



'IDEA TO REALITY'

Strategy and Implementation Plan

2017–2021

FEDERAL MINISTRY OF HEALTH
NIGERIA CENTRE FOR DISEASE CONTROL



'IDEA TO REALITY'

Strategy and Implementation Plan

2017–2021




**FEDERAL MINISTRY OF HEALTH
NIGERIA CENTRE FOR DISEASE CONTROL**


Copyright @2017 Federal Ministry of Health -
Nigeria Centre for Disease Control

**FEDERAL MINISTRY OF HEALTH
NIGERIA CENTRE FOR DISEASE CONTROL (NCDC)**

Plot 801 Ebitu Ukiwe Street, Jabi Abuja, Nigeria

 0800-970000-10 (Toll Free Call Centre)

 info@ncdc.gov.ng  www.facebook.com/nigeria.ncdcgov

 @ncdcgov  <https://www.ncdc.gov.ng>

This publication was produced by Federal Ministry of Health - Nigeria Centre for Disease Control.
All rights reserved.

Contents

About NCDC	6
Foreword	7
Acknowledgements	9
Glossary	10
Background and Context	15
Executive Summary	11
1. Process for the Development of the NCDC 2017–2021 Strategy	19
2. Key Principles of the 5-Year Strategy Framework	21
3. Strategic Goals	25
4. Implementation Plan Enablers	29
Appendix 1: Situation Analysis: PESTEL Analysis	35
Appendix 2: Implementation Plan	45
Appendix 3: Strategic Plan Enablers: Implementation Plan	77

About NCDC

Nigeria Centre for Disease Control (NCDC) is Nigeria's national public health institute with the mandate to provide a healthier and safer Nigeria through the prevention and control of diseases of public health importance. It is focused on protecting the health of Nigerians through evidence based prevention, integrated disease surveillance and response activities, using a one health approach, guided by research and led by a skilled workforce.

NCDC operations and activities are guided by five key goals to:

- Accurately measure the burden of infectious diseases in Nigeria
- Ensure Nigeria is able to meet its international obligations as a member of the World Health Assembly
- Develop a Public Health laboratory service network to support the detection, prevention and response to critical infectious diseases
- Reduce the adverse impact of predictable and unpredicted public health emergencies
- Create an efficiently managed and evidence based organisation with a clear focus of health promotion and disease prevention.

NCDC operates through five directorates: Surveillance and Epidemiology, Public Health Laboratory Services, Emergency Preparedness and Response, Prevention and Programmes Coordination and Administration.

NCDC is also the host for the ECOWAS Regional Centre for Disease Control (RCDC) and the regional hub for the Africa Centres for Disease Control (ACDC).

Foreword

The Nigeria Centre for Disease Control (NCDC) is the country's national public health institute with the mandate to protect Nigerians from the threat of infectious diseases. Upon my resumption in August 2016, I found that a lot of the hard work that had been done by the committed staff of the agency was outside of a strategic plan, and without any criteria for monitoring and evaluation. This also meant that we had not set and followed goals and objectives for which the public, our leadership and our partners could hold us accountable to.

This led to the development of the 2017–2021 NCDC Strategic Plan. The process to develop this new strategic plan took months of reviewing previous plans that had not been implemented, identifying reasons why previous goals had not been achieved, speaking with our leadership at the Federal Ministry of Health and partners to understand expectations, and finally an internal review process which included a workshop to collect the views of all staff. Months of engagement has produced a new organogram to guide our activities, five goals, 22 objectives and 89 activities and deliverables.

We are grateful for the commitment that the leadership of the Federal Ministry of Health- the Minister, the Minister of State and the Permanent Secretary have shown as we started on the journey of developing a vibrant, modern and effective NCDC in order to assure the country's health security. We are also grateful to all our partners, particularly the Tony Blair Institute, African Field Epidemiology Network (AFENET), University of Maryland Baltimore (UMB) and Dr Ebere Okereke who supported the development of this plan.

We are confident that this document will provide a platform to closely monitor and support the work we do. We are always grateful to the World Health Organisation (WHO), the US Centers of Disease Control (CDC) and the United Nations Children's Fund (UNICEF) for your support and partnership.

Our vision is to build the confidence of Nigerians and the global community in the NCDC as the body established to protect the health of citizens through information,

inclusion and timely response to health concerns. We are ready to take on the task ahead, working in partnership with the Nigerian people. We assure you that we will give all it takes to strengthen our contribution to improving public health in Nigeria.

Thank you for supporting taking our idea to reality.



DR CHIKWE IHEKWEAZU

*National Coordinator /Chief Executive Officer,
Nigeria Centre for Disease Control (NCDC)*

Acknowledgements

The Nigeria Centre for Disease Control (NCDC) would like to thank the Honourable Minister of Health - Professor Isaac Adewole; the Honourable Minister of State for Health – Dr Osagie Ehanire; the Permanent Secretary; Directors and colleagues at the Federal Ministry of Health for their continued support of NCDC.

We are also grateful to past Ministers of Health and the pioneer Chief Executive Officer of the NCDC, Professor Abdulsalami Nasidi, for the firm foundation laid, which we are building upon with this Strategic Plan.

Finally, we thank the management and staff of the NCDC, our local and international partners and friends and everyone that has contributed to the development of our 2017–2021 strategy bringing the NCDC idea to reality.

Glossary

AFENET	African Field Epidemiology Network
AMR	Antimicrobial Resistance
CEO	Chief Executive Officer
CDC	Centre for Disease Control
EO	Emergency Operations
EOC	Emergency Operations Centre
EPHO	Essential Public Health Operations
EPRR	Emergency Preparedness Resilience and Response
FMoH	Federal Ministry of Health
GHSA	Global Health Security Agenda
IANPHI	International Association of National Public Health Institutes
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
JEE	Joint External Evaluation
KPI	Key Performance Indicator
M&E	Measurement and Evaluation
MoU	Memorandum of Understanding
NCDC	Nigeria Centre for Disease Control
NFELTP	Nigeria Field Epidemiology and Laboratory Training Programme
NPHCDA	National Primary Health Care Development Agency
OIE	World Organisation for Animal Health
PESTEL	Political, Economic, Social, Technological, Environmental and Legal
PH	Public Health
PHE	Public Health England
PPP	Public Private Partnership
RRT	Rapid Response Team
RTA	Road Traffic Accident
SLA	Service Level Agreement
SWOT	Strengths, Weaknesses, Opportunities and Threats
TA	Technical Assistant
TOR	Terms of Reference
UMB	University of Maryland, Baltimore
UN	United Nations
WAHO	West African Health Organisation
WHO	World Health Organisation

Executive Summary

Nigeria is Africa's most populous country, with an estimated population of 182.2 million, including 31 million children below the age of five and over half the population lives in poverty (UNDP, 2016)¹. Nigeria's health indices are amongst the worst worldwide, with communicable diseases and vaccine preventable diseases remaining major contributors to mortality and morbidity. Nigeria faces frequent natural and environmental disasters as well as violent conflicts including insurgency and communal clashes. In addition, many people still lack access to clean water and proper sanitation, despite some progress (Water Aid, 2016)².

The Nigeria Centre for Disease Control was established in 2011 as a parastatal of the Federal Ministry of Health with the mandate to coordinate the public health response to communicable diseases and environmental hazards, health emergencies and other diseases of public health significance. The bill for the formal establishment of the NCDC as a full parastatal of the Federal Government was approved by the Federal Executive Council on the 15th of March 2017 and is under legislative review at the National Assembly (as at May 2017).

“ **The 2017-2021 strategic plan seeks to create a strong vision for the NCDC underpinned by clearly defined principles and supported by well-articulated implementation and delivery plans.** ”

1 Human Development Report, (UNDP, 2016)

2 Overflowing Cities (The State of the World's Toilets, (Water Aid, 2016)

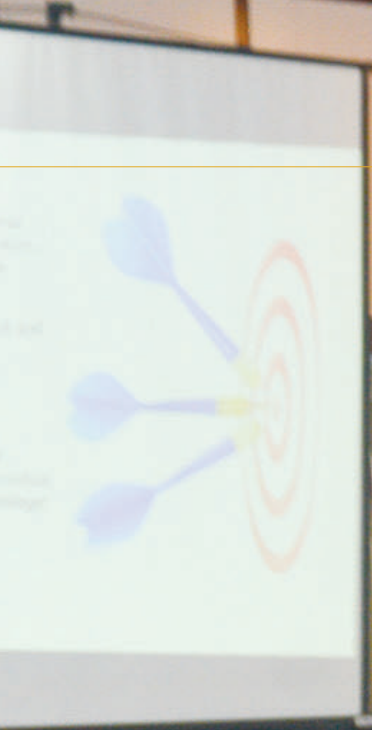
The NCDC vision:
- A healthier and safer
Nigeria through the
prevention and control of
diseases of public health
importance

Under the mandate of the current leadership of the NCDC, activities started in late 2016 to develop a 2017–2021 strategic plan, incorporating a new vision and mission to guide activities. Although there had been earlier attempts to develop five year strategic plans, notably in 2013 and 2014, these plans were neither fully supported by implementation and The 2017-2021 strategic plan seeks to create a strong vision for the NCDC underpinned by clearly defined principles and supported by well-articulated implementation and delivery plans. The new vision for the NCDC agreed after a series of staff and stakeholder consultations is: **‘A healthier and safer Nigeria through the prevention and control of diseases of public health importance’**; this cascades into a mission Statement, which is further broken down into five key strategic goals with defined outcomes, 89 key activities, deliverables and timelines, each with identified ‘owners’ responsible for achieving them. In addition, the plan identifies implementation/execution enablers, which are also integral to a successful implementation plan. The five key strategic goals identified are:

- A. Accurately measure the burden of infectious diseases in Nigeria
- B. Ensure Nigeria meets its international obligations under the International Health Regulations
- C. Develop a Public Health Laboratory network to support the detection, prevention and response to critical infectious diseases
- D. Reduce the adverse impact of predictable and unpredicted public health emergencies
- E. Create an efficiently managed and evidence-based

organisation with a clear focus on health promotion and disease prevention

Finally, a performance management structure has been instituted to oversee and coordinate the execution of the multiple initiatives, as well as evaluate the progress made towards achieving the strategic goals.



