

# Nigeria Update on Polio Eradication



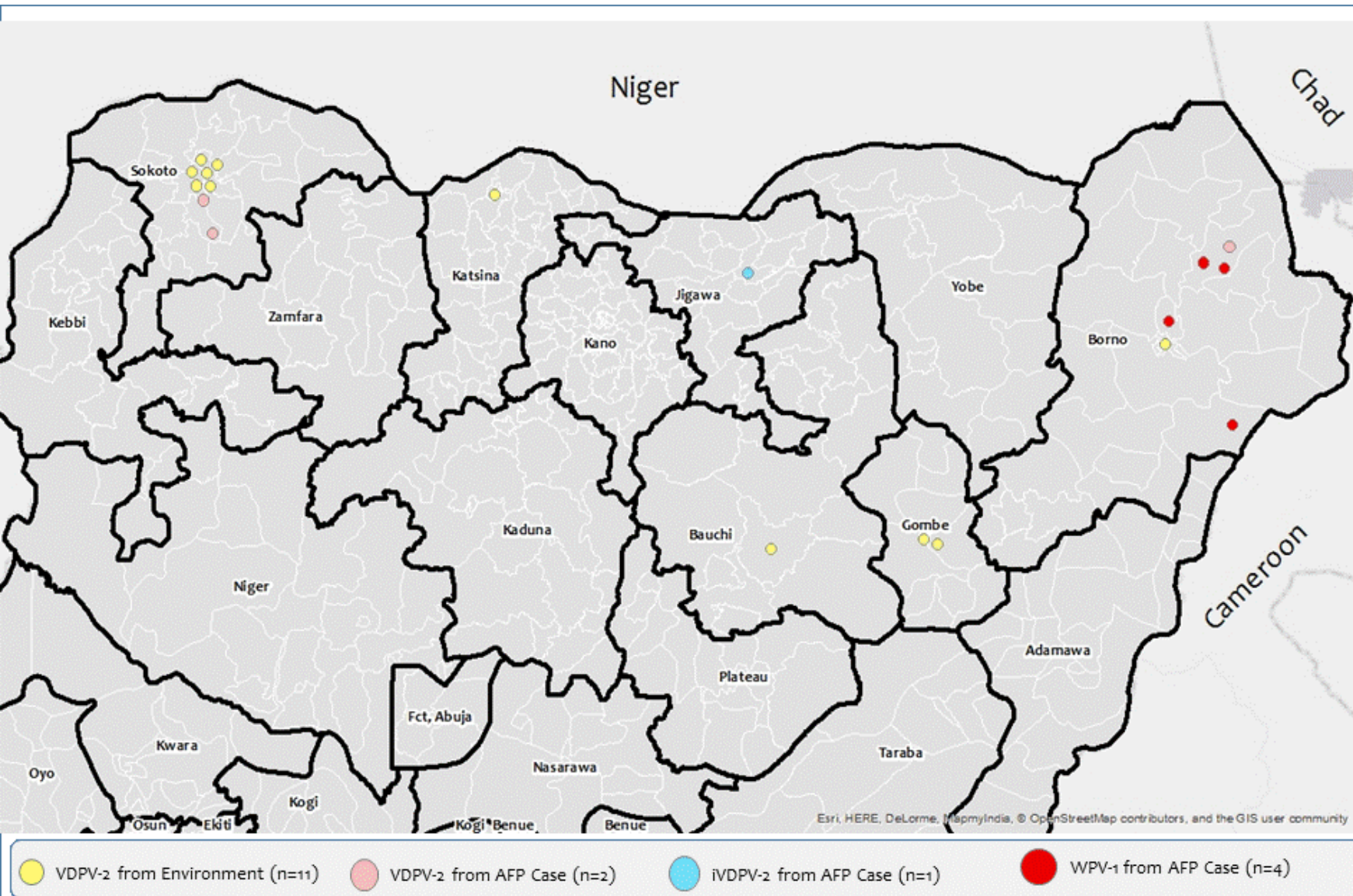
**15<sup>th</sup> Independent Monitoring Board Meeting, London  
3 May 2017**

# Outline

- Current Epidemiology
- Response to WPV1 and VDPV2 outbreaks
- Innovative approaches to reach children in inaccessible areas
- Efforts to strengthen surveillance
- Renewed political commitment
- Way forward

# Nigeria has gone 8 months without WPV

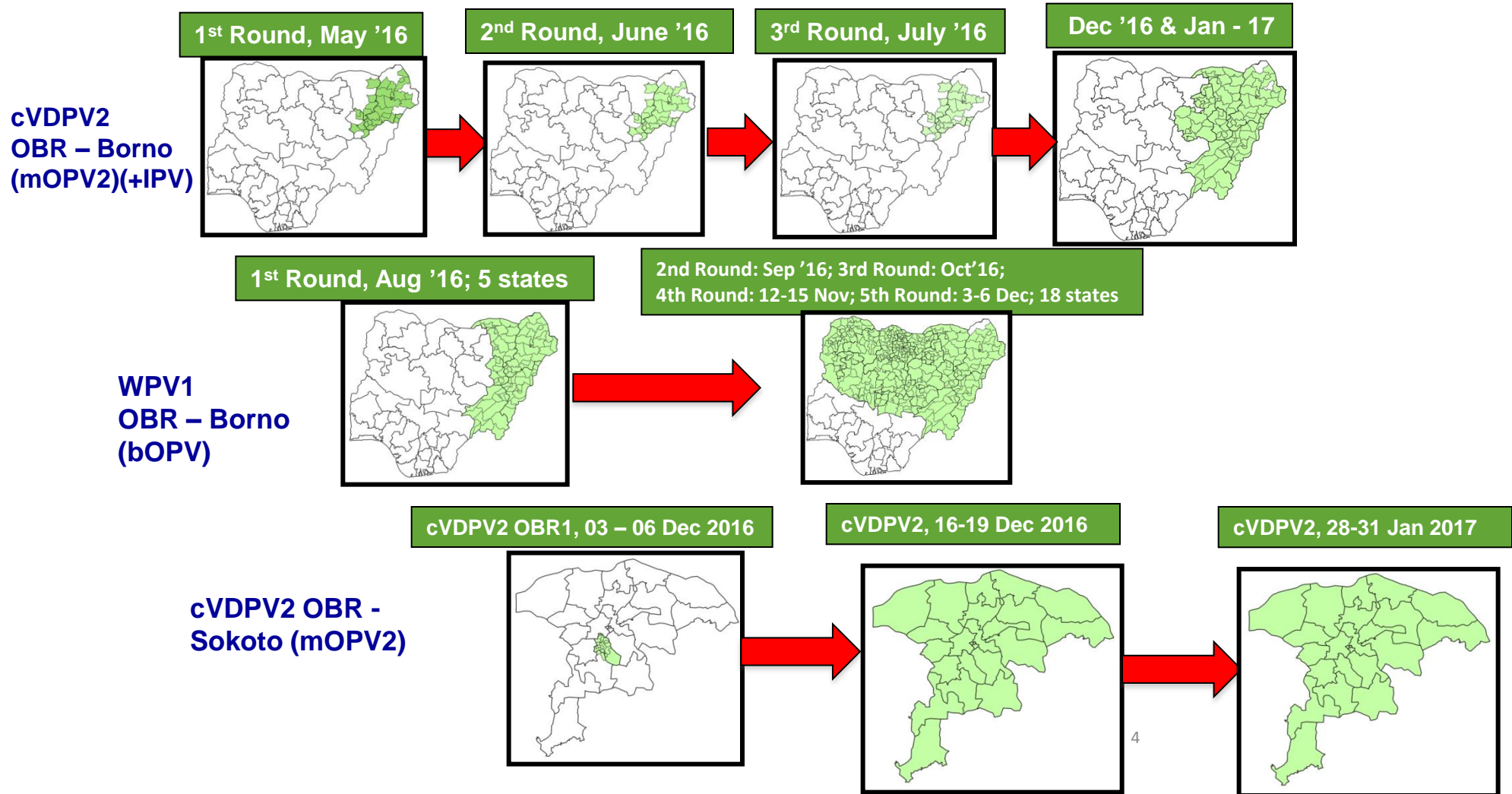
## 6 months without cVDPV2



- Nigeria had 4 WPV1 from Borno. Date of onset of last case August 21, 2016
- WPV1 in Borno are orphans and isolated in security compromised areas in northern part of the state
- 2 cVDPV2 cases both from contacts (Borno and Sokoto). Last case was from Bodinga LGA in Sokoto State with date of onset September 28, 2016
- 10 VDPV2 have been isolated in the country in 2017 from environmental surveillance sites:
  - 6 in Sokoto
  - 2 in Gombe
  - 1 in Bauchi
  - 1 in Katsina
- 1 VDPV2 was isolated from a healthy contact in Sokoto (50<sup>th</sup> Stool sample)
- Nucleotide changes range from 6 - 10

All VDPV2 isolated in 2017 are not circulating by GPEI guidelines

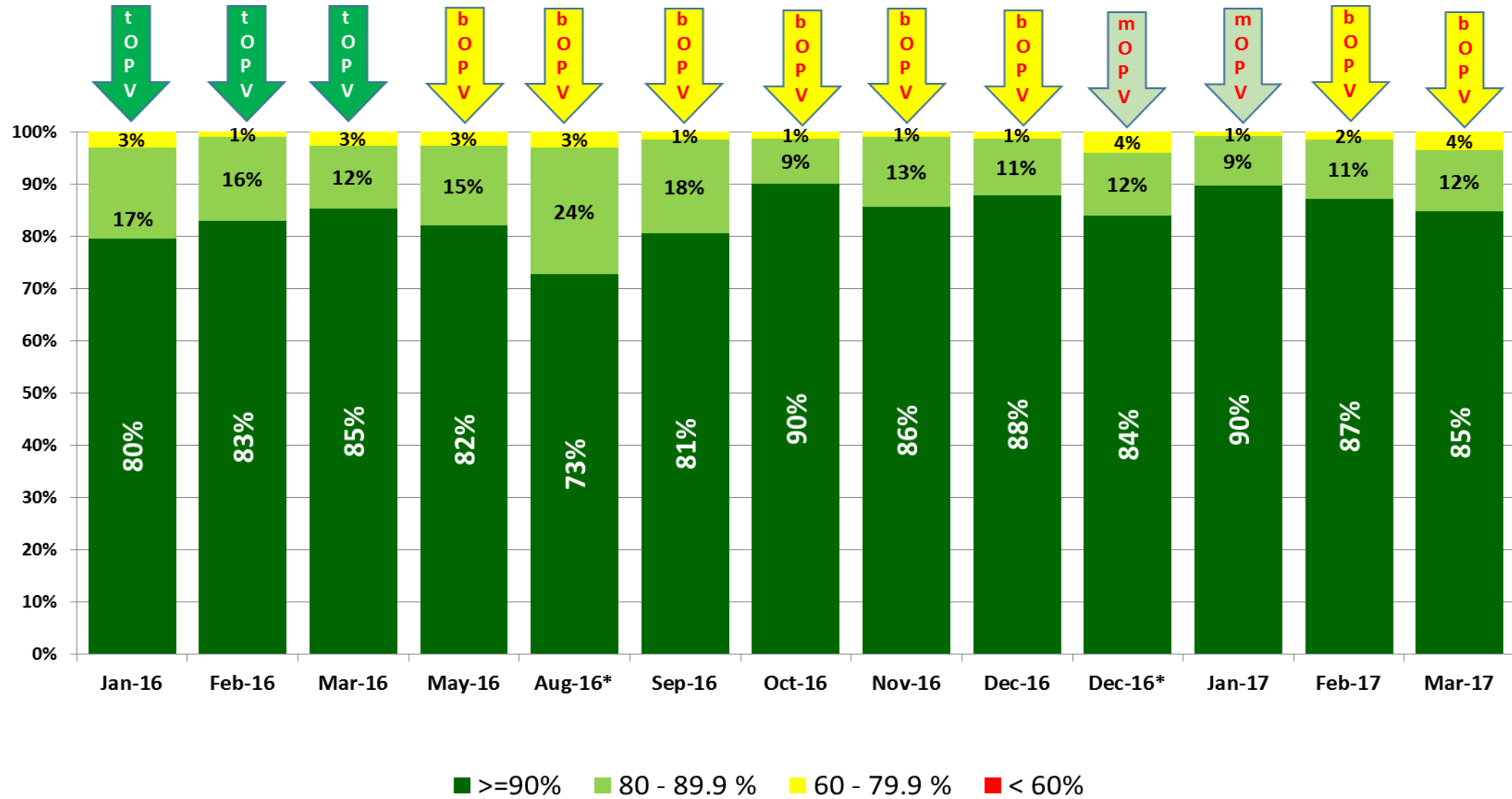
# The programme conducted a robust response to the outbreaks using mOPV2 and bOPV (Post switch)



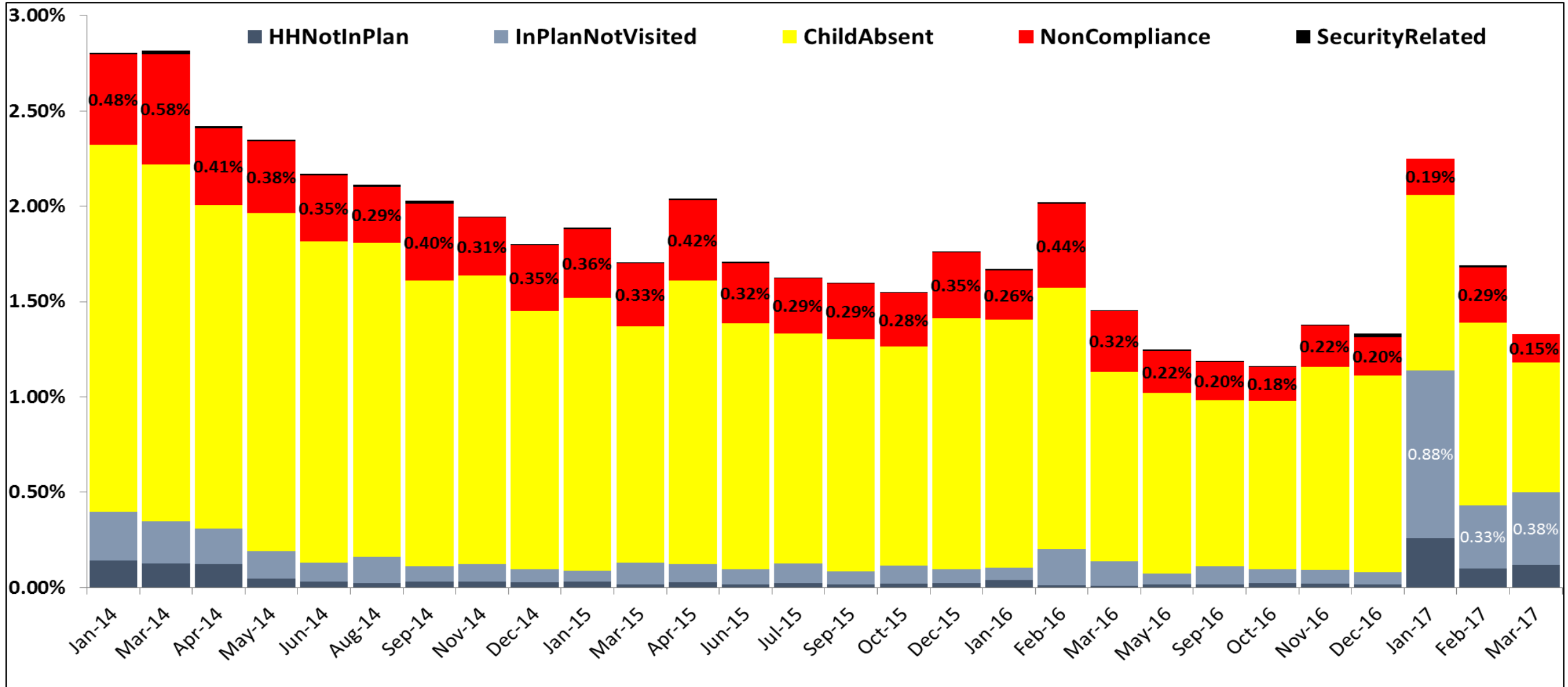
IPV was used in inaccessible areas of Borno and 4 LGAs in Yobe in September and October 2016 respectively, alongside bOPV2

