One Year After: Nigeria’s COVID-19 Public Health Response
FEBRUARY 2020 – JANUARY 2021
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About NCDC

The Nigeria Centre for Disease Control (NCDC) is Nigeria’s national public health institute with the mandate to protect Nigerians from the impact of communicable diseases of public health significance, amongst other responsibilities. It does this through evidence-based prevention, integrated disease surveillance and response activities, using a One Health approach, guided by research and led by a skilled workforce.

NCDC’s operations and activities are guided by five key goals to:

• Accurately measure the burden of infectious diseases in Nigeria
• Ensure Nigeria is able to meet its international obligations as a member of the World Health Assembly
• Develop a Public Health laboratory service network to support the detection and prevention of, and response to critical infectious diseases
• Reduce the adverse impact of predictable and unpredicted public health emergencies
• Create an efficiently managed and evidence-based organisation with a clear focus on health promotion and disease prevention.

NCDC currently operates through five directorates: Surveillance and Epidemiology, Public Health Laboratory Services, Health Emergency Preparedness and Response, Prevention Programmes and Knowledge Management, Finance and Accounts and Administration and Human Resources.
In the last decade, Nigeria has faced several public health challenges. In 2014, Nigeria responded to an Ebola outbreak, that affected four other West African countries with relative success. In 2017, we recorded the first monkeypox cases forty years after the last case was reported in the country, and have continued to learn from this. In the same year, the first yellow fever cases were reported 21 years after the last case in the country. Over the last four years, there has been an increase in Lassa fever cases in the country. Almost every year, we record outbreaks of Lassa fever, cholera, meningitis, measles and yellow fever.

While responding to these outbreaks, we have learned many lessons at the Nigeria Centre for Disease Control (NCDC), working closely with State Epidemiology Teams and partners. We have also invested heavily in efforts to strengthen our health security. This has come to play in the last one year, as we respond to the COVID-19 pandemic.

The COVID-19 pandemic has been unprecedented in several ways. It has affected lives, the economy of our country, travel and social interactions. This has required a complete redirection of our public health resources to fight one disease.

While building during a pandemic has led to the achievement of several milestones, there is no doubt that the world could have been better prepared if we invested more in pandemic preparedness. Therefore, we are seizing this moment of disruption to build more sustainable and resilient systems for health security in Nigeria.
This report outlines our efforts in the last one year, working under the leadership of the Presidential Task Force on COVID-19 (PTF-COVID-19) and the Federal Ministry of Health. We describe our collaboration and support to Nigeria’s 36 states and Federal Capital Territory (FCT), as well as with our partners. Finally, we highlight lessons that we have learned and how we are building back better for this and future pandemics.

We are very grateful to President Muhammadu Buhari (GCFR) and Vice President Yemi Osinbajo (GCON), who have provided very strong leadership and commitment in Nigeria’s COVID-19 response. We also thank the Secretary to the Government of the Federation, Mr. Boss Mustapha for his leadership of the PTF and support to NCDC. We acknowledge the leadership and support from our parent Ministry led by the Honourable Minister of Health, Dr. Osagie Ehanire and Honourable Minister of State, Dr. Olorunnimbe Mamora. We are also grateful for the support from other Ministries, Departments and Agencies, as well as our partners, who have been supporting the response.

I would like to thank all members of staff of NCDC, State Public Health Teams, health workers and volunteers who have been serving the country since the beginning of the pandemic. I also recognise and thank our families whose support has been instrumental in our ability to serve our country.

Any new infectious disease is a cause for concern, and COVID-19 is no exception. There is still a lot for us to do in preparing for outbreaks, as we must be ready to handle the best and worst cases. Preparedness requires not only emergency funding but also stable and sustainable financing for national public health institutes and the other agencies involved in preparedness and response. We will continue putting in our best efforts to control the acute phase of the COVID-19 pandemic, and other outbreaks that follow in the future.

DR. CHIKWE IHEKWEAZU
DIRECTOR GENERAL, NIGERIA CENTRE FOR DISEASE CONTROL (NCDC)
The Presidential Task Force on COVID-19 (PTF) was established by President Muhammadu Buhari on March 9, 2020. The PTF’s mandate is to coordinate and oversee Nigeria’s multi-sectoral inter-governmental efforts to contain the spread and mitigate the impact of the COVID-19 pandemic in Nigeria.

Led by the Secretary to the Government of the Federation, Mr. Boss Mustapha, the PTF has a National Coordinator and ten members. This includes the Honourable Ministers of Health, Education, Interior, Information, Aviation, Environment, Humanitarian Affairs, Disaster Management and Social Services as well as the Directors-General of Department of Security Services, NCDC and the Country Representative of the World Health Organization (WHO).

