

Nigeria and Child Survival

BACKGROUND: The past decade of military rule in Nigeria resulted in a near-total collapse of the health delivery systems nationwide. Immunization rates plummeted from a high in the late 1980's of 85 percent to below 20 percent by 1998. Health care facilities have deteriorated so much, due to a lack of maintenance, supplies and money to pay salaries, that these facilities are currently unable to offer adequate health services. It is not surprising that maternal and child morbidity and mortality rates during the past decade have sharply increased and are some of the highest in the world – over 1,000 maternal deaths recorded for every 100,000 live births annually. More than 1,000,000 Nigerian children die annually from preventable diseases.

STATISTICS:

- Life expectancy at birth in Nigeria is 53 years;
- The 1999 Under Five Mortality Rate was 137/1000 live births
- Exclusively breastfeed newborns (six months) account for only 3 percent;
- Malnutrition accounts for more than 50 percent of all childhood death and disability in Nigeria;
- Malaria kills approximately 30 percent of children who die each year.

Immunization Initiatives Nigeria is one of a handful of countries that remains a significant reservoir of wild poliovirus. Efforts have intensified in these countries to eradicate this disease. House-to-house immunization campaigns initiated in 1998 will continue until surveillance mechanisms reveal that the virus has been interrupted. Target dates for this interruption are set at 2002 for eradication and 2005 for certification of polio-free status.

Vitamin A deficiency (VAD) in 1999 was added to the campaign to reduce or eliminate the incidence of vitamin A deficiency (VAD) in children from 6 months to 5 years of age. During the course of these polio/vitamin A campaigns, work is ongoing to strengthen the national system in the provision of routine immunizations for sustained, long-term management of childhood diseases. These efforts are directed and harmonized through the InterAgency Coordinating Committee (ICC), chaired by officials of the Government of the Federal Republic of Nigeria (GFRN) and the National Program on Immunization (NPI). Representatives on the ICC include USAID, UNICEF, World Health Organization, DFID, JICA, CIDA, Rotary International, Red Cross, Doctors without Borders, and indigenous religious network affiliations. In July 2000, the ICC finalized a 5-year strategy for both polio eradication and strengthening the routine immunization system. USAID has assumed the lead role in ICC on social mobilization, finance and training issues for the NPI program.

Malaria Initiatives Malaria is a significant and growing health threat in Nigeria. More than 30 percent of childhood deaths and about 10 percent of maternal deaths are attributable to malaria each year. More than 20 million Nigerian children under the age of five experience up to 6 bouts of malaria each year. According to the GFRN, households spend 20-38% of their monthly wage on malaria treatment and at least 5-9 school days are lost per school year due to illness. Total man-hours lost to malaria each year is approximately 675 (12 days) *per person*. USAID is working to decrease the death and disability associated with malaria. One of USAID's approaches is the private marketing of insecticide-treated bednets.

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National Response Since the inception of Nigeria's democratic regime, public and private sectors are increasingly joining forces to form productive partnerships to solve the problems of the health systems, particularly in the areas of immunization and malaria at the federal level and above, but, significantly, from the lowest levels of government on up, these partnerships are beginning to take root and make a difference. The GFRN has taken a lead on such issues as malaria, HIV/AIDS and immunization, in addition to beginning the process of organizing the donor community to harmonize efforts and maximize the role that each presently plays in the development of Nigeria. Early in the year 2000, Nigeria hosted the African Summit to introduce the "Roll Back Malaria" initiative on the continent, which brought 20 African Heads of State to Abuja to develop a strategy and sign Memorandum of Understanding for containing this disease. Equally important, government officials at the local government area (LGA) and state levels have become actively involved in supporting health sector initiatives – notably immunization.

USAID Response USAID's Child Survival strategy is to work from the grassroots upward, forming "Community Partners for Health" in three zones of the country, which bring together the public and private sectors to form small and manageable community-owned and -led organizations to address a range of health care issues, particularly for women and children. With significantly increased funding for the year 2000 – from \$1,000,000 in 1999 to \$8,250,000 in 2000 – USAID is expanding both the scope and reach of its programs throughout Nigeria. Work on malaria is new this year; funds allocated for immunization are greater as we work to eradicate polio by the year 2002, and resuscitate the routine immunization system countrywide. A new focus on the integrated management of childhood illness (IMCI), including malaria, is being launched. Programs addressing nutrition are being intensified and/or introduced in a wider range of venues than USAID was able to cover with more modest funding. Additionally, an invigorated donor coordination effort is being launched, in cooperation with the GFRN, for sharing information and lessons learned, and to ensure that all interventions undertaken will be sustainable in the long term by the Nigerian people and health systems.