CHILD HEALTH

A REVIEW OF THE NIGERIAN SITUATION.

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OUTLINE

- Child Health Indicators in Nigeria.
- Causes of Disease and Death of Nigerian Children
- The Slow Progress in Improving Child Health in Nigeria
- Strategies to Step-up Progress in Child Health in Nigeria
- Conclusions

“A person’s thoughts are like water in a deep well, but someone with insight can draw them out.”

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CHILD HEALTH INDICATORS

- Under-5 Mortality Rate (U5MR)
  - Measures probability of dying between birth to 5 years expressed over 1000 live births.
- Infant Mortality Rate (IMR)
  - Measures probability if dying between birth and 12 months expressed over 1000 live births
- Neonatal Mortality Rate (NMR)
  - Measures probability of dying between birth and 28 days expressed over 1000 live births.

(Figures are best estimates obtained from surveys. Derived internationally by an agency – Interagency Group for Child Mortality Estimation. Membership from UNICEF, WHO, United Nations Population Division & World Bank)

Child Health Indicators for Nigeria.

(2010 figures)

source: UNICEF State of the World's Children, 2012

- Under-5 Mortality Rate
  - 143/1000 live births
- Infant Mortality Rate
  - 88/1000 live births
- Neonatal Mortality Rate
  - 39/1000 live births

(Nigeria is one the 42 countries that contribute >90% of all under-5 deaths and one of the 10 countries with the highest neonatal deaths.)

UNICEF Nigeria (www.unicef.org/nigeria.children_1926.hmtl)

"Every single day, Nigeria loses about 2300 under-five olds and 145 women of child-bearing age. This makes the country the second largest contributor to the under-five and maternal mortality rates in the world."

Editorial Comments
The Nation newspaper April 21, 2011

THE NATION THURSDAY, APRIL 21, 2011

EDITORIAL/OPINION

Comments

Stillborn nation

•Nigeria still leads the world in infant mortality

F the many paradoxes which underline Nigeria's manifest contradictions, perhaps the most dissing is the very high rate of infant tality that has made the country one he most dangerous nations in the d for babies to be born in.

ording to comprehensive estimates llbirth rates recently computed by orld Health Organisation (WHO), untry has a mortality rate of 42 per ive births annually. This staggerure stands in stark contrast to those tries like Finland and Singapore ,000 live births), as well as Denand Norway (2.2 per 1,000 live Only Bangladesh, with 47 per e births, is higher.

"mere consulting clinics" into world-class medical facilities. However, very little has been done over the years to transform these laudable intentions into concrete reality.

Rather than attempt to tackle these problems with honesty and commitment, successive governments have failed to live up to expectations. Contracts for the construction of health facilities are routinely turned into avenues of corrupt enrichment; the supply of vital hospital consumables and equipment is entrusted to party functionaries rather than competent professionals; the welfare of medical and other staff is not given due consideration until they embark on co

than it has in Nigeria, and th looks set to continue for the fore future.

If this lamentable situation is it will require a renewed comm to the attainment of estab healthcare objectives. For a greater percentage of the natio tional, state and local governme ets must be devoted to health. be achieved by curbing wast unnecessary spending, espec the salaries and allowances o office-holders.

The next thing is to ensure t

Regional Differences in Child Health Indicators

Source: Saving Newborn Lives in Nigeria. 2nd Ed. FMOH, Abuja. 2011.

STATE	U-5MR	NMR
BENUE- NC	135	41
BORNU- NE	222	53
KANO- NW	217	47
ANAMBRA- SE	153	51
AKWA-IBOM- SS	138	48
OYO- SW	89	37

Under-5 Mortality Rate

- Adjudged the best measure of child wellbeing & human development
  - End result of a developing process
  - Several factors determine under-5 deaths
    - Quality & quantity of health care services, Socio-economic environment, etc, etc.
  - Less susceptible to fallacy of averages
- Used to rank countries in terms of human development
  - Country with highest U-5MR ranked 1 (Somalia)
  - Nigeria jointly 12 with Niger (U-5MR, 143)
- Under-5 deaths have declined remarkably worldwide
  - From 16.6 million in 1970 to 7.6 million in 2010
- Rate of decline in Nigeria- very slow

COUNTRY	RANK	1970	1990	2000	2010
SOMALIA	1	-	180	180	180
S/LEONE	4	361	276	233	174
ANGOLA	8	-	243	200	161
NIGER	12	328	311	218	143
NIGERIA	12	251	213	186	143
BENIN	20	259	178	143	115
MALAWI	30	329	222	167	92
INDIA	46	188	115	86	63
INDONESIA	72	185	85	54	35
EGYPT	91	237	94	47	22
BRAZIL	103	129	59	36	19
QATAR	145	79	29	13	8
CANADA	156	22	8	6	6
UK	165	21	9	7	5
SAN MARINO	193	-	12	5	2

NIGERIA'S U-5MR PROGRESS- SNAIL SPEED.

