

# **Conclusions and recommendations**

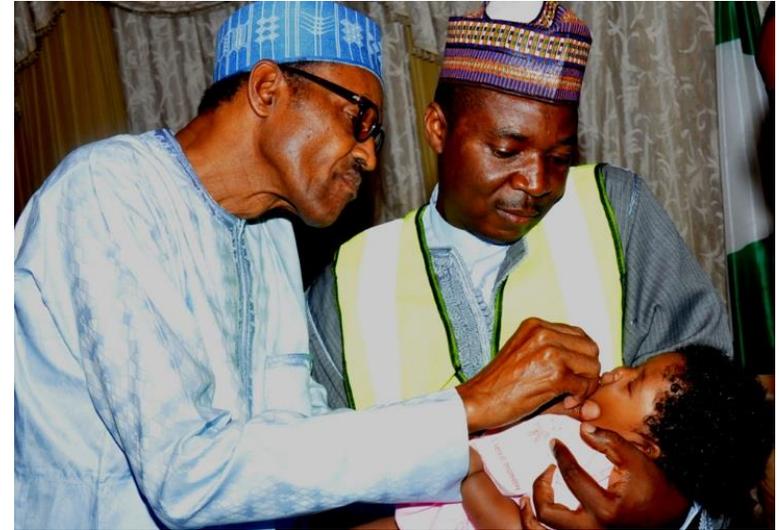
**30th Meeting of the Expert Review Committee  
on Polio Eradication in Nigeria (ERC)**

**11-12 August, 2015**

*“I also seize this opportunity to call on Governors, our Traditional and Religious Leaders, the private sector and & Mothers & Fathers to redouble their effort in ensuring that every child and every newborn baby is vaccinated with the polio vaccine and other life saving routine vaccines.”*

*“I wish all Nigerians a polio free country in 2017.”*

Statement by His Excellency President Muhammadu Buhari as he immunized his grand-daughter on the occasion of Nigeria attaining one year without a case of polio.



# Context

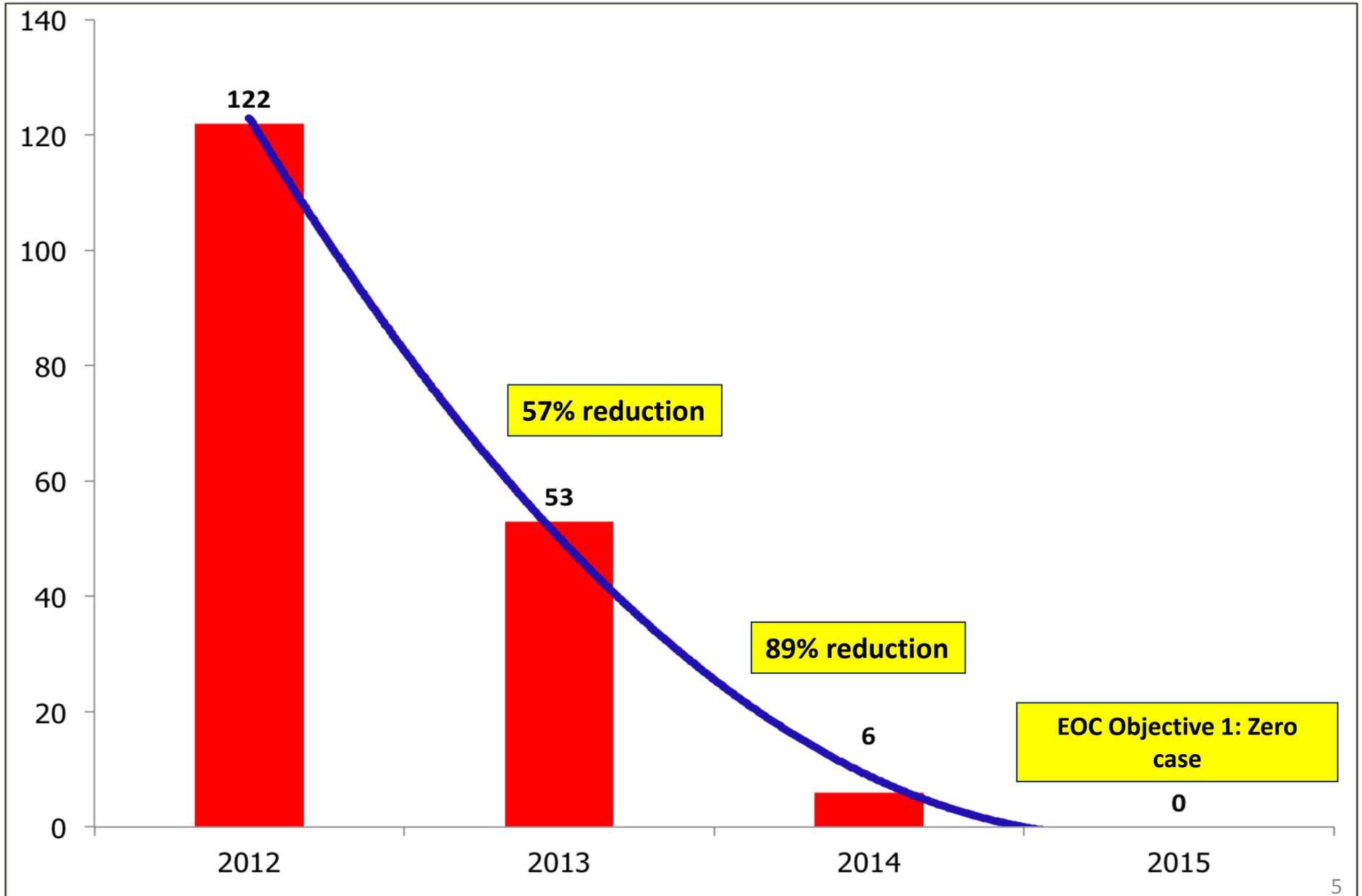
- Progress in Nigeria has paved the way for a polio free Africa and ultimately the world
- Progress is fragile, risk of reversal remains
- New political leadership: urgent need to protect the gains, sustain the momentum
- Huge potential for Nigeria to build on legacy of polio eradication

# Progress

**CONGRATULATIONS NIGERIA!**

**No case of Wild Poliovirus for last  
12 months!**

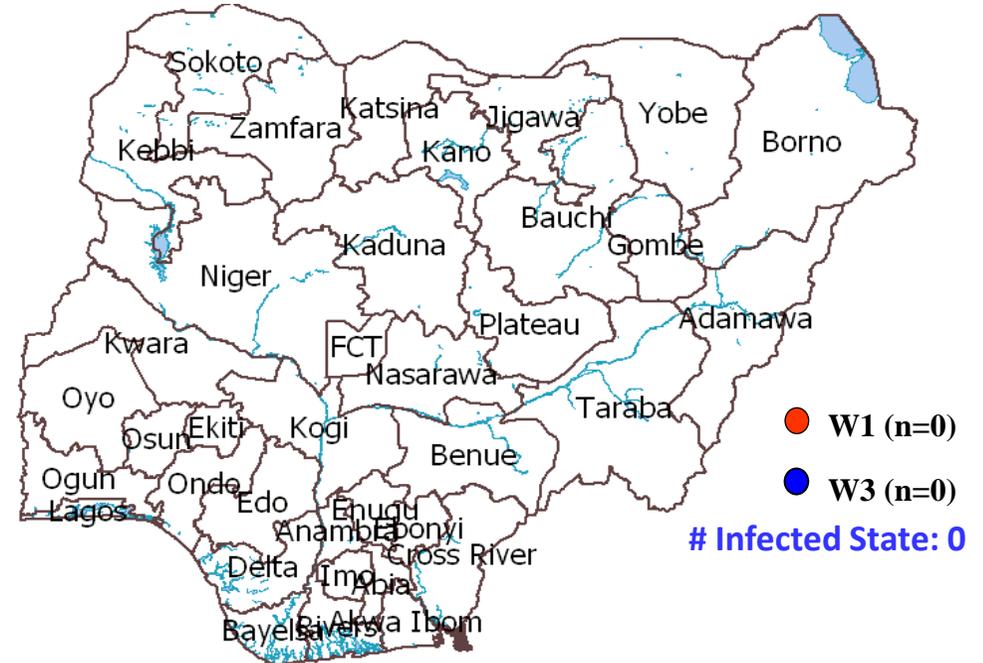
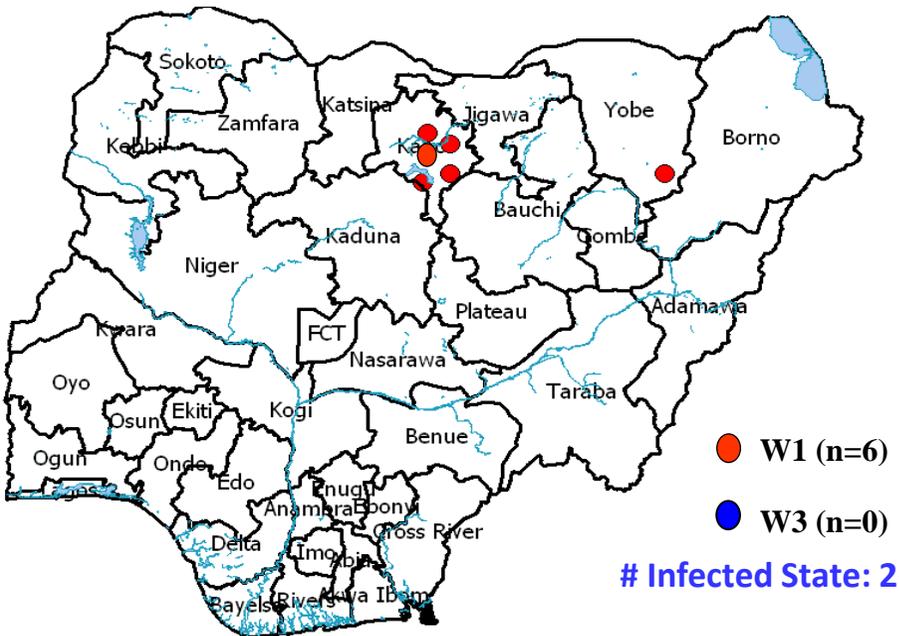
# WPV in Nigeria since 2012



