



# **NATIONAL STANDARDS AND GUIDELINES FOR THE CONDUCT OF MEDICAL/HEALTH MISSIONS IN NIGERIA**

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## **FOREWORD**

The health sector in Nigeria has been inundated with challenges which range from inadequate infrastructure, insufficient functional up-to-date medical facilities, the need for adequate and technically qualified manpower as well as budgetary constraints in addressing the diverse and complex health needs of the people of Nigeria (rural and urban communities).

As a way of addressing these challenges, many diaspora and foreign organisations and individuals have for decades been visiting Nigeria to render healthcare services to complement the efforts of the government, the organised private health sector and voluntary non-government organisations.

This is a global phenomenon as there is increase in the number of health professionals from developed countries to provide care in developing countries.

Unfortunately, these missions are conducted without the involvement of the Federal Ministry of Health and often without records of such activities being kept.

The impact of such medical missions on the health indices of the country is unknown. The uncoordinated nature of the mission activities has created an impression that medical missions are associated with complex challenges rather than providing solutions to the nation's health problems.

In recognizing the critical intervention strategy of Health/Medical missions, the Federal Ministry of Health in response to the resolution of the 54<sup>th</sup> National Council of Health, held in Abuja 2011 developed the National Standard Guidelines for the Conduct of Medical /Health Missions in Nigeria.

I wish to use this opportunity to appreciate the efforts of those who had sacrificed their resources to provide health care services to the people of Nigeria.

It is my sincere belief that this document will lead to the conduct of well-coordinated, effective and impactful medical/health missions by foreign and diaspora professionals as well as by in-country health providers.

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Honourable Minister of Health

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I wish to express my appreciation to individuals both locally and in the Diaspora for their contributions to the production of this document. Notable is the contribution of Ambassador Joe Keshi, former Permanent Secretary; Ministry of Foreign Affairs for accepting to chair the technical sessions. I am proud to acknowledge the contributions, commitment and zeal of Mr. Jacob Akoh; former President of Medical Association of Nigerian Specialists and General Practitioners across Great Britain (MANSAG) for the success of this committee's assignment.

My deep appreciation also goes to the entire membership of the subcommittee charged with producing this guideline that is listed in Appendix 6. Finally, I thank Mrs. Phil Ogbaudu and the entire staff of Diaspora Unit for their support and hard work.

Dr. Omobolanle R. Olowu, mni  
Head Public Private Partnership/Diaspora Unit

## ACRONYMS

ANPA	Association of Nigerian Physicians in the Americas
ANNID	All Nigerians Nationals in the Diaspora
CANPAD	Canadian Association of Nigerian Physicians and Dentists
CSO	Civil Society Organization
FDS	Food and Drugs Service Department, Federal Ministry of Health
FMoH	Federal Ministry of Health
LGA	Local Government Authority
MANSAG	Medical Association of Nigerians Across Great Britain
MDA	Ministries, Departments and Agencies
MDG	Millennium Development Goals
MDCN	Medical and Dental Council of Nigeria
MOH	Ministry of Health
NAFDAC	National Agency for Food and Drug Administration and Control
NANNNA	National Association of Nigerian Nurses in North America
NGO	Non Governmental Organization
NMA	Nigerian Medical Association
NMCN	Nursing and Midwifery Council of Nigeria
NNCA-UK	Nigerian Nurses Charitable Association, United Kingdom
NNVS	Nigerian National Volunteer Service
NSHDP	National Strategic Health Development Plan
WHO	World Health Organization

## **PREAMBLE**

In line with the Transformation Agenda of President Goodluck Jonathan's administration aimed at achieving the Millennium Development Goals by 2015 in the health sector, the Federal Ministry of Health under the leadership of Professor Onyebuchi Chukwu has taken proactive steps in initiating innovative policy reforms and programmes to ensure effective and measurable results from intervention programmes in the health sector.

The health sector in Nigeria is inundated with challenges. These include inadequate infrastructure, lack of functional up-to-date medical facilities, the need for adequate and technically qualified manpower as well as budgetary constraints in addressing the diverse and complex health needs of the people especially those in the remote rural and semi-urban locations. Furthermore, Nigeria health indices have also remained poor compared to other countries. This situation has invariably led to the need for medical missions to the country by various Diaspora organizations and individuals from both within and outside the country.

Nigerian health professionals in Diaspora have been returning to the country for about a decade to render healthcare services ranging from surgical procedures and clinical consultations to training of undergraduate and postgraduate students. These missions to Nigeria are conducted without the involvement of the Federal Ministry of Health and often without records of such activities being kept. Consequently, the impact of medical missions on the health indices of the country is unknown.

The uncoordinated nature of mission activities has created the impression that medical missions are associated with complex challenges rather than providing solutions to the nation's health problems. The 54<sup>th</sup> National Council on Health held in Abuja in 2011, recognizing medical missions as a critical intervention strategy,

directed the Federal Ministry of Health to produce standard guidelines for the operation of medical/health missions in Nigeria.

The directive of the National Council on Health caused the Federal Ministry of Health to bring all stakeholders in the health sector to discuss the development of acceptable standard guidelines for the conduct of medical/health missions in Nigeria. The stakeholders meeting was held at Denis Hotel, Wuse 2, Abuja between 4<sup>th</sup> and 5<sup>th</sup> September 2012. It was declared open by the Honourable Minister of Health, Professor Onyebuchi Chukwu at the Ladi Kwali Hall, Sheraton Hotels and Towers, Abuja on 3<sup>rd</sup> September. The meeting was attended by health professionals, Diaspora associations, professional associations and regulatory agencies in Nigeria. Also in attendance were State commissioners of health, representatives from security agencies and the Nigerian National Volunteer Service.

After two days of deliberations, a subcommittee was set up to draft this document. The terms of reference of the subcommittee were:

- To produce a draft guideline for medical/health missions in Nigeria
- To gather relevant materials and canvass opinions of stakeholders to provide robust guidelines that will not only be acceptable to the National Council on Health and the Federal Ministry of Health but be fit for purpose in facilitating and regulating medical/health missions to Nigeria.

It is expected that this document will lead to the conduct of well coordinated and effective medical/health missions that impact on the lives of Nigerians.

## **1 INTRODUCTION**

Inequalities exist in healthcare delivery around the world. In developing economies poor economic conditions lead to desperate shortage of critical health workers. The number of health professionals from developed countries on medical missions to developing countries is growing globally. Medical missions are driven by the humane tendency of individuals with a “give something back” attitude and humanitarian service oriented organizations. Medical missions are also fueled by the demand for better healthcare as evidenced by the increasing trend of medical tourism which is a drain on the foreign exchange reserves of developing countries.

