

# Conclusions & Recommendations

***15<sup>th</sup> Meeting of the Horn of Africa Technical  
Advisory Group***

6<sup>th</sup> to 8<sup>th</sup> 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.

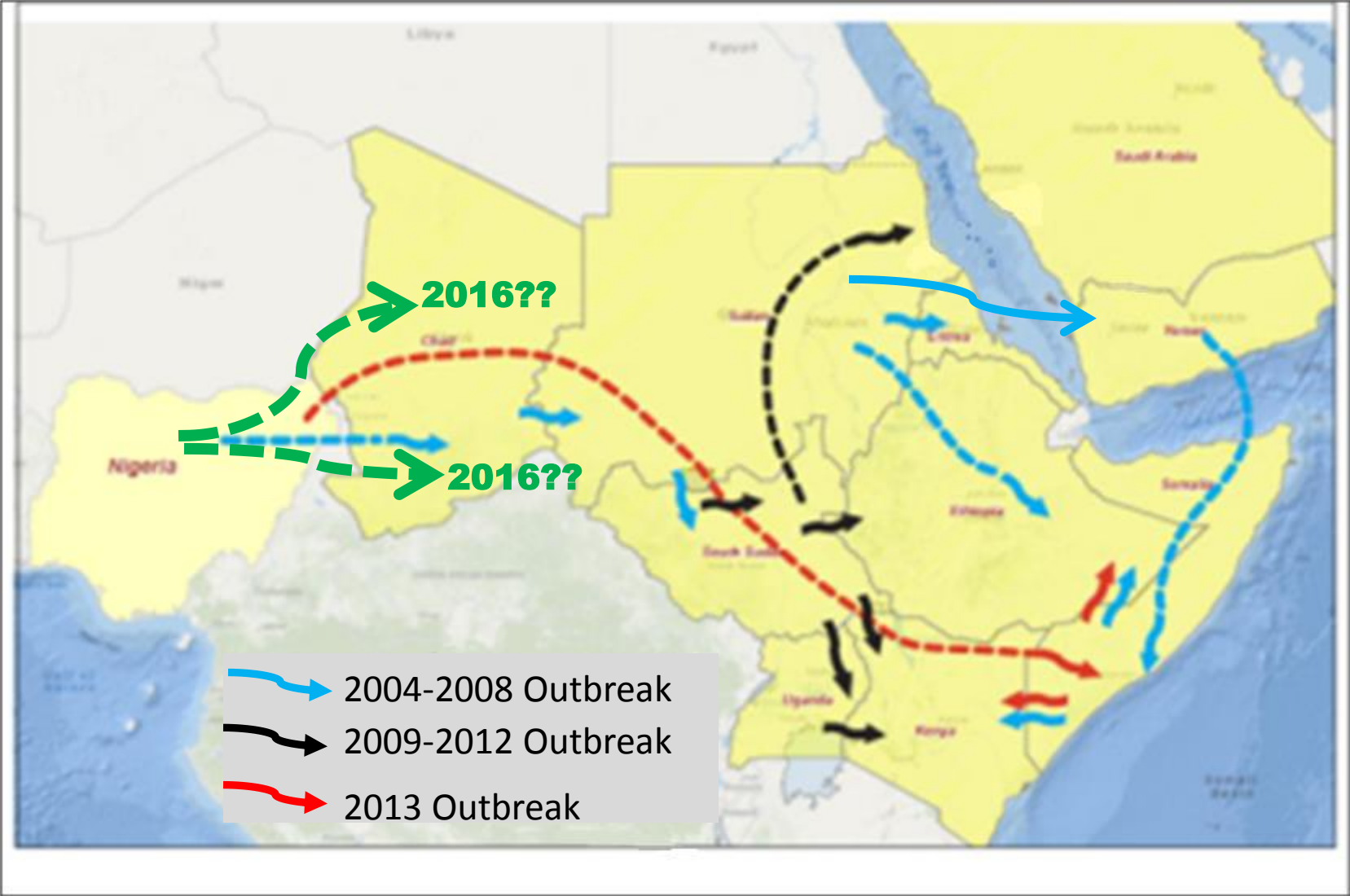
# Context

- 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



# Observations

- The TAG congratulates HOA countries for implementing most of recommendations from the 14<sup>th</sup> 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