# WPV Cases - 2014 & 2015

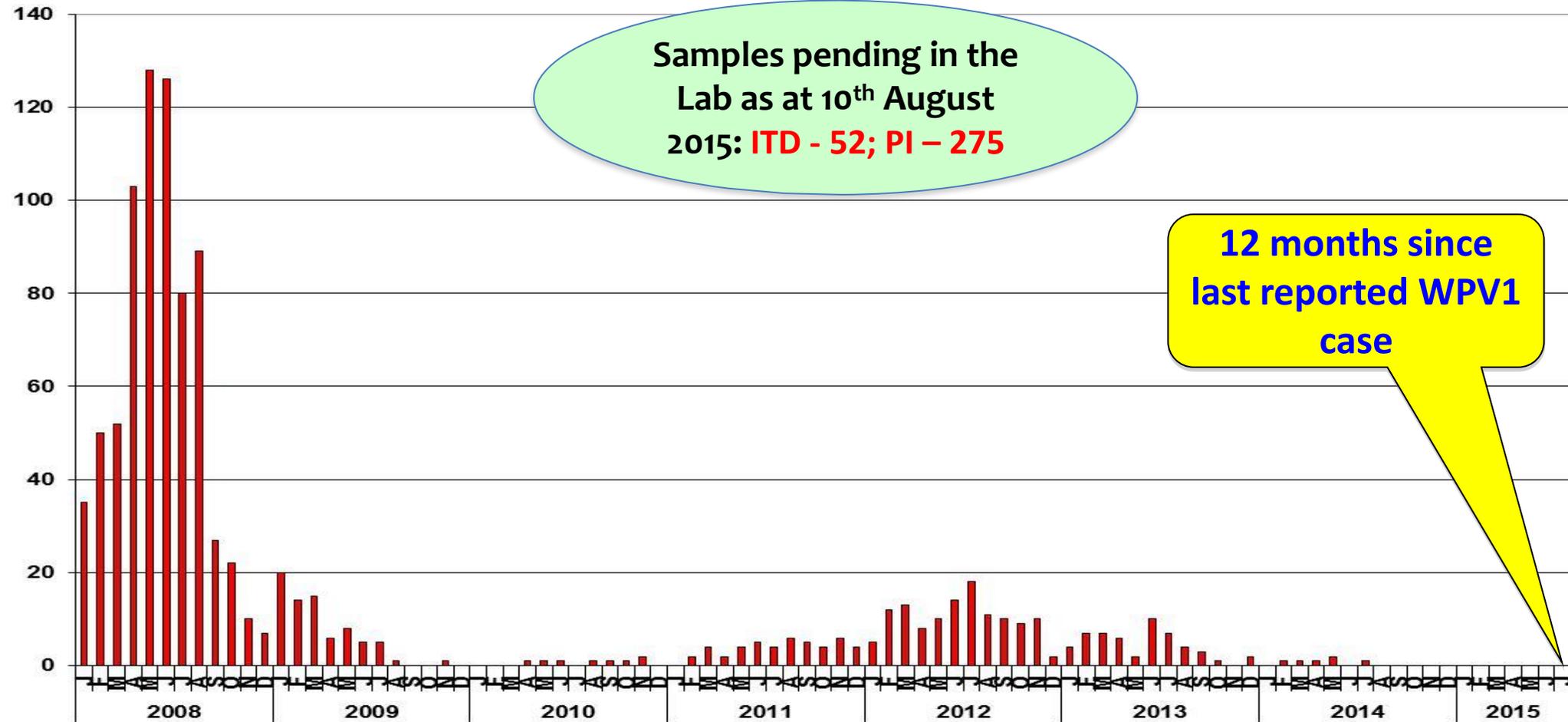
2014

2015



No WPV3 detection for >2.5 years

# WPV1 Cases 2008 – 2015





# The Game Changers in Nigeria

- Political commitment
  - Presidential Task Force
  - Governors Forum
  - Traditional and religious leaders
  - LGA Chairman
  - National financing

# The Game Changers in Nigeria - 2

- Establishment of EOCs
- Accountability Framework
- Focus on missed children: innovations to reach missed children
- Resilience of the programme & health workers in conflict-affected north-east
- Data quality: surveillance and monitoring

# Strategies and innovations to reach missed children

- **Micro-planning, mapping & tracking**
- **Health Camps, Enhanced Health Services**
- **IPV campaigns**
- **VCM, traditional and religious leaders and community engagement**
- **Market and Transit vaccinations**
- **DOPV**
- **Permanent Health teams**
- **Hit and Run**
- **Fire-walling and transit teams**
- **IDP vaccinations**
- **Cross-border vaccination in Adamawa and Taraba**

# **Risks to Completing Polio Eradication in Nigeria**

**Nigeria must sustain the hard fought  
gains and address the risks that  
threaten completion of Polio Eradication**

**AND**

**Nigeria Must Prepare to Build on the  
Success of Polio Eradication**

# Risks to Completing Polio Eradication

- Delays in securing political commitment
- Insufficient or delayed financing
- Persistent gaps in performance: Kaduna, Sokoto and Katsina
- Insecurity & inaccessibility, Borno, Yobe, Adamawa & other areas of NE

# Recommendations: Secure Political Commitment

- Presidential TF be convened immediately
- Leverage the prestige and goodwill of Mr President to mobilize national support
- Governors Forum to reaffirm Abuja Commitments; Polio and RI a regular agenda item
- Engage the support of Health Committees of the National Assembly
- Track and report on Abuja commitments and engagement of LGA chairmen

# Recommendations: Secure Financial Resources

- Secure national financing by the Government
- Clearly articulate:
  - financial resource requirements, 2016-17
  - funding shortfall
- Government should increase its financial commitment from the annual baseline of ~\$50 million
- Mobilize financing by the private sector in Nigeria
- Donors should sustain and ensure timely funding for the remaining funding gaps

