Update on Nigeria Polio Transition Planning Process

NIGERIA

Transition Independent Monitoring Board

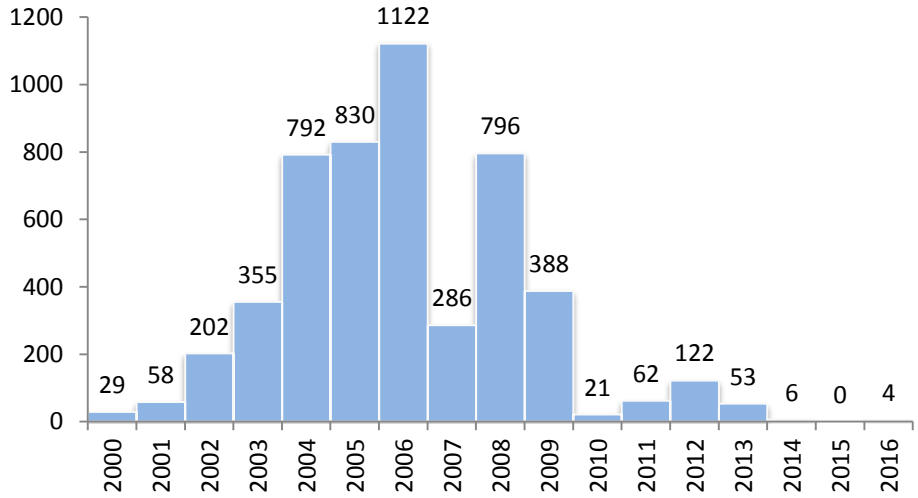
London

4 May 2017

Outline

- Background
- Transition planning update
- Next steps
- Challenges identified
- Support needed

Background



- Nigeria recently reclassified as Polio Endemic Country following the recent outbreak in Borno state of Nigeria after almost 2 years of being Polio Free
- Currently implementing a robust outbreak response plan along side a country Polio Transition plan
- Risks of Double transition in context with both GPEI and GAVI transitioning occurring within the same time frame

Transition Planning Update

✓ Governing and management team established

S/N	Position/committee	Membership	Key function
1	Inter-agency Coordination Committee (ICC)	Government and Partner Agencies *Chaired by the Honourable Minister of Health*	• General oversight on Health Policy
2	National Polio Legacy Planning Committee (NPLPC) - Inaugurated 18 May 2016	Federal Ministries of Health; Finance; & Budget and Planning; National Primary Health Care Development Agency (NPHCDA); and Partners *Chaired by the Executive Director, NPHCDA*	• Provide policy direction and supervisory oversight on polio transition planning activities • Mobilize needed resources for implementation of legacy work plan • Review and approve/endorse all PT4 submissions.
3	Polio Transition Technical Task Team (PT4) - Inaugurated 18 May 2016	NPHCDA and Partners *Chaired by the National Coordinator , Polio Legacy Planning* *PT4 Secretariat: NPHCDA; WHO; UNICEF; and CHAI*	• Finalize mapping of all Polio assets in Nigeria • Develop a clear costed work and decision-making framework • Implement polio transition planning work plan in line with agreed time frames and provide regular updates

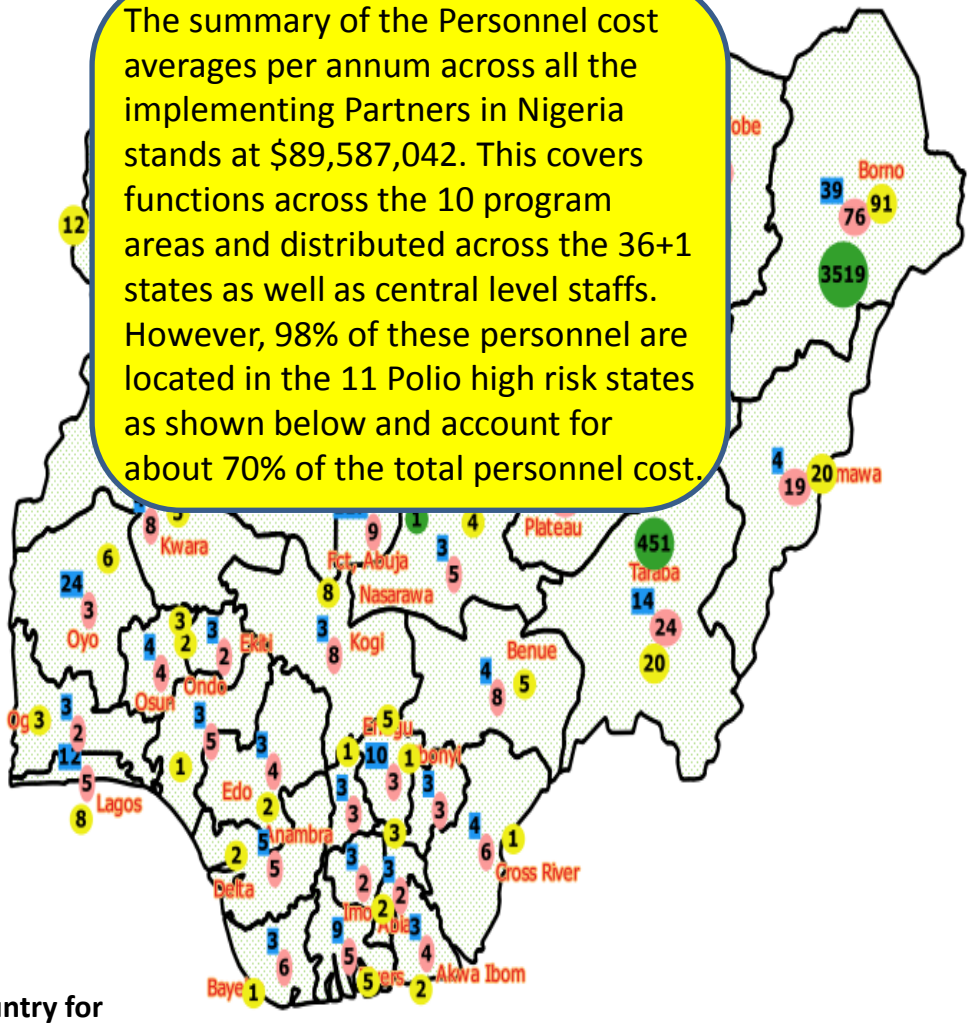
National Coordinator for Polio legacy was appointed in April 2016

