



2021

# ANNUAL REPORT

MAKING PEOPLE HEALTHIER



World Health  
Organization  
Nigeria

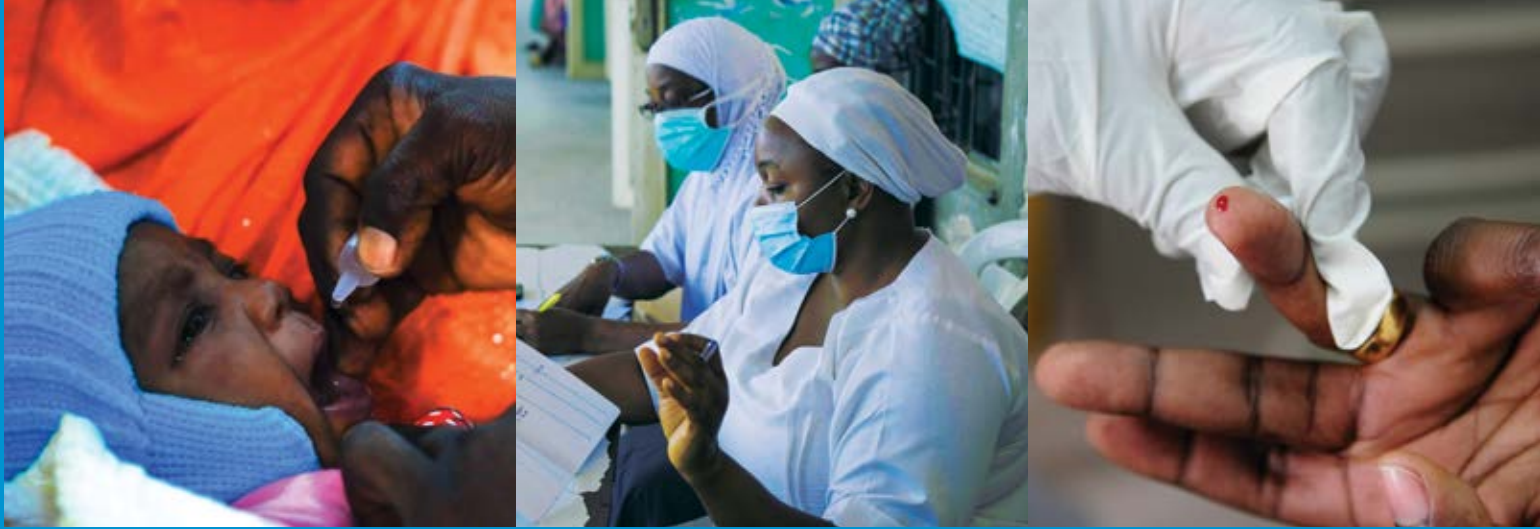


# 2021

## ANNUAL REPORT

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Dr Walter Kazadi Mulombo,  
WHO Country Representative

# PREFACE

I am happy to share the WHO Nigeria 2021 annual report with you.

Under review, WHO Nigeria took many exceptional strides in implementing the Organization's mandate as indicated in the 13th General Programme of work, the AFRO Transformation Agenda and WHO Nigeria's Third Country Cooperation Strategy (CCS III).

The steps taken align with the Federal Government's plan and efforts toward improving the country's Health Indices despite the COVID-19 pandemic, which continues to pose significant challenges to achieving set targets.

The year 2021 saw the country office go through the functional review process (Human Resource component) at an unprecedented pace in the WHO African Region. This review highlighted the challenge of balancing the process with continuity of WHO functionality in support of the work with the Federal Ministry of Health. I am, however, glad that the country office navigated the process with minimal disruption in our work and support to the Federal Government of Nigeria. The Functional Review is an experience that has positioned the country office for better support and optimized technical assistance for positive health outcomes.

With existing insecurity, the Organization has continued to support the states in the North East to build their capacities to respond to and contain outbreaks and other health emergencies in the face of the protracted humanitarian crisis.

Furthermore, WHO's stewardship towards Health Security has been widely recognized and acknowledged as consistent with universal best practices. Our work is public and widely published to create visibility for WHO Nigeria and the entire organization.

Let me seize the opportunity to immensely thank the Federal Ministry of Health, the agencies and parastatals under it for the collaborative hands extended to WHO to implement her mandate and for coordinating the health sector and the country's health agenda.

We appreciate our donors, development partners and other stakeholders for their continuous support to WHO in our effort to implement our mandate.

# EXECUTIVE SUMMARY

The year 2021 witnessed sustained efforts in emergency actions and the country's preparedness and response to the pandemic. These efforts in the different phases of the pandemic have been made possible by the Nigeria Government with WHO's support through leading public health and non-health sectors in response to the COVID-19 by establishing the National Emergency Operations Centre (EOC) for coordination. The undertakings included improving patient-level data management, enabling the clinical characterization of admitted PCR confirmed COVID-19 cases and reviewing drivers of mortalities in 3800 cases across 13 high-burden states.

The country introduced Antigen-Rapid Test (Ag-RDT) for SARS-CoV-2 in congregate settings following the emergency use authorization for RDT. In addition, WHO supported the Nigeria Centre for Disease Control (NCDC) in conducting a pilot in health facilities in FCT, Rivers, Plateau, Sokoto and Katsina states.

By end-2021, about 15 million doses of the COVID-19 vaccines were administered across all 36 states plus the FCT. This accounted for 7.1 doses administered per 100 population, with 10,457,893 first doses, 4,515,006 second doses, and 52,175 booster doses. However, only nine States administered  $\geq 10$  doses per 100 populations, namely Ekiti, FCT, Jigawa, Kwara, Lagos, Nasarawa, Ogun, Osun, and Oyo States.

With WHO's support and technical assistance, the government developed/reviewed key strategic policy documents to improve effective regulation and access to health and health commodities. The documents included the maiden edition of the Nigerian Vaccine Policy to support the local production of vaccines and the National Drug Policy, last reviewed in 2005. Other policy document consists of the National HRH Policy and Strategy for adaptation at subnational levels, the National Policy on Health and the development of Adolescent health and young people, five years Implementation plan including the Monitoring and Evaluation Plan, The Nigeria National Alcohol Policy and Nigeria National Non-Communicable Diseases (NCD) Policy.

In the communicable and non-communicable diseases work stream, Nigeria recorded expanded Tuberculosis (TB) service coverage and a sustained TB case notification, reaching 149,737 notifications. WHO supports strengthening integrated testing for TB and COVID-19 at the facility and community levels in 12 high TB burden states. In addition, WHO supported the implementation of the Internally Displaced Persons (IDP) programme in four North East states (Adamawa, Borno, Gombe and Taraba) while keeping the implementation of Seasonal Malaria Chemoprevention (SMC) in Adamawa and Yobe states. Four cycles of SMCs were implemented across all Local Government Authorities (LGAs) in Adamawa and Yobe states.



In 2021, WHO facilitated the Mass Drug Administration (MDAs) for Preventive Chemotherapy (PC) for Neglected Tropical Diseases (NTDs) in 311 LGAs. Twenty-eight states have started developing their 2022-2025 master plan following the WHO initiated the development of a multiyear for the country through a bottom-to-top approach.

The Vaccine Preventable Diseases (VPD) programme continued to support multiple national efforts aligned with Regional and Global targets with a focus on surveillance, strengthening Routine Immunization and conducting Supplemental Immunization. Nigeria's accelerated disease control efforts focus on Measles, Yellow fever, Meningitis, and Maternal and Neonatal Tetanus.

The year 2021 witnessed a resurgence in the incidence of cVDPV2 due to suboptimal population immunity. Having achieved the required criteria for introducing the novel Oral Polio Vaccine type 2 (nOPV2) under EUL, Nigeria became the first country to use nOPV2 in outbreak response in March 2021. nOPV2 is more genetically stable than the previously used mOPV2 vaccine. Furthermore, there is a reduced risk of seeding new cVDPV2 outbreaks and a reduced risk of VAPP compared to the existing mOPV2 vaccine.

The WHO extended the frontiers of health partnerships during the year under review with government and non-governmental institutions. Meaningful support helped successfully plan and organise health summits in Bauchi and Bayelsa States. High-level advocacy was extended to the Governors of 16 States and the FCT during the year to raise health high on the government's agenda and catalyze an increase in health investments, including ownership of COVID-19 response.

In recognition of the importance of private sector contribution to public health development, WHO in Nigeria engaged them in critical initiatives towards improving health: Malaria, HIV/AIDS, TB, COVID-19, Polio, Neglected Tropical Diseases, Non-Communicable Diseases, and the potential contribution of the Nigeria Business coalition to the WHO Foundation.





# 1. CONTEXT

Nigeria is the most populous country in Africa and has around 213 inhabitants. Located on the Gulf of Guinea on Africa's western coast, Nigeria covers an area of about 924 thousand square kilometres. Abuja, the capital since 1991, has a population of more than one million. English is Nigeria's official language, although many local languages such as Hausa, Yoruba, Igbo and Ijaw are also spoken .

Nigeria's health outcome indicators are still unacceptably high, despite modest improvements. Moreover, a significant disparity in health status exists across the states and geopolitical zones, with a stark rural-urban divide, in education and social status.

Poverty is still pervasive, with 53.5 per cent of the population living at less than US\$ 1.9 a day. Communicable diseases still constitute a significant public health problem: Malaria accounts for 27 per cent of the global burden. Non Communicable Disease burdens include hypertension, diabetes, and neurological disorders are on the rise.

Nigeria experiences multiple public health events perennially, which are most infectious. Currently, the Country has four WHO-graded emergencies-- COVID-19, circulating Vaccine Derived Polio Virus type 2 (cVDPV2), Cholera, and the North East humanitarian crisis.

Achieving SDGs remains a challenge. However, Nigeria has embarked on the domestication of SDGs, with States endeavouring to localise action. The SDG targets on maternal and child mortality will require augmented efforts to increase the proportion of skilled birth attendants, and the MNCH Quality of Care is a major step. Implementing the Primary Health Care (PHC) revitalization programme is a crucial strategy for attaining the Universal Health Coverage and SDG3.

WHO in Nigeria focuses on the following strategic areas to strengthen the health system in the country :

- Achieving and sustaining UHC through a revitalised primary health care approach and sustainable service delivery through the strengthening of health systems
- Promote health and scale up priority interventions through the life course
- Scale up priority interventions for communicable and non-communicable diseases towards universal health coverage
- Scale up national capacity for preparedness and response to public health emergencies, including polio eradication and crisis management
- Promote partnership coordination and resource mobilization in alignment with national, regional and global priorities



## 2. COUNTRY PRIORITIES

UNIVERSAL HEALTH COVERAGE:  
COMMUNICABLE AND  
NON-COMMUNICABLE  
DISEASES



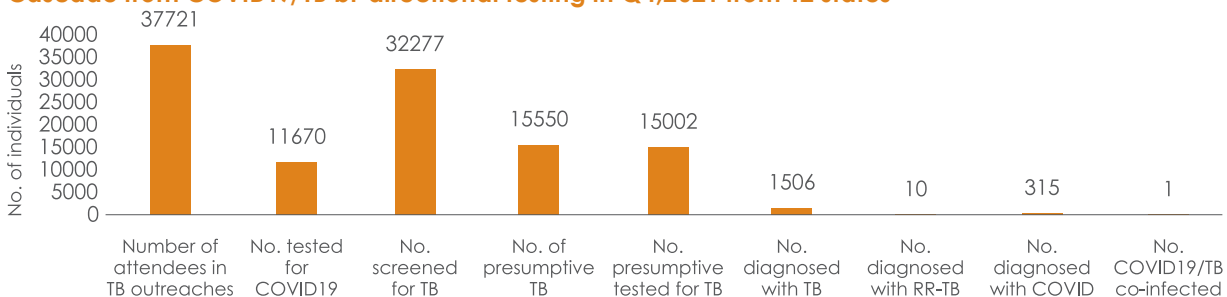


## TUBERCULOSIS – TB

The Organization supported the National TB and Leprosy Control Programme (NTBLCP) at national and sub-national levels through mapping, assessment, and validation of 4,447 health facilities across the 36 states and the Federal Capital Territory (FCT), enabling the expansion and establishment of essential TB services.

The report from 12 high TB burden prioritised states indicated that 32,277 attendees were screened for TB and COVID-19. Around 315 COVID-19 and 1,506 TB cases were diagnosed, while one patient with TB/COVID co-infection was detected.

### Cascade from COVID19/TB bi-directional testing in Q4,2021 from 12 states



### Key achievements

- Increased access to basic TB services- The access to services increased from 17,677 health facilities in 2020 to 22,140. In collaboration with the International Federation of Anti-leprosy Associations (ILEP) partners, WHO built the capacity of 4,447 eligible health workers. This support helped identify increased presumptive TB cases, from which 149,734 TB cases were detected at the end of the third quarter of 2021 compared to 96,681 cases detected during the same period in 2020.

- Capacity development managing TB for improved programme performance- In collaboration with other stakeholders, the Organization supported the NTBLCP in reviewing, adapting, updating and finalization of several strategic policy and operational documents, notably the National Strategic Plan (NSP) for TB 2021-2025, National guidelines on TB, Leprosy and Buruli Ulcer Prevention and Control, Desk Guide for Child and Adolescent TB and the TB Preventive Treatment (TPT) Surge Plan.

These documents provide strategic and policy direction for the review and development of the training manual on child and adolescent TB, smear-negative and extra-pulmonary TB (EPTB) for building the capacity of paediatricians, medical officers, and other health workers. WHO also reviewed and adapted the training modules for the management of TB at district levels.

- Strengthening integrated testing services for TB and COVID-19- With funding from the USAID, WHO supported the scale-up of TB surveillance and services in COVID-19 to strengthen integrated testing for TB and COVID-19 at facility and community levels in 12 high TB burden states namely Lagos, Oyo, Kaduna, Kano, Bauchi, Taraba, Benue, Niger, Anambra, Imo, Rivers, and Delta State.

Sensitization intervention helped disseminate knowledge of TB, training, supervision, monitoring, and overall coordination of the implementation of bi-directional testing of TB and COVID-19 during routine health facility care and community outreach programmes.

## Major challenges

- The pandemic impacted the implementation of planned programme activities.
- Inadequate coverage and suboptimal functionality of the WHO Recommended Rapid Diagnostic tests (e.g. GeneXpert MTB/RIF machines, limiting access to diagnosis and treatment).
- Suboptimal specimen referral system for moving specimens to GeneXpert sites for TB diagnosis.
- Deficient management capacities of available human resources at the sub-national level.

## HIV AND VIRAL HEPATITIS

Nigeria has an HIV prevalence rate of 1.3 per cent (NAHS-2018), and an estimated 1.8 million people living with the disease account for the fourth highest HIV burden globally. Currently, 95 per cent of such people know their status, 96 per cent of them are on ART, and 89 per cent of those on ART are virally suppressed (Global AIDS Monitoring – GAM 2020).

Viral Hepatitis (VH) prevalence stands at 8.0 per cent and 1.1 per cent for VH – B and C, respectively.

