

36th Meeting of the Expert Review Committee on
Polio Eradication and Routine Immunization, Nigeria

Findings and Recommendations

Abuja

October 29-30, 2018

Overview of the programme

Nigeria polio eradication programme has made tremendous progress in terms of:

- timely responding to cVDPV2 outbreaks
- reaching more inaccessible areas
- improvement in surveillance quality
- use of the military to support SIAs and surveillance
- integration of the programme into broader PHC space
- setting up of frameworks to improve routine immunization
- advocacy and mobilisation of funds for the programme
- organization of 2 Presidential Task Force meetings

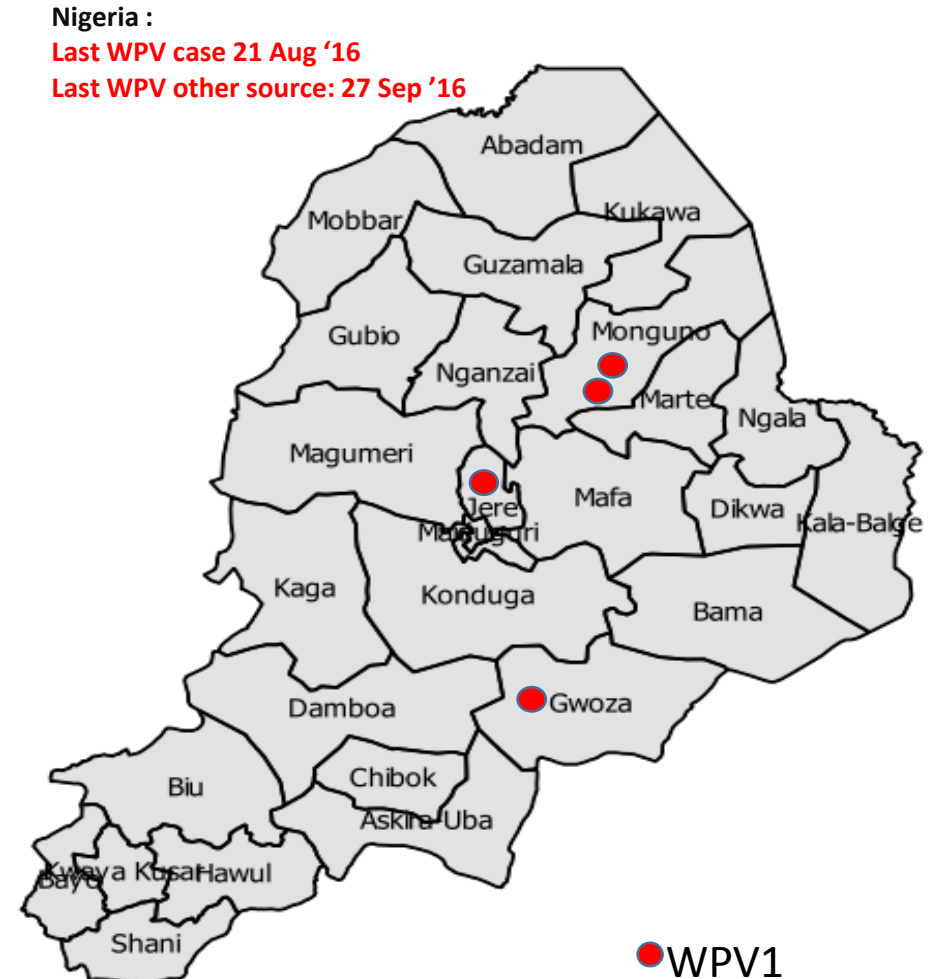
Remarkable recovery after the set back in 2016

No WPV reported from any source since last two years

ERC is highly impressed by the recent progress in Borno and recognizes the enormous efforts of thousands of frontline workers and the EOC

Nigeria must maintain the momentum, continue to build on this success to achieve certification

Focus on remaining inaccessible pockets and maintain the recently achieved high standards of surveillance

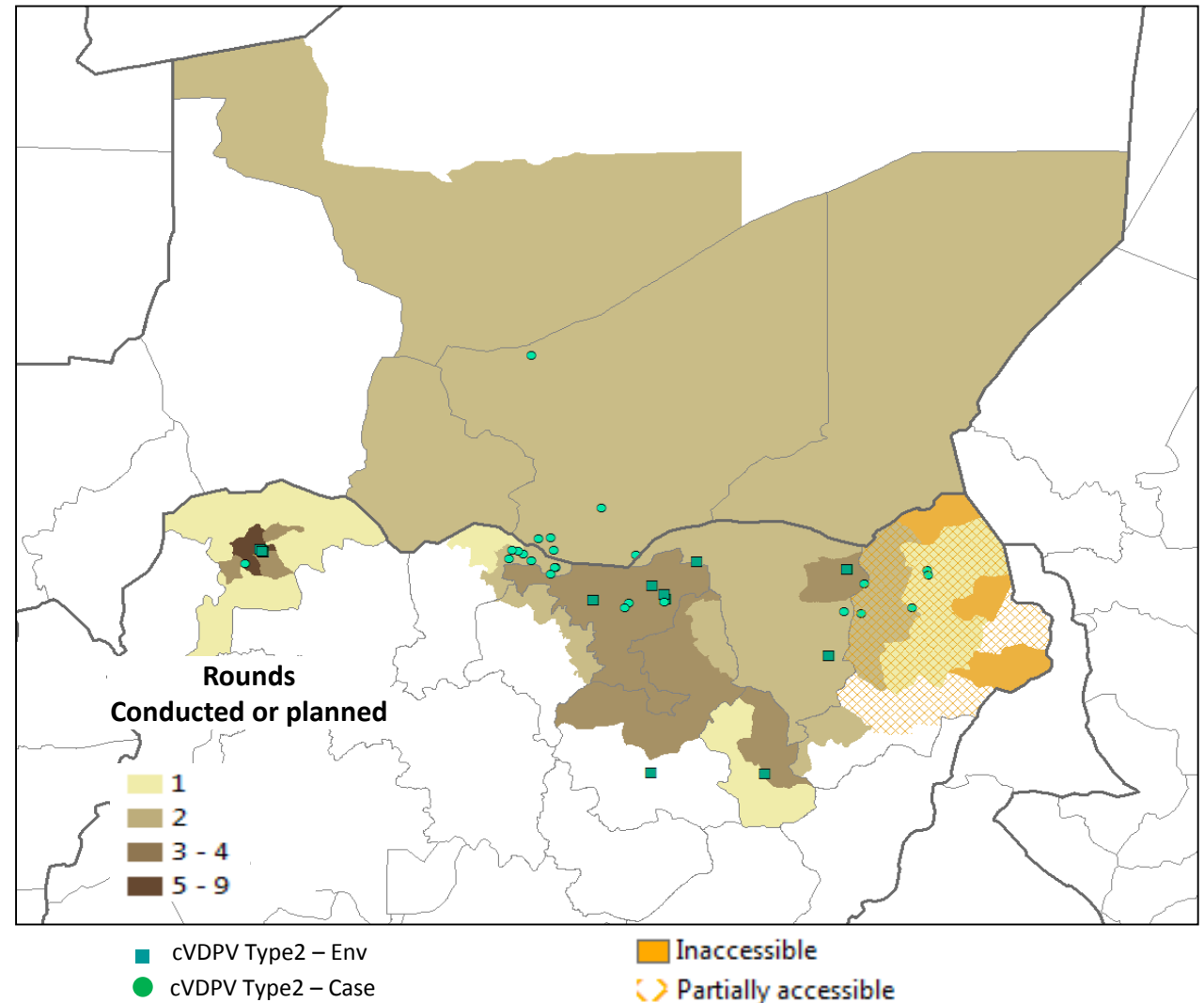


Jigawa cVDPV2 outbreak poses major risk: Intense ongoing transmission with evidence of international spread

In 2018, two separate cVDPV2 outbreaks: Sokoto and Jigawa

Recent cVDPV2 from Sokoto reported in June 2018. Recent positive sample from Bauchi LGA is outside the outbreak response zone

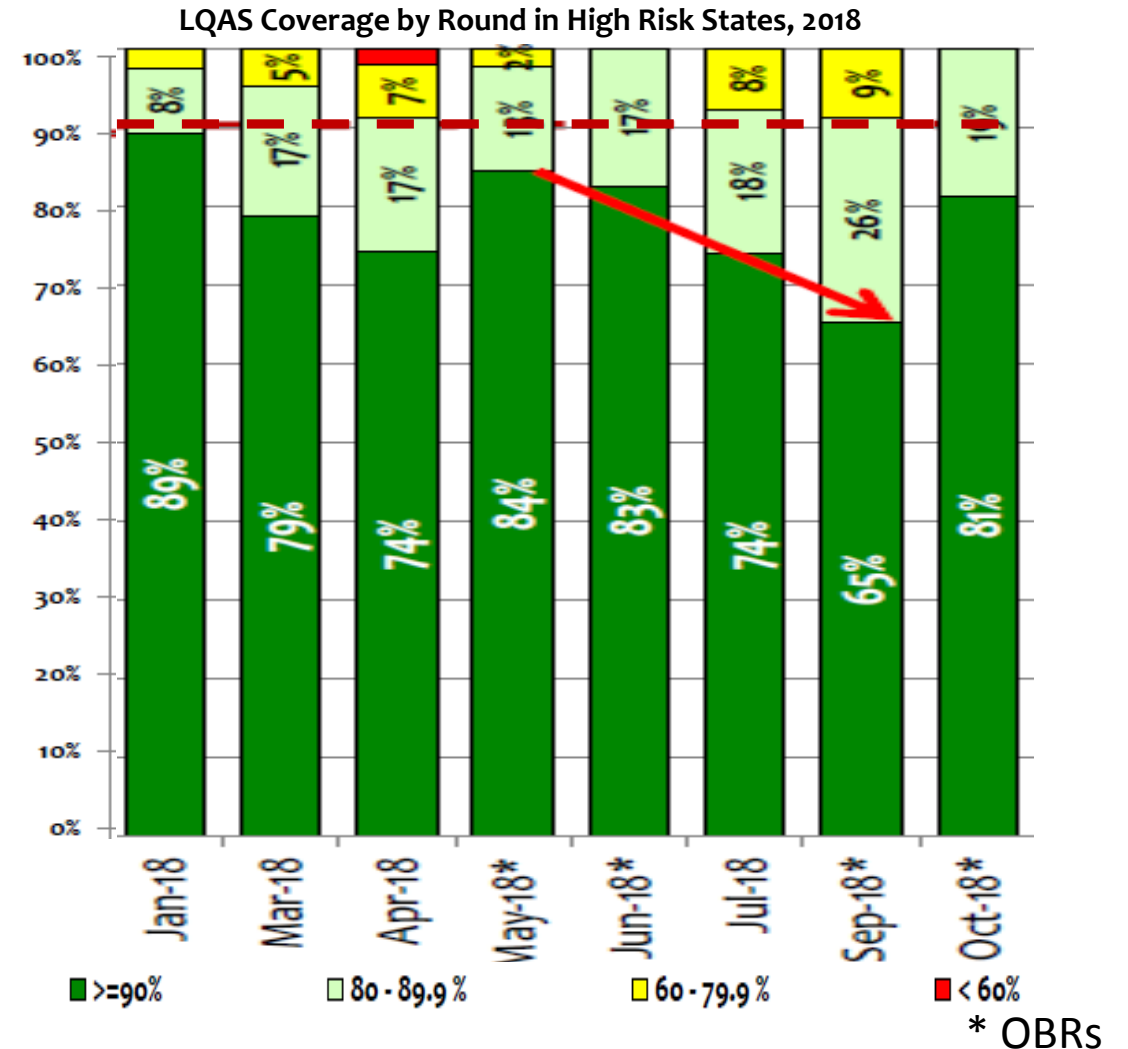
ERC notes with deep concern that despite multiple mOPV2 rounds, the Jigawa outbreak continues to spread to neighbouring states as well as to Niger



