Nigeria Update on Polio Eradication



17th Independent Monitoring Board Meeting, London 2 October 2019

Outline

Current WPV Epidemiology

What has changed to ignite confidence?

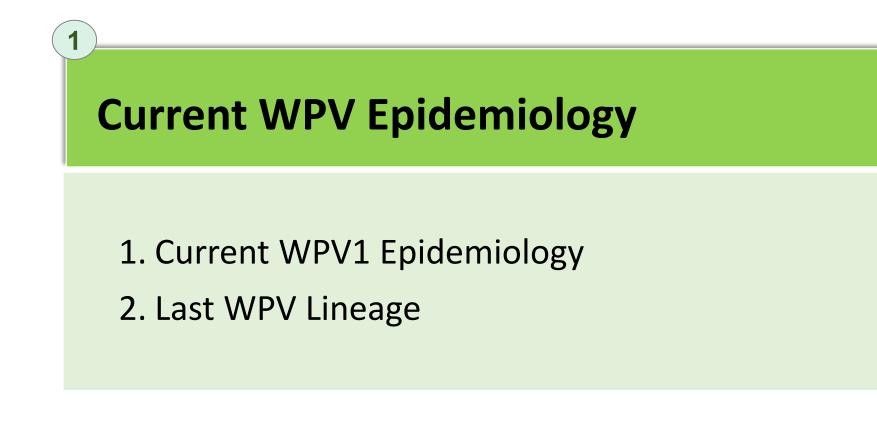
cVDPV2 Outbreak

How did we get here?

cVDPV2 Outbreak Response

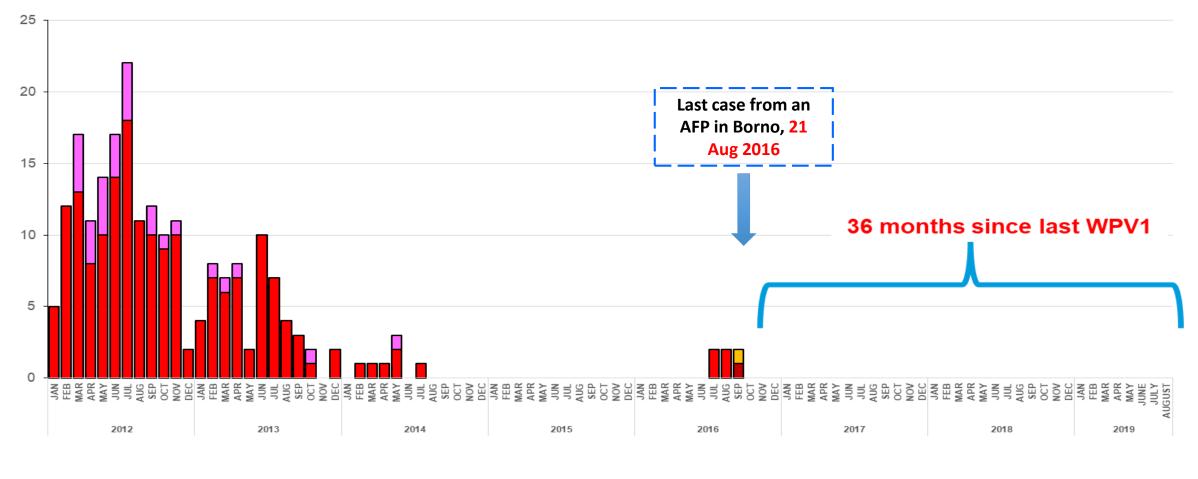
What we are doing

Remaining Key Challenges



Nigeria is edging towards certification having clocked 3 years without WPV Case

Trend of Wild Polio Viruses (WPV1), Nigeria, 2012-2019



AFP

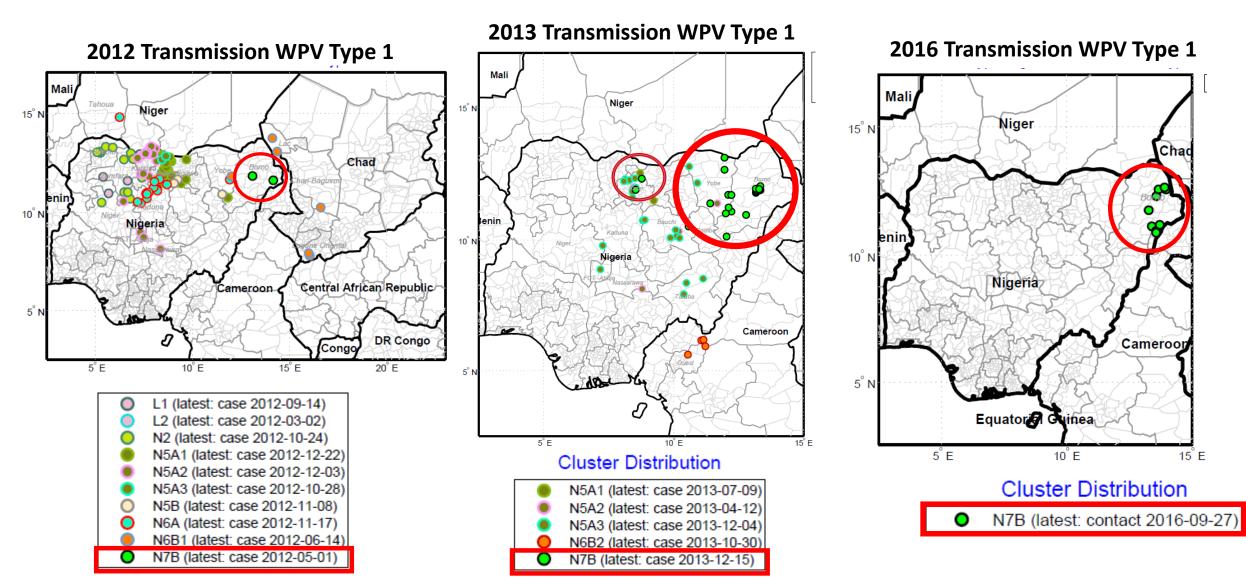
Contact

Healthy Child

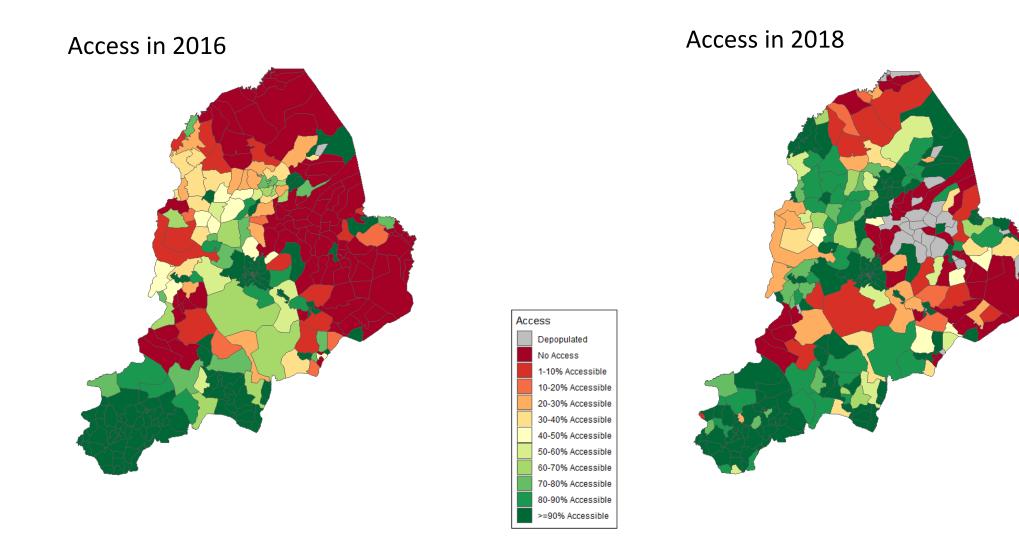
∎ ES

Last Cluster N7B detected in Kano, Yobe and Borno States in 2012, 2013 and 2016

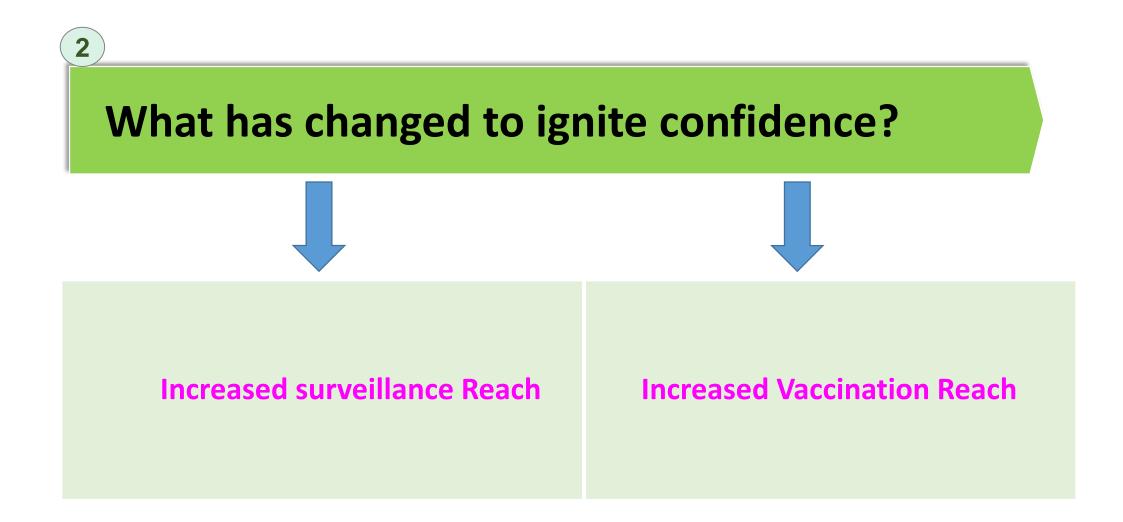
Last detected in Borno in 2016 all from security compromised areas and has never been seen again even beyond borders of Borno



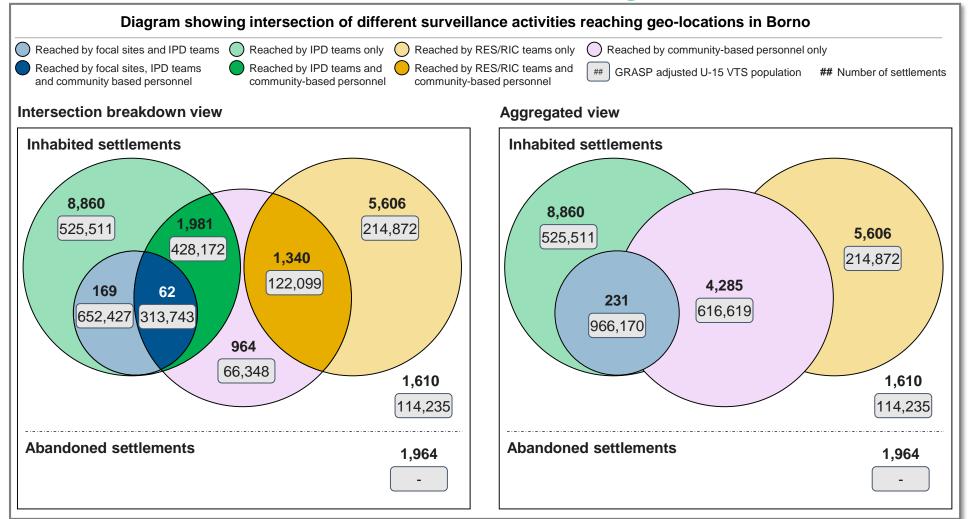
Vaccination and Surveillance Accessibility was the main issue at the time the last four cases were detected in Borno State