Towards optimization of HIV and Viral Hepatitis treatment and services, WHO facilitated the development of:

- National Differentiated Service Delivery (DSD) Plan
- National HIV and Supply chain plan
- National Indicator Framework and Guidelines for the National Quality Improvement Programme on HIV-AIDS Services and Care
- Quality of Care Assessment Tool
- Guidelines for HIV Testing Services and HIV Self-Test Operational Guidelines
- National compendium of HIV and Viral Hepatitis policies and documents
- Review of National Strategic Plan (NSP) for Viral Hepatitis control in Nigeria 2016 – 2020 and the first draft NSP for Viral Hepatitis control in Nigeria 2022 – 2026

In strengthening the HIV data systems, including the National Data Repository:

- National routine HIV data were validated, analyzed, and used in updating Spectrum files (e.g., a computer programme for projecting the impact of the HIV/AIDS epidemic), state HIV profiles, dashboards, scorecards, and 2020 national HIV service data on the Global AIDS Monitoring (GAM) platform.
- Revised the National Health Sector HIV M&E tools SOPs and training materials to reflect the guidelines update, including differentiated services.
- National Training tools for Viral Hepatitis were developed and used in training master trainers on Viral Hepatitis Data Collection Tool



## Other strategic collaborations

Working with UNICEF, WHO supported state-level engagements to develop the state strategic framework for optimizing PMTCT uptake across the country. Key areas of intervention include: (1) strengthening RMNCH-PMTCT integration, (2) strengthening private sector involvement and (3) improved data management. Interventions to increase community testing and availability of test kits were also included.

On Differentiated service delivery (DSD), WHO provided oversight for the implementation of the Global Fund DSD strategic initiative by two international Technical Assistants (Sexual Health 24 – SH:24 and International Center for AIDS Care and Treatment Program, Columbia University – ICAP) and a local Technical Assistant (APIN) engaged by the Global Fund to support the National AIDS/STI Control Programme (NASCP). During the reporting year, WHO worked closely with the key stakeholders to develop the Nigeria DSD Strategic Initiative work plan and the terms of reference of the Technical Assistants to ensure no overlap in activities.

## Key achievements

In 2021, WHO facilitated various strategic initiatives and activities such as strengthening the health sector response coordinating framework with the continued provision of tailored assistance, which resulted in:

- Established HIV health sector steering committee led by the Ministers of Health and members comprised all heads of health agencies.
- HIV and VH health sector technical working groups and expanded theme group.
- Implementation of the National Treatment and Prevention of mother-to-child transmission (PMTCT) Plan (NTPP) by conducting State AIDS and STIs Control Programme (SASCP) organizational capacity assessment in ten states (five funded by WHO- Oyo, Enugu, Edo, Kwara and Kano), development of a state capacity building plan, and review and extend the National HIV programme management operational manual.

## Major challenges

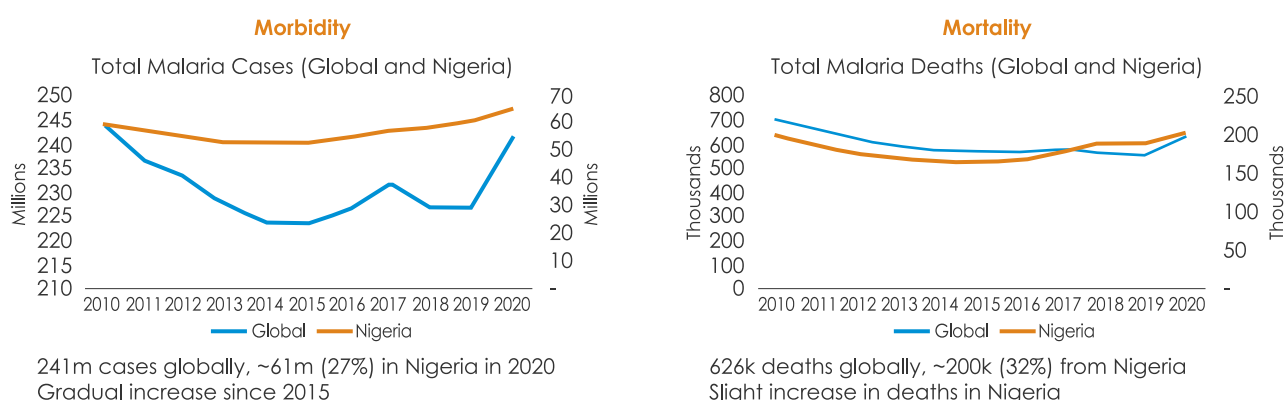
- The pandemic continues to pose a significant challenge to the implementation of activities.
- Nigeria still accounts for a significant proportion of paediatric HIV infections globally (about 22,000 annually), in other words one out of seven HIV positive children born globally is Nigerian.
- Mother to-child transmission rate is high and stands at 22 per cent.



WHO Country Representative, Dr Walter Kazadi Mulombo speaks on behalf of partners to mark the World Hepatitis Day in Abuja

## MALARIA

Malaria remains a significant cause of morbidity and mortality in Nigeria. The World Malaria Report 2021 shows that Nigeria accounts for 27 per cent and 32 per cent of the estimated global malaria cases and deaths.



**The world or Nigeria are currently off-track to achieve two critical 2020 milestones of the GTS: reducing malaria deaths and disease by at least 40% by 2020.**

World Malaria Report, Nigeria, 2021

Nonetheless, there has been a progressive decline in malaria prevalence in Nigeria. From 42 per cent in 2010 to 27 per cent in 2015 and 23 per cent in 2018, with variations across the States.

With funding from GF through the National Malaria Elimination Programme, WHO supported the implementation of the Internally Displaced People (IDP) programme in four North East states (Adamawa, Borno, Gombe and Taraba) while supporting the implementation of Seasonal Malaria Chemoprevention (SMC) in Adamawa and Yobe states.

### Key achievements

- Develop and launch the National Malaria Strategic Plan 2021-2025: WHO supported the country to develop the next generation strategic plan to achieve a parasite prevalence of less than 10 per cent and reduce mortality attributable to malaria to less than 50 deaths per 1,000 live births by 2025.
- Seasonal malaria chemoprevention campaigns: Four cycles of SMCs were implemented across all local government areas (LGAs) in Adamawa and Yobe states. The SMC was deployed in the 226 wards of the 21 LGAs in Adamawa State and 178 wards of the 17 LGAs in Yobe State, aiming to reach monthly an average of 958,000 children aged 3 to 59 months in Adamawa and 955,000 in the Yobe States per month over the four-month cycle. Through this intervention and appropriate access to comprehensive malaria interventions, up to 18,000 lives could be saved in both States (WHO recommendation for SMC of 2012: “1 in 1,000 lives will be saved in states with SMC”).



### 2021 SMC Coverage Cycle 1-4

	State	Target Population	Age group		Total	per cent Coverage
			3-11 months	12-59 months		
Cycle 1	Adamawa	958,017	151,658	816,360	968,018	101
	Yobe	955,168	157,917	856,948	1,014,865	106
Cycle 2	Adamawa	968,018	148,043	794,721	942,764	97
	Yobe	1,014,865	165,766	904,162	1,069,928	105
Cycle 3	Adamawa	942,764	145,025	804,903	949,928	101
	Yobe	1,069,928	159,527	855,061	1,014,588	95
Cycle 4	Adamawa	949,928	145,196	816,550	961,746	101
	Yobe	152,702	21,641	121,277	142,918	94

Drugs Administered: sulfadoxine-pyrimethamine + amodiaquine (SPAQ)

- Institutional Capacity Strengthening: As an initial project phase, National Malaria Elimination Programme (NMEP) conducted a baseline assessment of its leadership and management staff. WHO helped review the baseline assessment of NMEP leadership and management staff, used to develop a staff capacity development plan.
- Conduct situational analysis (epi-analysis and stratification): WHO supported the development of the study protocol to inform Urban malaria micro-stratification. The study protocol to conduct cohort study in Kano and Oyo states informed micro-stratification of malaria interventions.
- Support malaria interventions in complex operating environments: WHO helped develop a work plan and implement IDP/refugees' intervention strategies in Adamawa, Gombe, Taraba, and Yobe areas. Technical oversight of the IDP focal person aggregates quality data from the monthly service and commodity utilization reports in all IDP locations and supports the malaria matchbox assessment. WHO provided (1) data management support and programme oversight for the IDP implementation strategies, (2) facilitated the bi-monthly distribution of commodities to IDP locations across the four states, and (3) facilitated biannual community dialogue sessions for community resource persons in the states.

- UNITAID Project on Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP): Nigeria is one of the beneficiaries of the five-year multi-country project funded by UNITAID. TIPTOP is being implemented by Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO). It aims to significantly reduce malaria in pregnancy by increasing pregnant women's access to quality-assured Sulfadoxine-Pyrimethamine (QA-SP), increasing coverage of the Intermittent preventive treatment of malaria during pregnancy with sulfadoxine-pyrimethamine (IPTp-SP), and generating evidence for WHO to inform policy direction across Sub-Saharan Africa. In 2021, WHO assisted in developing the annual plan of action for Ebonyi, Ondo, and Niger states and coordinating the Malaria in Pregnancy working group, which was adopted as an integral part of the Malaria-RMNCH steering committee. Evidence from TIPTOP will support the promotion and implementation of IPTp in the community through the Community Health Influencers, Promoters and Services (CHIPS) agents.
- Therapeutic Drug Efficacy Studies 2021-2022 study cycle: Four states (Lagos, Kaduna, Kwara and Imo states) implemented drug efficacy study. WHO supported the development and submission of the study protocol for National Health Research Ethics Committee approval, identifying and assessing study sites, and finalizing negotiations for the 2021 studies.

### Major challenges

- Low availability of SP and uptake of IPTp;
- Data Paucity for decision-making.

### NEGLECTED TROPICAL DISEASES (NTD)

WHO supported an annual review of 2020 NTD activities, facilitated the early submission of a 2021 joint application package to the WHO African Regional Office (AFRO) and disseminated monitoring and elimination data to stakeholders.

Initiating the development of a multiyear master plan for the country using a bottom-up approach helped the 28 states begin their 2022-2025 master plan. The final output will be collated as the national master plan at the national level.

### Key achievements

- By December 2021, all LGAs had 100 per cent geographic coverage, and at least 24 million treatments had been provided to at-risk populations for more than one of the preventive chemotherapy NTDs.
- All 37 states and 39 staff of 11 implementation partners received training on completing the Joint Application Package. With this, a sustainable reporting system generated from the grassroots in a timely and complete manner has been instituted.
- As of December 2021, Onchocerciasis remains unmapped in only 44 LGAs based on the Onchocerciasis elimination mapping protocol. In 2021, 17 LGAs were mapped and 27 yet unmapped.
- Facilitated mass drug administration for Preventive Chemotherapy (PC) for NTDs in 311 LGAs.



**Number of LGAs where Preventive Chemotherapy NTD and Mass Drug Administration for Preventive Chemotherapy were conducted, Nigeria 2021**

PC-NTD	Number of LGAs where MDA was conducted
Onchocerciasis	89
Schistosomiasis	38
Lymphatic Filariasis	90
Trachoma	15
Soil Transmitted Helminthiasis	79

- Case Management: several new cases were detected and placed on treatment as mentioned below:

**Number of NTD cases under treatment, Nigeria 2021**

Case management – NTD	Number of new cases	Number under treatment
Leprosy	2,099	2,090
Human African Trypanosomiasis	0	0
Guinea worm disease*	0	0
Scabies	N/A	N/A
Leishmaniasis	381	54
Rabies	0	0
Dengue	0	0
Yaws	0	0
Snake Bite envenoming	4,891	2,805

\*Border surveillance for guinea worm was instituted in 11 border LGAs.

- Lymphatic Filariasis was prioritized on assessment among all the PC-NTDs, and the results are mentioned below:

PC-NTD	Number of LGAs/ Enumeration units proposed	Number of LGAs/Enumeration units conducted	Outcome
Pre-TAS	116	43	Stop MDA in 43 LGAs
TAS 1	33	10	Proceed to TAS 2 in 10 EUs
TAS 2	N/A	N/A	N/A
TAS 3	N/A	N/A	N/A

- NTD drug logistics: facilitated drug donation to the country, and details are below:

NTD drug/commodity	Number of tablets donated
Albendazole	109,000,000
Praziquantel	11,000,000
Mebendazole	11,000,000
Filaria test strips	143,000 kits

### Major challenges

- The late arrival of medicines affected their distribution in many LGAs due to increased legal requirements and customs bureaucracy for NTD commodities in the country.
- CDD attrition increases the demand for new or repeated training resources for newly recruited volunteers by partners and WHO.

### NON-COMMUNICABLE DISEASE (NCD)

According to 2018 WHO Non-Communicable Diseases (NCD) country profile for Nigeria, NCDs accounted for approximately 29 per cent of all deaths in Nigeria, with cardiovascular diseases responsible for 11 per cent, cancers- 4 per cent, chronic respiratory diseases- 2 per cent, and diabetes-1 per cent. Estimated premature mortality between ages 30 and 70 from the four main NCDs stands at 22 per cent. The suicide mortality rate is 9.5 per 100,000, higher than the regional average of 7.4 per 100,000.

### Key achievements

- National Hypertension Control Initiative (NHCI): Strengthening hypertension management at the Primary Healthcare Centres (PHC) through the NHCI with support from Resolve to Save Lives. A National Task Shifting and Task Sharing Policy to include NCDs has been reviewed and finalized. The NHCI was implemented in 24 facilities in Ogun and Kano State with the following significant achievements:
  - a) Increased cohort Blood Pressure (BP) control from 9 per cent in Q1 to 18 per cent in Q3 2021.
  - b) Increased cross-sectional BP control from 8 per cent in Q1 to 19 per cent in Q3 2021.
  - c) Over 120,000 adults above 18 years were screened at 24 Ogun and Kano State facilities for elevated blood pressure between January and November 2021.
  - d) Trained over 260 PHC workers on the management of hypertension in Ogun and Kano State.
- Supported in the awareness generation, early detection, referral, and treatment of NOMA with funding from Hifsaktion and facilitated Ministerial MoU Signing with Hifsaktion NOMA to establish NOMA Centre, National Hospital Abuja to treat and conduct free maxillofacial surgeries for NOMA patients. The



Organization developed the capacity of over 600 healthcare workers from cadres, such as Dental Nurses, Dental therapists, Primary Healthcare Workers, Surveillance officers, Community Mobilisers & Traditional leaders across all LGAs in Kano, Sokoto, and the Adamawa States on early case detection, reporting, prevention, treatment, and prompt referral of NOMA cases. This has led to an increased number of reported cases in the country.

### Major challenges

- High loss to follow-up of individuals enrolled on hypertension care.
- Hypertension care in PHCs reaches mostly women (above 70 per cent in Ogun and 84 per cent in Kano State)

### VACCINE PREVENTABLE DISEASE (VPD)

The programme supports multiple national efforts to achieve control targets, aligning with the regional and global targets focusing on surveillance, strengthening routine immunization, and conducting Supplemental Immunization Activities (SIAs) to improve population immunity rapidly. The accelerated disease control efforts concentrate on measles, yellow fever, meningitis, and maternal and neonatal Tetanus.

The programme also played a critical role in the pandemic control efforts by developing and supporting Nigeria's COVID-19 vaccination deployment plan and roll-out. Working in close partnership with the National Primary Health Care Development Agency (NPHCDA), Nigeria Centres for Disease Control (NCDC) and the Federal Ministry of Health (FMOH), the activities supported align with multiple plans. These include the COVID-19 Strategic Preparedness and Response Plan (SPRP), National Measles Elimination Strategic plan 2018-2027, the Accelerated Eliminating Yellow Fever Epidemics (EYE) plan 2017-2023, the Meningitis control by 2030, the 2020 Maternal Neonatal tetanus Elimination (MNTE) Strategy and Cholera Control.



