



# Nigeria



## KEY FACTS

Joined Commonwealth:	<b>1960 (suspended 1995–99)</b>
Population:	<b>162,471,000 (2011)</b>
GDP per capita growth:	<b>2.1% p.a. 1990–2011</b>
GNI per capita:	<b>US\$1,280 (2011)</b>
UN HDI 2011 ranking:	<b>156 out of 187 countries</b>
Life expectancy:	<b>52 years (2011)</b>
Under-five mortality rate (per 1,000 live births):	<b>124 (2011)</b>
Maternal mortality ratio – reported (per 100,000 live births):	<b>550 (2007–11)</b>
Maternal mortality ratio – adjusted (per 100,000 live births):	<b>630 (2010)</b>
Largest contribution to mortality:	<b>Communicable diseases, maternal, perinatal and nutritional conditions</b>
HIV prevalence rate for people aged 15–49 years:	<b>4% (2011)</b>
Government health expenditure:	<b>2% of GDP (2010)</b>

## General information

The Federal Republic of Nigeria lies on the Gulf of Guinea and has borders with Benin (west), Niger (north), Chad (north-east across Lake Chad) and Cameroon (east). It comprises the Abuja Federal Capital Territory and 36 states.

**Climate:** Tropical; hot and humid on the coast, with greater extremes of temperature inland and cold nights in the north during December and January. The rainy season is generally March–November in the south and May–September in the north. In the dry season the harmattan wind blows from the Sahara.

**Environment:** The most significant environmental issues are rapid deforestation, soil degradation and desertification.

**Population:** 162,471,000 (2011); 50% lives in urban areas and 15% in urban agglomerations of more than 1 million people; growth 2.4% p.a. 1990–2011; birth rate 40 per 1,000 people (47 in 1970); life expectancy 52 years (40 in 1970).

Nigeria is one of the most ethnically diverse countries. There are some 250 ethnic groups, with the Hausa-Fulani, Yoruba and Igbo making up 70%.

**Economy:** Nigeria is classified as a lower-middle-income economy by the World Bank.

## Mental health

**Morbidity:** The most commonly diagnosed mental illness in Nigeria is mood disorders. Psychoactive substance misuse accounts for around 10% of cases treated in mental health facilities. Neuropsychiatric disorders contributed an estimated 6.2% of the global burden of disease in 2008.

**Health systems:** The most recent Act relating to mental health in Nigeria is the Lunacy Act (1958), and mental health receives specific mention in general health policy. Attempts to draft an updated law in line with advances in international attitudes and trends have as yet not been successful. Both mental health policy and a mental health plan were most recently revised in 1991. Mental health expenditure by the government accounts for 3.3% of the total health budget, with over 90% dedicated to psychiatric hospitals (2005).

Mental health services are provided by eight regional psychiatric hospitals and mental health departments in some general hospitals. The majority of people suffering from mental health conditions are treated in outpatient facilities. Around 95% of trained psychiatrists in the country are working in government-owned mental health facilities, while the remainder work for NGOs and private practices. Additionally, cultural and religious perspectives sustain the importance of native herbalists and faith healers in treating those with mental illness, and are often turned to prior to, or instead of, seeking Western medicine.



# PREMIER MEDICAID (NIG) LIMITED

*Moving the Health of the Nation Forward*

**Health Insurance operatives have registered with the Corporate Affairs Commission since 1986, under the name of Christus Specialists' Hospital (Nig) Ltd, and commenced business from that time.**

**The current name – PREMIER MEDICAID (NIG) LIMITED - was adopted in 2003 in order to focus solely on the business of Health Insurance, according to the directive of National Health Insurance Scheme (NHIS). Premier Medicaid is one of the first eight HMO's ever to be registered for Health Insurance in Nigeria by NHIS (HMO/Z/001).**

## Mission

That every Nigerian should have facilitated access to efficient, effective and qualitative Health Care anywhere and at all times.

## Vision

Health Care for Nigerians at affordable cost thus improving their economic resource potential and quality of life.