6



Various interventions have contributed to boost immunity and enhance Surveillance January to August 2019

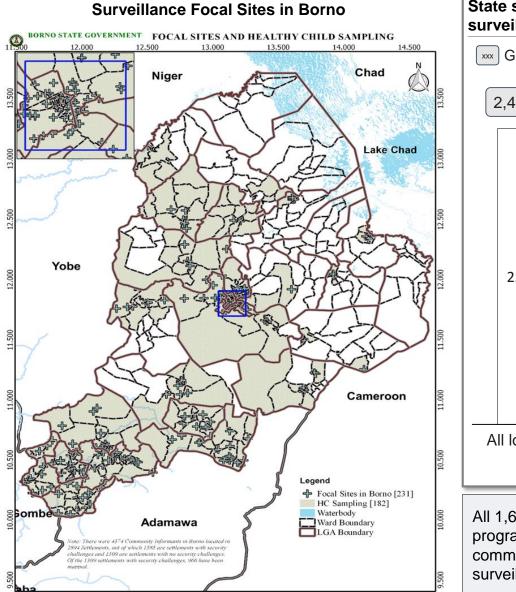


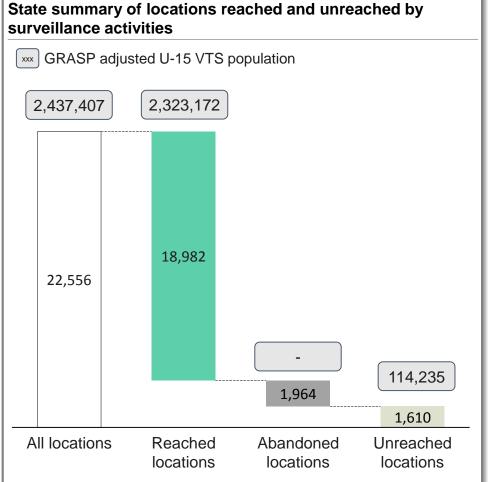
- All geo-locations in the state are ideally mapped to one of the 231 active focal sites across the state
- Some locations reached by community informants might be shrouded because of disparities in settlement names from different databases

Source: EOC Analysis

Surveillance reach has improved

84% (18,982) of 22,556 geo-locations in Borno state are currently reached by Surveillance activities

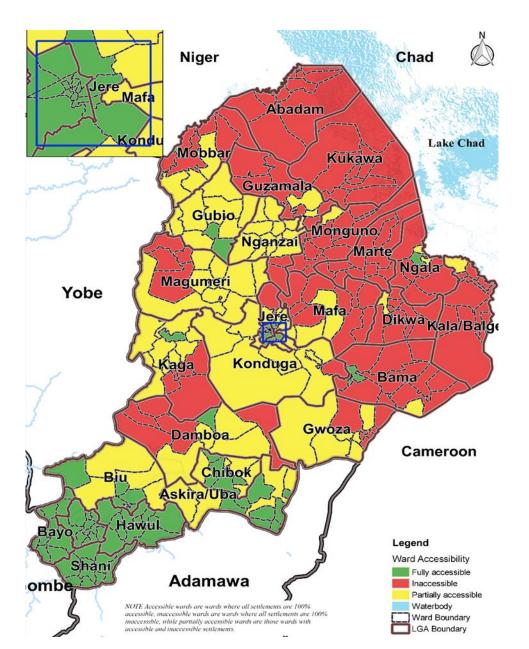


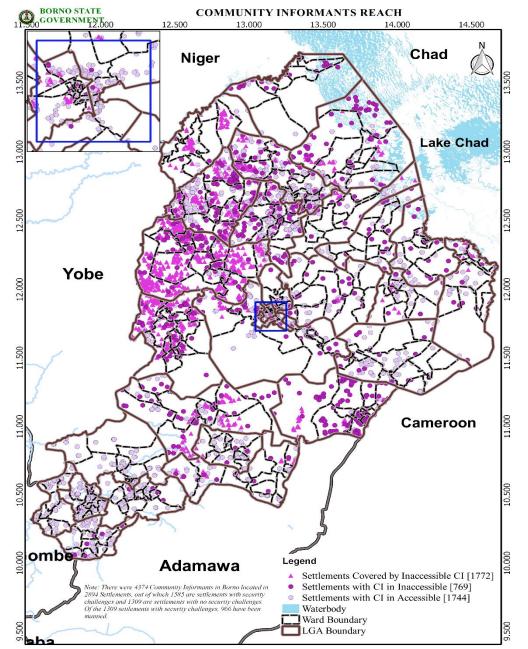


All 1,610 unreached locations are inaccessible and the programme plans to continue to use the RIC strategy and community informants in inaccessible areas to expand surveillance reach to these settlements

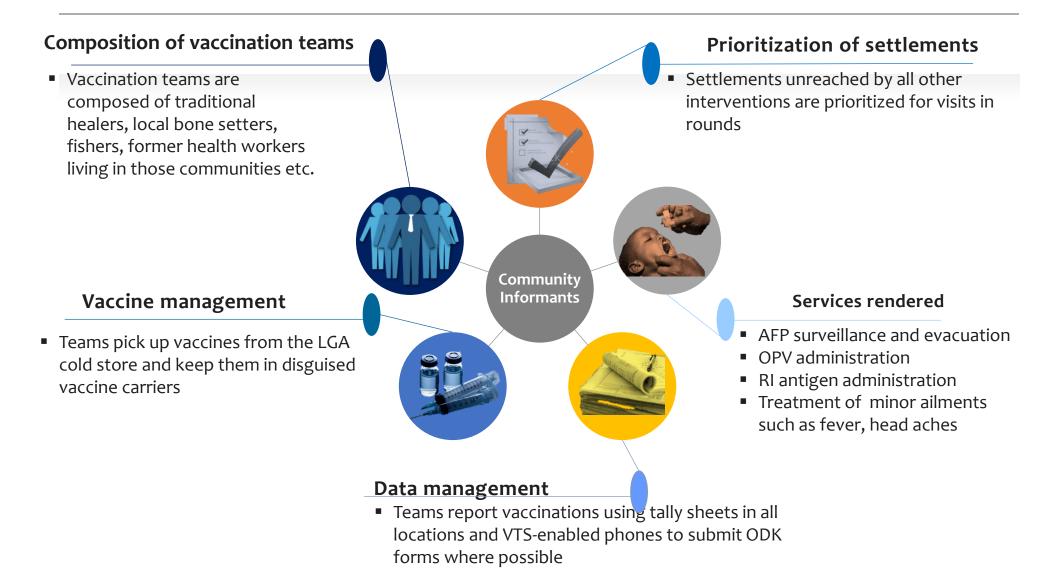
Substantial number of Geo-locations are being reached by various Surveillance activities

84% (18,982) of 22,556 geo-locations in Borno state are currently reached by surveillance activities

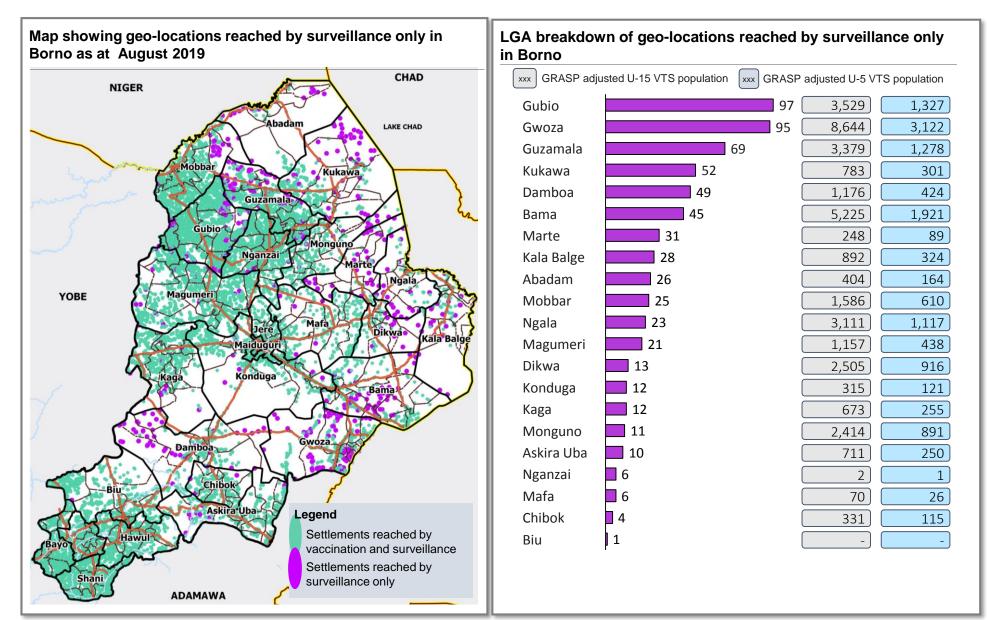




Community informants from inaccessible areas currently search for AFP cases and vaccinate children in inaccessible areas of Borno

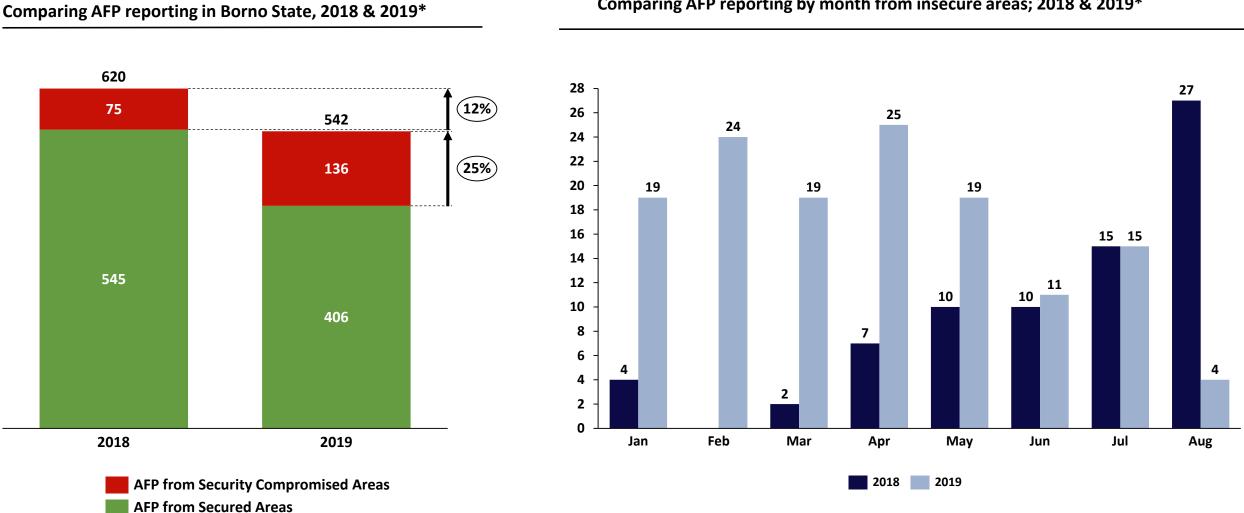


636 geo-locations with an estimated 37,155 U-15 and 13,690 U-5 populations have been reached by surveillance through the efforts of CIIA