# Trends of LQAs in the 11 High Risk States

Borno and other security compromised areas' LQAs results represents accessible areas only

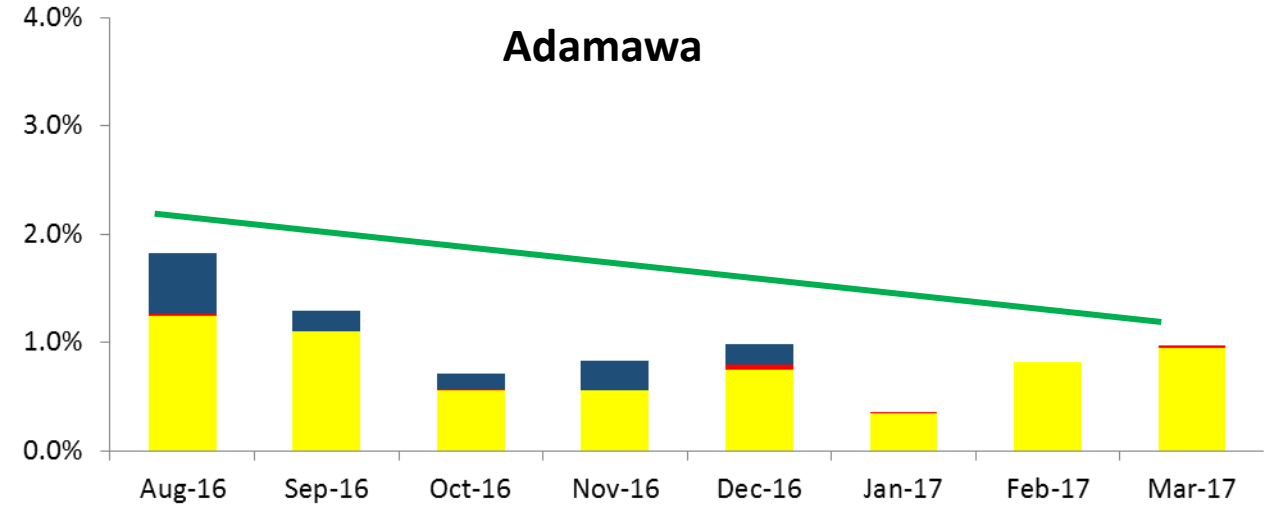
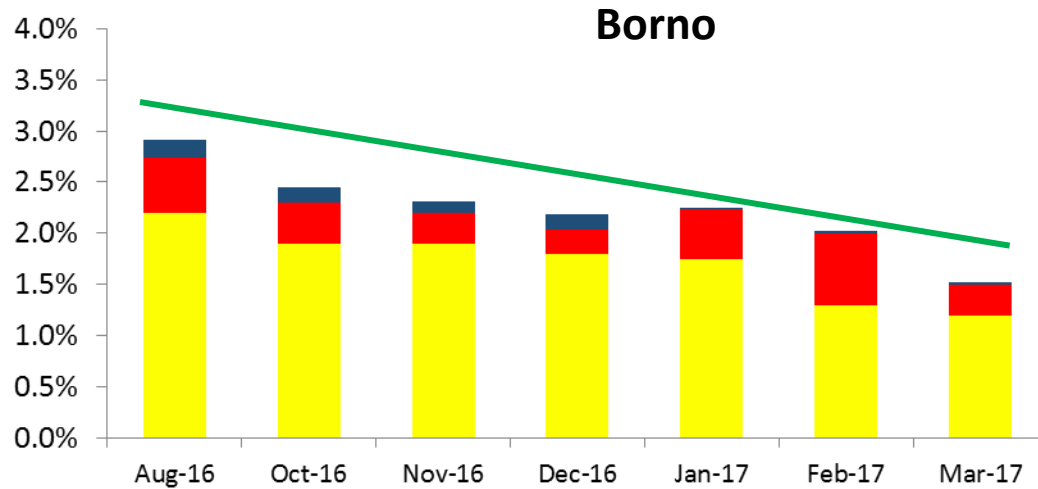


# Steady reduction in missed children, Jan 14 – Dec 16, 11 HR States



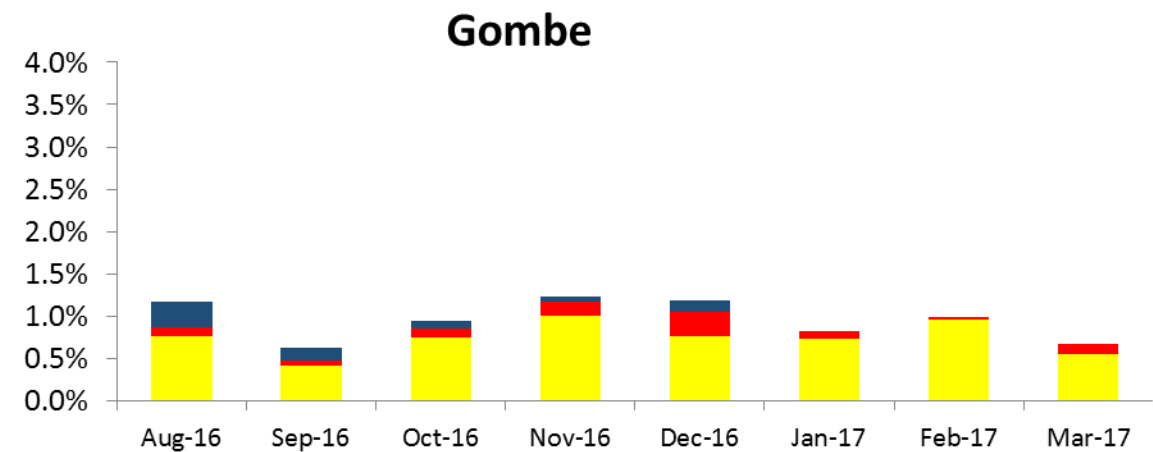
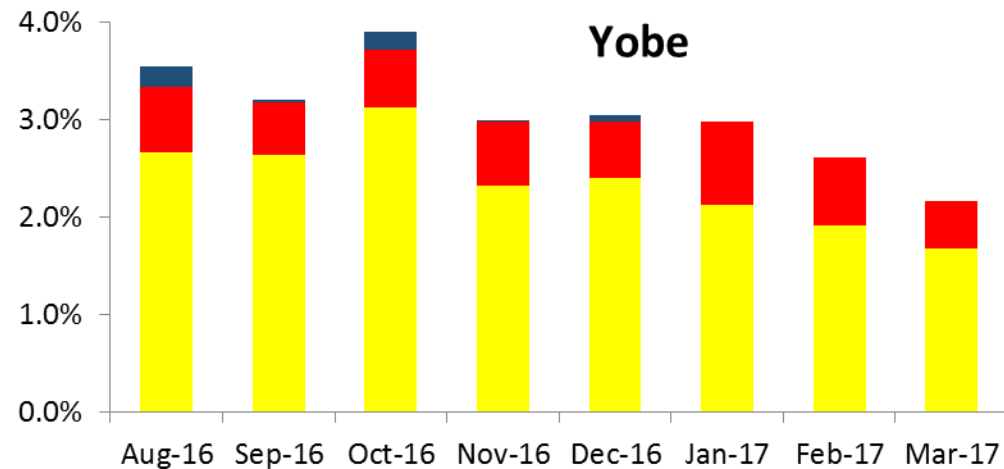
Source: Independent Monitoring Data

# Decreasing trend of missed children - greater proportion attributed to Absenteeism in children as at March 2017

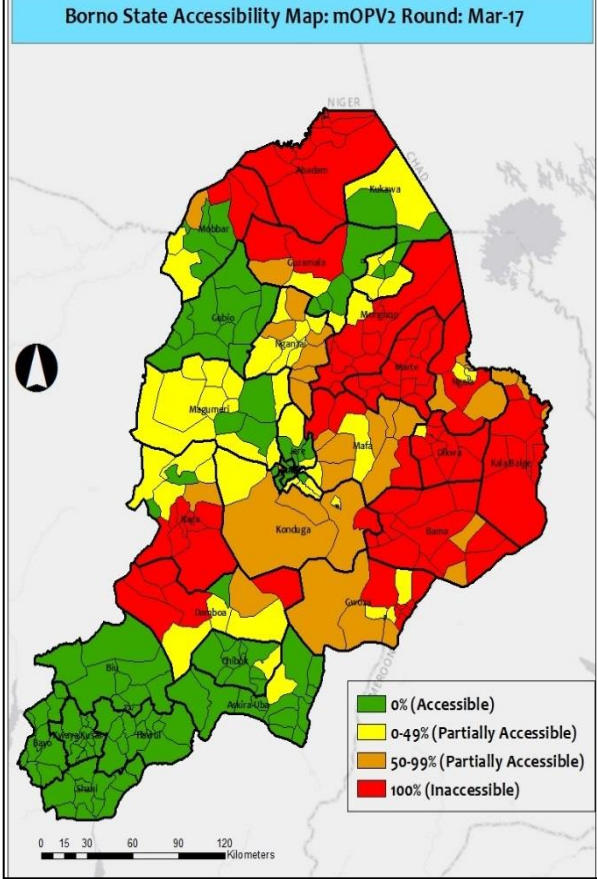
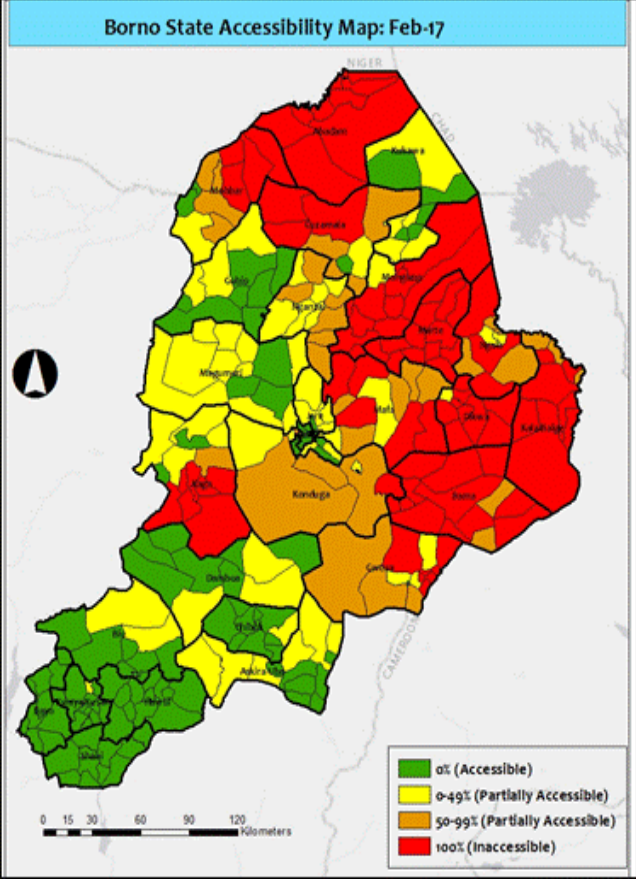
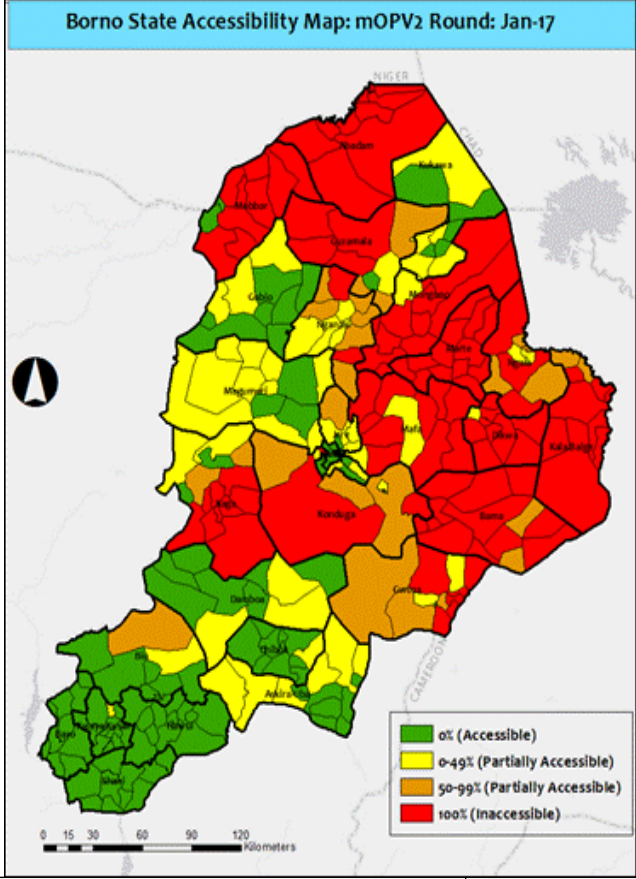
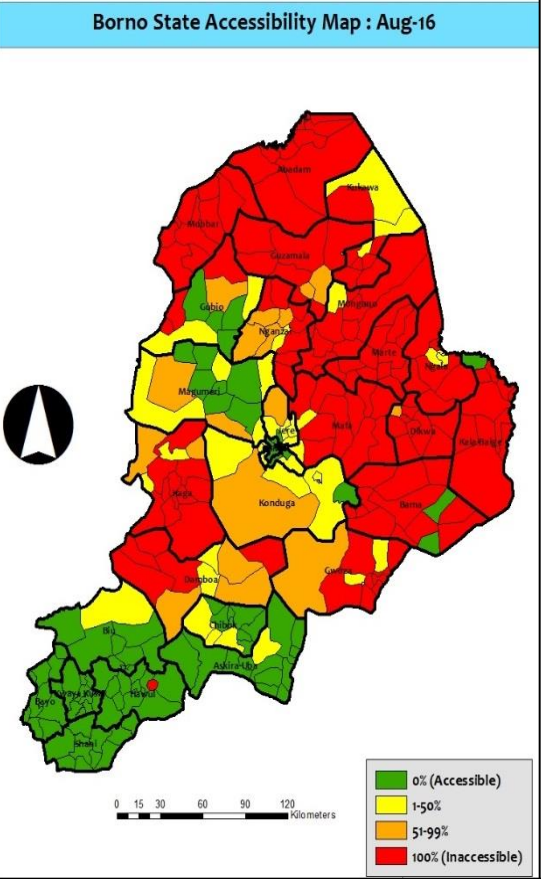


