



Update on Nigeria Polio Transition Planning Process

BILL & MELINDA
GATES foundation



NIGERIA

Transition Independent Monitoring Board

London

4 May 2017



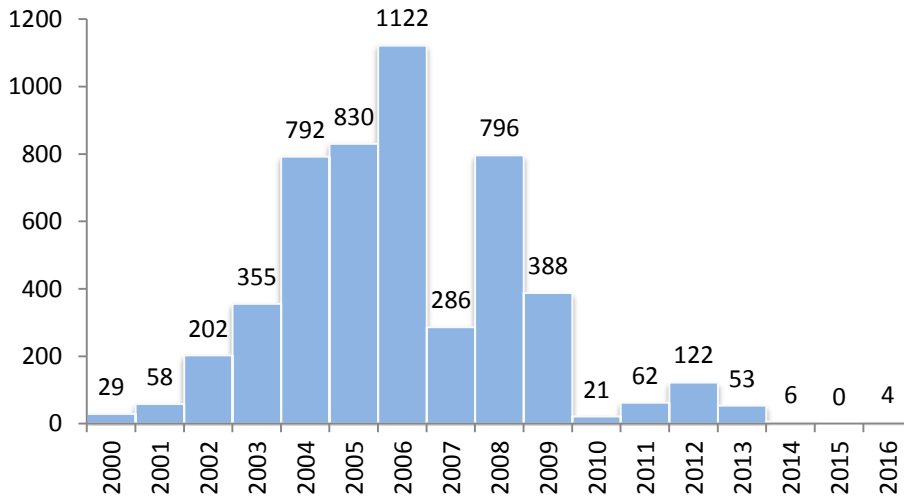
Outline

- 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 <i>Chaired by the Honourable Minister of Health</i>	<ul style="list-style-type: none"> 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 <i>Chaired by the Executive Director, NPHCDA</i>	<ul style="list-style-type: none"> 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 <i>Chaired by the National Coordinator , Polio Legacy Planning</i> <i>PT4 Secretariat: NPHCDA; WHO; UNICEF; and CHAI</i>	<ul style="list-style-type: none"> 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

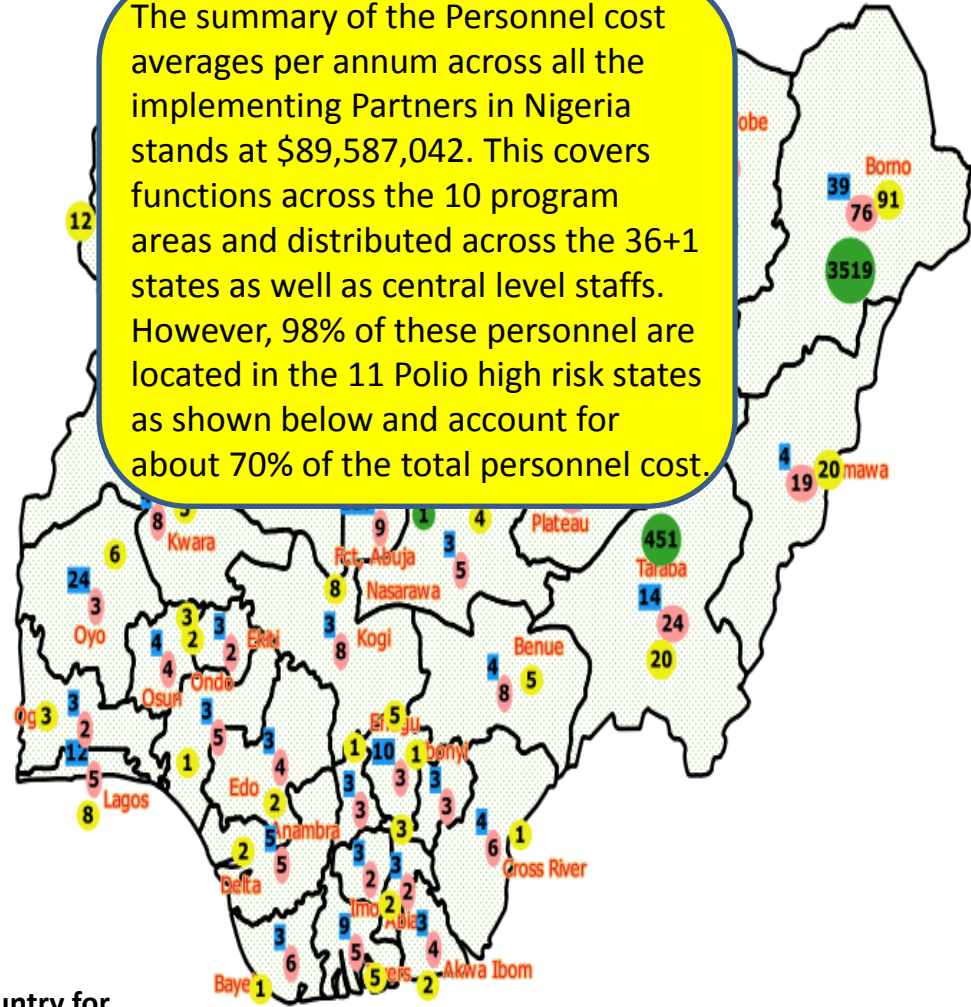
National Coordinator for Polio legacy was appointed in April 2016

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.



