

COVID-19 Preparedness Plan for Nigeria

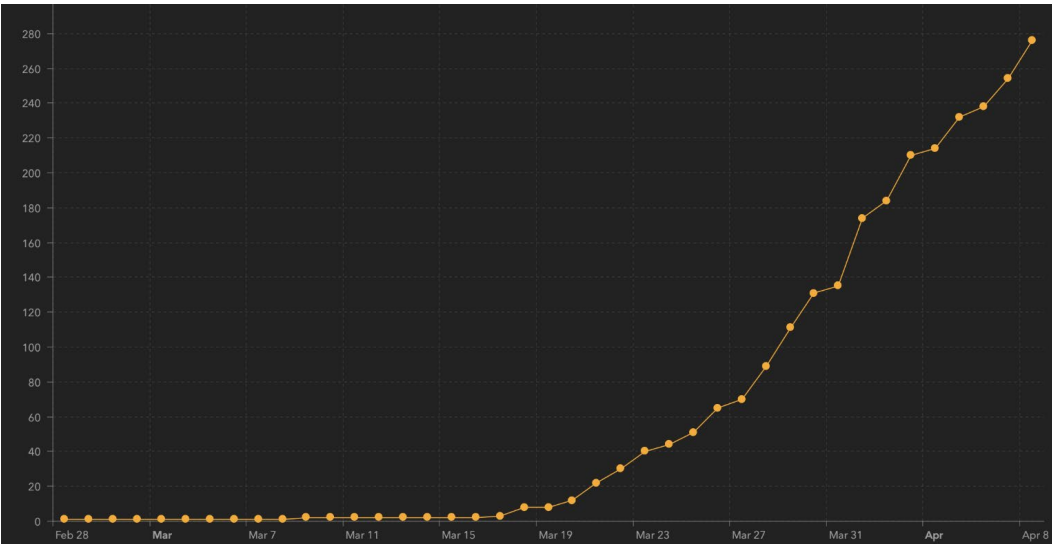
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Epidemiology of COVID-19 in Nigeria

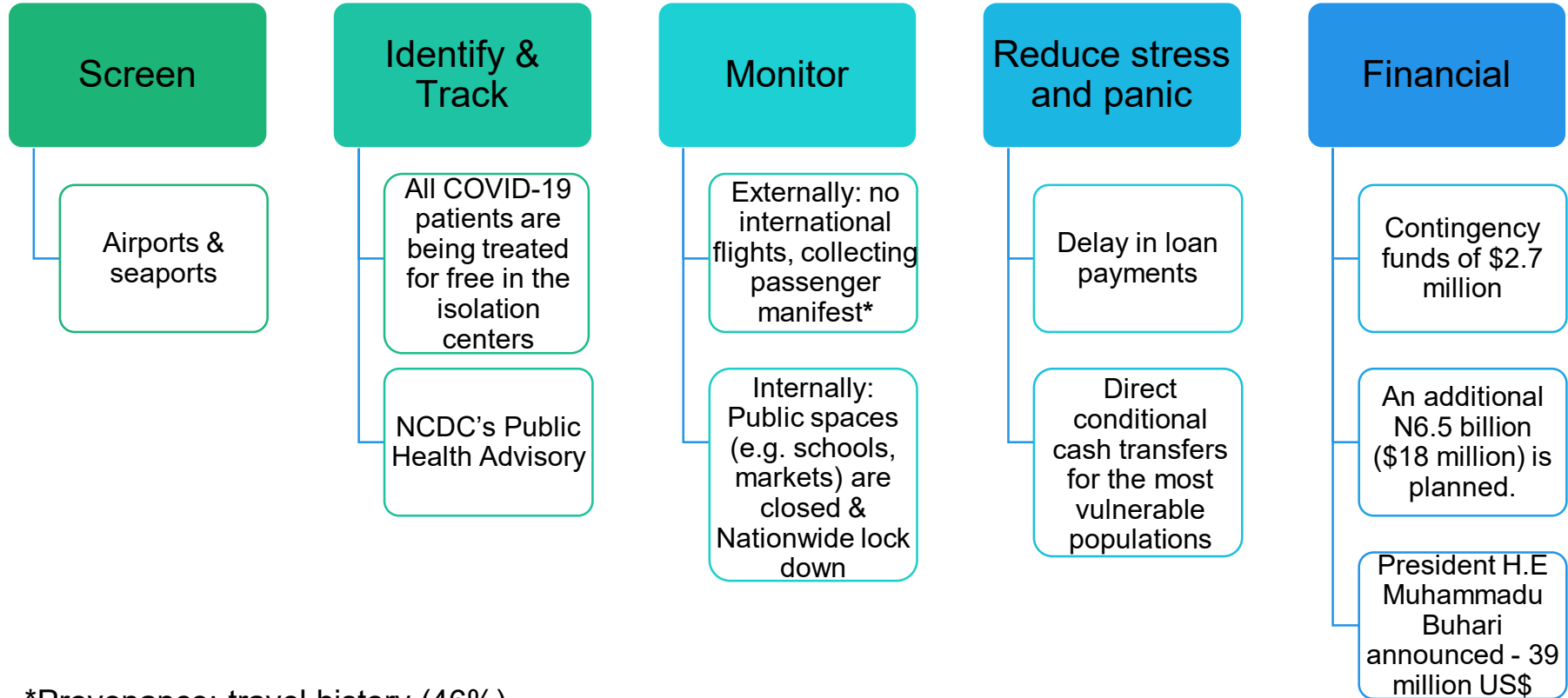
Succeeded in tracing 3,550 people who encountered patients infected with COVID-19 in the country

