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Report

36th Meeting of the Expert Review Committee

On

Polio Eradication & Routine Immunization

Abuja, Nigeria

29-30 October 2018

**36th Meeting of the Expert Review Committee (ERC)
On Polio Eradication & Routine Immunization
in Nigeria**

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Abbreviations

AFP	Acute Flaccid Paralysis
AVADAR	Auto-Visual AFP Detection And Reporting.
bOPV	Bivalent Oral Polio Vaccine
CHIPS	Community Health Influencers, Promoters and Services
cIP	Continuous Improvement Plan
cJTF	Civilian Joint Task Force
cVDPV	Circulating Vaccine Derived Poliovirus
DCCN	Daāwah coordination council of Nigeria
DHIS2	District Health Information System2
DOPV	Directly observed polio vaccination
DVM-MT	District Vaccines and Devices Monitoring Tool
EIM	Enhanced Independent Monitoring
EOC	Emergency Operations Centre
ERC	Expert Review Committee on Polio Eradication and Routine Immunization
EPI	Expanded Programme on Immunization
EVMA	Effective Vaccine Management Assessment
FCT	Federal Capital Territory
FGoN	Federal Government of Nigeria
fIPV	Fractional Inactivated Polio Vaccine
FOMWAN	Federation of Muslim Women Associations in Nigeria
FRR	Financial Resources Requirements
GPEI	Global Polio Eradication initiative
HiLAT	High Level Advocacy Team
IDPs	Internally Displaced Persons
IPC	Inter-Personal Communication
IPDs	Immunization Plus Days
LCCO	Local Government Cold Chain Officer
LERICC	Local Government Emergency Routine Immunization Centre
LGA	Local Government Area
LIO	Local Immunization Officer
LQAS	Lot Quality Assurance Sampling
MNJTF	Multinational Joint Task Force
MNTE	Maternal and Neonatal Tetanus Elimination
mOPV2	Monovalent Oral Polio Vaccine (type 2)
MST	Management Support Team
NAFDAC	National Agency of Food and Drug Administration and control
NERICC	National Emergency Routine Immunization Coordination Centre
NEZ	North East Zone

NIPDs	National Immunization Plus Days
NNT	Neonatal tetanus
NPHCDA	National Primary Health Care Development Agency
NSIPSS	Nigeria strategy for Immunization and PHC system strengthening
NTLC	Northern Traditional Leaders Committee on Primary Health Care Delivery
OBR	Outbreak response
ODK	Open Data Kit
OIRIS	Optimized Integrated Routine Immunization Sessions
OM	Outside monitoring
OPV	Oral Polio Vaccine
PEI	Polio Eradication Initiative
PHC	Primary Health Care
PTFoPE	Presidential Task Force on Polio Eradication
PV	Polio virus
P-VAM	Polio Vaccine Accountability Management
P-VAR	Vaccine Accountability Reports
RES	Reaching Every Settlement
RI	Routine Immunization
RIC	Reaching Inaccessible Settlements
RISS	Routine Immunization Supportive Supervision
SERICCC	State Emergency Routine Immunization Centre
SIAs	Supplemental Immunization Activities
SIPDs	Supplemental Immunization Plus Days
SITREP	Situation Report
SL2	Sabin Like type2
SMS	Short Message Service
SOPs	Standard Operating Procedures
TBAs	Traditional Birth Attendants
tOPV	Trivalent Oral Polio Vaccine
UNICEF	United Nations Children's Funds
VAN	Visibility Analytics Network
VAR	Vaccine Arrival Report
VCM	Volunteer Community Mobilizer
VDPV2	Vaccine derived polio virus Type 2
VSL	Vaccine Security and Logistics Officers
VTS	Vaccinator Tracking System
WFP	Ward Focal Person
WHO	World Health Organization
WPV1	Wild Polio Virus Type 1

Executive Summary

The country has made remarkable recovery after the resurgence of the wild polio virus (WPV) in 2016 as no WPV has been reported from any source in accessible areas of the country since September 2017. The Nigeria PEI programme has made tremendous progress in its innovative efforts to reach children in trapped populations in security compromised northeast geopolitical zone, especially Borno State. With the support of the military, the two previously completely inaccessible LGAs in Borno – Abadan and Marte have been partially reached with both vaccination and surveillance activities resulting in the reduction of estimated unreached population from 161,732 in September 2017 to 70,541 in October 2018. Also, 94 Acute Flaccid Paralysis (AFP) and three circulating vaccine derived poliovirus type 2 (cVDPV2) cases have been reported from inaccessible settlements across Borno State within the period.

