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
7. Introduction of new vaccines	**New vaccines introduced**	**Pentavalent: 2012-2014; PCV: 2014-2016; IPV in 2015. Meningitis A in routine program planned for 2017 and rotavirus for 2018.**

3.4 Goal 4: Introduce new and improved vaccines and technologies

Nigeria has been slower to introduce new vaccines than a number of other countries in the region, in large measure because of GAVI's policy for many years that required that countries achieve a national DPT3 coverage rate of at least 70% before being able to apply for support for new vaccine introductions. All vaccine introductions have received GAVI financial support, as well as technical support from several partners. These vaccine introductions have also all been phased in by state – taking eight months to one and a half years. The phased-in introductions have allowed for the variation among states in their readiness to introduce a new vaccine, including their cold chain capacity, and for the time needed to expand their cold chain and logistics system to accommodate the new vaccine. In the case of pentavalent vaccine, the phased introduction was also due to the limited global availability of the vaccine. The following vaccine introductions have taken place in the past four years:

Meningitis A vaccine in mass campaigns

Campaigns for 1-29 year olds were conducted in four phases – one per year – between 2011 and 2014 in the country's 23 states at high risk for meningitis. A post campaign survey conducted in the Phase 4 states in 2014 estimated a coverage rate of 88% for that phase, indicating good quality of the campaigns and high population demand for the vaccine.[1]

Pentavalent (DPT-HepB-Hib) vaccine

This vaccine was introduced in three phase from May 2012 to December 2013. A post-introduction evaluation was conducted in the 14 Phase 1 states in March 2013 to provide lessons learned and inform the introduction for the two remaining phases. According to the evaluation, the introduction generally went well, with a good training program in which at least one health worker per health facility had been trained; extensive publicity about the introduction, including launch ceremonies; good population acceptance of the vaccine and high demand; and the availability of updated data collection tools in all states.[2] The main weaknesses were the lack of introduction plans at the LGA level; insufficient funds at the LGA and health facility levels to transport vaccine, repair or replace broken refrigerators or to conduct supervisory visits; and the absence of adverse events following immunization (AEFI) surveillance.

PCV-10 vaccine

PCV introduction was approved by GAVI in 2013 and slated to begin later that year in most of the same Phase 1 states as for pentavalent vaccine introduction. Phase 1 was delayed until December 2014 due to a global shortage of the vaccine and to delays in finalizing an agreement between the Government and UNICEF to allow UNICEF to serve as the fiduciary agent (or "pass through") for GAVI vaccine introduction grant funds after GAVI HSS funds were frozen in early 2014, as described above. Phase 2, in nine more states, was scheduled for October 2015, but delayed till January 2016, and Phase 3 (originally planned for January 2016) took place in July. A key reason for the delays in the later phases was the failure of several states to pass the readiness assessment required for PCV-10 introduction to ensure proper handling by health workers of this vaccine, which is presented in two-dose vials without preservative and requires and open vials be discarded within six hours.

A PIE conducted in the Phase 1 states found a generally successful introduction, with early and strong planning, strong buy-in from some state political leaders (who participated in launch ceremonies), training of at least two health workers per facility, which included refresher training and was well-received; and no major issues with vaccine logistics or distribution.[3] The main problems identified were:

- A lag of around two months between the training of health workers and introduction of the vaccine in some states because of health workers strikes and security issues;

[1] Joint Appraisal report, 2015.
[2] Presentation of Post-introduction evaluation (PIE) of pentavalent vaccine introduction in Nigeria Phase I states, March 2013.
[3] Report on the Post-Introduction Evaluation of Pneumococcal Conjugate Vaccine (PCV10) and Inactivated Polio Vaccine (IPV) in Phase 1 States in Nigeria, March 2016.

- Gaps in communication about the vaccine due to a lack of funds for local social mobilization activities, insufficient availability of IEC materials and inadequate inter-personal communications between health workers and parents. Consequently, 60% of caregivers interviewed for the evaluation were not aware of which vaccines their child had just received, and 24% overall (and 85-90% in two states) weren't aware of the date for the next visit for subsequent doses;

- The reluctance among 15% of health workers overall – and 40% in three states – to administer three injections (for pentavalent, IPV and PCV) to a child during the same visit, potentially resulting in missed opportunities and increased dropout rates.

Despite these issues, the introduction of PCV, as well as pentavalent vaccine, did not appear to disrupt the routine program or negatively impact coverage rates of other vaccines in the schedule, since the WUENIC coverage rate estimates of all vaccines have increased each year since these vaccine introductions began.

Inactivated polio vaccine (IPV)

This vaccine was introduced over an eight-month period in 2015 in six phases, with delays in some states due to a delay in GAVI approval of the vaccine introduction grant and to health worker strikes. All accounts are that the introduction was well implemented.

Concerning future vaccine introductions, Nigeria is graduating as a GAVI country in December 2021, and has up to the end of 2017 to apply for GAVI support for any other vaccine introductions. Its plans call for meningitis A vaccine to be introduced into the routine schedule in 2017 in the 23 high-risk states, followed by rotavirus vaccine introduction in 2018. The country's application for GAVI for rotavirus vaccine, first submitted in 2014, has recently been resubmitted (with revisions to address the review committee's comments) and approved (with clarifications). Introduction of the vaccine is planned to begin in 2018.

The addition of a second measles dose, MR campaigns and a pilot HPV project are also mentioned in the 2016-2020 cMYP. However, these introductions are still in the discussion stage.