

# **34th Meeting of the Expert Review Committee on Polio Eradication and Routine Immunization, Nigeria**

## **Findings and Recommendations**

Abuja

18-19 September 2017

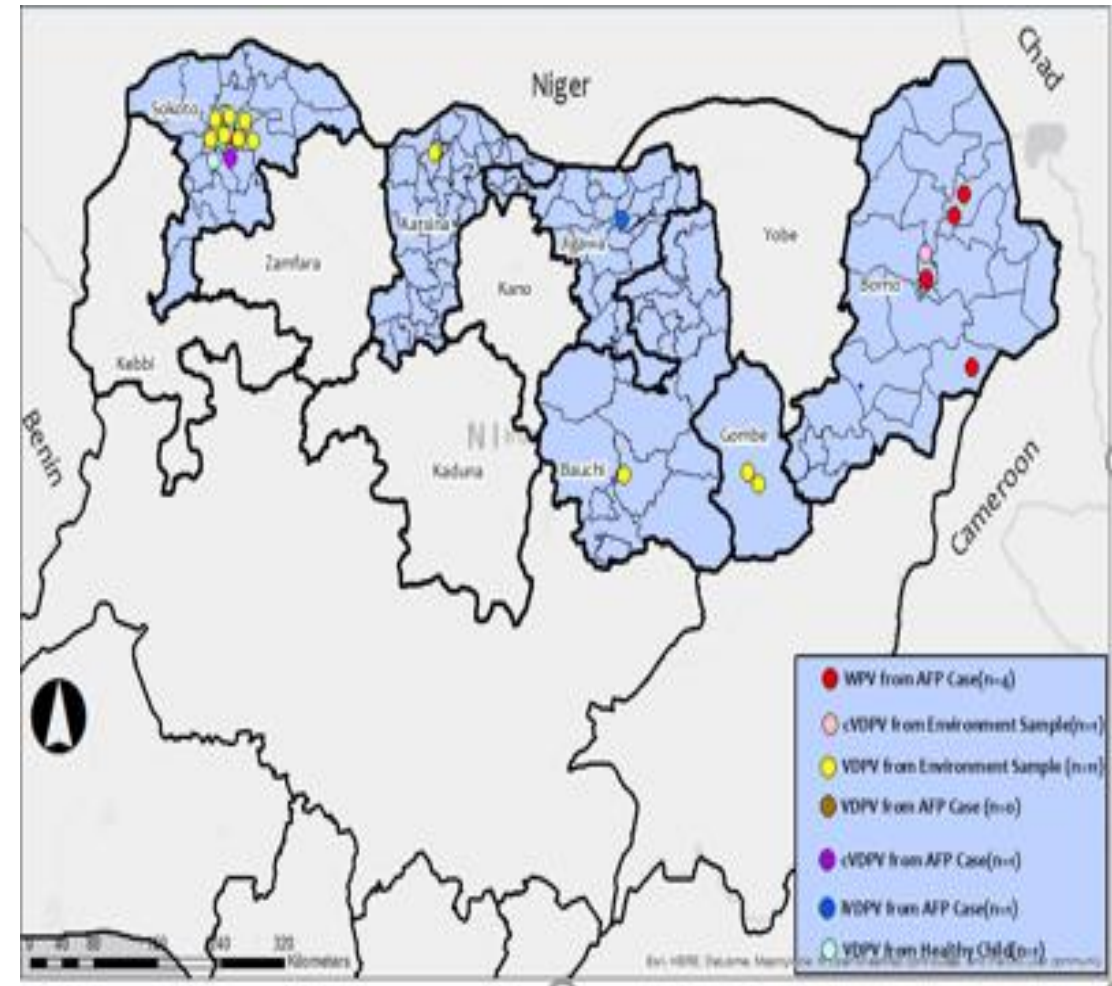
# Nigeria has gone 1 year without WPV; Recovering from major set back but is not out of the woods yet!

Four WPV1 reported in 2016; all from Borno. Sequencing results indicate prolong undetected transmission

No WPV reported in 2017

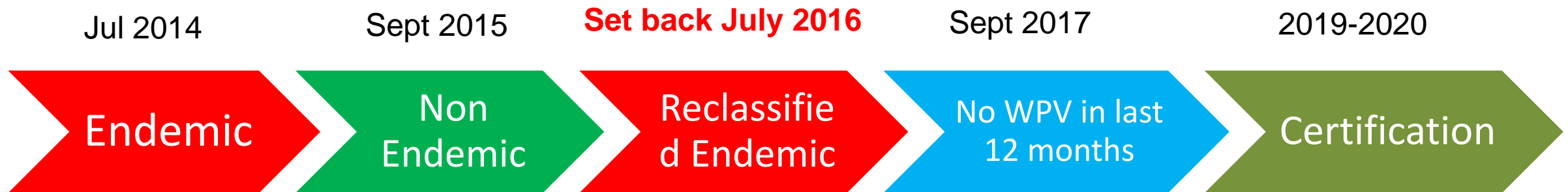
Two outbreaks of cVDPV2; Borno and Sokoto. Last reported cVDPV2 had onset on 28 October 2016 in Sokoto

The situation in Borno is the highest risk for the program in Nigeria



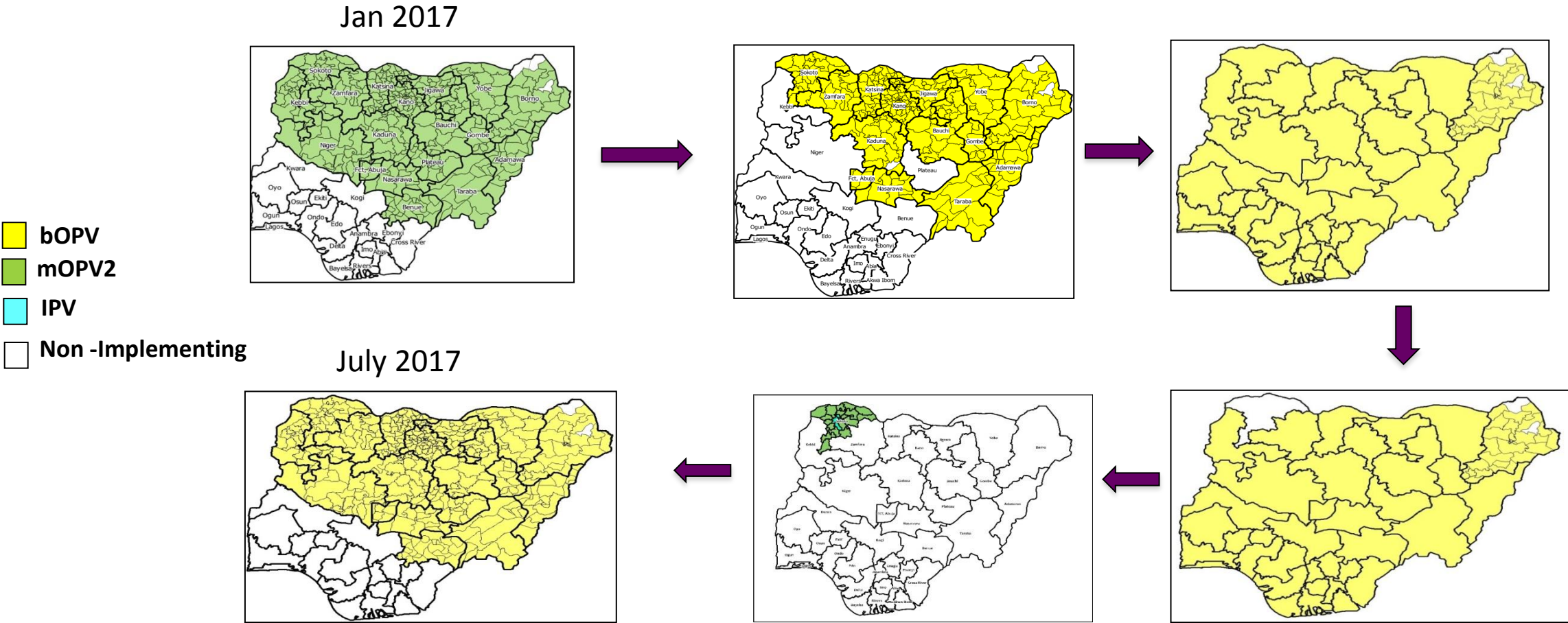
# Early case detection in access compromised areas is key to avoid any future surprises

