

Completing polio eradication in Nigeria

Findings and recommendations of the 27th
Meeting of the Expert Review Committee on
Polio Eradication in Nigeria (ERC)

23 – 24 April 2014

**ERC would like to recognize
the heroism and dedication of
those working in the field
including those injured and
killed and those who work in
very challenging
environments.**

ERC would like to commend the Nigeria program for....

- Improvements in SIA quality
- Data driven approach
- Rapid response to 'WPV' in Bayelsa
- Programmatic innovation and dynamism

The Context

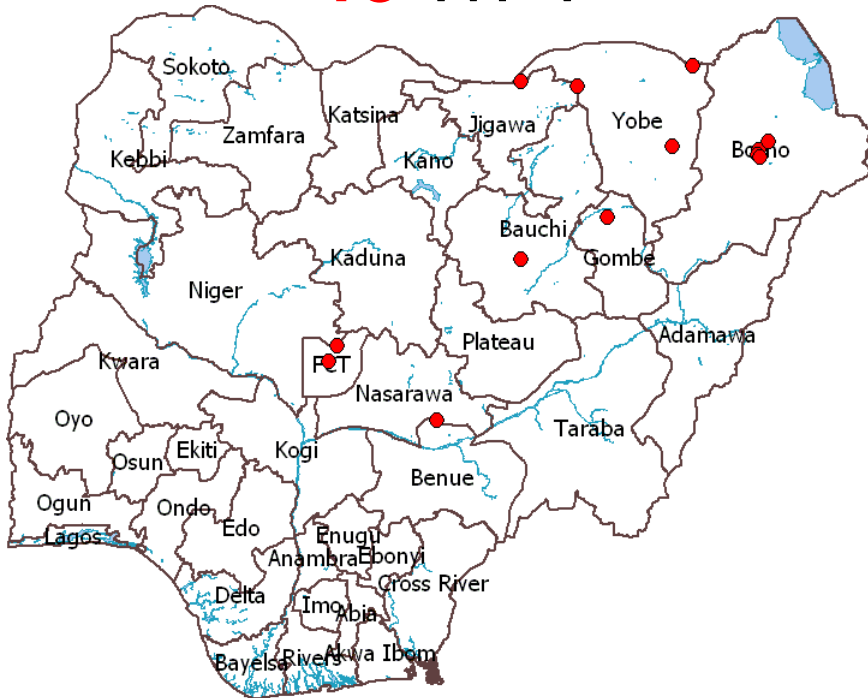
The most important ERC meeting to date.

**The hard work and dedication of the
program have yielded a
Window of opportunity (May-Dec 2014) for
Nigeria
Africa
The World**

Significant decrease in WPV

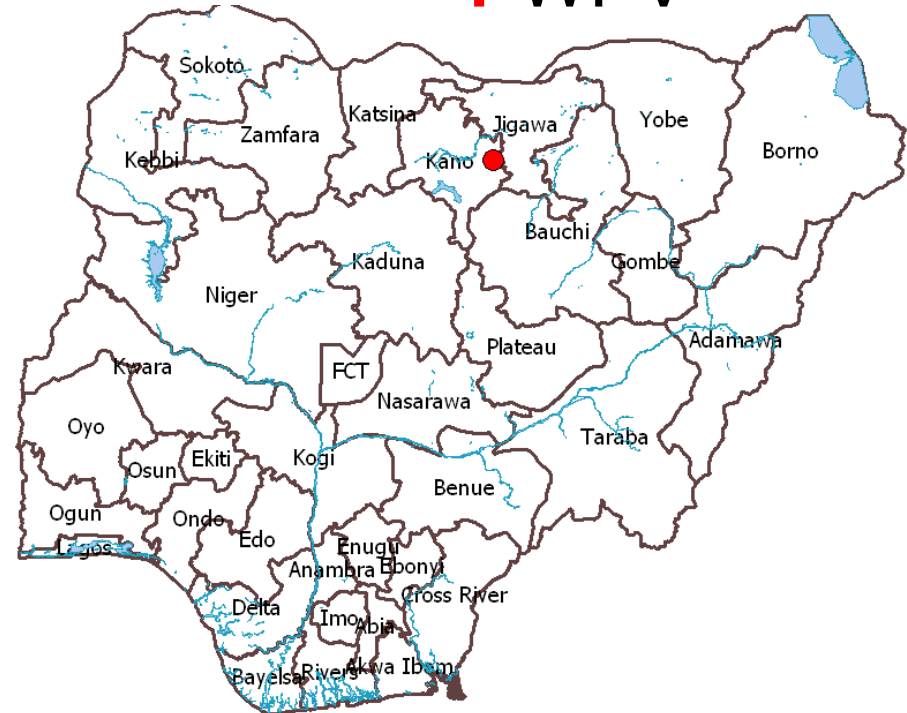
2013 (week 16)

13 WPV



2014 (week 16)

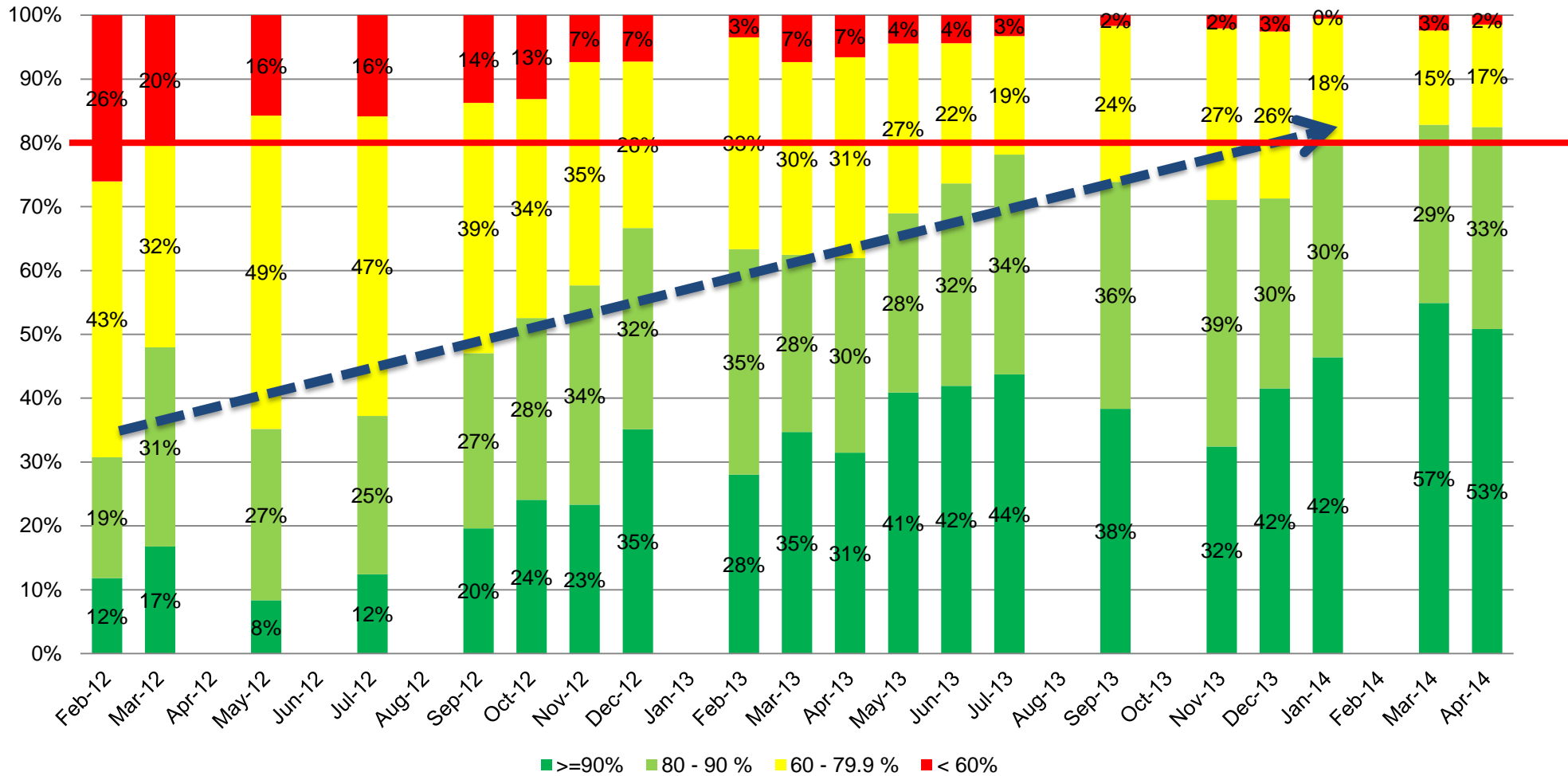
1 WPV



- **17 months without detection of WPV3**
- **Reduction in genetic diversity to 1 remaining endemic cluster**