The PTF has served as a coordination hub for Nigeria’s COVID-19 response, with leadership at the highest level of government. This has coordinated strategic decision making for the country such as school closures, restriction on commercial flights, movements and others. The NCDC has continued to provide scientific evidence and data to guide decisions by the PTF.
Since its establishment in 2011, the Nigeria Centre for Disease Control (NCDC) has responded to several disease outbreaks, sometimes concurrently. In 2014, NCDC responded to the West African Ebola outbreak, and in the years between then and 2020, to large outbreaks of Lassa fever, yellow fever, monkeypox, cholera and meningitis. However, the response to the coronavirus disease (COVID-19) pandemic has been largely unprecedented.

The COVID-19 response is the first pandemic response for our young agency, and the biggest health security challenge that Nigeria and indeed the world, has faced in modern times.

In leading Nigeria’s public health response to COVID-19, our strategy has revolved around ‘Take Responsibility’ – a key slogan for the government, organised private sector, development partners, media and the general public to play their part in the fight against this pandemic.

At the beginning of the pandemic, various epidemiological models predicted a doomsday scenario for Nigeria and other African countries. This was linked to weak health systems compared to countries in other regions; high population density notably in informal periurban settlements; prevailing conflicts and humanitarian crises in a number of countries; and, the contending burden of other diseases such as HIV/AIDS, tuberculosis, malaria...
and sickle cell disease. However, Nigeria and other African countries have reported far fewer cases and deaths compared to other regions in the world.

In this report, we describe NCDC’s role in Nigeria’s COVID-19 response in the last one year, our strategy in controlling the pandemic and building sustainable structures for future pandemics.
The NCDC was first established in 2011 as an agency of the Federal Ministry of Health (FMoH). Eight years after its initial establishment, the Act to establish NCDC was signed into law by President Muhammadu Buhari, giving NCDC the required legal mandate. Over the last nine years, NCDC has grown to have 300 staff working across three campuses – the Headquarters in Abuja, National Reference Laboratory in Abuja and the Central Public Health Laboratory, Lagos.

Over the last few years, NCDC has been building the country’s health security capacity in line with the 2005 International Health Regulation (IHR). This was first assessed in 2017 using the WHO Joint External Evaluation (JEE) tool. Nigeria’s IHR core capacities revealed several technical areas where capacity strengthening was required. These include preparedness, emergency response operations, risk communication, workforce development, reporting, and medical countermeasures and personnel deployment in response to emergencies.

As Nigeria responds to the COVID-19 pandemic, some of these critical capacities have been further strengthened as described in the next section.
FIGURE 2: Comparison of JEE Scores across evaluations in 2017 and 2019

- **JEE 2017 ReadyScore:** 39%
- **JEE 2019 Midterm ReadyScore:** 46%

- **Prevent:**
  - 2017: 40%
  - 2019: 41%

- **Detect:**
  - 2017: 50%
  - 2019: 58%

- **Respond:**
  - 2017: 33%
  - 2019: 46%

- **Other IHR Hazards:**
  - 2017: 37%
  - 2019: 43%

- **7% Increase in Nigeria’s JEE Score**
- **4 New Indicators in 2019**
  - National Legislation, Policy and Financing – 2
  - Antimicrobial Resistance – 1
  - Human Resource Capacity – 1
- **20 Indicators with Improved Scores from 2017**

FIGURE 2: Comparison of JEE Scores across evaluations in 2017 and 2019
3. Preparedness Activities

Prior to the confirmation of Nigeria’s first case on the 27th of February 2020, NCDC began monitoring the COVID-19 outbreak in China and conducted several risk assessments of the threat to the country. Nigeria was identified by the World Health Organization (WHO) as being at a high risk of possible importation of the virus. Following the risk assessment by NCDC and partners, some states were identified as priority areas. The initial risk assessment revealed significant gaps in critical areas including surveillance, points of entry (PoE) monitoring, case management, laboratory, infection prevention and control (IPC) and logistics.

On the 22nd of January 2020, the first public health advisory was published and widely disseminated using traditional and social media. Subsequently, on the 26th of January, 2020, NCDC established a multisectoral National Coronavirus Preparedness Group (NCPG) to ensure a cohesive and effective coordination of the country’s preparedness efforts. The NCPG met daily to review global COVID-19 epidemiology, assess the risk of spread, and initiate measures to strengthen the country’s preparedness for early detection and timely response in the event of a COVID-19 outbreak in Nigeria.

The group began to work by identifying laboratories to establish capacity for COVID-19 testing. Before Nigeria’s first case was confirmed, testing capacity was established at the NCDC National Reference Laboratory.
Laboratory, Abuja on the 24th of January, 2020 and three existing laboratories within the NCDC molecular laboratory network - Virology Laboratory of Lagos University Teaching Hospital, African Centre of Excellence for the Genomics of Infectious Diseases (ACEGID) Laboratory at Redeemers University Ede, Osun State and Nigerian Institute of Medical Research, Lagos followed immediately.

The NCDC also began working with states and tertiary hospitals to map out and establish isolation and treatment centres for managing COVID-19 cases. In addition to this, NCDC began training health workers across all states on case management, infection prevention control (IPC), surveillance, risk communication and other areas of epidemic preparedness and response. Our agency also began to preposition medical supplies such as personal protective equipment to all states. Importantly, NCDC developed preparedness guidelines and plans that incorporated an all-inclusive ‘One Health’ approach while adapting global regulations to Nigeria’s context.