## Journey towards Certification of Polio Eradication in Nigeria



# Series of bOPV, mOPV2 and targeted rounds of IPV implemented in response of WPV1 and cVDPV2 outbreaks.

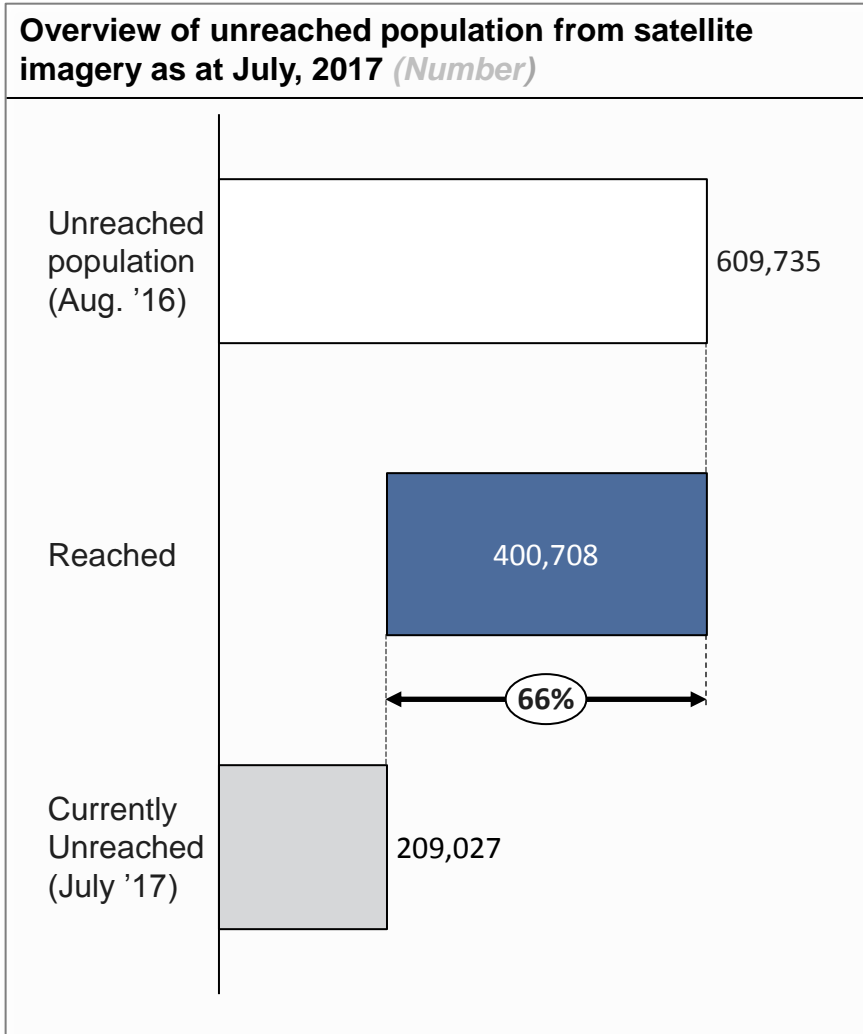
ERC highly acknowledges the extraordinary efforts, leadership of GON and commitment of thousands of health workers in responding to recent WPV1 and cVDPV2 outbreaks under very complex security situation in Borno



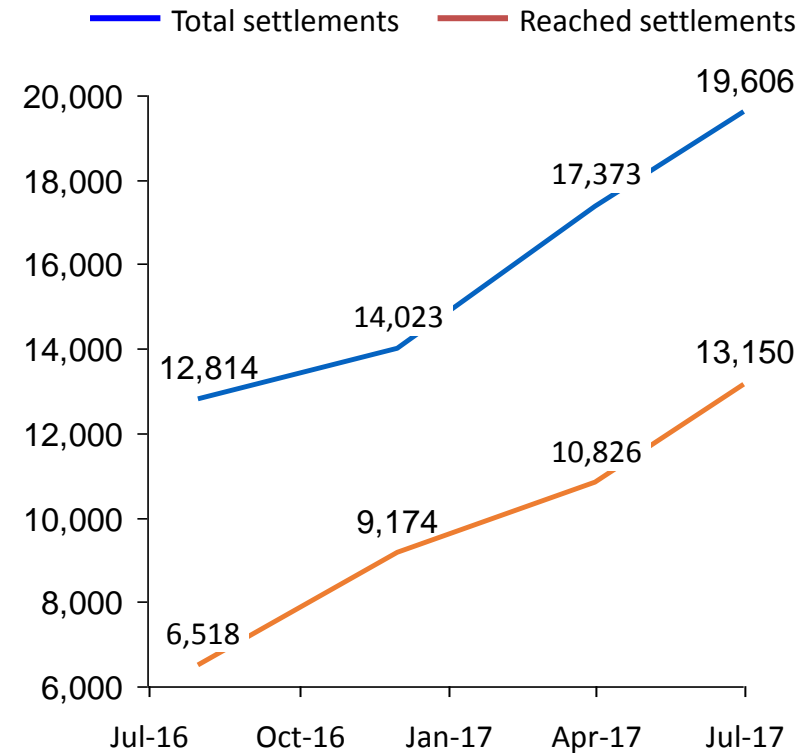
# **Program challenges and associate risks**

# Inaccessibility remains a major challenge in Borno.

162,616 under-5 children are still currently unreached using satellite imagery and profiling data from special interventions. Number of inaccessible settlements reduced from 50% in July 2016 to 33% in July 2017



**Trend showing settlements reached with polio immunization across Borno state (Tally sheet data) (Aug 2016 to Aug 2017)**



