

Evidence-based advocacy as a tool for policy change: The Task Shifting Task Sharing Policy in Nigeria

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Background

The Task Shifting Task Sharing Policy (TSTS)

In 2014, Nigeria developed the first edition of the Task Shifting Task Sharing Policy for essential healthcare services. This 1st edition was focused on the public sector.

By 2018, the Policy was due for a review. Using evidence-based advocacy^{1,2}, the Pharmaceutical Society of Nigeria Foundation advocated for the inclusion of the private sector; Community Pharmacists, and Patent & Proprietary Medicines Vendors into the TSTS Policy. The review gave birth to the 2nd edition of the policy. Although this was a major outcome, the Pharmacy Council of Nigeria 3-Tier Accreditation System (TAS) of the PPMVs and some major tasks and functions for both groups of providers were stepped down. The Policy was due for another review in 2022. Holding the Policymakers accountable to commitments³ previously made and using evidence majorly from the IntegratE project implemented in Lagos and Kaduna States, PSNF advocated for more tasks and the inclusion of the TAS of the PPMVs into the policy. This Policy was launched in April 2023 by the Honourable Minister of Health.



Aim

To prove that evidence-based advocacy is an effective tool for policy change in Nigeria.

Methods

POLICY REVIEW PROCESS

Consultative Engagement Begin the process: <ul style="list-style-type: none"> Map the Key Stakeholders crucial to the review process of the Policy. Using Evidence engage policymakers with specific asks/prayers. Engage other stakeholders with targeted messaging. Build Consensus with stakeholders. 	Planning Meeting Develop a roadmap: <ul style="list-style-type: none"> Provide Technical support to the government. Convene a meeting of mapped key stakeholders. Identify roles of stakeholders. Agree on meeting format, invites, Dates, budgets and other resources required. 	1st Stakeholders' Meeting Review of the Policy: <ul style="list-style-type: none"> Zero draft of the Policy presented. Participant make cases for change based on evidence. Participants agree on essential tasks & function of each cadre. First draft is developed.
2nd Stakeholders' Meeting Further Review of Policy: <ul style="list-style-type: none"> 1st draft is reviewed. Gaps are identified. Further inputs and edits are made by participants. Consensus is built on the tasks and functions included. Country data to be included in Policy is updated. 2nd draft is developed. 	Finalization & Validation Final Review of Policy: <ul style="list-style-type: none"> 2nd draft is finalized. Inputs are analysed objectively Contents of the policy are confirmed to be the stand of stakeholders. Final edits are made to the Policy. Policy is validated. 	Launch & Dissemination Policy Dissemination: <ul style="list-style-type: none"> Share knowledge and evidence-based interventions with stakeholders. Honourable Minister of Health formally unveiled Policy for implementation.

Results

IMPLEMENTATION RESULTS

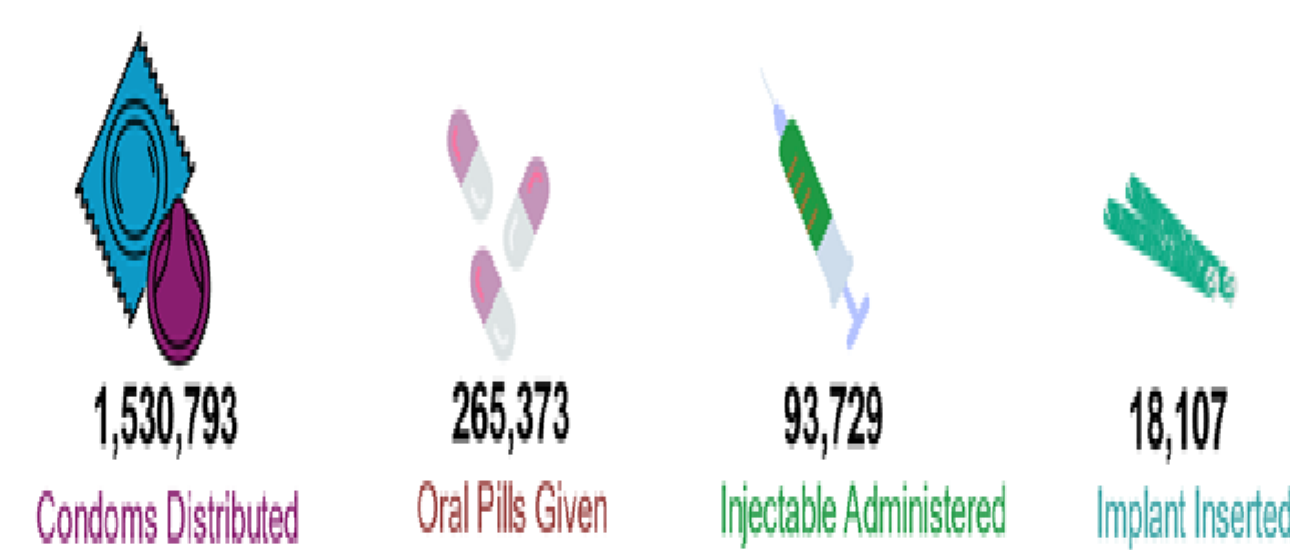
The PSNF has successfully supported the review of Two (2) TSTS Policies for the years 2018 and 2022.

This has given rise to the following implementation results across some States whereby 734 Community Pharmacists (CPs) and 2226 Patent and Proprietary Medicine Vendors (PPMVs) have been trained to provide expanded Family Planning and Primary Healthcare services from year 2018 to 2023.

