

Polio transition in a snapshot: Nigeria

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Background

DEMOGRAPHICS¹



Total population, 2022:
219 million



Birth rate (per 1000 people),
2021: **37**



Infant mortality rate (per 1000 live
births), 2021: **71**



Under-5 mortality rate (per 1000
live births), 2021: **111**

FINANCIALS²



Gross Domestic Product (GDP), 2022:
US\$ 472.62 billion



GDP per capita, 2022:
US\$ 2162



Health expenditure per capita, 2020:
US\$ 69.76



Health expenditure (% of GDP), 2020:
3.38%



External health expenditure (% of current
health expenditure), 2020: **9.58%**

KEY RESOURCES

- Nigeria National Polio Transition Plan 2020 – 2023
- Africa Regional Strategic Plan on Polio Transition

¹ World Bank Data (<https://data.worldbank.org/>)

² World Bank Data (<https://data.worldbank.org/>)



Overview of polio eradication and transition planning in Nigeria

Nigeria was declared free of wild polio, along with the rest of the African Region, in August 2020. The certification was received after more than four years without any detection of wild polio virus type 1 (WPV1) in the country. Despite this success, 2.3 million children in Nigeria have not received routine immunization, the second highest number in the world³. Outbreaks of circulating vaccine derived poliovirus (cVDPV) continue to persist, with 48 cases of cVDPV2 documented in 2022. In several instances, outbreaks beginning in Nigeria have spread to other countries within the African continent, underscoring the risks that remain until all kinds of polio are eradicated.

Since polio transition planning began in Nigeria, important lessons have been learned. As of 2017, over 20,000 personnel employed by the polio eradication programme performed wider essential duties such as disease surveillance, technical assistance for routine immunization, community engagement, planning and data management. It is vital that these critical capacities are maintained. The current focus is on closing remaining cVDPV outbreaks, building national health system capacity through integration and securing long-term financing to sustainably maintain polio functions at the levels necessary for global certification of the eradication of poliovirus. The Global Polio Eradication Initiative continues to support critical polio activities as of 2024.

Objectives

The overall aim of polio transition is to safeguard the polio essential functions (poliovirus surveillance, immunization with appropriate polio vaccines, outbreak response and containment) that are needed to sustain a polio-free world, and use the polio investments - the tools, knowledge and infrastructure established through the eradication effort - to strengthen national health systems. A dedicated Regional Strategic Plan for the African Region sets out the aims of regional polio transition⁴.

The overall goal of Nigeria's transition process is to achieve an integrated and resilient national public health system, consisting of vigorous surveillance, strong essential immunization coverage for all vaccine-preventable diseases (VPDs) and robust emergency preparedness and rapid response to outbreaks. Integration is viewed as a core path towards greater ownership, political commitment and financial sustainability, which builds synergy between programmes and enables cost-sharing.

Nigeria's polio transition strategy aims to mainstream all key polio activities into existing government departments and agencies, such as the National Primary Healthcare Development Agency (NPHCDA) and the Nigeria Centre for Disease Control (NCDC). Civil society groups, such as the CORE Group Partners Project and other stakeholders, will also play a key role in sustaining polio essential functions⁵. This aims to strengthen three top priorities: primary health care revitalization, essential immunization, and disease surveillance and outbreak response. These areas are considered to represent the greatest return on investment for the Nigerian Government.

3 World Health Organization/UNICEF Estimates of National Immunization Coverage (WUENIC)—2022 estimates. (2022). WHO Immunization Data Portal. <https://immunizationdata.who.int/listing.html?topic=coverage&location=NGA>.

4 See <https://www.who.int/teams/polio-transition-programme> for more details

5 The CORE Group Partners Project is a multi-country, multi-partner initiative providing financial support and on-the-ground technical guidance and support to strengthen country efforts to eradicate polio.

Journey to transition: national polio transition plan 2020 – 2023

Nigeria commenced the transition planning process in 2015, with a focus on planning and strategy development. The National Polio Transition Plan 2020 – 2023 (NPTP) outlines the key strategies to efficiently transfer polio resources from Global Polio Eradication Initiative partners to the Government of Nigeria.

Priority Areas for Polio Transition

PHC Revitalization

The Government aims to ensure that 10,000 Primary Health Care facilities are functional. Support from polio assets and structures will guarantee at least one functional PHC facility per ward, which will act as a referral point for smaller surrounding health facilities. Strengthening PHC through improved governance and leadership will enable better service delivery, quality, and coverage.

Essential Immunization

A key aim is to increase essential immunization coverage to greater than 80% for Penta 3 at national, state and LGA levels before the end of 2028. Focus will be on vaccine delivery, the introduction of new vaccines and increased community ownership. Support will be provided for sustainable outreach, mobile services, use of mapping technology and supplementation. The retention and absorption of polio personnel with essential immunization experience will be recommended. There will be a move from campaigns and supplemental activities as a primary immunization strategy to essential immunization.