Asset Mapping

✓ completed

Agency	No of Personnel	Annual Standard cost USD
CDC	6	$2,050,000.00
CGPP	1967	$954,580.00
NSTOP	241	$7,222,800.00
UNICEF	17927	$26,247,480.83
WHO	2908	$51,812,006.13
NPHCDA/FMOH	220	$1,300,175.84
Grand Total	23269	$89,587,042.79

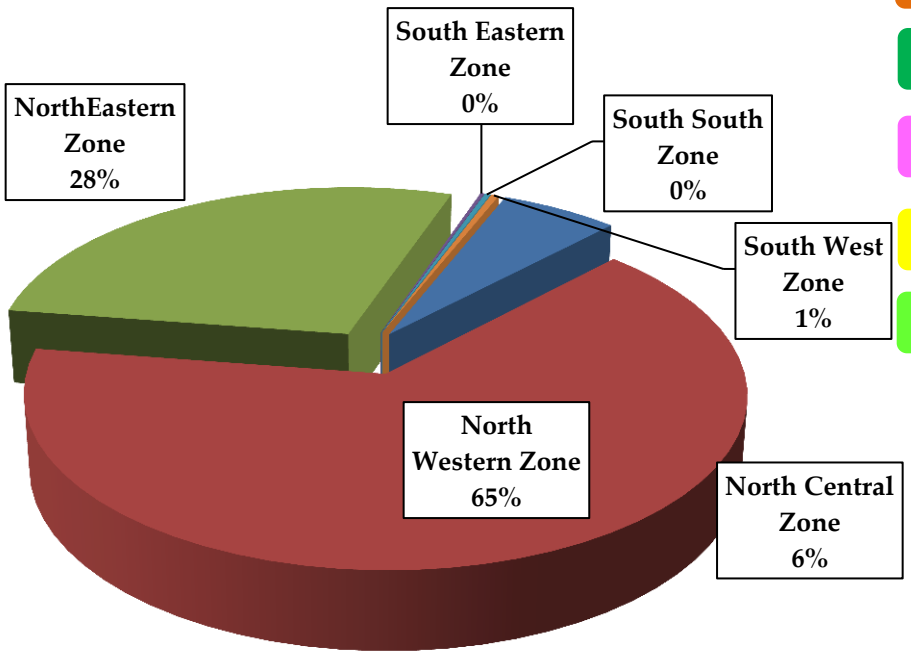
The summary of the Personnel cost averages per annum across all the implementing Partners in Nigeria stands at $89,587,042. This covers functions across the 10 program areas and distributed across the 36+1 states as well as central level staffs. However, 98% of these personnel are located in the 11 Polio high risk states as shown below and account for about 70% of the total personnel cost.



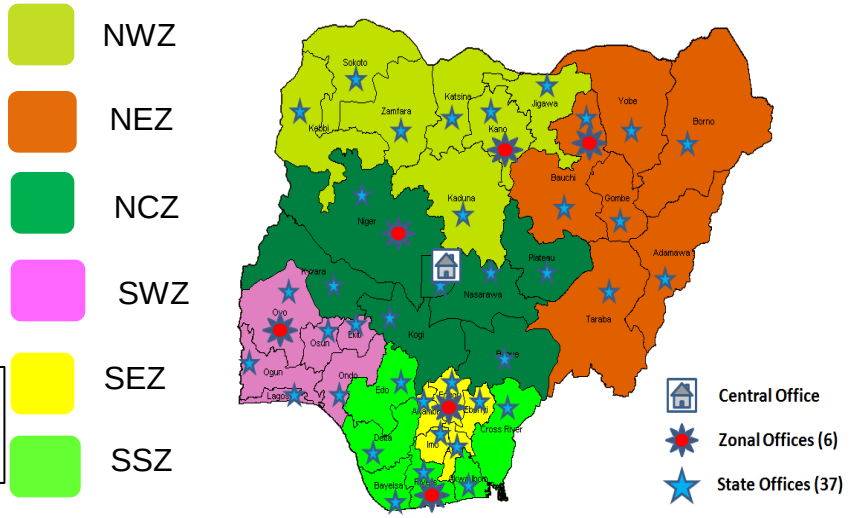
* **121,413 personnel are recruited as Polio team members across country for every National Campaign with a personnel cost of $9 Million(Funded through WHO)**

