

**INDEPENDENT MONITORING BOARD
GLOBAL POLIO ERADICATION INITIATIVE
SEVENTH MEETING
29 TO 31 OCTOBER 2012**

TCHAD UPDATE

Presentation Outline

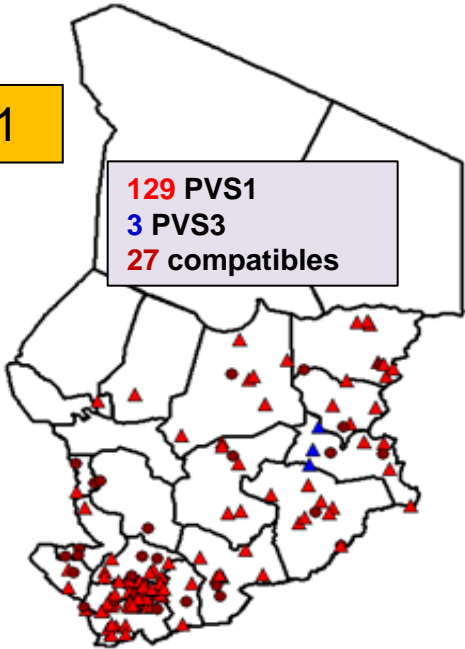
1. Polio Epidemiologic situation

2. Main Challenges and Perspectives

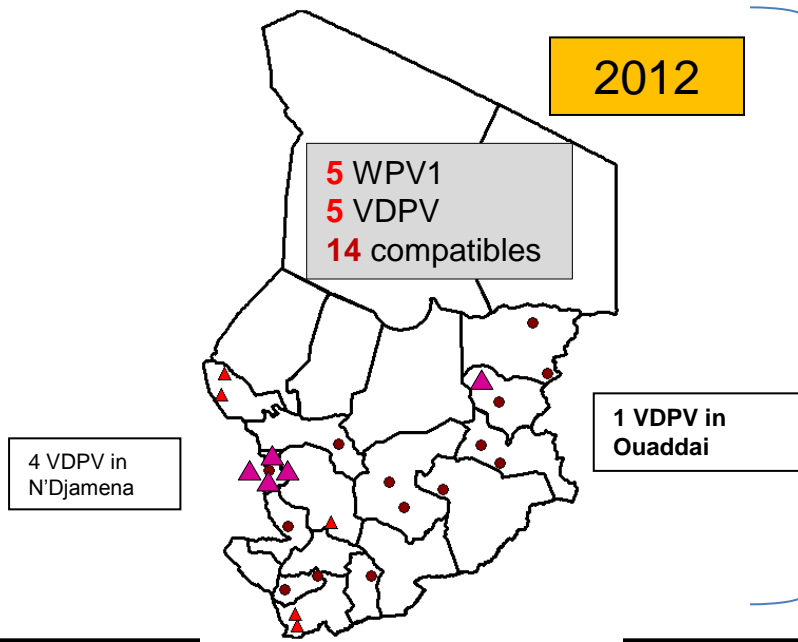
Epidemiologic Profile 2011 and 2012 (Jan-Oct)

