

NIGERIA

People in need
3.8 million

People targeted
5.4 million

Requirements
US\$ 63.5 million

Grade 3 Emergency



Context

Nigeria is a multi-ethnic and culturally diverse federation of 36 autonomous states and the Federal Capital Territory. A lower middle-income country and Africa's largest economy and most populous country, Nigeria faces daunting development challenges. In 2019, the National Bureau of Statistics reported 40% of Nigerians (83 million people) lived below the poverty line of 137 430 naira (US\$ 381.75) per year. Another 25% (53 million) were vulnerable. The report predicted the poverty situation worsening further by 2023.

The country's geographic and developmental situation make it highly prone to human-made, environmental, and other public health events resulting in high levels of mortality, ill-health, destruction of property and infrastructure, environmental degradation, and displacement. For more than 11 years, non-state armed groups staged numerous attack in the North East region, leading to displacement of populations and disruption of health services. This compounds existing challenges. The North West region of the country is affected by armed criminality-related challenges, which have also led to significant displacement of populations and disruption of health services.

The country's humanitarian health emergency (a WHO grade 2 emergency) is under additional pressure due to the ongoing COVID-19 pandemic (a WHO grade 3 emergency), circulating vaccine-derived poliovirus type 2 (a WHO grade 2 emergency), cholera outbreak (a WHO grade 2 emergency), yellow fever outbreak (a WHO grade 2 emergency), and Lassa fever outbreak (a WHO grade 1 emergency).

A nurse down a patient's details before her screening for cervical cancer at the Jummai Babangida Aliyu Maternal and Neonatal Hospital (JBAMN) in Niger State on 23 February 2021.
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Response strategy

WHO's health emergency response strategy in 2022 addresses the six concurrent graded emergencies described above plus control of disease outbreaks that have not yet reached their emergency thresholds (e.g. measles and cerebral-spinal meningitis).

In addition to responses and in accordance with WHO's impact framework in the Thirteenth General Programme of Work, and specific outputs and indicators on health emergencies, WHO will support the country to build capacities for prevention, rapid detection, risk assessment, and adequate timely responses to health emergencies. This will involve risk mapping/profiling of states, preparation and implementation of preparedness/mitigation interventions, and strengthening early warning and surveillance systems.

WHO will also support putting in place systems for rapid response to acute health emergencies through continued support to partner coordination, humanitarian assessments, deployment of rapid response teams, and health information generation and dissemination. WHO plans to complement the government, humanitarian partners, and other stakeholders by supporting the implementation of interventions that facilitate access to lifesaving health services for all affected Nigerians, especially vulnerable conflict-affected communities.

Country priorities

Humanitarian crisis response in north east region

- WHO's response to the crisis in the North East will follow the thirteenth General Programme of Work. WHO will promote Sustainable Development Goal 3, Good Health and Well-Being, with cross-cutting links to other Sustainable Health Goals such as Sustainable Health Goal 6, Clean Water and Sanitation. WHO will support the continued provision of essential health services including gender-based violence, mental health and psychosocial support, and strengthening the health system while rapidly responding to acute health emergencies through local capacities. WHO's response to the crisis in the North East will complement the overall humanitarian response addressing health needs detailed in the Humanitarian Response Plan and the yearly rolling WHO response plan.

Circulating vaccine-derived poliovirus type 2 outbreaks

- Nigeria experienced the worst circulating vaccine-derived polio virus type 2 outbreak in 2021 with 1023 cases in 31 of the 36 states and Federal Capital Territory of Abuja in the country. WHO continues to support Nigeria's response to this outbreak through a response support plan extended into 2022. The plan prioritizes strengthening acute flaccid paralysis surveillance including strengthening laboratory diagnostic capacities, implementing outbreak response vaccinations against vaccine-derived polio virus type 2 using novel oral polio vaccine type 2, and types 1 and 3 circulating vaccine-derived polio virus using bivalent oral polio vaccine and inactivated polio vaccine; conducting routine immunization intensification and other maternal/child health services in high-risk states; and improving partnership coordination at the Emergency Operation Centres.

Cholera outbreak

- Nigeria experienced one of the worst cholera outbreaks in 2021 with 111 062 cumulative cases in 33 states and the Federal Capital Territory (across 435 local government areas) and 3604 deaths (case fatality rate of 3.2%) recorded by week 5 of 2022. WHO has a six-month rolling cholera outbreak response support plan. The plan prioritizes the deployment of Rapid Response Teams at the local government area level for case investigation, water, sanitation, and hygiene interventions, risk communication, and surveillance. The plan also prioritizes expanding/strengthening diagnostic testing capacity; the establishment and operation of oral rehydration points and cholera treatment centres/cholera treatment units that suspected/confirmed cases can easily access; strengthening infection prevention and control protocols at treatment facilities; oral cholera vaccination interventions; and improving response coordination.

Lassa fever outbreak

- Nigeria is experiencing a Lassa fever outbreak, with 322 suspected cases in 18 states in 2022 (week 5 of 2022), nearly three times the number of cases registered during the same period in 2021. The cumulative number of cases in 2021 was 1301 suspected cases from 28 states, including the Federal Capital Territory and 46 deaths (case fatality rate of 17%). WHO developed a six-month rolling Lassa fever outbreak response support plan. The plan prioritizes the deployment of Rapid Response Teams at the local government area level for case investigation, risk communication, surveillance, and rodent control interventions. The plan also prioritizes strengthening diagnostic capacity, patient management capacity, infection prevention and control, and response coordination.