CASE SUMMARY IN NIGERIA AS AT APRIL 8TH 2020



Total Samples Tested	> 5000
Total Confirmed cases	276
Death	6

Current Situation



*Provenance: travel history (16%)

How prepared is Nigeria?

Health Systems:

Current Resources

- 6 → 9 laboratories
- Ordered emergency stocks of the malaria drug chloroquine for treatment of COVID-19
- Trained staff to conduct contact tracing at the NCDC

Unmet Resources

- **Safety kits/PPE**
 - Hand Sanitizers
- **Patient Care**
 - Hospital beds
 - 0.8 per thousand populations
 - Isolation centers
 - Ventilators
 - Ekiti state has only 1 ventilator in its isolation center
- **COVID-19 test centers**

How prepared is Nigeria?

General Concerns:

Testing:

- Follow up on asymptomatic cases

Tracing:

- Need to account for false reporting

Unintended consequences of law-enforcement:

- An increase in domestic violence, harassment
- An increase in tension between the military personnels and civilians
- National lock-down → limited access to food and daily wages to survive for some people

Heavy top-down approach:

- Missing the voices of medical personnels and the general public → may create more chaos and fear

Policy Interventions



Immediate

1. Limit Virus Transmission
2. Prepare the Healthcare System
3. Flatten the Curve



Long-Term

1. Vaccine Access

Immediate Policy Interventions



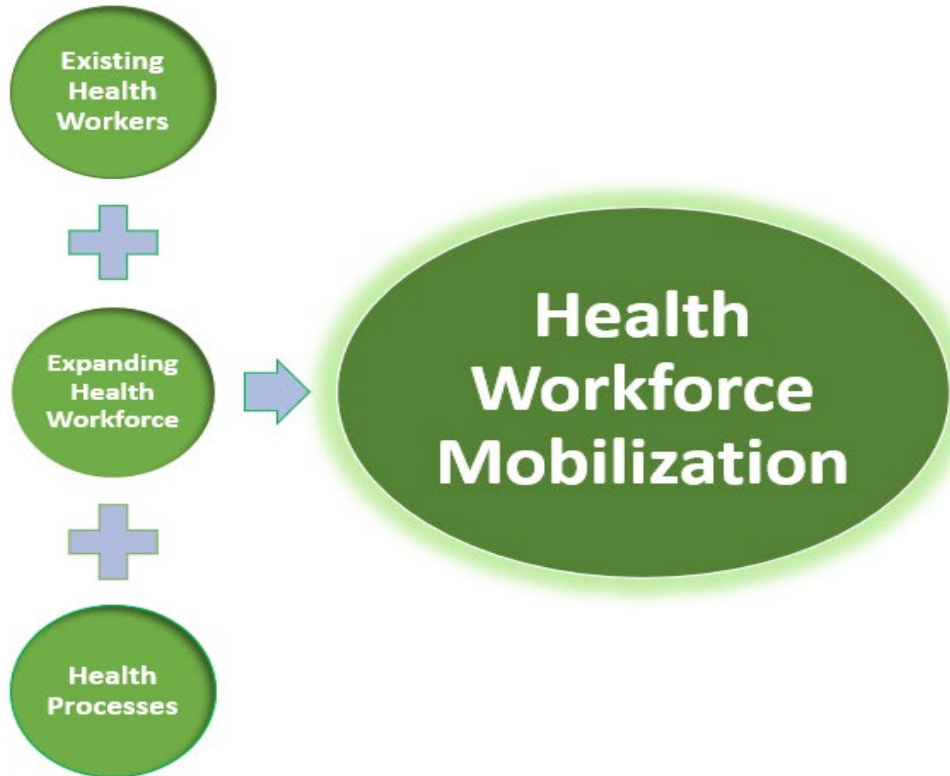
1. Limit Virus Transmission

Policy Actions



- Increase ***stay-at-home*** orders beyond Lagos and neighbouring states
- Control domestic travels between states
- Follow-up on passengers from Airlines (Manifests submitted to Port Health Authorities): a way to start contact tracing in case of both symptomatic and asymptomatic patients
- Strengthen International Health Regulations by posting public health nurses at ports of entry for screening & referral of individuals

2. Prepare Health System



2. Prepare Health System

Service Delivery

Plan to mobilize resources if **COVID-19** cannot be contained and more facilities & medical resources are needed

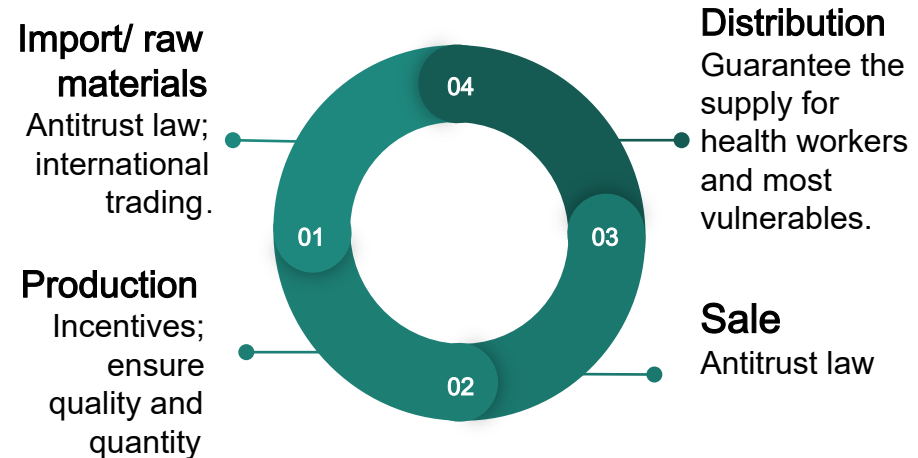
