matthews, Sancia Dalley
Design & Layot: Maggie Arbogast

We would also like to thank the following individuals and organizations for their support of this report and project: The Corporate Alliance on Malaria in Africa, Chevron Corporation, Jacob Williams, and the Private Sector Health Alliance of Nigeria.