

<b>Fact sheet    SITUATION OF POLIO IN NIGERIA</b> <b>June, 2006</b>
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## **CURRENT SITUATION OF POLIO IN NIGERIA**

1. There are more States that are polio-free in Nigeria in 2006 compared to 2005: 22 States did not report any wild poliovirus case in 2006 compared to 16 in 2005.
2. NPI has changed the strategy for a more integrated Strategy that aims at increasing the acceptability/demand for immunisation in general and reducing the child mortality.
3. In 2006, Nigeria has reported a high poliovirus transmission mainly in 6 states in the Northern area of the country. According to WHO data, 438 Wild poliovirus cases have been confirmed in 15 states in 2006, as of 9 June 2006. This compares with 173 cases for the same period in 2005. Today Nigeria accounts for 83% of the global wild poliovirus cases in 2006 and for 98% of the cases in Africa.  
=> Nigeria is the last polio endemic country in Africa with a high polio transmission in the Northern part of the country  
=> Six of the country's 37 states - Bauchi, Jigawa, Kaduna, Kano, Zamfara and Katsina - account for 90% of all cases in Nigeria in 2006.  
=> The total number of confirmed Wild poliovirus cases in Nigeria for year 2005 is 801 with a total of 21 states infected. Nigeria accounts for 41% of the global wild poliovirus cases in 2005.

## **A NEW STRATEGY, THE IMMUNISATION PLUS DAYS (IPDs) (MARCH-JUNE ACTIVITIES) :**

1. After the first national rounds of National Immunization Days (NIDs) took place on 11-14 February and 11-14 March 2006, the Expert Review Committee met mid-March and recommended the following for the coming months:
  - The focus of activity should be on reducing the number of zero dose children in ten key northern states, which account for more than 90% of all cases;
  - In May and June, two rounds of immunization activity should be conducted in these high-risk states, using a **new strategy** called 'Immunisation Plus Days ' (IPDs), during which a range of antigens (Oral polio vaccine (OPV), measles, DPT), plus other child survival interventions will be delivered (such as deworming tablets, ORS - Oral Rehydration Salt , Mosquito treated Nets, etc). Both fixed posts at health facilities and other posts ( at markets, schools, etc) and house-to-house activities will be used. The idea is to create new interest in people for immunisation and to offer more than just polio immunisation, as it was noticed that there was an increasing fatigue among people towards polio immunisation.
2. At the end of 27 April, pilot exercise were conducted for the new strategy of Immunization Plus Days (IPDs) in five Local Government Areas (LGAs) to test the best approach to be adopted with this mix of fixed sites activities and house-to-house activities.
3. From 25 to 29 May, the first IPDs were conducted in 11 States ( Kaduna, Kano, Adamawa, Bauchi, Borno, Yobe, Katsina, Sokoto, Kebbi, Jigawa, Zamfara). Immunisation and other child health intervention were provided during five days in fixed posts and during the last two days of IPDs, house to house immunisation was also conducted.

## **ASSESSMENT OF THE FIRST IPDs (11 high risk States)**

### **Data :**

- 9,842 Million children under five year have been immunised against polio (11 States)  
- 3,722 Million children, aged 9 months to 59 months, were immunised against measles (11 States)  
- 3,2 Millions children aged between 6 weeks and 23 months against DPT ( this includes DPT1, DPT2, DPT3 as this antigen should be given in three doses for children aged 6 months t to 23 months). (11 States) ( DPT: Diptheria, Pertussis , Tetanus)

- The new strategy had positive results in the sense that there was a good turn out of people including in high-risk LGAs. The immunisation was conducted only by qualified health staff (compared to volunteers used in past National Immunisation Days), including house to house polio immunisation, which guaranteed a better quality level. Data collection was also better done.
- Based on comparative analysis between data from NIDs and IPDs, more children have been immunised than before and many children who had been missed in past round were reached ( zero dose children). There was also a better utilization of vaccination cards.
- Community dialogues which was conducted ahead of time greatly enhanced the quality of the exercise - discussions in communities with the involvement of traditional and religious leaders and health workers allowed people to express their concerns or to ask questions.
- State and LGA played a more proactive role than before. However some States did not provide the add-ons that were supposed to be incentives for the people ( deworming tablets, ITN, ORS...).
- Micro-planning and training still need to be reinforced especially since the immunisation of different antigens, including injections, for different age-groups is a complex and new operation for most health workers.
- Health teams were sometimes too passive as they waited for people to come without trying to mobilise the population.

