EQUAL
EVIDENCE & IMPACT FOR MOTHERS & NEWBORNS LIVING IN CONFLICT

NIGERIA

Maternal & Newborn Health Country Profile

INTERNATIONAL RESCUE COMMITTEE

JOHNS HOPKINS CENTER for HUMANITARIAN HEALTH

INSTITUTE OF HUMAN VIROLOGY, NIGERIA

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OVERVIEW

Nigeria, the most populous country in Africa, consists of 36 autonomous states and the Federal Capital Territory.[1] While Nigeria has one of the largest economies in Africa, more than 80 million people – one in four – live below the poverty line as of 2022.[2]

North East Nigeria – including Adamawa, Borno, and Yobe States – has suffered from ongoing conflict, primarily driven by Boko Haram. The insecurity has led to significant protection concerns, displacement, disrupted livelihoods, and persistent food insecurity.

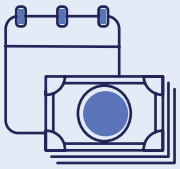
Nigeria's 2023 Humanitarian Response Plan indicates that approximately two million people are internally displaced and an estimated 8.3 million people need humanitarian assistance in the North East region alone.[3] Women and children represent 80% of the crisis-affected population. The insecurity makes the delivery of humanitarian assistance difficult and dangerous leaving many cut off from aid and others with limited access to essential services.

NIGERIA'S HEALTH SECTOR

The Government of Nigeria is committed to investing in the health system but progress has been slow. In fact, "Nigeria did not achieve any of the health-related Millennium Development Goals (MDGs), and progress towards health-related Sustainable Development Goal (SDG) targets has been modest at best." [4] The health system remains overstretched and under-resourced:

HEALTH SYSTEM STRUCTURE

The healthcare system in Nigeria is organized in three tiers. The Local Government Areas (LGAs) are responsible for primary care which operates at the community level and is the first point of contact for many patients. Primary health care centers are generally staffed by nurses and community health workers. State governments are responsible for secondary care including comprehensive health centers, district hospitals, specialist, and general hospitals. The federal government manages tertiary care through federal teaching hospitals, federal medical centres, and national laboratories while also managing policy making, technical support, and national health management.



FINANCING

The primary sources of health financing include tax revenue, out-of-pocket payments, social health insurance, private insurance, community-based health insurance, and donor funding. Nigeria's public spending on health care amounted to less than 5% of the total government budget in 2017 – an allocation far below the minimum 15% annual health budget recommended by the African Heads of State as part of the Abuja Declaration.[5, 6] Resources are inequitably distributed across the country leaving regions like the states in the North East zone under-resourced. While there is a national health insurance scheme, the majority of the population is not covered and out-of-pocket spending places a heavy burden on families.[7]

HEALTH WORKFORCE

The WHO recommends a minimum of 22.8 health professionals (physicians, nurses, and midwives) per 10,000 people to deliver adequate access to care.[8] Nigeria's health workforce falls short of these targets with four physicians and 15 nurses/midwives per 10,000 people in 2019.[9] While this fairs better than other countries in Sub-Saharan Africa, health workers are inequitably distributed with concentrations in urban areas. The North East zone experiences acute shortages in health workers due in part to challenges recruiting and retaining providers to work in these insecure environments.

HEALTH FACILITIES

Nationwide, 90% of the population lives within the WHO recommended two-hour distance of a health facility.[10] Despite this, inequitable physical access to facilities contributes to poor health outcomes. Access in the North East is impacted by insecurity which has left many facilities damaged, destroyed, or not functioning. A 2017 assessment revealed that more than one-third of facilities in Borno State had been completely destroyed with another one-third not functioning.[11] Approximately 60% of the health facilities in the North East are supported by health partners responding to the crisis.

MATERNAL AND NEWBORN HEALTH IN NIGERIA

The average life expectancy in Nigeria is 55 years driven by many factors including the high rates of maternal mortality and under-five deaths.[12] The 2023 UN report on trends in maternal mortality from 2000-2020 revealed that nearly 28.5% of global maternal deaths happen in Nigeria.[13] The report further states that a woman in Nigeria has a 1 in 19 lifetime risk of dying during pregnancy, childbirth, or postpartum, whereas in the most developed countries, the lifetime risk is 1 in 4900. While Nigeria introduced a federal policy of free maternal and child healthcare including free antenatal services, normal delivery, caesarean section, routine examinations, and early neonatal admission, among other services, it has not been adopted across all states.

In the North East zone, challenges accessing lifesaving MNH services are exacerbated by sociocultural considerations including gender roles, lack of education among women and girls, religious considerations, and beliefs that allowing an outsider to help with delivery could be disrespectful. In some areas, the practice of Puddah is common, where women are isolated and encouraged to give birth at home.

Despite progress, Nigeria ranks the fourth highest maternal mortality ratio worldwide and the second highest for neonatal deaths rates worldwide (approximately 262,000 babies dying at birth each year).[14]

MATERNAL MORTALITY RATIO

1,047 deaths per 100,000 live births (2020)[15]

NEONATAL MORTALITY RATE

35 deaths per 1,000 live births (2021)[16]

STILLBIRTH RATE

22 deaths per 1,000 live births (2021) [17]

The situation is estimated to be far worse in the North East zone.