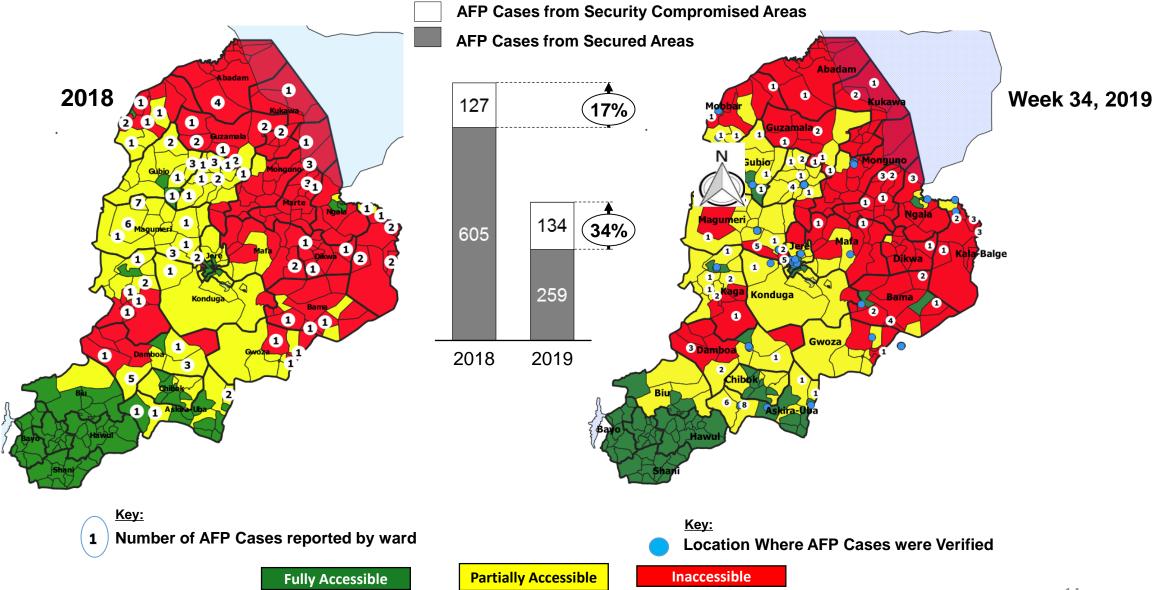
Increasing number of AFP cases reported from insecure areas in Borno State since 2018

Trend of AFP Reported from Secure and Insecure Areas in Borno, August 2017-August 2019



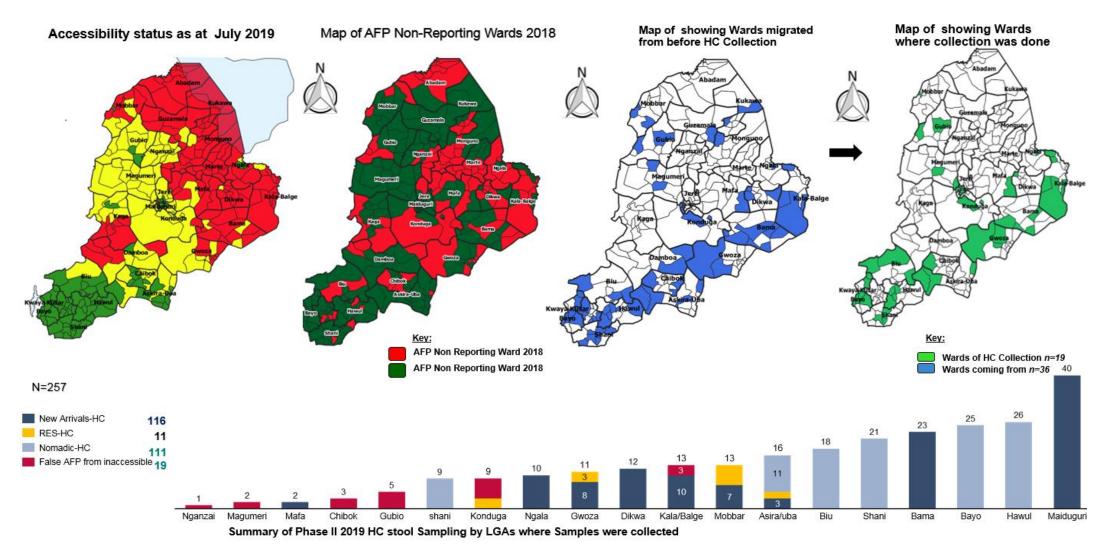
Comparing AFP reporting by month from insecure areas; 2018 & 2019*

AFP reported from inaccessible areas by community informants from 2018 to week 34, 2019



Program has continued collection of stool samples from Healthy Children from insecure area

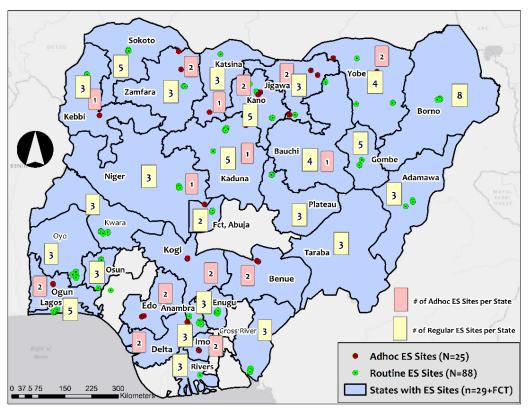
257 stool samples have been collected from healthy children in 2019

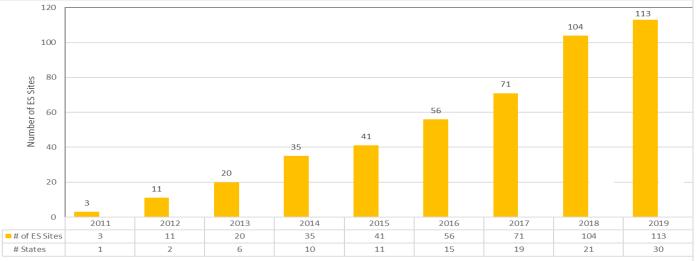


1 cVDPV2 isolated from HC Sample collected in 2019

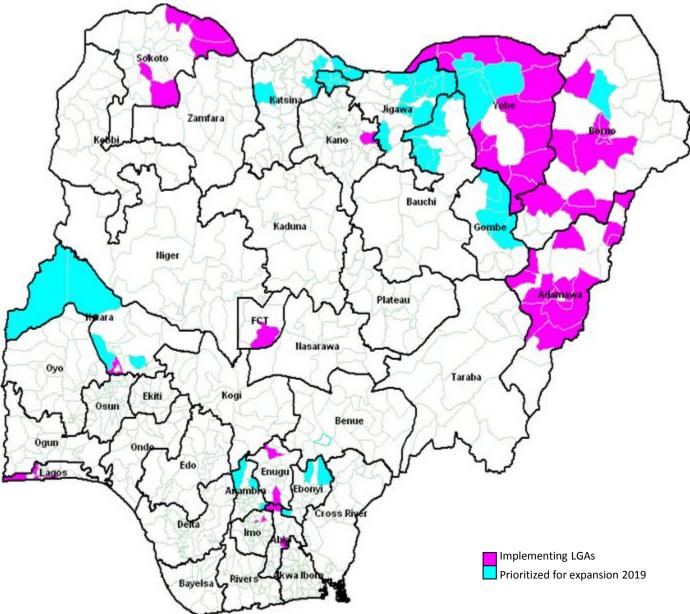
Progressive scale up of Environmental Surveillance across the country since 2011 Geolocation of environmental surveillance sites, July 2019

- First 3 ES sites in Kano State in 2011
- Progressive increase over time
- As at August 2019
 - 113 ES sites:
 - 88 routine sites
 - 25 Ad-hoc sites
 - Spread across 29 states + FCT





Continuous improvement of Surveillance using Technology in Nigeria AVADAR implementing and Prioritized LGAs



AVADAR – Auto Visual AFP Detection and Report

Description	Total
No: of implementing LGAs	54
No: of implementing Wards	642
No: of Comm. informants	4,645
No: of H/Workers	1,532

State	Total
Number of Alerts received	2,134
Number of Alerts investigated	2,047
Number of Alerts investigated <=48hrs	880
Number of True AFP cases	305
Number of AFP cases reported through traditional surveillance system	182
Total number of AFP reported by AVADAR and traditional system	487
Number of AFP expected in country in the year	142

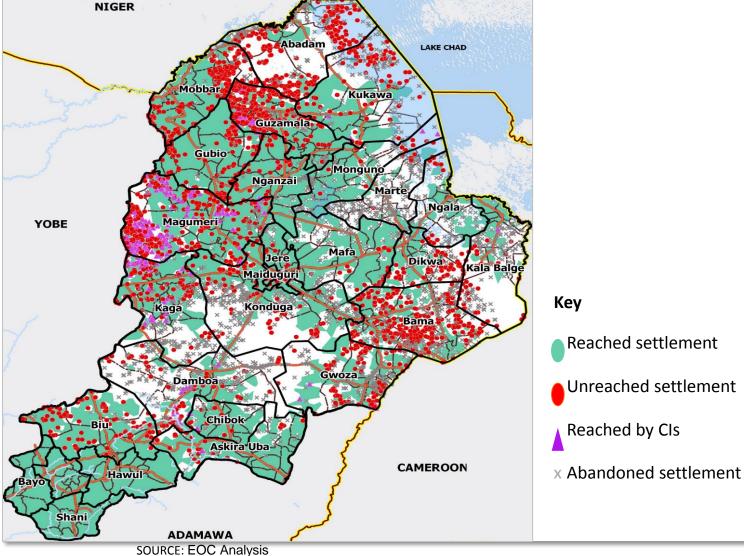
AVADAR reported 63% of AFP in implementing States as at week 36, 2019

States	Reporting Period	Total Alerts	Alerts Investigated	% of Alerts Investigated	Pending Alerts	Total false AFP Alerts	Total AVADAR AFP	Total Non AVADAR AFP	Total AFP In LGA	% of AFP Reported by AVADAR
Borno	Week 1-36	150	144	96%	6	99	58	86	143	40%
Sokoto	Week 1-36	120	101	84%	19	62	36	4	39	92 %
Adamawa	Week 1-36	184	181	98%	3	109	72	44	116	62%
Yobe	Week 1-36	216	207	96%	9	143	64	24	88	73%
Kano	Week 1-36	92	84	91%	8	77	7	10	17	41%
Kwara	Week 1-36	25	25	100%	0	16	9	0	9	100%
FCT	Week 1-36	31	29	94%	2	22	7	0	7	100%
Enugu	Week 6-36	76	76	100%	0	60	16	2	18	89%
Imo	Week 7-36	25	25	100%	0	21	4	0	4	100%
Abia	Week 16-36	44	44	100%	0	38	6	1	7	86%
Lagos	Week 19-36	1161	1116	96%	41	1032	25	11	33	76%
Nat	ional	2124	2032	96%	88	1679	304	182	481	63%

AVADAR is Auto Visual AFP Detection and Reporting

Community informants from inaccessible settlements (CIIA) have reached 328 previously unreached settlements with polio vaccination

Vaccination reach map showing settlements reached by only community informants as @ August 2019

