

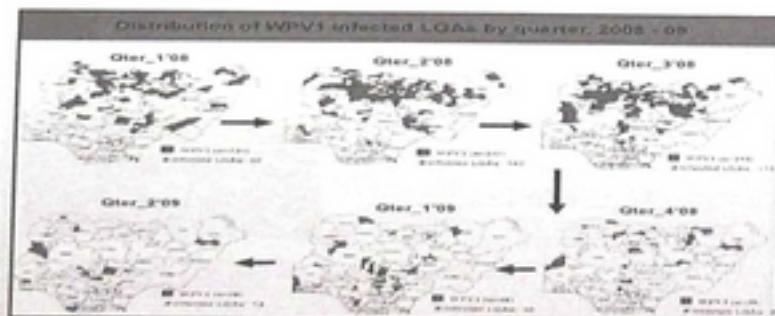
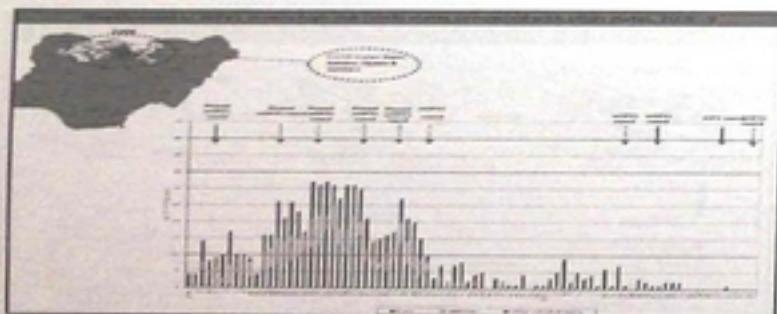
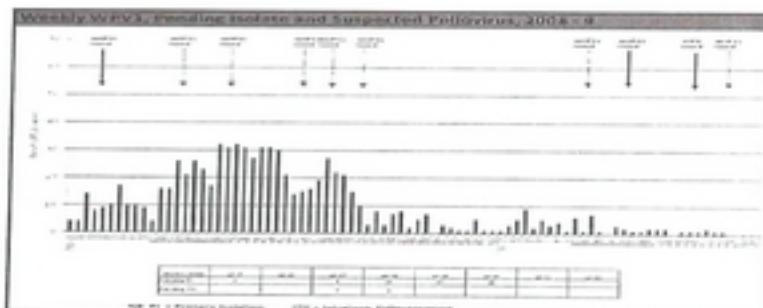
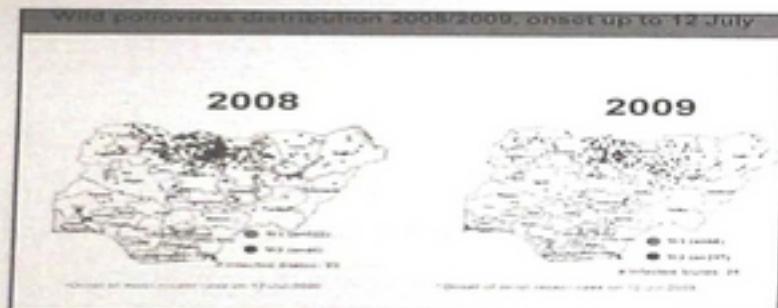