# Recommendations

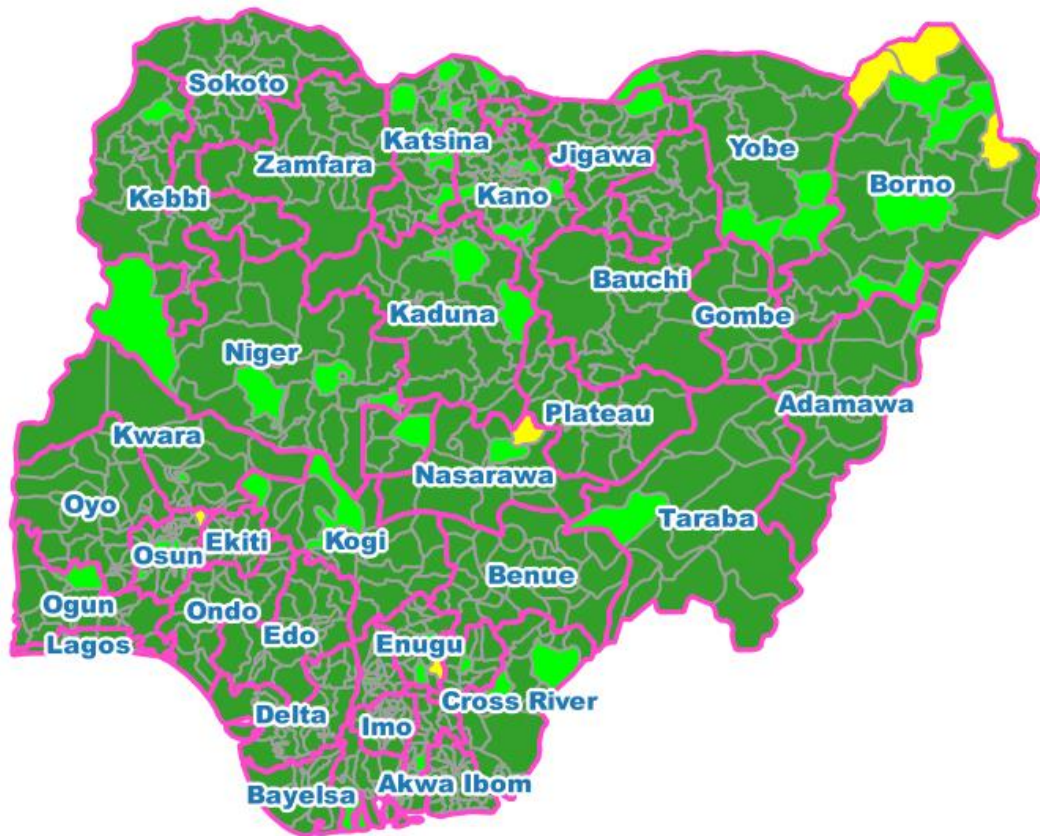
- RES and RIC planning should be intensified now to take advantage of upcoming dry season
- Program should critically review validation of inaccessibility data and review innovations like RES and RIC on periodic basis
- Maintaining Nigerian security forces support is critical. Program should increase the intensity of regular coordination and advocacy meetings with Nigerian Military.
- Program should also consider Satellite imagery method to demarcate settlements in 178 inaccessible islands to estimate and reach populations living in those islands

# **Risk of undetected transmission**



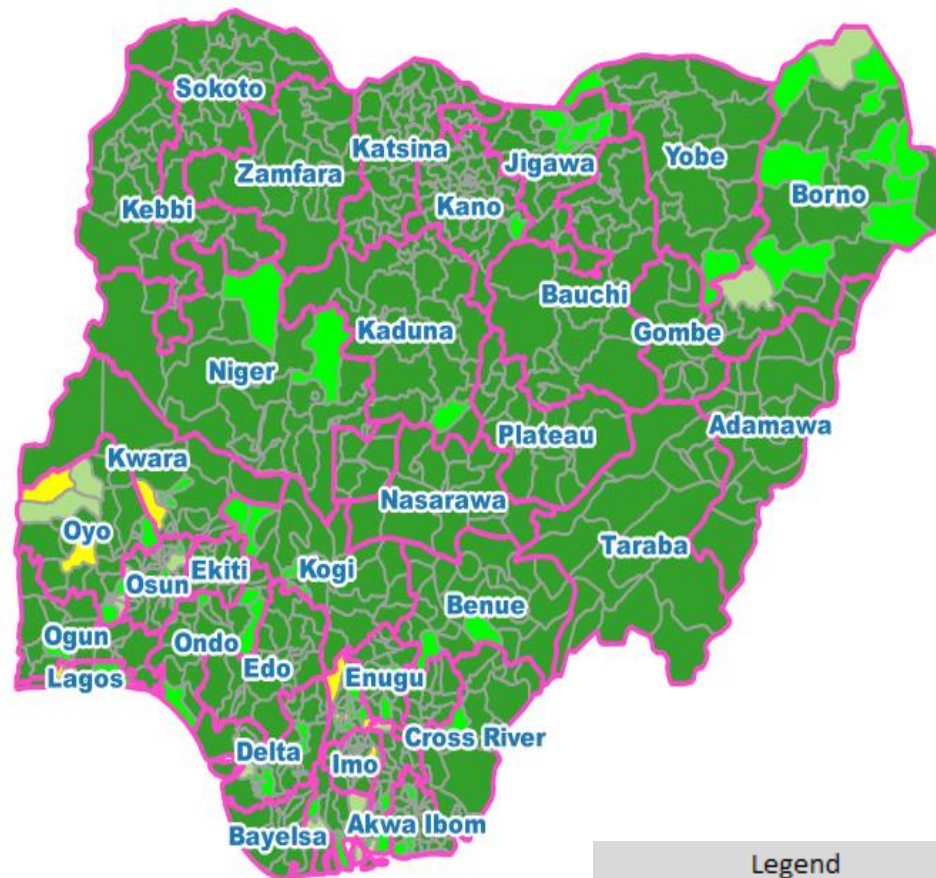
# Key surveillance indicators are well above the required levels in most of the LGAs

Number of years LGA met stool adequacy >80% from 2013-2017\*



Legend		%
<span style="color: green;">■</span>	Stool Adequacy ≥ 80% for 5 years (703)	91%
<span style="color: lightgreen;">■</span>	Stool Adequacy ≥ 80% for 4 years (65)	8%
<span style="color: yellow;">■</span>	Stool Adequacy ≥ 80% for 2 years (6)	1%