Inconsistent quality of SIAs with declining trend in recent SIAs in high risk states

None of the SIAs in 2018 achieved target of >90% lots passed. Only 65% of the lots passed at 90% in September mOPV2 round indicating sub-optimal SIAs quality,

There is high risk of continuation of cVDPV2 transmission and further spread if corrective measures are not taken to ensure quality of mOPV2 SIAs



Recommendations

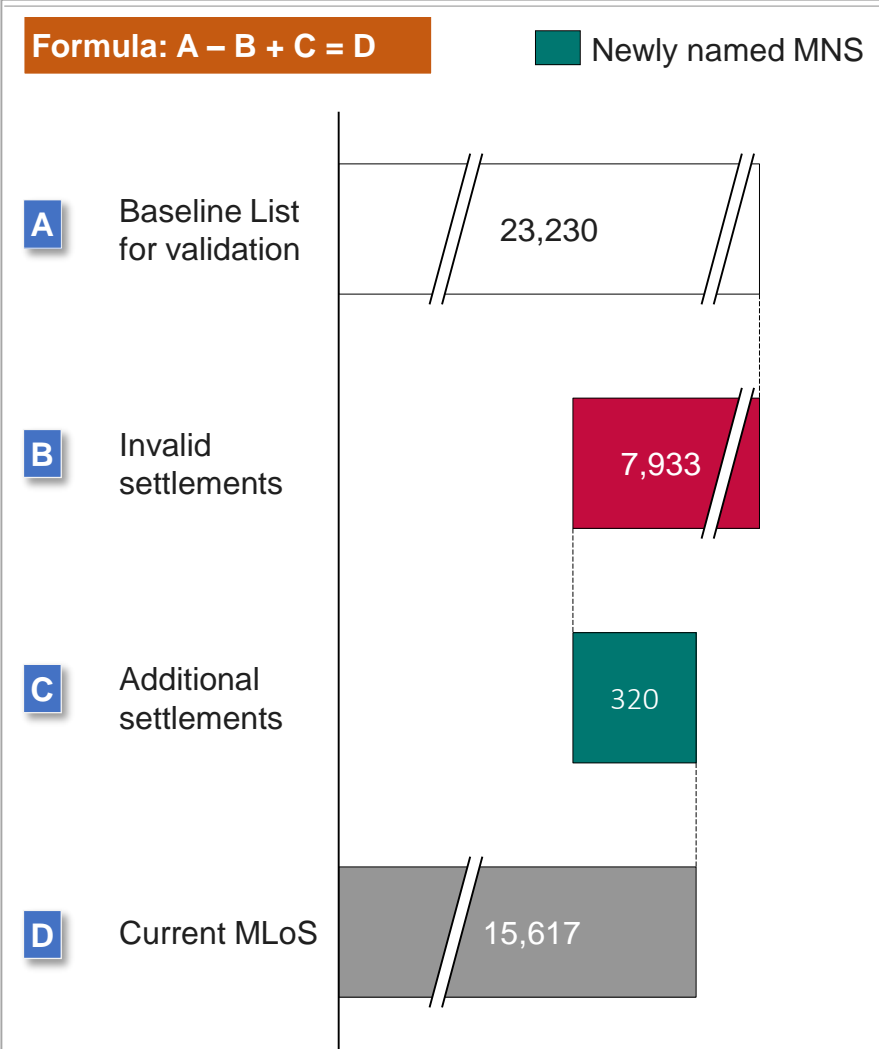
- Achieving high quality SIAs (>90% coverage) is the key factor in stopping current cVDPV2 outbreaks. ERC recommends in-depth analysis of low performing areas and ensuring appropriate corrective measures, including mop-ups in LGAs that did not achieve 90% in two rounds, are put in place
- Given the population movement, ERC believes Kano state is either already infected or likely to become infected with cVDPV2. ERC recommends updating risk assessment and including all of Kano state in the next mOPV2 rounds.
- mOPV2 is the primary tool and remains the vaccine of choice in responding to cVDPV2 outbreaks. Risk posed by the outbreak far outweighs the risk associated with mOPV2 use
- Program has planned intra-dermal fractional dose IPV (fIPV) round in November for high risk states. ERC recommends to properly document this experience which is the first experience of fIPV use in AFRO. If Nigeria intends to use IPV to intensify RI, it is advisable that program administer the vaccine to children who have already received at least two doses of mOPV2
- ERC advocates to GPEI to support Nigeria's request for IPV for RI Intensification

Gaining access for vaccination in Borno and Yobe states: Enormous effort with multiple innovative approaches

- Reaching Every Child , Reaching inaccessible children, profiling, Transition from RES to house to house, community informants
- Extensive and impressive use of technology towards estimating inaccessible/trapped population and tracking the progress
- The estimated unreached population in Borno state has reduced from 161,732 in 2017 to 70,541 in October, 2018. This is commendable achievement
- ERC is impressed with ongoing progress under very difficult and challenging circumstances and pays tribute to those who lost their lives or sustained injuries in recent incidents

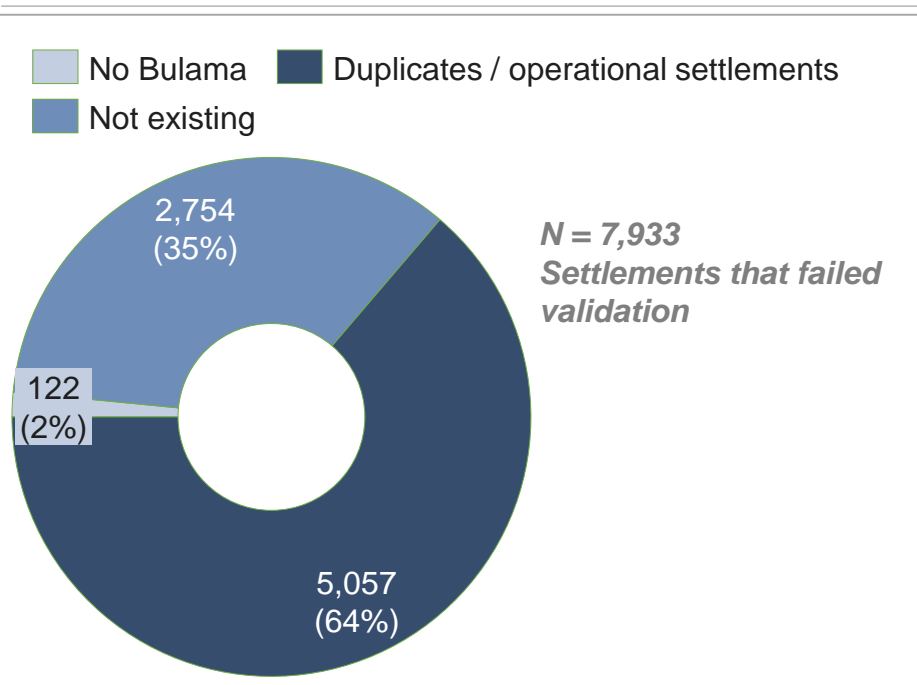
Updating Master List of Settlements and Validation: Very high quality work in Borno State: 15617 confirmed to exist in Borno.

Outcome of MLoS update exercise (#)



SOURCE: Borno EOC data team analysis

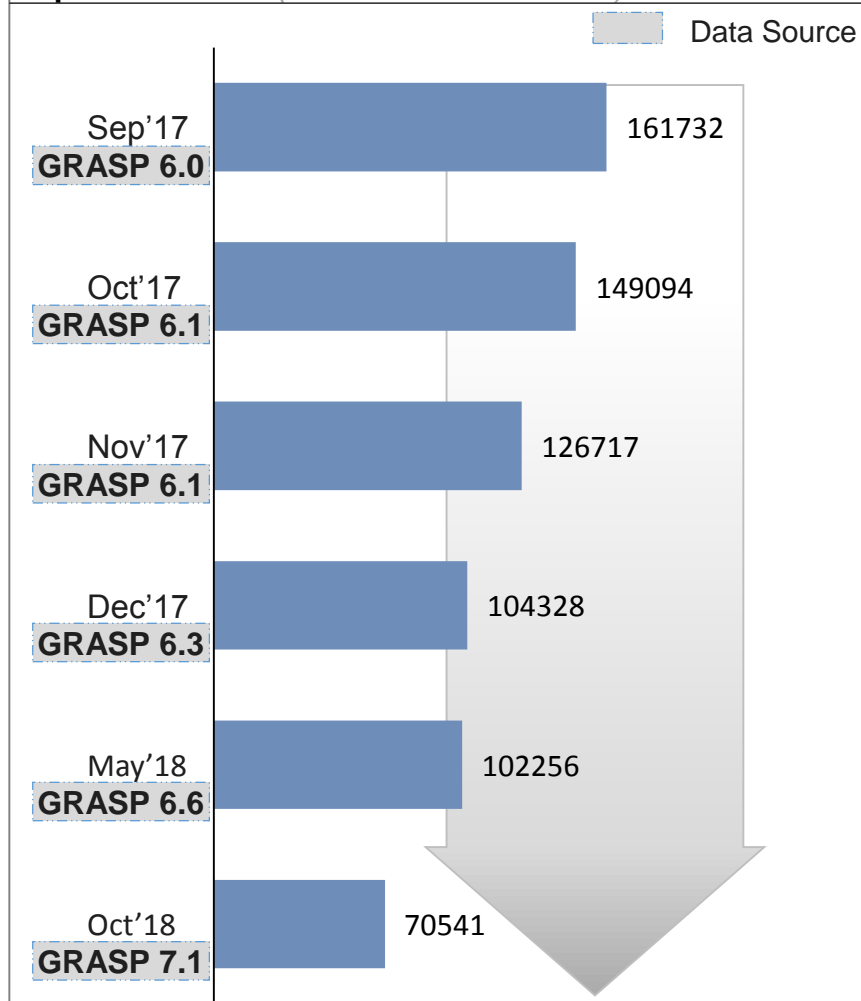
Breakdown of invalid settlements (#)



