Nigeria’s COVID-19 Response

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Minister of Health, Nigeria

August , 2020
Federal Republic comprising of 36 states and a Federal Capital Territory

Estimated population of 200 million - highest in Africa

Responsibility for healthcare is shared between Federal Government and State Governments

Has a Nigeria Centre for Disease Control, with a clear mandate on epidemic preparedness and control

Nigeria was also dealing with large Lassa fever outbreak when the index COVID-19 case was confirmed
Country Preparedness Activities

- Nigeria conducted multi-stakeholder risk assessment on 20th January and issued first COVID advisory
- From January 22, we began to broadcast updates on the outbreak and preventive measures
- Minister of Health inaugurated the inter-Ministerial Coordination Committee
- Instituted Point of Entry surveillance at international borders
- A Presidential Task Force (PTF) was inaugurated on 27th March, 2020
- Commenced training on infection prevention and control measures
- Commenced implementation of COVID-19 Action Plan
- Designated 3 molecular Laboratories for COVID-19 testing
- Designated first set of COVID-19 treatment centres
COVID-19 in Nigeria

Number of Confirmed

- **Dead**
- **Alive**

Salah Break and resulting lag in sample collection

**Tested**
366,244

**Confirmed**
50,488

**Positivity**
13.7%

**Deaths**
985

**CFR**
2%
Timeline of the Nigerian Response

7th January
Chinese authorities confirms new virus

28th February
NCDC activated a Level 3 COVID-19 Emergency Operations Centre

23rd March
Nigeria Centre for Disease Control (NCDC) announces first recorded Nigerian death from COVID-19 | Airports closed

April
Evidence of community transmission

6th July
All 36 states + the FCT have confirmed cases

17th August
Nigeria’s cases stand at over 49,000

27th February
Nigeria confirms a first coronavirus disease (COVID-19) case in Ogun State, Nigeria

11th March
WHO declared the COVID-19 outbreak ‘a pandemic.’

30th March
FG announces lockdown of Lagos, Ogun, FCT. 31 other states follow

21st April
NCH approved Development of an integrated National Health Sector COVID 19 Pandemic Response Action Plan

22nd July
Nigeria passes over 250,000 tests, with over 60 testing laboratories
Nigeria’s COVID-19 Response Structure

Presidential Task Force
(12 Members – Cabinet, Agency Heads and WHO Country Rep)

Federal Ministry of Health
Agencies and Departments under the Ministry

Nigeria Centre for Disease Control
Emergency Operations Centre

- Surveillance
- Point of Entry
- Laboratory
- Case Management
- Risk Communications
- Logistics
- Research
- Infection Prevention and Control

State Public Health Emergency Operations Centres
### Three-Phase Restrictions Easing Strategy

<table>
<thead>
<tr>
<th></th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
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<tbody>
<tr>
<td><strong>Land travel</strong></td>
<td>Banned</td>
<td>Road and rail open under strict conditions</td>
<td>Open</td>
</tr>
<tr>
<td><strong>Airspace</strong></td>
<td>Closed</td>
<td>Open for domestic flights, limited for essential international until August 26</td>
<td>Open for domestic + international</td>
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<tr>
<td><strong>Movement</strong></td>
<td>Curfew from 8pm – 6am</td>
<td>Curfew from 10pm – 4am</td>
<td>No Curfew</td>
</tr>
<tr>
<td><strong>Working Hours</strong></td>
<td>9am – 2pm</td>
<td>9am – 5pm</td>
<td>No Limit</td>
</tr>
<tr>
<td><strong>Workspace</strong></td>
<td>50% staff occupancy or less</td>
<td>75% staff occupancy or less. 50% occupancy for clients</td>
<td>100% occupancy</td>
</tr>
<tr>
<td><strong>Entertainment Activities</strong></td>
<td>Banned</td>
<td>Banned</td>
<td>Opened</td>
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<tr>
<td><strong>Gatherings/ Religious Activities</strong></td>
<td>Banned</td>
<td>Limited</td>
<td>Opened</td>
</tr>
<tr>
<td><strong>Schools</strong></td>
<td>Closed</td>
<td>Closed, but special consideration for graduation exams</td>
<td>Opened</td>
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Our Diagnostic Capacity

Testing facilities in the laboratory network

Number of Laboratories: 64 laboratories (excluding 10 private)

Positivity rate has fallen from a high of 19.7 in June to 13.9 in August

Number of states with testing laboratories has increased from 2 to 32 + the FCT

Average tests per day has risen from 500 at the onset of the outbreak to 3,500 today
Challenges

- Harmonising Federal-State response policies to ensure one national response
- Working with increased public frustration with the sustained restrictions imposed
- Addressing poor sample collection, accounting for low testing results
- Combining economic and healthcare considerations in shaping the response
- Accessing necessary laboratory consumables to increase diagnostic capacity
- Improving on contact tracing activities to increase testing
- Maintaining access to routine essential health services
Major Achievements

- Strengthening Subnational EOCs through capacity building and provision of response tools
- Expanding existing human resource available to respond to outbreak by training in states across all response pillars (Case Management, surveillance, Infection prevention and control, and Laboratory services)
- Development of the National Health Sector COVID-19 Pandemic Response Action Plan (NAHCPRAAP), an integrated one Health Sector Plan to harmonize the efforts of the health sector, ensure maintenance of routine services, improve coordination, effectiveness and efficiency of the response
- Effective public-private collaboration in raising resources and funds
- Stronger collaboration with health sector agencies and partners
- Utilising data in the response – risk communications, case management and LGA focus
- Managed and structured easing of restrictions to avoid overburdening the health system
Way Forward

**Improve testing & treatment**
- Capitalize on increased testing capacity to reach **2 million tests by September**
- Increase number of treatment and ICU sites, and provide equipment
- Support local production of PPEs and other commodities

**Intensify risk communication**
- Improve compliance to hand sanitization, wearing of face masks, social distancing and other non-pharmaceutical interventions
- Address COVID-19 stigmatization and denial particularly among the urban poor

**Implement targeted subnational response**
- Develop a strategy to target current 11 LGAs with the highest disease burden
- These LGAs are currently spread across several states
- Commence community case management

**Ensure transition planning**
- The PTF has a 6-month mandate and is developing a proper exit strategy
- The strategy entails preparing federal MDAs to provide support to state governments to improve their leadership and ownership of the response in states
- Ensure continuity of essential health services
Acknowledgement

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• We also wish to appreciate the support of Jack Ma, Private organisations such as Dangote Foundation, BUA Foundation, TY Danjuma Foundation and the organised private sector response on COVID-19

• All the health workers involved the response
THANK YOU