



“Overview of Polio Eradication in Nigeria”

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Minister of State for Health, Nigeria

29th October, 2012



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Epidemiology and surveillance

What we have done

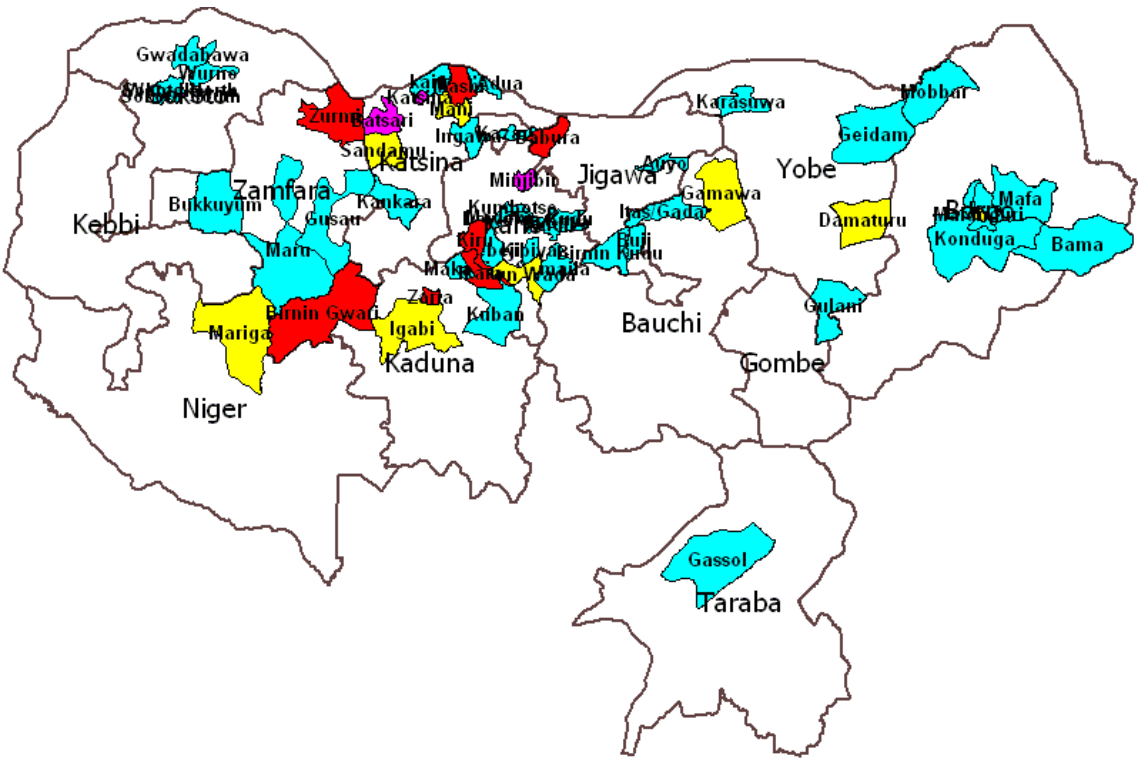
Results

Next steps

Focal Distribution and Key Epidemiologic Features

LGAs with wild poliovirus infections (Jan – Oct 2012)

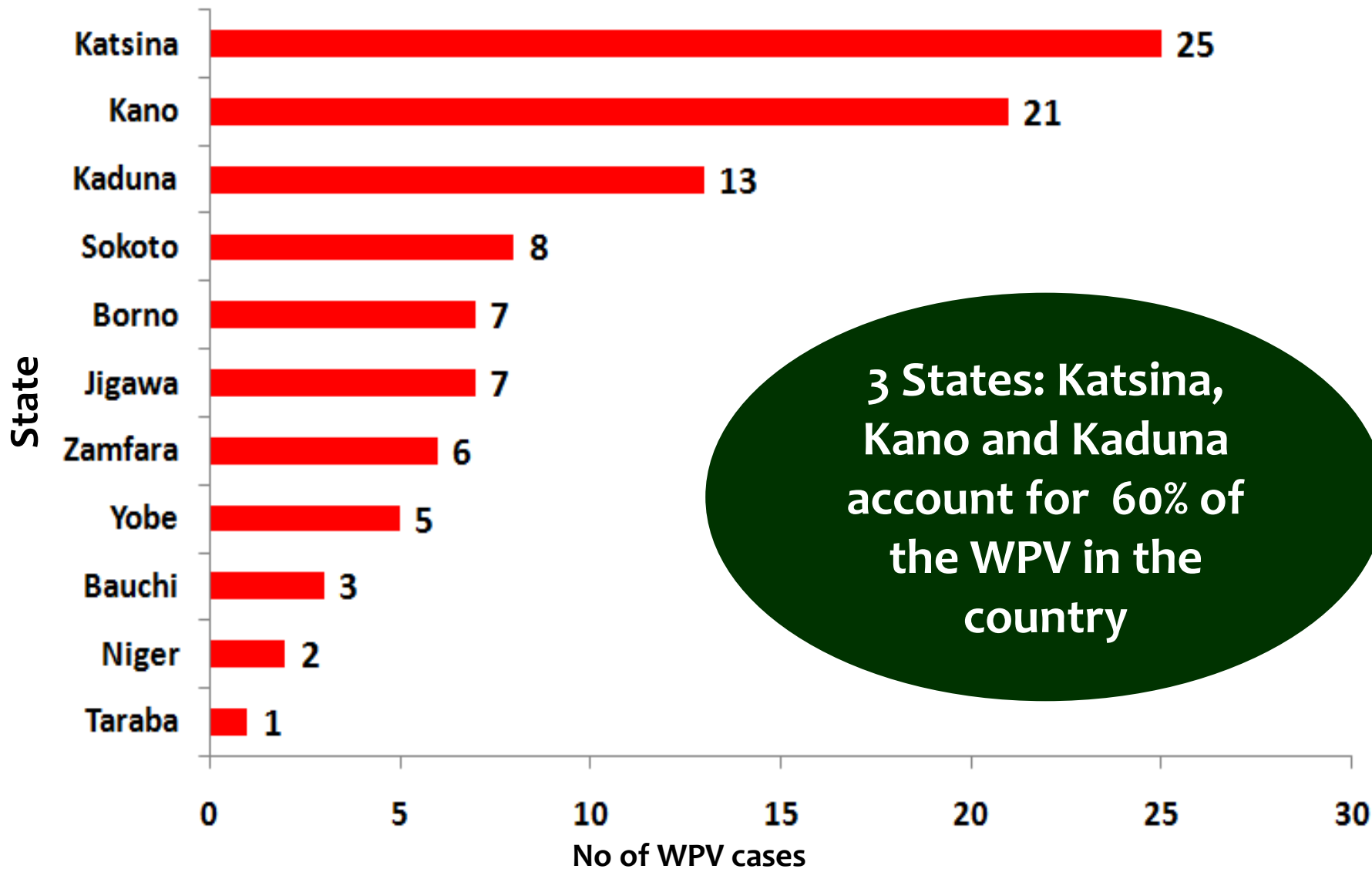
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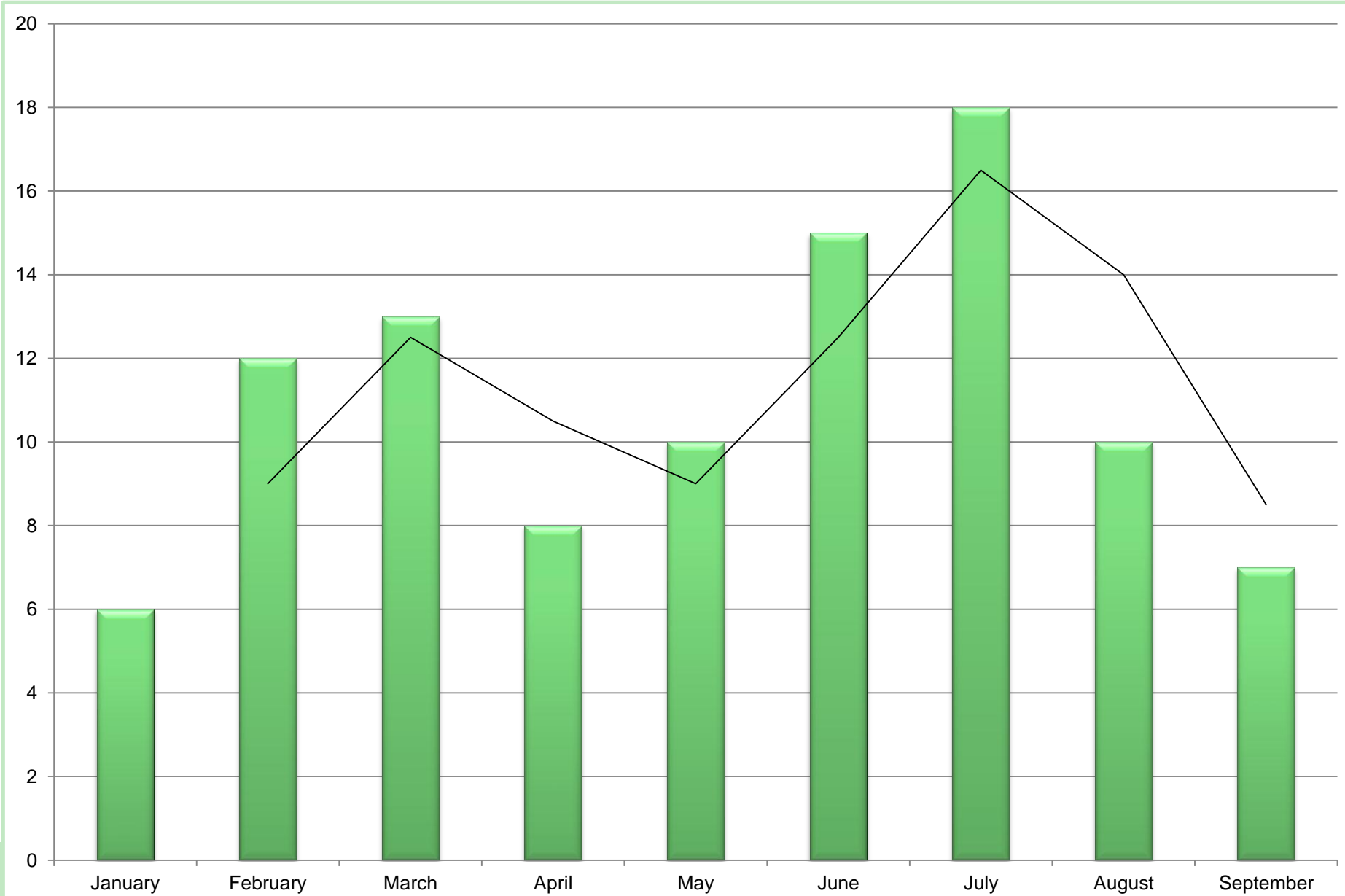
- Localized to 7% (54/774) of all LGAs
- Geographic distribution
 - Rural, scattered, and border communities
 - Selected urban areas
- Transmission
 - Spreading in contiguous LGAs with many LGAs (35%) having multiple polio cases over time