## Health Schemes

- **Public Sector Social Health Insurance Scheme** is currently run by the Federal Government, while the state and local government are expected to come on board. The employer pays 10% while employees pay 5% of their basic salary.

*The standard benefit package is as follows:*

1. *Out-patient care, including necessary consumables prescribed drugs, pharmaceutical care and diagnostic tests as contained in National Essential Drugs List And Diagnostic Test Lists*
2. *Maternity care and delivery*
3. *Preventive care, including immunisation, as it applies in the National Programme on Immunisation, health education, family planning, antenatal and postnatal care for up to six weeks*
4. *Consultation with specialists, such as physicians, paediatricians, obstetricians, gynaecologists, general surgeons, radiologists, psychiatrists, ophthalmologists and physiotherapists*

*Premier Medicaid Limited has been awarded the Gold Category Paris 2012 World Quality Commitment International Star Award by Business Initiative Directions (Bid) and was rated as The Best Managed Health Care Services Company of the Year 2009 by the West African Direct Marketing Awards of the Institute of Direct Marketing of Nigeria.*

- 5. Hospital care in a standard ward for a stay limited to 15 cumulative days per year*
  - 6. Thereafter, the beneficiary pays per diem for bed space for a total of 15 cumulative days per year*
  - 7. Eye examination and care, excluding the provision of spectacles and contact lenses*
  - 8. A range of prostheses (limited to artificial limbs produced in Nigeria); and preventive dental care and pain relief (including consultation, dental health education, amalgam filling and simple extraction).*
- **Private Health Insurance Scheme** is a corporate health plan for the organised private sector. A company can choose various benefit packages for different categories of staff e.g. Silver, Gold, Platinum and Diamond. For the specific premium and benefit package, see our website. For any company to join the scheme, contact any of our registered offices nationwide.
  - **Tertiary Institution Social Health Insurance Programme** is meant for students especially those in tertiary institutions above 18 years of age.

Contributions are made collectively through the institution. The providers are paid their capitation in accordance with the benefit package selected (Silver, Gold and Platinum).

- **Voluntary Contributor Social Health Insurance Programme** was recently introduced as a variety of existing NHIS programmes. This is available on the NHIS website, [www.nhis.gov.ng](http://www.nhis.gov.ng).
- **Community-based Social Health Insurance Programme** is crafted to suit those in the informal sector who are self-employed. The enrolment is strictly on household basis which makes it accessible to every citizen through their ward Health Organisations. The contributions are actuarially determined and made affordable to the community. A Pilot Scheme of CB-SHIP is already established at Ayedun Community in Ekiti State.
- **Retail Health Insurance Scheme** is designed for individuals who may want to access health care directly without going through corporate organisations or employers. All bureaucracy and bottlenecks that hinder participation have been removed.

**[www.premiermedicaid.com.ng](http://www.premiermedicaid.com.ng)**

*As you manage your business, we manage your health, the health insurance way*



**Codix Pharma Limited is a fast growing, duly registered pharmaceutical company in Nigeria. Our vision is to become the market leader for cardio-metabolic care (CMC) in Nigeria.**

NON-COMMUNICABLE DISEASES (NCDs), a major cause of deaths (38 million in 2008) worldwide, have been long neglected when compared to Communicable Diseases (CDs). The UN General Assembly high-level meeting on NCDs (September 2011) presented an opportunity for the international community to take action and save millions of lives.

Therefore, we and our partners, Infopia Co. Ltd Korea are strategically positioned to locally address this imminent global epidemic. In Nigeria, Diabetes, Hypertension and Dyslipidaemia (cardio-metabolic diseases) are serious public health issues. The national prevalence of diabetes is put at 5% (out of a population of 160 million) by the Diabetes Association of Nigeria.

**Our mission is to:**

- Enable effective diagnosis by providing affordable medical devices to patients and health workers.
- Ensure that patients get effective treatment by providing tried and tested generic drugs.
- Develop CMC services, utilising tools such as guidelines, treatment protocols and capacity building initiatives.

