WHO-GRISP Course

Brief Oral Presentation

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Presentation Outline

- ***My Country of Focus***
- ***Why this transformative investment***
- ***Three prioritized strategies***
- ***How I prioritized the 3 strategies***

Country of Focus

NIGERIA

Country of Focus - 1

- Most populous country in Africa, made up of about 170 million people
- Landmass of approximately 923,768 square kilometers (km)
- Nigeria is largely an agrarian country
- Over 70% f the population live in rural areas with generally poor health and immunization facilities
- Immunization began in Nigeria in 1956 when smallpox was severe nationwide
- Expanded Programme on Immunization (EPI) was introduced in 1978 to provide routine immunization (RI) to children less than the age of two years
- Budgetary allocations to Health (incl. RI) have generally remained at 3-5% of annual budgets

Country of Focus - 2

- Optimum coverage was recorded by early 1990s with the country achieving universal childhood immunization coverage of 81.5%
- Gradual but consistent reduction in immunization coverage then followed - declined from 80% in 1990 to 42% in 1995 and fluctuated between 43% in 1996 and 60% in 2003
- By 1996, the national data showed less than 30% coverage for all antigens, and this decreased to 12.9% 2003
- Polio, measles, yellow fever, whooping cough, diphtheria, tuberculosis
- Incidence and prevalence worse in the North than in the South

Country of Focus - 3

- Nigeria's disease surveillance systems lag behind coverage assessments, and reported cases of vaccine-preventable diseases are only a small fraction of the actual number of cases occurring.
- Nigeria remains the last polio endemic country in Africa with a high polio transmission in the northern part of the country mainly in the States of Bauchi, Jigawa, Kaduna, Kano, Zamfara and Katsina which accounted for 90% of all cases in Nigeria in 2006
- In 2012, Nigeria introduced the 'Pentavalent Vaccine' into her routine immunization services
- WHO reported that by July 2015, the five states in the south east geo-political zone of Nigeria, namely Abia, Anambra, Ebonyi, Enugu and Imo, have completed the introduction of the inactivated polio vaccine (IPV) into their respective state routine immunization (RI)

TRANSFORMATIVE INVESTMENT

Invest in vaccinators and district managers by regularly and systematically building their capacity, strengthening their performance and providing supportive supervision.

Why this transformative investment

- Knowledge I gained from my decades of formal and informal involvements in immunization activities across the world especially in Nigeria and other developing countries brought me to the conclusion the VACCINATORS, IMMUNIZATION MANAGERS AND SUPPORTIVE SUPERVISORS hold the critical keys to the achievement of immunization targets in most sites, and these sites are the places where immunization is provided, experienced, and supported by majority of the stakeholders
- Immunization Systems Strengthening cross-cutting to HSS
- Investing in them brings good value for money, radically transforms immunization and large impact from small moneys; thus justifying the use of tax payers money to support immunization, especially in Nigeria and other climes where budgetary allocations to health and immunization have remained unrepentantly and abysmally poor

Three strategies prioritized

- **Build capacity of vaccinators and managers**
- **Ensure vaccine quality and availability**
- **Monitor programme performance and disease occurrence**

ACTIVITIES

1. Build capacity of vaccinators and managers

1.1 Train and mentor vaccinators and managers in services delivery, immunization data management, cold chain management and immunization waste management

1.2 Support vaccinators and managers to undertake capacity building for health workers at service delivery points (SDPs)/health facilities

1.3 Assist the immunization teams to develop Plan of Action (PoA) for Routine Immunization (RI)

2. Ensure vaccine quality and availability

2.1 Support immunization teams to ensure that RI vaccines are available at the cold stores and properly distributed to service delivery points (SDPs)/health facilities

2.2 Advocate to policy makers and higher authorities to have budget line for the procurement, transportation and proper storage of vaccines at all times and levels

2.3 Follow up with immunization officials to ensure that all vaccines are stores under appropriate temperature and environmental conditions

3. Monitor programme performance and disease occurrence

3.1 Monitor the status of implementation of all RI activities scheduled for the immunization officers, vaccinators and managers

3.2 Review on a monthly basis, the disease prevalence and status of implementation of the RI POA, and provide feedback to the appropriate immunization levels and stakeholders

3.3 Support the collection, collation, analysis of reliable Routine Immunization data on a regular basis through supportive supervisory visit to SDPs, facilities and stores; including data quality checks and data quality assessments (DQA).

How I prioritized the 3 strategies

- **By picking the 3 strategies that have the most cross-cutting impact to all the other strategies viz:** Create synergy with special vaccination efforts; Integrated immunization services; Secure political commitment and partnerships; Ensure excellence in national leadership; Engage communities and create demand; Evaluate the programme through surveys and reviews

'Immunization na correct body guard'

Thank you!

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