

Nigeria Best Practice Pneumonia Demonstration Projects

An Update on the Country Implementation Plan for Pneumonia

**Joy Ufere, M.D, MPH, MBA
Child Division Health
Federal Ministry of Health, Abuja, Nigeria**

**Pneumonia Round table Program
30th April 2013**

Presentation Outline

➤ Nigeria's Health system

➤ Situation Analysis of Child Health in Nigeria

➤ Progress Towards Achieving MDG4: Current Status, Challenges and Opportunities

➤ Achievement So Far

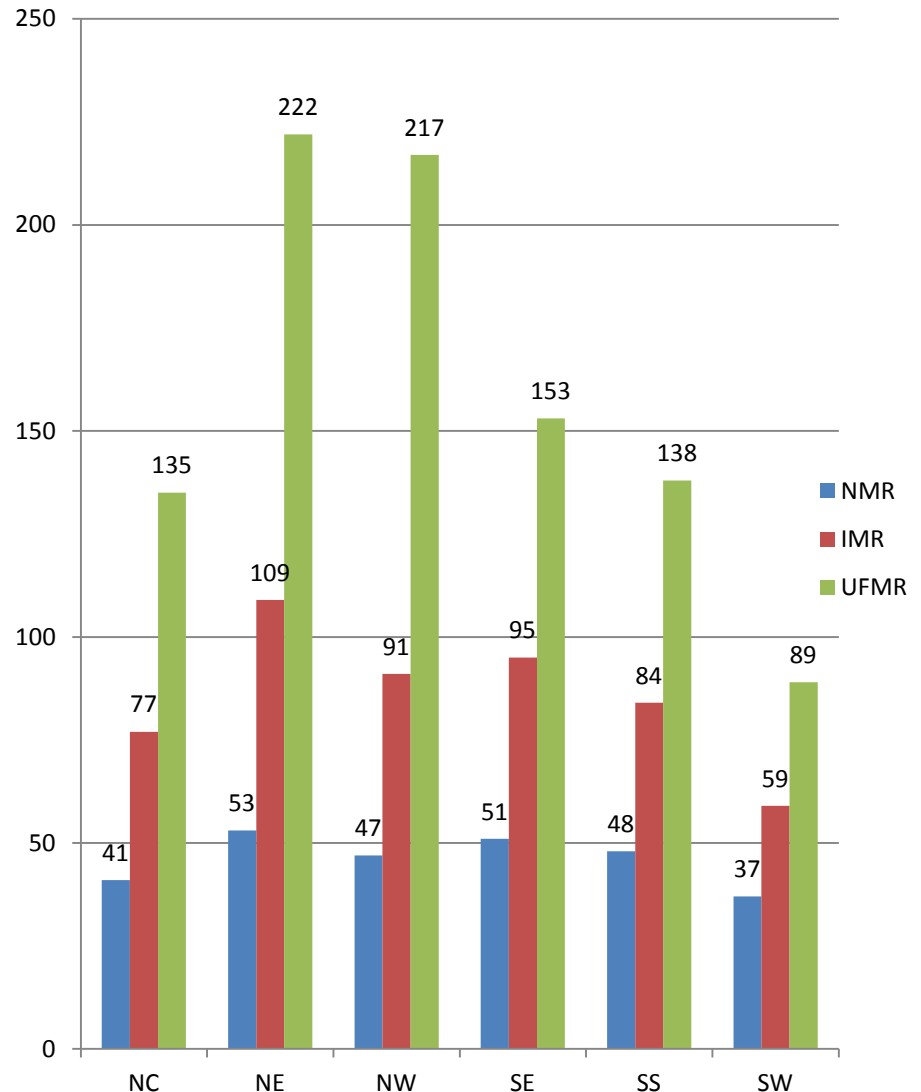
➤ Critical Next Steps

Nigeria's Demographics

Variation in under-five mortality rates across the 6 geo-political zones

Federation of 36 States and Federal Capital Territory (FCT)

- Population: 167 million +
- Large under-5 population (20%) and high birth cohort
- Five main language groups, 250+ regional languages/dialects
- Infrastructure and logistics challenges: inaccessible roads, unstable power, dense and rural populations, poor sanitation
- West Africa's transport and migration hub bordering four countries



