Nigeria

Managing the Transition from Gavi Assistance

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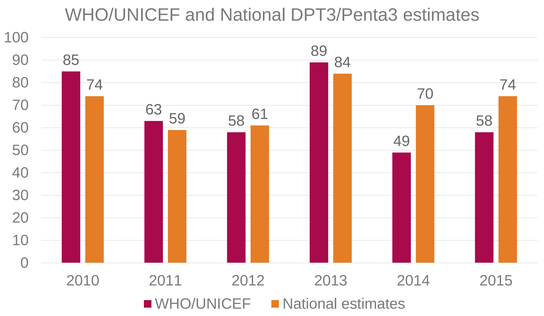
1. Background Information



Where the country is in terms of the timing of transition of Gavi support:

Four more years of co-financing of vaccines supported by Gavi anticipated: (2018 – 2021)

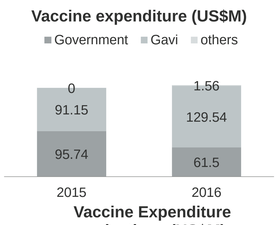
Gavi support in the pipeline:
- HSS 2 grant- Country Strategy for Immunization and Health System Strengthening support

New vaccine introductions with Gavi support:
- Pentavalent in 2012
- PCV in 2014
- IPV in 2016

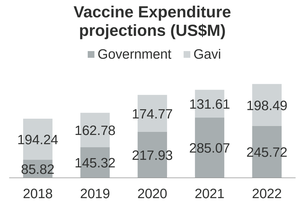
Planned introductions:
- Rota in 4th quarter of 2018
- MenA conj.10 in 2018
- HPV by 2020

Sources of financing for vaccine expenditures, 2015-2017
1. Government- FGoN budget. World Bank loan
2. Gavi
3. Other

YR	Funding Sources (US$M)				
	Government		Gavi	Other	Total
	FGoN Budget	WB Loan			
2015	12.5	83.2	91.1	0	186.8
2016	-	61.4	129.5	1.5	192.5
2017	The expenditure for the year to be determined after UNICEF (Procurement agent) closes it account at the end of the year.				



	Vaccine Projections				
	2018	2019	2020	2021	2022
Govt	85.8	145.3	217.9	285	245.7
Gavi	194.2	162.7	174.7	131.6	198.4
Other					



2. Financing

Key Challenges
- Dwindling government revenue led to decline in federal government appropriation for vaccines and other components of immunization
- Devaluation/adverse exchange rate movement of the national currency (Naira) against the Dollar is greatly limiting the ability of government to procure vaccine from annual appropriation since all vaccines are priced in Dollar/imported.

Mitigation strategies
- Establishment of the National Immunization Financing Task Team (NIFT) in 2015 with mandate to develop strategies for sustainable immunization financing in Nigeria:
- Proposed establishment of Nigeria Immunization Trust Fund by Act of Parliament to ensure steady and consistent cash flow for vaccine procurement and other immunization costs
- MOU signed with private pharmaceutical company for local vaccine production in Nigeria to counteract the high cost of vaccines
- Sustained advocacy to relevant governmental institutions and political leaders for increased budgetary appropriation for vaccine procurement
- Commitment for counterpart funding from the states based on records of eligible children in the respective states.

Disbursement of funds
- Late passage of annual appropriation and subsequent late release of funds.
- Addressed by relying the use of World Bank/JICA loan for vaccines procurement as an interim mitigating measure
- Support from Gavi and other development partners – BMGF, WHO, UNICEF JICA, KFW-Germany, EU, USAID, Global Affairs Canada etc.

3. Procurement

All vaccines are procured through the UNICEF Supply division. No planned changes in procurement 2018-2020. Vaccine Independence Initiative member since 2015

Main Challenges
- Inability of the country to finance vaccine procurement from government appropriation
- Inability of the sub-national governments to co-finance vaccine procurement

Mitigation strategies (see financing, above)

4. NITAG

NITAG established by an administrative mechanism. Formal terms of reference exist and membership cut across the entire relevant health sector – public health, academia, clinical field etc. Meetings are quarterly with occasional working group meetings. Agendas are circulated in advance and disclosure of conflicts of interest is mandatory.