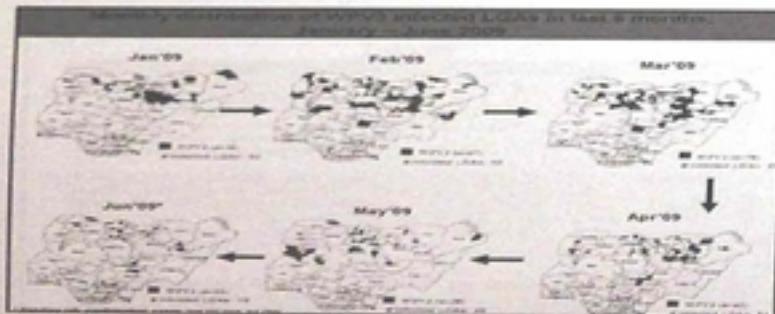
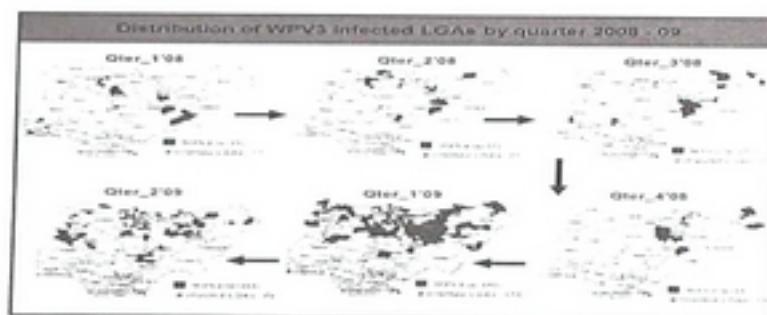
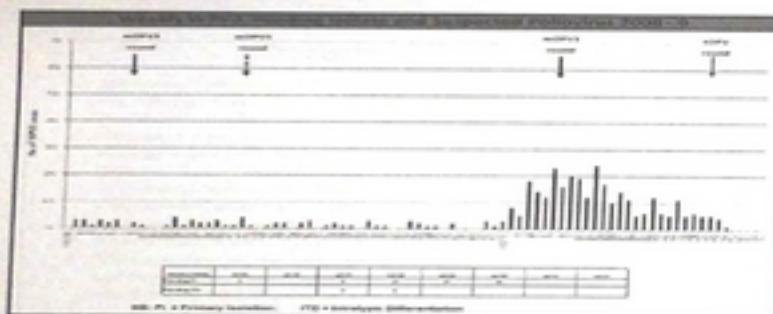
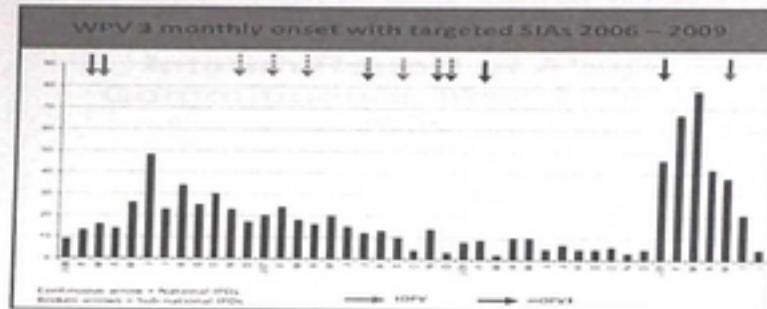
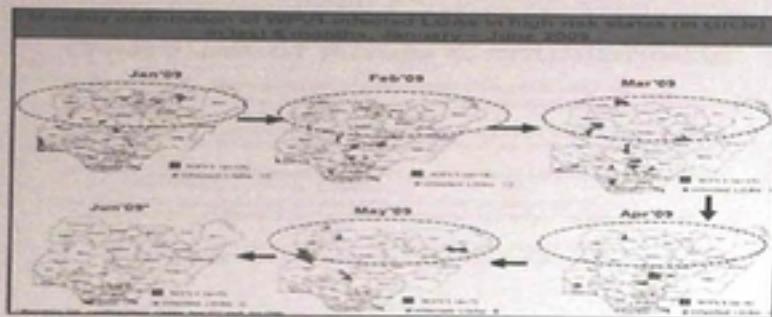
## UPDATE ON GOVERNORS COMMITMENTS TO POLIO ERADICATION IN NIGERIA

Dr Muhammad Ali Pate  
Executive Director  
National Primary Health Care Development Agency, Abuja

### Outline

- Overview of Abuja Commitments
- Interim Report on the Implementation of the Abuja commitments, May-August 2009
- Trends in Quality of Immunization Campaigns
- Conclusion
- Issues for consideration





## **Overview of Abuja Commitments**



**Panel 09 | Sponsored Governors Forum**  
Mr Bill Chaitin, Hon V. Ahmed, SGEF, Mr B. Sarakki, GICR Rwanda and  
Chairman of Governors Forum

• 2010-2011: 20 Minuten für die Verteilung von Ausgaben und Investitionen.  
• 2011-2012: 20 Minuten für die Verteilung von Ausgaben und Investitionen.