Critical shortages in healthcare workers notwithstanding, the overriding need, even in developing economies, must be to ensure the safety of patients. Over the past decade, the World Health Organization (WHO) has developed and established numerous international standards and guidelines for the care of patients in developing countries. Host countries are at various stages of adopting and enforcing these standards.

The Federal Ministry of Health (FMoH) in partnership with various Diaspora and local organizations involved in medical missions, have agreed through bilateral memoranda of understanding to produce the standards contained in this document. Sponsors of medical/health missions who wish to continue to provide care in Nigeria would now have to comply with a new set of standards of quality care requirements and changes in mission practices.

These guidelines are intended to respond to current poor practices and set the tone for future medical/health missions to Nigeria.



## **2 AIM OF GUIDELINES**

The aim of this document is to provide standards and guidelines for the conduct of medical/health missions in Nigeria. The specific objectives are to:

- i. Identify the role of stakeholders
- ii. Set minimum technical standards for specific missions
- iii. Guide the administration and management of medical missions
- iv. Provide guidance for monitoring and evaluation of medical missions.

### **3 JUSTIFICATION FOR MEDICAL/HEALTH MISSIONS**

Nigeria falls below the WHO standard of 2.3 health workers per 1000 of population. The Medical and Dental Council of Nigeria (MDCN) figures show that the doctor to patient ratio is about 1:6500. Between 2007 and 2011, there was a net loss of 2095 doctors from Nigeria due to emigration. About 2% of Nigerian doctors and 12% of Nigerian nurses work outside Nigeria. The remaining are inequitably distributed with inappropriate skill mix and varying levels of performance across the country. This leaves significant gaps in the provision of health services.

The situation analysis of the healthcare delivery system of the country in preparation of the National Strategic Health Development Plan (NSHDP) showed inequitable distribution of facilities and services especially to the rural communities and the urban slums. These deficiencies were addressed in the NSHDP, an approved costed plan. The NSHDP, which was signed by the President, Vice President, State Governors and Minister of the Federal Capital Territory can only be successfully implemented if there is commitment by all responsible agencies at the three tiers of government - Federal, State and Local Government Authorities (LGAs) to establishing and strengthening partnerships with the private sector, development partners, civil society organizations (CSOs), communities and other health service providers such as non governmental organizations (NGOs), military, etc.

A successful NSHDP will improve access and service coverage to the population. The government thus clearly threw open an invitation to all willing non-governmental and civil society organizations to partner with it in the implementation of the NSHDP in an integrated manner towards the achievement of the plan's stated targets. Expectedly, these partners would pursue various strategies (including medical missions) in their responses.

If properly integrated within the healthcare delivery system, such missions will complement the efforts of governments and the regular healthcare delivery services. They will also help to improve the health indices and efforts towards achieving the Millennium Development Goals. In addition, the missions would assist in improving the quantity, quality and equitable distribution of human resources needed by the regular healthcare services.

Medical/health missions in Nigeria can also be justified as they:

- i) Target under-served populations - as a result of high levels of poverty and illiteracy, many Nigerian's are not able to access quality health services
- ii) Train healthcare personnel (capacity building and skills transfer) – thereby bringing much needed exposure of local healthcare personnel to the use of modern diagnostic and treatment equipment
- iii) Bridge personnel gap – medical/health missions will temporarily bridge the shortfall in adequate and/or skilled human resources for health
- iv) Improve the skill mix of health personnel in rural or semi-urban areas –available healthcare personnel in the country are not evenly distributed and as such many states and LGA lack the required healthcare personnel
- v) Fill gaps left by emigration of healthcare personnel - exodus of doctors and other healthcare personnel is increasing as evidenced by number of request for Certificates of Good Standing from the MDCN and other healthcare regulatory bodies
- vi) Reduce the number of Nigerians seeking quality health treatments abroad thereby curtailing medical tourism and health capital flight
- vii) Improve healthcare facilities - complementing government efforts in improving healthcare facilities, as participants from abroad would bring in quality and modern equipment which

they could donate or leave behind for subsequent use in the facilities used for mission activities.

## **4 JUSTIFICATION FOR GUIDELINES**

4.1 Medical missions if appropriately facilitated and regulated have potential to:

- i. Save lives
- ii. Alleviate pain and suffering
- iii. Achieve “brain gain” through the mechanism of skills transfer - education, training and capacity building, thereby increasing the healthcare capabilities of the local workforce
- iv. Fill a void and thus improve the healthcare worker-to-population ratio created in part by the continuing loss of human capital
- v. Improve access to health services (physical and financial)
- vi. Enable access to advanced health care not available locally
- vii. Improve emergency response
- viii. Increase feeling of self-worth of those engaged in mission
- ix. Encourage individuals to establish more long-term projects in some communities visited.

4.2 The consequences of uncoordinated and unregulated medical missions justify the need for guidelines. These guidelines will address undesirable consequences such as:

- i. Lack of structured documentation and data collection of mission activities, its quality and feedback from patients
- ii. Lack of continuity of care due to poor collaboration with local healthcare colleagues for follow-up or management of complicated cases
- iii. Inadequate management of complications and misadventures following surgical procedures after the teams have returned to their resident countries
- iv. Lack of robust evidence of the value of short term missions to the overall health of the people prompting some to question the cost-effectiveness or cost-benefits of the vast majority of missions

- v. Tendency of some professionals on mission to work in unfamiliar areas that may lead to errors and misadventures
- vi. Lack of appropriate license of fitness to practise in host country by some team members
- vii. Lack of monitoring, evaluation and research on the activities and outcomes of medical missions
- viii. Use of missions as tool for political campaigns to the detriment of quality healthcare delivery
- ix. Use of obsolete equipment, and donated equipment not accompanied by user manuals
- x. Disregard for the code of medical/health ethics in Nigeria.

## **5 CHALLENGES OF MEDICAL/HEALTH MISSIONS**

5.1 The diverse nature of medical/health missions makes data collection, data analysis, policy-making and assessment of its impact difficult.