Integrated Measles, Meningitis A and Yellow Fever, Taraba State

Nigeria developed a deployment and vaccination plan targeting almost 112 million Nigerians aged 18 years and above in 2021. Initially scheduled to be implemented in four phases, the plan prioritized vaccines deployment for health workers, frontline workers, and elderly persons with co-morbidities. The vaccine roll-out was launched by the President of Nigeria on 5 March 2021, following the arrival of the first batch of 3.92 million vaccines from the COVAX facility. Since then, 31,121,970 vaccines have been received in Nigeria.

### Key achievements

- WHO Nigeria provided technical support at national and subnational levels for deploying these vaccines and the data collation, reporting, monitoring, and supervising of the vaccination roll-out. As a result, about 15 million COVID-19 vaccine doses were administered across all 36 states plus the FCT. This accounted for 7.1 doses administered per 100 population.
- Independent monitoring was conducted during the second phase of the vaccine roll-out using handheld devices with real-time reporting in 774 LGAs. Out of the 1.7 million persons (41 per cent female) sampled/ surveyed outside their homes, 48 per cent received two doses, 28 per cent received one dose, and 24 per cent were yet to be vaccinated.
- Accelerating COVID-19 vaccination uptake among People Living with HIV (PLHIV): The emergence of the COVID-19 omicron variant posed an even greater strain on progress with ending AIDS, disrupting HIV prevention and treatment services, schooling, violence prevention programmes, and more. The Network of PLHIV in Nigeria, in partnership and collaboration with the Joint United Nations Programme on HIV/ AIDS, through WHO and UNAIDS, initiated a sensitization and mobilization exercise for increased COVID-19 vaccinations among PLHIV through its network support group. These sessions cascaded to the state level, initially targeting 15 states of Lagos, Ogun, Oyo, Delta, Rivers, Akwa Ibom, Ebonyi, Kano, Kaduna, Edo, Gombe, Borno, Sokoto, and Bauchi. As a result, there has been increased safety awareness among PLHIV, resulting in a willingness to take the COVID-19 vaccine.



COVID-19 vaccination site with WHO providing supervisory support in Abuja



## Major challenges

- High levels of vaccine hesitancy mainly due to safety concerns and misinformation driven by social media.
- Vaccine deployment was hampered by the massive cost of team requirements and logistics for the movement of teams.
- Almost a million COVID-19 vaccines were destroyed due to expiry attributed to short shelf life. The country has then decided not to receive any vaccines with an expiry date of less than six months.

## MEASLES

As part of the elimination strategy, nationwide measles follow-up campaigns were scheduled across all the 36 states plus the FCT following a successful Gavi application and Independent Review Committee (IRC) approval for funding.

## Key achievements

- WHO Nigeria, working with all stakeholders at the national and sub-national level, spearheaded the planning and implementation of a measles campaign across 13 states using an integrated SIA approach in November-December 2021.
- The SIAs implemented across the 13 states allowed for the measles vaccination of 16 million children aged 9-59 months with a cumulative administrative coverage of 96.4 per cent. This ranged from 105 per cent in Kaduna to 80 per cent in Taraba states.
- A measles outbreak was rapidly detected in Borno state and vaccination response was successfully implemented in Borno State. 743,400 children aged six months-9 years vaccinated in eight LGAs. The outbreak-response vaccination and the follow-up campaigns were implemented in line with WHO recommendations on implementing mass vaccination campaigns in the context of COVID-19.

## Major challenges

- COVID-19 affected implementation of the initially planned scheduled mass campaigns
- Measles surveillance was also affected due to reduced active search and case reporting due to lockdowns, sample transportation, laboratory testing, and results delays.
- Funding gaps led to crowded immunization locations as COVID-19 vaccination was prioritized. Delays in the shipment of vaccines and devices, the campaigns in the other 24 states plus FCT were rescheduled to 2022

## YELLOW FEVER

The Eliminating Yellow Fever Epidemics (EYE) in Nigeria is guided by its national strategic plan with a phased approach to Preventive Mass Vaccination Campaigns (PMVCs) and other efforts to reduce the international spread and strengthen the timely response to outbreaks.

### Key achievements

- Working with all the partners, WHO led the successful development and submission of the Phase-5 PMVC with a campaign conducted in five of the seven planned states. As a result, around 13.5 million persons aged nine months- 44 years were vaccinated in Abia, Borno, Ebonyi, Imo, and Taraba states.

#### Summary Yellow fever vaccination and admin coverage 2021

State	Target Population	Person Vaccination	Coverage (per cent)
Taraba	3,291,321	3,142,456	95
Borno	497,878	457,258	92
Imo	5,393,927	5,086,022	94
Ebonyi	2,170,432	1,942,491	89
Abia	3,630,307	2,907,633	80
Total	14,983,865	13,535,860	90

### Major challenges

- Shipping samples from the communities or health facilities to the state level.
- While cases confirmed from the labs in IP Dakar were shared with the country, there were delays in conducting outbreak investigations and collation of epidemiologic data, mainly in the Enugu state, to determine vaccination history and risk of amplification, to guide final case categorization and develop needed timely response activity plans and activities.
- The implementation of planned mass vaccination campaigns in two states (Gombe and Ogun states) was delayed due to counterpart funding and the non-availability of vaccines and devices. Also, international procurement or shipment caused further delays.

## MENINGITIS ELIMINATION

With support from WHO, the Government of Nigeria requested Gavi to help implement a 2021 mini catch-up Meningitis A. The campaign in 12 states within the meningitis belt (including Bauchi, Gombe, Jigawa, Katsina, Zamfara, Adamawa, FCT, Kaduna, Kebbi, Nasarawa, Plateau and Taraba States).



The planned 2021 mini catch-up Men-A campaigns were completed in four of the 12 states.

As part of the process, a zero-dose reduction operational plan (Z-DROP) implementation across the integrated campaign targeting zero-dose children aligns with the Gavi.5.0 and IA 2030 strategic plans. The plan included identifying settlements with a high population of zero doses and supporting specific activities to reach them while ensuring accountability by implementing real-time vaccination data reporting by all teams using handheld devices and visualization via a national dashboard.

### Key achievements

- The Meningitis A catch-up campaign reached the target population of 5,913,992.
- Four million children aged 7-8 years and 9-10 years in Kaduna, Katsina, Kebbi, and Taraba states were vaccinated in the four states mentioned above.

### Major challenges

- The pandemic affected disease surveillance, including active case search and disease reporting.
- Funding gaps and lack of adequate vaccines and devices resulted in integrating the planned multiple SIAs. This resulted in the rescheduling/postponing the mini-Men A catch-up campaign in the remaining eight states to Q2/Q3 of 2022.

## MATERNAL AND NEONATAL TETANUS ELIMINATION (MNTE)

Efforts toward MNTE have been ongoing since 2009. Following the Guidelines for MNTE, multiple Tetanus Toxoid Containing Vaccines (TTCV) and steps towards clean deliveries and cord care practices continue to be implemented across the country.

### Key achievements

- Conducted the first risk analysis and pre-validation assessment for the South-South states using data collected by handheld devices and Open Data Kit with remote monitoring by the global team due to the pandemic. The risk assessment was concluded by adapting guidelines and selecting 12 LGAs across the six states in the South-South Zone. Findings from the risk assessment (e.g., data review and field visits) were shared at all levels, and recommendations highlighted the need to conduct SIAs in one LGA in Cross River state. This PVA followed the completion of all recommended rounds of TTCV SIAs in the zone.
- The TTCV SIAs in the Northern states have commenced with the second round of SIAs implemented in Plateau, Katsina, Sokoto, Benue, Kano, Kwara, Kogi, Zamfara, and Kaduna states.

## Major challenges

- COVID-19 affected the initially planned schedule of mass campaigns. Neonatal Tetanus surveillance was also affected, with only 11 states reporting at least one NNT case compared to 18 in 2021 and 27 in 2019.
- Issues of underreporting NNT cases by the surveillance system (which does not require a sample taken) and the incentive to investigate these reports remain challenging.
- Availability of Chlorhexidine in health facilities for cord care and delivery in health facilities by trained personnel remains sub-optimal.
- Challenges around funding and implementation of the MNT elimination sustainability plans remain in the Southwest and Southeast states that have already achieved MNT Elimination status.

## CHOLERA ELIMINATION AND CONTROL

Nigeria experienced one of its largest Cholera outbreaks in recent years in 2021. As part of the efforts to control and respond to the outbreak, multiple interventions, including implementing Oral Cholera Vaccination activities, were conducted in the country.

### Key achievements

- The OCV Campaigns administered 1,745,297 million doses during the first round in five LGAs and 1,696,383 during the second round in Bauchi LGA of the state, and three LGAs in Jigawa states, Damaturu in Yobe.

#### OCV administered in 2021

State	LGA	Round 1	Round 2
Bauchi	Bauchi	650,918	650,659
Bauchi Total		<b>650,918</b>	<b>650,659</b>
Jigawa	Birnin Kudu	443,888	414,965
	Duste	348,322	342,947
	Hadejia	160,614	146,257
Jigawa Total		<b>952,824</b>	<b>904,169</b>
Yobe	Damaturu	141,555	141,555
Yobe Total		<b>141,555</b>	<b>141,555</b>
<b>Grand Total</b>		<b>1,745,297</b>	<b>1,696,383</b>







UNIVERSAL HEALTH  
COVERAGE:  
HEALTHIER  
POPULATION (UHP)





The Universal Health Coverage/Healthier population cluster is one of the arms of the triple billions to ensure a billion more people enjoy better health and well-being. This aligns with the SDG3 and other health-related SDGs, Country Cooperative Strategy (CCS) III, and the National Strategic Health Development Plan (NSHDP) II.

The priority areas within the cluster include:

- Address social determinants of health, including Water, Sanitation and Hygiene (WASH), public health, and the environment.
- Address environmental determinants of health, including climate change.
- Strategies developed to prevent and control NCDs' risk factors (tobacco use, harmful use of alcohol, physical inactivity, unhealthy diet).
- Foster multisectoral action towards combating the NCDs' risk factors.
- Violence and injury prevention.
- Promote healthy settings and health in all policies.
- Scaled up strategies to counter Gender-Based Violence (GBV) and mental, neurological, and substance use disorders, especially in the North-East.
- Implement the global strategy toward eliminating cervical cancer.

## **NCDs: INCLUDE CANCERS AND MENTAL HEALTH PREVENTION AND CONTROL**

WHO supported the implementation of interventions for prevention and control of NCDs and their risk factors, including the implementation of the WHO Framework Convention on Tobacco Control and the 2015 National Tobacco Control Act with its regulations, prevention of harmful use of alcohol, strengthening Primary Healthcare Facilities (PHCs) by introducing the WHO Package of Essential NCDs (WHO PEN) and developing key policies and guidelines.

### **Key Achievements**

- 2021 World No Tobacco Day was commemorated at the national level and in five states to raise awareness of the dangers of tobacco use
- Nigeria National Alcohol Policy National NCD Policy is finalized and validated.
- Nigeria PEN protocol and tools were adapted/revised.
- Procured medicines and diagnostic equipment, supplies and data tools for Nigeria PEN to reach at least 12,000 people.
- An additional US\$1,572,000 was mobilized from Global Fund, thus, reaching a budget of US\$2,572,000. The WHO and Resolve to Save Lives are each contributing US\$250,000.

- Lunacy (Mental Health) act of 1958 was repealed, and a national mental health bill was passed by the Parliamentarians and submitted for ascent by H.E., the President.
- Around 20 PHCs in Niger and Kebbi State have been strengthened to screen and treat cervical cancer. These 20 were selected from a baseline facility assessment of 40 PHCs to start the project, training 30 trainers and mentors, 200 healthcare workers, and procuring consumables, equipment, and data capturing tools.

### Human interest story

#### HEALTH WORKERS LEAVE NO STONE UNTURNED IN RESPONDING TO MENTAL HEALTH CASES IN THE NORTHEAST

In Nigeria's Northeast, 12 years of insurgency and attendant security challenges significantly impacted people's mental health in the region. Since the beginning of the conflict, more than 43,000 people have died from Boko Haram violence.

Mrs Balu Bukar Adamu is a nurse and one of the frontline health workers at the Herwa Peace Primary Health Care (PHC) Centre in Maiduguri, Borno state. For the past four years, the facility has offered mental health services to patients affected by the insurgencies.

Trained by the World Health Organization on mental health response in 2017, the 53-year-old nursing officer with 31 years of work experience says she has been applying the newly acquired skill to handle mental health cases in the PHC.

She is passionate about her job and has a special interest in mental health cases, especially when living amongst them. However, Balu sees it as something personal and vows to do her best to support and render services to the patients. She also loves delivering healthy babies and ensuring both mother and baby are fine during and after delivery.

"People here live through a protracted and ongoing crisis for an extensive period. And, while the majority do cope in situations of chronic disaster, a significant number of people develop mental health problems," says Balu.

She says that health workers attend to at least 30 mental health patients on an average day by offering counselling and mental assessment and giving medications for free. The PHC has over 200 patients under the programme, receiving medications for free provided by WHO.

The most common disorders include post-traumatic stress disorder (PTSD), psychosis, depression, suicidal behaviours, and sometimes substance abuse."

A beneficiary, Hassan mentioned that he has been battling mental health for a while but finally got assistance through this program "I was gallivanting around the town. Nobody knew what was wrong with me until a friend suggested I go to Gwozari PHC, another facility in Maiduguri supported by WHO, where services are free. I went there and was diagnosed with PTSD, for which I got free medication for the initial three months. The counselling and medication have helped me a lot. I am now stable as I can work and earn a living."



## WATER SANITATION AND HYGIENE (WASH)

WHO coordinated multisectoral implementation of Sanitation Safety Planning (SSP) interventions in six states, including Lagos, Bayelsa, Niger, Abia, Sokoto, and Bauchi, to prevent the transmission of water-borne diseases like cholera, end open defecation, and address Antimicrobial Resistance (AMR). WHO also supported the development of the National WASH Accounts Report, the National Roadmap for Hand Hygiene and the Review of National Guideline on WASH in health facilities.

### Key Achievements

- Sanitation Safety Planning (SSP) was piloted in the selected six states.
- Around 648,000 people understood the importance of hygiene promotion and behavioural change on Open Defecation.
- A 72-member inter-disciplinary expert team trained on SSP and WHO sanitation guidelines.
- Three cities committed through the 2022 Budget to build and fix eight sewage treatment plants. (Bayelsa 1, Niger 1, Lagos 6).
- Total WASH investments in Federal MDAs, NGOs, and 36+1 states are known, published, and used for advocacy.

#### Human interest story

##### WHO SUPPORTS NIGER STATE IN STRENGTHENING SANITATION SYSTEMS TO RESTRICT THE CHOLERA OUTBREAK

Most people do not know what happens to their excreta. For some houses in the Niger state municipal, the sewerage system are broken or blocked, leading to improper disposal of untreated human waste into the environment.

Also, the state is not yet open defecation-free. As a result, these practices pose various risks to human health, from diarrhoea, cholera, typhoid, and parasitic worms. To strengthen sanitation systems towards preventing infectious diseases, WHO supports the Niger State government in implementing a State Sanitation Safety Planning (SSP) to mitigate the health hazards from improper disposal of faecal sludge and grey wastewater management in the state through a risk management approach.

While speaking during an advocacy visit, the Secretary to the Government of Niger State, Mr Ahmed Ibrahim Matane said, "The state is fully aware of the problem posed by sanitation, especially in the urban areas. Open defecation and faecal sludge disposal are among the greatest challenges and must be controlled to reduce health hazards."

