

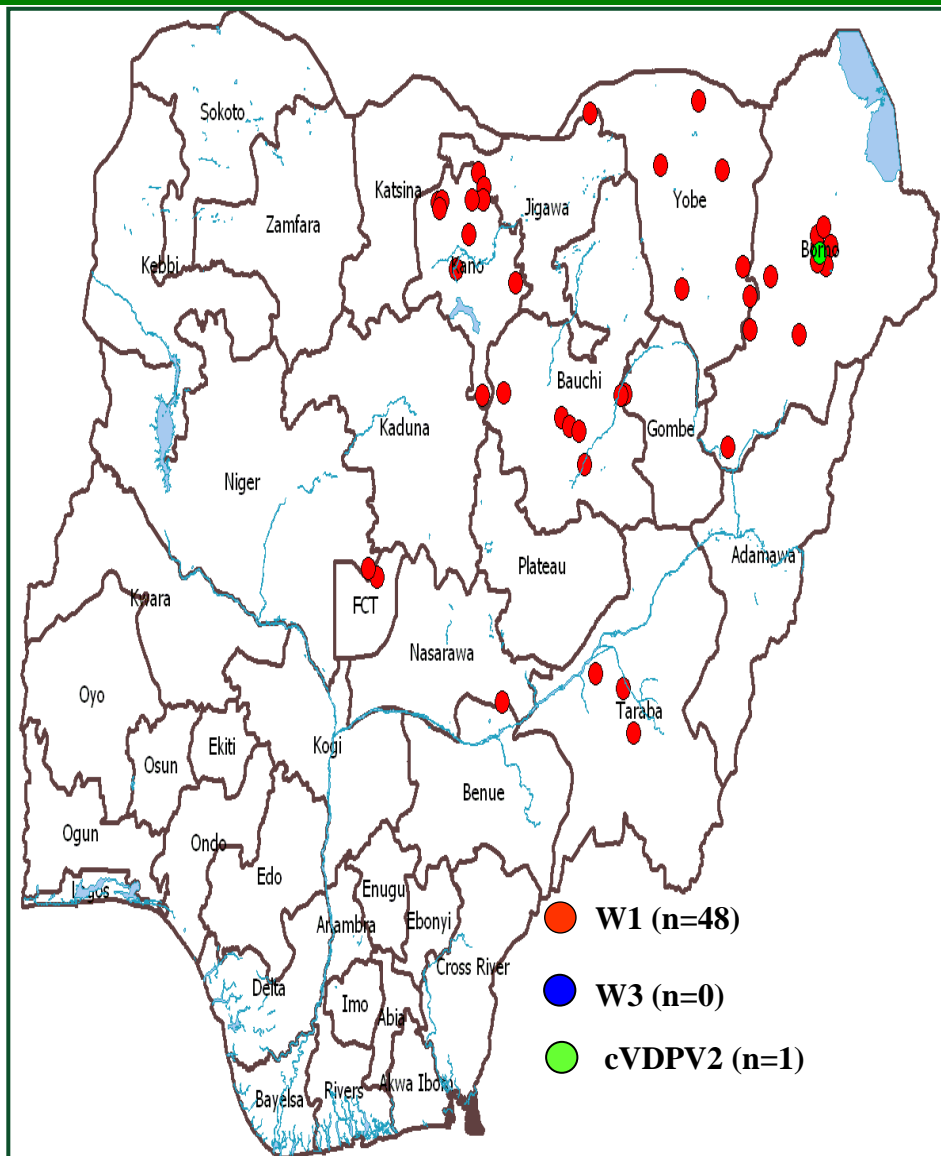
# Polio Eradication in Nigeria: The Journey so far

Presentation to Independent Monitoring Board  
1<sup>st</sup> October, 2013

Dr Ado JG Muhammad  
ED/CEO NPHCDA

- **Background/Status of PEI**
- Emerging results
- Challenges
  - Insecurity
  - Operational
- Feedback from last IMB and wrap up

# Nigeria polio cases as of September 30, 2013



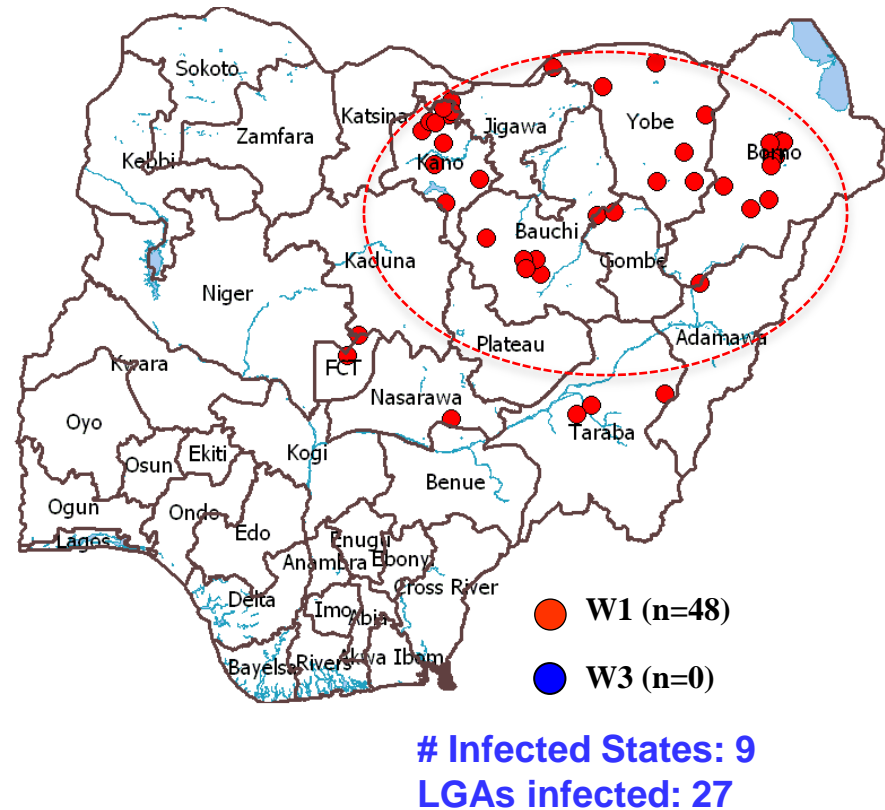
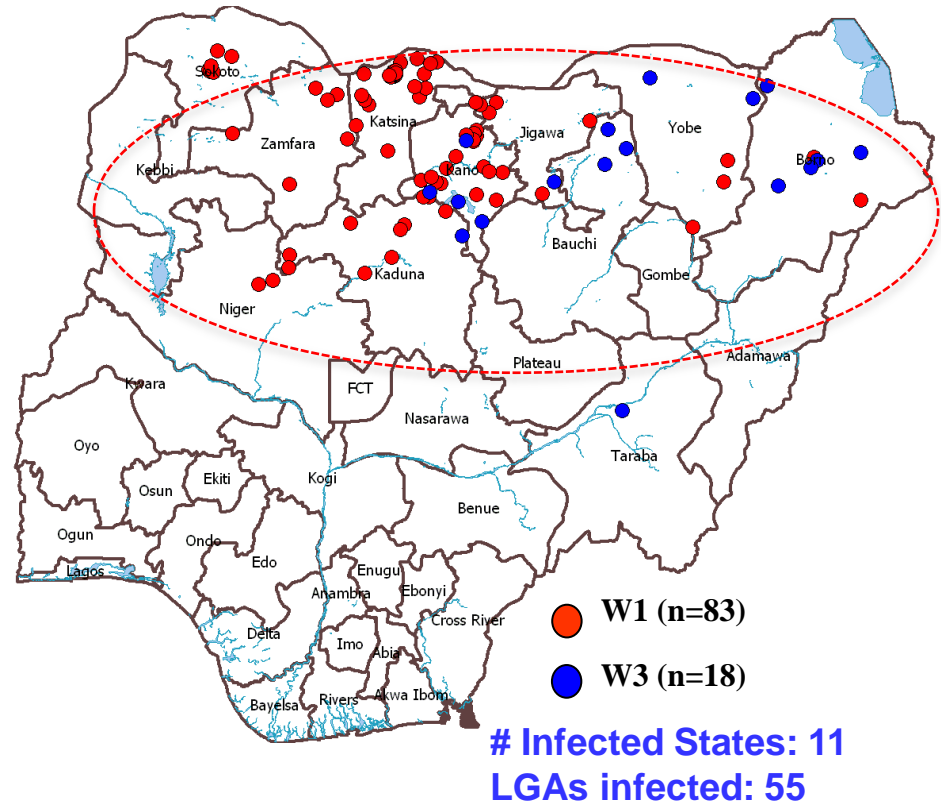
As of September 30, 2013 Nigeria has:-

- 48 confirmed WPV in 9 States compared to 101 cases in 11 States for the same period in 2012
- Borno, Yobe and Kano account for 72% of cases
- 3% of LGAs infected
- Reduction of circulating genetic clusters from 8 to 2
- No WPV-3 case has been detected in 2013, last case 11 months ago
- 1 confirmed circulating vaccine derived poliovirus (cVDPV2) compared to 5 cases for the same period in 2012
- Environmental surveillance detected 3 WPV in 2013 compared to 18 in 2012

There has been a **50% decrease** in WPV cases from 2012 to 2013; also a shift from the northwest to the security compromised northwest states: Borno/Yobe

