



GLOBAL TASK FORCE ON
CHOLERA CONTROL

NIGERIA

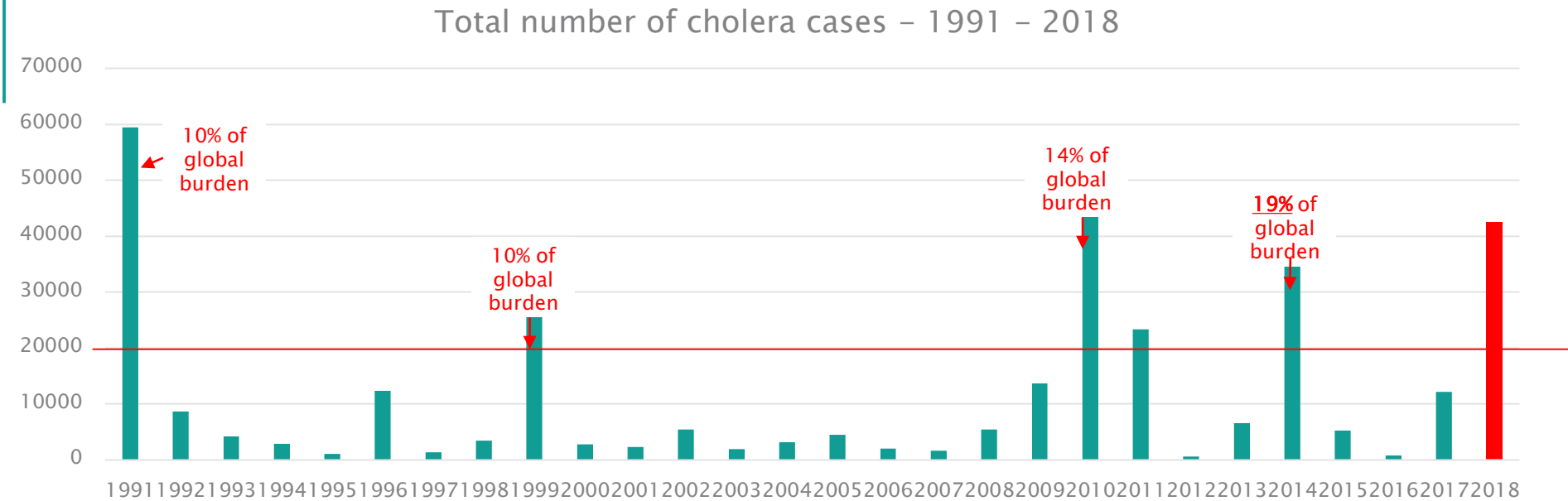
5th Annual Meeting of the
GTFFCC WG on OCV
Dec 2018

Dr Dorothy Nwodo (Director, Disease Control and Immunization,
NPHCDA, Nigeria)

