Nigeria Centre for Disease Control (NCDC)
The NCDC was established in 2011 to improve Nigeria’s preparedness to handle public health challenges and to optimize the use of public health resources. The value of having an NPHI was demonstrated during the 2014 response to the Ebola outbreaks. In 2017, a legal framework for NCDC was passed by the national legislature. It was signed by President Buhari in 2018. Because Nigeria is so large and populous, a decision was made to create a parastatal organization, which would be more nimble than a line agency within the Ministry of Health.

Critical Aspects of the Nigeria CDC Establishment Bill
The Bill establishes NCDC as a corporate body that has properties consistent with those of other corporations. NCDC is provided a wide range of critical roles. Prominent are issues related to communicable diseases and addressing acute public health threats, including leading Nigeria’s implementation of the International Health Regulations. Examples of other functions given to NCDC include providing support to States and Local Governments, developing and disseminating public health research to inform policy and guidelines, and maintaining a network of reference and specialized laboratories. It can demand information, data, clinical samples, and reports on communicable and non-communicable diseases of public health relevance within Nigeria.

The NCDC is governed by a Board, with a Chair appointed by the President, and the Director General/Chief Executive Officer of NCDC serves as Secretary to the Board. The Director General is appointed by the President for a five-year term and is subject to the supervision of the Board and the Minister.
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Legal Mechanism Used
The Nigeria CDC Establishment Bill was approved by the national legislature in 2017 and was signed into law in November 2018. Within the Nigerian lawmaking process, there are no Executive Branch options, such as decrees, as there are in other countries.

Lessons Learned in Creating the Nigeria CDC Establishment Bill
• The NCDC began functioning in ways consistent with the Bill before it had been signed by the President. Staff were recruited and NCDC began conducting the functions described. Demonstrating effectiveness as an NPHI, even without an official legal framework, increases critical support for the NPHI’s functions and for the creation of a legal framework.
• Input from stakeholders was very useful in the development of the Bill. For example, the decision to have NCDC be the International Health Regulations focal point was arrived at following widespread consultations, including with WHO.
• Because amending a law or decree can be very time-consuming, it may be better to leave vague such topics as the organizational structure or details of the Board’s functioning so they can be easily modified as the country’s or organization’s needs change.
• Addressing overlap between functions of the NPHI and that of other organizations requires a great deal of discussion and consultation. Another difficult issue was clarifying at what point responsibility transfers from a previous organization to the newly created NPHI.
• NCDC has had support both from the Minister of Health, but also from the President. Having the President back the NPHI’s creation can overcome otherwise difficult roadblocks.

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