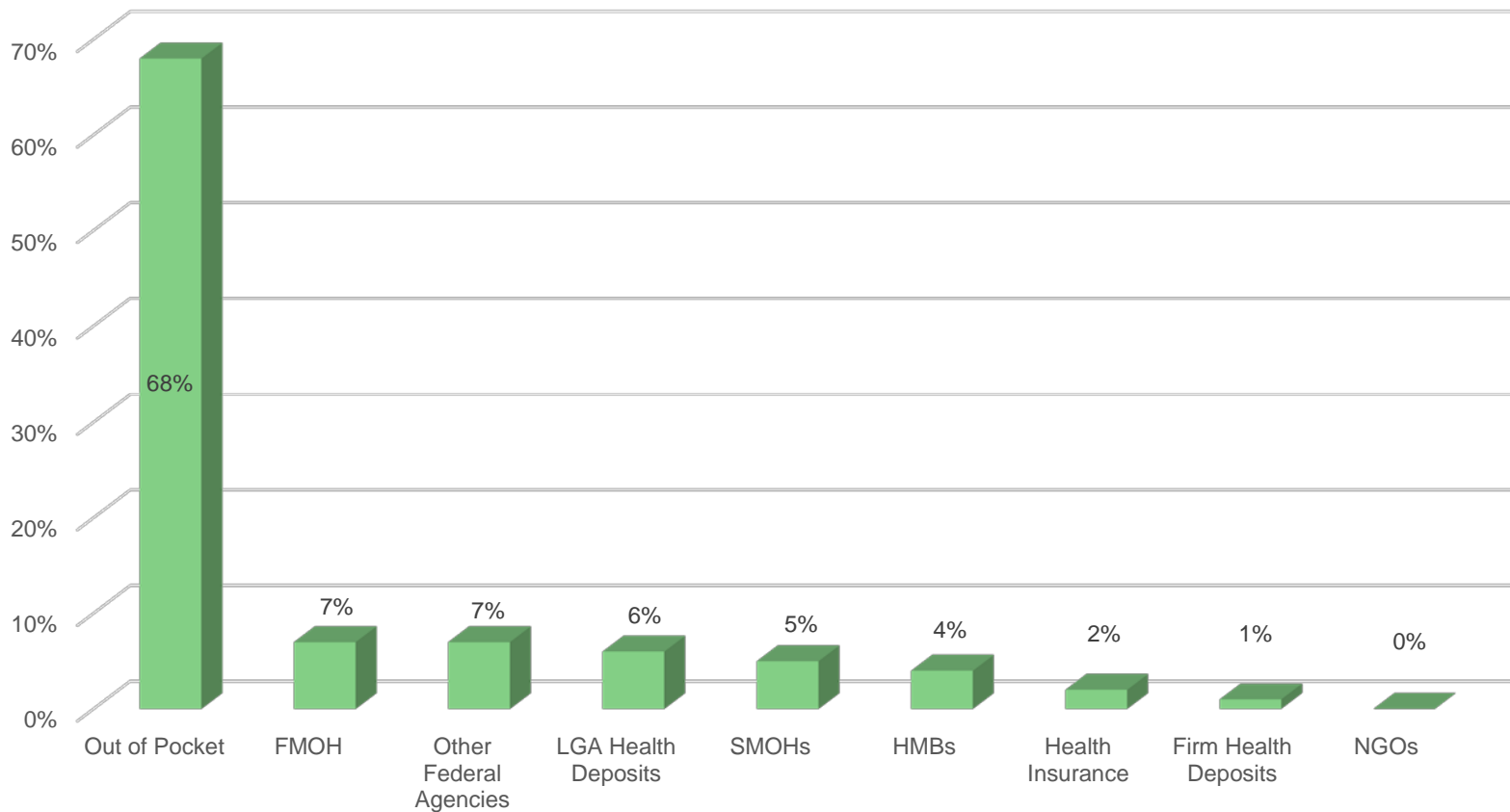
Nigeria's Health System

Level	Roles & Responsibilities
Federal	National policy, strategies, guidelines; Monitoring; Tertiary and resource mobilization hospitals
State	Population health in State; Referral State hospitals
Local Government	Primary Health Care Facilities

- Deconcentration – SMOH
- Delegation – NAFDAC, NPHCDA
- Devolution – LGAs for PHC
- Health is on the concurrent Legislative list
- Generally, health services, uptake and indicators in southern States are better than in northern States

Poor Financial Access to Health Services (Source: Soyibo et al 2009)

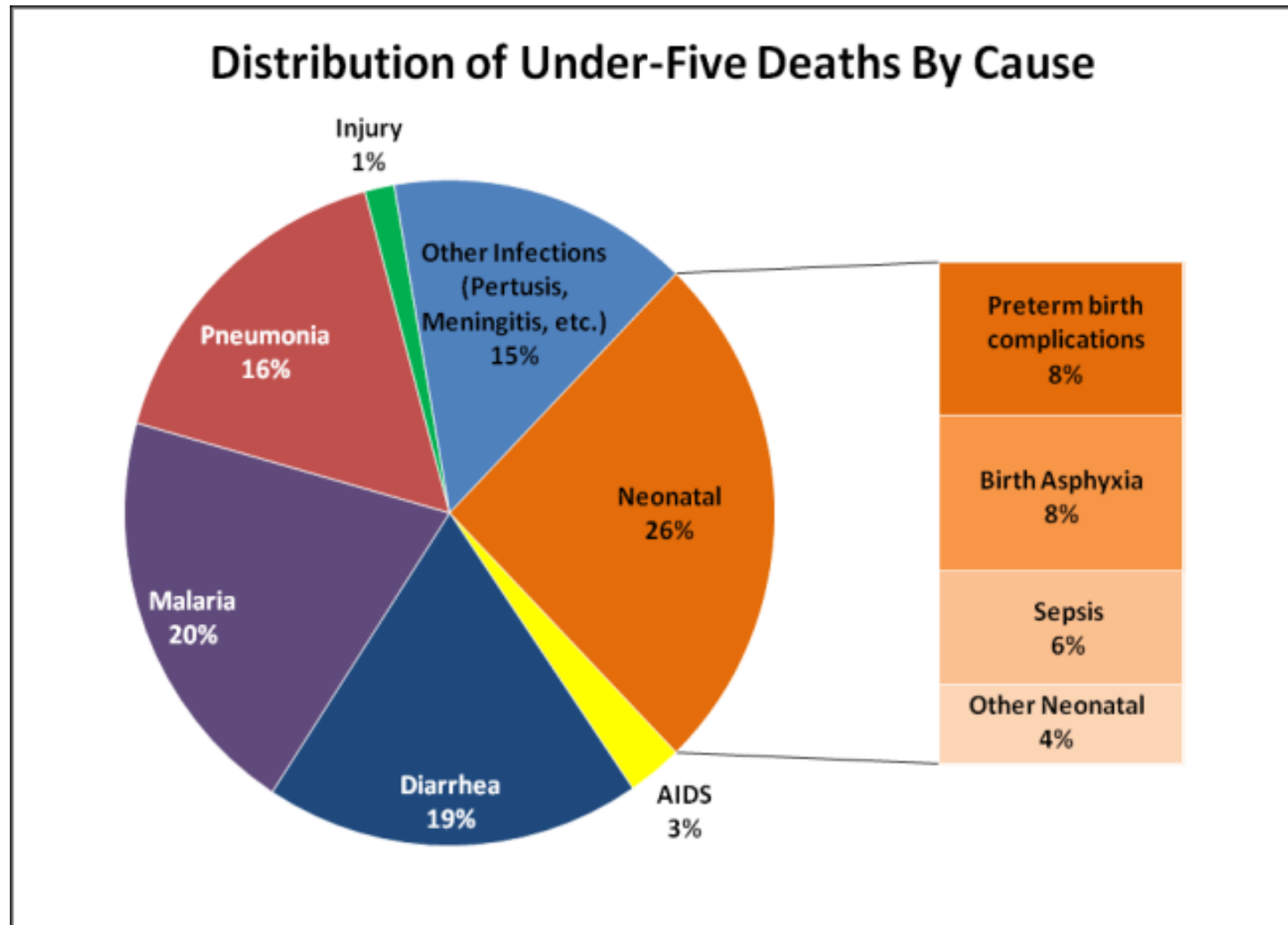
Nigeria Health Naira: Who Spends? (Financing Agents), 2005