We consider contributing to the development of health services a major part of our business. We have developed guidelines, patient pathways, strategy formulations and capacity building frameworks with various bodies and institutions. For example, in a bid to roll out Diabetes Clinics in selected PHCs, we partnered with the Lagos State in training health professionals in October 2012.

We are heavily involved and will keep working with Federal, State and Local Governments to build needed capacity and equipping them to run dedicated CMC clinics.

Finally, our Managing Director, Sammy Ogunjimi, in his previous role as Senior Business Manager at Merck Serono UK, worked in partnership with the NHS, to develop a level-3 pathway degree course in heart failure management at the City University London. This has resulted in trained nurses running Nurse-led Heart Failure Clinics throughout the UK.

Our focus on CMC will bring health closer to the people, through our representation in secondary care and strategic partnerships in primary care to ensure early detection and effective CMC management.



*Managing Director Sammy Ogunjimi with participants and facilitators at a training session*



*Jason Koh (Infopia Co. Inc) introducing participants to the practical session of a training workshop*

**[www.codixpharma.com](http://www.codixpharma.com)**

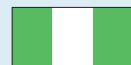
There are 0.03 mental health outpatient facilities per 100,000 people, of which one in 11 is reserved for children and adolescents only (2011). There are 0.005 psychiatric hospitals and 2.5 beds in psychiatric hospitals per 100,000 people (2011).

## Health

**Child and maternal health:** Infant mortality in Nigeria was 78 deaths per 1,000 live births in 2011, with an under-five mortality rate of 124 deaths per 1,000 live births. As shown in Graph 1, there has been a consistent decline in the under-five mortality rate since 1995. While this decline is encouraging, the under-five

mortality rate is not yet in line with the country's target of 71 deaths per 1,000 live births, as defined by Millennium Development Goal 4 (MDG 4). In 2010 the three most prominent causes of death for children below the age of five years were malaria (20%), pneumonia (17%) and prematurity (12%). Other contributory causes were diarrhoea (11%), birth asphyxia (8%), neonatal sepsis (6%), and HIV/AIDS and congenital anomalies (both 4%). In the period 2007–11 Nigeria had a reported maternal mortality ratio of 550 deaths per 100,000 live births (this figure was estimated at 630 deaths per 100,000 by UN agencies/World Bank in 2010).

## Minister of Health, Hon. Professor C. O. Onyebuchi Chukwu



Building on the successes of the Health Sector Reform Programme (2003–07), the National Strategic Health Development Plan (NSHDP), which was launched in 2010, has given the health sector a more strategic outlook. The Plan has helped to institutionalise a focus on results, rather than the traditional inputs-based planning and programming. With its approval as the compass for all health development-related initiatives as well as the health component of the National Development Plan – the Vision 20:2020, the NSHDP has helped to focus the work of all stakeholders in the health system around a common policy, with common goals, objectives and shared strategies.

Some of the key issues that our reform processes and policies had tried to address included low coverage of essential healthcare services for mothers and children, limited access to skilled healthcare personnel, especially for maternal and child health, and dwindling confidence in our tertiary healthcare system due to obsolete equipment and dilapidated structures.

In order to improve the proportion of mothers and children who have access to essential healthcare services, the Nigerian Government launched the Saving One Million Lives Initiative (SOML) in 2012. The SOML is a results-based sector-wide approach to improving health outcomes especially among the most vulnerable groups in our society today – mothers, children and the poor. It is envisaged that through the implementation of this initiative, we will be able to save at least one million lives from avoidable deaths by the end of the year 2015.

Following the removal of oil subsidy in early 2012, the savings from this initiative were ploughed back to help strengthen some priority sectors of the economy under the Subsidy Reinvestment and Empowerment Project (SuRE-P). The health sector was selected as one of these priority sectors, with a focus on strengthening systems necessary to improve access to essential healthcare services for mothers, children and the poor.

An important factor attributed to the high maternal mortality rate in the country is the limited access that pregnant women have to skilled healthcare during pregnancy and birth. To improve this situation, as well as access to these health

professionals for child health issues, the Midwives Services Scheme (MSS) was introduced. This project has received recognition internationally. As a result of MSS, Nigeria was awarded first prize in governmental strategic innovation by the Commonwealth Association of Public Administrators in 2012, coming ahead of around 200 participating countries.