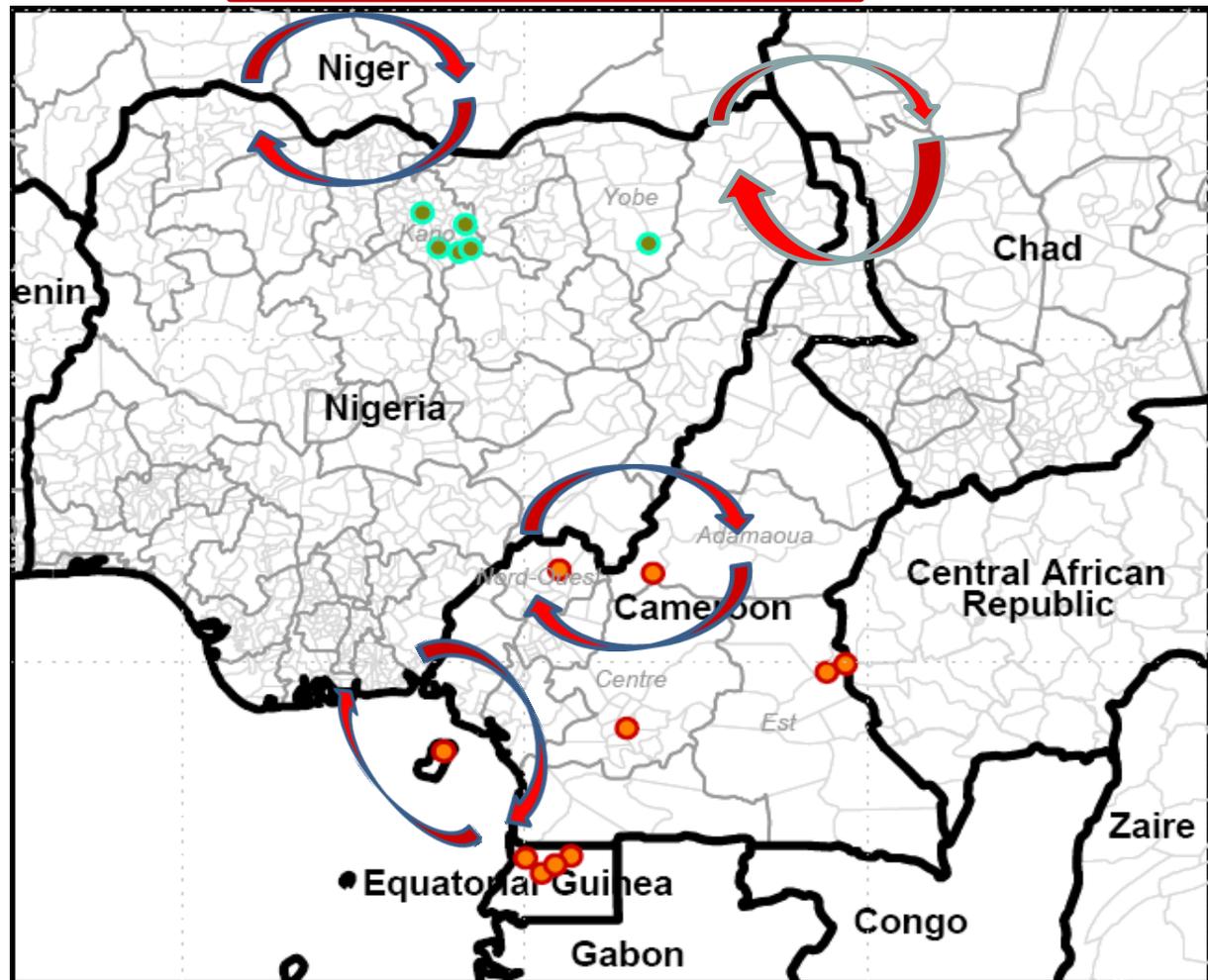
# **Risk: Performance Gaps**

# Risk of Polio Resurgence in Nigeria

Undetected Transmission,  
history of orphan viruses

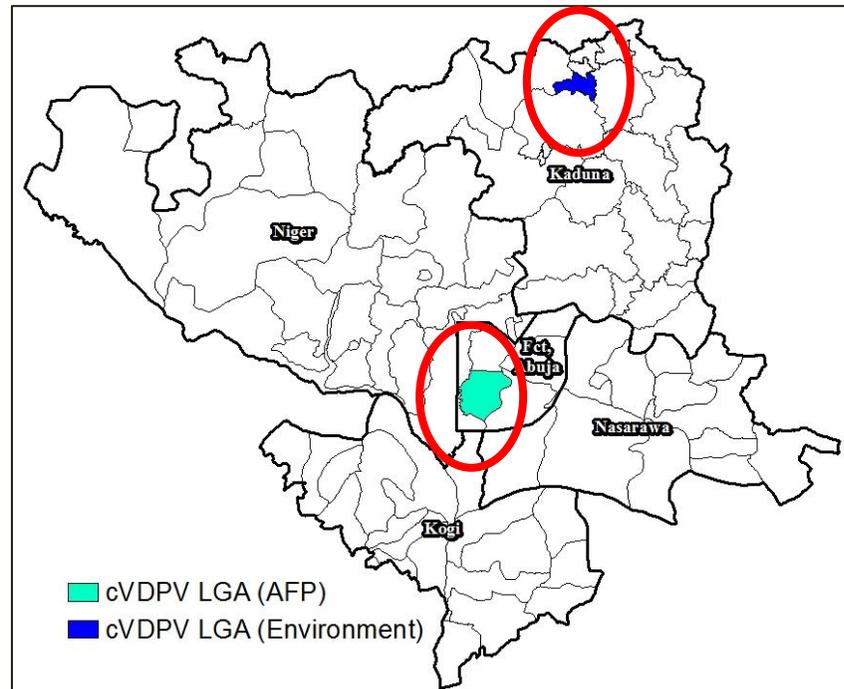
Emergence and  
circulation of  
cVDPV2

Poliovirus importation

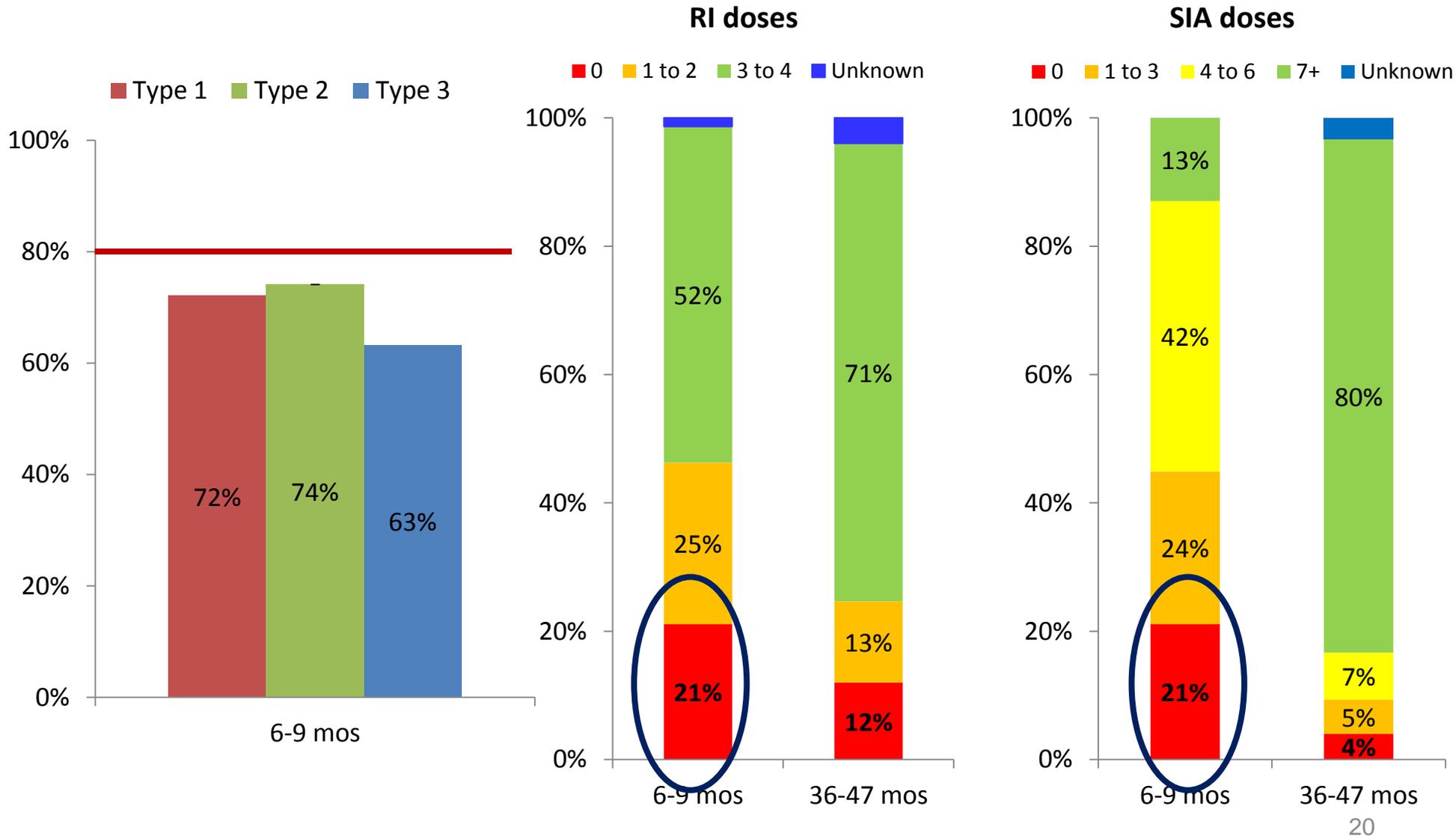


# Persistent Performance Gaps

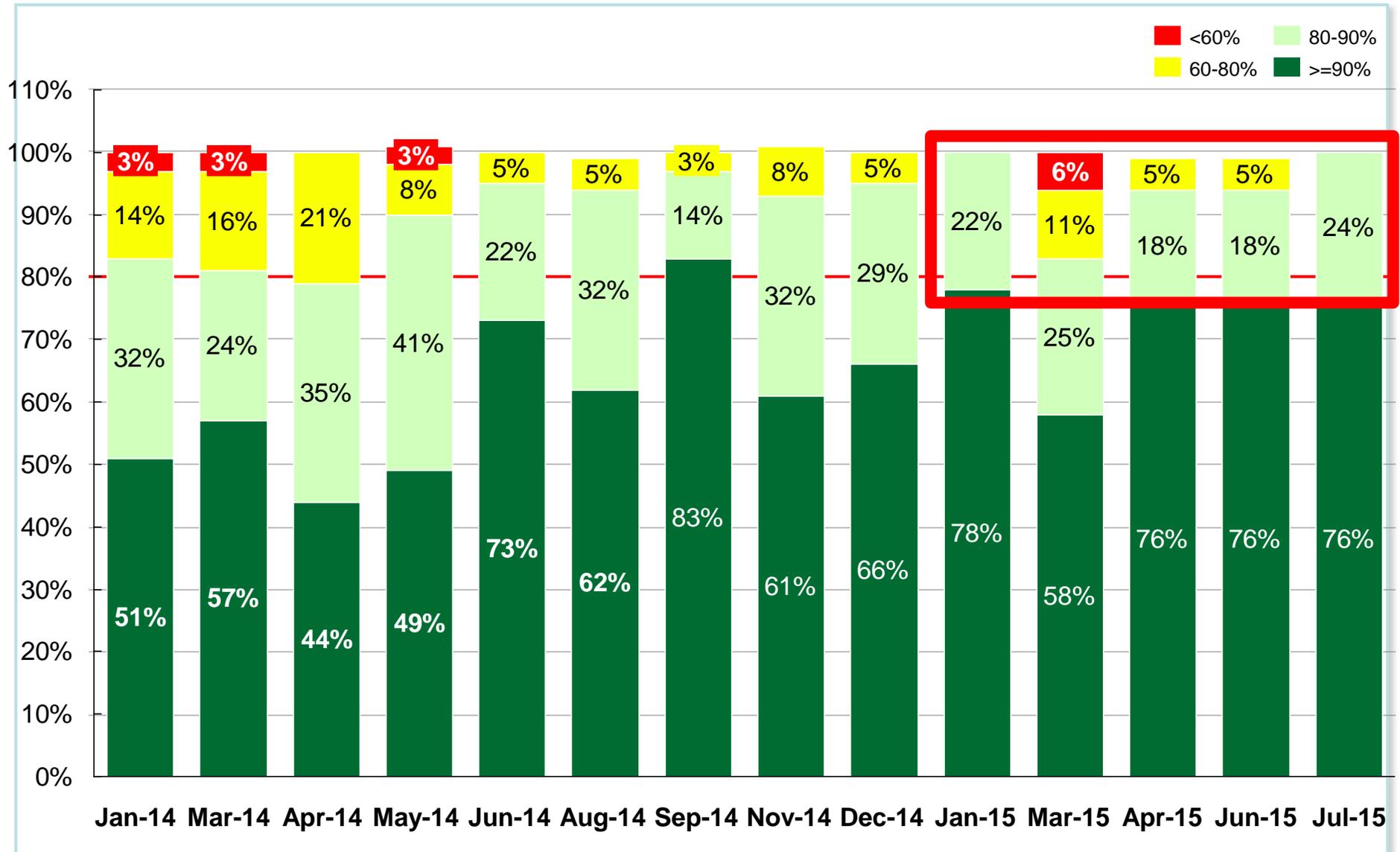
- Kaduna: cVDPV2 after multiple tOPV rounds
- Sokoto: detection of new VDPVs in 2015
- Katsina: missed children



# Katsina 2015: Low Seroprevalence, High Zero Dose



# Stagnation in Quality in VVHR & VHR LGAs



# Lessons from Kano Metro, Kaduna, Sokoto & Katsina

- Large proportion of children still being missed in key high-risk areas
- Clustering of under-vaccinated children
- Disconnect between monitoring data and OPV dose history & sero-prevalence
- Importance of enforcing accountability
- Some innovations yet to be implemented in Kano Metro

