



## NIGERIA COUNTRY PROFILE

### Background

Immunization is a core component of Nigeria's Basic Minimum Package of Health Services (2014)<sup>1</sup> and the Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition Investment Case (2017).<sup>2</sup> Increasing the uptake of safe and effective vaccines according to the national immunization schedule is necessary for Nigeria to achieve its National Strategic Health Development Plan II (2018) goal of reducing under-5 mortality and strengthening primary health care, and its global commitments to Immunization Agenda 2030, the UN Sustainable Development Goals, and universal health coverage. In 2017, Nigeria established the National Emergency Routine Immunisation Coordination Centre to implement strategic interventions to accelerate progress and in 2018, it launched the Strategy for Immunization and Primary Healthcare System Strengthening to define a transition plan from Gavi financing by 2028.<sup>3</sup>

Over the past 20 years, Nigeria has increased the number of children who are reached by life saving childhood vaccines. In 2020, Nigeria achieved the milestone of being certified as free of wild poliovirus.<sup>4</sup>

However, progress is fragile and has not benefitted all of Nigeria's children. Nigeria has more zero-dose children—defined as not having received the first dose of diphtheria-tetanus-pertussis (DTP) containing vaccine—than any other country in Africa and among the most worldwide.<sup>5</sup> Each year nearly 2.5 million children do not receive DTP1,<sup>5</sup> and in 2020, an additional 500,000 children were unvaccinated as a result of the COVID-19 pandemic. Zero-dose and under-immunized children, who largely reside in northern states and informal urban environments, are at greater risk of becoming sick or dying from preventable diseases. The reasons why these children are not vaccinated are complex.



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Solutions to these entrenched problems should build on Nigeria's assets, including the government's commitment to primary health care and health systems strengthening, a large private sector, and the complementary strengths of Nigeria's many development partners.

### Stakeholders must:

- Implement strategies to immunize children missed due to the COVID-19 pandemic and use the opportunity to reach other zero-dose and under-immunized children.
- Address root causes of under-immunization in the most affected communities, including low awareness, low service quality, insufficient health workers, and vaccine stock-outs.
- Protect immunization and other essential health services from disruption during COVID-19 vaccine introduction.

**Immunization can save nearly 4 million children's lives in Nigeria in the next decade. Investments in immunization today will save money tomorrow.**

**3.8  
million  
lives**

An estimated 3.8 million child deaths could be averted in Nigeria through routine immunization from 2020–2030.<sup>6</sup>

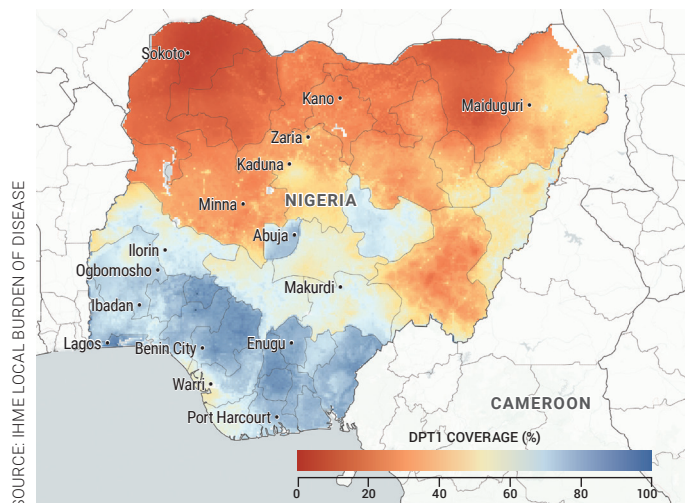
**\$21  
ROI**

Immunization has the highest return on investment (ROI) of any public health intervention. For every US \$1 invested in immunization programs, \$21 will be saved in future treatment costs, lost wages, and averting losses to productivity.\*<sup>7</sup>

\* For Gavi countries, 2021–2030, using cost-of-illness approach described in Sim et al.(7)