Background and Context

- Nigeria is Africa's most populous country, with an estimated population of 182.2 million, including 31 million children below the age of five and over half the population lives in poverty (UNDP, 2016)¹. It is one of the continent's largest economies and until recently, was achieving strong economic growth rates. Following the drop in oil prices, the Nigerian economy slipped into recession in 2016 for the first time in many years. Though over half the population lives in poverty, there are however major regional disparities.
- Nigeria's health indices are amongst the worst worldwide, with communicable diseases and vaccine preventable diseases remaining major contributors to mortality and morbidity. Despite recent improvements in vaccine coverage, Nigeria remains one of only three polio endemic countries in the world, with four cases of the wild polio virus identified in 2016 after a brief period of interruption. Nigeria has the second highest HIV burden in the world, and the third highest burden of Tuberculosis.

“ Nigeria’s health indices are amongst the worst worldwide, with communicable diseases and vaccine preventable diseases remaining major contributors to mortality and morbidity. ”

¹ Human Development Report, (UNDP, 2016)

NCDC was established in 2011 to coordinate the public health response to communicable disease outbreaks

- Nigeria regularly faces natural disasters - such as droughts, floods and epidemics - as well as violent conflicts including insurgency and communal clashes. Environmental contamination is also a major contributor to morbidity and mortality. Tens of millions of people still lack access to clean water and proper sanitation, despite some progress.
- The Nigeria Centre for Disease Control (NCDC) was established in 2011 as a part of the Federal Ministry of Health with the mandate to coordinate the public health response to communicable disease outbreaks specifically, and to also address environmental hazards, health emergencies and other diseases of public health significance. Five year strategic plans for NCDC were developed in 2013 and 2014 but were neither supported by implementation and delivery plans nor by evaluation of performance.
- In 2016, NCDC was proposed as a full parastatal agency of the Federal Government, with the bill for its establishment now before the National Assembly.

From August 2016, the NCDC CEO set out 5 key points:

1. Creating a strong Vision for NCDC

This was achieved by gathering and aligning feedback from external stakeholders, including the Federal Ministry of Health, existing local and international partners and from our sister Ministries, Departments and Agencies (MDAs) as well as internal stakeholders (including staff), whilst taking into consideration, time and resource constraints. The main aim was to develop concise and relevant Vision and Mission Statements for the NCDC.

2. Forming a powerful team for NCDC

It was realised that for NCDC to achieve its new vision and mission, it would need a revised organisational structure that supports the new strategic plan. The revision process considered the need for transparency, ownership, scalability, balance and improvement on delivery.

3. Identifying short-term wins

In order to identify quick wins, a structured approach towards defining a detailed implementation plan was adopted; after which the plan was phased using specific filters - time, impact and resources - as a means of prioritisation.

4. Communicating the change

This was done by developing a communications framework for structured and integrated communication plans (for internal and external stakeholders), supported by a detailed implementation plan to help communicate the change effectively.

5. Removing obstacles, build-on and anchor change

This was addressed by identifying and developing implementation enabling frameworks e.g. change management, performance management and funding strategy frameworks

A process was then put in place to develop the strategy, based on the CEO's defined points.

Strategic Objective E4

Strategic Objective E4

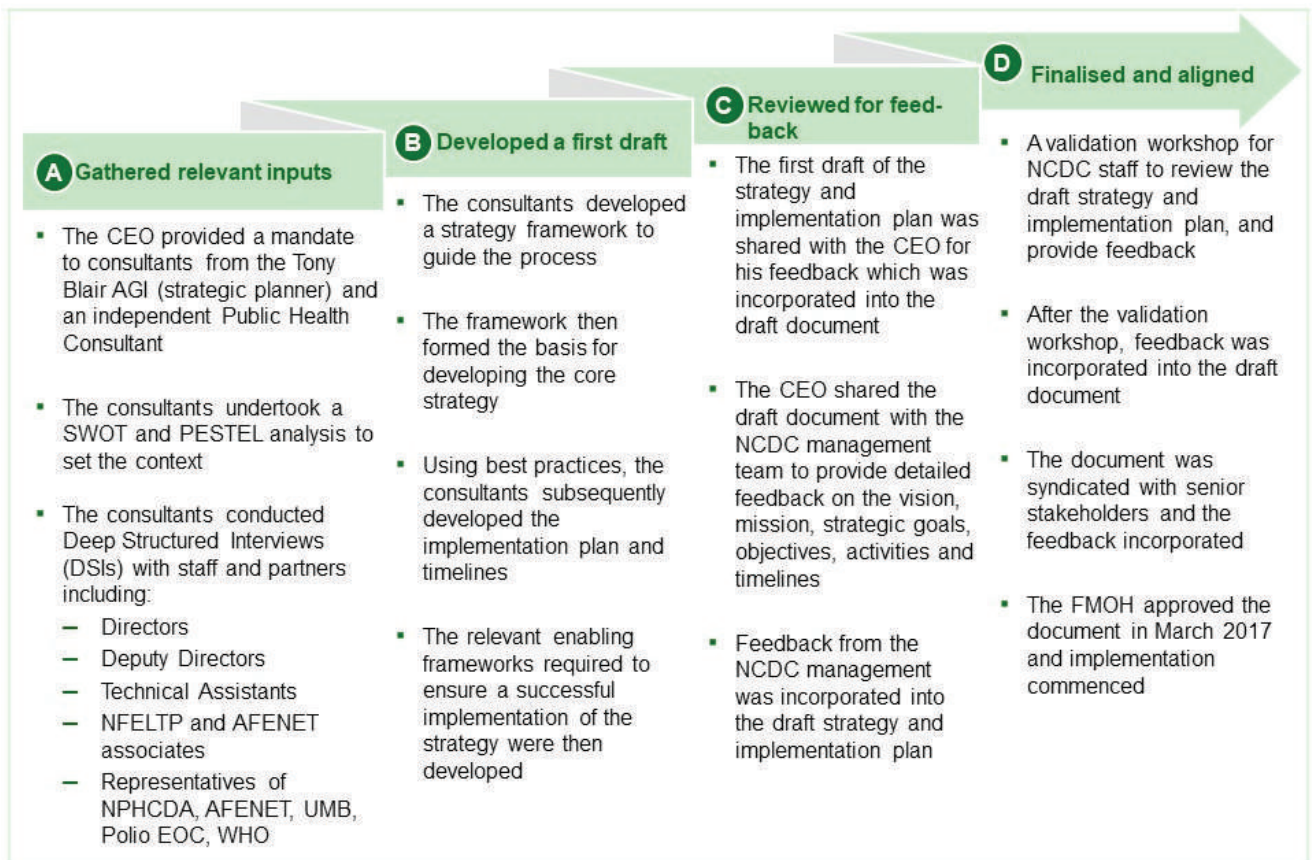
Activities	Deliverables	Completion Deadline			Resource Requirements
		2017	2018-19	2020-21	



1 Process for the Development of the NCDC 2017–2021 Strategy

The development process was collaborative and involved a wide cross-section of internal and external stakeholders.

The team followed a four-step process from which a Vision and a Short-Term Mission Statement was developed, with five strategic goals, 22 objectives and 89 corresponding activities for the 2017–2021 horizon.





REST ROOM

KITCHENETTE

Bulletin board containing various notices and photographs.

Additional notices and documents pinned to the wall.

2 Key Principles of the 5-Year Strategy Framework



The five-year strategy framework is anchored on three key principles.

Principle 1:

Re-aligned priorities

Realigning priorities to focus strongly on communicable diseases, with key objectives centred on putting in place the basic foundations for critical NCDC functions.

Principle 2:

Global best practices

Building on global best practices, which are anchored on the World Health Organisation's 'Essential Public Health Operations Framework'.

Principle 3:

Consideration of the challenging operating environment

Using identified constraints and opportunities within the external operating environment to ensure the road map focuses on leveraging strengths of NCDC to take advantage of emerging opportunities.