However, the country is witnessing intense transmission of cVDPV2 since April 2018. As at 21st October 2018, 78 cVDPV2 and one ambiguous vaccine derived polio virus (aVDPV2) cases and isolates have been reported from 20 LGAs in seven States. Although the programme has conducted multiple monovalent oral polio vaccine (mOPV2) rounds in response, the outbreak has continued to spread within the country and exported to Niger Republic. This can be attributed to the poor quality of the SIAs in 2018 as none of the SIAs achieved the target of at least 90% coverage in 90% of the sampled LGAs using the lot quality assurance sampling (LQAS). There is, therefore, a high risk of continuation and further spread of cVDPV2 transmission, if corrective measures are not taken to ensure quality of mOPV2 SIAs.

The country's AFP surveillance system has recorded tremendous improvement since the last ERC meeting in March 2018 with impressive deployment of innovations such as use of integrated supportive supervision (ISS); electronic surveillance (eSurv); Auto-Visual AFP Detection and Reporting (AVADAR) and recruitment of community informants for inaccessible areas. With the expansion of environmental surveillance, enormous improvement in the sensitivity of surveillance system and significant improvement in accessing children, the likelihood of undetected transmission is very low.

The massive and unabated population movement across the Lake Chad basin countries makes it imperative that Nigeria sustains its cross-border collaboration with Niger Republic and other Lake Chad countries for both surveillance and cross border immunization activities with special focus on Nomads.

The sustained engagement of traditional and religious leaders is still very critical in addressing non-compliance, especially with the emerging refusals due to demand for other felt needs. Also, commitment and political support for polio eradication and routine immunization need to be sustained during the electioneering period and after the elections in 2019.

The programme needs to sustain the current high-level attention being given to achieving 100% vaccine accountability after every SIAs since May 2018 as misuse of mOPV2 poses a higher risk than ever before.

Slow but steady progress has been made in ongoing efforts to improve routine immunization since the establishment of NERICC in July 2017. However, sustained progress will require greater financial and political commitment by the government of Nigeria.

Reduction in funding by both government of Nigeria and donors in 2018 constitute a major financial risk to the programme. There is need for government to increase its financial commitment to 2017 level while donors and partners should sustain their financial support until certification.

Major Recommendations

SIAs Quality: ERC noted that none of the SIAs in 2018 achieved the target of at least 90% lots passed and reiterated that achieving high-quality SIAs (>90% coverage in at least 90% of LGAs) is the key factor in stopping current cVDPV2 outbreaks. ERC therefore urged the programme to conduct In-depth analysis of low performing areas and ensure appropriate corrective measures are put in place, including mop-ups in LGAs that did not achieve 90% in two rounds. It also noted the scheduled fractional dose IPV (fIPV) round in November for high-risk states and advised that the programme administers the vaccine to children who have already received at least two doses of mOPV2. ERC then urged GPEI to support Nigeria's request for IPV for RI Intensification.

Accessibility in Borno and Yobe: ERC acknowledged the enormous efforts to gain access to unreached children in Borno and Yobe States through multiple innovative approaches and commended the programme for the reduction of the estimated unreached population from 161,732 in 2017 to 70,541 in October 2018 despite the very difficult and challenging circumstances. ERC appreciated and commended the tremendous contribution of the Nigeria Military to this feat and paid tribute to those who lost their lives or sustained injuries in recent incidents. ERC therefore urged the national Government to convene a high-level meeting with senior military leadership to finalize its support in reaching the remaining 70,000 children in Borno state in the next three months.

AFP Surveillance: ERC acknowledged the tremendous improvement in surveillance since its last meeting especially the highly sensitive surveillance system resulting in a gradual decline in the number of silent LGAs in 2018. ERC therefore recommends that the programme should ensure implementation of SOPs on excluded AFP cases, sustain the surveillance momentum in Borno state to reach more trapped populations and enhance monitoring of AFP surveillance in the Southern States with emphasis on the inaccessible areas.