Katsina, Kano and Kaduna account for 60% of the polio cases in the country. Only 4 LGAs account for 27% of the cases and 11 LGAs account for 48% of the cases. 19 LGAs account for about 2/3 of the polio cases in the country

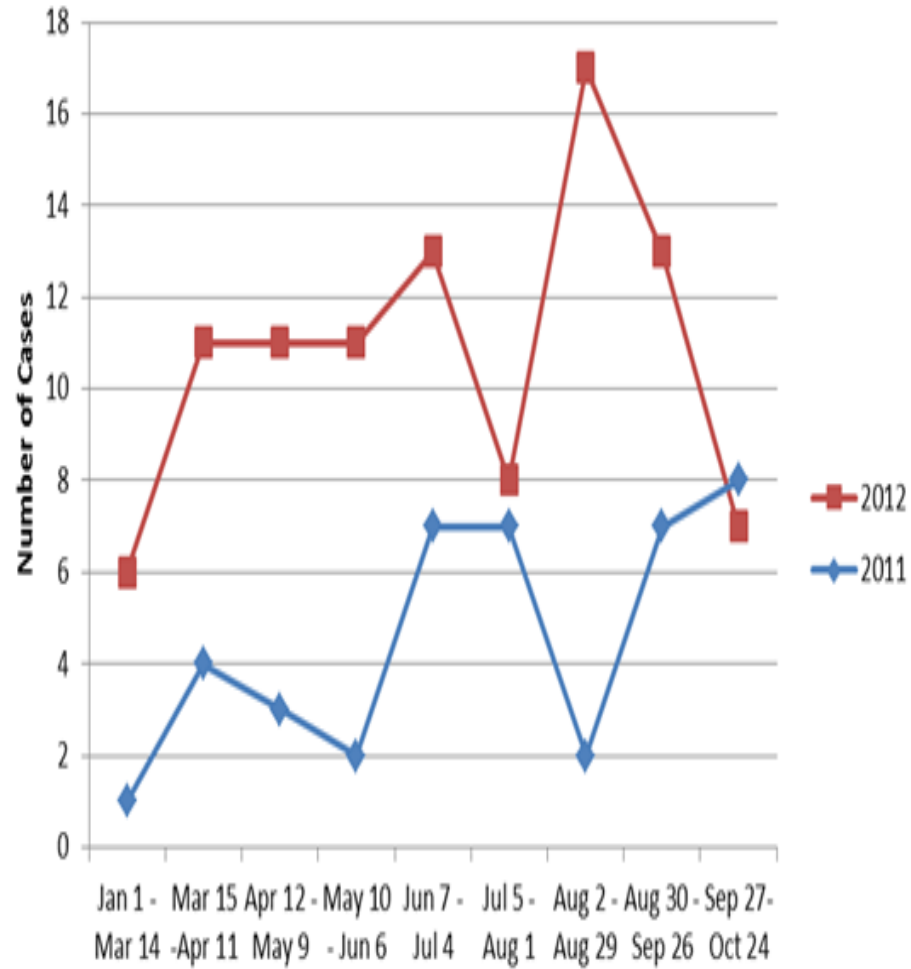
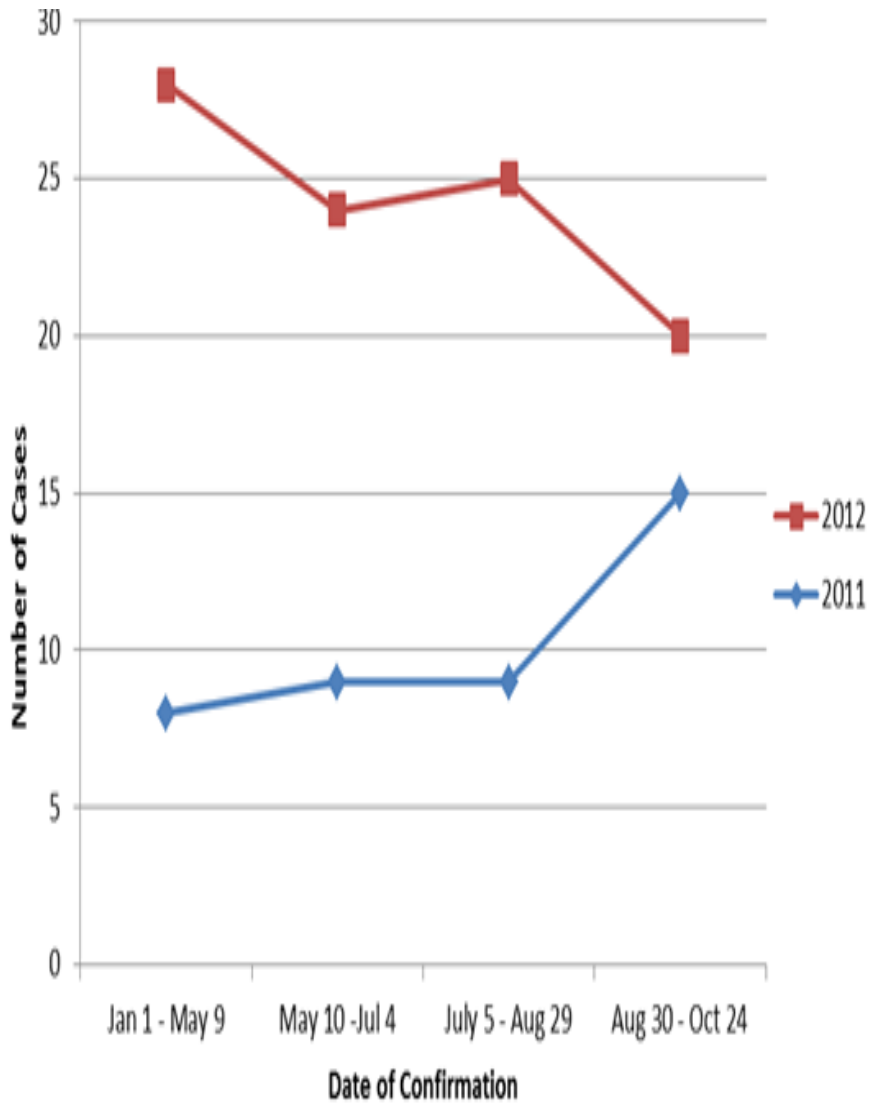
Number of WPV by State, 23 Oct 2012



Monthly trend in the incidence of WPV shows a peak in July, followed by a downward trajectory

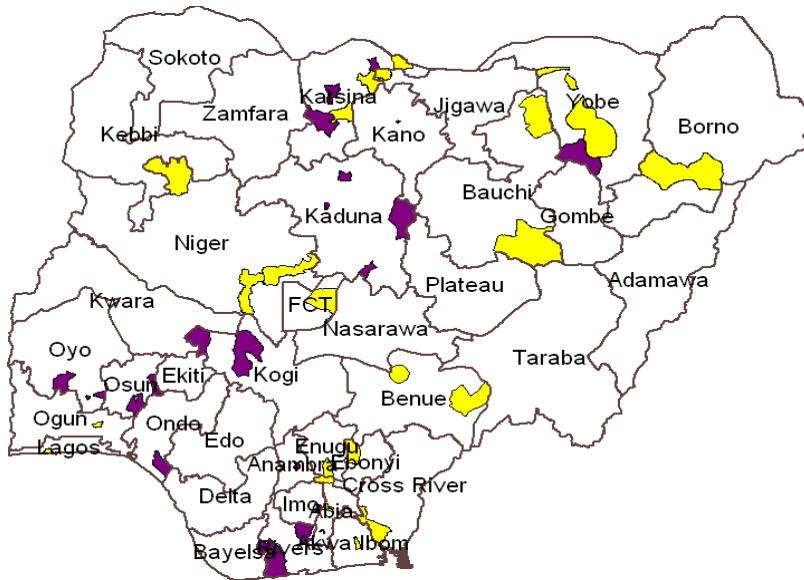


We may have turned the corner in the current outbreak

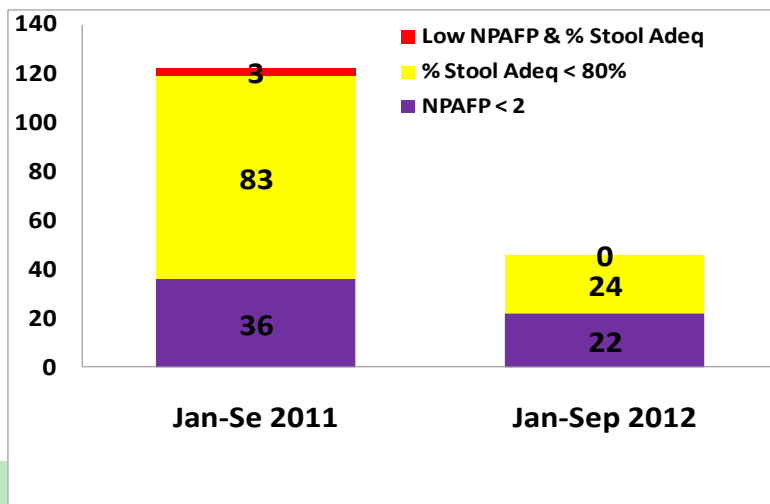


AFP surveillance Performance (Jan – Sep 2012)