Many countries less endowed in terms of resources are doing much better

Causes of Disease and Death of Nigerian Children-1

- Same diseases, all preventable, have persisted these several decades: MALARIA, MEASLES, DIARRHOEAS, PNEUMONIAS, MALNUTRITION. HIV/AIDS is a recent addition.
  - 1931- Report to the Colonial Office: *"the main factors which lead to high infant and general mortalities are lack of sanitation, widespread incidence of debilitating diseases such as malaria, helminthic infections schistosomiasis, and venereal diseases, lack of medical care, and dietetic deficiencies."*
  - 1984- Prof. Ransome-Kuti Windermere lecture to BPA: malaria, malnutrition, pneumonias and measles were listed
  - 2013- UNICEF Nigeria comment: *"Preventable or treatable infectious diseases such as malaria, pneumonia, diarrhea, measles and HIV/AIDS account for more than 70% of the estimated one million under-5 deaths in Nigeria."*

Causes of Disease and Death of Nigerian Children-2

- Within the period
  - Quadrupling of health facilities & very significant increase in numbers of all categories of health care providers.
  - Adoption of child health interventions promoted by WHO, UNICEF, USAID and others. Notably: CDD; BFHI; ARI; ORT; IMCI
- USAID Nigeria
  - *"While the number of health care facilities are increasing in the country, poor services, lack of demand and lack of accessibility characterize the health sector. …"* (nigeria.usaid.gov/programs/health).

- Question: why the slow progress? Is it failure of the curative and/or preventive services? Are there other factors at play?

Slow Progress-1

- Distant level (base level) where such factors as socio-economic status including employment, education and other factors operate.
- Intermediate level where environmental and other risk factors of disease – water supply, sanitation, food availability and other factors operate.
- Proximate level (level of the child). Here, the disease process, e.g. infection like pneumonia afflicts the child.

Slow Progress-2

- Governments have focused more at the proximate level- essentially curative services
- Prevalence of diseases can only reduce drastically if the distant and intermediate levels are addressed
- FMOH MALARIA POLICY:
  - Management of cases
  - Use of insecticide-treated bednets
  - Intermittent Preventive Therapy for pregnant women

  (DHS, 2003 -2.2% owned bednets; 1.2% of children slept under bednets; 1% of women had IPT)

  SERVICES are rarely AUDITED!

Donor-Driven Programmes

- Nigeria readily welcomes health programmes developed and promoted by international bodies (WHO, UNICEF, USAID, others)
- Programmes come with money
  - Distraction for health who collect substantial bonuses for participation
- Nigeria rarely puts its counterpart funds
  - Programmes become unsustainable when donor funds finish
- Collapse of routine immunization
  - Blamed in large part to NIDs which were funded heavily by donors. Nigeria forgot to invest in vaccines.

Poor Funding

- Health poorly funded by the three tiers of Government
  - Nigeria has been unable to meet the 15% budgetary allocation to health recommended by African leaders. Fed budget for 2012 was 6%
- Budgeted money often not released on time
  - Services suffer undue delays
- Greater percentage for recurrent expenditure (Salaries & other emoluments)
  - Minimal development takes place

(HERFON did an analysis of 2012 Fed. health budget and noted that capital allocation has remained static since 2007.)

CORRUPTION! CORRUPTION!! CORRUPTION!!!

- Very Endemic
  - Has permeated of facets of our national life with devastating effects on services including health
- Severely compromised LEADERSHIP
  - Appointments even in sensitive positions ruled by political expediency and personal interests
- Loss of sense of SHAME
- Concept of COMMON GOOD no longer in our consciousness
  - Prince Fafore, 80 year-old elder statesman said that what is killing Nigeria is *"how much have you acquired"* syndrome (The Guardian, Sept. 29, 2012).

SECURITY CHALLENGES:

We have witnessed in recent times actions that are alien to our culture – BOMBINGS, MASS MURDER, KIDNAPPINGS and other forms of terror. The killing of 9 health workers in the course of their work was the climax.

The situation is scary!

"OUR UNITY IN CRIME IS NON-NEGOTIABLE"

Sunday Vanguard, March 17, 2013.