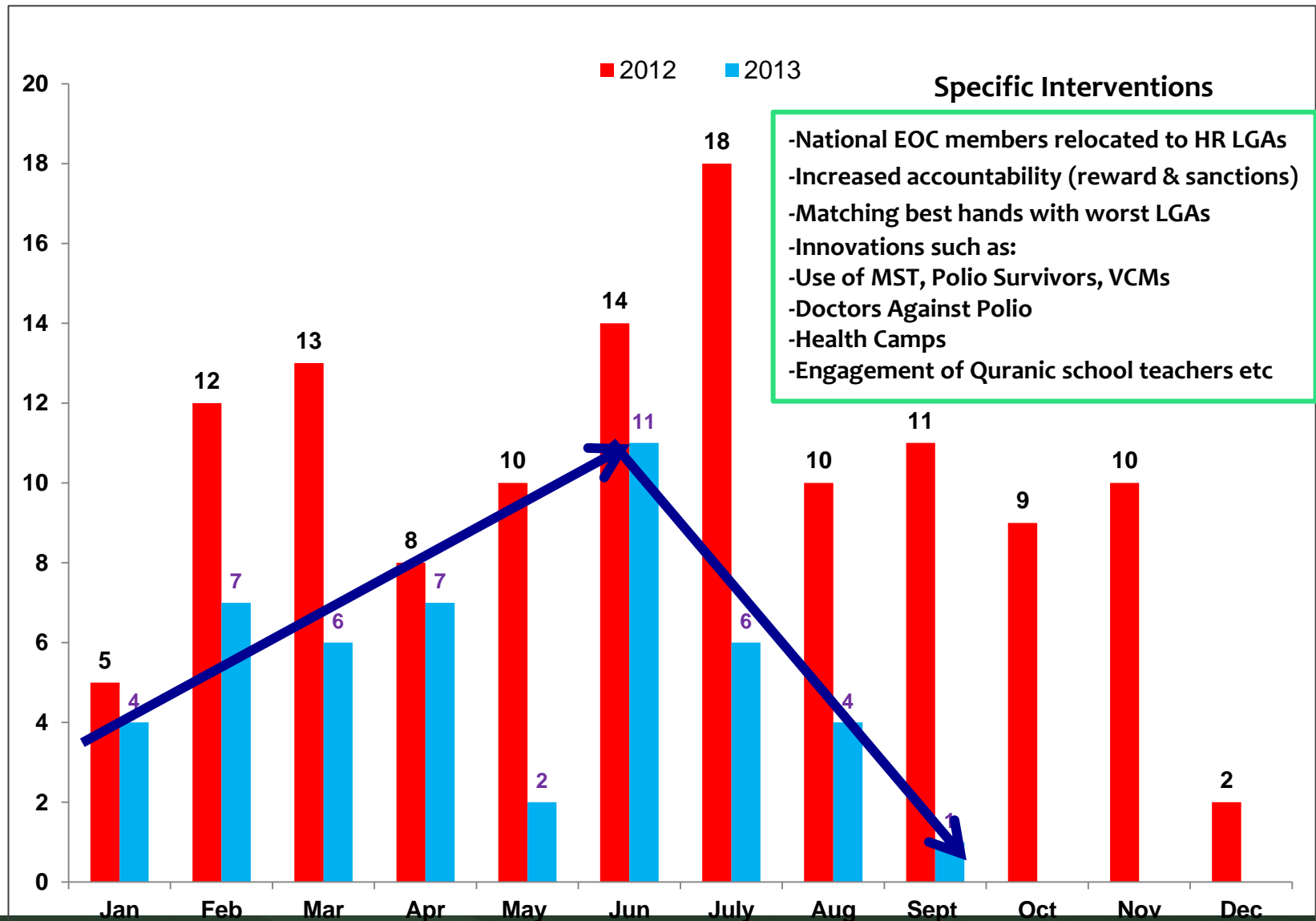
101 cases spread over northwest and northeast

48 cases predominantly northeast and Kano  
Outbreaks in polio-free states have been linked to Borno/Yobe sanctuary



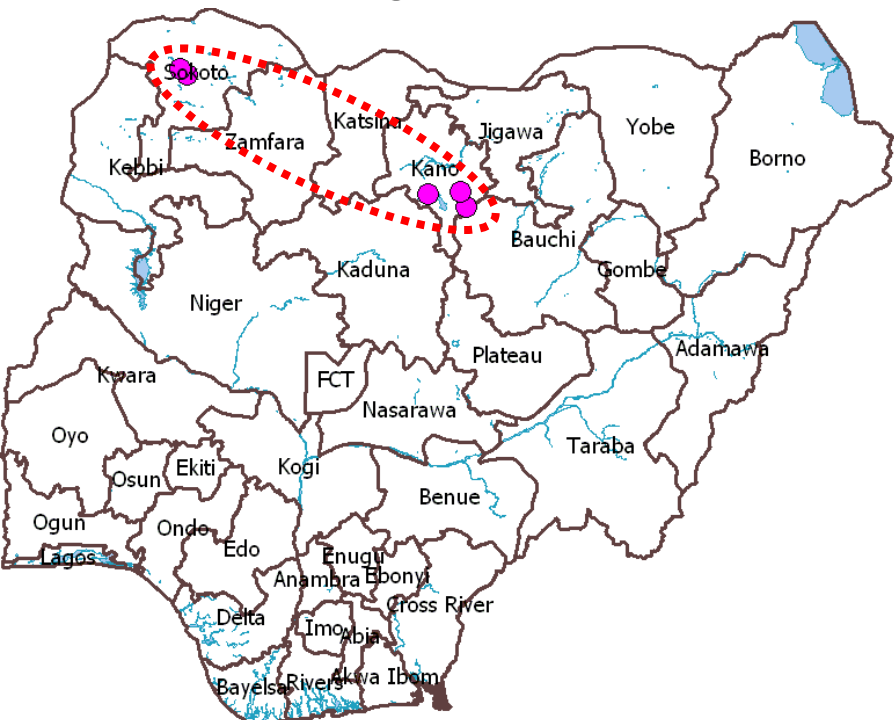
**60% reduction in WPV infected VHR endemic states. Out of 10 very high risk endemic states with WPV in 2012, only 4 have confirmed WPV in 2013**

# There has been a steep reduction in WPV cases since June 2013



# Reduction in cVDPV cases and distribution, as of Week 39, 2012 & 2013

2012



● cVDPV2 (n=5)

# Infected States: 2

2013



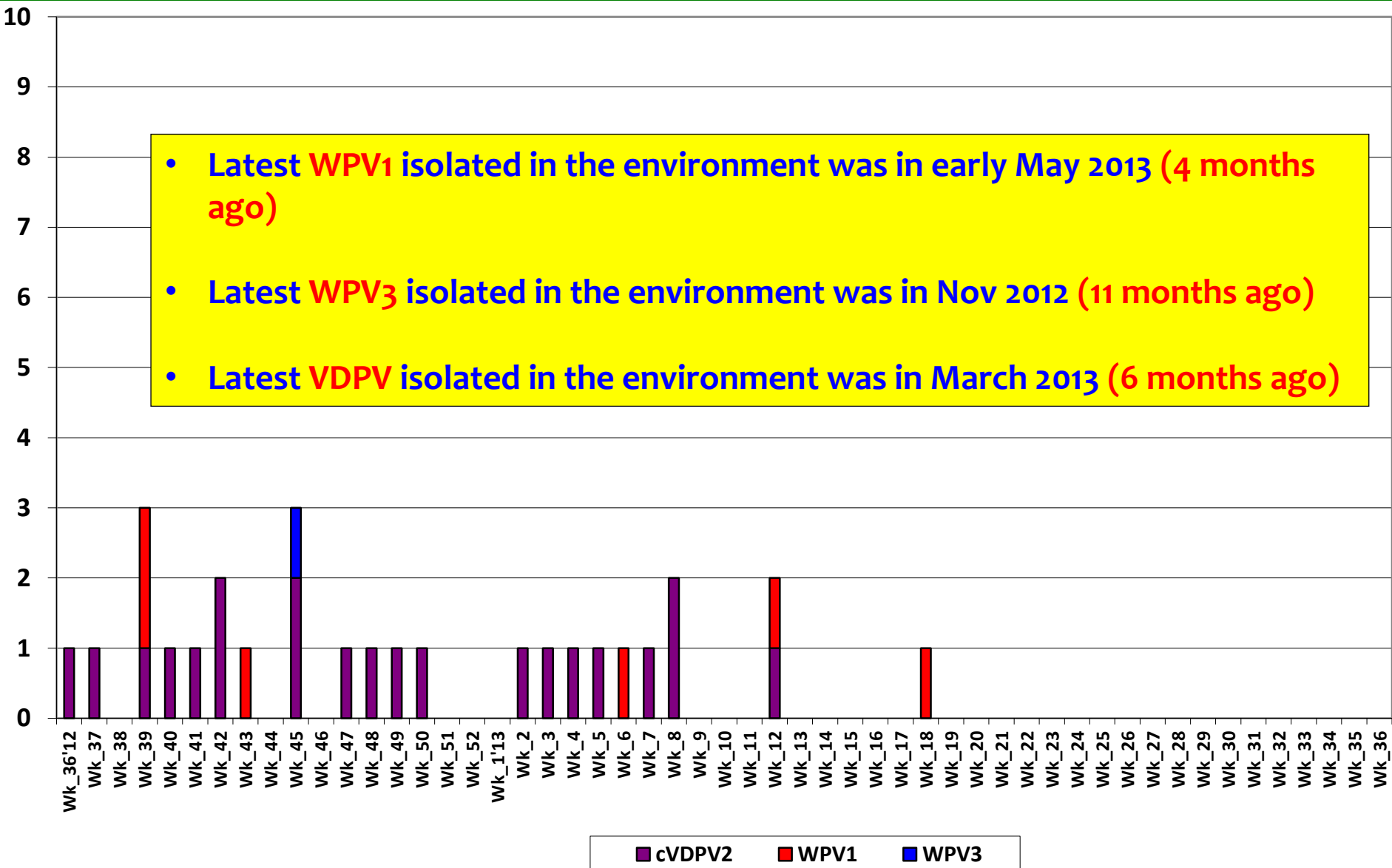
● cVDPV2 (n=1)

# Infected States: 1

**A 80% reduction in number of confirmed cVDPV cases in 2013 compared to same period in 2013**

# Environmental Surveillance:

Declining confirmed WPV and VDPV isolates in Nigeria as of week 36, 2012 - 2013

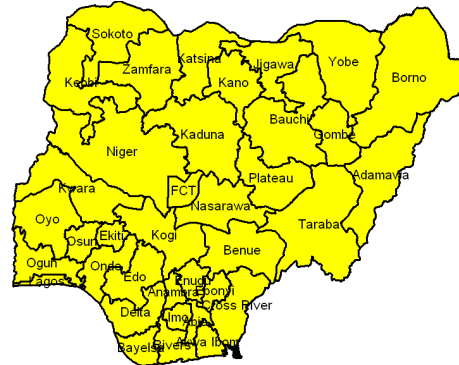
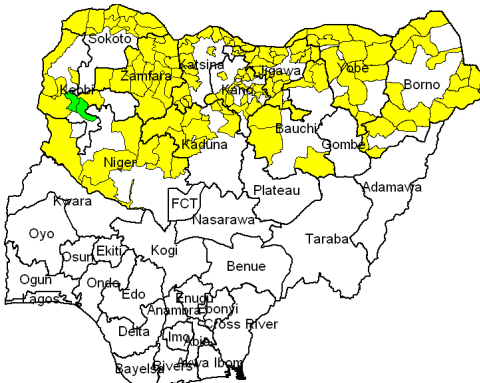


