“Overview of Polio Eradication in Nigeria”

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Minister of State for Health, Nigeria

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Contents

Epidemiology and surveillance

What we have done

Results

Next steps
Focal Distribution and Key Epidemiologic Features

LGAs with wild poliovirus infections (Jan – Oct 2012)

- Localized to 7% (54/774) of all LGAs
- Geographic distribution
  - Rural, scattered, and border communities
  - Selected urban areas
- Transmission
  - Spreading in contiguous LGAs with many LGAs (35%) having multiple polio cases over time

Katsina, Kano and Kaduna account for 60% of the polio cases in the country. Only 4 LGAs account for 27% of the cases and 11 LGAs account for 48% of the cases. 19 LGAs account for about 2/3 of the polio cases in the country.

Source: WHO-NIE
WPV 1 monthly onset, with targeted SIAs (2006 – 2012)
Number of WPV by State, 23 Oct 2012

3 States: Katsina, Kano and Kaduna account for 60% of the WPV in the country

State | No of WPV cases
--- | ---
Katsina | 25
Kano | 21
Kaduna | 13
Sokoto | 8
Borno | 7
Jigawa | 7
Zamfara | 6
Yobe | 5
Bauchi | 3
Niger | 2
Taraba | 1

Source: WHO-NIE
Monthly trend in the incidence of WPV shows a peak in July, followed by a downward trajectory.
We may have turned the corner in the current outbreak

Source: CDC Atlanta
AFP surveillance Performance (Jan – Sep 2012)

- NPAFP is 10.2, % stool adequacy 96%, and 90% of the LGAs met the two core AFP surveillance indicators.
- Underperforming LGAs are reduced significantly (by 2/3) in 2012 through inclusion of more informants into the AFP surveillance reporting network and sensitization of professional groups.
- There are nine orphan viruses in 2012 from eight LGAs.

46 LGAs in 24 States

- LGAs with Low NPAFP (<2)
- LGAs with Low Stool Adequacy (<80%)
- LGAs with Low NPAFP & Stool adequacy

Source: WHO-NIE
Environmental Surveillance Tracking has improved detection of virus circulation, and needs to be expanded to other areas.

Many WPV1 and cVDPV2 being detected through ES in Sokoto State. Sokoto State is intensifying active surveillance. Additional sites are being identified in Kano State.

Source: WHO-NIE

### Kano

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Epidemiological Week 2011</th>
<th>Epidemiological Week 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jakarta Police Station</td>
<td>20 29 30 31 32 33 34 35 36 37 38 39 40 41 42</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42</td>
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<tr>
<td>Gogau Fagge Station</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Kurna Massallachi Station</td>
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</tbody>
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### Sokoto

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Epidemiological Week 2011</th>
<th>Epidemiological Week 2012</th>
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</thead>
<tbody>
<tr>
<td>Kofar Dundaye</td>
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<td>Kofar Kware</td>
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<td>Tudun Vlada</td>
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<tr>
<td>Rumbukawa</td>
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</tbody>
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Legend:
- **WPV1**: Orange shaded
- **WPV1 + cVDPV2**: Yellow+Orange shaded
- **Negative for WPV**: Green
- **NSL1 (awaiting sequencing)**: Red
- **NSL3 (awaiting sequencing)**: Blue
- **WPV3**: Blue shaded
- **Referred for sequencing**: Yellow
- **Scheduled but sample not collected**: Orange
- **Result pending**: Purple
- **Sampling not scheduled**: Blank

*Update: 19 October 2012*
Cross-border WPV Spread by quarter in 2012

Q1: 22 LGAs infected with 30 WPV
Data as of 11th Oct 2012

Q2: 24 LGAs infected with 33 WPV
17 Newly infected LGAs
7 LGAs infected Q1 & Q2

Q3: 20 LGAs infected with 29 WPV
Data as of 23rd Oct 2012
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The top 100 highest risk LGAs have been identified for focused intervention

- These 100 High Risk (HR) LGAs are a subset of 200 Very High Risk (VHR) LGAs identified using the harmonized HR algorithms of WHO, CDC and Global Good
- 45 of these worst performing 200 LGAs have declining population immunity
- The program has developed special strategies focused on this population.