▲ WPV 1
 ▲ WPV 3
 ● Compatible
 ▲ VDPV2

2011

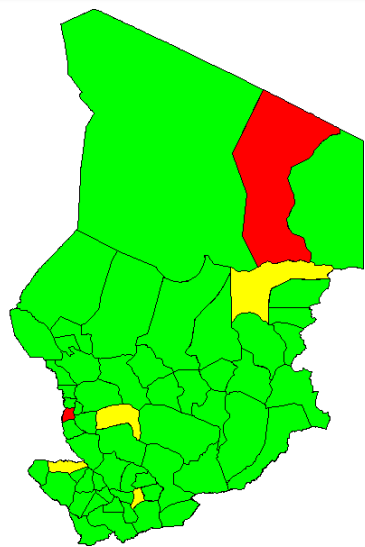


2012



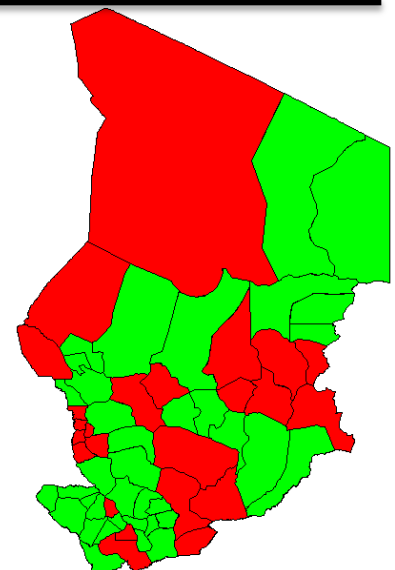
2 WPV in Lac Region

Surveillance Indicators



NP AFP rate ≥ 2
 NP AFP rate < 2
 NP AFP rate < 1

■ Stool collected 14 days $\geq 80\%$
■ Stool collected 14 days $< 80\%$
■ Stool samples 14 days $< 80\%$



Main limitations and actions taken since last meeting

- ❖ Vaccination of nomads
- ❖ Complexity of the Lac region
- ❖ Cross border collaboration

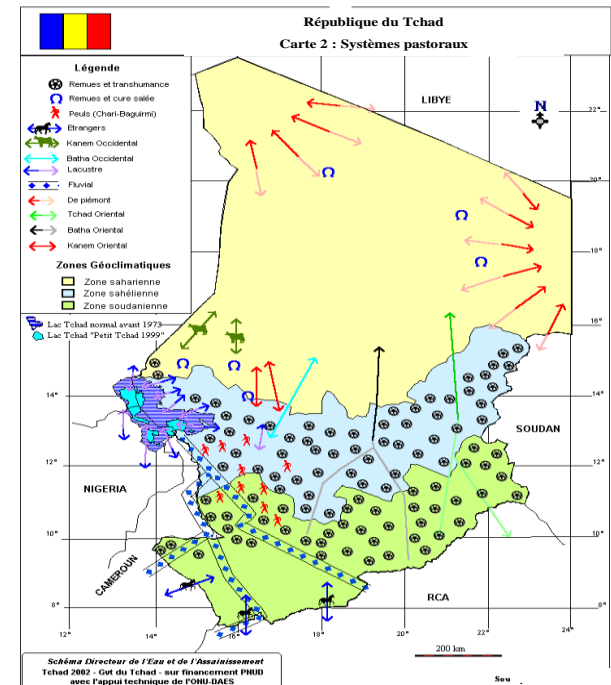
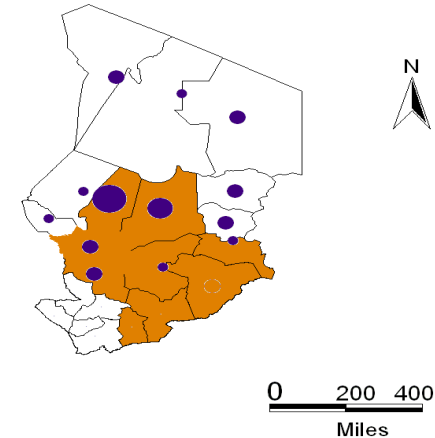
Vaccination of nomads

Nomadic population included in NID from April 2012,

Innovative Strategies:

- ✓ Quantitative location of nomads by region
- ✓ Workshop to discuss strategies to reach nomads organized with representatives of veterinary services and nomads
- ✓ Participation of national and local authorities
- ✓ Phone contact with nomad leaders to find out current location
- ✓ Consultant for nomads recruited
- ✓ Participation to an international meeting on nomads in Ouagadougou

Carte : Localisation des populations nomades mai-juin



Response to WPV in Lac Region

1. Timely response and implementation with 3 rounds of SNID

- ✓ Case Investigated <72 h
- ✓ Prompt decision by ICC to vaccinate up (0-15years)
- ✓ Campaign organized in less than 28 days