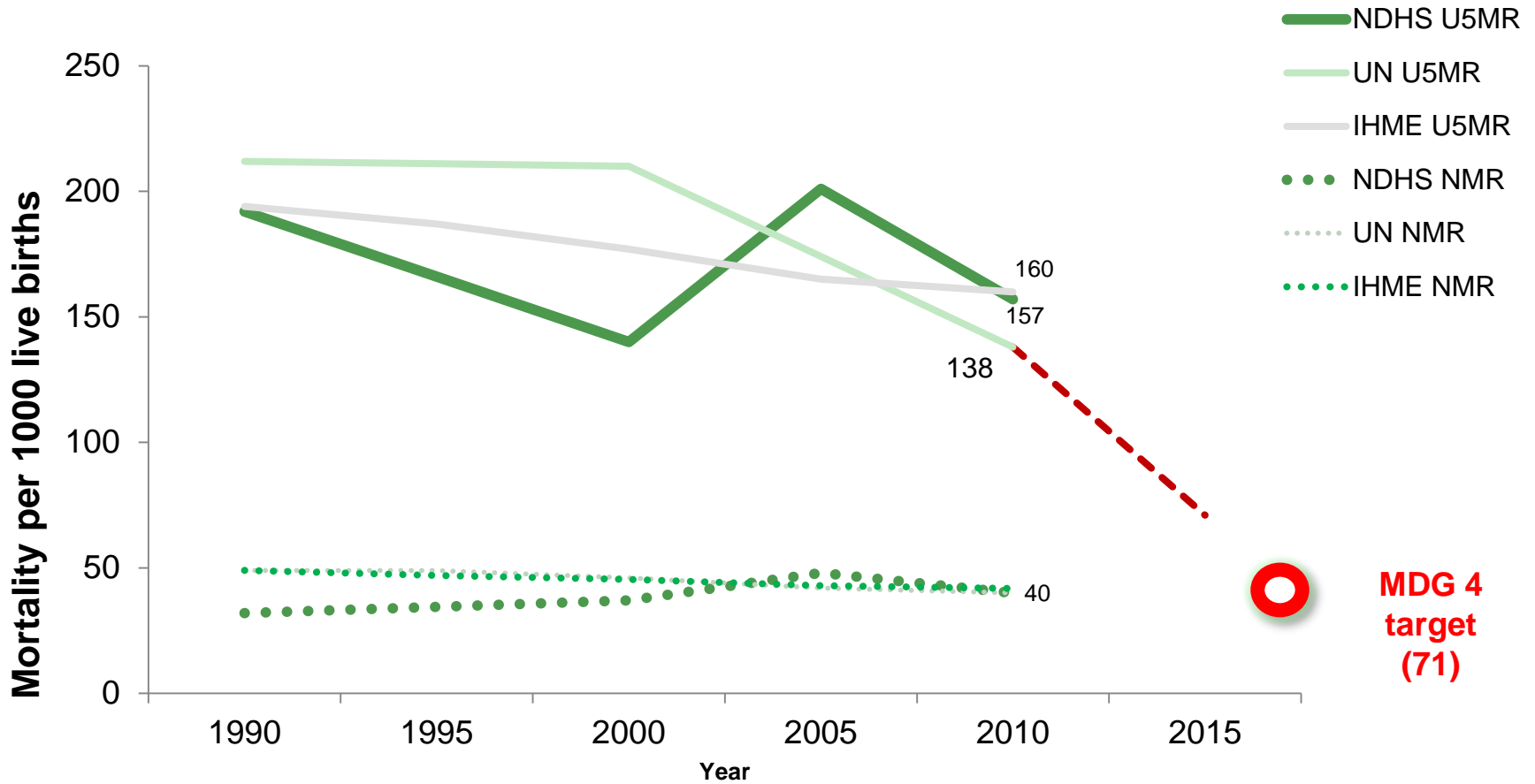
Situation Analysis in Nigeria

- Nigeria records about **756,000** under-five deaths every year.
- Contributing to **11%** of total global death of under-five, Ranking second on the list of countries with burdens of child mortality.
- There are an estimated **6.7m** cases of childhood pneumonia every year in Nigeria, resulting in **177,212** estimated deaths.
- Pneumonia represents an estimated **16%** of Under-5 deaths.
- Majority of childhood pneumonia deaths can be prevented with **highly** cost-effective vaccines and treated with very low-cost antibiotics which most of these children in Nigeria do not receive.
- The proportion of children with pneumonia that receive appropriate treatment in Nigeria currently stands at less than **30%** (NDHS, 2008).
- If antibiotics and other preventable interventions reach the most vulnerable children, most of the deaths (**130,000**) could be averted taking Nigeria one big step closer to achieving Millennium Development Goal 4.

What kills under-five children in Nigeria?



Progress toward MDG 4



Child deaths (<5 years) are declining
BUT still little progress for neonatal deaths...

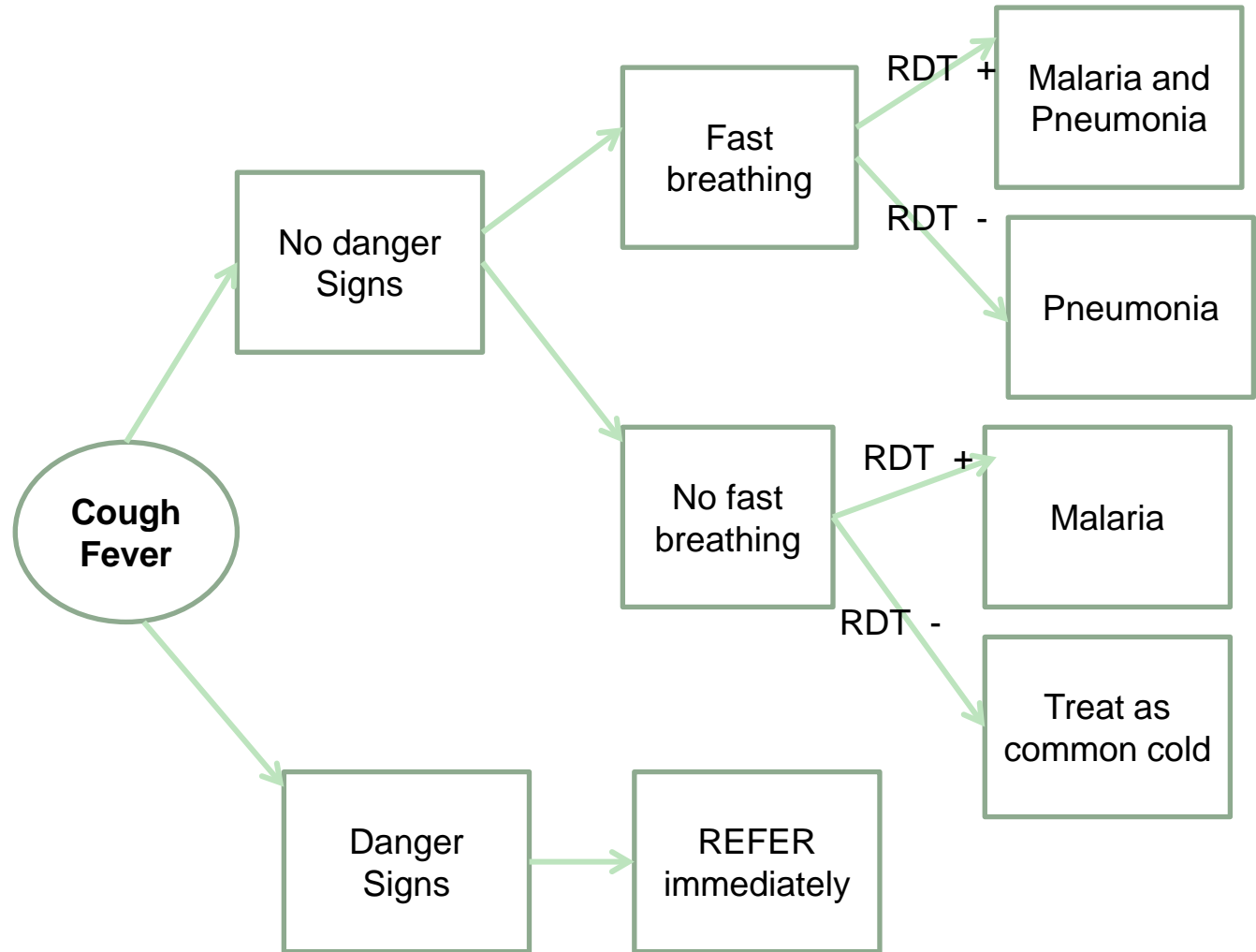
Now 28% of under five deaths, up from 24% (Source: Nigerian New-born

Diagnosis of Pneumonia

- ✓ The diagnosis of pneumonia is primarily done symptomatically by public and private primary providers and retailers; it is presumed that diagnosis is generally weak due to conflation of fever with malaria.
- ✓ Correct diagnosis is further lessened by low awareness on the part of caregivers, with less than a quarter of caregivers recognizing symptoms of pneumonia (MICS, 2007).
- ✓ Current national recommended **first-line antibiotic** treatment for pneumonia is the Dispersible tablet **Amoxicillin** (efforts is on-going to identify a cost effective 2nd line antibiotic treatment)
- ✓ Only **23%** of caregivers, however, access any antibiotics, and the proportion of caregivers that do not access treatment is as high as **65%** (NDHS, 2008).
- ✓ Most caregivers in Nigeria fail to recognize pneumonia as a disease that needs prompt and serious medical attention. In fact, less than a quarter of caregivers are aware of the two danger signs of pneumonia – fast breathing and difficult breathing (NBS/UNICEF, 2007).
- ✓ Of the **45%** of caregivers that did seek care for a child with symptoms of pneumonia, the majority indicate that they did so because of the child's fever and not because of the child's respiratory symptoms (NBS/UNICEF, 2007).

