Federal Ministry of Health
Primary Health Care
Maternal and Child Health
Expanded Program on Immunization

Sudan EPI Benefits From
Polio Eradication Program

Polio Legacy Planning and Implementation Workshop
Geneva
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Outline

• Background
• Polio Situation
• Programmatic Benefits Contributed by Polio
• What after Polio eradication
Background........

- Total pop. = 41,149,153
- < 1 pop. = 1,402,511
- < 5 pop. = 6,490,062
- States = 18
- Localities = 187
Polio Situation in Sudan

• Sudan was one of the countries that adopted the 1988 WHA resolution to eradicate poliomyelitis by the year 2000.

• Eradication efforts started in 1994 triggered by occurrence of a major polio outbreak.

• The conducted activities resulted in eradication of the endemic virus in the country and occurrence of a high quality AFP surveillance and OPV vaccination coverage.
The first importation in 2004-2005 from Chad caused 158 polio cases in 18 States of the country.

The importations in 2007, 2008 and 2009 caused limited outbreaks.

The last polio case reported in the country was from port Sudan, red sea state in the 15th of March 2009.

Since then the country remained free of wild polio virus up to date.
Sudan Adopted WHO Eradication Strategies since 1994

- High Routine immunization coverage.
- Conducting SIAs (NIDs & SNIDs).
- AFP Surveillance Meeting Certification Standards.
- Mopping – up.
Programmatic Benefits Contributed by Polio Management

- Community surveillance cross Border coordination's meeting and preparedness for importations.
- Measles and Rubella Surveillance integrated with AFP in Infrastructures (Staff, data, management, transport, communications, premises and technical committee as The Certification/Validation committee)
Transport Means for AFP Surveillance
(When the AFP Surveillance fully established in 2005)

Transport by May 2005

- 25 AFP surveillance Cars
- 56 Motorcycles
- 25 Bicycles
- Motor Boat
- 25 WHO Staff cars
Programmatic Benefits Contributed by Polio Management

- Polio **staffing** regarding recruitment procedures, training are used in Measles and Rubella Surveillance and also work as senior staff to ensuring that best **practices**, **knowledge** and **capacities** for Integrated vaccine Preventable Diseases Surveillance (IVPDs) at all levels.

- Monitoring and supervision activities for AFP Surveillance are also used for IVPDs surveillance.
Human Resource
(When the AFP Surveillance fully established in 2005)

Location of AFP Staff 2005

- National AFP Surveillance officers (26)
- Zonal Coordinators (4)
- National Medical Officer (10)
- International STC/MO (7)
- STOP/ Gov Staff
Programmatic Benefits Contributed by Polio

Management

- NIDs for polio provided experience in planning, implementation and control of other disease initiatives and campaigns (measles, MNT, Meningitis A, yellow fever …)

- Active search during NIDs for guinea worm and measles provided very useful information that facilitated proper re-planning of control measures.
Focuses in High Risk

Polio eradication initiative served all special group of population including refugees, displaced, nomads, security compromised areas, border population and hard to reach population through:

☑ Special arrangement to cover them by vaccination, surveillance, Provide information about them for other programs (eg MCH)

☑ Adoption of ways for reaching under served and hard to reach populations.

☑ Provide baseline information to mobilize the donor interest and resource allocation.
Immunizations Among Hard to reach population in Sudan
• Use all Strategies to reach vulnerable and hard to reach population to support measles immunization and surveillance
Programmatic Benefits Contributed By Polio

Advocacy & Social Mobilization

• polio eradication success promotes and sensitizes the politician and community leaders for the importance of prevention and control activities in the field of communicable diseases.

• Using mobilized and trained volunteers as social mobilizers and health workers to AFP surveillance and polio SIAs to attain measles elimination
Programmatic Benefits Contributed By Polio

Advocacy & Social Mobilization

- Using Social map for special population (e.g. Nomads)

Communications and community engagement developed to achieve polio eradication in measles surveillance and SIAs
Programmatic Benefits Contributed By Polio

Cold Chain:

• Equipment inventory update and repairs and maintenance for polio lead to Strengthening the cold chain
• Vaccine management forms, wastage and logistics started with polio eradication initiative.
Examples of Polio’s Investments Contribute to Health Goals in Sudan

- Acceleration of other preventive initiatives during SIAs eg. Accelerated child survival initiatives including vitamin A distribution, basic health education messages, soil-transmitted worm’s prevention, distribution of impregnated mosquito bed nets, distribution of folic acid for pregnant women.
Programmatic Benefits Contributed By Polio

Measles and Rubella laboratory

- accredited polio lab and the qualified personnel, transport, and shipping of samples are currently partially utilized for measles and other vaccine preventable diseases surveillance and later will continue as full time.
- The existing polio lab will be upgraded and used for all other viral diseases in the country.
- Rubella surveillance is integrated with measles surveillance.
Likelihood That Infrastructure Will Be Maintained & Ability to Support Immunizations & Measles / Rubella

- Volunteers, assistant, secretaries, drivers, supporting staff (e.g. IT) will work in Measles and Rubella Surveillance.
- Polio program resource will support functions for IVPDs surveillance and contribute in RI activities.
- Built capacity for polio programs will provide the actual capacity for IVPDs surveillance and in emergency response to outbreaks.
Why The Government is Not Ready for Withdrawing the Support of GPEI?

- The cost of routine immunization services (Fix, Out, Mob) is relatively high to be cover by the government alone.
- The Cost planned to expand services to fixed sites is also relatively high.

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<td>2014</td>
<td>1863</td>
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Increasing cost of new vaccines For Co-Finance

Vaccine introductions:
Penta 2008
Rota 2011
PCV 2013

Co-financing share:

<table>
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<tr>
<th>Year</th>
<th>PCV</th>
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- Current decision letter requirements

Co-financing share:

| Year | 12% | 14% | 16% | 19% | 22% |

* Increase by 15% each year
Why The Government is Not Ready for Withdrawing the Support of GPEI?

- The UNICEF is planning to cease financing of traditional vaccine and will be shifted to the government to finance it.
- Polio staff receive incentive more than the government salary, which will result in brain drainage of the staff members who are working on the program.
- The operational cost of other interventions that conducted jointly with polio, e.g., vitamin A distribution.
Potential Negative Impact on Health Programs When GPEI No Longer Provides Infrastructure

- Measles surveillance integrated with AFP surveillance in reporting sites, cases investigation, staff at all level (Medical Officers and Field Volunteers), infrastructures and work plans. This will no longer exist.
Potential negative impact on measles, rubella and other health programs when GPEI no longer provides infrastructure

• **If no other resources are allocated then this will lead to collapse in Measles and rubella surveillance system and RI activities in Management and operations Planning, Implementation, Monitoring and data management, social mobilization and advocacy, Capacity building, Partnerships and coordination.**
Potential negative impact on measles, rubella and other health programs when GPEI no longer provides infrastructure

• Actually polio eradication infrastructure is being utilized by routine immunization this may affect the coverage

• Gap in the interventions use to be implemented with polio campaign).

• Expected brain drain to loss of the continuous learn in program implementation and improvement
How to move with less damage

• Continuation of support by increasing resources to support other initiative eg measles elimination

• Assessing countries capacities and country specific gradual reduction in support can implemented

• To agree on possible period country can receive support as preparatory phase