BACKGROUND

CHOLERA- A MAJOR PUBLIC HEALTH ISSUE IN NIGERIA

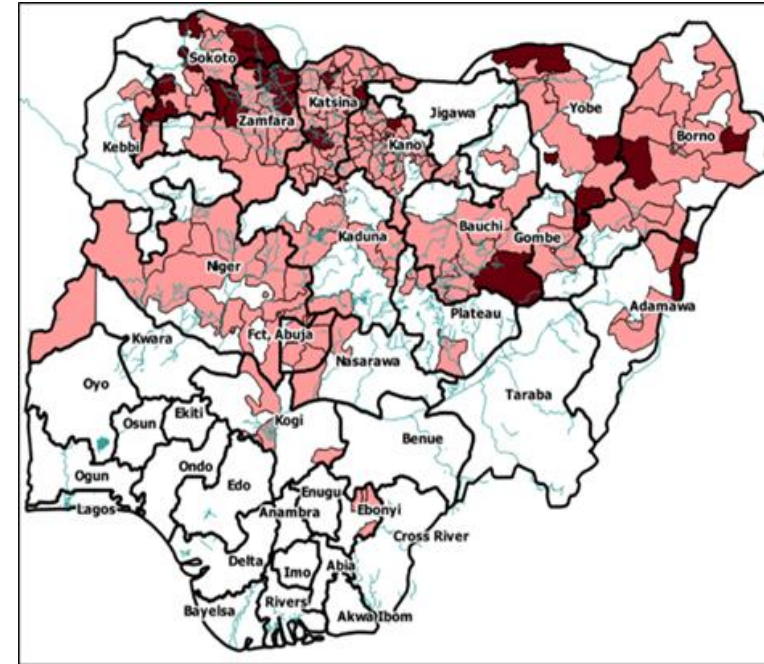
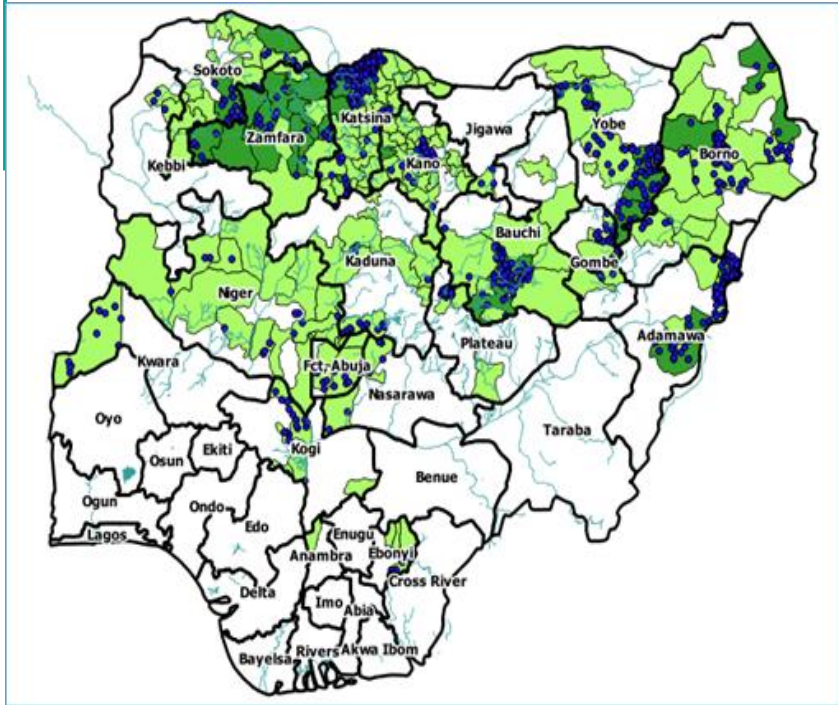
more than
20,000 cases
in each of the
following years
(1991, 1999,
2010,



- In Nigeria, the first series of cholera outbreak was reported between 1970 – 1990
- From 1991 to 2018, more than 20,000 cases were reported in the year 1991, 1999, 2010, 2011, 2014 and 2018
- For these 6 years, cases reported in Nigeria represented more than 10% of the global burden of cholera

