

NIGERIA



AT A GLANCE

Population (2017):
190.9 million¹

Population at risk of malaria
(2016): **100%²**

Malaria incidence/1,000
population at risk (2015):
380.8³

Under-five mortality rate (2013):
128/1,000 live births⁴

¹ World Bank, Population Estimates & Projections 2017

² World Health Organization (WHO), *World Malaria Report 2017*

³ WHO, *World Health Statistics 2017*

⁴ Demographic and Health Survey (DHS) 2013

The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity toward the long-term goal of elimination.

Country Context

Nigeria is the most populous country in Africa with an estimated 2017 population of 191 million. The nation's economy depends heavily on oil, and falling oil prices has negatively affected the economy. Economic growth over the past decade has not improved the welfare of the majority of the population.

The three levels of the health system - tertiary, secondary and primary corresponds to the three tiers of government-federal, state and local government. The health budgets at federal and state levels averaged four percent of annual budgets in 2016 and are inadequate to cover essential services. The limited budget and management challenges lead to poor quality services, often due to insufficient infrastructure, unskilled or lack of available health care providers, and/or inadequate supply of essential commodities. The private healthcare system is somewhat robust and provides care for a substantial proportion of the population.

Malaria is transmitted throughout Nigeria with the transmission season ranging from year-round in the south to three months or less in the north. The *Anopheles gambiae* s.s., is the primary vector and *Plasmodium falciparum* is the predominant malaria species. Microscopy data from the 2015 Malaria Indicator Survey show that the prevalence of malaria parasites in children under five years of age was 27 percent, a 36 percent decrease from 2010; however, there are wide regional, rural-urban, and socioeconomic differences.

The PMI program in Nigeria supports malaria control activities in 11 out of 36 states that are targeted to reach approximately 56 million people. To prevent malaria, PMI supports free universal campaigns and continuous distribution of insecticide-treated nets to households; provision of intermittent preventive treatment of pregnant women; and seasonal malaria chemoprevention in eligible states. To improve prompt diagnosis and effective treatment of malaria cases, PMI procures and distributes RDTs and ACTs; strengthens quality assurance of malaria diagnostics; and supports training and mentoring of health workers. In addition, PMI supports entomological surveillance, social and behavioral change, strengthening the routine health information system, ITN durability monitoring, and therapeutic efficacy studies.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Nigeria.

Nigeria Malaria Indicators	DHS 2008	MIS 2010	DHS 2013	MIS 2015
All-cause under-five mortality rate	157/1,000	–	128/1,000	–
Proportion of households with at least one ITN	8%	42%	50%	69%
Proportion of children under five years old who slept under an ITN the previous night	6%	29%	17%	44%
Proportion of pregnant women who slept under an ITN the previous night	4%	34%	16%	49%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last 2 years	5%	13%	15%	37%

PMI Contributions Summary

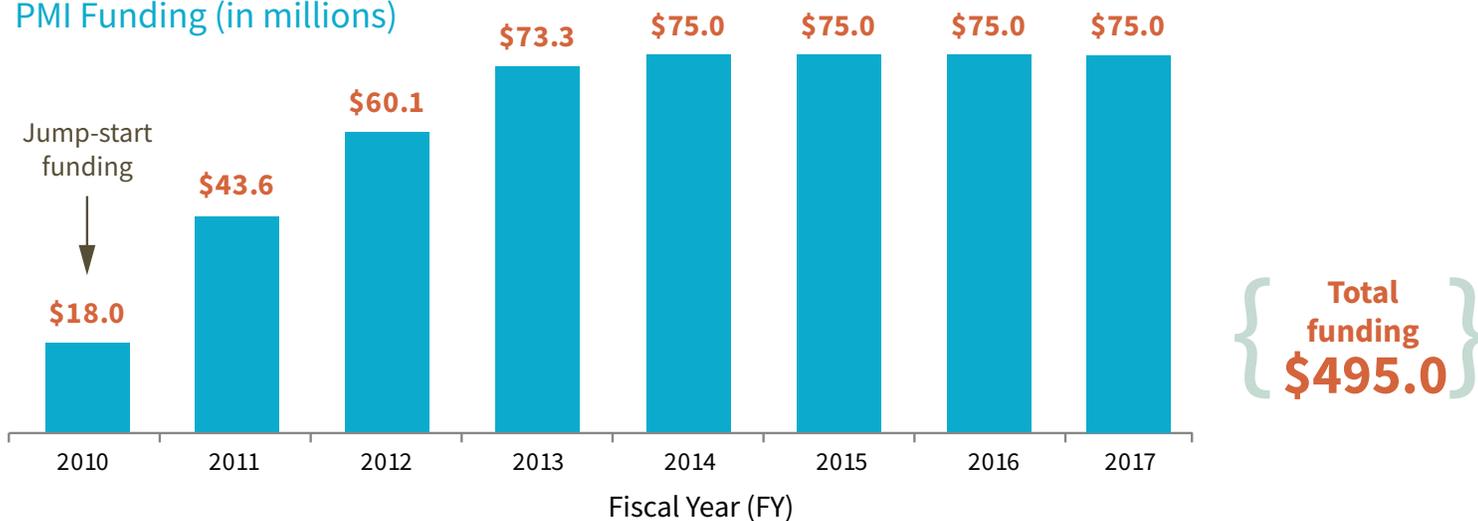
Nigeria is currently in its eighth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2017 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	7,900,000	39,462,175
		ITNs distributed	7,578,921	26,291,137
		ITNs procured by other donors and distributed with PMI support	0	21,582,055
Rapid Diagnostic Tests		RDTs procured	6,681,200	27,599,200
		RDTs distributed	2,372,734	22,884,535
Artemisinin-based Combination Therapy		ACTs procured	9,411,695	61,803,425
		ACTs distributed	6,272,859	51,676,878
		ACTs procured by other donors and distributed with PMI support	323,295	7,042,451
Sulfadoxine-pyrimethamine		SP treatments procured	3,329,400	14,329,400
		SP treatments distributed	1,150,250	6,741,063
Health Workers		Health workers trained in treatment with ACTs	0	n/a ²
		Health workers trained in malaria diagnosis	0	n/a ²
		Health workers trained in IPTp	0	n/a ²

1 The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the [PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

2 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2018 PMI activities in Nigeria, please see the [Nigeria Malaria Operational Plan](#).