# Recommendations – Kaduna, Sokoto, Katsina, Kano

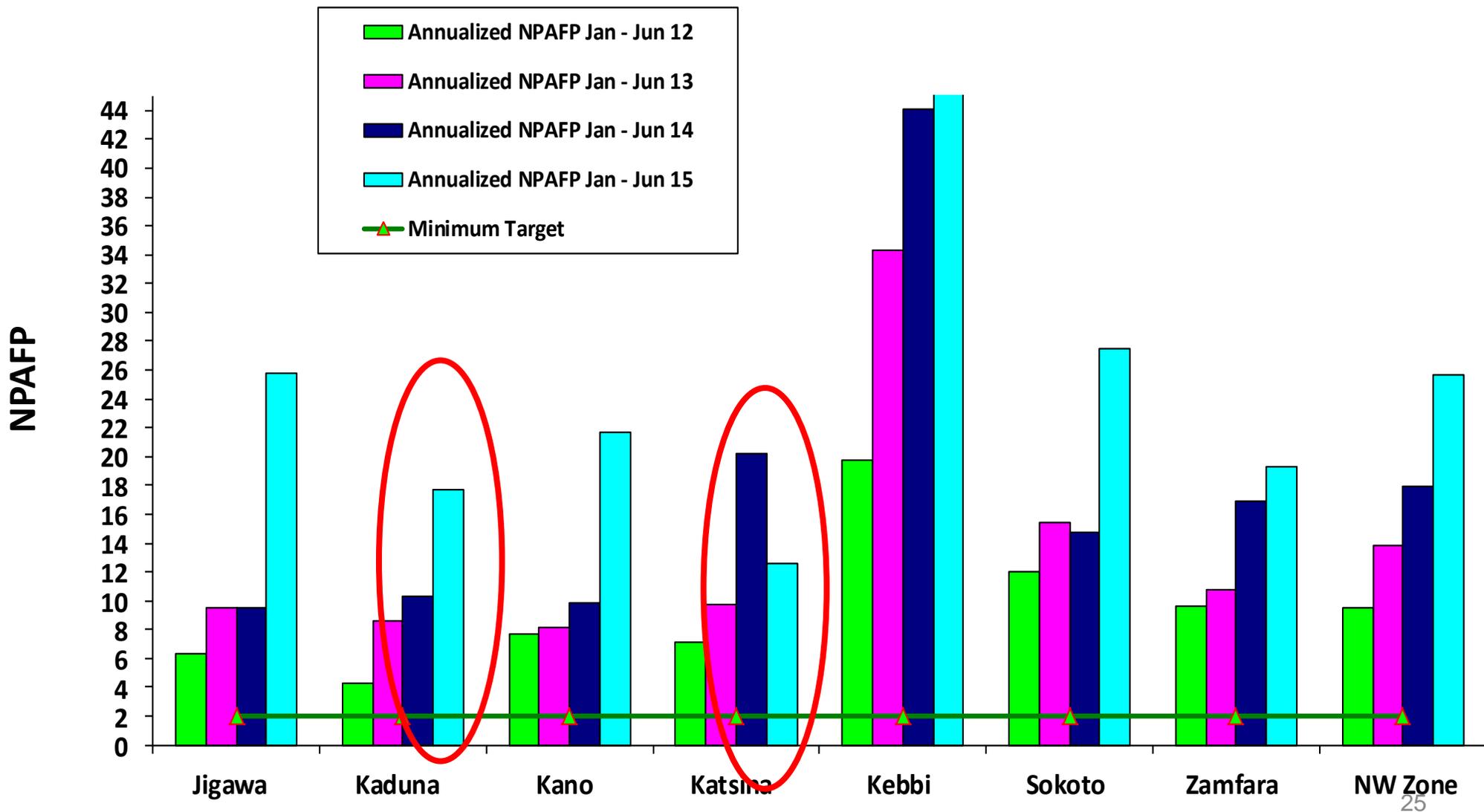
- Continue to evaluate reasons for missed children, closely track non-compliance and team selection
- Investigate ‘zero-dose’ children
- Track and enhance IPV coverage in VHR LGAs

## **Recommendations - 2:**

### **Kaduna, Sokoto, Katsina, Kano**

- Implement and scale up relevant innovations to rapidly improve coverage:
  - Health Camps
  - Accountability for team selection
  - Expand ‘Directly Observed Polio Vaccination’ (DOPV)
- Continue to intensify surveillance
  - Orphans in Kaduna, lower reporting rates compared to other northern states in Kaduna and Katsina
  - Disconnect between VDPV2 detection in environmental surveillance and in AFP in Sokoto

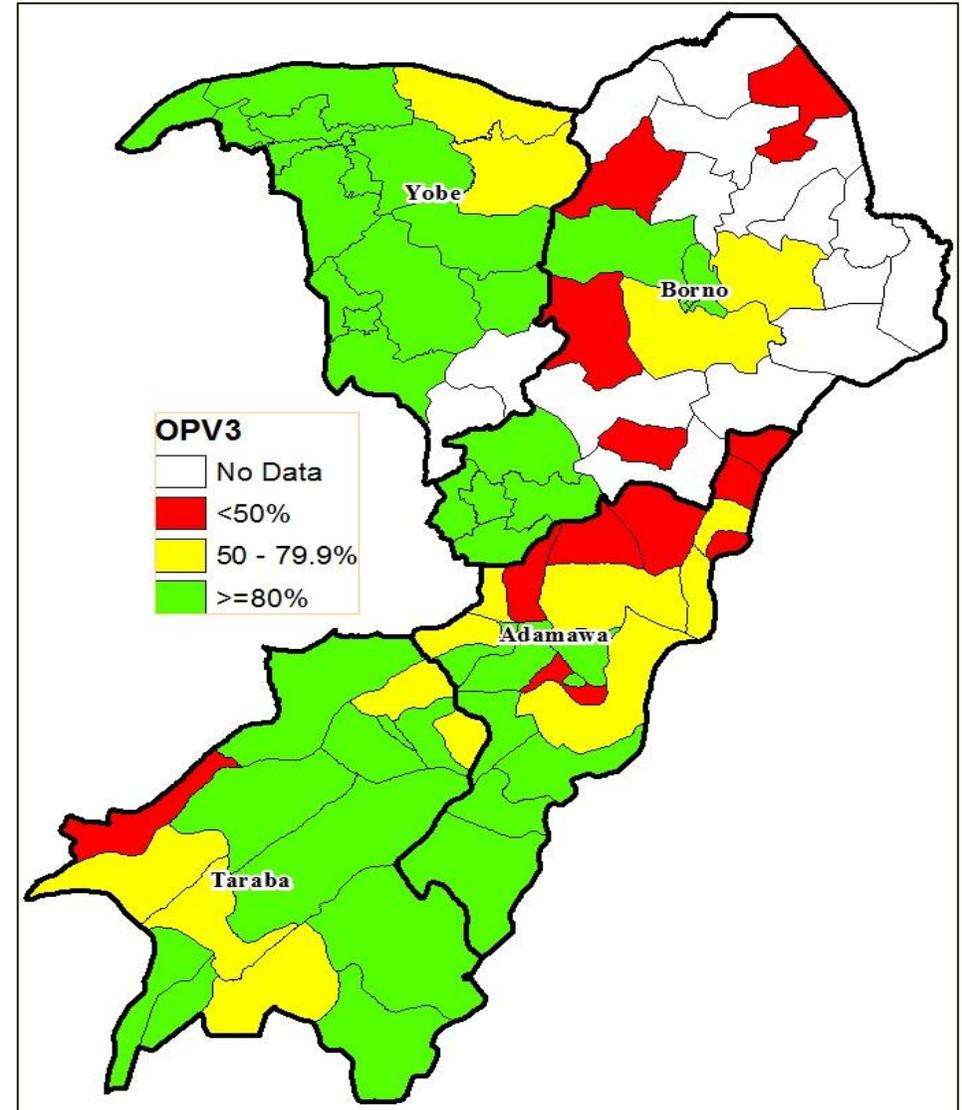
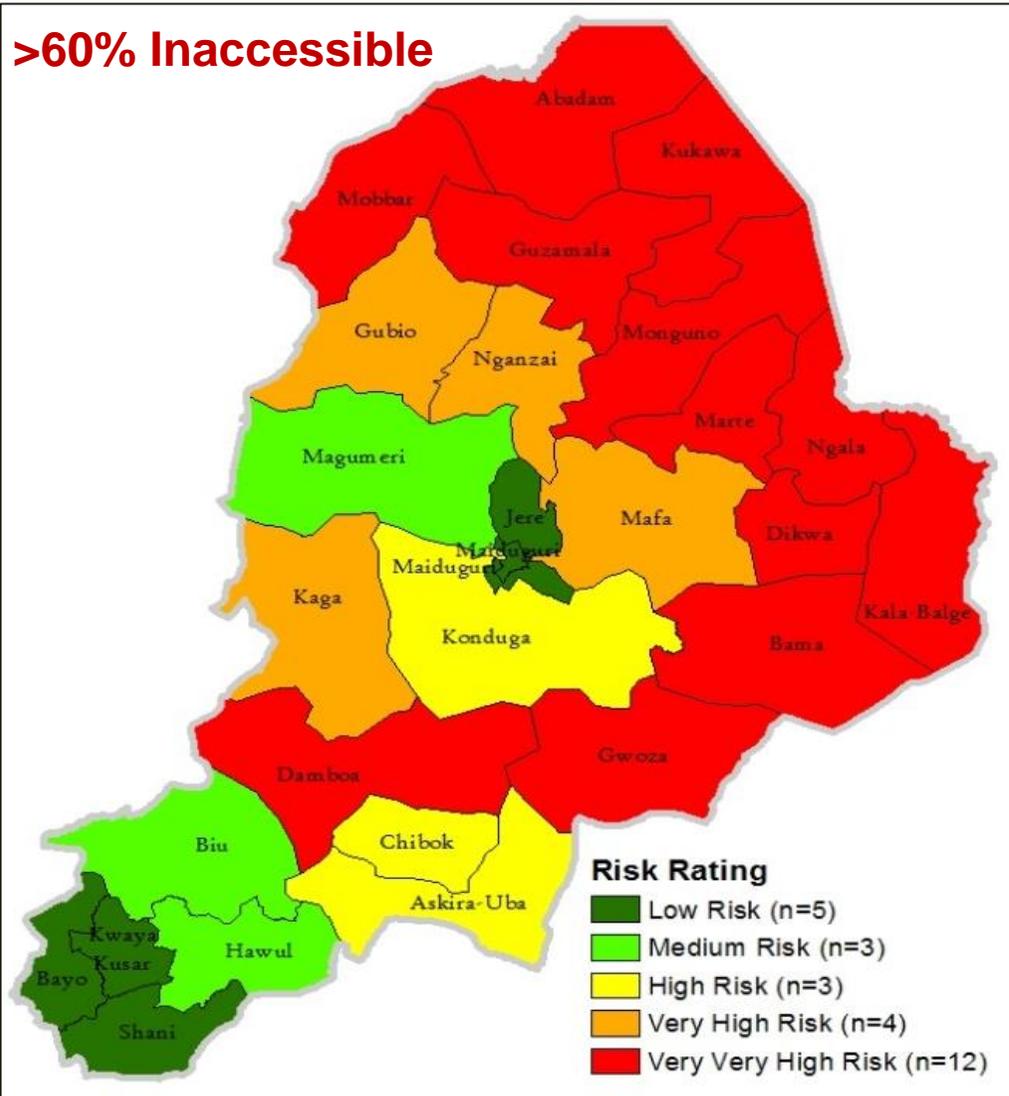
# Kaduna & Katsina: Improvement in Surveillance performance, NPAFP rate, Jan – Jun 2012 - 15