Number of years LGA met NPAFP rate ≥ 3 from 2013-2017\*

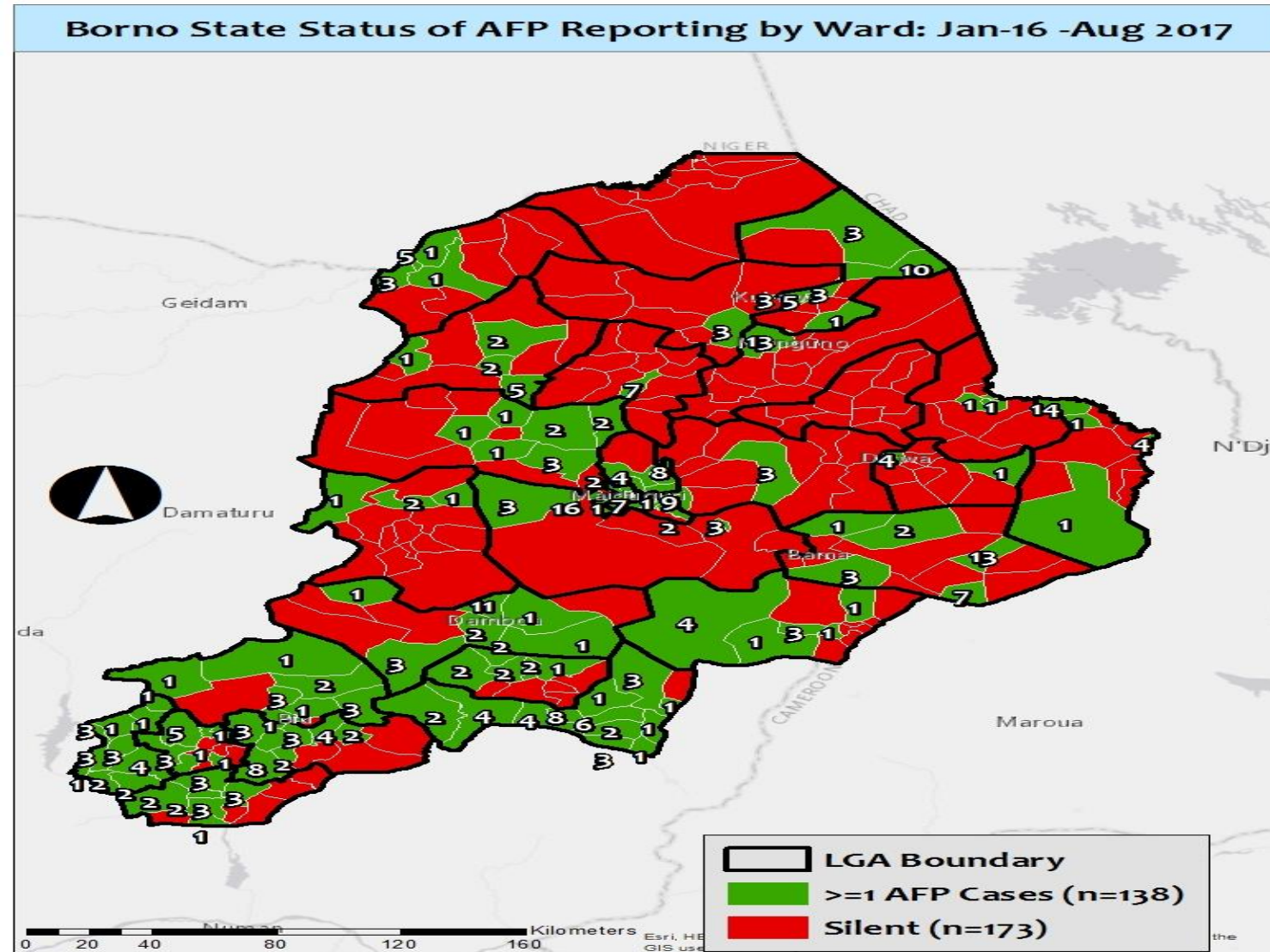


Legend		%
<span style="color: darkgreen;">■</span>	NPAFPR ≥ 3 for 5 years (665)	85.9%
<span style="color: lightgreen;">■</span>	NPAFPR ≥ 3 for 4 years (76)	9.8%
<span style="color: mediumgreen;">■</span>	NPAFPR ≥ 3 for 3 years (21)	2.7%
<span style="color: yellow;">■</span>	NPAFPR ≥ 3 for 2 years (12)	1.6%

# Extraordinary efforts: Managing surveillance in difficult to access populations through supplemental strategies

- Number of supplemental strategies employed
  - Environmental Sweeps (47 Samples); all negative for WPV
  - Healthy children stool survey from IDPs (345 samples); all negative for WPV1
  - Enhanced community based surveillance supported by Audio Visual reporting (AVADAR)
  - Increase I frequency and establishment of new ES site
- Peer review concluded that almost 25% of the AFP cases are not “true AFPs”
- Recommendations from various reviews and expert committees are implemented and monitored
- ERC acknowledges excellent support extended by Laboratory Team: Burden of stool samples (AFP and contact) in polio labs, 2013-2017<sup>10</sup>