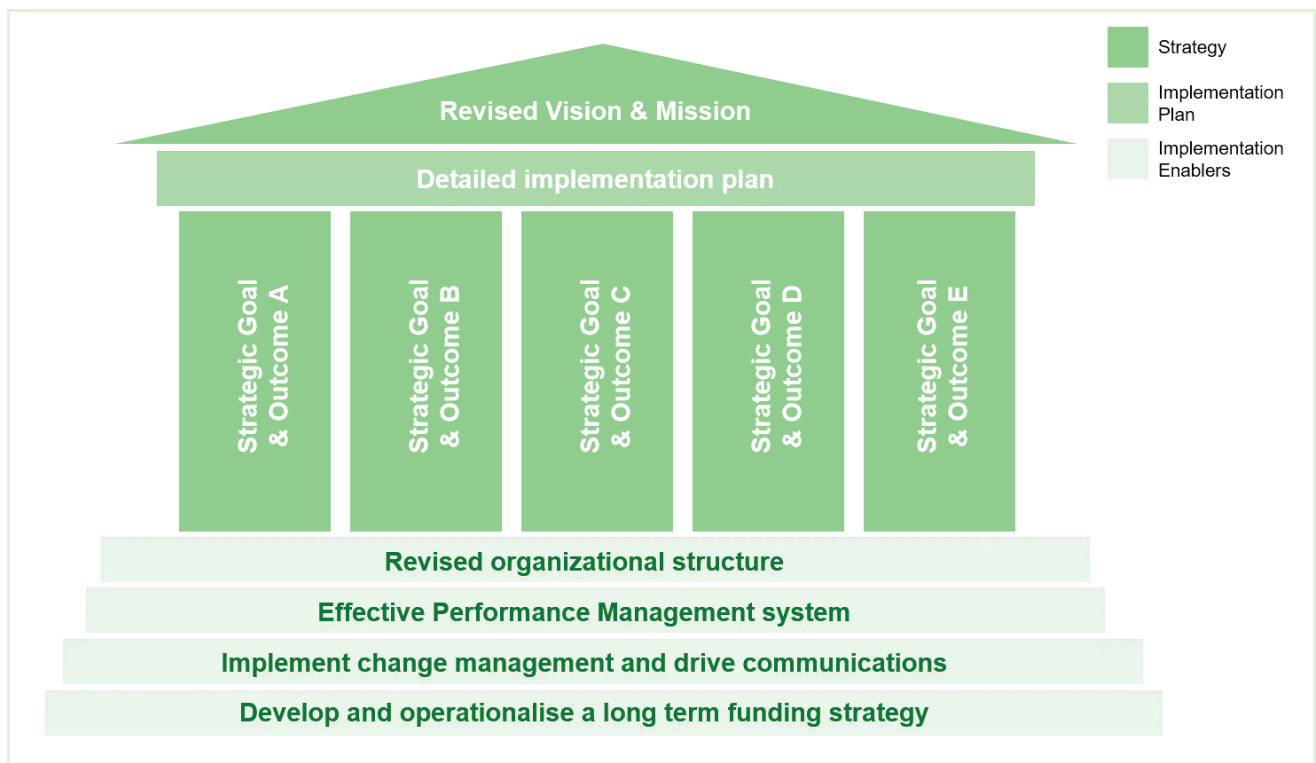


Figure 1: Strategic Framework

The strategic goals are supported by basic changes within the organisation which are integrated with the implementation process i.e. execution/ implementation enablers and these are:

- 1) A revised organisational structure
- 2) An effective Performance Management System
- 3) An effective communications and change management strategy
- 4) An operational long-term funding and partnership strategy



Strategic Goal B (12)

Strategic Goal B

To effectively implement the requirements under the International Health Regulations (IHR) (2005), ensure, SRS, and other parts of

Outcomes

High to a low to...

Key Results

...

Indicators

...

Responsible Parties

...

Timeline

...

Resources

...

Risks

...

Notes

...

Comments

...

Next Steps

...

Review Date

...

Approval

...

Signature

...

Date

...

Version

...

History

...

Change Log

...

Comments

...

Next Steps

...

Review Date

...

Approval

...

Signature

...

Date

...

Version

...

History

...

Change Log

...

Comments

...

Next Steps

...

Review Date

...

Approval

...

Signature

...

3 Strategic Goals

Strategic Goal A:

Accurately measure the burden of infectious diseases in Nigeria

“Disease surveillance saves lives, it tells truth to power and enables our leaders make decisions that are equitable and progressive”

Develop an effective surveillance system for infectious diseases and conditions, particularly epidemic and pandemic prone diseases.

Strategic Goal B:

Ensure Nigeria is able to meet its obligations to the International Health Regulations as a member of the World Health Assembly

“Diseases know no borders and can affect anyone irrespective of age or race”

Effectively implement the requirements under the International Health Regulations (IHR 2005), to detect, assess, notify and report events of international public health significance

Strategic Goal C:

Develop a public health laboratory service network to support the detection, prevention and response to critical infectious diseases.

“Disease conditions must be identified to guide preparedness and response activities. This supports evidence-based actions in protecting health”

Enhance laboratory capacity to support disease surveillance, prevention and control.

Strategic Goal D:

Reduce the adverse impact of predictable and unpredicted public health emergencies.

“Without effective preparedness, millions of lives remain at risk. Preparedness enables quick response to diseases and events of public health importance”

Reduce the health related consequences of disasters.

Strategic Goal E:

Create an efficiently managed and evidence based organisation with a clear focus of health promotion and disease prevention.

“Without addressing the determinants of health, we cannot effectively protect the health security of Nigerians”

1. Evidence based, transparently performance-managed programmes, with health promotion incorporated into all activities.¹

¹ A multi(cross) sectorial and collaborative approach to improve health and wellbeing through the prevention of risks and the mitigation of effects of crises that originates and the interface between humans, animals and their various environments



 **NCDC**
NCDC RESPONSE TEAM
Protecting the health of Nigerians

 **NCDC**
NCDC RESPONSE TEAM
Protecting the health of Nigerians

4 Implementation Plan Enablers

The execution/implementation enablers are detailed below.

1 Organisational Structure

Four design criteria were applied in re-designing the NCDC structure (Figure 3) in order to provide strong support for the strategy.

- a. **Transparency and Ownership:** Structure designed to focus on driving a culture of personal accountability across all staff levels.
- b. **Scalability:** A growing organisation, with specific roles (which can be scaled up or down as needed) that provide support in driving strategic initiatives.
- c. **Balance:** Devolution of executive power from the Chief Executive Officer across all directorates.
- d. **Delivery:** A 'delivery type' programme management office to coordinate and support the Directorates.

2 Performance Management System

The NCDC implementation plan execution is designed to be underpinned by a rigorous performance management framework at every phase.

- a. **Strategy and Implementation Plan Development:** A strategy, which will serve as a blueprint to guide NCDC towards its vision is developed. A draft implementation plan (appendix 3) has also been developed to anchor a results-focused delivery approach, which allows for frequent review of progress on targets.
- b. **Delivery or Operational Plans Development:** Teams are guided in developing detailed plans of how targets will be delivered and planned outcomes met.
- c. **Scorecards Development:** Assessment frameworks (scorecards) are developed to unearth barriers to progress and and delivery risks across all key objectives and activities. KPIs are defined and assessed in detail to help understand current performance.

- d. **Performance Review and Tracking:** KPIs review routines using a mix of short cycle (quarterly) and long cycle (bi-annual) reviews are established. Short cycle reviews will provide a short-term view on the progress of delivery plans and long cycle reviews will provide a comprehensive analysis of the likelihood of successful delivery of the strategy
- e. **Strategy and Implementation Plans Review:** Annual reviews of the strategy and implementation plans are put in place to re-assess targets and if necessary, incorporate or eliminate additional initiatives based on changes in the external environment and priorities

ORGANISATIONAL STRUCTURE

Proposed organisational structure

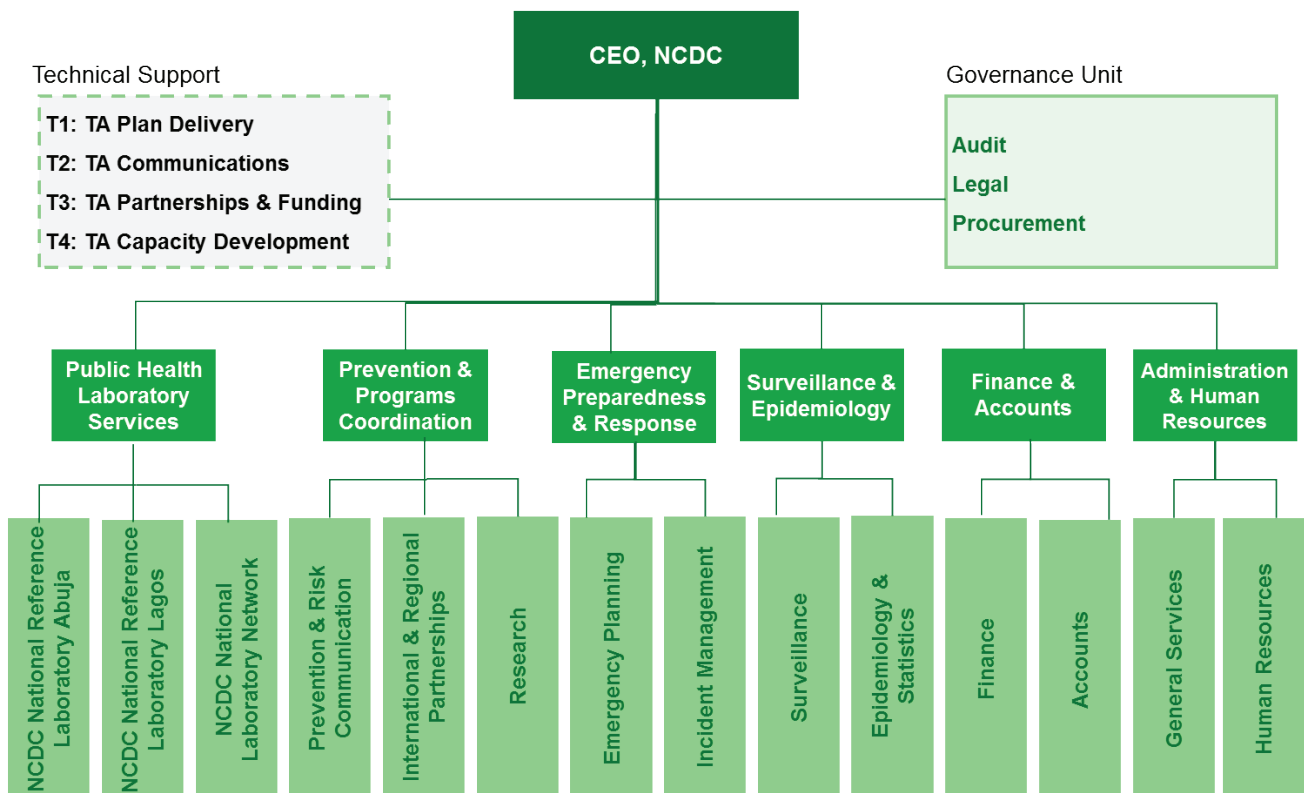


Figure 3: Organisational structure of the NCDC

3. Communications and Change Management Strategy

I. Change management Strategy

A change management strategy has been developed to support the execution of the strategy and implementation plan encompassing:

- a. *Understanding and Conviction*, “I know what is expected of me – I agree with it, and it is meaningful” backed by:
 - i. An integrated implementation plan
 - ii. Clear change story and delivery
- b). *Skills and Capabilities*, “I have the skills and competencies to behave in the new way” backed by:
 - i. Organisational restructuring
 - ii. Capability building plan
- c. *Reinforcement with management mechanisms*, “The structures, processes and systems reinforce the change in behavior I am being asked to make” backed by:
 - i. Management Processes
 - ii. Performance management system
- d. *Leadership Role modelling*, “I see superiors, peers and subordinates behaving in the new way” demonstrated by:
 - i. Leadership and opinion shapers exhibiting appropriate actions and Interactions

II. Communications Strategy

A robust public health communications and information management framework targeting internal and external stakeholders has been developed. This will enable NCDC communicate effectively in a proactive as well as reactive manner in order to be known and recognised as the focal point for public health information. Its activity and performance and output will be recognised nationally and internationally. Our goals are to:

- a. Ensure NCDC has a systematic and consistent approach to communication for public health action
- b. Ensure NCDC is recognised as the lead agency for prevention, management and control of diseases of public health importance
- c. Ensure the NCDC has the capacity to communicate urgent public health messages to the public in response to public health events
- d. Ensure NCDC has a systematic and consistent approach to administrative information management: collection, transmission, storage, retrieval and security
- e. Ensure the NCDC operates a central research and knowledge management function.

Robust public health communications and information management framework developed

4. Funding and Partnerships Strategy

A funding and partnerships strategy framework has been developed to broaden and diversify funding while improving flexibility in utilisation (See Figure 4)

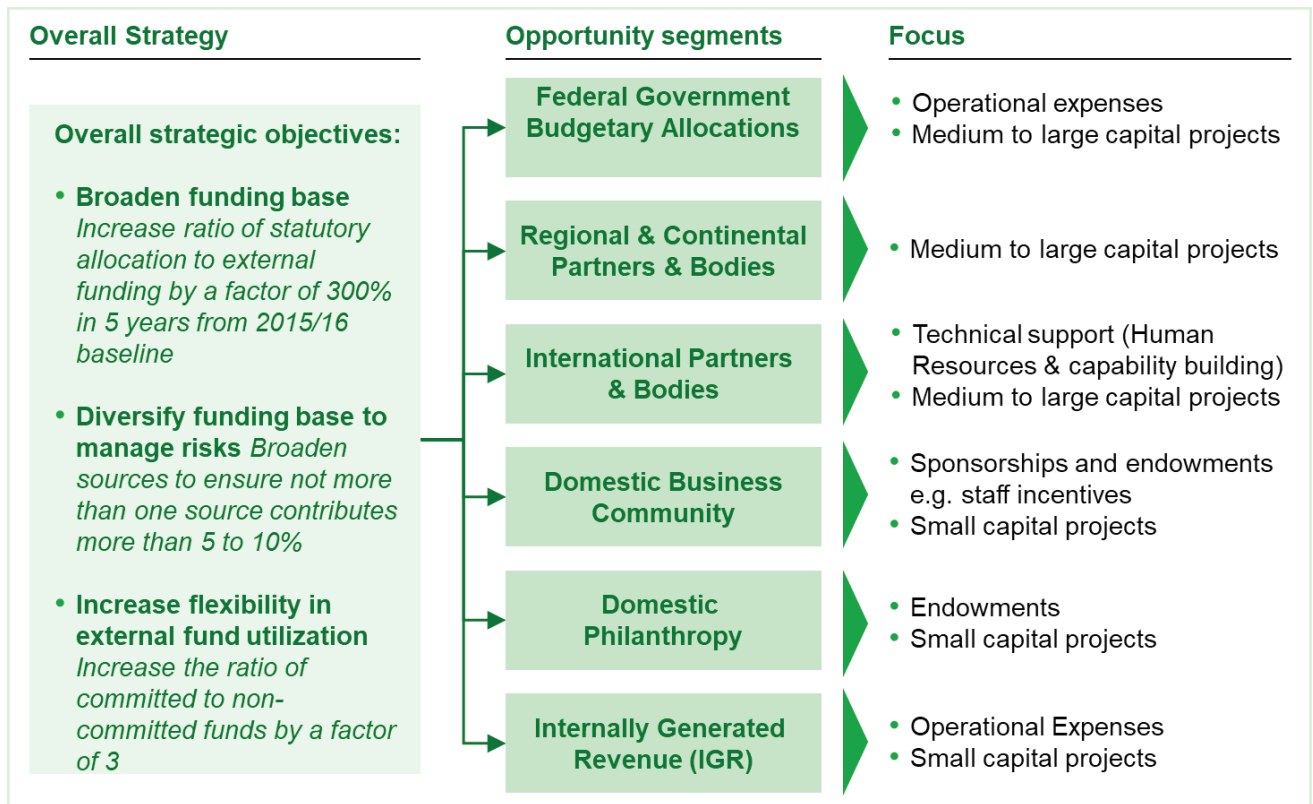


Figure 4: NCDC Funding and Partnerships Strategy



APPENDIX 1

Situation Analysis: PESTEL Analysis

PESTEL Analysis: Political Factors

- The 2000 WHO World Health report ranked the Nigerian healthcare system as 187th of 191 member States. The Nigerian health system remains one of the most poorly performing systems.
- The healthcare system is underfunded, inefficient and poorly regulated. While complex processes exist for health policy development in Nigeria, implementation of policy is poorly monitored and accountability remains a challenge.
- The recent push by central government to expand access to primary health care has expanded capacity but the system remains severely under-resourced.
- The private sector is a major provider of health services in Nigeria, mainly in the urban areas, where it is mostly responsible for over 50% of healthcare capacity. The sector is poorly regulated and its true size is unknown as many facilities are unregistered. In addition, medical tourism and migration of health professionals continues to present a significant challenge to the health system.
- The public health infrastructure in Nigeria resides in government health departments at Federal, State and Local Government levels. The public health system is top-heavy, with marked under-investment at Local Government and State level. As the health system is devolved to State level, there is marked variation in state investment in public health systems and infrastructure.

PESTEL Analysis: Impact of Political Factors

- A clear political mandate through the passing of the establishment bill will be critical for NCDC to develop into a credible partner for disease prevention and control.
- In order to deliver on its disease prevention and control mandate, NCDC will need to work closely with the Ministries of Health at federal and State level to improve the coordination of the health system.
- Partnership with key statutory and voluntary sector partners, and international partners will be essential to develop a coherent and coordinated disease control infrastructure able to address the disease priorities in Nigeria and to meet international responsibilities.
- Over time, as it becomes established and develops the necessary skills and capacity, NCDC will need to begin discussions with key partners to transfer its disease control responsibilities from other parties. However, the priority will be to avoid duplication or neglect of any key areas during the transition.
- Engagement with the private sector must be a priority to ensure accurate measurement of disease burdens and monitoring the impact of control interventions

PESTEL Analysis: Economic Factors

- Government expenditure on health has been consistently low in Nigeria. Health spending as a proportion of federal government expenditure shrank from an average of 3.5% in the early 1970s to less than 2% in the 1980s and 1990s. There has been a slight increase in the last 2 decades with federal government investment in Primary Health Care increasing health expenditure to around 4% of

expenditure.

- As a mono-economy, Nigeria is highly dependent on income from the sale of crude oil within a global economy in decline. The recent fall in the price of petroleum has had a marked impact on the resources of the Nigerian government and this has resulted in a significant reduction in central government expenditure in all areas, including health.
- It is estimated that about two-thirds of health expenditure in Nigeria is from private expenditure (out of pocket). This is counter-intuitive given the high rates of poverty.
- The growing income inequality within Nigeria's largely youth population is turning a demographic boom into a national security challenge.

PESTEL Analysis: Impact of Economic Factors

- The precarious financial position of the federal government and the reduction in funds from global health partners and donors, means that in order to ensure sustainability and to develop the infrastructure and human resource needed to develop a world class centre for disease control, NCDC should limit its dependence on any one sector for funding by developing a diverse funding base and exploring new sources of income such as the private sector.
- NCDC needs to ensure that diagnostic capacities for diseases of public health importance are accessible to the public to ensure that disease detection (and therefore the opportunity for control) are not inhibited by delays in diagnosis due to cost barriers.