5.2 Medical missions often treat rather than prevent diseases. During short-term medical missions, health care professionals often treat individuals with illnesses that could have been easier to treat if detected earlier. Due to poor access to healthcare, illnesses become more severe and difficult to treat by the time patients present to medical mission teams who are often unable to provide the full-spectrum of care required for complex medical conditions. Whilst reducing individual suffering, medical/health missions do not address the overall health needs of the community. Preventive measures such as safe water, immunization, insecticide-treated bed nets for malaria, prevention of mother-to-child transmission of human immunodeficiency virus (HIV), or seatbelts to reduce motor vehicle injury are more likely to reduce the overall burden of disease in a community. However, often due to scant financial and human resources locally and a lack of interest in delivering preventive programs, most missions are left treating illnesses rather than preventing them.

5.3 Other challenges relate to funding and administrative issues such as:

- i. Delay in notifying appropriate ministries, departments and agencies (MDA)
- ii. Bureaucratic bottlenecks in MDA and host communities
- iii. Poor or inadequate financial support for missions
- iv. Assessment of funding including cost of equipment and drugs is difficult as most publications do not report detailed costs
- v. Dependency on external financial support and ensuring engagement of qualified personnel.

5.4 Foreign missions may inadvertently impact on existing local healthcare systems in a way that may be difficult to sustain. For example, sudden awareness and upsurge in demand for service may exceed available resources and after mission follow-up requirements or a treatment plan may be compromised due to lack of access to previous treatment plan.

5.5 Communication issues - challenges with translation may lead to critical errors in medical treatment.

5.6 Medical teams are sometimes ill-equipped to address local needs therefore some short-term medical mission teams may have little impact.

5.7 Few short-term medical teams keep records of the patients they have seen and the medications that they have distributed. Medications, if not properly labeled with accurate dose regimen may cause problems if a patient desires follow-up care.

5.8 Accessibility to location of the mission, transportation of goods, equipment and personnel could be a problem.

5.9 Infrastructure - lack of electricity, good roads, clean water and decent accommodation.

5.10 Safety of mission personnel - ill health from endemic diseases and security concerns.

5.11 Training issues:

- i. New trends in medical science can be a challenge to the local health personnel
- ii. Collaboration with regulatory agencies to certify qualified medical and other health personnel



- iii. Quality assurance to address variance in standards and competencies of different agencies
- iv. Accreditation of training and development programmes offered with appropriate regulatory bodies.

5.12 Attitude of healthcare professionals to both foreign and indigenous missions:

- i. Many health care professionals are not aware of the depth of poverty or limits of medical facilities in the regions they visit and have little knowledge of the local social, economic and political contexts
- ii. Differences in standards and competency levels may have a complex effect on working relationships
- iii. Lack of cooperation from local colleagues due to resentment for various reasons
- iv. Poor collaboration between the Diaspora teams and their local counterparts.

## **6 WAY FORWARD**

- 6.1 For medical missions to succeed and to have increasing impact over the longer term, a key recommendation is to encourage mission organizers and participants to adopt a more precise approach to mission planning, implementation and reporting.
- 6.2 A feasibility study must be performed before commencing on any mission to ensure better understanding of the reality on the ground. A properly planned medical/health mission with a long term vision will lead to lasting impact on the health system.
- 6.3 Healthcare professionals participating in medical missions should receive extensive pre-departure training, specifically in such areas as social, cross-cultural communication, political and economic realities of the community to which they will be sent. Nigerian embassies abroad have a role to play here.
- 6.4 All missions shall be planned with the full involvement or collaboration of the FMoH, appropriate local agencies and service providers.
- 6.5 Where practicable, healthcare professionals with the appropriate skills and experience to specifically address the identified needs of a community should be recruited and sent to areas of need based on local decision-making.
- 6.6 Diaspora associations such as Association of Nigerian Physicians in the Americas (ANPA), Medical Association of Nigerians Across Great Britain (MANSAG), Canadian Association of Nigerian Physicians and Dentists (CANPAD) National Association of Nigerian Nurses in North America (NANNNA), Nigerian Nurses Charitable Association, United Kingdom (NNCA-UK), All Nigerians Nationals in the Diaspora

(ANNID) and other associations in Diaspora recognized by FMoH shall play coordinating roles and serve as facilitators.

- 6.7 Collaboration between Diaspora associations aimed at resolving specific issues that are important to medical practitioners, dentists, pharmacists, nurses and/or other health professionals will facilitate medical/health missions in Nigeria.
- 6.8 State Ministries of Health (MOH), LGA and other host health institutions must conduct post mission surveys to determine the impact of medical/health missions.
- 6.9 Social issues such as security of lives, unsafe travelling due to bad roads, inadequate electricity and water should be addressed.
- 6.10 Strict adherence to these guidelines.

## **7 CONDUCT OF MISSIONS**

### **7.1 General Principles**

7.1.1. The Diaspora Unit of the FMoH shall be the nerve centre for coordinating all medical/health missions to Nigeria. This may involve liaison with some or all of the following bodies:

- i. Patient Groups
- ii. Nigerian National Volunteer Service (NNVS)
- iii. Regulatory Agencies
- iv. Diaspora Associations
- v. Training and Health institutions
- vi. State and Local Governments
- vii. Host Institutions (Public/Private)
- viii. Nigerian Medical Association (NMA)
- ix. Pharmacists Society of Nigeria
- x. CSO
- xi. NGO
- xii. Federal Ministry of Foreign Affairs
- xiii. Relevant Government Agencies and other professional bodies

7.1.2. The Diaspora Unit shall:

- i. Notify the concerned Local, State or Federal government authorities that a medical or health mission will be conducted in their areas of responsibility
- ii. Forward the list of names of the members of the mission team to statutory regulatory bodies such as MDCN, Nursing and Midwifery Council of Nigeria (NMCN) or equivalent, for clearance and issuance of Temporary/Limited Registration License that allows the individual health professionals to practice
- iii. Forward clearance from regulatory bodies to the relevant government authority
- iv. Monitor the conduct of missions.

7.1.3. The NNVS shall provide logistical support for foreign and local medical/health missions. This may include:

- i. Collaborating with the Nigerian Immigration Service to facilitate issuance of visa to mission personnel
- ii. Forwarding requests for waiver of duties on materials for medical/health missions to the Federal Ministry of Finance
- iii. Notifying the Nigerian Customs Service (NCS) for clearance of medical equipment and/or drugs
- iv. Liaison with the Nigerian Police Force to provide escort/security for mission personnel and their medical equipment.

7.1.4. Local or State Governments shall identify and prioritize areas where local medical, surgical or health missions can best supplement health programs and projects.