- The invalid settlements are those said:
 - to exist but without a Bulama attached to the settlement, operational settlements collapsed into one settlement (duplicates) and those unknown to the traditional rulers, or known to exist in another state
- 99% have unique IDs updated on the current MLoS
- 131 nomadic settlements were identified across 17 LGAs during the validation exercise

The estimated unreached population in the state has reduced from 161,732 in September 2017 to 70,541 in October, 2018

Overview of estimated unreached population from Sep'17 to Oct'18 *(Number of settlements)*



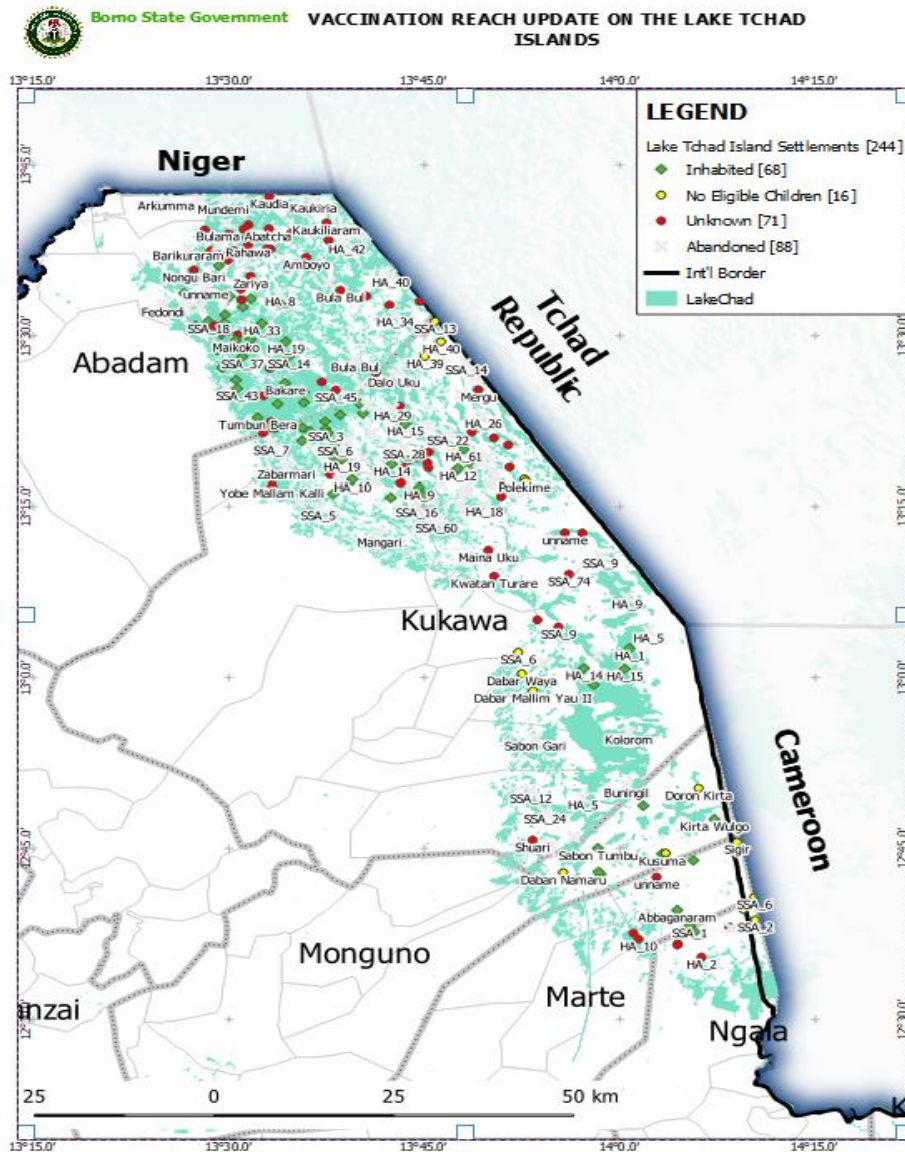
The dashboard will progressively monitor the progress in reaching more children and places as well as show areas where work still need to be done

Breakdown of unreached population from September 2017 to October 2018, by LGA

S/N	LGA	Sep-17	Oct-17	Nov-17	Dec-17	May'18	Oct'18
1	Abadam	11591	10130	10271	9930	9241	7671
2	Askira/Uba	1912	1546	1372	1374	1852	894
3	Bama	19414	19167	20787	15752	13998	10901
4	Bayo	0	0	0	0	0	0
5	Biu	1502	3947	3673	3546	5080	3092
6	Chibok	1124	1606	1579	752	289	112
7	Dambo	1217	2858	2775	1934	0	0
8	Dikwa	9609	5041	0	0	0	0
9	Gubio	6595	5691	5690	5389	9854	2907
10	Guzamala	16133	12544	12548	13960	8484	4781
11	Gwoza	14063	6025	6832	3463	4345	3277
12	Hawul	87	10	0	0	0	0
13	Jere	628	1,407	1,505	596	0	224
14	Kaga	5235	5073	5539	4352	5765	2744
15	K/Balge	6116	8046	4282	1766	23	387
16	Konduga	0	1815	0	0	646	1135
17	Kukawa	3575	1564	1094	1510	501	869
18	K/Kusar	0	0	0	0	0	0
19	Mafa	3175	4540	359	0	0	792
20	Magumeri	21345	23002	22186	19780	23506	15408
21	Maiduguri	0	0	0	0	0	0
22	Marte	0	4625	477	0	0	886
23	Mobbar	14727	11967	11909	12442	11270	6785
24	Monguno	5537	7675	3731	0	3458	3628
25	Ngala	6117	5587	5076	4407	0	1670
26	Nganzai	12001	5228	5032	3375	3944	2378
27	Shani	29	0	0	0	0	0
Total		161,732	149,094	126,717	104,328	102,246	70,541

We have an estimated unreached population of 6,556 in settlements with known population in the Lake Chad island settlements

Focus



LGA	U-5 pop.	# of inhabited settlements			Abandoned settlements	Total settlements
		Sett. w/ known U-5 pop.	Sett. w/ unknown U-5 pop.	Sett. w/ no U-5 pop.		
Abadam	1851	29	37	2	27	95
Kukawa	293	29	27	8	60	124
Marte	1042	3	3	2	0	8
Monguno	3303	6	0	3	0	9
Ngala	67	1	4	2	1	8
Total	6556	68	71	17	88	244

- The estimated total of **6,556** under-5 children is from **only 68 settlements**, however population information is **unavailable for 71 of the remaining 176 settlements**
- The Borno EOC intends to estimate the population in the 71 settlements using **expected U-5 population** per household and **number of households** in the settlements

Recommendations

- ERC recognizes tremendous contribution of Nigerian Military in supporting the Polio Program to reach inaccessible children with vaccine and other health commodities
- ERC encourages the national Government to convene a high level meeting with senior military leadership to finalize its support in reaching the remaining 70,000 children in Borno state in the next three months

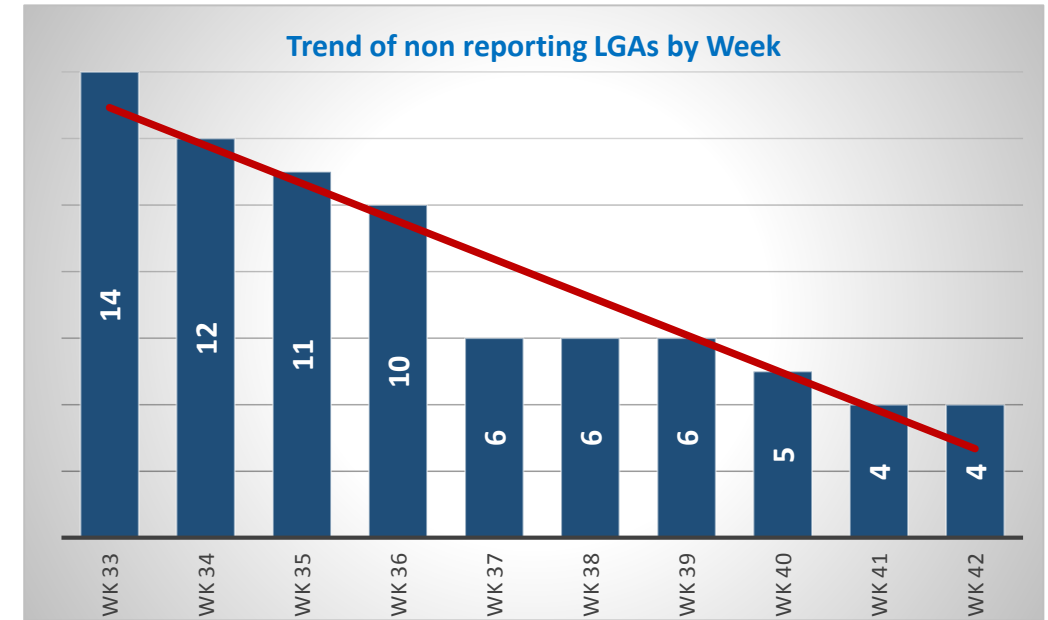
AFP Surveillance

ERC recognises the tremendous improvement in surveillance since the last meeting

Impressive innovations

- use of Integrated Supportive supervision (ISS)
- use of electronic Surveillance (eSurv)
- use of the Auto-Visual AFP Detection and Reporting (AVADAR)
- Recruitment of community informant for inaccessible areas

