

**32st Meeting of the Expert Review Committee on Polio
Eradication and Routine Immunization in Nigeria (ERC)**

Findings and Recommendations

Abuja

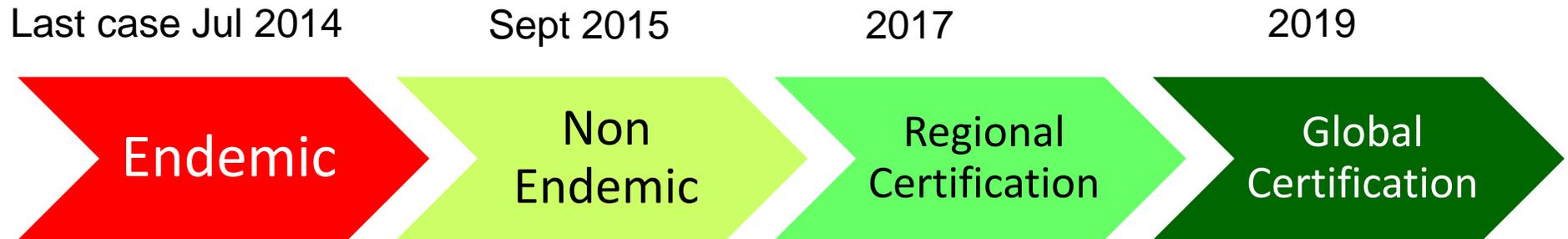
20-21 June 2016

Context

- Globally, wild poliovirus is confined to a handful of districts in one epidemiological block in Pakistan-Afghanistan.
- Two years since Nigeria interrupted transmission of wild poliovirus and 22 months since last wild poliovirus on African continent
- Globally synchronized Switch successfully conducted in April
- cVDPV2 outbreak in Borno and VDPV2 event Jigawa with rapid response with mOPV2 ongoing
- Overall very strong surveillance with sub-national gaps
- Recent improvements in routine immunization insufficient to sustain the gains

Next major milestone - Certification of polio-free status in 2017

No place for complacency!



**Need to maintain momentum
to achieve certification**

Programme Risks and Challenges

Risks to the programme

- Waning political commitment and accountability at all levels
- Gaps and delays in domestic funding
- Inadequate focus on Routine Immunization
- Inaccessibility in North-East (Borno and Yobe)
- Pockets of low population immunity in N.-East

Waning political commitment

Although President Buhari reiterated commitment to achieving eradication and sustaining FGN funding

- updated Abuja Commitments not met
- the Presidential Task Force not convened

Financing

No funding Gap for 2016, however:

- FGN \$50M to match 2016 BMGF grant **yet to be released**
- World Bank additional \$60m for PEI and \$65m for RI in 2016 and 2017 **yet to be released**
- Delayed payment of salaries including for health workers, across most states
- GPEI financial resources will start to decline in 2017

Recommendation:

Revive political commitment

- Presidential Task Force should be convened immediately
 - With a strong focus on routine immunization strengthening and PHC revitalization
- Sustain tracking and reporting on Abuja commitments
 - including engagement of LGA chairmen
- Continue engaging traditional & religious leaders

Recommendation

Secure programme financing

- FGN should promptly release funds committed for polio eradication activities
- States and LGAs should release counterpart funding for PEI and RI activities
- The World Bank funding for programme activities should be made available to the programme
- Adequate financing should be mobilized for the Primary Health Care strategy including integration of polio assets
- Urgent implementation of the financial provisions of the 2014 National Health Act as it relates to PHC

SIA Quality and Population Immunity

SIA Quality and Population Immunity

- Overall there is continued good quality of SIAs indicated by LQAS. IM data showing reduction in proportion of missed children
- Successful implementation of pre-switch SIAs
- Focused and rapid response to VDPVs and compatible cases
- Strong use of complementary strategies such as DOPV and in-between campaign activities including vaccinations at religious gatherings and hit and run activities for inaccessible areas.

