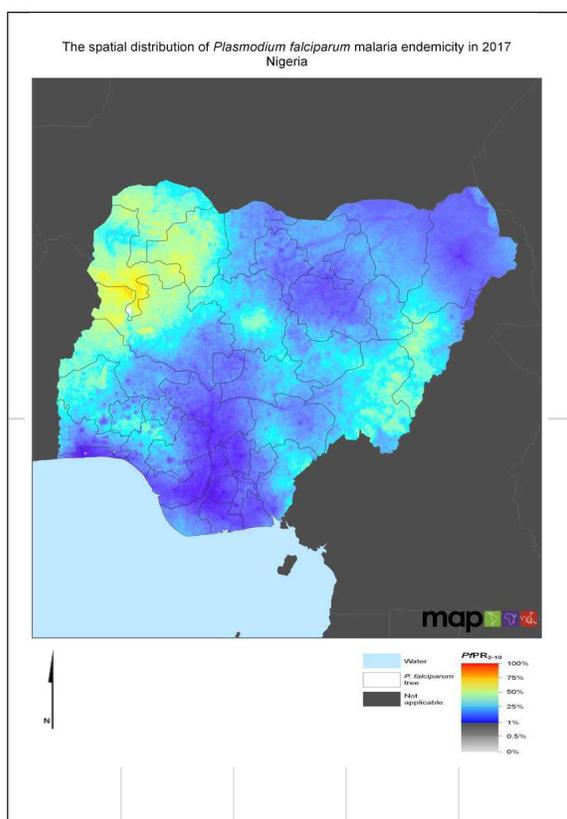


Nigeria ALMA Quarterly Report Quarter Three, 2021



Scorecard for Accountability and Action



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 2019 was 23,376,793 cases.

Metrics

Commodities Financed and Financial Control	
LLIN financing 2021 projection (% of need)	79
Public sector RDT financing 2021 projection (% of need)	76
Public sector ACT financing 2021 projection (% of need)	47
World Bank rating on public sector management and institutions 2020 (CPIA Cluster D)	2.8
Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	4
Insecticide resistance monitored since 2015 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
RDTs in stock (>6 months stock)	▼
ACTs in stock (>6 months stock)	
LLIN/IRS campaign on track	
Country Reporting Launch of Zero Malaria Starts with Me Campaign	
Scale of Implementation of iCCM	
Operational LLIN/IRS coverage (% of at risk population)	71
On track to reduce case incidence by ≥40% by 2020 (vs 2015)	
On track to reduce case mortality by ≥40% by 2020 (vs 2015)	
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2019)	76
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2020)	86
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2020)	45
% deliveries assisted by skilled birth attendant	43
Postnatal care (within 48 hrs)	42
Exclusive breastfeeding (% children < 6 months)	23
Vitamin A Coverage 2018 (2 doses)	80
DPT3 coverage 2020 (vaccination among 0-11 month olds)	57

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

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.

For Nigeria, it was of vital importance that the planned long-lasting insecticidal net (LLIN) campaigns scheduled for 2020 went 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 the LLIN and SMC campaigns. Without these campaigns, and malaria case management, there could have been an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns were suspended and with a 75% reduction in access to effective antimalarial medicines, WHO estimated that there could have been 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.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2021 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of any necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

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 sufficient stocks of antimalarial commodities in 2021 and has secured sufficient financing for the majority of the public sector needs. 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.

In line with the legacy agenda of the ALMA chair, His Excellency President Uhuru Kenyatta, Nigeria has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control and Elimination Scorecard, although the scorecard has not yet been posted to the ALMA Scorecard Hub. The country is discussing options for the creation of an End Malaria Council and Fund.

Impact

The annual reported number of malaria cases in 2019 was 23,376,793 cases.

Key Challenge

- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health, malaria and Neglected Tropical Diseases.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020		The country has continued with the distribution of LLINs through rolling campaigns, which were modified to take into account the necessary social distancing, with house to house distributions. The country ensured that there were sufficient stocks of ACTs and RDTs procured, including a buffer stock. Sufficient PPE have also been mobilised. The SMC campaign is ongoing with the first cycles completed on track

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. The country has significantly enhanced tracking and accounting mechanisms with the development of the RMNCAH scorecard.

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 high for schistosomiasis (99%) and for onchocerciasis (80%), good for soil transmitted helminths (76%), for trachoma (67%) and for lymphatic filariasis (62%). Overall, the NTD preventive chemotherapy coverage index for Nigeria in 2019 is 76, which represents a substantial increase compared with the 2018 index value (60).