The NCDC worked with the Port Health Services of the FMoH to institute Point of Entry surveillance at international borders, introducing thermal screening, compulsory self-isolation and contact tracing.

Since the 27th of February, NCDC has been working non-stop to respond effectively to this pandemic, that brought the world to a standstill.

FIGURE 3: Key milestones in preparedness activities
4.1 Leadership, Governance and Coordination

When the first confirmed case of COVID-19 was detected, the NCPG transitioned immediately to a Public Health Emergency Operations Centre (EOC) led by NCDC.

The NCDC has continued to lead the public health response through a national EOC comprised of development partners within the health sector and organisations across other relevant sectors. In addition, NCDC is part of the Presidential Task Force on COVID-19 (PTF-COVID-19) which is leading the multi-sectoral response. Since the beginning of the pandemic, the National EOC has continued to meet consistently.

Over 50 guidelines have been developed, across key response areas of laboratory services, case management, IPC, risk communication and several others. As the science around the response evolved, NCDC developed and updated guidelines within the shortest possible time.

The EOC also introduced bi-weekly meetings for State Epidemiologists from all 36 States and the Federal Capital Territory to share their experiences and lessons learned with each other. This fostered collaboration and coordination, especially where contacts had to be traced across states.
In 2020, over 52 Rapid Response Teams (RRTs) comprised of up to 352 trained personnel were deployed from NCDC to the states to support the response. This represents the highest number of deployments for an outbreak response the agency has ever done.

4.2 Putting Data at the Heart of the Response

The epidemiology of COVID-19 in Nigeria has since evolved, with cases identified in all states and the Federal Capital Territory (FCT). Although Lagos State was initially the epicentre of the outbreak, Kano State, Kaduna State and FCT are also high-burden territories. Males appeared to be disproportionately affected, accounting for 60% of the confirmed cases. Most cases have been in people aged 30-39 years. The clinical presentation of COVID-19 cases in Nigeria suggests largely mild to moderate presentation.

Since the beginning of the COVID-19 pandemic in Nigeria in February 2020, NCDC has published a situation report, starting daily, and then weekly since November 2020. The situation report is in line with our commitment to ensure transparency in data sharing.

To ensure the daily collection, analysis and reporting of data, NCDC prioritised the deployment of the Surveillance Outbreak
Response Management and Analysis System (SORMAS) tool for case-based digital surveillance.

Through SORMAS, cases of diseases are reported using a tablet from health facilities or LGAs. As soon as this is entered, the entire reporting chain can view the report immediately, eliminating the delays that came from sending forms and collating Excel spreadsheets.

At the beginning of 2020, only 17 states had begun to use SORMAS (not covering all LGAs). However, to scale up real-time COVID-19 data reporting, NCDC moved swiftly to cover all states. By the end of November 2020, all states in Nigeria and the FCT, as well as LGAs had begun to use SORMAS for disease reporting. This has also enabled rapid analysis of cases, contact tracing and other disease surveillance functions at state and national level.

In addition to the provision of tablet devices, NCDC also deployed human resource to states. These personnel supported training of State/LGA Surveillance Officers and the use of SORMAS in treatment centres, laboratories and in State EOCs. The data collected using SORMAS has formed the basis of various public health actions including the deployment of medical/laboratory supplies, modeling activities and decision making by the PTF-COVID-19.
In addition to using SORMAS, NCDC scaled up the use of its event-based surveillance (EBS) system as an additional source of information. Every day, a Team located at NCDC’s connect centre receives calls, responds to text messages and live chats. The EBS Team also use automated scan and manual searches of the web for chatter around COVID-19 and developed a protocol to escalate to the relevant
personnel as needed. The information from the EBS in addition to social media, opinion polls, and field report have been used so far, to define messages for risk communications.

For easy access, NCDC secured a short code 6232 for use by the public.

The Connect Centre successfully responded to six hundred and seventeen thousand and ninety-six (617,096) calls as at the end of January 2021.

4.3 Ensuring Access to Testing

When Nigeria reported its first case in late February 2020, only four laboratories in the country could test for COVID-19. The scale-up of laboratory services was a major priority for NCDC, given the size of the country.

In the initial planning phase, it was proposed to have at least two laboratories per geopolitical zone, as a strategy to increase access to testing. However, given the increasing need in all states, a national laboratory strategy was developed in April 2020. The goal was to increase access to testing by establishing at least one testing laboratory in every state. The strategy also served as a guidance for the introduction of GeneXpert and other closed systems technologies for COVID-19 testing. Similar to the approach in countries like South Africa, existing HIV and TB laboratories were activated to test for COVID-19 while maintaining their routine testing.
By January 2021, NCDC had established more than 70 public health laboratories and supported the activation of 36 private laboratories. Every state in Nigeria now has at least one public health laboratory for COVID-19 diagnosis.