Community Officers
LGA Officers
Cluster/Field Coordinating officers
Programme Support - Others

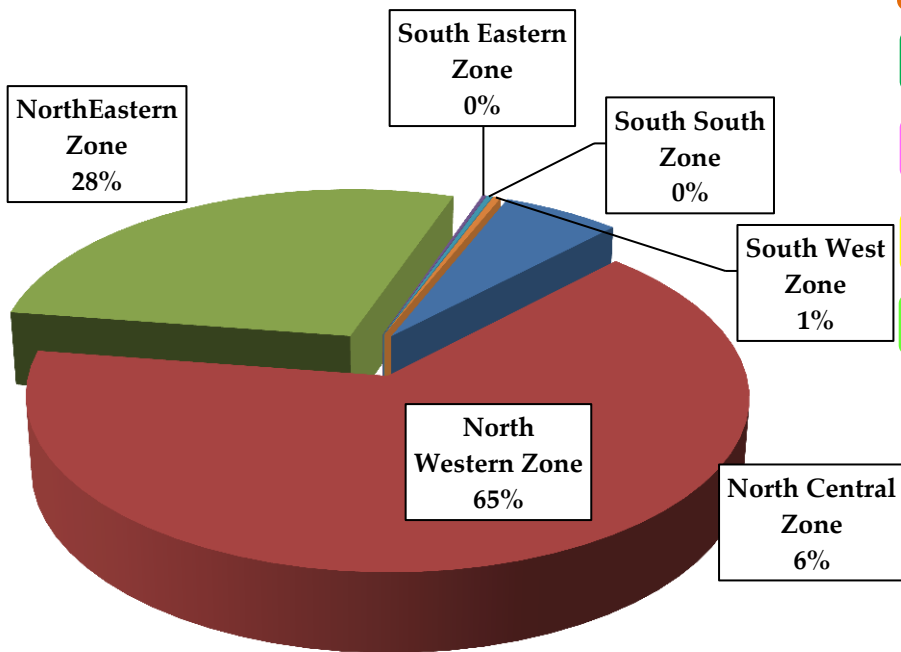


* 121,413 personnel are recruited as Polio team members across country for every National Campaign with a personnel cost of \$9 Million(Funded through WHO)

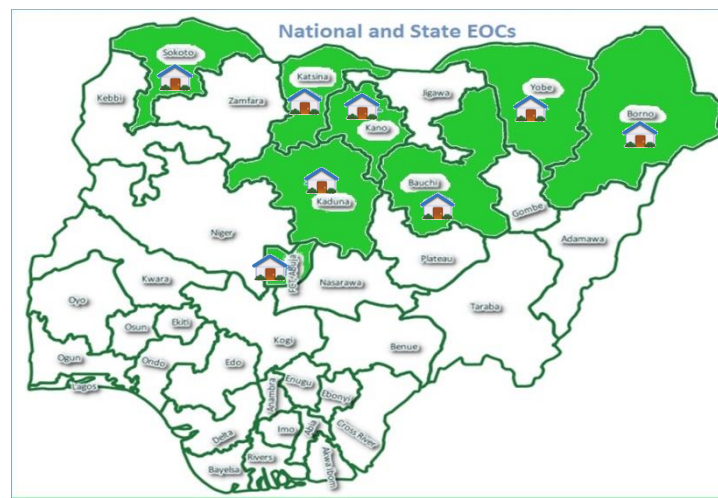
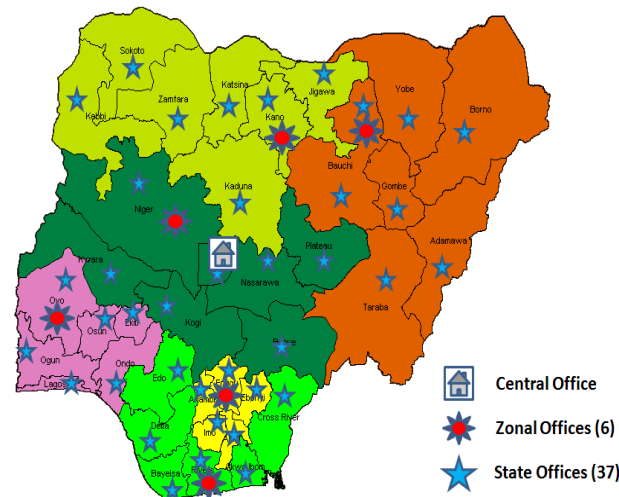
HR and Physical Assets Mapping