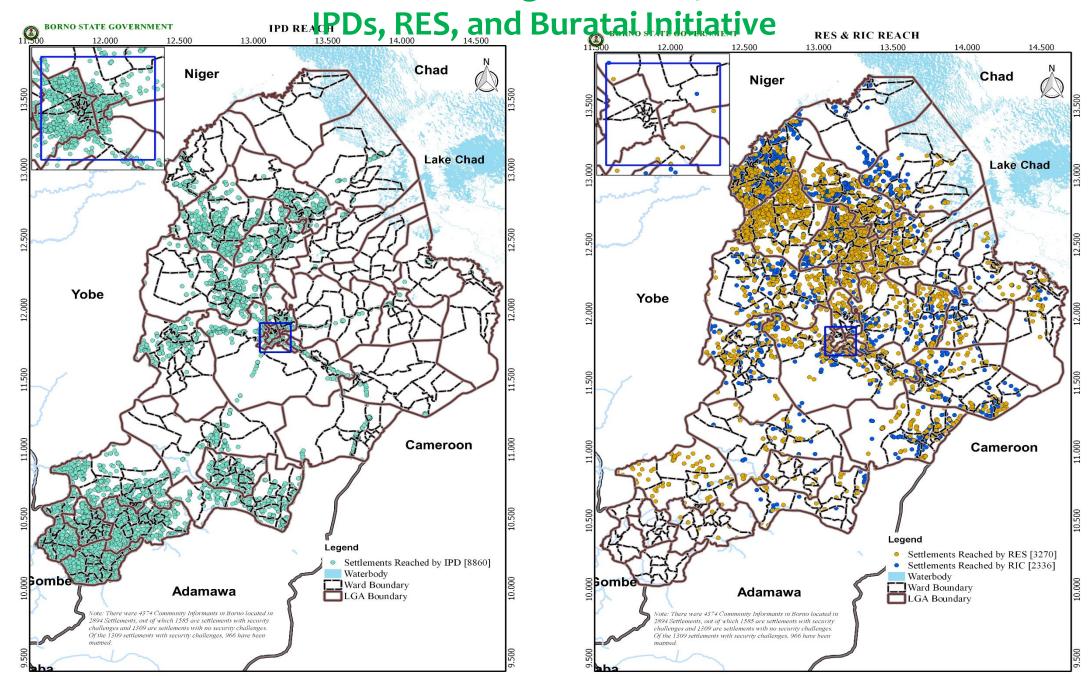


 CIIA have reached 328 settlements with geo evidence for Polio vaccination

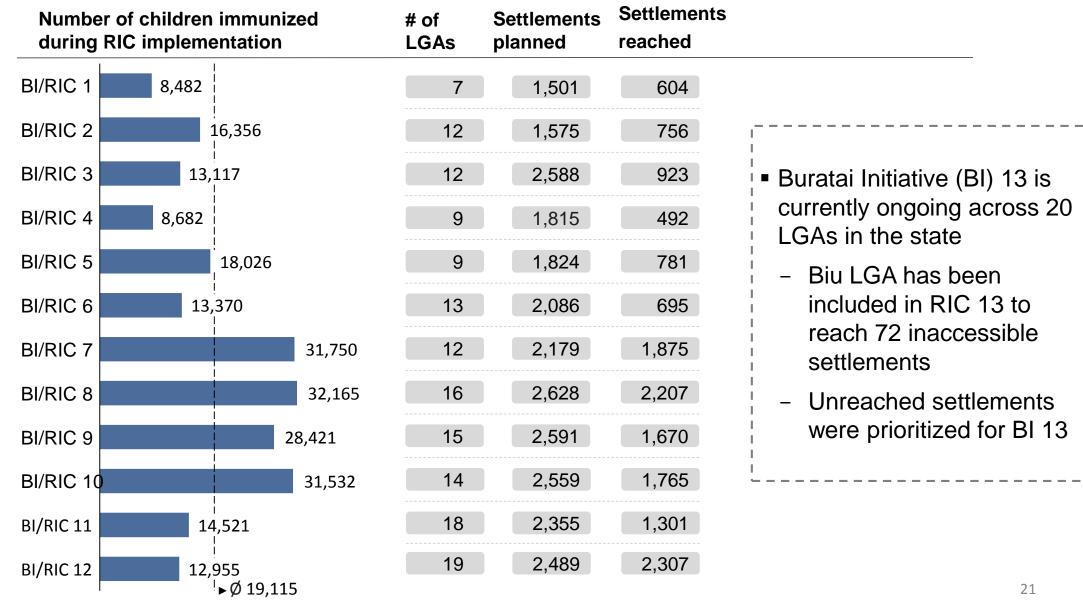
 These settlements were newly reached by CIIAs

 Overall the community informants cover more than 1,753 settlements, carrying out surveillance and vaccination activities.

Sustained increase in Geo-locations being reached by various vaccination activities -



12 rounds of Buratai Initiative have so far been completed in Borno, with an average of 19,115 children vaccinated per round



Source: EOC analysis

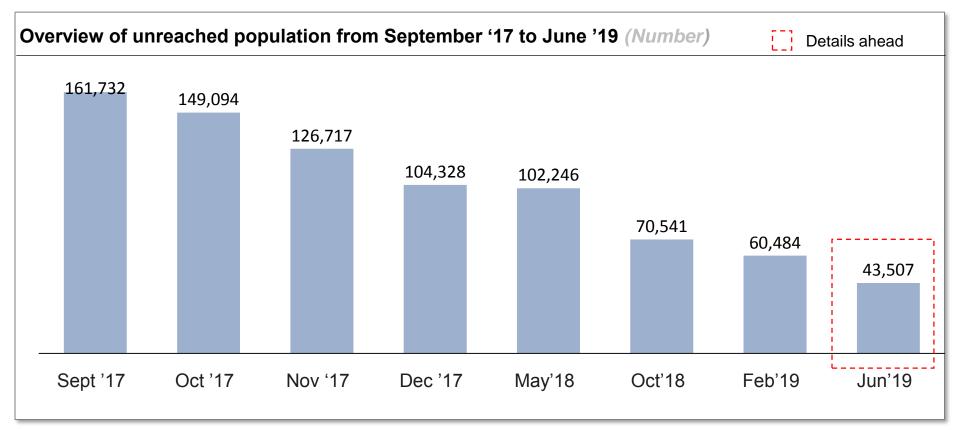
Buratai Initiative – Reaching Inaccessible Children strategy

Various interventions are carried out throughout the year to boost population immunity

Special Interventions Summary in 6 states in NE: as at Week 36, 2019

Interventions	Category	Borno	Gombe	Yobe	Taraba	Adamawa	Bauchi	NE Total
РНТ	Total Immunized			313,896		9,799		323,695
PHI	Zero Dose			1,041		249		1,290
Market/Transit	Total Immunized	286,202	255,838	93,827	88,824	90,955	74,951	890,597
Market/Hansit	Zero Dose	20,169	1,991	1,032	387	886	693	25,158
IBPT	Total Immunized	25,856		55,639	18,117	43,343		142,955
IDFI	Zero Dose	1,496		488	248	932		3,164
CIIA	Total Immunized	12,541		4,385	18,023		24,663	59,612
CIIA	Zero Dose	4,389		493	172		1,976	7,030
IDPs	Total Immunized	424,549			387	1,461		426,397
IUFS	Zero Dose	15,317			2	91		15,410
Hospital	Total Immunized	3,227	148,954	42,119	1,154	110	4,802	200,366
nospitai	Zero Dose	375	1,441	1,694	17	-	43	3,570
Nomadic	Total Immunized	100,889	28,335	65,472	12,883	1,345	68,666	277,590
Nomacic	Zero Dose	11,391	741	861	165	-	505	13,663
СМАМ	Total Immunized	97,494	10,805					108,299
	Zero Dose	5,642	230					5,872
NE 1	Fotal	1,009,537	448,335	580,947	140,379	149,171	176,299	2,504,668
								22

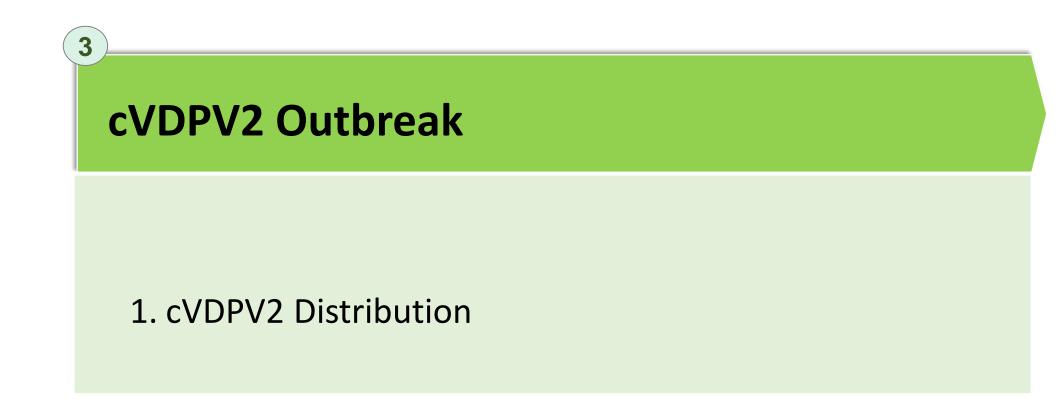
There has been a significant reduction in the number of unreached U-5 children in Borno state from Sept. 2017 till date



- The programme will monitor the progress in reaching more children and new settlements as well as highlight areas where work still needs to be done
- The significant drop from the unreached population from May'18 to Oct'18 is mainly attributed to the updated satellite imagery following the 2018 rainy season (which gives a better indication of abandoned settlements, than previous GRASP iterations)

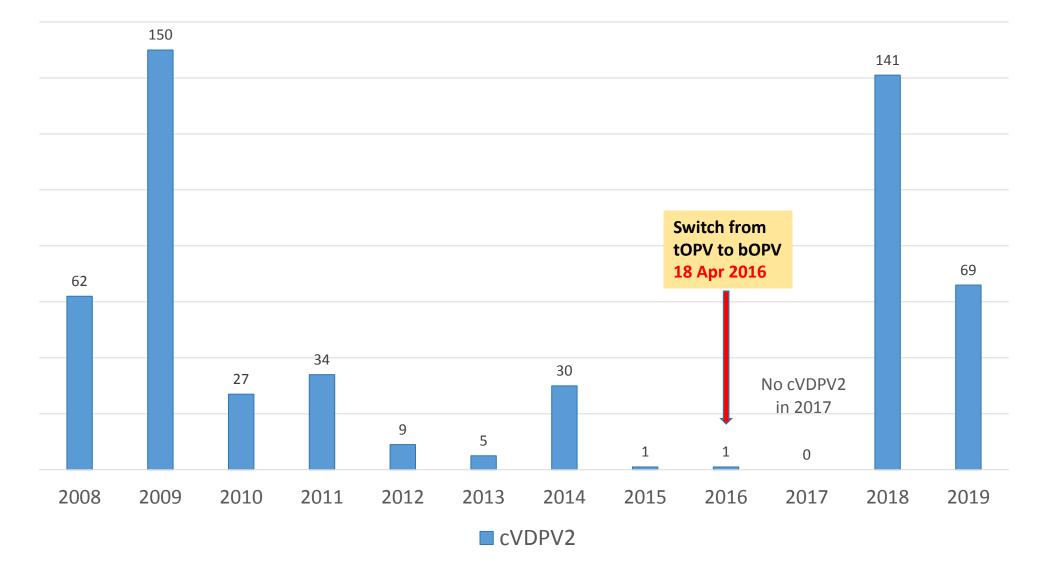
It's been <u>3 years</u> since the last WPV case in Borno State.....