PESTEL Analysis: Social Factors

- **Demography:** By 2050, Nigeria will be the 5th most populous country in the world, with a very young population due to the high fertility rates. Due to low life expectancy, the 64+ age group will not experience significant growth over the next 20 years.¹
- **Life expectancy:** Life expectancy in Nigeria remains low and is directly correlated to the poor health care system, nutrition, and water availability.
- **Causes of mortality and morbidity:** Nigeria still has amongst the highest maternal, infant and child mortality rates worldwide. The country has made some progress and partially met the Millennium Development Goal 5 Target for improving maternal mortality by reducing maternal mortality ratio². However Nigeria was unable to meet Millennium Development Goal 4 Target for reducing child and infant mortality³. The major contributors to infant mortality are birth trauma and infectious diseases, many of which are avoidable by public health interventions.

In addition to low birth weight and birth trauma, the top causes of death in Nigeria are infections (Pneumonia/influenza, HIV/AIDS, Malaria, Diarrhea diseases and Meningitis). Also in the top 10 are non-communicable diseases (Stroke, Coronary Heart Disease) and Malnutrition, with Road Traffic Accidents listed as the 11th.

However, data related to non-communicable diseases in Nigeria is unreliable as diagnostic capacity is poor and causes of death under-reported. The true burden of non-communicable diseases is probably higher than current data suggests.

In addition, deaths due to accidental poisoning and exposure to environmental

¹ Demography: *Prospects for reaping a demographic dividend in Nigeria (2014)*. World Economic Forum's Global Agenda Council.

² Maternal mortality target met, strong progress on other indicators. (*Nigeria 2015, Millenium Development Goals End Point Report - Office of the Senior Special Assistant to the President On MDGs*)

³ Strong progress but goals not met. (*Nigeria 2015, Millenium Development Goals End Point Report - Office of the Senior Special Assistant to the President On MDGs*)

hazards are hardly recorded or measured.

- **Access to health care:** In rural areas, distance from health facilities presents a challenge for accessing health care and thus, health facility based surveillance will remain an underestimation of the true burden of disease. The high proportional cost of health care also reduces access to health care by the population.
- **Urbanisation:** Nigeria is rapidly becoming a more urban nation, with the population split nearly 50/50 between urban and rural¹.
- **Education and literacy:** Illiteracy rates remain significantly high, particularly in the rural areas, amongst girls and in some geographical regions.
- **Security:** Ongoing security challenges in the north east of the country presents a challenge to health intervention and surveillance as demonstrated by the re-emergence of wild polio transmission following a brief period of presumed interruption.

PESTEL Analysis: Impact of Social Factors

- NCDC needs to develop surveillance and response systems that can not only address the current burden of infectious diseases but which are also adaptable to monitor and respond to the evolving epidemiological transition.
- Innovative systems will be required to deliver public health messages to non-literate citizens and to access populations that are remote from health facilities or where security challenges limit access.

¹ Urbanisation: *Urbanisation and urban expansion in Nigeria (July, 2015)*. Urbanisation Research Nigeria.

PESTEL Analysis: Technological Factors

- Nigeria is the largest telecommunication market in Africa - and has one of the fastest growing telecommunications industries in the world.
- Liberalisation of the telecommunication sector along with increased competition has resulted in lower subscription rates, enhanced choice and accessibility for consumers. With the rapidly improving mobile infrastructure and intense competition among service providers, the number of mobile subscribers may exceed 80% by 2020¹.
- According to the Nigeria Communications Commission², Nigeria has an estimated 45 million internet users. This is expected to grow to 30% of the population by 2020. Internet access is available primarily in large cities.
- Infrastructure, including electricity supply, roads, portable water, remain a challenge in Nigeria, restricting opportunities for economic development and directly impacting on health.

PESTEL Analysis: Impact of Technological Factors

- The extensive and expanding access to mobile technology and the internet presents an opportunity for NCDC to implement e-technological solutions to improve surveillance systems and to detect and respond to outbreaks of communicable diseases and environmental disasters.
- NCDC's communication strategy needs to consider the use of mobile technology for public health messages and include non-text based approaches to reach the populations they serve.

1 The report (Nigeria 2015); Oxford Business Group <https://www.oxfordbusinessgroup.com/nigeria-2015/telecoms-it>

2 The Term Broadband - <http://www.ncc.gov.ng/thecomunicator/index>

- Infrastructure limitations present a challenge for disease prevention and emergency response and need to be factored into an evolving emergency preparedness and response plans at all tiers of health response.

PESTEL Analysis: Environmental Factors

- **Climate change:** Environmental consequences of climate change, such as extreme heat waves, changes in precipitation resulting in flooding and droughts, and degraded air quality, directly and indirectly affect the health of humans. Climate change may affect currently stable ecosystems such as the Sahel Savanna. The Sahel Savanna may become vulnerable because warming will reinforce existing patterns of water scarcity and increase the risk of drought in Nigeria.
- **Water Availability:** Reduced water volume in streams and rivers, arising from different scales of water diversion for rudimentary irrigation activities, siltation of stream beds due to deposition of materials by water run-off, as well as evapotranspiration, is common place. Drying up of water sources due to increased evapotranspiration, and loss of vegetation in head waters also occur. Deficiencies in freshwater availability will worsen the already poor sanitary and health conditions in many areas. In addition, uncontrolled disposal of wastewater and human wastes will result in a deterioration in water quality leading to high organic levels in surface and ground water thereby increasing epidemics of water-borne diseases such as cholera, hepatitis and typhoid.
- **Energy security and environmental contamination:** Oil spills are common place in Nigeria, causing environmental degradation and loss of ecosystems in the oil rich regions.

- **Vector Borne and Zoonotic diseases:** As temperatures increase, vector density may increase and spread into new areas leading to increases in diseases such as Malaria. Environmental degradation leading to disruption and movement of human populations can expand distribution of pathogens and increase exposure routes.
- **The Sendai Framework for Disaster Risk Reduction:** The Sendai Framework for Disaster Risk Reduction 2015–2030 was adopted at the 3rd UN World Conference on Disaster Risk Reduction in 2015 and articulates the need for:
 - Improved understanding of disaster risk;
 - Strengthening disaster risk governance;
 - Preparedness to “Build Back Better”;
 - Recognition of stakeholders and their roles;
 - Mobilisation of risk-sensitive investment to avoid the creation of new risk;
 - Resilience of health infrastructure, cultural heritage and work-places;
 - Strengthening of international cooperation and global partnership, and risk-informed donor policies and programmes.

The framework aims to achieve a substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.

PESTEL Analysis: Impact of Environmental Factors

- Strategies for mitigating and adapting to climate change can prevent illness and death in people now, while also protecting the environment and health of future generations.

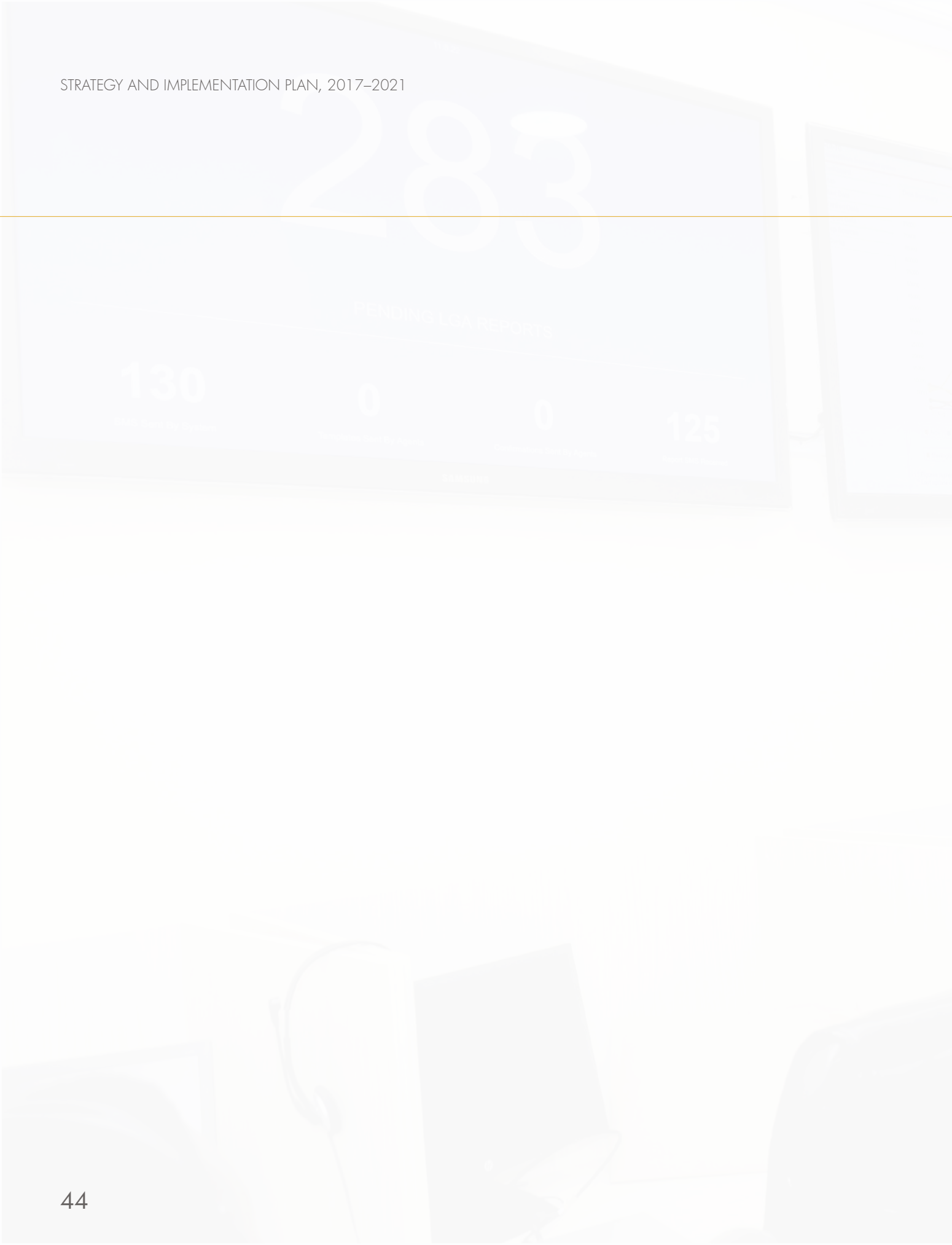
- NCDC will have a role in developing and implementing systems to reduce exposure to environmental hazards and limit susceptibility in exposed populations. NCDC surveillance systems will need to be adaptable to respond to new, emerging or re-emerging diseases resulting from the impact of climate change.
- As the lead agency for the coordination of the response to health emergencies, and a key partner in the response to humanitarian disasters, NCDC has a duty to consider the requirements and recommendations of the Sendai framework in developing and implementing health policy at national level