# Almost 50% of the wards in Borno, mainly from areas of persistent inaccessibility, did not report an AFP Case



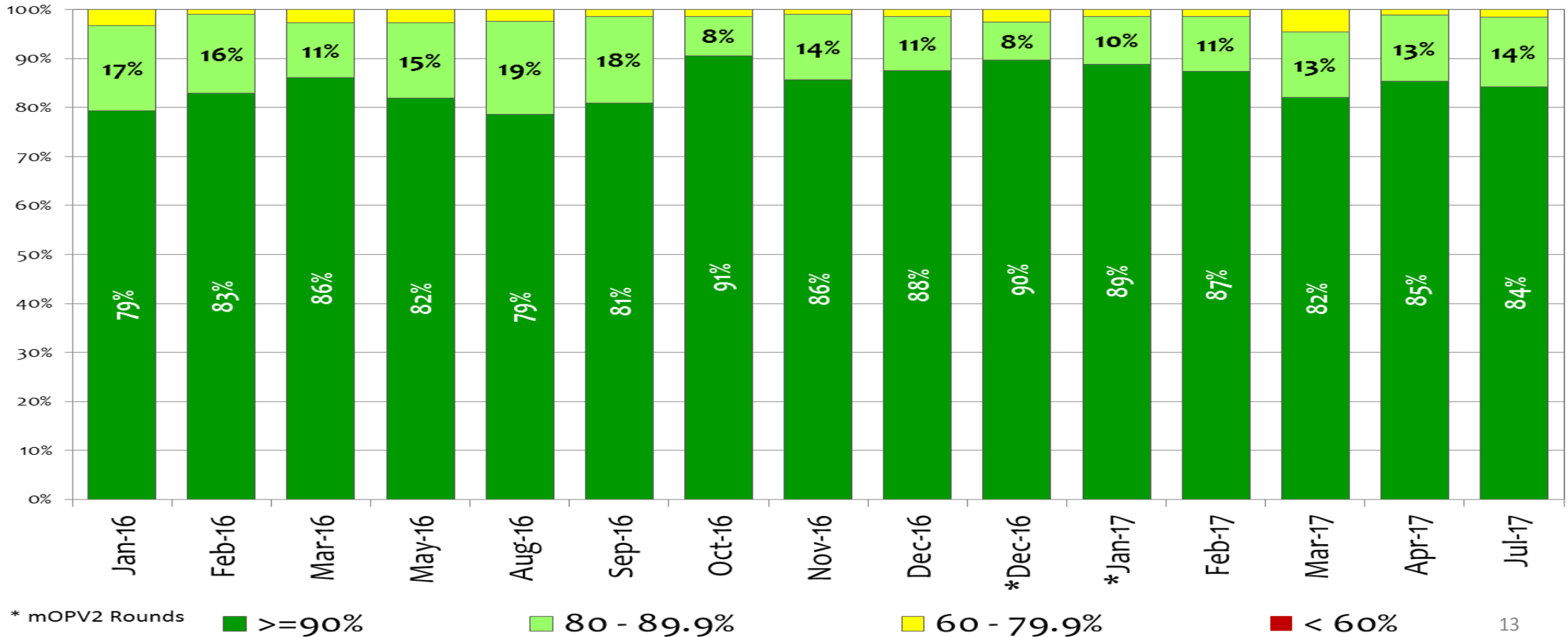


# Recommendations: Enhance surveillance in the inaccessible areas, other high-risk populations

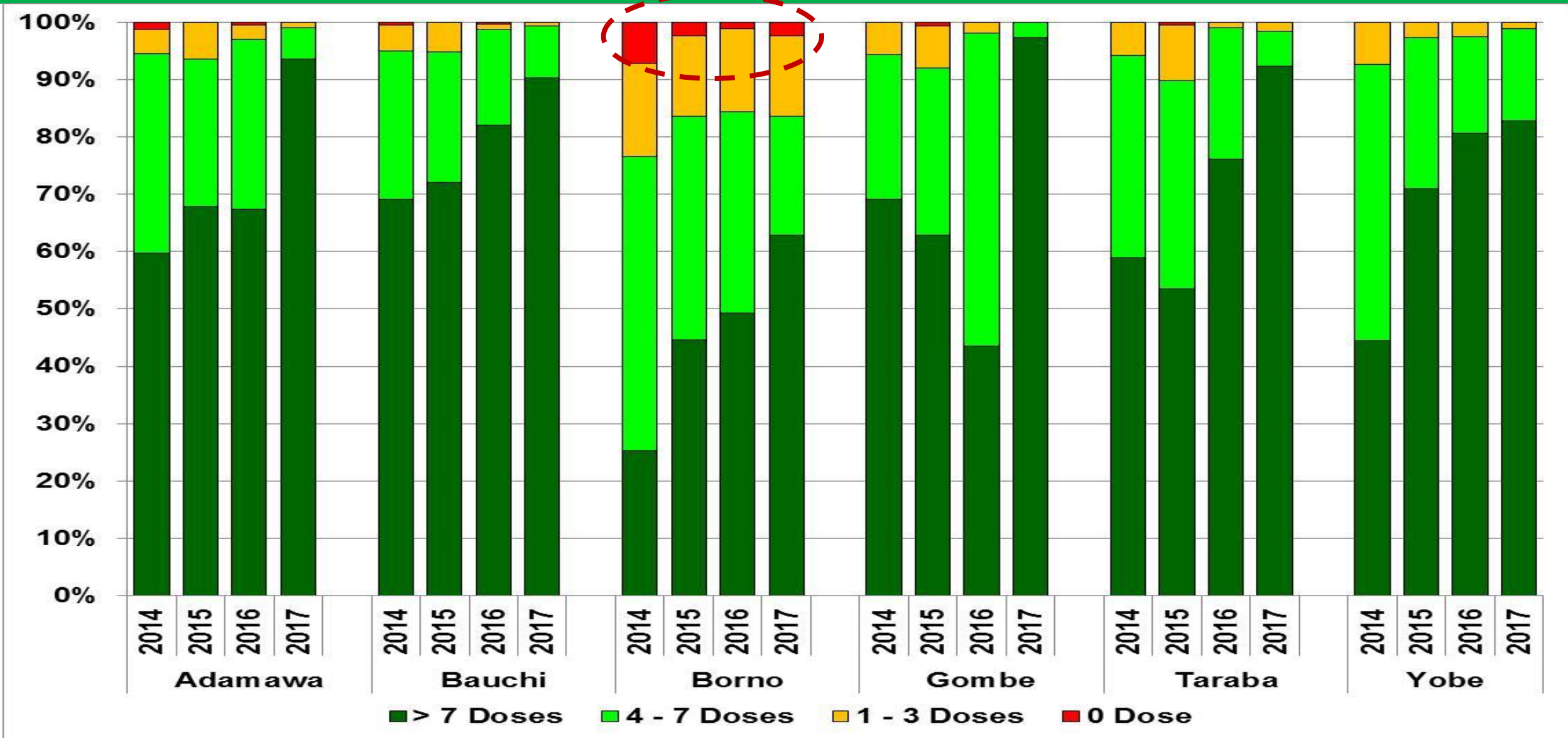
---

- Given the concerns expressed by the external surveillance review regarding **assignment of cases to inaccessible areas** in Borno, unlikely **NPAFP rates**, near **perfect stool timeliness** and **stool collection** (e.g. no cases missing stools), and the usefulness of the **case verification data**, it is of critical importance that the program address these potential deficiencies.
- Continue stool sampling of healthy children from any newly arrived population from the inaccessible areas.
- The program should continue to be inclusive and encourage community volunteers reporting of all AFP cases without screening to maximize chances of PV detection.
- Review, modify and implement environmental surveillance sweep
- Assess the need for extra staff to support the laboratory capacity.