Relatively high proportion of missed children reported every round

Less than 1 percent of missed children



# Accessibility has improved by 11% between Aug 2016 & Mar 2017



<b># Inaccessible Settlements</b>	<b>6145 (48%)</b>
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<b># Inaccessible Settlements</b>	<b>5644 (40%)</b>
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<b># Inaccessible Settlements</b>	<b>5380 (39%)</b>
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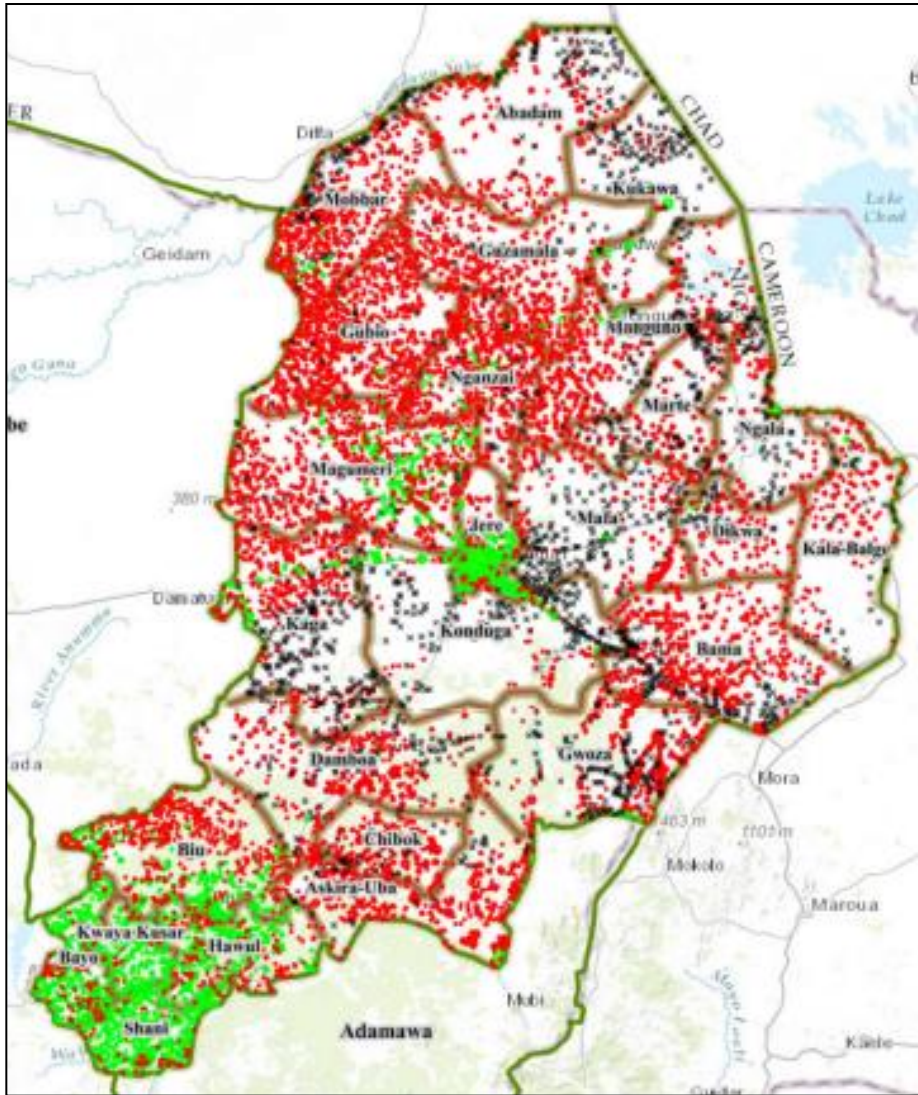
<b># Inaccessible Settlements</b>	<b>5216 (37%)</b>
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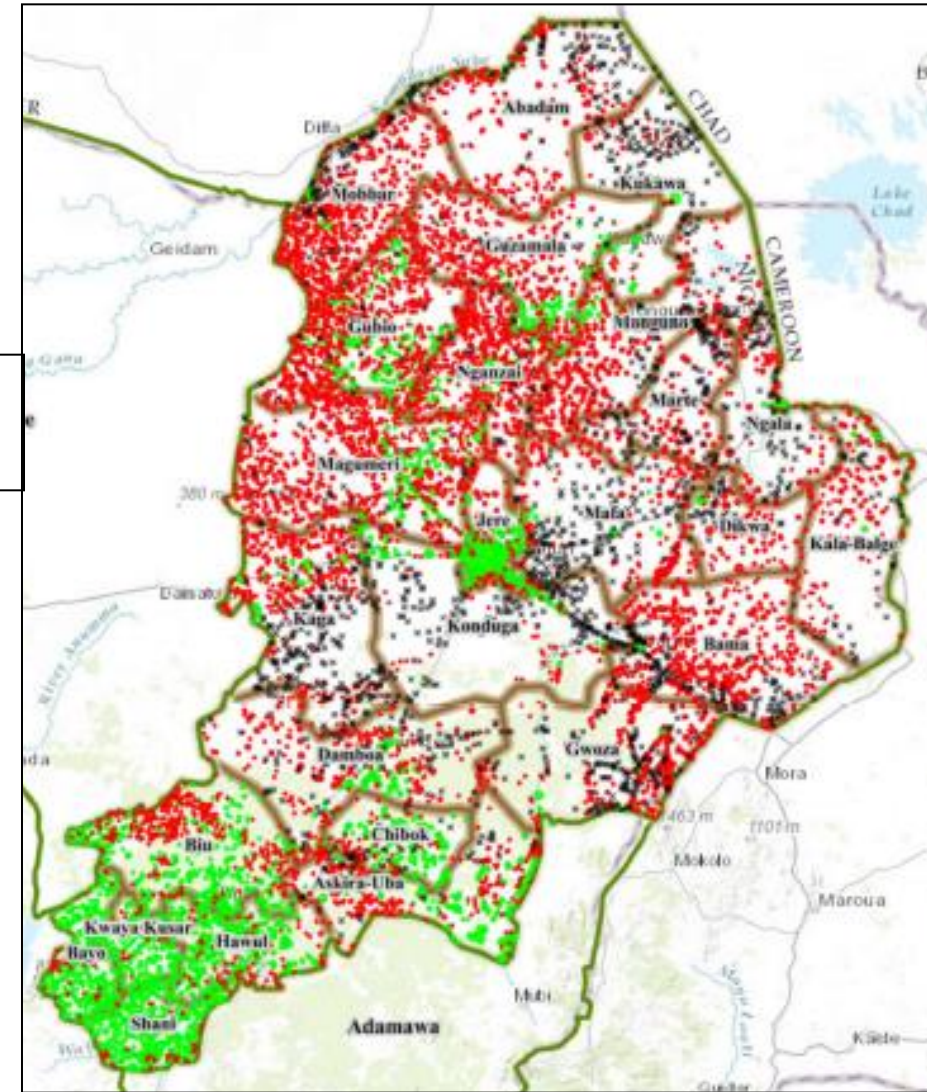
# More Settlements have been reached based on Vaccination Tracking System (VTS) in Borno

Oct 2016: 1,999 Settlements reached

Feb 2017: 2,733 Settlements reached



Based on GPS tracks collected from vaccination teams



● Visited

● Not Visited

X Destroyed/No Habitation

# Systematic Engagement of Civilian Joint Task Force (cJTF) and Military in Borno, August – October 2016



Mafa LGA Chair facilitating access, Sept 16



Training of CJTF on accelerated access, Borno



Vaccination in Kaga LGA by CJTF, Aug 2016; 512 zero dose children reached

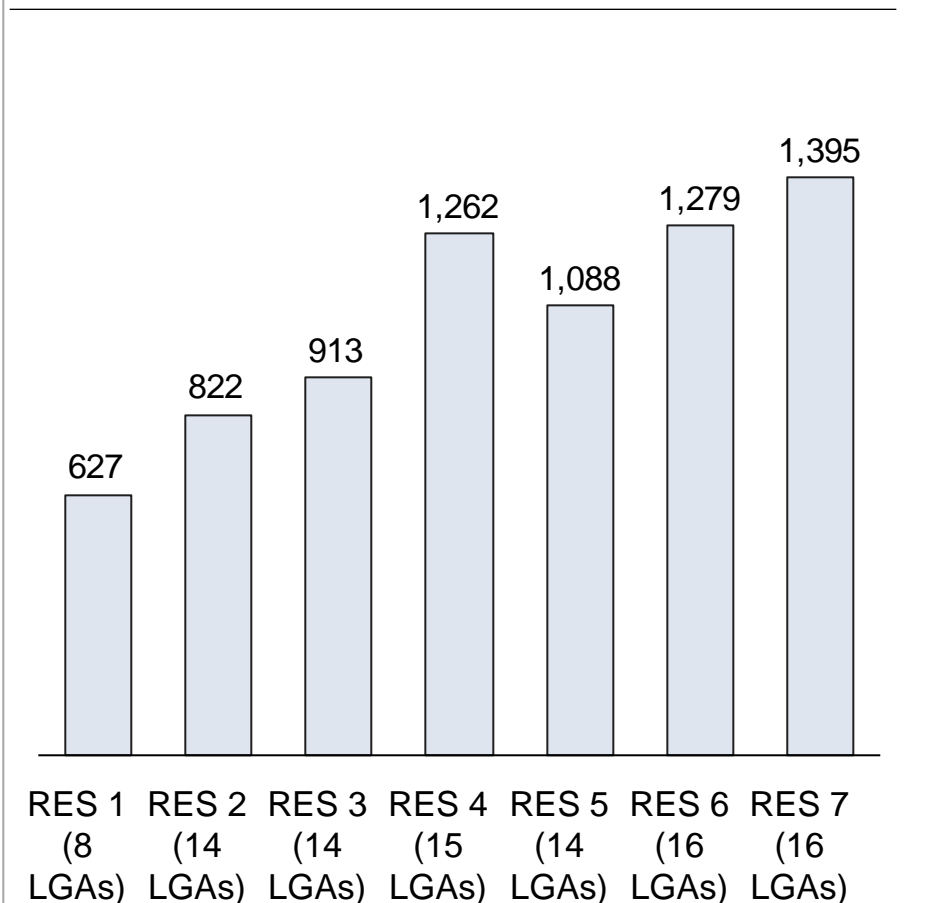
- State EOC led consultative settlement based accessibility assessment at LGA level
  - Traditional leaders, Ward focal persons, Security agents, SPHCDA staff, EOC Partners
- SOPs developed for systematic engagement of CJTF & the Military as Rapid access Vaccination teams
- Development of “**5 vaccination contacts**” visit plan for each settlement
- Identification of vaccination teams
  - 2 CJTF (1 Vaccinator, 1 recorder)
  - 4 CJTF providing security.
  - Military escort

Period	# LGAs	# Wards	# Settlements	OPV	IPV	AFP Cases Reported
Aug-16	10	15	66	4,100		2
Sep-16	10	21	157	17,163	15,360	4
Oct-16	11	26	321	19,446		3

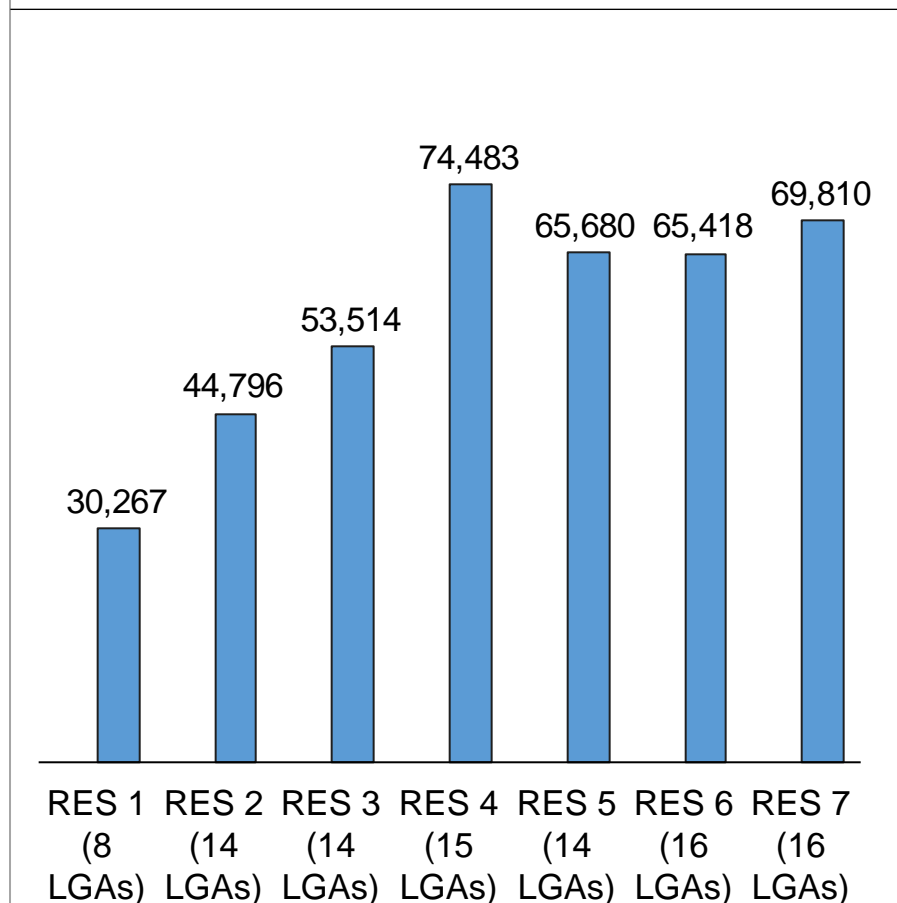
# Innovative Approaches to Reaching Children in Partially Accessible Areas

There has been an increase in number of settlements reached and children immunized from Reaching Every Settlement (RES) Strategy

Settlements visited from RES 1 – RES 7 (Numbers)

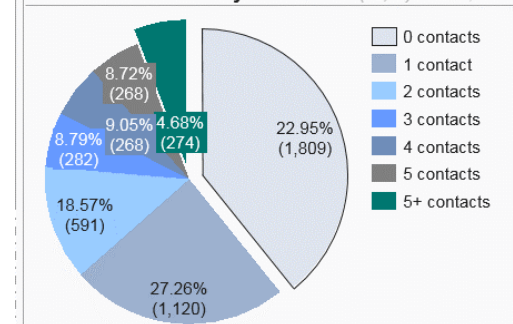


Children immunized from RES 1 – RES 7 (Numbers)



Each RES Team has at least 1 person conducting active surveillance.