# 8 Polio SIAs have been Implemented in 2013

Jan '13

Feb '13

Mar '13



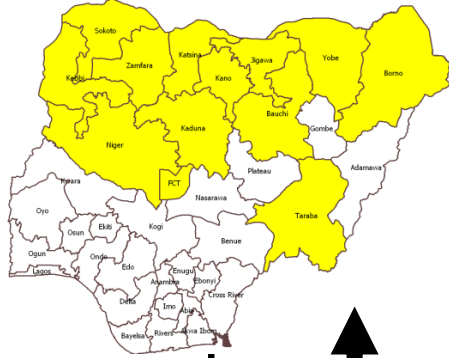
Apr '13



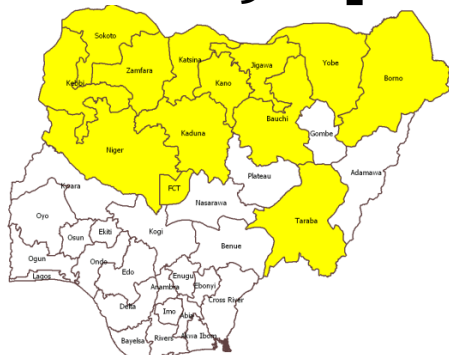
May '13



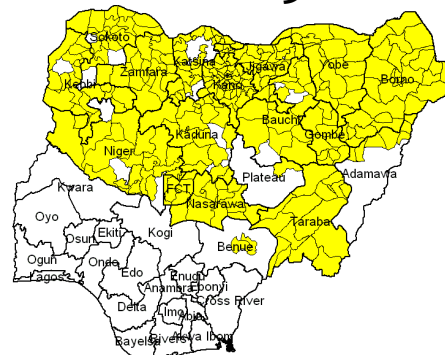
Sept '13



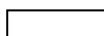


Jul '13



Jun '13



-  tOPV
-  bOPV
-  Non-Implementing States/LGAs



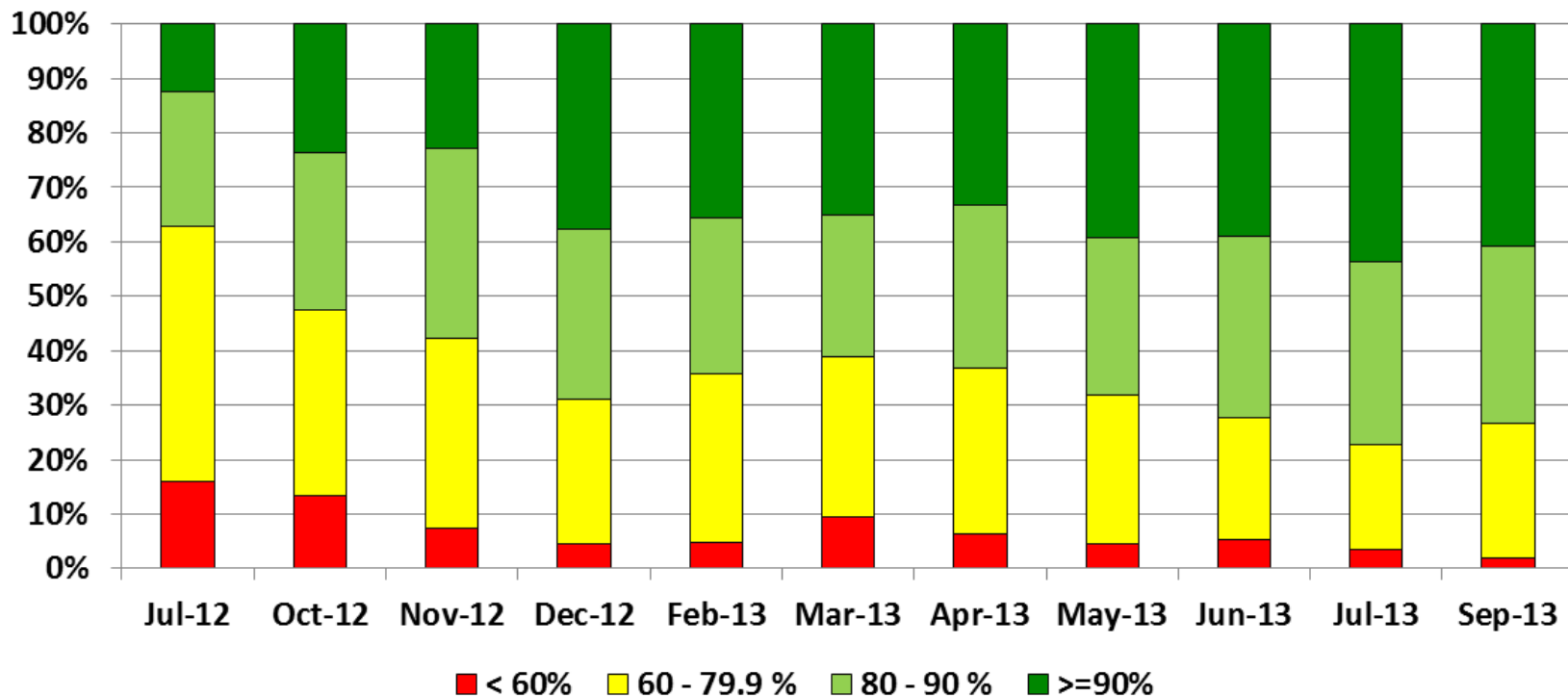
# Characteristics of WPV cases (n = 41), Nigeria, 2013

<b>Age</b>	<b>&lt; 36 months</b>	<b>56%</b>
	<b>12 - 23 Months</b>	<b>29%</b>
	<b>60+ months</b>	<b>17%</b>
<b>Residence / Location</b>	<b>Hard to reach and rural</b>	<b>46%</b>
	<b>Urban slums</b>	<b>39%</b>
<b>Nomadic</b>	<b>From nomadic family</b>	<b>0%</b>
	<b>Proximity to nomadic settlement</b>	<b>39%</b>
<b>Travel History</b>	<b>Child travel</b>	<b>15%</b>
	<b>No travel</b>	<b>63%</b>
<b>Economic Status</b>	<b>Poor</b>	<b>73%</b>
<b>Educational status</b>	<b>Koranic school &amp; none</b>	<b>Mother 68%</b>
		<b>Father 54%</b>

*Note: 5 WPV cases are yet to be investigated in Borno State due to security challenges*

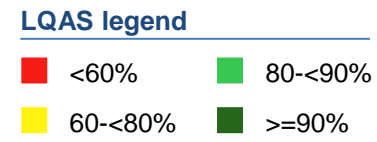
- Background/Status of PEI
- **Emerging results**
- Challenges
  - Insecurity
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# Improving trends of LQAs in the 11 high risk states

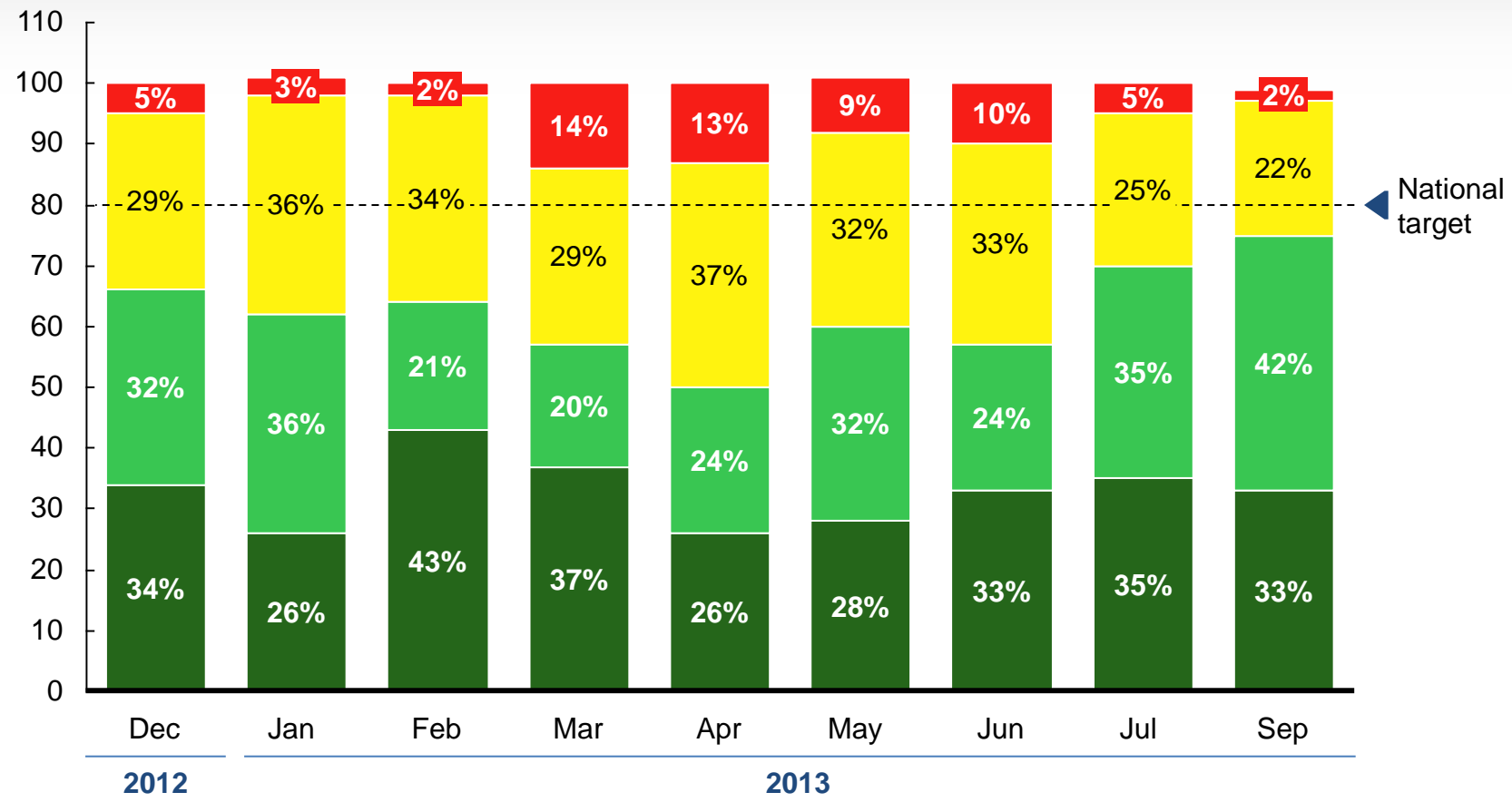


	Jul-12	Oct-12	Nov-12	Dec-12	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Sep-13
<i>LGAs surveyed</i>	145	135	161	151	143	159	174	173	174	172	154
< 60%	16%	13%	7%	5%	5%	9%	6%	5%	5%	3%	2%
60 - 79.9 %	47%	34%	35%	26%	31%	30%	30%	27%	22%	19%	25%
80 - 90 %	25%	29%	35%	31%	29%	26%	30%	29%	33%	34%	32%
>=90%	12%	24%	23%	38%	36%	35%	33%	39%	39%	44%	41%