In order to further institutionalise and provide a legal basis for the sharing of responsibilities between Federal and State Ministries of Health, as well as sustained collaboration and partnership between the Federal and State health institutions, we are pursuing the passage of a National Health Act. The bill for the Act has already passed yet another second round reading in the National Assembly and we envisage it will become an act before the end of 2013.

The Government remains steadfast in its belief that the Millennium Development Goals (MDGs) are feasible and can be achieved by 2015; the progress we are making with MDG 4 (reducing child mortality) clearly demonstrates this. The Health Sector's recent commitment to applying the MDG Acceleration Framework (MAF) approach as one of the key strategies to realise the accelerated achievement of the MDGs by 2015 beginning with MDG5 as a pilot following a presidential directive is further evidence of our unwavering dedication to the MDGs. Indeed real gains have been made in terms of infrastructure, service delivery, human resource for health and access to healthcare for the most vulnerable.

During the meeting of the WHO African Regional Office, in Luanda, Angola, November 2012, I shared the concept of the SOML and the efforts of the Nigerian government towards achieving the targets of the UN Commission on Life Saving Commodities. The overwhelming support and commitment by the member states present during the presentation revealed one thing – that member states are committed to the improvement of the health status of their citizens; they are happy to learn and take necessary steps to implement best practices in this regard. I see the Commonwealth Health Online initiative as an important platform for knowledge, experience sharing and collaboration and I congratulate the Commonwealth Secretariat for this valuable initiative.

“ eHealth deployment in our health sector will provide opportunities for individuals, medical professionals and healthcare providers to obtain information, communicate with professionals, deliver first-line support especially where distance is a critical factor (telemedicine) and promote preventive medicine programmes. ”



HOME PLUS MEDICARE SERVICES LTD

Driving the Future of Individualized Healthcare

## Integrity, teamwork and strategic thinking

**Home Plus Medicare Services Ltd** is one of the leading healthcare information communications technology companies in Nigeria.

We work with our clients and the people to introduce innovative healthcare solutions using ICT to provide quality care for patients irrespective of their geographical location thereby bringing about socio-economic development to the communities we serve.

### Our mission

To work for and with people in healthcare organisations and the market place; consulting through skilful management to raise the level of service and quality of healthcare in favour of the patients and optimise the use of scarce resources of the healthcare provider within a sustainable healthcare system.

### Our vision

- To lead the industry in translating healthcare problems into strategic opportunities.
- To be the choice of the healthcare industry for innovative problem solving.

Established in 2007, the company has a vast pool of software developers, telemedicine/eHealth technocrats to handle a variety of projects and related services through its various departments:

- Clinical Services and Content Development
- Software Development and ICT Solutions
- Business Development Turnkey Telemedicine/eHealth Projects
- Projects Management Consultancy
- Marketing/Communications

### eHealth Expertise

We specialise in:

#### Designing effective telemedicine and eHealth programmes

- Real-time applications linking health insurance to service providers, ambulance links to A&E, minor injury units to major trauma centres, tele-education and tele-psychiatry.
- Store and forward applications: Dermatology, Cardiology, Radiology, Psychiatry, Ophthalmology, Dentistry and Paediatrics

#### Telemedicine/eHealth services

- Home care, schools, prisons, military and para-military
- HIV/AIDS, Mental Health, Pharmacy, Electronic Medical records for Rural Healthcare Systems, Rehabilitation, Trauma and Emergency care, Disease management
- Hospital Information System and Management, Medical Call Centre

### Linkages

HPMS is a corporate member of the Society for Telemedicine and eHealth in Nigeria which is the national representative member in the International Society for Telemedicine and eHealth Geneva, Switzerland and has partnered with Medisoft, an international telemedicine software and equipment development company.

**Ongoing project 2013:** HPMS TELEMED® - an integrated desktop web based telemedicine system currently deployed at the Federal Medical Centre, Keffi Nasarawa State a tertiary health institution under the Federal Ministry of Health.