He further expressed his gratitude to WHO for selecting Niger state as one of the six states in the country where the SSP programme is being piloted.

Addressing the sanitation challenges has become pivotal to mitigating water-borne diseases as many of the population suffer from gastrointestinal disorders.

## CLIMATE CHANGE, AIR QUALITY, AND HEALTH

WCO facilitated High-Level Health Sector COP26 to address climate change and health and train State Climate and Health Desk Officers. It coordinated the development and submission of a U\$1 million annual Green Climate Fund (GCF) proposal for Nigeria's Health System Climate Vulnerability Assessment Adaptation. It supported the utilization of WHO guidelines for air monitoring in Lagos, Abuja and Port Harcourt.

### Key Achievements

- Health Ministerial declaration of COP26 Commitment to building a climate resilient and sustainable health system was drafted and submitted to COP26 Health Desk, Glasgow.
- Around 45 health workers trained on COP26 health sector climate action in 36+1 states.
- The Federal Ministry of Health and Federal Ministry of Environment endorsed a joint proposal and co-submission of a climate change and health proposal to the Green Climate Fund.

## CHEMICAL RISKS AND HEALTH

WCO donated a Graphite Furnace Atomic Absorption Spectrometric (GFAAS), compactible Lead care 11 Analyzer Kit to the Government to strengthen health system monitoring of lead, supported UNIDO, Federal Ministries of Health, Mines and Environment to finalize and launch a National Action Plan for Reduction of Mercury. Also, WHO supported the pilot implementation of e-waste and child health intervention to strengthen the health system's capacity to prevent and manage its impacts.

### Key Achievements

- An improved health system capability to detect and monitor lead in the Zamfara state and the other North Central States.
- Public Health Strategy incorporated into National Action Plan on Mercury Reduction.
- National inter-disciplinary coordination of the Technical Working Group was established at the national level for e-waste and health.
- Around 312 stakeholders and policymakers reached the health impacts of e-waste on children.



## HEALTHY CITIES AND ENVIRONMENTAL INTERVENTIONS - TO MITIGATE THE IMPACT ON HEALTH

### Key Achievements

- Piloted Healthy Cities initiatives in three cities leveraging SSP and donated 30 Healthy Cities Waste Bins to Bayelsa, Lagos, and Niger states to promote green and healthy cities.
- Facilitated the first Nigerian Environmental Health Summit organized by EHORECON.
- Draft Environmental Health Indicators were developed and integrated into the Integrated National Environmental Health Surveillance Planning.

## FOOD SAFETY

The Federal Ministry of Health FMOH and the National Biosafety Management Agency (NBMA) supported strengthening food safety by developing key national documents.

### Key Achievements

- Finalized and launched the National Unified Food Safety Manual.
- Finalized and validated the National Biosecurity Policy.
- National SOPs on Genetically Modified Food and Feed Safety finalized Management Agency.

### Recommendations

- There is a need to continue resource mobilization- financial and human resources- by collaborating with other clusters, AFRO, HQ, and other partners.
- Regular high-level advocacy with new leadership at the NCD division and other partners is needed to accelerate the implementation of the planned activities.

### Major Challenges

- Inadequate funding hindered a few activities planned during the year.
- Inadequate human resources in the cluster.
- Weak health system-led multisectoral coordination at the sub-national level.



UNIVERSAL HEALTH  
COVERAGE:  
LIFE COURSE (UHC/LC)







The UHC Life Course Cluster contributes mainly to the WHO GPW13 Triple Billion goal 1- ensuring that all Nigerians benefit from Universal Health Coverage. Key areas of technical support include health systems governance and financing, development of human resources, health products, commodities, and technology, service delivery, and Reproductive, Maternal, Neonatal, Child, Adolescent, and Elderly Health (RMNCAEH).

## HEALTH SYSTEMS GOVERNANCE

The technical assistance to the FMOH and States helped improve coordination and governance towards UHC and health security through regular strategic engagements, including support for meaningful country participation in the World Health Assembly, Executive Board, Regional Committee meeting, and Programme, Budget and Administration Committee. The successful National Council on Health was due to innovative mechanisms for integrating tracking of implementation of the international resolutions of the above governing bodies.

Further to the ongoing support for the effective implementation of the Second National Strategic Health Development Plan (NSHDPII), with the support, the FMOH developed the Annual Operational Plans for programmes and states. At the same time, FMOH and health development partners signed the Country Compact.

In line with the NSHDPII, the WHO supports the Government of Nigeria as a member state organisation. To mainstream this alignment in line with the GPW13, the WHO Nigeria Representative officially presented the revised Nigeria Third Country Cooperation Strategy to the Honourable Minister of Health.

## SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Through the Sida-funded COVID-19 Implications on SRHR: Mitigating the Risk of System Collapse and Family Planning (FP) Accelerator project, with support from BMGF and USAID, WHO improved access to quality family planning and other SRHR interventions. The Organization also supported strengthening the health sector's response to GBV through policy interventions and capacity building, which increased due to the pandemic.

### Key Achievements

- National Guidelines on Selfcare for SRHR interventions were validated, and its state-level dissemination was concluded in 13 states and professional associations through the Annual Scientific Conference of the Society of Obstetricians and Gynaecologists of Nigeria.
- Developed the National Reproductive Health Service Protocol and National Family Planning Training manual and trained 24 health managers and partners on these protocols.
- Drafted National Implementation Guideline for Quality of Care in Family Planning.
- Supported the Government and partners to participate in a South-South learning exchange with Uganda on quality of care in family planning that led to the development of the implementation guidelines.

- Developed the National Guidelines for Responding to GBV survivors, a clinical handbook adapted from the WHO clinical handbook on responding to women and girls GBV survivors. The training curriculum was also reviewed and used to train 47 health managers and gender desk officers from states and partners. WHO also advocated establishing a Gender in Health Technical Working Group at the national level.

## **MATERNAL AND PERINATAL DATABASE FOR QUALITY, EQUITY AND DIGNITY (MPD4QED)**

The MPD4QED is an electronic database established in collaboration with the FMOH with support from WHO HQ to capture data on childbirth and the early neonatal period from 54 tertiary health facilities (48 public and six private) nationwide.

### **Key achievements**

- Over 180,000 pregnant women and their babies are enrolled in the database for 53 cases of COVID-19 positive pregnant women.
- Enrolled 85,238 pregnant women and babies consisting of 68,976 obstetric and gynecologic and 11,692 out-born baby admissions with 90 per cent maternal and perinatal death audit performance rates.
- FMOH adopted the database for information to guide policy and decision-making on maternal and perinatal health.
- Developed six-month transition work plans for the relevant departments of the FMOH (Family Health, Hospital Services, ICT, and Department of Planning, Research & Statistics) with significant roles to play in sustaining the database.
- Published three editions of the project quarterly newsletter and impact stories on WHO media channels.

### **Major challenges**

- Reduced enrollments of pregnant women and newborns due to reduced utilization of health facilities during the pandemic. Pockets of the strike by different cadres of health workers in individual facilities and the nationwide strike action (up to six weeks) by resident doctors.
- Slow implementation pace of the transition plan by responsible authorities to take over the operational processes.

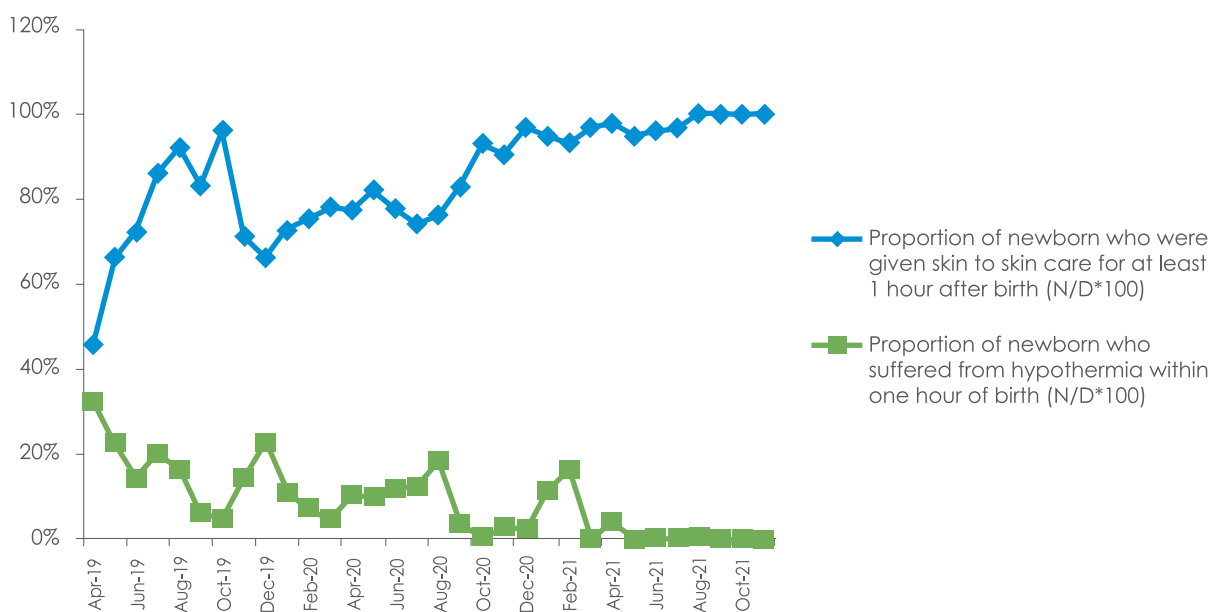


## REDUCTION OF MATERNAL AND NEWBORN MORTALITY THROUGH THE IMPLEMENTATION OF MATERNAL, NEWBORN AND CHILD HEALTH QUALITY OF CARE

Nigeria participates in the WHO-led Quality, Equity, Dignity (QED) network of countries, committed to improving QoC in the Maternal, Newborn and Child Health (MNCH) services to reduce maternal and newborn mortality by half and improve the experience of care. WHO and other partners supports 12 states and the FCT through a network of 112 health facilities on the global network. WHO guided the country team to decide on the strategic scale-up of state-level implementation to enable evidence-based plans and tools for the scale-up.

### Key achievements

- Developed strategic scale-up of QoC and key documents, such as the Annual Operational Plan 2021–2022.
- Reproductive, Maternal, Newborn, Child and Adolescent and Elderly Health plus Nutrition (RMNCAEH+N) QoC Monitoring, Evaluation and Learning plan and implementation guide finalized.
- Strengthened coordination platforms at the national and state levels, especially the TWG and advocacy, to ensure other development partners with quality improvement initiatives come on board. Also, added three new partners to the TWG.
- Around 47 trainers were trained on QoC from FMOH, development partners, and some selected states.
- Strengthened the implementation of RMNCAH QOC in the states through developing state annual operational plans in Kebbi State and FCT states. Provide project management support for its implementation across 19 health facilities.



Marked reduction in Hypothermia across implementing health facilities in FCT, Abuja

### Human interest story

#### ON THE WORLD PREMATURITY DAY, WHO PLEDGES TO SAVE EVERY BABY BORN EARLY

Ijeoma Uchenna, 25 years old, was rushed to the hospital because she had a premature rupture of the membranes and mild contractions.

The baby was born at 33 weeks of pregnancy through an emergency cesarean section at a private hospital in Kubwa, Abuja. Born prematurely (baby born before 37 weeks), the baby required specialized care at the Neonatal Intensive Care Unit (NICU). However, the hospital had no facility and referred the baby to a government tertiary health institution 34.6 kilometres away, separating him from his mother.

“Fortunately, there was a vacant incubator at the tertiary hospital. So he was in the hospital for about four weeks before we brought him home”, said Ijeoma’s husband, Mr Uchenna.

Approximately 15 million babies worldwide are born prematurely yearly and need special attention to stay healthy. Although Nigeria has the highest number of newborn deaths in Africa, the country has made marginal progress in reducing child mortality. More than 80 per cent of newborn deaths are due to prematurity, asphyxia, complications during birth or infections such as pneumonia and sepsis.

The World Health Organization commemorates World Prematurity Day to raise awareness of premature birth and the sometimes devastating impacts on families.

To reduce perinatal deaths in Nigeria, the WHO and its development partners are implementing Quality of Care across 112 health facilities. KMC is one of the interventions under the programme to reduce hypothermia (low body temperature) to reduce newborn deaths.

“I am always happy whenever we save the life of a premature child and prevent perinatal death”, says Hannatu Ishiaq, Head of Nursing Unit, Kwali General hospital, part of the WHO Quality, Equity and Dignity (QED) network for QoC.

WHO trained over 200 workers in 19 health facilities across FCT, Abuja and Kebbi state in Northwest Nigeria healthcare workers in the labour room, wards and antenatal areas to improve their practices to reduce maternal and child mortality.

The country has developed various evidence-based policies and guidelines to improve newborns’ management, including prematurity management.

Source: <https://www.afro.who.int/news/world-prematurity-day-saving-every-baby-born-too-early>

## REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT AND ELDERLY HEALTH (RMNCAEH) PROJECT

The RMNCAEH project strengthens the coordination, partnership, implementation, and monitoring of the RMNCAEH programmes and life courses using the health system approach at national, subnational, and PHC levels.



## Key achievements

- First International Adolescent Health Week was commemorated nationwide with a toll-free line providing adolescent and youth-friendly services across the country that reached over 8,230 Adolescents and young people. The initiative resulted in two states (Edo and Katsina ) developing a State Operational Plan for implementing WHO Accelerated Action on Health of Adolescents. A set of technical working groups at the LGA level and 60 LGAs programme managers trained to implement the adolescent health responsive health system.
- Developed mitigation measures to address the indirect impact of COVID-19 on the essential RMNCAH services through a risk-benefit analysis model and monitoring the utilization trend of services. These resulted in additional funding for project expansion in 2021-2022.
- One-year operational plan for RMNCAEH+N multistakeholder coordination platform developed and monitored with a high-level buy-in of the State leaders on health and establishment of the RMNCAEH Multi-Stakeholder Partnership in four states (Lagos, Gombe, Jigawa, and Niger) helped coordinate the implementation of these services at state and PHCs.
- The National Policy on Health and Development of Adolescent Health and Young People with a five-year implementation and monitoring Plan was launched and disseminated nationwide for subnational implementation.
- Nearly 180 health workers trained as national trainers on the comprehensive Newborn care for Small and Sick Newborn Care (SSNC) with a step-down training conducted in eight states health facilities to improve the quality of care for the newborn at the health facilities and launching the national guidelines and training on newborn care (Kangaroo Mother Care, Basic Newborn Care and Comprehensive Newborn Care Training Manual).
- Successfully integrated the child death audit and review as a component of the National Maternal and Perinatal Death Surveillance Response (MPDSR) and National Quality of Care Strategy.
- Collected maternal and perinatal data for over 85,000 women and their babies, resulting in a national database with quality information for over 170,000 women and newborns.

## Major challenges

- Poor capacity and low political commitment to RMNCAH programmes at the sub-national level
- High Out of Pocket Expenditure for RMNCAH services affecting access and QoC.
- Most of the interventions are Largely donor dependent on programmes in RMNCAH. Effects are seen in family planning commodities with the substantial withdrawal of support by FCDO, which could set the country back on increasing FP indicators.
- The impact of the pandemic disrupted the provision of essential RMNCAEH services leading to low access and coverage at the subnational and PHC levels.