Cross-border Collaboration: ERC noted that the continuous and unabated massive population movements across the Lake Chad basin countries and commended the collaboration between Nigeria and Niger Republic on outbreak response activities. ERC therefore urged the country to sustain the cross-border collaboration with Niger Republic and other Lake chad countries for both surveillance and cross-border immunization activities. These activities should be clearly documented and shared through the existing feedback mechanisms and presented to the next ERC.

Communication and Advocacy: ERC noted the sustained effective engagement of traditional leaders and religious focal points in resolving non-compliance and acknowledged the emerging challenges related to demand for other felt needs and mass communication challenges related to cVDPV. ERC therefore recommended that National EOC should develop and implement a communication and advocacy strategy to sustain political support for polio eradication and routine immunization during and after the election period and convene a strategy meeting with Partners to respond to communication and media challenges related to the cVDPV2.

Vaccine Management: ERC reiterated the fact that any unintended use of mOPV2 poses a higher risk to the program than ever before. Consequently, it recommended that the programme should continue the focus being given to 100% vaccine accountability through retrieval of unused vaccine and empty vials including broken ones and destroy all empty vials through appropriate means.

Routine Immunization and PHC Strengthening: ERC acknowledged that steady progress has been made in improving RI coverage since NERICC was established over 12 months ago and noted that sustained progress will require greater financial and political commitment by the government of Nigeria; and promoting vaccination catch up of children beyond the first year of life. ERC then recommended that the government of Nigeria should increase its financial commitment to NERICC at all levels while the programme should implement existing policies for preventing missed opportunities for vaccination.

Financing for PEI, 2018-2020: ERC noted that reduction in the FGoN budget commitment to polio eradication from N4.8 billion in 2017 to N1.2 billion in 2018 and the decline in the overall contribution donors and partners in 2018. ERC therefore recommended that the FGoN should increase its 2018 budget to at least the 2017 level of N4.8 billion, while donors and partners should sustain financial support for the implementation of PEI activities until certification.

Polio Transition: ERC recommended that the government of Nigeria should finalize the polio transition Business Case by the end of 2018 and convene a Forum in the first quarter of 2019 with key in-country partner for its dissemination.

Introduction

The 36th meeting of the Expert Review Committee (ERC) for Polio Eradication and Routine Immunization convened on 29th and 30th October 2018 in Abuja. The ERC noted that the country has gone 25 months without any case of the wild polio virus (WPV) and has implemented series of supplemental immunization activities (SIAs) and outbreak response (OBR) campaigns following ongoing transmission of circulating vaccine derived poliovirus (cVDPV2).

The ERC acknowledged the remarkable recovery the programme has made after the resurgence of WPV1 in 2016. ERC is particularly impressed with the recent progress in Borno and appreciates the enormous efforts of thousands of frontline workers and the polio emergency operation centres (EOC).

This report summarizes the main findings, conclusions and recommendations of the 36th ERC meeting.

Current epidemiological situation

As at end of October 2018, Nigeria had gone 25 months without any wild poliovirus (WPV1) case being reported. However, the country has reported 78 positive isolates of vaccine-derived poliovirus type2 (VDPV2) events, of which 19 are from acute flaccid paralysis (AFP) cases in seven affected states. The virus has continued to spread within the country and to neighbouring countries as six of the cVDPV2 cases confirmed in Niger Republic are linked to viruses in Jigawa and Katsina States.

The last reported cases of WPV1 from AFP cases in Nigeria were from Monguno local government area (LGA) of Borno State with onset of paralysis of 21st August 2016; one case of cVDPV2 from Bodinga LGA of Sokoto State with onset of paralysis on 28th October 2016; and an immunodeficient VDPV case with onset of paralysis on 14th May 2016 from Kaugama LGA of Jigawa State. From environmental sample, the last polioviruses isolated include cVDPV2 from a sample collected on the 23rd of March 2016 at Abba Ganaran filling station in Maiduguri Municipal LGA of Borno State and an ambiguous VDPV2 (aVDPV2) isolated from samples collected on 17th April 2017 at the Kofar Dundaye site in Sokoto North LGA of Sokoto state.