Significant increase in SIA quality

LQAS Trend From 2012-2014



Increase in Government and partner ACCOUNTABILITY



State	Sanctions	Redeployed	Rewards/Commendations
NPHCDA National	0	40	51
Kaduna State	22	17	193
Katsina	20	9	0
Jigawa	0	41	0
Kano	263	-	634



**World Health
Organization**

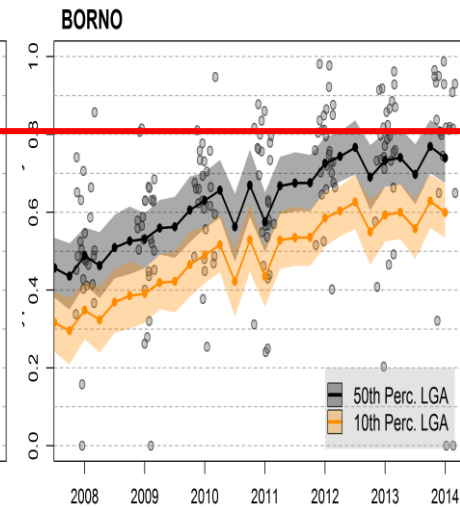
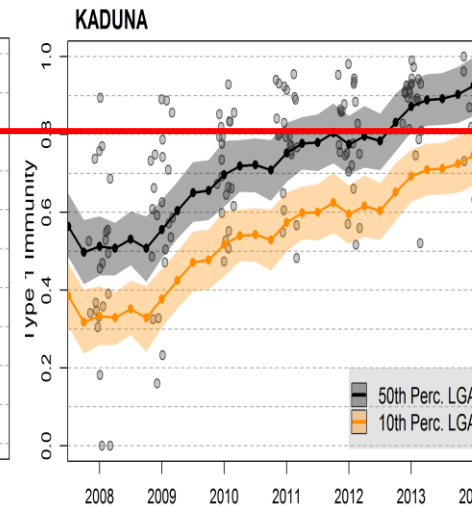
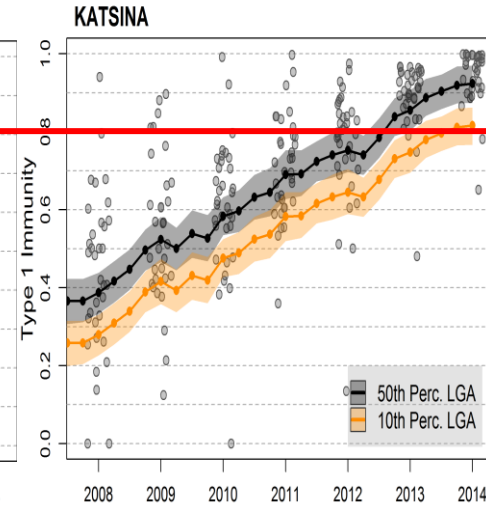
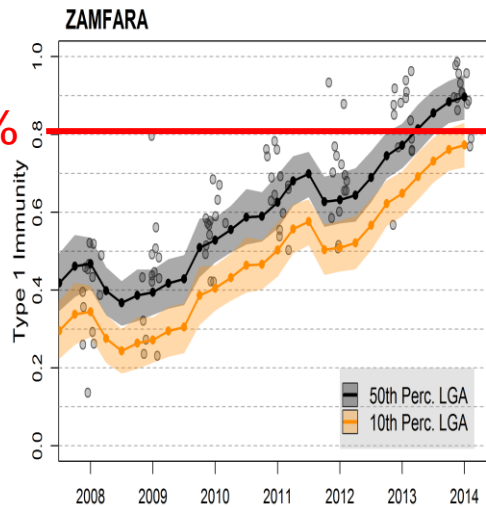
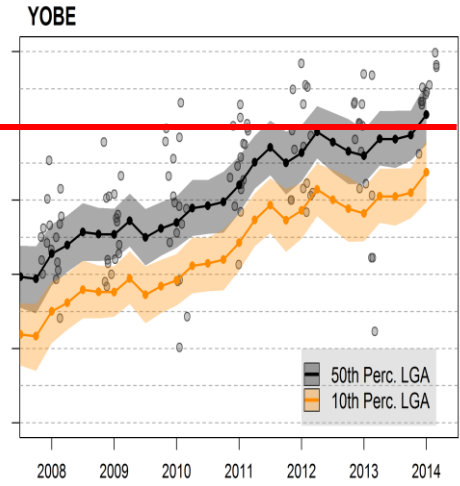
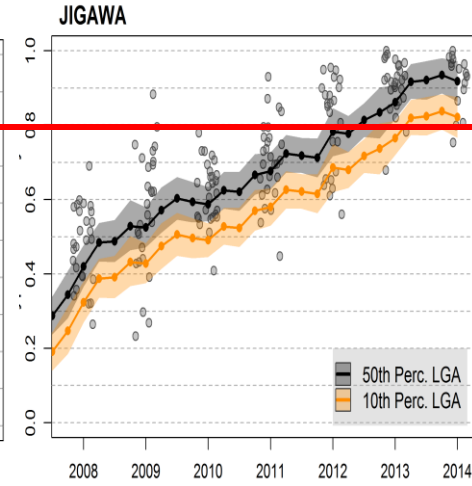
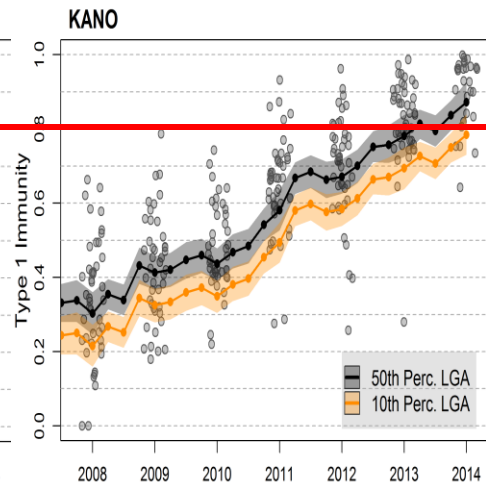
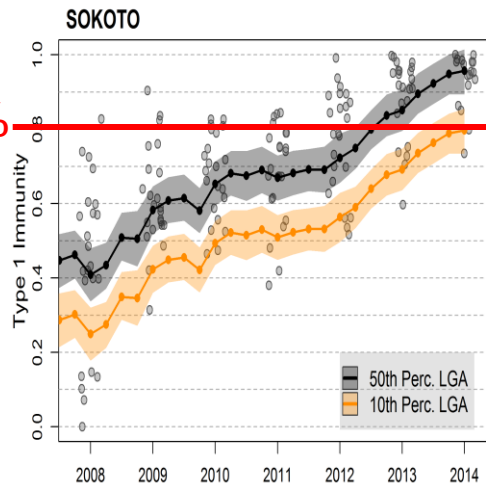
“WHO had sanctioned **25** of its Cluster Consultants and terminated 2 of them. Sanctioned **108** of its LGA Facilitators, and terminated 8 of them. They also sanctioned **437** of its Field Volunteers and terminated 31 of them”