2. Effective coordination

3. Strong human and logistic support

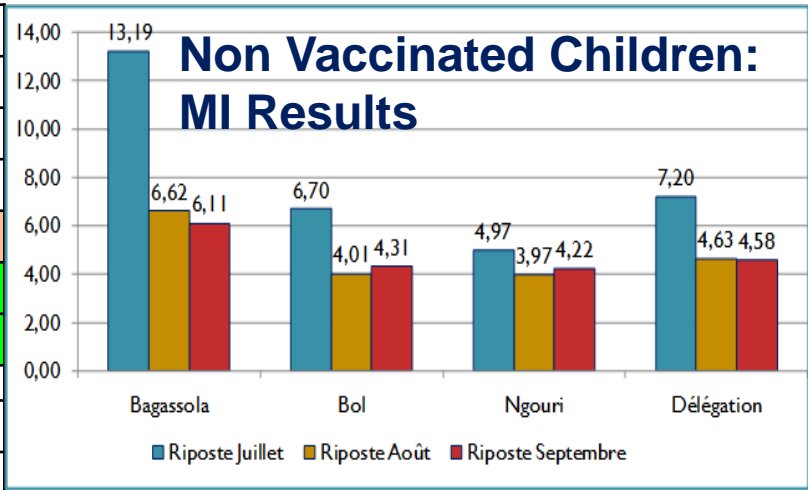


Results of the 3 rounds:
Good quality of SNID campaign

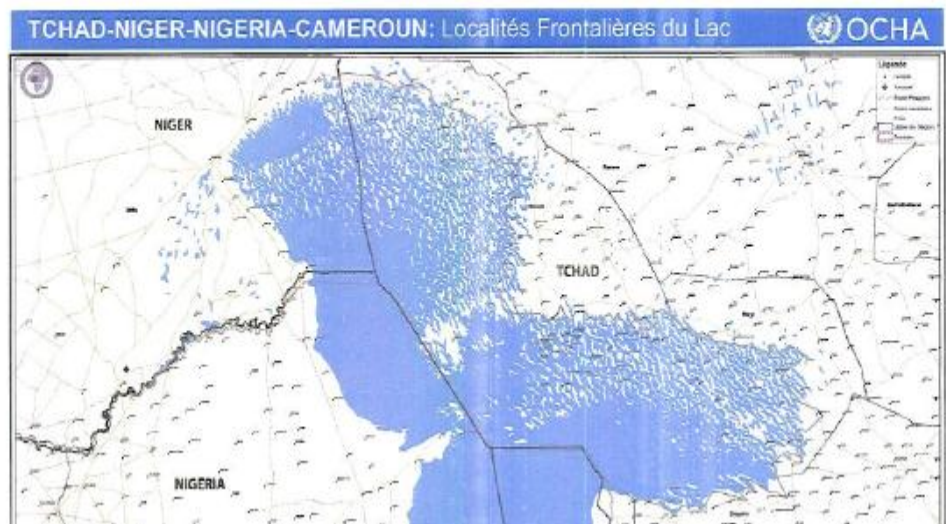
Adjusted micro plans at each passage with discovery of more villages and nomadic camps/settlements

LQAS Results

LQAS/AVS	Number of non-vaccinated children from 60 surveyed		
	Bol	Ngouri	Bagasola
May-12	41	18	ND
June-12	19	ND	ND
Jul.-12	5	9	12
August-12	7	8	8
Sept.-12	6	2	1
	Rejected @ 50%		Accepted @ 90%
	Rejected @ 90%		



N'Djamena CROSS BORDER MEETING 3 - 4 October 2012



Officials at the meeting: MSP, WHO, UNICEF

Main working areas

- Integrated Surveillance
- Routine Immunization
- Synchronized NID
- Other Public Health issues of Common Interest

Joint workplans prepared:

- Tchad-Niger
- Tchad-Nigeria
- Tchad-Cameroun
- Nigeria-Niger
- Nigeria-Cameroun

DOMAINES D'INTERVENTION	FRONTIERES COMMUNES	ACTIONS A ENTREPRENDRE	RESPONSABLES	COUTS EN CFA	INDICATEURS	MODE DE SUIVI	CHRONOGRAMME											
							O	N	D	D	F	M	A	M	J	J	S	S
AVS		Prendre contact avec la force multinationale afin de permettre aux équipes de vacciner les ZR Frontalières	Gouverneurs et commandants de la Force multinationale des 2 pays	300 000	Note circulaire	DSR assure le suivi de l'exécution	X	X			X	X	X	X	X	X		
		Echanger les noms et adresses des ICZ, MCD et DSR des zones frontalières	DSR	PM	Adresses disponibles et actualisées	Vérifier l'existence des adresses entre les 2 parties	X	X		X	X	X	X	X	X	X		
	DS BAGASOLA	Localiser les nomades et procéder à leur vaccination dans le pays hôte	Chef Ferrick	500 000	Cartographie des nomades disponibles et Nb d'enfants nomades vaccinés	Mise en place d'un mécanisme de communication entre les chefs de Ferricks/Secteur de l'élevage et santé des 2 parties	X	X	X	X	X	X	X	X	X	X		
	ZR Tchoukoutalia	Tenir des réunions trimestrielles d'échange et suivi des activités entre les RCS des 2 pays	RCS	800 000	Rapports de réunions et liste de présence disponibles	Planing des réunions de suivi par les MCD des 2 parties					X	X		X	X	X		
	ZR Choua	Organiser des réunions de micro planification des activités transfrontalières	MCD / ZR	1 750 000	Micro plan disponible	Planing des activités de suivi					X			X				