Total RES contacts by settlement (% , #) N = 3,015



\*\*RES1, RES2, RES4, RES6 and RES7 are bOPV rounds while mOPV was used in RES3 and RES5

SOURCE: Borno EOC

# Program now Reaching Children in completely Inaccessible Areas

(Through New Initiative: Reaching Inaccessible children, (RIC))

- ED NPHCDA and Partners advocated to the Theatre Commander of the Nigerian Army in Maiduguri for strategic support
- Main objective is to reach children in completely inaccessible areas with OPV using the military personnel as vaccinators
- Initiative commenced in March 2017 and is yielding results

March 2017



Advocacy meeting with Theater Commander, Maiduguri

April 2017



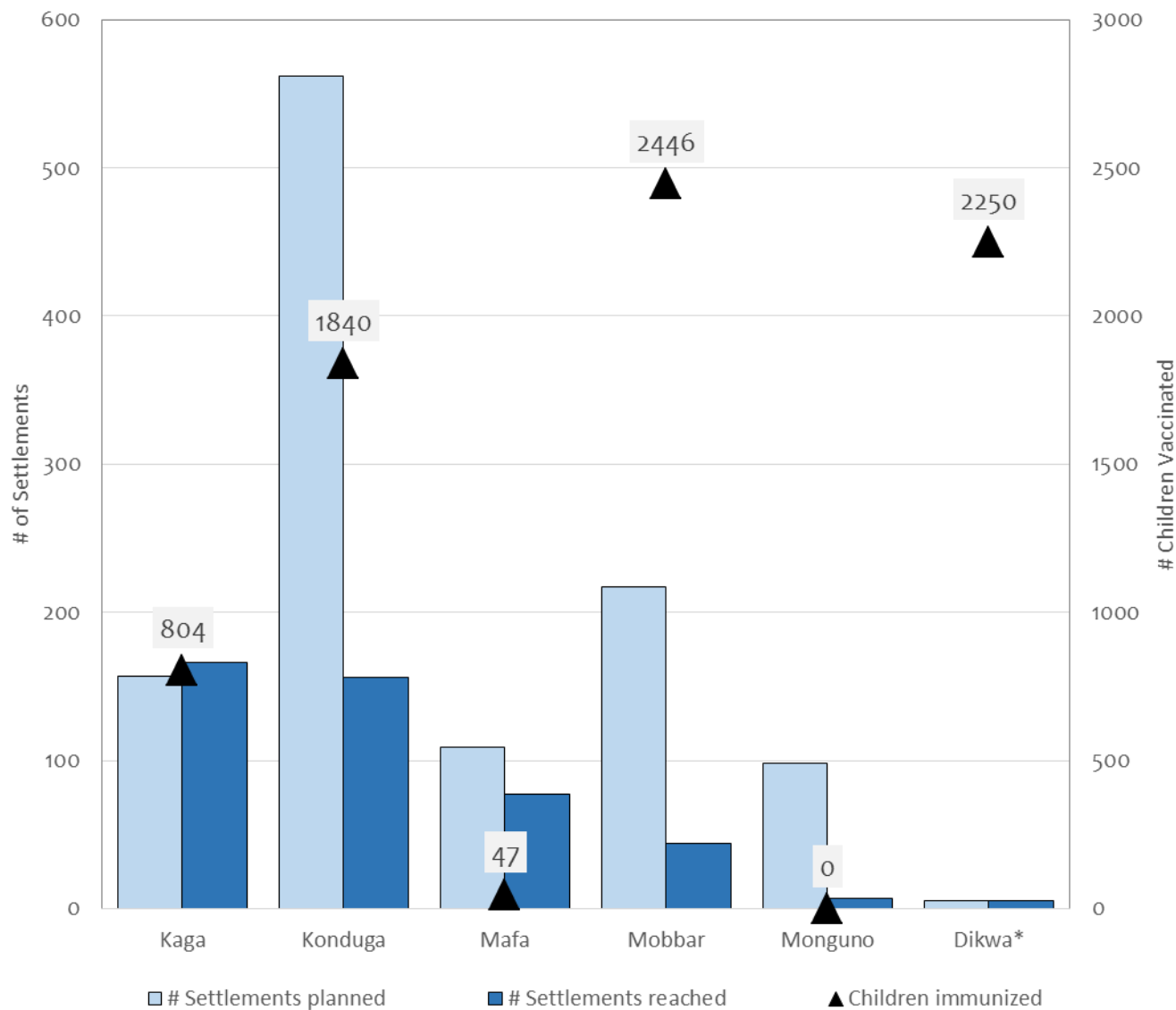
RIC in action. Army personnel immunizing children following liberation of 1,623 persons in Kalabalge LGA

# Special Interventions to Increase Access in Inaccessible areas in Borno state using Military personnel as Vaccinators

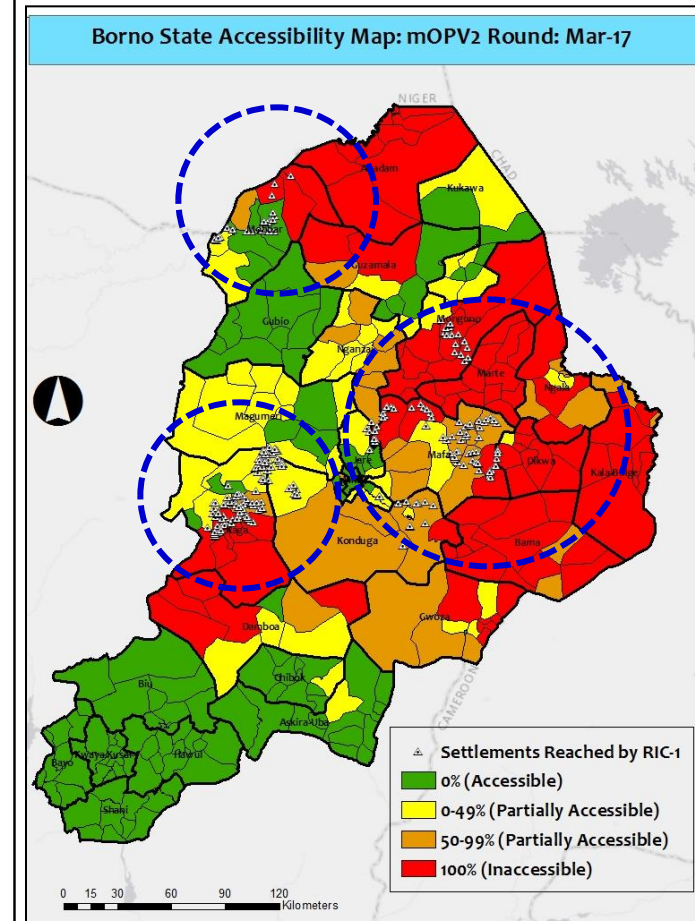


# 7,382 children have been immunized in 450 previously in accessible settlements across 6 LGAs (RIC1)

- Implementation is still ongoing in Konduga, Mobbar, Monguno and Kala/Balge LGAs
- Subsequent RIC rounds will focus on inhabited settlements only
- Apart from reaching previously unreachable places and vaccinating children, the military has also helped in getting geo-coordinates for 277 settlements
- Geo-coordinates were not captured for 105 of 156 settlements visited in Konduga



\* Settlements in visited 5 wards of Dikwa LGA were collapsed into single settlement by insurgents for proper control

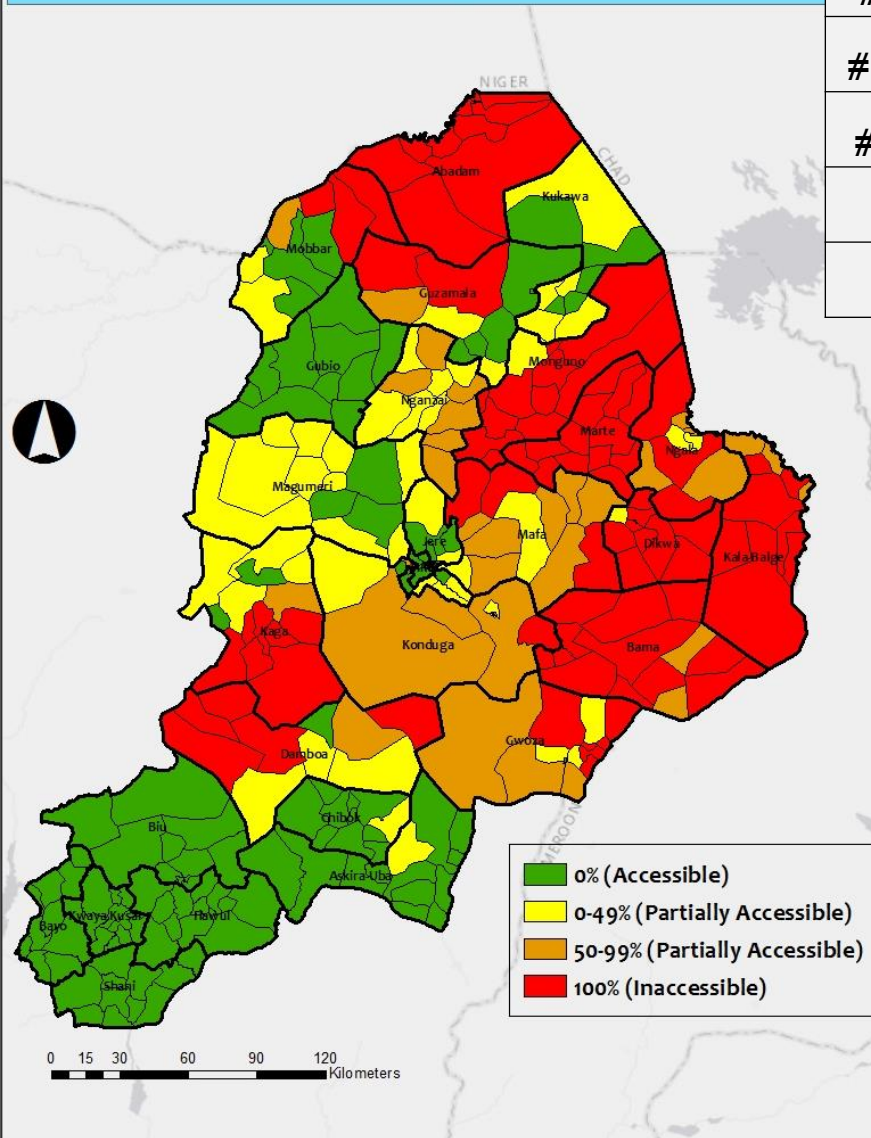
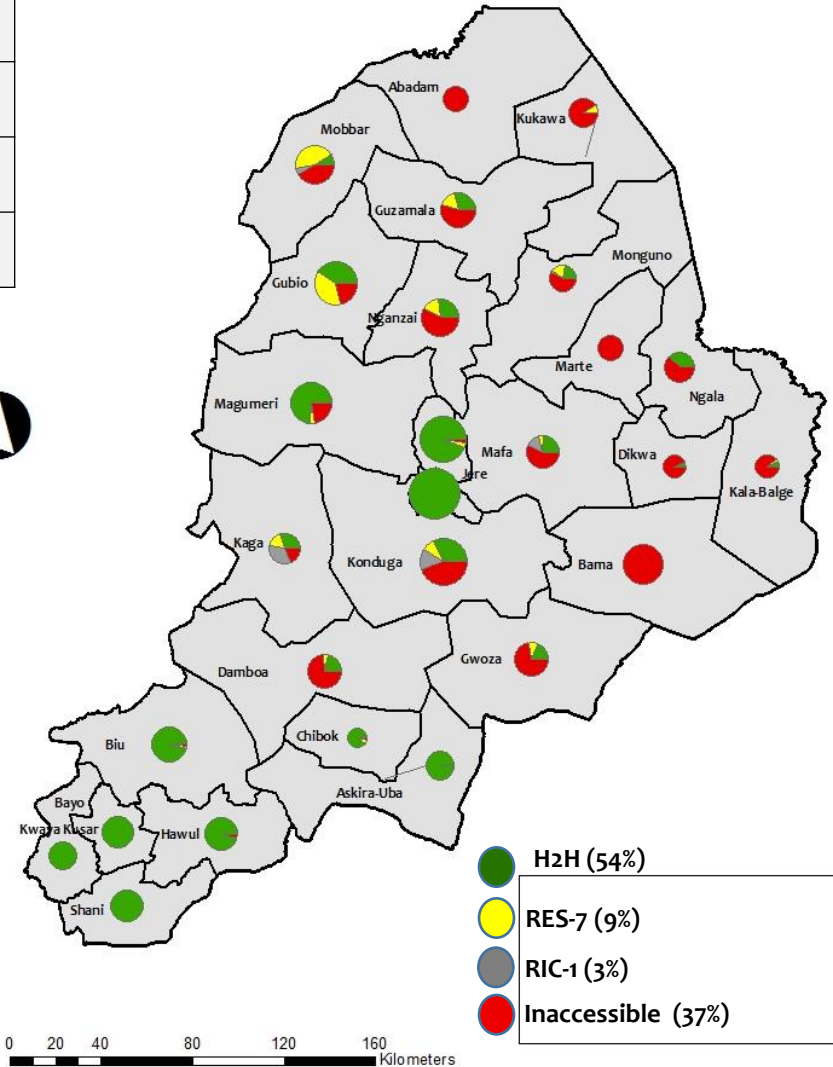