**Human interest story****NIGERIA PUSHES FOR COMPANIONSHIP IN LABOUR TO IMPROVE MATERNAL HEALTH SERVICES**

"My husband was with me in the delivery room during the birth of our second child. His presence made the labour pain tolerable. It gave me a sense of calm as it had a psychological and emotional effect on me," says Mrs Taliah Chukwuma, a businesswoman.

"We were fortunate that the hospital where I delivered allowed spouses or relatives to be present in delivery rooms. We were looking forward to the experience," she adds, as one of the Nigerian women benefitting from the companionship in labour programme supported by the WHO.

In partnership with the Federal Ministry of Health (FMOH), WHO has been encouraging hospitals to allow expectant mothers to choose a companion, spouse or relative to be present in the delivery room.

Narrating her experience, Mrs Chukwuma said she was glad her husband was with her.

"His presence made the labour easier despite the pain. He held my hands and whispered soothing words. Having support goes a long way in relieving the pains. He saw the pains women go through to give birth, and the experience made him appreciate the baby and me more and helped me heal faster. I am happy WHO is promoting this so that other women can benefit too," she said.

Since the implementation, the number of women in the South-South and North-Central zones who had people stay with them during delivery has increased. For example, an observational study from 12 health facilities in Ilorin, Kwara state, showed that 84.4per cent of pregnant women desire company during labour. Of these, 14.2per cent of the participants once had a partner present at previous deliveries, while 84.4per cent were satisfied with the experience.

"However, to successfully institutionalize the practice across the country, several steps need to be taken, including changes to the delivery wards and policy at the health facilities level," says Dr Bose Ezekwe of WHO Nigeria.

Source: <https://www.afro.who.int/news/nigeria-pushes-companionship-labour-improve-maternal-health-services>

**MEDICINES, REGULATION, AND AMR AND SUPPLY CHAIN MANAGEMENT**

WHO provided technical and financial support to the FMOH and National Institute for Pharmaceutical Research and Development (NIPRD) for developing and reviewing key policy documents and strategies.

**Key achievements**

- Revised and disseminated the National Drug Policy (NDP) 2005 as NDP 2021. The new edition incorporated policy guidance on antimicrobial resistance/stewardship, internet pharmacy, and substandard and falsified product monitoring and reporting.
- Maiden Nigeria Vaccine Policy was developed and disseminated.



- Developed a five-year strategic plan for the NIPRD that focuses on the local production of pharmaceuticals and how the institute can support industries developing local remedies into commercially viable products through research and technology.
- Assistive product list in collaboration with Clinton Health Access Initiative (CHAI) developed and endorsed by the Honorable Minister of Health.
- Developed a ten-year Strategic Plan for the National Blood Commission.
- Conducted Point Prevalence Surveys in seven states across 17 facilities for antimicrobial use. The findings will be used to establish an AMR stewardship programme in the country.
- Commemorated the World Antimicrobial Awareness Week in November 2021 to raise awareness of global antimicrobial resistance and encourage best practices among the general public, health workers and policymakers to avoid the further emergence and spread of drug-resistant infections
- Developed the safety app is in use to track Adverse Events Following Immunizations for the COVID-19 vaccination.
- The Minister of Health released two policy documents, and the Director General, NIPRD, launched the Strategic Plan.

### Major challenges

- Inadequate funding
- Vertical supply chain-driven programmes
- Poor supply chain management for essential medicines.

## HUMAN RESOURCES FOR HEALTH (HRH)

The HRH building block of the health system supports governance and stakeholders, builds the national and subnational capacity for human resources, such as health workers at PHCs, develops and implements the HRH information system, and supports the accreditation of health training institutions and resource mobilization efforts.

### Key achievements

- Finalized the National HRH Policy and Strategy for its adaption at subnational levels, including the Bauchi state Human Resource for health policy and strategy.
- Handed over the National Health Workforce Registry to FMOH and continuous support to update data from private and tertiary health institutions across nine states.
- Improved the coordination of HRH partners through national and subnational HRH partnership forums.
- Sustained technical support to retain accreditation, quality teaching, and learning at the health training institutions in Bauchi and Cross River states.
- Strengthened the Bauchi state health sector through 25 health policies and strategic documents.

## Major challenges

- Weak implementation of the National and State Strategies and Plans developed for the different programmes,
- Inadequate funding and/or release of annual public budget funds for HRH activities at national and state levels hamper sustainable interventions.
- Inadequate capacity to deploy, manage, and retain health workers, especially at the PHC level.
- A ban on recruiting health workers in most states has worsened the health workforce's availability to provide quality services.
- Health training institutions have inadequate capacity to implement Quality Improvement (QI) strategies for sustaining accreditation standards attained with previous WHO support.

### Human interest story

#### **NIGERIA STRENGTHENS ITS GENDER-RESPONSIVE HEALTH SYSTEM BY INVESTING IN HEALTH WORKFORCE PLANNERS**

"I have always believed that gender equality helps provide high-quality healthcare in Bauchi state," says Amina Madi, a Gender Desk Officer, Human Resource for Health (HRH) unit in Bauchi State Ministry of Health (SMOH). As a trained midwife, she was previously responsible for delivering life-saving maternal and child healthcare services in her locality. Amina has always envisioned a health system where all health workers can achieve their highest potential through gender equality and nondiscrimination.

Her hopes were realised when she attended a capacity-building initiative for the frontline health workers in Bauchi State facilitated by the Global Affairs Canada-funded Enhancing the Ability of Frontline Health Workers to Improve Health in Nigeria project.

The project, initiated in 2014 by the WHO, aims to reduce deaths and improve the health in Bauchi and Cross River States of Nigeria by increasing the quantity and quality of frontline healthcare workers, such as midwives, nurses, and community health workers, to improve the delivery of maternal, newborn and child healthcare services in Nigeria.

Amina is now the State's focal point responsible for mainstreaming gender in all state policies and plans across all programme areas, including HRH strengthening policies, strategies and plans.

Meanwhile, Mr Okina Nzie Mba, a health planner from Cross River, said that the project had been a game changer in the State's efforts to address the HRH shortages in delivering essential health services. "I have worked in different capacities within the Cross Rivers State Ministry of Health since joining in 2008. When WHO began implementing the project, there was an urgent need to create a human resource for the health unit within the DPRS to better address workforce crises in the state. Participating in this project is undoubtedly one of the best and most rewarding decisions I have made".





## HEALTH INFORMATION, RESEARCH AND DIGITAL HEALTH

The health information unit supported the Government of Nigeria in driving actions to strengthen data generation and its use. It provided technical and financial support for strengthening data governance and coordination, data management, data review, and improving PHC implementation at all levels. It has also supported strengthening health research systems and digital health governance to accelerate progress towards UHC.

Through the EU-funded project 'Strengthening Nigeria Health Systems Towards Achieving Universal Health Coverage', WHO helped FMOH strengthen evidence generation and use for decision making in Anambra and Sokoto states.

### Key achievements

- Health data governance platforms strengthened with functional M&E TWG at the federal level and Health Data Consultative Committees in Anambra and Sokoto by driving joint planning, implementation, M&E, and health information actions.
- Nigeria National Health Observatory went live on the Integrated African Health Observatory (iAHO). See: <https://aho.afro.who.int/nigeria>
- Data Operations Centers (DOC) in Anambra and Sokoto states were established as comprehensive strategic intelligence platforms facilitating data visualization, information dissemination, and use. Launching of the Anambra State DOC.
- Revised the National Health Information System (HIS) Policy 2014 and the National HIS Strategic Plan 2014 to 2019. Finalized and validated the National HIS Policy 2021 and the Strategy 2021 to 2025.
- End Term Evaluation of the National Health ICT Strategic Framework 2015-2020 and developed a technical report that acts as the foundation for the Digital Health Policy and Strategy.
- Developed and validated the maiden edition of the National Digital Health Policy 2021 and the National Digital Health Strategy 2021 to 2025
- Prioritization of country health research list and setting of the National Health Research Agenda
- Increased routine service data generation and reporting through capacity building of 2000 health workers in Anambra and Sokoto on the revised NHMIS compared to 2019 tools. Procured and distributed the NHMIS tools to over 2000 health facilities in 44 LGAs in the two states. As a result, reporting rates on the revised tools increased from 21.5 per cent and 0 per cent in 2020 to 66.3 per cent and 64.2 per cent, respectively.
- The country adopted the WHO Data Quality App and Analytical Packages, and skills transfer was completed for 55 Federal and State M&E/HMIS from the 36 States and the FCT and 60 in Anambra. LGA and health facility staff's capacity enhanced data quality review using the WHO Data Quality App on the DHIS2.
- Skills transfer to over 50 national stakeholders on Civil Registration and Vital Statistics (CRVS) governance and the standards-based classification of diseases using the International Classification of Diseases (ICD-11).

- Developed the GF Resource Mapping tool for tracking the implementation of the grant in 2021-23.
- A Joint Annual Review of the implementation of the National Strategic Health Development Plan (NSHDP 2) was completed for 2018 and 2019.
- The annual health sector review for Anambra State Strategic Health Development (SSHDP II) is complete.

## Major challenges

- Implementation of project activities in 2021 was stalled by the pandemic, which slowed down the burn rate of funds for planned activities, including using the Euro one million addendum approved for a one-year project extension from March 2020 to March 2021.
- COVID-19 drastically affected the uptake of the revised NHMIS version 2019 tools.

### Human interest story

#### ANAMBRA STATE LAUNCHES FIRST MOBILE TECHNOLOGY HEALTH INSURANCE PLATFORM AND DATA OPERATIONS CENTRE

Anambra State Governor Chief Willie Obiano launched the first Mobile Technology Health Insurance Platform (MTHIP) and Data Operations Centre (DOC) in Nigeria with funding from European Union and technical support from the World Health Organization. He underscored his firm decision to leave a legacy of health reforms in the State to reduce poverty, especially among the poor and vulnerable, while providing financial risk protection for health. He was glad to demonstrate the impact such political will made on the lives of his people.

The United Nations Resident and Humanitarian Coordinator in Nigeria, Mr Edward Kallon, said, "the Data Operation Centre is strategic in making informed decisions and policies to drive a better healthcare access to residents." "The centre meets the international best standard, and I want to urge other states to visit Anambra and copy the state's reforms in the health sector."

Accurate and timely data generated through a country's health information system are needed to assess the population's health, establish priorities and track progress towards goals and objectives, including Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

The Executive Secretary, Anambra State Health Insurance Agency (ASHIA), Dr Simeon Onyemaechi, said, "WHO's technical support informed our health financing reforms in terms of the adoption model and innovative mobile technology health insurance programme through which the state has recorded over 35per cent increase in population enrolment into ASHIA."

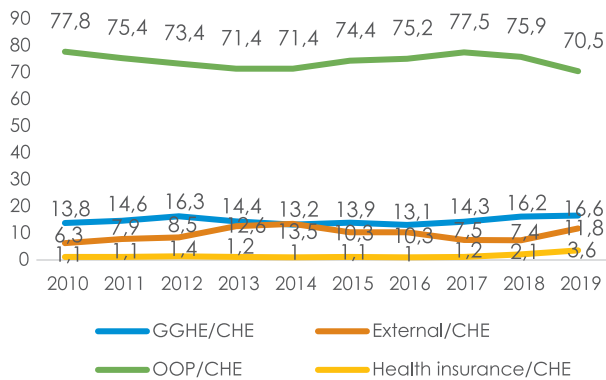
The renewal of enrollment of Anambra State Governor Chief Willie Obiano into the Anambra State Health Insurance Scheme and the adoption of over 1,200 poor and vulnerable community members in different categories into the scheme by dignitaries, of which 355 came from the United Nations was the highlight of the launch.

Source: <https://www.afro.who.int/news/anambra-state-launches-first-mobile-technology-health-insurance-platform-and-data-operations>

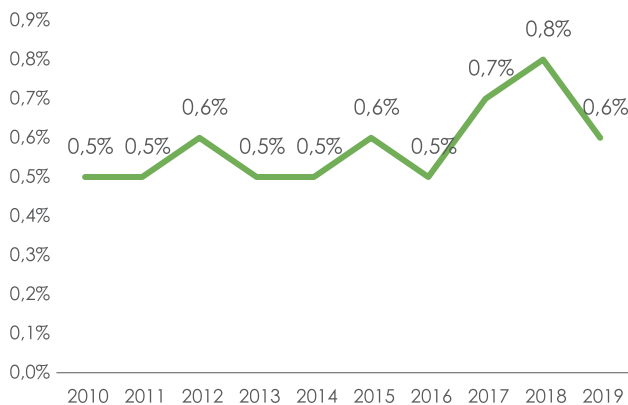


## HEALTH FINANCING AND INVESTMENTS (HFI)

**Nigerian Health Sector Predominantly Financed out-of- pockets by Households**



**General Government Health Expenditure/GDP**

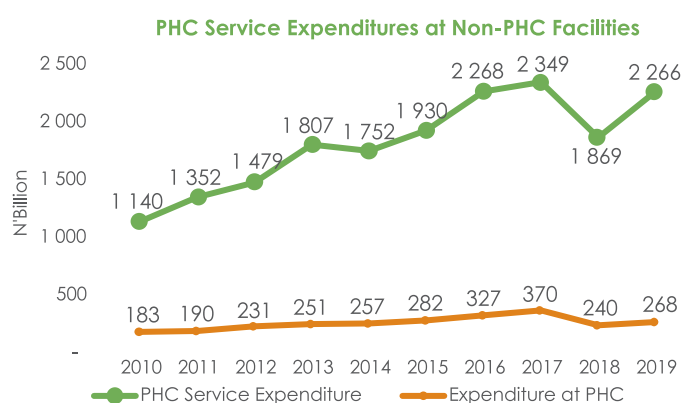


Nigeria continued reforming health financing based on the Nigeria Health Financing Policy and Strategy, despite inadequate funding for health and with the Government health expenditure per capita at US\$10, much below most African countries and the US\$83.3 benchmark. The government health expenditure as a share stands at 4.6per cent, much lower than the Abuja Declaration of 15per cent and the GDP share of 0.6per cent is less than the recommended 4-5per cent. Spending at primary healthcare facilities accounts for only 4.7 per cent of current health spending. In comparison, an estimated 70.5 per cent of the Current Health Expenditure is financed out-of-pocket (OOP) by households, the highest in the region as it is far above the recommended 30per cent.

The Unit is helping reduce the number of people suffering financial hardship due to illness by:

- (i) Developing and implementing equitable health financing strategies and reforms to sustain progress toward universal health coverage

- (ii) Produces and analyzes information on financial risk protection, equity and health expenditures and uses these to track progress and inform decision-making
- (iii) Improving institutional capacity for transparent decision-making in priority setting and resource allocation and analyzing the impact of health on the national economy.



## Key achievements

- **Strengthening Health Financing Governance and Coordination Mechanisms at Federal and States:** Two additional Health Financing Equity and Investment units and Technical Working Groups were established in Bayelsa and the Enugu States. WHO supported the mid-term review of the Nigeria Health Financing Policy and Strategy and fully deployed the new Health Financing Progress Matrix. It built the capacities of over 50 members of a coalition of CSOs to strengthen advocacy for health financing, especially at the community levels.
- **Informed policy decision-making:** Having closed the wide health financing evidence gap in Nigeria, WHO continues to leverage EU funding to support the Federal Ministry of Health on state health account studies, especially in Anambra and Sokoto states. Pieces of evidence generated have resulted in increased investment in health from both public and private sectors and the ongoing health reforms in the country. Over 180 health personnel from Federal and State Ministries were trained in health accounts.
- **Improving financial risk protection by reducing Out-of-pocket expenditure:** Although out-of-pocket expenditure remains high, there is a decline noticed—from 77.5 per cent in 2017 to 70.5 per cent in 2019. In 2021, the Senate and House of Representatives passed the National Health Insurance Authority Bill, awaiting enactment by the Hon'ble President. WHO intensified high-level advocacy to execute the Rivers State Health Insurance Law successfully.
- **Supported the validation of the Health Insurance Under One Roof document, finalized the NHIS 10-Year Strategic Plan, and conducted NHIS annual peer review meeting with State and Zonal Offices.**

Considering the large informal sector in Nigeria, the mobile technology health insurance programme was designed and launched in Anambra and Imo states for improved coverage of the informal sector, including the adoption of the poor and vulnerable. This resulted in expanding the social protection to all the 36 States and FCT.