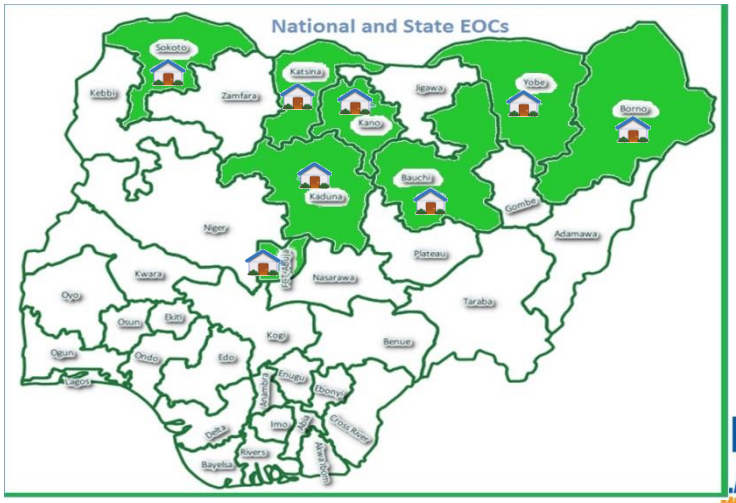
HR and Physical Assets Mapping

HR distribution by zone

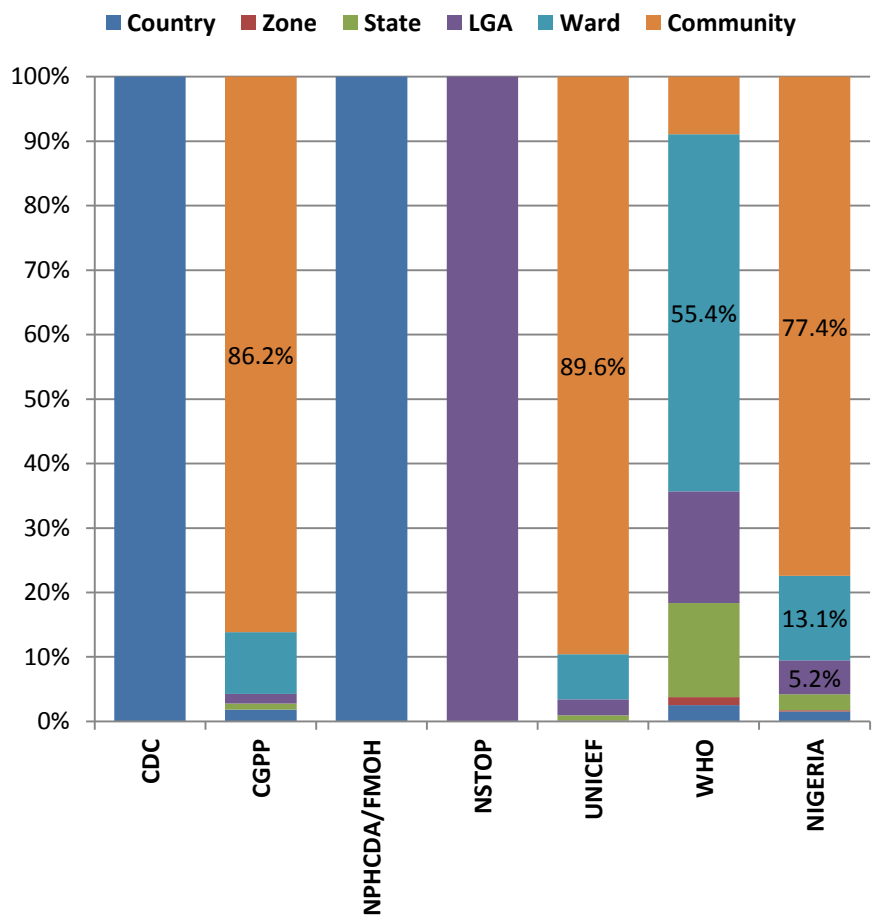


Large physical assets (Office presence in all Zones/States)





Polio Personnel by Level of Implementation/Partner

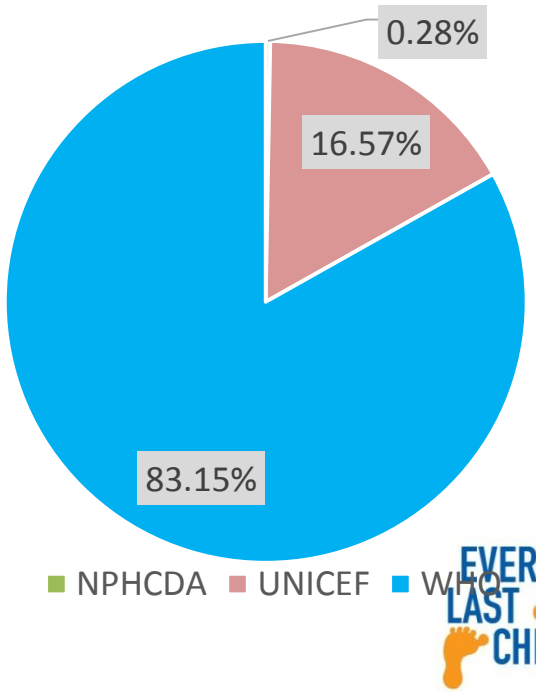


Agency	Country	Zone	State	LGA	Ward	Community	Grand Total
CDC	6						6
CGPP	36		19	29	188	1695	1967
NPHCDA/FMOH	220						220
NSTOP				241			241
UNICEF	20	10	140	441	1256	16060	17927
WHO	73	36	425	504	1610	260	2908
Grand Total	**355**	**46**	**584**	**1215**	**3054**	**18015**	**23269**

