

# **MATERNAL, NEWBORN AND CHILD HEALTH IN NIGERIA: WHERE ARE WE NOW?**

A Presentation by:

Prof. C.O. Onyebuchi Chukwu

Honorable Minister of Health, Nigeria

## **MNCH In the beginning**

- Implementation of disease specific programs
- vertical in-service training of health workers
- Government programs/projects dependent on donors
- Non professionalism of the civil service
- Too much out- of- pocket expenses for health
- Less emphasis on community involvement and participation

# Situation analysis

- Pop 150 million(1 in 5 Africans is a Nigerian)
  - 23% Women of child bearing age
  - 20% children under five years
- Crude birth rate 40. 6 per 1000
- Total fertility rate of 5.7 (NDHS 2008)
- 1,000,000 < 5yrs die every year(10% of global deaths)
- 33,000 women die annual from pregnancy related complications (of the global 529,000)

So..,

The Federal Ministry of Health adopted the Integrated Maternal, Newborn and Child Health Strategy (IMNCH) with eight strategic objectives

# The Strategy

- represents the articulation of a bold and new thinking on fast tracking comprehensive actions to change the course of maternal and child health
- proposes a new way of thinking, resourcing and putting to action a minimum range of evidence-based, high impact interventions that have been proven to work.
- embedded within the framework of the National Strategic Health Development Plan of the Country.
- based on the concept of high coverage of selected evidence-based, high impact interventions, while simultaneously identifying and removing system-wide constraints that impede health care delivery.

# MNCH Implementation Along the Continuum of Care

- Spans life's beginnings:
  - from before conception to childhood through pregnancy, childbirth, infancy and childhood.
- Goes from:
  - the home, empowering families;
  - through the health centre, bringing care closer to home;
  - and, when needed, to the hospital, facilitating referral
- Bridges across programs
  - Family planning, HIV, nutrition, child health, etc

# Justification for Implementation and Adoption

- High MMR, NMR & U5MR - weak health system & low coverage of MNCH interventions
- The mother, newborn and child are inseparable Triad
- > 61% of newborn deaths between day 0 and 1
- Maternal deaths, still births and newborn deaths strongly linked in time, place of death & delay in access to care.

# Priority areas for action

- Focused Antenatal Care
- Intrapartum Care
- Emergency Obstetric and Newborn Care
- Routine Postnatal Care
- Newborn care
- Infant and Young Child Feeding (IYCF)
- Prevention of malaria using LLINs and IPT

# Priority areas for action

- Immunization Plus
- PMTCT
- Management of common childhood illnesses and care of HIV exposed or infected children
- Water, Sanitation and Hygiene

