Malaria transmission in Nigeria takes place all year round in the south but is more seasonal in the northern regions. The annual reported number of malaria cases in 2018 was 18,870,214 cases.
Malaria
Sustaining Essential Health Services During the COVID-19 Pandemic
The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women and young children (intermittent preventive treatment in pregnancy and seasonal malaria chemoprevention). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Nigeria, it will be of vital importance to ensure that the rolling long-lasting insecticidal net (LLIN) campaigns scheduled for 2020 and 2021, go ahead, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. The country is commended for rolling out both the LLIN and IRS campaigns. Without this campaign, coupled with the need to also complete the seasonal malaria chemoprevention campaigns and sustain essential health services including malaria case management, there could be an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 17.6% increase in malaria cases, and a 100.7% increase in malaria deaths in Nigeria. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Progress
Nigeria has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has recently finalised the development of the national insecticide resistance monitoring and management plan. Nigeria has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control and Elimination Scorecard. Nigeria has decreased the estimated malaria mortality rate by more than 40% since 2010. The country is also showing leadership in malaria control through its participation in the High Burden High Impact approach. Nigeria has launched its Zero Malaria Starts with Me campaign. The approval of the World Bank US$200 million loan for malaria control in thirteen states is a significant development.

Impact
The annual reported number of malaria cases in 2018 was 18,870,214.

Key Challenge
• Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.
### Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td></td>
<td>The country has rolled out the LLIN campaigns. SMC has scaled up to 9 states, with microplanning carried out online, and with three rounds completed to date. There are some stock shortages for the completion of the fourth round of the SMC in all 9 states however. All campaigns were modified to take into account the necessary social distancing, with house to house distributions. Special attention has also been placed on ensuring IDPs are protected.</td>
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<tr>
<td>Vector control</td>
<td>Work to address the falling LLIN coverage</td>
<td>Q4 2020</td>
<td></td>
<td>Approximately 7 million LLINs were shipped to Nigeria in the last quarter. The rolling campaigns are ongoing with the Zamfara and Osun campaigns completed.</td>
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</tbody>
</table>

Nigeria has responded positively to the previous recommended actions addressing insufficient resources to fully implement the essential malaria control interventions, and continues to track progress as these actions are implemented.

### RMNCAH and NTDs

**Progress**
Nigeria has achieved high coverage of vitamin A, and has recently increased coverage of exclusive breastfeeding and postnatal care.

Progress in addressing Neglected Tropical Diseases (NTDs) in Nigeria is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Nigeria is good for onchocerciasis (79%) and for lymphatic filariasis (65%). The coverage is below WHO targets for schistosomiasis (67%), for trachoma (53%) and for soil-transmitted helminths (44%). Overall, the NTD preventive chemotherapy coverage index for Nigeria in 2018 is 60, which is the same as in 2017 index value (60).
<table>
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<tr>
<td>RMNCAH¹: Impact</td>
<td>Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities</td>
<td>Q4 2020</td>
<td>✅</td>
<td>The country is undertaking regular monitoring of the status of delivery of essential health services at national and State levels to ensure the timely identification of gaps and course correction during the COVID-19 pandemic. Regular virtual meetings are held using existing coordination platforms at national and State levels to understand the status, challenges and solutions, as well as documenting best practices for continuity of essential health services including for Malaria, RMNCAH, nutrition and Family Planning etc. Guidelines have been rolled out for continuation of routine RMNCAH and nutrition services including Infection Prevention control trainings for all health care workers. The country has leveraged technology to ensure feedback on issues and to continue generating demand for services including social media platforms, U report etc. Health worker training has been adapted and rolled out to web-based modules on essential maternal, new-born and child health interventions as well as intensive training on infection prevention and control practices. Nigeria has also focussed on supportive supervision and mentoring at decentralized levels and checklists are being used to ensure continuity of services with continuous analysis of data to understand and address gaps. Alternative service delivery models, for example, telemedicine in Lagos, are being rapidly deployed, including with the private sector. Essential supplies and vaccines stocks are being tracked and, working with partners towards ensuring zero stock out. This has included use of charter flights to fast track delivery of vaccines and ARVs.</td>
</tr>
</tbody>
</table>

Nigeria has responded positively to the RMNCAH recommended actions addressing low coverage of skilled birth attendants, and accelerating coverage of ARTs in children and continues to track progress as these actions are implemented.

**Key**

- Action achieved
- Some progress
- No progress
- Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO