

## NIGERIA



### 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

With a population of about 186 million, Nigeria is the most populous country in Africa. Although the nation's economy benefited from an oil boom, falling oil and gas prices in the world market is affecting the Nigerian economy. Overall, economic growth of the past decade has not improved the welfare of the majority of the population nor has it affected the high incidence of poverty. The public health system in Nigeria is weak, particularly at the primary care level. It is estimated that the government spends less than 5 percent of the national budget on health. The private healthcare system is robust and provides care for a substantial proportion of the Nigerian population. However, the heavy reliance on the private healthcare sector introduces case management and health surveillance challenges.

Malaria is transmitted throughout Nigeria with the entire population at risk. The 2015 Nigeria Malaria Indicator Survey (MIS) reported a fever prevalence of 41 percent in children. Of those with fever, 66 percent sought advice or treatment, and only 30 percent went to the public sector. Microscopy data from the 2015 MIS show that the prevalence of malaria in children under five years of age is 27 percent with wide regional differences. The duration of the transmission season ranges from year-round transmission in the south to 3 months or less in the north. *Plasmodium falciparum* is the predominant malaria species.

Nigeria and the Democratic Republic of Congo account for more than 35 percent of global total of estimated malaria deaths. The most recent national population-based survey measuring malaria program progress in Nigeria shows impressive results. From 2010 to 2015, ownership of at least one ITN increased, and use among children and pregnant women has improved as well. Other PMI-supported activities include: continued vector and insecticide resistance monitoring; indoor residual spraying (IRS) advocacy and support training; piloting community focused antenatal care (ANC) programs with intermittent preventative treatment for pregnant women (IPTp) where ANC attendance is low; procurement of IPTp drugs for focused antenatal care clinics; and expanded provision of rapid diagnostic tests (RDTs) and artemisinin-based combination therapy (ACTs) to patent and proprietary medicine vendors to upgrade testing and treatment services in the private sector.

### 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%

### AT A GLANCE

Population (2016):  
**186 million<sup>1</sup>**

Population at risk of malaria (2014): **100%<sup>2</sup>**

Malaria incidence/1,000 population at risk (2013): **343<sup>3</sup>**

Under-five mortality rate (2013): **128/1,000 live births<sup>4</sup>**

1 U.S. Census Bureau, International Data Base 2015

2 World Health Organization (WHO), *World Malaria Report 2015*

3 WHO, *World Health Statistics 2016*

4 Demographic and Health Survey (DHS) 2013

## PMI Contributions Summary

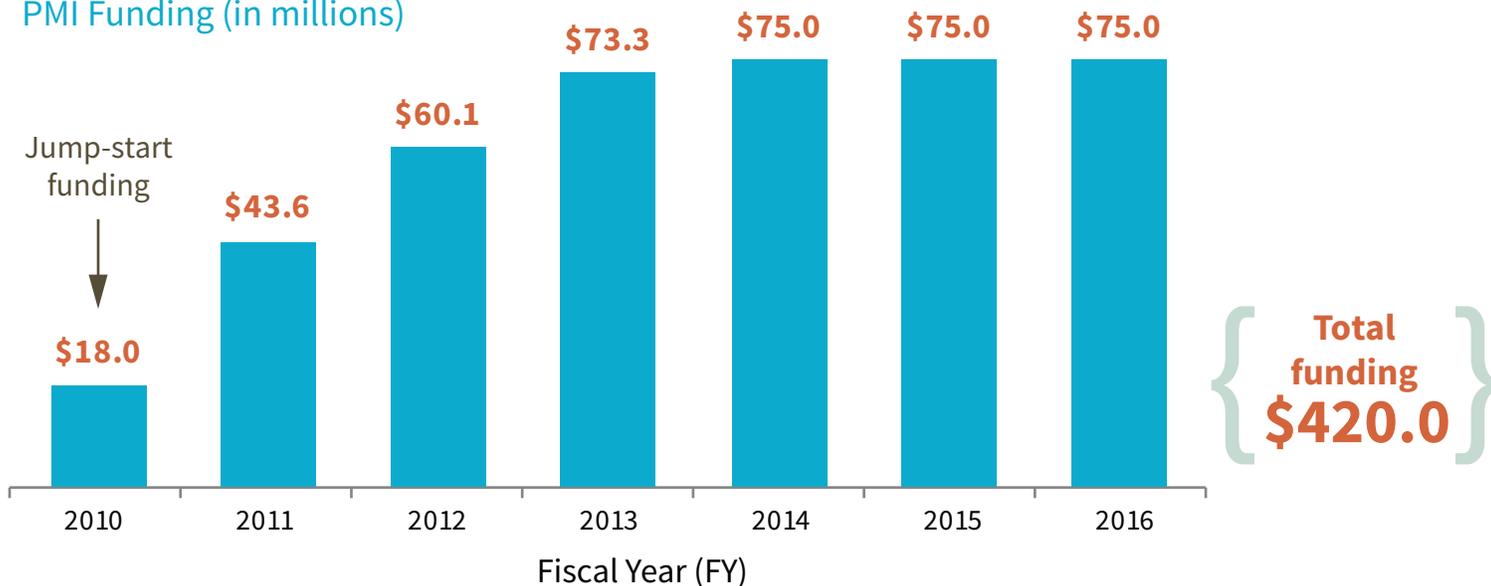
Nigeria is currently in its sixth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS <sup>1</sup>	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	9,732,500	22,862,175
		ITNs distributed	9,019,215	14,691,729
		ITNs procured by other donors and distributed with PMI support	3,225,147	21,582,055
Rapid Diagnostic Tests		RDTs procured	6,718,000	15,918,000
		RDTs distributed	6,747,289	11,130,726
Artemisinin-based Combination Therapy		ACTs procured	19,304,880	48,045,655
		ACTs distributed	17,153,639	29,980,823
		ACTs procured by other donors and distributed with PMI support	1,258,947	5,488,840
Sulfadoxine-primethamine		SP treatments procured	4,000,000	9,000,000
		SP treatments distributed	3,488,300	4,521,662
Health Workers		Health workers trained in treatment with ACTs	6,866	n/a <sup>2</sup>
		Health workers trained in malaria diagnosis	2,262	n/a <sup>2</sup>
		Health workers trained in IPTp	3,098	n/a <sup>2</sup>

1 The data reported in this table are up-to-date as of September 30, 2015. Please refer to Appendix 2 of the [2016 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 2016 PMI activities in Nigeria, please see the [Nigeria Malaria Operational Plan](#).