Report on the 35th ERC Recommendations

The ERC reviewed the report on the status of implementation of the 35th ERC recommendations and commended the national programme for the tremendous progress made, especially in timely response to cVDPV2 outbreaks; reaching more inaccessible areas; improved surveillance quality, use of military to support SIAs and surveillance activities in inaccessible areas; integration of programme into broader PHC; setting up of frameworks to improve RI; high level advocacy and mobilization of funds for both PEI and RI and conduct of two presidential task for meetings.

The programme has sustained and strengthened its collaboration with the military to reach trapped populations in inaccessible settlements including regular high-level advocacy visits to the Army and Naval headquarters in Abuja and field commanders in the operational area to further strengthen

collaboration with the military to facilitate access to trapped children. The programme has commenced monthly analysis of trapped population using satellite imagery and vaccinator tracking system (VTS) while 22 rounds of reaching every settlement (RES) strategy have been conducted with 99.6% of planned settlements having at least five contacts. However, while regular reaching inaccessible children (RIC) rounds are ongoing, the planned accelerated RIC rounds was delayed due to increased military operations and poor terrain. Meanwhile, 71,363 children have been reached through the RIC strategy in 3,788 of 7,078 planned settlements across 18 LGAs in Borno, and 6,823 children were profiled and vaccinated from Abadam and Marte (the 2 previously inaccessible LGAs). The estimated unreached population has reduced from 161,732 in September 2017 to 70,541 in October 2018 while 94 AFP and 3 cVDPV2 cases have been reported from inaccessible settlements by community informants across Borno state.

The country has conducted six SIAs rounds since the last ERC meeting in March 2018. These include two NIPDs in April and June using bOPV and four OBR rounds in the 7 affected states (Sokoto, Jigawa, Gombe, Yobe, Borno, Katsina and Bauchi) using monovalent oral polio vaccine type 2 (mOPV2) between May and October 2018. The OBR rounds were complemented with intensified Routine Immunization with focus on IPV in the infected LGAs in Jigawa, Gombe and Sokoto States in June and July to boost type 2 immunity.

During the October OBR, Nigeria collaborated with Niger Republic to vaccinate children at its border up to 10 Km into Niger Republic in response to the isolates in Magaria and Diffa Districts of Niger Republic linked to the cVDPV2s in Nigeria. The quality of SIAs was inconsistent as the LQAS performance has been declining since May OBR. None of the States achieved the target of 90% coverage in 90% of the target LGAs. The performance was between 74% and 89% except in September when the quality further declined to 65% due to block rejections in Jigawa State as the people protested the inequitable distribution of insecticide treated nets just before the OBR.

The programme introduced some innovations to address this challenge before the October OBR. These include systematic engagement of traditional leaders, Ward Focal Persons; intensive House-to-House visits by mobilizers and strategic deployment of Directly Observed Polio Vaccination (DOPV) in non-compliant settlements in the affected LGAs.

On cross border collaboration, 29 settlements on the shoreline within 2km of the waters of Lake Chad were reached by RIC teams with vaccination and surveillance while populations liberated from some islands in Lake Chad who escaped to Monguno and Ngala LGAs were reached for vaccination by transit and internally displaced persons (IDP) Camp teams. Meanwhile, Chad and Niger Republic commenced profiling and vaccination in September 2018 using the standard format developed by Nigeria while the Nigerian Navy arm of the Multinational Joint Task Force (MNJTF) in Baga, Borno State has commenced dredging of the canal to facilitate access to the Island settlements.

Active surveillance in high risk populations has been sustained by the programme using community informants for regular reporting of AFP cases in inaccessible areas. To improve quality of AFP surveillance without compromising sensitivity, quarterly surveillance peer review has been institutionalized and completed in eight states with reported high surveillance core indicators. Stool sampling of healthy children, environmental sweep and adhoc environmental surveillance are ongoing to further confirm the absence or presence of transmission while analysis of rejected AFP cases is conducted on monthly basis. Surveillance has been enhanced in Cross River State and environmental surveillance has been introduced in Enugu and Anambra States.