PESTEL Analysis: Legal Factors

- Privately financed and provided medical care is much larger than the publicly funded sector, accounting for 50 – 70% of the health infrastructure and yet, the many different types of private providers are barely recognised in legislation and regulation.

PESTEL Analysis: Impact of Legal Factors

- NCDC should advocate for legal instruments to encourage private sector participation in surveillance and disease control programmes .
- In the absence of legal instruments, NCDC should explore novel approaches to engagement with the private health sector if it is to achieve reasonable penetration of its programmes.



APPENDIX 2

Implementation Plan

1. Department of Disease Surveillance and Epidemiology



<p>STRATEGIC GOAL A</p>	<p><i>Owner</i> Director, Epidemiology and Surveillance</p>
<p>Develop an effective surveillance system for diseases and conditions, particularly epidemic and pandemic prone diseases</p>	
<p><i>Outcome</i> An accurate estimate of the burden of defined priority diseases and conditions in Nigeria</p>	
<p><i>Strategic Objectives</i></p> <ul style="list-style-type: none"> • A1 - Set the foundation by identifying and addressing gaps within the existing surveillance structures • A2 - Use surveillance system for diseases and conditions, particularly epidemic and pandemic prone diseases to advice on public health policies and response • A3 - Review and finalise the long term surveillance strategy and improve outputs from the surveillance system • A4 - Provide epidemiology support to outbreak response (intervention epidemiology during response, impact assessment of outbreak response, long term follow up of outbreak impact) 	

Strategic Objective A1

Set the foundation by addressing gaps within the existing surveillance structures

Owner: **Deputy Director, Surveillance**

	Activities	Deliverables
A1a	Conduct an assessment of the existing surveillance system and perform a gaps analysis against best practice	Needs Assessment, Gap analysis report and recommendations for improvements
A1b	Strengthen the relationships that support data flows	SLA/MoU between partners and State Agencies. Legal instrument in place, outlining statutory responsibilities for surveillance at all tiers of health system
A1c	Develop an action plan for improvements to the surveillance system (prioritising epidemic prone diseases)	Action plan for Evidence based and best practice surveillance system
A1d	Identify and operationalise an evidence based, best practice surveillance system	Best practice Surveillance system operational
A1e	Adopt an information management system to underpin the entire surveillance system	Health informatics system in place
A1f	Develop protocol for merging laboratory and clinical surveillance data into a seamless single surveillance system	Protocol developed and operationalised
A1g	Develop a protocol for merging laboratory and clinical surveillance data into a seamless single surveillance system	Protocol for merged surveillance system in place and operationalised

Strategic Objective A2

Use surveillance system for diseases and conditions, particularly epidemic and pandemic prone disease to advice on public health policies and response

Owner: **Deputy Director, Epidemiology**

	Activities	Deliverables
A2a	Obtain the services of a skilled epidemiologist through technical support to provide technical leadership to the epidemiologist service and supervise trainee epidemiologists	Skilled epidemiologist engaged
A2b	Hold formal discussions with NFEITP to provide trainee epidemiologists to the NCDC	MoU signed with NFEITP
A2c	Adopt a competency framework from an accredited professional body for internal competency development	Epidemiology competency framework identified and adopted
A2d	Implement the above framework addressing all epidemiology competencies	Competency framework operational

Strategic Objective A3

Review and finalise the long term surveillance strategy and improve outputs from the surveillance system

Owner: **Deputy Director, Surveillance**

	Activities	Deliverables
A3a	Review and obtain sign-off on the 5-year NCDC surveillance strategy outlining objectives, vision, priority diseases, targets/ indicators and strategies for 2017 to 2021	Signed-off Long-term (2017-2021) surveillance strategy
A3b	Develop a surveillance output strategy with defined audiences and output	Structured dissemination of high quality of analysis to critical stakeholders
A3c	Operationalise surveillance output strategy	Calendar for routine and adhoc epidemiological and surveillance reports

Strategic Objective A4

Provide epidemiology support to outbreak response (Intervention epidemiology during response, Impact assessment of outbreak response, long term follow up of outbreak impact)

Owner:

Deputy Director, Epidemiology

	Activities	Deliverables
A4a	Develop a professionally and scientifically led epidemiology service that provides detection, analysis and communication activities	Recruit competent staff to the epidemiology team Training and mentoring programme in place
A4b	Develop a nationally led, geographically representative, epidemiology network with State epidemiologists	Formal agreement in place with all State Epidemiologists. Shared programme of training in place
A4c	Strengthen a rapid response epidemiology service to identify outbreaks, investigate them and apply appropriate control measures	Trained and competent Epidemiology team in place. Protocols for epidemiological response to incidents in place

STRATEGIC GOAL B	<i>Owner</i>
Effectively implement the requirements under the International Health Regulations (IHR) 2005, to detect, assess, notify and report public health events of international concern	Director, Epidemiology and Surveillance
<p><i>Outcome</i></p> <p>Nigeria is able to meet its international obligations as a member of the World Health Assembly</p>	
<p><i>Strategic Objectives</i></p> <ul style="list-style-type: none"> • B1 - Strengthen the International Health Regulations (IHR) focal point function • B2 - Strengthen the early warning / horizon scanning alert systems • B3 - Establish a 'One-Health' approach and platform to emerging disease surveillance 	

Strategic Objective B1

Strengthen the International Health Regulations (IHR) focal point function¹

Owner: **Deputy Director, Surveillance**

	Activities	Deliverables
B1a	Ensure legal framework is in place for compliance with IHR	Legal framework in place
B1b	Conduct the Internal and joint External Evaluation of the implementation of IHR (2005) in Nigeria	Report of Internal Assessment; Report of JEE
B1c	Take action to close identified gaps from internal and JEE assessment	Implementation plan addressing gaps operationalised
B1d	Build on the International Health Regulations (IHR) to commence engagement with the Global Health Security Agenda (GHSA)	Engagement with GHSA commenced
B1e	Develop a full road-map towards signing up to the Global Health Security Agenda (GHSA)	GHSA road-map in place
B1f	Commence implementation of the Global Health Security Agenda (GHSA)	Implementation of GHSA commenced
B1g	Ensure full compliance with the International Health Regulations (IHR)	Full compliance with International Health Regulations (IHR)

Strategic Objective B2

Strengthen the early warning / horizon scanning alert systems

Owner: **Deputy Director, Surveillance**

	Activities	Deliverables
B2a	Develop systematic horizon scanning system and protocols for detecting incidents of public health importance	Systematic horizon scanning system developed
B2b	Operationalise systematic horizon scanning systems and protocols	Systematic horizon scanning system operational and informing response
B2c	Ensure community participation in event-based surveillance	Establish community surveillance to enhance IDSR

Strategic Objective B3

Establish a ‘One-Health’ approach to emerging disease surveillance

Owner: **Deputy Director, Surveillance**

	Activities	Deliverables
B3a	Develop a multi-sectoral shared human, animal and human health surveillance for priority zoonotic diseases of national public health significance	Multi-sectoral shared animal and human surveillance system developed
B3b	Operationalise multi-sectoral shared animal and human health surveillance system for priority zoonotic diseases of national public health significance	Timely response to zoonotic events of Public Health significance
B3c	Develop a shared mechanism for horizon scanning and risk assessment for animal and environmental risks to human health	Cross governmental technical One-Health risk assessment group in place

2. Department of Public Health Laboratory Services



<p>STRATEGIC GOAL C</p>	<p><i>Owner</i></p>
<p>To enhance laboratory capacity to support disease surveillance, prevention and control</p>	<p>Director, Laboratory Services</p>
<p><i>Outcome</i> A public health laboratory service and network, effectively supporting the detection, prevention and response to infectious diseases of public health importance in Nigeria and contributing to regional public health capacity</p>	
<p><i>Strategic Objectives</i></p> <ul style="list-style-type: none"> • C1 - Establish the standards of public health laboratories and agree MoU with network of Public Health laboratories • C2 - Establish effective linkages between the NCDC laboratory network and private sector public health laboratories that can support public health surveillance • C3 - Enhance and sustain diagnostic laboratories in NCDC Public Health laboratory network • C4 - Take action to enhance infection prevention and control activities to prevent and limit the emergence and spread of antimicrobial resistance (AMR) • C5 - Support the development of laboratory capacity in the West African Region, taking a ‘One-Health’ approach in partnership with West African Health Organisation (WAHO), WHO AFRO and World Organisation for Animal Health (OIE) • C6 - Develop a strategy to extend and strengthen Public Health laboratory capacity to meet Nigeria’s long term health needs. 	

