

Joint external evaluation of IHR Core Capacities of the Federal Republic of Nigeria

Executive summary

June 12 - 20, 2017



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The full report will be published on the WHO website

<http://www.who.int/ihr/procedures/mission-reports/en/>

Summary

Nigeria has made commendable progress in the broad area of prevent but will need additional investments to move to a higher level:

- A top priority is to fast track the legislation, regulatory and policy frameworks to support IHR implementation at the Federal, State, and Local Government levels.
- A critical piece of legislation is the finalization of the legislative approval for the Nigeria Centre for Disease Control (NCDC).
- To support implementation of “the One health approach” there is a need to establish a multi-sectoral, multi-disciplinary coordination mechanism (political and technical) at Federal Government, State and Local Government Administration levels.

Nigeria has made tremendous progress in bio-surveillance for vertical disease programmes such as polio, TB, and HIV/AIDs, but will need additional efforts to:

- Strengthen laboratory capacity, especially specimen shipping, transportation and referral;
- Scale up, enhance and sustain the IDSR program nation-wide at all levels (FG, State, LGA, PHC facilities), capitalizing on the polio investments;
- Develop and implement a comprehensive public health workforce strategy.

Nigeria has made tremendous progress in response to PHEs-Ebola, Lassa Fever, Meningitis, Cholera etc. but will need additional efforts to:

- Formulate, cost, implement, monitor and evaluate a national action plan for health security that is aligned with sector strategies, addresses all hazards and is based on a comprehensive risk assessment and mapping;
- Enhance the EOC/IMS system at federal level and strengthen sub-national RRTs supported by an all hazard risk communication strategy/plan;
- Strengthen inter-sectoral collaboration for emergency response particularly between human and animal health, the environmental sectors and security agencies underpinned on an all hazards approach.

Nigeria has several Points of Entry (PoE) that are already doing commendable routine (screening, have holding areas) & emergency actions. The major setback is not officially designating the PoE.

- Designate, before the end of 2017, the following PoEs - Airports, Ports and some ground crossings
 - Airports
 - Abuja International Airport
 - Lagos International Airport
 - Kano International Airport
 - Lagos Sea Port
 - High volume ground crossings
 - Benin border
 - Cameroun border
 - Niger border
- Finalise the Public Health contingency plan for PoEs that is linked to the national plan for health security;
- Establish and sustain capacities for routine and emergency preparedness and response for the designated PoEs.

Nigeria Scores and Priority Actions

| Technical areas | Indicators | Score | Priority Actions |
|---|------------|-------|---|
| National legislation, policy and financing | P.1.1 | 1 | <ul style="list-style-type: none"> Comprehensive assessment of existing legislative and policy frameworks to identify gaps that impede compliance with the International Health Regulations Advocate for revision of legal instruments and policies to address existing gaps and challenges within the national administrative environment Completion of pending legislative actions (NCDC Bill, 2017; Public Health Bill, 2013) in order to give key public health institutions (e.g. Nigeria Centers for Disease Control) the legal mandate needed to accomplish national goals National government should articulate specific policies, guidance, and guidelines to States and Local Governorate Areas regarding obligations, roles and responsibilities to increase their respective ownership and implementation of the provisions of the National Health Act, and for accountability in allocation and application of resources for public health in line with the Basic Health Provision Fund (2014) Streamline roles and responsibilities in the various Ministries and Agencies that have responsibilities in IHR implementation to minimize duplication within their respective mandates |
| | P.1.2 | 1 | |
| IHR coordination, communication and advocacy | P.2.1 | 2 | <ul style="list-style-type: none"> Establish legislative foundation for NCDC as National Focal Point Establishment of a national One Health platform for intersectoral collaboration of outbreak responses that involve the human health, animal health and environmental sectors Develop all hazard standard operational procedures for IHR coordination between IHR NFP and stakeholders |
| Antimicrobial resistance | P.3.1 | 2 | <ul style="list-style-type: none"> Implement the Nigeria NAP on AMR Strengthen the "One Health" components in the Nigeria NAP on AMR. Strengthen stewardship on antimicrobial use in humans and food animals. |
| | P.3.2 | 2 | |
| | P.3.3 | 2 | |
| | P.3.4 | 2 | |
| Zoonotic diseases | P.4.1 | 2 | <ul style="list-style-type: none"> Enhance collaboration between Ministry of Health and Ministry of Agriculture at the national, state and district levels Strengthen linkage between public health and animal health laboratories Enhance surveillance of zoonotic diseases (including consensus building meetings of appropriate stakeholders to identify the top priority zoonotic diseases to include in zoonotic disease surveillance system) |
| | P.4.2 | 3 | |
| | P.4.3 | 1 | |

