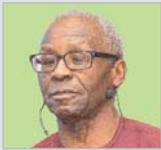


Health Watch Forum

PREVENT EPIDEMICS: IMMUNISE

**24th April,
 2019 |
 Sheraton Abuja
 | 8:00a.m. -
 1:20p.m.**

The speakers



Prof. Oyewole Tomori
 Chair, Nigerian Expert Review Committee (ERC) on Poliomyelitis Eradication and Routine Immunisation



Mrs. Elsie Ilori
 Deputy Director, Nigeria Centre for Disease Control (NCDC)



Dr. Yakubu Maigana
 Head, Outbreak Prevention & Response Unit, Dept. of Disease & Immunisation, National Primary Health Care Development Agency (NPHCDA)



Mrs Chika Ofor
 Chief Oversight Officer, Vaccine Network for Disease Control



Dr. Chizoba Wonodi
 Country Director, International Vaccine Access Centre at John Hopkins School of Public Health (JHSPH)



Ms. Azuka Okeke
 Regional Director, Africa Resource Centre



Mr. Oghenetega Iortm
 Co-founder/CEO, GRICD



Mr. Palnam Usman
 Head of Operations, Dept of Logistics & Health Commodities, National Primary Health Care Development Agency (NPHCDA)



Dr. Uchenna Igbokwe
 Principal, Solina Health



Dr. James Onoja Attah
 Immunisation Expert to European Union Support for Immunisation Governance in Nigeria (EU-SIGN).



Dr. Ifeanyi M. Nsofor
 Nigeria Health Watch Moderator



Ms. Adaobi Ezeokoli
 Nigeria Health Watch



Mrs. Vivianne Ihekweazu
 Nigeria Health Watch

#PreventEpidemicsNaija | The Report

PREVENT EPIDEMICS: IMMUNISE



Nigeria Health Watch is a not-for-profit organisation offering communication and advocacy expertise in the health sector. Our dual strengths in health and communication enable us to provide perfect solutions for communications and advocacy in the health sector. Competence, integrity, social consciousness, passion for health, are some of our values.

nigeriahealthwatch.com



The Private Sector Health Alliance of Nigeria creates a compelling opportunity to pool private sector capabilities, resources, assets and expertise, across a coordinated platform, to complement the efforts of development partners and implementers to accelerate improvement in health outcomes in Nigeria.

www.phn.ng



ARC is an independent strategic advisor to African countries focused on improving the availability of medicines and health products. We are a trusted broker, connector, catalyst and pace setter of resilient supply-chain transformation initiatives. We partner with donors and strategic partners to help improve the return on investment to strengthen supply chains in Africa.

africaresourcecentre.org



EpiAfric is a global competitive African health consultancy group. We provide a service of uncompromising competence, tenacious integrity, and an in-depth local understanding of the Nigerian context, enriched by a culture of delivery from our international experience and underpinned by a socially aware ethos. We offer advisory, research and capacity development for the health sector.

epiafric.com



WAVA envisions a world where individuals have unhindered access to vaccines, irrespective of their gender, creed, value or physical attributes, to protect their wellbeing and advance the collective good. WAVA is dedicated to supporting appropriate policies, strengthening health systems and building the social capital that assures equity and continuity in Immunisation and primary health care access.

wawang.org



Vaccine Network for Disease Control is a non-profit organization determined to leave a unique footprint in the lives of the under served through community and advocacy approaches that meet their health and developmental needs. Since 2011, we have worked alongside stakeholders at all levels – global, national, state, local government and community, to deliver effective services in the areas of Health, Education, and Economic empowerment.