# More Settlements have now been reached: 63% of the Map are currently Accessible

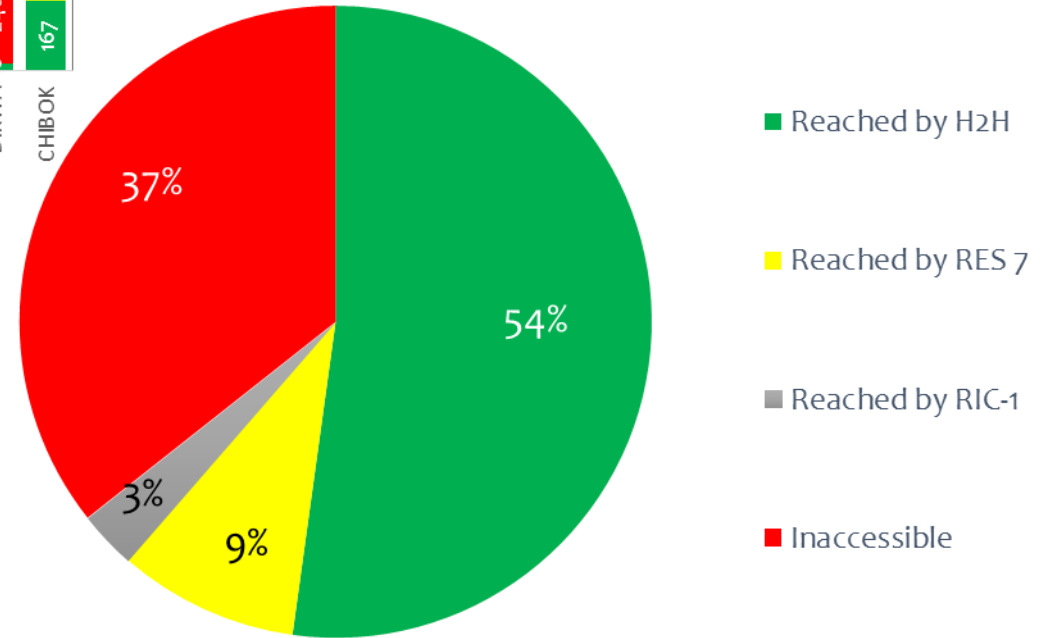
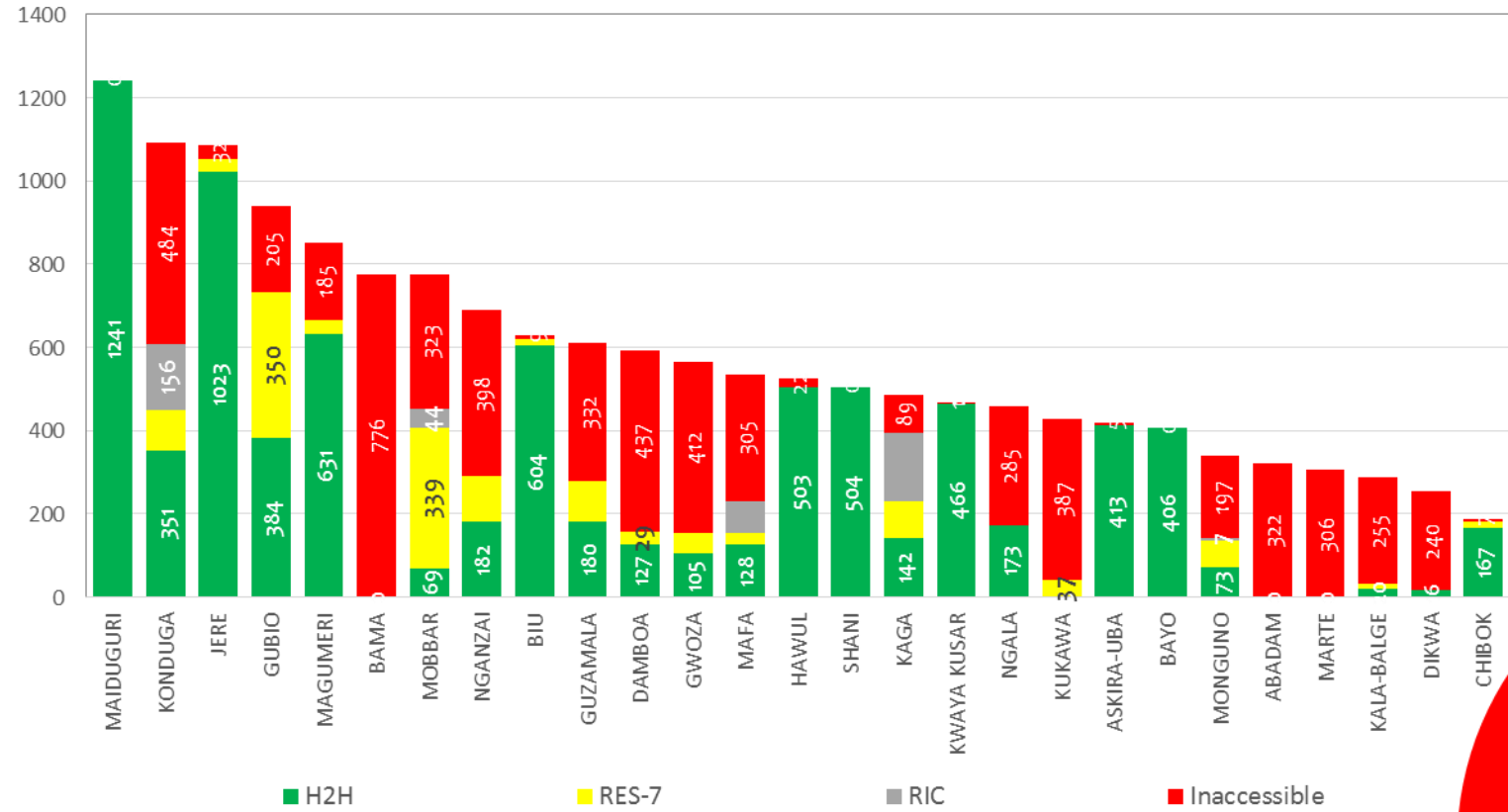
Borno State Accessibility Map: mOPV2 Round: Mar-17

# Settlements reached by H2H	7911 (54%)
# Settlements reached by RES 7	1396 (9%)
# Settlements reached by RIC-1	450 (3%)
# Inaccessible Settlements	5404 (37%)
<b>Total</b>	<b>14771</b>

Borno State Accessibility Map: mOPV2 Round: Mar-17



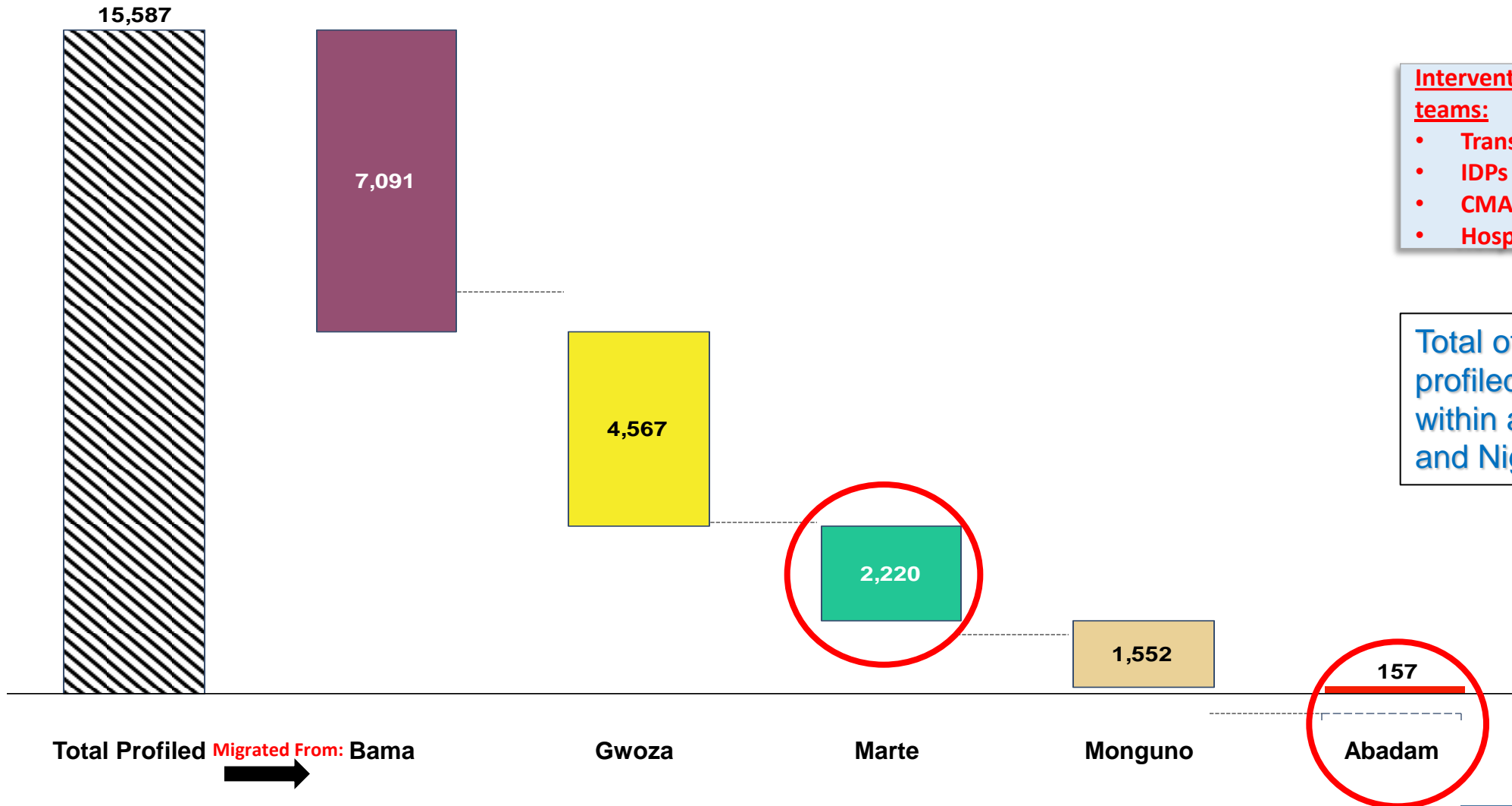
# Proportion of Settlement Accessible through H2H and special interventions: March 2017





# Profiling and Immunizing Children from Highly Inaccessible Areas (Abadam, Bama, Gwoza, Marte & Monguno LGAs)

**15,587** were profiled in 6 LGAs (*Dikwa, Jere, Konduga, Magumeri, Mobbar, Nganzai*)



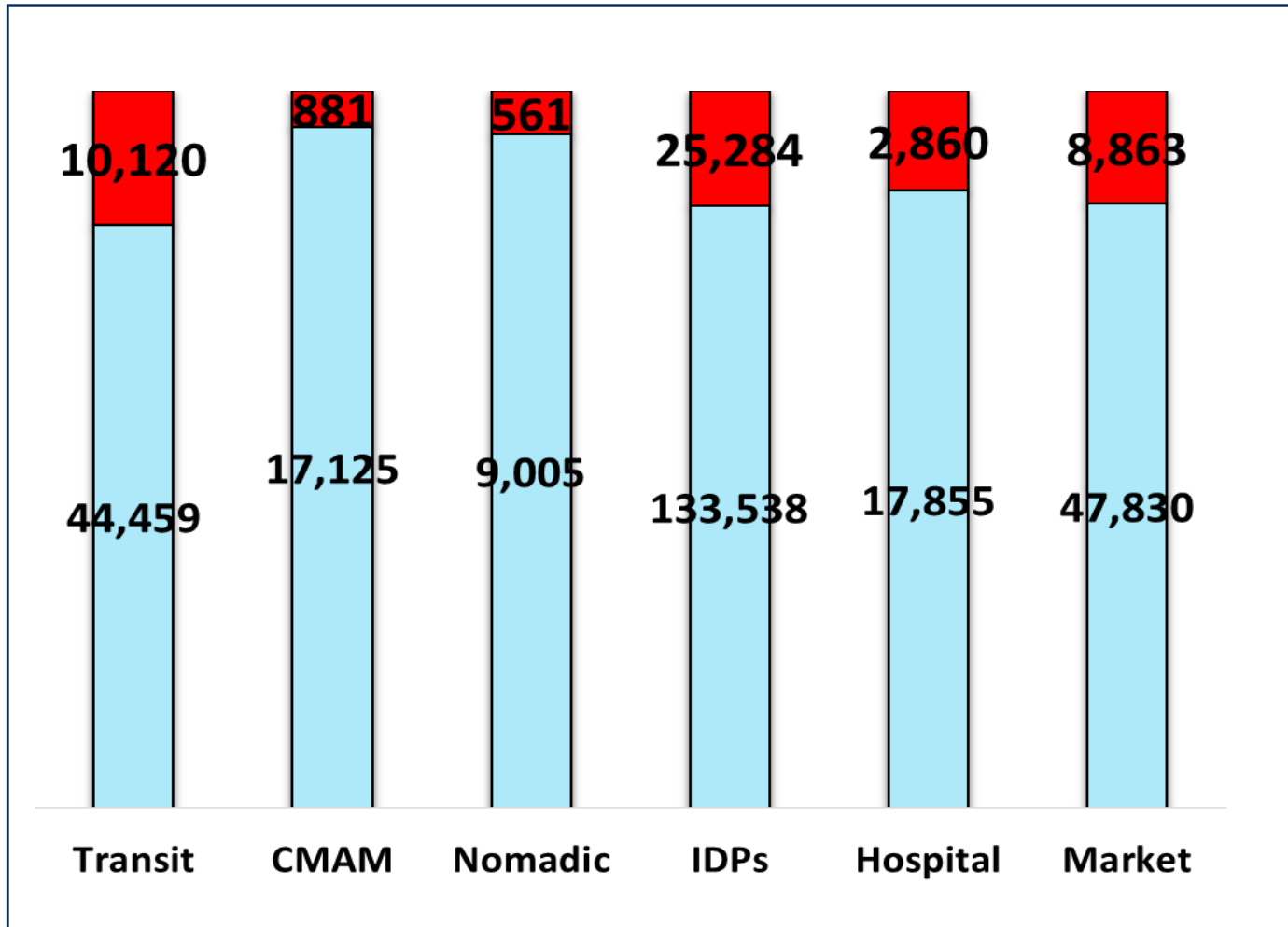
- Interventions using permanent teams:**
- Transit/Market/Motor park
  - IDPs Camps/Community
  - CMAM Centers
  - Hospitals

Total of 49,581 children profiled in Qtr 1 2017 from within and outside the State and Niger Republic

# 318,381 children vaccinated through special interventions in between rounds in Borno State – Results as of 01 March, 2017

**Zero dose: 48,569  
(15.2%)**

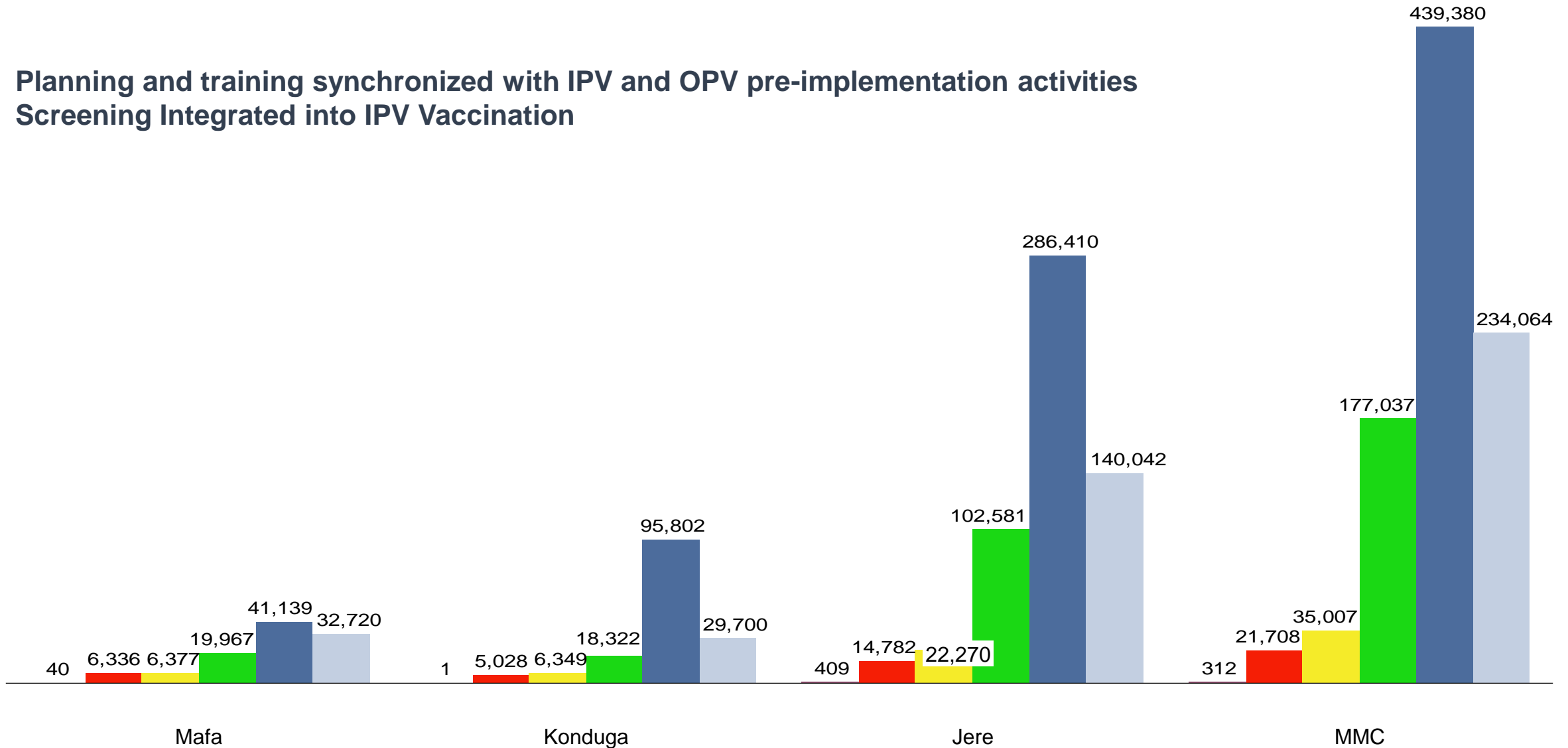
**≥1 dose: 269,812  
(84.8%)**



# Response to WPV Outbreak included screening and referral of malnourished children, Sept 2016

Oedema Red < 11.5 Cm Yellow 11.5 to 12.5 Cm Green > 12.5Cm Total Immunized with IPV Total Screened

