

Update on Horn of Africa

Outbreak IMB Meeting 6 to 7 May London UK











Presentation Outline

- Major developments in HOA since last IMB
- Epidemiology
- Program Response
- HOA outbreak Response: Progress to date
- Challenges & Remaining work

PEI Developments in HOA since last IMB

- HOA Coordination Office Established by RDs AFRO & EMRO
- Only one WPV in HOA in 2014 onset 05/01/14 Ethiopia
- No WPV in Kenya and Somalia since 14/07/13 and 20/12/13 respectively
- IPV used in outbreak response in Daadab refugee camps and host communities (3 Districts)
- Environmental Surveillance initiated in Kenya
- Polio Laboratory work load in KEMRI Kenya reduced; S. Sudan samples handled by UVRI lab in Uganda
- Communications researches conducted and findings in use.
- 3-Months Follow up outbreak Response assessments conducted in Kenya and Somalia

Epidemiology

WPVs HOA 2013 - 2014

As at 30 April 2014

WPVs Reported 2013- 2014

Map shows the incidents of wild polic cases within HOA in 2013-2014

SAUDI ARABIA

SUDAN

ETHIOPIA

SOUTH
SUDAN

DEMOCRATIC
REPUBLIC OF

LOWER

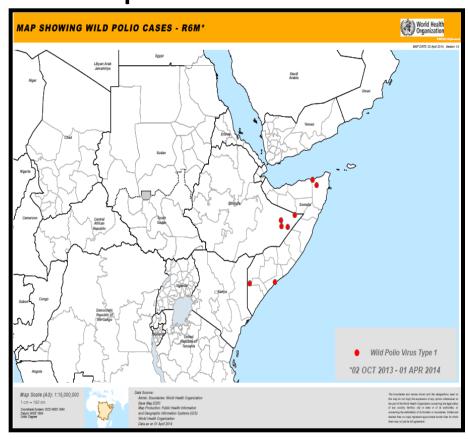
UNITED REPUBLIC OF

ZAMRIA

INFECTED DISTRICTS

THE CONGO

WPVs reported in recent 6-Months



Somalia: 194 WPVs Latest 20 Dec 2013 Bossaso dist, Puntland.

Kenya: 14 WPVs latest 14 July 2013 Dadaab Garisa County

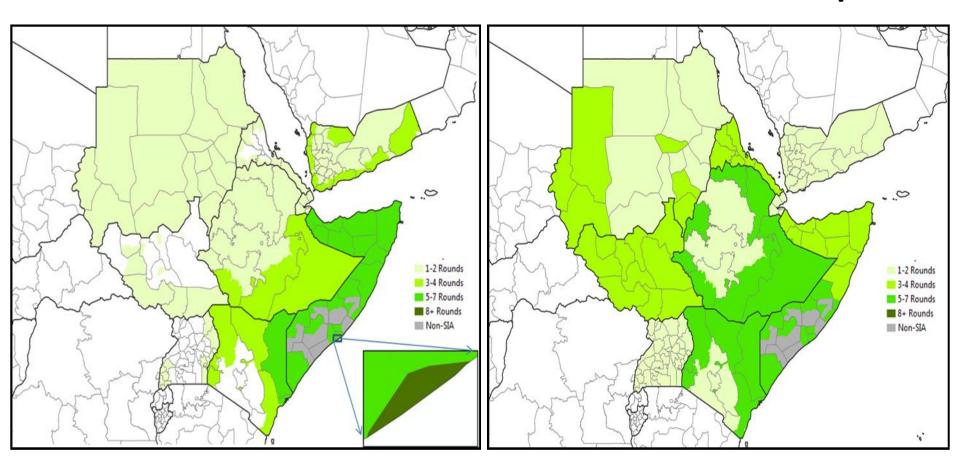
Ethiopia: 10 WPVs latest 5 Jan 2014 Dolo Wader Zone, Somali Region

Program Response

HOA Outbreak SIAs - Phase 1 and 2

Phase 1 May to Oct 2013

Phase 2 Nov 2013 to Apr 2014



SIAs Conducted in Response to outbreak

Number of SIAs since Index case:

- Somalia: 9 NIDs, 3 SNIDs, 3 SIADs Bari Region and 1 CHD each in Somaliland, Punt land and All accessible South Central Zones at different times.
- Kenya: 2 NIDs, 5 SNIDs and 1 Mop-up around
- Ethiopia: 2NIDs, 6 SNIDs, 1 Mop-Up and 1 initial emergency round in refugee camps in Dollo Ado & host community
- SIAs since last case in Ethiopia onset 05/01/14*:
 2 SNIDs January and March 2014
- Other 6 HOA Countries conducted between 1 and 4 SIAs. Tanzania not planned for.