thevaccinenetwork.org



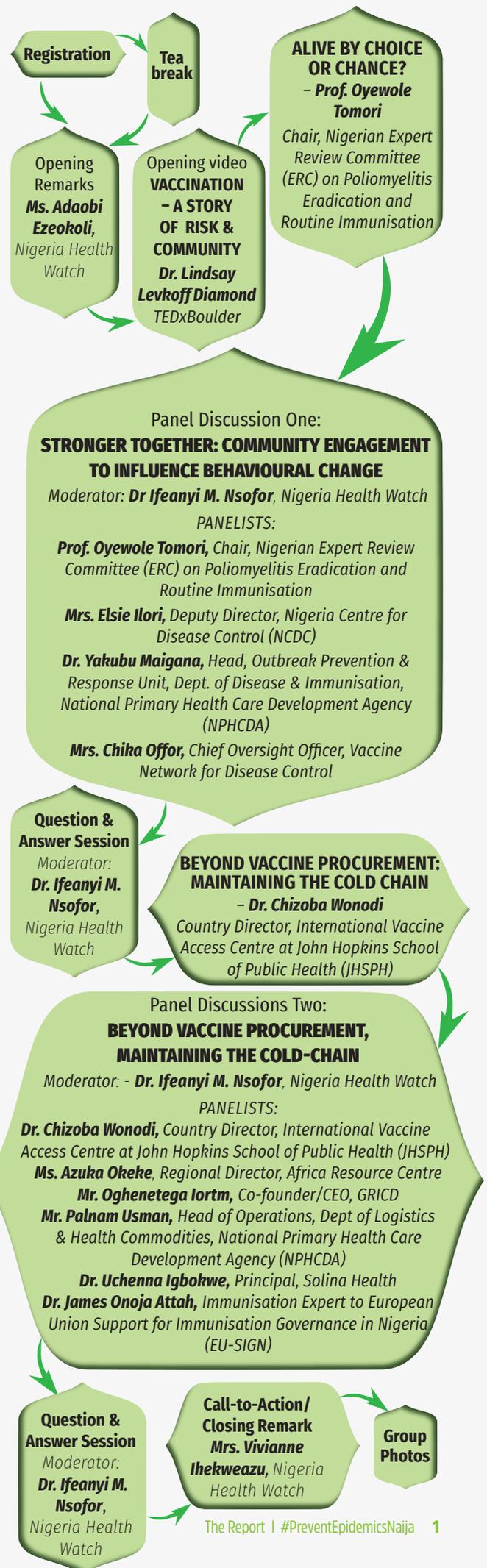
A conversation about funding for immunisation

Immunisation is key to preventing epidemics across the world. According to UNICEF, immunisation is one of the most cost-effective public health interventions to date, averting an estimated 2 to 3 million deaths every year. The **'Prevent Epidemics: Immunise'** forum was about how immunisation could help prevent disease outbreaks in Nigeria. The forum also addressed challenges facing the distribution of vaccines across the country and how overcoming these challenges could fortify the nation from diseases.

The success stories, incredible innovations and fantastic collaborations that were taking place in the immunisation space were brought to light. Deliberations highlighted the challenges facing the distribution of vaccines across the country. Solutions were proffered on how to overcome the challenges to better prepare the country, build a healthy nation and set Nigeria on the path to reclaim her national pride.

The underlying thread was how immunisation could be funded in Nigeria since health was considered a key part of the country's economy. Speakers and panelists shared their passion, expertise, and insights on this important conversation. The gathering of health advocates and change-makers probed, asked questions, and put forward ideas which could boost funding for immunisation.

Health insurance schemes, domestic resource mobilisation, federal and state governments making provisions for vaccines in their budgets, ploughing back recovered stolen funds, lawmakers – especially senators – forfeiting some percentage of their allowances, individuals adopting PHCs, source deductions from state allocations for vaccines, strategic corporate social responsibility (CSR) drives, and adoption of best practices were put forward as possible ways of boosting funding for immunisation to at the forum.



According to the National Immunisation Coverage Survey, 2016/2017, Nigeria's Routine Immunisation Coverage is



33%



Protect a nation, immunise

MS. ADAOBI EZEOKOLI,
*Managing Director,
Nigeria Health Watch*

As we continue our push towards universal access to healthcare for all, we cannot ignore the integral role of immunisation.