QUESTION: Is there a relationship between INSURGENCY, KIDNAPPING, ARMED ROBBERY and CORRUPTION?

To Step-up Progress in Child Health in Nigeria

- Child health and survival depend very much on the socio-economic health of the nation.
  - Socio-economic health is about QUALITY of life:- housing, access to potable water, clean environment, etc.
  - NOT about quantum of money or GDP.
- Health is in the concurrent list in our constitution.
  - Little cooperation and/or coordination among the 3 tiers of government.
  - Very dysfunctional secondary and primary health care services.
  - Tertiary service barely maintained.

Re-appraise Approach to MDGs

- **New Millennium Declaration in 2000. Aimed to reduce poverty and improve the health and quality of life of the world's children and women. Eight GOALS:**

- Eradicate extreme poverty and hunger.
- Achieve universal basic (primary) education.
- Promote gender equality and empower women.
- Reduce child mortality.
- Improve maternal health.
- Combat HIV/AIDS, malaria, tuberculosis and other diseases.
- Ensure environmental sustainability.
- Develop global partnerships for development

The MDGs

- **The 8 goals address**
  - All facets of human development
  - The three levels of determinants of disease and death in children.
- **Committed effort at achieving goals will result in positive transformation of society through:**
  - Reduction in poverty and improved socio-economic well-being.
  - Increased access to health and education.
  - Improved infrastructure and the environment.
  - Control and prevention of communicable and non-communicable diseases
- **Will result in drastic reduction in the indices of child health**
  - U-5MR, IMR, NMR

From the strategies adopted in the implementation of the MDGs so far, it would appear that our governments do not appreciate the interconnectedness of the MDGs and that the achievement of the health-related MDGs depends on the achievement of the other goals. *Proper implementation of the MDGs will engender cooperation among all sectors of the economy.*

Enhance Budgetary Allocations to Education & Health

- EDUCATION DRIVES DEVELOPMENT
  - Study the developmental history of the Asian Tigers.
- A HEALTHY NATION IS A WEALTHY NATION.
  - Only a person sound in mind and body can achieve his/her potential
- THE GREATEST and MOST IMPORTANT RESOURCE OF ANY NATION IS HER HUMAN RESOURCE
  - Improve the quality of the human resource and everything will be added unto it.

Establish a NATIONAL HEALTH SERVICE COMMISSION.

- **FUNDED BY THE 3 TIERS OF GOVERNMENT**
  - "Health tax" from corporate bodies.
  - Health insurance schemes
- **Coordinate health care delivery services in the country.**
  - Improve access to health care
  - Reduce duplication of services
  - Reduce cost of health care
- **Ensure maintenance of minimum standards in all public health care facilities in the country.**

  For a National Health Service Commission to function effectively, there must be a legislation **BANNING ALL FOREIGN MEDICAL TRIPS AT PUBLIC EXPENSE**

WITHIN THE HEALTH CARE SERVICES

- **FUNCTIONAL PRIMARY HEALTH CARE**
- **Priority attention to health of women and children**
  - Antenatal care & supervised delivery
  - Improved ROUTINE immunization coverage
- **UNFPA Nigeria states:**
  - *"Poverty and the people's inability to pay for health care in Nigeria is one of the major factors behind the high maternal and Under-5 mortality rates. Indeed, despite the enormous income from oil over the last 40 years, more than 53 percent of Nigerians are still poor, and the majority of these are women living in the rural areas, where the maternal mortality rate is more than double that in the urban areas. …."* (nigeria.unfpa.org/pdf/mnchfyer.pdf).

Nigeria must tackle CORRUPTION

- **No meaningful development unless level of corruption is drastically reduced**
  - Nigeria lowly ranked in the Mo Ibrahim African Governance league
- **Some actions may send the RIGHT signals**
  - Depoliticize and strengthen the civil service. The politicizing of civil service at all levels has not only weakened the services but also fueled corruption and lead to un-coordinated activities in the various ministries, parastatals and agencies of governments.
  - Punish corruption and eradicate the culture of impunity
  - Allow merit to determine what one gets. Merit and federal character are not mutually exclusive.
  - Ensure fair, just and living wage for all citizens

CONCLUSIONS-1

- I have, using the available statistics (U5MR, IMR & NMR), showed that the child health status in Nigeria is poor.
- I have also shown that we have been grappling with the same preventable disease conditions that have plagued our children all these several decades –Malaria, Malnutrition, Diarrhoeas, Measles, Pneumonias while new ones come on board.