The programme has institutionalized vaccine accountability with Introduction of Ward Vaccine Accountability (WAO) officers at ward levels, reactivation of Vial Vaccine disposal committee and introduction and use of SIA State and National Vaccine Accountability report forms. This has resulted in 100% vial vaccine accountability for all mOPV2 campaigns, Improved vaccine management with reduction in unopened vial wastages reported and improved timeliness of reporting vaccine utilization reports by States.

Although the Federal Government of Nigeria (FGoN) financial commitment was reduced from ₦4.8billion in 2017 to ₦1.2billion in 2018, efforts are ongoing to secure increased FGoN financial commitment to PEI in 2019-2020. Meanwhile the programme has introduced some cost saving measures including downward review of DOPV, special interventions and pluses. Also, household microplanning has been completed in 25 States. For now, some donors and partners have reduced their financial support to PEI activities in 2018.

The engagement of traditional and religious leaders remains critical in resolving non-compliance as 54% of non-compliant cases in September OBR were resolved by traditional leaders. NPHCDA has sustained high level advocacy to governors, military chiefs and traditional leaders for increased access, oversight and timely release of counterpart funds. Engagement of religious leaders and institutions has been further strengthened with the reactivation of the partnership with Dawa'ah Coordination Council of Nigeria (DCCN) – a network of over 40 Islamic organizations. Mapping of community structures has been completed preparatory to the take-off of CHIPS which has been kickstarted in Nasarawa State. However, there is waning political commitment and ownership at the LGA level in most states.

The various innovations introduced by National Emergency Routine Immunization Coordination Centre (NERICC) to rapidly improve RI coverage since July 2017 (Optimized Integrated Routine Immunization Sessions (OIRIS) to improve outreach sessions; the Short Message Service (SMS) Project for real-time data from health facilities and community engagement framework) have started yielding result as evidenced by the progressive increase in number of LGAs that passed Lot from 11 (3%) in 4th Quarter 2017 to 52 (14%) in 3rd Quarter 2018. There is also increased awareness as daily broadcast of jingles and regular media appearances is ongoing in the States. Social media outputs show increasing reach to respondents while caregivers' concerns are being addressed real-time via a toll-free line introduced by

NPHCDA. Meanwhile the country has developed a 10-year strategy to sustainably improve immunization and broader PHC services. Known as Nigeria's Strategy for Immunization and PHC system strengthening (NSIPSS) plan, it is aimed at attaining 84% average national immunization coverage with all scheduled routine antigens by 2028.

The slow pace of the country's Transition Planning is based on GPEI guidance. Consequently, the Business case document is yet to be finalized. However, polio infrastructure is being deployed to support the broader PHC including RI and non-polio SIAs.

Programme Developments

The ERC noted the following key developments since the last meeting:

AFP Surveillance

- No case of WPV1 has been reported for the past 25 months, in accessible areas of the country, since September 2016, when the last isolate from healthy contact. In 2018, 78 cVDPV and one aVDPV2 have been isolated from 20 LGAs in 7 states (Sokoto, Jigawa, Gombe, Yobe, Borno, Katsina, Bauchi). 19 of these were from AFP cases, 28 from healthy contacts and two from contacts of a positive AFP case
- 12 AFP cases were reported from inaccessible areas of Borno state (Abadam, 3 AFP and Marte 9 AFP) through the efforts of the community informants
- Institutionalization of peer review of States with high AFP core indicators
- Analysis of rejected cases is conducted on monthly basis
- Investigation of sites with $\geq 50\%$ negative samples - 2 sites closed because of poor yield and replaced with new sites (1 each in Rivers and Jigawa States)
- Environmental Surveillance introduced in April in Enugu and Anambra state increasing ES sites to 78 in 20 States and FCT

Reaching Children in Inaccessible areas

- Intensified high advocacy to Chief of Army staff and Chief of Naval Staff to improve collaboration
- Nigerian Navy arm of the MNJTF in Baga has commenced dredging of the canal to facilitate access to the Island settlements
- 29 settlements on the shoreline within 2km of the waters of lake chad were reached by RIC teams with vaccination and surveillance
- Increased coverage of inaccessible settlements through RIC from 37% in March to 54%
- 6,823 children were profiled and vaccinated from Abadam and Marte (the 2 previously completely inaccessible LGAs)
- Estimated unreached population has reduced from 161,732 in Sept. 2017 to 70,541 in Oct. 2018
- 94 AFP and 3 cVDPV2 cases have been reported from inaccessible settlements across Borno State by community informants