# The VVHR and VHR LGAs exhibited an increase in performance in the September campaign

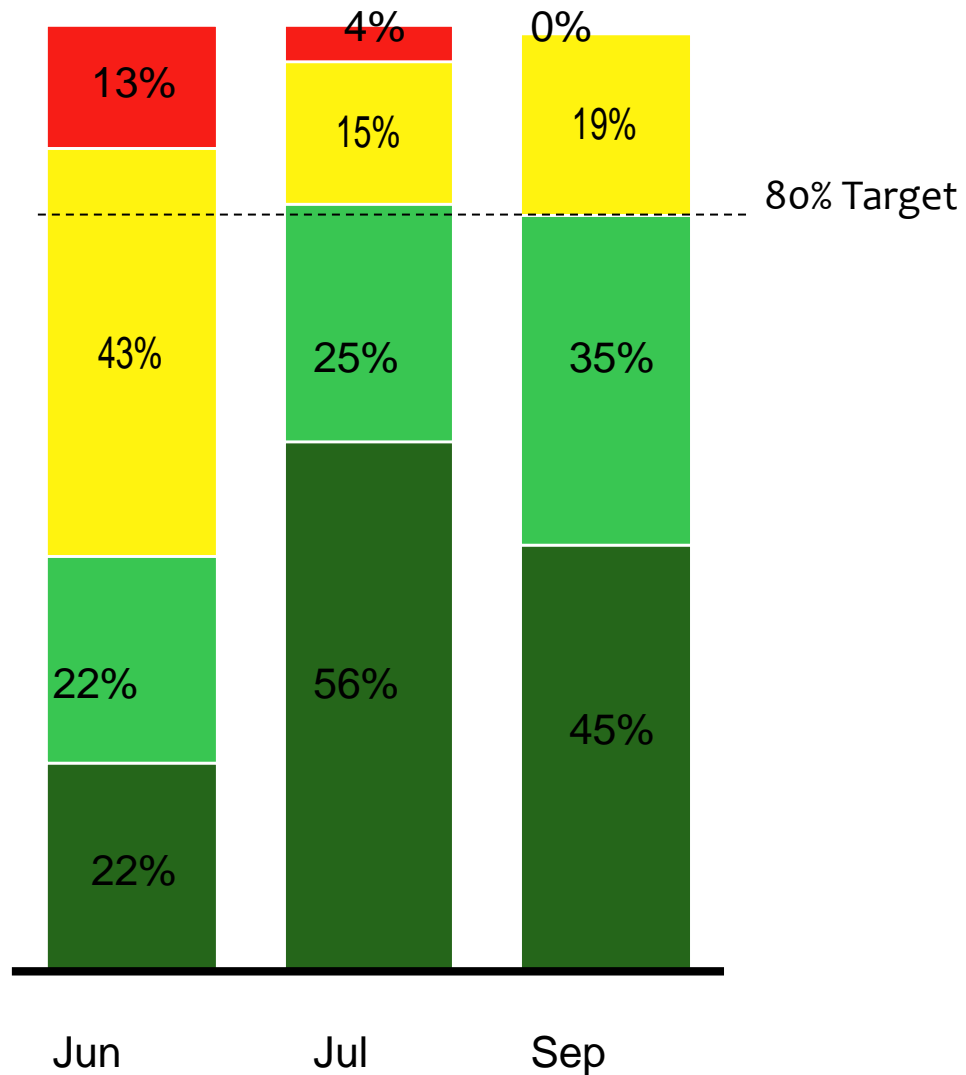


**LQAS results over time (VVHR and VHR LGAs)**



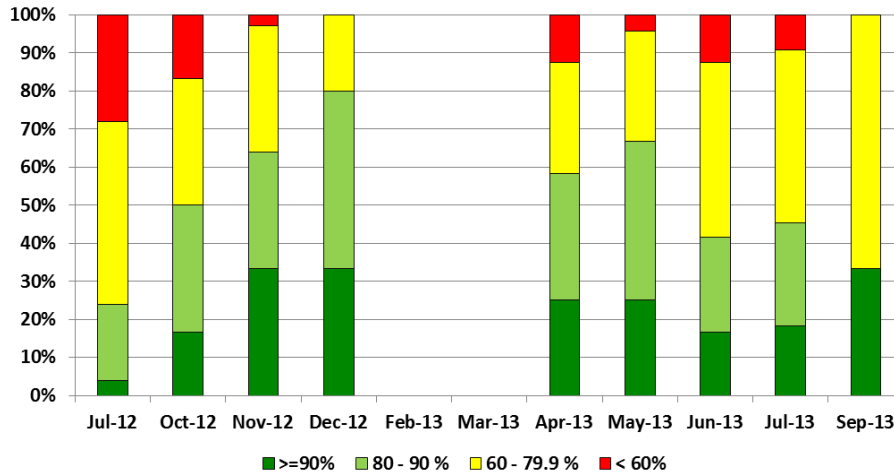
# Upward Trajectory in the LQAs of declining LGAs

Focused interventions such as: Management Support Teams, Polio Survivor Groups and Health camps in declining LGAs have led to improvements in IPDs performance in these LGAs from June to September 2013

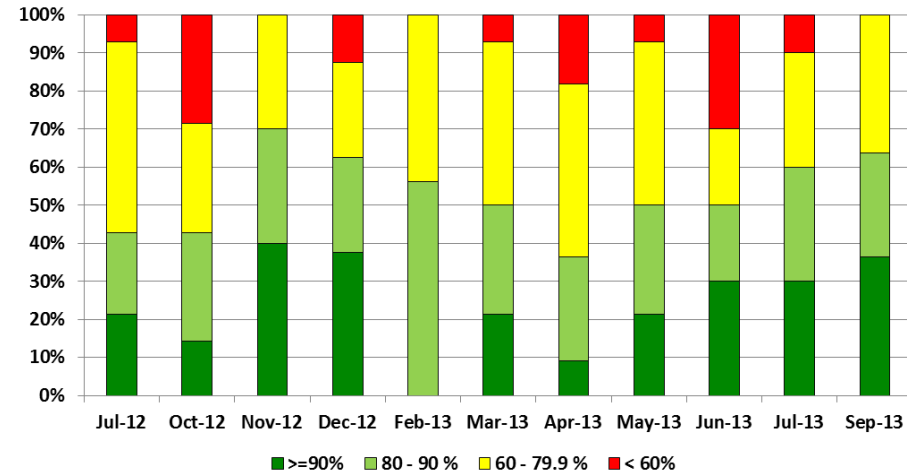


# Sub-optimal Quality of campaigns in the 2 sanctuaries

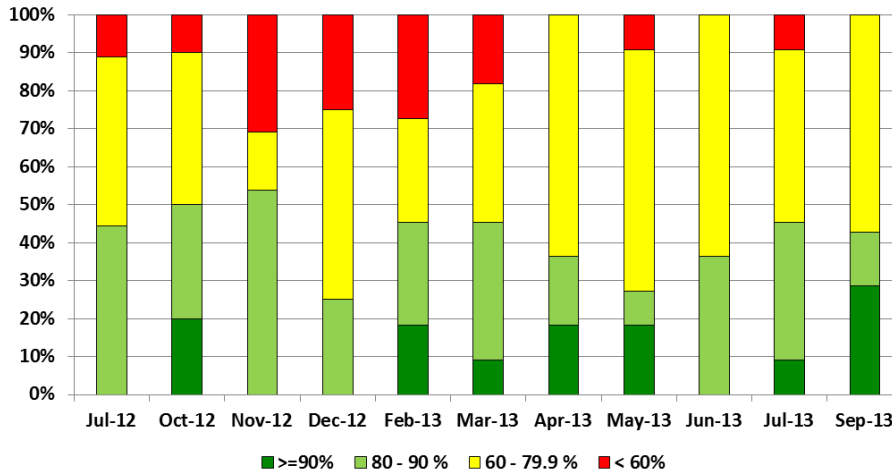
## Kano



## BORNO



## YOBE



Security and operational challenges are being addressed by specific interventions.

### Examples:

- Regular meeting of Deputy Governor of Kano state with LGA Chairmen to sustain commitment
- Engagement of LGA chairman in security compromised areas by Governor and program
- Planned meeting between PTFOPE and LGA chairmen from northeastern states in October
- Tracking commitment of LGA chairmen through the Abuja Commitment
- Use of pre-campaign and intra-campaign dashboards to measure engagement of LGA chairmen