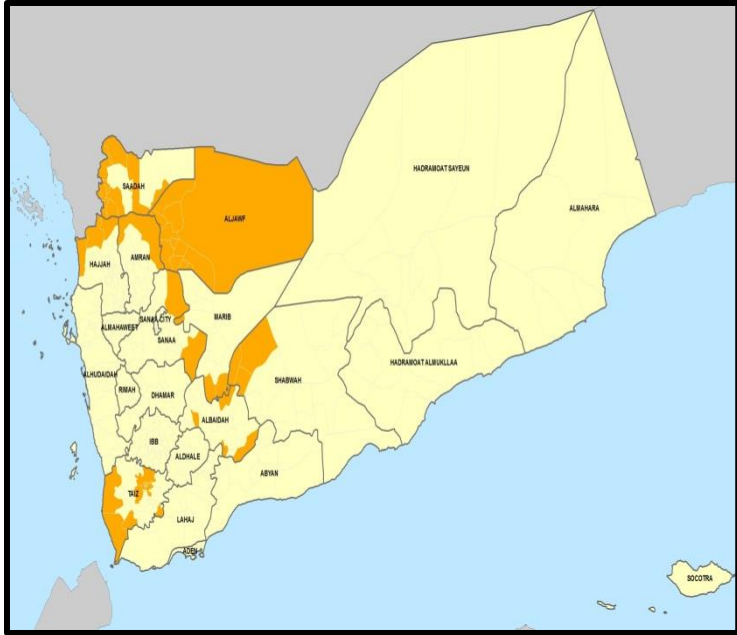
# Conclusions

**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-**

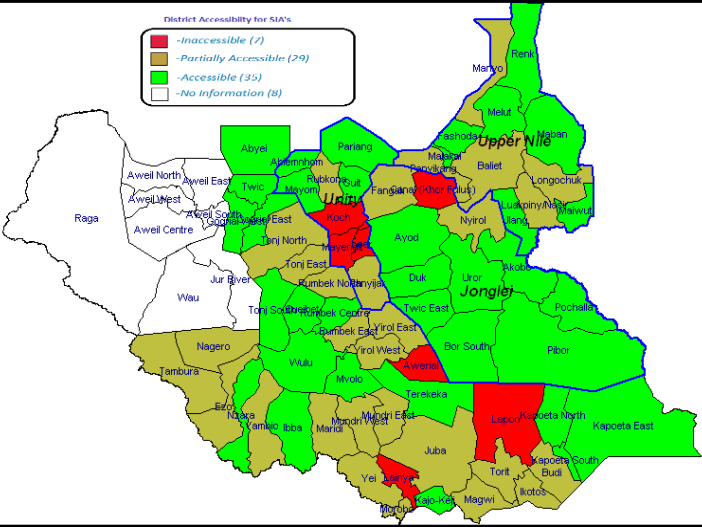
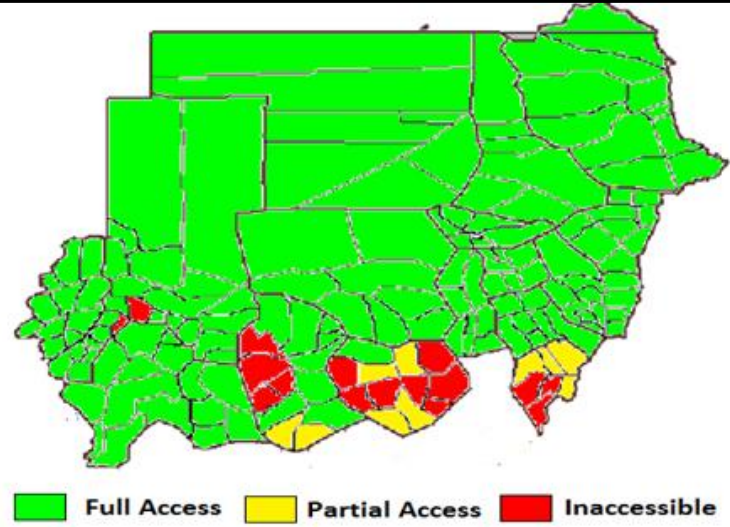
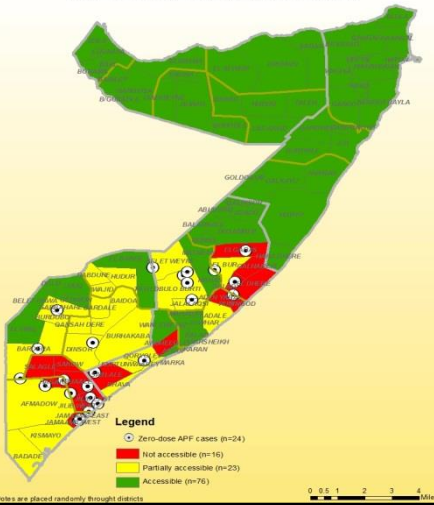
- The TAG noted that the EMRO lab data presented was not complete
- Batching of samples continues to be experienced from conflict affected countries impacting negatively both on the lab performance and timeliness of test results for programme response.
- Insufficient communication between lab and field staff (batching samples, pending lab results) are negatively impacting timeliness and usefulness of results

