

Annex 1: key informant perceptions on the contribution of the EOCs to public health programs, Nigeria					
		Strongly Agree	Agree	Uncertain	Disagree
1	Polio EOCs have played a major role in the interruption of WPV1	18 (100%)	-	-	-
2	The following public health programs have benefited from the polio EOC at the national and state levels:				
i	Routine immunization	17 (94%)	1 (6%)		
ii	Measles elimination	13 (72%)	4 (28%)		
iii	Maternal and neonatal tetanus elimination	8 (44%)	3 (17%)	3 (17%)	2 (11%)
iv	Integrated disease surveillance and response	11 (61%)	2 (11%)	3 (17%)	1 (6%)
v	Response to outbreaks	10 (56%)	4 (22%)	2 (11%)	
vi	Child health	1 (6%)	4 (22%)	4 (22%)	8 (44%)
vii	Maternal health	6 (33%)	5 (28%)	4 (22%)	
viii	Primary health care/health systems strengthening	7 (39%)	6 (33%)	4 (22%)	
ix	Others: Ebola, Yellow Fever, Malaria, MNCH Weeks, Nutrition, NTDs, Meningitis, Lassa				
3	Polio EOCs have generated some resources for other public health programs				
i	Accountability systems	14 (78%)	4 (22%)		
ii	Governance systems	10 (56%)	6 (33%)	1 (17%)	
iii	Data management	16 (89%)	2 (11%)		
iv	Financial resources	8 (44%)	5 (28%)	5 (28%)	
v	Information & communication equipment	12 (67%)	2 (11%)	3 (17%)	1(6%)
vi	Laboratories	6 (33%)	3 (17%)	7 (39%)	2 (11%)
vii	Networks and processes for surveillance	12 (67%)	4 (22%)	1 (6%)	1 (6%)
viii	Skilled manpower for public health activities	15 (83%)	1 (6%)	2 (11%)	
ix	A platform for community engagement	13 (72%)	4 (22%)	1 (6%)	
x	Corporate management of the programs and offices	9 (50%)	7 (39%)	2 (11%)	
xi	Vehicles and transport for interventions	12 (67%)	2 (11%)	3 (17%)	
xii	Vehicles and transport for program management	8 (44%)	4 (22%)	5 (28%)	
xiii	Work locations like EOCs	15 (83%)	1 (6%)	1 (17%)	
xiv	Office running costs	9 (50%)	3 (17%)	5 (28%)	
4	Has the polio EOC support to other areas of work impacted the work of the EOC?				
i	Negatively	1 (17%)	9 (50%)		
ii	Positively	15 (83%)	1 (17%)		
	Is the current capacity of the EOC sufficient to address other public health interventions?				
i	Disease surveillance	11 (61%)	7 (39%)		

ii	Epidemic preparedness and response	9 (50%)	8 (44%)		
iii	Measles elimination	12 (67%)	6 (33%)		
iv	Routine immunization	16 (89%)	2 (11%)		
v	PHC/ health systems strengthening	11 (61%)	5 (28%)		
5	Additional resource needs for the polio EOC to fulfil these functions				
i	Human resources	13 (72%)			
ii	Training for EOC staff	15 (83%)			
iii	Funding	13 (72%)			
iv	Space	9 (50%)			
v	Equipment	10 (56%)			
6	Would the resources required to ensure the functionality of the EOCs be affordable and fulfilled by the health system at the federal and state level?	Yes 8 (44%)	No 10 (56%)		
7	What would be the implication of the withdrawal of polio EOCs on other public health interventions?				
i	Negative impact on coordination of activities	15 (83%)			
ii	Inadequate human resources	13 (72%)			
iii	Inadequate financial resources	10 (56%)			
iv	More time available	3 (17%)			
v	Complacency from program staff	1 (17%)			
vi	Human resource mobilization will be affected	1 (17%)			
8	Which of the following would be a good transition for the polio EOCs after eradication is achieved?				
i	Coordination of outbreak response activities	10 (53%)			
ii	Coordination of routine immunization	3 (18%)			
iii	Surveillance	3 (18%)			
iv	All	2 (12%)			
EOC; Emergency operations centre, MNCH: maternal, newborn, and child health, NTDs: neglected tropical diseases					