Onchocerciasis Control Policy in Nigeria, 1988-2015

Ogbonna Brian Onyebuchi
Department of Clinical Pharmacy and Pharmacy Management, Faculty of Pharmaceutical Sciences, Nnamdi Azikiwe University, Awka, Nigeria.

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ABSTRACT
Policy is a plan of action agreed or chosen by a people; a principle or framework adopted which influences their belief, actions, and operations. Out of 20 million people who suffer from the disease globally, an estimated 8 million live in Nigeria. Onchocerciasis has been a public health problem in Nigeria for over three decades leading to disabilities and loss of person-hours with its negative consequences on health and the economy. This article examined the state of onchocerciasis policy in Nigeria since inception. Continuous review and improvement on government policies, strategies, and programmes is a positive step towards attaining a Neglected Tropical Diseases (NTD) free world.

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objective of the national health policy, efforts were made towards tackling disease burdens and pressing health needs of majority of the people through strategic health interventions. One of those interventions is the control of onchocerciasis. This article examined the state of onchocerciasis policy in Nigeria since inception. An appraisal of the operations and present status is vital towards ensuring total prevention and control of the disease burden.

**National Policy on Onchocerciasis Control**

The national health policy was introduced in 1988 to promote health for all Nigerians while a document containing the onchocerciasis policy as a national health intervention for the control of onchocerciasis as a priority disease was put forward in 2004. The ultimate goal is to eliminate onchocerciasis as a public health problem throughout Nigeria through strengthening of self-sustainable prevention and control programmes in endemic communities. The global target for the elimination of NTDs is 2020. The policy framework marked another milestone in the prevention and control of a disease that has greatly affected and incapacitated the productive and economically viable work force especially those that are predominantly farmers in the rural areas, remote villages and hinterlands. This informed the need for review of the progress made so far in order to transit from control to elimination and prevention. Massive ivermectin (Mectizan) and Albendazole administration to eligible individuals in endemic communities was introduced. [6, 15]

**Therapeutic coverage**

One of the specific objectives of the onchocerciasis control policy was to achieve and maintain nationwide coverage of a minimum of 65% coverage nationwide by the end of 2012. [10] The initial strategies were mainly prevention and control, which were complimented by plans towards elimination. An estimated 27 million Nigerians distributed in 32 states of the federation live with onchocerciasis. Onchocerciasis is regarded as an endemic disease in Nigeria, accounting for 40% of the global disease burden. Presently, seven endemic states still exist in Nigeria namely: Abia, Anambra, Delta, Ebonyi, Edo, Enugu, and Imo state respectively with an estimated 35 million people to be reached. [11] Preliminary studies carried out in the year 1989/90 revealed that onchocerciasis was present in all the 36 states in Nigeria. [12, 14] The problem associated with use of drugs in the control of onchocerciasis will be that of resistance at the long run which is affected by coverage, duration, frequency and susceptibility to adverse effects. This suggests the need for vaccines and step-up on public enlightenment campaigns as veritable tools in disease control. Adebayo suggested that economic status could be a factor since the poor were predominantly affected in most endemic communities and provision of portable drinking water could stem the tide. He recorded a significant difference when he compared communities with river as their source of drinking water/non-drinking water to those without river as their source of drinking/non-drinking water. [16, 17, 18] A study by Manafa and Isamah suggested that many people in southeastern Nigeria are still ignorant of the causes of onchocerciasis. [19] This informs the need for accelerated public enlightenment campaign especially in the endemic communities and areas prone to vector infestation. Nigeria still has 6707 meso-endemic and hyper-endemic communities compared to Uganda, Cameroon, and Mali with 553, 1738, and 1892 of such communities respectively. [19]

**Community participation**

Stakeholders’ involvement is fundamental to the success of any programme targeted towards the people. Nigeria was the first country to use community-directed treatment (CDT) with Ivermectin, which provided the platform for health interventions like onchocerciasis treatment. [20, 21] Ivermectin for treatment of onchocerciasis was introduced in Nigeria in 1991 with the view to eliminating it by 2014 in the 32 endemic states and the federal capital territory (FCT). [22, 23] Community participation helps communities to take responsibility of managing their own health needs and priorities while leveraging on the responsiveness of the health sector. [24, 25]