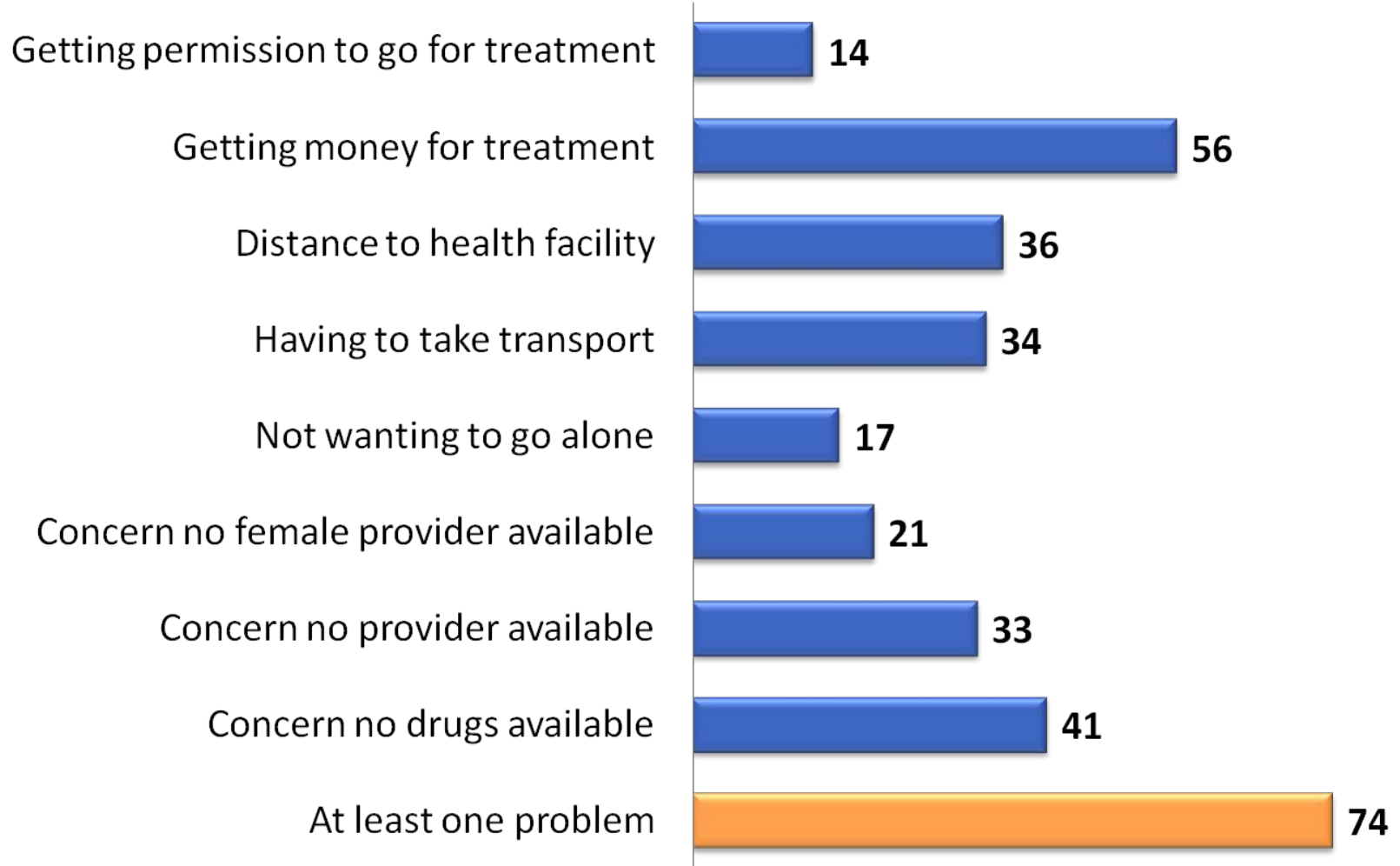
Simple algorithm for pneumonia and malaria at community level

CHEWS are trained in the community on the use of RDTs for malaria and respiratory counter for pneumonia





Bottlenecks - Problems Accessing Health Care



NDHS 2008



About 756,000 U-5 deaths
each year in Nigeria

What is Nigeria's
response?

A holistic response

Where we are focusing first

The states that will introduce Pneumococcal vaccine first-
Kaduna & Kebbi (NW), Bauchi & Taraba (NE), Kwara & Kogi (NC)
Ekiti (SW) Edo (SS), Anambra (SE)

States with highest concentration of under five deaths- Kaduna, Bauchi, Kebbi, Taraba and Anambra



Major Interventions for U-5 children for Pneumonia and Diarrhoea in Nigeria

- ▶▶ Vaccination (the Hib and pneumococcal vaccines - (planned to be introduced before end of 2013))
- ▶▶ Essential medicine scale-up plan-80% treatments with antibiotics for Pneumonia
- ▶▶ Integrated Management of Childhood Illness (IMCI- Pneumonia, Diarrhea, Malaria, Malnutrition, Vaccine preventable disease and recently HIV etc)
 - Facility based-case management (improving health workers' skills as well as improving the health system)
 - Community-based interventions (Promoting key 19household practices)
- ▶▶ Integrated Community Case Management (iCCM) for Pneumonia, Diarrhoea and Malaria

IMCI is the main thrust of the child survival strategy in Nigeria

✓ **Objectives of IMCI**

To contribute to the reduction of morbidity and mortality among children less than 5 years of age.