Jan – Sep 2012



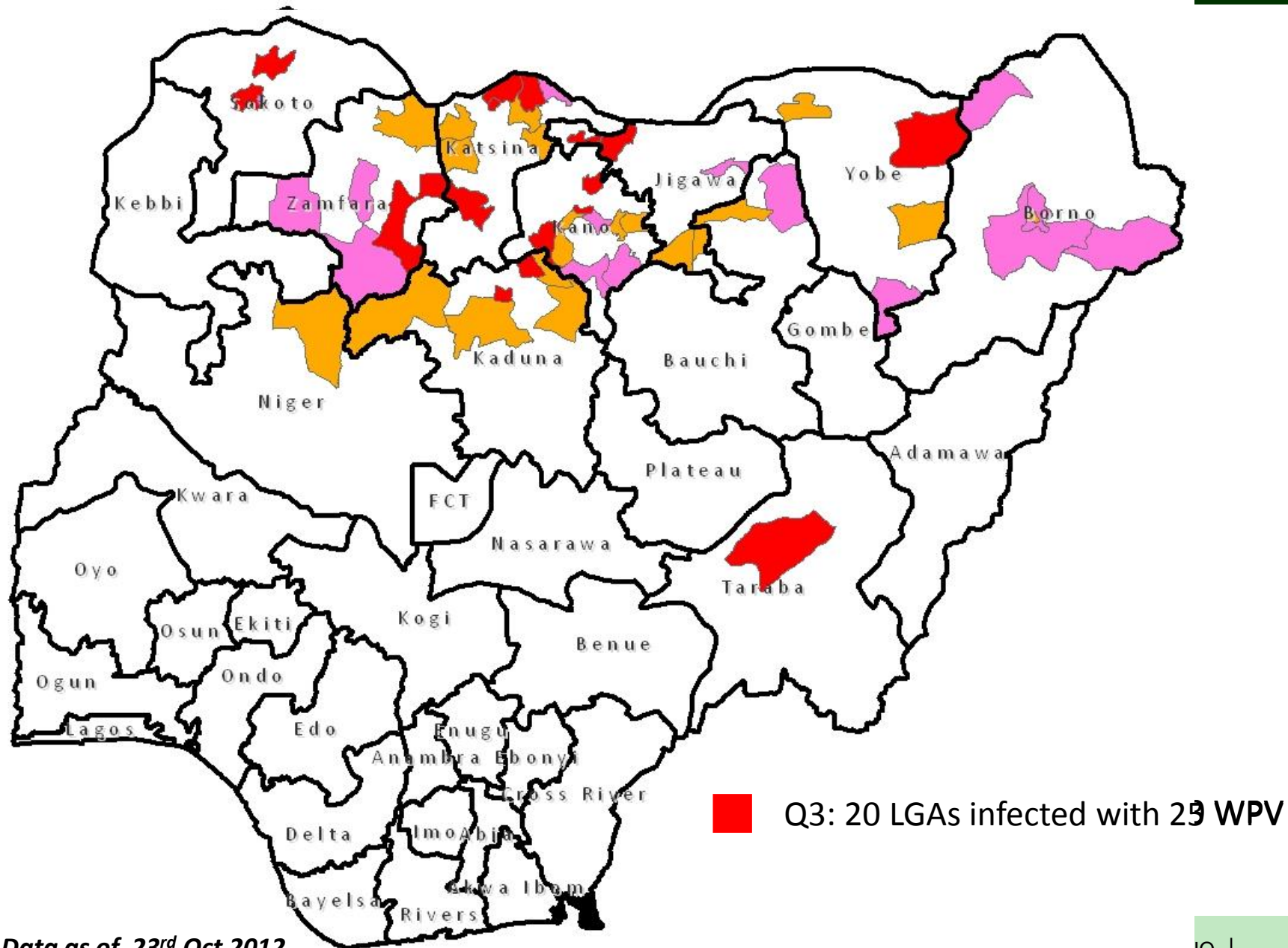
46 LGAs in 24 States



- LGAs with Low NPAFP (<2)
- LGAs with Low Stool Adequacy (<80%)
- LGAs with Low NPAFP & Stool adequacy

- NPAFP is 10.2, % stool adequacy 96%, and 90% of the LGAs met the two core AFP surveillance indicators
- Underperforming LGAs are reduced significantly (by 2/3) in 2012 through inclusion of more informants into the AFP surveillance reporting network and sensitization of professional groups
- There are nine orphan viruses in 2012 from eight LGAs

Cross-border WPV Spread by quarter in 2012



Data as of 23rd Oct 2012

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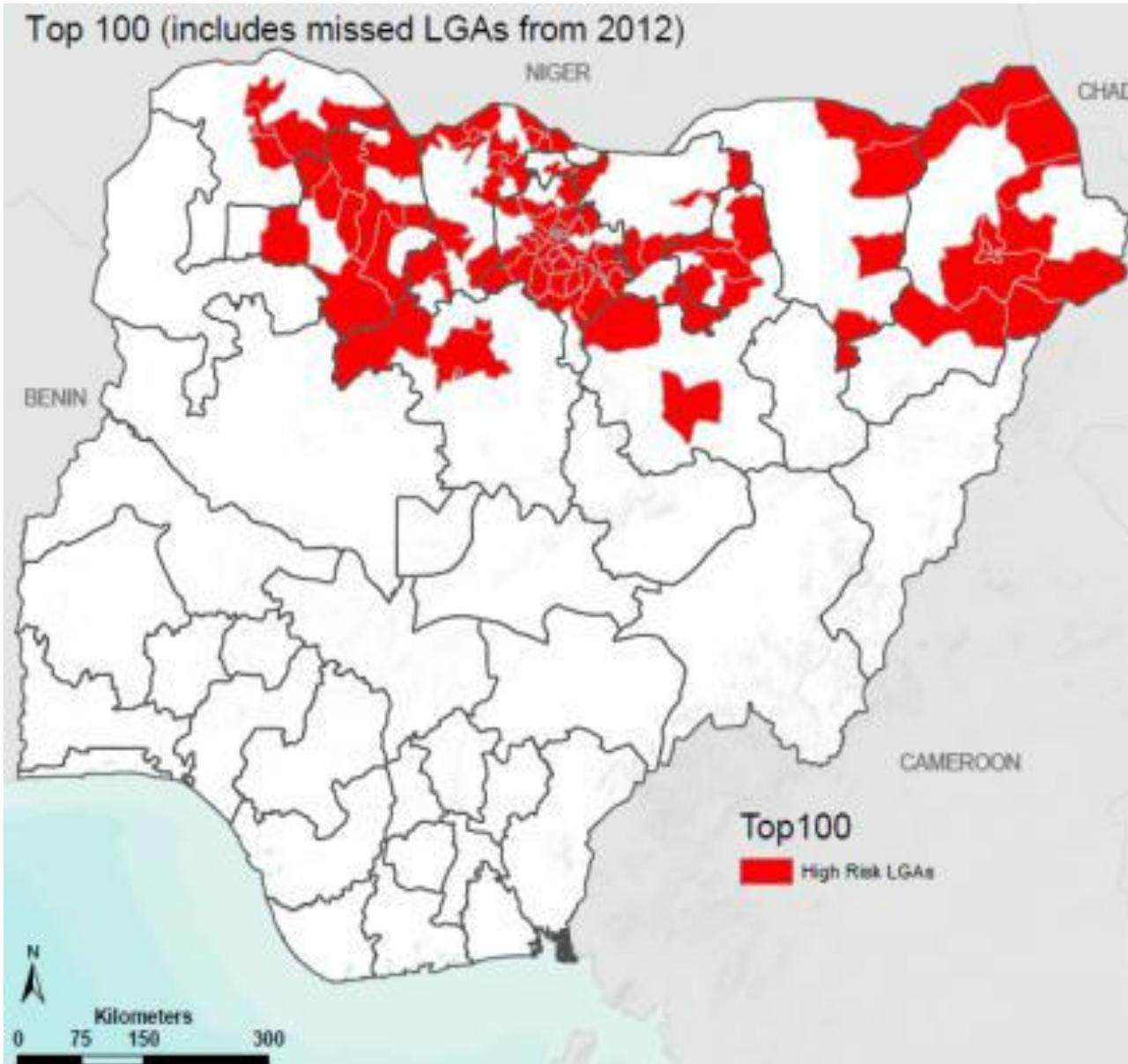
Epidemiology and surveillance

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The top 100 highest risk LGAs have been identified for focused intervention



- These 100 High Risk (HR) LGAs are a subset of 200 Very High Risk (VHR) LGAs identified using the harmonized HR algorithms of WHO, CDC and Global Good
- 45 of these worst performing 200 LGAs have declining population immunity
- The program has developed special strategies focused on this population.

We have intensified efforts in four main areas

- 1. Highest level political commitment and advocacy**
- 2. Improved operational performance**
- 3. Improved household micro-planning**
- 1. Use of GIS to improve micro-planning**

Highest level political commitment and advocacy



Highest level of political commitment by Mr. President

Governors of HR States and Chairmen of 45 vulnerable LGAs met with Mr President on October 16, 2012

Advocacy visits to High Risk (HR) States

Renewed engagement of traditional leaders in the supervision of IPDs and resolution of Non-compliant cases.

MOU signed with traditional leaders to personally ensure ownership and accountability for PEI



Highest level political commitment and advocacy



HE Executive Governor, Kano



HE Executive Governor, Jigawa



HE Executive Governor, Zamfara



HE Executive Governor, Kebbi

Highest level political commitment and advocacy



HE Sultan of Sokoto



HRH Emir of Kano



**Village Head
at evening
meeting**

Improved Operational Performance

Type of Operation

Description

Innovation

- Staggering Implementation
 - Team Restructuring
 - Increased stipend for vaccination team members
-

Capacity Surge

- Expanded personnel from WHO (2,202)
 - Indian SMOs
 - Volunteer Community Mobilizers (Unicef)
 - N-Stop (CDC)
-