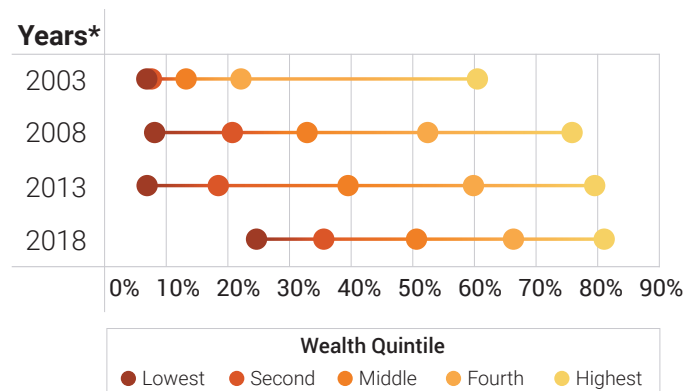
**Nigeria has more zero-dose children—defined as not having received the first dose of diphtheria-tetanus-pertussis (DTP) containing vaccine—than any other country in Africa and among the most worldwide. Thirty-five percent of infants in 2020 did not receive DTP1.<sup>5</sup>**

### The majority of Nigeria's zero-dose children live in northern states



The vast majority of zero-dose children live in northern states, but even within these states access and coverage vary widely (see map above).<sup>8</sup> Despite higher coverage in southern states, informal settlements near Lagos and other cities harbor many of Nigeria's zero-dose children.

### While DTP3 coverage is increasing, gaps between the poorest and richest persist



Source: DHS, 2018

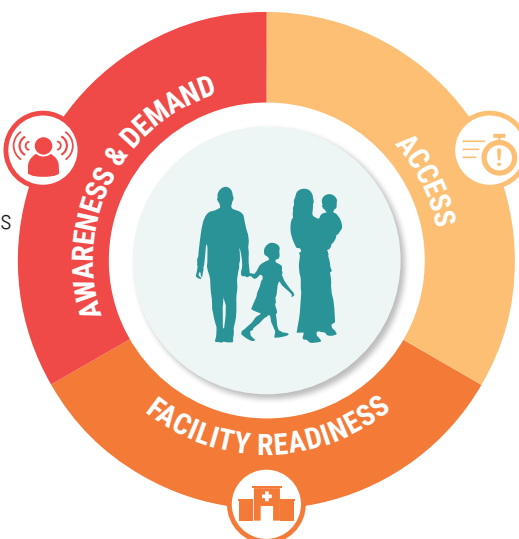
\* DTP3 coverage by wealth quintile

USAID's strategic priority of inclusiveness<sup>8</sup> is closely aligned to the goal of reaching zero-dose children. These children, their families, and their communities face multiple vulnerabilities, including social and religious marginalization, poverty, gender inequality, and conflict.

### Why aren't more children vaccinated?

Qualitative and survey research from Nigeria suggests that multiple factors can be mitigated with tailored strategies.

- Lack of awareness<sup>10</sup>
- Mistrust of government and vaccines<sup>10</sup>
- Poor treatment of mothers by healthcare workers<sup>15</sup>
- Low confidence resulting from adverse events following immunization (AEFI)<sup>10</sup>



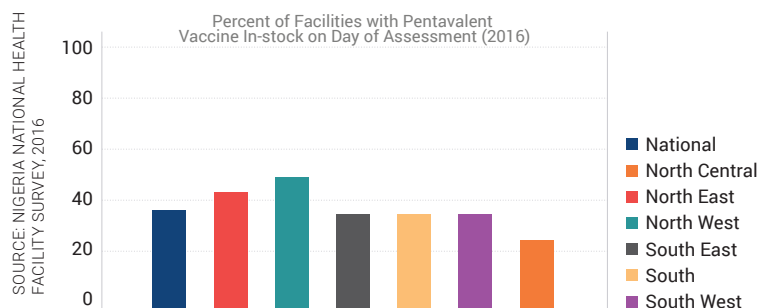
- Lack of time<sup>11</sup>
- Long travel times<sup>12</sup>

- Shortage of health workers<sup>10,12</sup>
- Unavailability of vaccines at scheduled times<sup>10</sup>
- Long wait lines<sup>10</sup>
- Lack of refrigerators or freezers for vaccines<sup>12</sup>

**An investment in immunization is an investment in primary health care. Sustainably reaching zero-dose and under-immunized children requires stronger health systems. Strengthening those systems will benefit all.**