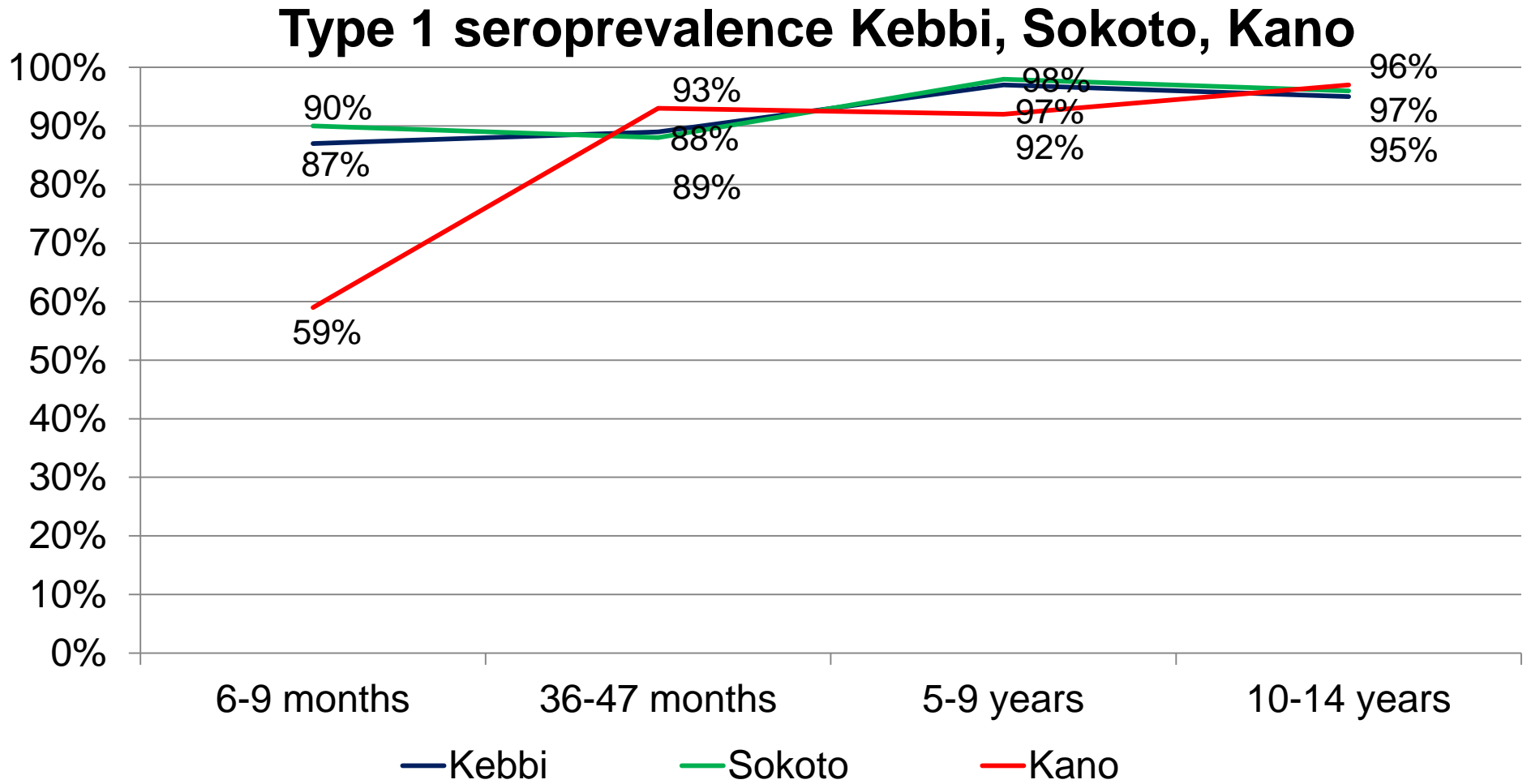
unicef

“UNICEF has removed **10** consultants, re-shuffled **42** consultants, promoted **10** consultants. Note this does not include VCMs or VWSs.”

Increase in estimated type 1 immunity



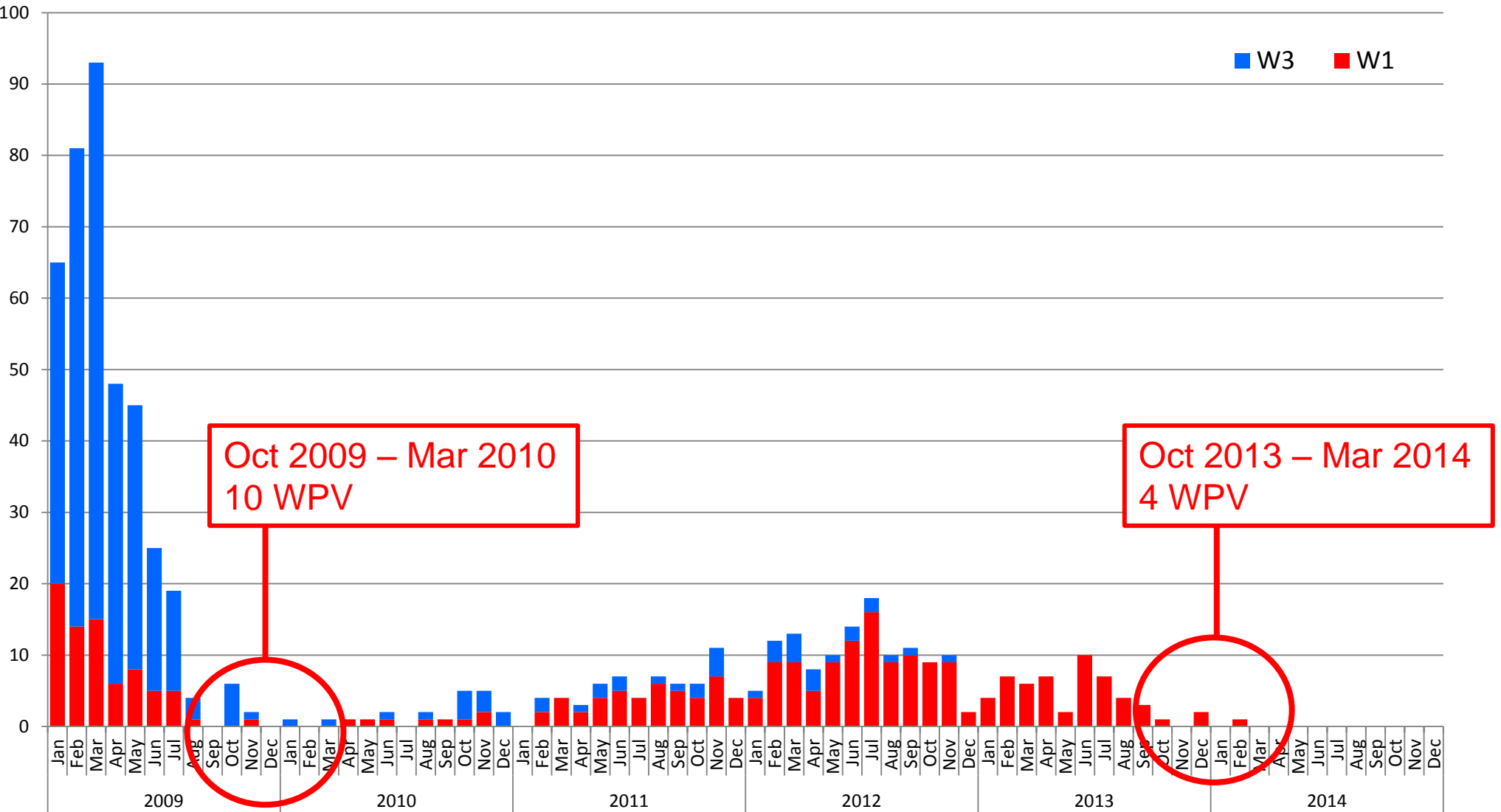
High type 1 seroprevalence



* With exception of 6-9m children in Kano, which will be re-assessed as planned

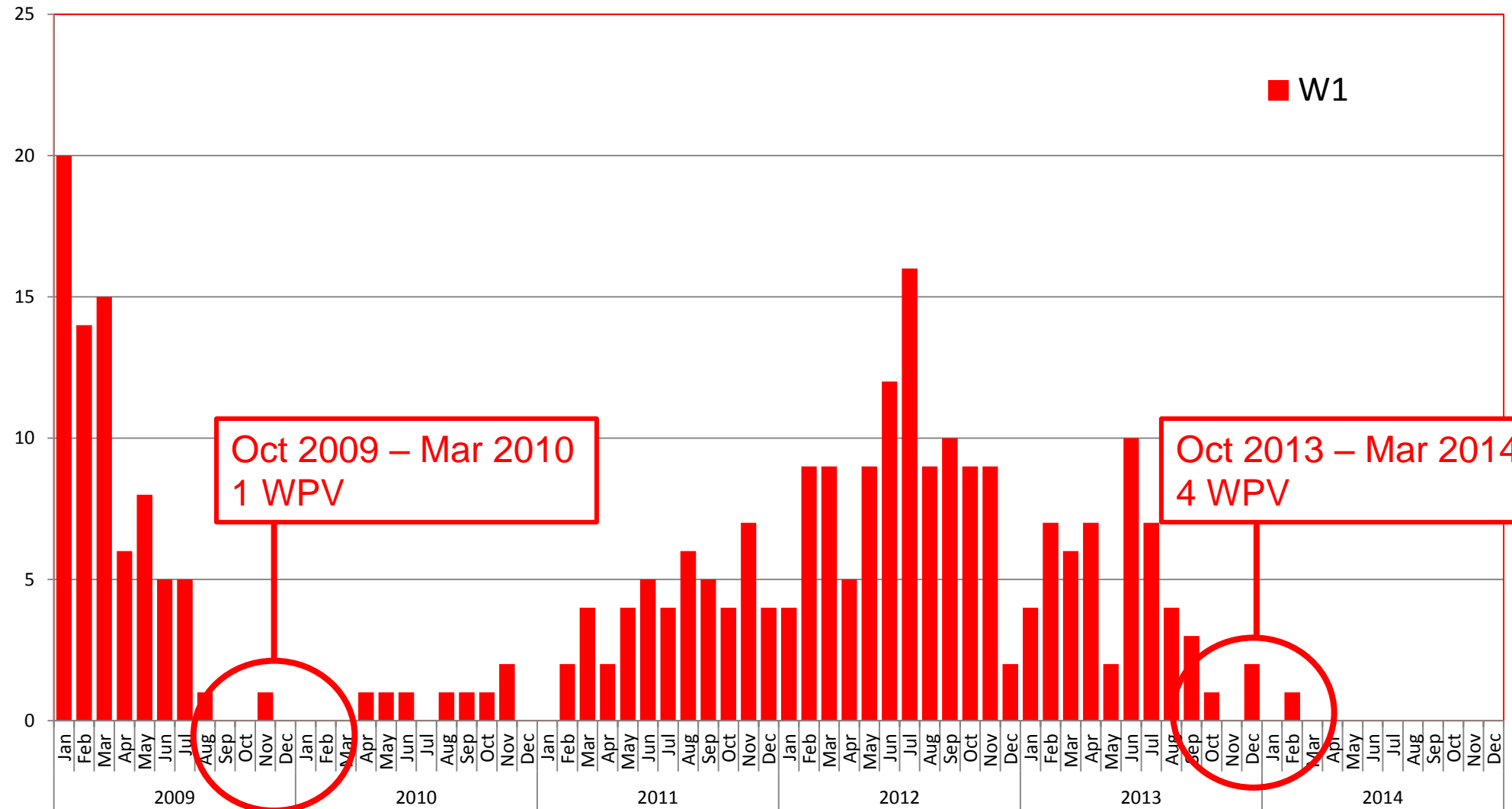
Has Nigeria been this close before?

