Completing polio eradication in Nigeria

Findings and recommendations of the 27th Meeting of the Expert Review Committee on Polio Eradication in Nigeria (ERC)
23 – 24 April 2014
ERC would like to recognize the heroism and dedication of those working in the field including those injured and killed and those who work in very challenging environments.
ERC would like to commend the Nigeria program for:

- Improvements in SIA quality
- Data driven approach
- Rapid response to ‘WPV’ in Bayelsa
- Programmatic innovation and dynamism
The Context

The most important ERC meeting to date.

The hard work and dedication of the program have yielded a Window of opportunity (May-Dec 2014) for

Nigeria

Africa

The World
Significant decrease in WPV

2013 (week 16)
13 WPV

2014 (week 16)
1 WPV

- 17 months without detection of WPV3
- Reduction in genetic diversity to 1 remaining endemic cluster
Significant increase in SIA quality
**Increase in Government and partner ACCOUNTABILITY**

<table>
<thead>
<tr>
<th>State</th>
<th>Sanctions</th>
<th>Redeployed</th>
<th>Rewards/Commendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPHCDA National</td>
<td>0</td>
<td>40</td>
<td>51</td>
</tr>
<tr>
<td>Kaduna State</td>
<td>22</td>
<td>17</td>
<td>193</td>
</tr>
<tr>
<td>Katsina</td>
<td>20</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Jigawa</td>
<td>0</td>
<td>41</td>
<td>0</td>
</tr>
<tr>
<td>Kano</td>
<td>263</td>
<td>-</td>
<td>634</td>
</tr>
</tbody>
</table>

“WHO had sanctioned **25** of its Cluster Consultants and terminated 2 of them. Sanctioned **108** of its LGA Facilitators, and terminated 8 of them. They also sanctioned **437** of its Field Volunteers and terminated 31 of them”

“UNICEF has removed **10** consultants, re-shuffled **42** consultants, promoted **10** consultants. Note this does not include VCMs or VWSs.”
Increase in estimated type 1 immunity
High type 1 seroprevalence

Type 1 seroprevalence Kebbi, Sokoto, Kano

* With exception of 6-9m children in Kano, which will be re-assessed as planned
Has Nigeria been this close before?
For all WPV - NO

Oct 2009 – Mar 2010
10 WPV

Oct 2013 – Mar 2014
4 WPV
Has Nigeria been this close before?
For WPV1 - YES

Oct 2009 – Mar 2010
1 WPV

Oct 2013 – Mar 2014
4 WPV
Has Nigeria been this close before? 
YES, but there are differences
What the country does in the next 8 months will be the most important period in the whole program.
What is standing between Nigeria and success?
Major Risks to Polio Eradication in Nigeria

1. Waning political support in election season
2. Insecurity
Additional Major Risks

3. Complacency
4. Cross-border polio importation
5. Compromised laboratory surveillance
6. Programme Financing
Recommendations
1. **Waning Political Support in Election Season**

Nigeria is on the verge of making history by eradicating polio, the entire nation must be made aware, rallied and mobilized to capitalize on this unique window of opportunity:

- Civil Society, traditional leaders, religious and opinion leaders and communities should be mobilized to demand support for the program from local authorities and representatives.
1. Waning Political Support in Election Season cont

- Polio eradication is a national priority and should be supported by all political parties

- Efforts must be enhanced to counter the worrying decline in involvement of State Governors & LGA chairmen

  - ERC welcomes the appointment of the Honorable Chair of the Presidential Task Force and requests that the regular meetings of the Task Force be resumed as soon as possible
Specific advocacy plans should be developed to harness support of the Presidency, State governors, LGA chairmen, and traditional leaders.