# High population immunity maintained in most of the country: LQAS trend in accessible areas of High Risk States

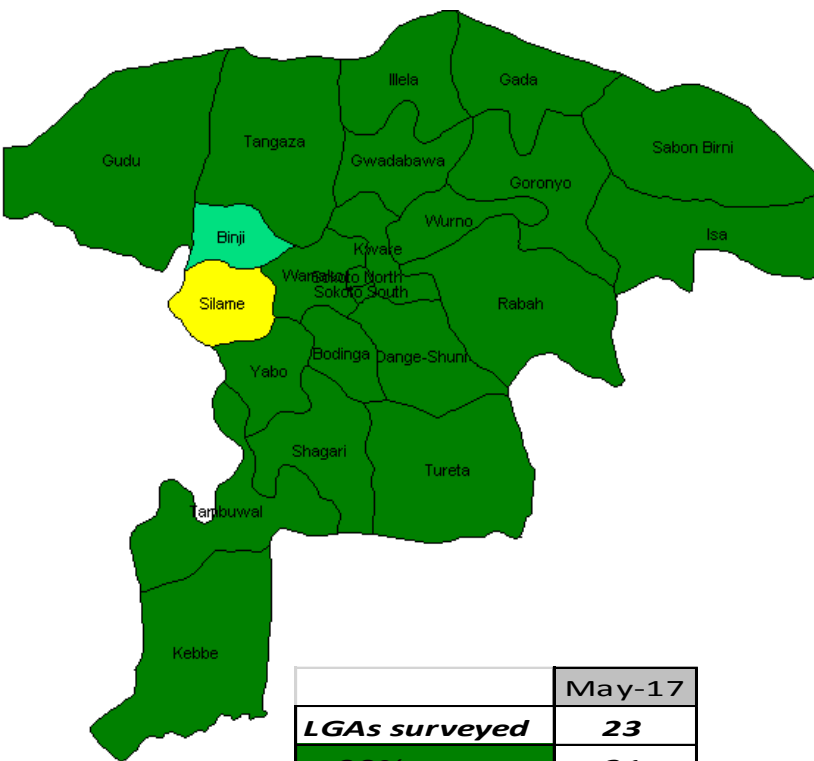


# North East Zone: OPV vaccination status of NPAFP cases aged 6 - 59 months, by States 2014 – August 2017

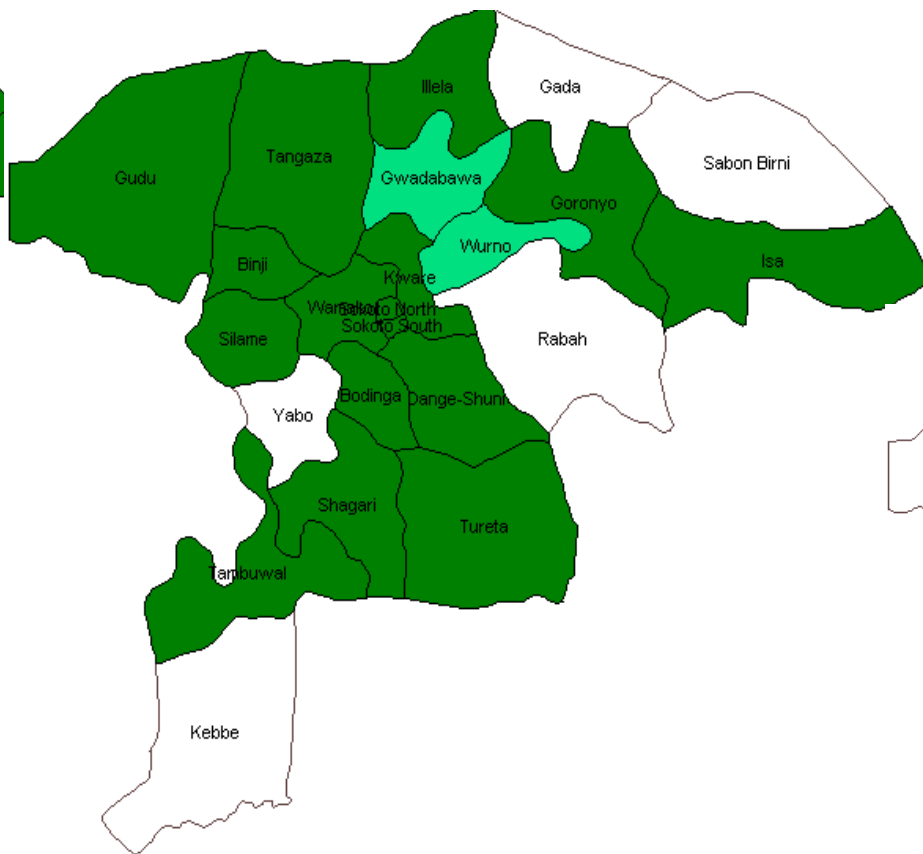


# Monitoring in Sokoto Strengthened; Different picture after changing monitors for Sokoto in August 2017

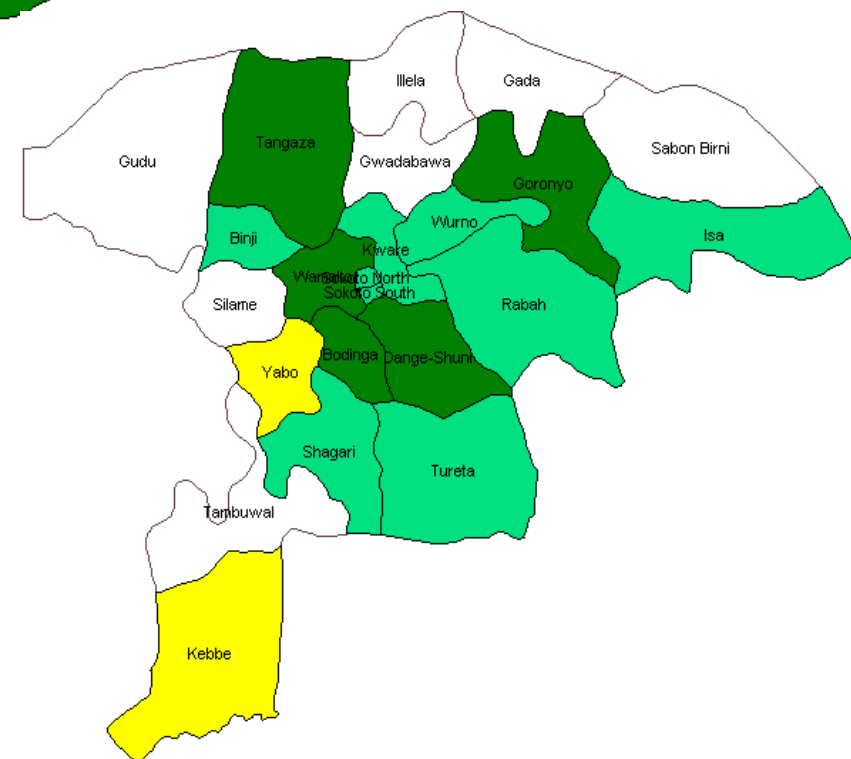
May, 2017



July, 2017



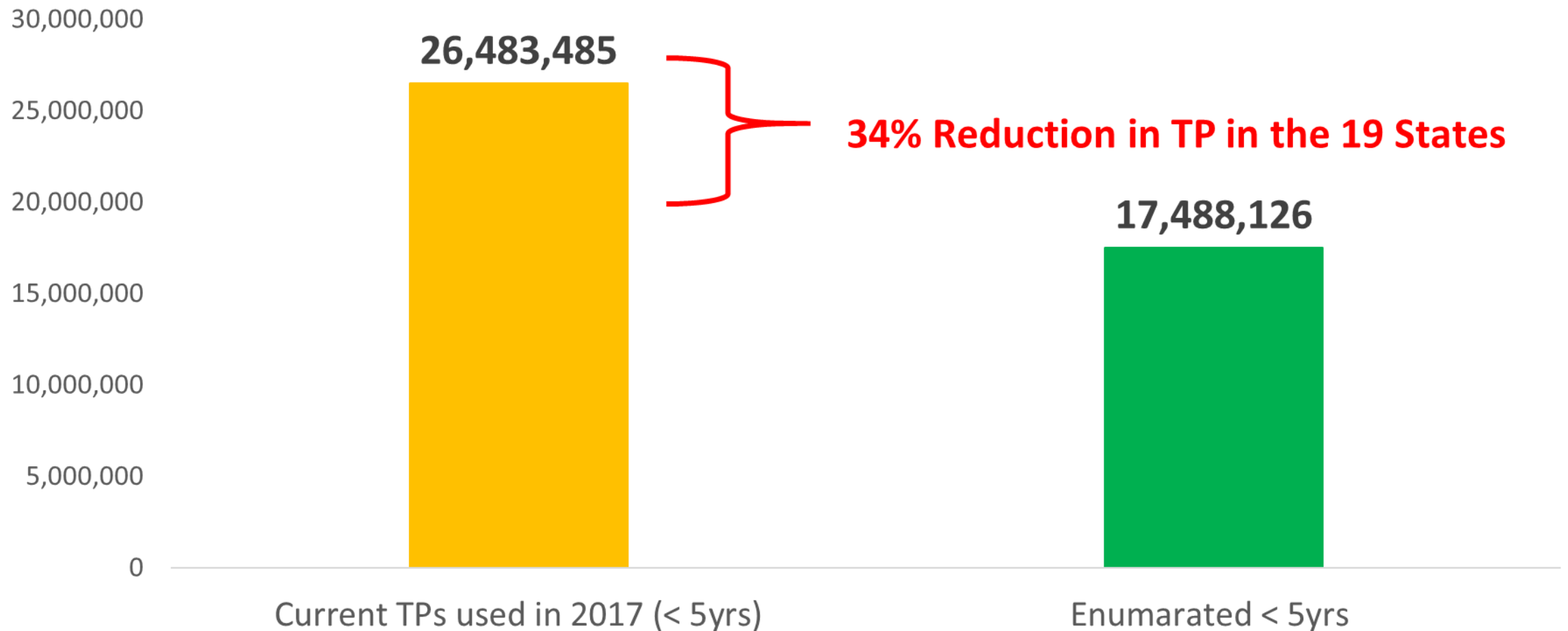
August, 2017



	May-17
<b>LGAs surveyed</b>	<b>23</b>
<b>&gt;=90%</b>	<b>21</b>
<b>80 - 90 %</b>	<b>1</b>
<b>60 - 79.9 %</b>	<b>1</b>
<b>&lt; 60%</b>	<b>0</b>
<b>Coverage</b>	<b>May-17</b>
<b>&gt;=90%</b>	<b>91%</b>
<b>80 - 90 %</b>	<b>4%</b>
<b>60 - 79.9 %</b>	<b>4%</b>
<b>&lt; 60%</b>	<b>0%</b>

# Major initiative taken to revise House based Micro planning on Population Denominators (<5 years) in the 19 Southern States

Almost 9 million less children than the currently used target for Southern states





# Recommendations

- House based microplanning should be continued to cover states in North
- Target Population denominator for Southern states should be high priority to immediately revise target population based on HH microplans
- Consider changing of LQAS monitors in other high risk states
- Country has to review the cost per child for polio SIAs
- Continue adjust monitoring tools and surveyors to ensure good quality

# Proposed SIA Calendar for 2018

S/No	Month	Dates	Scope	Target Population	% of the Total Target Population	Antigen
1	January	20 <sup>th</sup> – 23 <sup>rd</sup>	SIPDs (14 HR States)	26,256,251	44	bOPV