# Children in inaccessible areas: 1.088 Million

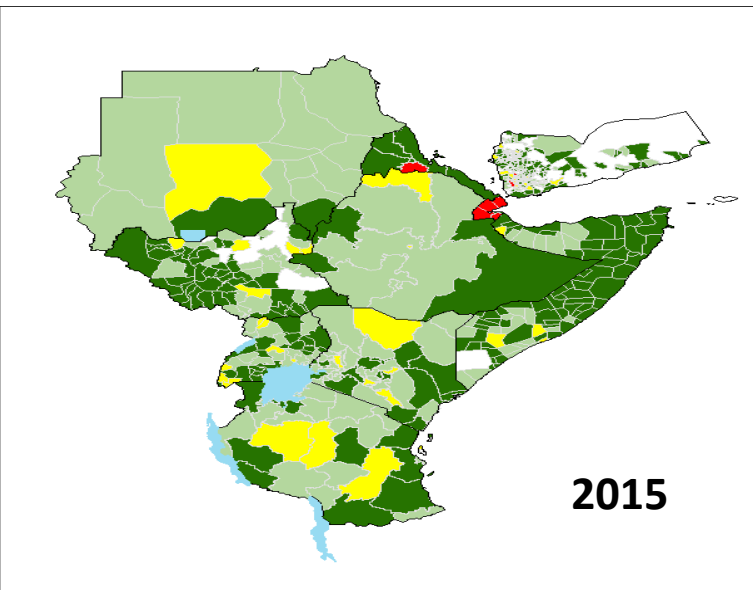
- **Somalia:**
  - Over 400,000 inaccessible for SIAs.
  - 235,000 never reached since 2013
- **South Sudan:**
  - More than 450,000 n(47/79 counties)
- **Sudan:**
  - 163,137 inaccessible and 142730 partially inaccessible
- **Yemen:** Around 75,000 inaccessible.