# **Inaccessibility and Insecurity**

# Inaccessibility and Insecurity – a Major Risk

>60% Inaccessible



# Recommendations

- Continue efforts to better **quantify and locate children** (including informal IDPs) and **unpack reasons** for inaccessibility
- Monitor consolidated impact of the various strategies on **reduction in missed children** by area
- Assess quality of immunization activities in these areas with **independent convenient samples** and **investigation of and response to zero-dose AFP cases.**
- Be prepared with **pre-positioned resources** to conduct rapid short-interval SIPDs as soon as an area become accessible
- Intensify ongoing coordination across the Lake Chad Region

# **AFP Surveillance**

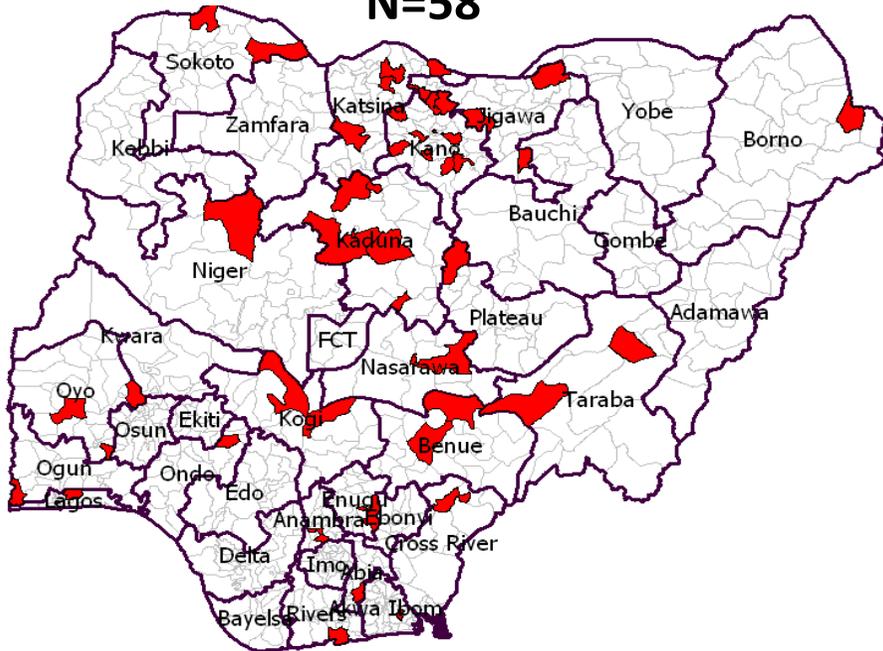
# AFP Surveillance

## Encouraging progress continues

Decline in LGAs not achieving 2 main indicators Jan – Jun, 2015

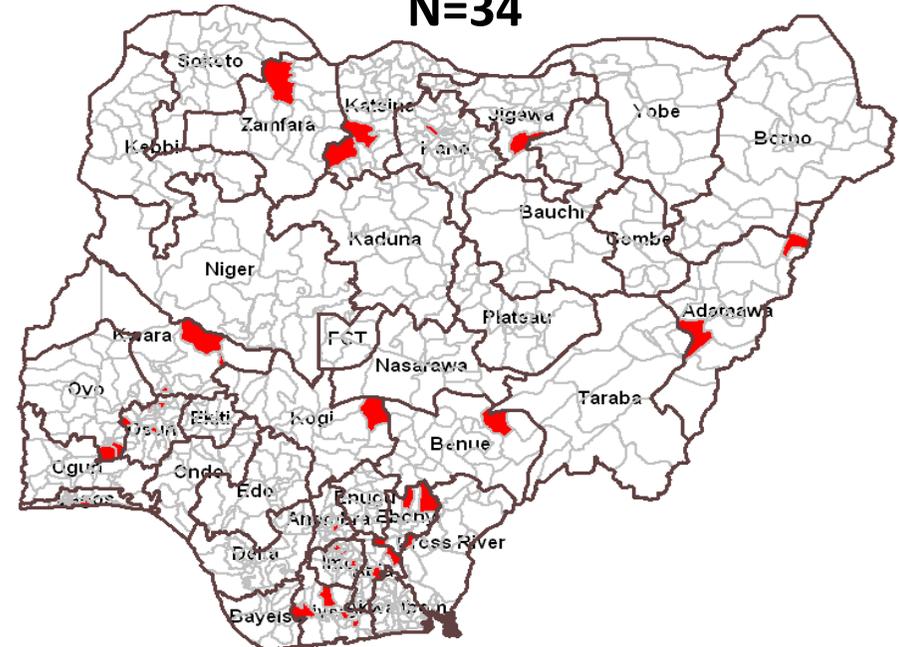
Jan - Jun 2014

N=58



Jan – Jun 2015

N=34



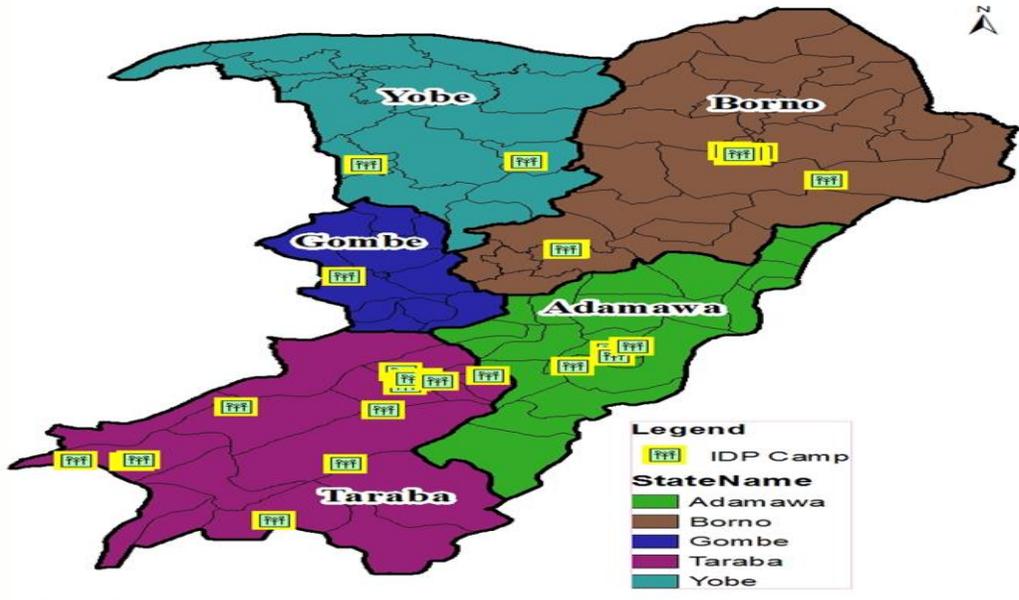
 Under-performing LGAs

# North East Zone

## Enhanced Surveillance activities

- Systematic Collection of stools from contacts
- Training and scaling up of community informants
- Increase in reporting sites since 2014
- Improved case reporting from IDP camps

Distribution of IDP Camps



AFP cases reported from IDP Camps

| State        | AFP reported 2014 | AFP reported 2015 | Total     |
|--------------|-------------------|-------------------|-----------|
| Yobe         | 0                 | 3                 | 3         |
| Borno        | 3                 | 32                | 35        |
| Adamawa      | 7                 | 4                 | 11        |
| Taraba       | 4                 | 0                 | 4         |
| <b>Total</b> | <b>14</b>         | <b>39</b>         | <b>53</b> |

# Recommendations

## AFP Surveillance in difficult to access areas

- Ensure specimen quality: Regular analysis of reverse cold chain, including NPEV and Sabin isolation by LGA
- Track specimen collection and shipment process
- Enhance coordination on cross border notification of AFP Cases, particularly with Chad (currently Cameroon & Niger cross notify)
- Assess efficiency of local informants and reporting sites through regular analysis of proportion of AFP cases reported from outside their LGA and outside the state
- Continue AFP case contact sampling

# Recommendations

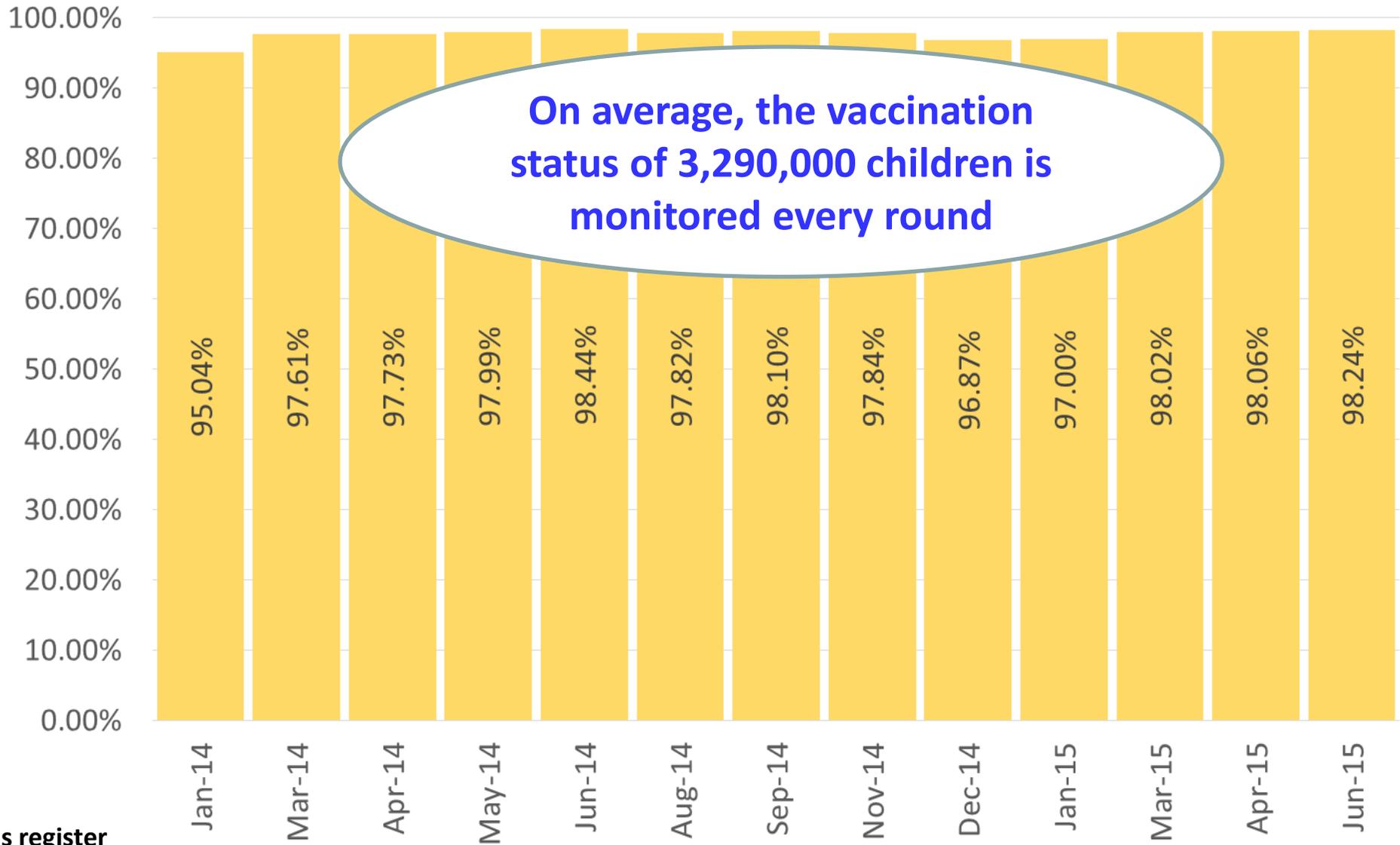
## Strengthening Overall Poliovirus Surveillance