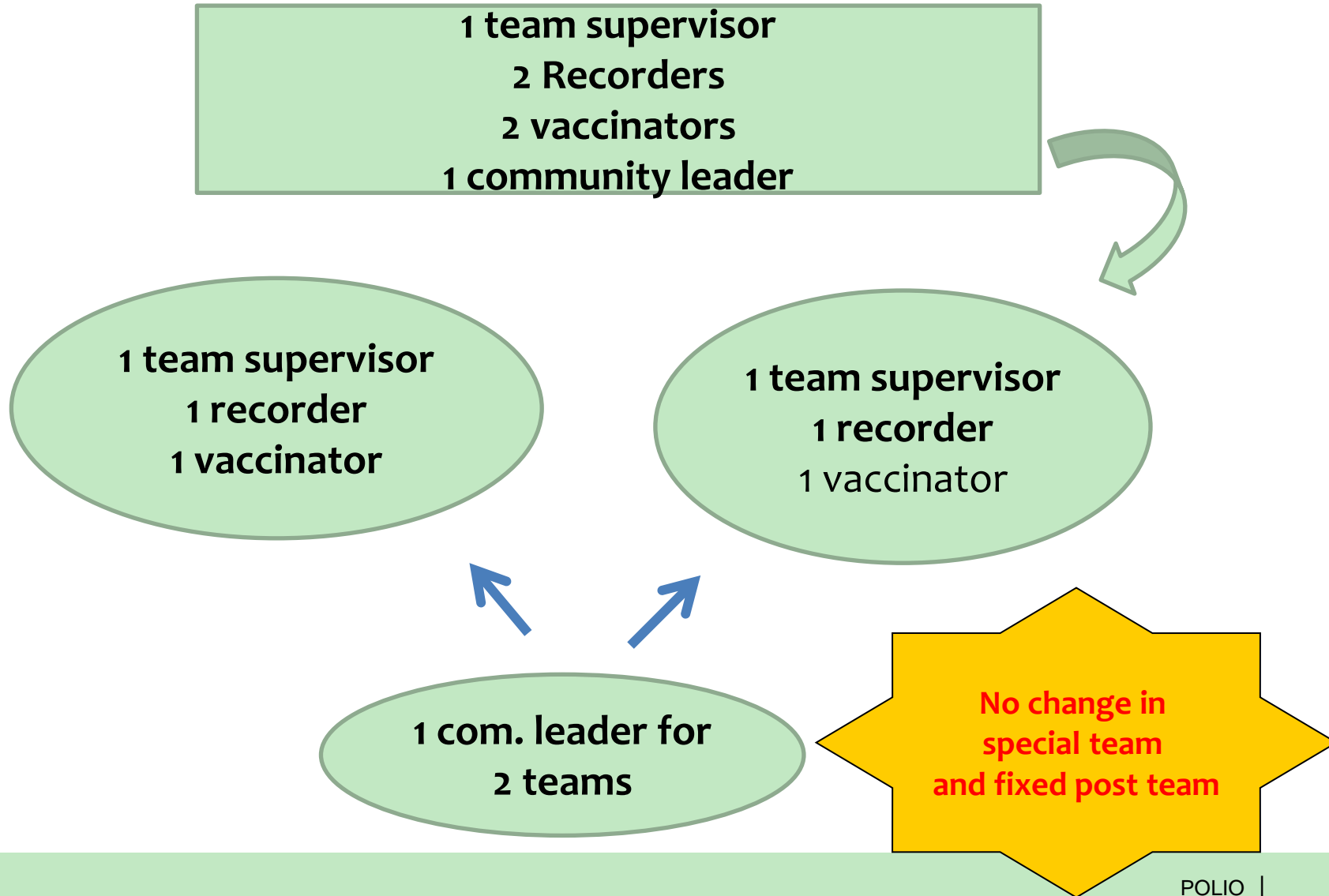
Improved Accountability

- Use of Dashboards to monitor key indicator
 - Review of dashboard planning data prior to campaign
 - Postponement of campaign based on lack of preparedness
 - All partners at the national and state levels are involved
 - Feedback to Governors, Commissioners and LGA Chairmen
 - Resulted in timely response at state and LGA levels
-

Improved Involvement of Traditional Leaders

- 219 poor performing wards were identified; TL vowed to ensure better quality of SIAs in these wards
- Delivery pact signed with Traditional Leaders to personally supervise SIAs in their domains
- Selected local vaccination team members and supervised activities

Composition of HH teams



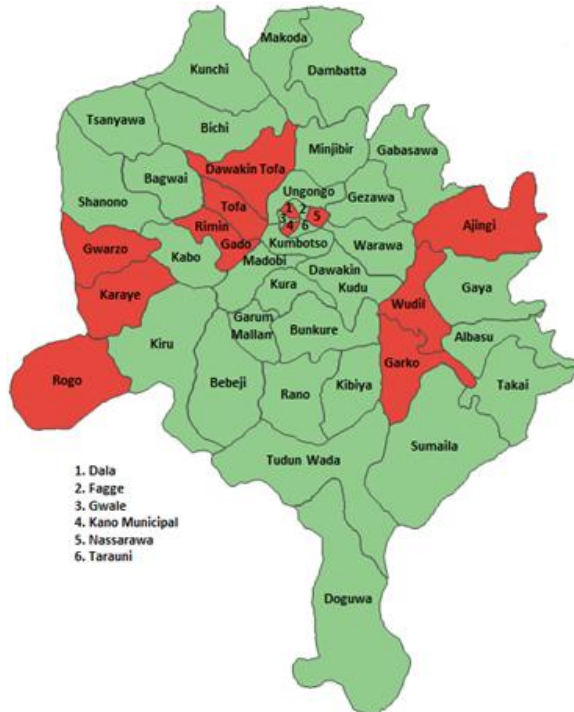
Improved operational performance: Pre-campaign Dashboard

Map showing LGAs with Monthly LGA Task Force meetings held

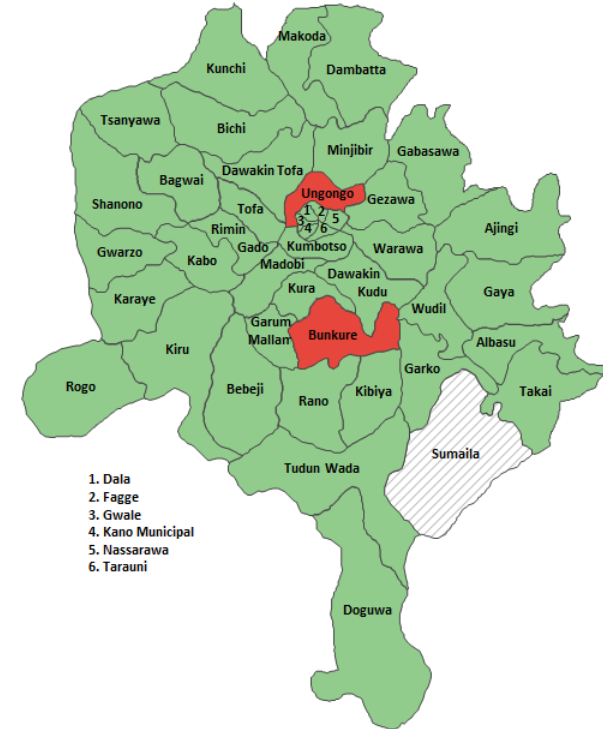
23 September



28 September



3 October



1. Dala
2. Fagge
3. Gwale
4. Kano Municipal
5. Nassarawa
6. Tarauni

1. Dala
2. Fagge
3. Gwale
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6. Tarauni



Improved operational performance: Involvement of Traditional Leaders

Emirs Signing Pact with Sultan (8th Sept 2012)



THE Sultan of Sokoto, Alhaji Mohammed Sa'ad Abubakar III, in handshake with Shehu of Borno, Alhaji Abubakar Ibn Umar Garbal El-Kanemi II, while the Executive Director NPHCDA, Dr Ado Mohammed, looks on at a sensitization meeting of northern traditional rulers on polio eradication yesterday.



DAILY TRUST



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Kwankwaso fires polio officials over corruption

From Halima Musa, Kano

Dozens of officials handling polio immunization in Kano State have been fired because they were using

the exercise as a "money-making venture", Governor Rabiu Musa Kwankwaso has said.

Speaking on Saturday during the launch of a new phase of the

polio immunisation exercise, the governor said he directed the replacement of all managerial officers because they were found to be engaged in corruption thereby

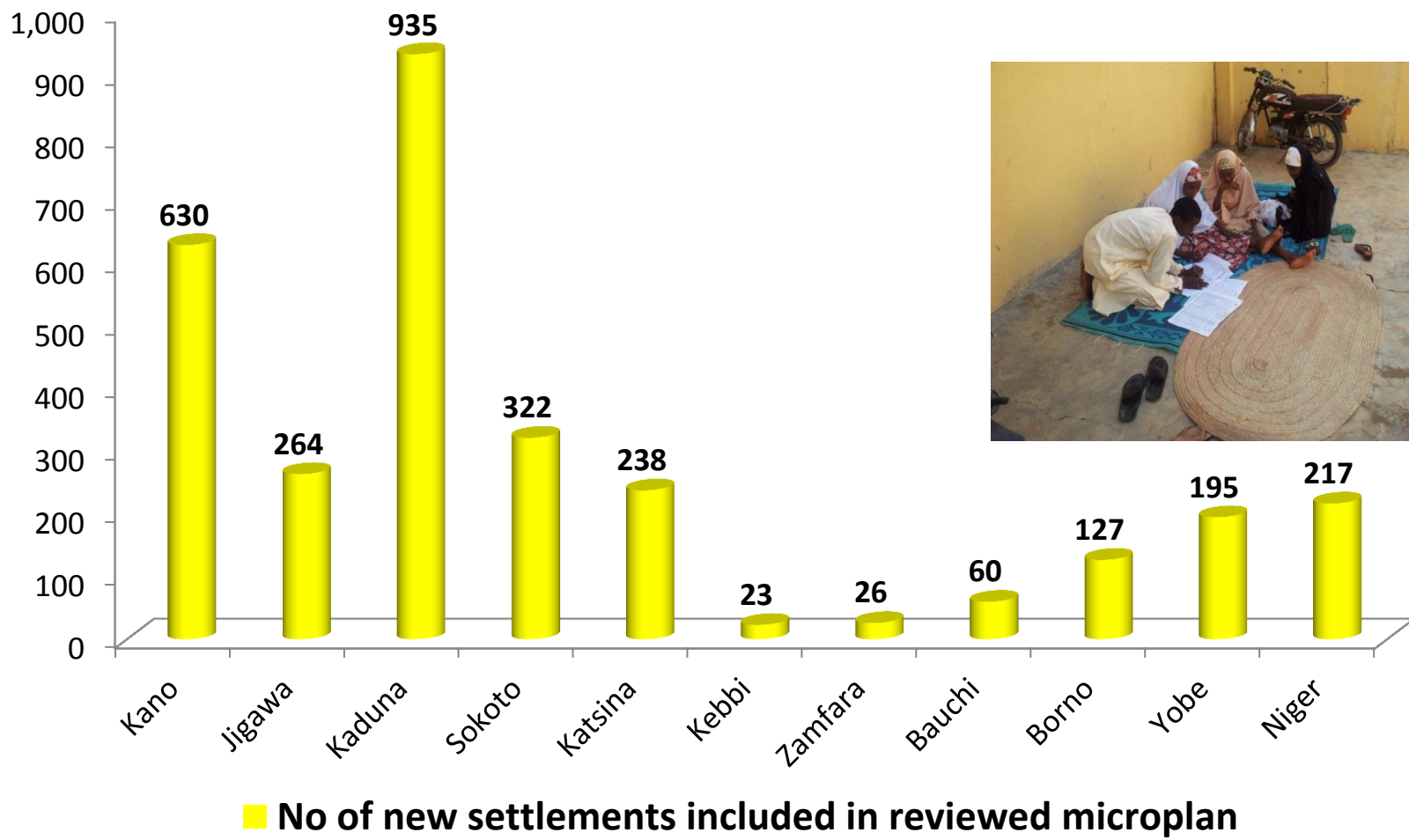
retarding the anti-polio campaign.