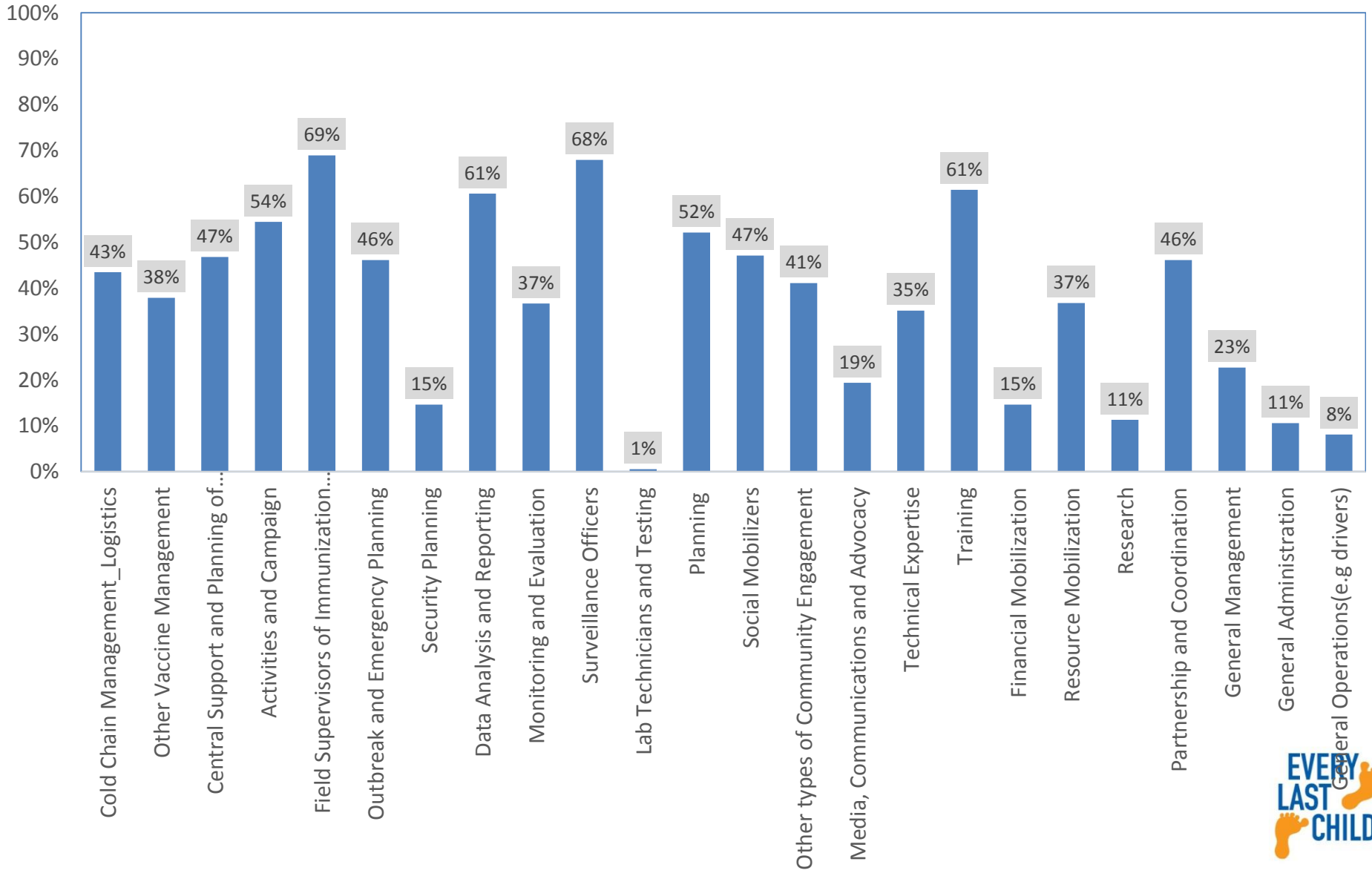
77.4% of all polio staff are located at the community level.89.6% and 86.2% of UNICEF and CGPP personnel are at the community level, while NSTOP are at the LGA(District) and CDC at the Country Level. WHO staff spread mainly at the Ward(55.4%,LGA(17.3%) and State(14.3)% Levels