How prepared is Nigeria for the next epidemic? According to the website *preventepidemics.org*, Nigeria's preparedness score is 39%. There is work to do. So, what must we do? We must prepare in order to prevent epidemics. This requires coordination from federal, state and local governments, political will, community sensitisation, and of course, funding.

So, what does immunisation have to do with preventing epidemics? Everything.

One way to prevent disease outbreaks is to ensure that our children, our families, are protected. And this is where immunisation takes centre stage. We know that immunisation protects a child from preventable childhood illnesses.

There is a popular adage that goes "Educate a woman, and you educate a nation." Well, I want to make up my own adage today, and it goes, "Immunise one community, and you prevent an outbreak, and protect a nation."



In advocating to political office holders to fund immunisation, let's borrow a line from the movie, *The God Father*, 'Make him an offer he cannot refuse.'

Knowing how important immunisation is, it is neither wise nor sensible for a country as wealthy as Nigeria to rely on donors to spearhead funding for immunisation.

- Dr. Ifeanyi M. Nsofor, Nigeria Health Watch

"Without health, we have no economy, we have no country. We need to look internally to fund epidemics. We need to ask our governors about funding for immunisation.

We assume that transporting vaccines from the manufacturer to the end user is easy. But it is not. We rely on innovation and funding. Health insurance is the way forward. Those who can afford it will supplement for those who cannot."

- Mrs. Vivianne Ihekweazu,
Nigeria Health Watch



\$835 MILLION
The disbursement for vaccination related activities in Nigeria between 2000 & 2018 according to GAVI, the Vaccine Alliance

ONLY 7 STATES
(LAGOS, EKITI, EDO, IMO, ABIA, FCT & ONDO) reached the target of 80% coverage for measles vaccination
National Nutrition & Health Survey, 2018

ALL 36 STATES
fall below the global goal of 90% coverage for 3 doses of pentavalent vaccine
National Nutrition & Health Survey, 2018

Immunisation performance is weakest in North East & North West zones where every state falls below
50% PENTA3 COVERAGE

OPENING VIDEO

Vaccination- A story of risk and community

DR. LINDSAY LEVKOFF DIAMOND
TEDxBoulder

Life is a story about risk, calculated or otherwise. Nevertheless, this is a story about living - about being vaccinated.

In the United States, vaccination is a victim of its success because the good job of vaccination has ensured that many do not know what diseases look like anymore. It has become an out-of-sight, out-of-mind situation.

One person with measles will

affect 18 people because it is an airborne disease - that can persist in the air for two hours after the affected person has sneezed or coughed.

While vaccination is a personal decision, it affects other people because vaccinations rely on herd immunity. If the population is not vaccinated, diseases spread rapidly, and when only one part of the community is vaccinated diseases still spread very

easily. However when most of the population is vaccinated, diseases are contained. For measles, 95% of the population will need to be vaccinated to contain it. Vaccination is about community. It is incredibly fragile when we dig below the herd immunity threshold, the system begins to fail. Every part of the herd is dependent on the other for protection. We need to close the vaccination gap, and support our herd.



Alive by choice or chance?

PROF. OYEWOLE TOMORI, *Chair, Nigerian Expert Review Committee (ERC) on Poliomyelitis Eradication and Routine Immunisation*

ALIVE BY CHANCE

My generation is alive by chance, born into an era of no vaccine. We Only survived because the set above me bore the brunt of outbreaks of measles, diarrhea, whooping cough, smallpox, Yellow fever.

You are alive by choice – your parents' choice. They made the choice to vaccinate you when you were born with DPT, Polio123, measles vaccines.

ALIVE BY CHANCE

To prevent epidemics, most of the population must be vaccinated. Immunisation is the first line of defence against infectious diseases. It is one of the most cost-effective public health interventions averting an estimated 2 to 3 million deaths every year.