The WHO Nigeria Representative Dr. Walter Kazadi Mulombo Leading High-level Advocacy to His Excellency Ezenwo Nyesom Wike, Governor of Rivers State



The WHO Nigeria Representative Dr. Walter Kazadi Mulombo, presenting Goodwill Message at the 4th Legislative Health Summit

Bolstering political commitment to increase the domestic revenue generation through the Legislative Network: WHO led high-level advocacy to increase health investments at the federal and sub-national levels.

Through the fourth Legislative Health Summit, WHO expanded the effective implementation of the Legislative Health Agenda in 36 states and the FCT. Some early results and improvements include the pro-health tax, Finance Act and increase in health budget allocation of some states, especially up to 15 per cent in Sokoto 2022 budget towards reaching Abuja Declaration.

- Strengthening strategic purchasing to ensure value-for-money: Technical support to implement the Basic Healthcare Provision Fund by developing the operational manual, including M&E and Quality Assurance tools.
- Promoting accelerated implementation of the health financing agenda: WHO supported the commemoration of the UHC day with the theme, "Leave No One's Health's Behind Invest in health System for all" through policy dialogue and high-level advocacy programmes. Pioneered support for linking the Federal and sub-national levels in marking the World Health Day 2021 in Benin Edo State to foster "building a fairer, healthier world".



The Governor of Anambra State Dr. Willie Obiano and the UN Resident Coordinator Mr. Edward Kallon launch the Anambra State Mobile Health Insurance Program



The Honourable Minister of Health Dr. Osagie Ehanire leads High-Level Advocacy for Health on UHC Day, 12 Dec, 2021



World Health Day 2021 Celebration in Benin Edo State, 7 July 2021

### Human interest story

#### MINISTER CALLS FOR STRENGTHENING HEALTH SYSTEMS TO WEATHER THE STORM OF NEW AND FUTURE PANDEMICS

Nigeria's Minister of Health, Dr Osagie Ehanire, has urged delegates to the special National Council on Health (NCH) to embrace the aftermath of the COVID-19 pandemic to strengthen the health system.

He reflected on the reality of the times and emphasized the need for a resilient health system, agile and flexible enough to withstand the shocks and challenges of emerging and reemerging disease outbreaks threatening the world.

The NCH represents the country's highest decision-making assembly in the health sector. The Council meets annually to review the sector's performance, identify challenges, and offer corrective actions.

Dr Walter Kazadi Mulombo, WHO Country Representative, stated that the duty of achieving the Sustainable Development Goals (SDGs) through building resilient health systems is a collective responsibility which requires incremental steps in the right direction and continuous improvement.

"I am most optimistic that tracking implementation of the resolutions of this Council in line with Nigeria's and global health agenda will strengthen this ongoing journey towards promoting health, keeping the world safe, and serving the vulnerable," said Mulombo.

Source: <https://www.afro.who.int/news/minister-calls-strengthened-health-systems-weather-storm-new-and-future-pandemics>





# EMERGENCY PREPAREDNESS RESPONSE (EPR)







The Organization contributes to the “one billion more people better protected from health emergencies”, focusing on the three broad areas: Preparedness & IHR, prevention of epidemics and pandemics, and emergency response. Efforts in this direction are driven by implementing core strategic functions of WHO and operational activities in-country. Many states in Nigeria are beset by recurrent emergencies and outbreaks with unforetold dire health consequences on the population, which informs actions in line with the EPR’s overall priorities.

The cluster has different pillars and programmatic areas and collaborates with teams across all states in Nigeria in the following areas of endeavour:

### COVID-19

Since the pandemic declaration in 2020, cumulatively 243,450 COVID-19 cases and 3,039 deaths (CFR 1.2 per cent) have been recorded in 2021. With a decline in new cases, there had been a sustained effort in emergency actions and the country’s preparedness and response. These efforts through leading public health and non-health sectors by establishing the National EOC for coordination.

#### Key achievements

- In Case Management & IPC, improved patient-level data management enabled the clinical characterization of admitted PCR confirmed COVID-19 cases and reviewed drivers of mortalities in 3800 data sets across 13 high burden states. Findings helped review response strategy by training 108 critical care trainers, capacity building 120 personnel in Home Based Isolation and Care (HBIC), IPC, and MHPSS, rapid oxygen assessment in 36+1 states, and training 185 case managers. Additionally, case management and HBIC guidelines review, along with the other measures, led to a significant improvement in adherence to guidelines, oxygen production, storage, delivery, and utilization, with less than one per cent of patient care oxygen needs unmet at the peak of the fourth wave. Improvement has been noticed in CFR from 1.4 to 1.2 per cent and a gradual decline in mortality rates from 6.5 per cent.
- The International Health Regulations, which supported the subnational and national Intra-Action Review for COVID-19 and a workshop to develop the national COVID-19 Incident Action Plan (IAP) and sustainability plan for 2022, led to the review and course-correction for higher effectiveness of the COVID-19 response. Thus, a sustainability plan strengthens synergy between COVID emergency response, health systems, and continuity of essential services.
- Under the UN Basket Fund, the Risk Communication and Community Engagement pillar led the integration of six communication strategies strengthened by 1200 religious and traditional leaders.
- More than 62,354 people have been reached through interpersonal, house-to-house risk communication and community dialogue, etc., with four different messages developed on COVID-19: the importance of using face-mask/other NPIs and stigmatization, signs and symptoms and vaccination.
- Targeted interpersonal risk communication was conducted among vulnerable populations (IDPs, Almajarais, under-served in hard-to-reach locations, people with disabilities and the elderly) by 786 community health promoters, informants, and volunteers.

- On Laboratory and Diagnostics for COVID-19, the pillar provided technical guidance and supported the development and dissemination of key guidance documents, including guidelines for using the approved Antigen-Rapid Diagnostic Test (Ag-RDT), updated the National strategy for scaling up access to testing, and guidelines on Quality Assurance for COVID-19 testing and checklist for monitoring Ag-RDT testing sites. Over 3,000 HCWs were trained on sample collection leading to decentralizing sample collection sites to many high-burden LGAs across 26 states plus FCT. The Organization helped optimize over 70 tertiary and state laboratories to conduct RT-PCR testing, giving 150 PCR laboratories by the end-2021. The national testing strategy also included the establishment of integrated TB and COVID-19 testing leveraging the existing GeneXpert technology in the country with 32 GeneXpert machines upgraded to include the COVID-19 Assay Definition File (ADF). All the states now have at least one Public Health laboratory for COVID-19 testing (PCR lab).
- WHO supported and facilitated molecular diagnostics training of Laboratory personnel in 15 States plus FCT. The External Quality Assessment was implemented in over 98 COVID-19 Labs (41 by WHO AFRO), with supportive supervision of COVID-19 testing laboratories in FCT and the BAY states.
- NCDC was supported to pilot the use of Ag-RDT in 5 health facilities from the following states; FCT, Rivers, Plateau, Sokoto, and Katsina. Lessons learnt from the pilot were used to roll out to states. WHO procured 300,000 Ag-RDT kits and 50 android phones for data capturing. Around 135 HCWs from all 36 states plus FCT received training as trainers for Ag-RDT and were given logistic and technical support to conduct state-level training to scale up Ag- RDT use in over 30 states.
- With the emergence of genomic sequencing and bioinformatics, a game changer, the country has made a significant stride in establishing capabilities and capacity. Equipment, software, and internet connectivity to ACEGID for sequencing and bioinformatics improved the timeliness in identifying circulating viral strains. Over 3,800 SARS-CoV-2 sequences were uploaded to Global Initiative on Sharing Influenza Data.
- Around 38 laboratory scientists received training on Bio-risk Management (Biosafety and Biosecurity), 58 Laboratory personnel and biomedical engineers on laboratory equipment use and maintenance, 114 personnel and data officer trained on the upgraded Nigerian International Travel Portal from 36 states plus FCT.
- In emergency response, WHO gave technical and field assistance on the IMS of COVID-19, Lassa Fever, and Cholera responses.

## Major challenges

- Lack of enrollment and data completeness in some of the COVID-19 studies.
- Weak subnational capacity for IHR capacity strengthening and low domestic resource mobilization for developing the national COVID-19 Incident Action Plan (IAP) and sustainability plan for 2022.
- Infrequent supportive supervision led to a lack of timely detection of challenges, mentorship, and implementation of corrective actions of PCR testing labs in all the states.
- Limited logistic support for distribution of EQA panel. EQA analysis report not received from partners.
- Limited logistics to training and monitoring AG-RDT testing at the LGA level.



### Human interest story

#### WORKING WITH COVID-19 SURVIVORS TO BATTLE THE PANDEMIC

For Ade Ogunsanya, a resident of Lagos, a lapse in following the recommended COVID-19 preventive measures proved costly. Fortunately, he survived.

Being asthmatic, Ade knew he had to be extra careful and adhere to necessary precautions though his friends made fun of him.

But he admits that whenever he hung out with his friends, he would throw caution to the wind, removing his mask to chat. In October 2020, he started to feel tired and experienced severe symptoms that seemed to be like malaria.

"It was after I went to the hospital and got tested and realized that I got COVID-19 and spread it to a loved one. So I stayed home for over a month, testing and re-testing several times before I became negative," Ade said.

Ade was among 48 COVID-19 survivors who were part of the Lagos State Ministry of Health, with support from the World Health Organization (WHO) event, where they shared their experiences. They are among the 48,000 recovered patients in the state's COVID-19 hotspots in Eti Osa and Alimosho Local Government Areas (LGA). The Heroes and Heroines campaign is part of Lagos State's drive to ramp up sensitization on COVID-19 for its 21 million population amid a second pandemic wave.

To combat widespread disbelief and myths around the pandemic, the testimony of survivors goes a long way towards addressing this and influencing behaviours," says Dr Tolulope Folarin, a WHO risk communications expert. "When survivors share their realities and experience, they inspire others to be cautious."

Lagos state and WHO are mobilizing survivors to reach out to the communities to help adhere to the preventive measures.

## NORTH EAST HUMANITARIAN RESPONSE

A protracted humanitarian crisis with a challenging and complex operational environment, continuing threats of disease outbreaks, insecurity, and reduced access are some key challenges, especially in the North East. Shrinking humanitarian space and attacks on health facilities and healthcare workers have severely hampered healthcare delivery and created a massive gap in the health response. The ongoing crisis has affected more than 8.7 million people, with about 2 million displaced across the three northeast states of Borno, Adamawa and Yobe (BAY). Humanitarian partners estimate that up to 200,000 persons live in areas not accessible to humanitarian actors, 81 per cent of whom are in Borno State. Over 5.8 million people need humanitarian health assistance, of which 5.3 million are targeted in the North East.

### Key achievements

- Borno, Adamawa, and Yobe (BAY) states have recorded a significant downward trend in malaria cases over the last three years, attributed to several interventions deployed by the government, partners, and technical assistance provided by WHO.

- Routine immunization coverage increased by 35 per cent due to outreaches in HTR settlements and partially accessible areas under security cover by CJTF (DHIS).
- A 17 per cent improvement in community-level access to Malaria diagnosis (RDT) and treatment with ACT among <5 years children in BAY states. Reduction in COVID-19 infection amongst HCWs with zero cases in the past five months.
- Despite a recent surge in cases of severe acute malnutrition across BAY states, CFR has reduced by 30 per cent.
- Cholera CFR in BAY states decreased to 3.3 per cent from 8 per cent compared to the early phase of the outbreak. An increased number of survivors provided first-line service and CMR/IPV by 35 per cent.
- The number of health facilities increased by 25 per cent, providing GBV services across BAY states. Increased number of under-five children treated (19.2 per cent) by CORPs across BAY states.
- The health workforce registry is functional in the 3 BAY states with improved HRH production. A rise in student pass rate to 80-90 per cent has been noticed in a few healthcare training.
- The polio structure is being followed to strengthen the SMOH and partners' information management and reporting capabilities for enhanced community-based surveillance, case verification, and preliminary outbreak investigation.
- Around 15,129 suspected measles outbreak cases were reported, with 143 associated deaths. Around 743,400 under-five children were vaccinated (97 per cent) in Borno state.
- Five yellow fever cases were confirmed in four LGAs of Borno state, with 686,952 individuals reached during reactive vaccination campaigns.
- In the Pertussis outbreak, 56 clusters of cases were reported in Borno state, with 44 children under-five years vaccinated through intensified RI outreach sessions.
- Capacity building on data harmonization EWARS/IDSR/SORMAS conducted. Joint planning and review activities informed health information management and capacity-building needs.
- To support and strengthen the Government's capacity for Outbreak Preparedness and response to the pandemic outbreak and to improve population immunity, intensified immunization in areas with clustering of the AFPs, Zero dose AFP cases and cVDPV2 were conducted. In addition, community sensitization on RI reached 110 settlements in seven wards across seven LGAs.
- Around 92 per cent of children between 24-59 months received booster doses.
- Around 33 community health champions implemented house-to-house delivery of disease prevention messages on COVID-19 integrated with cholera, measles, and malaria, reaching almost 2,000,000 persons across Borno, Adamawa and Yobe states. The integrated approach through mobile health teams (hard-to-reach) provided interpersonal risk communication messages to the under-served persons across the BAY states, with more than 700,000 persons sensitized across the states. In addition, the CHC, in collaboration with the established PEP structure of the DSNOs, found and referred to more than 1,500 suspected cases of cholera, malaria, measles, whooping cough, COVID-19, etc.



- Implemented a targeted motorized campaign strategy to more than 100 IDP camps in Borno state with preventive messages on COVID-19 integrated with measles and malaria.

## Major challenges

- Inadequate state laboratory capacity resulted in remote laboratory support investigation/analysis of samples. Delayed sample result turnaround time affects further sample collection.
- Inadequate psychotropic drugs for MHPSS services.
- Limited qualified staff, poor distribution of health workers and high attrition across all cadres at the health facilities in BAY states
- Lack of update of health workforce registry in Yobe and Adamawa since 2019, most states do not include tertiary, private, and NGOs engaged in HRH.
- Suboptimal utilization of surveillance information in guiding response decisions.
- Secondary healthcare and referral services in hard-to-reach areas.

### Human interest story

#### HOW WHO'S INTERVENTION HELPED HAJARA M.AS' MENTAL HEALTH JOURNEY

It was a typical day for 62-year-old Hajara A.M., full of life, queuing to get her free medication at Herwa Peace Primary Health Care Center in Maiduguri, Borno state.

Hajara, a patient with Post-Traumatic Stress Disorder (PTSD), could not hide her excitement upon meeting the WHO-sponsored team who provided technical support and medication for mental health patients. "If not for this programme and the free medication I have received, I would not have been here talking to you today. Due to their intervention, I have fully recovered," she says.