Kwankwaso did not give a specific number of the officials affected, but he said they were of the level of director downwards at the

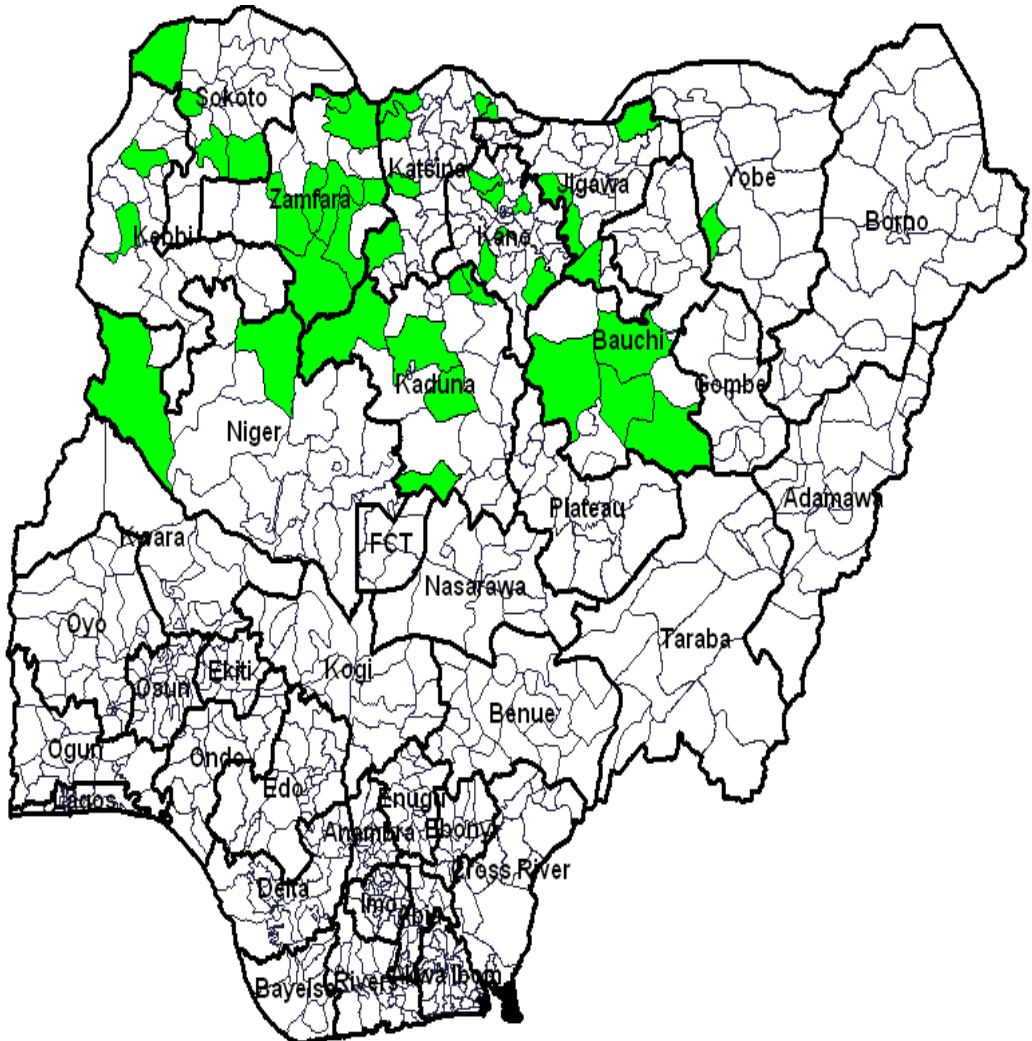
state level as well as immunisation officers of the 44 local government areas.

Polio is surging in parts of the
Continued on Page 5

Improved household micro-planning has helped to find missed children/ settlements



Improved household micro-planning has helped expand outreach to nomadic populations



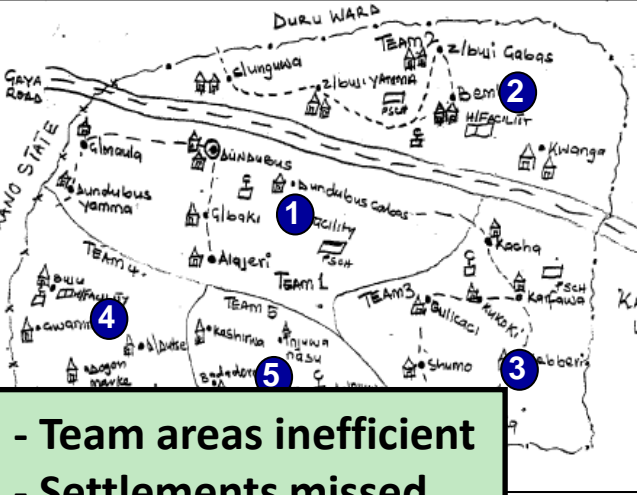
- Landscape analysis in August IPD:
 - 41 LGAs with high population of nomads
 - 1,576 settlements newly identified
- Inclusion in IPDs
 - Including nomads in vaccinations teams
 - Inclusion of settlements in micro-plan
 - Scale-up of outreach teams