SIA Quality and Population Immunity

- Immunity gaps still exist at sub-national levels
 - Inaccessible areas of North East confirmed by detection of the missed cVDPV2 circulation (~ 2 years) in Borno
 - Pockets of under-immunized despite good LQAS in accessible areas such as Jigawa based on the VDPV field investigation
 - Gaps in performance in Southern States
- Specific strategies implemented to reach and vaccinate missed children between SIA rounds with varying yield

SIAs and population immunity

Enhance quality

- Closely monitor access and retain resources from activities not completed to conduct between-round activities and implement campaigns as soon as opportunities arise
- Develop and implement plans to improve quality of SIAs in low-risk states (Southern States) including diligent use of pre-implementation dashboard and validated microplans
- Consider extended age groups for selected campaigns and innovative strategies (rather than geographic areas) where justified for newly accessible areas
- Investigate and follow-up all under-immunized and zero-dose AFP cases in accessible areas. Focus response on strengthening routine immunization including IPV and improving microplanning and implementation for next round.
- Focus response to compatible cases on addressing surveillance gaps and increasing routine immunization coverage with IPV

SIA Strategy

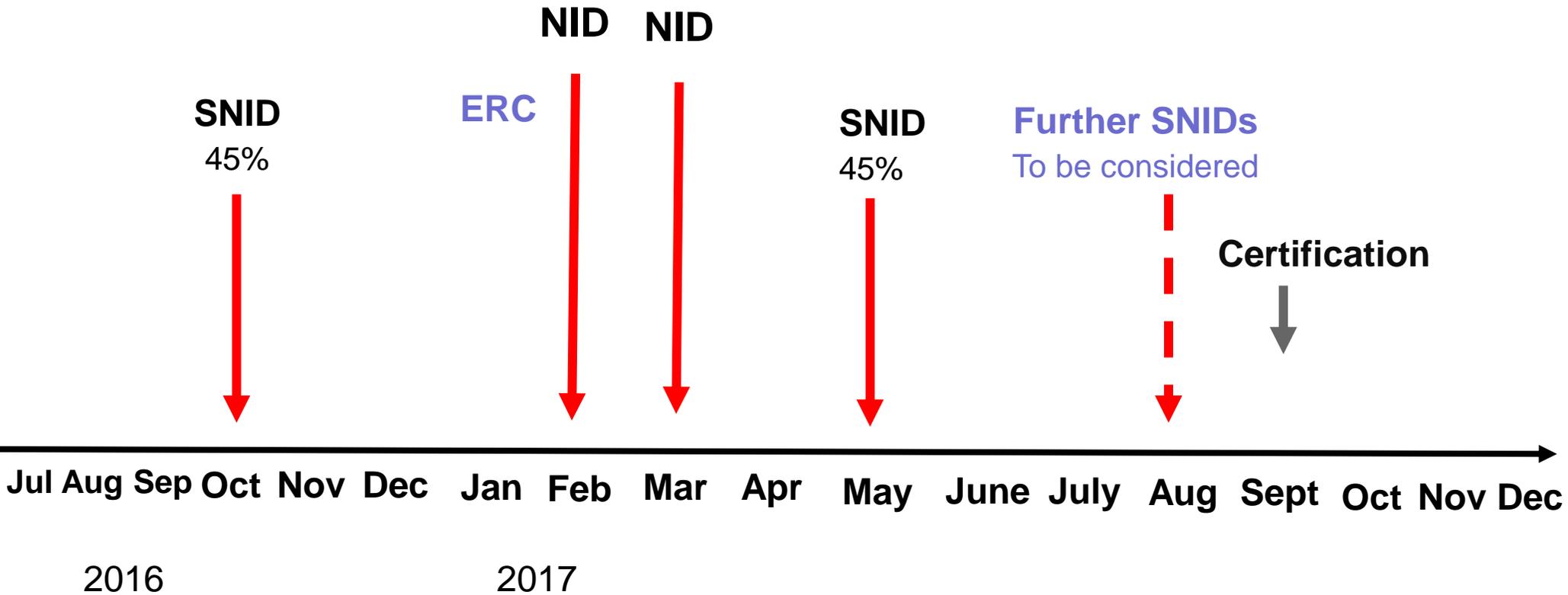
Strategic programme shift

- The Nigeria programme has to shift from a strategy aimed at stopping endemic transmission of polio to focus on remaining polio-free, sustaining the gains, strengthening routine immunization, and responding to VDPV outbreaks
- It is of utmost priority for the FGN to invest in the long term strengthening of routine immunization through a comprehensive primary health care strategy
- This shift will guide prioritization of activities and be reflected in SIA strategy
- Take advantage of the current outbreak response activities to boost immunity in previously inaccessible areas

ERC Recommendation for SIAs

Implementation of high quality bOPV SIA schedule

July 2016 – Dec 2017



Vaccine-derived poliovirus events and outbreaks

VDPV events and outbreaks

ERC congratulates country team on rapid response to post-switch events/outbreaks, with innovations, validated microplanning...