| | | | |
|-----------------------------------|-------|----------|---|
| Food safety | P.5.1 | 2 | <ul style="list-style-type: none"> Strengthen inter-sectoral and interdisciplinary collaboration, coordination and information-sharing on food safety and foodborne disease Strengthen surveillance of foodborne disease and monitoring of contamination in the food chain and enhance foodborne outbreak and emergency investigations and response Strengthen food safety capacity including relevant laboratory capacity in the public health, food safety, and agriculture and veterinary sectors at central, state and district levels. |
| Biosafety and biosecurity | P.6.1 | 1 | <ul style="list-style-type: none"> Biosecurity Legislation needs to be enacted Development of a multi-sectoral, national coordination, oversight and enforcement mechanism for response to and control of dangerous pathogens |
| | P.6.2 | 1 | <ul style="list-style-type: none"> Adequate funding and training be provided for Biosafety and Biosecurity programs Perform an audit of institutions and locations with dangerous pathogens; and toxin control in order to develop a plan for consolidation |
| Immunization | P.7.1 | 3 | <ul style="list-style-type: none"> Dedicate resources to information management system for vaccine data, in order, to ultimately improve data quality (completeness, timeliness and reliability of administrative data) |
| | P.7.2 | 4 | <ul style="list-style-type: none"> Develop strategies to improve national coverage, especially focusing on historically low coverage areas Include vaccines for zoonotic disease, particularly in special populations such as health care workers and veterinarians |
| National laboratory system | D.1.1 | 3 | <ul style="list-style-type: none"> Enhance the laboratory infrastructure and resources available to sustain an integrated national laboratory network Implement Strengthening Laboratory Management Toward Accreditation (SLMTA) Program for the national laboratory network with a focus on biosafety, biosecurity and quality assurance Develop a robust sample and specimen transportation system which ensures an effective cold chain To adopt basic laboratory information sharing system among the relevant stakeholders |
| | D.1.2 | 1 | |
| | D.1.3 | 2 | |
| | D.1.4 | 2 | |
| Real-time surveillance | D.2.1 | 3 | <ul style="list-style-type: none"> Systematically build capacity for surveillance at all levels (HF, LGA, state and national), expanding surveillance to all health facilities including private facilities for both human and animal health Develop real-time surveillance capability for animal health and promote a ONE-Health approach. Establish linkage between the surveillance and public health laboratory systems Establish an electronic reporting system that is inter-operable and integrated to other systems and also linked to DHIS2 Enhance monitoring and evaluation capacity for IDSR, including supportive supervision and data quality assessment |
| | D.2.2 | 2 | |
| | D.2.3 | 3 | |
| | D.2.4 | 3 | |