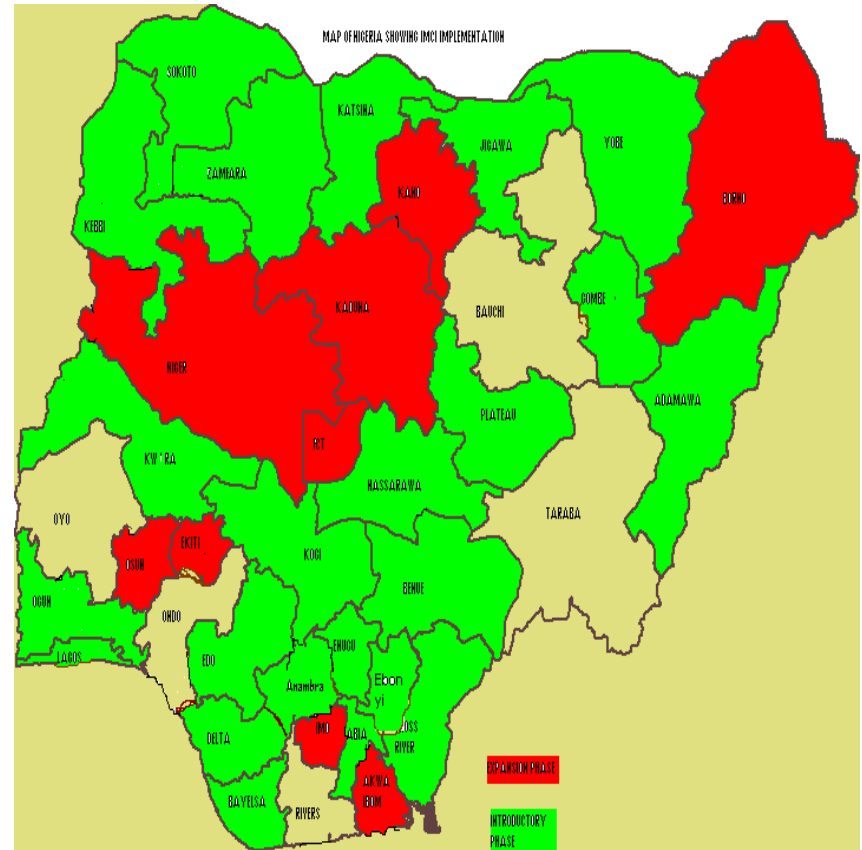
To promote health, growth and development



The 3 components of IMCI

STATUS OF IMCI

- ❑ IMCI introduced into Nigeria in 1997
- ❑ All states covered in a phased approach
- ❑ Limited coverage within the States to some health facilities communities
- ❑ Public and private stakeholders involved



Why IMCI has not been to scale?- Poor Weak Health System.....

- Non implementation of 3 components of IMCI in tandem
- Poor functionality of PHC facilities
- Poor Access to the facilities
- Poor supply system- availability of appropriate drugs and vaccines
- Inadequate health workers with skills to deliver IMCI
- Poor referral linkages between health facility to community
- sociocultural norms
- Inadequate data management on IMCI
- Poor community and family practices:
 - poor knowledge” of when to return to health facility
 - assistance from unqualified providers
 - delayed care seeking

What needs scaling up?