As at 2006, three Nigerian children were paralysed by polio every day. Immunising our children is more than vaccines – it includes responsible political leadership, good governance, accountability, social responsibility, community involvement.

We each have an important role to play.

RETURNS ON INIQUITY AND IMMORALITY

While other countries are getting sumptuous Returns On Investment (ROI), Nigeria is wallowing in her Returns on Iniquity (ROI) and Returns On Immorality (ROI). In Nigeria, 10.5 million children are out-of-school and 4.5 million children are under vaccinated and Nigeria is the poverty capital of the world.

CAN NIGERIA IMMUNISE ALL HER CHILDREN?

Nigeria is the country with the highest number (4.5 million) of under-immunised children in the world. It is home to the deepest inequities in immunisation,

- between geographic regions - coverage in Sokoto: 3%; Lagos: 80%),
- between income quintiles (73% difference in coverage between lowest and highest quintile).

Estimated costs of fully vaccinating a Nigerian child with all the vaccines we currently administer is NGN17,000.

If 1% of the looted money recovered by Economic and Financial Crimes Commission (EFCC) is correctly allocated, we will fully vaccinate 10,000 Nigerian children.

And, if our senators give up just one of their four-year tenure allowance of NGN17.7bn for the sake of our children, we can fully vaccinate 1.04 million Nigerian children.

VACCINATE TO IMMUNISE

The key questions are: Does Nigeria have enough money to fully vaccinate all her children? And does Nigeria have enough resources to fully Immunise all her children? Money alone may buy all the vaccines we need, but we need more than money to immunise our children.

We need all and each of us: parents, healthcare workers, leaders (political, traditional, religious, community), academicians, professionals etc. We need to harness all these resources – talent, skill, ability, position power etc. – to protect our community from epidemics.

SUCCESS FACTORS

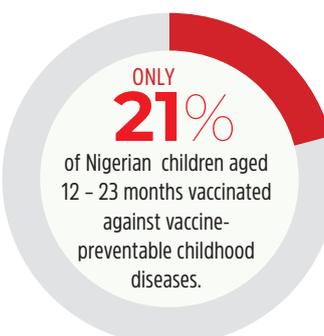
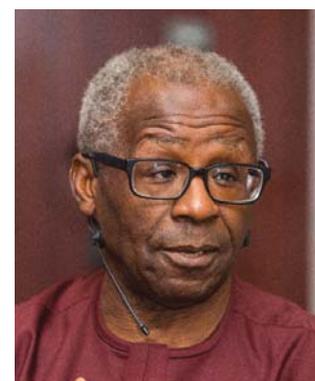
Our success depends on how well we use our resources in:

- Raising awareness about the importance of full immunisation throughout life.
- Demonstrating the value of vaccines for the health of children, communities and the world.
- Building on immunisation progress while addressing gaps, as we increase investment.
- Showing how routine immunisation is the foundation for strong, resilient health systems and universal health coverage.

WHY VACCINATION/IMMUNISATION CHAMPIONS?

- Highlight the need to build on immunisation progress while addressing gaps and advocacy for increased funding.

Nigeria has all it takes to immunise and prevent epidemics.



4,500,000 children in Nigeria are not immunised

₦17,000 Estimated cost of fully vaccinating a child with all the vaccines currently administered in Nigeria

₦976m representing 1% of the ₦97.6bn looted money recovered by EFCC, if correctly allocated, will fully vaccinate **10,000 children** in Nigeria

One of the 4-year tenure allowances of Nigeria's 109 senators will fully vaccinate:

1,038,706 children



Stronger together: Community engagement to influence behavioural change

PROF. OYEWOLE TOMORI

Chair, Nigerian Expert Review Committee (ERC) on Poliomyelitis Eradication and Routine Immunisation

VACCINATING TO IMMUNISE

Vaccinating a child does not confer immunisation. There is a difference between money to vaccinate and resources to immunise. Funds might be present, but human capital resources must be built to ensure every child that is vaccinated gets immunised.