HR distribution by zone

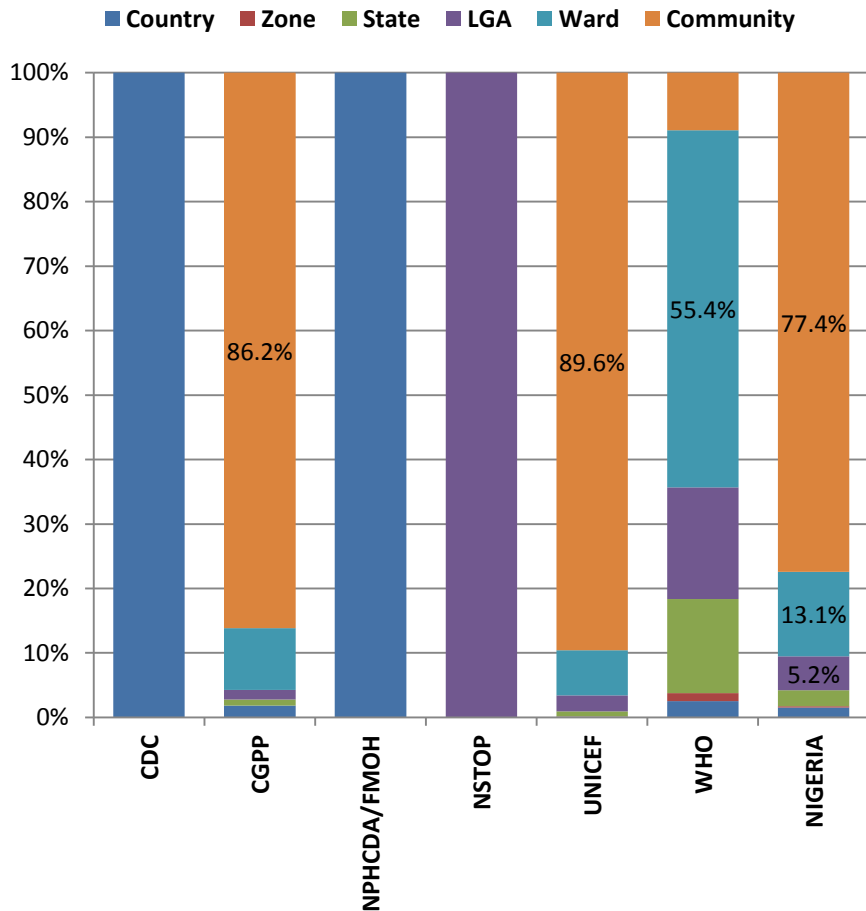
Large physical assets (Office presence in all Zones/States)



- NWZ
- NEZ
- NCZ
- SWZ
- SEZ
- SSZ



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

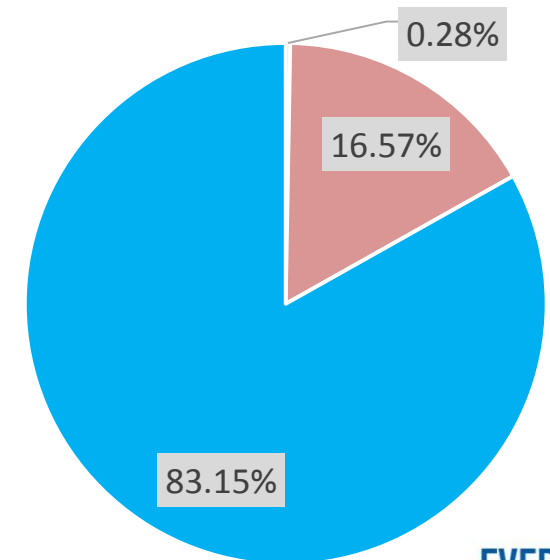
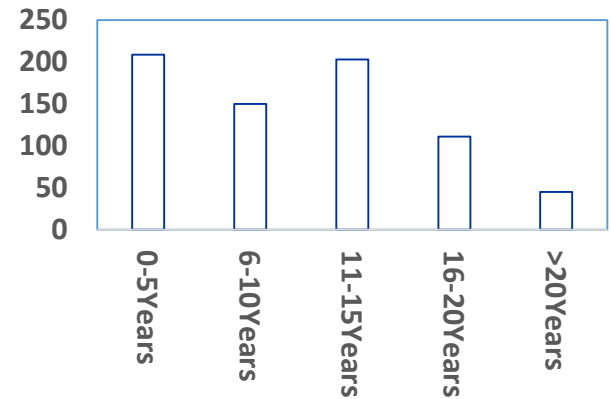
77.4% of all polio staff are located at the community level. 89.6% and 86.2% of UNICEF and CGPP personnel are at the community level, while NSTOP are at the LGA(District) and CDC at the Country Level. WHO staff spread mainly at the Ward(55.4%, LGA(17.3%) and State(14.3%) Levels