Narrating her ordeal, Hajara stated that in 2015, her world fell to pieces. Many painful and complicated events from insurgency resulted in episodes of psychosis that shattered her. First, she recollects, "the insurgents killed my sister's husband. Then, just when I thought I had seen it all, my younger brother, who was 33 years old, was killed. Then my two daughters were killed, making me lose my mind. Finally, we were forced out of Doron Baga with nothing, our houses burnt, animals killed, and belongings confiscated by the insurgents."

Due to insurgency in North-Eastern Nigeria, the population's mental health needs significantly increased, and local mental health care resources are grossly inadequate. Relying solely on these local mental health resources to provide services for people affected by Mental, Neurological, and Substance use (MNS) disorders would prevent many people from accessing the services.

With funding from European Union (EU), USAID, and Nigerian Humanitarian Fund (NHF), WHO included mental health care in its response and came up with a practical way of scaling up mental healthcare at the community levels in rural and hard to reach areas. It provides a comprehensive health care package to the vulnerable population.

Source: <https://www.afro.who.int/news/how-whos-intervention-helped-hajara-mas-mental-health-journey>

## CHOLERA/CSM OUTBREAK

The year saw 111,062 suspected cases and 3,604 deaths (CFR 3.2 per cent) reported from 34 states and 435 LGAs. The case fatality ratio between 2020 and 2021 was 4:1, with cholera causing more morbidity and mortality. By week 52, there was an 84 per cent decrease in the number of new cases compared to the previous week, with no new state reporting.

Support was provided to NCDC and WCO in Rapid Risk Assessment and grading of the Cholera Outbreak and IMS for Cholera national and field responses. As a result, cholera was a grade 2 emergency. In addition, funding and technical support helped draft and print the first Nigerian Essential Diagnostic List (NEDL).

### Key achievements

- Multidisciplinary Rapid Response teams were deployed at the LGA level to affected communities to provide all needed interventions from the investigation, sample collection, and WASH interventions, to risk communication, community engagement and the setup of ORPs and CTUs in active collaboration with the government.
- Cholera/CSM Laboratory network was expanded to 23 laboratories nationwide, with Zonal ToT for Laboratory personnel.
- Laboratory and case management supplies and WaSH kits were also procured and distributed to affected communities.

### Major challenges

- Inadequate access to safe water in many communities.
- Poor sanitation and hygiene across many LGAs.
- Frequent stock out of lab commodities.
- Limited capacity for processing of samples at the state level.
- Data quality from the field.



### Human interest story

#### WHO provides health care support and donates materials to Adamawa State Government to curb the cholera outbreak

In its continuous efforts to support health care services in Nigeria, the World Health Organization (WHO) donated some health intervention materials to Adamawa State Government to assist in the fight against the cholera outbreak.

The donated items included Oral Rehydration Solution (ORS), Ringer's lactate solution (RL), Water Guard, Aqua Tabs, industrial boots, heavy-duty gloves, latex gloves, canulae, knapsack sprayers, IV sets, Jerricans, posters, face mask, banners, to mention a few.

"The donated materials are to compliment the activities of the Government in stopping the transmission of the disease", said Dr Sameeh Omoleke, the Adamawa State Coordinator.

Since the beginning of 2021, WHO has supported states in curtailing the cholera outbreak. Nigeria has reported sporadic cholera cases. As of week 49 of 2021, 33 states reported at least a case of the disease.

In Adamawa State, the total number of cases reported on 23 December 2021 stands at 1,783 suspected cases, with 54 deaths. So far, 12 Local Government Areas (LGAs) have been affected, and five are still actively reporting.

Source: <https://www.afro.who.int/news/who-provides-health-care-support-donates-materials-adamawa-state-government-curb-cholera>

## YELLOW FEVER OUTBREAK

Nigeria reported 2,053 suspected cases from 36 states plus the FCT in 497 LGAs, with the male to female ratio being 1.2:1.

### Key achievements

- WHO supported detailed investigations of all confirmed cases.
- Yellow fever training materials were developed, and WHO participated in the WHO PT programme for Yellow Fever with a 100 per cent score.
- The laboratory network obtained full WHO accreditation for YF RT-PCR diagnosis.

### Major challenges

- Inadequate community mobilization and awareness of the yellow fever transmission cycle
- Lack of in-country confirmatory facilities for yellow fever.
- Logistics for sample movement within and outside the country.

## LASSA FEVER OUTBREAK

Lassa fever is endemic in Nigeria, with sporadic cases occurring all year, including a seasonal peak from November to May. Around 102 deaths were reported with a case fatality rate of 20.0 per cent, lower than the 2020 CFR (20.7 per cent).

For Lassa fever preparedness, the country office utilized internal funds to provide case management and IPC training for six high-burden states and implemented community-level preparedness activities in four high-burden and seven high-burden LGAs. This included community sensitization on proper food storage, handling and hygiene, environmental control, rodent reduction, and surveillance and reporting using a one-health approach.

NCDC and WCO supported Rapid Risk Assessment and grading Lassa fever and IMS for Lassa response.

### Key achievements

- More than 237 volunteers were trained, and 3,465 households were reached in 760 communities before the outbreak season. This resulted in fewer cases compared to previous years' experience.
- A clinical development plan for Lassa fever therapeutics has been commenced.
- The first Lassa fever incidence study in West Africa saw the successful enrollment of 7000 participants.
- Two additional laboratories optimized to start Lassa fever, YF, and Measles/Rubella testing and obtained full WHO accreditation for YF RT-PCR diagnosis bringing the total Lassa fever labs to seven from five nationally.

### Major challenges

- Lack of subnational ownership and financing of Lassa fever preparedness and response activities.
- Poor data quality from the field.

## MEASLES OUTBREAK

Borno has recently experienced repeated measles outbreaks due to low Routine Immunization (RI) coverage. As of epidemiological week 24 of 2021, 8,894 suspected measles cases with 99 measles-related death confirmed across nine LGAs and 21 IDP camps. The outbreaks occurred mainly in underserved populations of IDPs and Nomads with low RI coverages.

### Key achievements

- Around 743,400 children aged six months to nine years received reactive vaccination.
- Developed measles guidelines with two additional laboratories optimized to start Lassa fever, YF, and Measles/Rubella testing.

### Major challenges

- Lack of logistics for sample movement within and outside the country.





### Human interest story

#### WHO-SUPPORTED RISK COMMUNICATION INITIATIVES CONTRIBUTE TO A DECLINE IN MEASLES CASES IN BORNO

Amina resides in the Internally Displaced Persons (IDP) camp at Gubio, Borno State. She did not know how to manage Hassan's ailment until she received health intervention from some World Health Organization (WHO) trained field health volunteers who had gone to the camp on a health sensitization campaign.

"I was distraught seeing my four-year-old son, Hassan, emaciating rapidly due to measles. I could barely eat or converse with my neighbours in camp because of his deteriorating health. Weeks ago, he was fine and playing with other children, but he was helpless here, losing weight and could barely sit by himself because he had not been eating well," she said.

Amina was grateful for the information she received from the community health champions that helped improve Hassan's health. "I appreciate the education. I am glad to see my son is back on his feet, and I have enough knowledge to care for my family".

Amidst the third wave of the pandemic, a concurrent increase in the number of reported infectious diseases such as measles and cholera has been noted. As of week 22, Borno state recorded 7,062 suspected measles cases with 88 deaths.

To curb the spread of infectious diseases, the Borno State Ministry of Health, in collaboration with the WHO, trained health volunteers or 'WHO community champions' who led the house-to-house risk communication messages in the IDP camps. This effort led to a massive decline in suspected measles cases, from 63 per cent at week 22 to almost 39 per cent by week 30.

As of June 2021, these champions sensitized 265,861 persons. "I know my people lack the basic information on protecting themselves from diseases or making informed decisions to avert disease outbreaks. I am privileged to be part of these great teams making a difference", says Falmata, a community health champion since 2019.

Source: <https://www.afro.who.int/news/who-supported-risk-communication-interventions-contribute-decline-measles-cases-borno-state>

## INFECTIOUS HAZARDS

Infectious hazards (endemic, emerging, and re-emerging) continue to occur. The growing incidence of these infectious diseases in humans has created a disproportionate burden on already strained health systems in the country. In recent years there has been a significant increase in pandemic and epidemic-prone diseases, such as Avian Influenza, Cholera, Viral Hemorrhagic fever (Lassa fever), Measles, Yellow fever, Monkeypox, and meningococcal infections, which pose a threat to the national regional and global health security.

By supporting the cholera districts' hotspot mapping and risk profiling, 126 hot spot districts were identified from 22 States with an approximate population of 41 million. WHO also supported the pre-emptive vaccination request for which the approval was granted. The Organization supported drafting the National Influenza Surveillance Protocol, developed the National Pandemic Influenza Preparedness plan and tool for assessing pandemic influenza preparedness and unveiled the National Biosecurity Policy document.

Additionally, WHO also supported the influenza electronic reporting for proper data management and electronic records and produced influenza Social Behavioral and Change Communication materials during the Avian Influenza outbreak response. Developed training materials and tools for the National Influenza team training and tool and supported in drafting of guidelines and a five-year strategic plan to reduce disease spread.

## Key achievements

- Tracking and monitoring performance resulted in detecting 1315 Influenza Like Illness and investigating severe acute respiratory infections.
- Over 100 viral isolates were shipped to WHOCC for genomic sequencing contributing to the global influenza and response system in line with the pandemic influenza framework.
- Investigated 613 ILI and SARI cases for COVID-19. Of these, 51 (8.3 per cent) tested positive and managed accordingly.
- Expanded National Influenza Sentinel sites from four in 2011 to ten in 2020/ 2021 and built capacities of 104 people on influenza surveillance.

## Major challenges

- Noncompliance due to patients mistaking ILI/ SARI for COVID-19.
- Insecurity due to armed banditry activities, kidnapping, and insurgency.
- High staff attrition due to transfer and some trained personnel leaving for schools.

### Human interest story

#### WHO SUPPORTS BENUE STATE IN CURBING A CHOLERA OUTBREAK AMONG VULNERABLE POPULATIONS

"Not only was I scared about my health, I worried about the well-being of my three children", says Hajiya Zainab Yusuf, a mother of four from Benue State.

Mrs Yusuf and her family were some people diagnosed with Cholera from the Abinsi community and treated at the Primary Healthcare Centre Abinsi, in Guma LGA.

"I was diagnosed with cholera alongside three of my children. Unfortunately, I lost one of my children to the disease. However, the state government and World Health Organization (WHO)'s timely intervention helped save our lives."

Benue state reported 718 cases, and 63 per cent of the confirmed cases were children aged 5-14 years, according to data from the Nigeria Centre for Disease Control.

The number of new cases has been progressively declining across all states since mid-April 2021 due to more concerted response interventions by respective states with support from the partners.

In Benue, WHO collaborated with the State Primary Healthcare Board, the National Primary Health Care Development Agency (NPHCDA), and the Nigeria Centre for Disease Control (NCDC) to sponsor and conduct an Oral Cholera vaccination campaign targeting the most affected group; i.e. children aged 2-5 years or 40,493 children in the affected settlements.

Dr Ahemen Terseer, WHO State Coordinator at Benue State, said the quick intervention yielded positive results in the state, leading to a decline in cases now being reported. "Within a week of having the borehole in the community, no new cases were reported." Other control measures embarked upon are the community sensitization on water and food hygiene.

Source: <https://www.afro.who.int/news/who-supports-benue-state-curb-cholera-outbreak-among-vulnerable-populations>



## INTERNATIONAL HEALTH REGULATIONS

WCO intervened in implementing priority National Action Plan for Health Security (NAPHS) activities, including supporting the “Linking public health and security” technical area to strengthen coordination through training, supporting Points of Entry (POE) strengthening through designation, and strengthening preparedness by finalizing and testing (SIMEX) the National Multi-Hazard Plan.

The pandemic response plans for the country were reviewed and course-corrected for higher effectiveness. Furthermore, the sustainability plan supports strengthening synergy between COVID-19 emergency response, health systems, and essential services continuity.

### Key achievements

- Developed an integrated central database of emergency products and commodities for priority hazards for long-term forecasting of emergency supply needs
- The Kano international Airport successfully assessed for IHR routine and emergency capacities to support public health agencies through training to support the strengthening of point of ENTRY IHR capacity at the airport
- WCO also supported the mid-term monitoring and evaluation of the implementation of the NAPHS with AFRO support. Results indicated that the country's average score had risen from 39 per cent in 2017 to 51 per cent in 2021.

### Major challenges

- Weak multisectoral coordination for emergency preparedness and response, including poor financing.
- Weak supply chain and logistics capacity in government MDAs.
- Incomplete data at the national level on the status of subnational level capacity and resources.
- Financing gaps.
- Weak subnational capacity for IHR strengthening.

## ONE HEALTH

WHO facilitated the One Health Joint Risk Assessment (JRA) for Human-Animal-Environment interphase and supported developing TORs and launching the One Health Risk assessment working group, including training in three states sub-nationally.

## POLIO ERADICATION PROGRAMME (PEP)

Nigeria was certified wild poliovirus (WPV) free in August 2020. However, saw a resurgence of the incidence of cVDPV2 in 2021 mainly due to suboptimal population immunity. Having achieved the required criteria for introducing the novel Oral Polio Vaccine type 2 (nOPV2) under EUL, Nigeria became the first country to use nOPV2 in outbreak response in March 2021.

Nigeria reported 1,027 cVDPV2 cases affecting 31 states and 204 LGAs. The burden was highest in the northern region.

The response was conducted under challenging circumstances-- increasing insecurity, COVID-19, other outbreak response activities, and GPEI ramp down. In addition, there was a delay in response to the cVDPV2 outbreak due to limited nOPV2 supply, which further increased the risk of spreading the virus. The 36 states and the FCT implemented at least two outbreak responses using nOPV2 in 2021.

WHO supported the national and state Emergency Operation Centres (EOCs) to provide strong leadership and oversight to implement the outbreak responses. The National Polio Eradication Emergency Plan (NPEEP) guided the overall response with vaccination conducted inside and outside the households, especially for children under five years.

The Government and GPEI partners used many proven innovative strategies to enhance the quality of the campaigns and improve access, including insecure areas. These innovations include the Directly Observed Polio Vaccination (DOPV), which is impactful in vaccinating children in non-compliance areas. Other innovations include vaccination in markets, transit points, IDP camps, health facilities, and Centres for Management of Acute Malnutrition (CMAM) sites. Intra and post-campaign data reviews and analyses guided the plans for subsequent campaigns.

The Lots Quality Assurance Sampling (LQAS) Survey helped measure the quality of campaigns conducted and shows that at least 80 per cent of surveyed LGAs passed LQAs in each nOPV2 round, as shown below:

## Key achievements

- Achieved requirements for introducing novel Oral Polio Vaccine type2, the first country to introduce the vaccine for cVDPV2 Outbreak Response.
- Achieved requirements for introducing novel Oral Polio Vaccine type2, the first country to introduce the vaccine for cVDPV2 Outbreak Response. By the end of 2021, over 103 million doses of nOPV2 were administered to children under five.
- WHO supported a Partners Global roundtable that galvanized partners to commit resources towards helping the outbreak.
- Re-engaged 1400 polio surge staff that were ramped down before certification to support the outbreak response.
- Implemented surveillance improvement plan in the context of COVID-19, resulting in detection of over 7777 AFP cases surpassing the 7509 cases detected in 2019, the pre-certification year
- Increased access and reach of surveillance and immunization services through collaboration with security agencies in the North East and partners to address needs of inaccessible in Borno, Yobe and Adamawa States
- International cross-border surveillance activities conducted in six states (Adamawa, Kebbi, Kwara, Niger, Taraba, Yobe) in 2021 resulted in detecting 46 AFP cases.
- Sustained the implementation of the Audio-visual AFP Detection and Reporting tool through the engagement of 8000 Community Informants resulting in the notification of 586 AFP cases in 2021.