Polio personnel contribution to other programs

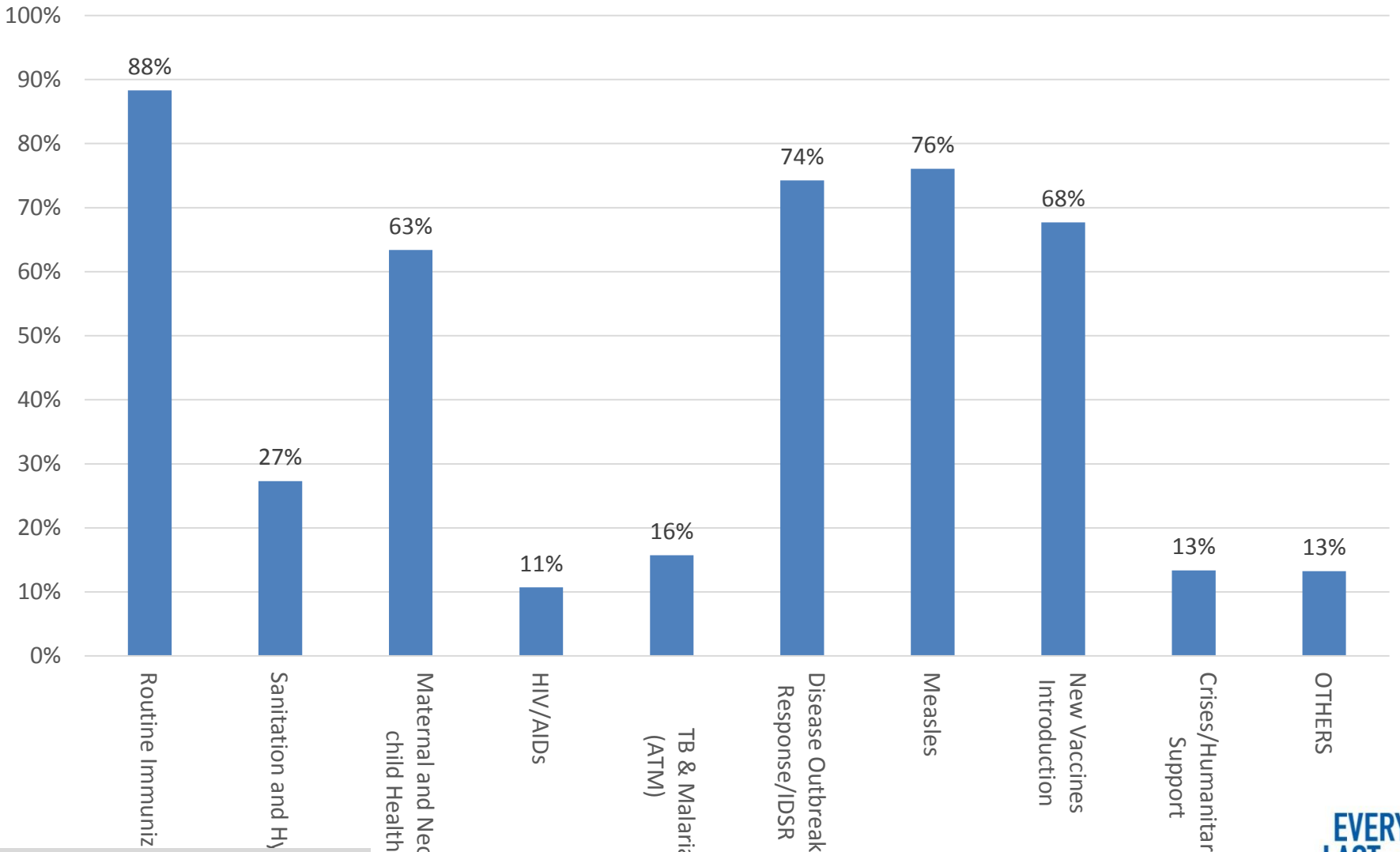
- To document this contribution, a survey was conducted using the WHO ODK platform in December 2016
- Personnel of WHO,UNICEF and Govt were asked to fill a questionnaire stating their activity allotments in the field, qualifications, No. of years involved in PEI etc.
- 718 personnel responded to the survey mainly at National, state levels