The activities of the COVID-19 laboratories are coordinated by the NCDC National Reference Laboratory (NRL), including the development of national testing algorithm, distribution of reagents and supplies, quality assurance and other activities.

To further expand testing capacity and access, NCDC collaborated with the Medical Laboratory Science Council of Nigeria (MLSCN) to include private laboratories in the national laboratory network. A clear process was developed to reduce barriers to access testing such as pricing (a rebate was negotiated by the Government with private laboratories), ensure harmonisation of testing protocol across the country, and integration of results from private laboratories into the national surveillance system. As at the end of January 2021, 36 private fee paying private laboratories and seven corporate laboratories for staff were providing services to individuals and corporate organisations for personal needs. However, COVID-19 testing has remained free in all public health laboratories.

In January 2021, following WHO’s emergency use authorisation of Antigen-based Rapid Diagnostic Tests (RDT) and a national validation
**FIGURE 5: Rapid Expansion of Laboratories in the NCDC Network as at January 21, 2021**

**Legend:**
- **COMPLETED**
- **IN PROGRESS**
- **LABORATORY BUILDINGS**

**Legend:**
- **STATES + FCT**
- **PCR LABS**
- **GENEXPERT LABS**

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led by NCDC, the use of RDTs in congregate settings was introduced.

The NCDC began a pilot in four hospitals in the Federal Capital Territory, for rapid screening of health workers and triage of patients who require specialised care. The lessons from the pilot in FCT is being used for a nationwide rollout of Ag-RDT use in health facilities.

Nigeria published the first African SARS-CoV-2 genome sequence from the index case of COVID-19 in the country. This was a collaborative effort by NCDC, ACEGID, NIMR, the Centre for Human and Zoonotic Virology (CHAZVY), and other partners. Since then, NCDC and its partners have continued to carry out sequencing in collaboration with partners.

Staff from NCDC are deployed nearly every week to states across the country, and support training of laboratory scientists and data managers, carry out routine and corrective maintenance of equipment, provide support as surge staff amongst other activities.

4.4 Protecting Health Care Workers and Preventing Hospital Infections

One of the major priorities for NCDC at the beginning of the COVID-19 response was to develop protocols and measures for infection prevention and control (IPC) in health facilities. Unfortunately, health workers have been
disproportionately affected by the pandemic across the world.

Prior to the confirmation of Nigeria’s first COVID-19 case, NCDC had begun an IPC project called ‘Turn Nigeria Orange’ aimed at institutionalising IPC in the country. This is a project to ensure that health facilities in Nigeria have the minimum requirements for IPC. One of the early steps at the beginning of the pandemic was to understand the readiness of health facilities in the country to identify and manage COVID-19 cases. In addition to this readiness assessment, there were also IPC assessments of major treatment centres in all states. The findings from these assessments were used to develop and fine tune response strategies, guidelines, and interventions. In every state, NCDC identified and trained an IPC personnel to serve as focal point.

Since the beginning of the pandemic, the IPC pillar has been conducting training to build capacity of health care workers across the country through a three-tiered approach. This includes training master trainers for each of the six geopolitical zones of the country followed by a training of trainers (TOT) at State level and subsequent final intensive hands-on training for HCWs across facilities and treatment/isolation centres. By the end of January 2021, over 40,000 health care workers had been trained on IPC measures.
Additionally, a web-based training platform to increase access to IPC training was developed. By the end of January 2021, the training had been completed by 8,327 people. Specific training programmes were developed and rolled out for Primary Health Care (PHC) centres in collaboration with the National Primary Health Care Development Agency (NPHCDA), and the private sector through the, Association of General and Private Medical Practitioners of Nigeria (AGPMPN), Guild of Medical Directors and some faith-based organisations such as the Catholic Health System.

A critical part of our IPC strategy is maintaining adequate data tracking of healthcare worker infection and collecting information on these cases. This has continued to guide interventions in health facilities.

### 4.5 Fighting an Infodemic During a Pandemic

Many countries have battled with the spread of misinformation and rumours, which may have been propagated by increasing access to internet and social media. At the beginning of the pandemic, NCDC developed a communications strategy tagged ‘Take Responsibility’. The messages around this theme were disseminated using traditional and social media.

The increasingly evolving situation has required constant communication and community.
engagement. This was especially important when measures, such as compulsory use of face masks, were introduced.

Between February 2020 and January 2021, NCDC staff have attended more than 575 media appearances. Additionally, we have continued to work with the Federal Ministry of Information and Culture, as well as the National Orientation Agency and other institutions.

A critical component of risk communication has been the development of information education communication (IEC) materials based on the evolving situation and social media chatter. Materials were developed at the national level and adapted by states, to local needs and languages.

Additionally, an integrated rumour management strategy was developed to counter misinformation. Data from NCDC’s event-based surveillance system is reviewed weekly by the surveillance and communications Teams and used in developing messaging priorities for the week.

