

## Using covid-19 pandemic response and vaccines rollout to improve immunization and the health system in Nigeria 2020 - 2023



### INTRODUCTION

Covid-19 was a scourge on a global scale with dramatic and uncountable consequences. The pandemic had a significant social and economic impact across countries and continents. Its effect was specifically detrimental not only to health systems and immunization services but also to several other sectors closely related to child health. The measures taken in response to the pandemic have led to partnerships of various kinds, both internationally and within countries.

Nigeria, with a population of 230 million inhabitants, is a country whose 267188 Covid-19 cases reflect its size. While the country has achieved a good level of immunization coverage for anti-Covid-19 vaccines compared to other countries in West Africa, many challenges remain in terms of routine immunization. To provide an appropriate response to the pandemic and its impact on the healthcare system, UNICEF has collaborated with various institutions on several initiatives.

Since 2018, funding sources for Nigeria have been on a downward trend due to factors related to the international context. Optimal and efficient use of mobilized resources is therefore a concern for all the partners and UNICEF. To facilitate the implementation of Covid-19 vaccine deployment in Nigeria, polio structures at community level were used. Similarly, efforts to respond to the pandemic and the deployment of Covid-19 vaccines have served as a springboard for improving the organization, implementation and delivery of various services and for strengthening health system in general, and the education and child protection sectors as well.

The present documentation intends to report this use of the opportunity of Covid-19 response as a best practice, but also as a host of specific best practices that can serve as references for various actions in similar contexts at national, regional and international levels.

## **IMPLEMENTATION**

- ***Partnership development***: the scale of the pandemic was such that it was clear that the resources available at country level were insufficient to deal with it. One global strategy was to form partnerships. In Nigeria, UNICEF and government authorities developed a partnership network to facilitate not only the mobilization of resources, but also the implementation of the pandemic response. The partnership set up was relevant to the issues and challenges anticipated. This partnership brought together several institutions, including UNICEF, the Federal Government of Nigeria and the States, the United Nations and GAVI. Specifically for vaccination, the Covid-19 Vaccine Delivery Partnership contributed to achieving this objective.

- ***Establish a good framework for collaboration with the government***. Although implementation already involves collaboration with the government, mainstreaming involves strengthening this collaboration and specifically providing assistance to the government from UNICEF. This assistance involves several activities, including human resources capacity building and various approaches to institutional strengthening.

- ***Planning and programming***: Activities were planned and programmed in accordance with various documents, such as the National Health Sector COVID-19 Pandemic Response Action Plan. (NAHCPRAP), procurement plans, financial agreements for credits and the national vaccine deployment plan. Planning also takes into account coordination issues at both federal and state levels.

- ***Utilization of polio structures at Community level for COVID-19 vaccine roll-out*** : comme déjà note, la réponse à la pandémie de Covid-19 et le déploiement des vaccins y relatifs a bénéficié du leg de la lutte contre la poliomyélite. Cela comprend les capacités en ressources humaines, le leadership, la gestion, le soutien de la communauté et l'atteinte des communautés difficiles à atteindre. Cela ne se fait pas automatiquement, mais résulte d'une documentation cohérente et d'une révision des enseignements tirés de l'GPEI.

**- Integrating activities and resources and improving the service offer:** Some of the activities in this integration process are based on the resource mobilization, planning and programming stages. However, the real work of utilizing the opportunities of the Covid-19 pandemic response lies in the integration of resources and activities, and in improving the service offer in the field.

## RESULTS

**Resource mobilization:** Up to US\$ 73 million were mobilized through the Basket Fund lunched in 2020 by the United Nations and the Government of Nigeria for COVID-19 response. This was to ensure an efficient, effective and impactful response to the pandemic. The CoVDP in Nigeria also mobilized \$5 million from partners to integrate COVID-19 vaccination activities with measles and yellow fever campaigns in June 2022. <sup>1</sup>



**Logistics and infrastructure:** The expansion of the Abuja vaccine hub with 525m<sup>3</sup> vaccine storage space, and 30m<sup>3</sup> in 5 states (Yobe, Gombe, Kebbi, Imo and Oyo) and installation of 36L Solar driven refrigerators in 864 Health facilities across the country was achieved in 2023.

**Coverage:** Coverage of the Covid-19 vaccine reached 70.56% of fully vaccination (over the 70% benchmark set in 2022). In 2023 almost 72% of Nigerians over 18 years were vaccinated.

**System resilience:** Despite the Covid-19 vaccination & diphtheria outbreak challenges, Nigeria immunization programme achieved progress in 2023 in terms of coverage and equity. Leveraging the diphtheria outbreak response as a catch-up for routine immunization, Nigeria achieved a four per cent increase in pentavalent-1 coverage to 90 per cent (from 86 per cent in 2022) and a seven per cent increase in pentavalent-3 coverage to almost 87 per cent (from 80 per cent in 2022).

**Equity:** Zero-dose communities were adequately reached, integrating measles vaccines, digital tracking of the immunization supply chain, and conducting the first-ever fIPV campaign for polio immunity among specific states by leveraging COVID-19 resources. It contributed to the zero-dose reduction strategy that improved immunization equity, reaching 254,630 zero-dose children and identifying primary healthcare facilities.