## Major challenges

- Limited availability of nOPV2 doses, affecting responding to the cVPDV2 outbreak with the required speed and scope.
- Delay in the sequencing of PV2 isolates impacted negatively on the speed of response with the resulting breakthrough transmission.
- Initial ramp down of GPEI partner's activities and human resources.
- Insecurity in some parts of the country limited access to large populations.
- Weak support for routine immunization system strengthening with consequences of suboptimal levels of IPV and OPV3 uptake in high and moderate risk states (23/37). Weak donor support for the rollout of special interventions for insecure areas, hard-to-reach populations, nomadic and internally displaced populations, and inaccessible settlements.

### Human interest story

#### COMMUNITY INFORMANTS' NETWORK CONSOLIDATES AFP SURVEILLANCE TO SUSTAIN POLIO ERADICATION GAINS

As a health worker and a patent medicine vendor living in Gubio 1 ward, Borno State, Dauda Ahmed encourages members of his community to notify him or the nearest health facility of any child under 15 years with weakness or paralysis of any of the limbs.

Mr Ahmed is one of the pioneer Auto-Visual AFP Detection and Reporting (AVADAR) community informants in the state. He has been drawing from experience garnered during the polio campaign activities to report Acute Flaccid Paralysis (AFP) cases using the Auto-Visual AFP Detection and Reporting (AVADAR). It is a mobile application that sends automatic case alerts to the appropriate disease surveillance officers in the Local Government Area and State who investigate it.

"I have been a pioneer AVADAR informant since November 2016. As a reputable health worker, community members respect me due to the quality care and empathy I show them wherever they bring their children to the hospital for treatment, immunization or when the mothers come in for childbirth. This made it easier for them to listen to me and notify me when they suspect a case of limb weakness in any child," he says.

WHO has continued to work with all stakeholders, including the government across all levels, donor agencies, frontline health workers, and the community, to deliver immunization services and surveillance across the nation, especially in security compromised communities of Borno state. In addition, the Organization provides data analysis on the AVADAR/Community Informant performance and feedback to relevant stakeholders to inform decisions for improvement.

## ROUTINE IMMUNIZATION (RI)

Strong routine immunization remains an essential action for polio eradication.

WHO supported the Programme Assessment for Performance Management RI- Lots Quality Assurances in 18 National Emergency Routine Immunization Coordination Centre states. This revealed that the quality of routine immunization has declined due to lack of operational funds and the pandemic impact but helped introduce the IPV2 into the RI schedule in Q3 2021 to boost population immunity for type 2.

Concerning the cVDPV2 outbreak, over 80 per cent of the identified cases are hosted by states with less than 40 per cent of IPV doses from routine immunization. Conversely, states with high IPV2 coverage have a low risk of cVDPV2 transmission. Therefore, there is an urgent need to accelerate the intensification of IPV uptake in priority states to boost type 2 immunity.

### Key achievements

- Immunization performance increased over the last five years: MICS/NICS Penta 3 from 33 per cent to 56 per cent between 2016 and 2021.
- Helped implement optimized and integrated Routine Immunization sessions.
- WHO supported Programme Assessment for Performance management and Action (PAPA) RI-LQAS conducted in 36 states and FCT to estimate the LGA-level RI and RMNCAH+N performance. It helped identify the reasons for non-vaccination of eligible children to guide solutions to improve routine immunization performance and primary sources of vaccination information for caregivers and assess the practice of standard newborn care.
- Supported integrating RI services with polio SIA, NPSIAs, and COVID-19 response.

### Major challenge

- Pandemic, the proliferation of urban slums, increased cases of conflict and insecurity, and remote and missed communities have made the health system more fragile, thus affecting routine immunization service equity and coverage.

## POLIO SURVEILLANCE AND LAB CONTAINMENT

AFP surveillance: 7,770 AFP cases were reported in 2021 against 6324 in 2020 and 7509 in 2019. Only Tarka LGA did not report any cases in the last 12 months. Surveillance activities are ongoing in security compromised areas, with 155 cases detected till now.

Environmental Surveillance (ES): 119 routine and 37 ad-hoc ES sites are across all states and FCT. Of the 291 cVPV2 isolated, 51 were reported from ad-hoc sites. Of the 31 States with cVPV2, 24 confirmed it from ES and AFP, while four states (Kogi, Ondo, Osun, and Benue) confirmed it from ES. All the cVPV2 confirmed from ES were from 80 (66 routine and 14 ad-hoc) ES sites in 27 states.



Lab containment: around 55 priority facilities were surveyed, of which eight facilities had Poliovirus Potentially Infectious Materials (PIMs) and Poliovirus Infectious Material (IMs). The validation rate achieved was 87.3 per cent across facilities.

### Key achievements

1. Detailed outbreak investigation for each confirmed cVPV2 case.
2. Active case search in communities and retroactive case search in health facilities.
3. Age-matched immunization coverage survey.
4. Maintained a surveillance network of 9,060 reporting sites and 88,932 community informants.
5. Trained and sensitized surveillance actors.
6. Systematic contact sampling following nOPV2 introduction.
7. Enhanced environmental surveillance.
8. Increase in frequency of Environmental Sample (ES) collection (x2/month).
9. Set up one Ad-hoc ES site each in all states and FCT.
10. Developed state-specific surveillance enhancement plans in all states and FCT.
11. Conducted cross-border surveillance activities (meetings, joint investigations, sensitization)
12. Conducted surveillance for Adverse Events of Special Interest (AESI).

### POLIO TRANSITION

While eradication remains a top priority for the Government of Nigeria, the country continues to progress toward polio transition. The programme addresses the ongoing cVDPV2 outbreak using the Global Polio Eradication Initiative (GPEI) resources. The decrease in the anticipated funding from the GPEI is based on the Polio Eradication and Endgame Strategy projects, a gradual reduction until 2023. These activities also are influenced by the recent Polio Eradication Strategy 2022-2026.

As part of the polio transition planning over the past five years, Nigeria conducted a risk assessment on all polio functions and the impact of the ramp down on the three priority areas of RI, disease surveillance and response, and PHC strengthening. In line with this, a financial model and costing were developed to focus on sustaining essential functions.

A business case (funded by Global Affairs Canada through the WHO) has been finalized. The Interagency Coordinating Centre (ICC) chaired by the Minister of Health, has endorsed a four-year transition plan. This plan will cost Nigeria US\$346.7 million to transition GPEI resources to the Government and focuses on the three identified areas with transition rates graduated based on the criticality of the functions with an emphasis on surveillance around the post-certification strategy.

Considering funding from other sources, Nigeria requires US\$162.1 million to fund the Polio Transition Plan. The Government of Nigeria has committed to investing in certain functions while working with partners to raise deficits through the business case. Discussions around Polio transition have also happened with alignments into the Gavi transition plans, being included in the revised Nigeria Strategy for Immunization and PHC System Strengthening [NSIPSS] 2018–2028.

In mainstreaming Polio transition planning activities, WHO AFRO regional office updates were shared with the Ministry of Health and presentations were made at different fora on the polio transition plan.

### Human interest story

#### STATES IN THE NORTHWEST KEEP PRESSURE ON VACCINE-DERIVED POLIO

On 25 August 2021, African countries marked the first anniversary of Polio certification. Programme managers, health workers and polio survivors in Nigeria also celebrated wild polio-free status.

The victory notwithstanding, the fight against other forms of the poliovirus is not over. Cases of vaccine-derived polio caused by low and infrequent immunization are still being recorded, with the northwest accounting for more than 55 per cent of the total cases in the country, highlighting the need for continued vigilance to nip a possible outbreak in the bud.

"We continue to do this work because it is important for the children's future," says 26-year-old Amina Ibrahim, a vaccinator in Sokoto who works in communities despite the pandemic. "We ensure we wash our hands, wear our face masks and maintain a two-meter physical distance as we go from house to house."

The World Health Organization recommends regular immunization, at least twice for children, to reduce risks of infection. House-to-house team members administer two drops of the vaccine to produce a stronger immune response.

Supported substantially by WHO, health officers regularly monitor the environment, examining stool and sewer samples in at-risk communities to monitor virus activity. This method proved useful in finding and isolating wild poliovirus cases in the past years.

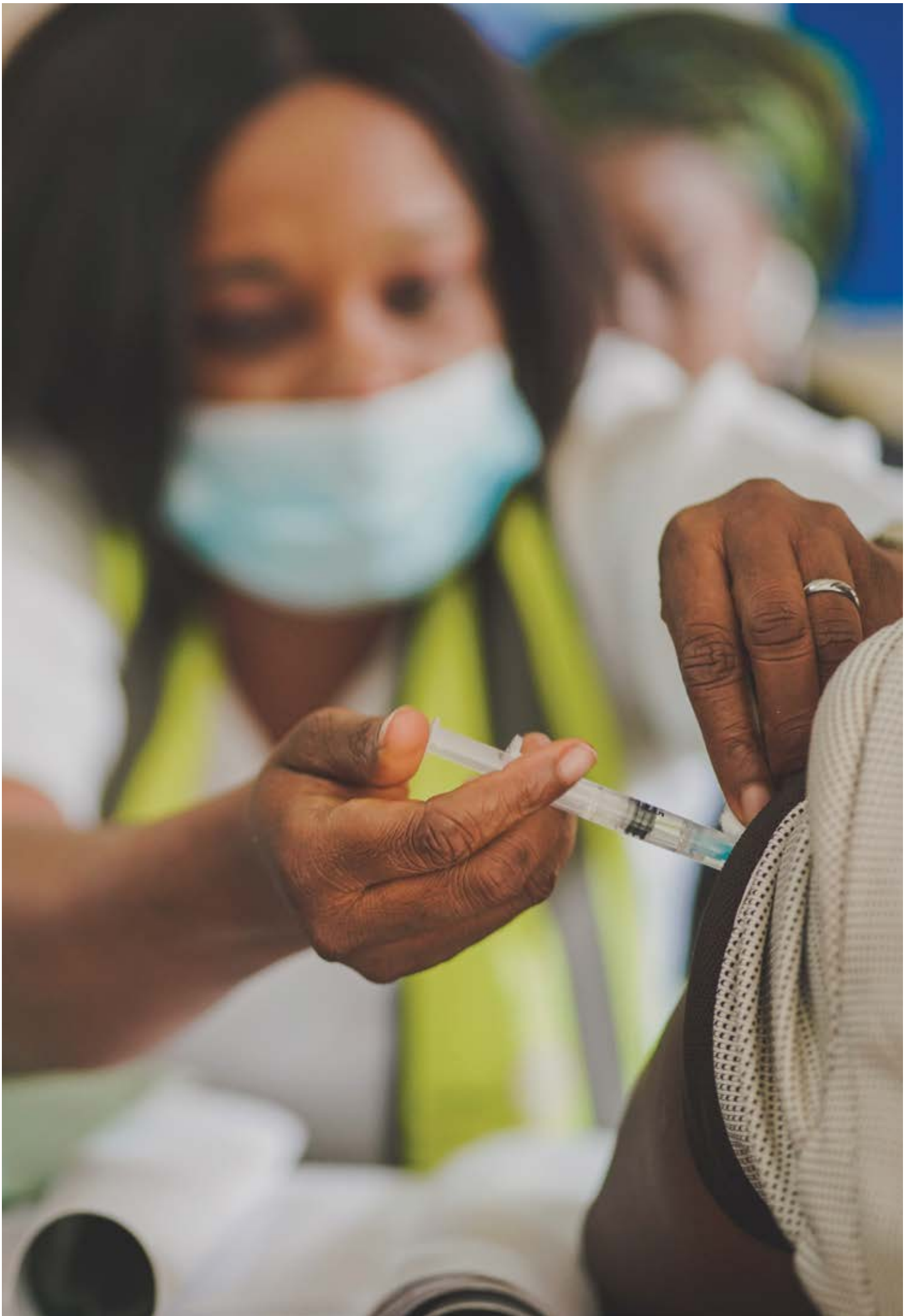
Surveillance and vaccination efforts are crucial for most farmers and cattle herders in the northwest. The state's geography makes it an easy target for infections in the zone.

"In the North West Zone, traditional institutions have a renewed commitment to support WHO in tackling the upsurge of cVDP2 through improved community sensitization to achieve optimal routine immunization coverage across the zone", says Dr Jalal Saleh, WHO Zonal Coordinator.

Ladidi Mohammed, a 16-year-old mother in Kazaure LGA Jigawa, says, "I allowed my child to be vaccinated because I believe my child will be protected from polio, measles, meningitis, and other childhood diseases. Our traditional leader always sensitizes us on the importance of vaccination, and I thank the government for ensuring that our children are vaccinated and prevented from getting infected."







# 3. STRATEGIC PARTNERSHIPS

Leveraging on its convening power, WHO provided meaningful support to Bauchi and Bayelsa States for conducting successful health summits. In addition, high-level advocacy was extended to the Governors of 16 States and the FCT to prioritize the health agenda and increase health investments, including ownership of the COVID-19 response.

In line with the United Nations Sustainable Development Partnership Framework (UNSDPF), the Organization coordinated with other UN Agencies in Bauchi State under the Delivery as One to provide life-saving services and implement high-impact interventions toward the economic development of the State.

Furthermore, it provides leadership on the health pillar for the ongoing implementation of the Nigeria UN Socio-economic Offer for COVID-19. WHO continues to co-lead the Result Area 2 (Equitable Quality Basic Service) of the UNSDPF with UNICEF, supporting the final evaluations and co-creating the next Nigeria UN Cooperation Framework.

As the private sector remains a vital segment of health, the Organization engaged with them to drive key initiatives towards improving health: Malaria, HIV/AIDS, TB, COVID-19, Polio, Neglected Tropical Diseases, Non-Communicable Diseases, and the potential contribution of the Nigeria Business coalition to the WHO Foundation.

## COMMUNICATIONS FOR HEALTH

Effective, integrated, and coordinated communications are integral to achieving WHO's goal of building a healthier future and delivering on WHO's mission to promote health, keep the world safe and serve the vulnerable.

In Nigeria, WHO adopted a strategic approach for effectively communicating WHO information, advice, and guidance across various health issues-- from chronic diseases to emerging and novel risks.

In the outgoing year, WHO Nigeria made a significant investment to meet the growing need for information, advice and guidance for its key audiences by applying the full range of communications functions. It reflects inputs from WHO personnel and zonal and state offices across the country.



## Key achievements

- 108 articles with one photo story posted on the WCO Nigeria website
- Reached >220,000.000 on social media platforms
- 3,831 new stakeholders across 36 states and FCT are captured on the database
- for targeted communications.
- Documented the impact of Effective Strategic Engagement of Journalists for WHO Nigeria's Visibility. The journal article is already peer-reviewed for publication
- Capacity building of >100 journalists and facilitated conduct of annual health journalists award.
- Produced donor and short educational/awareness videos and organized
- maintaining the highest mentions in AFRO.
- The media monitoring tool picked 550 reports related to Nigeria.
- Edited 12 UNCG Newsletters and facilitated high-level advocacy meetings with Governors, Legislators, and traditional/religious leaders.



## CREDITS

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