- Continue engagement and sensitization of community informants
- Strengthening AFP surveillance in known areas of cVDPV2 and maintain high quality environmental surveillance
- Ensure case reporting by each sub-group of high risk population including Nomads, Cattle herders & IDPs
- Analyze polio compatible cases to identify gaps and take corrective measures
- Fast track the logistic and technical support to polio labs
- Conduct accreditation of Maiduguri polio lab as soon as feasible
- Look beyond indicators; conduct independent field surveillance reviews to assess drivers of surveillance performance

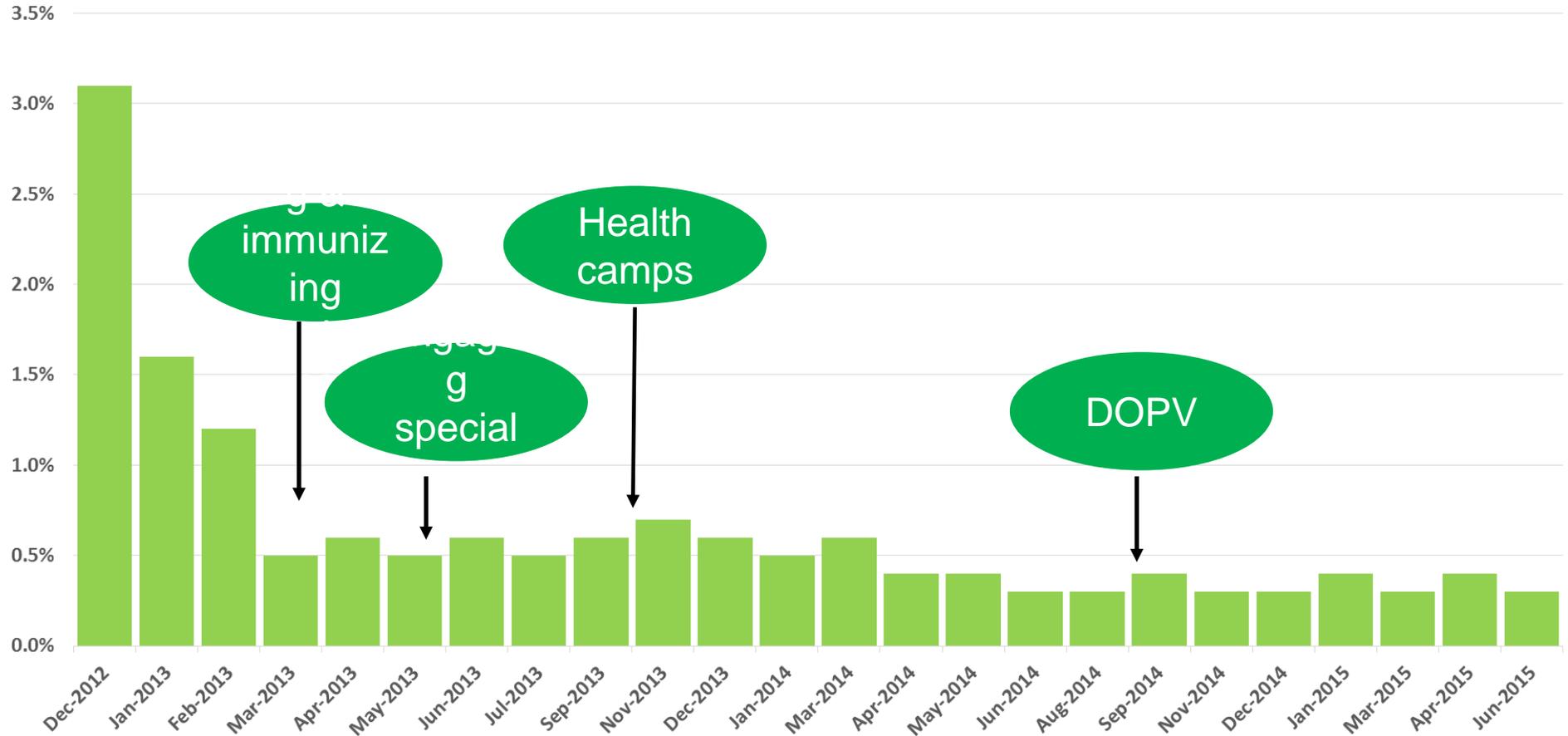
# **Communication & Social Mobilization**

# % Coverage in VCM settlements, Jan' 2014- Jun' 2015

## VCMs are located in high risk, challenging settlements



# Steady reduction in Non-compliance as % of missed children, High Risk States Dec 2012 – June 2015

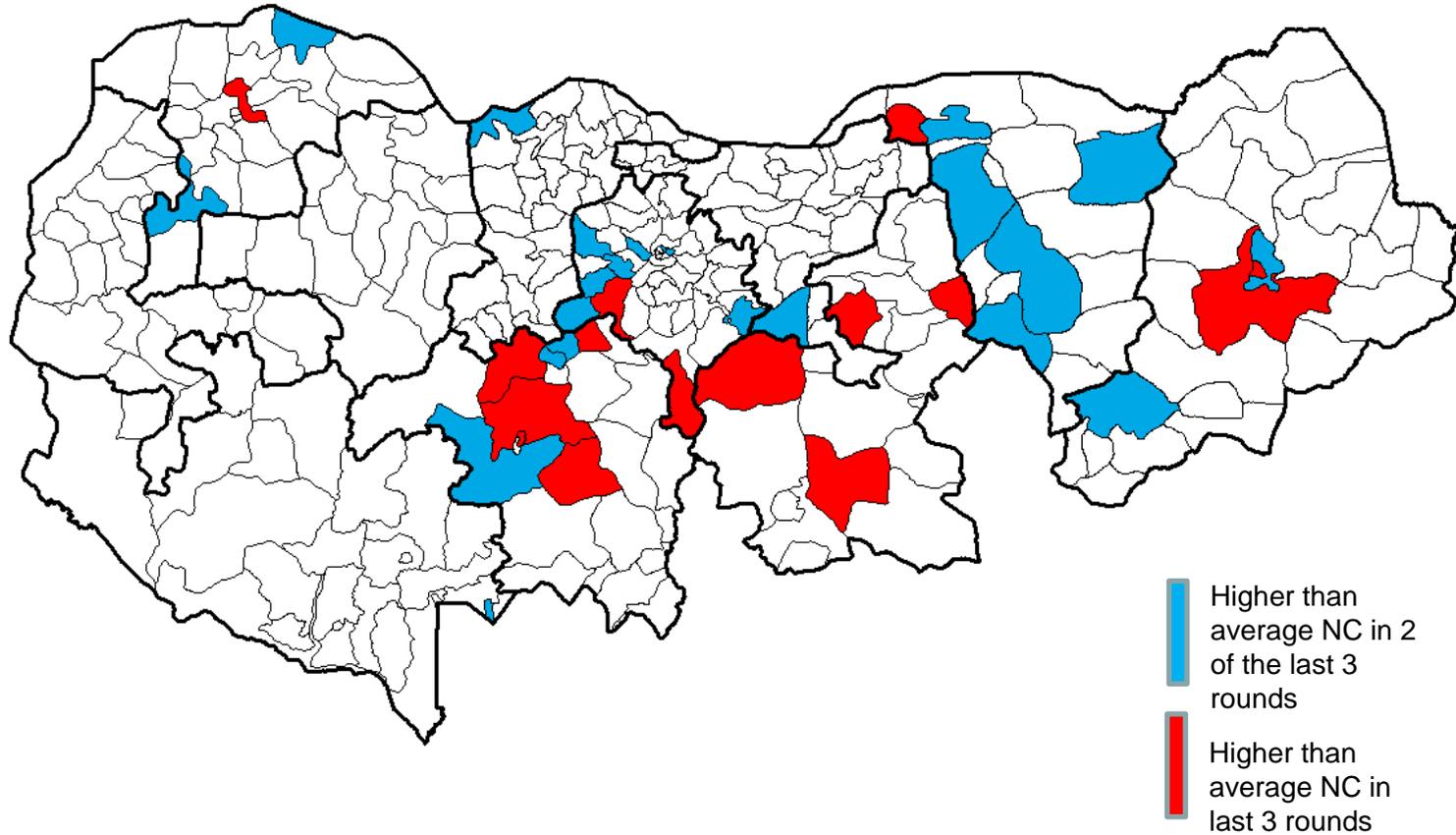


Independent  
Monitoring data

# Reaping the benefits

- Data shows continued overall improvement in coverage and reduction in non-compliance in HR states
- The Volunteer Community Mobilization network is a key contributor to the success of the polio programme strategies and beyond polio (*Legacy in action*)