7.1.5. Diaspora medical/health associations shall:

- i. Help sponsoring organizations to articulate the objective of their medical/health mission
- ii. Transmit information about the types of supplies needed for the mission from the organisation/team to the Nigerian host organisers
- iii. Document participating providers by getting copies of their credentials and licenses and sending such documents to the Diaspora Unit of the FMOH
- iv. Liaise with Nigerian authorities to obtain relevant travel documents for team
- v. Provide to the team leader an agreed template for collection of relevant data
- vi. Debrief the team leader upon his/her return for feedback on the mission
- vii. Answer questions from the public and anybody interested in medical/health missions to Nigeria.

viii. Co-operate with Nigerian authorities to prevent unsuitable health professionals from participating in medical/health missions to Nigeria.

7.1.6. Sponsors of foreign medical missions and their collaborating organizations shall comply with all clearances and permits required by the Nigerian government prior to the implementation of the mission. The Diaspora Unit of the FMOH is responsible for issuing the final clearance for all foreign medical/health missions.

7.1.7. A Special Temporary Permit obtained from the relevant Nigerian professional regulatory body is required by all foreign physicians and/or health-related professionals before they can practise their profession in Nigeria.

7.1.8. All diagnostic and therapeutic procedures to be used must conform to accepted local and international standards.

7.1.9. All drugs and health products to be dispensed should have National Agency for Food and Drug Administration and Control (NAFDAC) approval with registration number attesting to their safety and efficacy and shall have expiry date of no less than six months – see section 7.2.5.

7.1.10. All equipment must meet the standards set by the Standards Organization of Nigeria and be cleared by Nigerian Customs Services.

7.1.11. A care pathway and clear referral system to follow-up all patients seen during the mission and those needing further evaluation and treatment must be established and agreed upon by the sponsor and local collaborating organizations.

7.1.12. The host organization/community will bear the cost of managing morbidities/mortalities arising from the mission.

7.1.13. All cases seen during the missions must be documented and a summary report submitted to the FMoH within four weeks after the mission with the following minimum basic information:

- i. Numbers, gender and age of cases seen
- ii. Diagnosis of patients
- iii. List of medicines administered and of surgical/other interventions performed
- iv. Complications encountered and planned follow-up care
- v. Endorsements by the necessary health facilities.

## **7.2 Requirements for Medical/Health Missions**

To achieve effective and efficient medical/health missions in the country, it is imperative that certain basic requirements for medical/health missions need to be adhered to by all individual, groups or corporate organizations.

### *7.2.1 Notification of Intending Mission*

Individual or organizations wishing to provide medical or health services to Nigeria must notify the Diaspora Unit of the FMoH of their intention to carry out a medical mission in any part of the country three months before the planned mission. This is necessary:

- i. To give the FMoH enough time to effectively coordinate all ministries, departments and agencies such as MDCN, Nursing and Midwifery Council of Nigeria, Pharmacy Council of Nigeria, NAFDAC that are involved in facilitating medical missions
- ii. To enhance proper recording and data generation of medical missions as well as on the activities of the health professionals from the Diaspora

- iii. To allow the Diaspora Unit enough time to verify the relevance of the medical mission to the host community
- iv. To allow FMoH confirm the preparedness of the host State/community for the medical/health mission.

### *7.2.2 Obtaining Clearance for Foreign Medical/Health Missions*

All applications to the Diaspora Unit for clearance for foreign missions must contain the following information:

- i. Name and address of host health institution, LGA and State to be visited
- ii. Type of mission – state whether medical, surgical, nursing or a combination; service delivery, training or both; local or foreign
- iii. Duration of the mission with inclusive dates
- iv. Name and specialty of lead professional for the mission
- v. Specific requirements - for instance, all doctors are expected to produce “(a) evidence of being registered in country of origin and being in active practice, (b) a current letter of Good Standing from a regulatory body and (c) submission of duly completed temporary registration and practicing License application forms” (see Appendices 1-3 for full details)
- vi. A copy each of the Practicing License and Specialty Certificates of each physician, surgeon, nurse or health professional in the mission shall be submitted together with the application
- vii. Application letter with the necessary documents should be received by the Diaspora Unit of FMoH at least three months prior to the expected date of commencement of the mission
- viii. Name(s) and specialties of mission team members (if known)
- ix. Written consent from the sponsoring host organization (LGA or NGO) or community (State, Local Government Area or Health facility) certifying the need and type of mission to be conducted. This shall be the responsibility of the Diaspora Unit and/or Mission Lead.



### *7.2.3 Risk Assessment*

This must be undertaken to clearly identify the aims of the mission and the risks associated with it, the consequences of such risks and what steps might be taken to mitigate them. This is only possible if the organizers of the medical/health mission have conducted a careful feasibility study. Conducting a risk assessment gives confidence to the mission team and the Nigerian hosts regarding the actual outcome of the mission. See Appendix 4 for risk assessment form.

### *7.2.4 Human Resources*

- a) Foreign health professionals must demonstrate a valid license to practise in their country of residence in order to obtain limited registration to practise in Nigeria. Under no circumstances shall a foreign physician and/or related health professional practise their profession without a Special Temporary Permit from the relevant regulatory agency in Nigeria.
  
- b) Nigerians doctors intending to conduct medical/health mission in Nigeria must be fully licensed with the MDCN. Please note:
  - i. Nigerian health practitioners holding Nigerian passports will be given full registration by the MDCN and must have also obtained license for the current year of practice
  - ii. Nigerian practitioners holding foreign passports will be granted limited registration to practise for the period of the mission.
  
- c) Each member of a foreign medical/health team must submit the following documents (in English translation) when applying for temporary license to practise during the mission:
  - i. Valid/current professional license from country of origin
  - ii. Evidence of specialist qualification, for example, board certification
  - iii. Four passport photographs (taken within one year) signed on the reverse.

### 7.2.5 *Drugs*

a) The following are required of foreign mission teams intending to import drugs, medical supplies and medical equipment to Nigeria for use during missions and/or as donation:

- i. List of items together with quantity and the expiration dates for the drugs and medicines (not less than 12 months shelf life upon arrival in the country)
- ii. Flight details to facilitate clearance at the ports
- iii. Deed of donation authenticated at the country of origin
- iv. Deed of acceptance from the host hospital (community) in line with the drug donation policy. An electronic copy shall be received 60 days and urgent arrangements shall be completed 28 days before the expected date of commencement of the medical/health mission
- v. Drugs and medicines to be used or donated should be on the Nigerian government's approved essential drugs list
- vi. Application must be submitted 60 days before the date of mission to facilitate clearance from FMoH and other relevant agencies
- vii. The FMoH shall facilitate the issuance of clearance through the Department of Food and Drugs Services (FDS) and NAFDAC for the drugs, health products and medical equipment.

b) Where the imported drug is not on the essential drug list, a request with appropriate documentation must be made to NAFDAC for special dispensation for importation of the limited quantity required for the mission.

c) The medical mission group and host organization/community should ensure that a report of the outcome of the mission is forwarded to relevant authorities so that steps can be taken to address any issues resulting from the mission.

