

## Nigeria Initial Country Assessment Executive Summary

### Country background

The public health system in Nigeria is tenuous, and local and state performance varies widely. Family planning is often sidelined by the attention and funding given to issues such as polio, HIV/AIDS, and tuberculosis. Moreover, family planning is a sensitive issue in light of cultural, social, and religious beliefs and practices, particularly in northern Nigeria.

Nigeria's contraceptive prevalence rate is relatively low at 12.6 percent, with 8.6 percent of women reporting use of modern contraceptive methods. Injectables are a very popular method, primarily because they can be used discreetly. According to stakeholders, use of injectables is growing and is much higher than the officially reported rate because of informal or "back door" provision by health care workers. The unmet need for family planning in Nigeria is 16.9 percent.



### Service delivery and supply systems

The vast majority of injectable contraceptives in Nigeria are procured by international donors. USAID procures all injectables for social marketing groups, and the United Nations Population Fund procures these products for the public sector.

The public-sector distribution system for contraceptives is fragile and suffers stockouts at various levels of the supply chain. Most of the stockouts are due not to shortages at the national level but to poor management throughout the supply chain.

Other distribution channels include the Planned Parenthood Federation of Nigeria, which manages a network of 70 clinics, and Society for Family Health, an independent nonprofit established in 1985 as an affiliate of Population Services International. Society for Family Health is the preeminent social marketing group in Nigeria and estimates that its program meets 85 percent of national contraceptive demand.

Nigeria has a wide-ranging network of community health extension workers (CHEWs) who conduct home visits, provide basic health education, and may deliver family planning information and products such as condoms or pills. Some CHEWs are apparently allowed to give injections, although the details of these arrangements are uncertain.

## Stakeholder perspectives

While all stakeholders expressed interest in depo-subQ provera<sup>TM1</sup> in the Uniject<sup>TM2</sup> injection system (depo-subQ in Uniject), willingness to discuss contraceptives in general in Nigeria is muted. Only Society for Family Health, from a social marketing perspective, expressed clear enthusiasm for the product. All stakeholders noted the need for pre-introduction advocacy, acceptability research, and health worker training.

Key comments and perspectives included:

- The Family Health Director with the Federal Ministry of Health noted that the government could facilitate scale-up by offering the new product during a National Health Council meeting and then let each state health commission opt in. Other stakeholders, however, expressed skepticism about the potential for rapid scale-up given the national commitment, time, and advocacy needed to reach this point.
- Most stakeholders felt that the product could be distributed through both the public and private sectors and potentially distributed in parallel with the current presentation of DMPA. Some thought it might eventually replace the current presentation.
- Stakeholders were somewhat supportive of community-based injection with depo-subQ in Uniject but suggested that initial injections be given by a nurse in a health center.
- Price was a concern but not a high priority for stakeholders. Price may not be a critical issue in Nigeria because donors purchase commodities through global procurement mechanisms.
- Professional associations have concerns regarding administration of injections by lower-level health workers.

The Pfizer representative emphasized that the current model of Depo-Provera procurement by USAID and distribution by Society for Family Health throughout Nigeria would not be acceptable for introduction of depo-subQ in Uniject. Pfizer is concerned that socially marketed injectables may undermine the private-sector market. From Pfizer's perspective, market segmentation is necessary to differentiate provision of injectables through the public sector, commercial sector, and social marketing channels.

## Conclusions and recommendations

Our initial assessment yielded the following key findings:

- Despite opportunities to develop introduction plans for depo-subQ in Uniject in Nigeria, the target market of educated, urban women widely proposed by in-country stakeholders is inconsistent with PATH's project objectives.
- Although there is a need to clearly segment the commercial and social marketing sectors, such work exceeds the scope of this project.
- The complex relationship between the federal and state ministries of health suggests that adoption may be challenging and lengthy.

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<sup>1</sup> Depo-subQ provera 104 is a trademark of Pfizer.

<sup>2</sup> Uniject is a trademark of BD.

Nigeria is not recommended for landscape assessment and introduction planning. The limited commitment to family planning, complex federal and state Ministry of Health systems, and lack of policies regarding community-based delivery of injectable contraceptives suggest that a number of other systemic factors must be resolved before a project of this scope and scale can be effective.