

Report

Of the

**29th Meeting of the Expert Review Committee
(ERC)**

**On Polio Eradication & Routine Immunization
in Nigeria**

Abuja, Nigeria

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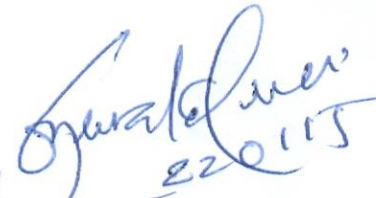



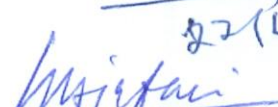

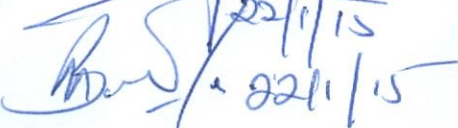

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Executive Summary

Nigeria has made tremendous progress in: (i) reducing the incidence of Wild Polio Virus (WPV) from 53 in 2013, to 6 in 2014, (ii) reducing the genetic clusters of WPV1 from eight in 2012, to one currently, and (iii) reducing the number of underserved communities and of missed children from 2.9% in January 2014 to 1.8% in December 2014. These improvements are the result of a massive effort by the field workers, Government and partners, especially in the scale up of demand generating innovations and enforcement of accountability at all levels, as well as the strengthening of the Polio Eradication Initiative (PEI) management structures at all levels.

However, the country is still at high risk of polio transmission due to a number of factors: (1) low seroprevalence of all polio types, especially type 2 in Kano Metropolitan LGAs, (2) high security risks in Borno, Yobe and Adamawa States, (3) increased population of internally displaced persons (IDP) camps and (4) increasing cases of circulating vaccine derived poliovirus (cVDPV). Other major risks include a false sense of victory over polio, with possible distraction of political leaders as February general elections campaigns commence, persistent risk of cross border importation of WPV1 from neighbouring countries such as Equatorial Guinea, Cameroun, Chad and Niger. In addition, the funding gap will hinder the implementation of evolving and high impact strategies to address the challenge of chronically missed children and other PEI activities.

The ERC appreciates the commitment of the Federal Government of Nigeria towards Polio eradication and acknowledges the important contributions being made by field staff, the polio Emergency Operations Centres (EOCs), and other partners and urges that the use of polio eradication assets in broader public health activities should be documented. It reaffirms the need to maintain consistent focus on eradicating WPV and cVDPV by April 2015.

The ERC concludes that for Nigeria to achieve interruption of polio transmission by end of April 2015, it must increase and sustain the current momentum, especially in the polio reservoir and be prepared to rapidly carry out high quality mop up activities in any part of the country, if and when the need arises.

Major Recommendations

Robust Outbreak Preparedness: Although the country has made impressive progress in the effort to stop the transmission of the poliovirus, the number of cases of cVDPV and polio compatibles, is of considerable and of concern. The inaccessibility to children in Adamawa, Borno and Yobe States, and the recording of cVDPV cases in these security constrained areas, require that the Programme is proactively prepared to effectively respond to any new case of WPV or cVDPV. Such a situation should be treated as a national public health emergency and responded to as prescribed.

Supplemental Immunization Activities (SIA): The ERC endorses the innovative strategies to reach chronically missed children and children in security constrained areas, and urges the Programme to scale up as these initiatives as required, especially the market vaccination and health camps. ERC also endorses the national Programme strategic goals of stopping cVDPV2 transmission by end of April 2015, as well as the proposed SIA schedule. ERC notes that the global shortage of tOPV, and advises that the vaccine of choice for April NIDs should be tOPV in the 11 HRS and bOPV in the rest of the country.

Impact of 2015 Elections: ERC notes with concern the erroneous impression and public perception that Nigeria will be declared polio free in 2015. According to the WHO guidelines, this will not happen until; first, Nigeria is removed from the list of polio endemic countries, which should happen later in the year, provided there is no new polio case. Final declaration of polio free status will not occur until Nigeria achieves a three year zero polio status. ERC therefore urges political leaders and the media to avoid creating the impression that the country will be polio free in 2015. This is to avoid complacency, a most dangerous state of mind to assume at this stage. The National EOC should develop and implement an aggressive pre- and post-election advocacy plan to enlighten the media so as to secure continuing public support, uninterrupted commitment of political leaders and funding by the government to ensure that Nigeria is declared polio free by 2017 at the earliest.

Polio Legacy Plan: ERC notes the ongoing efforts to use the polio infrastructure to strengthen routine immunization in the country, in line with the polio end game strategy. There is the need for the Federal Government and partners to initiate the process of a legacy plan for PEI by setting up an ICC Legacy Working Group that will be mandated to develop a robust legacy plan for the country.