### 7.2.6 *Equipment*

- a) All equipment to be imported must be certified to be functional by a hospital engineer in the country of origin and not older than 5 years from date of manufacturer in line with policy on equipment donations in Nigeria.
  
- b) If any equipment is to be donated, this should be specified. Adherence to the policy on the donation of medical equipment (Guidelines for Donation of Medicines and Healthcare Equipment in Nigeria) should be complied with.
  
- c) If any equipment is to be left behind, it should be accompanied with accessories, user manuals and a suitably qualified and licensed local technician must be trained on basic maintenance during the mission. Also all relevant information for purchase of accessories and parts must be provided at the end of the mission.

## **8 END OF MISSION ACTIVITIES**

8.1 An End of Mission Report shall be submitted by the head of the medical/health mission to the Diaspora Unit of the FMOH within four weeks of completion of the mission.

8.1.1 The end of mission report shall contain the results of an exit interview conducted by the mission team to enable organisers/Local Government/State Government to determine ways of improving future missions.

8.1.2 Care/services provided - the end of mission report should contain the following minimum basic information:

- i. The location of the community (beneficiary).
- ii. The State\LGA
- iii. The categories of personnel with their attendant qualifications and expertise
- iv. Collaborating agencies such as health centers, medical clinics local government agencies and departments
- v. Numbers, age and gender of cases seen
- vi. The major categories of diseases, ailments treated
- vii. List of medicines distributed and surgical interventions done
- viii. Number of trainees (of training missions)
- ix. The plan of care including endorsements to the necessary health facilities (follow-up, further evaluation and management)
- x. Morbidities and mortalities if any.

8.1.3 The end of mission report and recommendations (Appendix 5) must contain provider information including:

- i. Duration of mission
- ii. Logistics
- iii. Main outcomes
- iv. Challenges

- v. Quality improvement strategy
- vi. Next steps.

8.2 All records and audio-visual documents must be submitted in triplicate unless submitted in electronic format.

8.3 All materials submitted to Diaspora Unit shall be the property of the Nigerian Government and may not be used for advertisement, solicitation or medical publication without the written and expressed approval of the FMOH.

8.4 Nigerian host organizations must report the outcome of their post mission survey to the Diaspora Unit of the FMOH.

## **9 MONITORING AND EVALUATION**

9.1 The Diaspora Unit of the FMOH shall be the lead agency in overseeing the implementation of any medical/health missions in Nigeria. The Diaspora Unit shall monitor the conduct of missions in conjunction with other MDAs.

9.2 The Diaspora Unit may delegate actual supervision/monitoring of the conduct of mission to the LGA health unit, State MOH or relevant local professional bodies such as state NMA or National Association of Nigerian Nurses and Midwives.

9.3 The relevant MOH with the support of the State NMA or relevant local specialties shall provide technical assistance, as needed by the medical/health mission teams.

9.4 The MDCN shall:

- i) Maintain electronic database of medical workforce and provide statistics on areas of need for intervention by medical mission
- ii) Implement policy guiding medical/health mission in Nigeria
- iii) Register and monitor medical/health missions through the Inspectorate Department and State Monitoring committees
- iv) Evaluate short and long term medical missions
- v) Monitor quality of care rendered by medical practitioners and dentists during medical missions.

9.5 Other regulatory bodies shall:

- i) Maintain electronic database of their workforce and provide statistics on areas of need for intervention by medical/health mission
- ii) Implement policy guiding medical/health mission in Nigeria
- iii) Evaluate short and long term medical/health missions
- iv) Monitor quality of care rendered by relevant practitioners during medical/health missions.

## **10 COMPLIANCE WITH GUIDELINES**

The Diaspora Unit is responsible for reporting any foreign medical/health missions conducted in Nigeria without proper permits/licences to FMoH for investigation of unauthorized conduct and for appropriate sanction.

Any organization/group that fails to submit an End of Mission Report shall not be granted permission to return for further missions.

Specific action is required by the following stakeholders:

### **10.1 Coordinator (The Diaspora Unit, FMoH)**

- i. Make all information available and easy to access through all means – internet, bull and dedicated telephone lines
- ii. Facilitate communication between regulatory authorities and beneficiaries
- iii. Ensure that all the regulatory requirements are completed before arrival of mission team in Nigeria
- iv. Provide certificate of successful completion to mission team
- v. Provide annual report of medical/health missions to the Honorable Minister of Health.

### **10.2 Regulatory Agencies**

- i. Operate dedicated desk for medical missions requests to fast track approvals and liaison with the Diaspora Unit of FMoH
- ii. Enforce guidelines on defaulting beneficiaries
- iii. Educate the public on the dangers of unregulated medical missions
- iv. Prepare annual report for the FMoH and National Council on Health.

### **10.3 Beneficiary**

- i. Adopt and commit to guidelines (National Council on Health)
- ii. Liaise with Federal/States Executive Councils and legislators
- iii. Create Diaspora/Partnership Desk under the Department of Medical Services (State MOH)
- iv. Facilitate registration/coordination of all providers.

### **10.4 Providers/Missionaries**

- i. Provide database of providers which should be updated periodically
- ii. Use Diaspora associations' relationship with Diaspora Unit to facilitate registration of individuals
- iii. Use local experts and limit foreign professionals to only necessary areas
- iv. Report any difficulties or complaints to the Diaspora Unit.



