

NIGERIA

Improving Maternal, Newborn and Child Health

Women, newborns and young children continue to die in Nigeria because of the failure of the society to address their situation. The time is right for a change to save the lives of our mothers and children

In the year 2000, Nigeria and 188 other nations agreed on a number of Millennium Development Goals (MDGs) to improve the welfare of their peoples early in the 21st Century. Two of the goals concern reducing deaths among children under 5 years old by two-thirds (MDG 4) and reducing maternal deaths by three-quarters (MDG 5), by the year 2015

Midway to 2015, the date set for attaining the MDGs many women and children still die in Nigeria when compared to most other countries. About 53,000 women die every year, which means one woman dying every 10 minutes. They die from complications during pregnancy and delivery, which include: Excessive bleeding (or Haemorrhage), Infections, Pregnancy-induced high blood pressure leading to convulsions, Unsafe abortion, Anaemia, Malaria, and Obstructed labour

The situation of children is even worse. About 1 million children under the age of 5 years die every year. That translates into 114 deaths every hour. One out of every four of these deaths (about 250,000) is of a newborn—a baby less than one month old! These children die mainly from: Complications of low birth weight; Inability to begin breathing after birth (asphyxia); Infections; Malaria; and Pneumonia. Most of them die on the first day or the first week of life.

The situation is tragic because we fail to provide these children with interventions that are, *effective, available, affordable and with wide coverage* especially in settings where there are difficulties in providing funds and personnel. The childhood killers include diarrhoea, measles and other vaccine-preventable diseases, as well as HIV/AIDS. Malnutrition is associated with more than half of these deaths.

The current situation of women and children is such that if we do not arrest the trends in maternal and child health, Nigeria will not attain the 4th and 5th MDGs. Current efforts can only lead to reduction of the present child death rate of 195 in every 1,000 live births to just 176 by 2015, instead of the nation's MDG 4 target, which is 77 deaths out of every 1,000 live births. Similarly, with current efforts, deaths among women due to pregnancy and childbirth, which at present is an unacceptable 800 in every 100,000 live births, will only drop to 540. This is a far cry from MDG 5, which is to reduce such deaths to 250 per 100,000 live births.

What are the Key Issues?

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 per cent 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. Health consumers generally have to pay for treatment at the point of delivery, but the majority cannot do so because they do not have the means or any form of health insurance. The cost of health care therefore greatly limits access for the vast majority of poor people who need it the most. To arrest the trend of maternal and child, there has been a need for new thinking, which led to the development of the **Integrated Maternal, Newborn and Child Health (IMNCH) Strategy**.

What are the Key Issues?

One of the major factors behind the high rates of women and children's deaths is poverty, despite our enormous income from oil over the past 40 years, and therefore, inability to pay for health care. More than 53 per cent of Nigerians are still poor and most of these are women living in rural areas where maternal mortality rates are more than twice that in urban areas. People have to pay for health from their pocket at the point where they are being treated. Many of them cannot pay because they do not have the money or any form of health insurance and so many poor people are not able to get healthcare even though they are the ones who need it most. Therefore, in order to improve the way our healthcare is delivered and help those who need it most, women and children, to get at it promptly the strategy of Integrated Maternal, Newborn and Child Health (IMNCH) is developed.

Nigeria is ranked 187 out of 191 nations on per capita expenditure on health which was \$10.00 in 2006. If Nigeria is to reach its Millennium health targets this amount has to be tripled

What is IMNCH?

The **IMNCH** strategy is an intervention package that addresses the six conditions responsible for more than 90 per cent of each of the deaths of women, newborns and children under the age of 5 years, including underlying malnutrition, and HIV/AIDS. The **IMNCH** strategy has selected interventions with high impact to have as wide a coverage as possible in the shortest possible time. These interventions are packaged in three delivery modes:

1. Family-oriented, community based services
2. Population-oriented outreach services which can be scheduled, and
3. Clinical services given on one to one basis.

IMNCH strategy sets out to weave together all interventions that will improve maternal, newborn and child health implementation. Before now, maternal, newborn and child health interventions have been implemented as separate and individual interventions, the effect of which has been services which are unhelpful and scattered meant for three groups that are closely linked. Nigeria's development of **IMNCH** is in line with the World Health Assembly's Resolution WHA 58.31, which urges member-states to, among other things; speed up actions to ensure that maternal, newborn and child health

interventions are available every where.

How will it be implemented?

The **IMNCH** strategy will be implemented at the Federal, State and LGA levels. The existing intervention packages will be revised where necessary so as to implement the high impact interventions at all levels. Primary health is the structure for the implementation of **IMNCH** strategy and the Minimum Ward Health Care Package (MWHCP) at this level has been developed by the National Primary Health Care Development Agency (NPHCDA). The MWHCP is made up of essential interventions to address the most basic and health conditions of the population at Ward level. It will be available at the primary health care **clinic** , which is the first point of contact for people seeking health care which is more than general first aid. Some of the interventions of the strategy will be implemented at referral facility level. Furthermore, services in clinics, health centers and hospitals will be complemented by household and community services to promote the implementation of the **IMNCH** strategy.

What will IMNCH achieve?

IMNCH is designed to be implemented in three phases. The next phase adding on more interventions and therefore being more costly. If implemented as it is recommended, it will prevent more than half of the deaths of newborns (57 per cent); reduce 70 per cent (almost 700,000) of the 1 million annual deaths of children under 5 years old; and reduce pregnancy-related deaths by about 62 per cent (almost 34,000 out of 52,900 annual deaths).