Zero-dose AFP cases. 2016 Somalia



# Surveillance indicators 2015-2016



2015

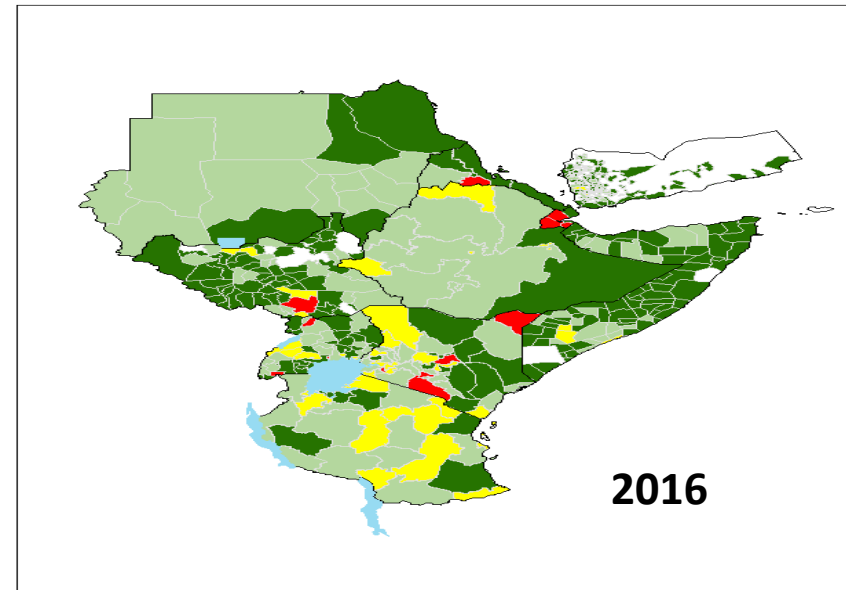
NP AFP rate

$\geq 4.00$

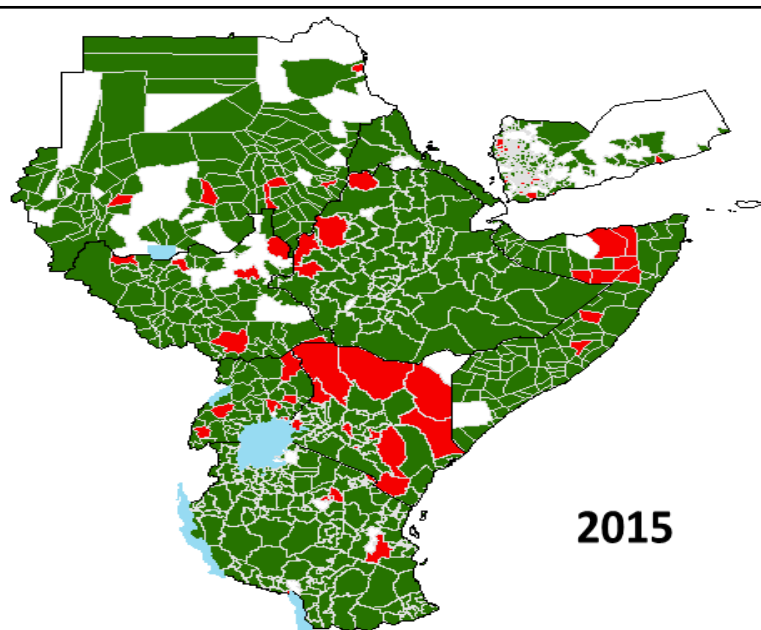
2.00-3.99

1.00-1.99

$< 1$



2016



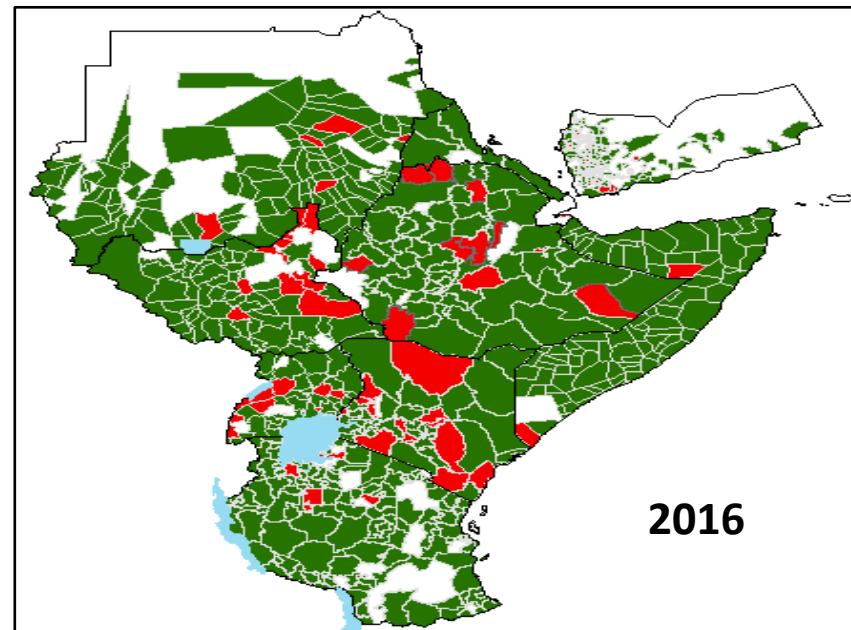
2015

Stool  
adequacy

No AFP  
cases

$\geq 80$

$< 80$



2016

# Conclusions

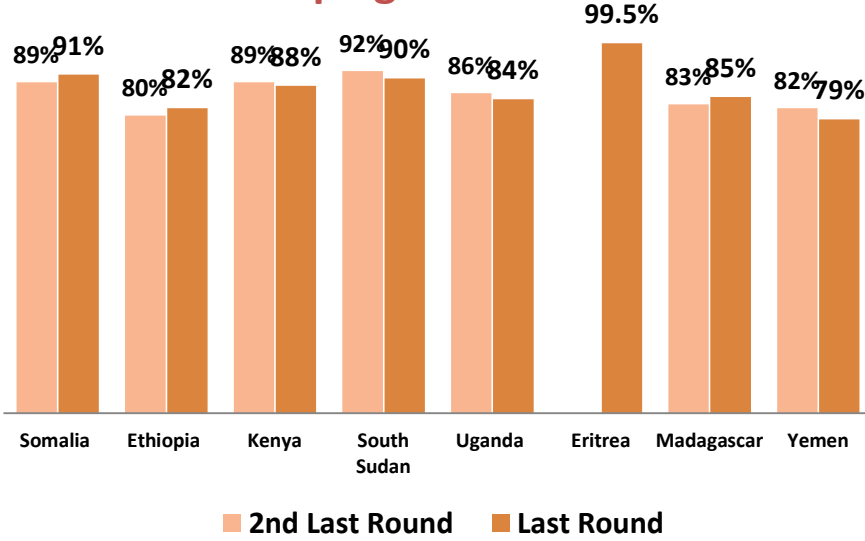
**Objective 3: To review and recommend on the communication strategies focusing on addressing the remaining challenges in HOA and activities in post outbreak phase**