- From 2018/19 Abadam and Marte are no longer silent after two years through the efforts of Community Informants in these areas
 - Abadam (4 AFP Cases)
 - Marte (18 AFP Cases)
- Some of the cVDPV2 detected in Borno were from security compromised areas
 - 5 of the 8 cVDPV2 AFP cases were from security compromised areas and reported by community informants
 - 4 of the 10 VDPV₂ from contact samples and healthy children stool samples were from security compromised areas
- Surveillance reach is now greater than vaccination reach with CI from inaccessible areas;
 - 636 settlements reached by CIIA has never reached by any other intervention
 - The CI from inaccessible areas have detected 261 AFP cases from security compromised areas since February 2018 to 31st August 2019
- The surveillance system has detected 10 AFP cases from the islands of Lake Chad
 - 6 in 2018 and 4 in 2019
- Indirect evidence from Healthy children stool sampling and ES Sweep did not detect WPV from security compromised areas:
 - 257 stool samples have been collected from Healthy Children as at August 2019
 - 1 unclassified VDPV detected from a Healthy child in 2019 in Konduga LGA and no virus from the 2 phases of ES Sweep
- By all indication, WPV circulation in Borno state has been interrupted while cVDPV2 outbreak is a challenge.



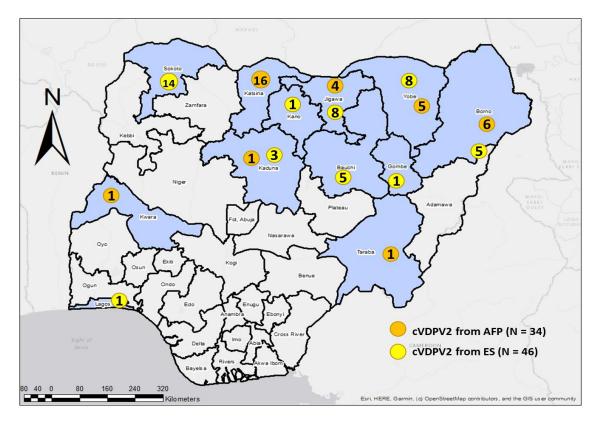
The country is experiencing resurgence of cVDPV2 since 2018

Combination of cVDPV2 from AFP and Environment

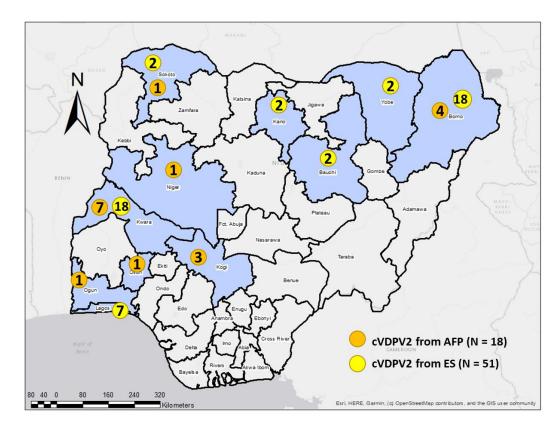


Since 2018, cVDPV2 have been detected from both humans and the Environment

2018



2019



12 States involved Jan - Aug

12 States involved Jan – Dec

Year	AFP	ES	Total
2018	34	46	80
2019	18	51	69

How did we get here?

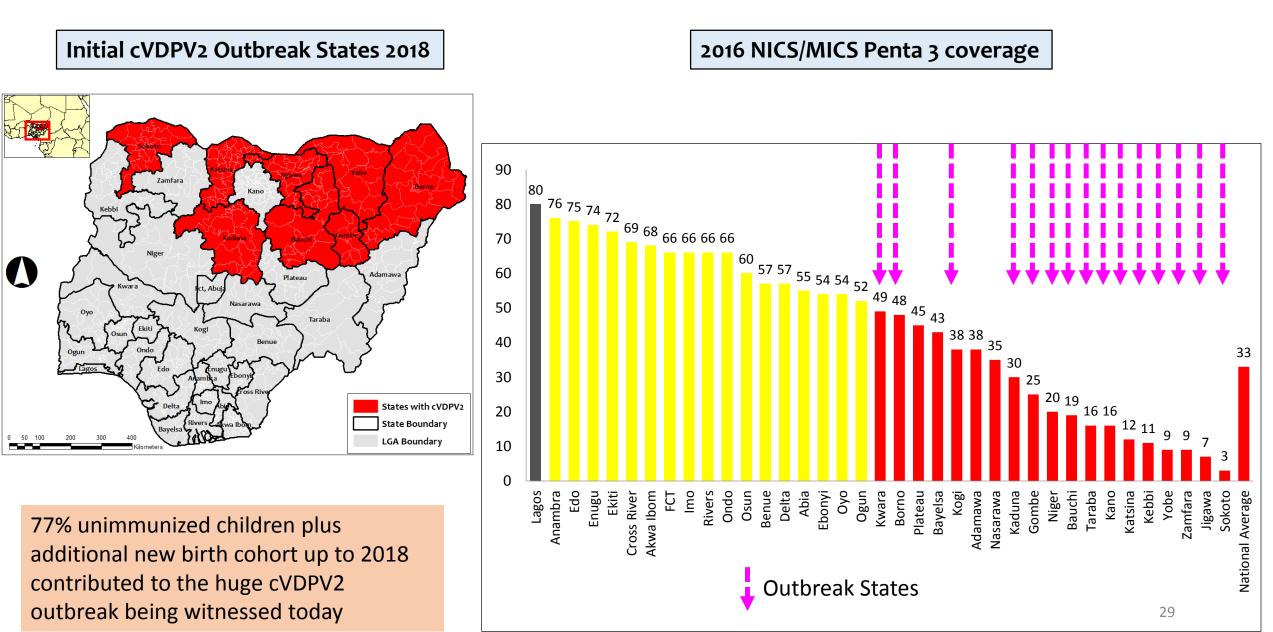
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1. RI performance pre-tOPV Switch

- 2. Environmental Sanitation
- 3. Nomadic Populations

At the time of tOPV/bOPV Switch, Nigeria had 33% RI Coverage

cVDPV2 outbreak States and 2016 NICS/MICS Coverage



Environmental sanitation around the country not helping matters

ES sites in Kwara State where cVDPV2 were isolated

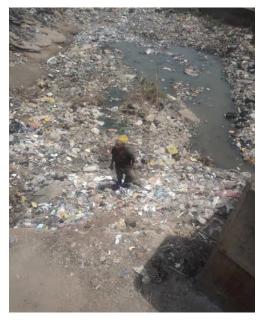
Baboko Bridge



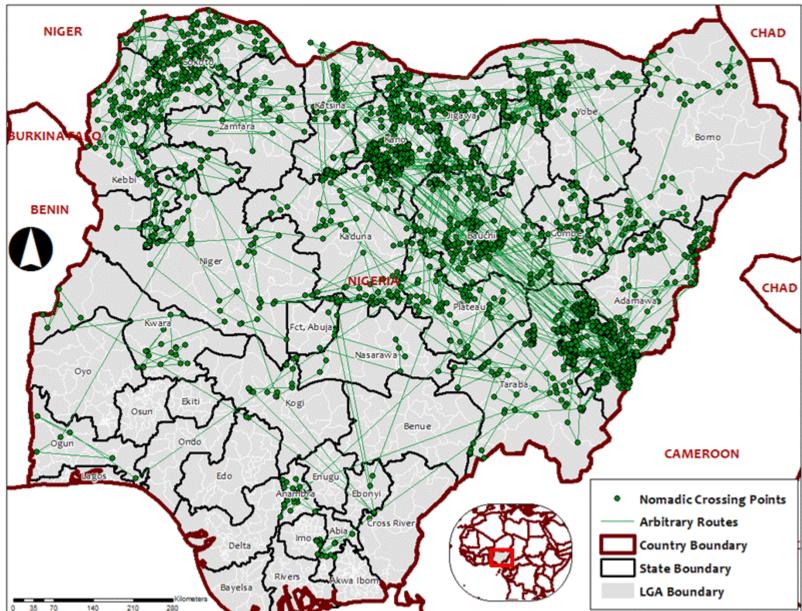
Amule Bridge, Ita Adu



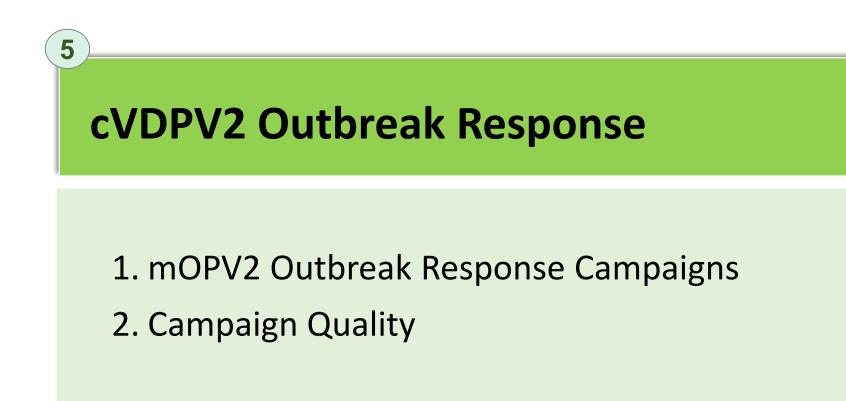
Olufadi Health Center Bridge



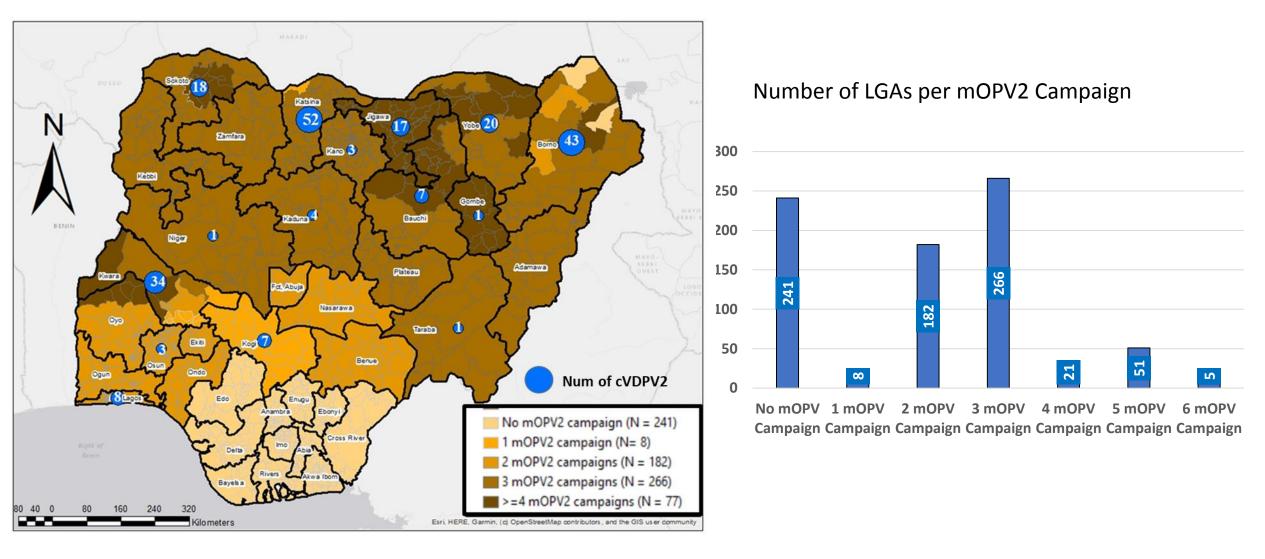
cVDPV2 from Jigawa spread across national and international borders, most likely through Nomads



- Seasonal Movement of Nomads
- During rainy season, Nomads start trekking back from the south going northwards into Niger, Chad and Cameroon
- Nomadic Working Group established at the National level and critical states.



