

MALARIA IN PREGNANCY COUNTRY PROFILE

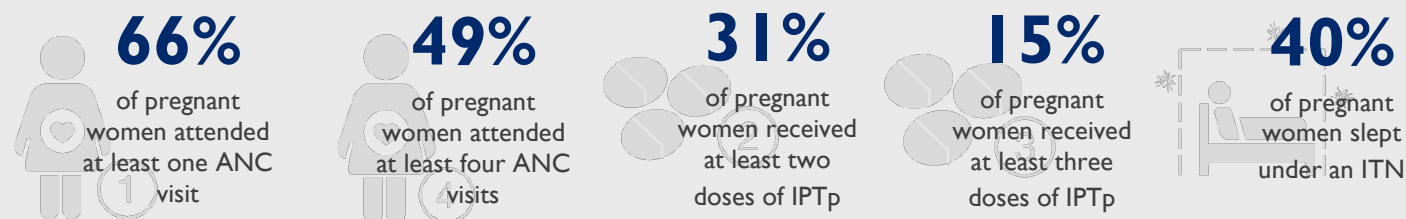
NIGERIA

July 2018

BACKGROUND

Nigeria has adopted the World Health Organization (WHO)'s three-pronged strategy for combating malaria in pregnancy (MiP): (1) intermittent preventive treatment in pregnancy (IPTp)¹ via directly observed therapy, (2) distribution and use of insecticide-treated nets (ITNs), and (3) case management of MiP. The country began implementing IPTp in 2004.

AT A GLANCE²

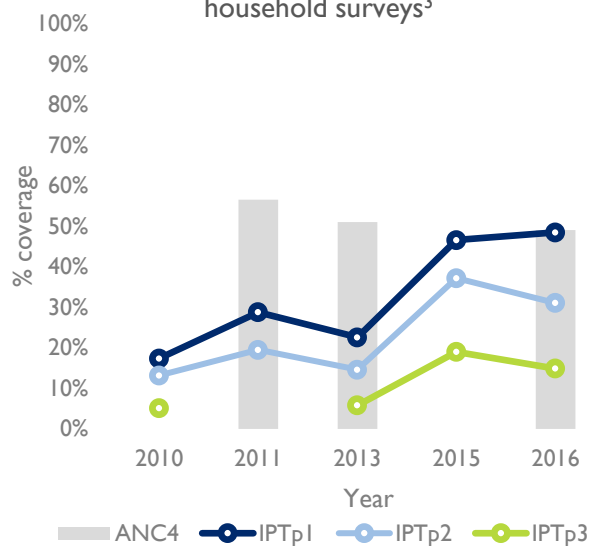


POLICY & IMPLEMENTATION

MiP guidelines in Nigeria have been updated to align with 2012 WHO guidance, indicating that IPTp should start as early as possible in the second trimester and be given at each antenatal care (ANC) visit at least four weeks apart. Nigeria has recently adopted the 2016 WHO recommendations of 8 ANC contacts. It now promotes at least eight contacts by pregnant women and has adopted IPTp3 as a coverage indicator. The Reproductive Health Division and National Malaria Elimination Programme (NMEP) of the Federal Ministry of Health (FMOH) agree that while MiP policies are aligned, inter-departmental collaboration could be improved.

There is an MiP Working Group that meets bimonthly that reports directly to the Malaria Case Management Sub Committee. The MiP

Figure A. IPTp and ANC4 coverage from household surveys³



¹ IPTp1, IPTp2, and IPTp3 refer to at least one dose, at least two doses, and at least three doses, respectively, of IPTp with SP.

² National Bureau of Statistics (NBS), UNICEF. 2017. *Nigeria Multiple Indicator Cluster Survey 2016–17 National Survey Findings Report*. Abuja, Nigeria: NBS and UNICEF.

³ The y-axis shows coverage for the most recent pregnancy resulting in a live birth—in the previous 5 years for ANC coverage and in the previous 2 years for IPTp—among women ages 15–49 who were interviewed for the study. (i) National Population Commission (NPC), National Malaria Control Programme (NMCP), and ICF International. 2012. *Nigeria Malaria Indicator Survey 2010*. Abuja, Nigeria: NPC, NMCP, and ICF International. (ii) NBS and UNICEF. 2011. *Nigeria Multiple Indicator Cluster Survey 2011 Main Report*. Abuja, Nigeria: NBS. (iii) NPC and ICF International. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, MD, USA: NPC and ICF International. (iv) NMEP, NPC, NBS, and ICF International. 2016. *Nigeria Malaria Indicator Survey 2015*. Abuja, Nigeria, and Rockville, MD, USA: NMEP, NPC, and ICF International. (v) *Nigeria Multiple Indicator Cluster Survey 2016–17, Survey Findings Report*.

subcommittee provides coordination and guidance on best practices for scaling up interventions to prevent and control MiP, particularly toward achievement of the targets in the National Malaria Strategic Plan 2014–2020.

SERVICE DELIVERY

The National Malaria Elimination Programme has revised MiP training materials. Training for health workers following the policy change is ongoing and has not yet reached all the states or the entirety of the private sector.