2018 CHOLERA OUTBREAK

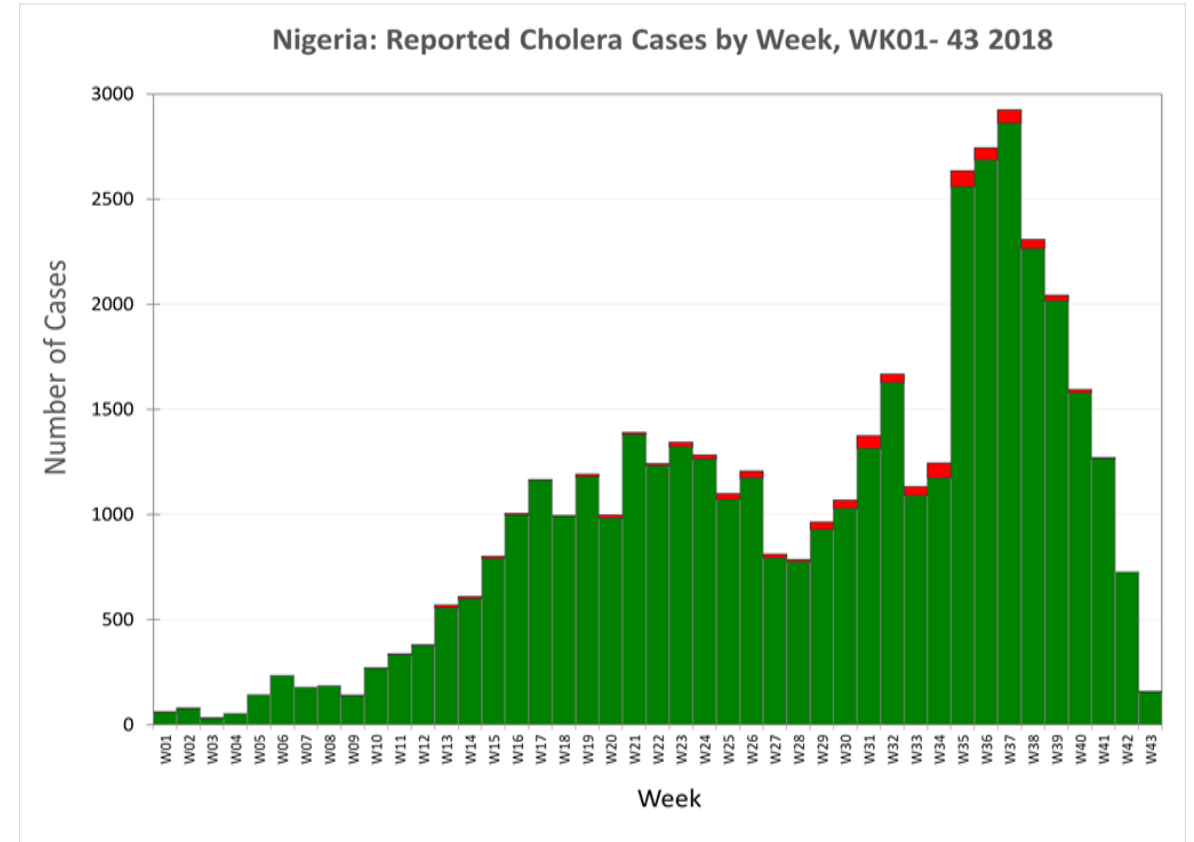
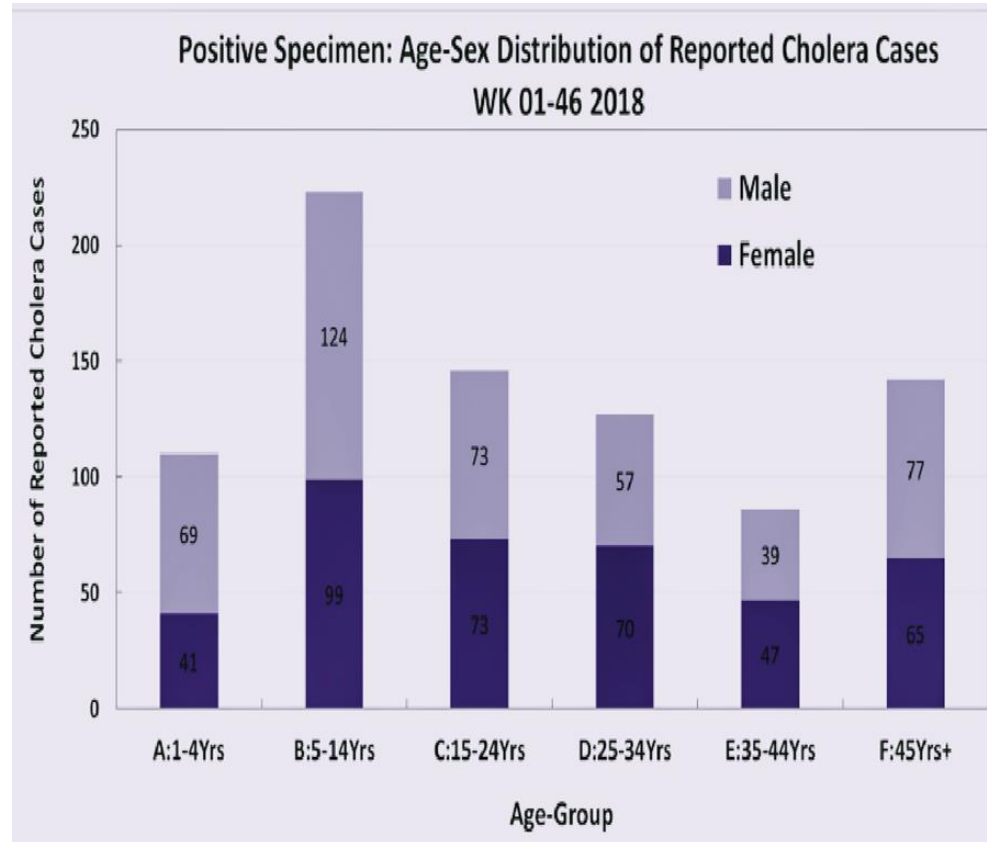
UPDATE AS OF WEEK 43



