

**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**

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

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 AFR in Sokoto

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

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

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

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

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

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

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Stop all VDPV2

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

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 – 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

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*

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

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***