Advocacy and Communication

- 2 Quarterly Presidential Task force meetings have been conducted – March & Oct. 2018
- Scope of ED high level advocacy to military high commands extended to the Chief of Naval Staff
- Intensive Communication support for Borno State through automated calls (2 million people/caregivers in Borno reached on Polio and routine immunization),

- Enhancing communication with the aid of IEC materials on polio and routine immunization using military and local informants in inaccessible areas
- LGA Chairmen meetings in Jigawa took place as a response to cVDPV.
- Reactivation of partnership with Dawa'ah Coordination Council of Nigeria (DCCN) with a pledge to expand support to RI and other PHC interventions
- EPI Communication Strategy developed and operationalization ongoing
- Mapping of community mobilization structures completed
- CHIPS implementation commenced in 48 Wards in Nasarawa State with State taking responsibility for management, funding & supervision

Routine Immunization

- Nigeria strategy for immunization and primary Health Care Strengthening (NSIPSS) developed
- RI intensification conducted in Jigawa, Gombe and Sokoto States as part of ongoing outbreak response to cVDPV2. fIPV+bOPV campaigns scheduled for Nov.
- Increase in children appropriately immunized for age from 36% in Q4 2017 to 54% in Q3 2018
- Basic guide for RI Service delivery updated and over 30,296 health workers (public & private) trained across all states and FCT
- Cold Chain Optimization Plan is being implemented to deploy cold Chain Equipment to the wards; about 41% of this has been completed
- Community engagement framework developed and being implemented in 14 of the 18 priority States
- Toll free line introduced for immediate feedback & to address caregivers' concerns
- About 21 million doses of yellow fever vaccine secured for reactive campaign in 6 states (Sokoto, Kebbi, Borno, Niger, Plateau and FCT).

Vaccine management

- Nigeria's first-ever state specific forecasting exercise was completed in September 2018 with each state forecasting done based on NICS/MICS projections as contained in NSIPSS
- Nigeria Immunization Supply Chain management information system (NISCmis) has been rolled out in 25 states
- A nationwide cold chain inventory and assessment is currently ongoing with assessors looking out for and documenting tOPV and mOPV2 vials
- Conducting the Follow the Vaccine (FtV) assessment at all immunization supply chain levels starting with a mini-assessment in one of the states to unravel sources of vaccine leakage
- Vaccine Accountability Officers introduced to ensure daily physical counting and return of all of vials during SIAs. All the vaccine vials for the June and September OBRs were fully accounted for.

Transition Planning

- Polio workers were prioritised in the recruitment of CHIPS Agents which commenced in 48 Wards of Nasarawa State

Key Risks

The ERC identified major risks to interrupting poliovirus transmission in Nigeria, as follows:

1. cVDPV2 Outbreak
2. Sub-optimal SIAs Quality
3. Waning political commitment and Ownership
4. Funding Gap

- 1. cVDPV2 Outbreak:** ERC noted the occurrence of two major cVDPV2 outbreaks in 2018 – Sokoto and Jigawa with the last case in Sokoto reported in June 2018. ERC is however deeply concerned that despite the multiple mOPV2 rounds, there is evidence of intense and continuous spread of the Jigawa outbreak to neighbouring states and country, Niger Republic. This poses a major risk to the programme.
- 2. Sub-optimal SIAs Quality:** ERC noted the inconsistent and declining trend in the quality of recent SIAs as none of the rounds conducted in 2018 attained the target of at least 90% of LGAs achieving at least 90% coverage. Additionally, in September 2018, a drastic decline was recorded with only 65% of the LGAs achieving at least 90%, indicating a sub-optimal quality round. ERC is therefore convinced that there is high risk of circulation of cVDPV2 transmission and further spread if corrective measures are not taken to ensure quality mOPV2 SIAs.
- 3. Waning political commitment and Ownership:** ERC noted that waning political commitment and ownership of the programme varies at LGA level especially as the country prepares for general elections in 2019. ERC is therefore worried that the programme will not get the needed political oversight, funding and ownership during the electioneering period and after the elections as the new political leaders will take time to appreciate the need for the programme.
- 4. Funding Gap:** ERC noted the reduction in the FGoN financial commitment from 4.8billion in 2017 to 1.2billion in 2018 and the declining contribution of donors and partners in 2018. Also, ERC noted that sustaining the steady progress currently achieved in RI, requires financial and political commitment by government of Nigeria. These decline in funding poses financial risk to the programme.