2	February	1 <sup>st</sup> – 13 <sup>th</sup>	Measles SIA (NCZ)			Measles
3	March	8 <sup>th</sup> – 20 <sup>th</sup>	Measles SIA (South – 17 states)			Measles
4	April	7 <sup>th</sup> – 10 <sup>th</sup>	NIPDs (36+1 )	59,961,520	100	bOPV
5	May	5 <sup>th</sup> - 8 <sup>th</sup>	NIPDs (36+1 )	59,961,521	100	bOPV
6	October	13 <sup>th</sup> – 16 <sup>th</sup>	SIPDs (18 HR States)	33,478,038	56%	bOPV
7	Dec	8 <sup>th</sup> – 11 <sup>th</sup>	SIPDs (Borno + HR States)	1,500,000	15%	bOPV

**\*\*Target population to be updated based on household enumeration data**

# Funding Issues for PEI - 2017-19

- The **gap** for 2017 has significantly narrowed thanks to international donors that have fulfilled their pledge
- The programme faced delays in release of funds from donors due to bureaucratic processes and pre-conditions
- All requirements for PEI will be met once FGoN releases its 2017 pledge
- Volatile exchange and inflation rates have been a major challenge for financial projections
- Country budgeting process is a joint effort (government and partners) and activity-based (most budget lines are not directly tied to target population but rather driven by activities)
- ICC Finance committee will prepare detailed financial resource requirements for 2018-20 following the 34<sup>th</sup> ERC recommendation for ICC's endorsement
- GPEI funding ramp-down will affect Nigeria as of 2018 (especially in the reduction of technical assistance by partners)

## Recommendation

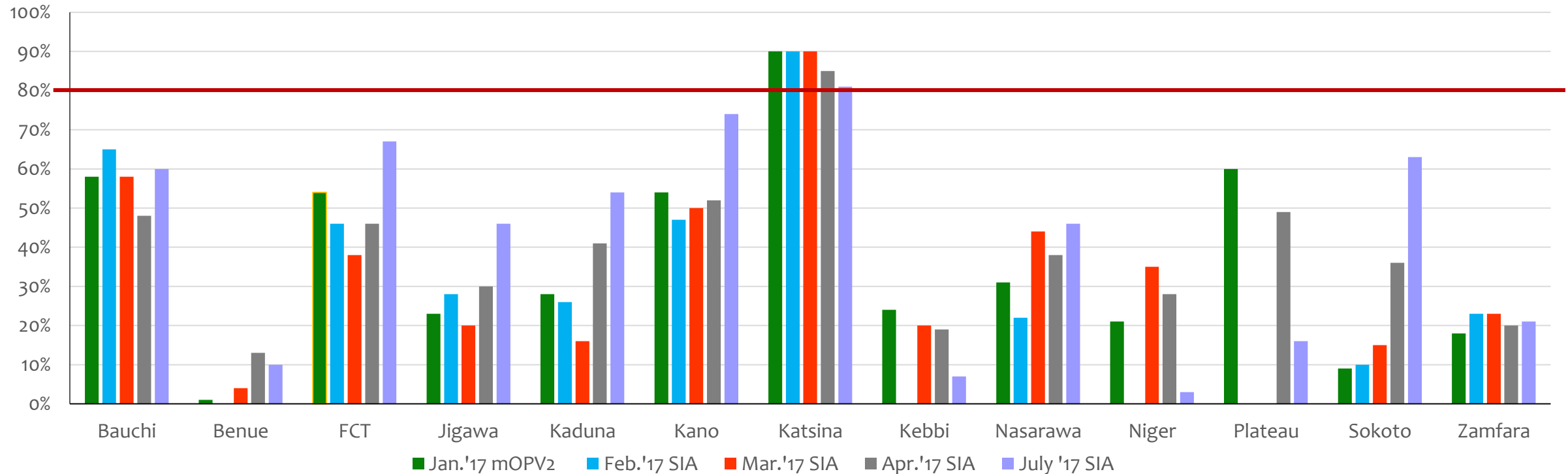
- FGoN to release the 2017 commitment by end September
- Donors and government to maintain their commitment to continue to support the program in 2018 and beyond