The following table gives the estimated total value of the foreign exchange transactions of the Bank of India during the financial year 1950-51 at a parity of Rs. 100/- to the pound sterling. The figures given in the following table are taken from the Annual Report of the Bank.

These findings have been replicated across many different cultures and ethnic groups, and the results are consistent with those from previous studies.

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## Overview of Abuja Commitments

- In Feb 2009, Governors committed themselves to
1. Providing active leadership of Polio Eradication (PEI), Routine Immunization (RI) and PHC
  2. Improving operational quality of PEI/RI/PHC activities through chairing at least quarterly meetings with LGA chairmen
  3. Allocating additional financial and human resources for PEI/RI/PHC in their states
  4. Providing quarterly reports on the status of Polio Eradication/Routine Immunization in their states to HE President
  5. Improving immunization activities through the establishment of Community Health Insurance schemes

## Interim Report of Abuja Commitments, May-August 2009

### Interim Report

- Between May and August 2009, immunization campaigns were conducted in May (national), July (sub-national) and August (sub-national)
- These rounds presented an opportunity to translate the Abuja commitments into concrete actions to improve the quality the immunization activities
- 5 indicators were measured to assess the level of implementation of Abuja commitments at State level
- 4 indicators were measured to assess the level of implementation of Abuja commitments at LGA level
- The quality of the campaigns was assessed by the trends in proportion of wards that achieved at least 90% as demonstrated by independent monitoring data.

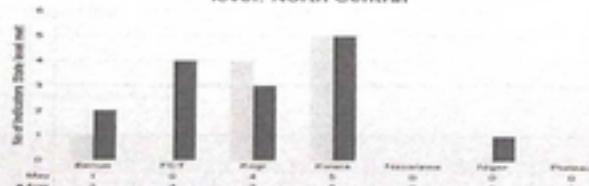
### Indicators used to monitor Abuja Commitments at State Level

1. Personal involvement of HE Governor in public event in preparation for the May 2009 IPDs e.g. meeting with key stakeholders, flag off ceremonies
2. At least one meeting between Governor (or his representative) with LGA chairmen to discuss priority actions to improve operational quality of May round
3. At least one meeting between Governor (or his representative) with traditional leaders to review their involvement in the May round
4. Presence of State Task Force or similar high-level inter-sectoral committee at State Level with high level oversight over preparations and implementation
5. At least one meeting of State Task Force or similar high-level oversight committee prior to May 2009 IPDs