BUILDING ACCOUNTABILITY

Advocacy for increased funding for health, must include enquiries about how current funds are spent. Building accountability and integrity with our funds should be the focus if a strong funding system for immunisation will be developed. Nigeria has the resources to fully immunise every child.

FOCUSING ON IMPORTANT THINGS

A key question is 'How do we stop depending on donors for funding immunisation? Nigeria was a country that had pride in itself. Nigeria needs to get that pride back. Focusing on the things that are important is key.

RESTRUCTURING THE HEALTH SYSTEM

The health system must be restructured. This restructuring must also involve restructuring minds to avoid sophisticated decadence.

RAISING AWARENESS

More than money is needed to vaccinate children. Success depends on raising awareness. People will have to go out and talk about vaccination. Vaccination needs champions to highlight the value.



MRS. ELSIE ILORI

Deputy Director, Nigeria Centre for Disease Control (NCDC)

DEPLOYING TARGETED MESSAGING

NCDC has developed targeted messages to reach rural communities and social media to reach urban communities. With research, NCDC found out factors that influence people's behavioural patterns and developed messages addressing those specific behavioural issues. This is one key way NCDC works to fight infectious disease outbreaks in Nigeria.

COLLABORATING WITH RELEVANT SECTORS

Involving other sectors of government in the fight against epidemics is very important to achieve success because the life and habits of Nigerians are not domiciled only in the Federal Ministry of Health. Preventing epidemics is everyone's business. All sectors must be involved.

SETTING UP RISK COMMUNICATION ACTIVITIES

NCDC's Rapid Response Team (RRT) continues to engage in risk communication activities to increase awareness on effective ways to prevent diseases.



DR. YAKUBU MAIGANA

Head, Outbreak Prevention & Response Unit, Dept. of Disease & Immunisation, National Primary Health Care Development Agency (NPHCDA)

UTILISING AVAILABLE MANPOWER EFFECTIVELY

The issue of inadequate health workers does not arise - because every state has a school of nursing or a school of health technology or midwifery. Let's be specific - and say inadequate doctors.

DEPLOY CONTINUOUS ENGAGEMENT

There is no need to lose courage in the immunisation push. Non-immunised communities must be engaged continuously until immunisation goals are achieved.

SANCTIONING ERRING HEALTH WORKERS

Every health worker that tampers with vaccines at the communities should be sanctioned. Everyone must be on their toes as it relates to immunisation.

BRIDGING VACCINATION GAPS

There is a need to ensure that there are no gaps in vaccination - routine immunisation officers (ROIs) should regularly interface with ward development officers (WDOs) in communities to mobilise people from their homes to the hospitals.



MRS. CHIKA OFFOR

Chief Oversight Officer, Vaccine Network for Disease Control (VNDC)

GOVERNMENT FUNDING IMMUNISATION

Funding for vaccination activities involves all the three tiers of government. The federal, state and local governments should all play their parts and do their work. They have the job to provide vaccines for Nigerians. Nigeria should fund their immunisation programme because the the money is available.

BUILDING A POOL OF FUNDS

Government cannot budget enough for vaccines. Health insurance programmes may be the only way to build a large pool of funds to pay for an adequate vaccine programme.

ADOPTING A PHC, ASKING QUESTIONS

Where you live there is a PHC nearby. Adopt a PHC. Once in a quarter, check on the PHC - Is the water running? Are people coming for immunisation? Are there antigens? Is there power supply? Asking questions will improve things.

SIMPLIFYING MESSAGING

Simplify messaging about immunisation to improve buy-in. Why 'purchase' when you can 'buy'? Simplify health messages and make health trend.





