Nigeria Best Practice Pneumonia Demonstration Projects

An Update on the Country Implementation Plan for Pneumonia

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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
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

<table>
<thead>
<tr>
<th>Level</th>
<th>Roles &amp; Responsibilities</th>
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<tbody>
<tr>
<td>Federal</td>
<td>National policy, strategies, guidelines; Monitoring; Tertiary and resource mobilization hospitals</td>
</tr>
<tr>
<td>State</td>
<td>Population health in State; Referral State hospitals</td>
</tr>
<tr>
<td>Local Government</td>
<td>Primary Health Care Facilities</td>
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</tbody>
</table>

- 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

- Out of Pocket: 68%
- FMOH: 7%
- Other Federal Agencies: 7%
- LGA Health Deposits: 6%
- SMOHs: 5%
- HMBs: 4%
- Health Insurance: 2%
- Firm Health Deposits: 1%
- NGOs: 0%
Situation Analysis in Nigeria

- Nigeria records about \textbf{756,000} under-five deaths every year.

- Contributing to \textbf{11\%} of total global death of under-five, Ranking second on the list of countries with burdens of child mortality.

- There are an estimated \textbf{6.7m} cases of childhood pneumonia every year in Nigeria, resulting in \textbf{177,212} estimated deaths.

- Pneumonia represents an estimated \textbf{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 \textbf{30\%} (NDHS, 2008).

- If antibiotics and other preventable interventions reach the most vulnerable children, most of the deaths (\textbf{130,000}) could be averted taking Nigeria one big step closer to achieving Millennium Development Goal 4.
What kills under-five children in Nigeria?
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.

Diagram:
- **Cough Fever**
  - **No danger Signs**
    - **No fast breathing**
      - RDT +: Malaria and Pneumonia
      - RDT -: Pneumonia
    - RDT +: Malaria
      - RDT -: Treat as common cold
  - **Danger Signs**
    - REFER immediately
## Bottlenecks - Problems Accessing Health Care

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Getting permission to go for treatment</td>
<td>14</td>
</tr>
<tr>
<td>Getting money for treatment</td>
<td>56</td>
</tr>
<tr>
<td>Distance to health facility</td>
<td>36</td>
</tr>
<tr>
<td>Having to take transport</td>
<td>34</td>
</tr>
<tr>
<td>Not wanting to go alone</td>
<td>17</td>
</tr>
<tr>
<td>Concern no female provider available</td>
<td>21</td>
</tr>
<tr>
<td>Concern no provider available</td>
<td>33</td>
</tr>
<tr>
<td>Concern no drugs available</td>
<td>41</td>
</tr>
<tr>
<td>At least one problem</td>
<td>74</td>
</tr>
</tbody>
</table>

*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 19 household practices)

- Integrated Community Case Management (iCCM) for Pneumonia, Diarrhoea and Malaria
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

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

Home: 62%
HOSPITAL: 38%
CS: 2%
Others: 2%
Why the focus on iCCM?

- It’s an evidence-based community curative interventions that addresses:
  - Access
  - Quality
  - Demand
  - Equity

- 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.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Preventive Intervention (Health Promotion)</th>
<th>Curative Intervention</th>
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<tbody>
<tr>
<td>Pneumonia</td>
<td>• Exclusive breastfeeding</td>
<td>Antibiotic treatment (Amoxicillin Dispersible tablet - First line treatment)</td>
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<tr>
<td></td>
<td>• Adequate complementary feeding</td>
<td></td>
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<tr>
<td></td>
<td>• HIB vaccination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal vaccine</td>
<td></td>
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<tr>
<td></td>
<td>• Measles vaccination</td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>• Hand washing /sanitation/safe water</td>
<td>• Low Osm ORT/ORS</td>
</tr>
<tr>
<td></td>
<td>• Household water treatment at point of Use</td>
<td>• Antibiotics for dysentery</td>
</tr>
<tr>
<td></td>
<td>• Exclusive breastfeeding</td>
<td>• Zinc treatment</td>
</tr>
<tr>
<td></td>
<td>• Adequate complementary feeding</td>
<td></td>
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<tr>
<td></td>
<td>• Vitamin A supplementation</td>
<td></td>
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<tr>
<td></td>
<td>• Vaccination against measles</td>
<td></td>
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<tr>
<td>Malaria</td>
<td>• Long-lasting insecticide treated bed nets</td>
<td>• Anti-malarial drugs - ACT</td>
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<tr>
<td></td>
<td>• IRS</td>
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</table>
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**
Thank you