To achieve appreciable result

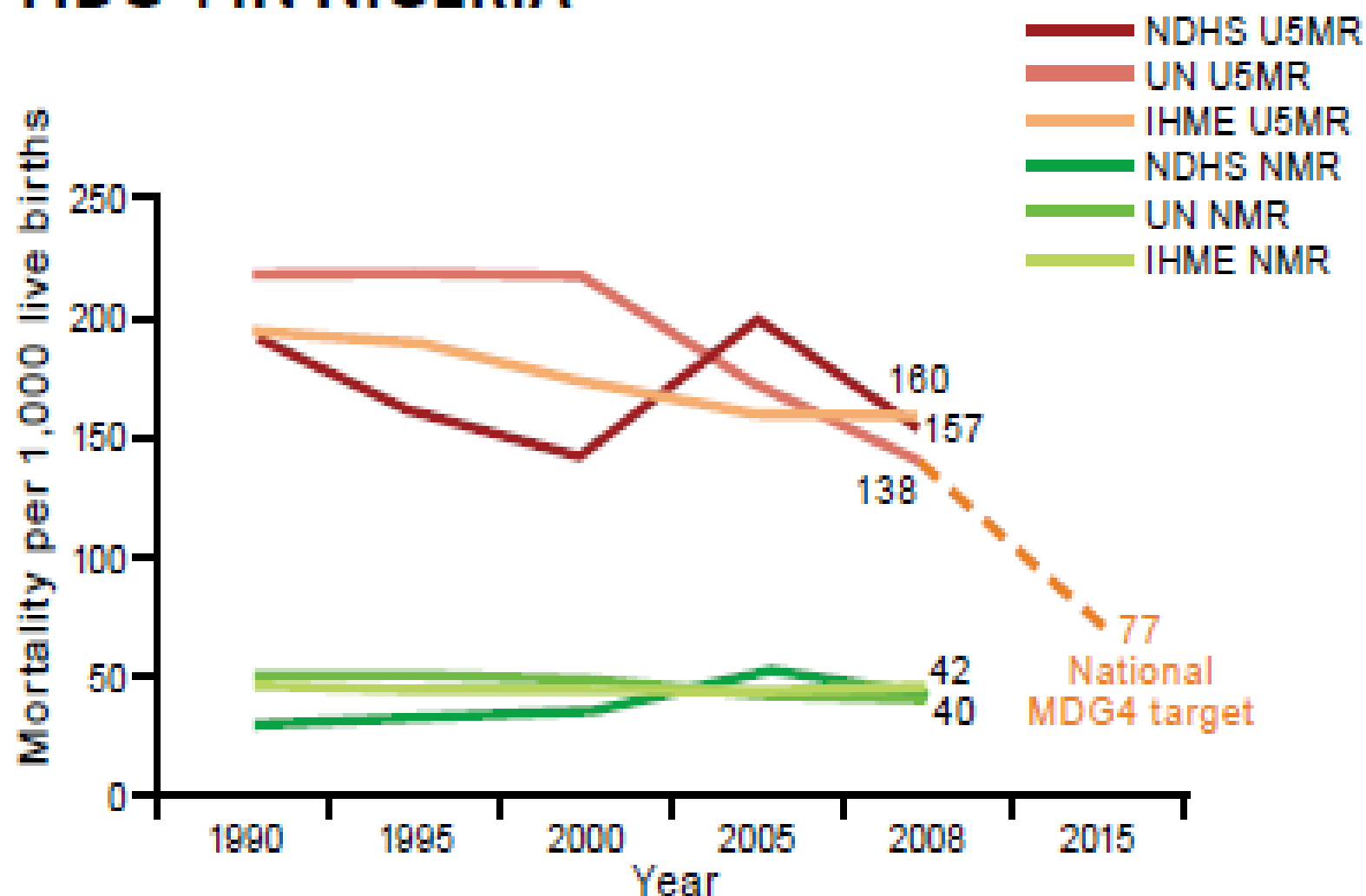
# Government Strategies/Efforts

- Repositioning of MNCH: Creation of Family Health Department
- NHSDP: Country's framework for health care delivery (MNCH issues well captures and binding on all successive state governors)
- IMNCH: Launched since 2007 and adopted by NCH
- Passage of the national Health Bill
  - NHIS
  - PHC Board