Like several areas of our public health response, we trained 526 State Risk Communications Officers, across the 36 States and FCT. Others trained were 252 security personnel across all security agencies, 66 prominent traditional and religious leaders, 73 staff of correctional facilities, and 85 National Youth Service Corps (NYSC) staff on risk communication. This was to increase the workforce available at state and
LGA level to lead risk communications activities and be better prepared for future outbreaks.

The NCDC has grown to be a ‘household name’ in Nigeria. From sending weekly SMS messages in collaboration with telecommunication companies, to daily publication of updates on social media.

**MILESTONES ON SOCIAL MEDIA PLATFORMS**

- **NCDC’s SOCIAL MEDIA FOLLOWERS AND SUBSCRIBERS - FEB. 2020 - JAN 2021**
  - Facebook Page Followers: 2,465,992
  - Twitter Handle Followers: 1,184,614
  - Telegram Channel Subscribers: 359,230
  - Instagram Account Followers: 299,991
  - WhatsApp Broadcast Recipients: 108,211
  - YouTube Channel Subscribers: 3,230

**NCDC’s FOLLOWING INCREASED 76+ TIMES FROM 58,000+ IN FEBRUARY 2020 TO 4.4+MILLION AS AT JANUARY 31, 2021**

NCDC began using 3 additional platforms in March 2020 – Instagram, Telegram and WhatsApp.

**SOCIAL MEDIA USERS REACHED FROM FEBRUARY 2020 - JANUARY 2021**

- 4,421,268

**OFFERINGS IN ENGLISH, PIDGIN ENGLISH AND THE THREE MAJOR NIGERIAN LANGUAGES**

**FACEBOOK PAGE SHARES INCREASED BY 50+ TIMES WHILE PAGE LIKES INCREASED BY 176+ TIMES**

**FACEBOOK IMPRESSIONS**

- 202BN
- 5.9M
- 25%
- Feb 1, 2020
- Jan 31, 2021

**TWITTER LIKES**

- 1.5M
- 84.2K
- Feb 1, 2020
- Jan 31, 2021

**ONE YEAR AFTER: NIGERIA'S COVID-19 PUBLIC HEALTH RESPONSE (FEBRUARY 2020 - JANUARY 2021)**
4.6 Getting Supplies to the Last Mile

The logistics and supply chain component of our public health response never stops. Since the beginning of the pandemic, NCDC has deployed over 2 million PPEs, 1 million reagents and sample collection materials, and other supplies to the 36 states and Federal Capital Territory. The quantity of health commodities for IPC, Waste Management and diagnostics are shown in Figure 9.

To enable the efficiency of the national supply chain, NCDC began the use of a Logistics Management Information System (LoMIS). This is a digital system to track supplies at national and state level, prevent stockout and improve preparedness.
4: RESPONSE ACTIVITIES

1,263,324 FACE MASKS DISTRIBUTED ACROSS THE STATES AND FCT AS AT THE END OF JANUARY 2021

770,898 ANTISEPTIC LIQUID DISTRIBUTED NATIONWIDE

**FIGURE 9:** Most distributed IPC items as at the end of January 2021

- Face Masks
- Antiseptic Liquid
- Face Shield
- Disposable Gown
- N95/KN95 Face Mask
- Biohazard Bag
- Hand Sanitiser 100ml
- Coverall PPE
- Goggles
- Shoe Cover
- Oral Rehydration Salts
- Antiseptic Soap
- Digital Thermometer
- Surgical Gloves
- Infrared Thermometer
- Syringe & Needle 5ml
- Sharps Container
- Examination Glove
- Heavy Duty Apron
- Washing liquid
- Heavy Duty Gloves
- Heavy Duty Apron
- Head Cover
- Hypochlorite 475ml
- Ceftriaxone IV/Injection
- Rubber Boots
- Water for injection
- Paracetamol Tab 500mg
- Glucose Powder 15mg
- Hand Sanitiser 200ml - 500ml
- Ringer's Lactate 500ml
- Body Bag
- Scrubs
- Syringe & Needle 2ml
- 5% Dextrose Water
- 5% Dextrose Saline
- Cleaning Detergent
- Hypochlorite 75ml

4,506,686 HEALTH COMMODITIES FOR IPC, WASTE MANAGEMENT AND DIAGNOSTICS ISSUED NATIONWIDE AS AT THE END OF JANUARY 2021

FACE MASKS DISTRIBUTED ACROSS THE STATES AND FCT AS AT THE END OF JANUARY 2021

- 1,263,324
- 770,898
- 414,976
- 539,384
- 39,624
- 539,384
- 15,620
- 152,298
- 209,772
- 118,802
- 91,801
- 58,380
- 55,296
- 14,030
- 32,649
- 20,986
- 22,460
- 16,719
- 30,554
- 25,194
- 12,152
- 9,834
- 2,690
- 2,421
- 8,394
- 6,100
- 7,892
- 6,600
- 4,407
- 4,341
- 2,048
- 4,066
- 3,829
- 2,720
- 3,500
- 2,278
- 2,076
- 2,100
- 3,420

**FIGURE 9:** Most distributed IPC items as at the end of January 2021
4.7 Providing Care for COVID-19 Cases

The Department of Hospital Services of the Federal Ministry of Health is leading the case management aspect of Nigeria’s COVID-19 response. This is with support from NCDC and other partners within the National EOC.