Facilities:

- Recommission old, abandoned public health facilities
- Repurpose old warehouses to increase bed availability
- Create pop-up tent locations for infected patient

Note: Facilities should have separate testing/screening areas and isolation/treatment areas for the clinically significant cases

Medical Equipment Access

- **PPE & Ventilation Equipment**
- **Key: Government regulation**



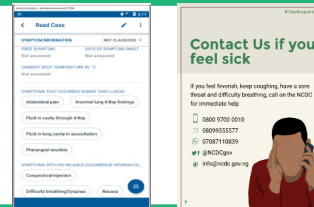
3. Flatten the Curve

Communication: Aim to increase communication about COVID-19

- Radio Ex. Broadcast about COVID every day 9am and 3pm (prevents unreliable information spreading)
- Facebook broadcasts a COVID-19 message every time the app is open - 53% of Nigerian mobile users accesses Facebook in March
- CHWs and community leaders (religious leaders) to dispense education
- Use the informal healthcare system - ask workers to call the NCDC Health hotline to report cases and or tell people to use this hotline to report their own symptoms

Data tracking & transfer: Aim to create a way to track and to transfer COVID information to 1 database

- SORMAS - Open source Software
 - Expand current use (in 400 districts, and at seaports and airports)
 - NCDC Hotline workers to use the SORMAS App to flag potential cases



Screening: Aim to increase community screening if community spread increases

- Repurpose schools or religious buildings into testing centers - In community with potential exposure
 - Determined by Airplane lists
 - SORMAS Strategy

Long-term Policy Interventions



1. Vaccine Access, Vaccination Program & Anti-Viral

Development:

- In progress
- Expected to be ready for full distribution in 18 months

Vaccine Access:

- Human Rights-Based Approach:
 - Governmental advocacy at international level for fair, equitable distribution of vaccines based off of population size
 - Urge UN intervention to ensure equitable distribution
- Market-Based Approach:
 - Map supply chain
 - Obtain necessary equipment to support supply chain & vaccine distribution
 - Install & commission equipment