# Waning political and financial support

Last meeting of Presidential Task Force in April 2017

Engagement of State Governors and LGA Chairman sub-optimal

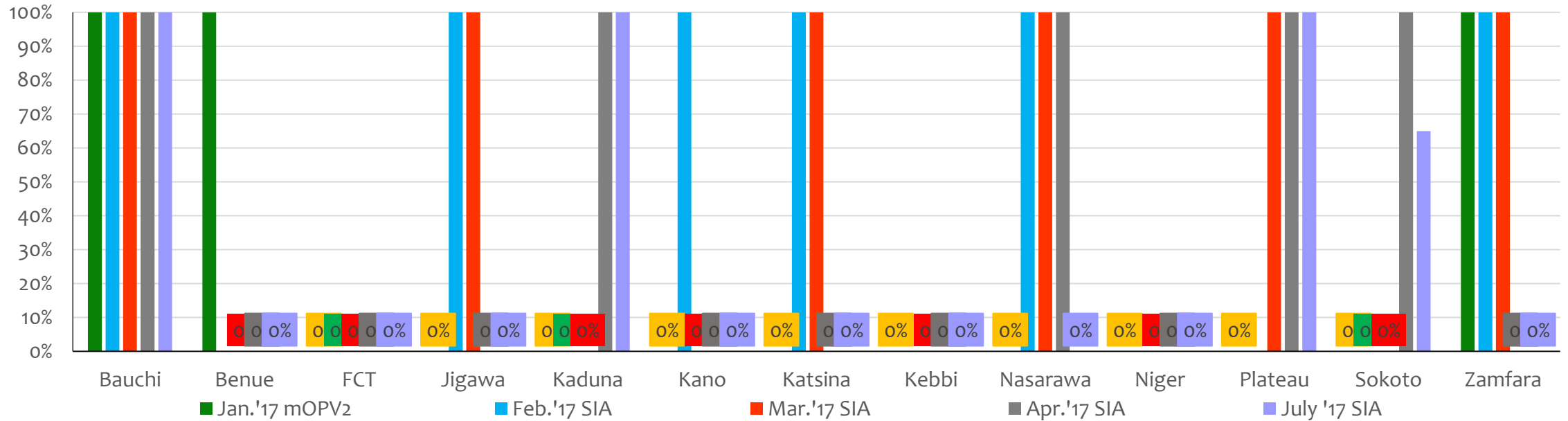
## % LGAs Evening Review Meeting attended by LGA Chairmen in 2017



# Waning political and financial support

Sub-optimal and late release of counterpart funding by some States and LGAs

**% State/LGA Counterpart funds timely release to LGAs as at 3 days to campaign in 2017**



# Recommendations: Advocacy and Communication

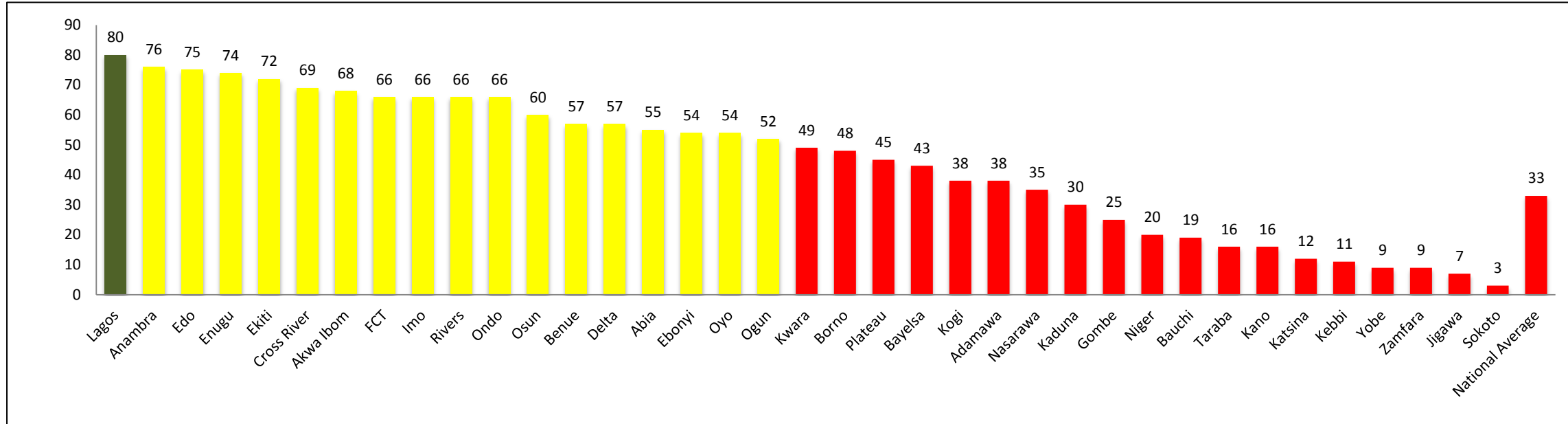
- Urgently resume quarterly PTF meetings
- Continuous advocacy to Nigeria Governors' Forum to ensure State buy-in and release of LGA level counterpart funding and increase active participation of LGA Chairmen in Polio activities including attendance at evening review meetings.
- VCMs need to reduce high RI drop out rates (OPV3 Drop out is 50% in high risk settlements) and be held accountable for performance.
- Scale-up tracking of newborns with zero-dose in all high risk settlements irrespective of VCM deployment
- Roll out PEI EPI integrated communication strategy

# Logistics and Vaccine Management

ERC applauds Nigeria's interventions instituted to improve accountability for vaccine management, however, the ERC recommends that;

- Implement fully the recommendations of the Effective Vaccine Management Assessment (EVMA)
- NPHCDA to make standard vaccine management tools available at each level
- The programme should ensure availability of competent immunization supply chain (SC) managers and adequate numbers of skilled iSC who are responsible for vaccine security at all levels.
- The programme should prioritize vaccine accountability and management practices at all levels of the supply chain including implementation of the P-VAR and P-VAM framework.

# Routine Immunization - Findings



- ERC recognizes GON efforts towards RI strengthening
- NPHCDA declared RI a public health emergency in June 2017 and established NERICC to draw attention and resources to improve RI coverage by end 2018.
- Declaration stimulated by discouraging results of 2016 MICS/NICS penta3/DPT3 coverage survey showing 33% OPV3 coverage nationwide.
- Coverage data raises questions about sustaining high population immunity against polio as SIAs frequency decreases.



# Routine Immunization - Findings 2

- NERICC designed after polio EOC model
- Regular (daily) meetings hosted by NPHCDA with partners
- 18 States with lowest RI coverage have been prioritized
- State and LGAs encouraged to establish SERICC and LERICC
- Magnitude of work needed is daunting
- Human and financial resources required and political commitment are not secured yet.

# Establishment of the National/States Routine Immunization Coordination Centre (NERICC/SERICC)

In response to the poor RI performance, a Declaration of State of Public Health Concern on Routine Immunization was made on June 17, 2017 with a decision to establish the NERICC

## Vision

To achieve greater than 85% immunization coverage for **ALL** antigens in Nigeria by 2019

## Objectives

1. Improve detection and responsiveness in the resolution of RI gaps
2. Strengthen leadership and accountability
3. Strengthen coordination
4. Increase data visibility, quality and use for action at all levels
5. Increase outreach services for immunization for traditional vaccines especially in the very low performing states

**NERICC has a timeframe of 18 months to rapidly revamp RI performance of the Country**

# Routine Immunization - Recommendations

ERC recommends:

- The full implementation of the “Abuja Commitment” to:
  - urgently establish the political commitment needed for RI at all levels
  - Sustain and protect the gains in population immunity against polio as the SIAS frequency declines
- Launch an intensive advocacy and communication campaign highlighting the devastating burden of under 5 deaths in Nigeria due to low vaccination coverage nationally and by States
- Conduct risk assessment to see how we can safely transfer polio staff to RI without jeopardizing the polio program - Program should gradually transition some of the polio personnel to should be involved in RI, particularly in, without jeopardizing the GPEI -

# Transition planning

The ERC recommends that;

- The presented revised timeframe for transition planning be implemented, including the business case for transition planning by December 2017
- Government should accelerate leveraging of resources for routine immunization, PHC, Disease surveillance and outbreak response and other public health priorities.