In Nigeria, which has a population of approximately 220 million inhabitants, malaria is the leading cause of illness and death. Great progress has been made in tackling the disease — more than 25 million children under the age of five are now reached with seasonal malaria chemoprevention (SMC), and there have been improvements in digitisation, with a focus on integration, quality and use of data. However, much of the progress against malaria and other diseases has been undone by the COVID-19 pandemic. Basic childhood vaccinations are low at 20–30 percent coverage, and there has been limited progress on pneumonia management and control.

Part of the difficulty in addressing Nigeria’s diverse health concerns lies in its varied epidemiology, budgetary constraints and use of health services. Out-of-pocket expenditure is extremely high at over 70 percent of overall health expenditure. While there is a National Health Insurance system in place, it remains underfunded.

Nigeria’s National Malaria Strategic Plan 2021–2025 aims to reduce mortality attributable to malaria to fewer than 50 deaths per 1,000 live births. It also aims to extend universal health coverage from five to 25 percent by 2025 and to ensure all routine and campaign data are added to the National Malaria Data Repositories.

To support these goals, the National Primary Health Care Development Agency (NPHCDA) is now responsible for community and primary health funding, including the Community Health Influencers, Promotors and Services (CHIPS) programme. The country is also seeking to reduce reliance on external funding, looking instead towards multisector collaboration and alternative funding mechanisms.
Malaria Consortium in Nigeria

Malaria Consortium has been working in Nigeria since 2008, with offices in Niger, Kaduna, Anambra, Katsina, Kano and Jigawa states. Working in partnership with the Ministry of Health and other partners, we lead and support malaria control initiatives in the country, providing technical support for malaria control; capacity building and training of health workers; health systems strengthening, behaviour change communications and community outreach; and operational research, policy and advocacy.

Malaria Consortium projects

Malaria Consortium office

Mothers waiting to have their child check ed to see if they need treatment for malnutrition
Our strategic approach

- Lead and support malaria and other health initiatives in collaboration with the Ministry of Health, working at all levels of government
  - By the end of the strategy period, increase coverage from 52–63 percent of the population (17 to 20 states)
- Expand SMC to cover all eligible children and work with government to implement other chemoprevention options (e.g. delivery wider age-groups, alternative drug regimens etc.)
- Establish clear performance criteria and realities for piperonyl butoxide and Interceptor G2 nets; repeat long-lasting insecticidal net campaigns in philanthropically funded states as appropriate; and introduce next generation nets and insecticides
- Support the government on the approach and delivery of a malaria vaccine campaign as this becomes possible
- Widen our involvement into other health conditions affecting child and maternal mortality as differential diagnosis becomes possible, including pneumonia and malnutrition
- Support the finalisation of the health digitisation strategy, while further enhancing efficiencies of campaigns through the digitisation of data collection
- Share and explore options for playing a leading role in the digitisation of community health worker supervision alongside the NPHCDA
- Set up a ‘digital health hub’ to conduct needs assessments, solution design, and selection and implementation approaches
- Complete the pilot/analysis of the approach for the ‘continuous evaluation for improvement’ in severe malaria, political economy and domestic financing (which began under the Support to the National Malaria Programme 2 project), and widen the approach to other intervention areas
- Support the NPHCDA and other government entities to adapt and roll out the portfolio of new and existing interventions to enhance functionality and promote rapid implementation
- Participate actively in coordination mechanisms to reduce duplication and parallel systems
- Further shape engagement with the private sector in the delivery of public health goods
- Actively participate in and take on leadership roles in technical working groups, and in the interpretation and rollout of new World Health Organization malaria policy
- Influence national research agenda priorities and develop/maintain an aligned programme of research linked to:
  - chemoprevention and its adjuvants
  - malaria elimination
  - universal health coverage, including the effectiveness of the rollout of the CHIPS programme and institutionalisation of integrated community case management
  - surveillance and response, including stratification and tailored responses.