Regular meetings of the State & LGA Task Forces should be conducted and documented.
Waning political support due to elections & complacency: a dangerous combination

SIA quality gains MUST be sustained!!
2. Re-affirmation of recommendations of the 26th ERC

• Although impressive progress has been made, the ERC reaffirms and reiterates recommendations from its last meeting, particularly those related to:
  – Improving quality of performance in high-risk LGAs
  – Performance Accountability
  – Operating in areas of high insecurity
  – Increasing demand and reducing non-compliance
  – Managing financial risks
2. **Re-affirmation of 26th ERC, recommendations** cont

*Complacency is a major risk during this critical phase of the program*

- Rigorous validation and accountability should therefore continue of critical program functions, such as, microplans, LQAS surveys, team selection, and IPD dashboards

- The National and State EOCs have demonstrated a positive impact on the programme; their effectiveness, technical rigor, and independence should be maintained
Insecurity:

Significant vulnerabilities remain in Borno

**Proportion of inaccessible settlements**
- Green: 0-20%
- Yellow: 21-30%
- Red: 31-100%

**Percentage of total settlements**

**Percentage of total children under 5**

**Total inaccessible settlements in Borno**

<table>
<thead>
<tr>
<th>Month</th>
<th>Settlements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar</td>
<td>12,175</td>
</tr>
<tr>
<td>Apr</td>
<td>6,383</td>
</tr>
<tr>
<td>May</td>
<td>6,711</td>
</tr>
<tr>
<td>Jun</td>
<td>7,064</td>
</tr>
<tr>
<td>Jul</td>
<td>5,158</td>
</tr>
<tr>
<td>Aug</td>
<td>3,811</td>
</tr>
<tr>
<td>Sep</td>
<td>2,725</td>
</tr>
<tr>
<td>Oct</td>
<td>3,535</td>
</tr>
<tr>
<td>Nov</td>
<td>2,069</td>
</tr>
<tr>
<td>Dec</td>
<td>2,350</td>
</tr>
<tr>
<td>Jan</td>
<td>1,899</td>
</tr>
</tbody>
</table>

**Total children not immunized, Thousand children**

<table>
<thead>
<tr>
<th>Month</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar</td>
<td>1,685</td>
</tr>
<tr>
<td>Apr</td>
<td>823</td>
</tr>
<tr>
<td>May</td>
<td>903</td>
</tr>
<tr>
<td>Jun</td>
<td>910</td>
</tr>
<tr>
<td>Jul</td>
<td>752</td>
</tr>
<tr>
<td>Aug</td>
<td>501</td>
</tr>
<tr>
<td>Sep</td>
<td>346</td>
</tr>
<tr>
<td>Oct</td>
<td>452</td>
</tr>
<tr>
<td>Nov</td>
<td>240</td>
</tr>
<tr>
<td>Dec</td>
<td>250</td>
</tr>
<tr>
<td>Jan</td>
<td>197</td>
</tr>
</tbody>
</table>

**SOURCE:** Polio Emergency Operations Center
3. **Stopping Polio in Insecure Areas**

- ERC endorses the plan presented by the program to ensure vaccination of children and surveillance in insecure areas of Borno and Yobe

- Permanent vaccination posts at major transit points should be expanded to ensure vaccination of children on the move in and out of all insecure areas

- Special plans should be developed for states with large numbers of internally displaced populations

- Using lessons learned in other high risk states, quality of SIAs must be improved in accessible areas of Borno & Yobe
Cross border importation:
WPV "sneaking in the backdoor"
Polio Outbreak in Cameroon & Eq. Guinea 2013-14

- Prolonged undetected transmission in Cameroon
- Inadequate quality of response to detection
- Spread within Cameroon
- Spread to Equatorial Guinea
- Threat of spread to CAR & return to Nigeria
4. Preventing Cross-border Importation

Circulation of WPV1 in Cameroon has continued and spread to Equatorial Guinea. Recognizing this sub-regional threat, the ERC welcomes the inter-ministerial initiative to mount an inter-country coordinated outbreak response discussed at the AU/WHO ministerial meeting in Luanda.
The ERC endorses the program plans to

– Include LGAs at high risk of importation in planned SNIDs and LIDs, particularly in the vulnerable southern states, Adamawa and Taraba

– Strengthen vaccination posts at international borders
Preventing Cross-border importation cont

• Cross-border coordination of immunization (SIAs, LIDs and RI) and surveillance activities, including immediate cross-notification of AFP cases

• Given the detection of orphan cVDPV strains in environmental surveillance in Sokoto, attention should be given to cross-border coordination along the international borders in the NW
Compromised Laboratory Surveillance: POTENTIAL BLINDNESS

Median days between date of ONSET and date of ITD* result by quarter of onset, Nigeria, 2012-2014
5. Support for Laboratories

