

Case Study Nigeria

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Health workers travel and receive patients as well as educating them on the value of vaccines and benefits of health.

Photo: © GAVI/2013/Adrian Brooks

AT A GLANCE

Nigeria detected its last case of wild poliovirus in August 2016. However, an upsurge in circulating variant poliovirus type-2 has persisted since 2021.

The polio program continues to serve as a strong foundation for immunization systems that protect the population against vaccine preventable diseases.

Nigeria was the first country to introduce the novel oral polio vaccine type 2 in March 2021.

The territorial boundaries of countries as shown on maps in this report are neither accurate nor authentic, and do not represent the actual and sovereign claims of any government.

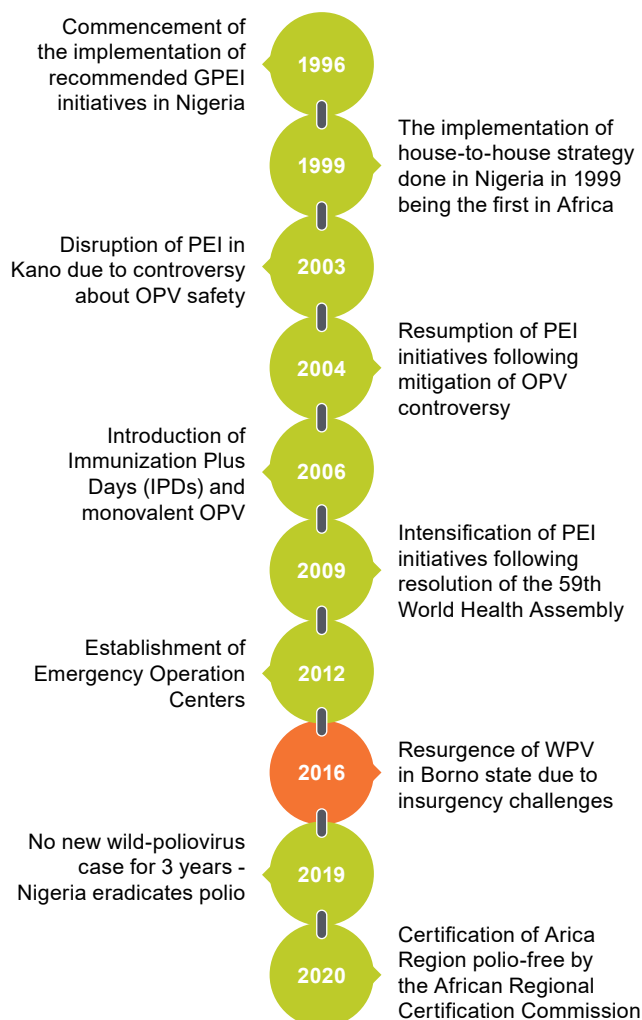
Nigeria was the last African country to be declared wild polio-free after the last case was detected in August 2016. This led to the African Regional Certification Commission certifying the African region wild polio free on August 25, 2020. However, an upsurge in circulating variant poliovirus type-2 (cVDPV2) has persisted since 2021. As of September 6, 2022, there were 33 cases of cVDPV2.¹ As part of the outbreak response, Nigeria was the first country to introduce the novel oral polio vaccine type 2 (nOPV2) in March 2021. A total of 38 Outbreak Responses (OBRs) between March 2021 and July 2022 using over 279 million nOPV2 doses have been conducted to help protect over 50 million children under the age of 5 in all States.

Polio vaccines are part of the routine immunization (RI) schedule in Nigeria, including oral polio vaccines as well as inactivated polio vaccines. Therefore, the polio and RI infrastructure in Nigeria are closely linked, and any decline in RI coverage rates also affects population immunity and the risk of polio transmission. Overall, RI coverage (based on DTP-3^a coverage) in Nigeria has improved from 2017 to 2021 (33 percent to 56 percent). However, this remains below the Immunization Agenda 2030 target of 90 percent coverage, and there are over 2.2 million zero-dose^b children in Nigeria.²

In order to sustain Nigeria and Africa's wild polio-free certification and achieve eradication, the GPEI and immunization systems in Nigeria need to be fully resourced and work together under a comprehensive and strong primary healthcare (PHC) system. The National Primary

Health Care Development Agency (NPHCDA) has embarked upon a transformative system that aims to ensure functionality of at least one PHC facility per Ward across the 9000-plus wards in Nigeria. It is important to note that the polio program has and continues to serve as a strong foundation for the immunization system that offers a platform to boost population immunity against vaccine preventable diseases.

Nigeria's journey to a wild polio-free status was long and laborious, however memorable.



^a DTP: Diphtheria-Tetanus-Pertussis.

^b Children who don't receive a single dose of vaccines such as DTP-1.