Beyond vaccine procurement: maintaining the cold chain

DR. CHIZOBA WONODI, *Country Director, International Vaccine Access Centre at Johns Hopkins School of Public Health (JHSPH)*

IMMUNISATION CONTEXT

Both women and children have a right to be protected from harm, including protection from vaccine preventable diseases

A 2018 survey reported penta 3 coverage is 54%. While this is an improvement from 33% coverage reported in 2016, millions of Nigerian children are still under vaccinated.

The majority of these under-vaccinated children live in rural, hard to reach or riverine areas where the challenges of getting vaccines to the last mile are hardest.

RI VACCINES: SCHEDULE, PIPELINE AND COST?

There are currently 9 vaccines in the RI schedule, given over 5 visits from birth to 9 months covering 10 antigens. Six new vaccines are planned to be introduced into the RI schedule from 2019-2021. Nigeria will require \$1.95bn (N702bn) to procure RI and SIA vaccines and devices from 2018 – 2028. The Global Alliance for Vaccines Initiative (GAVI) will support with \$773.2m within the same period.

THE VACCINE SUPPLY CHAIN?

Consists of the personnel, storage (cold rooms, fridges, freezers, vaccine carriers and temperature monitors), transport, forecasting, stock management and waste disposal systems needed to ensure the 5 rights, that:

- the right vaccines are
- in the right conditions (between +2 and +8°C)
- at the right place
- at the right time and
- at the right quantities

The backbone of the immunisation system supports an increasingly complex vaccine schedule as vaccine doses journey from development to delivery.

CHALLENGES WITH THE NIGERIAN SUPPLY CHAIN

Up to the early 2000s, the Nigerian vaccine supply chain was severely underperforming. Some of the challenges included:

Stock management: Poor collection, visibility and use data. Vaccine accountability was very

poor. Stock levels were below acceptable levels 90% of the times and stock out rates were high.

Storage capacity: Several non-functional and dilapidated cold stores, coupled with erratic power supply, and inadequate capacity especially at ward level with only 15-25% of wards having Cold chain equipment (CCE) facilities.

Cold chain equipment (CCE): Use of inappropriate CCE e.g. domestic fridges, no plans for preventive maintenance, no expertise for preventive maintenance and poor capacity to manage preventive maintenance contracts.

Distribution: No funding for vaccine collection, vaccine collection on the morning of the session causing delays and high burden of vaccine collection cost on the health workers.

Personnel: Lack of expertise on logistics, lack of management capacity, poor coordination across and within levels due to complicated structure.

CURRENT EFFORTS AND INNOVATIONS TO ADDRESS SUPPLY CHAIN CHALLENGES

To address these challenges, NPHCDA implemented an end-to-end supply chain transformation beginning in 2013. Stock visibility and management improved vaccine availability and reduced stock out. Cold chain equipment support raised storage capacity. Direct vaccine delivery to health facilities in Kano, resulted in decreased stock-outs and improved stock adequacy.

SUPPLY CHAIN INNOVATIONS AROUND THE WORLD

A Gates Challenge Grantee is testing the value of block-chain, a decentralised secure database, for stakeholders such as distributors and health workers to record and monitor the movement of a vaccine along a supply chain, to ensure the availability of sufficient levels of working vaccines.

Machine learning for a more efficient supply chain to better predict demand and avoid the delivery of the incorrect quantity or selection of vaccines. Zipline has used drones to deliver blood products for emergency. They are now testing the use of drones to deliver vaccines.

THE NUMBERS

Approximate procurement cost of **LOADED VACCINES** from 2018 to 2028:

\$2bn

Least amount Nigeria will require annually following full transition from GAVI in 2029 for

VACCINES PURCHASE

₦106bn

Amount Nigeria requires to procure **RI AND SIA VACCINES AND DEVICES** from 2018-2028:

₦702bn

GAVI SUPPORT for Nigeria for procurement of RI and SIA vaccines and devices from 2018-2028:

\$773m

85%

COVERAGE

is the national goal for the third dose of the pentavalent vaccine by 2028

Every year Nigeria's reproductive age women give birth to

7,000,000
children



Beyond vaccine procurement: Maintaining the cold-chain



DR. CHIZOBA WONODI

Country Director, International Vaccine Access Centre at John Hopkins School of Public Health (JHSPH)

GOVERNMENT FUNDING VACCINE PROCUREMENT

Funding for vaccines should really be a government responsibility. This is because one cannot 'donate' enough to fund immunisation programme as a whopping N106bn is needed annually to buy vaccines in Nigeria.