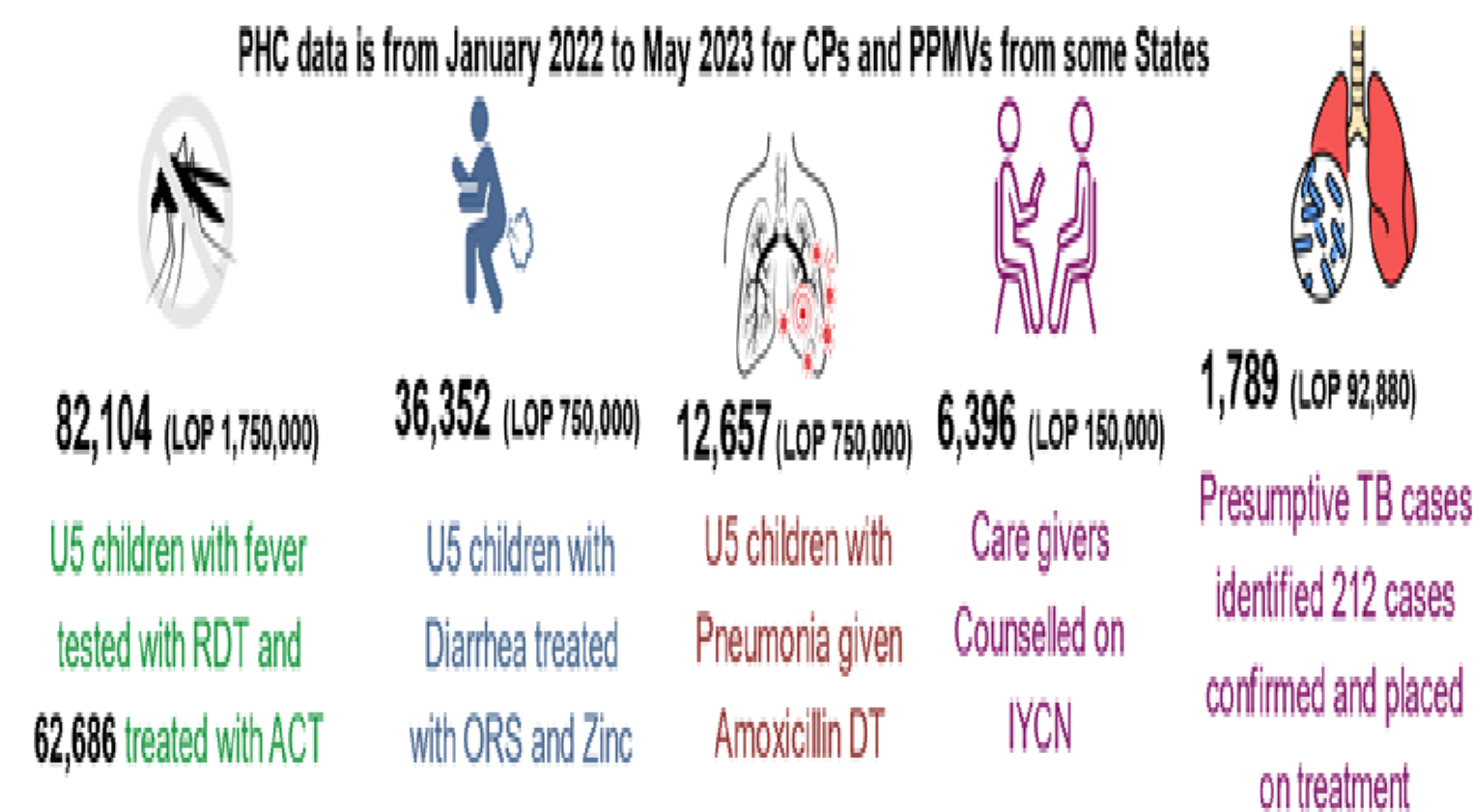
These specialized services provided by CPs and PPMVs are Contraceptive implants and injectables.

From 2018 - June 2023: 734 CPs and 2,226 PPMVs have been trained

FP data is from July 2018 - May 2023 for CPs and PPMVs from some States



PHC data is from January 2022 to May 2023 for CPs and PPMVs from some States



More Results

LESSONS LEARNED

The review of the Task Shifting Task Sharing Policy offers several lessons for advocacy-based organizations seeking better approaches to strengthen policy strategies. Public health advocates can enhance efforts by:

- Using evidence-based advocacy strategies:** PSNF used evidence from government-owned data to influence the inclusion of CPs and PPMVs. Identifying and analysing appropriate evidence prior to embarking on advocacy visits is key to driving positive change.
 - Leveraging strategic partnerships for positive outcomes:** Partners with similar goals were engaged by the PSNF to build a formidable front to kick-start the review of the TSTS Policy. Partnerships build synergy to enhance the engagement of Policymakers to take positive action.
 - Commitments from Policymakers for accountability:** The Policymakers stepped down the 3-Tier Accreditation System of the PPMVs during the review of the 2nd edition of the Policy but committed to its inclusion with more clarity. Tracking the commitments of Policymakers is pivotal to effecting Policy changes.
 - Review of TSTS Policy is critical to achieving Universal Health Coverage:** The inclusion of CPs & PPMVs has opened up new frontiers in access to quality and affordable healthcare services and commodities. Strategic policy review remains a fulcrum to improving health indices.
- ### NEXT STEPS
- Domestication of the National TSTS policy at the sub-national level for ownership and effective implementation.
 - Mainstreaming of data from providers to inform future policy reviews, planning and program implementation.

Conclusions

- Evidence-based Advocacy is a critical tool for effective policy change. The review of important country health policies to reflect global best practices is essential for the attainment of universal health coverage.



¹The private sector provides 60% of users with modern contraceptive methods (NDHS2013)

²Expanding implementation of its task-shifting policy to include the private sector to improve access to FP services in difficult-to-reach areas (FP London Summit 2017)

³Commitment to include TAS of PPMVs in the next policy review

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