- Planning and training synchronized with IPV and OPV pre-implementation activities
- Screening Integrated into IPV Vaccination



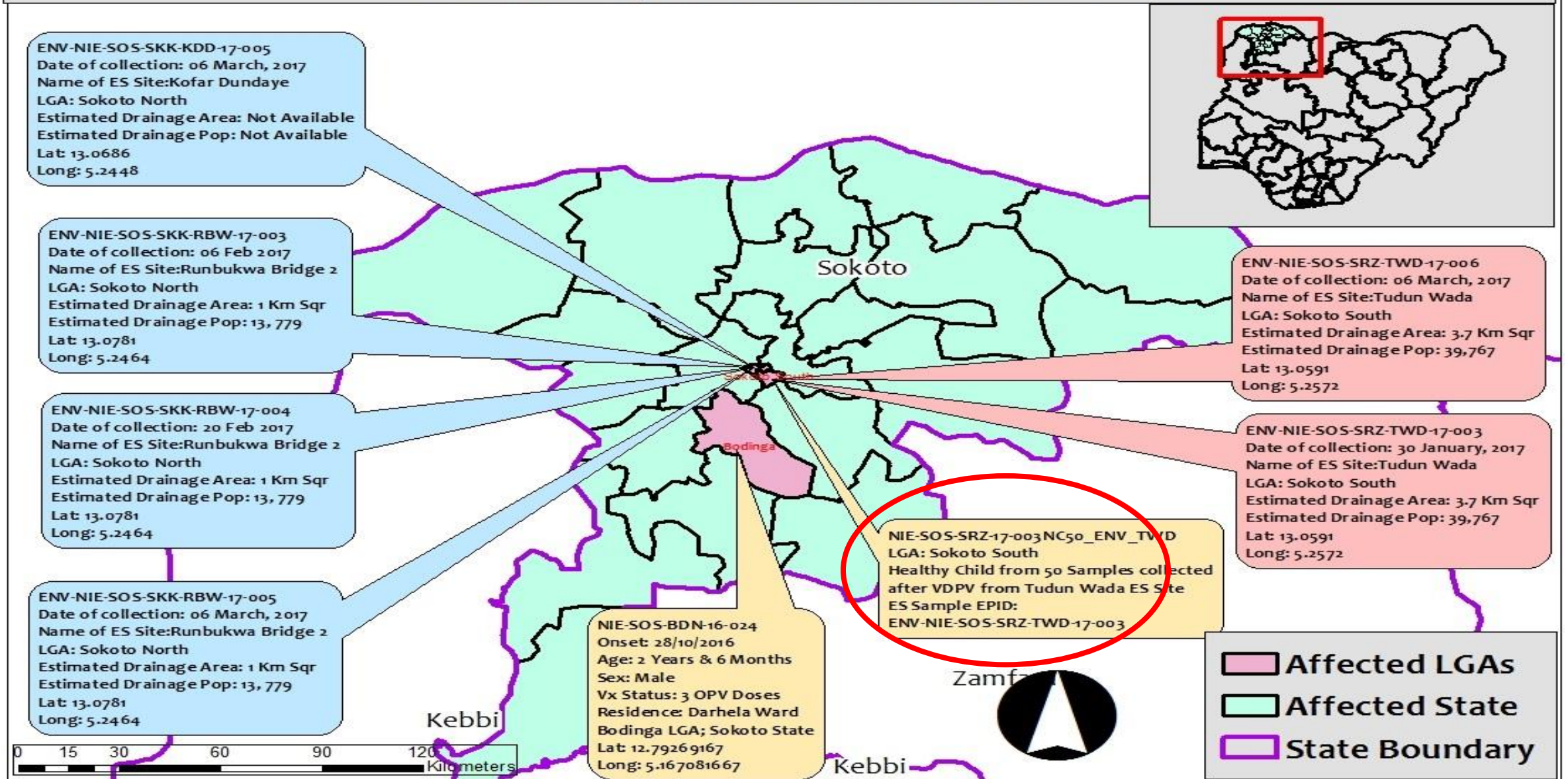
Data Source: Sept 2016 IPV round

# 9,422 Children < 5 years were Screened for Malnutrition and Immunized with OPV by HTR Teams across 24 LGAs of Borno State in Q1, 2017

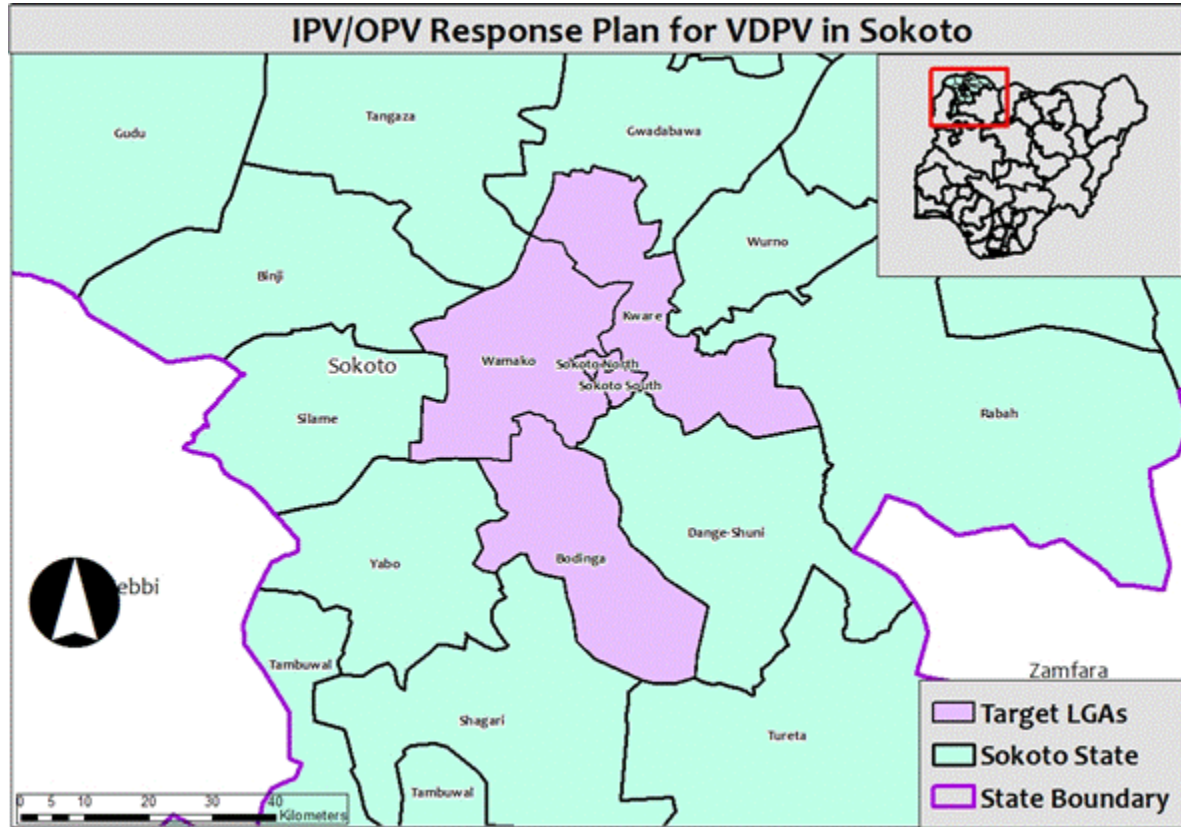
LGA	MUAC						Immunized with OPV	
	Green		Yellow		Red		0-11Months	12-59 Months
	Male	Female	Male	Female	Male	Female		
Askira-Uba	255	258	3	5	1	0	118	535
Bama	123	170	14	25	0	0	166	321
Bayo	109	119	2	1	0	1	105	118
Biu	287	334	4	4	0	0	73	578
Chibok	114	108	2	0	1	0	62	182
Dambo	84	86	12	11	1	1	51	583
Dikwa	55	58	9	9	0	0	145	158
Gubio	69	72	3	6	2	1	90	129
Guzamala	27	33	7	9	4	3	135	187
Gwoza	97	113	0	0	0	0	203	165
Hawul	197	209	3	1	0	0	150	441
Jere	34	40	5	4	1	3	96	270
Kaga	8	19	3	4	1	0	12	36
Kala-Balge	69	82	7	7	0	0	158	166
Konduga	179	271	9	14	0	0	107	491
Kukawa	121	139	8	5	2	3	52	255
Kwaya Kusar	139	167	4	6	1	5	67	322
Mafa	56	67	13	25	0	0	90	185
Magumeri	125	127	10	11	1	4	88	265
Mobbar	78	64	8	15	3	4	205	330
Monguno	243	327	3	5	0	0	81	494
Ngala	73	102	4	9	0	0	147	188
Nganzai	52	75	9	9	6	5	34	130
Shani	154	213	0	0	0	0	89	369
<b>Total</b>	<b>2748</b>	<b>3253</b>	<b>142</b>	<b>185</b>	<b>24</b>	<b>30</b>	<b>2524</b>	<b>6898</b>

# VDPV2 Isolates in Sokoto State, 2016-2017

## Location Map of VDPV2 in Sokoto State



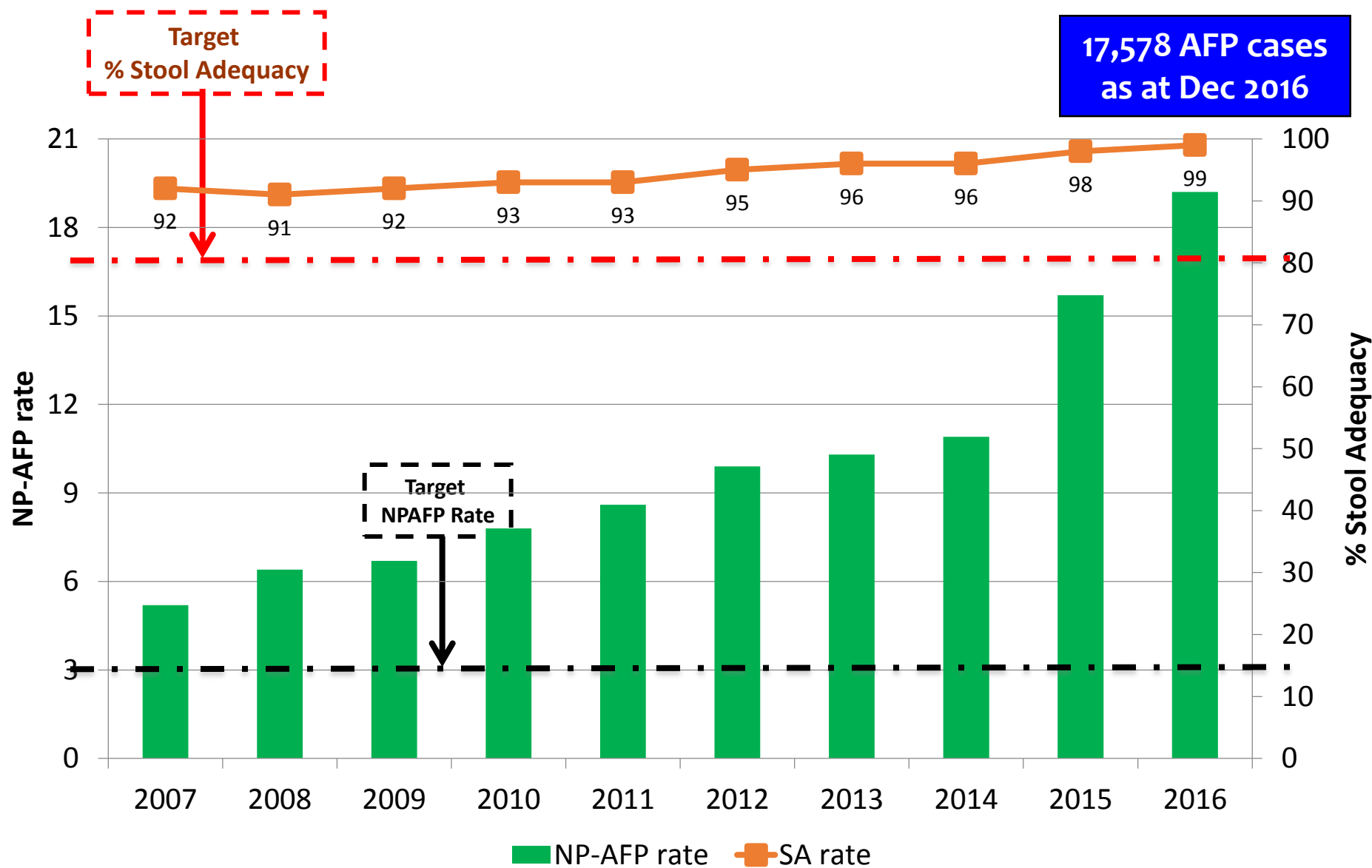
# Proposed Response Plan to VDPV2s in Sokoto, May 2017



- 1 round of mOPV2 planned in all LGAs
- Staggered implementation starting with 5 LGAs (Sokoto North, Sokoto South, Wamakko, Kware and Bodinga)
- Target population for mOPV2: 1,694,379
- mOPV 2 vaccine requirement: 1,863,817
- Dates of implementation: 13 - 18 May 2017