TAPPING INTO HEALTH INSURANCE AND THE TAX BASE

Budgeting for vaccines can really never be enough because it will displace a lot of other things. Health insurance programmes and tapping into the tax base may be ways of building a large enough pool to pay for an adequate vaccine programme.

ENSURING VACCINE ACCOUNTABILITY

The vaccine supply chain is the backbone of the immunisation system. No vaccines, no vaccination or immunisation. Without the products (vaccines) there is no project. Effective vaccine accountability is still a problem, but innovations like *Follow The Vaccines* and vaccine vial returns should help overcome it.

MONITORING VACCINES

There have been lots of challenges with a lack of information coming from the lower levels. Vaccines need to be closely monitored and accounted for at all levels to prevent wastage and mismanagement.

STORING AND ADMINISTERING VACCINES SPECIFICALLY

Vaccines are very sensitive products that need to be stored and administered specifically – so they will not be rendered ineffective.



MS. AZUKA OKEKE

Regional Director, Africa Resource Centre

FUNDING ASPECTS OF VACCINE PROCUREMENT AND STORAGE

Vaccines are very expensive and at such can't be budgeted for adequately. But with the pool of funds from health insurance models, different aspects of the vaccine procurement and storage can be funded.

SEEKING PRIVATE SECTOR FUNDS

Harnessing funds from the private sector should be given a look-in. It goes beyond procurement of vaccines. It is all about 'how do we get that child immunised?' Government should create a clear budget line for vaccines then other sectors can tap into other sources of funding such as insurance and Basic Health Care Provision Fund (BHCPF).

EMPLOYING INNOVATIVE FINANCING

Employing innovative financing would build trust and provide platforms for the private sector to transfer expertise. The private sector will undertake training on operations and maintenance culture and government can leverage on that for best practices.

DEPLOYING STRATEGIC CSR

The private sector can play their part by providing strategic corporate social responsibility (CSR) where they can get value for number of lives saved - and not just painting buildings. Contributions from the private sector has to be tangible and not necessarily in buying vaccines - that is the role of government.



MR. OGHENETEGA IORTM

Co-founder/CEO, GRICD

GOVERNMENT PROCURING VACCINES

It is the responsibility of government to procure vaccines, but where we are now, this is not the case.

BOOSTING VACCINE DISSEMINATION AND EQUIPMENT SUPPLY

There is a need to leverage on existing technologies to raise funds since vaccines are critical. Creating similar stories of people with cancer challenges and getting people within the private sector to buy in will boost vaccine dissemination and equipment supply.

BUILDING EFFICIENT AND AFFORDABLE COLD CHAIN SYSTEMS

Working to build efficient and affordable cold chain systems which have the same reporting systems such as temperature and location of the vaccines is critical.

LEVERAGING ON SIMPLE TECHNOLOGIES

Different models that involve the use of very simple technology - including the lease model and service-level agreements - if employed, would improve cold chain storage of vaccines.





CALL-TO-ACTION



MR. PALNAM USMAN

Head of Operations,
Department of Logistics
& Health Commodities,
National Primary Health
Care Development Agency
(NPHCDA)

INVOLVING IN BUYING THESE VACCINES

States governments in Nigeria do not value and store vaccines as they should because they do not pay for it. The federal government buys and transports vaccines to the zones and states. States do not value this because they are not directly involved in buying these vaccines - and vaccines are given to them for free.