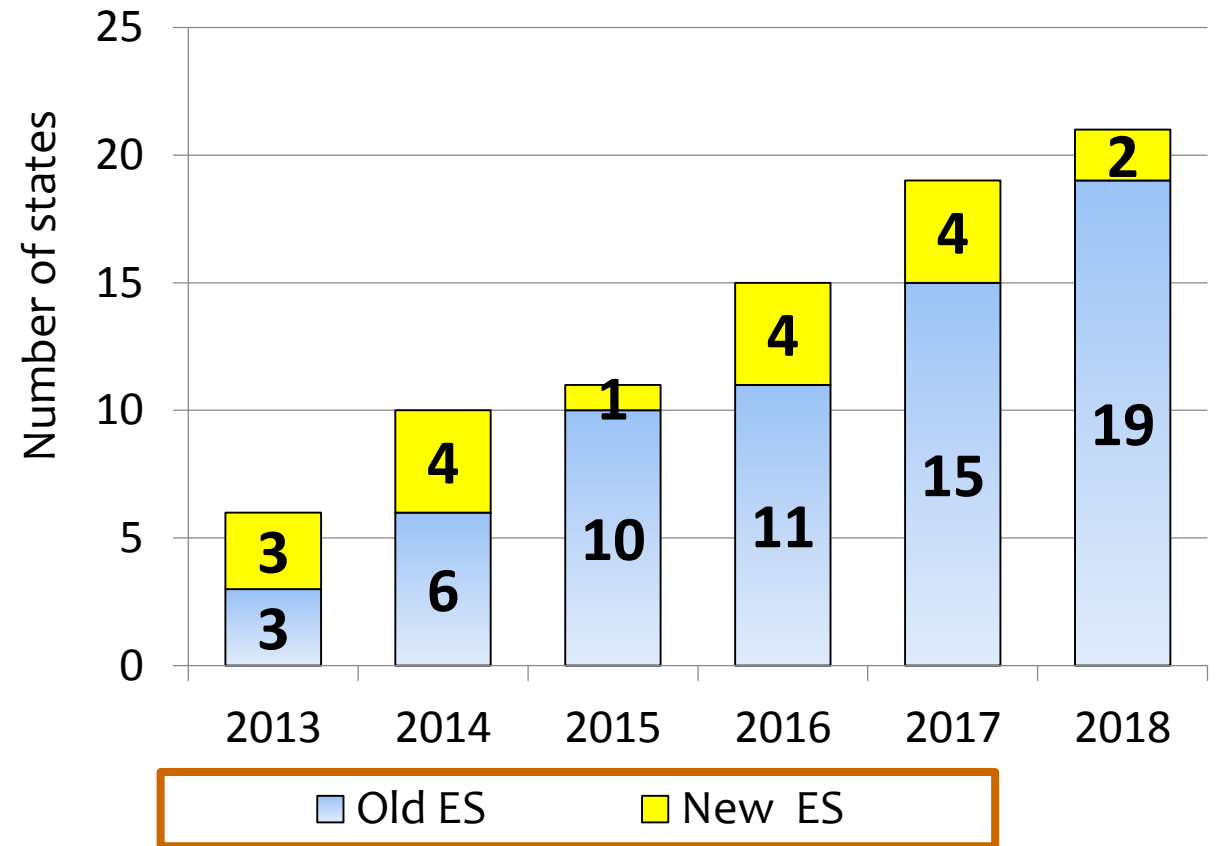
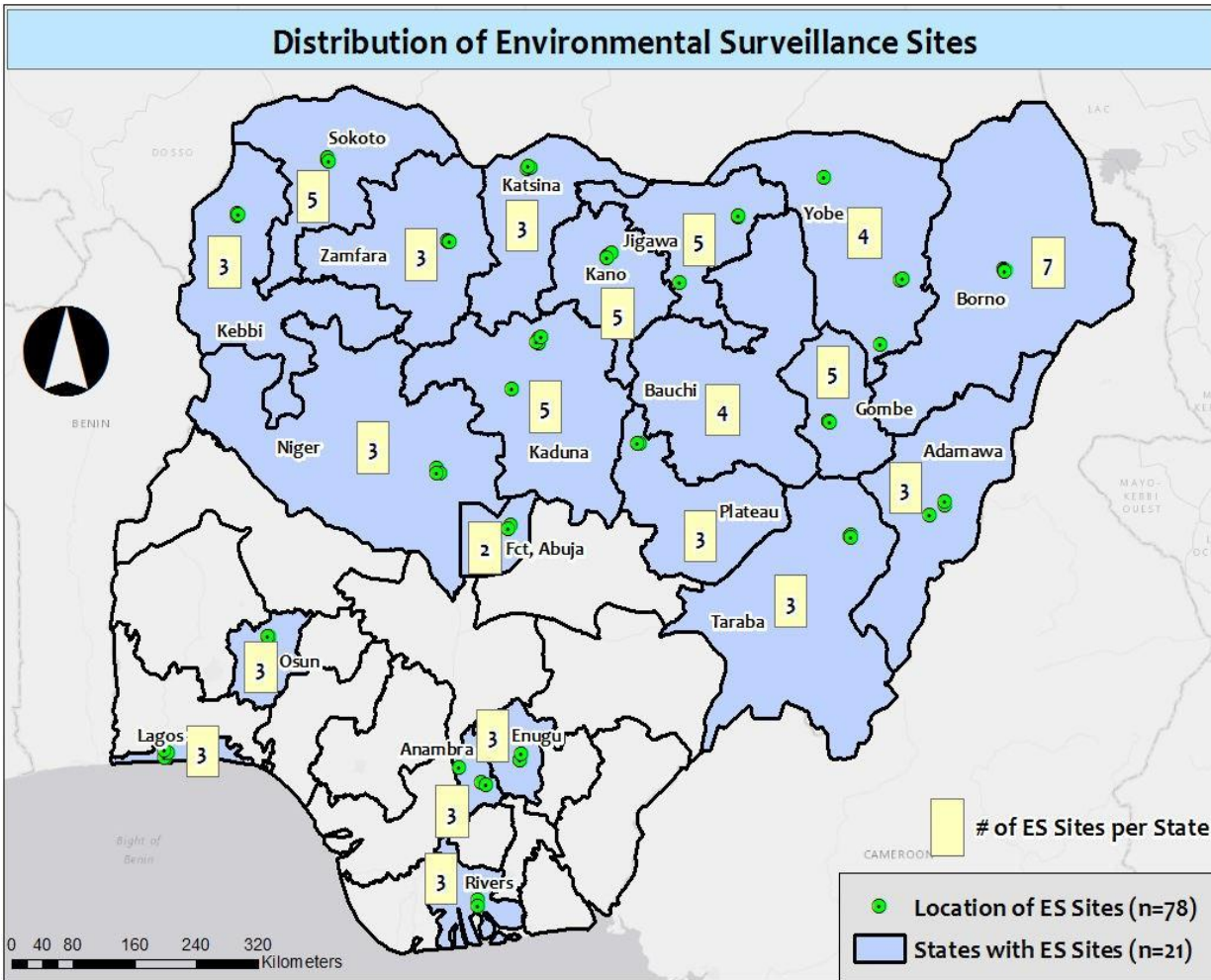
Nigeria maintains highly sensitive surveillance system with gradual decline in number of silent LGAs 2018



State	LGA	U15 Pop
Abia	Ukwa East	38,575
Anambra	Anambra West	110,999
Anambra	Ogbaru	147,109
Ondo	Ifedore	119,667

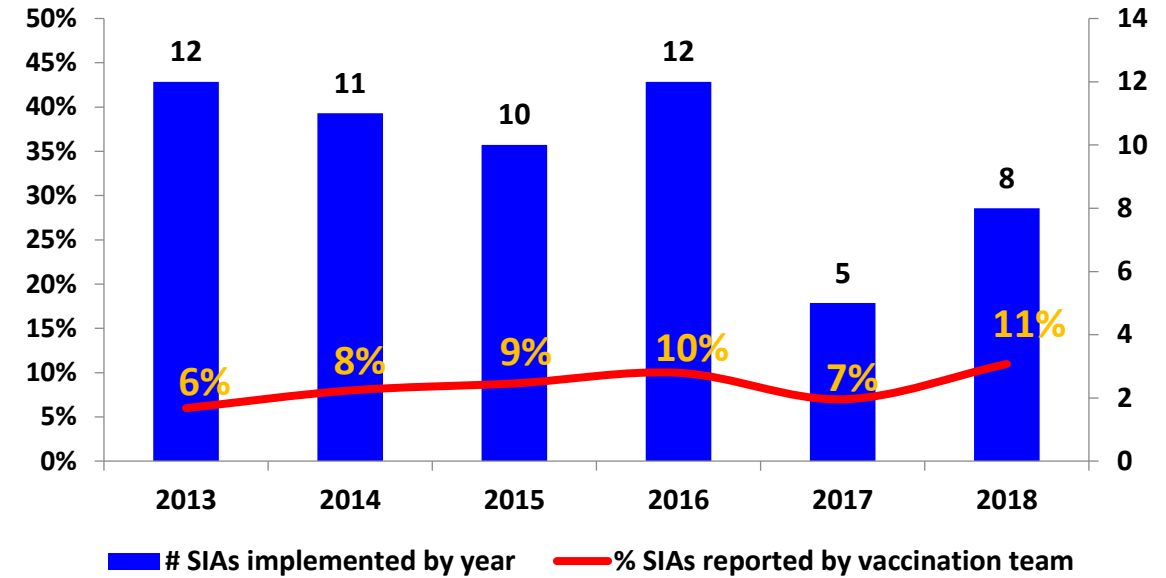
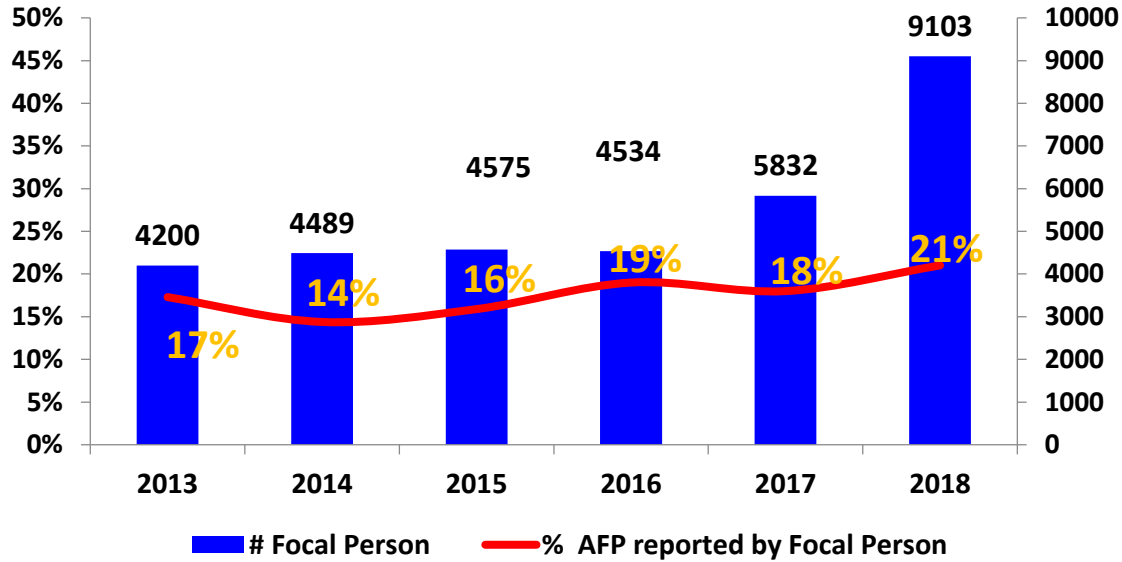
Legend	2018 (Wk41)
LGAs not reporting	4
LGAs meeting both indicators	666
LGAs meeting one indicator	96
LGAs that have detected ≥ 1 AFP but not meeting any of the core indicators	8 14

