

**"Last Frontiers of Polio Eradication in Nigeria"**

Presentation of the Presidential Task Force on Polio

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16<sup>th</sup> October, 2012

### Agenda

- Background and Epidemiology
- Last Frontiers
- Critical Challenges
- Call to Action
- Summary

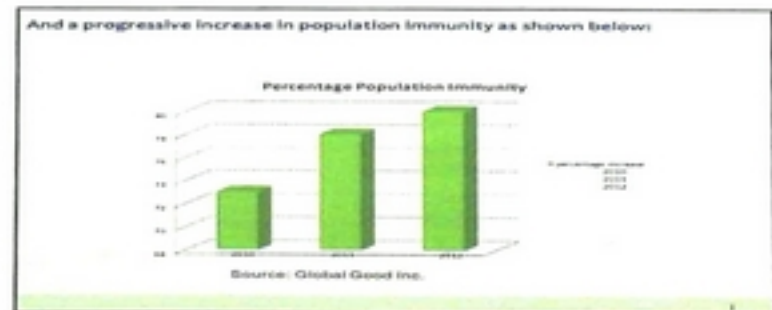
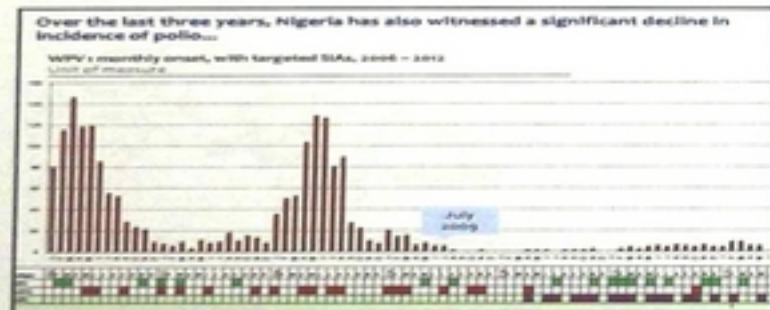
The world currently has the lowest number of polio cases and polio infected countries in history

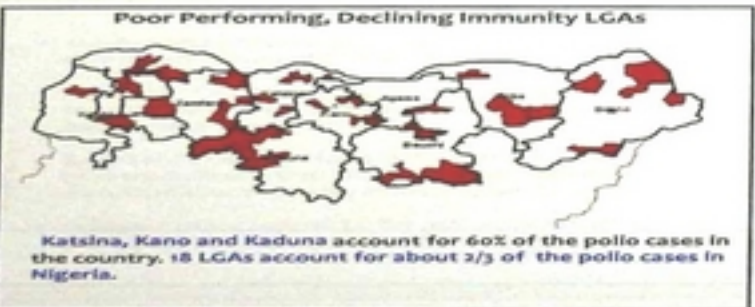
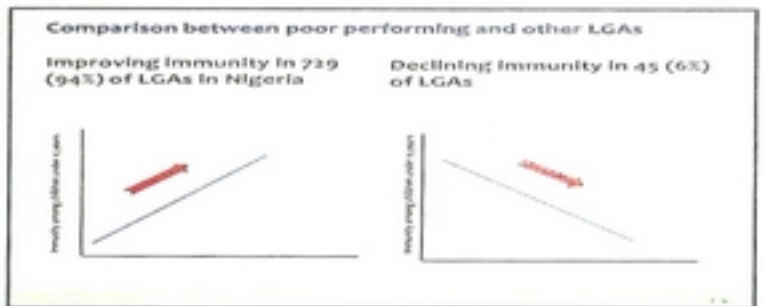
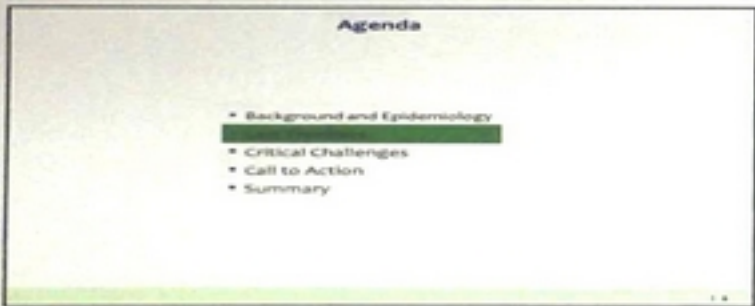
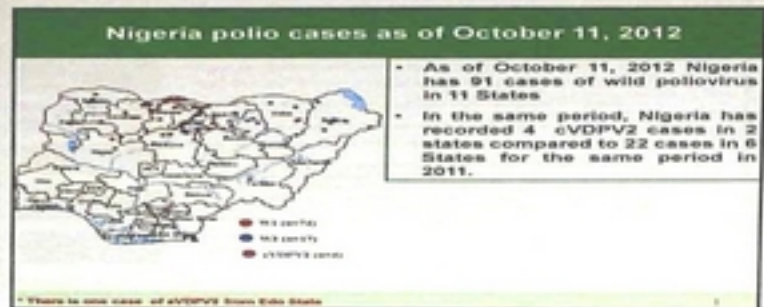
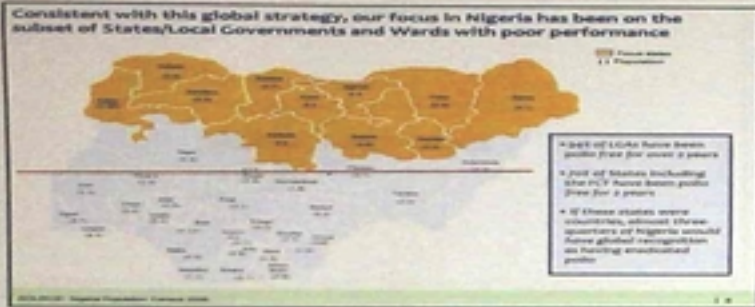
Polio endemic countries and paralysed children in 2012