Source: WHO-NIE
We have intensified efforts in four main areas

1. Highest level political commitment and advocacy
2. Improved operational performance
3. Improved household micro-planning
   1. Use of GIS to improve micro-planning
Highest level political commitment and advocacy

Highest level of political commitment by Mr. President

Governors of HR States and Chairmen of 45 vulnerable LGAs met with Mr President on October 16, 2012

Advocacy visits to High Risk (HR) States

Renewed engagement of traditional leaders in the supervision of IPDs and resolution of Non-compliant cases.

MOU signed with traditional leaders to personally ensure ownership and accountability for PEI
Highest level political commitment and advocacy

HE Executive Governor, Kano

HE Executive Governor, Jigawa

HE Executive Governor, Zamfara

HE Executive Governor, Kebbi
Highest level political commitment and advocacy

HE Sultan of Sokoto

HRH Emir of Kano

Village Head at evening meeting
## Improved Operational Performance

<table>
<thead>
<tr>
<th>Type of Operation</th>
<th>Description</th>
</tr>
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</table>
| **Innovation**                 | ▪ Staggering Implementation  
▪ Team Restructuring  
▪ Increased stipend for vaccination team members                                                                 |
| **Capacity Surge**             | ▪ Expanded personnel from WHO (2,202)  
▪ Indian SMOs  
▪ Volunteer Community Mobilizers (Unicef)  
▪ N-Stop (CDC)  
▪ Use of Dashboards to monitor key indicator  
  ▪ Review of dashboard planning data prior to campaign  
  ▪ Postponement of campaign based on lack of preparedness  
  ▪ All partners at the national and state levels are involved  
▪ Feedback to Governors, Commissioners and LGA Chairmen  
  ▪ Resulted in timely response at state and LGA levels |
| **Improved Accountability**    | ▪ 219 poor performing wards were identified; TL vowed to ensure better quality of SIAs in these wards  
▪ Delivery pact signed with Traditional Leaders to personally supervise SIAs in their domains  
▪ Selected local vaccination team members and supervised activities |
| **Improved Involvement of Traditional Leaders** |                                                                                                                |
Improved operational performance: Team Restructuring

Composition of HH teams

- 1 team supervisor
- 2 Recorders
- 2 vaccinators
- 1 community leader

- 1 team supervisor
  - 1 recorder
  - 1 vaccinator

- 1 team supervisor
  - 1 recorder
  - 1 vaccinator

1 com. leader for 2 teams

No change in special team and fixed post team
Improved operational performance: Pre-campaign Dashboard

Map showing LGAs with Monthly LGA Task Force meetings held

23 September

28 September

3 October

Source: WHO/CDC Nigeria
Improved operational performance: Involvement of Traditional Leaders

Emirs Signing Pact with Sultan (8th Sept 2012)
Kwankwaso fires polio officials over corruption

From Halima Musa, Kano

Dozens of officials handling polio immunization in Kano State have been fired because they were using the exercise as a “money-making venture”, Governor Rabiu Musa Kwankwaso has said.

Speaking on Saturday during the launch of a new phase of the polio immunisation exercise, the governor said he directed the replacement of all managerial officers because they were found to be engaged in corruption thereby retarding the anti-polio campaign.

Kwankwaso did not give a specific number of the officials affected, but he said they were of the level of director downwards at the state level as well as immunisation officers of the 44 local government areas.

Polio is surging in parts of the

Continued on Page 5
Improved household micro-planning has helped to find missed children/settlements

Source: WHO-NIE
Improved household micro-planning has helped expand outreach to nomadic populations

- Landscape analysis in August IPD:
  - 41 LGAs with high population of nomads
  - 1,576 settlements newly identified

- Inclusion in IPDs
  - Including nomads in vaccinations teams
  - Inclusion of settlements in micro-plan
  - Scale-up of outreach teams

Source: CDC NIE
1. Hand-drawn ward map from micro-plan with team-day areas (5 teams)

2. Original team-day areas shown on GIS Map (5 teams)

3. GIS Map of revised Team-Day Areas with small team format (11 teams)

**GIS MAPS and MICROPLANNING**

Dundubus Ward, Dutse LGA, Jigawa State

- Team areas inefficient
- Settlements missed

- Team areas revised
- All Settlements included
Improved tracking using GPS to Monitor Teams

Rijiyar Lemo Ward, Fagge LGA, Kano State, July 2012 IPD

Yellow dots = vaccinator tracks (one dot collected every 2 minutes)
There has been consistent improvement in LQA Coverage in the 11 High Risk states in 2012.

