Implementation of AMFm in Nigeria and the Challenges

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Profile of Nigeria and its Malaria Burden

- By June 2012, Nigeria's population would have risen to about 170m with about 164m at risk of malaria.
- Children under five years and pregnant women still remain the most vulnerable.
- Nigeria is one of the few countries benefitting from the AMFm grant aimed at improving access to antimalarial medicines.
- The grant was meant to complement other existing supports such as the:
 - WB Malaria Booster Support
 - Global Fund for Malaria
 - MDG Debt forgiveness fund to improve health and other conditions
- AMFm grant in Nigeria provide additional supports to such areas as
 - Provision of additional antimalarial medicines
 - Support training of health care providers and community interventions
 - Create awareness through advocacy and community sensitization to improve access
 - Support research activities

Activities carried out so far

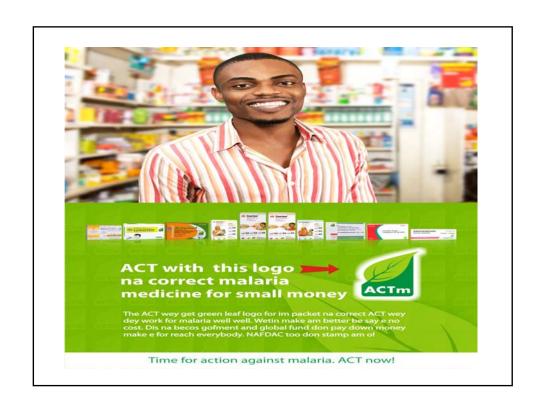
- AMFm officially launched on the 31st, March 2011 by Nigeria's First Lady
- Advocacy has been carried out to pharmaceutical bodies, customs and excise, NAFDAC and other stakeholders
- Sensitization and engagement of Media agencies have been carried out
- TV and Radio spots have been developed and these have been field tested
- Billboards and posters have been produced and are being deployed
- Other Campaign materials have been developed and state level campaigns are ongoing (3 PRs, TA-CHAI, others as TF/Secretariat)
- SRs have been engaged in the various intervention areas; SHI, NAFDAC etc
- Private Sectors Pharmaceutical companies in the country have been engaged as 1st Line Buyers to the manufacturers (46 to date)
- Trainings on the various intervention areas are ongoing; Training of Trainers health workers have been held and the training are being cascaded down. (Training on M&E for 1 LB)

Activities carried out so far (contd)

In the area of antimalarial medicines (ACTs)

- NAFDAC and MoF given waiver on charges on importation/registration, regulatory and port inspection and taxes
- A total of about 69m is expected, out of which;
- 17.5m have been delivered to the private sector and
- 3.5m have been received to be deployed to public health facilities
- M&E and PSM branches have been strengthened to improve reporting and track commodities. This is to be sustained with AMFm support (18 M&E Officers engaged – 2 per state)
- Implementation research on the deployment of RDTs to the Primary Health Care Clinics has commenced
- Preliminary work has commenced on country consultation for scenario planning for sustainability of AMFm.





Challenges with AMFm Implementation in Nigeria

Challenges being experienced now is as common to any new product being introduced:

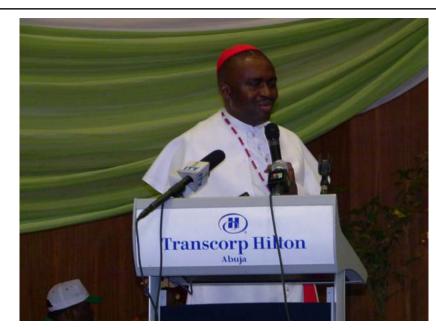
- Awareness is still low
- The health system on which AMFm is expected to latch on to is weak
- Coordination and monitoring of the private sector
- Customs and other port agencies still pose some challenges
- Attitude of the people; believe that "very cheap commodities" may not be original
- Concern about integrity in price and waiver application
- Poor profit margin by retailers hence, tend to stock more expensive commodities
- Delay in import



The Honourable Minister of Health, Nigeria officially launching AMFm



The former Head of State making his speech at the launching



The Secretary of the Nigeria Inter-religious Faith



The National Coordinator making his remarks



Section of some dignitaries