“The over two decades of the PEI programme to eradicate wild polio virus in Nigeria that resulted in the interruption of WPV transmission in 2016 and Certification of Nigeria and the African Region (...) wouldn’t have been possible without the funding support coming from the GPEI partners.”

For example, in 2014 the National Polio Emergency Operations Center (NEOC) served as a springboard for Nigeria’s Ebola outbreak response, by reviewing disease data in real time for efficient response planning, and through social mobilization teams using their polio response expertise to reach at risk groups, key community leaders and the wider population with public health messaging.³ This was once again seen during the COVID-19 response where the NEOC served as the COVID-19 “command and control center”,⁴ highlighting the need to ensure the polio program is fully resourced and supported in order to allow for RI services to sustain these gains.

Challenges to eradication

Despite ongoing progress, Nigeria still has challenges and barriers that need to be addressed in order to achieve interruption of cVDPV2 transmission. Widespread insecurity in the country, particularly the North, can hinder access for vaccinators to reach communities. Environmental challenges such as inadequate water, sanitation, and sewage disposal services along with delayed campaigns due to temporary issues with global stockpiles of vaccines also contributed to creating barriers in achieving interruption of transmission. Compounding this challenge are suboptimal routine immunization coverage levels. Long term barriers are often summarized under waning political and financial support for polio, which lead to reduction in funding for polio activities at global, national and sub-national levels.

Opportunities for eradication

Despite these challenges, opportunities exist for eradication. These require: 1) renewed commitment from the Government of Nigeria to continue to support the polio program and interrupt transmission of cVDPV2 until the country is free of any form of polio; 2) improved integration of services and improved coverage of immunization; and 3) renewed partner and donor support to the GPEI through funds and technical support.

Stronger together

The GPEI is working to interrupt the upsurge of cVDPV2 by providing technical support and funds for outbreak response and surveillance. Programs are also being established to provide surge workforces and deploy epidemiologists for planning and implementation.

Dr. Usman Adamu is a director and incident manager at the National Primary Health Care Development Agency in Nigeria (NPHCDA). Since 2000, he has been involved with the Polio Eradication Initiative (PEI) program and has worked in different capacities in almost all parts of Nigeria. He has led the NEOC team since 2016 and has worked closely with representatives in Nigeria as well as GPEI partners globally at various international meetings.



Dr. Usman Saidu Adamu Incident Manager at NEOC NPHCDA providing polio drop to a child. Image sourced by Ms. Hauwa Abbas of the Silver Lining for the Needy Initiative.



Misbahu Lawan Didi (on the tricycle), founder and president of Para-soccer Federation of Nigeria, with members. Image sourced by Ms. Hauwa Abbas of the Silver Lining for the Needy Initiative.

Misbahu has since committed himself to raising awareness about the importance of polio vaccinations and improving community engagement:

Misbahu also reflected on his motivation and role as an advocate:

Living with polio and working with the GPEI

Misbahu Lawan Didi from Kano State, Nigeria was born in 1973, the third eldest amongst 13. He was diagnosed with polio at age two and has been unable to walk since. When recalling some of his earlier experiences, Misbahu spoke about stigma, the death of both his parents as well as the strong influence of his grandmother:

“I have encountered problems such as discrimination, the challenges in movement, being looked down on by others. I lost both my parents at around the age of 13 within 41 days of each other; this was a major challenge to me. My grandmother encouraged me to be hard working, bold, self-sufficient, and to never look down on myself; this helped me a lot growing up.”

“I lead over 2000 polio survivors in actively participating in the polio eradication awareness in Nigeria. We partnered with government agencies, UNICEF, and other partners [within] Global Polio Eradication Initiative. I always lead the awareness campaigns and supervise the [National and Sub-national Immunization Plus days^o] in the high-risk states in the Country.”

“In the past, the polio program has faced resistance, [but] we are seen as a practical example of the negative effect of the polio virus; this encourages many Nigerians to accept oral polio vaccination in the country. Our activities of advocacy and awareness in the north [remind] parents that polio is real and children are at risk without vaccination. The agencies appreciate our efforts. Our advocacy is simple and effective because we are polio survivors.”

^o National and Sub-national Immunisation Plus days are house-to-house immunization campaigns targeting all under-five children in the country and/or high-risk states that have confirmed cases of polio.

1. WHO, 6 Sep 2022b.
2. UNICEF Data, July 2022.
3. GPEI (22 Mar, 2017). "Polio Networks Preventing and Responding to Outbreaks and Emergencies," <https://polioeradication.org/wp-content/uploads/2017/03/Polio-Assets-for-Outbreak-and-Emergencies-22-03-2017-FINAL-A.pdf>
4. WHO, 2020.



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