Data Source: LQAs
From February to October, the average number of children missed has been halved even before the interventions put in place have come into effect.
WPV type 1 population immunity trends, 10th percentile worst performing LGAs, northern Nigeria, 2002-2012

Calculated from reported immunity status of non-polio AFP cases
The average fraction immune among LGAs is now close to 80% countrywide, compared with about 50% (type 1) or 40% (type 3) in 2008.

Source: Global Good/Intellectual Ventures
Type 3 population immunity trends, 10th percentile worst performing LGAs, northern Nigeria, 2002-2012

Source: Global Good/Intellectual Ventures
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We have also identified a subset of 45 Vulnerable LGAs with Declining Population Immunity

What we are doing in these LGAs

Presidential Intervention
- Mr. President’s meeting with LGA Chairmen and their state Governors

Human Resource Mobilization
- Deployment of most competent hands

Strengthening Routine Immuniz.
- Implementing 1,2,3 strategy
- Improved logistics (vaccine delivery)
- Community mobilization by TBAs

Engagement of Private Sector
- Private Sector Health Alliance
- Private Health Providers
- Patent Medicine Vendors

Emergency Operations Centre
- National EOC
- State EOC

Source: Global Good September 2012 report
We have set up an emergency operations center (EOC)

1. **War Room Approach**
   - Dedicated and co-located physical space or room
   - Layout facilitates new way of working, discovering, learning and experimentation
   - Extensive use of tools and templates

2. **Dedicated Cross-Functional Talent**
   - Best possible 10-15 leaders and high potential talent as full-time members
   - Cross-functional team (or multiple organizations)
   - Facilitators to provoke, challenge and help shape ideas into actions

3. **Fast-paced Analytics and Frequent Synthesis**
   - Iterative process to address difficult issues, promote intensive idea generation and accelerate solution development
   - Rapid capability building with forced learning curve

4. **Rapid Decision-Making and Syndication**
   - Protected authority from Minister/Sponsor (with weekly visits)
   - Frequent, extensive, early syndication to get buy-in
   - Bring stakeholders on board via field visits, interviews, focus groups, etc.

5. **Intensive Program Management**
   - Clear targets, with debottlenecking process
   - Full visibility on progress/outcomes with rigorous tracking & regular monitoring, e.g. daily, weekly, monthly reports
EOC will have both strategic and operational functions

**Operational information and decisions**

- **Large maps & dashboards updated** (by state and critical topic)
- **Daily EOC huddles** to track and create actions
- **Daily conference call** with local State EOC leads

**Data arrives daily** from states (email, phone, paper)

**Daily engagement with ED/weekly briefing for Minister** to update and take key decisions and actions

**Strategic information and decisions**

- **Tracking and analysis** of resources, strategies interventions by Research and innovations Unit
- **Weekly / monthly strategy review meetings** to allocate resources and evaluate interventions
A performance management mechanism with established reporting routines will enhance oversight

**Reports/ Meetings held**

- **Daily**
  - Sit report to ED, twice weekly meeting

- **Weekly**
  - Update with Minister of State

- **Monthly**
  - Report to Presidential Task Force

- **Semi-annually**
  - Report / review by IMB, ERC

**Goals**

- Progressive improvement in ‘Dashboard’ indicators
- Reduced number of days/appropriately sized outbreak response
- Increased number of case investigation reports produced on time
- RI deliverables identified and measured
Questions for IMB

What additional or new strategies will the IMB recommend for tackling more aggressively the HR and VHR LGAs in order to achieve the PEI goal?

What additional specific recommendations can the IMB proffer regarding the new program coordination and delivery approach?

Are there other gaps in the program that global experience can help address? For example, with security challenged areas? With nomadic populations?
Thank You