- No Cholera Cases Reported
 - 1-200 Suspected Cholera Cases Reported, 166 LGAs (20 States)
 - > 200 Suspected Cholera Cases Reported: 38 LGAs (11 States)
 - 1-10 Deaths Reported, 108 LGAs (19 States)
 - > 10 Deaths Reported: 25 LGAs (8 States)
 - Specimen Positive = 829 (Culture=47, RDT=806)
- # Affected: States = 20; LGAs = 204; Total Cholera Cases = 42,466; **Total Deaths = 830**

2018 CHOLERA OUTBREAK

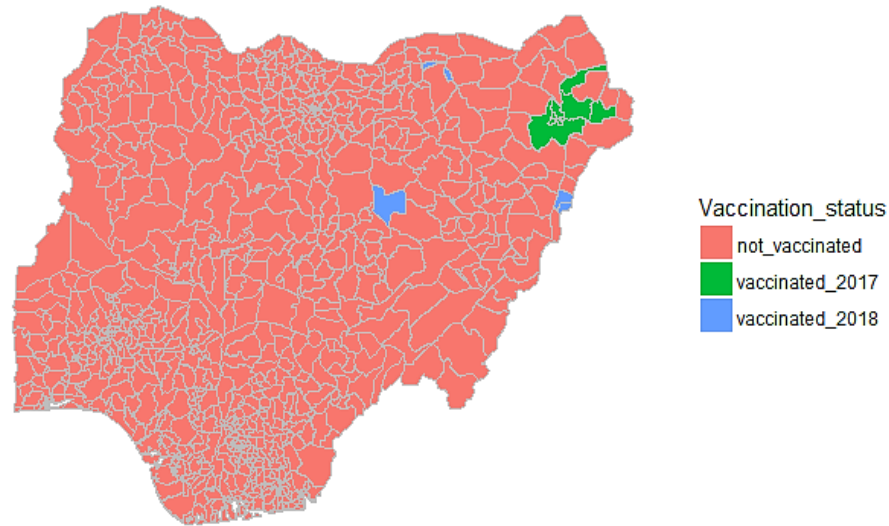
UPDATE AS OF WEEK 43



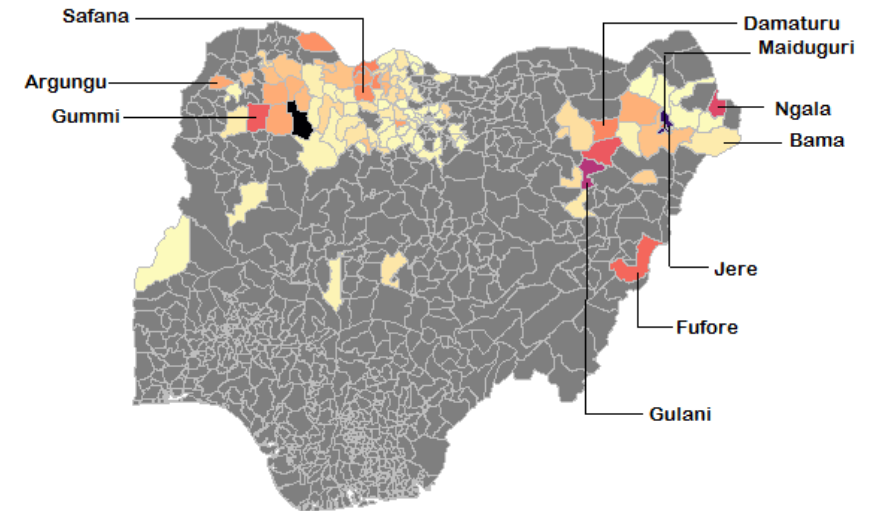
OCV USE IN NIGERIA

RECAP OF ALL OCV CAMPAIGNS HELD IN NIGERIA

A



B