- 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

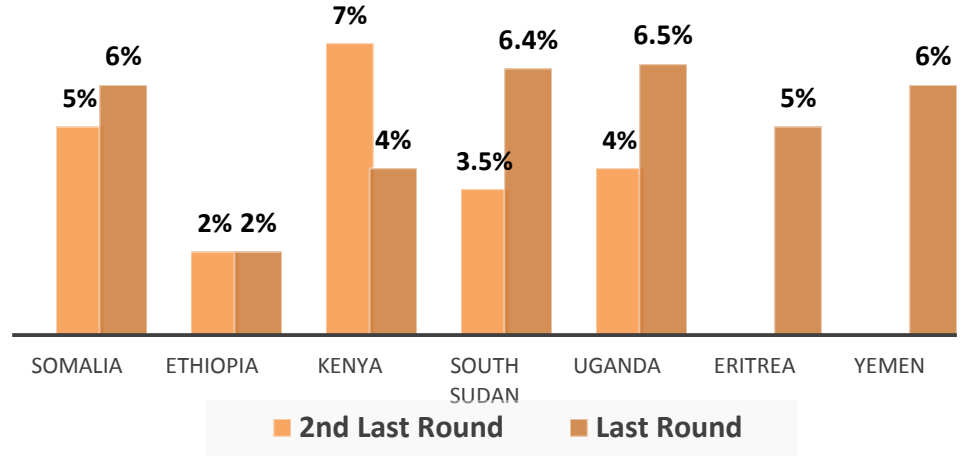
# Social Analysis & Demand

Campaign awareness, Missed Children Analysis

## Campaign Awareness

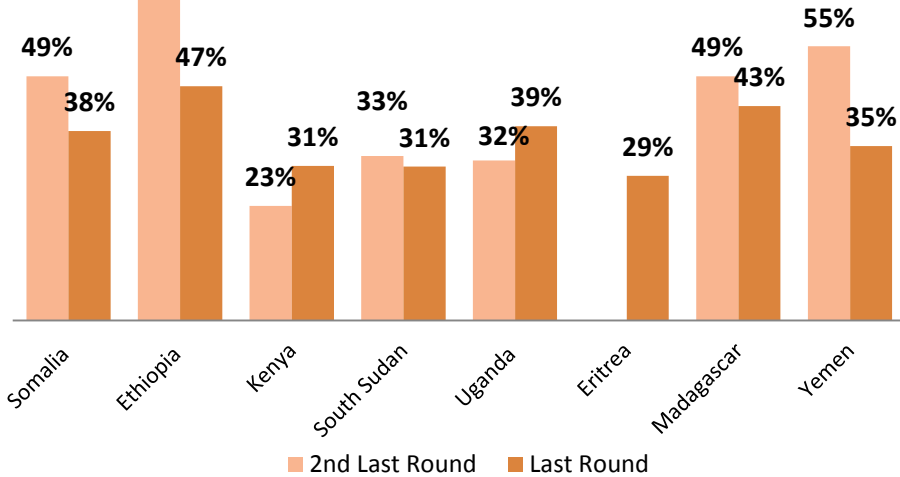


## Missed Children



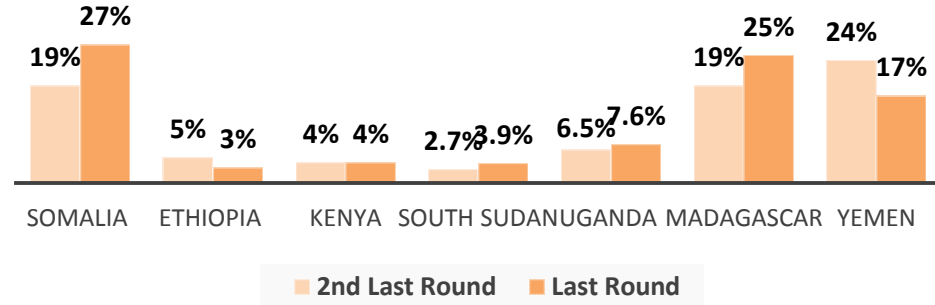
## Child Absent

\*out of all Missed Children



## Refusals

\*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

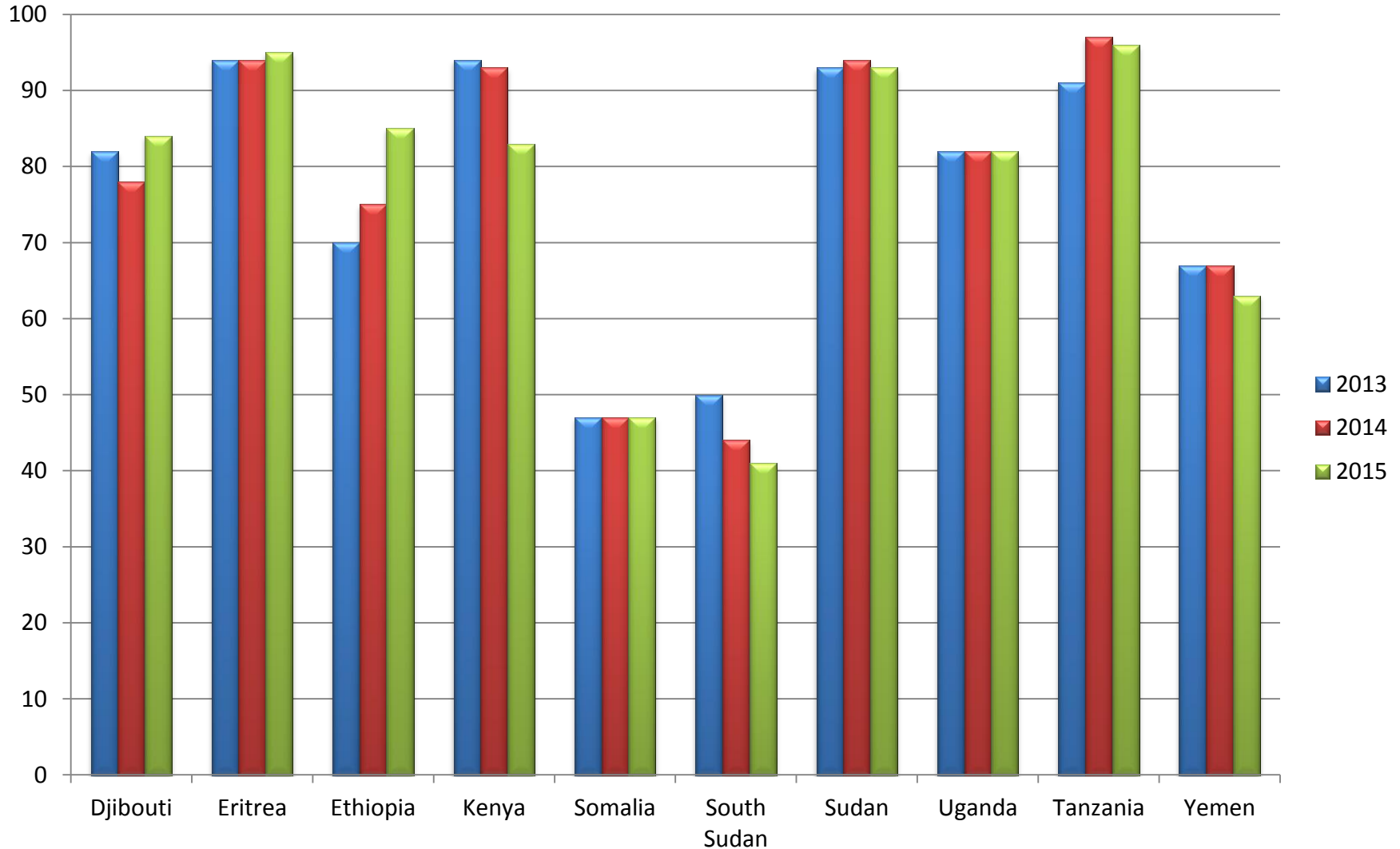


# Conclusions

**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

# OPV3 Coverage, HOA countries, 2013-15-Graph



WHO –UNICEF best estimates

# 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

 tOPV

 bOPV

Country	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Somalia	100%	100%		25%			25%		100%	100%	
Ethiopia	33%	100%		33%						33%	
Kenya		20%	100%							47%	
South Sudan	33%	100%								100%	67%
Sudan		50%							50%		
Uganda	50%	100%									
Djibouti		100%									
Eritrea											
Tanzania											
Yemen		100%							100%		100%

**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**