



PERMANENT MISSION OF NIGERIA TO THE UNITED NATIONS

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STATEMENT

BY

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CHAIRMAN, NATIONAL POPULATION COMMISSION**

ON

**Item 4: General debate on National Experience in Population
Matters: Health, Morbidity, Mortality and Development**

AT THE

**43rd SESSION OF COMMISSION ON POPULATION AND
DEVELOPMENT (CPD)**

NEW YORK, APRIL 13, 2010.

Mr. Chairman,

Nigeria aligns itself with the statements made yesterday by the representatives of Yemen and Cape Verde, on behalf of the Group of 77 and China and Africa respectively. My delegation commends the Commission for organizing the session to address issues on health, morbidity, mortality and development which constitute major issues of concern in Nigeria.

Nigeria is the 8th most populous nation in the world with a population of over 140 million people. Nigeria's population grows at an estimated rate of 3.2 percent per annum. Forty-nine percent of the total population is female. Of this, 51 percent are in their reproductive ages (15-49). Twenty-three percent of women age 15-19 are already mothers or are pregnant with their first child. Total Fertility Rate for Nigeria has remained high (5.7) in the last 5 years. The current use of modern family planning methods among married women is only 10 percent (2 percentage point increase in the last five years).

These phenomena represent a built-in momentum which will continue to fuel rapid population growth for years to come. Aside from increased risks of morbidity and mortality, the curtailment of socio-economic advancement of teenage mothers in the area of educational attainment and accessibility to job opportunities hampers overall development. All of these suggest that the attainment of replacement-level fertility will continue to elude Nigeria.

In its drive to provide effective, efficient, quality, accessible and affordable basic health care services to both rural and urban populations, the Government promulgated, in 1988, the National Health Policy and Strategy to Achieve Health for All Nigerians. The policy was reviewed in 2004 in order to reflect new realities and trends in the nation's health situation.

However, the provision of health care services and social amenities still trails far behind population growth. This has serious implications on morbidity and mortality situations, especially women and children, thereby slowing down progress towards the achievement of the Millennium Development Goals (MDGs), particularly MDGs 4, 5 and 6 and overall development of the nation.

Underpinning to the interrelationships between population factors and broader development issues, particularly high fertility and its effects on the health and well-being of the citizenry, the National Population Policy Nigeria was reviewed in 2004. Under this, set goals, objectives and targets are monitored through the conduct of sentinel surveys specifically designed for that.

Mr. Chairman,

The results of the 2008 Nigeria Demographic and Health Survey (NDHS) indicate that Nigeria has recorded improvements in the levels of some key health indicators. We are happy to note that these improvements have some positive impact on the health, morbidity and mortality experiences of the vulnerable groups. Specific areas of improvement include:

- ***Preventable diseases:*** These hitherto accounted for Nigeria's disease burden, with measles, whooping cough, fever, diarrhea, diphtheria and diseases of the respiratory system, among others, accounting for most early childhood deaths. Gladly, current preventive measures designed to improve child health and reduce morbidity and mortality include vaccination of children with immunization coverage that has nearly doubled from 13 percent in 2003 to 23 percent in 2008, indicating increased chances of infant survival.
- ***Neonatal tetanus:*** The probability of dying from neonatal tetanus within the first month of life among Nigerian infants has reduced as the percentage of last births protected against it has increased from 40 percent in 2003 to 48 percent in 2008.
- ***Acute respiratory infection (ARI):*** This is among the leading causes of childhood morbidity and mortality worldwide. Although marginal in some cases, increases have been achieved in the percentage of Nigerian children with symptoms of ARI for whom treatment was sought from a health facility/provider, from 31 percent in 2003 to 32 percent in 2008; for those with fever, from 31 percent in 2003 to 36 percent in 2008 and for those with diarrhoea, from 22 percent in 2003 to 32 percent in 2008. These statistics nonetheless signify reductions in the incidences of mortality that could be attributed to these illnesses.
- ***Malaria:*** The percentage of children under 5 years of age who slept under mosquito nets doubled from 6 percent in 2003 to 12 percent in 2008. This means some decline in neonatal mortality due to malaria must have been achieved as more children would have been protected by sleeping under nets.

Mr. Chairman,

The overall impact of these achievements is the decline in the levels of early childhood mortality: from infant mortality rate of 100/1,000 in 2003 to current 75/1,000 live births; child mortality rate of 97/1,000 to 88/1,000 live births and under-five mortality rate of 187/1,000 to 157/1,000 live births.

Similarly, neonatal mortality rate is 40/1,000 live births compared with 52/1,000 in 2003, and post-neonatal mortality rate is 35/1,000 live births compared with 47/1,000 in 2003.

Major causes of deaths among women in Nigeria are pregnancy-related. Information on the extent to which women in Nigeria receive care during pregnancy, during delivery, and a few weeks after delivery presents a picture of the health care available to mothers and the new born. Such care is also critical for the survival and well-being of both mother and child. Currently 58 percent of women age 15-49 receive antenatal care (ANC) from skilled providers. Also, the percentage of women who were delivered in health facilities increased slightly from 33 percent in 2003 to 35 percent in 2008; in the same manner delivery by skilled provider increased from 35 percent in 2003 to 39 percent in 2008. These nevertheless indicate reductions in the risks of morbidity and mortality for both mother and newborn. We are however still concerned that 62 percent of births still occur at home.

In all, maternal mortality ratio in Nigeria is currently estimated at 545 deaths per 100,000 live births against 800/100,000 in 2004. This is an important indicator for women's intervention programmes in reproductive health and family planning.

Although the nutritional status of children has improved slightly in the last five years: 41 percent of children under five in Nigeria are stunted, 14 percent are wasted and 23 percent underweight. These are indications of malnutrition which places children at increased risks of morbidity and mortality.

Mr. Chairman,

I wish to conclude by acknowledging that issues of health, morbidity and mortality have a lot to bear on the overall development of Nigeria. Much as some improvements have been recorded in these areas over the years, a lot more needs to be done to attain the Millennium Declaration. The Nigerian Government is not unmindful of this and is fully committed to achieving the Millennium Development Goals by ensuring better health outcomes for its citizenry, thereby accelerating the process of development.

I thank you.