- cVDPV2 outbreak, Borno State, 32 NT changes, circulating x 1-2 years, env sample 23 March 2016 (pre-switch)
 - 9.2 million doses mOPV2 approved, 2 to 3 rounds
- VDPV2 event, Jigawa State, 8 NT changes, AFP onset 14 May 2016
 - 6.8 million doses mOPV2 approved, mop-up + 1 - 3 rounds,
- Compatible cases, Katsina State
- Cross-border coordination under discussion (e.g. Lake Chad)

Recommendation

Sustain preparedness, response and vaccine management

- Sustain commitment for EOCs to ensure prompt response
- Continue successful innovations - DOPV, vaccinating missed children where they can be found (e.g. playgrounds)...
- Report on strict mOPV2 vaccine accountability – stock management, and used/unused stocks after each round as per GPEI guidance
- Explore feasibility of fractional dose IPV for outbreak response strategies with available injection devices

Surveillance

Recommendation

Address surveillance quality gaps

- Review high NPAFP rate in selected areas to explore underlying causes, review classification of cases and determine optimal use of resources
- Identify and rectify cause of decline in NPENT isolation
- Establish specific and long-term tracking of all areas / populations where mOPV2 is used, to monitor for future VDPV2 emergence

Communication and Social Mobilization

Communication and Social Mobilization

- ERC acknowledges the contribution of VCMs to other public health priorities – e.g. routine immunization, AFP reporting, WASH, nutrition and birth registration
- VCMs play a key role in tracking and vaccinating missed children after campaigns.
- Communication strategy focused on resilience being rolled out in Nigeria
- Deploying VCMs for RI strengthening is a challenge, i.e. building capacity, lack of policy direction and less funding
- Complacency is setting in- low risk perception in the community, poor political engagement, weakening accountability in some states (EOC functioning)

Recommendations:

Focus on resilience

- Continue to implement strategies to address motivation and morale of frontline workers and to build resilience and measure impact
- EOC should closely monitor VCM performance in tracking missed children after each round to increase vaccination of “child absent” and “non-compliant”

Containment and certification

Recommendation

Containment and certification

- Provide an update on progress of laboratory containment
- Consider a dry run/simulation of submission and presentation by NCC to African Regional Certification Commission
- Consider side-meeting progress report to ERC in January

Strengthening EPI

Recent achievements

The ERC is encouraged by the efforts of the Government and partners to improve immunization services delivery as outlined in the 2016 - 2020 cMYP

- EOC tracking & reporting weekly RI coverage in 56 priority LGAs and monitoring the proportion of children with evidence of RI vaccination
- Improved vaccine tracking, monitoring and logistics
- Sustained implementation of innovative strategies to improve RI coverage, intensification of RI in 7 polio HRS, and improved supportive supervision

Risks

- Waning political commitment, accountability and inadequate and late release of funds at all levels
- Weaknesses of the PHC system
 - Lack of funding for the RI services at subnational level
 - HCW strikes and other human resource issues affecting programme capacity and performance
 - Inconsistent supportive supervision from state to LGA, and from LGA to health facilities
- Insecurity continues to threaten the programme in some regions
- Low routine coverage in some northern states and in polio low risk regions (e.g. southern states)

Recommendations

Invest in routine immunization

- The highest priority for the Government of Nigeria and partners should be to consolidate the gains and invest in routine immunization through a comprehensive primary health care strategy (PHC)
- Routine immunization should feature highly on the agenda of the Presidential Task Force with a strong focus on PHC revitalization, including resolving the bottleneck of health workers' strikes
- EOC must continue to engage in RI, including surveillance, logistics and close monitoring and tracking of routine activities, especially for high risk areas
- The programme should assess root causes in under-performing regions and address them, including in southern states
- The programme should tighten vaccine supply management to avert stock-outs

Subsequent ERCs will enhance focus on routine immunization

Polio Transition Planning

Transition Planning

Coordination

- Polio Legacy Transition Task Team (PLT3) and inter-agency National Polio Legacy Planning Committee (NPLPC) constituted and meeting regularly with costed work plan, including timelines

Evidence

- Polio asset mapping in progress (partner mapping compiled; government mapping in progress; zonal orientation for asset mapping ongoing)
- Lessons learned documentation in progress

Recommendation:

Transition planning -

- Align redeployment of polio assets with PHC priorities and gaps
- Continue to document lessons learned to highlight how polio infrastructure can contribute to public health priorities beyond polio, especially routine immunization and the PHC strategy
- Share draft Nigeria transition plan with ERC for comment in October
- Complete transition plan by end of 2016



**Thank
you !**