# Addressing political support in Kano

HCH Kano chairing state review meeting at EOC

Dep Gov Kano meeting with LGAs IMOs

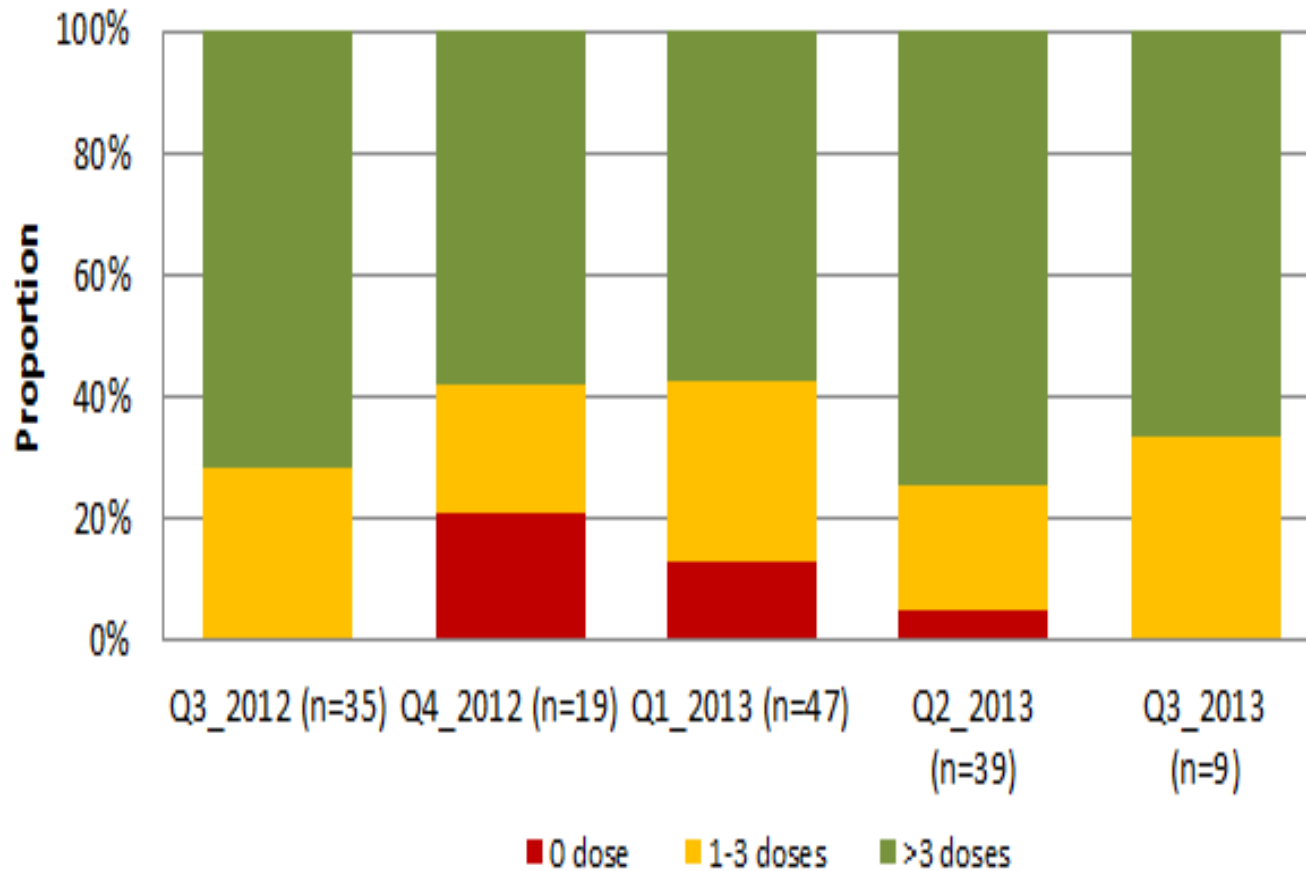


Engagement with traditional leaders

Kano IMOs meeting on Polio

# Increasing population immunity among underserved children in Northeast sanctuary

Data from NPAFP cases



Data as of August 13, 2103



# Routine Immunization progress

- **Summary:**

- The national coverage for DPT 3 containing antigen is 82%
- Nationally, cumulative coverage rates for BCG, MV, YF and OPV3 are above 80% except for **TT2+ National coverage 54%**
- 13 States conducted >80% planned Fixed Sessions (FS) Jan-Aug 2013.  
**Borno is the only State that conducted <50% of Planned Fixed Sessions**
- Only 3 (8%) States conducted >80% **planned Out-reached Sessions** between Jan-Aug 2013.
- Nationally, 68% (1,793,099 children) reduction in no. of un-immunized children was achieved Jan-Aug 2013 compared to same period in 2012
- 28 (76%) States achieved >50% reduction in the number of un-immunized children between Jan-Aug 2013 compared to same period in 2012

## Dates of Polio SIA

October 2013

November 2013

December 2013

January 2014\*

February 2014\*

March 2014\*

Improving access in security comprised areas

## Description

Sub-national; Integrated with measles campaign in North Nigeria

National; integrated with measles campaign in Southern Nigeria

11 High Risk States of Northern Nigeria

Special round targeted at the underserved

National Round

National Round

We expanded geographic scope while maintaining/improving quality of SIA because:

1. Spread of disease to polio-free states
2. Murder of vaccinators interrupted SIA calendar – additional campaigns to catch up

# Contents

- Background/Status of PEI
- Emerging results
- Challenges
  - **Insecurity**
  - Operational
- Feedback from last IMB and wrap up

# The activities of insurgents in Borno, Yobe and Kano state have reduced access to children

## Description

- Threat to life and property in Borno and Yobe from Boko Haram organization
- State of emergency and Interruption of communication services
- Restrictions in movement of personnel and supplies due to curfews
- UNDSS MOSS restriction of UN staff movements

## Specific impact

- Inaccessibility to children; delayed outbreak response e.g. in Danbatta, MMC LGAs; limited SIA activity
- Delayed reporting of AFP cases by informants, delayed submission of SIA related data
- Staff unable to supervise and monitor quality of RI and SIAs
- Transport of stool specimens to Maiduguri laboratory impaired
- Decreased impact of surge capacity introduced to improve quality of program

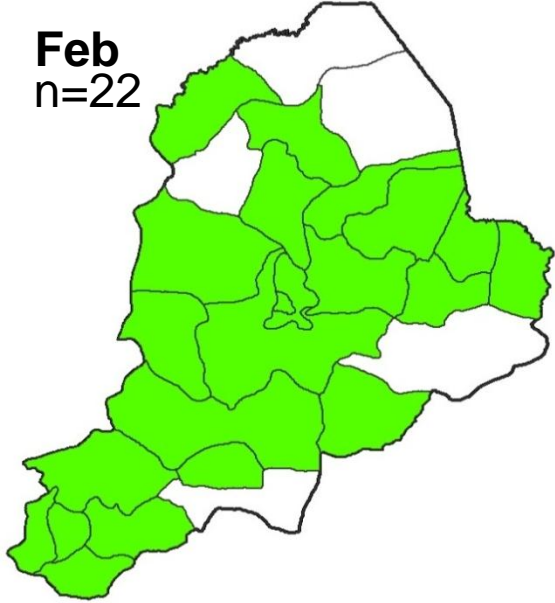
Insecurity

# LGAs in Borno state have been categorized by risk into Low, medium, high and very high risk with variable access to children

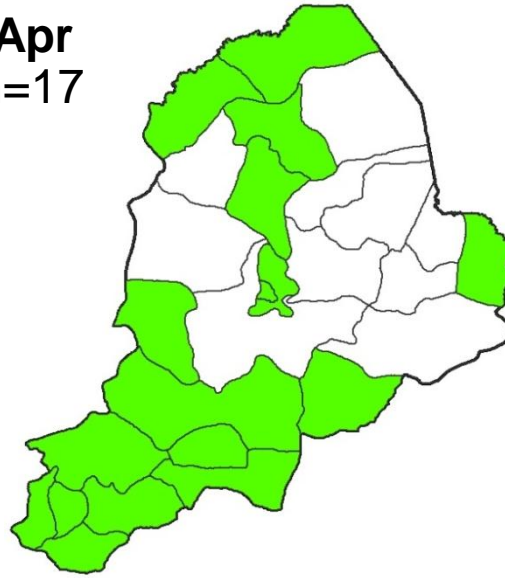
Category	LGAs	Accessibility to PEI Activities	Customized Strategies	Number of IPDs missed	Remarks
Low risk	Askira, Chibok ,Hawul,Biu, Bayo, Shani& Kwaya kusar	Fully accessible	All	None	On-going activities
Medium Risk	MMC, Jere, Guzamala, Magumeri, Abadam, Gubio, Mobbar & Nganzai	> 80% accessible	PHT, Hit and Run	1-2	On-going activities
High risk	Kaga ,Munguno, Marte, Ngala, Mafa, Kala Balge ,Damboa, Bama, Gwoza,	60-70% accessible	PHT, Hit and Run, Free Child health	3-4	Implementing piecemeal
VHR	Kukawa, Dikwa	Highly volatile	Hit and Run, free Child health	=>5	Engaging with LGAs team to Resume IPDs

# Geographical distribution of LGAs implementing IPDs, Borno, 2013

**Feb**  
n=22

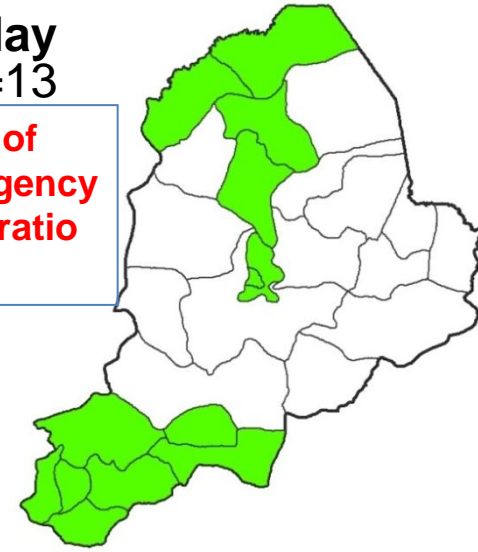


**Apr**  
n=17

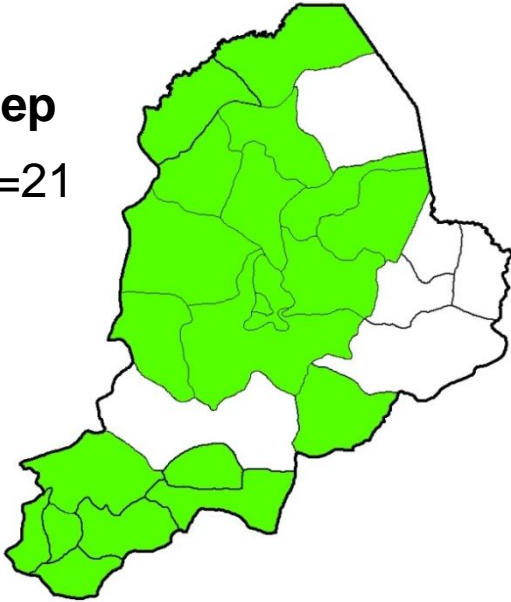


**May**  
n=13

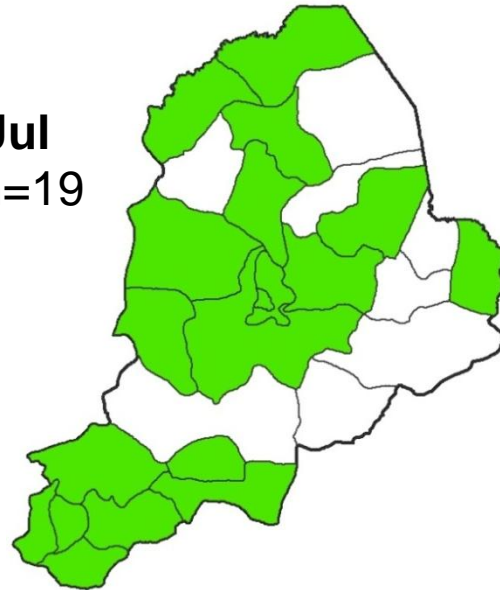
**State of  
emergency  
declaratio  
n**