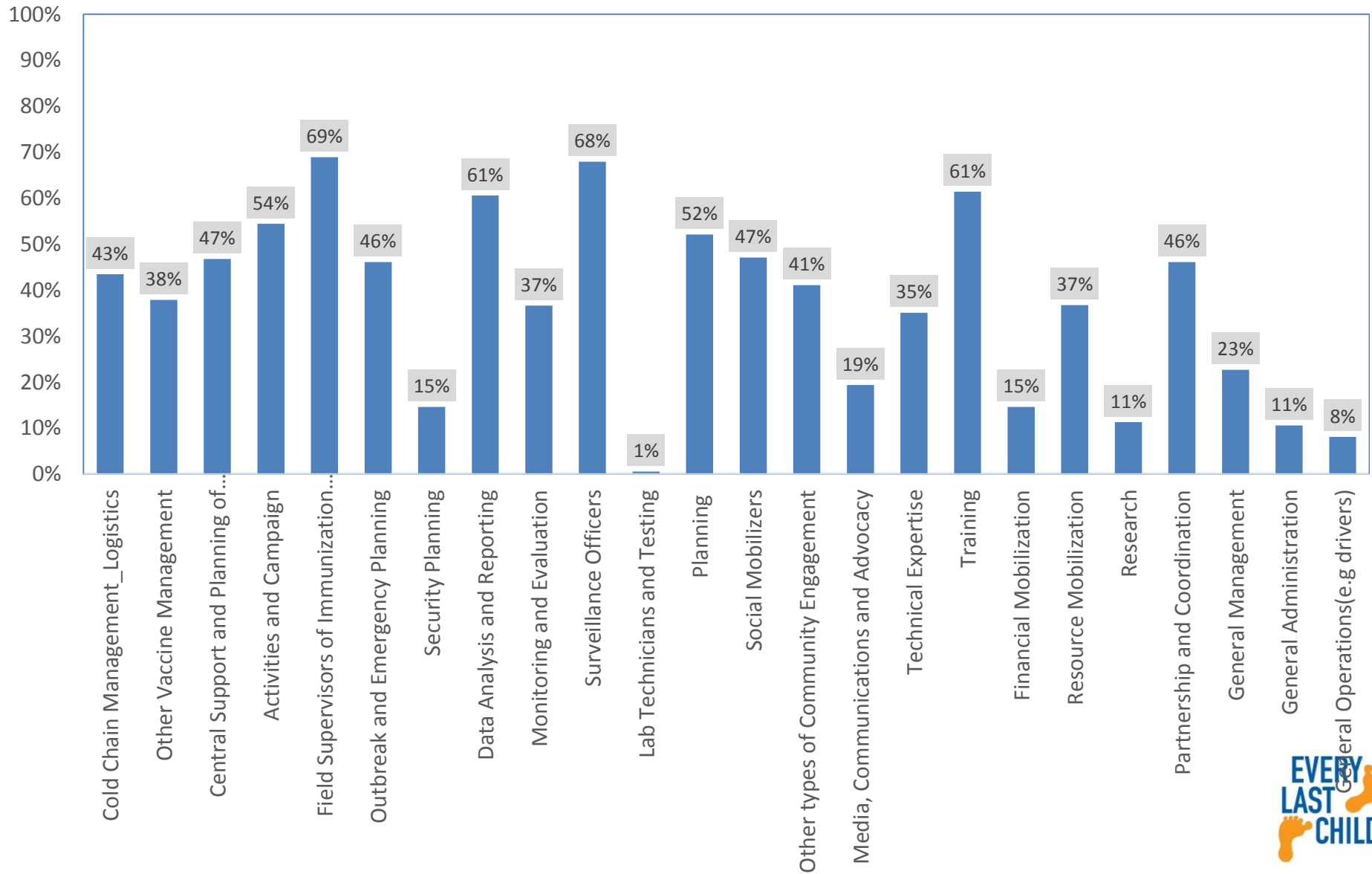
Polio personnel contribution to other programs

