

Global Vaccine Action Plan

Secretariat Annual Report 2016

Priority Country report on progress towards GVAP-RVAP goals

NIGERIA

A. Progress towards achievement of GVAP goals

1. Summary

The summary table below describes the current situation in Nigeria regarding achieving the GVAP goals. Data used to assess progress towards achievement of GVAP goals are included in the annex.

Area	Indicator	Nigeria
2. Neonatal tetanus elimination	TT2+ coverage (reported on JRF 2015)	40%
	Rate of protection at birth against tetanus (2015 WUENIC)	55%
	Last SIAs conducted in the country	Round 1 conducted in 61 high-risk districts in October 2014. Rounds 2 and 3 scheduled for Sept 2016 and 2017 in same districts.
	Elimination validation date	Not yet validated: pre-validation assessment planned in 1-2 geopolitical zones before the end of 2016

3.2 Goal 2 : Meet global and regional elimination targets

3.2.1 Achieve maternal and neonatal tetanus (MNT) elimination

Nigeria has the goal of eliminating MNT by 2020 and an intermediate goal of more than 70% of LGAs having less than one case per 1,000 live births by 2018.¹ As of 2014, 17 states (46%) still reported more than one MNT per 100,000, though this represents considerable progress since 2010, when 27 states were over this threshold.² In addition, case-based MNT surveillance has improved since 2008, when it was added to the AFP/measles surveillance platform. However, according to the cMYP, there is still a high level of under-reporting of the disease.

Nigeria faces two main challenges to meeting its MNT elimination goal:

- 1) Relatively low rates of utilization of maternal health services. According to the 2013 Nigeria Demographic and Health Survey (DHS), just more than half (51%) of women made four or more antenatal care (ANC) visits during their last pregnancy, 48% received two or more TT injections, and 36% delivered their babies in a health facility.³ Many areas have much lower rates of maternal health utilization. Nearly half (47%) of women in rural areas reported no ANC visits during their last pregnancy compared to 11% in urban areas, and eight states – all in the Northeast and Northwest regions – had protection at birth (PAB) rates of less than 40%, with some states (Kebbi, Sokoto, Zamfara) as low as 14-17%. The national PAB rate – which WHO and UNICEF estimated at 55% in 2015 – has changed little since 2000, when it was 57%. While the cMYP has the goal of reaching more than 80% national coverage with two or more doses of TT vaccine, the lack of improvement in routine TT coverage remains a key impediment to Nigeria achieving MNT elimination;
- 2) Delays in conducting TT campaigns in high-risk areas. SIAs for women aged 15 to 49 years and pregnant women began on a pilot bases in 2009 in five states, with the aim of providing three TT doses (through three rounds). However, only three states were able to complete all three rounds, resulting in an overall coverage rate in the pilot states of 49% for TT3.⁴ Subsequently, targeting by states was abandoned and 61 LGAs were identified as high-risk areas. Plans were made to conduct three rounds of SIAs from 2014 to 2016 in these areas. The first round took place as planned in 2014, but the second round, originally scheduled for 2015, was delayed until early 2016, due to a lack of funding as a result of the suspension of GAVI operational cash support and to competition with planning for national measles campaigns. The third round is now scheduled for 2017.

¹ cMYP.

² cMYP.

³ National Population Commission. Nigeria Demographic and Health Survey 2013.

⁴ cMYP.

ANNEXES

1. MNT

- Not yet validated - planning a pre-validation assessment in 1-2 geopolitical zones before the end of the year