## 11 GLOSSARY

- i. **Medical Mission:** Medical mission refers to a short trip of less than 2 years by a healthcare professional to developing countries to provide direct medical care to the population at large, or to a particular subset of the population identified by their particular health need, age group or cultural group.
- ii. **Health Missions:** Humanitarian activities undertaken by healthcare professionals and volunteers to meet the medical, spiritual, vocational, educational and social well-being of people who live in under-served areas.
- iii. **Foreign Missions:** Medical/surgical intervention, health education/conference, medicine, and/or ancillary assistance rendered to Nigerian citizens at little or no cost by a team of Nigerians in Diaspora or non Nigerian health professionals from abroad.
- iv. **Local Missions:** Healthcare delivery rendered to Nigerian citizens at little or no cost by a team of local Nigerian/non Nigerian health professionals.
- v. **Non-governmental Organizations:** A legally constituted organization created by natural or legal persons that operates independently from any form of government and is registered with the Corporate Affairs Commission in Nigeria.
- vi. **Exchange:** Exchange of healthcare professionals between two countries.
- vii. **Short-term mission:** Missions that last less than 4 weeks.
- viii. **Medium-term mission:** Missions that last 4 weeks to 6 months.
- ix. **Long-term missions:** Missions that last 6 months to 2 years.

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March 2010

## 13 APPENDICES

### **APPENDIX 1: MEDICAL AND DENTAL COUNCIL OF NIGERIA: REQUIREMENTS FOR REGISTRATION OF DOCTOR'S FOR MEDICAL MISSIONS IN NIGERIA.**

Any qualified medical or dental practitioner desirous of practicing or carrying out medical missions in Nigeria has to be dully registered with the MDCN. Nigerian doctors practising abroad who are already registered by the Council need not apply for registration. They only need to show evidence of their registration abroad and evidence that they are in active practice and in *good standing* with the regulatory body where they practise abroad.

Nigerian doctors practising abroad, who are yet to be registered with the Council are required to apply to be on the Councils full register, if they have a recognized post graduate qualification registrable by the Council. Those without a recognized post graduate qualification would be required to sit and pass the Council's assessment examination before they can be registered.

All applications to register a medical or dental practitioner for medical mission must reach the Registrar of Council at least six (6) weeks before the commencement of the medical mission. This is to give enough time for the processing of their documents by the Council.

The requirements below would apply to expatriate doctors coming into the Country to carry out medical missions:

- i) Letter of introduction to the Registrar of MDCN, introducing the expatriate doctor, his/her mission and duration of stay in Nigeria.
- ii) Evidence of being registered in country of origin and being active in practice
- iii) Current Letter of Good Standing from regulatory body abroad

- iv) Submission of duly completed Temporary Registration form
- v) Submission of dully completed Practicing License application form
- vi) Copy of basic medical degree certificate
- vii) Copy of postgraduate degree certificate
- viii) Payment of appropriate administrative fees.

## **APPENDIX 2: GUIDELINES ON LABORATORY REGISTRATION IN NIGERIA**

### **1. Requirements:**

- (a) Letter of intent
- (b) Corporate Affairs Commission (CAC) Business Registration Certificate
- (c) A Medical Laboratory Scientist with current practicing license from Medical Laboratory Science Council of Nigeria
- (d) Fully completed Laboratory Registration and External Quality Assurance Programme (EQAP) forms
- (e) Receipt or Teller for Laboratory Registration fee:
  - (i) N20,000 for Single Purpose Laboratory (Primary).
  - (ii) N50,000 for Multi Purpose Laboratory (Secondary)
  - (iii) N100,000 for Private Research Laboratory, Internationally Funded Laboratories, Multinational Laboratories, and Laboratories owned by Corporate Organizations (Tertiary)
- (f) List of Equipment
- (g) Laboratory floor plan
- (h) Organizational Chart of the proposed laboratory.
- (i) List of Tests to be run
- (j) Standard Operational Procedure (SOP) for each test

**Note:** A Medical Laboratory can only be registered with the Council by a Medical Laboratory Scientist who is registered by the Medical Laboratory Science Council of Nigeria.

## **2. Procedure for Application for Registration**

- (a) The Proprietor or the Medical Laboratory Scientist (i.e. if the Proprietor is not a Medical Laboratory Scientist), shall write a letter of intent to the Registrar/CEO of Medical Laboratory Science Council of Nigeria through the Head of the Zonal/State Office within which jurisdiction the proposed laboratory is situated.
- (b) The following documents shall be attached to the said letter of intent:
  - (i) Corporate Affairs Commission (CAC) Business Registration Certificate.
  - (ii) Current practicing license and Registration particulars of the Laboratory Scientist.
- (c) On receipt of the letter with the attached documents, the Zonal/State Office shall release to the applicant the "Registration Application Form;
- (d) The applicant shall fully complete the form and return same to the Zonal/State Office with the following attachments:
  - (i) Teller for appropriate/requisite Registration fee as the case may be.
  - (ii) Copy of laboratory floor plan.
  - (iii) Proposed Organizational Chart of the proposed laboratory.
- (e) The Head of the Zonal/State Office shall visit the site to ascertain the authenticity of the submitted documents.
- (f) The Head of the Zonal/State Office in question shall then endorse the letter of intent with all the attached documents to the Registrar/CEO of Medical Laboratory Science Council of Nigeria with his/her recommendation.

- (g) The Laboratory Accreditation/Registration Department shall process the application and grant provisional registration within 2 weeks.
- (h) The Applicant laboratory shall be informed of Council's decision in writing within 4 weeks and inspection requirements shall be enclosed if approved.
- (i) The Provisional Registration shall be for 12 months after which a team of inspectors shall be sent from Council's headquarters to inspect the laboratory.
- (j) All the inspection requirements shall apply during the inspection in (i) above.

#### **NIGERIAN TRAINED MEDICAL LABORATORY PROFESSIONAL**

- a) Evidence of Council Approved qualification (BMLS, AMLSCN, NCLT, NCLA)
- b) Evidence of induction, internship completion and NYSC Certificate (if applicable)
- c) Possession of minimum O' L requirements and verification of WAEC/NECO results
- d) Evidence of payment of prescribed fees
- e) Possession of practising licence or work permit as applicable issued by MLSCN
- f) Possession of appropriate registration letters (MLS, MLT, MLA) issued by Council.

#### **FOREIGN TRAINED MEDICAL LABORATORY PROFESSIONAL**

- a) Evidence of Council recognised qualification
- b) Possession of minimum O' L requirements and verification of WAEC/NECO OR EQUIVALENT RESULTS

- c) Evidence of completion of supervised laboratory posting ( submission of logbook to Council)
- d) Successful participation in MLSCN assessment exam for foreign graduates
- e) Evidence of payment of prescribed fees for registration and licensing
- f) Possession of appropriate registration letters and practising licence or work permit



### **APPENDIX 3: REQUIREMENTS FOR REGISTRATION OF NURSES WITH THE NURSING AND MIDWIFERY COUNCIL OF NIGERIA.**

The Registration Section is responsible for registering applicants who have completed an approved basic or postbasic course of instruction in Nursing or Midwifery education and have passed the final qualifying examination of the Nursing and Midwifery Council of Nigeria.