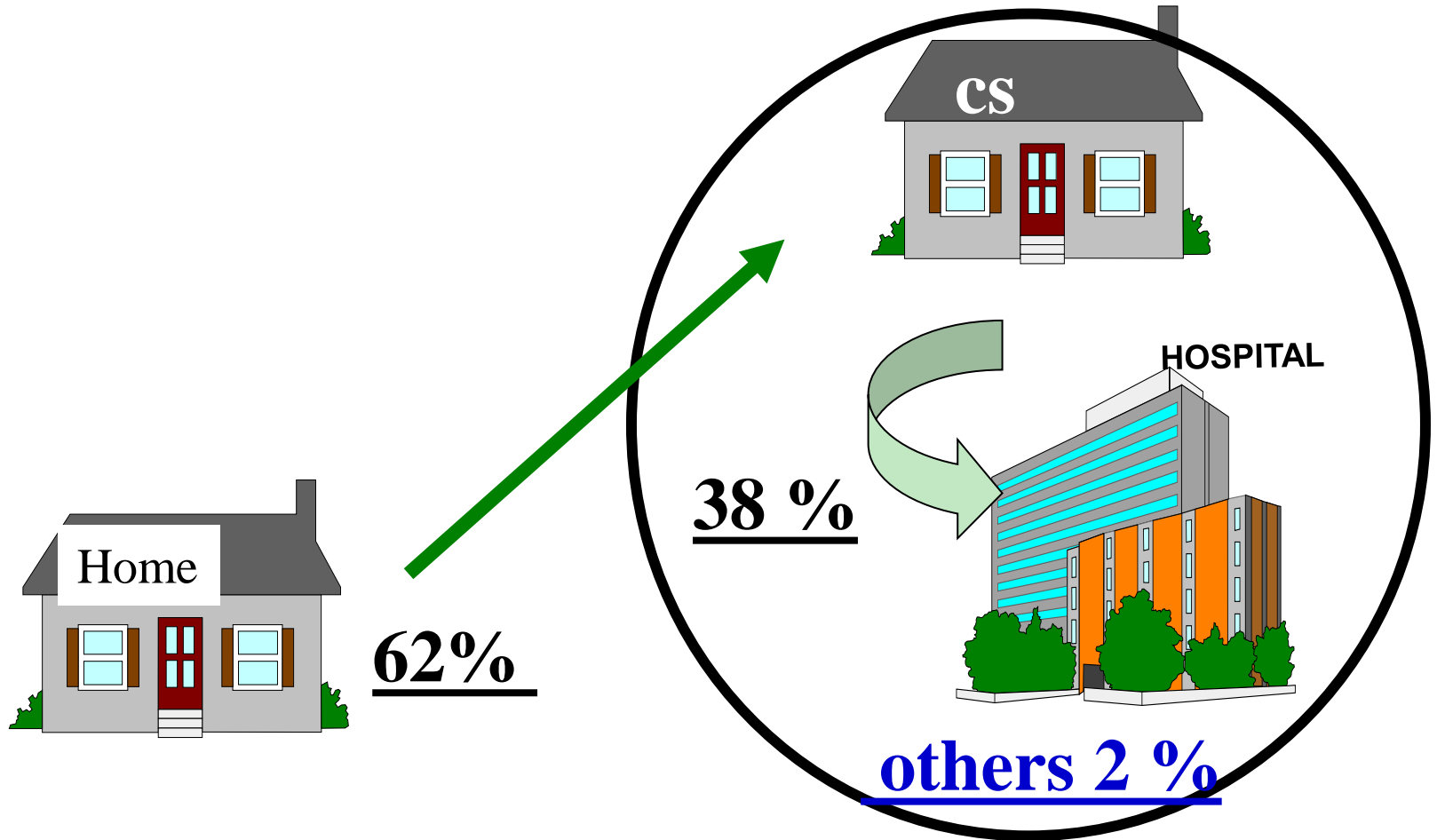
- ❑ Expand access to IMCI case management at health facilities:
- ❑ Strengthen referral linkages from the community to health facilities
 - Community engagement for improved practices & care seeking
 - Ward health committees
 - CHEW/CORPs-Village health workers/Counselors
 - Emergency Transport System
- ❑ Scale-up community-based interventions – ICCM
 - Prevention/promotion
 - Treatment
 - Integration

The need to strengthen Community-Level Interventions


- Success in reducing childhood mortality requires more than:
 - ❑ The availability of adequate health services
 - ❑ Well trained personnel
- Success requires
 - ❑ Partnership between health workers and families
 - ❑ Support from their communities
- Families need to respond appropriately when their children are sick. Healthy lifestyle starts at home
- Home is where treatment of sick children starts using locally purchased medicine
- A big segment of the population in developing countries do not have access to health facilities
- Even where access to health facilities is reasonably good, most children die at home without seeking any health care outside the home

Where are the Under-5 Children dying?

(NDHS, 2008)



Why the focus on iCCM?

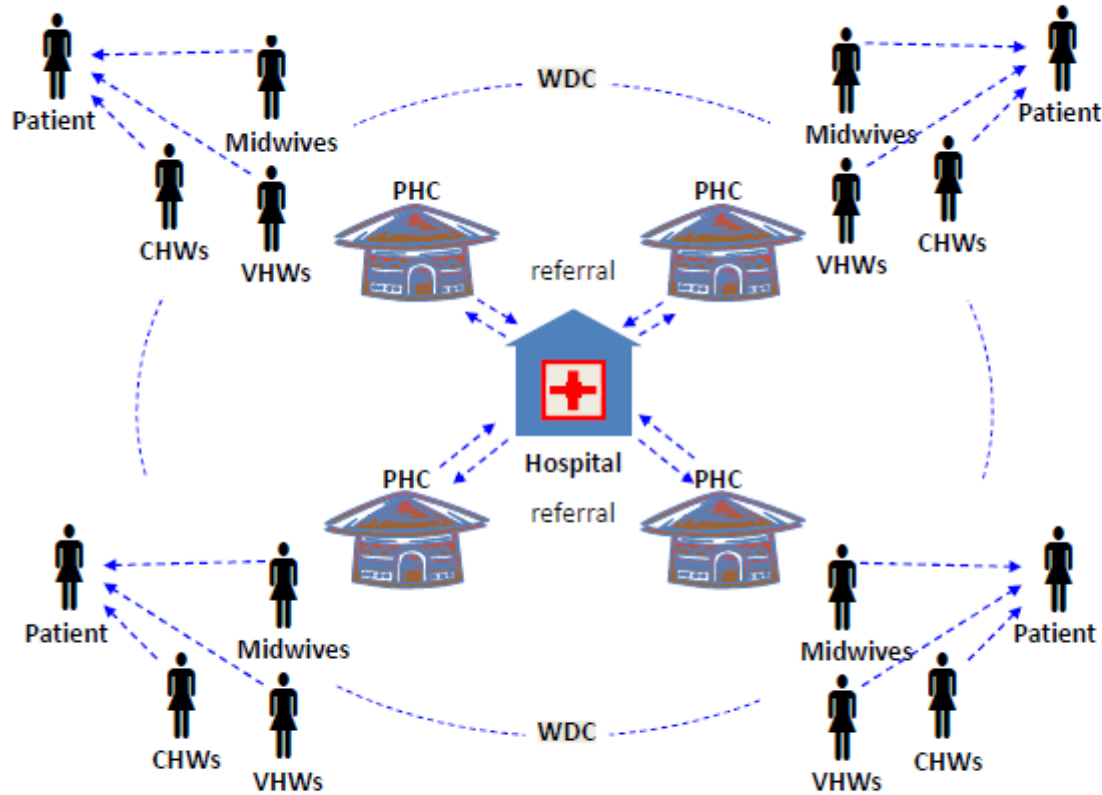
- It's an evidence-based community curative intervention that addresses :
 - Access
 - Quality
 - Demand
 - Equity
- 
- Pneumonia
Diarrhoea
Malaria
Newborn
- It does not stand alone but works with improvements in the health system.
 - It upgrades skills of existing CHWs to deliver curative interventions ensuring links with health facilities and amplifies the treatment arm of community IMCI.
 - Strengthening ICCM will maximize the impact on treatment outcomes for sick children.
 - **Most importantly, family and community level should be considered as a level of the national health system.**