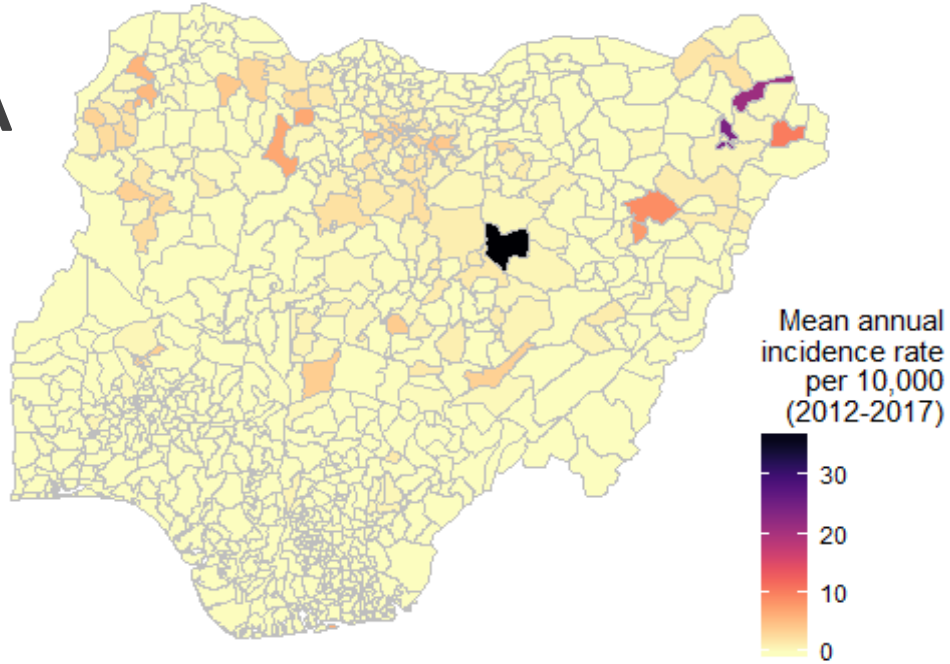


- OCV was used for the first time in Nigeria in 2017 to control outbreak in Borno
- 6 LGAs in Borno was vaccinated with 914, 565 doses (Fig A, colored green)
- By July 2018 3,107, 947 doses were used to control cholera in 3 states in a reactive context
- In September, the epidemic reached new highs prompting a request to GTFCC WG for OCV use in an emergency context
- A total of 2,684,868 persons in 10 LGAs will be targeted with 5,369,738 doses in 2 rounds (Fig B)
- Implementation of the campaign is ongoing in 5 of the 10 LGAs due to availability of the global stockpile