- 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

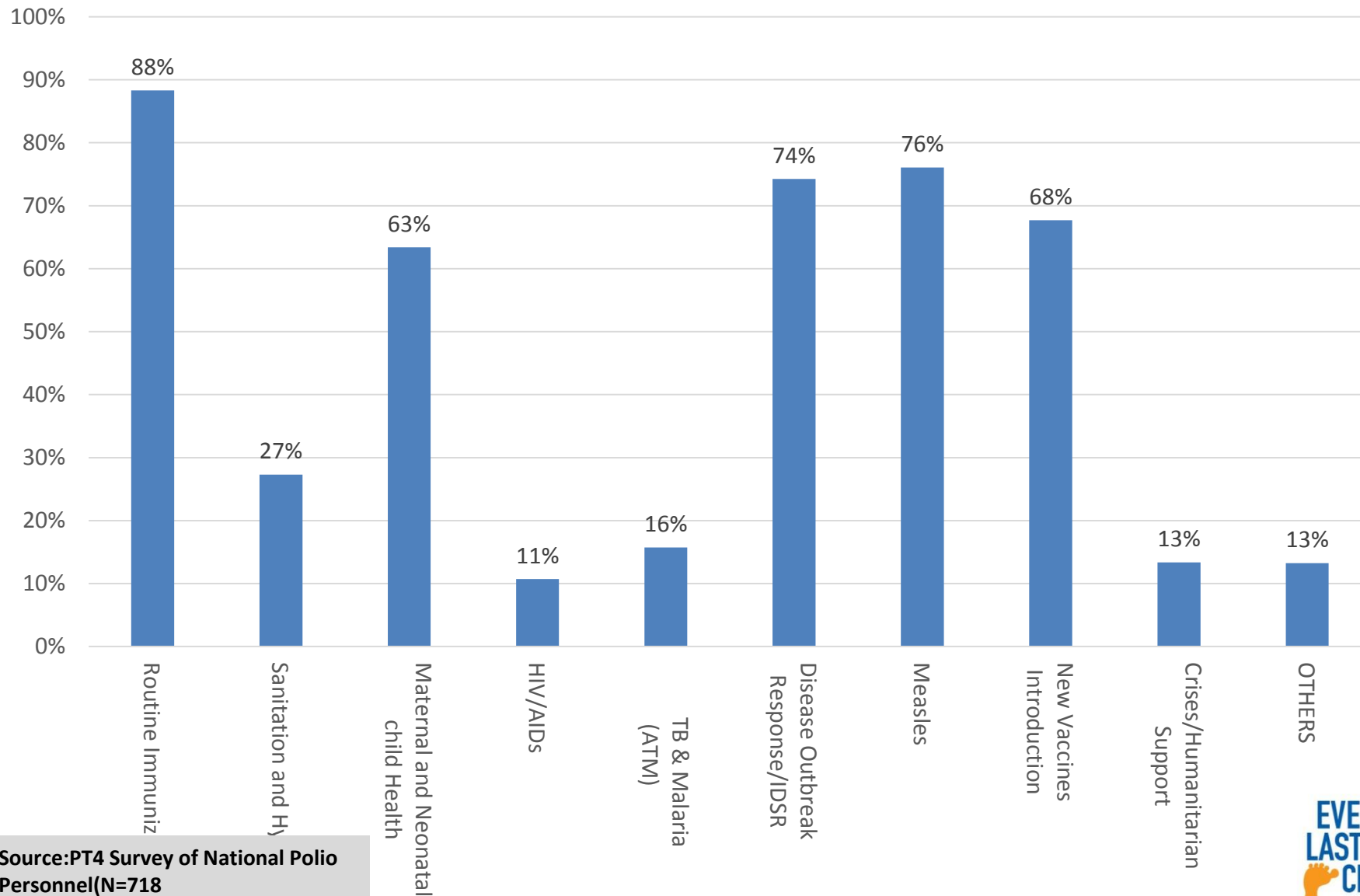
Number of Staff by years of Experience



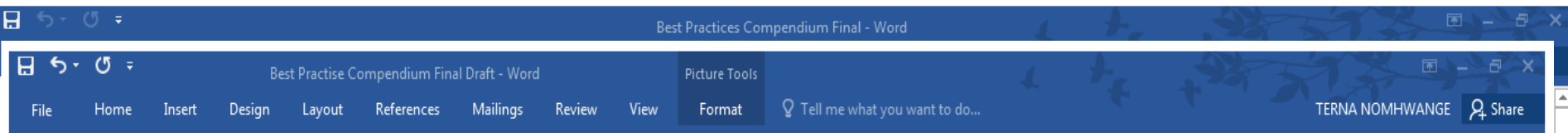
Staff time involvement by polio Sub-Functions



Polio personnel Time spent on Non Polio programmes



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



MONITORING AND DATA MANAGEMENT

- ***Accountability Framework***[11]

Lack of proper accountability has been cited as one of the major challenges in achieving polio eradication in Nigeria. An accountability framework was implemented in the Nigeria polio program by the WHO Nigeria Country Office in 2014. An analysis was done to determine the contribution of the accountability framework to imp staff performance in the Nigeria polio program.