For all WPV - NO



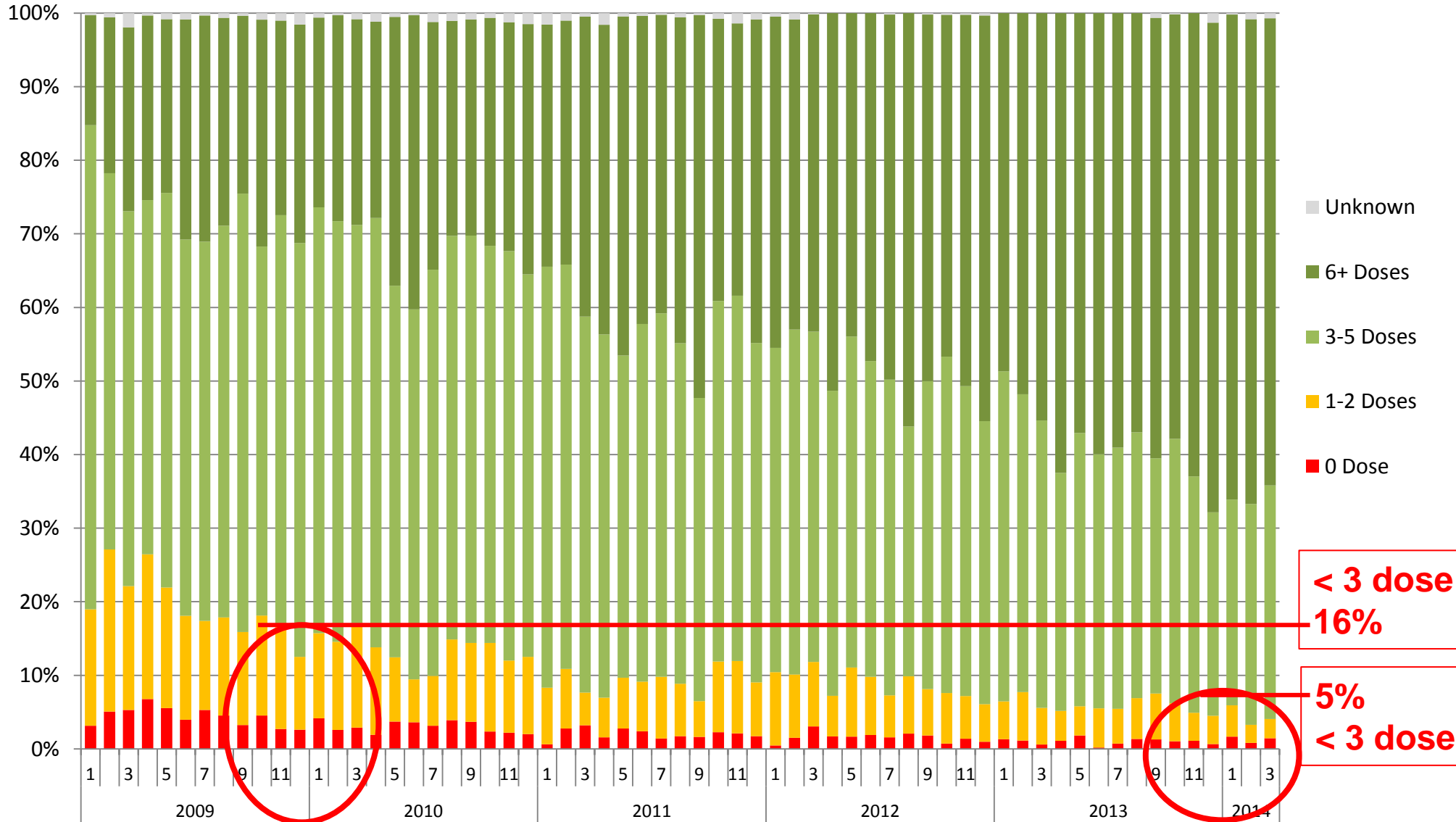
Has Nigeria been this close before?

For WPV1 - YES

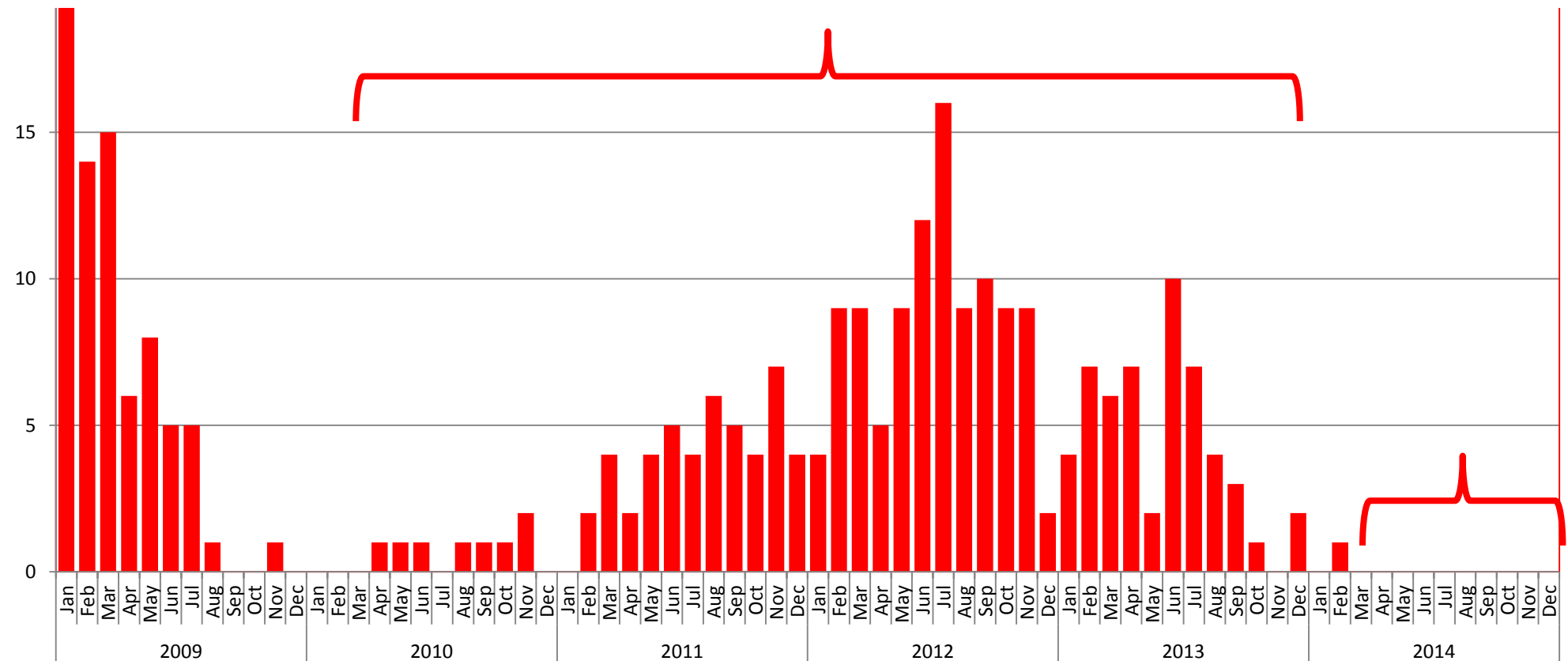


Has Nigeria been this close before?

YES, but there are differences



What the country does in the next 8 months will be the most important period in the whole program



What is standing between Nigeria and success?

Major Risks to Polio Eradication in Nigeria

- 1. Waning political support in election season***
- 2. Insecurity***

Additional Major Risks

3. Complacency
4. Cross-border polio importation
5. Compromised laboratory surveillance
6. Programme Financing

Recommendations

1. Waning Political Support in Election Season

Nigeria is on the verge of making history by eradicating polio, the entire nation must be made aware, rallied and mobilized to capitalize on this unique window of opportunity:

- Civil Society, traditional leaders, religious and opinion leaders and communities should be mobilized to demand support for the program from local authorities and representatives

1. Waning Political Support in Election Season cont

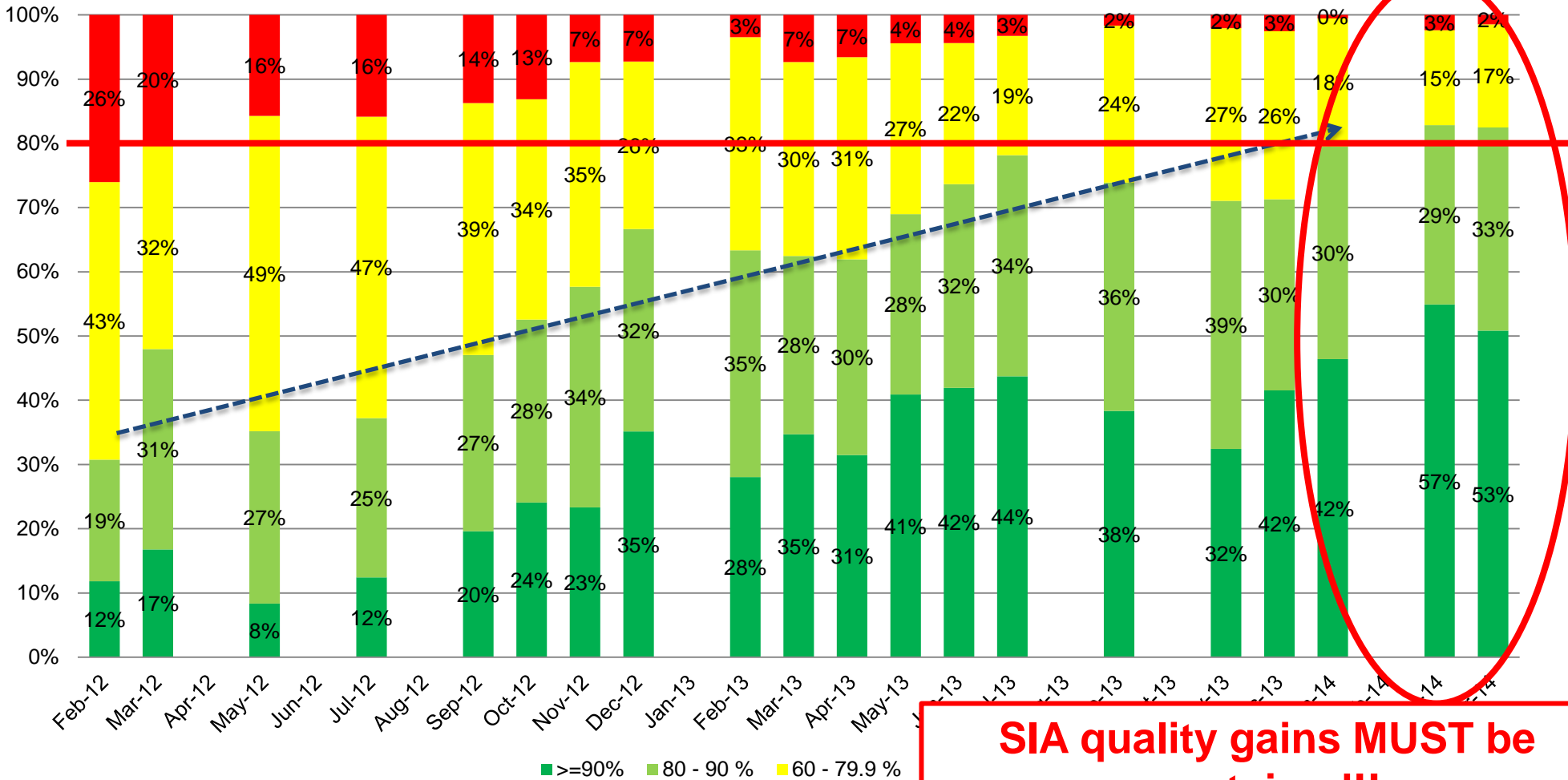
- Polio eradication is a national priority and should be supported by all political parties
- Efforts must be enhanced to counter the worrying decline in involvement of State Governors & LGA chairmen
 - ERC welcomes the appointment of the Honorable Chair of the Presidential Task Force and requests that the regular meetings of the Task Force be resumed as soon as possible

1. Waning Political Support in Election Season cont

- Specific advocacy plans should be developed to harness support of the Presidency, State governors, LGA chairmen, and traditional leaders
- Regular meetings of the State & LGA Task Forces should be conducted and documented

Waning political support due to elections & complacency: a dangerous combination

LQAS Trend From 2012-2014



SIA quality gains MUST be sustained!!

2. Re-affirmation of recommendations of the 26th ERC

- Although impressive progress has been made, the ERC reaffirms and reiterates recommendations from its last meeting, particularly those related to:
 - Improving quality of performance in high-risk LGAs
 - Performance Accountability
 - Operating in areas of high insecurity
 - Increasing demand and reducing non-compliance
 - Managing financial risks

2. Re-affirmation of 26th ERC, recommendations cont

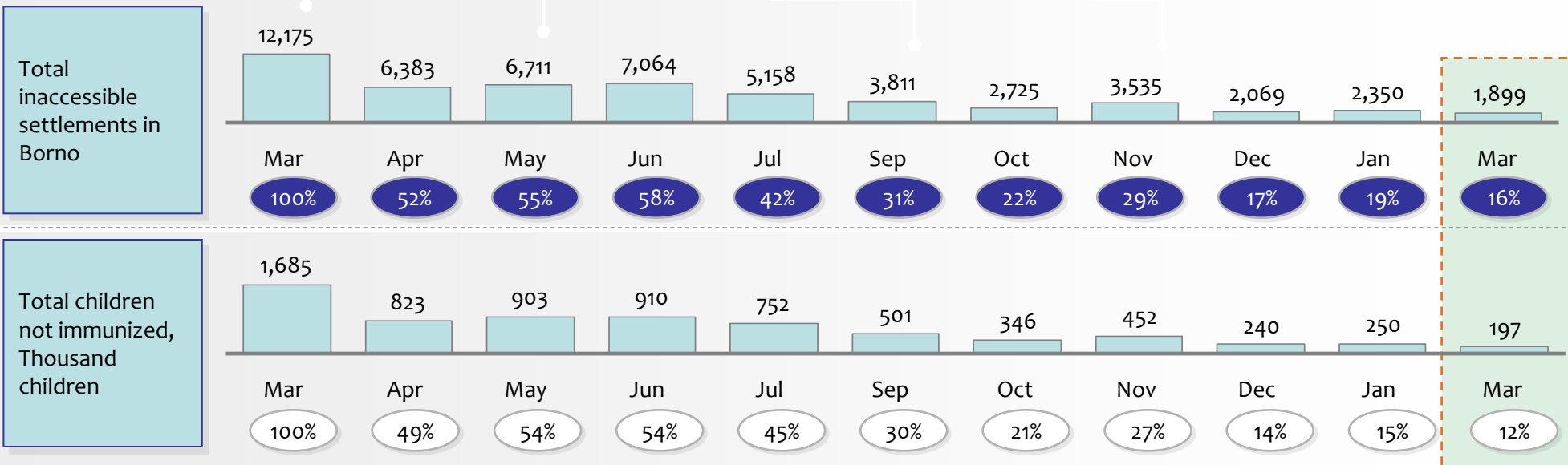
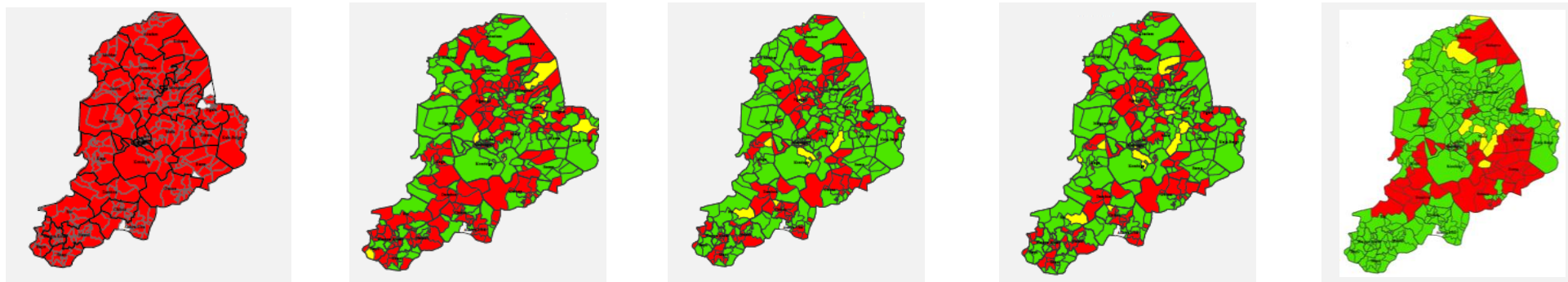
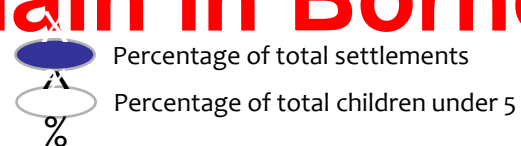
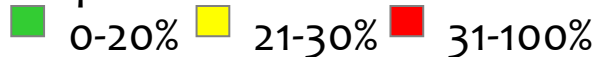
Complacency is a major risk during this critical phase of the program

- Rigorous validation and accountability should therefore continue of critical program functions, such as, microplans, LQAS surveys, team selection, and IPD dashboards
- The National and State EOCs have demonstrated a positive impact on the programme; their effectiveness, technical rigor, and independence should be maintained

Insecurity:

Significant vulnerabilities remain in Borno

Proportion of inaccessible settlements

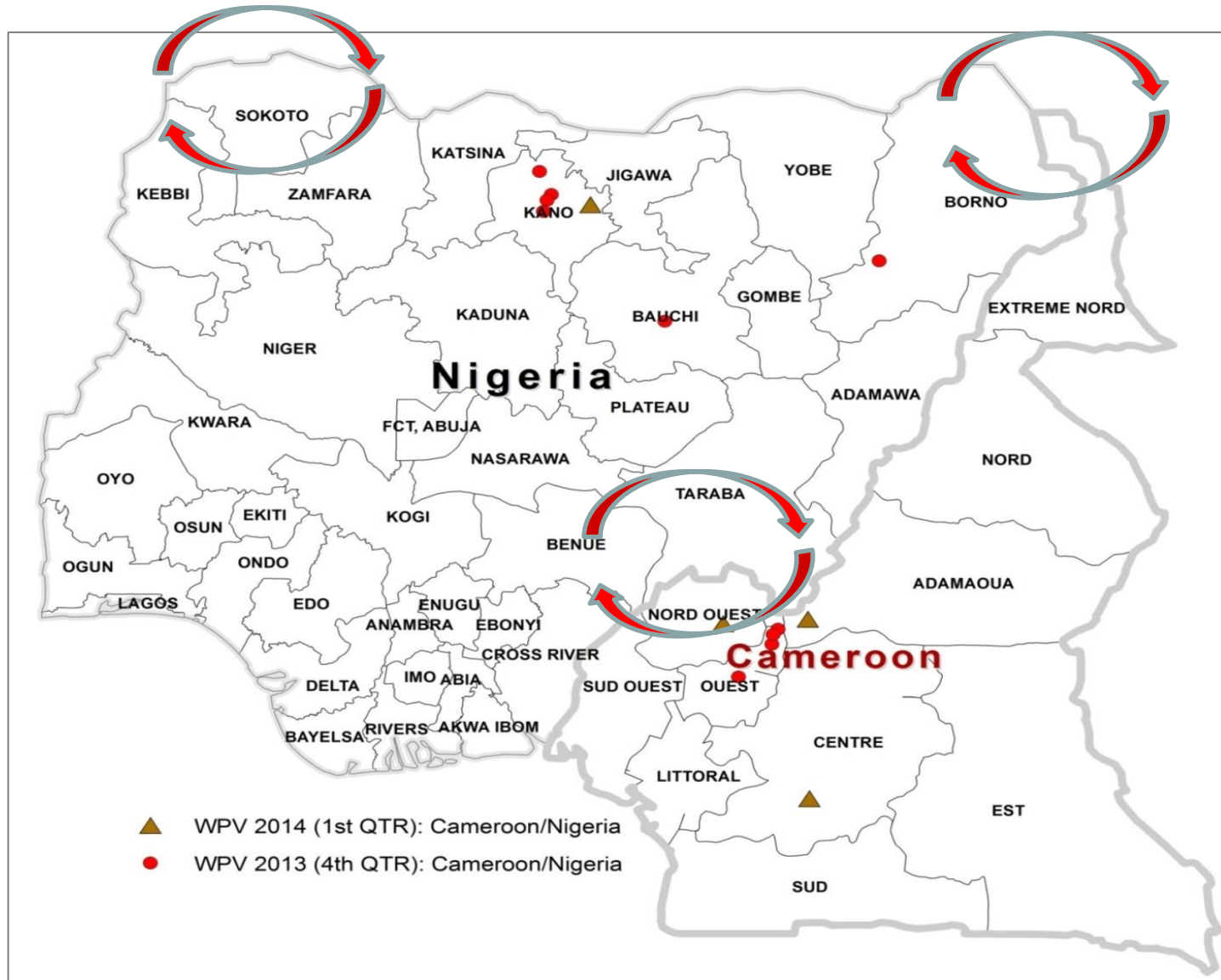


3. Stopping Polio in Insecure Areas

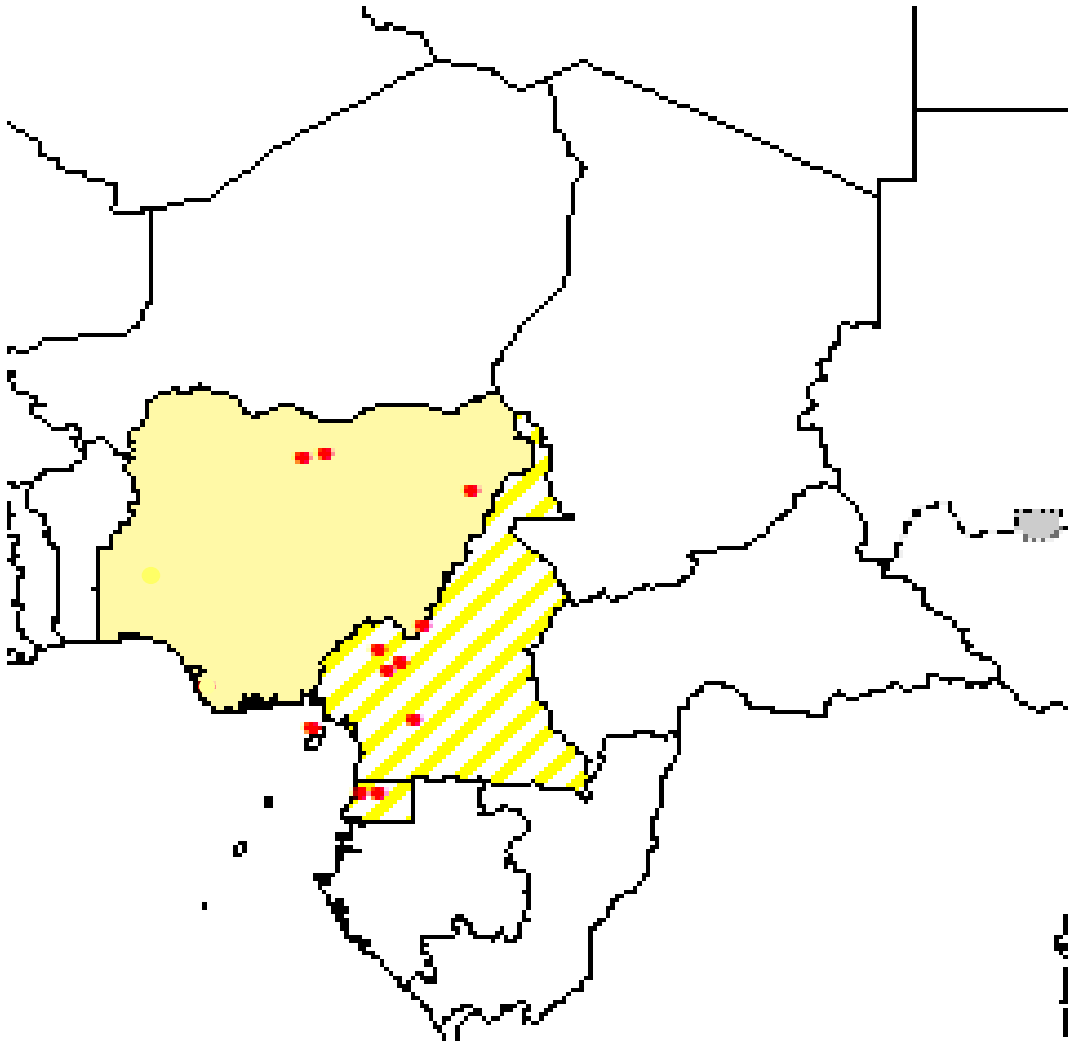
- ERC endorses the plan presented by the program to ensure vaccination of children and surveillance in insecure areas of Borno and Yobe
- Permanent vaccination posts at major transit points should be expanded to ensure vaccination of children on the move in and out of all insecure areas
- Special plans should be developed for states with large numbers of internally displaced populations
- Using lessons learned in other high risk states, quality of SIAs must be improved in accessible areas of Borno & Yobe