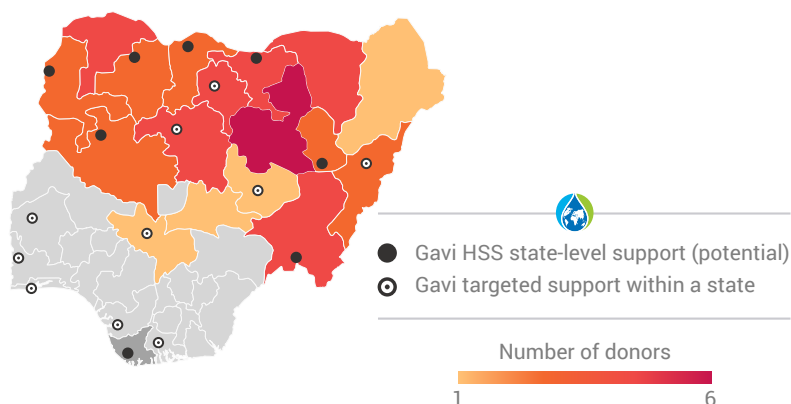
## Health systems challenges such as vaccine stock-outs, inadequate human resources, and sub-optimal management capacity limit the delivery of high-quality immunization services.

### More than 60 percent of facilities lacked vaccines on the day of assessment in 2016



Vaccine availability has improved since 2016, but in December 2020, 24 percent of rural and 40 percent of urban health facilities were stocked out of pentavalent vaccine, consistent with other recent data.<sup>14</sup> Only 47 percent of wards have functional cold chain equipment.<sup>15</sup>

### Intensity of donor support and distribution of Gavi HSS funding



### Nigeria faces a double burden of low vaccination coverage and transition from Gavi support

Nigeria relies on development partners for financing immunization, with approximately two-thirds of the immunization budget coming from external sources, including for new vaccines (Gavi) and nonwage recurring costs and other programmatic costs (Gavi, Foreign Commonwealth and Development Office UK, USAID, BMGF).<sup>18</sup> Nigeria will transition from Gavi support by 2028 and faces tremendous challenges in financing its immunization program amidst the existing constraints and the emerging economic impacts of the COVID-19 pandemic.

There are significant gaps in health worker performance:

- Nigeria needs to increase its nurses by 27 percent to achieve WHO benchmarks.<sup>17</sup>
- 28.8 percent provider absenteeism rate and gaps in health worker salary payment.<sup>15</sup>
- Little or no mentoring or on-the-job training for vaccinators.<sup>15</sup>
- Poor attitudes of health workers was cited by parents as a reason for not vaccinating.<sup>14</sup>

Gavi's HSS funding (2019–2023: USD \$100 million) targets support to national level and eight states, with more targeted support in an additional 10 states. Approximately \$57 million is programmed for the sub-national level.<sup>15</sup>