Strategies used to improved Response[1]

- Continuous review and updating of operational micro plans (Including validation in Somali Region -Ethiopia)
- Re-deployment of additional staff to highest risk areas with more rigorous training and supervision
- Establishment of Control rooms at National, Somali Region and Dollo Zone of Ethiopia
- Initiation of environmental surveillance in Kenya with 4 sites in Nairobi.
 - One environmental sample harvested in Oct 2013 positive for WPV linked to Somalia
 - Comprehensive plan developed after pilot and submitted for funding

Strategies used to improved Response[2]

- Pre-positioning of vaccines, funds and personnel in proximity to the insecure areas in S/C Somalia
- Use of Short Interval Administration Dose (SIADs)
 4 rounds in any newly opened areas in SC Somalia
- Vaccination of expanded age groups mostly up to 15 years but occasionally adults.
- Use of IPV in Dadaab camps and immediate host communities
- Use of permanent transit points to capture mobile and transiting populations in Somalia initially and recently in Ethiopia too.

Research to Identify and Reach Hard to Reach Children

April 2013 TAG -

"Document the impact of communication and social mobilization activities on reaching children during SIAs, routine EPI, and

<u>surveillance</u>"

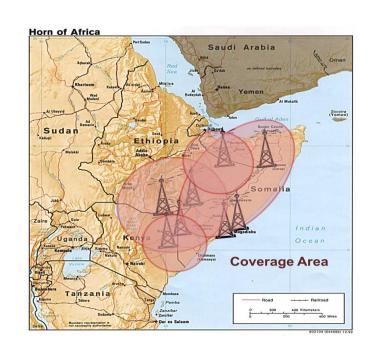


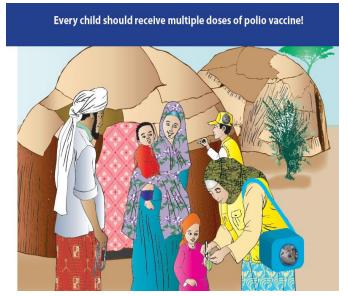
Joint WHO/UNICEF – HOA evidence-base Communications Workshop (Aug 2013)

- 1. Zero dose NP-AFP Social Profiling study by Jijjiga University Ethiopia
- 2. KAP Poll by Harvard University (Somalia
- 3. IPV Community Perception formative research in Kenya
- 4. SMS Based awareness tracking platform in Uganda

Leveraging Best Practices in the Horn of Africa

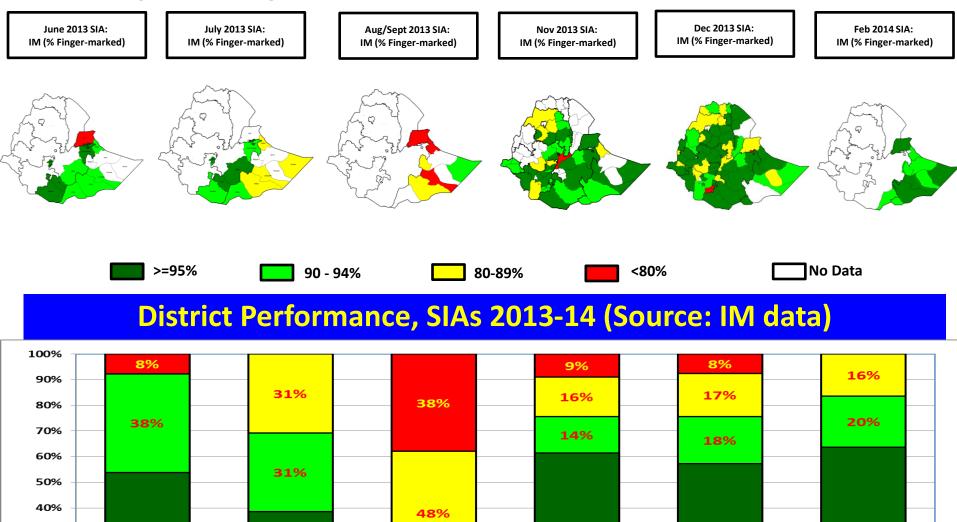
- Mobile Population Research / Tracking (initiated)
- Social Mobilization Tools and Formats for Somali population (Somalia, Kenya, Ethiopia)
- Communication Platforms (BBC Somali Service, VoA Somali) reaching across the borders
- Utilizing Clans Structures & other relevant social approaches (cattle brokers as "entry points")
- Strengthening AFP community surveillance through communication
- Integration with WASH and nutrition programmes in high-risk areas