Conclusion and Recommendations

After careful consideration of data and the epidemiological situation in the country, the ERC drew conclusions and formulated recommendations on actions needed to sustain efforts to further increase access to children in trapped populations in North East, rapidly interrupt the ongoing transmission of VDPV in high risk States and maintain population immunity in the rest of the country.

Conclusion

The ERC noted that the polio eradication programme in Nigeria has made tremendous progress in terms of timely response to cVDPV2 outbreaks; reaching more inaccessible areas; improvement in surveillance quality; use of the military to support SIAs and surveillance; integration of the programme into the broader PHC space; setting up of a framework to improve routine immunization; advocacy and mobilization of funds for the programme and conduct of two Presidential Task Force meetings. Also, the ERC commended the recent progress in Borno and the tremendous contribution of the Nigeria Military in supporting the polio programme to reach inaccessible children with vaccine and other health commodities. ERC commended the enormous efforts of thousands of frontline workers and the EOC and paid tribute to those who lost their lives or sustained injuries in recent incidents.

However, the ERC cautioned that Nigeria must maintain the momentum, continue to build on this success to achieve certification by focusing on the remaining inaccessible pockets and maintain the recently achieved high standards of surveillance. ERC therefore concluded that with these enormous improvements in surveillance and the increased access to children, the likelihood of undetected transmission of WPV is very low.

Recommendations

1. SIAs Quality

ERC while noting that none of the SIAs in 2018 achieved the target of at least 90% lots passed. It reiterates that the key factor in stopping current cVDPV2 outbreaks is achieving high-quality SIAs (>90% coverage in at least 90% of LGAs). ERC believes that given the high population movement, Kano state may have been already infected or likely to become infected with cVDPV2. ERC also noted that the programme has scheduled an intra-dermal fractional dose IPV (fIPV) round in November for high-risk states.

ERC calls on GPEI to support Nigeria's request for IPV for RI Intensification and endorsed the 2019 polio SIA calendar as proposed by the programme.

ERC, therefore, recommends:

- An in-depth analysis of low performing areas and ensuring appropriate corrective measures, including mop-ups in LGAs that did not achieve 90% in two rounds, are put in place
- Updating risk assessment to include all of Kano state in the next mOPV2 rounds.

- Intensification of RI, through the administration of IPV to children who have already received at least two doses of mOPV2
- Proper documentation of the use of IPV to intensify RI

The ERC endorsed the proposed 2019 SIA Calendar - Four IPDs rounds between January and September 2019 using bOPV. This includes two SIPDs in January and September and two NIPDs in March and April.

2. Accessibility in Borno and Yobe

ERC acknowledged the enormous efforts to gain access to unreached children in Borno and Yobe States through multiple innovative approaches including Reaching Every Child (RES), Reaching inaccessible Children (RIC), profiling, the transition of RES to house-to-house and vaccination by community informants. ERC commended the programme for the reduction of the estimated unreached population from 161,732 in 2017 to 70,541 in October 2018 despite the very difficult and challenging circumstances. Also, ERC notes that Nigeria maintains highly sensitive surveillance system with a gradual decline in the number of silent LGAs in 2018 and extensive environmental surveillance system with a predominance of sites in the High-risk states.

ERC, therefore, recommends that;

the national Government should convene a high-level meeting with senior military leadership to finalize its support in reaching the remaining 70,000 children in Borno state in the next three months.

3. AFP Surveillance

ERC acknowledged the tremendous improvement in surveillance since its last meeting and the continued excellent support extended by the Laboratory teams. ERC notes that the improvement was the result of impressive innovations such as Integrated Supportive supervision (ISS); use of electronic Surveillance (eSurv); use of the Auto-Visual AFP Detection and Reporting (AVADAR) and recruitment of community informants for inaccessible areas.