Evidence-based Preventive and Curative Interventions used in iCCM

Condition	Preventive Intervention (Health Promotion)	Curative Intervention
Pneumonia	<ul style="list-style-type: none"> • Exclusive breastfeeding • Adequate complementary feeding • Hib vaccination • Pneumococcal vaccine • Measles vaccination 	Antibiotic treatment (Amoxicillin Dispersible tablet- First line treatment)
Diarrhoea	<ul style="list-style-type: none"> • Hand washing /sanitation/safe water • Household water treatment at point of Use • Exclusive breastfeeding • Adequate complementary feeding • Vitamin A supplementation • Vaccination against measles 	<ul style="list-style-type: none"> • Low Osm ORT/ORS • Antibiotics for dysentery • Zinc treatment
Malaria	<ul style="list-style-type: none"> • Long-lasting insecticide treated bed nets • IRS 	<ul style="list-style-type: none"> • Anti-malarial drugs - ACT

Who will deliver iCCM?

These health workers will reach deeper into target communities with the help of the ward development committees



- **WDCs** play important roles in this system:
 - Ensure beneficiaries are aware of the programme and receive the benefits
 - Monitor implementation within the community
- **Hospitals** key for providing services for complicated births
- **SURE-P** to provide **health commodities** to the PHCs and health workers in each community

SOURCE: PIU team

Achievement so far on iCCM

- Development of implementation guidelines
- iCCM has been incorporated in all relevant policy documents, strategies and training materials
- Mapping of states for implementation by government and donor partners
- Availability of essential medicines (ORS, Zinc, ACT as over-the-counter medicines)
- Increased Donors interest on ICCM implementation.
- **Key next actions**
 - Inauguration of the task Force Committee
 - Development and adaptation of generic training materials
 - Capacity building
 - Implementation - Ensuring all essential commodities are available and sustainable (e.g. amoxicillin for pneumonia)
 - Scale up interventions
 - Supervision, Monitoring & Evaluation

Challenges



- Low coverage and utilization of essential curative health interventions with wide regional variations
- Poor coordination of vertical programmes
- Insufficient funds for scaling up interventions
- Low motivation of health workers at all levels
- Weak supply chain management and logistics systems with frequent stock-outs
- Poor community empowerment
- Inadequate reporting at the community level
- Monitoring and evaluation is very weak and more so at the community level

Addressing Bottlenecks - Strengthening the health system

- ✓ Full implementation of the available **policies** (Child Health Policy) **strategies** (IMNCH and NSHDP) and **guidelines**
- ✓ Capacity building of health workers at all levels
- ✓ Promotion of family and household practices on the care of the children with pneumonia
- ✓ Provision/scale up of essential medicines and commodities.
- ✓ Coordinated and efficient supply chain system
- ✓ Strengthen of information management system
- ✓ Increase resource allocation for services delivery
- ✓ Increase advocacy for child health interventions
- ✓ Strengthen integration along the continuum of care
- ✓ Subsidize MNCH services or make them free

Opportunities for Pneumonia project



GOVERNMENT

- Availability of regulatory policies, strategies and guidelines
- United Nation Commission on Life-Saving Commodities for Women and Children
- United Nations Commission on Information and Accountability
- Nigeria's Saving One Million Lives (SOML) Initiative
- Subsidy Reinvestment and Empowerment Programme (SURE-P) Maternal and Child Health (MCH) Programme
- Midwifery Service Scheme (MSS- Trained health workers –CHEWS and community resources person)
- Presence of development partners supporting government at all levels and working on MNCH programmes
- Available interventions for childhood pneumonia (vaccination, ICCM and IMCI)
- Strong regulatory bodies (NAFDAC etc)



GLOBAL MOMENTUM

Call to Action for Child Survival

African Leadership for Child Survival



DONORS

Development partners

Private sectors (Local Manufacturing- Pharmaceutical, Telecom, media etc)

Critical next steps

- **Galvanize funds for the implementation of iCCM (Government and Donor Partners)**
- **Ensuring availability of the UN Life-Saving Commodities for child health with effective supply chain management system**
- **Implementation of iCCM at Scale**
- **Strengthen integration for childhood interventions at the community level using iCCM**
- **Reinforce Public Private Partnerships (PPP)**
- **Introduction of Hib and pneumococcal vaccine in all states**