Weak Routine EPI

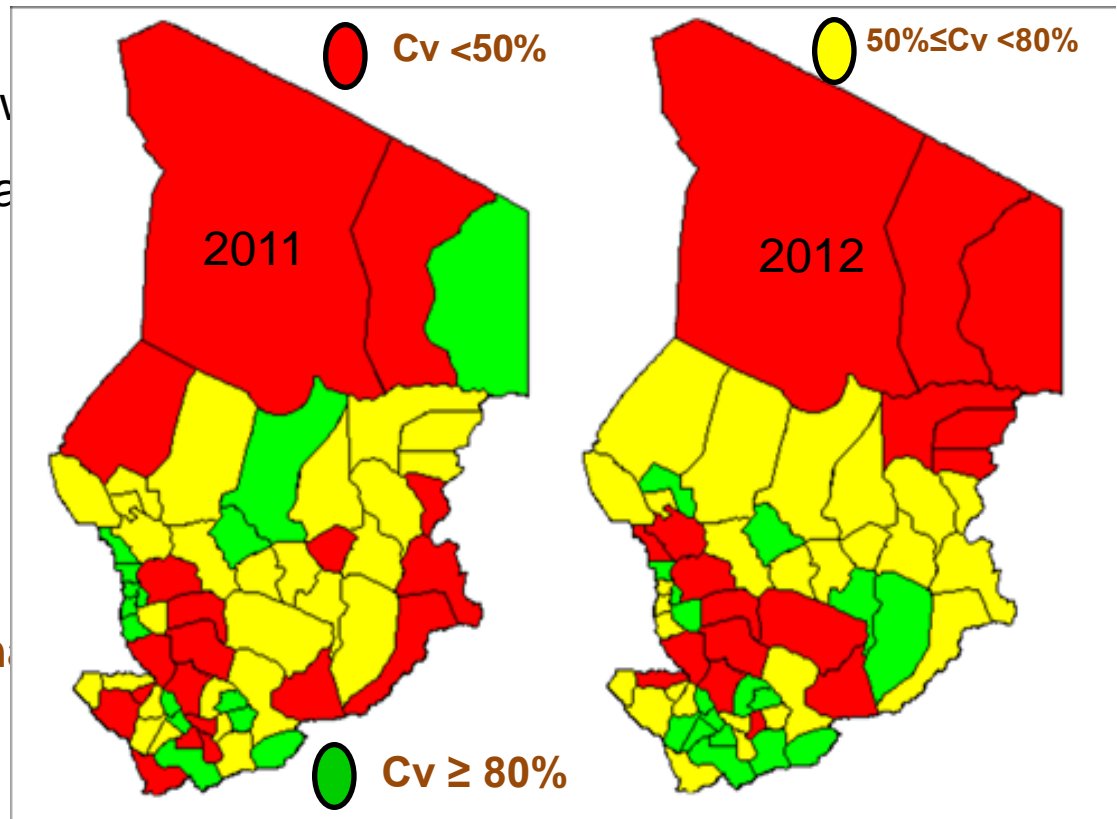
Actions taken

- MYIP Developed
- Microplans targeting 33 districts with the highest proportion of unvaccinated children
- Acceleration of routine EPI started in the 33 districts

Limitations

- Implementation of the Cold Chain rehabilitation plan
- cMYP Financing
- RED approach implementation