# Achievements/Where Are We

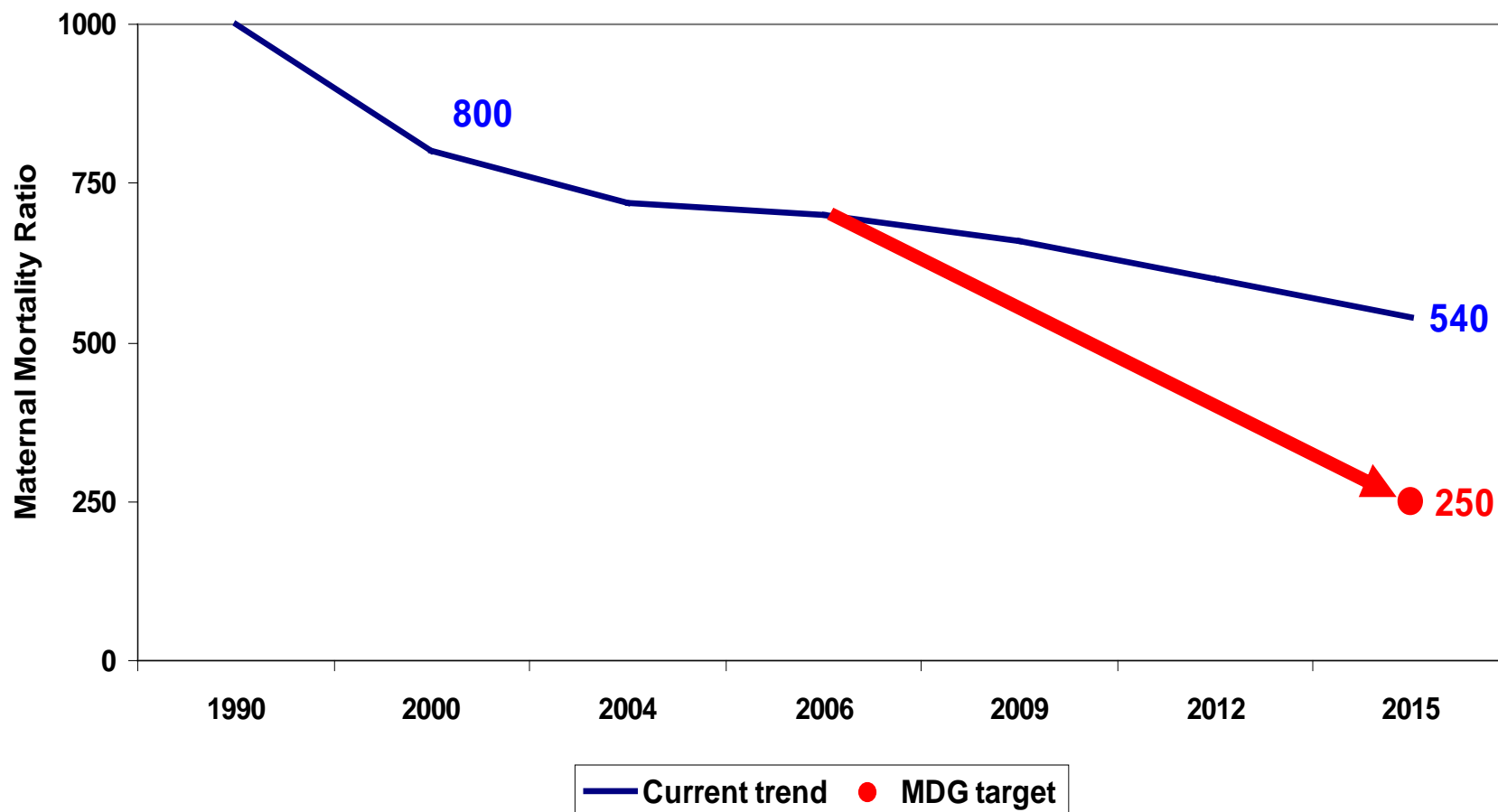
- Reduction in Maternal Mortality Ratio: 545 deaths per 100,000 live births (*NDHS 2008*) from 800 deaths per 100,000 live births
- Reduction in Under Five Mortality Rate: 157 deaths per 1000LBs (*NDHS 2008*) from 201 deaths per 1000LBs
- Reduction in Infant Mortality Rate: 75 deaths per 1000LBs from 100 per 1000LBs.

# FIGURE 1.1: RATE OF PROGRESS TOWARDS MDG 4 IN NIGERIA



Sources: NDHS=Nigeria Demographic and Health Survey;<sup>9-11</sup> UN=United Nations;<sup>14</sup> IHME=Institute for Health Metrics & Evaluation<sup>13</sup>

## Nigeria Trend in Maternal Mortality



# Current Strides To Meet MDG Targets

- Adoption and implementation of the Integrated Maternal, Newborn and Child Health Strategy
  - Institutionalisation of bi-annual MNCH week
- Strengthening Institutional capacity and Infrastructure
  - refurbishing and Procurement of equipments to tertiary health facilities for Emergency Obstetric and Newborn Care,
  - building of more PHCs,
  - capacity building of health workers in Life saving Skills, IMCI, Essential Newborn Care, etc.

# Current Strides To Meet MDG Targets

- **Improved human resources at PHC level through the Midwives Service Scheme:**
  - Deployment of 4000 midwives (and – CHEWs) to Primary Health Care Facilities
  - Capacity building of all the midwives in Life Saving Skills (LSS) and Integrated Management of Childhood Illness (IMCI) to enhance their performance in providing quality care
  - Upward review of number of admissions into schools of Midwifery
- **Strengthening supply of RMNCH commodities**
  - Procurement of Anti Shock Garments (pilot in 6 States)
  - Procurement of and training of health workers in the use of magnesium sulphate and Misoprotol
  - Midwifery kits along with consumables
  - Free distribution of Contraceptives Commodities
  - procurement and distribution of ARVs, LLITNs, and ACTs

# Current Strides To Meet MDG Targets

- **Review of RMNCH Policy Guidelines:**
  - National RH Policy was revised in 2010
  - Training Manual on the use of Magnesium Sulphate
  - National Family Planning/Reproductive Health Service Protocols and Policy guidelines and Standards of Practice
  - IMCI health facility and community guidelines and protocols in 2011
  - Kangaroo training guidelines for low birth weight babies
- **Establishment of Vesico-Vaginal Fistula centers**
  - Upgraded the Ebonyi VVF center to a National one
  - Established other 12 centers nationwide
  - On going training. So far trained 47 doctors and 49 nurses
- **Management of Childhood Illness**
  - Capacity building (IMCI trainers) across the six geo-political zones
  - Implementation of community case management of childhood illnesses (malaria, diarrhoea and pneumonia): strategy being fine tuned