LEADING CAUSES OF MATERNAL AND NEONATAL MORTALITY IN NIGERIA

The leading direct medical causes of maternal mortality in Nigeria include hypertensive disorders in pregnancy and childbirth, obstetric hemorrhage, and pregnancy related infections.[18] The leading direct causes of newborn mortality include complications from intrapartum related events, preterm birth complications, pneumonia, and infections.[19]

These high rates of mortality are driven by a range of factors including the reality that only ~43% of all childbirths occur in health facilities with a skilled provider according to the 2018 National Demographic Health Survey.[20] This number varies significantly based on location.

MATERNAL AND NEWBORN HEALTH IN NIGERIA

The EQUAL research consortium is conducting research studies in Yobe State – located in the North East zone which has faced years of insecurity brought on by Boko Haram. While state specific data is limited – and several years outdated – previous health surveys and strategic plans reveal health outcomes to be far worse in Yobe State then in many other areas of the country.

MNH IN YOBE STATE [21]

- 66% of women in Yobe State received antenatal care from skilled health personnel during the last live birth.
- 16.2% of live births occurred at a health facility.
- 17.8% of births are delivered with the assistance of skilled health personnel.
- 18.3% of women received a postnatal check during the first two days after birth.

**These Yobe state data points are from the 2018 Nigeria Demographic and Health Survey*

POLITICAL WILL FOR MNH IN NIGERIA

The Government of Nigeria has made a number of high-level political commitments to MNH and to health sector more broadly indicating the political will to improve health across the country. This includes signing on to support/implement the Every Newborn Action Plan (ENAP),[22] the Ending Preventable Maternal Mortality (EPMM) Intiative,[23] the Abuja Declaration, and joining the Quality of Care Network.[24]

MNH TARGETS / INDICATORS IN NIGERIA

Sustainable Development Goals [25]

- Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- Target 3.2: By 2030, reduce neonatal mortality to at least as low as 12 per 1,000 live births.

Nigeria Every Newborn Action Plan [26]

- Reduce newborn mortality rate to 15 deaths per 1000 live births by 2030.
- Reduce stillbirth rate to 27 per 1,000 total births by 2030.

POLICIES AND PLANNING

Nigeria's MNH priorities are outlined in several national strategies and plans including but not limited to:

- National Health Act (2014)[27]
- National Guideline for Maternal and Perinatal Death Surveillance and Response (2015) [28]
- Nigeria Every Newborn Action Plan (2016) [29]
- National Health Policy (2016) [30]
- National Reproductive Health Policy (2017) [31]
- Essential medicines list (2020) [32]
- Roadmap for Accelerated Reduction of Maternal and Newborn Mortality in Nigeria (2019-2021) [33]
- Integrated Reproductive Maternal, Neonatal, Child and Adolescent Health plus Nutrition (2018 - 2022) [34]
- National Strategic Health Development Plan (2018-2022) [35]
- Basic Health Care Provision Fund (2020)
- National Guidelines for Comprehensive Newborn Care (2021) [36]
- National Guideline for Basic Newborn Care (2021) [37]
- National Child Health Policy (2022) [38]

MNH COORDINATION

With so many actors working to advance MNH, the following mechanisms have been established to promote coordination in Nigeria:

National level groups:

- Quality of Care Network
- National Council for Health
- Health Partners Coordinating Committee (HPCC)

State level groups:

- Northern State Governors Forum
- International Partner Forum
- Health Sector Working Group
- State Senate Committee

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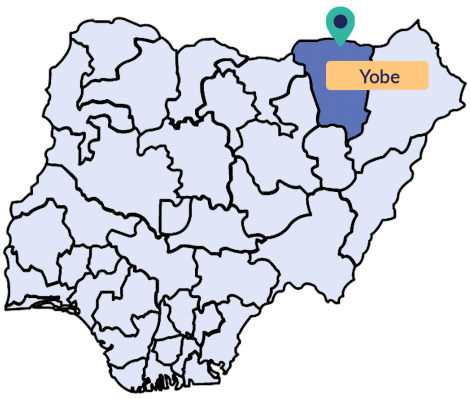
EQUAL'S RESEARCH IN NIGERIA

The EQUAL research consortium is conducting research in Yobe State including:

- **Political economy analysis:** A qualitative study to understand how political and economic dynamics at the national and subnational levels affect how MNH policies, strategies, and services are prioritized and how this changes over time – including during periods of increased insecurity.

- **Midwifery workforce development:** Studies to assess the quality of midwifery pre-service education and the experiences of early career midwives in low-income, conflict-affected countries. Through this study, EQUAL aims to improve understanding of the factors affecting midwifery workforce participation, retention, performance, and resilience during periods of increased insecurity.

- **Facility-based quality of care:** Assessments to evaluate the readiness of facilities to provide routine and emergency obstetric and newborn care services, the provision of services around the day of delivery, and the experiences of women during childbirth at health facilities.



EQUAL PARTNERS IN NIGERIA

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The EQUAL research consortium is funded by UK aid from the UK government

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This document was published in March 2023

For more information, contact:

Dr. Emilia Iwu, IHVN

eiwu@ihvnigeria.org

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