Strategic Objective C1

Establish the standards of public health laboratories and agree MoU with network of Public Health laboratories

Owner: **Deputy Director, NCDC Referral and Frontline Laboratories**

	Activities	Deliverables
C1a	Agree standards of functionality for NCDC owned laboratories in Lagos and Abuja	Alignment on standards of functionality
C1b	Facilitate the functionality of public health laboratories at the WW level	75% of States with functional public health laboratories
C1c	Revise the minimum package for the establishment of State Public Health Laboratory, print and distribute to States	100% of State Ministries of Health have minimum package for the establishment of State Public Health Laboratory to guide implementation
C1d	Identify network public health laboratories to be enrolled in accreditation system	50% of NCDC networked laboratories to achieve ISO 15189 accreditation
C1e	Identify responsibilities of NCDC with the laboratories in the network and develop MoU to formalise these	MoU in place. NCDC and laboratories in the network fulfilling their responsibilities
C1f	Link States Public Health Laboratories and the other laboratories in the network to functional Laboratory Information System	At least 60% of all State laboratories and at least 80% of all laboratories in the network are connected via internet to report diseases
C1g	Provide support for the laboratories in the network to attain WHO specific diseases accreditation on their areas of diagnostic specialty	At least 60% of the laboratories in the network are accredited for the diagnosis carried out in their areas of specialty
C1h	Identify and designate two laboratories that will serve as Quality Assurance laboratories for reagents and personnel in line with the management workplan requirements	Two laboratories in the network identified and designated Quality Assurance Laboratory

Strategic Objective C2

Establish effective linkages between the NCDC laboratory network and private sector public health laboratories that can support public health surveillance

Owner: **Deputy Director, Referral and Frontline Laboratories**

	Activities	Deliverables
C2a	Identify relevant laboratories at all tiers of government and the private sector, and implement MoU	An effective and coordinated network of public health laboratories providing services for infections of public health significance
C2b	Facilitate the adoption of internationally approved quality indicators and a Continuous Professional Development process across laboratories network	A supportive national laboratory network
C2c	Develop and implement a sample transportation system for five priority diseases of public health importance during outbreaks	Decreased lag time between case diagnosis and reporting

Strategic Objective C3

Enhance and sustain diagnostic laboratories in NCDC Public Health laboratory network

Owner: **Deputy Director, NCDC Laboratories**

	Activities	Deliverables
C3a	Develop laboratory services improvement plan for NCDC and associated laboratories	Laboratory services development plan in place
C3b	Operationalise the laboratory services improvement plan	Manpower and infrastructure development plan operational
C3c	Establish basic laboratory procedures for all tiers of laboratory services	Evidence based standardised laboratory SOP manual adopted across the system
C3d	Develop a commodities and inventory management system for NCDC and associated laboratories	Needs and function based supply protocols for laboratories

Strategic Objective C4

Take action to enhance infection prevention and control activities to prevent and limit the emergence and spread of antimicrobial resistance (AMR)

Owner: **Deputy Director, NCDC Laboratories**

	Activities	Deliverables
C4a	Roll out infection prevention and control and antimicrobial stewardship training to States	Infection prevention and control and antimicrobial stewardship training rolled out to all States
C4b	Designate reference laboratories for detecting and reporting priority AMR pathogens	Reference laboratories designated
C4c	Develop and operationalise a sentinel surveillance system for AMR infections	Sentinel surveillance system operationalised

Strategic Objective C5

Support the development of laboratory capacity in the West African Region, taking a 'One-Health' approach in partnership with WAHO, WHO AFRO and OIE.

Owner: **Deputy Director, NCDC Laboratories and Deputy Director, Regional Partnerships**

	Activities	Deliverables
C5a	Undertake needs assessment and gap analysis of human and animal health laboratory capacity across West Africa	Needs assessment, map of laboratory assets and gap analysis report
C5b	Establish a One-Health West Africa Public Health laboratory network	Network in place with agreed roles and responsibilities
C5c	Build capacity of laboratory personnel through specialised training for laboratory personnel and provision of laboratory equipment	Curriculum developed and training delivered in three specific disease areas
C5d	Advise and support implementation of biosafety measures in reference laboratories system for NCDC and associated laboratories	Regional biosafety and bio-security guideline and strategy developed

Strategic Objective C6

Develop a strategy to extend and strengthen Public Health laboratory capacity to meet Nigeria’s long term health needs

Owner: **Deputy Director, NCDC Laboratories**

	Activities	Deliverables
C6a	Assess the country needs for a public health laboratory service taking a One-Health approach to include human, animal and environmental laboratory needs	Cross-Government human, laboratory, environmental laboratory services gap analysis report
C6b	Develop an action plan for meeting the identified needs	Five-year ‘One-Health’ laboratory development action plan developed and presented to government for adoption

3. Department of Health Emergency Preparedness and Response



STRATEGIC GOAL D	<i>Owner</i> Director, Emergency Preparedness and Response
Reduce the health related consequences of disasters	
<i>Outcome</i> Reduced adverse impact of predictable and unpredicted public health emergencies	
<i>Strategic Objectives</i> <ul style="list-style-type: none"> • D1 - Develop a national public health emergency preparedness and response plan • D2 - Operationalise the Nigeria Centre for Disease Control (NCDC) Emergency Operations Centre (EOC) • D3 - Facilitate the development of State response plans and support State preparedness • D4 - Identify, develop and maintain surge capacity to respond to major public health events 	

Strategic Objective D1

Develop a federal public health emergency preparedness and response plan.

Owner: **Deputy Director, Emergency Planning**

	Activities	Deliverables
D1a	Identify partners for collaboration	Directory of emergency responders created
D1b	Set up and facilitate network meetings at national level to agree roles and responsibilities	Roles and responsibilities of partners defined at national and State levels
D1c	Review existing plans, identify gaps in the health component for preparedness and response and develop remedial plan	Gap analysis conducted with partners
	Advise and support implementation of biosafety measures in reference laboratories system for NCDC and associated laboratories	Regional biosafety and bio-security guideline and strategy developed
D1d	Work with partners to develop a shared emergency approach to emergency preparedness and response, including agreed MoUs for surge capacity	NCDC-led, evidence-based multi-agency EPRR plan

Strategic Objective D2

Operationalise the Nigeria Centre for Disease Control Emergency Operations Centre (EOC)

Owner: **Deputy Director, Emergency Planning**

	Activities	Deliverables
D2a	Conduct a needs assessment to identify personnel, skills (and training), and resources required	Recruitment, training and procurement plan developed for an effective EOC
D2b	Establish communication with key contacts at national and State level with clear definitions of roles and responsibilities	Multi-agency communication protocols
D2c	Establish an incident command and control structure at the national level	Multi-agency EOC command and control structure at national level

Strategic Objective D3

Facilitate development of State response plans and support State preparedness

Owner: **Deputy Director, Emergency Planning**

	Activities	Deliverables
D3a	Conduct vulnerability assessments of all States and FCT	Infection prevention and control and antimicrobial stewardship training rolled out to all States
D3b	Review existing plans and identify gaps in health preparedness resilience and response priority AMR pathogens	Reference laboratories designated
D3c	Support States to develop Emergency Preparedness Resilience and Response (EPRR) plans	Sentinel surveillance system developed
D3d	Establish an incident command and control structure at the State level	Multi-agency EOC command and control structure at the State level

Strategic Objective D4

Identify, develop and maintain surge capacity to respond to major public health events

Owner: **Deputy Director, Emergency Planning**

	Activities	Deliverables
D4a	Carry out modelling to identify risks in relation to major threats and determine surge capacity requirements (EO)	Risk assessment report with estimated surge capacity requirements (personnel and training) Required expertise recruited/ trained
D4b	Develop a surge capacity resource activation plan (EO)	Activation plan in place and signed off by all partners. Volunteer database in place Material inventory developed (medical supplies, consumables, vehicles, etc)
D4c	Develop and implement major incident training and exercise programme (EO)	Incident Training and Exercise programme implemented for RRT
D4d	Establish and maintain operational roster of RRTs at State, National and Regional Levels	Roster of emergency workforce developed. Monthly RRTs database reviewed (via calls, SMS, emails)
D4e	Develop guidelines, Standard Operating Procedure (SOP) manuals and other tools required during emergency response, and framework for multisectoral collaboration	Standardised guidelines/manuals are developed and adopted Framework for multi-sectoral collaboration established.
D4f	Establish and manage virtual stockpiles for public health emergencies and build capacity for rapid deployment of supplies. Put in place system for forecasting of emergency medicines, supplies and consumables	Supply chain in place (stockpile system, logistics management system). Personnel trained periodic M&E support in place
D4g	Prepositioning of emergency medicines, Supplies and consumables	Medicines, supplies and consumables procured and prepositioned

4. Prevention and Programmes Coordination



<p>STRATEGIC GOAL E</p>	<p><i>Owner</i></p>
<p>Create an efficiently managed and evidence based organisation with a clear focus of health promotion and disease prevention</p>	<p>Director, Prevention and Programmes Coordination</p>
<p><i>Outcome</i></p> <p>Evidence based, transparently performance managed programmes , with prevention incorporated into all activities</p>	
<p><i>Strategic Objectives</i></p> <ul style="list-style-type: none"> • E1 - Develop disease prevention and risk communication plans to address priority endemic infectious disease and non-communicable diseases • E2 - Support the conduct of research needed to inform evidence -based policies and practice, and make evidence-based practice the foundation of all programmes • E3 - Develop a framework for programme coordination and resource management for all NCDC programmes ; Develop and implement M&E strategy for all NCDC programmes • E4 - Promote partnerships and collaborations (PPP, developmental partners, etc.) 	