# Non-compliance Still a Challenge in High Risk LGAs



# Recommendation

- Intensify effective social mobilization and community engagement strategies in remaining pockets of high rates of non-compliance in high-risk states, particularly Metro Kano, Kaduna, Sokoto and Katsina
  - Health Camps
  - VCM network
  - Engagement of community and religious leaders, polio survivors etc.
- Implement plans for improving quality and motivation of front line workers
- Ensure communications strategies to leverage the prestige and good will of Mr President is funded

# **Emergency Preparedness & Response**

# **Nigeria Must be fully Prepared to Complete Polio Eradication**

- Heightened Surveillance
- National & State Polio Outbreak Emergency Preparedness & Response
- Enhanced Mopping up Strategy
- Cross-border coordination and coverage of IDPs/returnees
- Improve EPI coverage

# **SIA Strategy**

# Mop-up Response Strategy

- From now on, Nigeria should implement the internationally-recommended mopping up strategy in response to detection of any circulating poliovirus from any source
  - Immediate mop-up (speed is paramount), first round within two weeks of case confirmation
  - Large scope (at least 2-5 million target pop)
  - Implement three rapid rounds within two months
  - Improve quality of rounds
  - Implement at least 3 rounds after the last circulating poliovirus detection

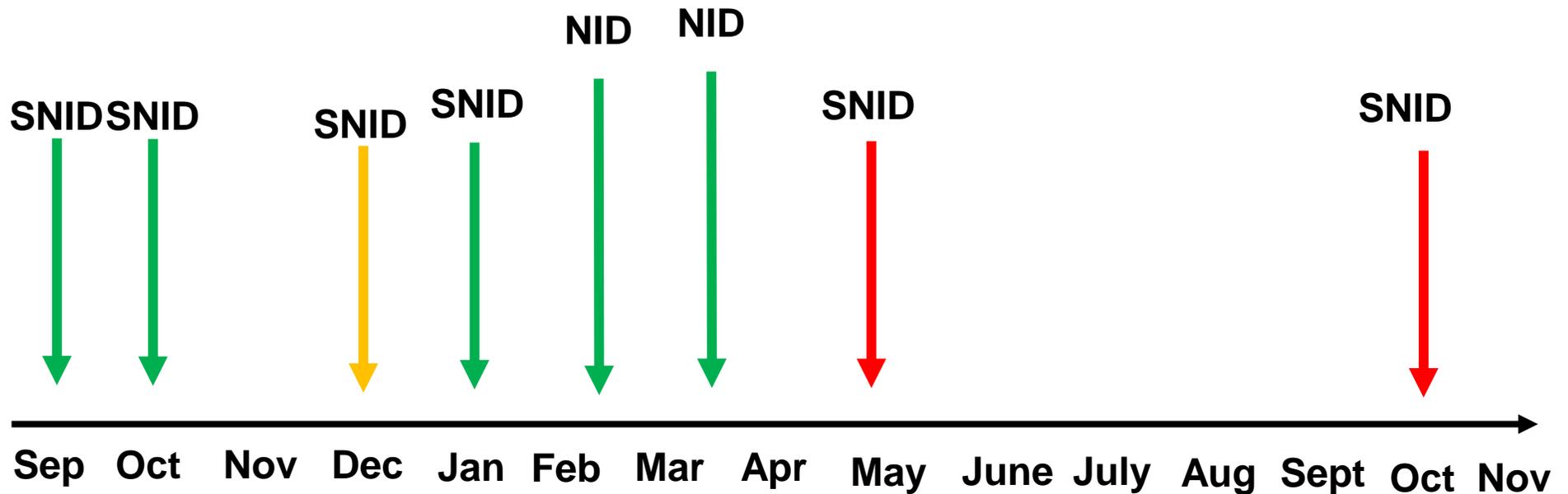
# Mop-up Response Strategy - 2

- From now until type 2 OPV withdrawal, conduct a local mopping up response to detection of **any VDPV type 2**
  - Scope of response should include multiple LGAs
  - Response should be immediate without waiting for final confirmation of the strain as cVDPV
  - When confirmed as cVDPV2, expand scope of mopping up as recommended for cVDPV2

# ERC Endorsement

## Implementation of high quality SIA schedule

Sept 2015 – Oct 2016



Aggressive Mop-up Campaigns

↓ bOPV   ↓ tOPV   ↓ Schedule & Vaccine type to be confirmed based on tOPV-bOPV switch & epi

# **Introduction of IPV and Preparing for type 2 OPV withdrawal**

# Introduction of IPV in EPI

- ERC commends NPHCDA on the introduction of IPV in EPI
- IPV uptake and coverage should be tracked and enhanced in VVHR and VHR LGAs

# Nigeria must be fully prepared for withdrawal of tOPV in April 2016

1. Complete introduction of IPV in EPI
2. Strong surveillance capacity to detect type 2 poliovirus
3. License bOPV for routine immunization
4. Ensure facility containment of type 2 poliovirus
5. Sufficient tOPV SIAs in advance of tOPV withdrawal
6. Review the switch budget, build cost efficiencies by linking with NID and submit the budget for review by GPEI (Immunization Management Group) for financial support

***Stop all VDPV2***

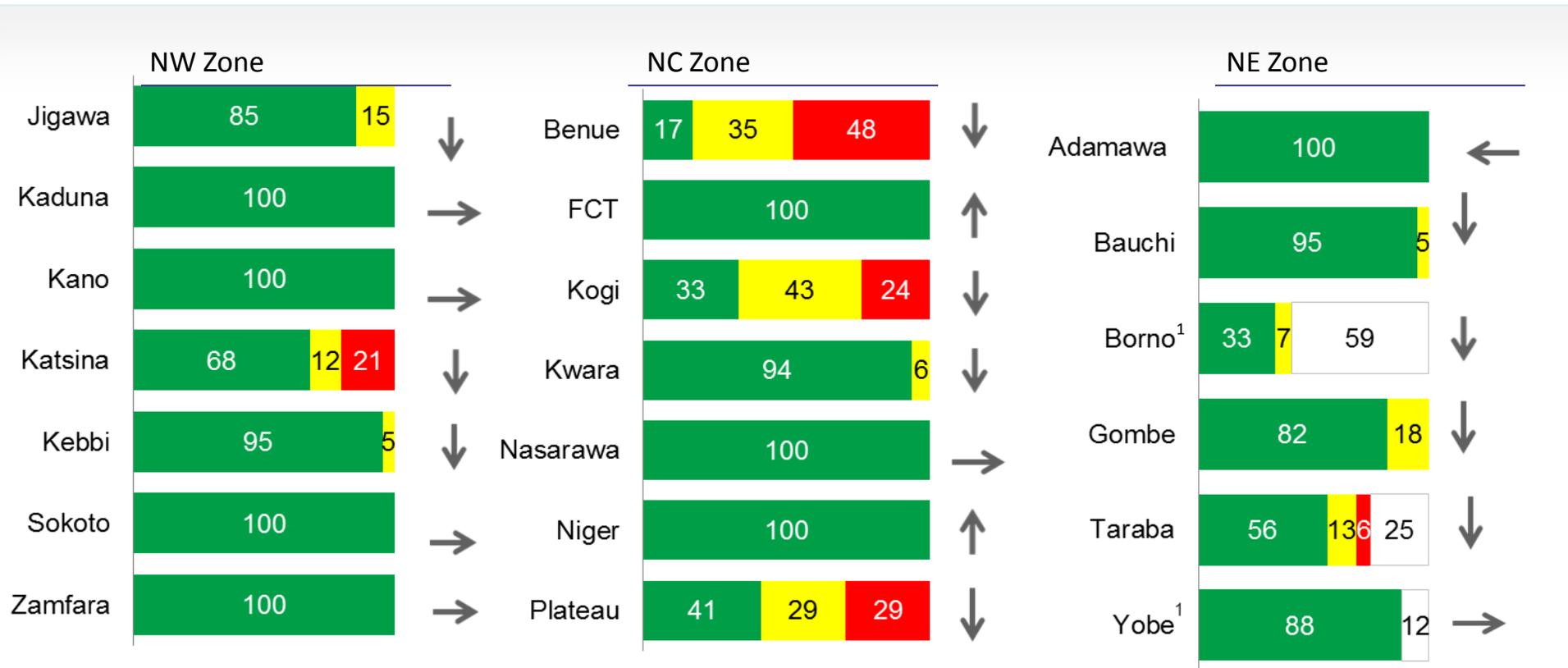
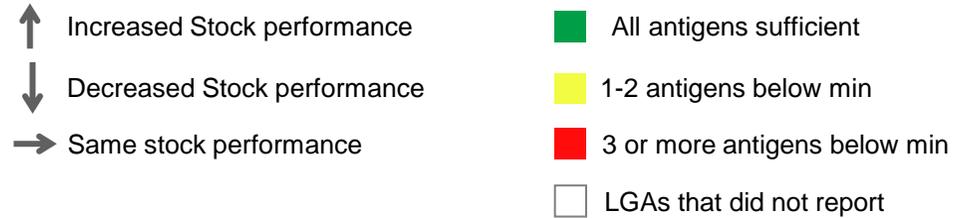
# Strengthening EPI