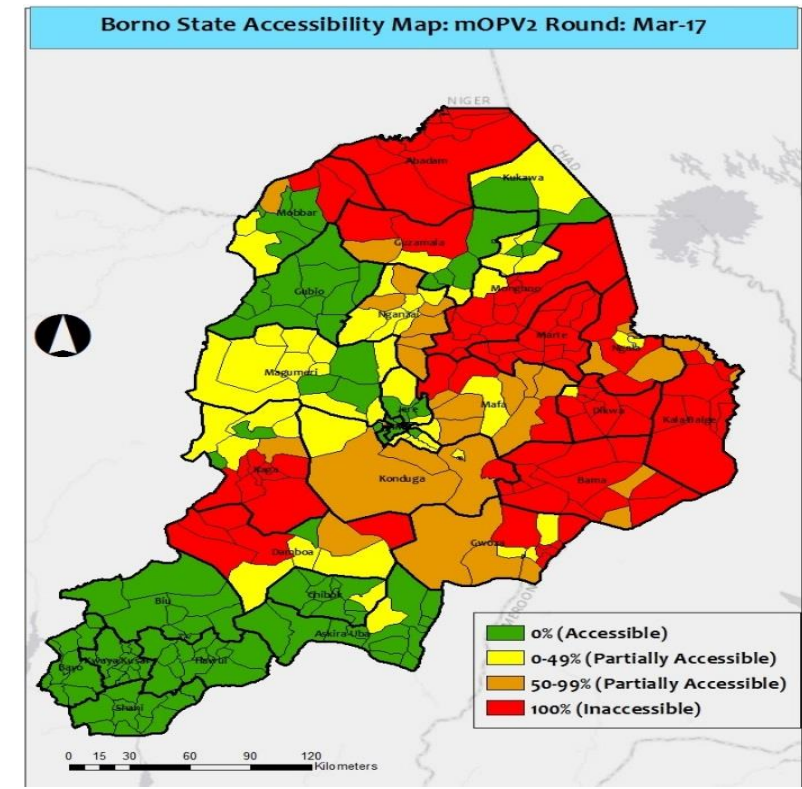
S/No	LGA	OPV Target Population	OPV Vaccine Requirements (wf 1.11)
1	Sokoto North	113,151	125,598
2	Sokoto South	100,330	111,366
3	Wamakko	116,955	129,820
4	Bodinga	74,102	82,253
5	Kware	85,796	95,234
	<b>Total (5 LGAs)</b>	<b>490,334</b>	<b>544,271</b>
6	18 LGAs	1,204,045	1,319,546
	<b>Total (SOKOTO STATE)</b>	<b>1,694,379</b>	<b>1,863,817</b>

# Progressive Improvement in AFP Surveillance Indicators (Jan – Dec, 2007-2016)

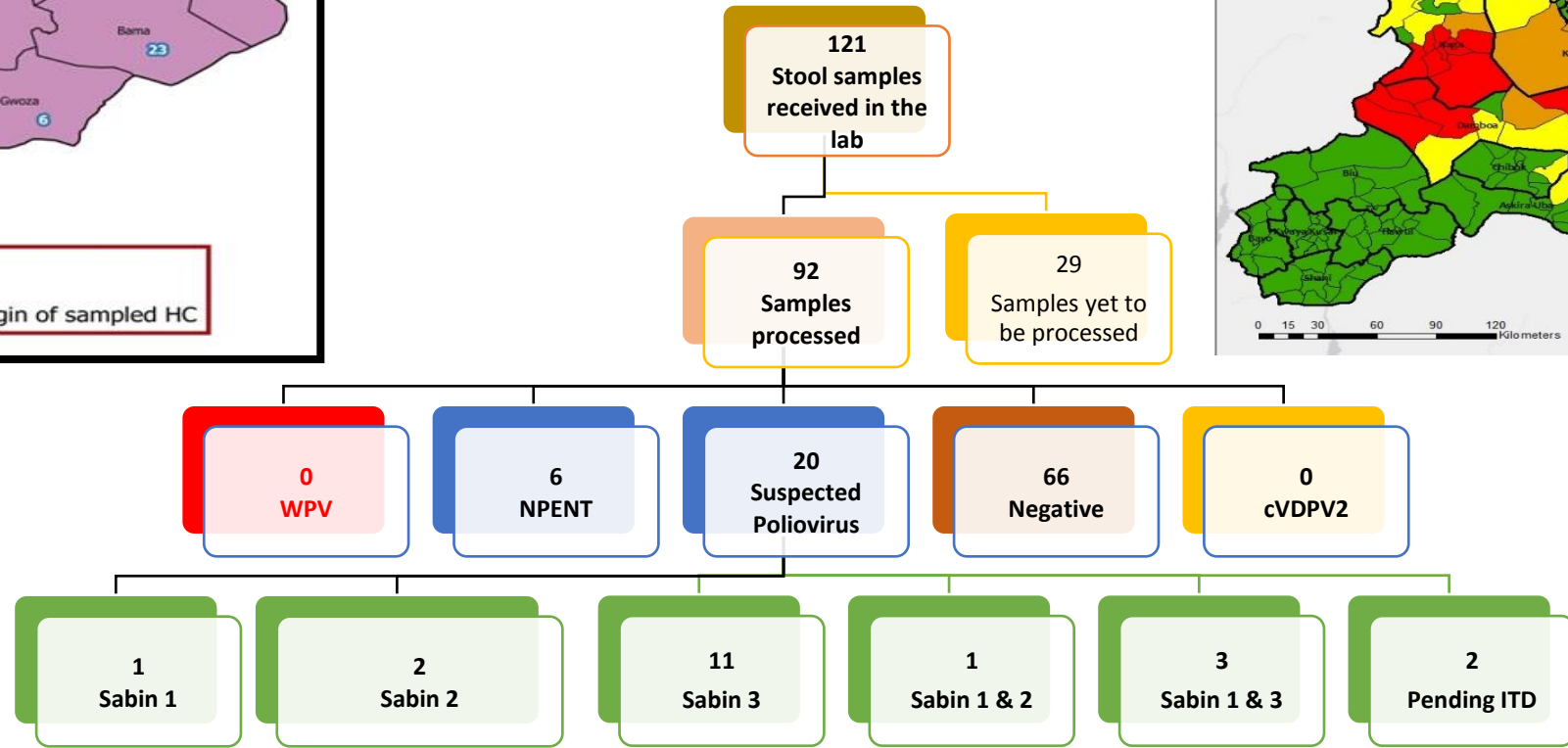
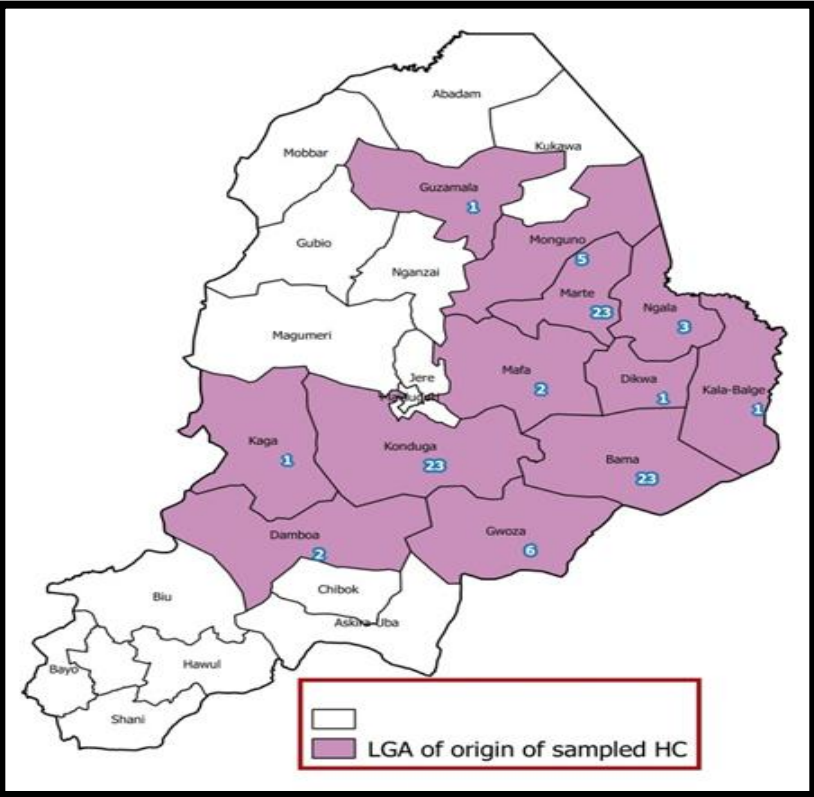


# Programme is tracking Possible Transmission in Security Compromised Areas

Stool samples from <10 year old healthy children coming out of security compromised areas are collected and taken for processing

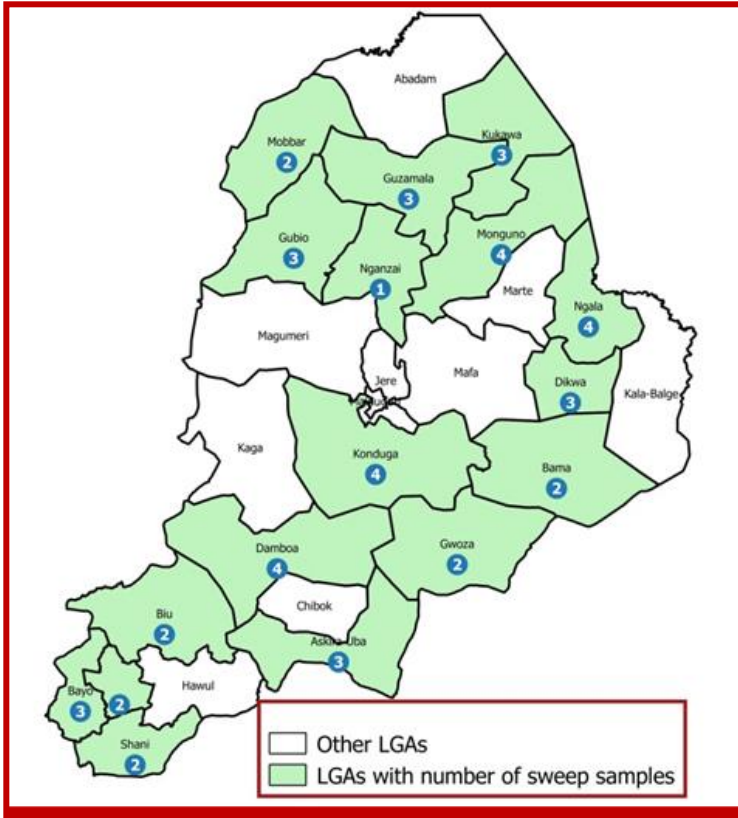


as of 19/04/17

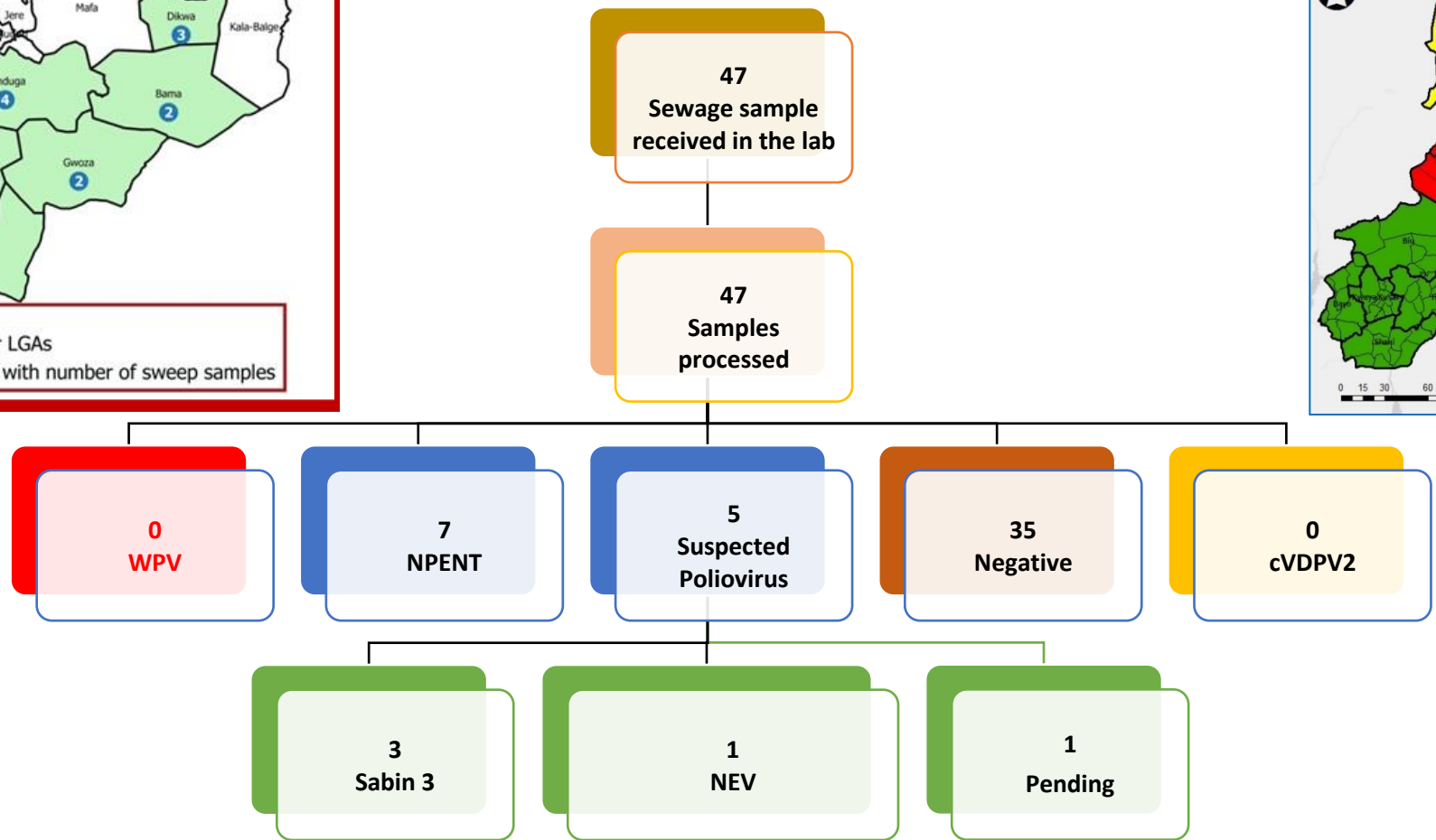
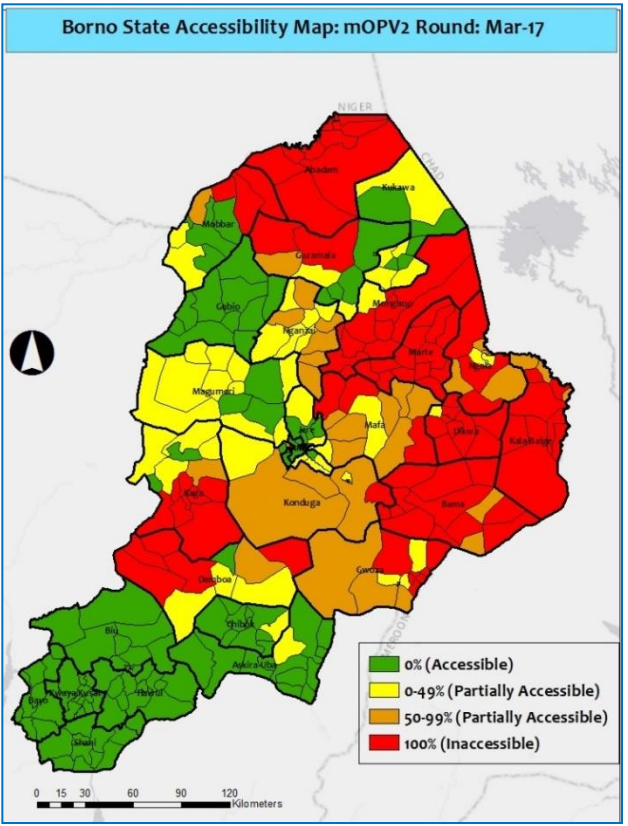