Labs in Nigeria are getting stretched with increasing demands for services. Maiduguri lab is affected by insecurity and large number of samples are being triaged to Ibadan. The program cannot afford delays in case detection during this critical phase

• The space, staffing and other logistic needs of the labs in Ibadan and Maiduguri should be addressed immediately

• High level official visits should be undertaken immediately to the labs & state authorities to ensure the required support is provided
6. Creating demand

ERC acknowledges the progress in reduction of non-compliance and endorses the communication priorities & plans presented

• Program should ensure appropriate communication, public awareness and training of health workers is implemented to address remaining concerns around acceptance of IPV and OPV
Creating demand, cont

• Gaps in awareness of communities about polio and the need for repeated vaccination identified by the Harvard KAP poll should be addressed using the innovative communication strategies and channels identified

• With the significant scale up of the communication infrastructure, emphasis now must be focused on ensuring quality and the full optimization of these resources
7. **Recommended SIA Schedule**
Priority to Stop WPV1 & Risk of cVDPV2 Outbreak

Sero-prevalence in Sokoto

- Type 1
- Type 2
- Type 3

Estimated Type 2 Immunity

- BORNO

- 50th Perc. LGA
- 10th Perc. LGA
Recommendations for SIAs

• Objectives:

1. Interrupt transmission of WPV1 by end 2014

2. Interrupt cVDPV2 by Q1 2015

(Both in keeping with the global strategic plan)

3. Prevent spread to all high risk states

4. Sustain population immunity in other states
Timeline for stopping cVDPV with Sabin 2 withdrawal date of April 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chad, 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Niger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nigeria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pakistan, 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Afghanistan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key dates

<table>
<thead>
<tr>
<th>Date of data:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria: 14-Mar-2014</td>
</tr>
<tr>
<td>Chad: 14-Mar-2014</td>
</tr>
<tr>
<td>Pakistan: 1-Apr-2014</td>
</tr>
</tbody>
</table>

At least one cVDPV2 reported per given month

June – March

10 months to stop cVDPV 2
Recommendations for SIA - 2

• Mopping up
  – Immediate large scale mop up, at least statewide, following detection of any WPV or cVDPV from any source (AFP case or environmental surveillance)
Supplementary Immunization Activities (SIAs) Nigeria
May 2014 - Mar 2015

- May
- *Jun
- Aug
- Sep
- Nov
- *Dec
- § Jan
- § Feb
- § Mar

- NID
- SNID
- *SNID plus Child Health Week
- bOPV
- tOPV

§ Vaccine choice based on current epidemiology
8. **Emergency Preparedness and Response**

The program should expect to see more cases until WPV interruption is confirmed. Every state in Nigeria must now be in a high state of alert to detect and respond to poliovirus.

- Each state should now develop and maintain an updated emergency preparedness and response plan for polio. Southern states will require special support in this regard.
Financial Risks to the Program

• While again appreciating the commitment by HE The President to increase the financial support by GoN to $50 m, ERC urges the Government of Nigeria to immediately release the full amount committed.

• Partners should timely release funding as committed in the financial resource requirements.
Broader Immunization Goals
10. Recommendations for RI

• The ERC notes with concern the shortfall in financing of the national immunization program and encourages the Government to ensure that funding is provided to implement the National RI Strategic Plan

• Given the prospect that Nigeria might ‘graduate’ from being eligible for GAVI support, the government and partners should develop plans for long term financing of the program
Recommendations for RI - 2

• The same level of attention, rigor, stringent validation and accountability should be applied to routine immunization data and evidence, as is currently applied to polio eradication activities
Recommendations for RI - 3

The ERC has noted the plans to introduce new vaccines (PCV, RV) and conduct repeated non-polio SIAs, for YF, MenAfriVac & measles and the potential for compromised quality of these interventions

• The ERC urges a rational approach that prioritizes the burden of disease, good planning & preparation, and high quality implementation, over speed.
Given the Criticality of 2014
ERC Proposes to meet in September, 2014
Summary
Maintaining program progress during the election season, continued accountability and improvements in SIA quality and access to children in insecure areas will be essential to stopping WPV in Nigeria in 2014.
Nigeria is on the verge of making history.

...eradicating polio will be a great victory for every Nigerian