## BEST PRACTICES

***Good resource mobilisation partnership and practice:*** The partnership in place had obviously multiple objectives going beyond the implementation of Covid-19 response strategies. The Basket Fund was to assure adequate specific response to the pandemic, like leading the Risk Communication and Community Engagement (RCCE) pillar to influence individual behavior change to mitigate socio-economic consequences of COVID-19 for UNICEF. It also considered the preexisting reality and context that caused the decreasing effectiveness in resource mobilization in favor of Nigeria health programs. As reported, the Basket Fund was a platform of diverse stakeholders, institutions, foundations and philanthropists that has enabled a more coordinated UN response to the Government's efforts. Subsequently, the additional resource mobilization efforts like the CoVDP had already in their plan the integration of Covid-19 activities with other immunization challenges.

***Reinforcing the health system as to logistic and procedures:*** UNICEF assisted the government in vaccine and logistics management, including immunization supply chain and vaccine policy direction; standard operating procedures; cold chain deployment; and monitoring, forecasting, and procurement of vaccines and supplies. UNICEF Nigeria strengthened the cold chain system to increase government capacities to absorb new vaccines, including COVID-19. For example, 93 ultra-low-temperature freezers (ULTF) were deployed across 36 states and the FCT, resulting in a combined capacity to absorb approximately 28 million doses of Pfizer vaccine.

***Expanding immunization delivery and reach:*** Covid-19 infrastructure and organizational features were used to expand immunization to hard-to-reach communities. Nigeria also expanded delivery of immunization services into hard-to-reach areas through routine immunization intensification and supplemental immunization activities.

***Adopting a multiprogramme approach:*** UNICEF has leveraged opportunities from the COVID-19 pandemic to improve service delivery and accelerate results for children in health, child protection and education. In health the COVID-19 pandemic provided an opportunity to strengthen the system, including cold chain storage capacity and oxygen supply systems. Supplemental immunization activities, including COVID-19 vaccination, will be integrated with routine services to maximize resource utilization and reduce missed opportunities. In Child Protection UNICEF developed a programme for children in street situations to access formal education, life skills, and social protection schemes in 2022. In Education a diversification of learning opportunities for children in Nigeria was initiated by UNICEF using several remote learning options to ensure continuity of education reaching at least 1,426,762 children.

***Integration:*** UNICEF supported the technical and resource support for planning, capacity building, logistics, social mobilization, and monitoring activities of Diphtheria OBR, Measles, Yellow Fever, MenA supplementary immunization activities integrated with COVID-19 vaccinations activities.

***Designing a zero-dose reduction strategy:*** Covid-19 resources were used for achieving the objectives the reduction of zero-dose cases. Leveraging COVID-19 resources, initiatives targeted

zero-dose communities, integrating measles vaccines, digital tracking of the immunization supply chain, and conducting the first-ever fIPV campaign for polio immunity among specific states. It contributed to the zero-dose reduction strategy, improved immunization equity, reaching 254,630 zero-dose children and identifying primary healthcare facilities.

***Integration of new strategies and technologies:*** COVID-19 resources and strategies were leveraged to reach the zero dose communities through targeted integration. Key innovations that contributed towards the progress in immunization system in Nigeria included: the integration of measles vaccines with Diphtheria OBR, digital tracking of immunization supply chains, rollout of Open LMIS, and forecasting of stock outs. The first ever fIPV campaign was conducted to rapidly boost up immunity against polio among the low performing/consequential geography states.

## LESSONS LEARNT

***Maintaining active capacities despite the pandemic:*** With good organization, the pandemic did not prevent action in the face of new challenges. UNICEF worked on community healthcare integration, while immunization coverage growth and new vaccine introductions continued amid challenges from the COVID-19 vaccine rollout and the diphtheria outbreak. Notably, the HPV vaccine was introduced in 15 states, protecting millions of girls.

***The limits of action in the face of challenges:*** Despite achievements, challenges included political transitions, diphtheria outbreaks, healthcare financing delays, and security concerns. These hurdles impacted routine immunization systems and hindered progress in redesigning the immunization supply chain for efficiency.

***Leadership and improvements:*** Decentralization of training at subnational levels resulted in improved quality of care, while solarization of oxygen plants addressed power supply issues. Leadership transitions affected implementation pace, impacting target achievement. However, ongoing initiatives aim to align with new health sector leadership for improved coordination and child survival.

***Importance of local partnerships:*** A partnership-signed, state-focused MOU comprised of the Federal Ministry of Health, Gavi, the Vaccine Alliance, UNICEF, and eight state governments has significantly bolstered routine immunization and primary health care systems. Progress is evident in operationalizing functional primary health care centres in zero-dose communities, with high-quality data, above-average HPV coverage and strategic health worker deployment. Future efforts will sustain integrated services, enhance state investment oversight, and target vulnerable populations.

## CONCLUSIONS AND RECOMMENDATIONS

In Nigeria, deployment of the Covid-19 vaccine took advantage of the polio community and technical infrastructure and subsequently became a lever for improving immunization services

and the healthcare system in general. The opportunity thus offered and used has improved health and immunization services and immunization coverage of children in routine immunization. It has also enabled stakeholders to take better account of under-vaccinated children, zero-dose children and hard-to-reach populations. The cold chain and vaccine logistics were also strengthened.

Despite these advances, several challenges remain. It is therefore necessary to strengthen existing partnerships and create new ones to bring the health system and immunization services up to the challenge. Such an approach will hopefully halt the downward trend in funding to the country observed since 2018. Adapting the steps taken in Nigeria to achieve the results of integrating different activities with those arising from the response to the Covid-19 pandemic and specifically the deployment of related vaccines would require experience-sharing visits.

<sup>i</sup> Unicef (2022). Update on COVID-19 vaccination and the progress achieved through the COVID-19 Vaccine Delivery Partnership. United Nations Children's Fund Executive Board First regular session 2023 7–10 February 2023.