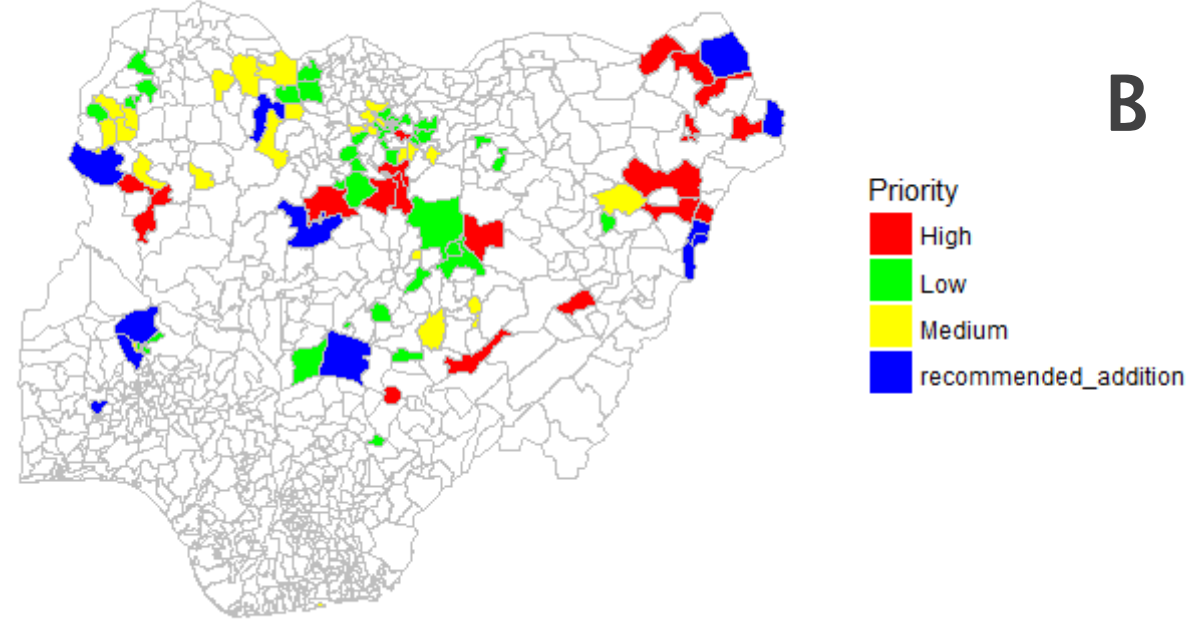
CHOLERA HOTSPOTS IN NIGERIA

MAPPING AND PRIOTIZATION FOR INTERVENTIONS

A



B



- Desk review of historical data (2012–2017) resulted in the identification of 83 high risk LGAs (Fig A)
- Stakeholder meeting was held on 19th July to validate the hotspots and align contextual information with historical data
- Stakeholder meeting led to identification of 18 additional high risk LGAs bringing total hotspots to 105 LGAs
- Prioritization of all 105 LGAs was done by scoring the vulnerabilities (Fig B)
- Stakeholders developed a national vaccination calendar targeting all 105 LGAs from in 9 phases from

FUTURE PERSPECTIVE OF CHOLERA CONTROL IN NIGERIA

INTEGRATION OF OCV IN NATIONAL CONTROL PLAN

Until recently

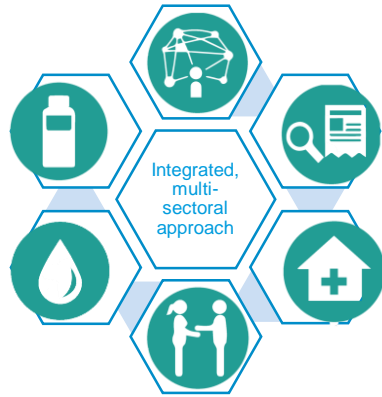
- Various intervening sectors have ran parallel programs with minimal or no co-ordination
- There was dearth of information on intervening partners at the sub national levels
- Minimal direction and guidance offered to the states on what was required of them (pre-implementation, implementation and post campaign M&E)
- Minimal to no evaluation done for campaigns held (Impact, effectiveness, KAP)
- Dearth of standardized tools for OCV campaign