1. Hand-drawn ward map from micro-plan with team-day areas (5 teams)

GIS MAPS and MICROPLANNING

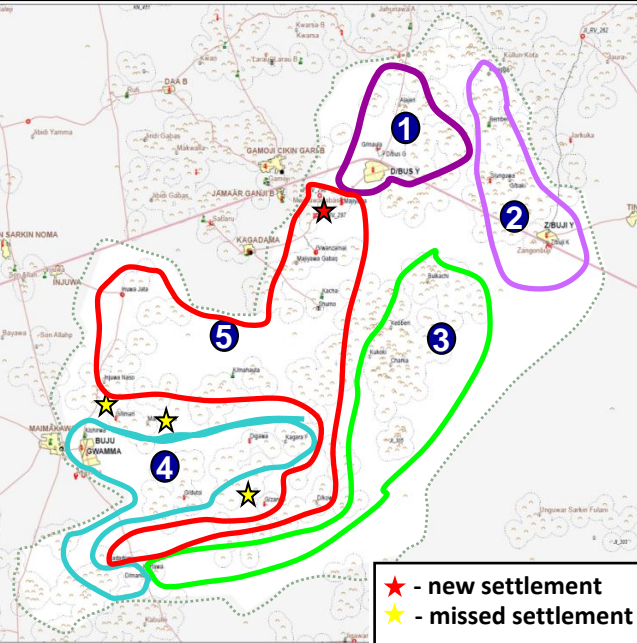
Dundubus Ward, Dutse LGA, Jigawa State

3. GIS Map of revised Team-Day Areas with small team format (11 teams)

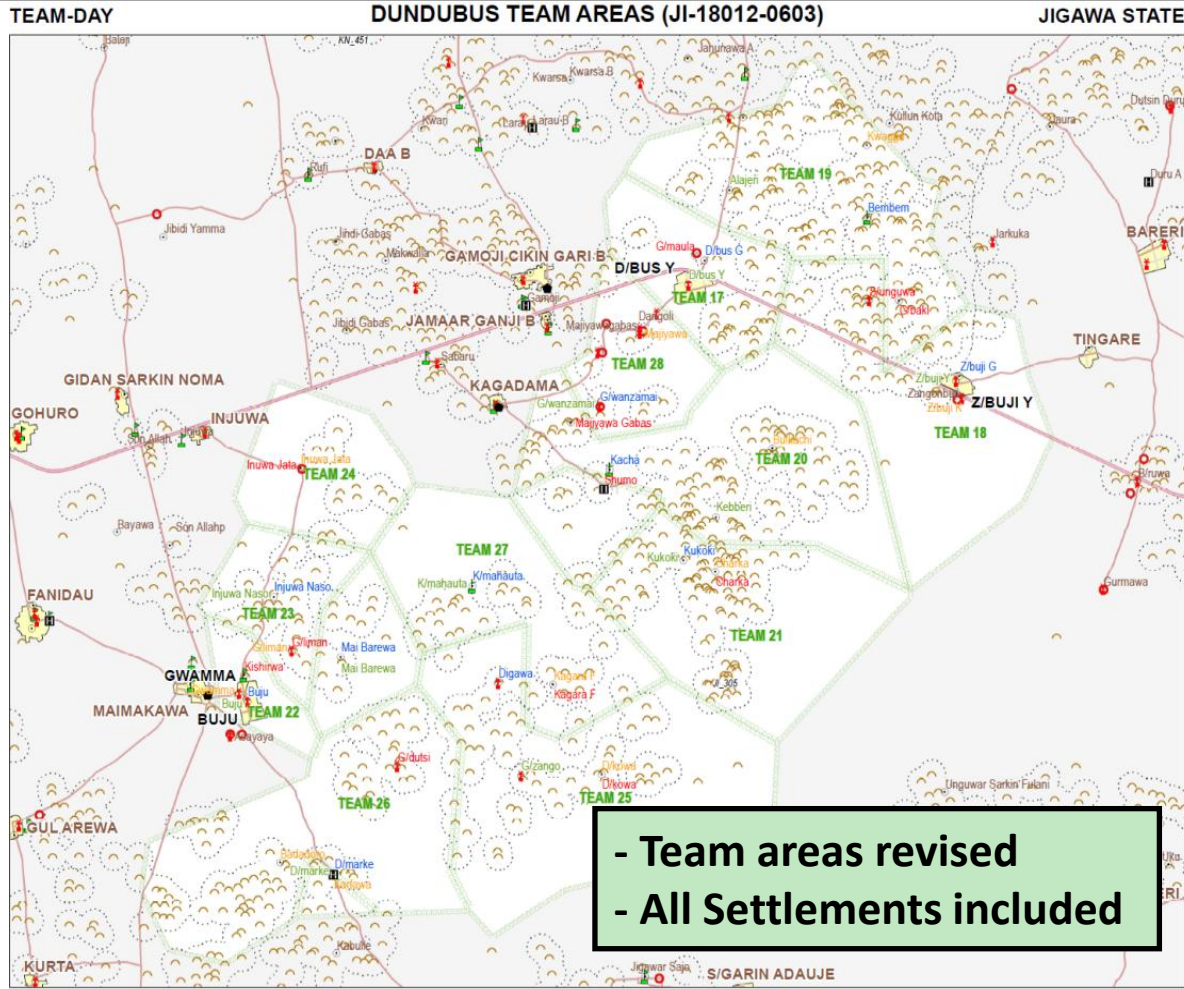


- Team areas inefficient
- Settlements missed

2. Original team-day areas shown on GIS Map (5 teams)



- ★ - new settlement
- ★ - missed settlement



- Team areas revised
- All Settlements included

DUNDUBUS WARD, DUTSE LGA

0 500 1,000 2,000 3,000 4,000 Meters
1 centimeter = 520 meters

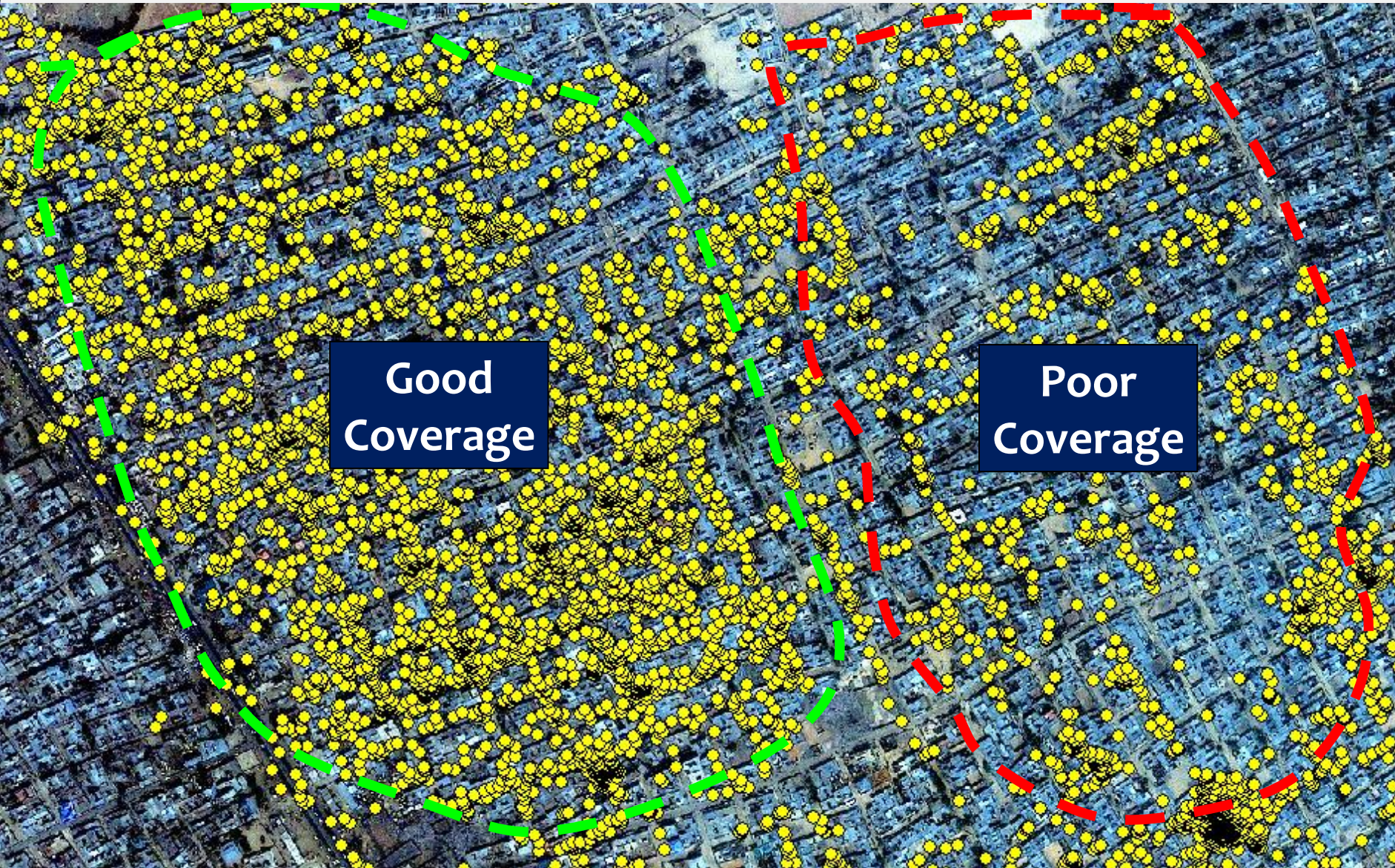
Legend
Day 1
Day 2
Day 3
Day 4

This special-use map was produced to support Nigerian police immunization program field operations planning. It was designed specifically for vaccination team assignment planning and is not intended to be a topographic map. The content was compiled from commercial satellite sources and includes settlement names and points of interest from field data collection. Boundaries and names are for reference purposes and should not be considered authoritative. The map legend and other explanatory information are provided as a separate document.

Improved tracking using GPS to Monitor Teams

Rijiyar Lemo Ward, Fagge LGA, Kano State, July 2012 IPD

Yellow dots = vaccinators tracks (one dot collected every 2 minutes)



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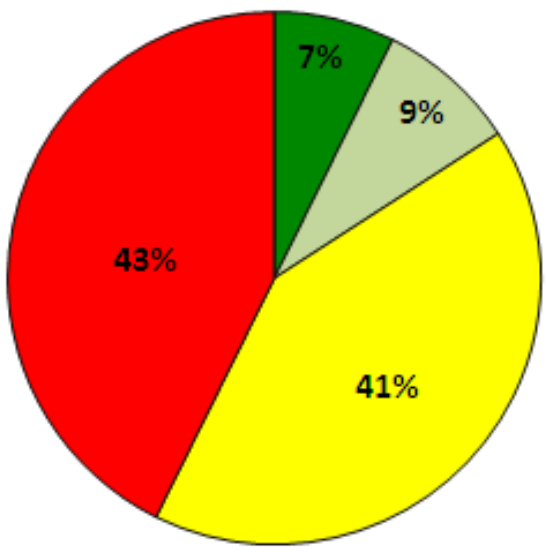
What we have done

Results

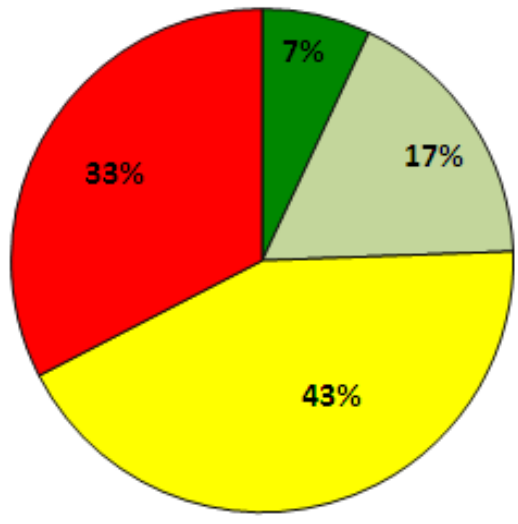
Next steps

There has been consistent improvement in LQA Coverage in the 11 High Risk states in 2012