Extensive environmental surveillance system with predominance of sites in the High risk states



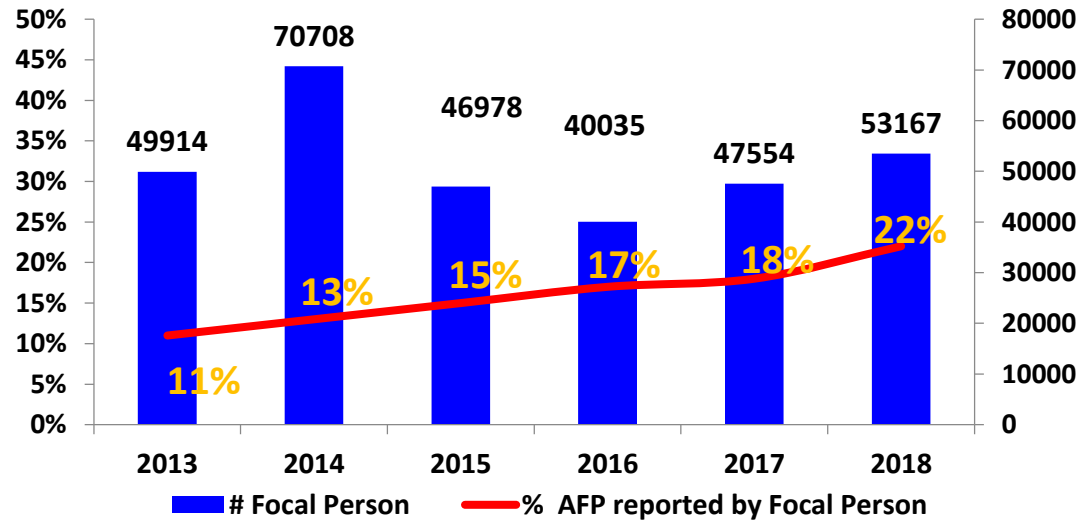
78 functional routine ES collection sites in 35 LGAs and 20 states + FCT

Reporting source of AFP Cases 2013 – 2018*



AFP Reporting by Focal persons

AFP Reporting vaccination teams



AFP Reporting by community Informants

2018 data is from Jan-sept

ERC acknowledges continued excellent support extended by the Laboratory teams

Indicators	Ibadan	Maiduguri	Total/Average	Indicators	Ibadan	Maiduguri	Total/Average
Number of Samples	20,118	20,065	40,183	Number of Samples	8,875	10,052	18,927
Good Condition at Receipt in Lab (Target =90%)	99.7	100.0	99.9	Good Condition at Receipt in Lab (Target =90%)	99.8	99.9	99.9
Received 3 days after collection (Target=80%)	95.9	86.2	91.1	Received 3 days after collection (Target=80%)	95.2	94.4	94.7
With Results within 14 days (Target 80%)	97.6	99.8	98.7	With Results within 14 days (Target 80%)	86.5	96.4	91.7
Isolates shipped from LR_Arm within 7 days of isolation (Target=80%)	100	100	100	Isolates shipped from LR_Arm within 7 days of isolation (Target=80%)	100	100	100
NPENT (Target=10%)	12.5	14.4	13.5	NPENT (Target=10%)	11.8	15.3	13.7
Isolation Pending for more than 14 days	00	00	00	Isolation Pending for more than 14 days	00	00	00

2017

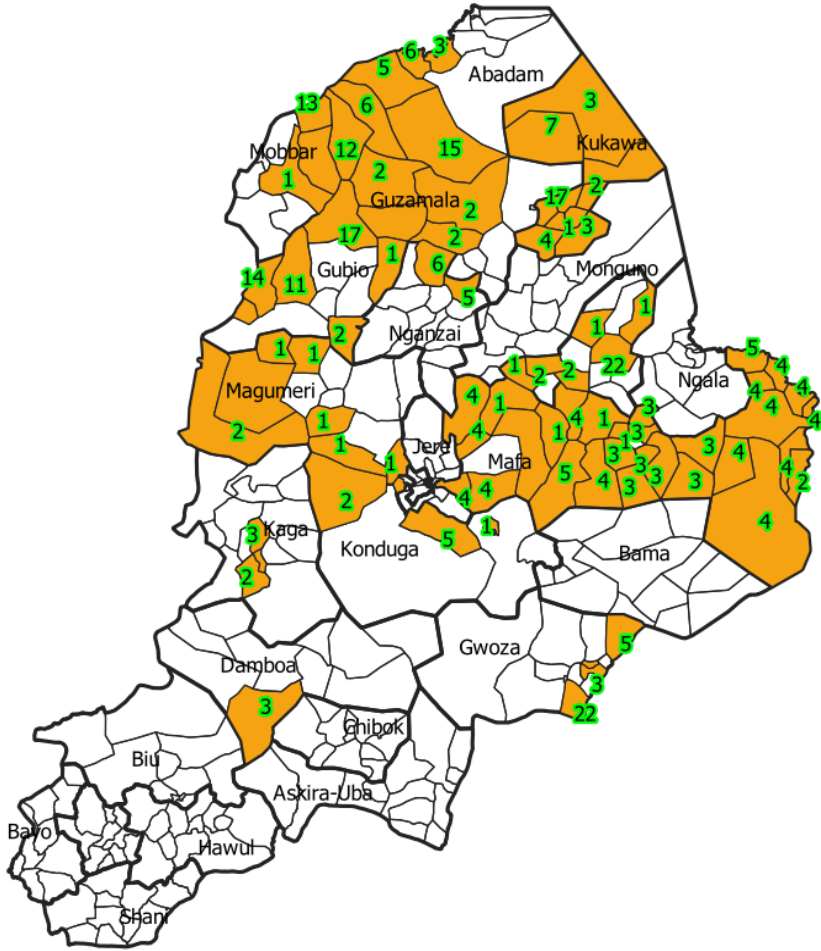
Both labs accredited in August 2018

Jan - Sept 2018*

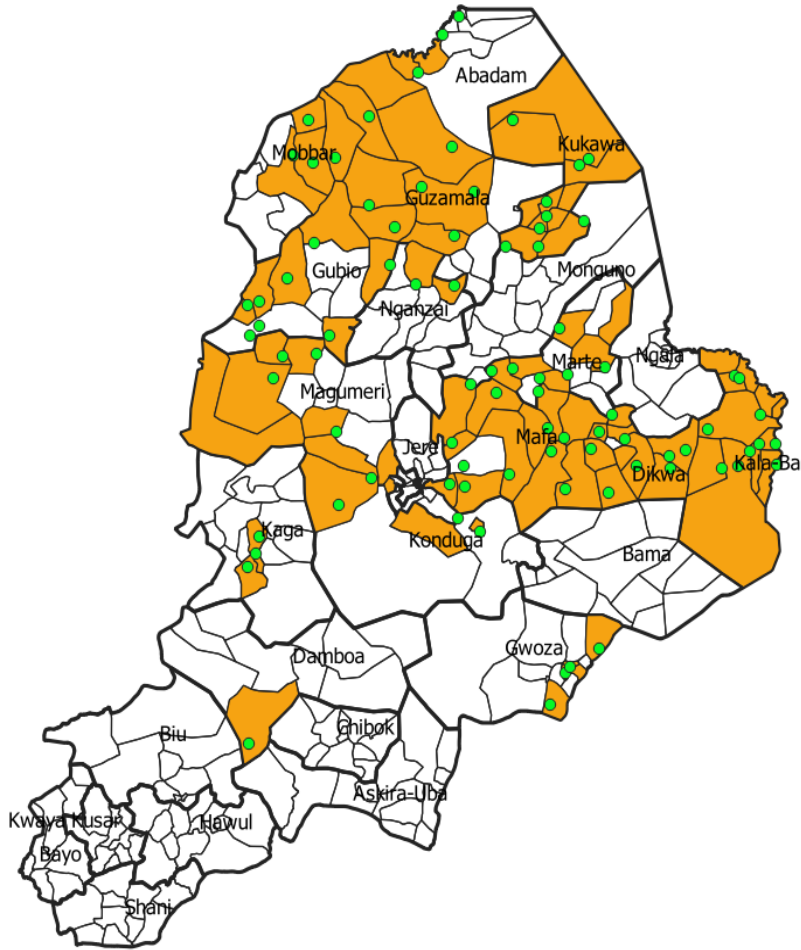
Managing surveillance in inaccessible areas