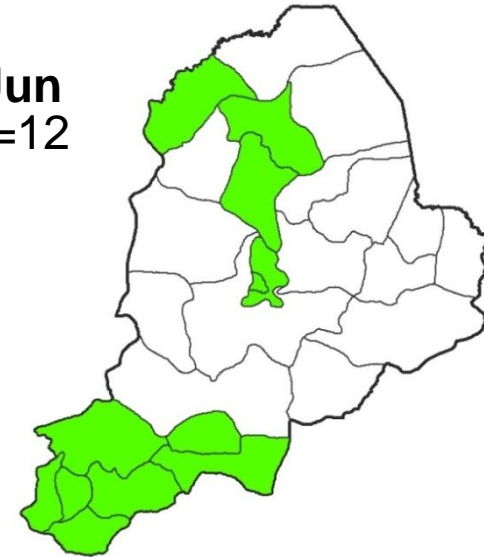
**Sep**  
n=21



**Jul**  
n=19

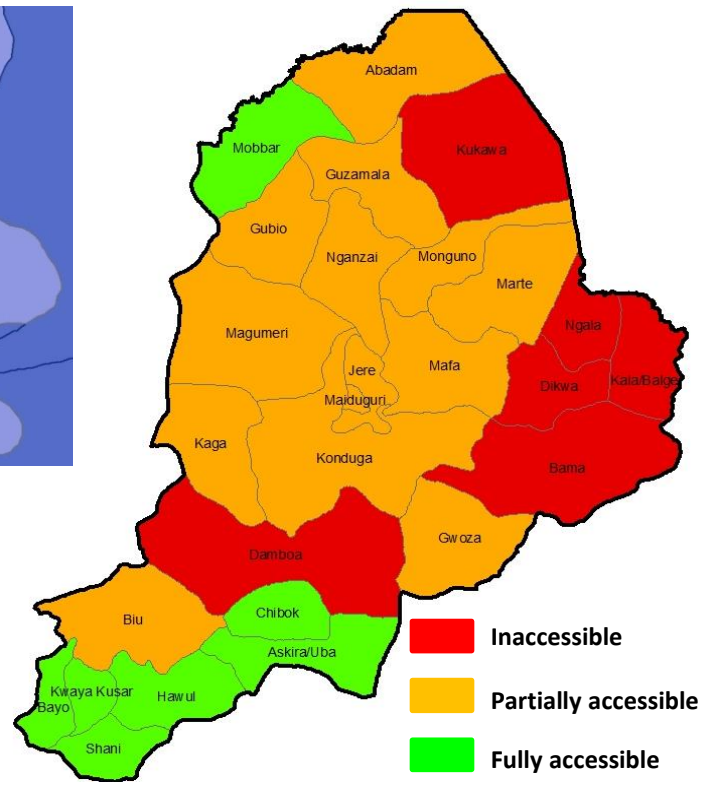
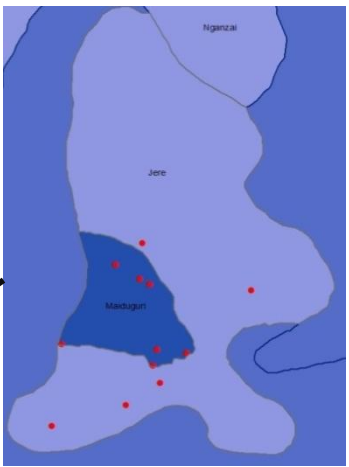
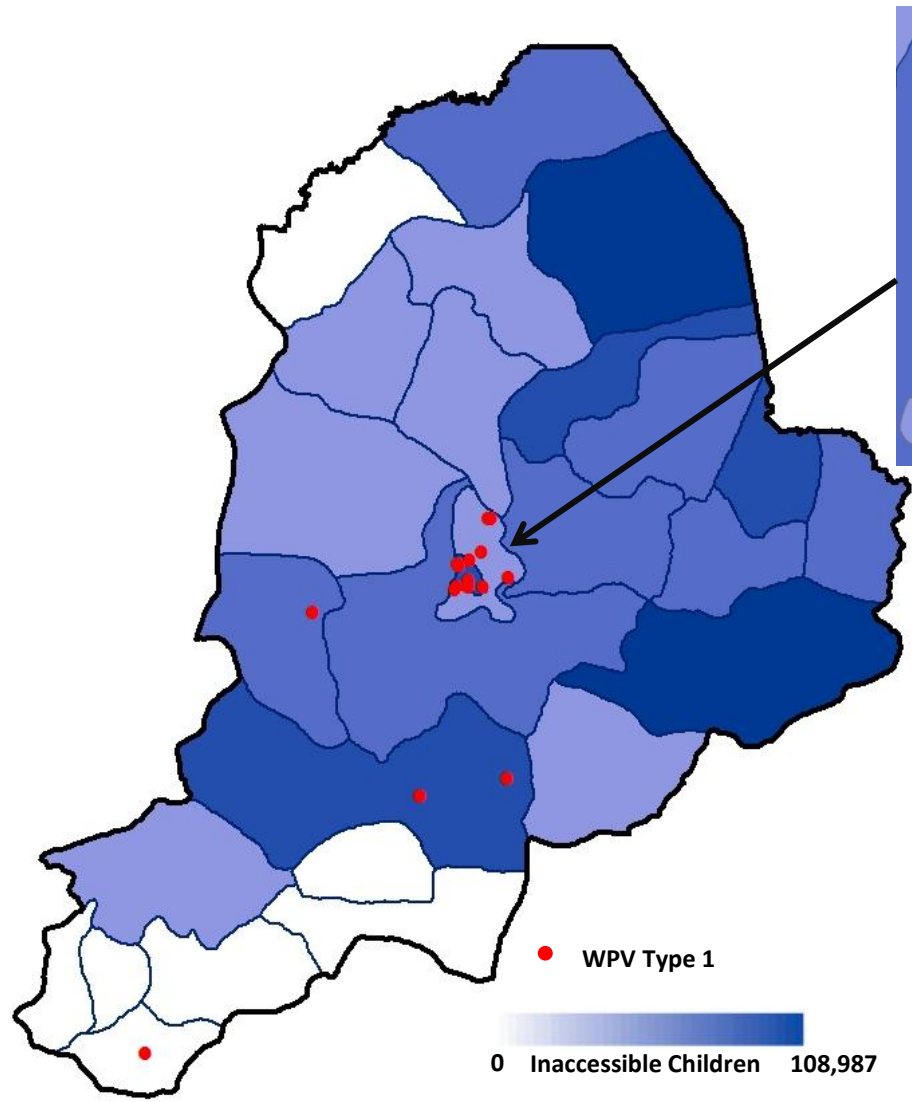


**Jun**  
n=12

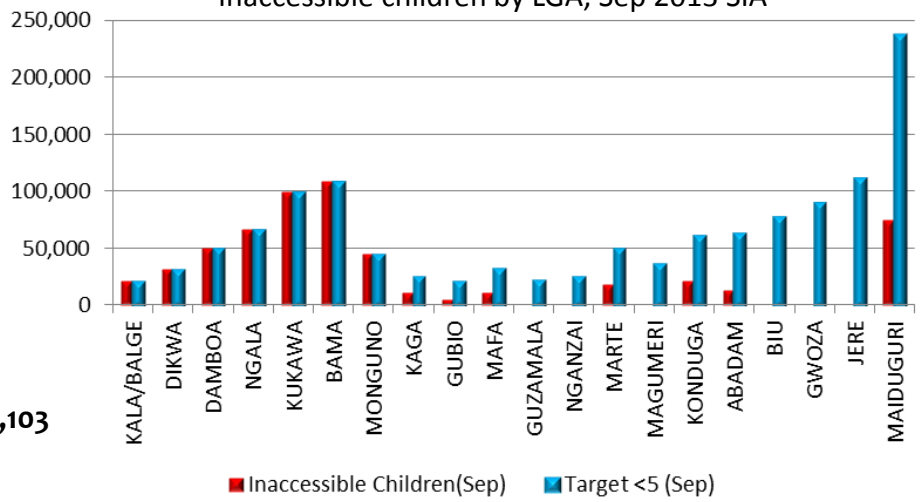


**Increase in number of LGAs implementing IPDs few months after State of Emergency**

# OPERATIONAL ACCESSIBILITY FOR SIAs IN BORNO (7<sup>th</sup> – 10<sup>th</sup> SEP 2013)



Inaccessible children by LGA, Sep 2013 SIA



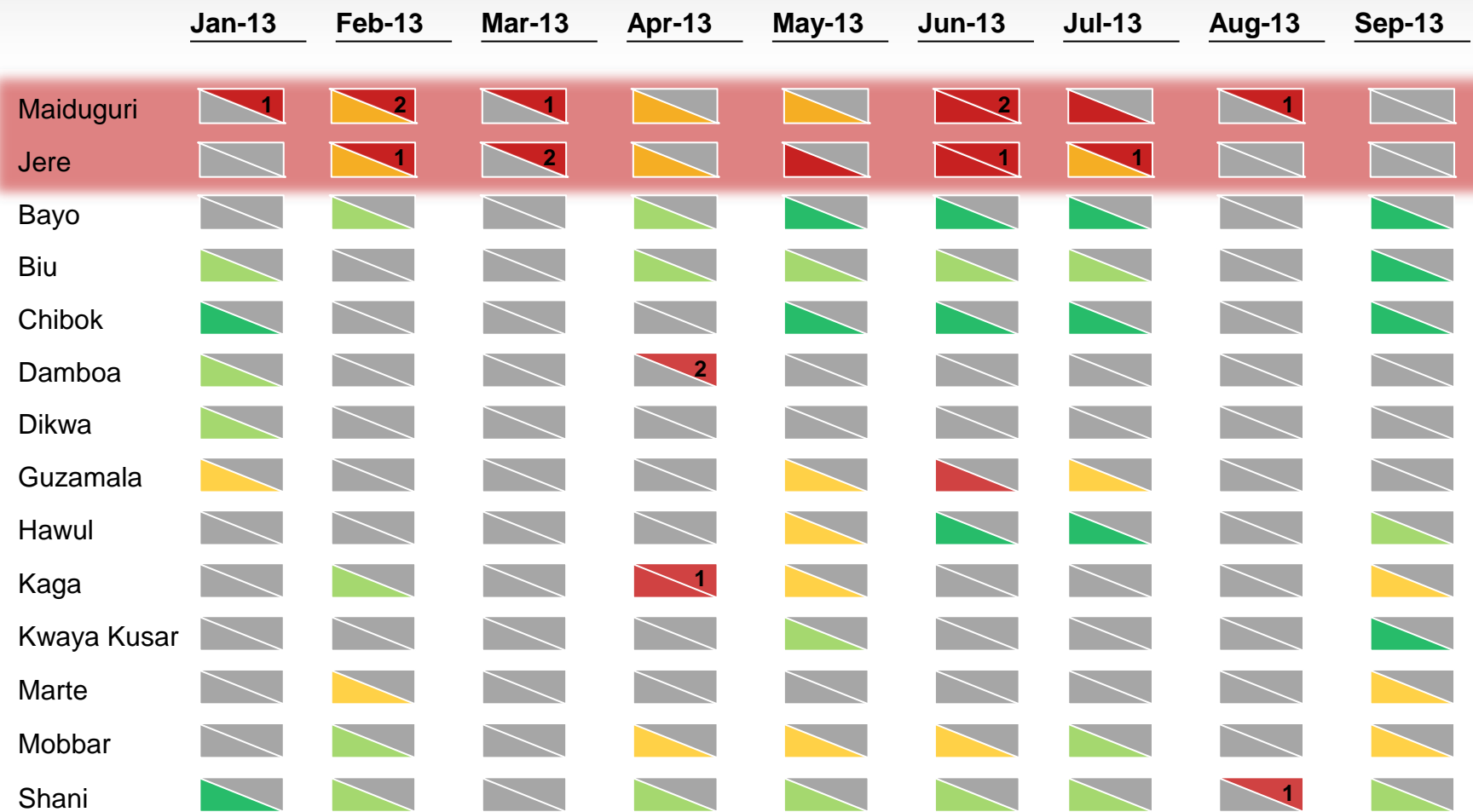
**Estimated inaccessible children (<5yrs) SEP SIA 588,103**  
**Estimated Target (<5yrs) SEP SIA 1,639,962**