It was also found that the accountability framework contributed to program implementation, as shown by a statistically significant change in the process indicators of both AFP surveillance and routine immunization.

- ***Tracking Of Immunization Using GIS*** [12]

In line with polio eradication activities, NPHCDA in collaboration with other partners enhanced use of new technologies to complement the current tools and processes for mapping, micro planning and tracking of teams in the drive to improve team performance.

Key among these technologies is the use of Geographic Information Systems (GIS) for tracking vaccinators during polio NIDs and analyzes data for the generation of geospatial products such as maps and charts relevant for taking informed decisions for effective program implementation.

The tracking of vaccination teams provided significant feedback during polio campaigns and enabled supervisors to evaluate performance of vaccination teams. The reports supported other polio program activities, such as review of micro plans and the deployment of other interventions, for increasing population immunity in northern Nigeria.

COMMUNICATION AND COMMUNITY ENGAGEMENT

- ***Journalist Initiatives on Immunization Against Polio***[13]

The World Health Organization (WHO), seeing that journalists were a major group in the spreading the negative campaign in various media, decided to partner with them to counter the further spread of the negative messages. Pursuant to achieving the overall goal of polio eradication and after several consultations and sensitization of an initial group of journalists, the Journalists Initiatives on Immunization against Polio (JAP) was formed in 2007 by Nigerian journalists working for international, national, and local media companies to carry out communication initiatives

- ***Demand Generation Activities*** [14]

Demand-side interventions have been shown by the World Health Organization and others to lead to significant gains in child vaccination coverage in low- and middle-income countries .To stimulate the population to request for OPV, demand creation interventions were introduced which included the provision of attractive benefits (hereafter, "pluses") during immunization activities, the establishment of health camps, implementation of the nomadic *Ardor*(i.e., Fulani community leader) intervention, the Qur'anic schoolteacher package, and increasing media visibility at the state level.

DISEASE SURVEILLANCE

✓ 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.