# Current Strides To Meet MDG Targets

- **Health Financing**

- National Health Insurance and Community Based Health Insurance Scheme in selected states
- MDGs Conditional Grant Scheme
- Improved budgetary allocation to Health ( from 5% in 2006 to 7% in 2011)

- **Tapping into support of bilateral agencies/NGOs**

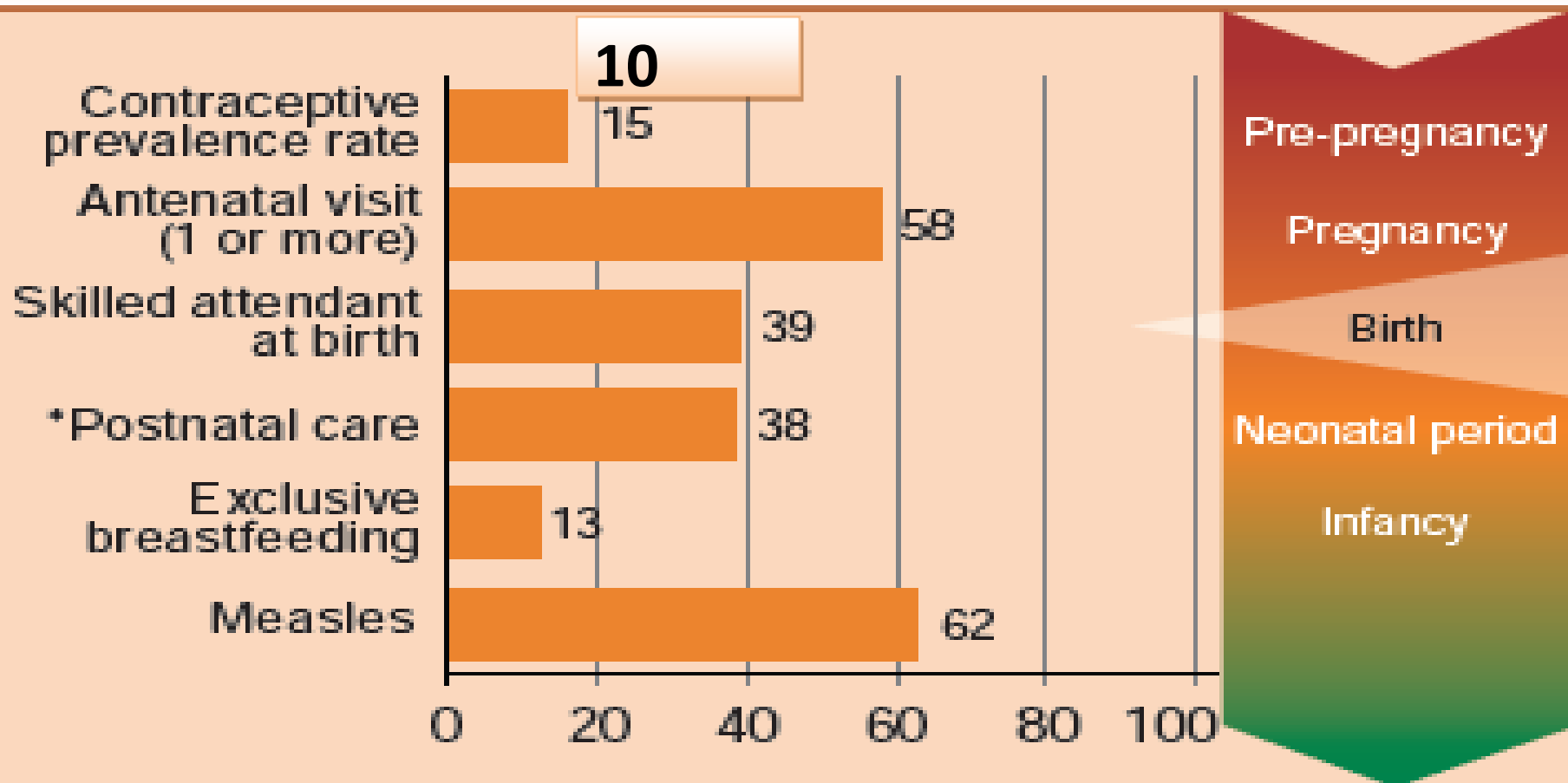
- Submitted proposal to EU-UNH4 for MDG 5: expected to be implemented in 16 States with high burden of maternal mortality. Priority area of focus includes Emergency Obstetrics and newborn care
- CIDA project for MSG 4 & 5 support