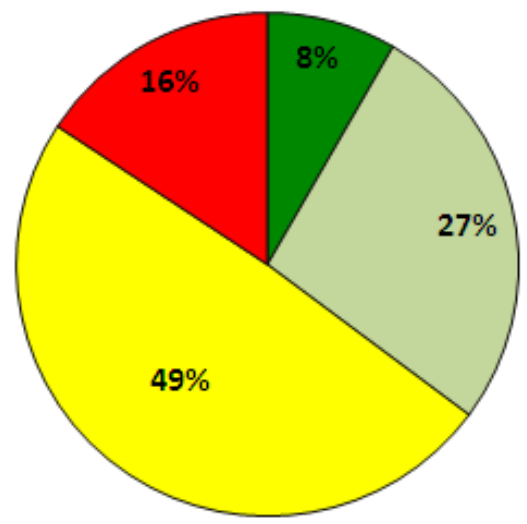
FEB-12



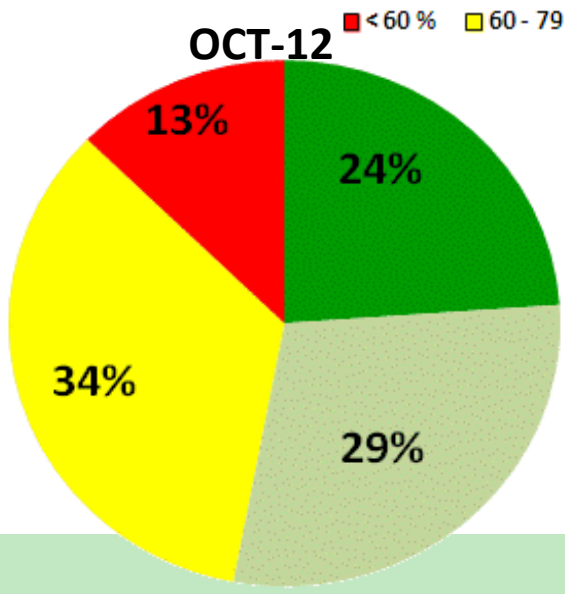
MAR-12



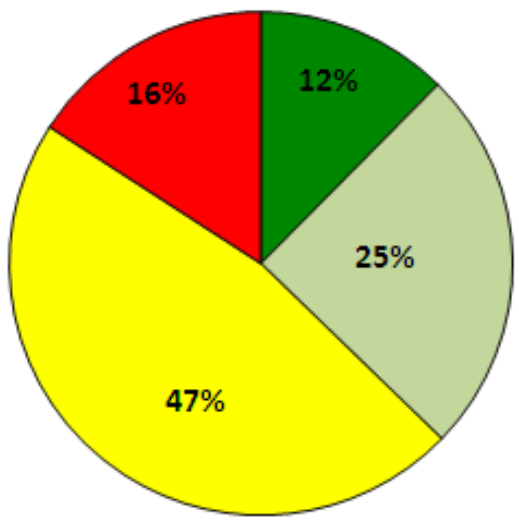
MAY-12



OCT-12



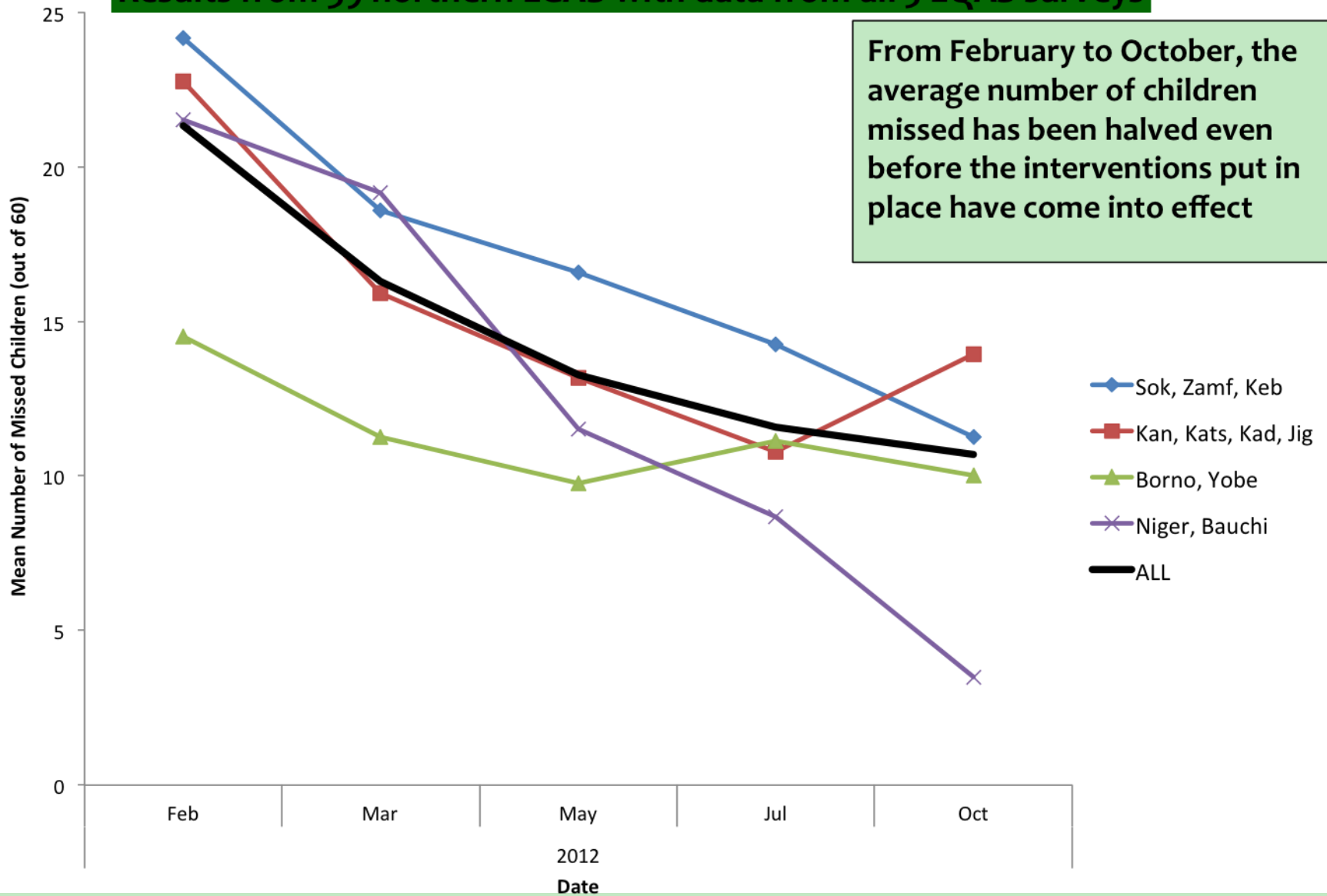
JUL-12



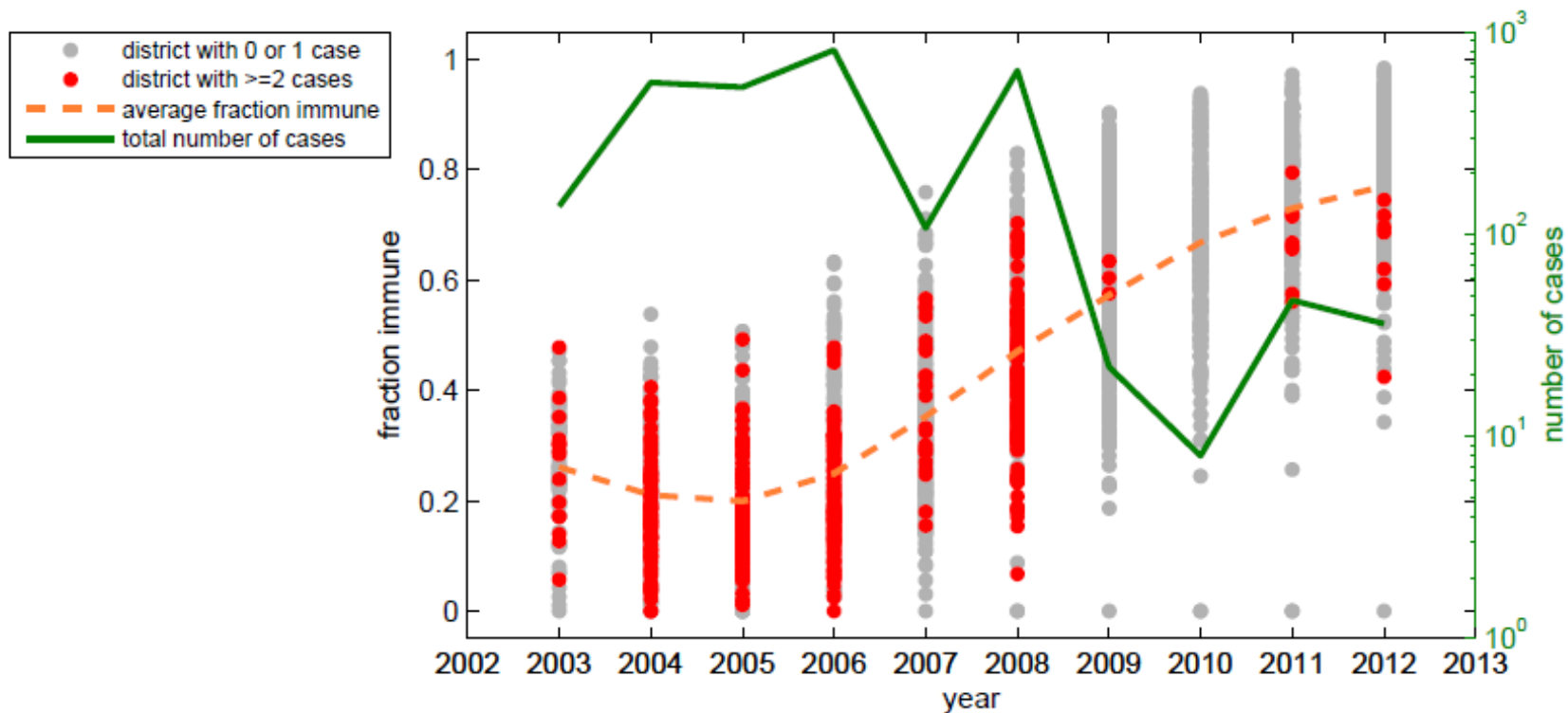
■ < 60 % ■ 60 - 79 % ■ 80 - 89 % ■ > 90 %

LQAS Results by Sanctuary, 2012

Results from 39 northern LGAS with data from all 5 LQAS surveys

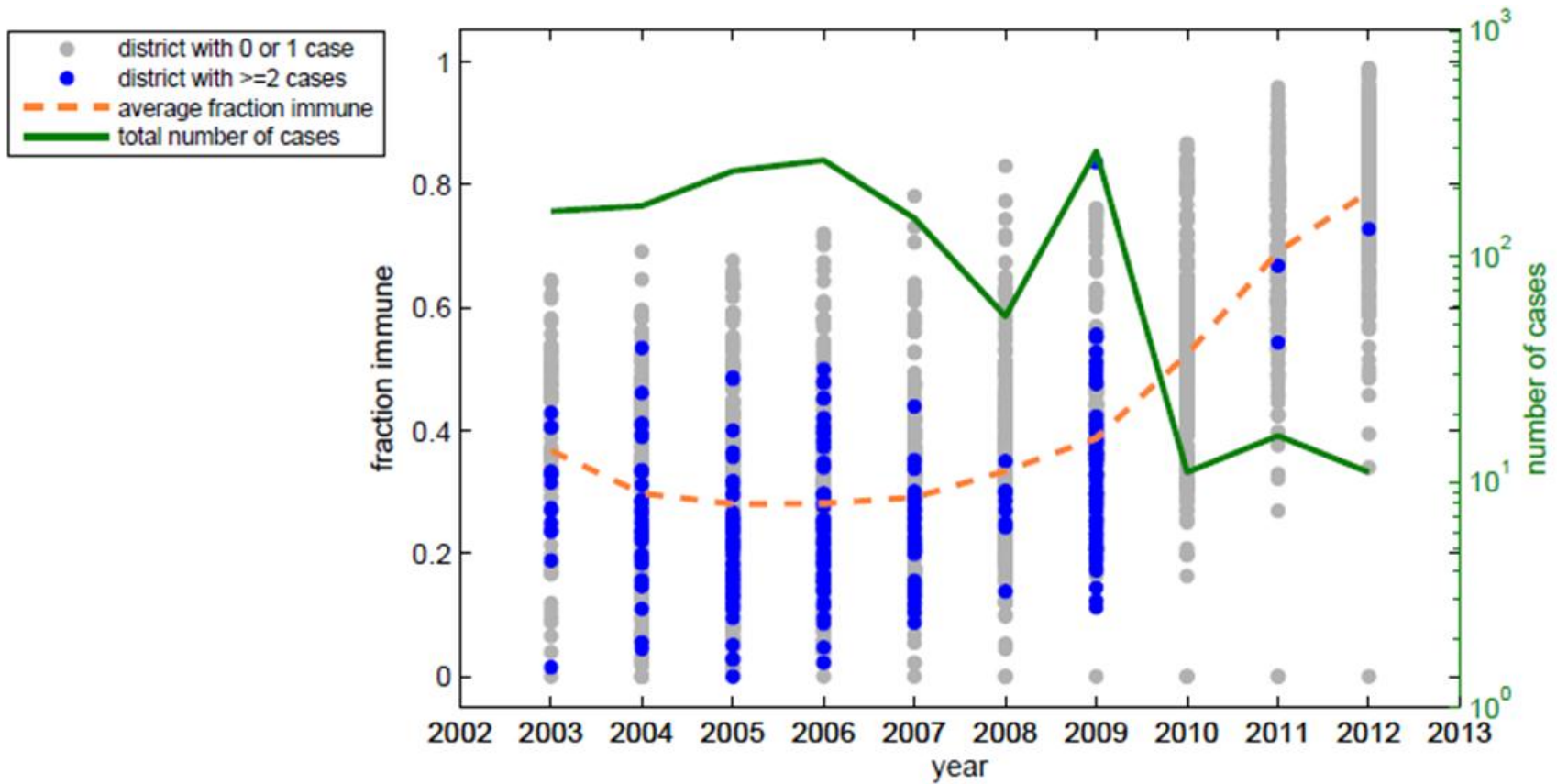


WPV type 1 population immunity trends, 10th percentile worst performing LGAs, northern Nigeria, 2002-2012



Calculated from reported immunity status of non-polio AFP cases
The average fraction immune among LGAs is now close to 80% countrywide, compared with about 50% (type 1) or 40% (type 3) in 2008.