Next IPDs is scheduled from June 29 to July 3 in the same 11 States.

An expert Review Committee will take place in July.

The Government of Nigeria is also planning a major measles campaign in 17 States in the Southern part of the country from 3-9 October - this is the second phase of the measles vaccination campaign that took place in the Northern States in December 2005.

## **A SOCIAL MOBILIZATION STRATEGY SUPPORTED BY UNICEF**

- To stop the poliovirus transmission, UNICEF with the National Programme of Immunization has put in place a specific communication strategy to reach grassroots communities. UNICEF has put in place a network of Social Mobilization Officers (consultants) in all 36 states of Nigeria.  
- In 2005, as part of the social mobilization strategy, UNICEF developed a calendar in Hausa language with Key household messages (on health, education, protection, hygiene, immunisation, etc) with the picture of the Head of all Muslims in Nigeria, the Sultan of Sokoto. The calendar was distributed to households in high-risk states. It has proved to be a very efficient communication tool with communities. Other IEC materials have been developed such as leaflets in different languages. Jingles in local languages have been made available to all the State Radio stations to carry the message through their programmes while UNICEF also supported weekly radio programme in Fulfulde to reach the nomadic communities.

- UNICEF and the National Programme of Immunization have worked hard to build partnership with religious and the traditional leaders. They are involved in the immunization campaign all over the country, preaching in the mosques or making public statements. Prominent traditional rulers such as the Emir of Kano or the Sultan of Sokoto are playing a crucial role in supporting the campaign. UNICEF Social Mobilisation consultants are making sure that the local traditional and religious leaders are engaged in the immunization campaign and encourage them to immunize their own children publicly and to convey meetings with the village heads and their communities. As a result of these efforts, the Nigerian Forum of Religious and Traditional Leaders and the Media on Immunization and child Survival was officially inaugurated by the President of Nigeria, Olusegun Obasanjo, on Tuesday August 9, 2005. This Forum can play a key role in moving the polio eradication initiative forward and in increasing the demand for routine immunization.



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## Other areas where UNICEF support polio eradication and routine immunisation

The national effort to eradicate Polio is co-ordinated amongst the implementing agencies and donor groups. Apart from Social Mobilization, the areas that UNICEF supports include vaccine movement and security and cold chain improvements. UNICEF also procures all the vaccines on behalf of the Government. UNICEF has made significant investments to improve the cold chain, providing freezer or fridges where it was needed. These efforts impact positively on routine immunization as it contributes to equip adequately the health facilities throughout the country.

## Funding

For the polio campaign in Nigeria, it is estimated that a total budget of US \$100 Million is needed in 2006, which comes from the Government of Nigeria and the different partners of Polio Eradication Initiative. UNICEF is grateful to donors who have supported the polio immunization campaign in Nigeria: Government of Japan, Canadian Development International Agency (CIDA), Rotary International, Center for Disease Control (CDC), Government of Norway, Government of France, United nations Foundation and National Committees for UNICEF (e.g. Canadian, Swedish, German, UK National Committees). UNICEF and polio partners will continue to support the Nigerian Government in its effort to eradicate polio next year. It is estimated that UNICEF has a shortfall of about US \$ 10 Millions for 2006 campaigns to be able to cover vaccine movement, the social mobilization activities, vaccines security and cold chain requirements as well as Technical Assistance.