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|--------------------------------------|-------|---|--|
| Reporting | D.3.1 | 3 | <ul style="list-style-type: none"> Strengthen and improve consistency, completeness (including from private sector) and timeliness in reporting from the local and state levels Establish a framework for multi sectoral coordination in reporting and communication that will enable information sharing Establishment of central data base that integrates data from all sectors for all 41 priority diseases under IDSR Instituting monitoring and evaluation of reporting against set IDSR and IHR indicators |
| | D.3.2 | 2 | |
| Workforce development | D.4.1 | 3 | <ul style="list-style-type: none"> Develop a comprehensive national public health workforce strategy for expansion, diversification, financial sustainment, and retention of the existing public health workforce in order to reach the goal of one trained field epidemiologist (or equivalent) per 200,000 population Launch the Intermediate FETP and fully implement Frontline FETP so that there is an 'appropriately' trained field epidemiologist in every Local Government Area Define career path for specialized public health expertise within the Nigerian civil service structure |
| | D.4.2 | 4 | |
| | D.4.3 | 2 | |
| Preparedness | R.1.1 | 1 | <ul style="list-style-type: none"> Develop an all-hazards multi-sectoral PH emergency preparedness plan, linking existing agency-specific and disease-specific plans Where indicated NCDC should lead in preparation of memoranda of understanding between response agencies in different sectors Strengthen the technical and administrative capabilities of NCDC and Nigeria Emergency Management Agency to develop national vulnerability maps that involve military, media, wildlife and animal health sectors to address zoonotic and emerging infections Pre-position equipment and other resources to strategic locations consistent with vulnerability maps (e.g. remote hard-to-access areas) |
| | R.1.2 | 1 | |
| Emergency response operations | R.2.1 | 2 | <ul style="list-style-type: none"> Strengthen inter-sectoral collaboration for emergency response particularly between NCDC and the animal health and environment (all hazards approach) Establish standard operative procedures for EOC activation and operation Establish standard training protocols for EOC operation and for emergency response Enhance the NCDC EOC physical space, equipment, and logistic support |
| | R.2.2 | 2 | |
| | R.2.3 | 3 | |
| | R.2.4 | 2 | |

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|---|-------|---|--|
| Linking public health and security authorities | R.3.1 | 1 | <ul style="list-style-type: none"> Review, revise and seek assent to old or existing laws (or bills) relating to health security Develop unique protocols and MoUs for security agencies and public health departments to elaborate on the specific roles in clear terms Integrated and continuous capacity development on integration and joint working involving relevant security authorities and those in public health to mitigate the normal turnover in positions and retirements. Development and harmonization of appropriate legal, policy instruments and operational package (MOU, SOPs) to ensure multi sectoral health preparedness and response. Reporting and information sharing mechanisms including cross border collaboration |
| Medical countermeasures and personnel deployment | R.4.1 | 1 | <ul style="list-style-type: none"> Development of a national framework for deployment and receipt of medical countermeasures and HWs during emergencies Updating the national plan for procurement, stockpiling and managing logistics for Medical Countermeasures <ul style="list-style-type: none"> Including MOUs with regional and international players (countries, manufacturers) Development of the national capacity for production of vaccines and antibiotics |
| | R.4.2 | 2 | |
| Risk communication | R.5.1 | 1 | <ul style="list-style-type: none"> Develop a multi-sector and multi-hazard risk communication and emergency plan and implement the communication strategy Conduct training on multi-sector and multi-hazard risk communication which should include social science. Establish continuous monitoring and evaluation of risk communication activities. |
| | R.5.2 | 3 | |
| | R.5.3 | 2 | |
| | R.5.4 | 3 | |
| | R.5.5 | 3 | |
| Points of entry | PoE.1 | 1 | <ul style="list-style-type: none"> Designation of PoEs within the prescription of the IHR (2005) Review the legislation and policies on PoEs and advocate for revision of appropriate legislation e.g. Quarantine law Build/sustain IHR capacities as set forth in Annex 1a and 1b of the IHR (2005) Build technical capacity for port health service Develop the national public health emergency Contingency plan for PoEs |
| | PoE.2 | 1 | |
| Chemical events | CE.1 | 1 | <ul style="list-style-type: none"> Establishment of Poison Information Control and Management Centres (PICMC) in the Country Collaboratively map risk and implement routine surveillance for Chemical events Develop guidelines and protocols for Chemical surveillance with relevant stakeholders Establish required multi-sector capacity for Chemical response Perform an inventory of chemicals with the Toxicology Laboratory of Nigeria in collaboration with INTOX |
| | CE.2 | 2 | |