Engagement of 429 informants from inaccessible areas to report AFP, 2018

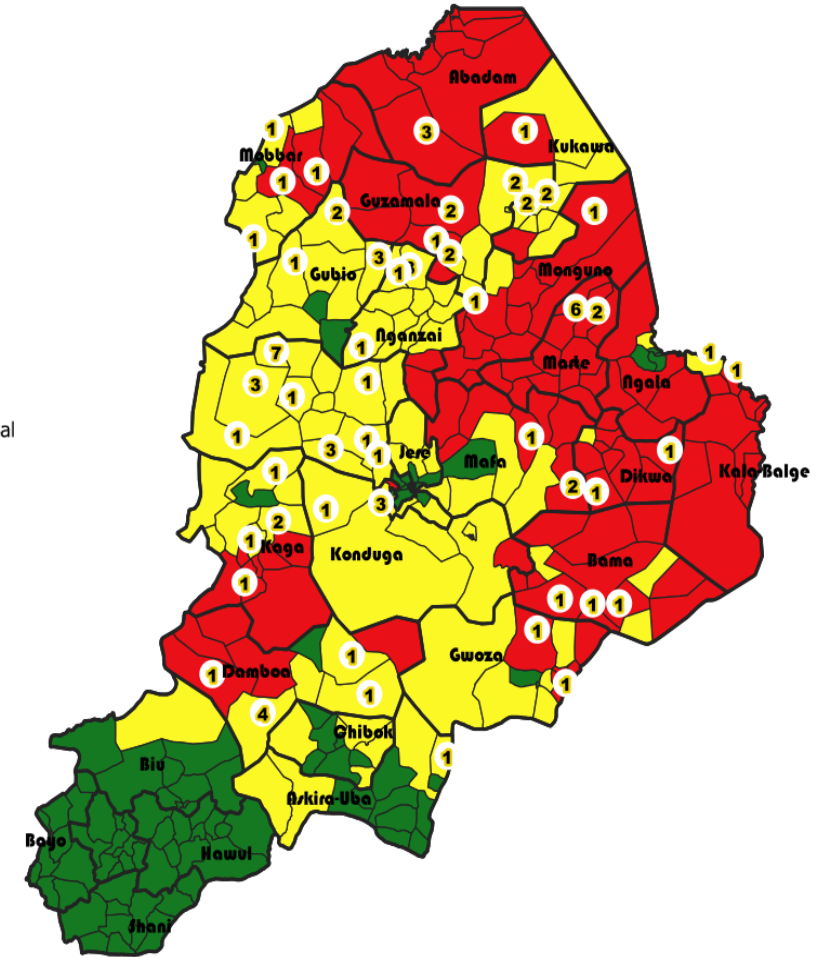
Number of engaged community informants (CI) from inaccessible areas by Ward



Geo-coordinates of settlement of location of CI from inaccessible areas



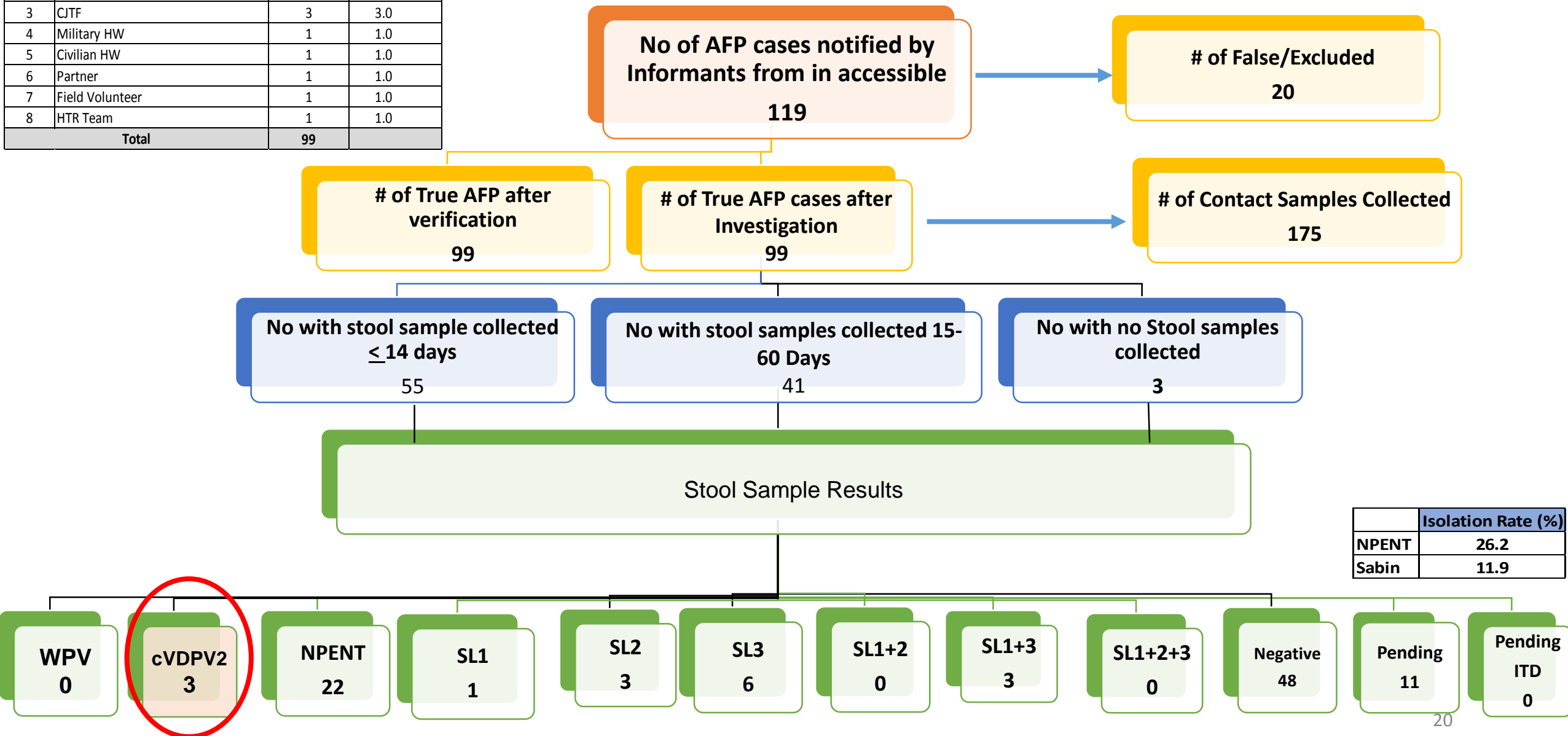
Number of AFP cases investigated from Inaccessible areas by Ward



- Key:
- Ward with Inaccessible settlements & informant $n = 46$
 - Settlement location of informants from Inaccessible settlement (GPS)
 - 1,2,3..** Number of Informants from inaccessible Settlements $n = 429$

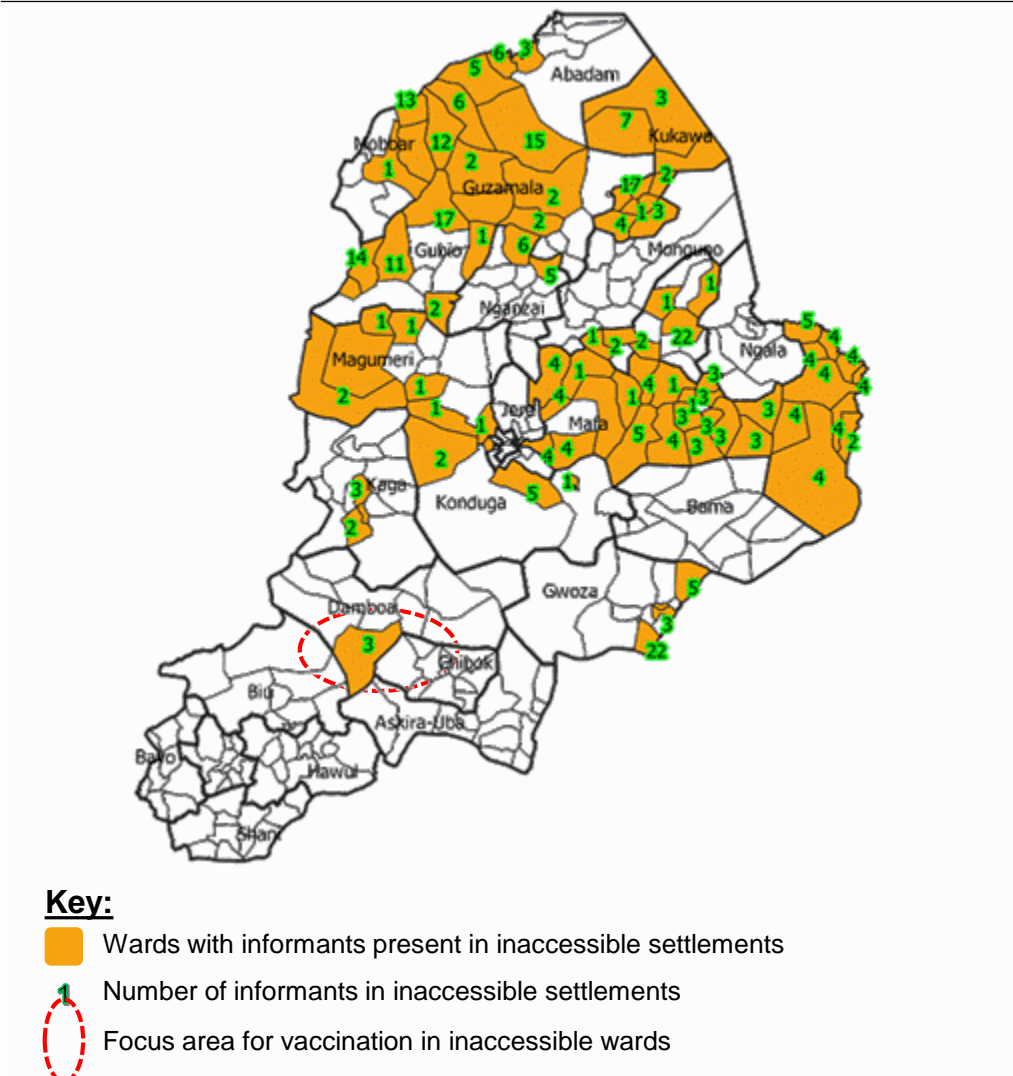
Borno: cDVPV2 reported from inaccessible areas in 2018

SNO	Notified By	# Cases	%
1	Community Informant from inaccessible	85	85.9
2	RES	6	6.1
3	CJTF	3	3.0
4	Military HW	1	1.0
5	Civilian HW	1	1.0
6	Partner	1	1.0
7	Field Volunteer	1	1.0
8	HTR Team	1	1.0
Total		99	



Borno: Using Informants to conduct immunization activities in inaccessible areas in Damboa LGA

Distribution of community informants in inaccessible settlement across the state *(Number of community informants)*



- The community informants in Damboa LGA covertly vaccinated under-5 children in his community for people covertly for ~3 months
- However, the CIs have halted vaccination due to fear of being found out by insurgents
- As such, this strategy might not be applicable to other wards because of similar fears

Week	Total Imm	Zero Dose	Total OPV Vac Used	Wastage rates
30	1,835	799	1980	7.3%
36	5,586	1947	5880	5.0%
39	2,984	763	3320	10.1%
Total	10,405	3,509	11,180	6.9%

Source: Borno EOC data team analysis

AFP Surveillance: Recommendations

With expansion of env. surveillance, enormous improvement in the sensitivity of surveillance system and significant improvement in accessing children, the likelihood of undetected transmission is very low.