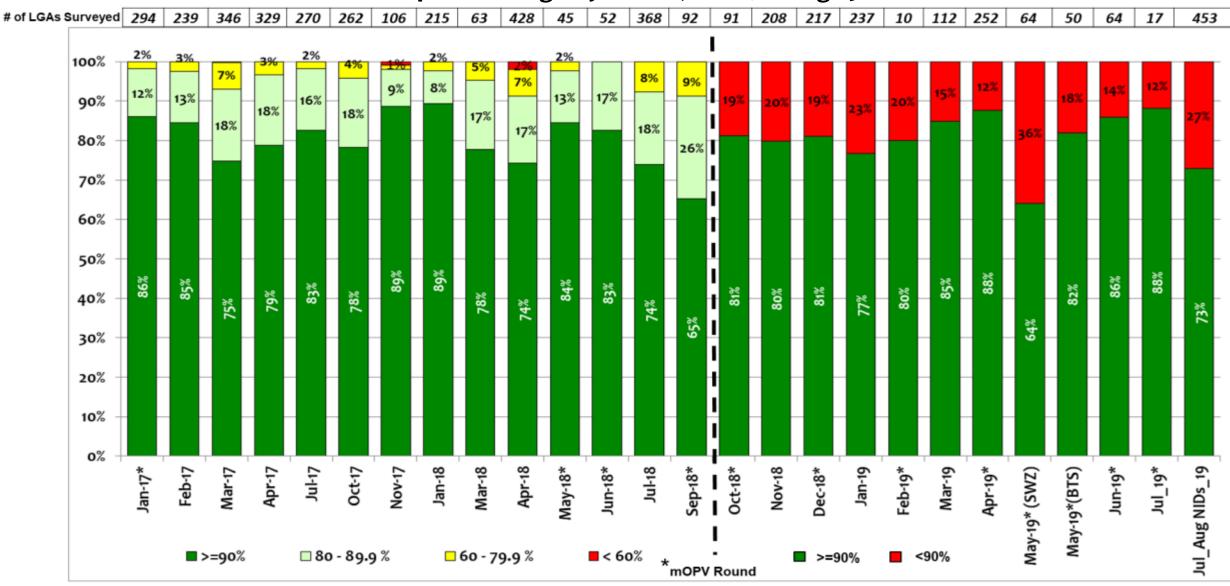
Nigeria has conducted robust mOPV2 response campaigns based on evolving epidemiology cVDPV2 Vs OBR/mOPV Campaigns since 2018



2nd OBR will be conducted in Kogi state from 12 -15 Oct 2019

The Quality of Campaigns has been inconsistent

LQAS Coverage by Round, Jan-17 – Aug-19



Program has introduced Repeat vaccinations in every LGA that fails LQAS

Last mOPV2 Round in LGAs with cVDPV2, 2019

State Bauchi Bauchi	LGA				2019				Source of Last		Last mOPV2 OBR
State	LGA	Jan	Feb	Mar	Apr	May	Jun	Jul	VDPV	Last cVDPV2	Round*
Bauchi	Bauchi		1	1					ES	18-Mar-19	04-May-19
Borno	Hawul	1								19-Jan-19	25-May-19
Borno	Konduga		3				1		AFP	20-Jun-19	25-May-19
Borno	Maiduguri	7	5	3	1		2		ES	25-Jun-19	25-May-19
Borno	Mobbar	1	1							25-Feb-19	25-May-19
Kano	Tarauni	1		1					ES	06-Mar-19	25-May-19
Kogi	Ankpa						1	1	Health Children	22-Jul-19	
Kogi	Ibaji						1	4	Healthy Children	24-Jul-19	
Kwara	BARUTEN	1	1	1			1		AFP	14-Jun-19	27-Jul-19
Kwara	llorin East			2	2	3	1	1	ES	13-Jul-19	27-Jul-19
Kwara	llorin South			1	2	1			ES	10-May-19	27-Jul-19
Kwara	Ilorin West			2	2	2	1		ES	13-Jun-19	27-Jul-19
Kwara	Kaiama		1						AFP	07-Feb-19	25-May-19
Lagos	Lagos Main Land					1			ES	10-May-19	15-Jun-19
Lagos	Muschin					1			ES	08-Jan-19	15-Jun-19
Lagos	Ajeromi/Ifelodun		1	1	1	1			ES	10-May-19	15-Jun-19
Lagos	Арара	1							ES	25-May-19	15-Jun-19
Niger	Mashegu			1					AFP	18-Mar-19	25-May-19
Ogun	Imeko Afon			1					AFP	09-Mar-19	15-Jun-19
Osun	Irewole						1	2	AFP	09-Jun-19	15-Jun-19
Sokoto	Sokoto North					1	1		ES	25-Jun-19	20-Jul-19
Sokoto	Sokoto South								ES	10-Apr-19	20-Jul-19
Sokoto	Wurno					1	1		Contact	20-Jun-19	20-Jul-19
Yobe	Damaturu	1	1						AFP Case	20-Feb-19	25-May-19
	Total	13	14	14	8	11	11	8	Last ı	mOPV2 Round	35

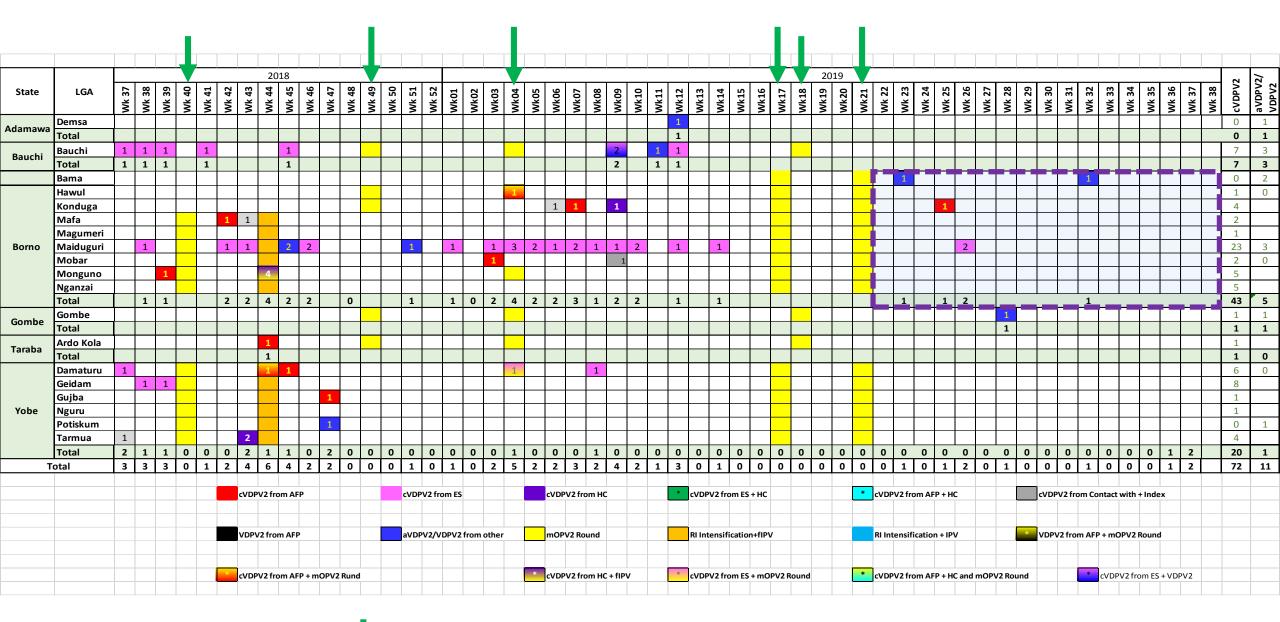
No cVDPV2 in NCZ and SWZ States after the last mOPV2 campaign in week 38

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No cVDPV2 from NWZ states after the last mOPV2 campaign in week 29

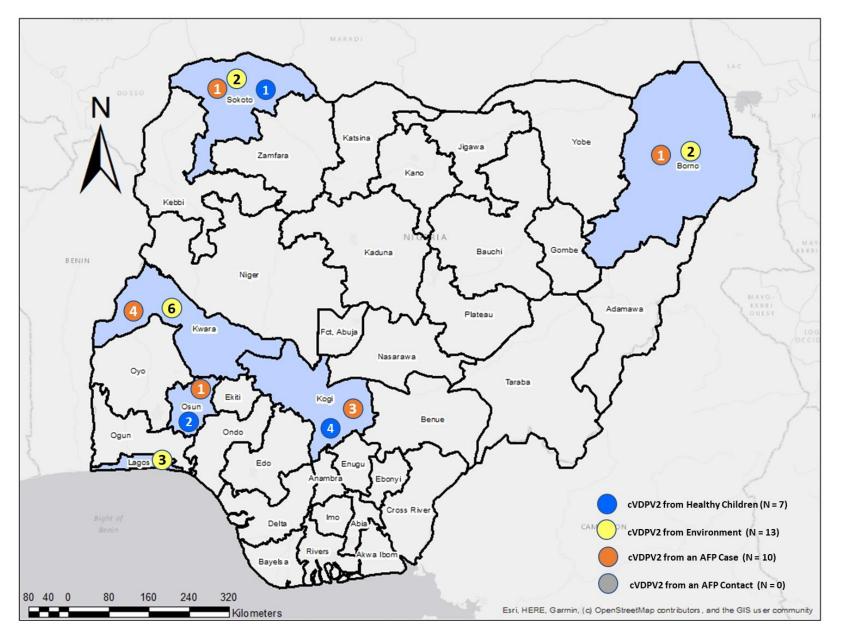
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No cVDPV2 from NEZ states after the last mOPV2 campaign in week 21, except in Borno



Number of LGAs infected in the last six months has reduced to six

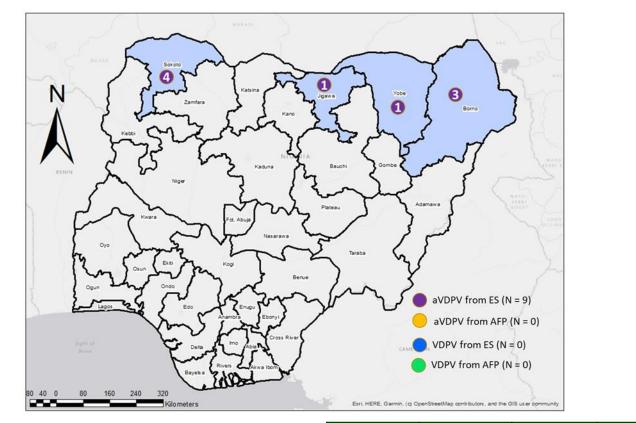
cVPDPV2 in the last Six months 19/03/2019 – 18/09/2019

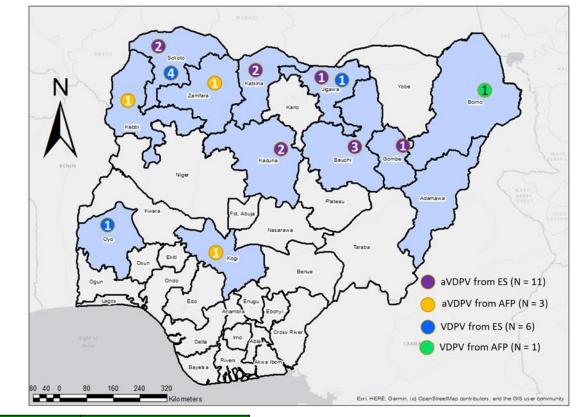


State	AFP	ES	Healthy Children	Total
Borno	1	2		3
Kogi	3		4	7
Kwara	4	6		10
Lagos		3		3
Osun	1		2	3
Sokoto	1	2	1	4
Total	10	13	7	30

However, Nigeria is experiencing new emergence of VDPV2 with 6 – 9 nt change (Seeding?)