Staff time involvement by polio Sub-Functions

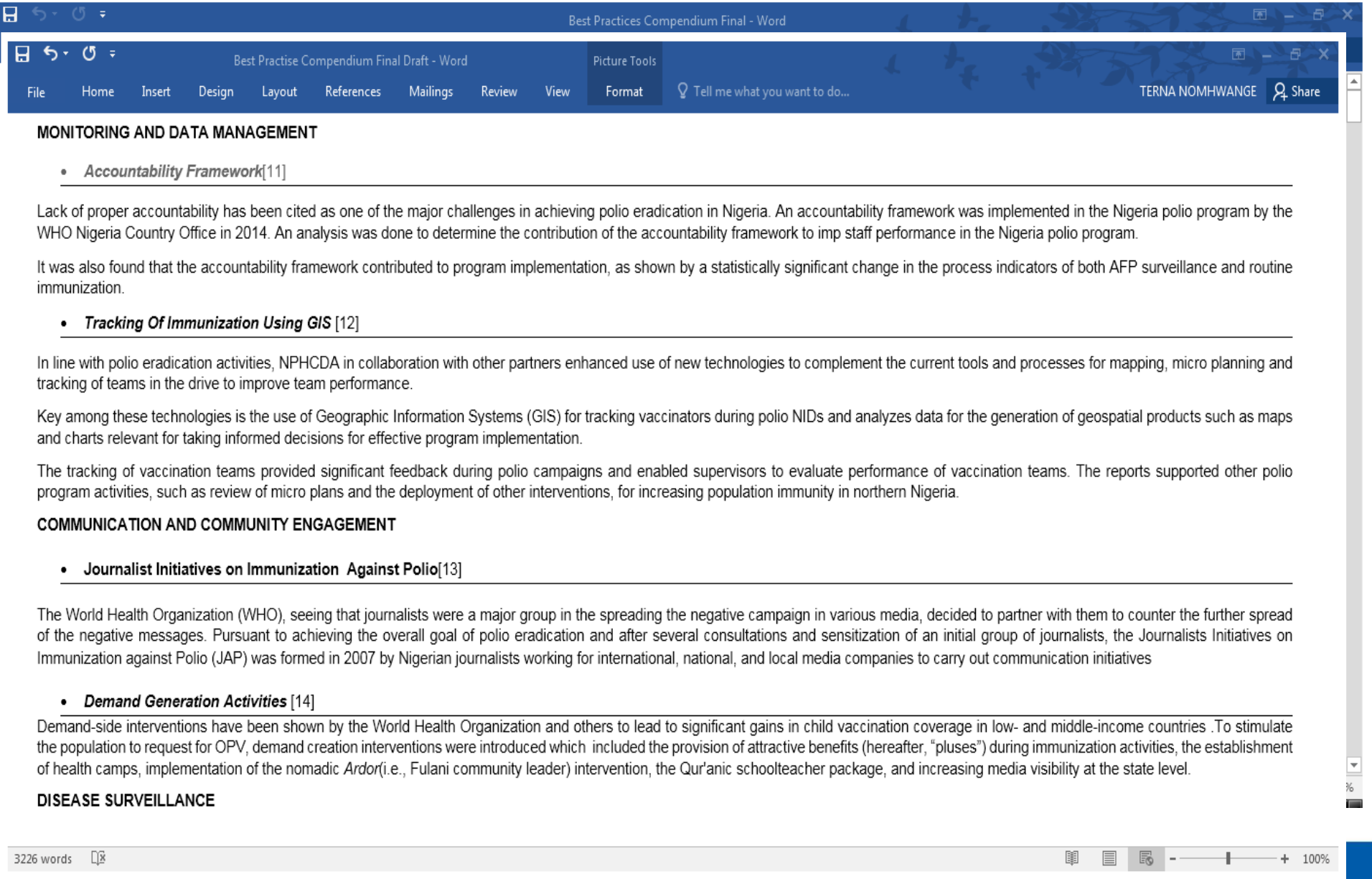


Polio personnel Time spent on Non Polio programmes



Source:PT4 Survey of National Polio Personnel(N=718

Best Practices Compendium Nigeria



✓National Health Priorities identified

1. PHC Revitalization

- Improve availability, quality and redistribution of human resources for health.
- Strengthen logistics and supply cold chain management
- Strengthen referral systems
- Improve management support and oversight
- Strengthen health facility infrastructural maintenance
- Promote innovation and use of technology to improve health services
- Improve community ownership and participations to improve demand for and quality of health services and ensure accountability through the Ward Development Committee(WDCs

2. Expanded Program on Immunization/Routine Immunization

- Increase and sustain routine immunization coverage for all antigens and reduce morbidity and mortality form VPDs
- Reach the hard to reach LGAs/Communities
- Sustain availability of bundled vaccines at service delivery sites
- Introduce new and underutilized vaccines (PCV, Rotavirus, HPV and IPV) into the country's immunization schedule
- Strengthen health management information system(HMIS)
- Strengthen the PHC system(through wards/community structure and participation
- Improve budgeting and budget execution at Federal, State, LGA and ward levels
- Sustain and expand the cold chain at all levels
- Sustain interruption of WPV transmission and eradication of Polio
- Measles mortality and morbidity reduction
- Maternal and neonatal tetanus elimination

3. Disease Surveillance and Response/Emergencies

- AFP Surveillance:
  - Case detection and reporting,
  - Sample collection, handling and transportation.
  - Laboratory network support and Quality assurance and control/QC.
  - Laboratory Certification, environmental surveillance.
  - Sero-surveillance
  - Community surveillance network.
  - Expanded support of these laboratory for other disease confirmation in terms of disease outbreaks
- Accelerated disease control: Support surveillance for measles, Yellow Fever, cerebrospinal meningitis, Neonatal tetanus
- IDSR current structure: strengthen reporting timeliness and quality, disease outbreak investigation and response.
- Emergency response coordination

✓ Determining Transition Strategies

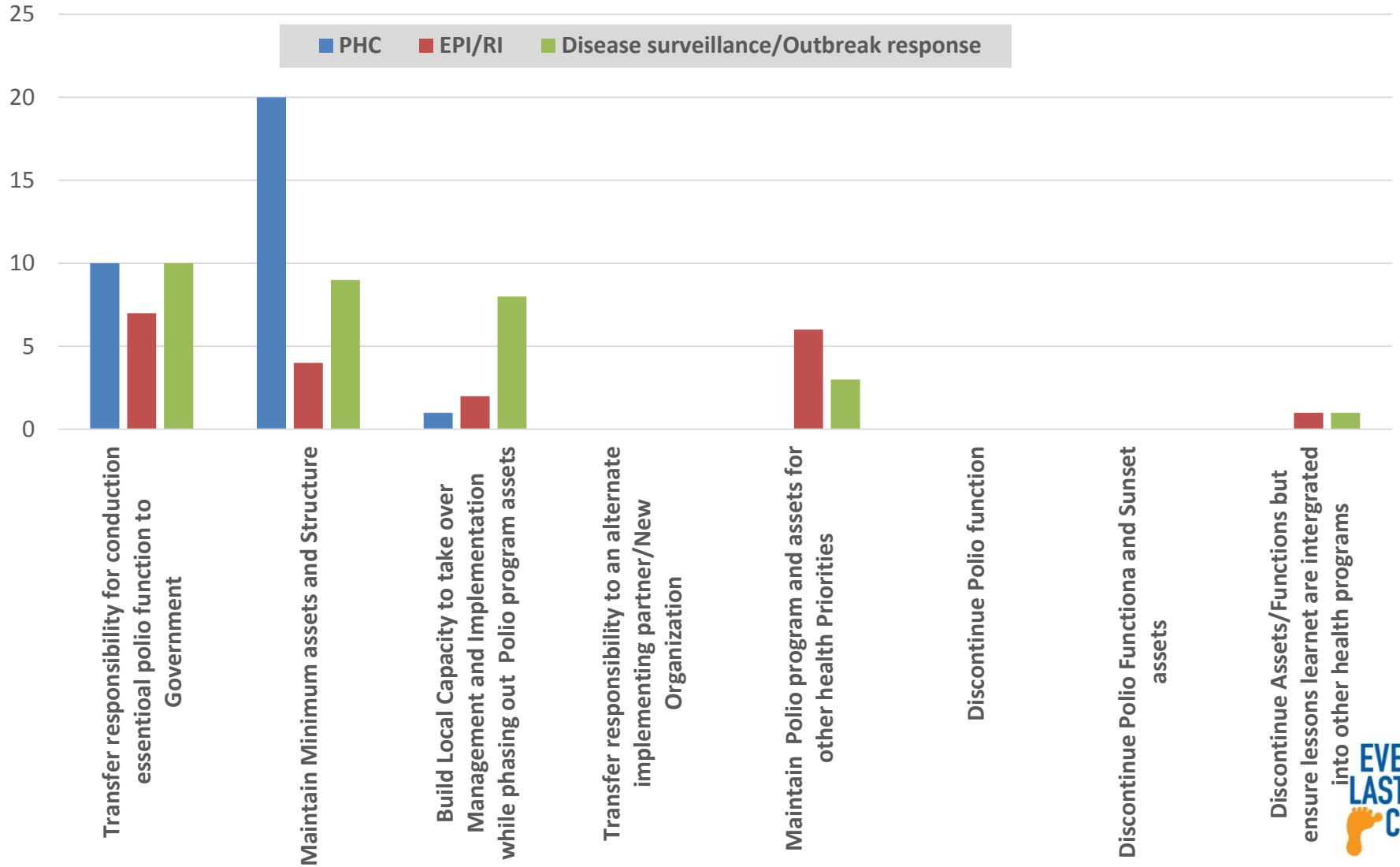
2 day Polio Transition Simulation Exercise held & Transition Strategies identified

Participants included 74 participants from approximately 30 agencies and organizations representing key government agencies at Federal and state levels; partner agencies and stakeholders; and representatives from the Polio specialized laboratories; and from the Northern Traditional Leaders Committee.