CONCLUSIONS-2

- I have shown that the health interventions applied so far have not, for whatever reasons, had the desired impact and have not resulted in any remarkable improvements in the health status of our children especially when we compare ourselves with countries less endowed than we are.
- I have attempted to impress upon all of us and particularly our political leaders that our depressing child health status is not only about poor health care system, it is also about poor educational system, poor physical infrastructure, poor and unsanitary environment, poverty, unemployment, low industrial output, etc, etc**. In other words, our high under-5 mortality statistics is about poor governance.**

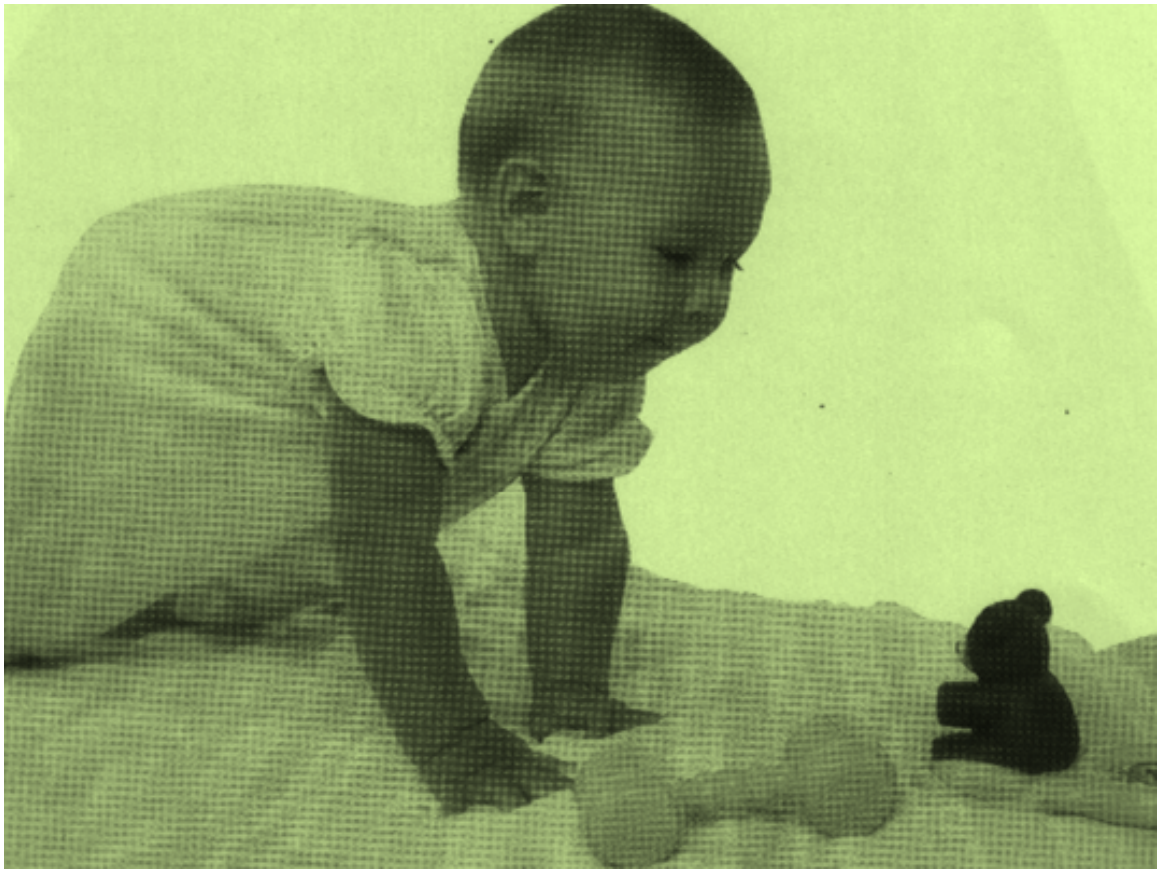
GLOOM?

"There is no market for gloom. You cannot sell it. What the world wants, needs, and will buy is CHEER."

Nigeria can bring cheer to our children. We can reverse the trend. We have the manpower and the resources to do it. All we need is- A **strong political leadership with commitment to fair and accountable governance, integrity, justice and rule of law**. In the current circumstances, we can only pray for this to come about.

“To protect creation, to protect every man and woman, to look upon them with tenderness and love, is to open up a horizon of hope”

Pope Francis. 2013



CAN WE GIVE THIS CHILD HOPE?

THANK YOU FOR YOUR ATTENTION