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH ¹ : Impact	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	Q4 2020		<p>Digital health platforms, including SMS, are being used to remind patients and refer them to online family planning consultations. Social media platforms, digital outreach activities, hotlines and call centres are disseminating family planning advice and information on SRSH. The private sector is engaged in the distribution of family planning commodities using digital technology for delivery of contraceptives to women direct to their homes to reduce health facility visits. Women are also trained on self-injection of injectable contraceptives. Multi-month prescribing and dispensing of essential RMNCAH+N commodities is being complemented by self-care interventions provided through greater engagement of community-based service delivery platforms. Pregnant women are being encouraged to call in for maternal and newborn health appointments prior to visiting a health facility to reduce crowding. Health facilities are working with community volunteers to modify labour wards to ensure better ventilation. Facilities are implementing a minimised physical contact policy, ensuring use of PPE, testing women for COVID-19 on admission, and providing masks for women in labour. Continuous training/mentoring of frontline health workers on triage of presenting patients and isolation protocols for Covid-19 are on-going. NGO and community-based groups/activities are being used to raise awareness of available child and adolescent immunisation services. Caregivers have been trained on self-diagnosis and care of children at home to reduce visits to facilities and social media and bulk SMS are being used to promote home-based mental wellness activities. Home visits by Community Health Influencers, Promoters and Services (CHIPS) agents in some states are being used to identify children who have been abused and refer them for treatment and management. Online mobile SMS-based platforms are being used to reach adolescents and young people with comprehensive sexuality education and information-sharing with and by young people, youth networks, and community partners on available services and information is being promoted through a variety of media. Key messages on maintaining nutritional status using home-based foods have been disseminated. The NSPAN Manual was revised to include interventions across the life cycle and during humanitarian and public health emergencies, including COVID 19. National program officers have been trained on the optima nutrition tool for costing of the NSPAN. In addition to the above, COVID-19 vaccines are being rolled out with frontline healthcare providers prioritized. Prepositioning of essential medical supplies and consumables and PPE items is being used to mitigate stockouts. Health workers have received training on safety and preventive measures for covid-19. Virtual platforms have been used to conduct meetings and coordinate activities. Special incentives are being used to support and motivate health care providers, including danger pay allowance and palliative packages. Religious and community leaders are engaged in mobilizing resources to support rural communities. Capacity building for town announcers on COVID-19 key messaging in communities has been provided. Radio jingles and other SBCC materials on availability of essential RMNCAH services have been produced and disseminated to create awareness that health facilities are safe and remain open to provide essential services. The Modified Integrated Medical Outreach Programme has been</p>

¹ RMNCAH metrics, recommended actions and response tracked through WHO

				implemented across the States to ensure access to primary healthcare for underserved families –particularly mothers and young children. Intensification of community dialogue and sensitisation of gate keepers has increased awareness on RMNCAH+N services and helped to dispel rumours. COVID-related investments, efforts and learning are being used to build a stronger and more resilient health system.
NTDs	Ensure that NTD interventions including Mass Drug Administration, vector control and Morbidity Management and Disability Prevention are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic. This includes prioritising key necessary catch up activities	Q4 2021		By respecting COVID-19 preventive measures, Nigeria continues to deliver NTD key interventions. During this COVID-19 pandemic, the country initiated and concluded the development of Lymphatic Filariasis assessment guideline; conducted Lymphatic Filariasis Pre-Transmission Assessment (TAS) in 208 Local Government Areas (LGAs) with 181 (87%) passed; conducted LF TAS in 21 LGAs with 100% pass; stopped Lymphatic Filariasis Mass Administration of Medicine in Cross River (7LGAs), Kebbi (3 LGAs), Federal Capital Territory (FCT) (2) and Sokoto (9 LGAs); conducted Entomological survey in 6 States of Nigeria including Bauchi, Oyo, Kebbi, Zamfara, Delta, FCT; achieved interruption of Onchocerciasis transmission in Kaduna, Kebbi and Zamfara; commenced the use of DHIS 2 platform for NTDs reporting in 4 States; developed the NTDs snapshot document for use in programme planning; developed Schistosomiasis and Soil Transmitted Helminths strategic plan of action 2020-2025; developed Schistosomiasis and Soil Transmitted Helminths treatment guideline; conducted NTDs/WASH landscape analysis in six States; created and institutionalized Monitoring and Evaluation unit for the NTD division; conducted Trachoma impact assessment in 33 Local Government Areas (LGAs); strengthened the Supply Chain System of the NTDs programme; scaled up treatment for all the PC-NTDs to all the endemic LGAs; established National NTDs PCR laboratory at Gudu, Abuja; achieved surveillance stage in 96 LGAs that have stopped Trachoma treatment; finalized the sub-district level tool for Schistosomiasis treatment; established State Technical Advisory Committee (STAC) at the State levels; reviewed and simplified the NTDs reporting tools; established medicine review, approval and allocation team at the national level; developed the snakebite guideline; conducted Leishmaniasis active case search in Adamawa and Borno States; conducted Mass Administration of Medicines in all disease endemic Local Government Areas of the states with the achievement of 100% geographic coverage for LF, Onchocerciasis, Trachoma and Schistosomiasis and Soil transmitted helminths; initiated the review of the National NTD Masterplan 2015-2020 for the development of the new National NTD Masterplan 2021-2025. The NTD activities continue whilst using Covid-19 sensitive guidelines during the pandemic.

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