Conclusions & Recommendations

15th Meeting of the Horn of Africa Technical Advisory Group

6th to 8th September 2016, Nairobi, Kenya
Objectives

1. To provide an update on the status of Global polio eradication with particular emphasis to Nigeria and the Lake Chad Region and make recommendations for limiting re-importation to HOA.

2. To discuss status of Surveillance and level of immunity in the HOA countries particularly in the hard to reach and inaccessible areas and make recommendations on how to guard against missing low level transmission.

3. To review and recommend on the Communication strategies to address the remaining and emerging challenges in the HOA.
Objectives

4. To review the status of preparedness to respond to outbreaks/polio events in the HOA countries

5. To discuss strategies for improving Routine Immunization and highlight ways in which Polio assets have supported Routine Immunization and how this will be sustained.
The outbreak in Nigeria poses 3 major questions:

- Are there any ‘Borno-like’ situations in the Horn of Africa where we could potentially be missing transmission for a long period?
- Are there areas of immunity gap that pose a major risk of outbreaks including inaccessible areas if virus from Nigeria is introduced, and how do we close these gaps?
- How can we reduce the risk of virus moving into the Horn of Africa with mobile populations?
Observations

• The TAG is deeply concerned by the polio outbreak in Nigeria

• The Nigeria WPV outbreak places the HOA at very high risk of importation given the population movement pathways, previous history, immunity and surveillance gaps in HOA countries

• The TAG is concerned by the reduction in number and scope of SIAs in HOA while gaps in the immunity and decrease in RI coverage

• Conflict and insecurity continue to affect access to children in Yemen, Somalia, South Sudan and Sudan
HOA WILD POLIO VIRUS (Type 1) OUTBREAKS
2004 to 2013

2004-2008 Outbreak
2009-2012 Outbreak
2013 Outbreak
2016??

Map showing the spread of wild poliovirus outbreaks in the HOA region from 2004 to 2013.
Observations

• The TAG congratulates HOA countries for implementing most of recommendations from the 14th HOA TAG

• TAG is concerned that a number of countries are affected by the global IPV shortage, either being unable to introduce IPV or having interruptions in supply

• The TAG notes efforts that have been made to scale up POSE implementation in HOA countries

• The TAG acknowledges the efforts undertaken for improving coordination in South Sudan; however, it should be inclusive of all partners involved in the health sector, particularly NGO’s

• The TAG regrets the non-participation of AFRO and IMG
Observations

• Social mobilization networks generated evidence to demonstrate their impact and value for the programme. TAG recognizes efforts of Somalia, Ethiopia, and South Sudan in maintaining and transitioning of these assets.

• Outbreak preparedness and response communication capacity are being strengthened with roll-out of SOP, tools, Implementation of POSE, products, training and rapid response mechanisms.
Conclusions

Objective 1: To provide an update on the status of Global polio eradication with particular emphasis to Nigeria and the Lake Chad Region and make recommendations for limiting re-importation to HOA.

• The genetic sequencing indicates that the virus circulated without being detected for about five years in Nigeria and possibly in neighboring countries.

• The TAG recognizes the imminent risk for HOA countries which need immediate strengthening of surveillance, population immunity and outbreak preparedness and response in all HOA countries.
Conclusions

Objective 2: To discuss status of Surveillance and level of immunity in the HOA countries particularly in the hard to reach and inaccessible areas and make recommendations on how to guard against missing low level transmission

• At national level, surveillance indicators continue to improve but significant subnational gaps remain
• Over 1 Million children still remain inaccessible in Somalia, Yemen, South Sudan and Sudan placing HOA countries under high risk of WPV transmission if importation occurs
• HOA countries to seize all opportunities to reach the unreached children
Conclusions

Objective 2: To discuss status of Surveillance and level of immunity in the HOA countries particularly in the hard to reach and inaccessible areas and make recommendations on how to guard against missing low level transmission-

Cont-

• The TAG noted that the EMRO lab data presented was not complete

• Batching of samples continues to be experienced from conflict affected countries impacting negatively both on the lab performance and timeliness of test results for programme response.

• Insufficient communication between lab and field staff (batching samples, pending lab results) are negatively impacting timeliness and usefulness of results
Children in inaccessible areas: 1.088 Million

- **Somalia:**
  - Over 400,000 inaccessible for SIAs.
  - 235,000 never reached since 2013

- **South Sudan:**
  - More than 450,000 in 47/79 counties

- **Sudan:**
  - 163,137 inaccessible and 142,730 partially inaccessible

- **Yemen:** Around 75,000 inaccessible.
Surveillance indicators 2015-2016

NP AFP rate:
- >=4.00: Green
- 2.00-3.99: Orange
- 1.00-1.99: Yellow
- <1: Red

Stool adequacy:
- No AFP cases: Green
- >=80: Green
- <80: Red

Maps for 2015 and 2016 showing the distribution of surveillance indicators.
Conclusions

Objective 3: To review and recommend on the communication strategies focusing on addressing the remaining challenges in HOA and activities in post outbreak phase

• The overall social environment remains conducive to polio campaigns as evidenced by high campaign awareness and vaccine acceptance in the region. However, children are still being missed for both operational and social reasons.

• Given the risk of VDPV and WPV importation maintaining and further strengthening communication capacity, including crisis communication, is of utmost importance.
Social Analysis & Demand
Campaign awareness, Missed Children Analysis

Campaign Awareness
- Somalia: 89% (2nd Last Round), 91% (Last Round)
- Ethiopia: 80% (2nd Last Round), 82% (Last Round)
- Kenya: 89% (2nd Last Round), 88% (Last Round)
- South Sudan: 92% (2nd Last Round), 90% (Last Round)
- Uganda: 86% (2nd Last Round), 84% (Last Round)
- Eritrea: 83% (2nd Last Round), 85% (Last Round)
- Madagascar: 82% (2nd Last Round), 79% (Last Round)

Missed Children
- Somalia: 6% (2nd Last Round), 6% (Last Round)
- Ethiopia: 5% (2nd Last Round), 2% (Last Round)
- Kenya: 7% (2nd Last Round), 4% (Last Round)
- South Sudan: 3.5% (2nd Last Round), 4% (Last Round)
- Uganda: 4% (2nd Last Round), 6.5% (Last Round)
- Eritrea: 5% (2nd Last Round), 5% (Last Round)
- Yemen: 6% (2nd Last Round), 6% (Last Round)

Child Absent
- Somalia: 49% (2nd Last Round), 38% (Last Round)
- Ethiopia: 31% (2nd Last Round), 33% (Last Round)
- Kenya: 31% (2nd Last Round), 32% (Last Round)
- South Sudan: 39% (2nd Last Round), 43% (Last Round)
- Uganda: 49% (2nd Last Round), 55% (Last Round)

Refusals
- Somalia: 19% (2nd Last Round), 27% (Last Round)
- Ethiopia: 5% (2nd Last Round), 3% (Last Round)
- Kenya: 4% (2nd Last Round), 4% (Last Round)
- South Sudan: 2.7% (2nd Last Round), 3.9% (Last Round)
- Uganda: 6.5% (2nd Last Round), 7.6% (Last Round)
- Madagascar: 19% (2nd Last Round), 25% (Last Round)
- Yemen: 24% (2nd Last Round), 17% (Last Round)

*out of all Missed Children

Social Analysis & Demand
Campaign awareness, Missed Children Analysis

Campaign Awareness
- Somalia: 89% (2nd Last Round), 91% (Last Round)
- Ethiopia: 80% (2nd Last Round), 82% (Last Round)
- Kenya: 89% (2nd Last Round), 88% (Last Round)
- South Sudan: 92% (2nd Last Round), 90% (Last Round)
- Uganda: 86% (2nd Last Round), 84% (Last Round)
- Eritrea: 83% (2nd Last Round), 85% (Last Round)
- Madagascar: 82% (2nd Last Round), 79% (Last Round)

Missed Children
- Somalia: 6% (2nd Last Round), 6% (Last Round)
- Ethiopia: 5% (2nd Last Round), 2% (Last Round)
- Kenya: 7% (2nd Last Round), 4% (Last Round)
- South Sudan: 3.5% (2nd Last Round), 4% (Last Round)
- Uganda: 4% (2nd Last Round), 6.5% (Last Round)
- Eritrea: 5% (2nd Last Round), 5% (Last Round)
- Yemen: 6% (2nd Last Round), 6% (Last Round)

