



GLOBAL TASK FORCE ON
CHOLERA CONTROL

**NIGERIA: UPDATES, CHALLENGES AND
SUPPORT REQUIRED FOR NATIONAL
CHOLERA CONTROL PLANS (NCPS)**

WASH Working Group Meeting
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Tuesday, 12th February 2019

OVERVIEW OF SITUATION

2018 cholera outbreak

- As at 31st December 2018, a total of 44,201 suspected cholera cases including 836 deaths (CFR = 1.89%) have been reported from 20 States (Adamawa, Anambra, Bauchi, Borno, Ebonyi, FCT, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Nasarawa, Niger, Plateau, Yobe, Sokoto and Zamfara)
- Of the confirmed cases, 26.8% are aged 5 - 14 years
- Of all suspected cases, there were 47.8% female and 52.2% male affected

Epi week 1-4, 2019

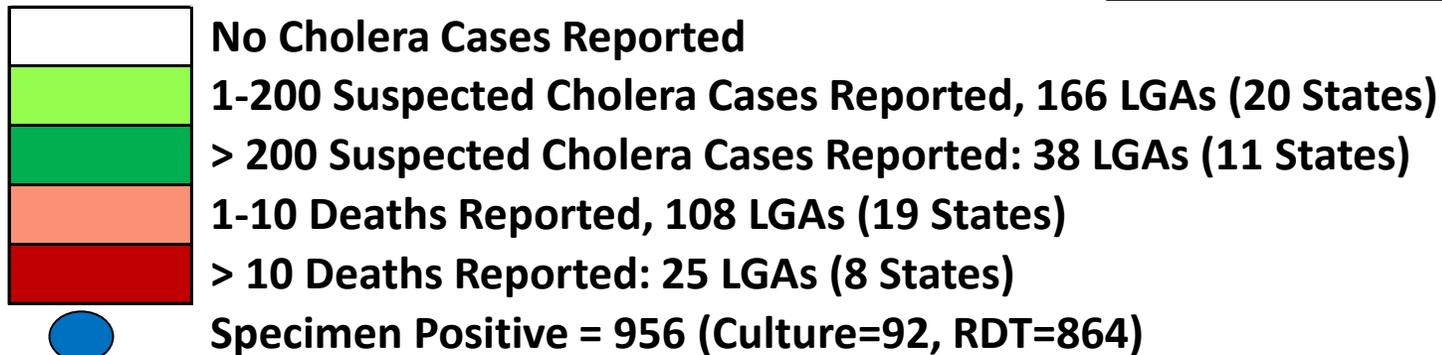
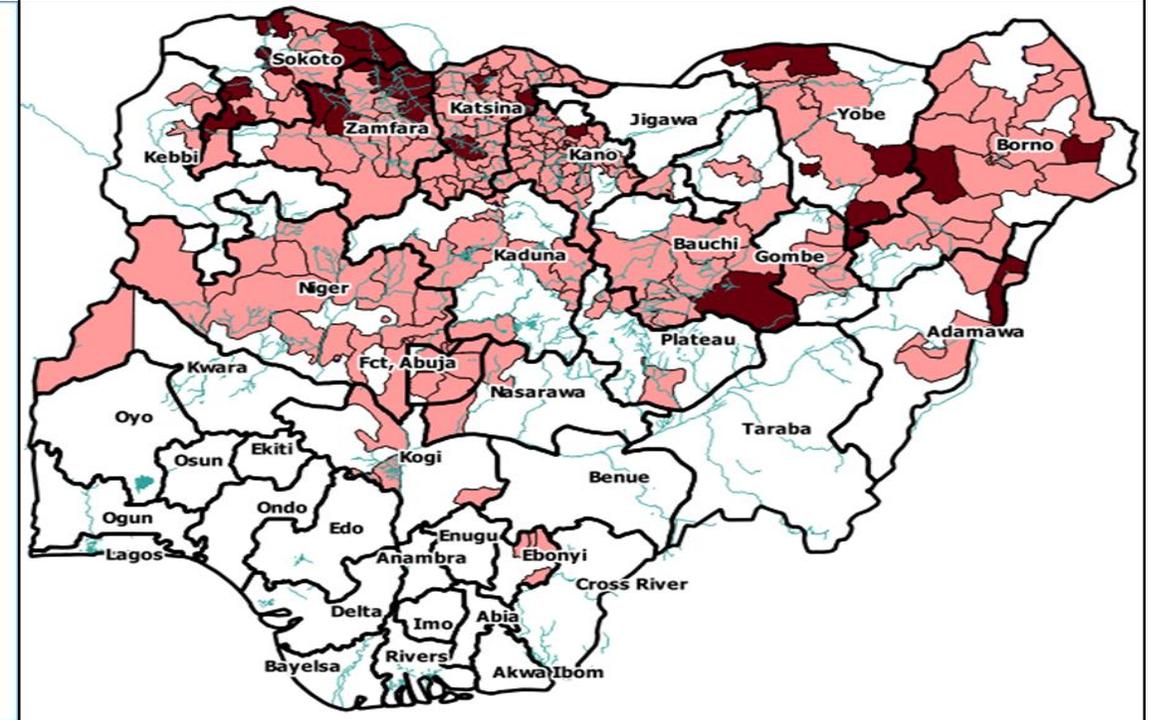
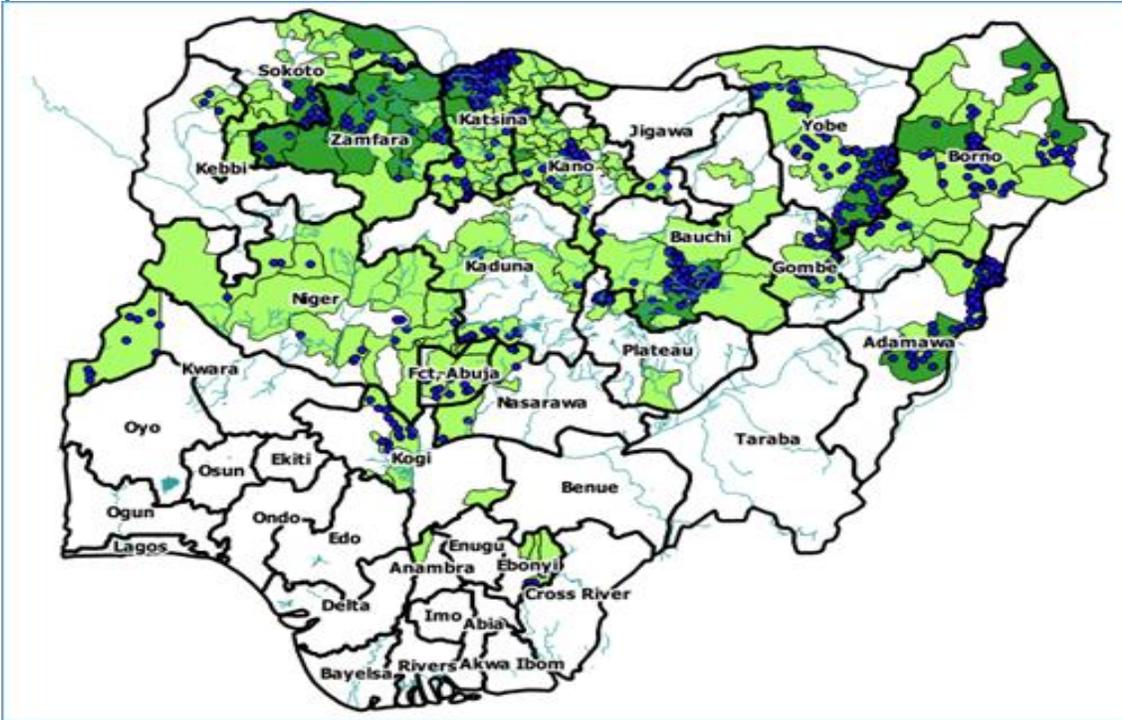
24 total cases