In the last one year, thousands of cases have been managed within health facilities across the country. Most treatment centres are located within tertiary hospitals across the country, with some accredited private facilities.

The Department of Hospital Services in the Federal Ministry of Health coordinates and operates the national Emergency Ambulance Services. This was deployed to transport COVID-19 patients to designated isolation/treatment centres in the FCT.

This has been mainly functional within the FCT but is readily available for support to any state that requests for assistance. By the end of January 2021, 1,249 successful runs had been made.

In June 2020, the emergency ambulance support was provided to Kano State. Ambulance staff were trained and over 200 runs were made in the four weeks of the support.

The Department of Hospital Services continues working hard to ensure the availability of supplies including oxygen and medicines in treatment centres. In January 2021, President
Muhammadu Buhari approved funds for the establishment of oxygen plants across 38 locations, to meet the increasing need of the country.

The Department of Hospital Services and NCDC have developed innovative strategies for providing care, including a handbook for COVID-19 homebased care.

The NCDC continues to support activities in treatment centres including the expansion of treatment centre capacity in states, provision of equipment for case management, training of health care workers on IPC, development of guidelines based on scientific evidence among others.

4.8 Mitigating Case Transmission at Point of Entry

The Port Health Services (PHS) of the Federal Ministry of Health is leading Nigeria’s COVID-19 response at the Points of Entry (POE), with support from NCDC.

The strategy at points of entry is to mitigate the spread of COVID-19 and cross-border transmission of other infectious diseases through prevention, detection, assessment, and response at POE. PHS facilitates quarantine of suspect cases, notification to appropriate authorities and safe transfer to designated facilities.

At the beginning of the pandemic, following a
risk assessment, Nigeria closed its international borders except to essential and cargo flights. Subsequently, PHS in collaboration with NCDC coordinated the evacuation of Nigerians from other countries, enforcing quarantine and self-isolation. From May till August 2020, evacuation and emergency flights were allowed into the country following an initial restriction on international flights. Of the 20,366 persons who returned to Nigeria at that time, 934 (4.59%) of them tested positive within 14 days of arrival in Nigeria.

Nigeria was one of the first countries globally to require a COVID-19 PCR negative test for all incoming international travelers. PHS has in collaboration with NCDC and other stakeholders developed various protocols for COVID-19 control approved by the PTF for implementation at PoE.

In September 2020, the process became digitalised using the Nigeria International Travel Portal set up with support from the Private Sector Coalition against COVID-19 (CACOVID). As at January 2021, over 259,586 travelers have used the portal with 6,326 (2.44%) cases detected on entry.
The NCDC has received support from more than 150 individuals, corporate, multilateral and civil society organisations.

Over the last four years, NCDC has strengthened its partnership with other national public health institutes, the United Nations (UN) and its agencies, bilateral and development organisations, private sector and other institutions. Following the confirmation of Nigeria’s first case, businesses and organised private sector through the Private Sector Coalition against COVID-19 (CACOVID) began to provide additional support to NCDC and the Government of Nigeria.

A critical aspect of partnerships was in providing coordination of partners’ support and activities. To ensure this, NCDC held meetings with partners. Various partners supported activities including the provision of medical and laboratory equipment and supplies, rehabilitation of EOCs and treatment centres, provision of surge staff and human resource, technical support towards operational research among others. A list of partners that have supported Nigeria’s COVID-19 response is included at the end of this report.

Additionally, NCDC has continued to apply for grants and funding opportunities to enable response activities. To ensure transparency, NCDC published a list of resources received, through the PTF-COVID-19.
While we celebrate the gains and achievements through these partnerships, good practices and lessons learnt will inform our partnership strategy. We aim to strengthen and sustain these partnerships in the long-term to support a visionary Alliance for Epidemic Preparedness and Response (A4EPR); and build our national resilience against endemic infectious diseases outbreaks and future pandemics.
As part of the public health response, NCDC has also contributed to critical research activities. In the last one year, NCDC in collaboration with members of EOC in the states published three papers in international peer-reviewed journals, with another three accepted but awaiting publication. We have focused on sharing our experience with the scientific community, while learning from others.

With science at the heart of the response, NCDC has been coordinating research activities on COVID-19 response among different institutions and organisations. This has been done using an integrated national approach to provide in-depth understanding of epidemiological, clinical, and virologic traits of COVID-19 infections in Nigeria.

A National COVID-19 Research Coalition (NCRC) was established by NCDC and FMoH in collaboration with the Tertiary Education Trust Fund (TETFUND), NIMR and National Universities Commission (NUC). The research consortium has membership of over 50 institutions and provides a national platform for coordinating research on COVID-19 in Nigeria. A National COVID-19 Research Agenda has been developed by the NCRC which identifies national research priorities in line with the WHO research roadmap on COVID-19.