Quality of SIAs in Outbreak Countries

Ethiopia IM By Zone and Round, 1st-6th Round, 2013-14



7%

7%

Aug/Sept

80-89

30%

20%

10%

0%

54%

June

80

38%

July

61%

Oct/Nov

90-94

57%

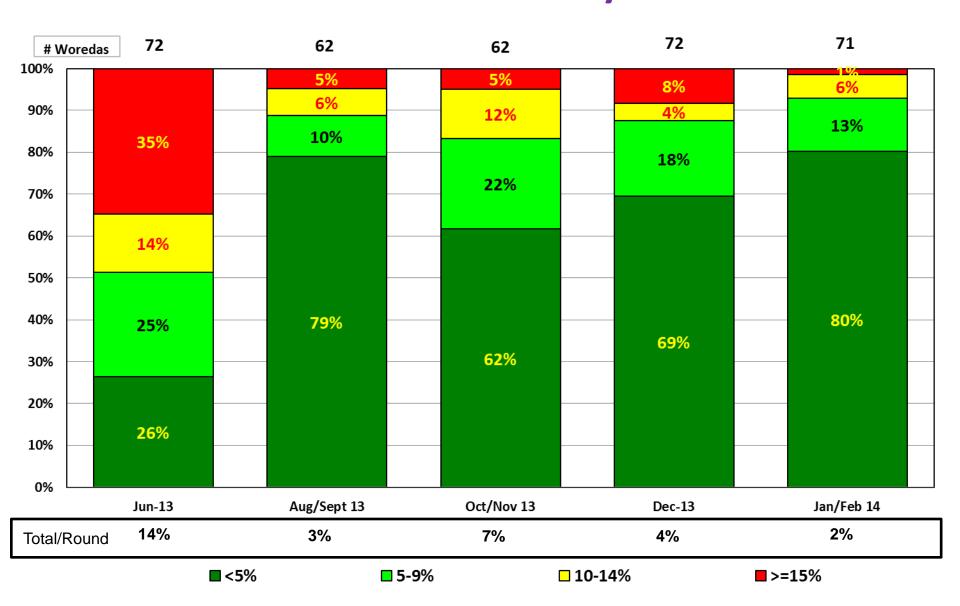
Dec

=>=95

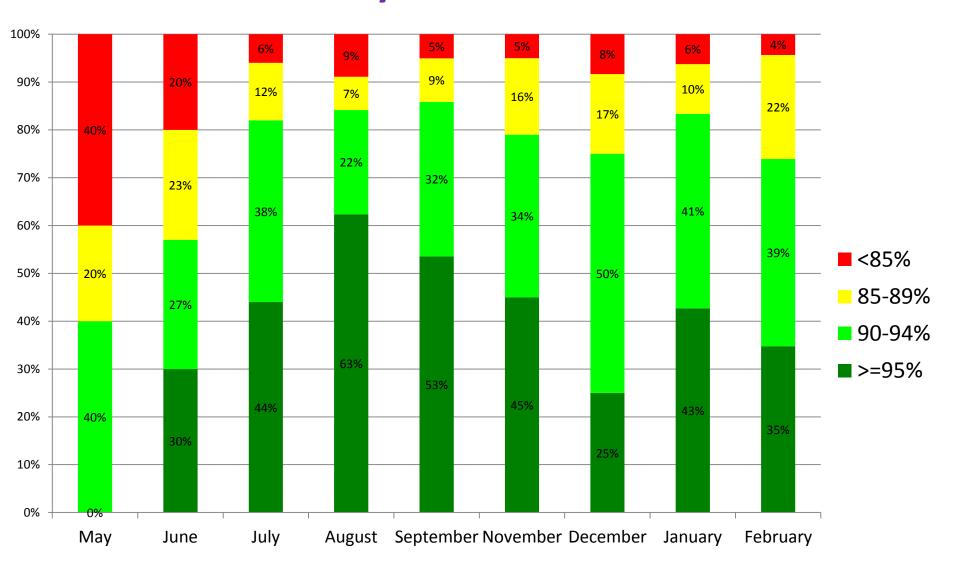
64%

Jan-14

Trend in Zero Dose SIA Children, Somali Region, June 2013 – February 2014



Kenya: IM Achievement: Proportion of Districts May 2013-Feb 2014



Monitoring Progress

- Regular HOA TAG meetings Latest Feb 2014
- 3-Monthly assessment of the outbreak response
- Quarterly updates on status of implementation of TAG and 3 Months assessment recommendations.
- Biweekly partner coordination meetings
- Bimonthly TC HQ/AFRO/EMRO/HOA outbreak countries
- Weekly HOA polio outbreak status update
- Technical HOA monthly bulletin
- Quarterly Donor bulleting as per request at the Nov 2013 donor briefing