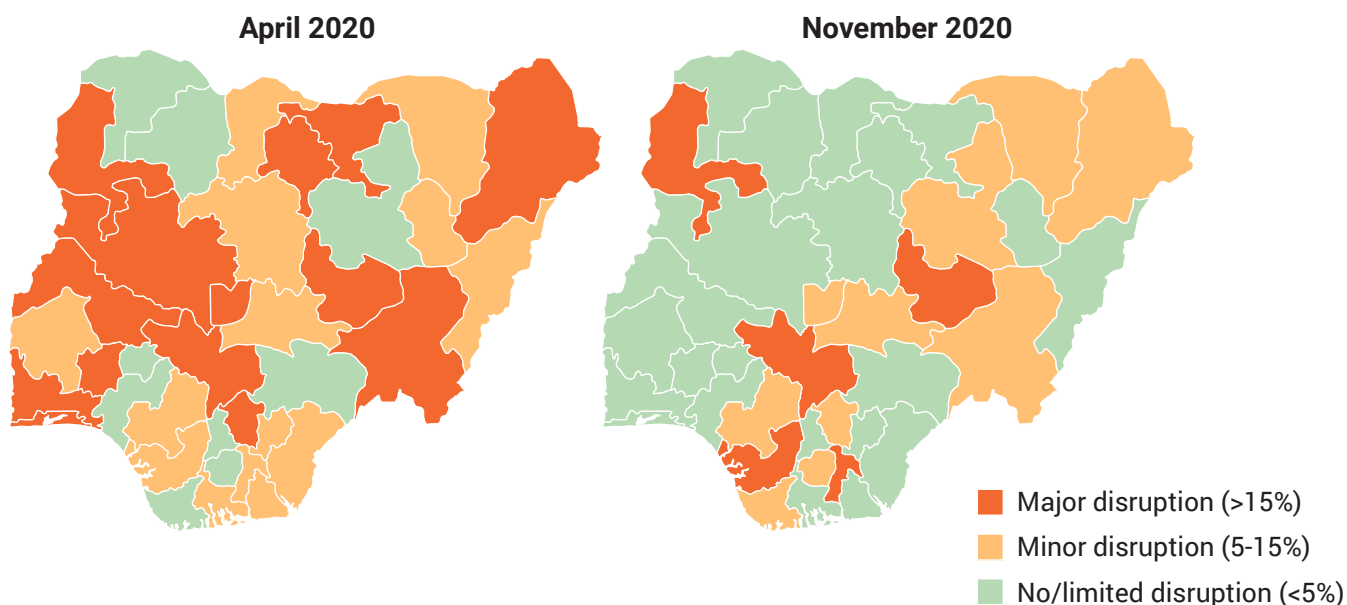


[Click here for more information on Gavi's support to Nigeria](#)

To support Nigeria's financing goals, USAID and other partners should consider:

- Strengthening investments in integrating immunization with other PHC service to improve efficiency and reach of services.
- Supporting advocacy to federal and state-level government to increase domestic resources for immunization and PHC, ring-fence immunization budgets, and support the implementation of the Basic Minimum Package of Health Services.
- Participating in annual reviews of the accountability framework for Nigeria's transition (Strategy for Immunization and Primary Healthcare System Strengthening (2018)) and supporting routine monitoring of planned reforms and their implementation.

**In 2020, the COVID-19 pandemic disrupted routine immunization and other essential health services. Not all missed children have been reached.**



At the start of the pandemic, services were disrupted throughout the country. Despite improvements in November compared to April 2020, not enough children have been vaccinated to cover all those who were missed. The project estimated an additional 500,000 children were missed in 2020, compared to previous years. As the pandemic progressed, an increasing proportion of Nigerians reported being unable to access needed essential health services, including immunization, because of financial barriers. Nigerians also report fear of COVID-19 and lockdowns as reasons for not seeking needed health services.<sup>14</sup>

## Support Needed to Maintain Routine Immunization During COVID-19

With attention of health systems in many countries currently focused on COVID-19 vaccine roll-out and human resources diverted to meet its needs, there is currently a risk that routine immunization may drop off again. Nigeria introduced several policies to maintain and adapt routine immunization services and maintain vaccine supply during COVID-19. Nigeria's Guide on Primary Health Care Preparedness and Response for COVID-19 included provisions to monitor ongoing routine immunization services and reallocate financial and human resources to areas with low coverage if necessary. However, facility survey data from December 2020, suggest few of these have been implemented.<sup>14</sup>



Click to read WHO's latest guidance on developing context-appropriate strategies to reduce gaps in immunization.

**Reference Tool: Leave No One Behind: Guidance for Planning and Implementing Catch-up Vaccination**

### Possible actions by the USAID Mission and projects to maintain and restore routine immunization in Nigeria:

- Participate in working groups to identify unvaccinated populations and plan for catch-up with immunization and other services.
- Assist Nigeria's Expanded Program on Immunization and local government areas in the implementation and monitoring of strategies to maintain and adapt immunization services.
- Engage with civil society organizations and communities to identify and overcome barriers to immunization, including traditionally-overlooked problems such as gender-related barriers.
- Support the adequate funding of COVID-19 vaccine introduction to ensure that financial and human resources are not shifted from routine immunization.
- Monitor and support strategies to address reasons for non-utilization of routine immunization services.