# Expanding environmental sampling to other LGAs using sweep in Borno, 2017



Sewage samples collected in LGAs with no formal environmental sites



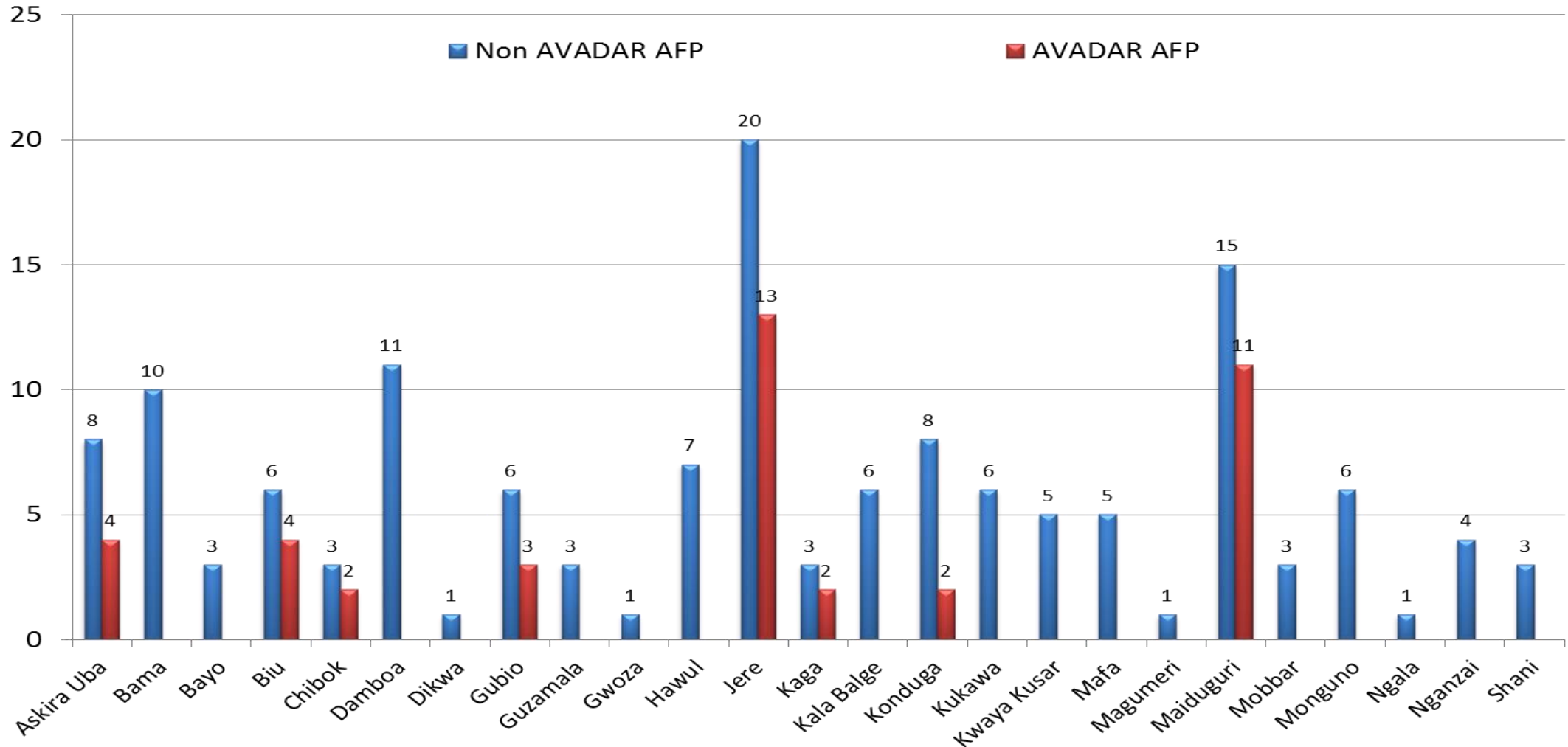
15/03/17 to 16/04/17

# Other efforts to improve surveillance

- Introduction of Audio-visual AFP Detection and Reporting (AVADAR) in Borno State to enhance AFP case detection through community informants who are reminded weekly to go through their mobile phones to report AFP cases
- Expansion of AFP community informant network within and out of IDP Camps
- Investigation of unusually high NPAFP rates in states reporting such
- Initiation of Environmental surveillance in new sites and states
- Preparations and commencement of community based Sero-survey in Borno State
- Investigation of all zero dose AFPs cases reported

# Introduction of AVADAR has increased AFP Reporting

## AFP Cases Reported by LGA, Borno (4 Dec 16 to 5 Apr 17)



# Investigation of high NP-AFP rates in Selected States, 2016

- Edo State: 21(95.5%) of 22 AFP cases investigated were true cases
- Ondo State: 34(89.5%) of 38 of AFP cases investigated were true cases
- Kebbi State: 15(83.3%) of 18 AFP cases investigated were true cases
- Kaduna State: 20(80%) of 25 AFP cases investigated were true cases
- However all reported AFP cases in all states were suspected AFP cases with limb symptoms
- Where Skill and knowledge gap among LGA DSNOs, FPs, HWs and informants were observed, refresher training was conducted



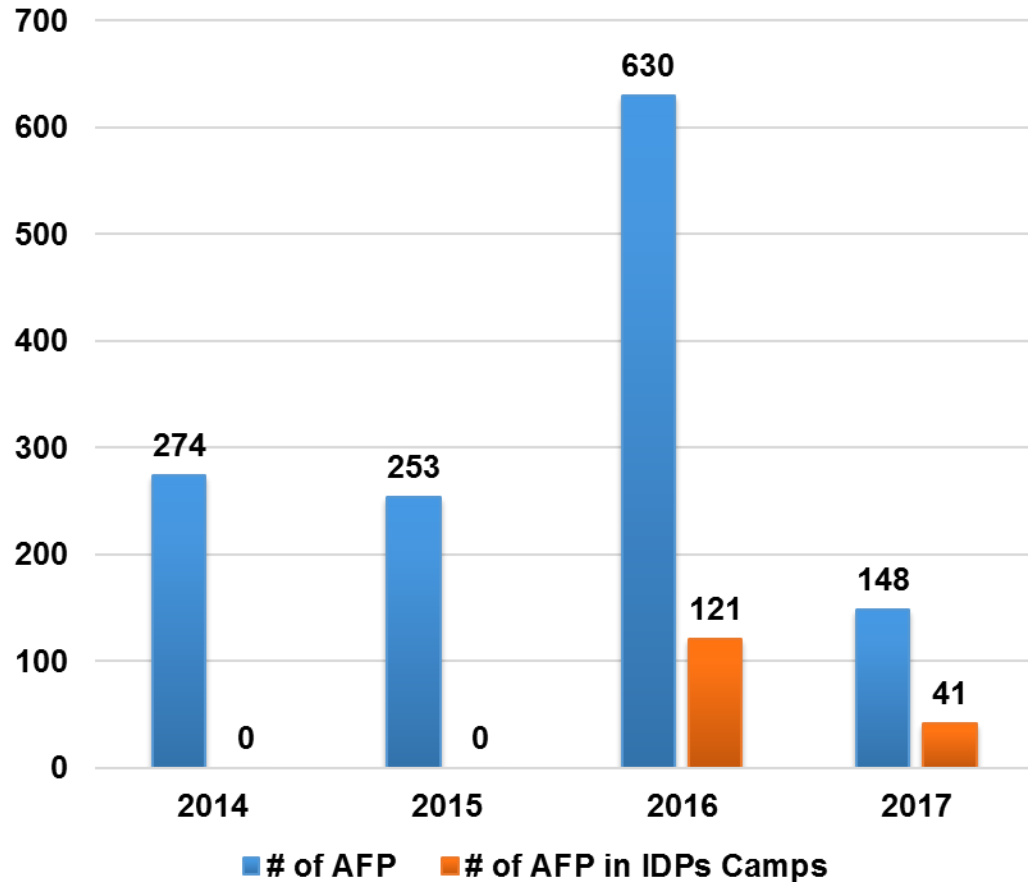
NIE-KBS-AUG-16-048 – cellulitis with abscess



NIE-KBS-BNZ-16-039-Hypertonia, aphasia and seizures

# Intensification of AFP reporting from IDP camps in Borno, 2014 - 2017

Total number of AFP versus AFP reported from IDP camps from 2014 to 2017 in Borno

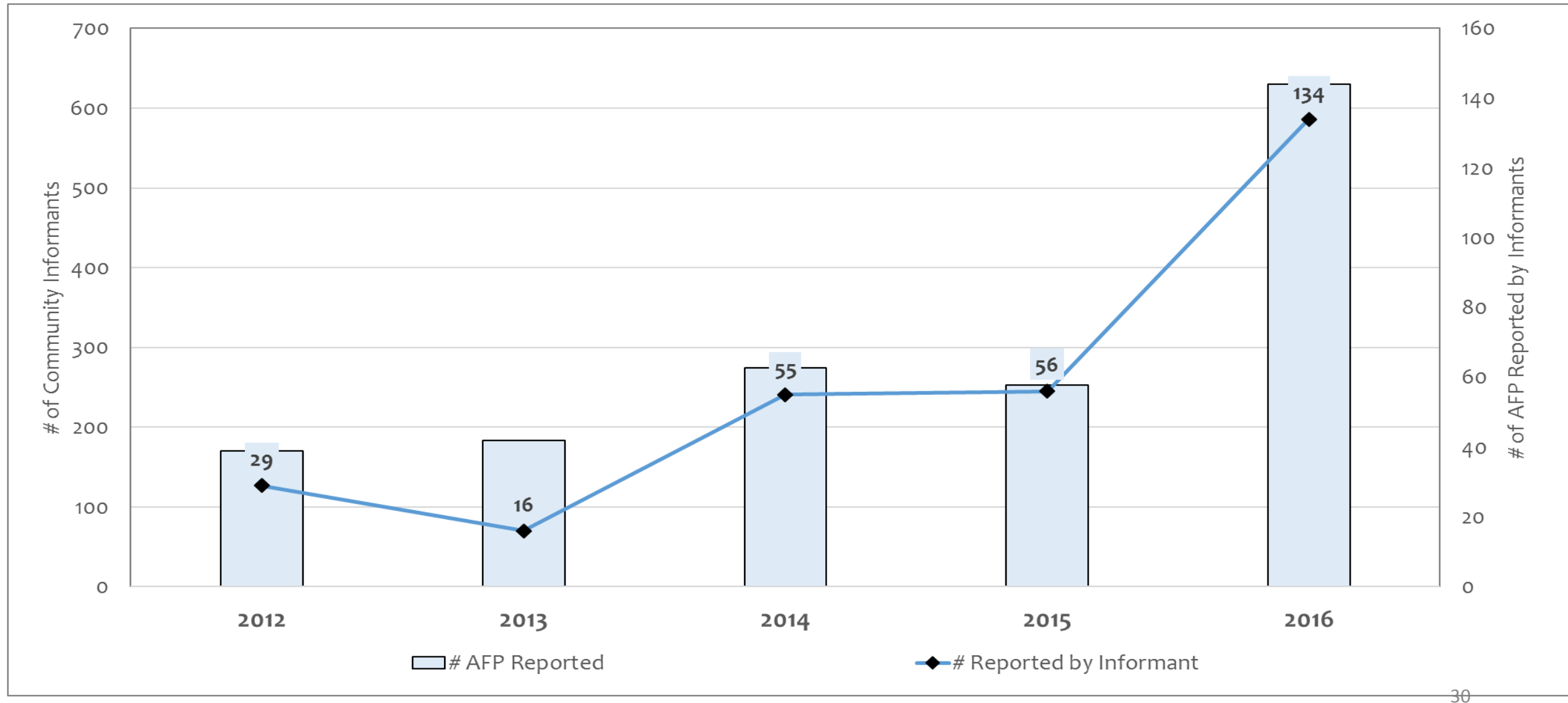


Total number of IDP camps in Borno from 2014 to 2017

State	No of IDP camps		Total
	Formal	Informal	
2014	13	0	13
2015	23	0	23
2016	52	71	123
2017	32 <sup>1</sup>	132 <sup>1</sup>	164 <sup>1</sup>

- Camp Coordinators appointed
- Standby Teams to immunize newcomers
- Active case search in IDP camps

# Expansion of Community Informants have increased AFP Detection in Borno, 2012-2016



# High Level Advocacy Team (HILAT) visits 2016

Minister of State for Health led a team to Taraba and Adamawa in the first leg

**Top Left:** HMSH with mic presenting a synopsis of priority issues to Adamawa Governor



**Top Right:** cross section of LGA Chairmen during a meeting with HMSH in Taraba State



**Bottom Left:** Taraba Deputy Governor vaccinating a child at the flag-off of the 3<sup>rd</sup> OBR



**Bottom Right:** HMSH with mic presenting a synopsis of priority issues & banner to Taraba Deputy Governor



# High Level Political Commitment Renewed

## Presidential Task Force on Polio Eradication and Routine Immunization held

- 11<sup>th</sup> Meeting of Presidential Task Force on Polio Eradication (PTFoPE) held on 27<sup>th</sup> April
- President pledged to release all allocations to PEI as soon as the NASS passes 2017 budget
- Security Agents directed to support polio teams
- President charged Governors to:
  - Prioritize PEI and provide needed oversight
  - Release counterpart funds timely
  - Hold similar meeting with LGA Chairmen
  - Provide regular updates to Mr. President on PEI activities
- Front line Polio health workers were commended as national heroes





# In Summary

- WPV1 outbreak occurred in security compromised areas of Borno State
- Robust response to the outbreak was undertaken, which included use of bOPV, IPV and mOPV2
- Country is experiencing emergence of VDPV2 particularly in areas with perceived low immunity
- Several innovations to reach children, partnering with the military, are yielding results
- The program is tracking and investigating children from inaccessible areas to check for possible continued transmission
- The program is also heightening surveillance through various innovations
- The programme is using the dashboard to enforce the accountability framework

# Way Forward

- Our major priority is to stop transmission of WPV1 in Borno
  - Efforts to increase access to the program will continue with the military
- Robust response will be implemented to address emerging VDPV2 in Sokoto
- Maintain and track the renewed political commitment at State and LGA levels
- Transition planning for the polio program is a priority and is on track to ensure polio assets are prioritized for PHC revitalization, strengthening of routine immunization, and disease surveillance and outbreak response
- Government of Nigeria is committed to fulfilling its financial obligation as soon as the 2017 budget is passed and support from partner organizations will be crucial in closing out the financial gaps

**Thank You**