Recent data show that 66% of pregnant women attended at least one ANC visit in Nigeria, while 49% attended four or more ANC visits.⁶ Between 2011 and 2016, the percentage of pregnant women who received at least one dose of IPTp showed improvement from 29% to 49%.⁷

Factors affecting more rapid uptake of IPTp in the public health sector include gaps in sulfadoxine-pyrimethamine (SP) availability and restrictions on non-pharmacy staff from dispensing SP. Overall, low ANC attendance is potentially associated with poor quality of ANC services.⁸

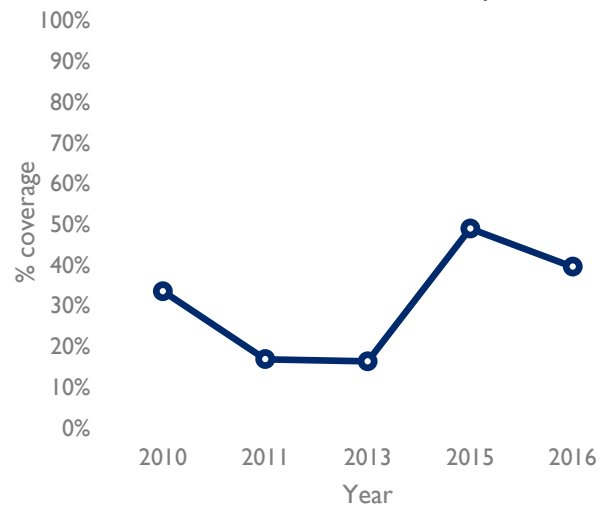
A recent Bill & Melinda Gates Foundation-funded, case-control study on group ANC was implemented in Nasarawa State. Cohorts of up to 15 women of approximately the same gestational age were grouped at facilities to complete ANC visits together. Preliminary data from the study indicate that group ANC had a positive effect on IPTp coverage for women in the study, observed across IPTp1–4. Final data analysis is in process.

COMMUNITY ENGAGEMENT

Community-level social behavior change activities are being implemented across states to improve malaria messaging, ANC attendance, and IPTp uptake by pregnant women. There are several small-scale outreach activities that promote ANC attendance and, in some instances, provide services to pregnant women at the household level.

The Unitaid-funded Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project, focused on community-based distribution of quality-assured SP, is working in three local government areas in three states to promote IPTp uptake at the community level through community health volunteers. Volunteers are trained to: identify women in early pregnancy; educate them about the benefits of early ANC attendance, ITN, and SP use; and refer them to ANC. Under this pilot project, volunteers will deliver SP to pregnant women at the community level to improve IPTp uptake. The TIPTOP project will also strengthen the link between facility and community, and work to reduce missed opportunities in supported states.

Figure B. ITN use among pregnant women from household surveys⁴



As of 2016, 37% women attending at least one ANC visit received an ITN.⁵

⁴ The y-axis shows percentage of pregnant women who slept under an ITN on the previous night of the survey. (i) *Nigeria Malaria Indicator Survey 2010*; (ii) *Nigeria Multiple Indicator Cluster Survey 2011*. (iii) *Nigeria Malaria Indicator Survey 2015*. (iv) *Nigeria Multiple Indicator Cluster Survey 2016–17 National Survey Findings Report*. (v) *Nigeria Demographic and Health Survey 2013*.

⁵ HMIS 2016.

⁶ *Nigeria Multiple Indicator Cluster Survey 2016–17 National Survey Findings Report*.

⁷ (i) *Nigeria Multiple Indicator Cluster Survey 2011*. (ii) *Nigeria Multiple Indicator Cluster Survey 2016–17 National Survey Findings Report*.

⁸ President's Malaria Initiative. 2017. *Nigeria Malaria Operational Plan FY 2017*. Accessed June 25, 2018 at: <https://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy-2018/fy-2018-nigeria-malaria-operational-plan.pdf?sfvrsn=6>

COMMODITIES

In some parts of the country, there are ongoing issues with limited availability of SP due to logistic and security issues.⁹ Management of commodities in the public sector has been weak, leading to frequent stock-outs, including key MiP commodities.¹⁰ PMI is working to address stock challenges through the development of two national and several regional warehouses that will supply facilities. As states progress in procuring and properly storing their own SP and supplies, they will increasingly require less interim support. The President's Emergency Plan for AIDS Relief, President's Malaria Initiative, and USAID-supported programs are working to integrate approaches to commodity supply chain and logistics.

MONITORING & EVALUATION

Despite the revision of the MiP guidelines to include IPTp3, the Health Management Information System (HMIS) has not been updated to track this indicator. The ongoing revisions of the HMIS data collection tools capture IPTp3 but are yet to be finalized for printing and distribution. Private health facilities have not traditionally reported their data in HMIS, which is challenging given that 60% of the population initially seeks health care at private facilities, and means that HMIS data do not provide representative coverage data. With this in mind, the Government of Nigeria intends to develop a public-private partnership to improve reporting and coordination, but this has been delayed due to funding constraints.¹¹

A recent rapid quality assessment conducted by the TIPTOP project in one state revealed some urgent, although well-known, concerns regarding the quality of routine health data reported using the District Health Information System platform. The assessment found that among four MiP indicators verified, 13-50% of facilities were reporting data within an acceptable range of accuracy (within 10% of the true value).¹² Public sector management staff are saddled with many responsibilities that reduce their availability for onsite supervision, and when staff are available, there may not be an available vehicle or sufficient gas to conduct monitoring.

This profile is made possible by USAID and the Maternal and Child Survival Program and does not reflect the views of USAID or the United States Government.

⁹ FMOH. 2017. *Midterm Review of the National Malaria Strategic Plan 2014–2020*. Draft. Abuja, Nigeria: Nigeria FMOH.

¹⁰ *Nigeria Multiple Indicator Cluster Survey 2016–17 National Survey Findings Report*.

¹¹ *Midterm Review of the National Malaria Strategic Plan 2014–2020*.

¹² TIPTOP. *Data Quality Assessment Brief*. January 2018. This report will soon be available at: <https://www.tiptopmalaria.org/>.