Type 3 population immunity trends, 10th percentile worst performing LGAs, northern Nigeria, 2002-2012



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We have also identified a subset of 45 Vulnerable LGAs with Declining Population Immunity



What we are doing in these LGAs

Presidential Intervention

- Mr. President's meeting with LGA Chairmen and their state Governors

Human Resource Mobilization

- Deployment of most competent hands

Strengthening Routine Immuniz.

- Implementing 1,2,3 strategy
- Improved logistics (vaccine delivery)
- Community mobilization by TBAs

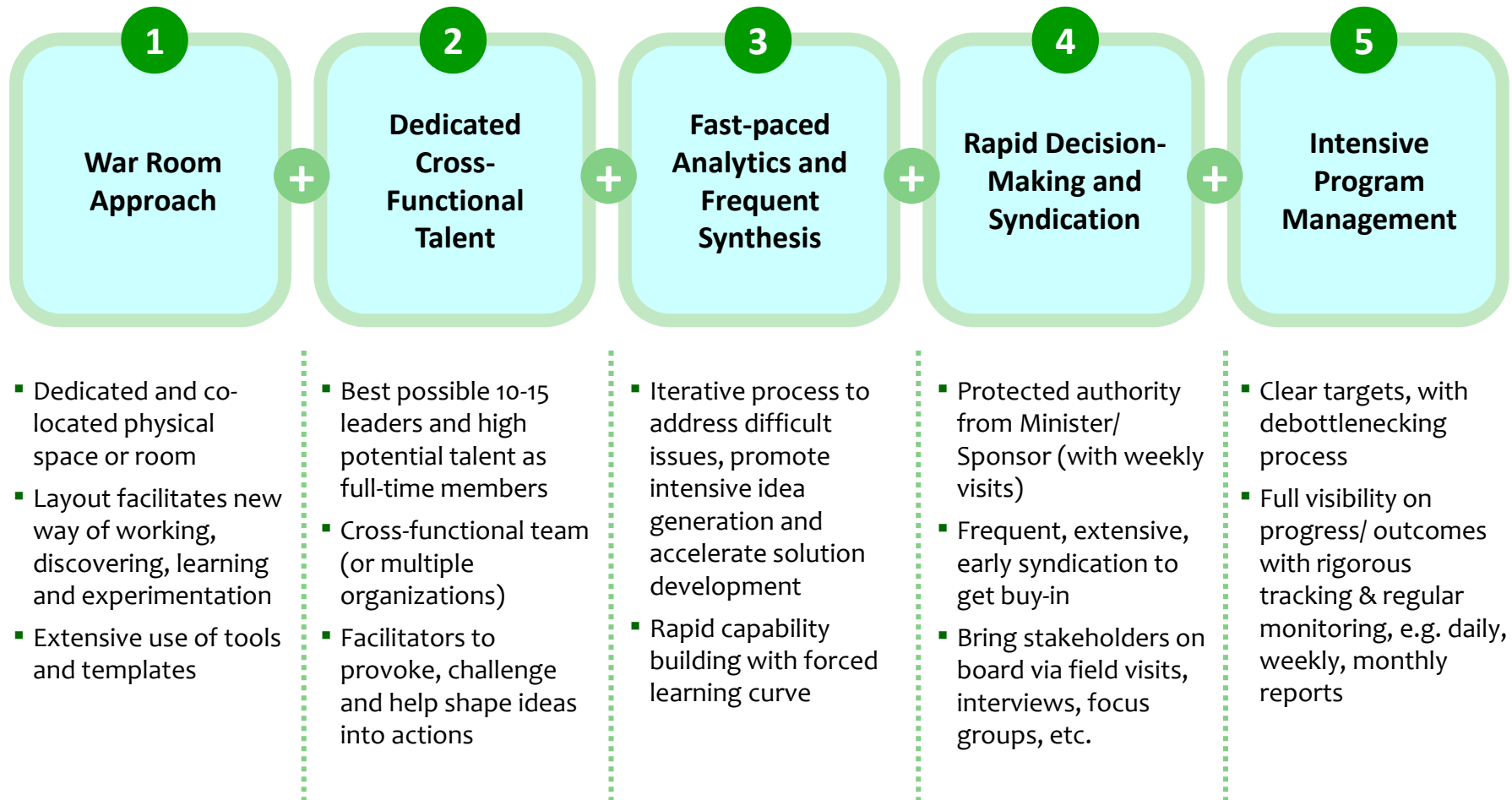
Engagement of Private Sector

- Private Sector Health Alliance
- Private Health Providers
- Patent Medicine Vendors

Emergency Operations Centre

- National EOC
- State EOC

We have set up an emergency operations center (EOC)



EOC will have both strategic and operational functions

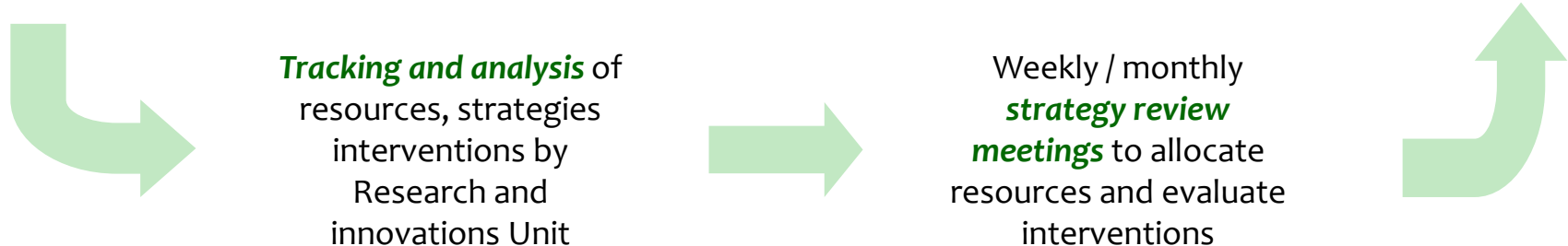
Operational information and decisions



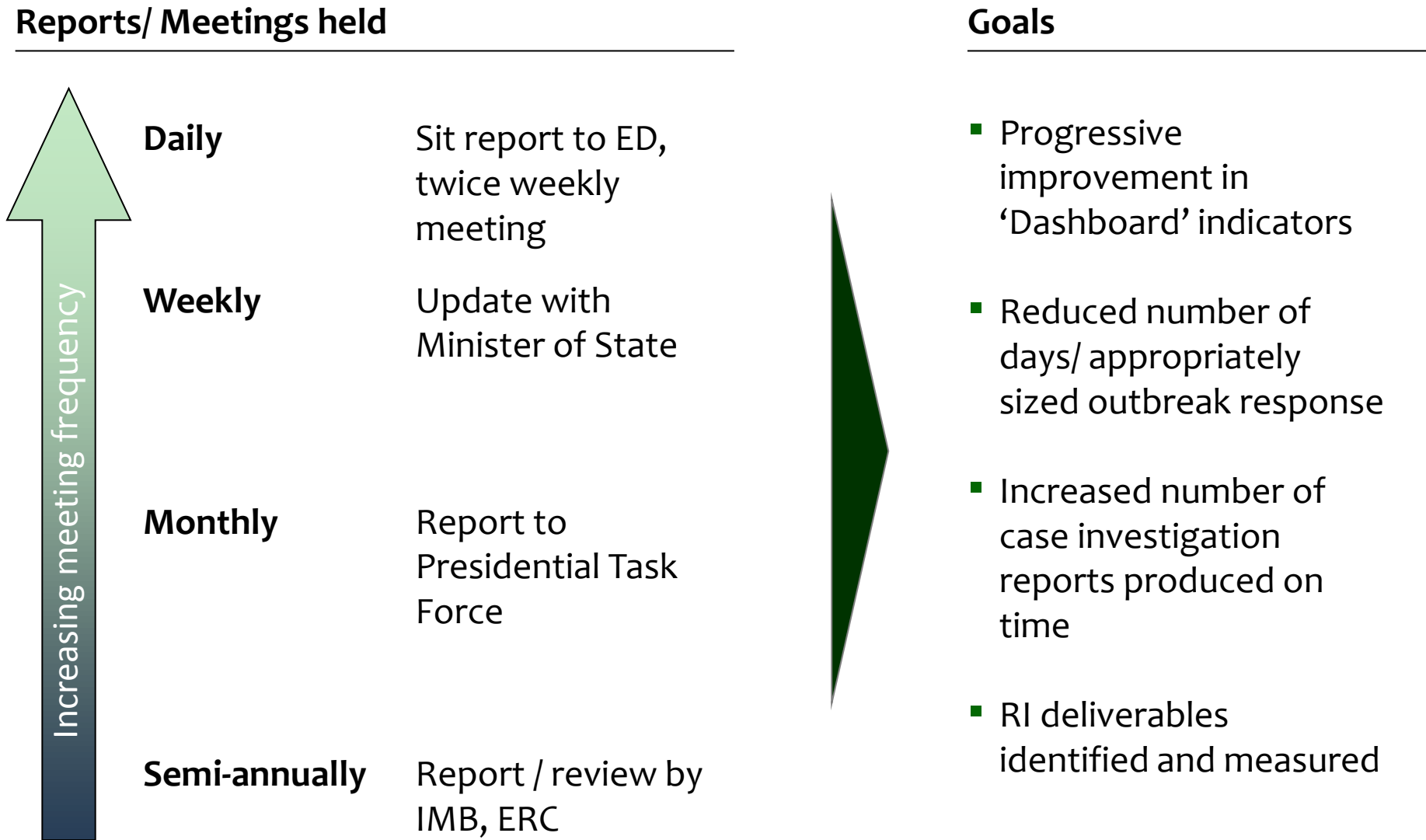
Data arrives daily
from states (email,
phone, paper)

**Daily engagement with ED/
weekly briefing for Minister** to
update and take key decisions
and actions

Strategic information and decisions



A performance management mechanism with established reporting routines will enhance oversight



What additional or new strategies will the IMB recommend for tackling more aggressively the HR and VHR LGAs in order to achieve the PEI goal?

What additional specific recommendations can the IMB proffer regarding the new program coordination and delivery approach?

Are there other gaps in the program that global experience can help address? For example, with security challenged areas? With nomadic populations?

Thank You