**Partnership for sustainability**

Many stakeholders, nongovernmental organizations (NGOs), religious organizations, community based organizations (CBOs), private organizations and international funding agencies collaborate with the government in funding and promoting her policies since the government cannot bear the enormous burden alone. The Federal Ministry of Health (FMOH) plays the coordinating role for effective collaboration and partnership. The FMOH plays a central role while the CBOs and NGOs play peripheral roles in supporting health programmes. The Carter Foundation, Merck & Co. Inc., WHO, APOC, Onchocerciasis Control Programme (OCP), World Bank, United Nations Development Programme (UNDP), United Nations International Children Emergency Fund (UNICEF), Sir Emeka Ofor Foundation, Sight Savers, and a host of others support onchocerciasis programmes in varying degrees. The platform for partnership is information sharing, work force development, integrated planning, collaboration, trust, policy formulation, and development, execution of activities and programmes, monitoring and evaluation. The State and Local Government Ministries of Health, which are in contact with people at the grassroots, facilitate these activities. [26, 27, 28]. The FMOH also carry out inter-sectoral collaboration with other ministries like the ministries of education, agriculture, water supply, information, finance and other agencies to mobilize them for supports in key areas of need. [6]

**Capacity building for onchocerciasis policy**

The FMOH in Nigeria has intensified efforts through community health workers development to enhance combined drug treatment and capacity building to improve treatment outcomes while utilizing national, state and local/community based approach to combat onchocerciasis. The policies were initiated at the national level while implementation takes place at the grassroots. Schotosomiasis and filariosis are managed alongside onchocerciasis by treatment with praziquantel, albendazole, and ivermectin.

**Management Information Systems**

The FMOH through the Onchocerciasis Prevention Programme (OPP) in collaboration with the epidemiological division of the Department of Public Health of the FMOH enforce the timely collation of data from the community, local government, and state levels. Data generated are transmitted to the federal level from the state representatives. The FMOH ensures the analysis, interpretation of data and dissemination of relevant information through and to the relevant agencies. There is good understanding between the FMOH and the National Orientation Agency, Federal Ministry of Information and other agencies directly or indirectly related to their operations to facilitate the dissemination of information and mobilization of people from the federal level to the grassroots. The federal government gets the feedback information from facilities from the grassroots back to the national level through the local
government, state agencies, and the state ministry of health. Data are kept manually at the facility levels, local government levels and predominantly manually at the state levels while that at the federal levels they are predominantly stored in electronic forms. The federal government established health data banks at the national and state levels to enhance standardization, corporation, and use of information for improvement of related indices and outcomes. At the local government health authority levels, Monitoring and Evaluation (M & E) officers keep data for proper follow up. [1, 6, 8] Besides health related data on onchocerciasis, health service information that are relevant to health are obtained from other sectors of the government. A good example is the economic planning, and development for data on economic indicators and poverty. The agricultural department provide data on food production, distribution, use and cost of commodities, the public works and urban development department provide information on water supply, housing and environmental sanitation. The education ministry is not left out in the entire operations. The ministry provides information on literacy levels and rates, girl child education and school enrolment. [29,30,31] Contrary to the popular health analysis concept which depended predominantly on the medical model of analysis that considered the biological factors of health determinant, it took into consideration the Africanization of the social determinants of health which shifted emphasis from the dominant medical models that emphasize individuals health outcome, to consider the economic and social status of the people. It is the basis for health and economic development reverse causality concept by Icheoku. He argued that good economic status promote good health outcomes besides the biological angle, and vice versa. [32, 33, 34] The state ministries of health established health data consultative committees for inter-agency corporation and collaboration in health and health data related matters. However, statutory responsibility for coordination of health data and information lies on the Department of Planning Research and Statistics. [6] To facilitate proper grass root coverage in the collection and transmission of data, the government and donor organizations provide sports utility vehicles, bicycles and essential grass root aids periodically to the onchocerciasis control programme to boost logistics in transversing the remote and difficult terrains that are not usually easily accessible.

Research and Development

In recognition of the fact that no meaningful progress is achievable without research and development, the FMOH in collaboration with some universities, medical research institutes and tropical disease institutes collaborate at different levels in research and development. They collaborate with the federal ministry of education, science and technology, ministry of justice and other relevant ministries to review priorities for health service and biomedical research, content of activities, promotion and financing of research activities and assessment of health technologies. They encourage private sectors collaboration in their activities that promote health and disease control. [6] Research activities are predominantly targeted towards: biomedical and health services, operational research, developmental research, basic biomedical research which seeks to broaden basic knowledge relevant to biology and health; and research on socio-cultural factors which directly or indirectly affect health and health services. Special considerations are given to epidemiological, operational, and developmental research activities.

Conclusion

The onchocerciasis control policy in Nigeria has made positive impacts towards the disease control. However, to attain the vision 2020 goal of eradicating the scourge in Nigeria, a more pragmatic approach coupled with improved funding, follow up and sustainability is vital towards attaining the goal of freedom from onchocerciasis and a neglected tropical disease (NTD) free world.

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