Cross border importation:

WPV "sneaking in the backdoor"



Polio Outbreak in Cameroon & Eq. Guinea 2013-14



- Prolonged undetected transmission in Cameroon
- Inadequate quality of response to detection
- Spread within Cameroon
- Spread to Equatorial Guinea
- Threat of spread to CAR & return to Nigeria

4. Preventing Cross-border Importation

Circulation of WPV1 in Cameroon has continued and spread to Equatorial Guinea. Recognizing this sub-regional threat, the ERC welcomes the inter-ministerial initiative to mount an inter-country coordinated outbreak response discussed at the AU/WHO ministerial meeting in Luanda

Preventing Cross-border Importation cont

The ERC endorses the program plans to

- Include LGAs at high risk of importation in planned SNIDs and LIDs, particularly in the vulnerable southern states, Adamawa and Taraba
- Strengthen vaccination posts at international borders

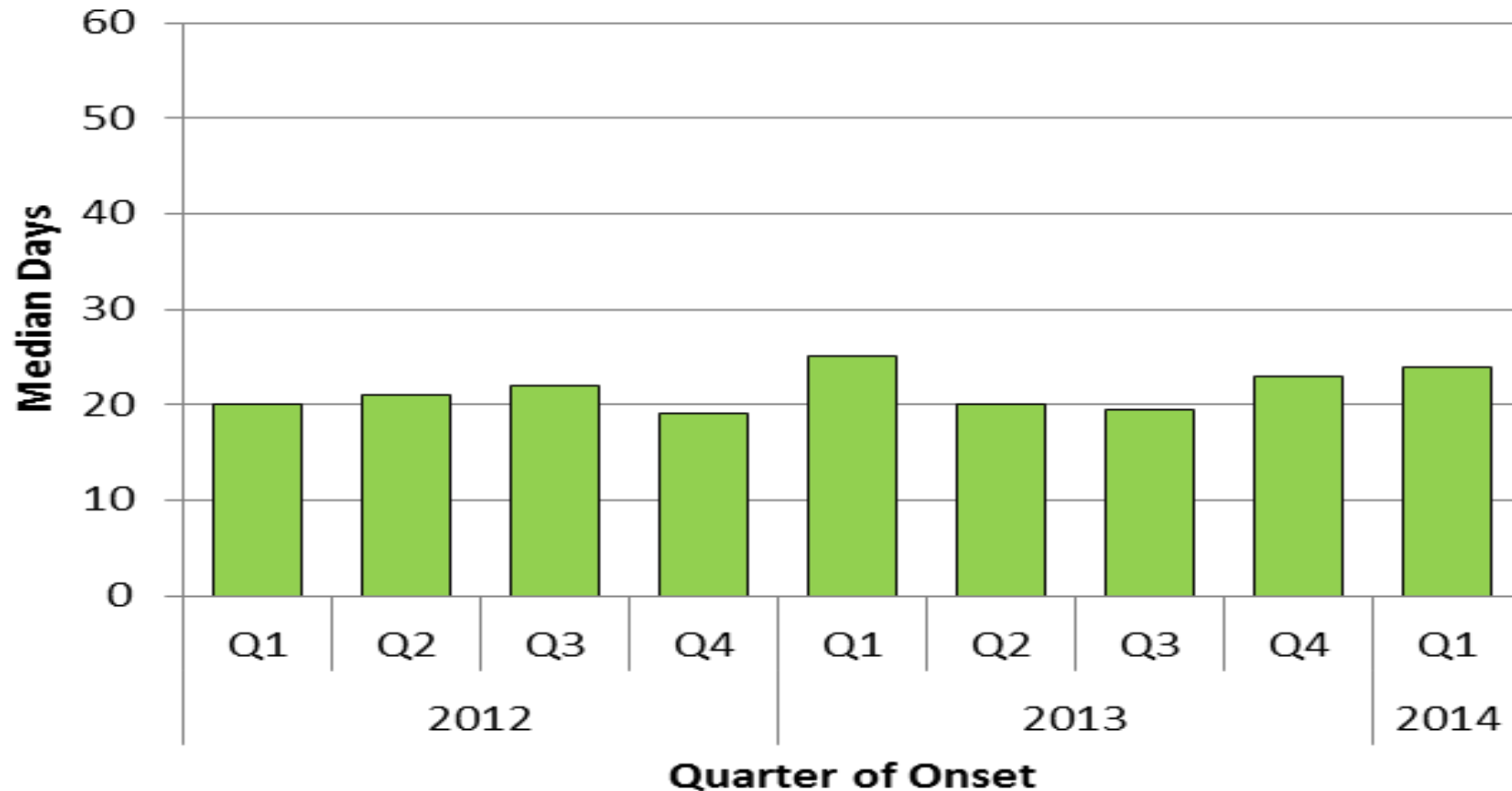
Preventing Cross-border importation

cont

- Cross-border coordination of immunization (SIAs, LIDs and RI) and surveillance activities, including immediate cross-notification of AFP cases
- Given the detection of orphan cVDPV strains in environmental surveillance in Sokoto, attention should be given to cross-border coordination along the international borders in the NW

Compromised Laboratory Surveillance: POTENTIAL BLINDNESS

Median days between date of ONSET and date of ITD* result
by quarter of onset, Nigeria, 2012-2014



5. Support for Laboratories

Labs in Nigeria are getting stretched with increasing demands for services. Maiduguri lab is affected by insecurity and large number of samples are being triaged to Ibadan. The program cannot afford delays in case detection during this critical phase

- The space, staffing and other logistic needs of the labs in Ibadan and Maiduguri should be addressed immediately
- High level official visits should be undertaken immediately to the labs & state authorities to ensure the required support is provided

6. *Creating demand*

ERC acknowledges the progress in reduction of non-compliance and endorses the communication priorities & plans presented

- Program should ensure appropriate communication, public awareness and training of health workers is implemented to address remaining concerns around acceptance of IPV and OPV

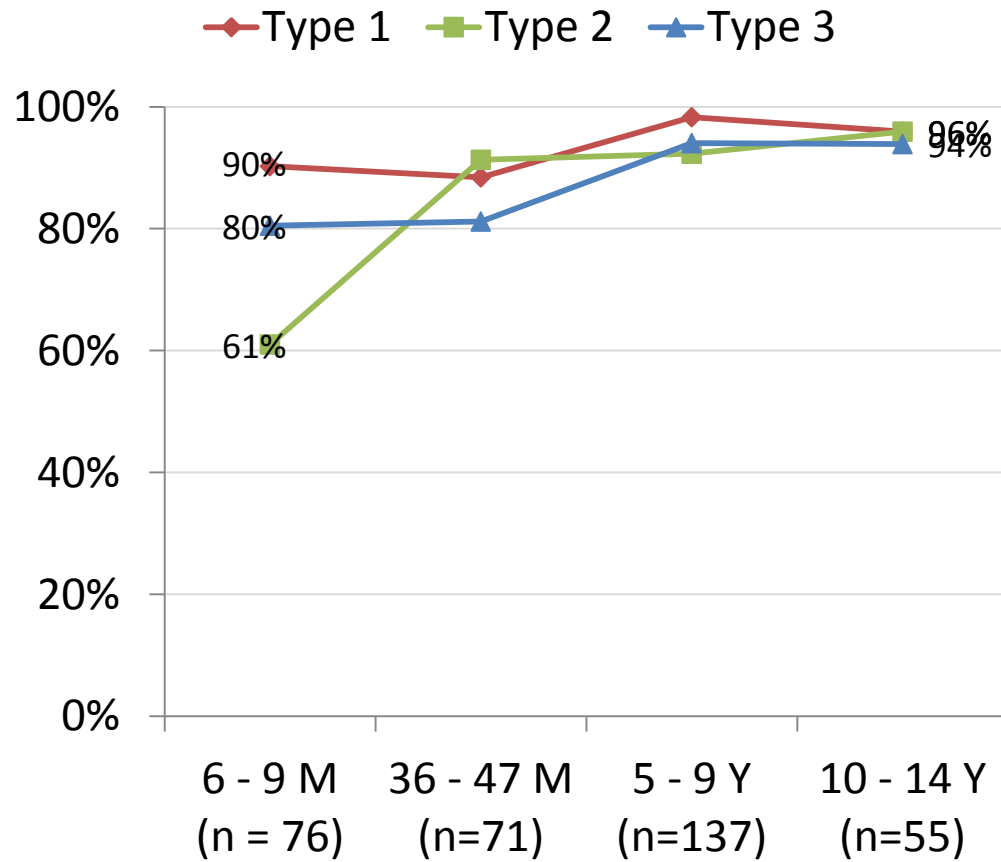
Creating demand, cont

- Gaps in awareness of communities about polio and the need for repeated vaccination identified by the Harvard KAP poll should be addressed using the innovative communication strategies and channels identified
- With the significant scale up of the communication infrastructure, emphasis now must be focused on ensuring quality and the full optimization of these resources