Outcomes from the simulation exercise

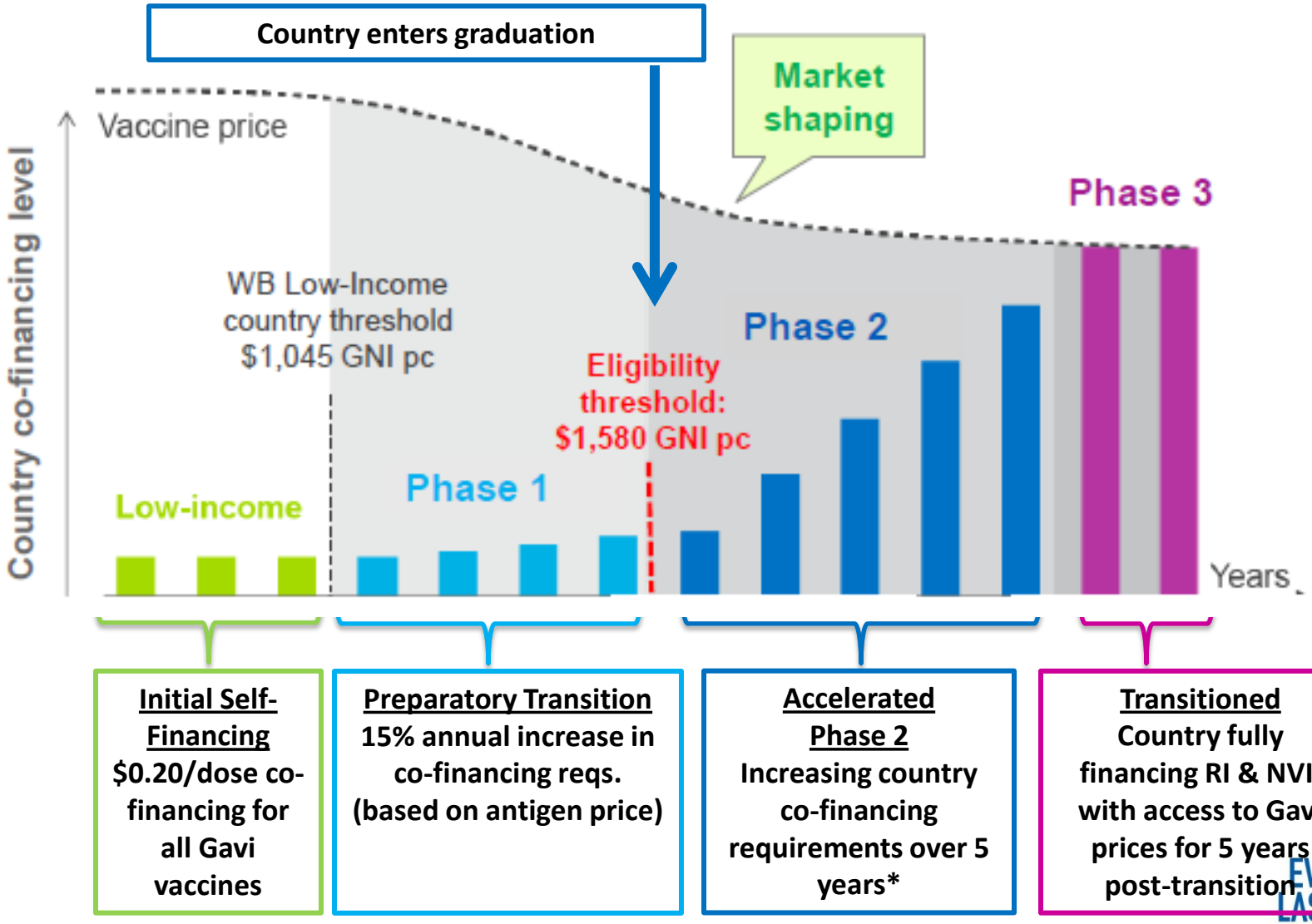
- ✓ Criticality of polio functions as it affects directly or indirectly the National Health Priority areas documented.
- ✓ Opportunities for polio assets and functions to support the implementation of national health priorities identified.
- ✓ General transition strategies to ensure that polio assets and functions are leveraged to contribute to these health priorities suggested.
- ✓ Review of practicality of the recommended transition strategies and assessment of budgetary implications, towards addressing gaps ongoing.