**HPMS eHealth Consultants have experience in all aspects of Telemedicine, eHealth and Information Communications Technology.**

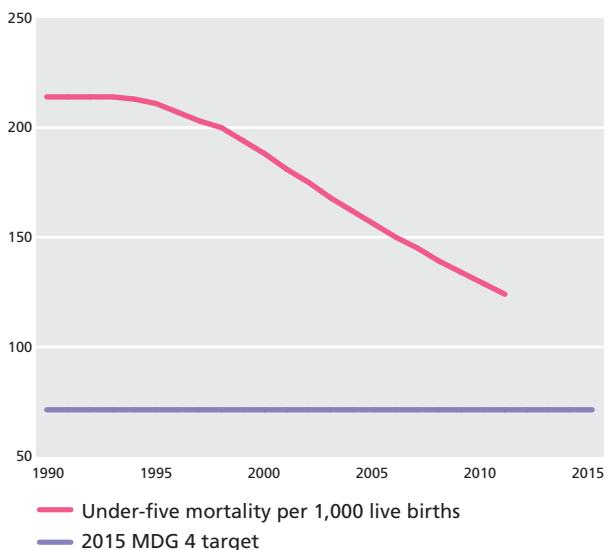
**[www.homeplusmedicare.com](http://www.homeplusmedicare.com)**

**Dr Olajide Joseph Adebola**, eHealth Consultant, CEO Home Plus Medicare Services Ltd and President of the Society for Telemedicine and eHealth in Nigeria (SFTeHIN)



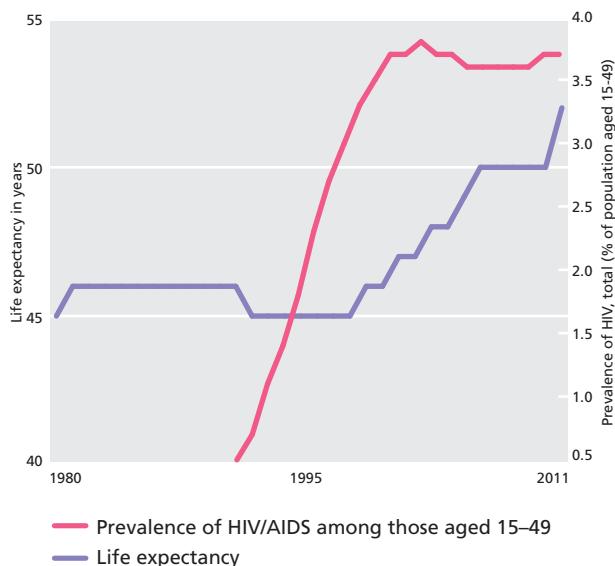
## GRAPH 1

### Under-five mortality



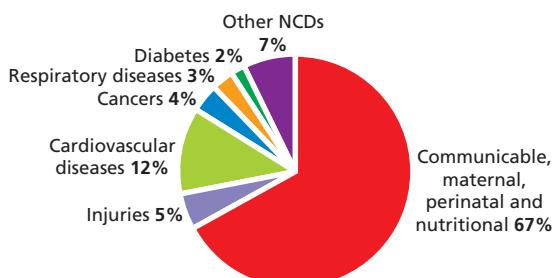
## GRAPH 2

### Life expectancy and HIV/AIDS



## GRAPH 3

### Mortality by cause of death (% of all deaths), 2008



# National Institute for Pharmaceutical Research and Development

Federal Ministry of Health

Idu Industrial Area, P.M.B. 21,  
Garki, Abuja, Nigeria

Tel: +234 9 780 3329

Email: ksgama@yahoo.com

### Partnership for health

The National Institute for Pharmaceutical Research and Development (NIPRD) is a parastatal of the Federal Government of Nigeria established in 1989 under the Federal Ministry of Health.

The Institute is mandated to carry out research and development of drugs and pharmaceutical substances from locally available natural resources; ensure the quality of drugs in circulation in the country; encourage the development of herbal and traditional medicines by proper documentation, verification and standardisation of such preparations; and serve as a National Centre for Drug Information.