# Maiduguri and Jere LGAs in Borno have consistently poor LQAS results in addition to a high incidence of WPV cases

 Poorly performing LGAs

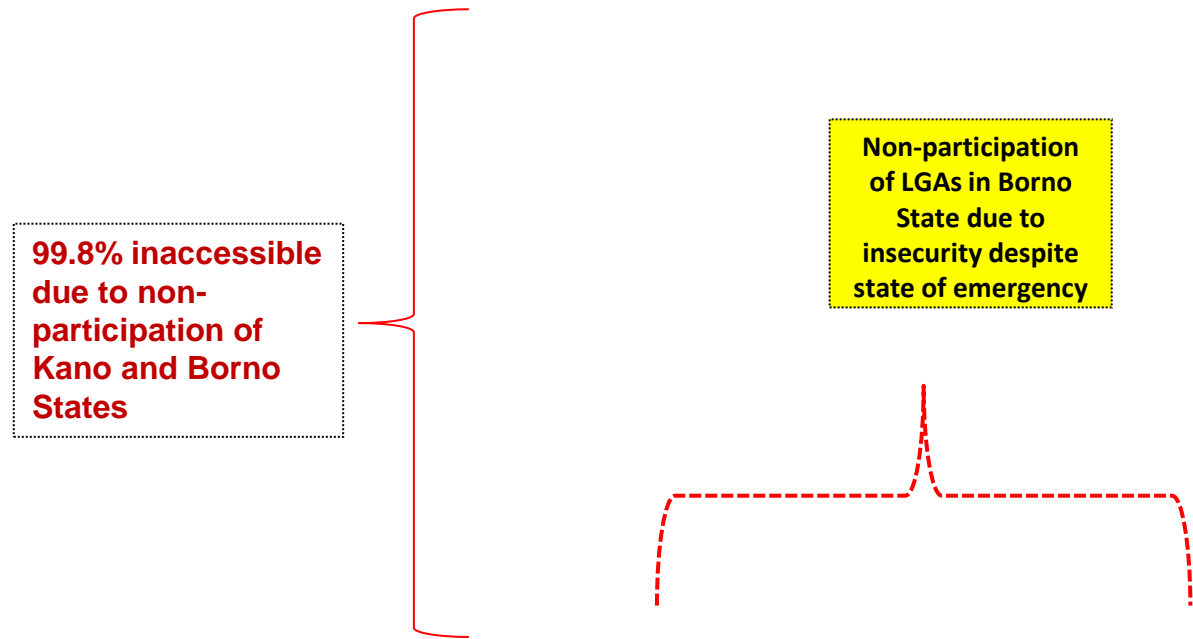
LQAS result  # WPV cases

## Borno LQAS results and WPV cases over time





# Since 2012 there was a progressive increase in the number of Inaccessible children; however in recent months, we have secured better access



# A detailed operational plan for Borno and Yobe has been developed with specific interventions for security compromised areas

## Interventions currently being implemented:

- **Firewalling Borno/Yobe borders** with health teams and health camps at borders, checkpoints, nomadic camps and motor parks in all LGAs surrounding Borno and Yobe
- **Use of Permanent Health Teams** going from house-to-house to provide health services
- **Hit and run strategy during periods of calm** to reach children with successive doses over 1-2 day bursts, with intensive supervision and monitoring to ensure a campaign of the highest possible quality
- **Intensified RI and MNCH** services bundling vaccination with free MNCH services, essential drugs, and RI in health care facilities, with provision of pluses to encourage visits and increase opportunities to vaccinate children

*Interventions being supported by social mobilization efforts to raise awareness, create demand and build confidence between communities and health services*

# PHT in Jere and Maiduguri LGAs, Borno State (June – July) have increasingly reached children and are being scaled up

## Jere LGA

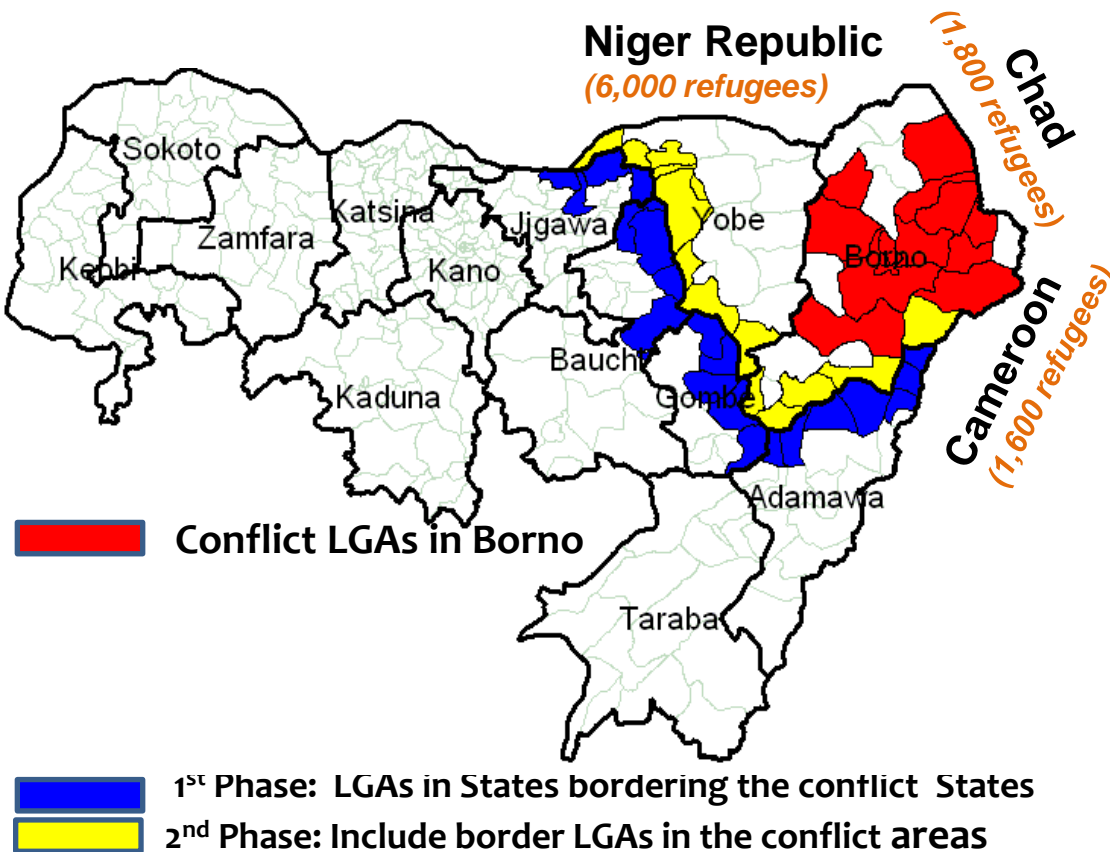
Month	No of settlements covered	No of Households visited	OPV zero dose vaccinated	Non-zero OPV doses given	Proportion of Zero dose (%)
June	136	5559	724	17632	4
July	141	6985	495	19937	2
Total	319	14750	1319	44131	

## Maiduguri LGA

Month	No of settlements covered	No of Households visited	OPV zero dose vaccinated	Non-zero OPV doses given	Proportion of Zero dose (%)
June	101	6494	2622	16338	14
July	85	6316	509	19708	3
Total	202	13885	3187	39990	

Increase in the number of children reached and decline in proportion of zero dose

# Fire-Walling: Intensified immunization is ongoing in border communities around Borno and Yobe states to restrict spread of WPV from conflict States



## NIGERIA LGAs (24):

- Major traffic points = 12
- Informal & nomadic crossing points = 56
- Transit motor parks = 11
- Markets = 30
- CAMEROUN border:
  - 15 districts bordering Borno State
  - 134 health areas on alert to vaccinate populations from conflict in Borno State

## Total number of children vaccinated from June-September 2013:

Gombe border:	12,956
Jigawa border:	6,315
Bauchi border:	1,880
Adamawa border:	Pending

# Hit & Run (Modified SIAD) experience in previously security inaccessible LGAs, Borno State, June and August 2013

## Kaga LGA, June 2013

- WPV1 with onset on 4 April 2013
- No response mounted **2 months** due to insecurity
- Rapid security assessment was done
- Conducted a **one-day** OPV-SIA in the ward using **4X the number of teams in June 2013**
- **2713 (94%)** children were vaccinated with **bOPV** out of a total target of 2897
- Repeat activity conducted in August

## Damboia LGA, Aug 2013

- WPV 1 with onset in April 2013
- No response in **4 months** due to insecurity
- Rapid security assessment was done
- Conducted an integrated **one-day bOPV - Measles** SIA in the ward using **4X the number of teams in August 2013**
- **5771 (79.5%)** children were vaccinated with **bOPV**; while **921** were vaccinated with **Measles** vaccine

- Background/Status of PEI
- Emerging results
- **Challenges**
  - Insecurity
  - **Operational**
- Feedback from last IMB and wrap up

# The national EOC has prioritized LGAs and taken specific actions to improve performance

## Type of challenge

## Action taken

Low Political  
commitment

- Intensified engagement of Governors by ED/NPHCDA and PTFoPE
- Engagement of LGA Chairmen and Governors by Mr. President
- Use of dashboards as advocacy tools to LGA Chairmen and Govs
- Competition among Chairmen for best performing LGA