DEDUCTING FROM THE NATIONAL COFFERS OF STATES - TO BUY VACCINES

Vaccine procurement and vaccination is a money issue. Money should be deducted from the national coffers of states to buy vaccines and fund the distribution. This is so that everybody is a part of it

ACCOUNTING FOR VACCINES

Vaccines cost money but they save lives. We must demand that health facilities account for vaccines.

DR. UCHENNA IGBOKWE

Principal, Solina Health

CREATIVELY PUTTING VACCINE FUNDING INFORMATION TO POLITICIANS

There is a need for more creativity in putting the information about vaccine funding to politicians. A more integrated PHC approach and mindset is key. Costing a minimum service package, breaking it down and putting it in front of the politician would turn heads.

UTILISING FUNDING TOOLS

The use of available tools and platforms like health insurance, Saving One Million Lives loan, BHCPF, MOUs, donor foundations, and budget appropriations - would help raise money for vaccine procurement.

ENSURING BETTER VALUE FOR INVESTMENT IN IMMUNISATION

Putting financial controls and governance systems in place that will help ensure there is better value for investment in immunisation.

Vaccine accountability would help curb the inefficiencies in the system.

FINANCIAL MANAGEMENT IS KEY

We need to think about how to best utilise the money we have. We need to set up systems that track usage, audits and makes a case for refunds - for unused funds.

DR. JAMES ONOJA ATTAH

Immunisation Expert to
European Union Support
for Immunisation
Governance in Nigeria
(EU-SIGN)

GOING THROUGH THE GAMUT OF THE PROCUREMENT AND DELIVERY OF VACCINES

Procurement is just the beginning of the journey because the bulk of the work lies beyond it.

It is everybody's business to make sure that vaccines get procured and delivered to all - at the right time, condition and place.

INVOLVING ALL STAKEHOLDERS

Procurement shouldn't be left for the federal government alone. The states and private sector should provide their own human resources. Everybody should be involved to put in resources for vaccine procurement and all that is needed to ensure vaccines get to the target age group.

Ask questions about how current funds for health with special focus on infectious disease prevention are spent.

Focus on building accountability and integrity with funds for disease prevention. If immunisation funds are rightly appropriated, we will get herd immunity which helps prevent infectious disease outbreaks.

All three tiers of government - federal, state and local - should play their parts in funding immunisation because it will impact on the prevention of infectious disease outbreaks.

Government should provide vaccines for Nigerians to improve public health security.

Funding requirements to address remaining supply chain gaps are large and need to be advocated for and secured.

Simplify messaging to get buy-in for funding and action. NCDC has developed messages addressing specific behavioural issues as a key part of tackling infectious disease outbreaks in Nigeria.

Let vaccines and immunisation programmes be budgeted for by both federal and state governments to improve Nigeria's health security.

Leverage on existing technologies and platforms to use in raising funds utilising the vehicle of public-private partnerships (PPPs) for epidemic prevention.

Employ innovative financing to tackle epidemic outbreaks: where transfer of expertise by the private sector can tick off some epidemic funding boxes.

Explore domestic resource mobilisation as a means of funding Nigeria's public health security - to stop depending solely on external donors for funding.

Health insurance is the way forward. It protects Nigerians against infectious disease outbreaks. Those who can afford it will supplement for those who cannot.

Share costs - government buys the vaccines for disease prevention while the private sector provides strategic CSR.

Money should be deducted at source from the national coffers [of states] to buy, distribution and store vaccines.

Be more creative in putting the information about vaccine funding and health security to politicians.

Set up systems that track usage, audits and makes a case for refunds of unused funds for health security.

Everybody should be involved in pooling resources for health security.





At the end of the engaging dialogue, it was agreed that:

→ In as much as government at all levels is responsible for providing vaccines, domestic resource mobilisation will boost the resource pool of funds for immunisation and vaccine supply.

→ There is a need to ask questions – and demand answers – of critical stakeholders in the immunisation chain to ensure accountability, effective distribution of available resources and restore pride.