**NIPRD scientists have successfully developed, patented and commercialised NIPRISAN™, a phytomedicine used in the management of sickle cell anaemia that has been granted orphan drug status by the US FDA.**

The research and development efforts of NIPRD are inclined towards the discovery and development of products and technologies addressing tropical and emerging diseases. NIPRD works in collaboration with national and international partners such as the NIH, WHO, UNDP, CDC, NAFDAC, NANTMPs and some local and foreign universities.

### Vision

To build a Centre of Excellence in research and development of phytomedicines, pharmaceutical and biological products, drugs and diagnostics towards improving the health and well-being of mankind.



left: Director General/CEO  
Professor Karmiyus Shingu Gamaniel,  
OON, PhD, FPSN, FPCPharm

**Our activities are geared towards supporting the National Health Policy and fulfilling the expectations of our larger stakeholders including the international community.**



[www.niprd.gov.ng](http://www.niprd.gov.ng)

# GWB Healthcare

## *... brands you can trust*

**GWB Healthcare is a highly progressive and professionally managed healthcare company within GWB Investment Company Nigeria Limited. Based in Nigeria, its current and planned activities extend throughout Africa and other developing countries.**

### **Our commitment**

- ✓ We work towards shaping the global health research agenda and influence healthcare policies at both national and international levels.
- ✓ We are committed to programmes that reduce the health and economic consequences of the leading causes of death and disability, thereby ensuring a long, productive, healthy life for all people.
- ✓ We welcome strategic alliances in order to help us achieve our desired goals.
- ✓ We create a stimulating and dynamic scientific environment for those we work with.
- ✓ We will be investing in new technologies and collaborate with specialist healthcare organisations, information technology companies, institutions and governments to ensure that our projects are at the forefront of progress in science and medicine.

### **GWB Healthcare's high quality services include:**

- ✓ Community Medical Services (Primary Healthcare Delivery)
- ✓ Hospital construction and management
- ✓ Constructing and managing mobile medical and surgical units
- ✓ Comprehensive health checks
- ✓ Managing medical charity centres
- ✓ Organising medical conferences and events
- ✓ Environmental health and safety



### **GWB Healthcare Launching its Mobile Medical Units: Advanced Approach to Primary Healthcare Delivery in Africa.**

**GWB Healthcare launched its pilot model primary healthcare centre in Nigeria in March 2013.**

**'GWB Healthcare's objective is to operate Mobile Medical Units in every state across Nigeria for improved access to health care services and to make health care services available in underserved areas. GWB Healthcare Mobile Surgery units set a standard of excellence that is unsurpassed by any other mobile facility provider.'**

*Executive Director/CEO, Bright Echefu*

**Some of the benefits: High quality medical services can be immediately deployed in disaster stricken areas to address healthcare delivery; to isolate patients with potentially communicable conditions; and for vaccination programmes.**

### **What we do**

Our current projects across Africa include the construction, development and management of Mobile Primary Healthcare Centres through our qualitative rural healthcare programme using GWB Mobile Medical and Surgical clinics; and creating and consolidating partnerships in Primary Healthcare Delivery in Africa.

#### **✓ GWB Mobile Medical Design and Execution**

- registered as GWB Medical Systems (GWBMS) - specialises in the design of mobile medical equipment to meet the healthcare needs of developing countries. We are capable of designing, commissioning and running Mobile Field Hospitals and Mobile Medical Clinics for temporary First Aid Centres (FAC), Field Hospitals/Medical Units for humanitarian agencies.

#### **GWB HealthNews**

**✓ GWB HealthNews** is an online health news portal owned and maintained by GWB Healthcare dedicated to developing and enhancing an open dialogue about health and wellness. [www.gwbhealthnews.com](http://www.gwbhealthnews.com)

#### **GWB HealthTV**

**✓ GWB Health Television** is a unique and socially responsible digital communications network designed to reach society's most vulnerable populations with information that can advance positive health and social outcomes.