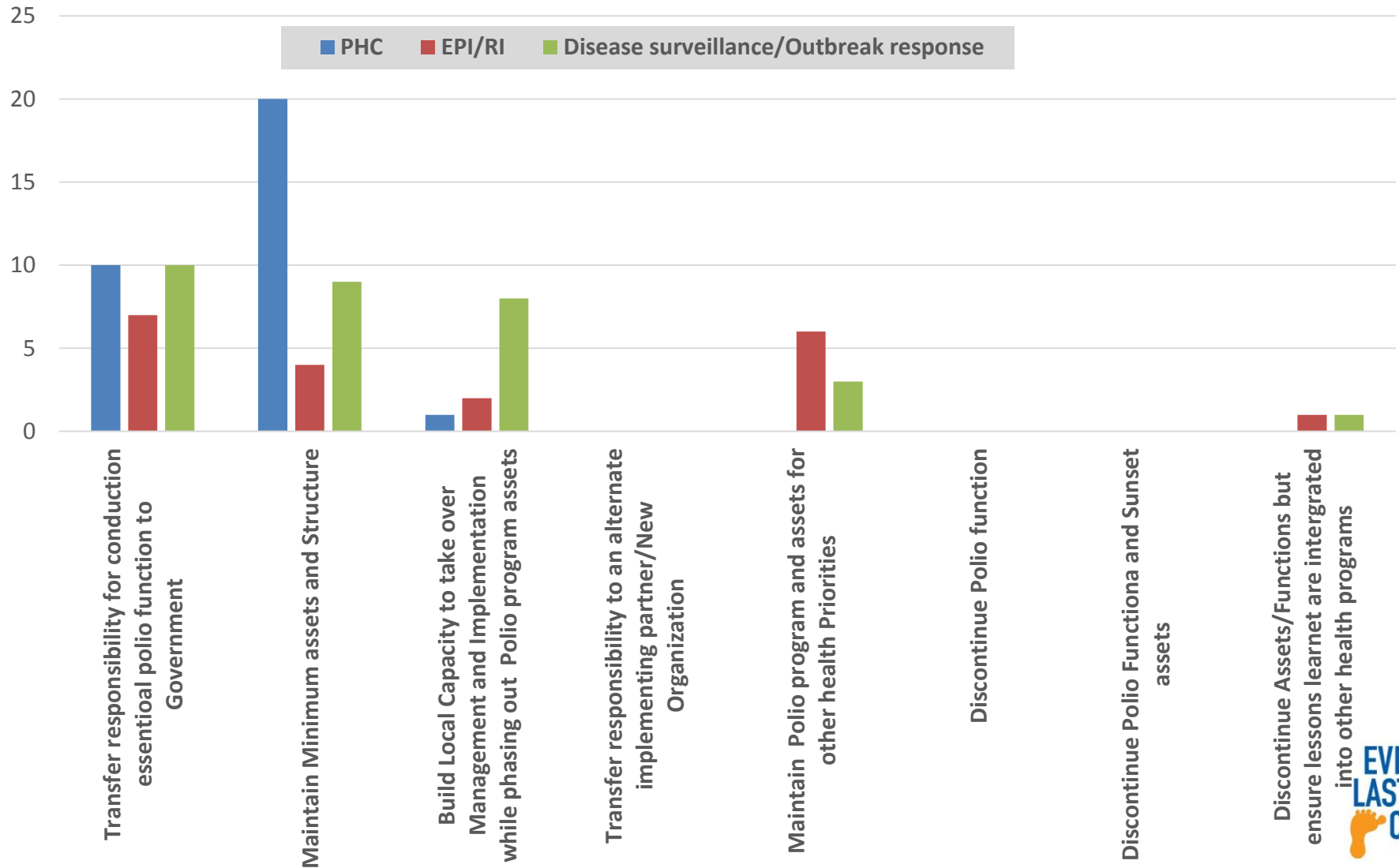


Outcomes from the simulation exercise

- ✓ 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.

