

Abstract

Background: Malaria is a major health problem in Nigeria accounting for most of the hospital admission across all ages. Plasmodium falciparum is the major malaria parasite causing malaria in the country. The adoption of the policies of ITN commenced in 2001, IPT in 2004 and ACTs in 2006; and these interventions scaled up within the period under study. Despite this scale-up, and the increased funding from all sources, internal and external, malaria burden is still significant in the country. The objective of the study is to assess the impact of malaria control activities implementation on the malaria epidemiological burden in Nigeria for the period 2000 to 2008.

Methods: Data from various sources including Nigeria National Malaria Control Program (NMCP), WHO and NDHS on malaria control interventions implemented from 2000 to 2008 were assessed and studied against the trend of malaria morbidity and mortality data.

Main findings: Between 2000 and 2008, malaria morbidity depicted by outpatient cases reduced from 20 cases per 1000 in 2001 to about 18 per 1000 population in 2008 for all ages, a reduction of 9%. This occurred after an initial rise to 53% in 2006. The proportion of malaria cases among all outpatient consultations reduced from 58% in 2001 to 45% in 2008, after a progressive rise to 71% in 2006. Total number of reported admissions increased rapidly for both under 5years and all ages' group from 2358 to 185,784 and 5935 to 538,487 respectively between 2003 and 2008. However, the proportion of deaths attributed to malaria of all malaria admitted cases reduced from 90% in 2003 to 2% in 2008 for all ages group, and also from 47% in 2004 to 2% in 2008 for the under 5 group. 12.42% of the population at risk of malaria was protected by Insecticide Transmitted Nets (ITNs) and Indoor Residual Spraying (IRS) by the year 2008 while the proportion of Artemisinin-combined therapy (ACT) available of all anti-malaria drugs for first-line treatment of malaria attained 94% in 2006 and 100% in 2007. The percentage of pregnant women who had the recommended two doses of SP as Intermittent preventive therapy (IPT) increased from 1% in 2004 to 5% in 2008.

Conclusion: The findings in this study demonstrate that Insecticide Treated Nets, Intermittent Preventive Treatment, and Artemisinin-combined Therapy are being scaled up in Nigeria. The impact of these control activities has resulted in progressive and significant decline of mortality from malaria admissions and a reduction in the proportion of malaria cases of all outpatient attendance. Other parameters and indicators have only observed a slight decline from 2007; hence it will be too early to conclude on. Further scaling up is necessary if malaria program in Nigeria would be able to close down on achieving the objective of reduction of 50% in the morbidity and mortality of malaria by 2012.

Key words: Nigeria, Malaria, Control interventions, Impact, Insecticide treated nets, Under 5years.