2 deaths

CFR = 1.90%

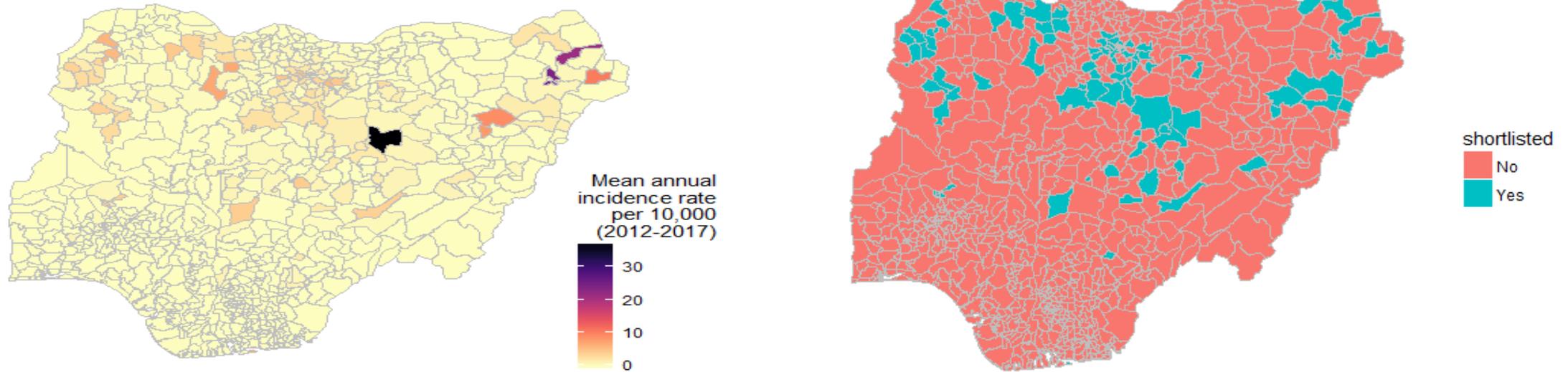
2 states (Bayelsa and Ebonyi)

NIGERIA: STATES/LGAS AFFECTED BY CHOLERA, WK01-52 2018



Affected: States = 20; LGAs = 204; Total Suspected Cholera Cases = 44,201; **Total Deaths = 836**

NIGERIA CHOLERA HOTSPOTS



Burden and definition of hotspot areas(LGAs). Panel A illustrates the mean annual incidence rate per 10,000. Panel B depicts all 83“high risk”/hotspot LGAs in blue (i.e. LGAs with ≥ 1 per 10,000 per year) and other 691 LGAs in red

- The mean annual incidence rate for each LGA was calculated with an incidence threshold of 1 case per 10,000 per year set as definition of “high risk” / hotspot LGAs
- Of the total 774 LGAs in Nigeria, 310 (40%) LGAs reported at least one case of cholera for the period under consideration (2012-2017)
- 83 LGAs which are currently homes to an estimated 23 082 577 (11.6%) of the Nigerian population were classified as hotspot areas to be prioritized for interventions. All 83 LGAs accounted for 83.6% (n = 51 354) of the total number of cases recorded nation-wide from 2012 to 2017. 13 LGAs were added later after reviewing the 2018 outbreak.

CURRENT STATUS OF NCP

- A National Strategic Plan of Action for Cholera Control (NSPACC 2018-2023) was developed in July, 2018
- The NCP covered a projected 2018 population of 204 461 567
- The intervention sectors covered are: Leadership and coordination, Surveillance, Laboratory, Case management, Vaccination, WASH, Risk communication and social mobilization
- The budget to determine the estimated funding requirement is being finalized
- The draft document was used for prioritizing the 2018 OCV campaigns
- A workshop was held on 19th December, 2018 in Abuja with all relevant stakeholders to review and validate the draft NSPACC

CURRENT STATUS OF NCP.....2

- Key stakeholders involved (NCDC, NPHCDA, FMOH, FMWR, SMOH, WHO, GTFCC, MSF, US-CDC, UNICEF, UMB, eHealth Africa, AFENET, BMGF)
- There is a coordination mechanism in place at NCDC through the cholera TWG to support NCP

Specifics related to the WASH section of the NCP:

- Increase access to safe water supply in the rural areas and small towns
 - Reduce open defecation
 - Increase access to improved sanitation and hygiene facilities

CHALLENGES FACED

- Inadequate technical capacity
 - Poor political will and Inadequate funding at all levels (National, State, LGAs)
 - Poor prioritization of resources
 - Poor participation of some key actors of cholera control in planning meetings at all administrative levels
 - Delay in detection and reporting of cases at the community level

CHALLENGES FACED.....2

- Low proportion of cases screened by RDT and/or stool culture
- Some states don't have designated facilities for treatment of cholera
- Only 28 states have Rural Water Supply and Sanitation Agency (RUWASSA)
- Divergent WaSH policies and investment plans
- Low investment, especially in sanitation programs

IN COUNTRY SUPPORT REQUIREMENTS

- Advocacy at all levels for increase government and partners funding
 - Strengthening collaboration with relevant stakeholders and partners (WHO, UNICEF, GTFCC, MSF, AFENET, US-CDC, UMB, eHealth Africa, PHE, BMGF)
 - Request for technical support (Consultant)
 - Strengthen capacity at the National Reference Laboratory, including sequencing capacity
 - Capacity building of surveillance, laboratory, case management and WASH personnel at all levels
 - Introduction of PEWASH and launching of Open Defecation Free communities

Thank you

Together we can
#endcholera



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