Applications are accepted from Nigerian and foreign trained nurses. The Unit presently maintains nineteen registers for various categories of nurses:

#### **Basic Registration**

Basic Registration is concerned with the registration of nurses who have completed their general nursing or basic midwifery education and were successful in the Nursing and Midwifery Council of Nigeria professional examination and foreign trained nurses who have met the Councils requirement for registration.

#### **Forms of Basic Registration**

- Midwifery (basic)
- General Nursing

#### **Procedure for Basic Registration**

- Application forms for registration are forwarded to the Approved Nursing Training Institutions with the results (release of result

for the Council's Professional examination for general nurses and basic midwives).

- Application forms are to be completed by the applicant providing all the required details (information **MUST** be consistent with that provided at the time of indexing).
- Please note that change of name is **NOT** allowed **EXCEPT** for marital reasons (surname only).
- Completed application forms are to be signed and stamped by the HOD/Principal.
- Submission of three recent, clear identical coloured passport photographs, full face on white background, no eye glasses.
- Payment of the prescribed registration fees into the Nursing and Midwifery Council of Nigeria's account (First Bank of Nigeria Plc account number 2014179152).
- Penalty for late registration is payable 90 days after the release of result, at the prescribed rate, subject to change from time to time.
- All fees are payable into the Nursing and Midwifery Council of Nigeria's account (the Registration Unit does **NOT** accept cash payment from individuals/schools).
- Head of Department/Principal should forward the application pack with the duplicate teller and computer print out as proof of payment with a covering letter containing the list of applicants addressed to the Registrar, Nursing and Midwifery Council of Nigeria, to the Administrative Unit.
- Designated staff should be authorized to collect notification of registration with a letter addressed to the Registrar Nursing and Midwifery Council of Nigeria duly signed and stamped by the Head of Department/Principal.

- The Nursing and Midwifery Council of Nigeria does not send Notification of Registration by post.

### **Post basic Registration**

Qualified applicants who have completed their basic nursing/midwifery training and have successfully gone through an approved post basic nursing specialty.

### **Procedure for Post Basic Registration**

The applicant submits a completed application form with the following documents:

- i) Letter of identification from the school of training addressed to the Registrar, Nursing and Midwifery Council of Nigeria
  - ii) Original copy of the certificate/statement of result for sighting
  - iii) Photocopy of the certificate of recent qualification
  - iv) Photocopy of certificate of previous qualifications/registration with the Council
  - v) Current licence.
- Post Basic application packs may also be forwarded to the Administrative Unit of the Council by the school with the duplicate teller and computer print out as proof of
  - Payment and must be accompanied by a covering letter containing the list of applicants.
  - Payment of the prescribed registration fees into Nursing and Midwifery Council of Nigeria's account (First Bank of Nigeria account number 2014179152).

- Penalty for late registration is payable 90 days after the release of results, at the prescribed rate, subject to change from time to time.
- The Council does NOT accept cash payment from individuals/schools.
- Applicant is required to collect a notification of registration at the completion of the registration process (individual application).
- Designated staff should be authorised to collect Notification of Registration with a letter addressed to the Registrar Nursing and Midwifery Council of Nigeria duly signed and stamped by the Head of Department/Principal. (school application)

### **Important Information**

- All correspondence with the Registration Unit should be addressed to the Registrar Nursing and Midwifery Council of Nigeria, Plot 713 Cadastral Zone, Behind Berger Yard, Life Camp, P.M.B. 5328, Wuse Abuja duly signed by Head of Department/Principal.
- Application forms from schools (application pack) should be completed by the individual applicant, duly signed and stamped by Head of Department/Principal.
- Change of name is ONLY allowed for marital reasons (surname only).
- All information provided on the application form for registration must be consistent with that provided at the time of indexing.
- All nurses applying after five (5) years of obtaining qualification must undergo a minimum of four (4) weeks refresher course in an accredited institution and present the original certificate to the Council.

## **REGISTRATION OF FOREIGN TRAINED NURSES**

It is mandatory that graduates of foreign nursing schools register with the Nursing and Midwifery Council of Nigeria (NMCN) and obtain license to practice prior to their professional practice in Nigeria. The registration process is as follows:

### **Applicants licensed in country of training**

- 1 Payment of the prescribed non-refundable application fee into the Nursing and Midwifery Council of Nigeria account (First Bank of Nigeria, Account No. **2014179152**)
- 2 Complete registration/licensing application forms with six (6) clear identical coloured passport photographs on a white background.
- 3 Complete verification of registration/licensure form and send same to foreign Nurses' Registration Board/Authority who will in turn send it directly to the Nursing & Midwifery Council of Nigeria  
- **Please collect the form from Registration Officers at NMCN office, Abuja. It is applicant's responsibility to ensure that verification are completed and returned in good time to the Nursing & Midwifery Council of Nigeria.**
- 4 Also request your foreign Nurses Registration Board/Authority to send a letter of good standing directly to the Nursing and Midwifery Council of Nigeria.
- 5 Request foreign institution(s) to send official academic transcripts of all nursing courses directly to the Nursing & Midwifery Council of Nigeria - **it is the applicant's responsibility to arrange and pay all necessary transcripts fees as may be required by the foreign University/College.**

- 6 Request the Federal Ministry of Education, Nigeria to authenticate the Nursing institution (s) which you attended and the certificate(s)
- 7 Sit a pre-registration Nursing & Midwifery Council of Nigeria's Examination. **[Date and time of the examination will be communicated to applicant in due course. Only successful applicant will proceed to steps 8 – 10]**
- 8 Undergo a minimum of 3 months orientation programme in an approved institution. **[Applicants will be advised appropriately in due course. Obtain end of orientation Report]**
- 9 Payment of current registration/Licensing fees if end of orientation report is satisfactory
- 10 Schedule officer enters the relevant details of the applicant into the appropriate register and assign registration number (same as in basic or post basic).
- 11 Registration and issuance of Notification of registration/License

#### **Applicants NOT licensed in the Country of Training.**

- Payment of the prescribed non-refundable application fee into the Nursing and Midwifery Council of Nigeria account (First Bank of Nigeria, Account No. 2014179152).
- Complete registration/licensing application forms with six (6) passport clear identical and coloured photographs on a white background.
- Request foreign training institution(s) to send official academic transcripts of all nursing courses directly to the Nursing and Midwifery Council of Nigeria.
- Request the Federal Ministry of Education, Nigeria to authenticate the Nursing institution(s) which you attended and the certificate(s).