The virus is endemic in only three countries - Nigeria, Pakistan and Afghanistan

Globally, a Polio Emergency Action Plan has been developed for 2012-2013

"This plan, which focuses on Nigeria, Pakistan and Afghanistan is geared towards making eradication efforts in these focus countries faster, focused & fully accountable"





### The 45 LGAs With Declining Population Immunity And High WPV Vulnerability

State	LGA	State	LGA
Bauchi	• Alkudus Dambean • Atakelti • Tafawa Balewa	Sokoto	• Sokoto North • Sokoto South • Cwada/Kwara • Kwara • Wamako
Borno	• Askira/Uba, Kukawa • Maiduguri, Gwoza • Monguno	Yobe	• Gwaram
Kaduna	• Birnin Gwari • Chikun • Gwaja • Kaduna North • Kaituma • Kumbungu • Mambila • Marum Tashi • Minni Yanki • Salfani	Zamfara	• Birnin Kebbi • Falal
Kano	• Birnin Kebbi • Falal		

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### Challenges Persisting in Poor Performing, Declining Immunity LGAs

Type of challenge	Description
Leadership/Commitment	<ul style="list-style-type: none"><li>• Lack of commitment on the part of some LGA Chairmen</li><li>• Political interference in the selection of vaccination teams</li></ul>
Coordination	<ul style="list-style-type: none"><li>• Lack of timely task force meetings in some states and Local Government Areas</li><li>• Inadequate oversight function by LGA Chairmen</li></ul>
Accountability	<ul style="list-style-type: none"><li>• Key officials at LGA level are not being held accountable for observed lapses</li><li>• Poor performance by vaccination team members not being consistently sanctioned</li></ul>
Operational Issues	<ul style="list-style-type: none"><li>• Vaccination team members missing children within and outside the households during Immunization Plus Days (IPDs)</li><li>• Poor funding of routine immunization activities at state and LGA level is partly responsible for increasing polio cases</li></ul>
Funding	<ul style="list-style-type: none"><li>• Non-existence of counterpart funds from some LGAs; late release of funds in others which mark the quality of the exercise</li></ul>

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### Credence To Mr. President's Leadership:

- Provided leadership required to ensure engagement of all stakeholders including development partners.
- Declared commitment at several global fora.
- Increased funding for polio immunization activities by approving \$30 Million annually for two years.
- Created enabling environment for the work of the Presidential Task Force on Polio Eradication.
- Personally met Governors and followed-up on the quality of the program in their states.
- Personally flagged-off immunization campaigns.

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*Funding through the WHO.*

### Prayers To Excellencies Executive Governors:

- Ensure release of funds to the LGAs at least two weeks before each Immunization Plus Days (IPDs).
- Meet with LGA Chairmen and Traditional Leaders to regularly review the performance of polio campaigns and Routine Immunization activities.
- Ensure LGA Chairmen report monthly on the status of polio eradication in their communities and hold them accountable for the quality of the program.
- Increase funding support for the procurement and preventive maintenance of Cold Chain equipment.

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### What LGA Chairmen need to do:

- Ensure a budget line for all Routine Immunization activities with cash backing.
- Ensure the release of counterpart funds at least two weeks before each IPDS.
- Actively participate in planning and monitoring of pre-implementation activities for each round of IPDs.
- Chair daily evening review meetings during IPDS and ensure missed households are revisited and non-compliant cases are resolved as soon as they are reported.

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#### What LGA Chairmen need to do....continued!

- Ensure sufficient investment in Routine Immunization, including outreach services, recruitment of adequate health workers, and provision of additional functional cold chain equipment including their preventive maintenance.
- In collaboration with traditional leaders, take part in the review of data from the IPDS and support the vaccination of children who were missed or whose parents are non-compliant.
- Provide the necessary leadership to ensure that health workers are sanctioned for not performing their tasks but also rewarded for outstanding work.

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#### Summary

- Although 91 cases of WPV have been isolated this year, these cases have been localized to a few poor performing and low immunity LGAs in Nigeria.
- The strategies put in place have worked in other countries, they are working here in Nigeria so there is a need to sustain them especially in these low immunity LGAs.
- The quality of performance at the operational (LGA and Ward) level needs to improve to avoid missing children
- In order to finish the job of eradicating the Wild Polio Virus in the shortest possible time, LGA Chairmen need to show more commitment and ownership of the programme

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*"LGA Chairmen  
must strive to  
ensure that no  
child is left  
unimmunized  
in their  
communities"*

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**Thank you**

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