**OUR mission is to establish a comprehensive communications network that delivers innovative health education programming to underserved populations that transcends geographic, language, and cultural barriers.**

**[www.gwbhealthcare.org](http://www.gwbhealthcare.org)**





# Nigerian Institute of Medical Research

The nation's foremost institute of medical research



## Vision

To be an institution of excellence in basic, applied and operational research for the promotion of national health and development.

## Mission

To conduct research into diseases of public health importance in Nigeria and disseminate research findings.

**Our mandate** stipulates that we shall conduct research into public health problems in Nigeria.

**Areas of Focus:** Malaria, HIV/TB, Non-Communicable Diseases, Emergency Preparedness and Response, Neglected Tropical Diseases, Maternal, Child and Reproductive Health, Vaccinology and Immunology, Health Policy and System Research and Clinical Trials.

**Facilities at NIMR:** E-Medical Library, HIV/AIDS Outpatient Clinic, ISO-certified Human Virology Laboratory, Clinical Diagnostic Laboratory, DOTS TB Clinic, Biological Safety Level-3 (BSL-3) Multidrug-Resistant Tuberculosis (MDR-TB) Laboratory, Molecular Entomology and Vector Control Laboratory and Molecular Parasitology Laboratory. The Nigerian Institute of Medical Research the proud publisher of the *Nigerian Journal of Clinical and Biomedical Research*.

## Contact

6 Edmund Crescent  
Off Murtala Mohammed Way  
P.M.B. 2013, Yaba, Lagos, Nigeria

**Tel:** +234 1 774 4723  
+234 802 479 3598  
+234 805 802 9204  
+234 802 351 3399

**Fax:** +234 1 34 5171

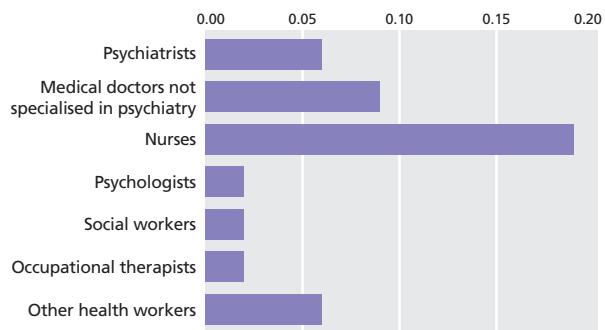
**www.nimr.gov.ng**



Professor Innocent AO Ujah,  
MBBS, FMCOG, FICS,  
PGDM, FRSMed, mni  
Director General

## GRAPH 4

Health professionals working in the mental health sector per 100,000 of the population



**Burden of disease:** Communicable diseases along with maternal, perinatal and nutritional conditions in Nigeria accounted for an estimated 67% of all mortality in 2008. The prevalence of HIV in Nigeria, as a percentage of population aged 15–49 years, was 4% in 2011. HIV prevalence has seen no notable overall change in the period 2000–11. In 2010 there were 551,187 reported cases of malaria. Confirmed cases of malaria rose in the period 2001–11 while numbers of deaths fell slightly. There was no overall reduction in estimated incidence of tuberculosis (TB), and only a slight overall decrease in estimated mortality (when mortality data excludes cases co-morbid with HIV) from the disease in the period 1990–2010. In 2009 there were 11,281 reported cases of pertussis (whooping cough) and 13,691 reported cases of cholera.

Non-communicable diseases (NCDs) in Nigeria accounted for an estimated 28% of all mortality in 2008. The most prevalent NCDs in Nigeria are cardiovascular diseases, which accounted for 12% of total deaths across all age groups in 2008. Cancers, non-communicable variants of respiratory diseases and diabetes contributed 4%, 3% and 2% to total mortality respectively (2008).

**Health systems:** Nigeria's public spending on health was 2% of GDP in 2010, equivalent to US\$63 per capita. In the most recent survey conducted between 1997 and 2010 there were 40 doctors and 161 nurses and midwives per 100,000 people. Additionally, 39% of births are attended by qualified health staff (2007–12), and 71% of one-year-olds in 2011 are immunised with one dose of measles (2011). In 2010 58% of the country's population was using an improved drinking water source and 31% had access to adequate sanitation facilities. The most recent survey, conducted in the period 2000–11, reports that Nigeria has 13 pharmaceutical personnel per 100,000 people.