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|------------------------------|------|----------|---|
| Radiation emergencies | RE.1 | 3 | <ul style="list-style-type: none"> • Test the National Nuclear and Radiological Emergency Plan (NNREP) • Improve detection and response capability by training staff, equipping & training designated hospitals and enhancing detection capabilities with radiation monitors and other detection equipment • Develop coordinated systematic information exchanges between stakeholders including health by improving coordination with the IHR focal point |
| | RE.2 | 3 | |

List of indicators

| Technical areas | Indicators |
|---|--|
| National legislation, policy and financing | P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR (2005) |
| | P.1.2 The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with IHR (2005) |
| IHR coordination, communication and advocacy | P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR |
| Antimicrobial resistance | P.3.1 Antimicrobial resistance detection |
| | P.3.2 Surveillance of infections caused by antimicrobial-resistant pathogens |
| | P.3.3 Health care-associated infection (HCAI) prevention and control programmes |
| | P.3.4 Antimicrobial stewardship activities |
| Zoonotic diseases | P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens |
| | P.4.2 Veterinary or animal health workforce |
| | P.4.3 Mechanisms for responding to infectious and potential zoonotic diseases are established and functional |
| Food safety | P.5.1 Mechanisms for multisectoral collaboration are established to ensure rapid response to food safety emergencies and outbreaks of foodborne diseases |
| Biosafety and biosecurity | P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities |
| | P.6.2 Biosafety and biosecurity training and practices |
| Immunization | P.7.1 Vaccine coverage (measles) as part of national programme |
| | P.7.2 National vaccine access and delivery |
| National laboratory system | D.1.1 Laboratory testing for detection of priority diseases |
| | D.1.2 Specimen referral and transport system |
| | D.1.3 Effective modern point-of-care and laboratory-based diagnostics |
| | D.1.4 Laboratory quality system |
| Real-time surveillance | D.2.1 Indicator- and event-based surveillance systems |
| | D.2.2 Interoperable, interconnected, electronic real-time reporting system |
| | D.2.3 Integration and analysis of surveillance data |
| | D.2.4 Syndromic surveillance systems |
| Reporting | D.3.1 System for efficient reporting to FAO, OIE and WHO |
| | D.3.2 Reporting network and protocols in country |
| Workforce development | D.4.1 Human resources available to implement IHR core capacity requirements |
| | D.4.2 FETP ¹ or other applied epidemiology training programme in place |
| | D.4.3 Workforce strategy |
| Preparedness | R.1.1 National multi-hazard public health emergency preparedness and response plan is developed and implemented |
| | R.1.2 Priority public health risks and resources are mapped and utilized |
| Emergency | R.2.1 Capacity to activate emergency operations |

¹ FETP: Field epidemiology training programme

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| response operations | R.2.2 EOC operating procedures and plans |
| | R.2.3 Emergency operations programme |
| | R.2.4 Case management procedures implemented for IHR relevant hazards. |
| Linking public health and security authorities | R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event |
| Medical countermeasures and personnel deployment | R.4.1 System in place for sending and receiving medical countermeasures during a public health emergency |
| | R.4.2 System in place for sending and receiving health personnel during a public health emergency |
| Risk communication | R.5.1 Risk communication systems (plans, mechanisms, etc.) |
| | R.5.2 Internal and partner communication and coordination |
| | R.5.3 Public communication |
| | R.5.4 Communication engagement with affected communities |
| | R.5.5 Dynamic listening and rumour management |
| Points of entry | PoE.1 Routine capacities established at points of entry |
| | PoE.2 Effective public health response at points of entry |
| Chemical events | CE.1 Mechanisms established and functioning for detecting and responding to chemical events or emergencies |
| | CE.2 Enabling environment in place for management of chemical events |
| Radiation emergencies | RE.1 Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies |
| | RE.2 Enabling environment in place for management of radiation emergencies |