The NCDC ensured that Nigeria adopted the WHO Unity Protocols early, which provided context-specific knowledge on COVID-19 whilst following...
standardised methodologies to allow comparison with other countries. In April 2020, NCDC commenced the implementation of the First Few Cases and Close Contacts study in the FCT to provide epidemiological exposure data and biological samples on initial cases and their contacts. This work was extended to three other states and has enabled characterisation of initial COVID-19 cases and understanding of transmission dynamics.

In September 2020, in collaboration with NIMR, University College London (UCL) and US-CDC, NCDC began population-based household serosurveys on COVID-19 in four states. This was to estimate the burden of COVID-19 in these states, especially given limited testing. The initial round of survey included a representative sample of individuals (both children and adults) living in 2,598 households, covering 0.05% of the total population of the states surveyed.

In collaboration with the PTF-COVID-19, University College, London and other partners, NCDC carried out regular modelling activities. These were used for decision making such as border closure and reopening, school closure, travel restrictions among others.

Through its Research and Knowledge Management Unit, NCDC has contributed to the development of a national register of COVID-19 research in Nigeria. The register serves to archive and curate all scientific products on COVID-19 undertaken in Nigeria. Extracts from the register summarising key research findings are published bi-weekly as ‘Scientific Briefs’ and shared with the COVID-19 EOC to inform the response.
7. Supporting State-level Response Activities

With a federal structure, Nigeria has 36 States and the Federal Capital Territory, which have constitutional authority and responsibility for outbreak response. The NCDC continues to support all states in meeting this responsibility.

In addition to deploying Rapid Response Teams and other human resource such as data managers, NCDC provided resources to states. In the last one year, NCDC has supported 17 states to establish infectious disease treatment centres. This has now been completed in four of the 17 states, with additional progress expected by the first quarter of 2021.

The NCDC has also invested in building capacity of states to manage the outbreak using standard guidelines. Several training activities have been held across the different pillars of the response including IPC, Surveillance, Laboratory, Coordination, Incident Management etc.

The NCDC has ensured continuity of supplies for testing, case management and other response activities in every state. Prior to the COVID-19 pandemic, NCDC had supported 19 states in establishing State Public Health EOCs. Additional progress was made during the pandemic and as at the end of 2020, only two states in Nigeria do not have a Public Health nor Polio EOC.

The NCDC Director General and WHO Officer-In-Charge visited 13 states across the geopolitical zones
as a means of direct advocacy and engagement with State Governors. NCDC also supported states with establishing sample collection centres to bring testing closer to people.

Through the World Bank Regional Disease Surveillance Enhancement (REDISSE) project, NCDC provided 100 million naira each to states, for the implementation of State Incident Action Plans. This enabled the scale up of various response activities.
8. Supporting Nigeria’s Multi-Sectoral Response

The PTF-COVID-19 is leading Nigeria’s COVID-19 multi-sectoral response, coordinating the various Ministries, Departments and Agencies (MDAs). The NCDC has continued to support the implementation of multi-sectoral activities including reopening of schools, NYSC camps, sport activities among others.

In September 2020, following the reopening of schools, NCDC worked with the Federal Ministry of Education and its partners to develop a safe school reopening strategy. This includes activities for identifying cases rapidly, isolating them and preventing outbreaks in educational settings.

The NCDC has also been supporting the resumption of National Youth Service Corps (NYSC) camps since October 2020. Every corp member and official is tested using approved Antigen-based Rapid Diagnostic Test (RDT) kits prior to camp entry. By the end of January 2021, 98,877 people had been tested with 1,990 positive cases detected.

During camp orientation, NCDC supported NYSC to identify, train and activate Infection Prevention and Control vanguards. Their role is to monitor and coordinate compliance to safety protocols among corp members and officials.

In October 2020, the NCDC also collaborated with United Nations Organization on Drugs and Crime (UNODC) and National Agency for the Control Aids (NACA). We supported the training of more than 70 staff of correctional facilities across the country.

98,877
CORPS MEMBERS
TESTED
WITH 1,990 POSITIVE
CASES DETECTED
BY THE END OF JANUARY
2021

70
STAFF OF
CORRECTIONAL
FACILITIES TRAINED
IN COLLABORATION WITH
UNODC AND NACA
IN OCTOBER 2020
Recognising the need for an adapted response for people in correctional facilities, we set up a mechanism for prevention, detection and response to COVID-19 cases in correctional facilities in Nigeria.

In the same month, NCDC supported the Standard Organization of Nigeria (SON) to develop guidelines on prevention, detection and response to COVID-19 cases for tourism, hotels and creative industries.
The NCDC’s leadership of Nigeria’s COVID-19 public health response has been built on lessons from previous outbreaks.

The first set of laboratories that were activated for testing were existing molecular laboratories for Lassa fever and other diseases. SORMAS which had been used for case-based digital surveillance was immediately adapted and a COVID-19 module was added. The guidelines and mode of support built on our experience from previous disease outbreak response activities.