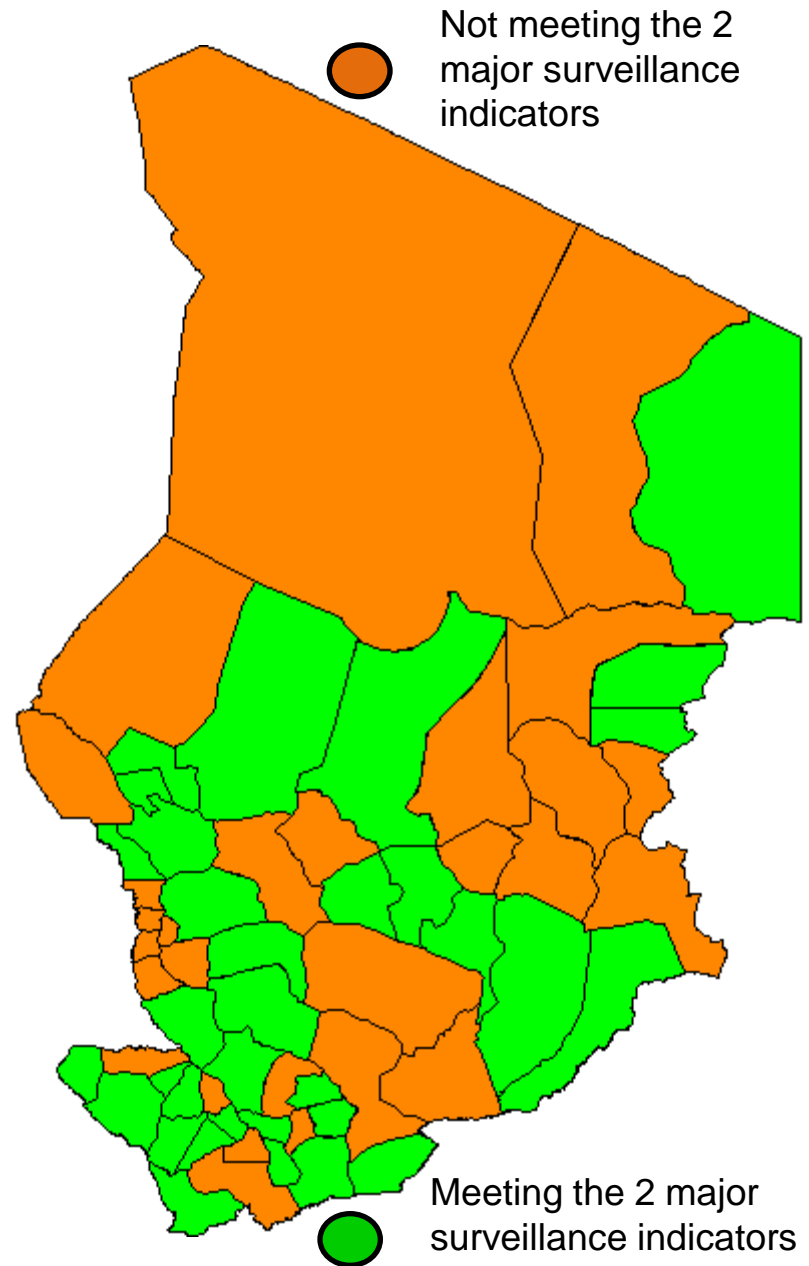
OPV 3 coverage, Administrative Data Jan-Aug 2012



Sub-optimal Surveillance indicators

(NP AFP rate and % of stools collected within 14 days of the onset)

- ❖ Direct support to field staff
- ❖ Regular surveillance review meetings at Hubs level
- ❖ Start of community based surveillance
- ❖ Indicators Monitoring and publication of bulletins for feedback to the field
- ❖ Cascade training done



Appropriate response to cVDVP

- Detailed investigation of all cVDPV cases
- 3 rounds of NID planned (october-november 2012 and early 2013)
- Intensification of routine vaccination with
Trivalent OPV

Political support and Human Resources

- High level political engagement and support
- All sectors mobilized
- Corrective action taken by the MSP based on performance
- Strong support to the Ministry of Health provided by the Hubs

Surge HR Deployment		BMGF	UNICEF	WHO	WHO/CDC	Total
Int'l	Communication Officer				1	1
	Medical Officer	3	8	6	17	34
	Support Staff			2	1	3
National	Communication Officer		38			38
	Medical Officer		3	19		22
	Support Staff		3	11		14
Total		3	52	38	19	112