Poor team  
performance

- Improved vaccinator training with emphasis on IPC skills
- Improved training of Ward Focal Persons; proper team selection and GIS tracking of vaccinators
- Increased **supervision by Management Support Teams (MST)**

Low  
Accountability

- Engagement of **Monitoring and Accountability Officers to track planned activities and report on corrupt practices**
- Immediate sanctioning of errant vaccination team members and recognition of outstanding performance

Non-compliance  
and anti-OPV  
campaigns

- Showing pro-OPV videos in football viewing centers, **Bluetooth distribution**
- FAQ focused on evolving questions to communities
- Addressing felt needs with pluses: antimalarials, ORS, **health camps**
- Use of Polio survivors, VCMs, Doctors against Polio, **religious leaders**

Financing

- Institutionalization of basket funding for immunization activities
- **The Tripartite agreement with Dangote, BMGF and Kano Government is strengthening RI in Kano state**
- Finance committees of LGA task forces oversee transparent disbursement of funds for immunization activities

# Intensified supervision

## Focusing on low performing LGAs for MST

S/n	State	LGA	LGA classification	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Priority LGAs	Criteria	MST
				18.00	19.00	20.00	21.00	22.00	23.00	24.00	25.00	26.00	27.00			
1	Bauchi	Bauchi	Declining	1	5	6		11	13	11	9	7	5	Yes	NC	Yes
2	Kaduna	Birnin Gwari	Declining	14	23	17	13	3	4	22	12	7	1	Yes	NC/SEC	Yes
3	Kaduna	Giwa	Declining	34	4	4		11	6	15	9	7	7	Yes	NC	Yes
4	Kaduna	Igabi	Declining	37	18	6		16	11	17	16		24	Yes	NC	Yes
5	Kaduna	Kaduna North	Declining	18	26	20			22	3	17	18	8	Yes	NC	Yes
6	Kaduna	Kaduna South	Stagnant	11	9	4		1	10	9	3	6	7	Yes	NC	Yes
7	Kaduna	Kudan	Stagnant	12	11	21		3	8	14	14	11	4	Yes		Yes
8	Kaduna	Sabon Gari	Declining	9	1	13		11	28	12	4	16	6	Yes	NC	Yes
9	Kaduna	Soba	Declining	20	6	17		9	23	12	19	3	1	Yes		Yes
10	Kaduna	Zaria	Declining	3	13	4	14	32	33	23	31	19	4	Yes	NC	Yes
11	Kano	Fagge	Declining								WPV 1		15	Yes	NC	Yes
12	Kano	Dambatta	Declining	11	3	2				12	10		12	Yes		Yes
13	Kano	Gezawa	Declining		15		2			25	4		11	Yes		Yes
14	Kano	Kumbotso	Declining	5	4	5	14			11	15	16	17	Yes		Yes
15	Kano	Nasarawa	Declining	31	6					26	39	11	26	YES	NC/SEC	Yes
16	Kano	Takai	Improving							6	6	18	4	Yes		Yes
17	KANO	Tofa	Declining	10	15					22	3			Yes		Yes
18	Kano	Tarauni	Declining									5	2	Yes	NC/SEC	Yes
19	Kano	Ungogo	Stagnant	10	12	13	4			13	18	37	16	Yes	NC/SEC	Yes
20	Katsina	Funtua	Declining	18	24	0	11	1	5	4	23	18	7	Yes	NC	Yes
21	Katsina	Kankara	Declining									3	5	Yes	NC	Yes
22	Katsina	Kankia	Stagnant	11	11	9			14	9	2	1	6	Yes		Yes
23	Katsina	Katsina	Declining		19	20			30	22	12	17	29	Yes	NC	Yes
24	Kebbi	Birnin Kebbi	Declining	5	16	8		16	4	14	8	2	13	Yes	NC	Yes
25	Kebbi	Jega	Declining	15	15	18	27	14	19	27	17	19	8	Yes	NC	Yes
26	Sokoto	Kware	Declining	17	12	8		19	2	20	10	9	18	Yes	NC	Yes
27	Sokoto	Sokoto North	Stagnant	10	22	13		10	12	17		1	1	Yes	NC	Yes
28	Sokoto	Sokoto South	Declining	17	14	15		15	32	33	13	20	16	Yes	NC	Yes
29	Sokoto	Tambuwal	Declining							12	27	1	3	Yes	NC	Yes
30	FCT	Bwari						11				6	7	Yes		Yes



**Piloting Health Camp Strategy in a persistent non-compliant and poor performing ward in Kaduna South LGA, July 2013 IPDs**

*Comparison of Children vaccinated June (fixed post) Vs July 13 IPDs (Health camp), Ung. Muazu Ward*

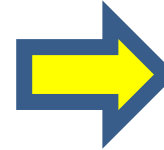
<b>Day of IPDs</b>	<b>June 13 IPDs (Fixed Post)</b>	<b>July 13 IPDs (Health Camp)</b>
Day 1	24	240
Day 3	24	273
Day 4	23	100
<b>Total</b>	<b>71</b>	<b>613</b>

**A 760% increase in children vaccinated with OPV in the health camp in Ung. Muazu ward compared to a traditional fixed post**

# Expanding Health Camps implementation during Sept 2013 IPDs

- **In VVHR and VHR LGAs:**

- Focused on 70 VVHR and VHR LGAs (EOC-WHO-CDC-Global Goods ranking June 2013)
- Selected wards within these LGAs that have persistent non-compliance due to unmet needs
- **NPHCDA and WHO at central level supported provision of simple health interventions in the prioritized wards**



- **Number of centrally supported health camps in 70 VVHR and VHR LGAs:**

Kano	=	181
Kaduna	=	107
Katsina	=	37
Bauchi	=	30
Niger	=	10

- **In Other LGAs:**

- State and LGAs procured health interventions for non HR wards
- State and LGAs provided health personnel to man the health camps



# Contents

- Background/Status of PEI
- Emerging results
- Challenges
  - Insecurity
  - Operational
- **Feedback from last IMB and wrap up**

# What we did to address community demand

## Interventions

## Description

### Intensified Household engagement

- Expansion of volunteer mobilizer network (soon to be >8000 in high risk settlements)
- Immunizing zero-dose children on site
- Linking to facilities for nutrition and Routine immunization
- Using naming ceremonies as an opportunity to discuss immunization & immunize

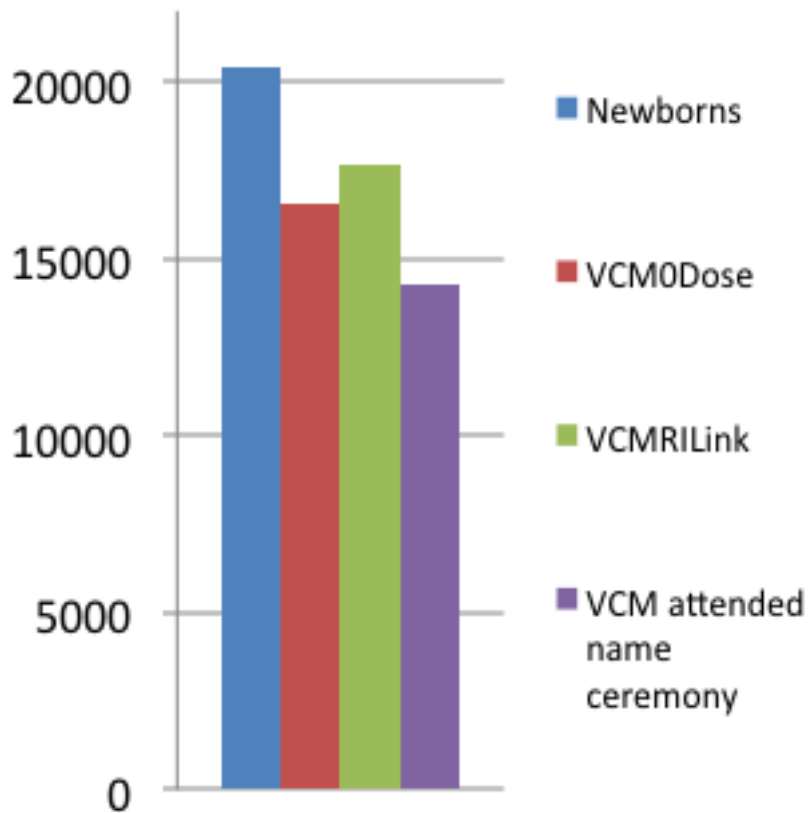
### Aggressive pro-OPV campaigns

- 500,000 copies of pro-OPV CD distributed at household level & at viewing centres, Islamiya schools
- Dialoguing at Islamiya schools and health facilities
- Bluetooth campaign with pro-OPV/immunization messages
- Engagement of popular Hausa celebrities to promote immunization

### Intensified community engagement

- 214 religious leader focal points engaging local mallams
- >1000 polio survivors actively supported the September IPDs
- Doctors Against Polio (DAP) deployed – for polio & offering broader health consultations
- Addressing other felt needs – using health camps, linking to nutrition & RI

# Intensive program communication has led to a 70% reduction in non-compliance form Jan-Sept 2013



- 20,447 new births recorded in VCM network
- 16,584 given 0 dose by/with support of VCM
- 17,679 linked to facility for RI
- 14,297 naming ceremonies attended by VCM

- 30% of cases missed due to non-compliance compared to 50% in 2012
- All clustered in the 4 states with the most cases: Bauchi, Borno, Yobe, and Kano
- Poor community education is the primary reason for non-compliance
- Religious non-compliance going down in Bauchi & Yobe
- Kaduna, Kano & Katsina have demonstrated improved performance in the past 7 months:

## Summary and Way Forward

- Nigeria made good progress to interrupting polio transmission in the 4<sup>th</sup> quarter of 2012 and beginning of 2013
- However, the steady progress was mostly affected by insecurity leading to low morale, affecting team performance and in-accessibility of children
- Innovations such as staggering to reach children in poor performing LGAs and the insecurity / conflict areas are being rapidly scaled up
- Integration of OPV with other RI antigens and simple health interventions provide an opportunity to reach more children

## Remaining challenges to the programme

- **Insecurity and conflict** remains the greatest threat to the programme resulting in inaccessibility of targeted children
- Existence of some persistently poor performing LGAs despite the efforts
- **Borno, Yobe and Kano account for 72% of 2013 cases and special initiatives are underway to improve access and performance**
- Migration of people from conflict states with high WPV transmission to other states within the country and across international borders pose a risk of outbreaks
- Strengthening surveillance where gaps have been identified
- Funding gap for planned activities **especially new innovations**

**Thanks**