WaSH in Nigeria

- Under the FMWR, the PEWASH program was developed. The program aims at improving water supply by 100% by 2030 and eliminate open defecation by 2025
- 22 state governors have signed the PEWASH protocols, where they commit 40% of the funding required to execute the program- demonstrates government's commitment to tackling the WaSH challenges in Nigeria
- For short to medium term interventions, partners like UNICEF, Solidarite, have supported with distribution of WaSH kits (soaps, aqua tabs), disludging of latrines, sinking and rehabilitation of boreholes by WB, treatment centers supported by MSF.
- Impact assessment of Cholera Control programs, documentation and sharing of information between sectors to be strengthened

FUTURE PERSPECTIVE OF CHOLERA CONTROL IN NIGERIA

INTEGRATION OF OCV IN NATIONAL CONTROL PLAN



FEDERAL MINISTRY OF HEALTH
NIGERIA CENTRE FOR DISEASE CONTROL

National Strategic Plan of Action on Cholera Control (NSPACC)

For 2018 -2023



- NPHCDA, in collaboration NCDC, WHO and partners, a multi–sectoral plan has been drafted (2018–2023)
- The plan captures strategic plan for preparedness and response for the next 5 years
- Taking advantage of the OCV plan for the hotspots which will span the same period, the plan captures short and medium term WaSH activities which will form the backbone of the interventions, integrated with risk communication, case management and OCV use
- Drafted plan is being finalized and will be validated in an National stakeholder meeting scheduled for December, 2018

BUDGET

OPERATIONAL COST FOR REMAINING 95 LGAS HOT-SPOTS YET TO BE VACCINATED

S/N	Cost Category	TOTAL COST US\$	Government support	Partners' support*		Other (Describe)	Requested GAVI VIG
			Amount US\$	Name	Amount US\$	Amount US\$	Amount requested US\$
1	Service Delivery	9,596,180	-		-	-	9,596,180
2	Capacity building of human resources	1,060,952	-		-	-	1,060,952
3	Procurement & supply chain management	2,347,735	-		-	-	2,347,735
4	Health Information Systems	794,932	-		-	-	794,932
5	Advocacy, communication and social mobilisation	1,301,920	-		-	-	1,301,920
	Total	15,101,719	-		-	-	15,101,719

No of Hotspots left = 95 LGAs

Average Cost per LGA = US\$ 158,965

Costing was done using approved budget for Gummi LGA, Zamfara State

However, since Gummi is a rural LGA, a factor of 0.5 has been added to the each budget line as average for both urban and rural LGAs

OCV USE IN NIGERIA

CHALLENGES AND LESSONS LEARNED

Challenges

- Campaigns were mostly implemented at the end of outbreaks due to lengthy process involved in applications and bureaucratic bottleneck in getting approval for implementation
- Late disbursement of operational funds which affects timing of originally planned campaigns
- Inadequate budgetary provision particularly for pre-implementation activities
- Security compromised areas have proven difficult to be effectively targeted (eg. Borno in 2017)
- Some areas like Gusau LGA Zamfara have low participation rates in vaccination campaigns (eg measles and yellow fever) due to misconceptions
- Low participation of adults who thought OCV were for children (as in the case of polio)
- Other Contending activities
- No budgetary allocation allotted by GoN for procurement of vaccines and non inclusion in NSIPS

Lessons already approved

- Improving on ACSM Component of the campaign (Bauchi State campaign was unduly delayed because of absence of Traditional & Religious Leaders)
- OCV campaigns were leveraged to improve on non-compliance to OPV (OPV fatigue) through ACSM activities
- Pluses such as sweets were given in some areas to children which reduced spitting out of the vaccines due bitterness.

There is a need for proactive strategies to control cholera in Nigeria

AREAS FOR SUPPORT

- ❑ Request for a Technical Assistant (TA) or Consultant for Epidemics with mass interventions (Cholera)
- ❑ Request for funding of OCV vaccines and operational cost for the remaining 95 LGAs of the categorized hot spots as these were not captured in GAVI-approved 10 year Nigeria Strategic Plan on Immunization
- ❑ Support for Advocacy, Communication and Social Mobilization component to improve community awareness
- ❑ Support for WaSH Response supplies

THANK YOU



Government official (Head of Service, Borno State) flagging off OCV Campaign in Muna Garage IDP Camp in Maiduguri, Borno State