# NEROS

PHARMACEUTICALS LTD

*...Delivering quality and affordable pharmaceuticals*

The private sector provides almost two-thirds of healthcare in Nigeria. The public Nigerian National Health Insurance Scheme was launched by the government in 1999, but, ten years on, it was still not fully operational. The need for better collaboration between public and private sectors has been addressed in various White Papers, and a framework is being developed to facilitate this. Primary healthcare continues to be the priority for health development in Nigeria. There is a local pharmaceutical manufacturing industry meeting up to 30% of local demand.

**Progress towards the 2015 health MDGs:** Nigeria is currently working towards achieving the Millennium Development Goals. To achieve the targets for the reduction of child mortality, which forms MDG 4, Nigeria should reduce under-five deaths per 1,000 live births to 71, and increase measles immunisation to 100% by 2015. In 2011, under-five mortality stood at 124 deaths per 1,000 live births, and measles immunisation at 71%. Although substantial progress in terms of child mortality has been made since 1990, the rate of decrease must increase significantly if the target is to be met by 2015. The target for measles immunisation is unlikely to be met by 2015.

The global MDG 5 target for maternal health is to reduce the number of women who die in pregnancy and childbirth by three-quarters between 1990 and 2015. When applying this target to Nigeria, the maternal mortality should fall to 275 cases per 100,000 live births. In the period 2007–12 Nigeria had a reported maternal mortality ratio of 550 deaths per 100,000 live births (this figure was estimated at 630 deaths per 100,000 by UN agencies/World Bank in 2010). Based on the data reported by the country, there is still a long way to go before this target is achieved. Part of the goal also stipulates that 100% of births must be attended by a skilled health professional. In the period 2007–12 this figure stood at 39%, and so progress towards this target is also off track.

MDG 6 aims for a reduction in the prevalence of HIV, malaria and other communicable diseases. Nigeria's prevalence of HIV was 4% in 2011 (in the 15–49 age group). This figure is high and there has been no notable reduction in HIV prevalence since the early 1990s. The number of deaths from malaria in the country has seen an improvement since 2007. The estimated incidence of TB, as well as mortality (when data excludes cases comorbid with HIV), saw some improvement in the 2000s but started to climb again in 2009. Accordingly, progress in these areas is required if the country is to achieve MDG 6.

For definitions, sources and explanations on the Millennium Development Goals see page 355.

## Further information

Federal Ministry of Health: [www.fmh.gov.ng](http://www.fmh.gov.ng)

Commonwealth Health Online:  
[www.commonwealthhealth.org/health/africa/nigeria](http://www.commonwealthhealth.org/health/africa/nigeria)

**NEROS Pharmaceuticals is one of Nigeria's leading providers of safe, effective and affordable medicines for quality healthcare delivery in the nation.**

NEROS has over 100 pharmaceutical brands approved by the national drug regulatory agency (NAFDAC). The company is a major player in the anti-malarial and anti-infective market sectors, providing quality drugs for the nation.

## Vision

To provide quality and affordable pharmaceutical products that add value to life.

## Mission

To be a world-class pharmaceutical company committed to improving the healthcare needs of the society through innovations that will make life more comfortable and satisfying.

## Future outlook

NEROS is currently building one of West Africa's most modern pharmaceutical factories with strict compliance to WHO standards. The factory will come to fruition before the end of 2013.

## Contact

### Head Office:

NEROS HOUSE, 36 Akin Adesola Street, Victoria Island, Lagos, Nigeria

### Factory Address:

Plot 3 NEROS Pharma Avenue, Km 38 Lagos/Abeokuta Expressway, Sango Ota, Ogun State, Nigeria

Tel: +234 803 328 7447

Email: [polyneros@yahoo.com](mailto:polyneros@yahoo.com)



*Chief Poly I. Emenike MON,  
Chairman/CEO*