Child Absent
- Somalia: 49% (2nd Last Round), 38% (Last Round)
- Ethiopia: 31% (2nd Last Round), 33% (Last Round)
- Kenya: 31% (2nd Last Round), 32% (Last Round)
- South Sudan: 39% (2nd Last Round), 43% (Last Round)
- Uganda: 49% (2nd Last Round), 55% (Last Round)

Refusals
- Somalia: 19% (2nd Last Round), 27% (Last Round)
- Ethiopia: 5% (2nd Last Round), 3% (Last Round)
- Kenya: 4% (2nd Last Round), 4% (Last Round)
- South Sudan: 2.7% (2nd Last Round), 3.9% (Last Round)
- Uganda: 6.5% (2nd Last Round), 7.6% (Last Round)
- Madagascar: 19% (2nd Last Round), 25% (Last Round)
- Yemen: 24% (2nd Last Round), 17% (Last Round)

*out of all Missed Children
Conclusions

Objective 4: To review the status of preparedness to respond to outbreaks/polio events in the HOA countries

- The TAG congratulates countries that implemented POSE and beginning actions to correct the gaps identified

- The POSE offers a great opportunity to strengthen country preparedness and response

- Developing outbreak preparedness and response capacities is critical at this point in time as the WPV might be on its way
Conclusions

Objective 5: To discuss strategies for improving Routine Immunization and highlight ways in which Polio assets have supported Routine Immunization and how this will be sustained.

• The 2015 WHO-UNICEF best estimates indicate very encouraging progress in Ethiopia but a concerning decline in Kenya, Yemen and South Sudan
Overall Conclusions

Considering:

- The WPV outbreak in Nigeria and the high risk of its spread;
- Previous history of WPV importation to HOA from Nigeria;
- The reduction in the scope and number of SIAs in HOA countries and persistent low RI coverage
- The global shortage of vaccine (OPV/IPV);
- The uncertainty of funding availability
- The remaining subnational surveillance gaps in HOA;

The HOA countries are at high risk of WPV transmission in case of importation
Recommendations
Cross cutting recommendations

• Surveillance:
  – Conduct quarterly risk analysis to identify areas at risk (including functionality of surveillance in inaccessible areas and for mobile populations)
  – Address the AFP unknown immunization status through a quality investigation (Ethiopia, Kenya, Somalia, Uganda, Tanzania)
  – Extend validation AFP cases to all HOA countries (targeted rate: at least 50%)
  – Accelerate implementation of ES in remaining HOA countries as per plans while ensuring no negative impact on AFP surveillance
Cross cutting recommendations

• Surveillance-Cont-:
  – Silent areas with large enough populations to report AFP cases should conduct community stool sampling
  – The HOA coordination office to disseminate the Nigeria Polio weekly update and the lake Chad Sitrep to all HOA countries
Cross cutting recommendations

Improving population immunity

– Countries should focus on achieving the highest possible SIA quality and ensuring all high risk groups are covered, particularly in the context of the global OPV/IPV shortage

- Continue ongoing efforts to strengthen routine immunization and targeting high risk areas

- Countries should strengthen vaccine management monitoring to ensure optimum use of limited vaccine supply

– Ensure adequate immunization measures across borders and migration pathways
Cross cutting recommendations

Outbreak preparedness and response:

• Countries already completing POSE should follow up on actions identified and where indicated repeat the POSE to ensure actions to improve performance

• POSEs should be conducted periodically to ensure continued outbreak preparedness

• Somalia, Yemen, Ethiopia, Kenya and Djibouti to implement their POSE and update national preparedness plans by end-first quarter 2017

• The TAG recommends conducting a HOA POSE with involvement of agency regional & HQ teams
Cross cutting recommendations

Communication:

• Each country should immediately prepare a communication component for the national outbreak response plan to include updated social mapping of high risk population, analysis of reasons for missed children, and assessment of communication staff’s capacities.
Cross cutting recommendations

Lab:

• HOA coordination office to facilitate communication between Lab and surveillance staff to avoid delays in testing and results sharing

• HOA countries to develop/improve SOPs for prioritizing, shipping and tracking samples, and minimizing batching of samples