Suggested transition strategies by thematic area



Linking GAVI transition With Polio Transition Plan

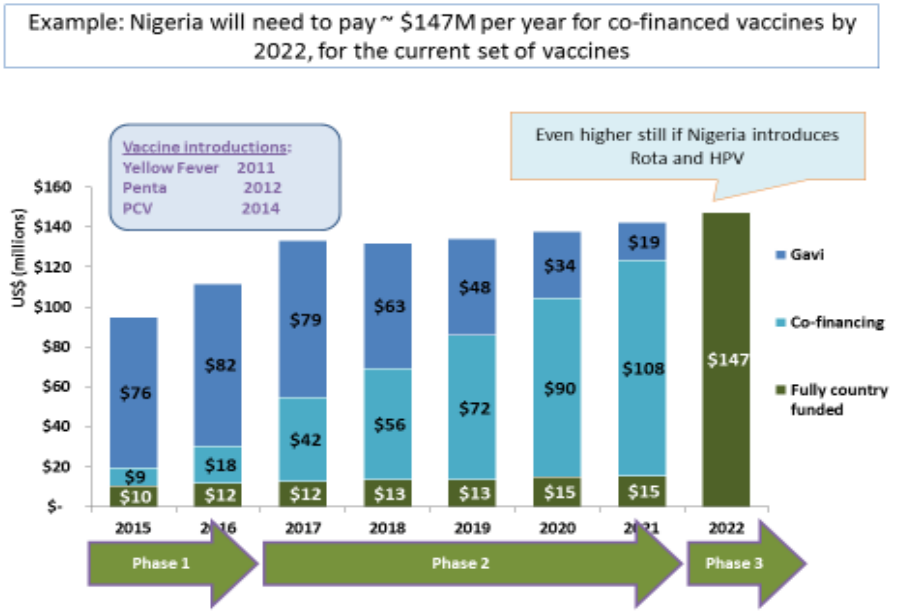
Once a GAVI country's GNI per capita > US$1,580, it enters graduation and must step up its co-financing amounts over the next 5-7 years:2012-2014 3 Year average was $2380)



*May be extended to 7 years in certain cases (e.g. unexpected rebasing of Nigeria's GDP)

EVERY LAST CHILD

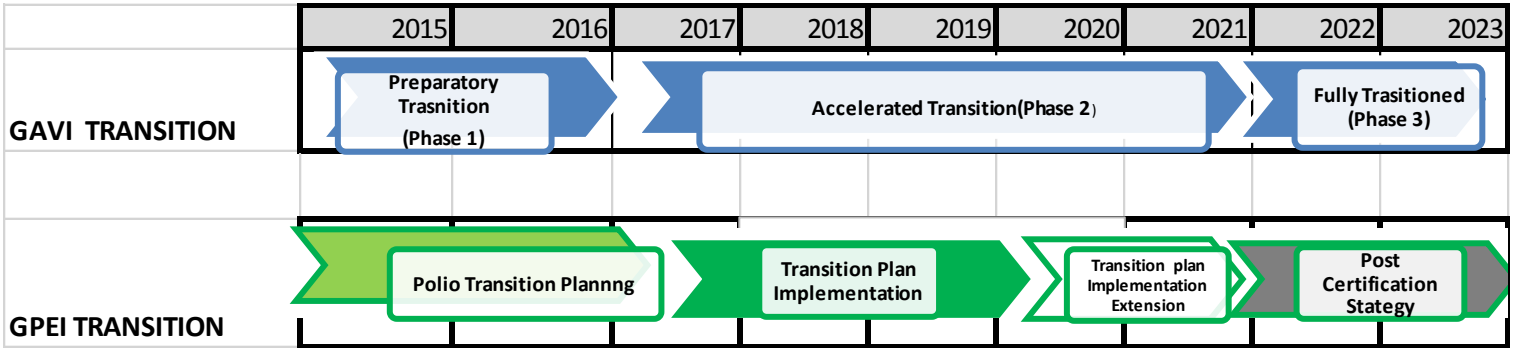
GPEI Vs GAVI Transition



Biggest Risk for GAVI transitioning is perceived effect on vaccine procurement and Cold chain Management.

Country engagement framework development meetings scheduled for Q2&Q3 2016.PT4 will be part of these engagement

GAVI HSS grants utilization for system strengthening.



Country engagement framework

This will focus of about 6 main thematic areas focus or linking PTP will be:

1. The plan is to have an integrated disease surveillance reporting in the country by 2020, coordinated by the Nigeria Centre for Disease control(NCDC)
2. Plan to fully transition from DVD-MT to DHIS2 by January 2019. DHIS2 has been rolled-out in the country in a phased manner in the country; and to be completed by Dec 2018.
3. The monthly DHIS2 reporting would cover the following areas: immunization coverage, utilization and surveillance;
4. Under the PHC revitalization, efforts are on-going to support expansion of laboratories / supplies of needed materials for basic diagnosis of some of the VPDs.

Next Steps

1. Business Case Development
    I. Interactive meetings with relevant stakeholders at subnational Levels (states and LGAs)
    II. Engagement of consulting Firm
2. Initiate and finalize alignment of polio transition plan with GAVI Transition plan through the Country engagement framework
3. Endorsement of the Business Case by the relevant Stakeholders.
4. Development of draft National Polio Transition Plan(PTP) with timeliness and robust M&E framework
5. Endorsement of the PTP by Government and Partners

Challenges Identified

1. Outbreak of Wild Polio Virus in Borno state, Nigeria
   I. Destabilizing effect on the polio transition Agenda
   II. Prioritizing the OBR and its impact on transition planning personnel participation
2. Funding Gaps in Transition Plan Process
3. Communicating and finalizing transition strategies endorsement with specifics from Partners and Government department
4. Achieving consensus and buy-in amongst the three tiers of government in Nigeria

Support Needed

1. Support in engagement of consultant/Consulting Firm for business case development
2. Continued communication between GPEI/TMG/Regional and Nigeria Polio Transition team
3. Funding Support: Gaps in National Transition planning work plan
4. High level advocacy and engagement on Transition planning

POLIO GLOBAL ERADICATION INITIATIVE

THANK YOU

EVERY LAST CHILD