In absolute terms, about 6 million Nigerian children and more than 200,000 mothers will be saved before 2015 if we faithfully implement the **IMNCH** strategy.

How much will it cost?

To implement the **IMNCH** strategy Nigeria will need to make an annual investment of N953 (US\$7.57) per person in addition to what is currently spent on health. In the early phase, the cost will be about N402 per head per year. The cost will however have to gradually increase to N1, 496 by 2015 when we move to add on some more clinical interventions.

The money so invested will cater for additional inputs, including human resources, salaries, training, drugs, commodities, equipment, infrastructure etc. For instance, it is expected that by 2015 at least 70 per cent of deliveries, rather than 35 per cent as it is now, will occur in health facilities and will be assisted by health personnel with life saving skills. Also, at least 70 per cent of Basic Emergency Obstetric and Newborn Care—such as removal of retained placenta, which is a common cause of bleeding and death after delivery, and resuscitation of newborn babies, will effectively be managed **at any comprehensive primary health care centre or general hospital.**

What Support Is Needed?

Action to drastically reduce maternal and child deaths in Nigeria cannot come too soon.

First, there is need for high level political commitment at all levels of government in terms of sustained funding and implementation of appropriate laws. It requires an enabling environment with the enactment/domestication/ implementation of enabling laws, including:

- Child Rights Act (implementation)

- Convention on the Elimination of Discrimination Against Women (domestication)
- National Health Bill (enactment)

In addition to this, all stakeholders in maternal, newborn and child health must play their roles effectively to ensure that the **IMNCH** Strategy is fully implemented all over the country. **IMNCH** is not just a health matter. Its success depends on inter-sectoral collaboration involving nutrition, education and an array of other services and actions, including male involvement.

In addition, there is need to plan for how the poor will be able to access health promptly. To achieve the desired impact of the initiative at least 90% must be able to have access to healthcare as needed – (through the proposed Basic Health Insurance Scheme). Poverty is a major reason many of our people do not access health services, therefore, we must institute a health financing mechanism that will remove financial barriers to **IMNCH** services. In other words, the services should be free to pregnant women, newborns and children less than five years of age in any Health Care facility, public or private. How to cover such costs should be worked out and planned for.

Need for Community Mobilisation and Demand Creation

We must mobilise our communities to adopt behaviour and practices that promote healthy maternal, newborn and child health and to seek health care in good time. Current low-usage of health services is making successful achievement of health intentions difficult.

Public-Private Partnership (PPP)

Private health facilities provide the bulk of health care in Nigeria. For that reason, IMNCH is involving the participation of the private sector under a **Public-Private** arrangement. One important area is to ensure that those who need **IMNCH** services can get them through private facilities when necessary. The delay arising from the need to pay before service is provided often results in tragedy. It is hoped that with the passage of the Health Bill and implementation of the Basic Health Insurance scheme, this barrier to essential MNCH services will be removed as the organized private sector participation is very crucial in the achievement of IMNCH objectives.

Who Will Be Responsible for Implementing the Strategy?

1. **The Executive, Legislative and Judicial arms of the Federal, State and Local Government Councils have roles to play to enact and implement laws to support IMNCH implementation**
2. **The Federal Ministry of Health and its agencies**
3. **Other line ministries such as Education, Women Affairs, Social Development, Agriculture, Water Resources etc.**
4. **International Organizations (Bilateral and Multilateral)**
5. **Non-Governmental Organizations**
6. **Traditional Rulers/Community Leaders**
7. **Community members, including men**
8. **The Mass Media (Print and Electronic)**
9. **The private sector**

Special Stakeholders

There is a special group of stakeholders comprising the First Lady and wives of political office holders at State and LG levels, who as wives/mothers have a critical duty to mothers and children in Nigeria:

First Lady

As the first among wives and mothers in Nigeria, the First Lady is enjoined to:

- ✓ Be the Goodwill Ambassador for women and children in Nigeria
- ✓ Support and promote the implementation of **IMNCH** throughout Nigeria
- ✓ Promote the formulation and implementation of laws that enhance the health and wellbeing of women and children
- ✓ Champion the reduction of mortality in women and children in Nigeria

Wives of State Governors

As the first among wives and mothers at state level, each State Governor's wife is enjoined to:

- ✓ To be a champion of the cause of women and children in her state
- ✓ Support and promote the implementation of **IMNCH** throughout the state
- ✓ Promote the formulation and implementation of laws that enhance the wellbeing of women and children in the state
- ✓ Advocate (to) and support the (her) Governor (spouse) in the commitment and will to universally implement IMNCH.

Wives of Chairmen of LG Councils

As the first among wives and mothers in the LGA, each LG Chairman's wife is enjoined to:

- ✓ Support and promote the implementation of **IMNCH** in the LGA
- ✓ Advocate for the employment and posting of trained birth attendants to PHC facilities
- ✓ Promote the formulation and implementation of bye-laws that enhance the welfare of women and children in the LGA
- ✓ Champion the cause of women and children in the LGA

The Time is Right for Change

There is high level political commitment to improve maternal, newborn and child health in Nigeria, evidenced by the initiation and implementation of health sector reforms. The expected passage of the National Health Bill will be a great step forward. The Bill, in addition to defining clear roles and responsibilities for the three tiers of government and the enactment of the Basic Health Care Insurance Scheme, provides for the establishment of a Primary Health Care Development Fund, with explicit pronouncements on how the funds will be utilized. This will greatly help in putting the IMNCH in place. We need to take the next step and go to the next level.

Nigeria needs to act NOW.