Yellow fever

- Nigeria is one of a number of countries experiencing an increasing number of yellow fever cases. The WHO Regional Office established a Grade 2 subregional emergency, with Nigeria as one of the response countries. Cumulatively, the country has had 2164 suspected yellow fever cases and five deaths (case fatality rate of 0.2%) in 36 states and the Federal Capital Territory in 2021. A total of 47 cases were confirmed through the plaque reduction neutralization test and 79 cases were classified as presumptive (immunoglobulin M positive but plaque reduction neutralization test negative). As part of its subregional response, WHO Nigeria developed a six-month support plan focusing on surveillance (routine surveillance, case investigation, entomological surveillance), risk mapping plus supplemental immunization planning/implementation, diagnostic capacity strengthening, risk communication and community engagement, immunity serosurveys, and strengthening response coordination.

COVID-19 response

Cumulatively, 253 721 COVID-19 cases (154 840 in 2021), 230 045 recoveries and 3139 deaths (case fatality ratio of 1.2%) were recorded since the beginning of the outbreak in 2020 to week 5 of 2022. WHO has a one-year rolling COVID-19 response support plan in Nigeria, with priority support interventions across all 11 interconnected response pillars. Through this plan, WHO is supporting the implementation of context-appropriate public health and social measures at national and subnational levels, as summarized below.

- Support continued functionality of government leadership structures (i.e. Presidential Steering Committee and State Task Forces) plus the Public Health Emergency Operation Centres at the national level and in each of the 36 states and Abuja to maintain a strong coordination of the government-led response. High-level advocacy visits to strengthen state leadership will also continue to be conducted. WHO will aid with the conduct of intra-action reviews; updates of incident action plans in high COVID-19 burden states where previously developed incident action plans are now out of date; track their implementation and track the pandemic, including the production of information products, such as situation reports. The deployment of Rapid Response Teams to states that experience a surge in COVID-19 cases will continue to be implemented.
- WHO will continue to help the country update all service delivery guidelines, job aids, and materials in line with those developed by WHO at regional or global levels. WHO will also support the introduction of new WHO-recommended technologies, service delivery strategies, and tools; and on-the-job training of health service providers and strengthening of professional development initiatives, such as the community of practice for COVID-19 treating practitioners plus supportive supervision. Other areas of assistance are systems strengthening initiatives, including further development of the Surveillance Outbreak Response Management and Analysis System (including the addition of a COVID-19 treatment module) and its rollout to all health facilities for improved surveillance data capture.
- Other areas of WHO support in 2022 include maintaining the quality of COVID-19 testing using reverse transcription polymerase chain reaction and antigen rapid diagnostic tests and implementation of external quality assessments for reverse transcription polymerase chain reaction labs. WHO will also strengthen genomic sequencing and work to integrate COVID-19 surveillance in routine surveillance

systems (e.g. influenza-like illness/severe acute respiratory infection sentinel surveillance system). Continued engagement with journalists in risk communication will take place, and the effectiveness of risk communication interventions will be monitored. In addition, capacity-building of federal and state risk communication focal points will take place with a focus on infodemic management. WHO will also assist in the implementation of a follow-up rapid assessment on the continuity of essential health services. In the North East region, WHO will continue to support mobile health teams in hard-to-reach areas and other service delivery strategies that facilitate the maintenance of access to and use of essential health services in the humanitarian emergency settings.

- WHO will continue to support the country in scaling up COVID-19 vaccine deployment. There is a 70% coverage target set for the year. WHO will continue to aid in the ongoing implementation of community interventions to address vaccine hesitancy, independent monitoring, and a miniCPIE of vaccination campaigns. WHO is funding an ongoing vaccine effectiveness study. WHO will continue to support the country to further strengthen COVID-19 infection surveillance among health workers and the periodic updating of protocols for points of entry and public health measures used to mitigate the changing COVID-19 infection surveillance among health workers. WHO will continue to donate equipment, supplies and provide implementation support for the delivery of COVID-19 response interventions.

In November 2020, a WHO volunteer prepares yellow fever samples for shipment to a testing laboratory. © WHO / Noor Images / Benedicte Kurzen



Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	3.37	1.28	4.65
P2. Risk communication and community engagement	0.96	4.58	5.54
P3. Surveillance, case investigation, and contact tracing	2.50	6.30	8.80
P4. Travel, trade, points of entry and mass gatherings	-	1.11	1.11
P5. Diagnostics and testing	0.57	1.26	1.83
P6. Infection prevention and control	0.91	-	0.91
P7. Case management and therapeutics	1.35	9.47	10.82
P8. Operational support and logistics	2.37	2.03	4.40
P9. Essential health systems and services	17.06	0.75	17.81
P10. Vaccination	5.41	1.63	7.04
P11. Research, innovation, and evidence	0.24	0.34	0.59
Total	34.75	28.75	63.50

For more information

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A scientist works in the pathology lab of the Department of Medical Laboratory Services at the general hospital in February 2021. © WHO / Etinosa Yvonne

