

Harnessing multi-sectoral action to control non-communicable diseases at the primary health care level in Nigeria

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Key messages

Nearly 30% of all deaths in Nigeria are attributed to noncommunicable diseases (NCDs), driven by risk factors which sit outside the health sector.

Strengthening services at the primary health care (PHC) level is crucial to reducing the burden of NCDs.

The Nigerian health system is not yet leveraging multisectoral approaches to harness the resources of non-health sectors for NCD prevention and management.

The existing national multisectoral action (MSA) plan is poorly implemented and lacks clear guidance for PHC-level implementation. Revision via broad stakeholder engagement is needed.

Lessons from effective use of MSA in the water, sanitation and hygiene and nutrition sectors could inform PHC-level NCD prevention and management.

Cross-sector dialogue on mainstreaming health in all sectors for PHC-level NCD prevention and management could help address existing gaps.



Executive summary

NCDs are a growing public health challenge

NCDs, including hypertension, diabetes, cancers and chronic respiratory diseases, are a growing public health challenge in Nigeria, given that they contribute significantly to morbidity and mortality. Despite this, the integration of NCD prevention and management into PHC services remains inadequate, particularly in rural areas. Rural areas face critical shortages of diagnostic tools, essential medication and trained health workers, thereby further exacerbating health inequities and limiting access to care.

Existing PHC-level containment efforts are falling short

Nigeria adopted a National Multi-Sectoral Action Plan (NMSAP) in 2019 to promote a “whole-of-government” approach to NCD management, which targeted shared risk factors such as tobacco use, unhealthy diets and physical inactivity. However, implementation of the NMSAP has been hindered by fragmented coordination, weak governance structures and insufficient accountability mechanisms.

MSA on NCDs can be evaluated across four domains

Our comprehensive situational analysis of information relevant to MSA and its role in preventing and managing NCDs at the PHC level was guided by two World Health Organization (WHO) frameworks: the WHO Package of Essential NCD Interventions (WHO-PEN) and the WHO toolkit for developing a multisectoral action plan for NCDs (WHO-MSA). Our review identified four key domains essential for evaluating the current status and scalability of MSA for NCD prevention as outlined below.

- 1. Existing policies and strategies for MSA:** we reviewed current policies and strategies at national and subnational levels to assess their relevance, alignment and effectiveness in preventing and managing NCDs across health and non-health sectors.
- 2. Implementation of existing MSAs at the PHC level:** we assessed the operationalization of MSA for NCD prevention and management at the PHC level, including resources, barriers and facilitators.
- 3. Existing PHC services for NCD prevention and management:** we evaluated the availability, accessibility and quality of NCD-related services provided at the PHC level, highlighting gaps and areas for improvement.
- 4. Capabilities of the PHC system to leverage MSA:** we assessed the capacity of the PHC system to integrate and scale up MSA initiatives for NCD prevention and management, with a focus on workforce availability and training, medical supplies and infrastructure, financing, and governance mechanisms.

Strengthening MSA would address systemic challenges to NCD management at the PHC level

Nigeria's progress in NCD management at the PHC level demonstrates potential but highlights the critical need to strengthen MSA to address systemic challenges. Effective MSA can enhance governance, improve resource mobilization and foster community engagement by leveraging the collective efforts of the health and non-health sectors. Comparisons with other countries highlight scalable strategies that Nigeria could adapt to its context.

To strengthen MSA, Nigeria must address the financial, human and infrastructural deficits that currently hinder the effectiveness of interventions. By addressing these challenges through coordinated and innovative MSAs, Nigeria could improve NCD outcomes and advance towards achieving universal health coverage (UHC).

Policy implications

To address the systemic challenges of NCD management in Nigeria through MSAs, we set out some essential policy implications.

Institutionalize multisectoral governance

- Policies should formalize multisectoral governance structures to ensure sustained collaboration across sectors. This includes establishing legal frameworks that mandate interministerial coordination, define roles and responsibilities, and institutionalize accountability mechanisms for NCD interventions.
- Strengthen partnerships with non-health sectors, such as education and agriculture, to address the social determinants of health and reduce NCD risk factors.
- Establish interministerial committees to coordinate NCD interventions, ensure clear accountability structures and enable regular monitoring of programmes. Strengthening governance will enhance coordination across sectors and improve the implementation of multisectoral policies.
- Adapt successful models from other countries to the Nigerian context to improve service delivery, raise awareness and enhance patient outcomes.