- Undergo a minimum of one (1) year training in an accredited Nursing training institution in Nigeria (period of training is determined after evaluation of the academic transcript).
- Sit Council's professional examination.
- Payment of Council's prescribed fees for registration, if successful in the Council's examination.
- Schedule officer enters the relevant details in the result list and the appropriate register and assign Registration number.
- Applicant is issued the notification of registration.

*For more information on the requirements for registration, please refer to pages 26 – 39 of the Rules and Regulations guiding Nursing and Midwifery Education in Nigeria.*

## APPENDIX 4: RISK ASSESSMENT FORM FOR MEDICAL MISSIONS

<b>Project Name</b>	
<b>Prepared By</b>	
<b>Date</b>	

Problem Area Activity	*Risks Identified	Description	~Probability of Occurrence	~Impact Intensity	Existing Measures	^Mitigation Strategy	Additional Measures	Contingency Plan
Clinical								
Health & Safety								
Security								
Logistics								
Staff								
Finance								
Other								
Footnotes	*List all identified risks in relation to particular activity		~Very likely (70-100%); Probable 40-70%; Unlikely 0-40%	~High (catastrophic); Medium (critical); Low (marginal)		^Deflection; Control; Retention; Avoidance		



## APPENDIX 5: END OF MISSION REPORT

- Mission teams should complete this report and send it to the Diaspora Unit within six weeks of their activities being completed
- Please refer back to your original risk analysis when completing this report
- **Keep it brief**; bullet points are acceptable

### About the Mission

**Project title:**

**Place/LGA/State:**

**Start date:**

**End date:**

**Date of report:** Day/Month/Year:

**Nigerian partner(s):**

**Collaborating local agencies:**

**Nigerian project coordinator:**

**Foreign project coordinator:**

**Mission team:**

**Author of report:**

### Summary of Exit Interview:

### Summary of activities of mission

### Summary of clinical activity:

Total number

Age and Sex details:

Major categories of disease treated

List of operations performed:

Number of trainees

Complications:

Mortality

**Next steps:**

**Lessons learnt:**

**Please comment on the advice/support you received from The Diaspora Unit, FMoH**

**Finance and accountability**

[Please summarise your funding for this project]

**Recommendations:**

**APPENDIX 6: SUBCOMMITTEE MEMBERS FOR THE DEVELOPMENT OF GUIDELINES FOR MEDICAL/HEALTH MISSIONS IN NIGERIA**

<b><i>Name:</i></b>	<b><i>Organization</i></b>
Mr. Jacob A Akoh	Chair
Prof. Kayode Odusote	Foundation for Sustainable Health Decelopment
Dr. Tolu Fakeye	Health Policy Planning & Financing Practitioner
Mrs. R F Ayangade	NNVS
Dr. Fiemu Nwariaku	ANPA
Dr. Elie Okirie	MANSAG
Dr. Victor Gbenro	MDCN
Pharm. Ray Ohakwe	FDS, FMoH
Dr. O Enabulele	NMA
Dr. O R Olowu	Diaspora Unit, FMoH
Dr. Victoria Dike	MOH Imo State
Dr. Ibrahim Sule	MOH Niger State
Pastor Peter Omoragbon	NNCA-UK
Mrs. Victoria Ndunagum	NNCA-UK
Dr. Grace Ogiehor-Enoma	NANNNNA
Mrs. Sandra Anyoha	NANNNNA
Dr. Tina Obi	ANNID
Mr. Emmanuel Udontre	NMCN
Brig. Gen. Simeon Ekanem	Nigeria Army
Dr. A Awoli	MOH Bayelsa State

APPENDIX 7: NAMES OF STAKEHOLDERS AT MEETING FOR REVIEW OF  
DRAFT GUIDELINES (7th October, 2013)

Name: Organization

Dr. A. B. Magashi (Chair)	D (PSO), FMoH
Mr. J. A. Akoh (Moderator)	President MANSAG
Dr. O. R. Olowu mni	PPP/Diaspora Unit, FMoH
Mrs. P. A. Ogbaudu	PPP /Diaspora Unit, FMoH
Mrs. M. O. Okodugba	DNS FMoH
Dr. Dan. Omodon Perm.	Sec. SMOH Delta state
Dr. Mrs. H. I. Eboreime	Dir. Health Services SMOH Edo state
Dr T. O. Oladele	Perm. Sec. SMOH Osun state
Dr. A. E Erinosh.	DD DHPRS, SMOH Lagos state
Dr. U. R. Adefoye	Dir, Health Services, SMOH Ekiti state
Dr. Michael Omotsola	DHPRS, SMOH Delta state
Dr. O. C. Idoniboyeo	DHPRS, SMOH Rivers state
Chief Dr. P. Duck	Perm. Sec. SMOH Taraba state
Dr. E. A. Akabe	HOC Health, SMOH Nasarawa state
Dr. Fom.D. Com	Perm Sec. SMOH Plateau State
Dr. A. C. O Olosede	CMUL, Nig. Dental Assoc.
R. F. Ayangade	AD, OSGF (NNVS)
M. E. Akpan	DD, OSGF (NNVS)
Dr. Osahon. Enabulele	President, NMA
Mrs. Hassatu Sirika	ACRO, NAFDAC
Mrs. B. A. Agim	CKO, NAFDAC
Mr. C. J Oreoluwa.	Rep. Registrar, MDCN
Mr. Emanuel Kutara	FRCN
Prof. I. A. O. Ujah	DG, NIMR
Mr. S. S. Sule	Dep. Registrar, NPMCN
Mr. Emanuel Udontre	Dep. Registrar, NMCN
Dr. Udochukwu Asonye	Chair MCH Committee, ANPA
Mrs. Ngozi F. Mbibi	RNC. MA, NANNNA
Dr. Grace Ogiehor	Exec. Dir. NANNNA
Dr. A. Kareem.	Consultant NEAS
Mrs. Vicky Ndunagum	Vice President, NNCA UK
Mrs. Wendy Olayiwola	President, NNCA UK
Dr. Elie Okirie	Sec. General, MANSAG
Dr. O.L. Adeyemi	Sec. Gen. CANPAD