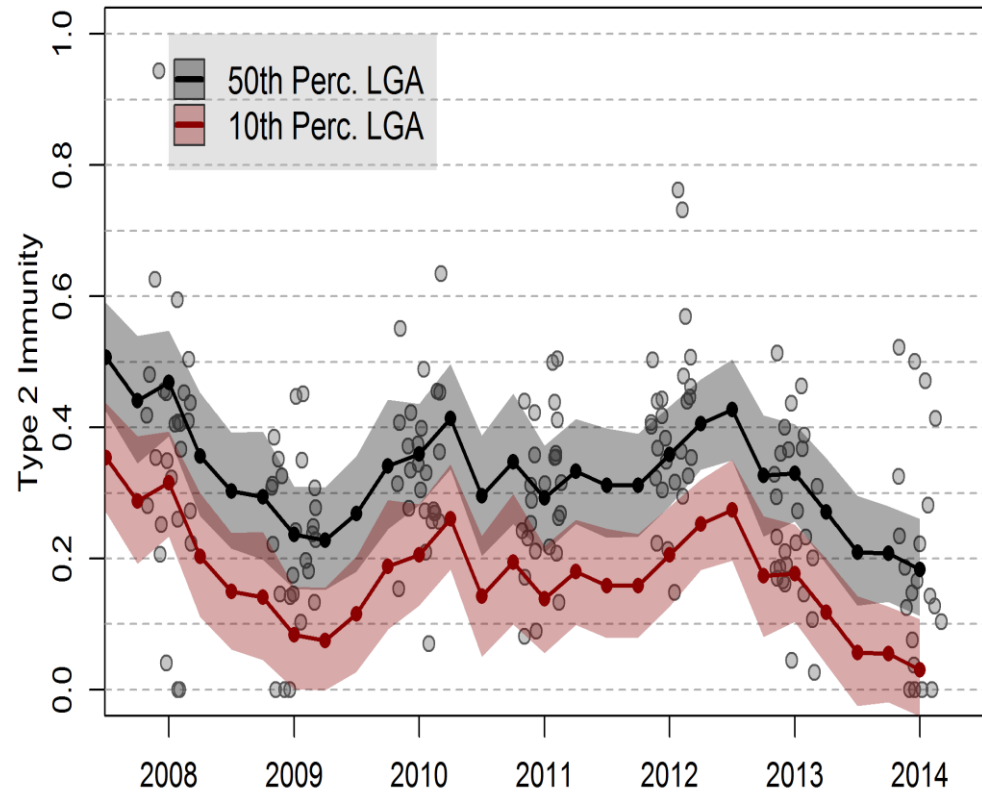
7. Recommended SIA Schedule

Priority to Stop WPV1 & Risk of cVDPV2 Outbreak

Sero-prevalence in Sokoto



BORNO Estimated Type 2 Immunity



Recommendations for SIAs

- Objectives:

1. Interrupt transmission of WPV1 by end 2014
2. Interrupt cVDPV2 by Q1 2015

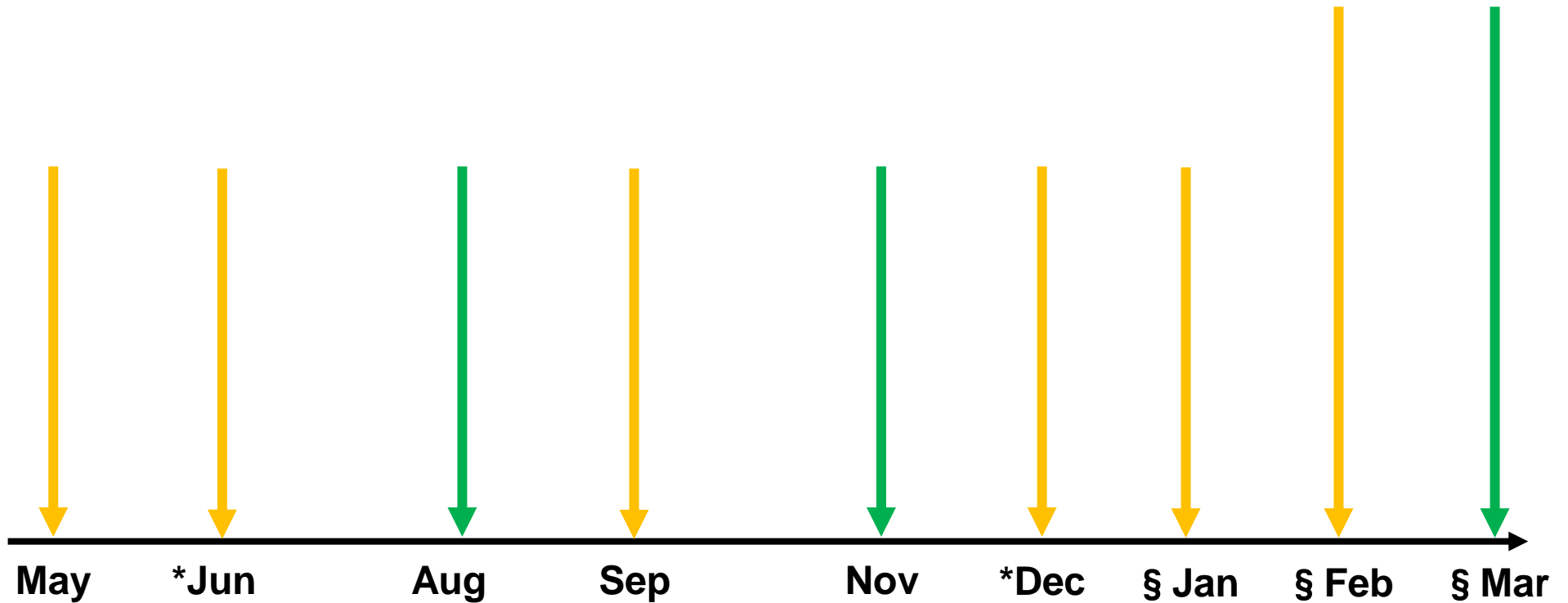
(Both in keeping with the global strategic plan)

3. Prevent spread to all high risk states
4. Sustain population immunity in other states

Recommendations for SIA - 2

- Mopping up
 - Immediate large scale mop up, at least statewide, following detection of any WPV or cVDPV from any source (AFP case or environmental surveillance)

Supplementary Immunization Activities (SIAs) Nigeria May 2014 - Mar 2015



NID

***SNID plus Child Health Week**



SNID



bOPV



tOPV

§ Vaccine choice based on current epidemiology

8. Emergency Preparedness and Response

The program should expect to see more cases until WPV interruption is confirmed. Every state in Nigeria must now be in a high state of alert to detect and respond to poliovirus

- Each state should now develop and maintain an updated emergency preparedness and response plan for polio. Southern states will require special support in this regard

Financial Risks to the Program

9. Managing Financial Risks

- While again appreciating the commitment by HE The President to increase the financial support by GoN to \$50 m, ERC urges the Government of Nigeria to immediately release the full amount committed
- Partners should timely release funding as committed in the financial resource requirements

Broader Immunization Goals

10. Recommendations for RI

- The ERC notes with concern the shortfall in financing of the national immunization program and encourages the Government to ensure that funding is provided to implement the National RI Strategic Plan
- Given the prospect that Nigeria might 'graduate' from being eligible for GAVI support, the government and partners should develop plans for long term financing of the program

Recommendations for RI - 2

- The same level of attention, rigor, stringent validation and accountability should be applied to routine immunization data and evidence, as is currently applied to polio eradication activities

Recommendations for RI - 3

The ERC has noted the plans to introduce new vaccines (PCV, RV) and conduct repeated non-polio SIAs, for YF, MenAfriVac & measles and the potential for compromised quality of these interventions

- The ERC urges a rational approach that prioritizes the burden of disease, good planning & preparation, and high quality implementation, over speed.

***Given the Criticality of 2014
ERC Proposes to meet in
September, 2014***

Summary

***Maintaining program progress
during the election season,
continued accountability and
improvements in SIA quality and
access to children in insecure
areas will be essential to
stopping WPV in Nigeria in 2014***

Nigeria is on the verge of making history

*....eradicating
polio will be a
great victory for
every Nigerian*