ERC, therefore, recommends the programme should:

- Ensure implementation of SOPs on excluded AFP cases and continue to document and carry out detailed analysis of excluded cases, all of this in a cautious way to avoid exclusion of true AFP cases
- Sustain the surveillance momentum in Borno state to reach more trapped populations (with more support from Nigeria military).
- Enhance monitoring of AFP surveillance in the Southern States with emphasis in the inaccessible areas.

4. Cross-border Collaboration

ERC noted that the massive movements across the lake Chad basin countries continuous unabated and acknowledges the important collaboration between Nigeria and Niger on outbreak response activities. ERC, therefore, recommends the:

- sustenance of cross-border collaboration with Niger and other Lake Chad countries for both surveillance and cross-border immunization activities focusing on Nomads
- documentation of these activities and the sharing of the reports through the existing feedback mechanisms such as weekly updates and monthly SITREPs and also presented to the next ERC.

5. Communication and Advocacy

ERC recognizes the effective engagement of traditional leaders and religious focal points in resolving noncompliance. ERC appreciates the emerging challenges related to demand for other felt needs that are affecting polio vaccination. Also, ERC acknowledges the effective media tracking in terms of polio and encouraged by the high proportion of positive coverage and acknowledged mass communication challenges related to cVDPV.

ERC recommends that the national EOC should;

- Prepare and implement a communication and advocacy strategy to sustain political support for polio eradication and routine immunization during the election period, and to engage the new administration after the 2019 elections
- Convene a strategy meeting with Partners to respond to communication and media challenges related to the cVDPV2 outbreak
- Present a detailed transition plan for the Volunteer Community Mobilization (VCM) Network to the CHIPS program by the next ERC meeting

6. Vaccine Management

ERC reiterates the fact that any unintended use of mOPV2 poses a higher risk to the program than ever before.

ERC then recommends that the programme should;

- Continue the high-level attention being given to 100% vaccine accountability through retrieval of unused vaccine and ALL empty vials including broken ones.
destroy ALL empty vials through appropriate means.

7. Routine Immunization and PHC Strengthening

ERC notes that slow but steady progress has occurred in improving RI coverage since NERICC was established over 12 months ago and added that sustained progress will require greater financial and political commitment by the government of Nigeria. ERC also notes that achieving immunization coverage targets is unlikely without 'breaking the glass ceiling' and promoting vaccination catch up of children beyond the first year of life. ERC then opined that full implementation of existing policies to prevent missed opportunities for vaccination and carefully considering the possibility of phase wise 2nd

year of life platform to deliver both vaccines and other PHC interventions are essential components of a well-functioning immunization system that is integrated with PHC.

ERC therefore recommends that:

- The government of Nigeria should increase its financial commitment to NERICC at all levels – federal, state, and LGAs or the success of NERICC will be in jeopardy
 - Existing policies for preventing missed opportunities for vaccination should be implemented as a specific, proven method for increasing immunization coverage
- the programme carefully considers introducing a phased 2nd year of life platform, to offer missed vaccines to children beyond 12 months of age and provide a platform for delivering a 2nd routine dose of measles vaccine and other PHC interventions such as Vitamin A, growth monitoring, etc

8. Financing for PEI, 2018-2020

ERC noted that the FGoN budget commitment to polio eradication was reduced from N4.8 billion in 2017 to ~~N~~1.2 billion in 2018, while donors and partners fulfilled their funding pledges to the program in 2018, their overall contribution declined leaving a 2019 funding gap of \$85,463,722.

ERC therefore recommends that;

- The FGoN should increase its 2018 budget to at least the 2017 level of N4.8 billion, and sustain that funding level in 2019-2020 budget
- NPHCDA should continue to report to the Presidential Task Force on states and LGAs that fail to release counter-part funds
- Donors and partners to sustain financial support for the implementation of PEI activities until certification

9. Polio Transition

ERC recommends that the government of Nigeria should;

- Finalize the polio transition Business Case by the end of 2018; and
- Convene a Forum in the first quarter of 2019 with key in-country partners to;
 - Present the final Business Case for consideration and discussion with partners;
 - Provide the polio eradication and asset mapping to partners/stakeholders;
 - Provide the documentation of lessons learned from the polio eradication programme to partners/stakeholders

Next ERC Meeting

After consultations with the Programme, the ERC chairman will propose a date for next meeting for members' consideration.