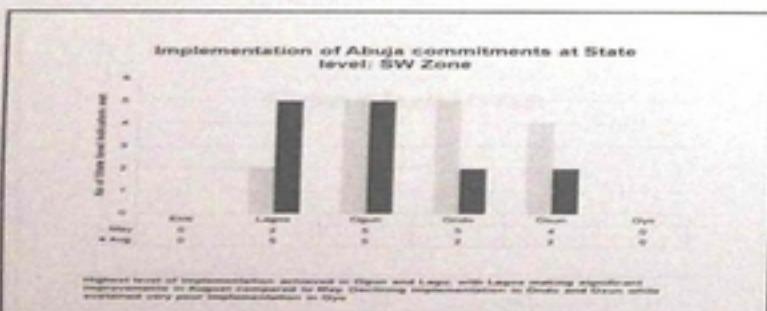
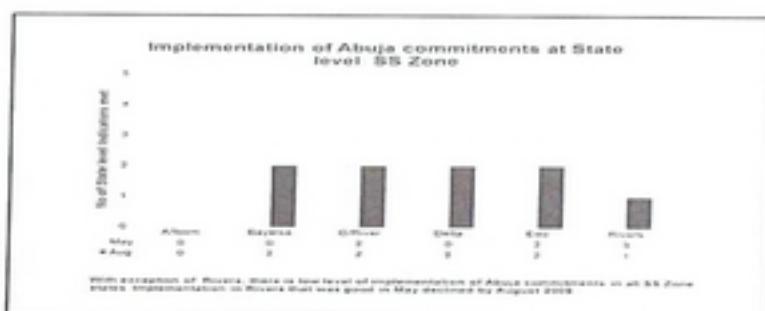
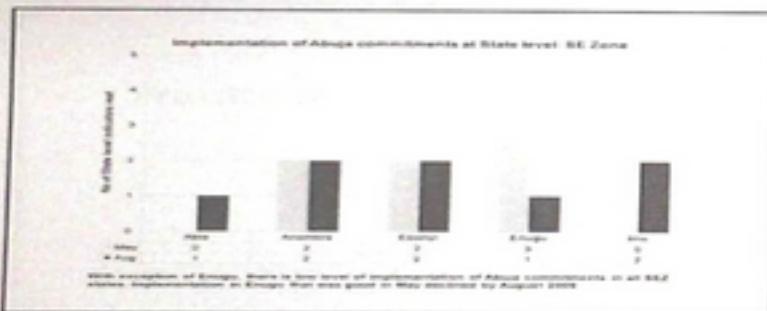
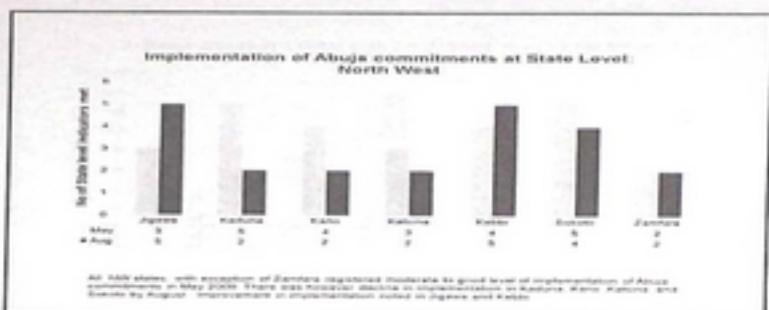
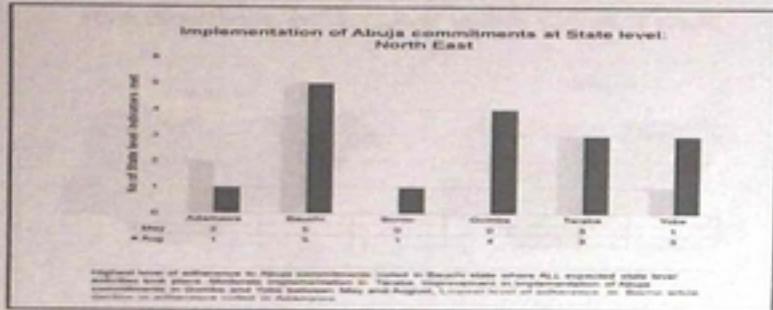
### Overview of Implementation: State Level

| Indicators   | May 2009 | August 2009 |
|--|----------|-------------|
| 1. No (%) of States where Governor personally involved in (EP/RI/PEI)                                      | 17 (40%) | 19 (51%)    |
| 2. No (%) of states with at least one meeting between Governor (or representative) and LGA chairmen        | 17 (46%) | 17 (46%)    |
| 3. No (%) of states with at least one meeting between Governor (or representative) and traditional leaders | 10 (27%) | 11 (30%)    |
| 4. No (%) of states with State Task Force (or similar high level coordination committee)                   | 19 (51%) | 24 (65%)    |
| 5. No (%) states with at least 1 meeting of State Task Force (or other high level committees)              | 14 (38%) | 14 (38%)    |

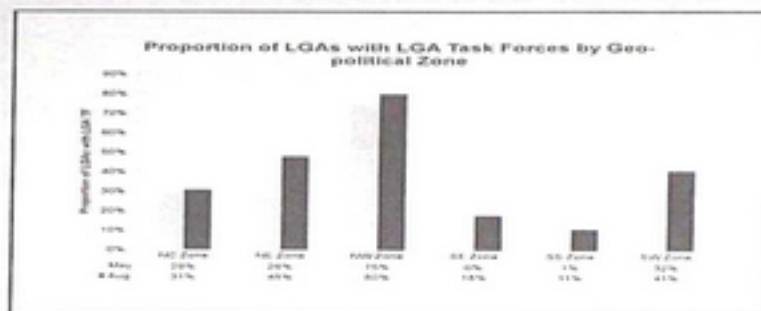
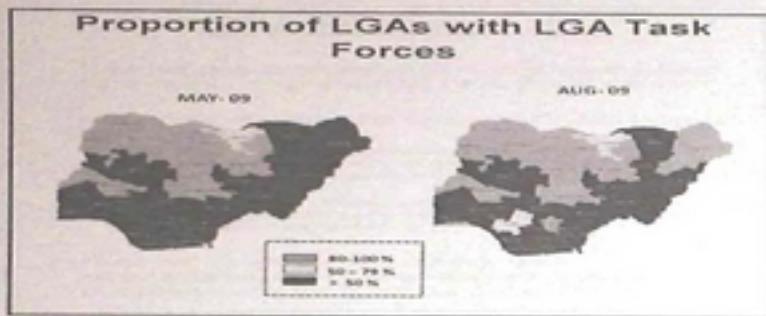
Implementation of Abuja commitments at State level: North Central