Overall 3-Months Assessment Conclusions

Kenya 3-Months follow up Assessment March 2014

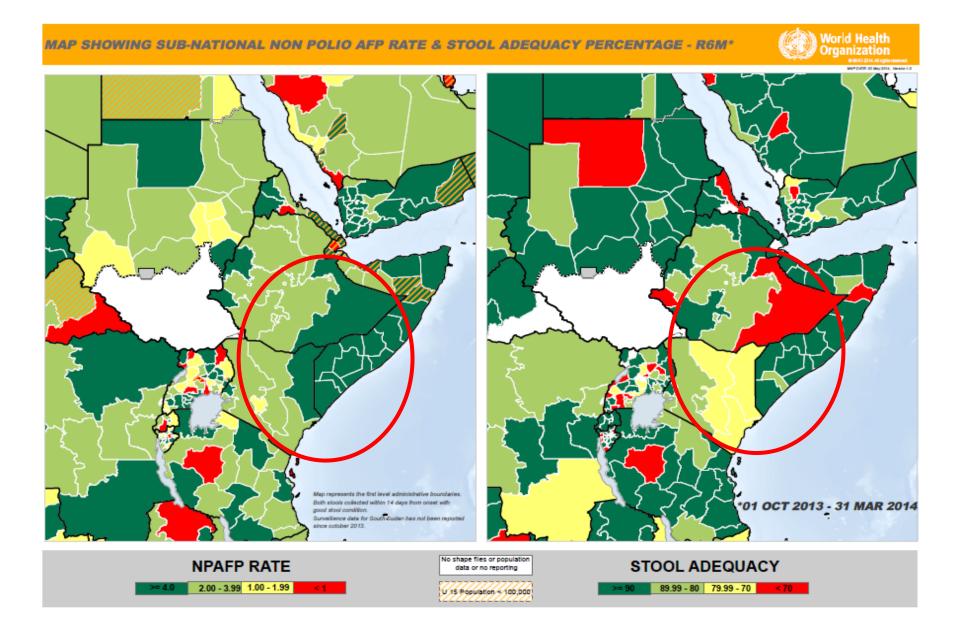
- Commends strong outbreak response, including use of IPV and believes that with present level of commitment outbreak can be stopped. However, there is high risk of re-importation.
- Many recommendations from 1st outbreak assessment implemented. However recommendations related to microplanning, training, nomadic population, permanent vaccination points and surveillance need to be fully implemented.

Somalia 3- Months Follow up assessment April 2014

- Outbreak appears to have slowed down. However, there is significant risk of continued transmission particularly in inaccessible and remote areas
- Most of recommendation from previous assessment have been implemented, beginning immediately after last assessment.
 However, there is need to use data more for action at field level

Challenges and Work left

Sub-Optimal Surveillance indicators



Key Challenges

- Ensuring high quality surveillance at sub-national level.
- Improving the quality of SIAs particularly in the hard to reach insecure and inaccessible areas when opened.
 - Over 500,000 children (<5yrs) still inaccessible in S/C Somalia
- Achieving cross border synchronization of activities in a dynamic security situation and a highly mobile population
- Balancing between the Epidemiologically plausible interventions and availability of resources vaccine and finances.
- Addressing the population immunity gap due to low Routine Immunization.
- Ensuring close collaboration among the key partners supporting the HOA outbreak response.
 - Avoid complacency and premature reduction of response activities

Way Forward

- Sustain the HR that has been put in place for the outbreak response.
- Continue intensified SIAs in all accessible areas of Somalia, Somali Region of Ethiopia and N/Eastern Kenya
- Sustain and where applicable expand the permanent vaccination posts in Both Somalia and Ethiopia
- Ensure preparedness to conduct SIADs in any newly accessible districts in S. Central Somalia
 - Prepositioning vaccines, equipment and finances
- Address the sub-optimal surveillance especially in the highest risk areas
- For sustainability continue to explore avenues to rapidly improve Routine Immunization in the HR areas

Summary

- Only 1 WPV so far in HOA 2014
- Need for sustained aggressive response activities considering the threat posed by the 500,000 inaccessible children in S. Central.
- Need to sustain the HR put in place for outbreak going forward
- Permanent vaccination posts and preparedness to vaccinate in the inaccessible areas of S.
 Central Somalia will be key to stopping transmission