5. Coverage and Equity

Main Challenges
- Inadequate financial resources to go round
- Inadequate human resources– quality, quantity, distribution
- Poor data quality – target driven report leading to data falsification
- Unreliable target population
- Poor demand and community engagement strategy – lack of communication plans
- Vaccine hesitancy; cultural and religious barriers
- Poor supply and distribution system
- Insecurity – Militancy, BH, Cattle rustling, banditry etc
- High attrition rate
- Inadequate incentives
- Recurring and persistent health workers industrial action – due to non-payment of salary at sub national level
- Non-application of accountability frame work at the states and LGAs leading to poor attitude and negligence
- Over reliance on campaigns at the expense of RI
- Global shortage of vaccines
- Poor functionality of PHC system

Mitigation strategies
- Declaration of state of public health concern on RI
- MOU on accountability for RI service delivery have been signed between NPHCDA and ALL immunization partners in-country
- MOU between the States plus FCT and the private service providers on immunization have also been revised
- New innovative ways of engaging traditional/religious leaders
- Engagement of experts in communication in eight (8) very poor performing States
- Establishment of NERICC counterpart (SERICC) structure at the state level and LERICC at the LGAs
- Implementation of Community Health Influencers, Promoters and Services (CHIPS) program
- Enhance frequency and quality of Supportive supervision to HFs (optimized Joint RI SS)
- Support to the States/LGAs to review their micro-plans
- Existence of MOU/Basket funding in some states
- Implementation of a minimum of one outreach session per week on a dedicated day that is agreed and convenient for members of the community (liken to the dedication of the last Saturday of every month for Sanitation Exercise by most States in the country)
- Introduction of revised child health card to promote card retention
- Toll-Free Helplines to the public
- On-going efforts to complete the training on the DHIS2 Roll-out (only 4 states remaining). Transition from DVD-MT to DHIS2 (January 2018)
- Sanctions for padding of data and rewards for actual report
- Triangulation of target population estimates for EPI program planning has been done;
- Doing away with giving targets at the Health facilities (but absolute number of children immunized). Supervisors are to look at how we are covering the targets
- Efforts are on-going for real time reporting of RI performance (through SMS and Android) from the poor performing States
- An RI Dashboard has been set up @ national (and efforts on-going to support the states to do same) to track on a daily/weekly basis 7 key RI performance indicators
- GIS Mapping and use for population estimates/planning of immunization (fixed/outreach) services

6. Transition Plan

- Polio legacy planning is on-going and essential polio assets/structures are being mapped for redeployment to strengthen RI activities
- Implementation of the Basic Health Care Fund
- National Health Act
- National Immunization Policy
- Economic Recovery and Growth Plan for Health is anchored on Universal Health Coverage
- Renewal of engagement with private practitioners – MOU signed and engagement is on going
- Public private partnerships is being looked at as an opportunity for sustainability
- Gavi graduation grant- No

8. Key Lessons

- National Immunization Financing Task Team – Driving advocacy for increase funding for immunization, local vaccine production and legislation for Nigeria immunization trust fund etc.

9. Further Thoughts

Factors that would contribute to successful transition
- Cold chain optimization plan – 3 hub cold store expansion in Kano, Abuja and Lagos
- Implementation of the complete cold chain improvement plan
- To have country own effective structure for vaccine distribution
- Strengthen the temperature monitoring mechanism
- Engagement and partnering with big logistics firm – PPP
- Grace period (extension of the graduation period for Gavi support)/ transition flexibility
- Comprehensive implementation of the country's data improvement plan

BILL & MELINDA GATES foundation

LNCT Learning Network for Countries in Transition

Gavi The Vaccine Alliance