However, ERC recommends as follows:

- Program ensures implementation of SOPs on excluded AFP cases and continue to document and carry out detailed analysis of excluded cases, all of this in a cautious way to avoid exclusion of true AFP cases
- Programme to sustain the surveillance momentum in Borno state to reach more trapped populations (with more support from Nigeria military).
- Program should enhance monitoring of AFP surveillance in Southern States with emphasis in the inaccessible areas.

Cross border Collaboration

- Massive population movements across the lake Chad basin countries continues unabated.
- ERC acknowledges the important collaboration between Nigeria and Niger on outbreak response activities

Recommendation:

- Sustain cross border collaboration with Niger and other Lake chad countries for both surveillance and cross border immunization activities focusing Nomads
- These activities should be clearly documented and shared through the existing feedback mechanisms such as weekly updates and monthly SITREPs and also presented to the next ERC.

Communication and Advocacy

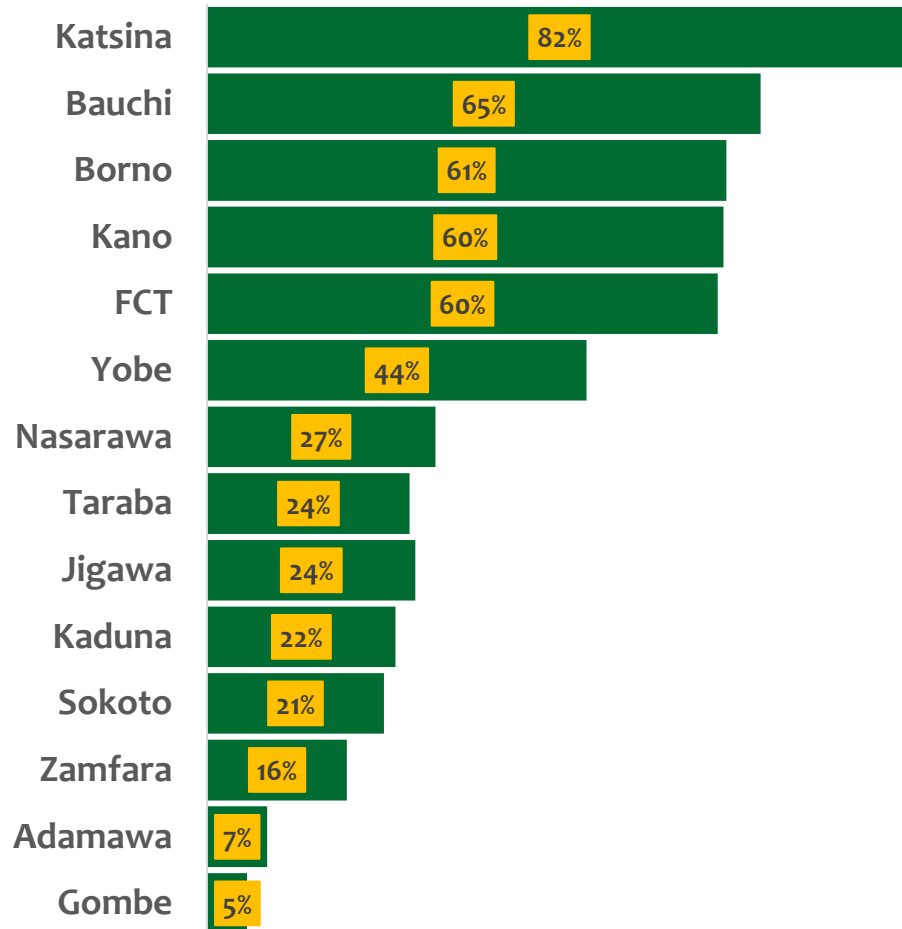
Engagement of traditional and religious leaders remains critical in addressing non compliance

- ERC recognizes the effective engagement of traditional leaders and religious focal points in resolving noncompliance.
- ERC appreciates the emerging challenges related to demands to other felt needs that affecting polio vaccination.
- ERC acknowledges the effective media tracking in terms of Polio, and encouraged by high proportion of positive coverage and recognizes mass communication challenges related to cVDPV.

Waning commitment and ownership at LGA level varies

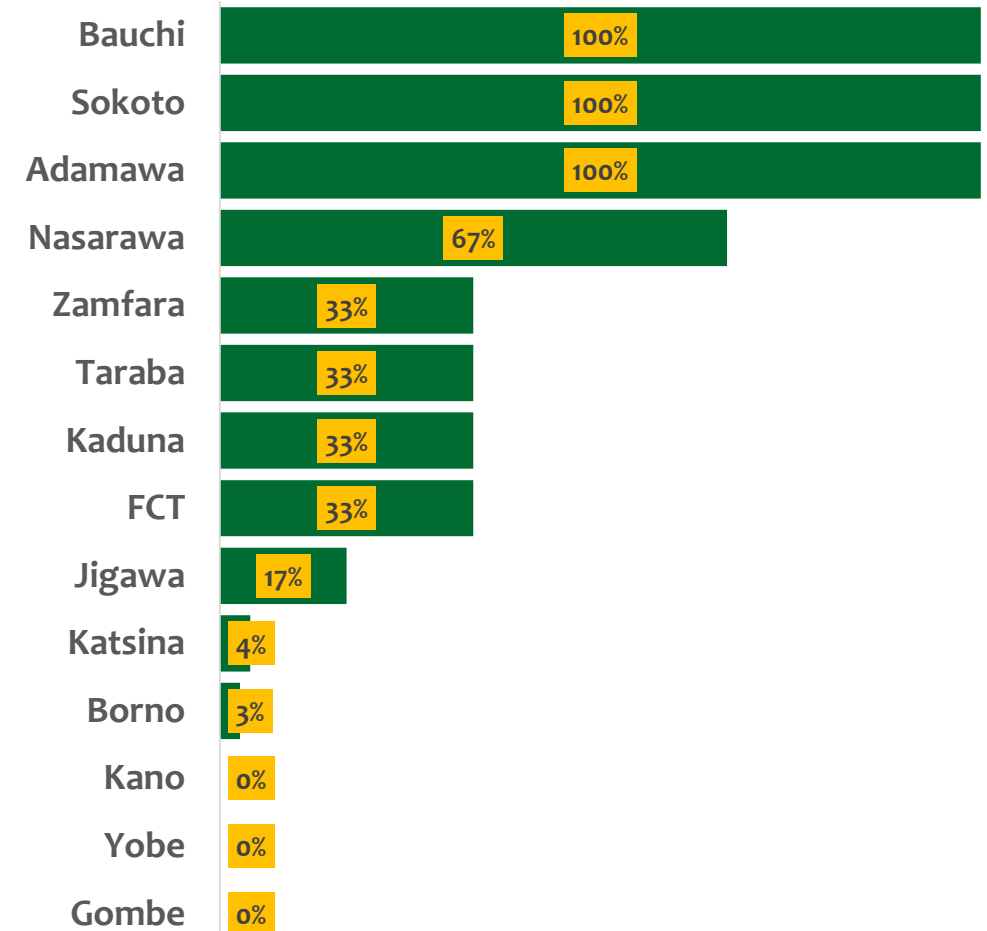
Counter part funding released timely

Average of 3 SIA rounds per state



Evening review meeting attended by LGA Chairman

Average of 3 SIA Rounds per State



Recommendations

- National EOC to prepare and implement a communication and advocacy strategy to sustain political support for polio eradication and routine immunization during the election period, and to engage the new administration after the 2019 elections
- National EOC to convene a strategy meeting with Partners to respond to communication and media challenges related to the cVDPV2 outbreak
- National EOC to present a detailed transition plan for the Volunteer Community Network to the CHIPS program by the next ERC meeting

ERC endorsed SIA Calendar 2019

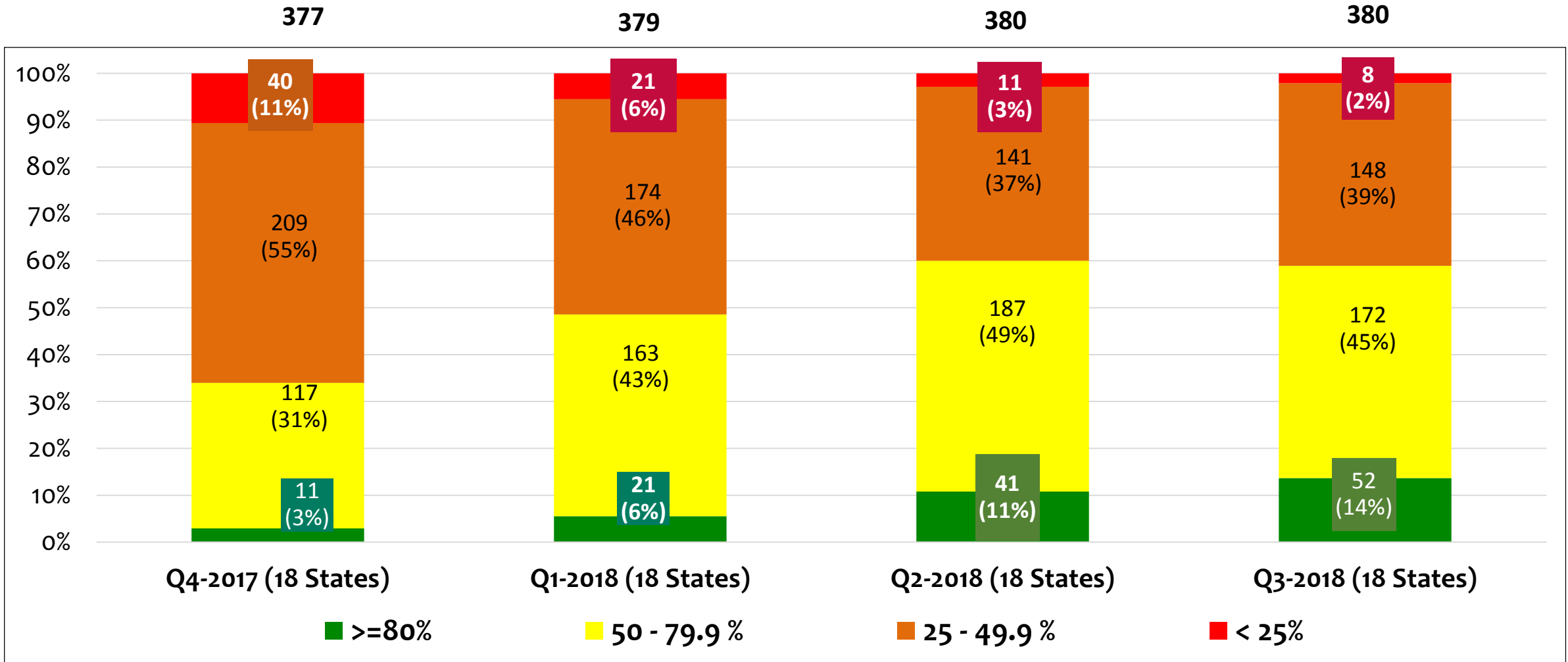
S/No	Month	Dates	Scope	Target Population	% of the Total Target Population	Antigen
1	January	19th - 22nd	SIPDs (18 HR states)	34,000,000	68%	bOPV
2	March	30th - 2nd April	NIPDs (36+1)	49,500,000	100%	bOPV
3	April	27th -30th th	NIPDs (36+1)	49,500,000	100%	bOPV
4	September	21st - 25th	SIPDs (8 HR states)	8,500,000	17%	bOPV

Vaccine Management

- Any unintended use of mOPV2 poses a higher risk to the program than ever before.
- Continue high level attention being given to 100% accountability through retrieval of unused vaccine and ALL empty vials including broken ones.
- The final step is the destruction of ALL empty vials through appropriate means

The ERC endorsed NERICC's emergency approach with some good results already being seen.