Disease Surveillance and Outbreak Response

The Government aims to strengthen Integrated Disease Surveillance and Response (IDSR) and international Health Regulations (IHR) core capacity. Disease surveillance and emergency response for polio will be integrated with broader vaccine-preventable diseases and other diseases. In addition, polio and public health Emergency Operation Centers (EOCs) are being integrated to reduce costs and optimize efficiencies in the management of disease outbreaks, emergencies and disasters beyond health.



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The plan aims to mainstream core polio functions and activities into government operations across four thematic areas:

Theme	GPEI funded activities	Current Implementing Partner	Proposed Responsible Government Agency
Implementation and service delivery	<ul style="list-style-type: none"> Planned & emergency campaign operations (SIAs) Special interventions in security compromised areas 	<ul style="list-style-type: none"> WHO UNICEF CDC/AFENET 	<ul style="list-style-type: none"> NPHCDA (EOC)
Disease surveillance	<ul style="list-style-type: none"> AFP Surveillance AVADAR and e-surveillance⁶ Laboratory operations Core surveillance functions 	<ul style="list-style-type: none"> WHO CDC/AFENET CGPP 	<ul style="list-style-type: none"> NPHCDA (EOC) NCDC
Communication and advocacy	<ul style="list-style-type: none"> Community Engagement and Social Mobilization 	<ul style="list-style-type: none"> CGPP UNICEF WHO 	<ul style="list-style-type: none"> PHCDA (Advocacy and Communication)
Management, operations and capacity building	<ul style="list-style-type: none"> Outbreak response Health systems support 	<ul style="list-style-type: none"> WHO UNICEF CDC/AFENET CGPP 	<ul style="list-style-type: none"> NPHCDA (EOC) NCDC

Progress

A key lesson learned in Nigeria is the importance of progressing transition in a steady, well-planned manner, aligned with local epidemiology. Since 2020, achievements include the implementation of targeted training on the three focus areas of primary health care, essential immunization and surveillance, strengthening Integrated Disease Surveillance and Response, and active efforts to expand the scope of work undertaken by polio personnel.

The current focus is on achieving incremental milestones towards the full transfer of responsibility to the Government of Nigeria. Sustaining programmatic quality, especially in surveillance, is a top priority. Integration is being used to improve health outcomes, for instance by reaching more un- and under-vaccinated children through combined activities. A mentoring programme has begun to increase the capacities of health workers, who are the backbone of polio eradication and broader health efforts. The transition process is being aligned with other initiatives focused on building resilient health systems, including programmes supported by the World Bank and Gavi.

⁶ The scope of AVADAR and e-surveillance will be modified to cover all PHC deliverables and integrated for surveillance and data management.

Business case document

The Nigeria Polio Transition Business Case Document forms a central element of the National Polio Transition Plan. It assesses the benefits and drawbacks of various costing scenarios and presents a detailed implementation plan to transition polio resources from partner agencies to the Government of Nigeria.

Under this model, physical and intangible assets and human resources will be gradually transferred, using the polio epidemiology risk level to determine the annual transition rate. The model predicts that the Government will bear 39.8% of the cumulative transition cost over the transition period, while partners will bear 60.2% of the costs. The Business Case Document and the National Polio Transition Plan remain live documents, adaptable to changing context.

Financial sustainability

The Business Case document noted a funding gap of US\$ 132 million for polio essential functions. Proposals to reduce this gap include mobilizing additional funding from national and state governments, partner agencies and new donors, including the private sector.

Looking ahead, the Government is committed to actively mobilizing funds for the implementation of Nigeria's polio transition plan, including by scaling up advocacy with relevant stakeholders to secure resources. At the same time, the Government will review and increase the capacity, strategic focus and resourcing of its public health and primary care programmes, to ensure high levels of immunity against poliovirus and other diseases, and prevent the loss of critical capacity.

Monitoring and evaluation

Nigeria's polio transition plan outlines actions to ensure effective implementation and monitoring of all planned polio transition activities, including the development of a dedicated dashboard.

National efforts are complemented by the global Polio Transition Monitoring and Evaluation framework. This consists of two sets of indicators to measure health system performance in relation to the polio essential functions, and the polio transition process. The framework aims to guide decision-making, facilitate progress, and enable the monitoring of the quality of performance of the polio essential functions. The datasets related to Nigeria can be accessed at <https://www.who.int/teams/polio-transition-programme>.

Risks / challenges

- Ongoing cVDPV outbreaks and risk of virus resurgence in insecure areas.
- Securing adequate long-term, predictable financing to sustain essential functions.
- Maintaining robust disease surveillance and response systems to detect and respond to suspected poliovirus.

Next steps

- Ensure effective integration of polio infrastructure into the broader health system, aligned with polio epidemiology.
- Secure domestic and international funding, with the engagement of all relevant stakeholders, including through cost-sharing.



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