Strengthen health financing policies

- Policy-makers should prioritize sustainable financing mechanisms for NCD care, including integrating NCD services into existing health financing schemes such as the BHCPF. This would ensure equitable access to essential medications, diagnostic tools and services, particularly in underserved regions.
- Leverage partnerships with international donors, NGOs and private sector actors to address funding gaps and improve access to essential medications, diagnostic tools and infrastructure.

Develop and enforce national standards

- National policies should focus on developing and enforcing standardized clinical guidelines, operational protocols and data management frameworks for NCD care. These standards must be adaptable to local contexts and ensure consistency in service delivery across all levels of the health system.

Enhance workforce policies

- Policies must address workforce shortages by creating incentives for health workers to serve in rural and underserved areas. This includes revising recruitment, retention and career development policies for CHWs and other non-physician health workers, with a focus on task-shifting policies.
- Recruit and train additional health workers, particularly in underserved regions, to ensure adequate staffing levels at PHC facilities.
- Expand task-shifting policies to include NCD management by training and mentoring CHWs. Adopting tried-and-tested task-shifting models, which include robust mentorship and capacity-building programmes, can enhance CHWs' effectiveness in delivering NCD care for NCD management.

Invest in infrastructure and supplies

- Invest in PHC infrastructure to ensure the availability of functional diagnostic tools and adequate facilities for NCD care.
- Ensure a consistent supply of essential medications and diagnostic tools for NCD management at PHC facilities. Develop procurement and distribution systems to address regional disparities.

Promote data-driven decision-making

- Strengthen policies that mandate the use of health information systems (HIS) for data-driven decision-making. This includes integrating digital health tools into national health strategies and ensuring that data quality and use are prioritized in health sector planning and evaluation.
- Scale up digital health solutions for patient monitoring, data management and decision-making, as demonstrated in South Africa. These tools can improve service delivery, accountability and the efficiency of NCD interventions.

Expand community engagement frameworks

- Policies should institutionalize the role of community health committees and other grassroots organizations in NCD prevention and management. This includes creating frameworks for their systematic involvement in policy design, implementation and monitoring to ensure alignment with local needs.
- Empower community health committees by providing training and resources to enable them to play a more active role in NCD prevention and management. Lessons from elsewhere on community engagement strategies could be adapted to the Nigerian context.
- Expand community-based interventions, such as outreach programmes and health campaigns, to raise awareness and improve access to NCD services in underserved areas.

Address health equity through policy

- Policy-makers must address regional disparities in NCD care by implementing policies that prioritize resource allocation to underserved areas. This includes targeted investments in infrastructure, workforce and service delivery to reduce inequities in access to care.

Leverage public-private partnerships (PPPs)

- Policies should encourage partnerships with the private sector, NGOs and international donors to mobilize resources, expand service delivery and introduce innovative solutions for NCD management. Clear guidelines for PPPs must be established to ensure alignment with national health priorities.

Integrate NCDs into broader health policies

- NCD management should be integrated into broader health policies, such as maternal and child health, infectious disease programmes and reproductive health services. This integration would promote efficiency and ensure that NCD care is not siloed but part of a comprehensive health system approach.
- Develop and implement clear operational guidelines for integrating NCD services into PHC, including horizontal integration (comprehensive care for multiple NCDs) and vertical integration (linking PHC to higher levels of care).
- Expand the Basic Minimum Package of Health Services to include comprehensive NCD care and treatment, financed through the BHCPF, to ensure equitable access to essential services.
- Strengthen referral systems by developing standardized protocols and ensuring the availability of health information infrastructure to support continuity of care.
- Scale up the integration of cervical and breast cancer screening with sexual, reproductive and maternal health services to improve screening rates and reduce mortality associated with these cancers.

Monitor and evaluate policy impact

- Establish robust M&E frameworks to assess the impact of NCD-related policies. This includes setting measurable targets, tracking progress and using evidence to refine policies and interventions over time.
- Develop and disseminate standard operating procedures and clinical guidelines for NCD prevention and management at the PHC level to ensure consistency and quality in service delivery.

About AHOP

The African Health Observatory - Platform on Health Systems and Policies (AHOP) is a regional partnership that promotes evidence-informed policy-making. AHOP is hosted by the WHO Regional Office for Africa through the integrated African Health Observatory. National Centres include Addis Ababa University, Ethiopia; KEMRI Wellcome Trust, Kenya; the Health Policy Research Group, University of Nigeria; the University of Rwanda; and Institut Pasteur de Dakar, Senegal. AHOP draws on support from the European Observatory on Health Systems and Policies (EURO-OBS), the London School of Economics and Political Science (LSE), and the Bill & Melinda Gates Foundation (BMGF).

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