	AFP	ES	Total	Range of Nucleotide change
2018	0	9	9	6 – 9 nt
2019	4	17	21	6 – 7 nt
2018/19	4	26	30	6 – 9 nt

What we are doing

6

1. Strengthening Routine Immunization

- 2. Strategic Post-election advocacy
- 3. Transition Planning

In 2017, NPHCDA established and institutionalized the NERICC to drive rapid and sustainable improvements in immunization coverage in Nigeria



A Declaration of State of public health concern on Routine Immunization Program was made in June 2017 with a decision to establish the National Emergency Routine Immunization Coordination Centre (NERICC). NERICC was inaugurated on the 4th of July 2017 and has been meeting daily ever since.



Vision

Vision, Goal and Objectives

To achieve greater than 80% immunization coverage for ALL antigens in Nigeria

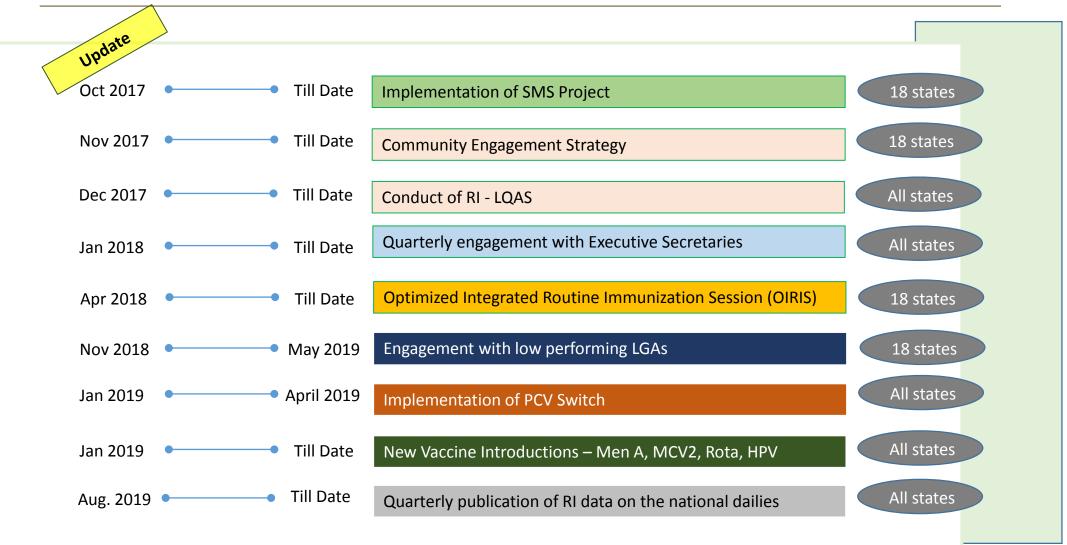
Goal

To provide a national and sub-national coordination mechanism to manage the full implementation of the routine immunization programs, strategies and other recommendations of various expert committees towards achieving routine immunization coverage >80% by 2028 for ALL antigens at national, states and LGAs levels

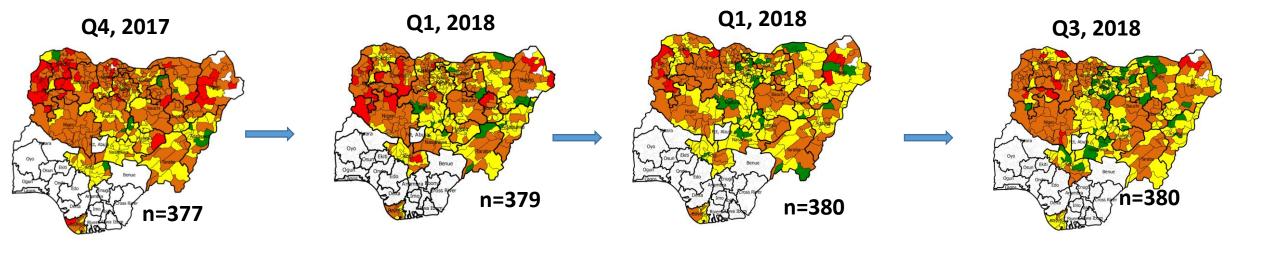
Objectives

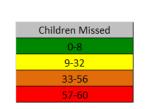
- 1. Improve detection and responsiveness in the resolution of RI gaps
- 2. Strengthen leadership and accountability
- 3. Strengthen coordination
- 4. Increase data visibility, quality and use for action at all levels
- 5. Increase fixed and outreach services for immunization especially in the very low performing states

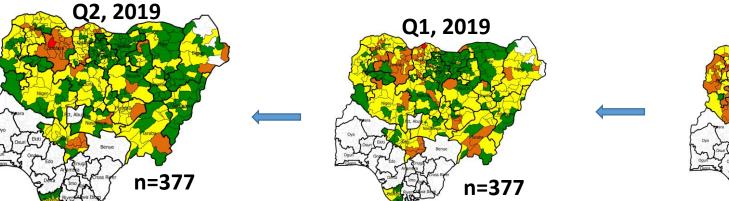
In the last 2 years, NERICC has continued to implement and support strategic interventions to revamp RI and we are beginning to see results...

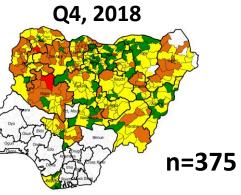


Gradual improvement in RI Coverage in NERICC focus States RI LQAS Trend Q1 2017 to Q2 2019

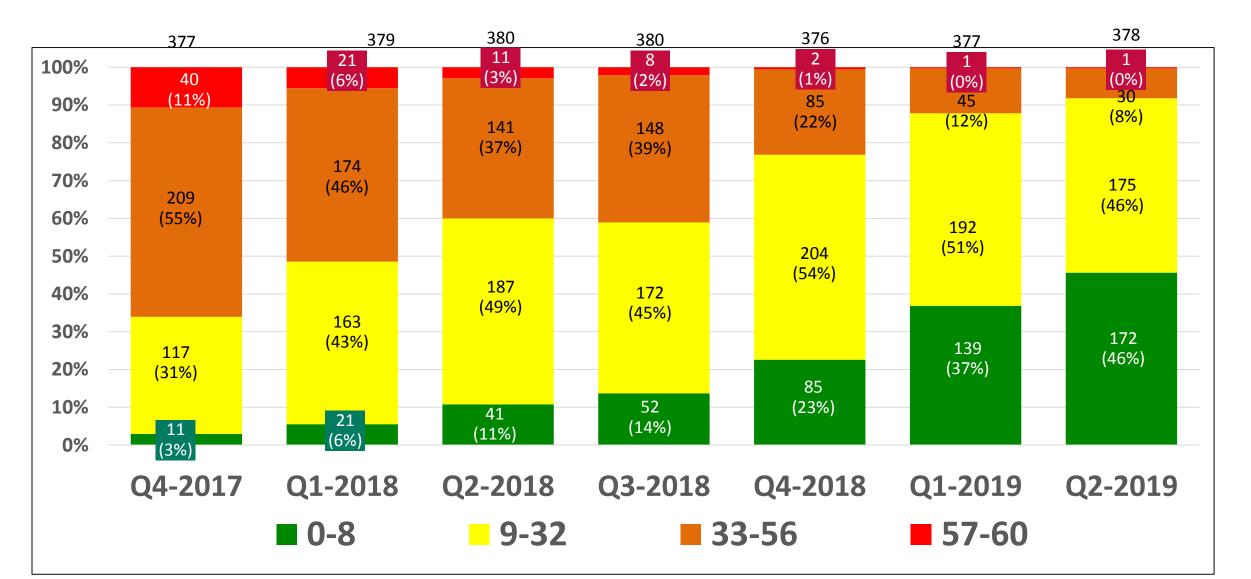






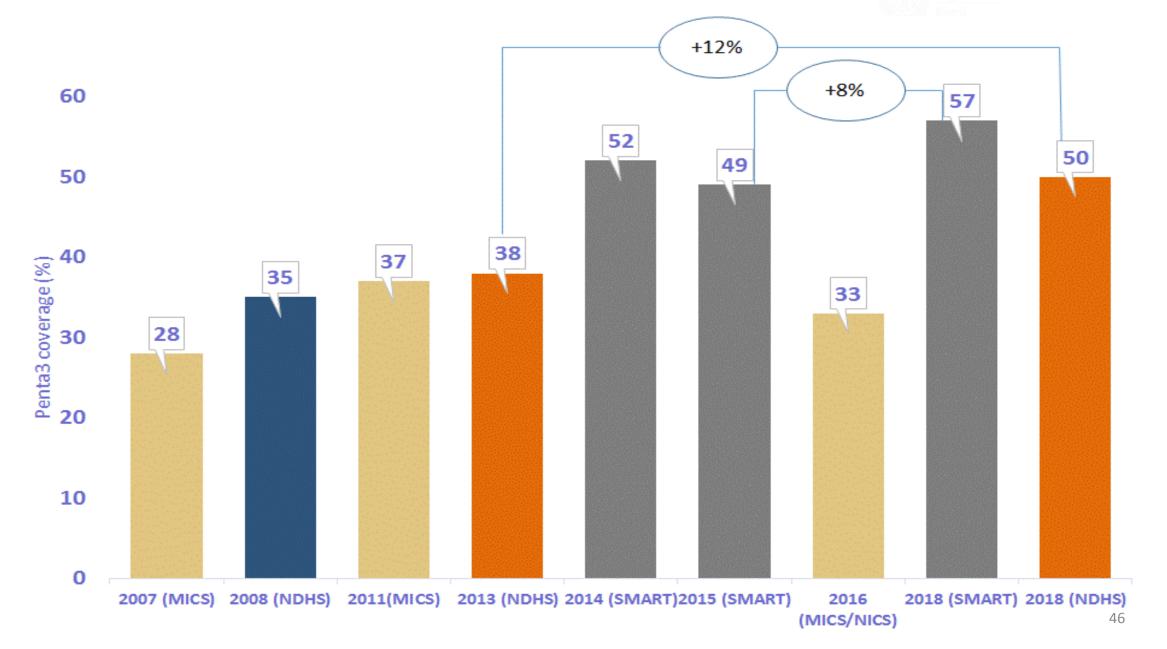


Steady improvement in RI performance since set up of NERICC Trends of PAPA RI-LQAS performance in 18 NERICC states showing proportion and number of Lots, 2017 - 2019



PAPA – Programme Assessment for Performance management & Action

Various Surveys conclude low but slowly improving RI coverage



Strategic High-level advocacy yielding results...