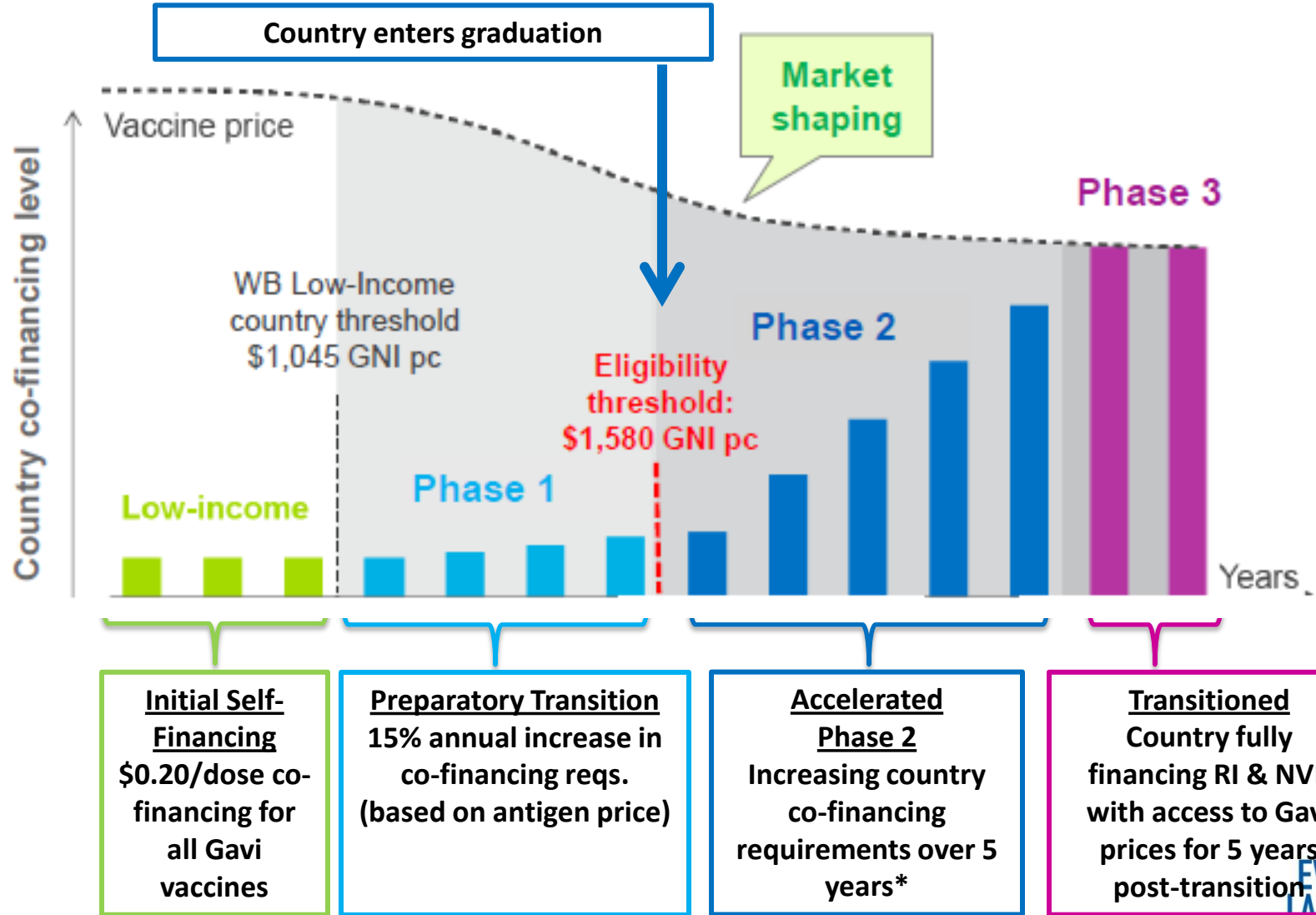


Suggested transition strategies by thematic area



Linking GAVI transition With Polio Transition Plan

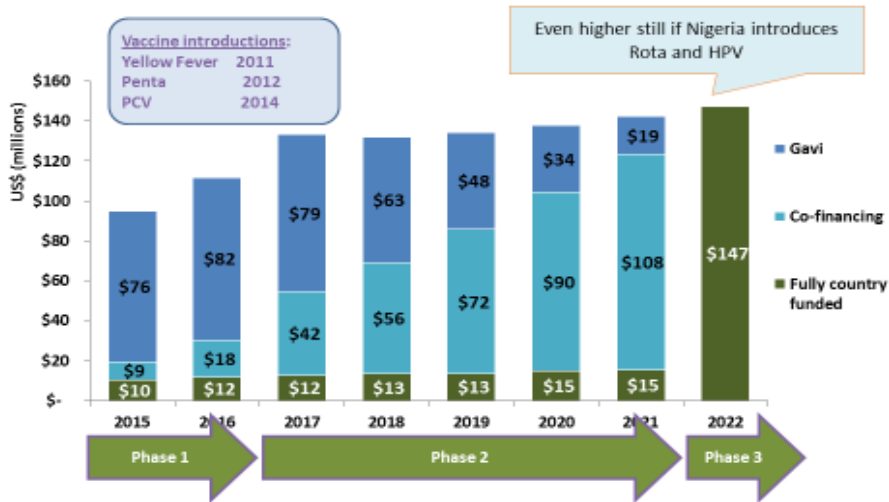
Once a GAVI country's GNI per capita > US\$1,580, it enters graduation and must step up its co-financing amounts over the next 5-7 years: 2012-2014 3 Year average was \$2380



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

GPEI Vs GAVI Transition

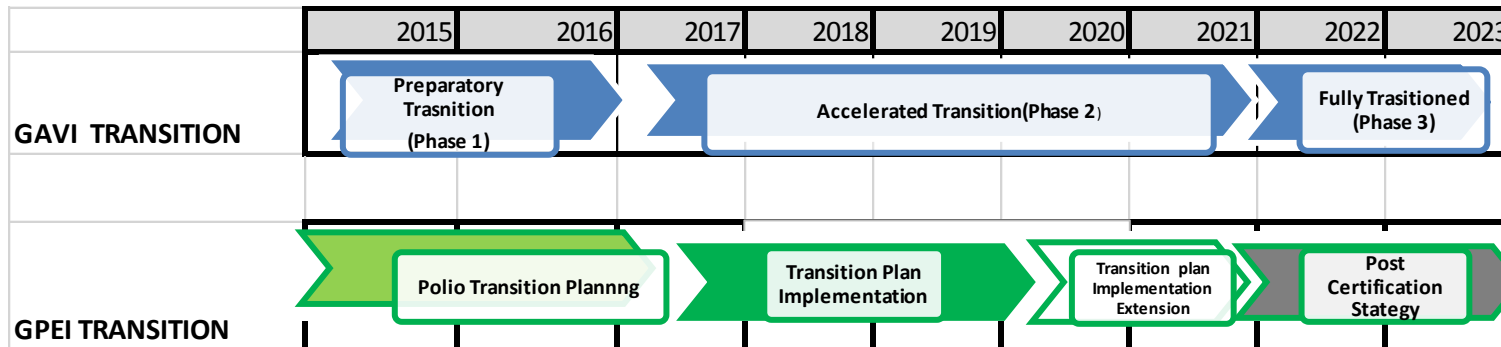
Example: Nigeria will need to pay ~ \$147M per year for co-financed vaccines by 2022, for the current set of vaccines



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.



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

THANK YOU