# State performance dashboard:

## An average of 83% of LGAs have adequate RI vaccine stock

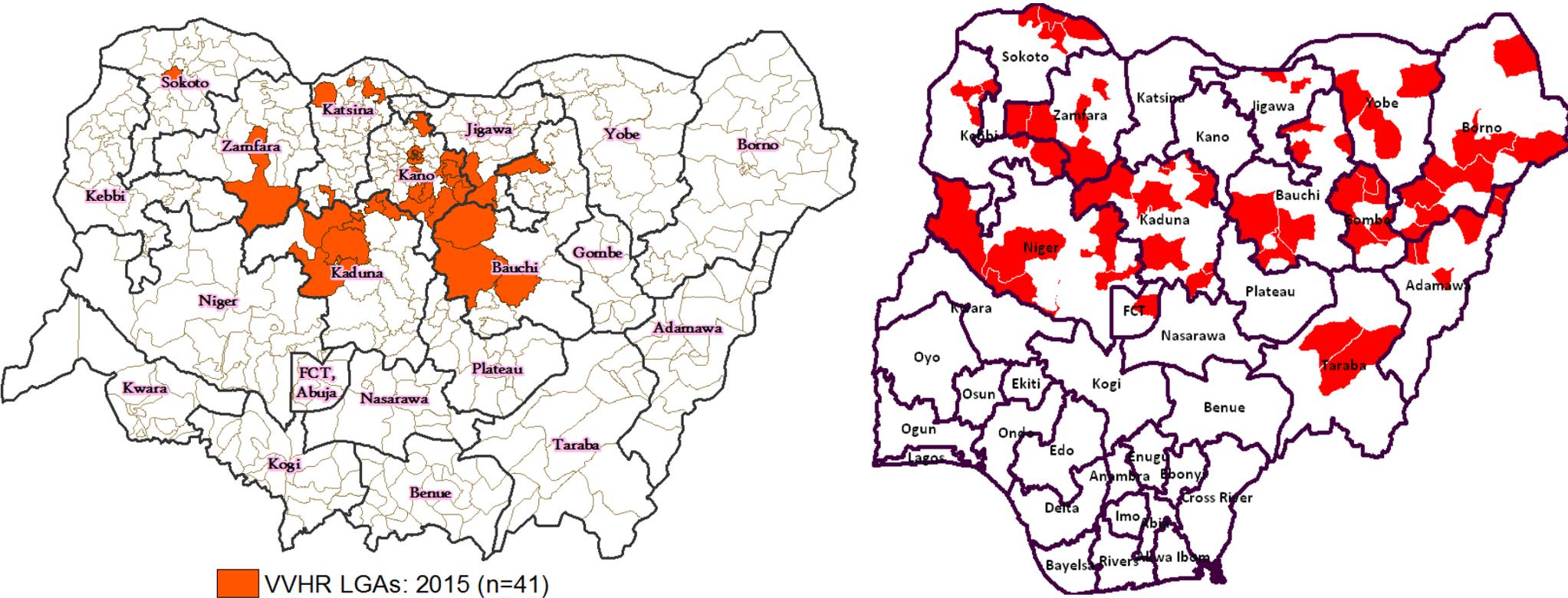
LGA stock adequacy – week ending 31<sup>st</sup> July, 2015

Percent of LGAs



<sup>1</sup> States with LGAs under strikes or insurgency : Borno, and Yobe.

# Deploying the Polio Structure to support RI in 46 or 59 polio vulnerable LGAs



# Strengthening EPI

- ERC notes major improvements in RI vaccine supply leading to near disappearance of stock-outs
- The ERC applauds the efforts of polio assets to help improve EPI in HR LGAs – the scope and strategies need further clarification
- ERC expresses concerns regarding the risk of late and inadequate funding of routine immunization in 2016
- ERC expresses reservations about the quality of administrative data on vaccination coverage
- ERC is also concerned about the strike of health workers in some states

# Recommendations

- Ensure better alignment of the various RI intensification initiatives including the targeted LGAs.
- Improve utilization of polio surveillance data and monitoring data collected by polio staff to assess progress and identify gaps
- Conduct an independent coverage assessment to verify coverage
- EOCs & NPHCDA should develop and enforce an accountability framework to ensure implementation of cMYP 2016-2020 and non-polio SIAs with clear roles and responsibilities of each immunization partner

## Recommendations - 2

- Focus efforts on improving IPV coverage in the VVHR LGAs as an additional measure to boosting immunity against polio virus
- Ensure regular sub-national reporting on polio SIA vaccine stock balance and utilization (wastage rates)

# Measles Control in Nigeria

- Substantial progress in Nigeria in past 10 years in reducing measles cases and deaths
- Plateauing of measles disease burden in recent years
- Further reductions in measles will require increase in routine immunization coverage and improved quality of measles SIAs
- 2013 measles follow-up SIA was of sub-optimal quality and did not fully utilize polio assets and capacity

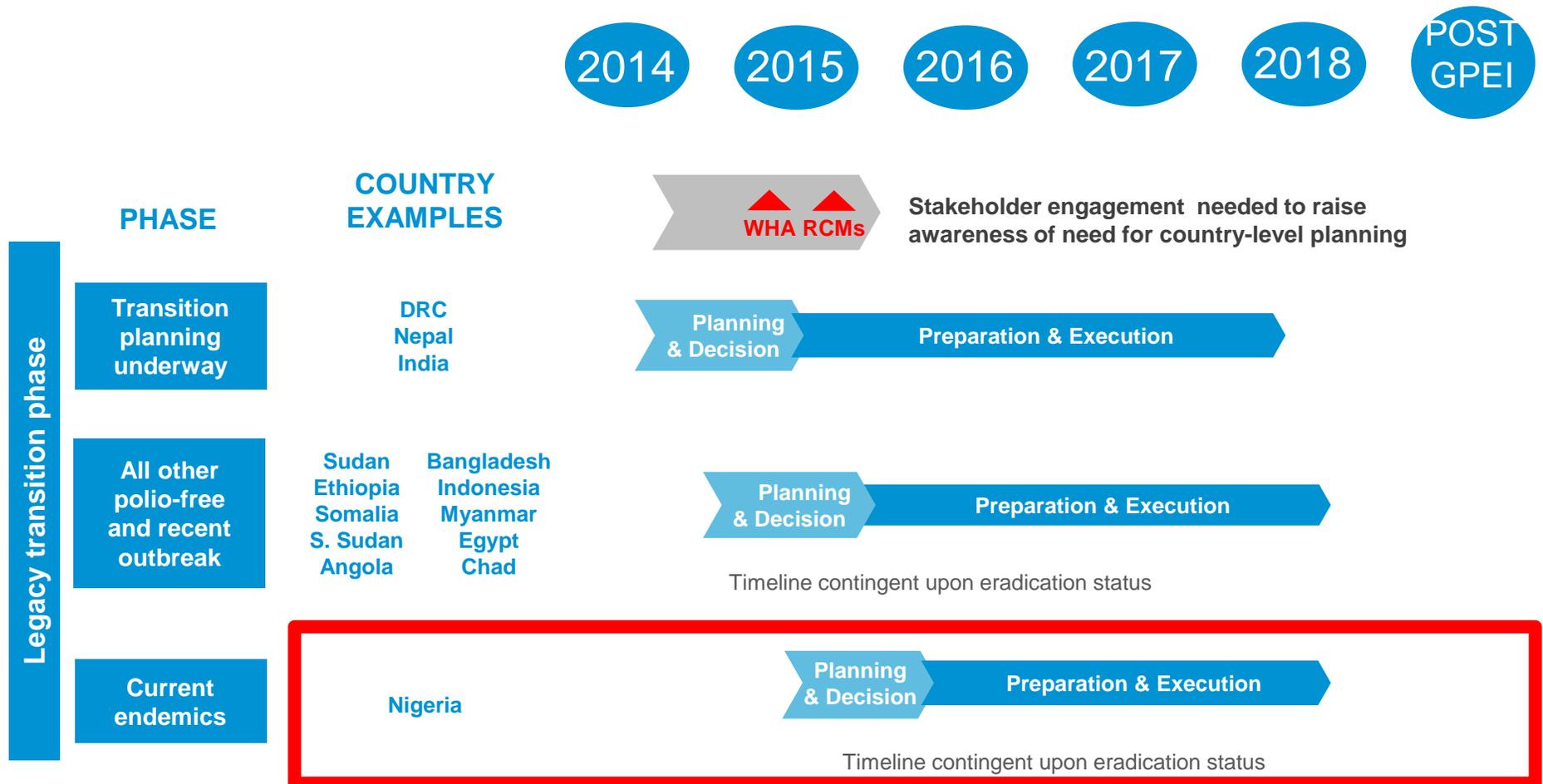
# Measles – Recommendations

- The ERC recommends that measles SIA planning and implementation proceed with the full involvement of Nigeria’s polio assets (e.g., polio EOCs, N-STOP, HR surge) and that clear roles and responsibilities are specified immediately for these assets
- The ERC encourages NPHCDA to cement collaboration between its polio and non-polio units and make a successful, high quality measles SIA an excellent example of “polio legacy – in action”
- Considering the number of tOPV campaign planned over the next three months, the ERC does not feel the urgency of integrating tOPV in HR LGAs in the measles SIA

# **Legacy of Polio Eradication in Nigeria**

## **The Opportunity for Broader Public Health Goals**

# The Nigerian Polio Legacy Plan



# Recommendations

- The ERC acknowledges the formation of a Legacy Working Group in the EOC and recommends that the WG engages with the Core Group and ICC at their regular meetings to seek inputs and report on progress
- The WG should welcome the inputs and participation of other partners and donors committed to legacy planning in Nigeria
- Document contribution of Nigerians in the national effort; *The Nigeria Polio Eradication Hall of Fame*

# Legacy in Action: Health Camps

- ERC acknowledges the assessment of the strategy and emphasizes the need to review the methodology and finalize the document
- The Health Camp strategy has succeeded in reaching and providing basic health services, including immunization, in the hardest to reach and most disadvantaged communities
- This experience highlights the gaps in the existing outreach and fixed-post strategies and the lack of functional and accessible health facilities in many places

# Recommendations - 2

- Based on experience of health camps, NPHCDA should lead the development, resourcing and implementation of a comprehensive health system strengthening strategy that aligns the various initiatives and strategies (outreach/fixed sites, Health camps and the Hard-to-Reach)
- Align the above with the National Strategic Health Development Plan
- Refine criteria for selection of areas targeted for Health Camps in 2016 and 2017 based on assessment of performance gaps

# Recommendations - 3

- Funding should be assured for implementation of Health Camps, where necessary, during 2016-2017
- Develop a transition plan that reduces dependence on GPEI funding for broader health and immunization interventions during health camps; and increases financing by other relevant partners, donors and programs, such as Gavi, Malaria control program, WB development funds, and others

# Recommendations - 4

- Based on the experience of polio assets supporting the control of Ebola Virus Disease in Nigeria, legacy planning should include building national disease outbreak preparedness, detection and response capacities
- Government and partners should document and build on other examples of Legacy in Action to demonstrate how the assets can be used to meet other public health goals

# *Summary*

# **Nigeria is well positioned to complete and build on Polio Eradication**

***Completing Polio Eradication requires addressing  
risks in Kaduna, Sokoto, Katsina and Kano,  
vaccination of children in Borno, Yobe, Adamawa  
& rapidly stopping VDPV2***

***Nigeria should be fully prepared to rapidly detect  
and respond to any Poliovirus***

***Nigeria should fully leverage Polio Legacy***

***The End of Polio is a huge  
achievement for the Government  
and the People of Nigeria***

*....eradicating polio  
will be a great victory  
for every Nigerian and  
Nigeria's gift to Africa  
and the World*

