Nigeria’s Road to Malaria Elimination by 2020

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Outline

- Introduction/Background
- Road Map
- Impact/Achievements/Progress
- Challenges
- Clarion Call for Private Sector Participation
- Conclusion
Introduction/Background
Introduction

- Unique opportunity for NMEP to garner critical support for the current malaria agenda
- The theme: “The Road To 2020: Mobilizing Private Sector in Nigeria’s Fight Against Malaria” aptly captures the national aspiration for all hands to be on deck to realize the ambitious target of pre-elimination by 2020.
- Private Sector participation needs to be better coordinated to align with the national priorities.
- Malaria is the nation’s number 1 public health problem and is not only a direct MDG issue, but also impacts on others, including those not directly linked to health.
Malaria: MDG Number 6

- **Goal**: To have halted by 2015 and begin to reverse the incidence of malaria

- **Indicator 1**: Incidence and death rates associated with malaria

- **Indicator 2**: Proportion of children U-5 sleeping under ITNs

- **Indicator 3**: Proportion of children U-5 with fever who are treated with appropriate antimalarial medicine
# Malaria Burden: In Perspective

## Global
- There has been a significant decline in malaria deaths (from 985,000 in 2000 to 584,000 in 2013 – *WMR 2014*)
- 3.3 billion people in 97 countries/territories are at risk of being infected with malaria

## Africa
- Malaria burden has fallen in many parts of SSA
- Africa still bears over 80% of the global malaria burden
- Children under 5 years old are the most vulnerable risk group and account for 78% of malaria deaths (*WMR 2014*)
- A significant proportion of this burden lies in Nigeria, with Nigeria and the Democratic Republic of Congo accounting for an estimated 40% of deaths in 2012 (*WMR 2014*)

## Nigeria
- Malaria accounts for:
  - 60% of out-patient visits to health facilities
  - 30% of childhood deaths
  - 25% of deaths in infants (children aged <1 year)
  - Major cause of school absenteeism & low productivity

Road Map
The National Malaria Elimination Programme (NMEP)

- Division under the PH Department
- Vision - Malaria Free Nigeria
- Mission - To provide equitable, comprehensive, cost effective, efficient and quality malaria control services ensuring transparency, accountability, client satisfaction, community ownership and partnership.
- Programme implemented at National, State and Local Government levels
- Strong donor support
- Heavily constrained by several issues
- Programme activities derive from National Malaria Policy & Strategic Plan
- New harmonized Policy & NMSP 2014-2020 - linked to the NSHDP
Road Map: Generations of Strategic Plans

- **2001-2005**: Developed after the African Summit on Roll Back Malaria to build partnership and garner political will.

- **2006-2010**: Focus was on vulnerable populations as primary target groups for interventions (pregnant women, children less than 5 years of age, people living with HIV/AIDS).

- **2009-2013**: Provided a road map for malaria control in Nigeria; provided for universal & equitable access and witnessed rapid scale up of a package of core interventions for impact.

- **2014-2020**: Aims to achieve pre-elimination and reduction of malaria related deaths to zero by 2020.
GOAL: To reduce malaria burden to pre-elimination levels and bring malaria-related mortality to zero by 2020

Cross-Cutting Strategies
- Advocacy, Communication and Social Mobilization (ACSM)
- Product and Supply Chain Management
- Monitoring and Evaluation (M&E)
- Programme Management
- Intersectoral collaboration and partnership

Strategy 1: Long-lasting Insecticidal Nets
- Mass distribution campaigns (Catch-up)
- Routine Distribution Strategy (Keep-up)

Strategy 2: Indoor Residual Spraying, Environmental Management and Larviciding

Strategy 3: Effective Case Management
- Increasing Access to RDTs and ACTs
- Community Case Management

Strategy 4: Intermittent Preventive Therapy in Pregnancy (IPTp) and infants (IPTi)
Global Malaria Agenda: The Global Technical Strategy (GTS 2016-2030)

- Ultimate goal is to eliminate malaria in all countries of the world
- Hinged on 3 pillars and 2 supporting elements
  - Universal access to malaria prevention, diagnosis and treatment;
  - Acceleration of efforts towards elimination and attainment of malaria-free status;
  - Institutionalizing malaria surveillance
  - Harnessing innovation and expanding research; and
  - Strengthening the enabling environment.
## Global Technical Strategy (GTS) 2016-2030 at a Glance

**Vision: A world free of malaria**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Milestones</th>
<th>Targets</th>
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<tbody>
<tr>
<td>1. Reduce malaria mortality rates globally compared with 2015</td>
<td>≥40%</td>
<td>≥75%</td>
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<tr>
<td>2. Reduce malaria case incidence globally compared with 2015</td>
<td>≥40%</td>
<td>≥75%</td>
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<td>3. Eliminate malaria from countries in which malaria was transmitted in 2015</td>
<td>At least 10 countries</td>
<td>At least 20 countries</td>
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<td>4. Prevent re-establishment of malaria in all countries that are malaria-free</td>
<td>Re-establishment prevented</td>
<td>Re-establishment prevented</td>
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Programme Interventions/Activities