## References:

1. Federal Republic of Nigeria. 2014. National Health Act. Available online: <http://www.ilo.org/dyn/natlex/docs/ELECTRONIC/104157/126947/F-693610255/NGA104157.pdf>
2. Federal Republic of Nigeria. 2017. Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition Investment Case: 2017–2030. Available online: [https://www.globalfinancingfacility.org/sites/gff\\_new/files/documents/Nigeria-Investment-Case.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/Nigeria-Investment-Case.pdf)
3. Federal Republic of Nigeria. 2018. Nigeria Strategy for Immunization and PHC System Strengthening [NSIPSS]: 2018-2028. Available online: [https://nigeriahealthwatch.com/wp-content/uploads/bsk-pdf-manager/2019/09/18.04.2018\\_Nigeria-Strategy-for-Immunization-and-PHC-Strengthening\\_3rd\\_Version-Final.pdf](https://nigeriahealthwatch.com/wp-content/uploads/bsk-pdf-manager/2019/09/18.04.2018_Nigeria-Strategy-for-Immunization-and-PHC-Strengthening_3rd_Version-Final.pdf)
4. WHO Africa. 2020. Press Release: WHO and UNICEF congratulate Nigeria on ending wild poliovirus; call for strengthening of routine immunization. Available online: <https://www.afro.who.int/news/press-release-who-and-unicef-congratulate-nigeria-ending-wild-polio-virus-call-strengthening#:~:text=Nigeria%20attained%20wild%20polio%2Dfree,wild%20polio%20endemic%20countries%20globally>
5. WHO and Unicef. 2021. WHO/UNICEF estimates of national immunization coverage, 2020 revision.
6. Li, Xiang, et al. "Estimating the Health Impact of Vaccination against Ten Pathogens in 98 Low-Income and Middle-Income Countries from 2000 to 2030: A Modelling Study." The Lancet, vol. 397, no. 10272, Jan. 2021, pp. 398–408, doi:10.1016/S0140-6736(20)32657-X.
7. Sim, S.Y., Watts, E., Constenla, D., Brenzel, L. and Patenaude, B.N., 2020. Return On Investment From Immunization Against 10 Pathogens In 94 Low-And Middle-Income Countries, 2011–30: Study estimates return on investment from immunization programs against ten pathogens for ninety-four low-and middle-income countries from 2011 to 2030. Health Affairs, 39(8), pp.1343–1353.
8. Institute for Health Metrics and Evaluation. 2019. Local Burden of Disease: Vaccines (DTP1 estimates in 2016). Available online: <https://vizhub.healthdata.org/lbd/vaccines>
9. USAID. Nigeria Country Development Cooperation Strategy. 2020-2025.
10. Akwataghibe, N.N., Ogunsola, E.A., Broerse, J.E., Popoola, O.A., Agbo, A.I. and Dieleman, M.A., 2019. Exploring Factors Influencing Immunization Utilization in Nigeria—A Mixed Methods Study. Frontiers in public health, 7, p.392.
11. MICS/NICS brief 2017 (survey of all 36 states). Available online: <https://www.unicef.org/nigeria/sites/unicef.org.nigeria/files/2018-09/Nigeria-MICS-2016-17.pdf>
12. Sato, R., 2019. The impacts of quantity and quality of health clinics on health behaviors and outcomes in Nigeria: analysis of health clinic census data. BMC health services research, 19(1), pp.1–14.
13. Nigeria Federal Ministry of Health. 2017. National Health Facility Survey, 2016. Available online: [http://somlpforr.org.ng/wp-content/uploads/2017/05/NHFS-Final-Report-for-Printing\\_VI.pdf](http://somlpforr.org.ng/wp-content/uploads/2017/05/NHFS-Final-Report-for-Printing_VI.pdf)
14. Global Financing Facility. 2020. Monitoring essential health services in times of COVID-19 (Nigeria December 2020). Powerpoint presentation.
15. Federal Republic of Nigeria. 2018. Gavi Programme Support Rationale: Gavi HSS application. Available online: [https://www.gavi.org/sites/default/files/document/2020/20181219\\_Nigeria%20PSR\\_v3.pdf](https://www.gavi.org/sites/default/files/document/2020/20181219_Nigeria%20PSR_v3.pdf)
16. World Bank. 2018. World Development Indicators, 2018. Available online: <https://datacatalog.worldbank.org/dataset/world-development-indicators>
17. Adebayo, O., Labiran, A., Emerenini, C.F. and Omoruyi, L., 2016. Health workforce for 2016–2030: Will Nigeria have enough. Inter J Inn Heal Res, 4(1), pp.9–16.
18. Alkenbrack, Sarah; Kurowski, Christoph; Hafez, Reem; et al. 2018. Immunization Financing Assessment : Nigeria. Health, Nutrition and Population Discussion Paper;. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/35422> License: CC BY 3.0 IGO.
19. Gavi. 2021. Targeted Country Assistance Plan: Nigeria. Available at: <https://www.gavi.org/sites/default/files/document/2021/2021-TCA-Plan-Nigeria.pdf>

MOMENTUM Routine Immunization Transformation and Equity is funded by the U.S. Agency for International Development (USAID) and implemented by JSI Research & Training Institute, Inc. (JSI), along with PATH, Accenture Development Partnerships, Results for Development, Gobe Group, CORE Group, and The Manoff Group under USAID cooperative agreement #7200AA20CA00017. The contents of this document are the sole responsibility of JSI and do not necessarily reflect the views of USAID or the United States Government.