- Briefing of National Economic Council (NEC) by Honourable Minister of Health (HMH) in Aug 2019
- Post election sensitization of all Governors, through the Nigerian Governors' Forum & NEC
- ED one-on-meeting with some Governors of critical States after elections: Borno, Kwara, Yobe, Ogun, Ekiti & Edo
- High level ED, and partners advocacy visit and meeting with the theater commander Borno.

Outcomes

- FGON release of N4.8 billion for 2019
- More Governors releasing counterpart fund Kwara, Lagos, Edo, Ogun, etc
- Flag-off of SIAs by Governors
- Reactivation of moribund State Task Force on Immunization (STFI)

L-R: PS, HMH, HMSH & ED after the last NEC meeting to discuss polio eradication



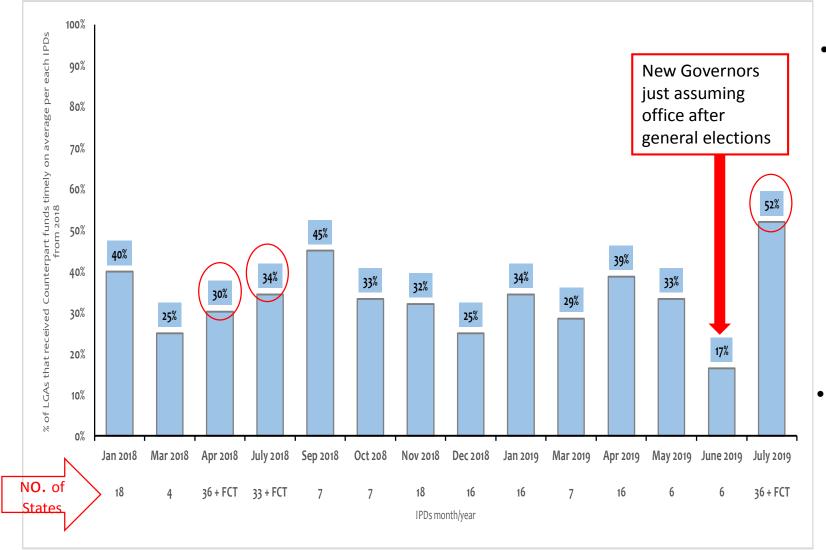


ED meeting with Kwara State Governor and Deputy Chair Senate Committee on PHC at the NPHCDA HQ

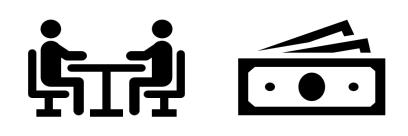
High level Advocacy Meeting with the Nigerian Governors Forum (attended by 32 governors and 4 deputy governors) to ensure historic PEI gains are sustained in the lead up-to and post-certification



Intensive and sustained post-election advocacy resulting in significant improvement in the timely release of state counterpart funds



Recent cVDPV2 outbreaks led to intensified advocacy to key government and political leaders to secure state counterpart funds and increase political oversight.



Significant improvement in July (>50%) following post election sustained advocacy and sensitization of State Governors on their obligations to PEI.

Sustained Systematic engagement of Traditional Leaders in building trust for immunization



Sultan of Sokoto, Sa'ad Abubakar, speaks on Polio vaccines

uly 8, 2017 Agency Report



"Accept Polio Vaccine, Routine Immunisation Programmes" – Sultan Of Sokoto

10 July 2017 Health National News News

The Sultan of Sokoto, Muhammad Sa'ad Abubakar III, says he is committed to working with health agencies across the country to eradicate polio and other childhood killer diseases in Nigeria.

Sultan who is the president general, Nigerian Supreme Council for Islamic Affairs (NSCIA) stated this at the NYSC



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Polio vaccines is safe, Islamic -Sultan says

07/08/2017

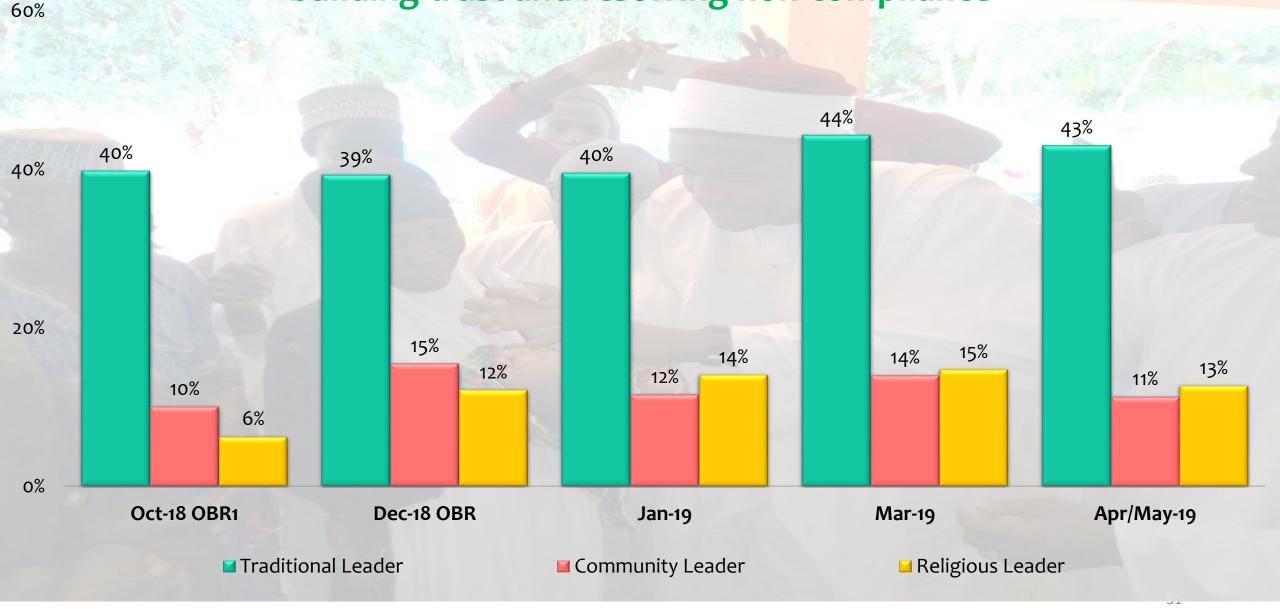




/ The Sultan Of Sokoto Increases Oversight and Monitoring Of The Polio Programme to Sustain Gains for ...

The Sultan Of Sokoto ncreases Oversight and Monitoring Of The Polio Programme to Sustain Gains or Interruption

Abuja, 08 August, 2014 - The Sultan of Sokoto, His Eminence, Alhaji Sa'ad Abubakar III, has re-assured WHO and other GPE Intensive and sustained community engagement yielding great gains in building trust and resolving non-compliance



Source: WHO IM Data || Reporting period: Oct.2017 – Sept 2018

Capitalizing on community-based vaccination opportunities

250,395

Naming ceremonies attended by VCMs

264,396

New-born received zero-dose OPV from VCMs

1.6 million

Doses of bOPV given to children under 5 years of age during the same naming ceremonies



Naming ceremonies focus on vaccination of zero dose cases

Continuous sensitization of caregivers on polio and other key household practices through Compound Meetings



171,152

Compound meetings conducted by VCMs in the first six months of 2018 to sensitize caregivers on polio immunization, RI, malaria prevention and other key household practices aimed at achieving sustainable social and behavioural change.

2.5 Million

Caregivers and community members were reached through compound meetings. The meetings aim at achieving social and behavioral change among caregivers and communities to adopt child-friendly healthy practices. Polio HR have been successfully utilised in containing several disease outbreaks like Ebola, Lassa fever, Measles and Meningitis in Nigeria.

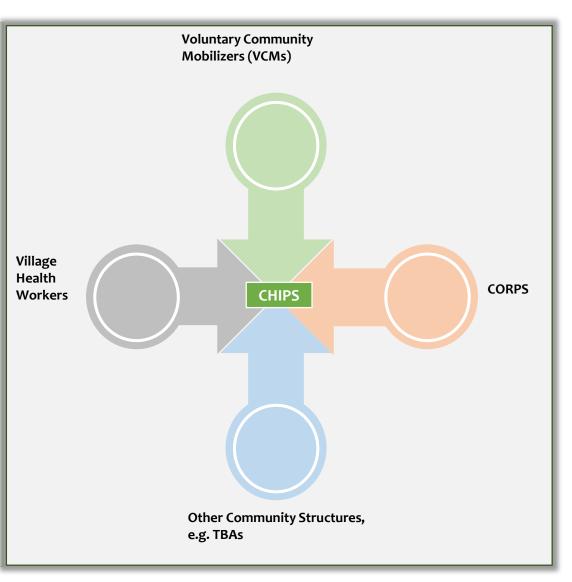
- More than 60% of polio HR and assets support other programme areas like Measles, Yellow Fever, Cholera, Malaria, Meningitis, Ebola, Monkey Pox and Surveillance
- DSNOs and other Polio surveillance officers are currently engaged in surveillance for other disease entities like Measles and Yellow fever
- Volunteer Community Mobilizers (VCMs) are being transited to Community Health Influencers, Promoters and Services (CHIPS) for community engagement and health promotion activities to improve PHC access and utilization
- National and State EOC structure and staff are being used to support the NERICC and SERICCs for RI improvement
- Non VCM women with Polio IPDs experience are prioritized during CHIPS recruitment
- Polio HR at State and LGAs levels are also supporting RI and other PHC programmes

To strengthen the country's PHC system and contribute to achieving Global Health Security Agenda, Nigeria plans to transition Polio HR and best practices into the broader PHC and health care delivery space by...

- Adopting the Incident Management approach to strengthen delivery of maternal and child health services and other areas of PHC.
- Using the knowledge and skills in community mobilization and engagement to support the broader PHC
- Leveraging on Polio support systems such as Accountability Framework, multiple stakeholder engagement, to strengthen other areas of PHC beyond Polio.
- Deploying the knowledge and skills in micro-planning, household enumeration, cold chain management and use of innovative technology to provide information for better planning and management of all areas of PHC.

Model for harmonization of community health structures into CHIPS

- Community Health Influencers, Promoters and Services (CHIPS) Programme is designed to improve the VHW concept
- CHIPS will harmonize all existing community level service structures that have similar scope with the village health worker concept
- The CHIPS Agents will mainly be involved in community linkage and health promotion activities across the community
 - It will improve access and utilization of PHC services at all levels
- The program has commenced in Nasarawa and Niger states



Remaining Key Challenges

7

Remaining Key Challenges

- 1. Insecurity remains the main challenge limiting access to eligible children for vaccination and surveillance, especially in Borno
 - Emerging insecurity across the country limiting vaccination reach (Armed Robbery, Kidnapping and Communal clashes).
- 2. Low population immunity due to suboptimal Routine Immunization quality and coverage
 - Presence of underserved population in hard-to-reach areas
- 3. Global shortage of vaccine (IPV) for RI Intensification in high risk areas
- 4. Migrant populations
- 5. Laboratory (CDC) delay in sample analysis hindering timely response

In conclusion

- Government of Nigeria remains fully committed to achieving interruption of WPV1;
 - FGoN has released its 2019 annual commitment for the programme (N4.8 billion)
 - State Governors reaffirmed their commitment at the last Governors Forum in August 2019
- Innovative approaches to further penetrate unreached settlements will remain a major focus to increase surveillance and vaccination reach.
- Routine immunization efforts will continue to remain a high priority for achieving sustainable optimal population immunity.