- Review and Development of Policy, guidelines and strategic Plans based on malaria epidemiological trends
- Capacity building of various cadres of Health and informal Health/service providers
- Program coordination and periodic monitoring and evaluation
- Resistance monitoring & tracking
- Procurement of malaria commodities, logistics management including Product tracking
- Advocacy and IEC materials development and message tracking
- Working with Partners to distribute LLINs at the states and communities using unified Plans
- Resource mobilization
Achievements/Impact/Progress
NMEP Programmatic Milestones


**ACTs, RDTs**

**LLIN mass campaign**
Continuous distribution (ANC, EPI, comm based, school based, MNCH)

**IRS coverage expansion**

**Artemisinin and other monotherapies banned**
Testing before treatment recommended by NMEP

2002 - Increased Partner support to NMEP: GF, DFID, PMI, WB, UNICEF

2005 - 2nd Generation strategic plan 2006-2010

2007 - MPR

2009 - 3rd strategic plan, 2009-2013

2014 - 4th strategic plan, 2014-2020

2013 - National Policy on Malaria

2014 - Replacement campaign
**Binned Predicted Mean PfPR\textsubscript{2-10}**

### Gradual transition from Hyper-endemicity to Meso-endemic presentations in most settings

- **2000**
- **2005**
- **2010**
3. Changing Trends in Household Ownership of LLINs

Trend in household ownership of one ITN/LLIN by residence

- Urban
- Rural
- Total

Years:
- 2003 (NDHS)
- 2008 (NDHS)
- 2013 (NDHS)
Impact: 35% decline in Under 5 mortality over the last decade
Gradual decline in reported health facility malaria deaths, partly due to scale-up of ACT in recent years (RIA 2013)
Fig. 5 ACT use in Children U5

- Rural: 1.8 (2008), 5.2 (2013)
- Urban: 4.3 (2008), 7.5 (2013)

Comparison based on 2008 and 2013 Demographic and Health Surveys (DHS).
Fig 4. Scale-up of IRS activity in Lagos State, Ikorodu, Kosofe and Badagry

Dr. Bamgboye M. Afolabi                                  Health, Environment and Development Foundation 7/28/2015
Katsina state: SMC in children under the age of five years (DFID 2014)

Total monthly malaria cases by year, in LGAs that received 2 SMC Rounds (2013/14)

- 2012
- 2013
- 2014

Total monthly malaria cases by year, in LGAs that did NOT receive any SMC

- 2012
- 2013
- 2014
Challenges
NMSP 2014 -2020 total funding need is $4,133,110,170

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<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tr>
<td>Need</td>
<td>$671,422,303</td>
<td>$814,219,540</td>
<td>$1,023,036,003.62</td>
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<tr>
<td>Financed</td>
<td>$286,954,981.23</td>
<td>$183,908,130</td>
<td>$95,391,862</td>
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<tr>
<td>Gap</td>
<td>$384,467,321.77</td>
<td>$630,311,410.00</td>
<td>$927,644,141.62</td>
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**Sources of Funding**

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<th>Sources of Funding</th>
<th>Remark</th>
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<td>1 Federal &amp; State Governments</td>
<td>Continuous especially for recurrent budget such as HR and overheads</td>
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<tr>
<td>2 Global Fund</td>
<td>NFM 2015-2016 (24 states)</td>
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<td>3 PMI/USAID</td>
<td>Commitment up to 2016</td>
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<td>4 DFID/SuNMaP</td>
<td>SuNMaP closes out March 2016</td>
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<td>5 World Bank Booster Project</td>
<td>World Bank Booster Closed March 2015</td>
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<tr>
<td>6 DFATD/WHO</td>
<td>ICCM ends in March 2017 (2 states)</td>
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Challenges

- Flouting of government policies by health care providers
- Quantity and quality of health care providers
- Inadequate funding (Slide on funding gaps)
- Absence of local capacities for commodities
- Infrastructure (enabling environment)
- Logistics issues
- Relegation of Training and retraining
- Apathy / Poor attitude of professionals
- Security issues
- Staff attrition
Clarion Call for Private Sector To Participate
Opportunities for Private Sector Participation

- Find a niche in the proposed PPP arrangement to scale up IRS
- Undertake establishment of sentinelle sites for monitoring malaria trend and resistance of chemicals used for vector control
- Embark on local manufacture of essential malaria commodities (including LLNs, RDTs, ACTs)
- Support and Assist NMEP in strengthening logistics management of commodities (warehouses, transportation / commodity distribution, and infrastructure)
- Support the airing of sustained Public Service Announcements for public awareness of what individuals and groups can do (including radio and TV jingles, mobile phone messages)
- Providing IT packages for tracking malaria interventions and progress e.g. SMS
- Award scholarships/Endow academic chairs for human resources development in critical areas e.g. entomologists
- Provision of infrastructure such as Malaria Programme House for effective programme management and implementation.
- Advocate for domestic resource allocation at the various tiers of government.
Conclusion

- Nigeria has a robust malaria programme with ambitious goal of attaining pre-elimination by 2020
- Constrained by several challenges that could derail the gains so far made
- Though the malaria targets of MDG were not strictly attained progress was made and we are on the right track
- Contribution of the Private Sector is acknowledged and highly valued but we need to be more coordinated and align with national priorities to fast track progress.
- As the whole world match towards malaria elimination we should not only pray, but commit resources and other efforts to ensure that we are not left behind.
Thank you for Listening