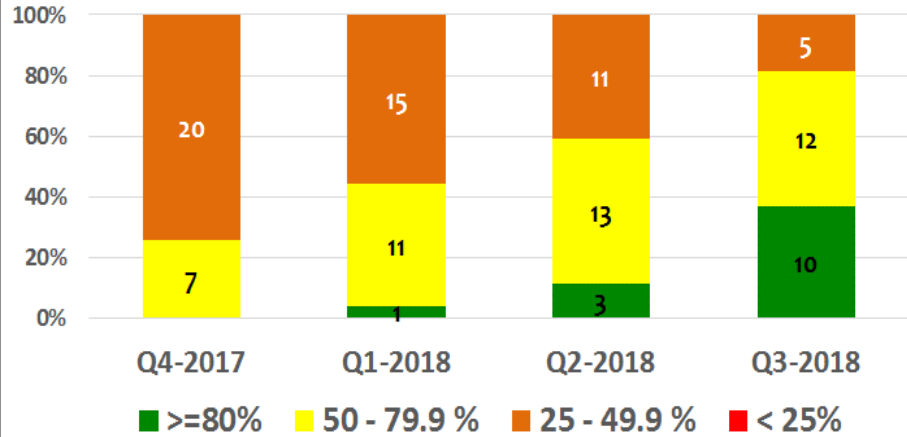
There has been a progressive increase in the number of LGAs that passed Lot from 11 (3%) in Q4 2017 to 52 (14%) in Q3 2018.



Jigawa, Kano, Nasarawa & Yobe States are examples of states with good progress in RI performance in three successive quarters (Q4 2017 – Q3 2018)

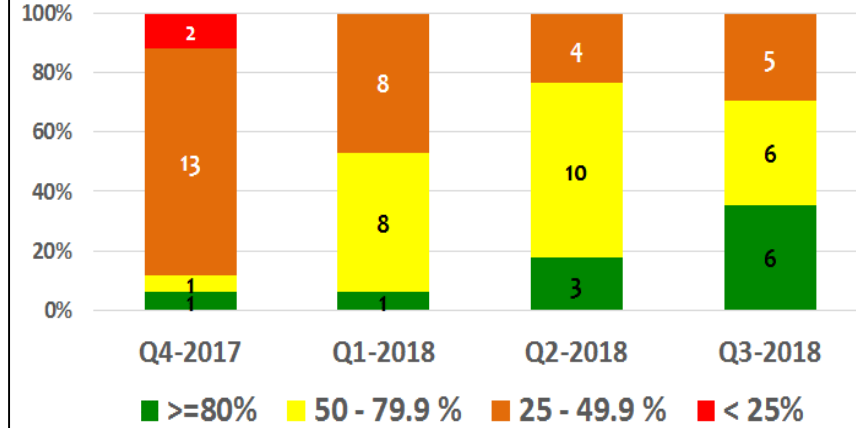
Jigawa

Jigawa: Trends of LQAS Results, Q4,2017 to Q3,2018



Yobe

Yobe: Trends of LQAS Results, Q4,2017 to Q3,2018



Jigawa

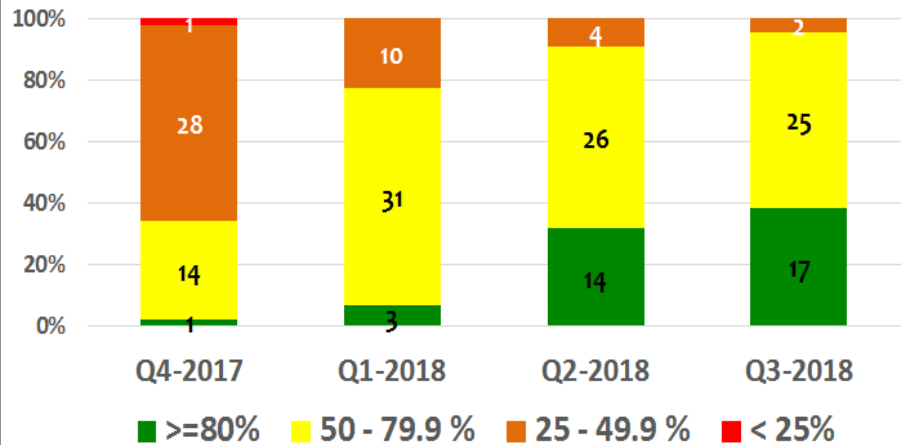
Quarter	< 25%	25 - 49.9 %	50 - 79.9 %	>=80%	Total
Q4 2017	0	20	7	0	27
Q1 2018	0	15	11	1	27
Q2 2018	0	11	13	3	27
Q3 2018	0	5	12	10	27

Yobe

Quarter	< 25%	25 - 49.9 %	50 - 79.9 %	>=80%	Total
Q4 2017	2	13	1	1	17
Q1 2018	0	8	8	1	17
Q2 2018	0	4	10	3	17
Q3 2018	0	5	6	6	17

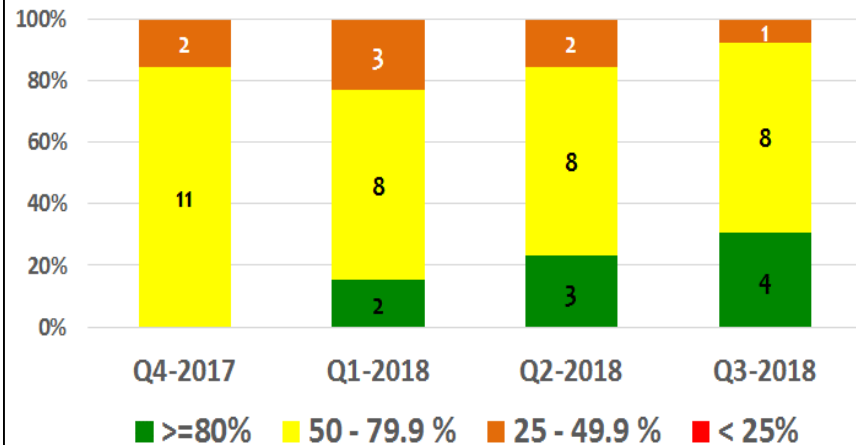
Kano

Kano: Trends of LQAS Results, Q4,2017 to Q3,2018



Nasarawa

Nasarawa: Trends of LQAS Results, Q4,2017 to Q3,2018



Kano

Quarter	< 25%	25 - 49.9 %	50 - 79.9 %	>=80%	Total
Q4 2017	1	28	14	1	44
Q1 2018	0	10	31	3	44
Q2 2018	0	4	26	14	44
Q3 2018	0	2	25	17	44

Nasarawa

Quarter	< 25%	25 - 49.9 %	50 - 79.9 %	>=80%	Total
Q4 2017	0	2	11	0	13
Q1 2018	0	3	8	2	13
Q2 2018	0	2	8	3	13
Q3 2018	0	1	8	4	13

NERICC, RI AND PHC System Strengthening Observations

- ERC notes that slow but steady progress has occurred in improving RI coverage since NERICC was initiated over 12 months ago
- Sustained progress will require greater financial and political commitment by government of Nigeria
- Achieving immunization coverage targets is unlikely without 'breaking the glass ceiling' and promoting vaccination catch up of children beyond the first year of life
- Full implementation of existing policies to prevent missed opportunities for vaccination and carefully consider on possibility of phase wise 2nd year of life platform to deliver both vaccines and other PHC interventions are essential components of a well-functioning immunization system that is integrated with PHC

NERICC, RI and PHC Systems Strengthening Recommendations

- The ERC calls on the government of Nigeria to increase its financial commitment to NERICC at all levels – federal, state, and LGAs or the success of NERICC will be in jeopardy
- Existing policies for preventing missed opportunities for vaccination should be implemented as a specific, proven method for increasing immunization coverage
- The ERC recommends moving forward with careful consideration of phase wise 2nd year of life platform to offer missed vaccines to children beyond 12 months of age and provide a platform for delivering a 2nd routine dose of measles vaccine and other PHC interventions such as Vitamin A, growth monitoring, etc

Polio Transition

- The ERC recommends that the government of Nigeria finalize the polio transition Business Case by the end of 2018; and
- Convene a Forum in the first quarter of 2019 with key in-country partners to;
 - Present the final Business Case for consideration and discussion with partners;
 - Provide the polio eradication and asset mapping to partners/stakeholders;
 - Provide the documentation of lessons learned from the polio eradication programme to partners/stakeholders

Financing for PEI, 2018-2020

Update/ Issues:

- FGoN budget commitment to polio eradication reduced from N4.8 billion in 2017 to N1.2 billion in 2018
- While donors and partners have fulfilled their funding pledges to the program in 2018, their overall contribution has also declined
- Funding gaps for 2019 (\$85,463,722)

Recommendations:

- The FGoN should increase its 2018 budget to at least the 2017 level of N4.8 billion, and sustain that funding level in 2019-2020 budget
- NPHCDA should continue to report to the Presidential Task Force on states and LGAs that fail to release counter-part funds
- Donors and partners to sustain financial support for implementation of PEI activities until certification

Thank you