There is much more to do in 2021 to control the acute phase of this pandemic. There is increasing mistrust among the public contributing to poor adherence to public health and social measures, massive funding gaps, inequity in global access to vaccines, diagnostics and therapeutics amongst other challenges. However, the COVID-19 pandemic presents an opportunity to learn more lessons that will enable better preparedness for future outbreaks and pandemics.

Some of our biggest priorities in the coming year are to expand testing capacity, demand and access; strengthen data collection and analysis; improve coordination and collaboration with states, partners and other stakeholders; promote behaviour change through risk communications and community engagement; support our sister-agency NPHCDA in...
the distribution of COVID-19 vaccines in Nigeria; strengthen research for public health action.

At the end of January 2021, NCDC was supporting 16 states to establish Infectious Disease Care Centres. Four of these have been commissioned by the Honourable Minister of Health, with 12 others at various stages of completion. Similarly, six states are being supported to establish standard molecular laboratories. Additionally, NCDC has begun plans to establish a National EOC Network, a Zonal Molecular Laboratory Network and other strategies. While these are in response to the COVID-19 pandemic, the goal is to build sustainable structures to be better prepared for future outbreaks and pandemics.

As the national public health institute, NCDC remains committed to its mandate of protecting the health of Nigerians.
10. List of Partners

10.1 Government Agencies

- The Presidency
- Presidential Task Force on COVID-19
- Office of the Secretary to the Government of the Federation
- Federal Ministry of Health
- National Agency for Food and Drug Administration and Control (NAFDAC)
- National Orientation Agency (NOA)
- National Science Foundation
- National Communications Commission (NCC)
- Central Bank of Nigeria
- Nigeria Sovereign Investment Authority
- Nigerians in Diaspora Commission (NIDCOM)
- Nigerian Institute of Medical Research (NIMR)
- Rural Electrification Agency (REA)
- Federal Ministry of Information & Culture
- Federal Ministry of Agriculture
- Economic and Financial Management Institute of Nigeria (EFMIM)
- National Agency for the Control of AIDS (NACA)
- Federal Ministry of Special Duties and Administration
- Nigerian Deep Offshore Leasing (NDO)
10.2 Multilateral Organisations

- NIGERIA
- WORLD BANK
- World Health Organization
- AFRICA CDC
- Unitaid
- The Global Fund
- European Union
- unicef
- UNAIDS

10.3 National Public Health Institutes

- Public Health England
- CDC
- ROBERT KOCHE INSTITUT

10.4 Corporate Organisations

- IPPG
- Aliko Dangote Foundation
- FMN
- IHS
- ExxonMobil
- Unilever
- Stanbic IBTC Bank
10.4 Corporate Organisations

54gene
Google
TECH4DEV
MANTRAC
CAT
Roche
SIEMENS energy
iSON TECHNOLOGIES
CISCO
DAC
betway
nigeria
DCL
INTERRA SYSTEMS
GUINNESS
Nigerian Breweries
Newcross Petroleum Limited
Sambus Geospatial Limited
Premier Warehouse
Skills Pharmaceutical & Chemical Industries Limited
wellvis.
Coca-Cola
Premier Warehouse
Siemens
SGL
INTERRA NETWORKS
DE-MIROPASS TECHNOLOGIES LIMITED
GUO TRANSPORT CO.
Olam
Cruzan
GIGM.com
airo
Microsoft
Twitter
RELCHEM
Think Quality. Think Relchem
Facebook
CITITRUST Holdings Plc
9mobile
MTN
diro systems
10.4 Corporate Organisations

- SK MEDICINES Ltd
- CWAY Integrated Abuja Limited
- West Africa
- CWAY

10.5 Development and Non-Government Organisations

- SK MEDICINES Ltd
- CWAY Integrated Abuja Limited
- West Africa
- CWAY
- USAID FROM THE AMERICAN PEOPLE
- Bill & Melinda Gates Foundation
- TONY BLAIR INSTITUTE FOR GLOBAL CHANGE
- Gavi: The Vaccine Alliance
- RESOLVE TO SAVE LIVES
- AFENET: African Field Epidemiology Network
- Institute of Human Virology
- eHealth Africa
- INTERNATIONAL VACCINE ACCESS CENTER
- WEMY INDUSTRIES
- OPAY
10.5 Development and Non-Government Organisations
10.5 Development and Non-Government Organisations

10.6 Academia

10.7 Religious Organisations

10.8 Civil Society Organisations
10.9 Associations

- Society for Public Health Professionals of Nigeria
- Association of Public Health Physicians of Nigeria
- Global Shapers Community Lagos
- Nigerian Medical Association
- Actors Guild of Nigeria
- ASLIN
- Association of Sign Language Interpreters of Nigeria
- The Nigerian Academy of Science
- International Women’s Society
- The Nigerian Society of Engineers
- Manufacturers Association of Nigeria

10.10 Individuals

- Cynthia Mosunmola Umoru / Pretty Miss Farmer
- Tolu Adeyinka & Friends
# List of Contributors

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