Strategic Objective E1

Develop a health promotion plan to address priority endemic infectious disease and non-communicable diseases

Owner: **Deputy Director, Health Promotion**

	Activities	Deliverables
E1a	Review existing health promotion programmes and initiatives and identify gaps in relation to infectious disease priorities	Infectious disease health promotion gap analysis report
E1b	Work with national and international partners to agree and develop a common approach to health promotion for infectious diseases	Infectious disease health promotion and disease prevention plan
E1c	Review existing health promotion programmes and initiatives and identify gaps in relation to non-communicable disease priorities	Non-communicable diseases health promotion gap analysis report
E1d	Work with national and international partners to agree and develop a common approach to health promotion for non-communicable diseases	Non-communicable disease health promotion and disease prevention plan

Strategic Objective E2

Support the conduct of research needed to inform evidence-based policies and practice

Owner: **Deputy Director, Research**

	Activities	Deliverables
E2a	Identify key partners and promote joint research priorities	List of recognised research partners supported by shared research priorities
E2b	Develop protocols for sharing NCDC generated data with research partners	Research MOUs with key research partners
E2c	Develop mechanisms for implementation of research findings and for evidence-based review of policies and practice within NCDC	Policy and guideline review protocols

Strategic Objective E3

Develop a framework for programme coordination and resource management for all NCDC programmes ; Develop and implement M&E strategy for all NCDC programmes

Owner: **Deputy Director, Programme Coordination**

	Activities	Deliverables
E3a	Collate and review all programmes annual operation plans	Annual operation plans in place
	Provide support to Directors (and Deputy Directors) in developing Terms of Reference for level 3 (and below) staff	ToRs developed for all level three roles (and below)
E3b	Identify critical roles required for programmes and allocated resources accordingly	Critical resources identified
	Identify permanent NCDC staff to take over the roles of Technical Assistants and build their capabilities	Role mapping and capability building completed for TA roles
E3c	Identify and engage Measurement and Evaluation experts	M&E consultants engaged
E3d	Develop Measurement and Evaluation plan	M&E plan developed for all programmes
E3e	Support the conduct of operational research needed to inform evidence-based policies and practice	Areas of operations identified and operational research component incorporated

Strategic Objective E4

Promote partnerships and collaborations (PPP, developmental partners, etc.)

Owner: **Deputy Director, Regional Partnerships**

	Activities	Deliverables
E4a	Identify existing and potential partners	Existing and potential partners identified
E4b	Review and adapt national PPP plans	National PPP plan reviewed
E4c	Develop engagement model or framework for all identified partners	Engagement framework/model in place





APPENDIX 3

Strategic Plan Enablers: Implementation Plan

Organisational structure re-alignment

Fully develop and operationalise the revised NCDC organisational structure

Owner: **Technical Assistant, Plan Delivery (T1)**

	Activities	Deliverables
T1a	Develop detailed and standardised Terms of References for Level 1 and level 2 roles	ToRs developed for all level one and two roles
T1b	Provide support to Directors (and Deputy Directors) in developing Terms of Reference for level 3 (and below) staff	ToRs developed for all level three roles (and below)
T1c	Tie-in Director and Deputy Directors scorecard KPIs to KPIs for level 3 (and below) staff Terms of Reference	Performance review structure in place (cascading from Directors to all staff)
T1d	Identify permanent NCDC staff to take over the roles of Technical Assistants and build their capabilities	Role mapping and capability building completed for TA roles
T1e	Develop a capacity building and training plan that aligns roles/levels with expected performance	Capacity building plan developed for all NCDC staff

Performance management

Develop and operationalise the NCDC Performance Management plan

Owner: **Technical Assistant, Plan Delivery (T1)**

	Activities	Deliverables
T1f	Develop delivery plans for each objective/initiative (and for all Deputy directors)	Delivery plans developed for each strategic objective
T1g	Develop detailed scorecards to support each delivery plan	Scorecards developed for each strategic objective
T1h	Develop structure for performance reviews (including strategic initiatives), meeting cadence and supporting templates	Performance review mechanism
T1i	Define structure and cadence for strategy and implementation plan reviews	Strategy and Implementation plan review mechanism
T1j	Develop and implement reward system that ties scorecard to performance of personnel	NCDC Rewards and Consequence management framework

Design and implement change management strategy

Design and implement a change management operationalisation plan

Owner: **Technical Assistant, Communications and Change Mgt. (T2)**

	Activities	Deliverables
T2a	Identify current behaviours and identify future desired behaviours. Also identify mindsets and capabilities driving current behaviours	Gap analysis and drivers report
T2b	Define required mindsets and capabilities leading to desired future behaviours	Future State mindsets
T2c	Design interventions to shift mindsets, Capabilities and Behaviours alongside change management dimensions	Change management interventions
T2d	Operationalise change management interventions	Change management interventions operational
T2e	Develop and implement a mentoring plan for NCDC	Coaching and Mentoring Plan

Communication Strategic Objective

Ensure the Nigeria Centre for Disease Control has a systematic and consistent approach to communication for public health action

Owner: **Technical Assistant, Communications and Change Mgt. (T2)**

	Activities	Deliverables
T2f	Develop and operationalise a proactive and reactive communication strategy for the NCDC including monthly messages, communication planning calendar and media monitoring and response systems	Proactive and Reactive communication strategy with a communication planning calendar (Grid) and media monitoring and Response system
T2g	Develop and operationalise communication strategy for internal communication within NCDC incorporating the story of change (and required interventions)	Internal communication strategy
T2h	Develop the NCDC branding and visibility guidelines	NCDC Branding Toolkit or playbook
T2i	Develop a public awareness campaign focusing on the NCDC role and contact details for emergencies. Develop a schedule for regular campaigns	NCDC public awareness communications strategy and schedule for public awareness campaigns

Communication Strategic Objective continued

	Activities	Deliverables
T2j	Operationalise the NCDC public awareness campaign schedule	NCDC public awareness campaigns
T2k	Develop All Hazards Risk communication protocols, frameworks and templates to support communications during a public health crisis	National All Hazard Risk Communication Plan
T2l	Develop an all-inclusive information management system for the Nigeria Centre for Disease Control	Information Management System
T2m	Develop and implement internal capacity building on the Information Management System	Training on the operations of information management system
T2n	Development and implementation of knowledge management plan around activities of the NCDC	Knowledge management plan

Partnerships

Strengthen the strategic relationships and create strong support networks between NCDC, international, regional and local partners

Owner: **Technical Assistant, Partnerships and Funding (T3)**

	Activities	Deliverables
T3a	Fully define the NCDC role as the West African hub for the Africa CDC	Engagement model with the Africa CDC defined; Areas of support identified
T3b	Identify and engage with partners in similar roles across the West Africa sub-region to create a network capable of working in partnership to respond to regional priorities	Map of sister agencies (strengths and gaps);
T3c	Identify, segment and map potential international, regional and local partners in order to identify areas of collaboration	Maps of international, regional and local partners

Funding

Broaden, diversify and increase flexibility in the funding available to the NCDC to enable it realize its strategy over the next five years

Owner: **Technical Assistant, Partnerships and Funding (T3)**

	Activities	Deliverables
T3d	Develop the overall funding strategy including local regulatory landscape, funding landscape, segmentation and prioritization, trends and opportunities, baselines to set targets	Overall funding strategy and guidelines
T3e	Identify funding priorities and develop detailed operational plans for: <ul style="list-style-type: none"> • International partners and bodies • Regional and Continental bodies • FG Budgetary and extra-budgetary allocations • Domestic business and Philanthropy 	Segment operational plans and targets
T3f	Implement operational plans	Segment operational plans in operation
T3f	Develop Internally Generated Revenue strategy	IGR strategy developed
T3g	Operationalise Internally Generated Revenue strategy	IGR strategy operationalised



NIGERIA CENTRE FOR DISEASE CONTROL

FEDERAL MINISTRY OF HEALTH - NIGERIA CENTRE FOR DISEASE CONTROL
STRATEGY AND IMPLEMENTATION PLAN, 2017-2021

**FEDERAL MINISTRY OF HEALTH
NIGERIA CENTRE FOR DISEASE CONTROL (NCDC)**

Plot 801 Ebitu Ukiwe Street, Jabi Abuja, Nigeria

 0800-970000-10 (Toll Free Call Centre)

 info@ncdc.gov.ng  www.facebook.com/nigeria.ncdcgov

 @ncdcgov  <https://www.ncdc.gov.ng>