• Harmonize lab data between AFRO and EMRO regions and coordinate closely between regional networks

• Ensure that all HOA countries have access to alternative labs as required
Cross cutting recommendations

Lab:

• Any positive ES from classical environmental surveillance or by “bag-mediated filtration system” to be reported and investigated;

• Secure laboratory assets, including those being supported through WHO (government and short term contract personnel), until a long term polio transition mechanism for lab supported surveillance activities is put in place.
Cross cutting recommendations

Transitioning of polio assets:

• GPEI and other donor funding must be maintained in order to mitigate the risk of importation of wild poliovirus and maintain polio free status of the Horn of Africa

• Polio transition planning should make every effort to ensure that all surveillance, immunization, and social mobilization activities in Somalia, Sudan, South Sudan, and Ethiopia are maintained through 2019
## The HoA SIAs Calendar 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somalia</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td>25%</td>
<td></td>
<td></td>
<td>25%</td>
<td></td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>33%</td>
<td>100%</td>
<td></td>
<td>33%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td></td>
<td>20%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47%</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>33%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td></td>
<td></td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>50%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Djibouti</td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yemen</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**TAG recommended additional SIAs**
Somalia

• Conduct a national surveillance review before the end of 2016, using the opportunity to validate AFP surveillance in recently accessible areas

• Explore geo-mapping of validated AFP cases (especially in south and central Somalia)

• Explore reasons for non-isolation of Sabin-like virus in Puntland (0% in 2016)

• Roll out the mapping project in Puntland and Somaliland

• Conduct a POSE and update the national outbreak response plan, (involve representatives from Kenya and Ethiopia in the POSE process)
Ethiopia

• Urgently address the issue of degradation of the quality of AFP surveillance, particularly the quality of stool samples (percentage of zones achieving both indicators decreased from 68 to 50 percent in 2016)
• Continue to improve the quality of AFP case investigation to avoid the unknown immunization status
• Escalate the outstanding issue of importation of lab supplies to the highest political level
• Scaling up community based surveillance particularly in Somali and Afar regions
• The outcome of the accountability framework to be presented during next TAG
• Conduct POSE by late October 2016
Kenya

- Conduct surveillance review before end of 2016
- Weekly follow up of environmental surveillance (sampling and results availability)
- Conduct one sub national round (size of 47 %) including targeting the Northeastern part and Nairobi
- Given the devolution process, efforts should be made to revitalize the RI services
- Conduct POSE by end of 2016
- Strengthen CBS in insecure areas
South Sudan

- Security situation permitting, conduct surveillance review and revamp surveillance activities
- Expand NSTOP programme
- Ensure appropriate compensation for frontline workers during NIDs
- Conduct 100% SIA in November (using vaccines from the August postponed campaign)
- Sustain polio coordination cell and secure participation of all partners involved in health delivery, including NGOs
Yemen

• Conduct a surveillance desk review before the end of 2016, focusing in particular on identifying any gaps in sensitivity & any populations not covered by surveillance

• Extend the Community Based Surveillance network to other governorates

• WHO to urgently address the shipment of samples to appropriate laboratories (prioritizing hot cases) and improve the shipment tracking system

• Transit vaccination teams to be implemented around inaccessible areas

• Continue to monitor the VDPV situation in Aden and take immunization action if appropriate
Sudan

- Conduct a surveillance review by Q1 2017 with a particular focus on high risk and inaccessible communities to identify any potential gaps
- Ensure that all high risk communities and areas are included in SNIDs in Q4 2016 and Q1 2017
- Immediately implement plans for SIADs in newly accessible areas as soon as it is possible
- Closely monitor transit and cross border vaccination to reduce the risk of WPV importation from the Nigeria outbreak
- The next POSE should be conducted at sub-state level, building on the experience of the recent POSE
Djibouti

- Implement the surveillance strengthening plan developed in 2015 and report progress to the HOA TAG.

- Implement community sampling in areas of low surveillance performance.

- Update the national outbreak preparedness and response plan and conduct a POSE by Q1 2017 building on the experience of recent exercise.
Next teleconference and meeting

• Teleconference: December 6, 2016
• Meeting: 4 - 6 April, 2017
Thanks