Routine Immunization: ERC notes the improved RI coverage and the plan to introduce IPV into the national routine immunization system in February, 2015. However increased efforts must be put in place to address the challenges of an unreliable population denominator and improve focus on reporting on outcomes and impact of all (government and partners) investments on RI in targeted States.

Addressing 2015 Funding Gap: ERC acknowledges the commitment of the Federal Government of Nigeria and partners to polio eradication and the redemption of all 2014 financial pledges. It notes that the huge funding gap for 2015 will have grave consequences for achieving the polio eradication goal. It therefore urges government and partners to mobilize resources to close the 2015 funding gap. In particular, JICA is urged to fast track the availability of funding for adequate procurement of polio vaccines for the planned campaigns

ERC has recognised the advantages of Health camps, and is recommending Government and Partners to continue their support in that direction. The various tiers of Government and Partners should develop sustainability plans.

Introduction

The 29th Expert Review Committee (ERC) for Polio Eradication and Routine Immunization (RI) was convened on 21-22 January 2015 in Abuja. The ERC acknowledges and commends the Federal Government of Nigeria and Partners, particularly the National Polio Emergency Operations Centre (EOC) as well as State and Local Governments for the sustained progress made in the polio eradication initiative throughout 2014. In particular, the ERC acknowledges the sustained improvement in SIAs quality, increase in immunity to WPV1 and the increased accountability in government and partners at all levels.

The ERC commends the Honourable Minister of State for Health for sustaining the quarterly Presidential Task Force meetings and the monthly update to Mr. President while ensuring that PEI is an agenda item at Federal Executive Council Meetings and during electioneering campaigns. ERC urges Polio High Risk States and LGAs to make PEI an agenda item during State Executive Council Meetings and provide the necessary oversight through the State Task Force on Immunizations.

ERC appreciates and commends Programme for the renewed vigour to use polio infrastructure to strengthen routine immunization especially in the polio high risk LGAs and States.

The ERC acknowledges the full participation at the meeting of representatives of key State and Partner Agencies and commends them for their sustained support and commitment to achieving the goal of polio eradication in Nigeria. The ERC in particular recognises and appreciates the field staff in the security constrained states of Borno, Yobe and Adamawa.

This report summarizes the main findings, conclusions and recommendations of the 29th meeting of the ERC.

Report on the 28th ERC Recommendations

The ERC reviewed the report on the status of implementation of the 28th ERC recommendations and commends the national Programme on the remarkable progress made in implementing most of the key recommendations. The ERC notes that the recommendation on obtaining the commitment of all political parties to polio eradication as electioneering campaigns heighten and distract political leaders from PEI issues remain valid, while ensuring that the correct information on the status of polio eradication in Nigeria is disseminated.

With respect to the 28th ERC recommendations, the ERC strongly reiterates its previous recommendations on validation of key operational processes (micro-plan reviews, team selection, and application of IPD dashboards) and rigorous application of the accountability framework.

Since the last ERC meeting, two Sub national Immunization Plus Days (SIPDs) have been implemented as scheduled. A tOPV round was conducted in November 2014, with an additional tOPV round conducted in Sokoto in December 2014.

In December 2014, inactivated polio vaccine (IPV) was introduced in 12 LGAs in Kano State in response to increased cases of cVDPV. The directly observed polio vaccination (DOPV) was deployed in all LGAs in Kano except the eight metropolitan LGAs due to security challenges. House to house mobilization was intensified in the State with the engagement of 3, 558 volunteer community mobilizers and 250 Federation of Muslim Women Associations in Nigeria (FOMWAN) Federation of Muslim Women Associations in Nigeria (FOMWAN) members as well as traditional and religious leaders to build confidence and increase acceptance.

IPV introduction in security constrained areas was extended to all the LGAs in Borno and Yobe to quickly boost population immunity as insurgency increased and cases of cVDPV were reported in Yobe State. Consequently the planned comparative serosurvey in areas using IPV and those not using IPV was no longer feasible. However, the LQAS questionnaire has been revised to capture each child's dose history.

Tracking and vaccination of children in internally displaced persons (IDPs) camps was intensified with 57,715 children vaccinated at 48 IDPs camps in four States of Borno, Gombe, Adamawa and Taraba. To boost population immunity in LGAs of Taraba and Adamawa bordering countries with on-going polio infections, periodic intensification of routine immunization is carried out. Vaccination of eligible children with OPV, IPV and RI antigens is ongoing in border LGAs carried out by permanent transit teams.

Special interventions to reach chronically missed children, such as market vaccination; Permanent Health Teams, Permanent Transit Teams, Firewalling, etc are being tracked on weekly basis by the national EOC.

The quality of the IPDs has continued to improve with 98% coverage for the 69 high risk LGAs and 97% coverage for the high risk states.

The routine immunization dashboard has been implemented in all 36 States and FCT while the planned introduction of IPV into the national routine immunization schedule in February 2015 has been set in motion with stakeholders' sensitization and training of health workers.

However, the Programme is still hampered by residual threats and challenges including the decreasing population immunity for WPV2, persistent transmission of cVDPV, insecurity in Borno and Yobe States, 2015 general elections and funding gap.

Current epidemiological situation

Wild Polio Virus (WPV) transmission has continued to reduce in 2014. As at 9, January 2015, (for all of 2014), only six cases of WPV1 were reported from two States and five LGAs compared to 53 cases in nine States and 27 LGAs in 2013. No case of WPV3 has been reported since November 2012. However, there has been an increase in the number of cases of circulating Vaccine Derived Poliovirus type 2 (cVDPV2) with 29 cases reported in 5 States compared to 4 cases in 2 states for the same period in 2013. Additionally, between January and December 2014, there was an increase in number of cVDPV2 isolated from environmental samples collections. A total of 54 cVDPV2 in 7 states in 2014 (Kaduna 11, Kano 14, Katsina 2, Sokoto 12 and Borno 13 Jigawa 1, Yobe 1) were reported compared to 25 cVDPV2 cases in 3 states (Sokoto 6, Kano 1 and Borno 8) for the same period in 2013.

Programme Developments

The ERC notes some key developments since the last meeting:

- There has been 89% reduction of WPV1 cases in the last one year to date and sustained disappearance of WPV3 for 26 months. Only one active genetic type (N5A) of WPV1 is still circulating in the country. Cases of cVDPV2 have increased significantly in the last one year with 29 cases in Borno, Kano, Yobe, Jigawa and Katsina States.
- Outbreak response to cVDPV outbreaks were conducted with tOPV and combined IPV-OPV in Borno, Yobe and Kano States.
- The number of LGAs with paralysed children reduced significantly from 27 in 2013 to five (83 %) in 2014. While Kano, Katsina, Borno, Yobe, Jigawa and Kaduna reported cVDPV from both AFP and environmental samples.
- Mapping of WPV transmission zones and risk categorization of LGAs bordering Cameroun and Niger Republic to rapidly contain circulation.
- Revision of LQAS questionnaire to capture the child's dose history
- Tracking and weekly reporting of special interventions such as market vaccination, PTT, PHT, IDPs vaccination, etc
- Directly Observed Polio Vaccination (DOPV) strategy to reach chronically missed children was introduced in 61 out of the 69 High Risk LGAs
- Scaling up of number of Health camps in Kano & Borno States.
- Intensification of the Hard-to-Reach Mobile Health Team Project to provide integrated services to increase population immunity and build confidence
- Continuous mapping of Internally Displaced Persons (IDPs) camps and vaccination of eligible children
- Tracking of vaccination eligible children with OPV at CMAM (Community Management of Acute Malnutrition) sites in high risk LGAs.
- Inactivated Polio Vaccine (IPV) introduction scaled up to all LGAs in Borno and Yobe to quickly boost immunity of children in security constrained areas as insurgency increased.
- Inclusion of PEI issues in most Federal Executive Council meeting Agenda and electioneering campaigns.

Key Risks

The ERC however, identified major risks to achieving polio eradication in Nigeria, as follows:

1. Complacency and false sense of “victory” over polio?
 2. Huge number of susceptible children in Kano metropolis
 3. Escalating security risks in Borno, Adamawa and Yobe States
 4. Elections in February 2015
 5. Persistent Health workers Strike
 6. Financial risks
- **Complacency and false sense of security:** ERC commends the Nigeria Programme for the laudable progress made so far towards the goal of interruption of polio virus in country. However, ERC also notes the flagging of the progress being made in polio eradication efforts in political campaigns but cautions that the political leaders and the media need to be sensitized to avoid public perception that the country is now polio free which could lead to complacency, and certain reversal of the current success and achievements of the Programme.
 - **Huge number of susceptible children in Kano metropolis:** While commending the tremendous efforts by Government and partners to stop wild poliovirus (WPV) transmission in Kano, ERC is concerned that huge performance gaps still exist in Kano, including the finding, (in the October 2014 seroprevalence survey conducted in metropolitan LGAs of Kano), of a large proportion (x%) of zero-dose 6 to 9-month old children.. The existence of this large number of susceptible children in Kano poses a risk to the goal of stopping transmission in Nigeria in 2015 and must be addressed rigorously.
 - **Escalating security risks in Borno, Yobe and Adamawa States:** ERC recognizes the fact that the Programme has made concerted efforts to boost the immunity of children in security challenged States using varied strategies, including introduction of inactivated Polio Vaccine (IPV) in Borno and Yobe. However, significant risks remain, occasioned by the increased activities of insurgents in these States, which limit access to eligible children and increase population movements within the States and across borders. This has resulted in increasing numbers of internally displaced Persons (IDPs) in camps.
 - **Elections in February 2015:** As the nation moves closer to the national elections scheduled for February 2015, key political leaders are likely to get increasingly distracted thereby not providing the needed resources and oversight to the Programme. Any distraction of political leaders at Federal, State, and LGA levels at this critical stage could therefore significantly derail the progress made so far and could be a major setback.

- **Health workers strike actions:** ERC noted with concern the incessant mosaic strike actions by health workers and considers this to be a major risk to health workers' motivation, desire and ability to deliver uninterrupted quality services, especially in routine immunization in affected States. If not promptly addressed, these actions could have negative consequences for routine immunization services.
- **Programme Financing Risks:** ERC notes with appreciation the support of Government of Nigeria (GoN) and partners in bridging the financial gaps in 2014. ERC is however concerned that there is still substantial funding gap in the 2015 Financial Resources Requirement which constitutes a major risk to the polio Programme, especially as efforts are being made to bring implement innovative strategies to reach every child, especially chronically missed children. ERC also notes that the JICA loan to Government of Nigeria for procurement of OPV is not yet effective. Any further delay in accessing the JICA loan will pose a risk to uninterrupted OPV supply for scheduled Immunization Plus Days (IPDs) especially after the March 2015 nationwide IPDs (NIPDs), unless drastic steps are taken to secure alternative pre-financing mechanism for the retroactive financing provision the loan agreement.

Conclusion and Recommendations

The ERC carefully considered the epidemiological situation and Programme data in developing conclusions and formulating recommendations on actions to sustain and improve on the progress being made to achieve the national goal of interrupting polio transmission at the end of 2015.

Conclusion

The ERC observes the impressive progress Nigeria has made in the polio eradication initiative, particularly the sustained improvements in SIAs quality, continuous increase in type 1 immunity, the disappearance of WPV type 3 since November 2012, the zero case of WPV1 since July 2014. The ERC however noted the increasing number of cases of cVDPV, polio compatibles and the high number of pending results from the polio laboratories. Aware that the country will be required to also stop the transmission of both in cVDPV and the compatibles for it to achieve the national goal of stopping polio transmission in 2015, the ERC therefore cautioned that it was too early to give the public the perception that the country is polio-free which may lead to complacency and possible resurgence of polio cases.

It therefore concludes that the country needs continued public support, government and partner commitment in funds and resources, an improved sensitivity of the surveillance system, a focused mop-up strategy and a robust outbreak plan for all tiers of government to interrupt transmission by end of 2015.

Recommendations

Robust Outbreak Preparedness

Although the country has made sustained progress in the effort to stop the transmission of the poliovirus, the increased cases of cVDPV and polio compatibles is of great concern. Also the inaccessibility to children in Adamawa, Borno and Yobe States as well as the recording of cVDPV cases in these security constrained areas requires that the Programme is proactively prepared to effectively respond to any outbreak of WPV. Consequently any outbreak of WPV should be treated as a national emergency and responded to as such.

The ERC therefore recommends that;

- The national EOC should track all chains of WPV & CVDPV and develop a national outbreak response plan with clearly identified rapid response teams at national, state and LGA levels, as well as ensure the availability of needed resources to respond to any outbreak of WPV or CVDPV. This plan should also include polio compatibles.

- For Mop-ups, the strategy should be enhanced for both WPV & cVDPV. Especially with the first response, the speed of response should take precedence over the quality of response. In addition, the scope of mop-ups should be in accordance with WHO guideline which stipulates 2-5million population coverage.
- The national Expert Polio Committee (NPEC) should meet more frequently to analyse and evaluate surveillance data for a more rapid classification of polio compatible cases across the country.

Supplemental Immunization Activities (SIA)

The ERC endorses the Programme’s innovative strategies to reach chronically missed children and children in security constrained areas, and urges it to scale up in particular, the market vaccination and health camps. The ERC while endorsing the proposed SIA schedules, for stopping cVDPV2 transmission by end of April 2015, notes the global shortage of tOPV, and advises that the vaccine of choice for April NIDS should be tOPV in the 11 (High Risk States (HRS) and bOPV in the rest of the country.

