ASLM SPECIAL COVID-19 EHCO SESSION #52

Taking stock at two years of increasing community access to COVID-19 testing services using antigen rapid diagnostic tests: The Nigeria and South Africa experiences

15th March 2022

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COVID-19 Laboratory Manager
Overview of Nigeria

Form of Government
Federal Republic with 36 states and an FCT

Population
Over 200 million (1st in Africa)

Life Expectancy
54 (as at 2017)

Investment
Budget allocation less than 5%

Preparedness
JEE Score (46% as at 2019) to prevent, detect and respond

Recent Outbreaks Managed
COVID-19, Lassa fever, Ebola, meningitis, yellow fever, measles, cholera, Influenza and monkeypox
About the NCDC
Nigeria Centre for Disease Control

Nigeria’s Public Health Institute

Mandate

• Detect, investigate, prevent and control spread of communicable diseases

• Coordinate surveillance systems to collect, analyse and interpret data on communicable diseases to guide action

• Support States in responding to small outbreaks, and lead response to large disease outbreaks

• Develop and maintain a network of public health laboratories

• Conduct, collate, synthesise and disseminate public health research to inform policy

• Coordinate the compliance with international health regulations

Website  https://www.ncdc.gov.ng
How we work

1. NCDC
2. Network of SEs, LFPs, DSNOs etc
3. National Institutions (One health)
4. Partners
COVID-19: A Pandemic

Index Case
December 2019 – Wuhan, Hubei Province, China

Pandemic Declared
11 March 2020

Countries Affected
226 including territories

Confirmed Cases
~ 447 million worldwide

Case Fatality Rate
1.3% (~ 6 million worldwide)

Update as of 8th March 2022
Situational Snapshot in Nigeria as of 14th March 2022

- **254,945** cases
- **37** states + FCT
- **4,589,725** tests
- **2,468** active cases
- **249,335** discharged
- **3,142** deaths

**CFR: 1.2%**
National Epicurve (Epi Week 09, 2022)
Trend in Testing (as of Epi Week 09, 2022)

Cumulative as of 6th March 2022 (PCR: 3,563,425 and RDT: 956,480)
Ag-RDT Tests (Cumulative Figure) as of Epi Week 09, 2022

- NYSC: 539,329 (56%)
- OTHERS: 431,226 (44%)
Overview of Ag-RDT Implementation
Introduction

- In September 2020, the World Health Organization (WHO) announced the EMERGENCY USE AUTHORIZATION of two Ag-RDTs for COVID-19 testing
- Thereafter, application and field performance assessment of approved Ag-RDTs was conducted within the National Youth Service Corps (NYSC) camps
- Development of guidance document on use of Ag-RDTs
- Piloted use of Ag-RDT in 5 health facilities (HFs) in FCT
  - Surveillance data review, analysis and interpretation guided selection of HFs
- Ongoing Ag-RDT scale up
Scope of Work

- To scale up visual Ag-RDTs for SARS-CoV-2 to all (36 + 1) states in Nigeria for use in healthcare settings, among contacts of PCR confirmed case, congregate and in semi-closed and closed settings

- To provide healthcare professionals with opportunities to screen suspected COVID-19 cases early and make results available for effective implementation of treatment and control measures within the health facility and in the community
Target Settings

- Schools with accommodation facilities
- Office/workplace
- Health facilities
  - Health care workers exposed to confirmed COVID-19 case
  - Patients with symptoms of COVID-19
  - Contacts of a confirmed case
  - Non-symptomatic patients before elective surgery and/or emergencies
  - Periodic testing of health care workers
- Prisons and other similar congregate settings such as IDP camps, land borders etc
Ag-RDT Operational Strategy

• State engagement for seamless adoption and ownership
  ✓ Responsibilities of stakeholders (NCDC, State, Health facility, partners etc)
• Capacity building
• Distribution plan, deployment and stock management
  ✓ Real time tracking of deployed Ag-RDTs and laboratory consumables
• Data Management
  ✓ Devices, insurance cover, power bank, sim card, data bundles
  ✓ Role of SSOs and data officers (supportive supervision, regular meetings etc)
• Demand creation
  ✓ Advocacy to States
  ✓ Linking test to care
  ✓ Peculiarities of States
National Algorithm for COVID-19 testing
## Capacity Building: Regional ToTs