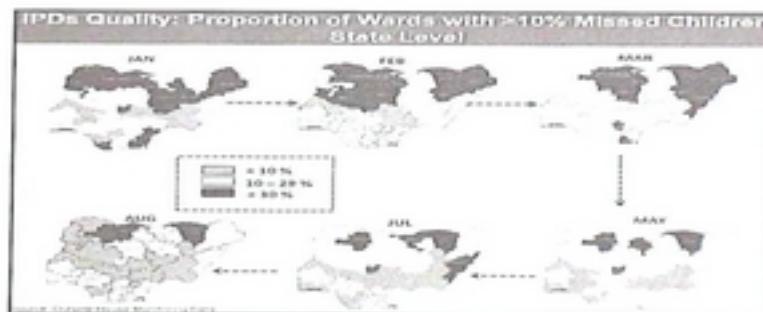
Minimum level of adherence to Abuja commitments noted in North Central states. All expected state level activities took place. Moderate implementation in July and PFI. Maximum implementation of Abuja commitments in JCT and Benue between May and August. Lowest level of adherence in Kaduna and Plateau.



| Overview of Implementation: LGA Level                                     |           |             |
|---|-----------|-------------|
| Indicators  | May 2009  | August 2009 |
| 1. No (%) of LGAs where LGA chairman personally involved in EPRIPEI       | 370 (48%) | 327 (42%)   |
| 2. No (%) of LGAs with LGA Task Force (or similar coordination structure) | 248 (32%) | 317 (41%)   |
| 3. No (%) of LGAs with at least one meeting of the LGA Task Force         | 200 (26%) | 237 (31%)   |



## Trends in Quality of IPDs



### **Conclusions**

### **Conclusions**

- Overall, there is progress in Nigeria's Polio Eradication effort. All three types of polio viruses are in decline and program quality continues to improve.
  - The level of implementation of Abuja commitments at both State and LGA levels is higher in the polio-endemic states than in the re-infected and polio-free states in the South.
  - With the exception of % of states with State Task Force (or similar high level inter-sectoral coordination mechanism), progress is limited in the implementation of Abuja commitments in August as compared to May 2009.
  - The level of implementation of Abuja commitments in Kaduna, Kano, Katsina and Sokoto States declined in August as compared to May.

## **Conclusions....2**

- There has been persistent poor implementation of Abuja commitments in some high risk states (Borno, Zamfara)
- Functionality of some of the State and LGA task forces is still an issue
  - While 24/37 states had established a State Task Force (or similar high level coordination mechanism) by August 2009, in only 14 states had this task force had a meeting within the month of August
  - In August 2009, 317 LGAs reported that they had a functional LGA Task Force. In the same month, only 237 of the LGA Task Forces had at least one meeting.
- There may be a relationship between weak implementation of Abuja commitments and slower pace of improvement in SIA quality e.g. Borno, Zamfara

## **Issues**

### **Issues**

- There is need to ensure sustained advocacy with Governors to ensure that all states, particularly the high risk endemic states achieve and sustain high level of implementation of critical activities at both State and LGA level
- There is need for special attention to be placed on the states that have never achieved high level of implementation of Abuja commitments and those states that initially achieved high level of implementation but are now declining.
- There may be a need to review recommendations for polio-free states. It may be worth aligning the recommendations for these states to the structures recommended under the National Strategic Health Development Framework, 2009-2014