ERC is concerned about the large proportion of zero dose children in Kano metropolis and consequent low population immunity. It is also concerned about the clustering of under-vaccinated children, and the disconnect between monitoring data, OPV history and seroprevalence, in Kano.

ERC therefore recommends that;

- Health camps & market vaccination should be scaled up and that government and partners should provide adequate and timely release of funding for these activities. National and State EOCs should maintain the weekly reporting of coverage data from market vaccinations and other special interventions.

Kano

- A community-based seroprevalence survey be conducted in Kano metropolis & any other relevant LGAs
- Analyze and evaluate the disconnect between monitoring data and the findings of previous seroprevalence studies, and take appropriate corrective action
- Refine validation of monitoring data & LQAs and validate LQAs in high risk LGAs
- Expand DOPV Kano metropolitan LGAs and other LGAs at risk

Borno & Yobe

- Sustain efforts to assess vaccination coverage in LGAs and specific populations (IDPs, mobile & infected)
- Monitor & report vaccination of IDPs in camps as well as in host communities by doses over time.

- Increase Permanent Transit Team (PTT) posts to cover children from inaccessible areas – monitor & report on number of sites and children vaccinated by week
- Conduct community based seroprevalence studies.
- Include Adamawa in the strategies to reach children in security constrained areas

Impact of 2015 Elections

ERC is mindful of the possible negative impact of the on-going election campaigns, on political commitment, support and funding for the eradication initiative. The ERC is particularly concerned by the incorrect information given by political leaders on the status of polio eradication in Nigeria. It cautions against premature announcements and celebrations which can result in complacency as Nigeria still remains a polio endemic country.

The ERC therefore recommends that;

- The correct polio eradication status of Nigeria be widely disseminated by the Programme and the media, and any misinformation corrected
- The Programme should ensure national consensus on polio eradication across civil society, traditional leaders and political parties
- National EOC to develop and implement an aggressive post-election advocacy action plan to secure the support of political leaders in high risk States and LGAs.

Polio Legacy Plan

ERC notes the ongoing efforts to use the polio infrastructure to strengthen routine immunization. The polio infrastructure in Nigeria has demonstrated the capacity to contribute to other health priorities (e.g. controlling Ebola transmission). Looking ahead, it is now important and timely to begin a planning process to assess how polio assets can best be utilized in post-eradication functions (e.g. surveillance) through polio certification and beyond.

ERC therefore recommends that the Federal Government & partners initiate the process of developing a legacy plan for PEI by setting up an ICC Legacy Working Group that will be mandated to develop a robust legacy plan for the country to:

- Inventory the polio assets (including human resources) and infrastructure in Nigeria
- Document lessons learned
- Document how the polio funded infrastructure is currently contributing to other immunization and health priorities (so called “legacy in action”)
- Develop a plan for re-programming (transitioning) polio assets for other immunization and health priorities, including routine immunization Programme strengthening

Routine Immunization

The ERC takes note of the major improvements in vaccine supply chain that have led to substantially improved availability of bundled vaccines at all levels and the near disappearance of stock-outs. The ERC applauds the efforts taken to introduce IPV into the national routine immunization system by February, 2015, as well as the introduction of PCV and rotavirus in 2015. However, the ERC expresses grave concerns regarding the lack of adequate funding for routine immunization in 2015 which threatens to derail efforts to improve routine immunization coverage and the introduction of new vaccines. In addition, the ERC expresses reservations regarding the quality and use of administrative vaccination coverage data as an accurate representative of the current situation in Nigeria.

ERC therefore recommends that;

- RI presentations in subsequent ERC meetings should focus on outcome rather than process and show impact of the partners investment on RI in targeted States
- The RI to leverage on the polio microplanning to address the challenge of an appropriate denominator for RI coverage
- National EOC and RI to collaborate in the ongoing efforts to introduce new vaccines

Addressing 2015 Funding Gap

ERC acknowledges the commitment of the Federal Government of Nigeria and its partners to polio eradication and the redemption of all 2014 financial pledges. It notes the huge funding gap for 2015 and reiterates that this will have grave consequences for achieving the goal of polio eradication.

ERC therefore recommends as follows:

- JICA is to fast track the availability of funding for adequate procurement of polio vaccines in the country for the planned campaigns
- Government and partners to mobilize resources to close the 2015 funding gap.

Next ERC Meeting

ERC proposes to meet in April 2015 to provide guidance on sustaining and further improving on the progress being made in order to stop transmission in 2015.