STRATEGIC DIALOGUE TO REDUCE MATERNAL & NEONATAL DEATHS IN NIGERIA: HOW DO WE REACH MDGS 4 & 5?

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INTRODUCTION

Key Health and Demographic Indicators

- Population of 140 million
  23% women of child bearing age
  20% children under five years
- 1,000,000 <5yrs die every year(10% of global deaths).
- 52,900 women die annual from pregnancy related complications (of the global 529,000).
- A woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13.
- Crude birth rate 41. 7 per 1000.
- Total fertility rate of 5.7 (NDHS 2003).
- Nigeria ranks second in global U-5 mortality and still counting *(contributes 1% of global population and yet 10% of global deaths)*

Countries Trend to Achieve MDG 4

- *Nigeria is grossly off track to achieve 4th and 5th MDGs (Fig. 1,2 &3).*
- *<5 mortality rates have seen marginal decrease in the last five years of about 10%.*

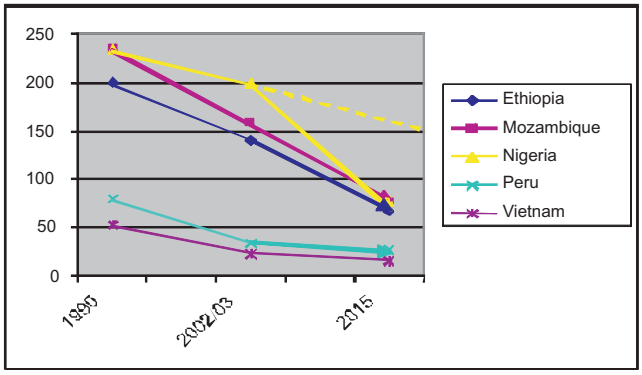

Fig. 1: Selected countries Trend in U5 Mortality Rates

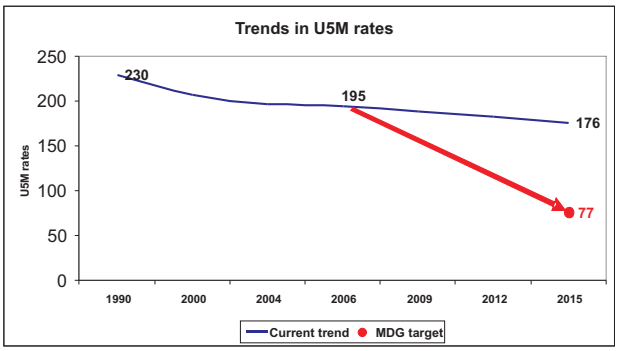

Figure 2: Global Trend in Under-5 Mortality Rates

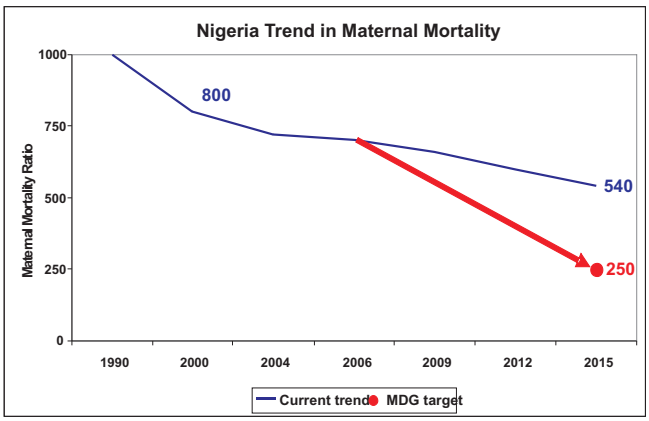

Figure 3: Nigeria Trend in Maternal Mortality Rates

Challenges to Achieving the MDGs 4 & 5

- Policy Level (disconnect in the provision of health services – autonomy of each tier of government);
- Low budget allocation (still below 15% Abuja declaration);
- Inequitable distribution of human resource;
- Poor laboratory services; and
- Poor community ownership (due to inaccessibility)
- Rural-Urban dichotomy: failure of most development initiatives to consult and work with "the urban poor"
- Education: can the poor send children to

school?
- ❖ Afford hospital treatment?
- ❖ Access to water and sanitation
- ❖ Protection from violence and crime?,

Opportunities
- ■ *Government Commitment & Priority:* Policies and Strategies Developed
- ❖ *Health sector reform*
- ❖ *Increased federal allocation to health (1.7% - 5.6%)*
- ❖ *Creation of NPHCDA and commitment to its strengthening*
- ❖ *The National Health Insurance (t*o support service delivery; reduce out-of- pocket expenses, improve access)
- ❖ *Reinforced partnership around MNCH (Global and Africa)*
- ❖ *User fee abolition for pregnant women and under five at federal facility level*
- ❖ *Recent evidence of effective Interventions*
- ❖ *National Health Bill (with clearly defined roles and responsibilities)*

HOW DO WE REACH THE GOALS?
- ❖ Focusing on the hitherto neglected areas:
  - Private Sector (PPP initiatives)
  - Civil society
- ❖ Communication and social mobilization through public enlightenment / awareness campaign (facts and figures)
- Obas, Obis and Emirs
- Religious leaders
- TBAs
- Politicians

At the Government Level:
- ❖ Enabling policy and guidelines
- ❖ Strategic framework and operational guidelines
- ❖ Provision of adequate human resource
- ❖ Partners' coordination
- ❖ Functional PHC system
- ❖ Communication and social mobilization – community involvement
- ❖ Focused, coordinated effort and appropriate action by all stakeholders
- ❖ Enabling laws/acts (health bill)
- ❖ Increase allocation to health budget
- ❖ Community midwives CORPs scheme
- ❖ Incentive to health workers in rural settings
- ❖ Abolishing of user fee for <5s and pregnant women

CONCLUSION

We shall reach the MDGs when we begin to:
- ❖ Be honest with our policies.
- ❖ Become emotional and passionate with our health indices.
- ❖ Each stakeholder demonstrate sense of responsibility.
- ❖ Put round pegs in round holes.