<table>
<thead>
<tr>
<th>S/N</th>
<th>Geopolitical zone</th>
<th>Location</th>
<th>Supporting Partner</th>
<th>Training dates in 2021</th>
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<tbody>
<tr>
<td>1</td>
<td>North-Central</td>
<td>FCT</td>
<td>CHAI</td>
<td>27&lt;sup&gt;th&lt;/sup&gt; - 28&lt;sup&gt;th&lt;/sup&gt; May</td>
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<td>2</td>
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<td>Yola</td>
<td>ASLM</td>
<td>8&lt;sup&gt;th&lt;/sup&gt; - 9&lt;sup&gt;th&lt;/sup&gt; June</td>
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<td>3</td>
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<td>Kano</td>
<td>ASLM</td>
<td>17&lt;sup&gt;th&lt;/sup&gt; - 18&lt;sup&gt;th&lt;/sup&gt; June</td>
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<td>4</td>
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<td>Lagos</td>
<td>WHO</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; - 16&lt;sup&gt;th&lt;/sup&gt; July</td>
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<td>5</td>
<td>South-South</td>
<td>Rivers</td>
<td>WHO</td>
<td>27&lt;sup&gt;th&lt;/sup&gt; - 28&lt;sup&gt;th&lt;/sup&gt; July</td>
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<td>6</td>
<td>South-East</td>
<td>Enugu</td>
<td>CDC/IHVN</td>
<td>22&lt;sup&gt;nd&lt;/sup&gt; - 24&lt;sup&gt;th&lt;/sup&gt; September</td>
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# Stepdown Trainings by Geopolitical Zones

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<tr>
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<th>Step Down Training (States)</th>
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<td>Kebbi</td>
<td>BMGF</td>
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Stepdown trainings conducted in **23 States and FCT**
## Summary of Healthcare Workers Trained as of February 24, 2022

<table>
<thead>
<tr>
<th>Categories of individuals trained</th>
<th>Certified</th>
<th>Not certified</th>
<th>Total Trained</th>
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<tbody>
<tr>
<td>End Users / Testers</td>
<td>771</td>
<td>303</td>
<td>1,074</td>
</tr>
<tr>
<td>Trainers</td>
<td>107</td>
<td>23</td>
<td>130</td>
</tr>
<tr>
<td>Trainer of Trainers (ToTs)</td>
<td>124</td>
<td>22</td>
<td>146</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1002 (74.2%)</td>
<td>348 (25.8%)</td>
<td>1,350 (100%)</td>
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Ag-based RDT Activated States as of 13th March 2022

- Number of COVID-19 Ag-RDT activated sites = 31 States + FCT
- Number of COVID-19 Ag-RDTs performed (NYSC, HFs and others): 1,013,447
- Number of positives: 16,906
- Positivity rate: 1.7%
Implementation challenges

• Low uptake due to
  ✓ Poor risk perception of community members
  ✓ Commitment of State actors – Governor etc
  ✓ Commitment of frontline workers – request for incentives

• Sub-optimal data capturing resulting in data gap in many States

• Logistics
  ✓ Non-submission of utilization report by States resulting in delay approval of additional Ag-RDT kits deployment
  ✓ Sequencing of positive Ag-RDT test

• Coordination of partners supporting Ag-RDT in country
Thoughts on the Journey Ahead

- Strengthening coordination of Ag-RDT scale up
- Quality Assurance
- Sequencing of positive Ag-RDT samples
- Data management
  - Real time data capturing – continuous engagement with State teams
- Demand creation
- Linkage between diagnostics and vaccination strategies
Conclusion

• All Stakeholders have roles to play to ensure a successful roll-out
  ✓ Internal stakeholders
  ✓ External stakeholders

• Need to strengthen partners’ coordination
  ✓ CHAI, US-CDC, IHVN, WHO and ASLM

• Real time data capturing cannot be overemphasized

• Review of Ag-RDT training modules
There will be a **next** outbreak, what matters is how we respond to it

*States Must Standardize Coronavirus Data, Former C.D.C. Director Says*

Dr. Thomas Frieden proposed uniform reporting guidelines for states. Experts said the C.D.C. should have done it months ago.
Contact

- **Website**: [https://www.ncdc.gov.ng](https://www.ncdc.gov.ng)
- **NCDC Toll-Free Number**: 6232
- **SMS**: 08099555577
- **WhatsApp**: 07087110839
- **Twitter/Facebook/Instagram**: @NCDCgov
- **Email**: info@ncdc.gov.ng
Thank You