- **Research Priorities**

- Implementation research projects on PMTCT, MNCH, etc are currently on-going

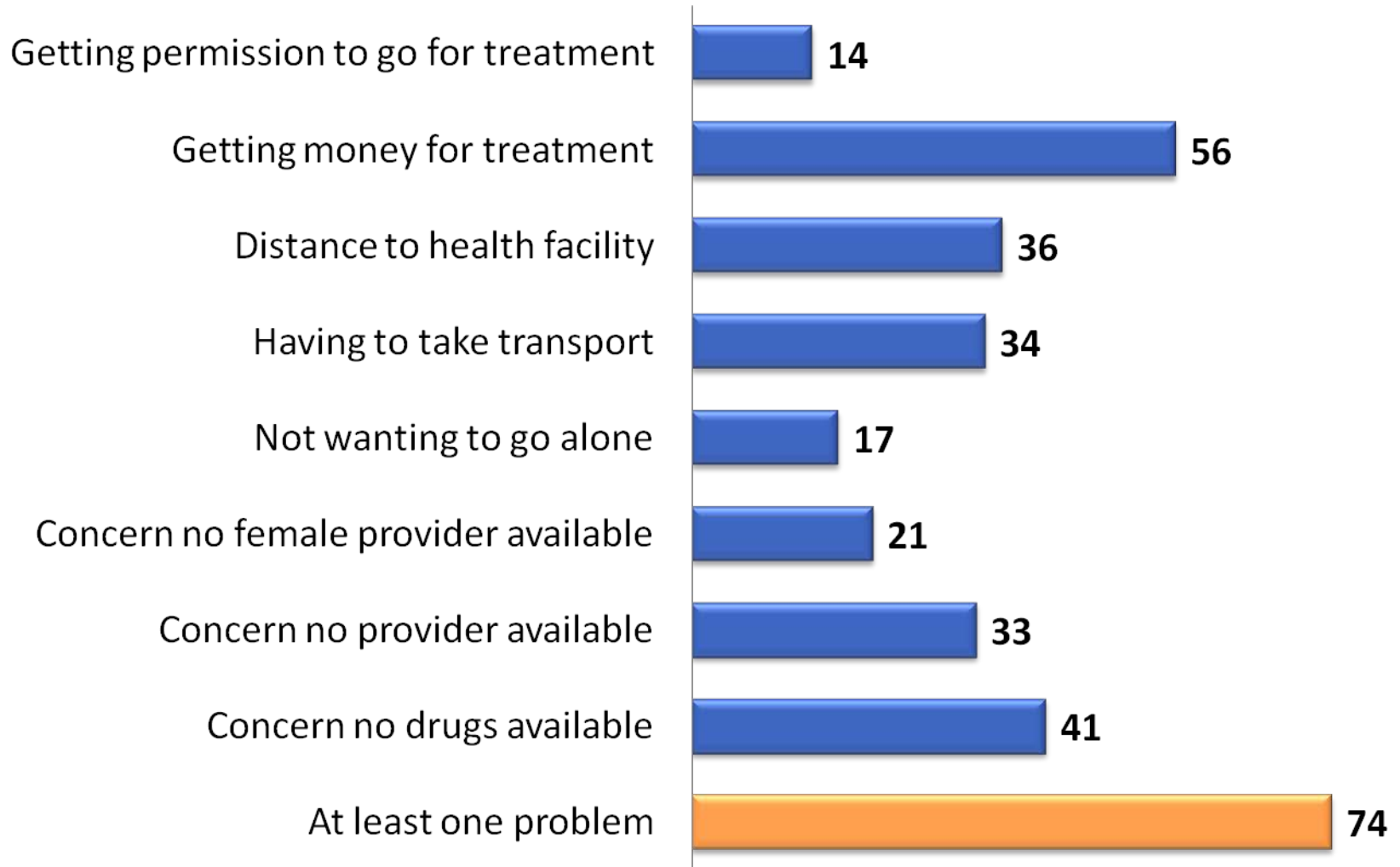
# Challenges: Low Coverage of High Impact Interventions

## Coverage along the continuum of care



Source: DHS, MICS, Other NS

# Challenges Cont: Problems Accessing Health Care



# Other Challenges

- Weak National human resource development and management
- Poor functioning health system with weak referral linkages especially for obstetrics and neonatal emergencies
- Inadequate financial support

# CONCLUSION

- Nigeria has developed a well articulated strategic plan for achievement of our health targets including MDGs 4 & 5.

THANK YOU!