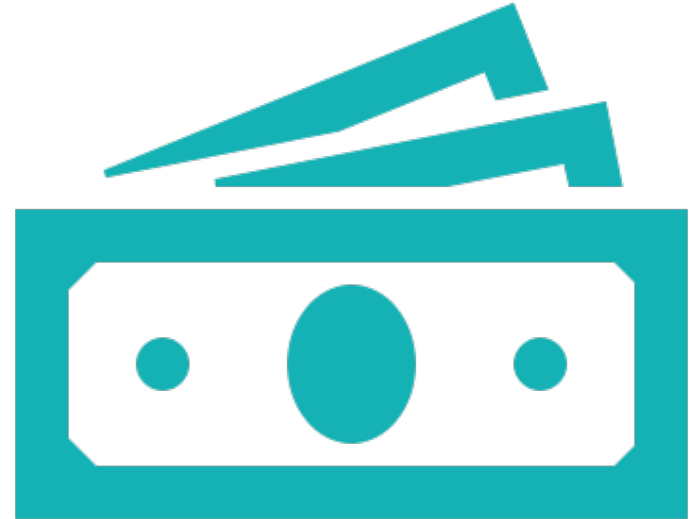
Vaccination Program:

- Nigerian GNI: \$5,710/ capita
- Qualify for GAVI: No, unless standard changes for COVID-19 (IFFIm)
- Mobile vaccination units that both test for COVID-19 and vaccinate those who haven't had the condition

Financing Mechanisms

- International Finance Facility for Immunisation (IFFIm) Vaccine Bonds
 - Pledges & bonds with competitive rate of return
- Coalition for Epidemic Preparedness & Innovation

Financing Policy Interventions



How will these actions be funded?

The COVID-19 Basket Fund : Nigerian National Emergency Fund

- Coordinate mobilization and rapid deployment of assistance where it is needed the most
- The one COVID-19 Financing and Investment Platform for diverse stakeholders
 - UN and other multilaterals, bilaterals, private sector, foundations, philanthropists

The crisis intervention fund : to strengthen healthcare infrastructure

- \$1.39 billion fund to upgrade its healthcare facilities
- Nigeria's Central Bank launched a drive to raise 120 billion naira from the private sector

Global financial institutions

- Seeking to borrow \$6.9bn from international lenders
 - The World Bank, the African Development Bank, IMF and the Islamic Development bank
- Continue engagements to access concessional funding for the 2020 budget

Health specific Debt Relief Fund (DRF)

- Initiative: HIV/AIDS → COVID-19
- Activity: High burden of out-of-pocket expenditure for treatment & testing
- Executing: Federal Ministry of Health

Implementation: Mixed Approach

Top-down:

- Limit virus transmission
 - International collaboration: H8 and international agencies;
 - NCCD
- Prepare health system
 - MOH, Federal and state government
 - Industry (PPE)
- Long-term: vaccination
 - International Finance Facility for Immunisation (IFFIm) Vaccine Bonds
 - Industry (vaccine produce)

Bottom-up:

- Flatten the curve
- Industry (Sever and cell tower)

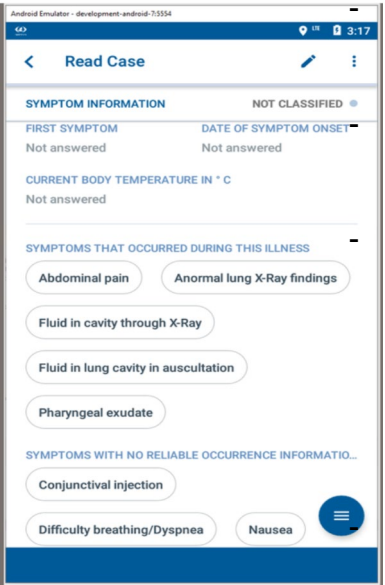
***With this policy proposal, Nigeria
will not become the next
epicenter of this pandemic.***

Thank you, Questions?





Caller



NCDC Hotline

Uses the SORMAS app
Determines if high or low risk
If low risk recommend self quarantine and social distancing practices
High risk flag case



Surveillance Supervisor

-Reviews apps results that are flagged → determines hot pops of COVID → where contact officers will be sent the following day



Contact Officer

-Send out to 'hot pop'
-Conduct screening
-Bring severe cases to healthcare facilities or special isolation units