



**ANGOLA  
SEM PÓLIO**  
Depende de todos. Depende de si.



**REPUBLIC OF  
ANGOLA  
MINISTRY OF HEALTH**



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# **The Status of Polio Eradication in Angola (October 2012)**

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Minister of Health**

Seventh Meeting of the Independent Monitoring Board of the  
Global Polio Eradication Initiative  
London, October 29-30, 2012

# Presentation Outline

- Main activities implemented since the 6<sup>th</sup> IMB meeting
- Overview on surveillance indicators, Routine immunization, SIAs and actions taken-Focus on Luanda-
- Remaining challenges
- Way forward

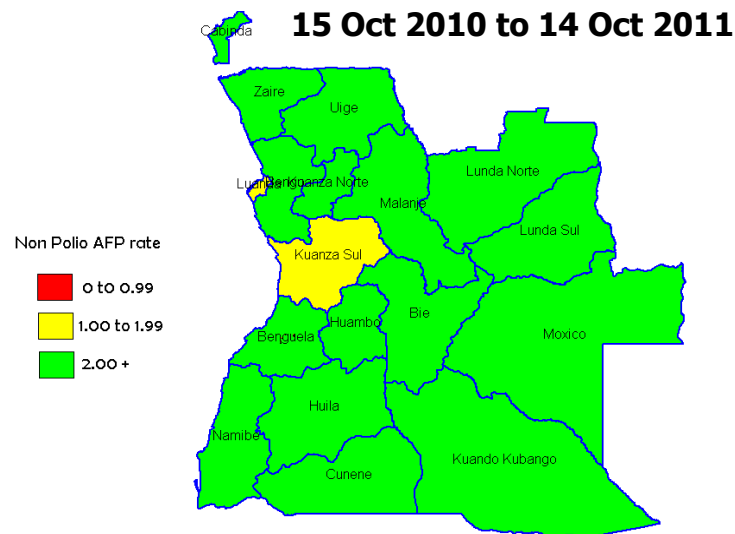
## **Main action implemented since the 6th IMB meeting**

- Thanks to the contribution of resources of the Government of Angola to WHO, the technical and logistical capacities were enhanced for AFP surveillance through:
  - Recruitment of 8 additional National Polio officers and drivers for Luanda as well as 9 vehicles and 39 motorcycles for intensification of active search in Luanda and other provinces
  - Extension of community based surveillance supported by a social scientist recently recruited, particularly in Luanda and bordering districts with RDC.
  - Weekly monitoring of AFP surveillance performance indicators with special focus on Luanda.
- Re-deployment of 8 stoop team members to priority provinces for technical support in assigned locations in addition to 4 members for social mobilization
- Implementation of 3rd round NIDs; significant overall quality improvement and particularly in Luanda thanks to active involvement of local religious leaders in social mobilisation and vaccination exercise.

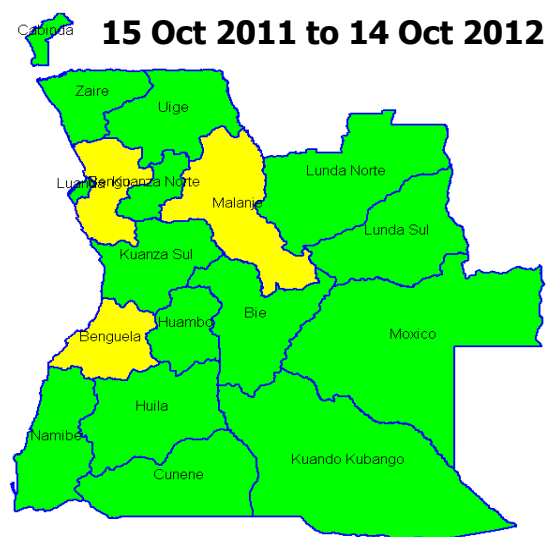
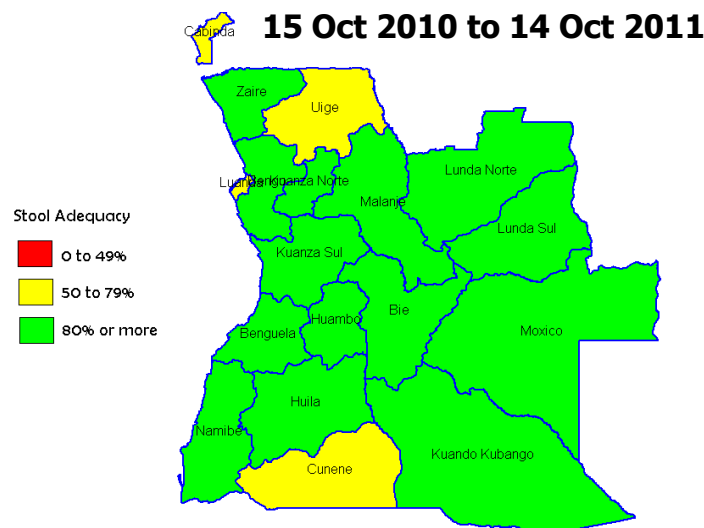
# Angola AFP Surveillance indicators by Province

## (12 months rolling)

### NP AFP rate



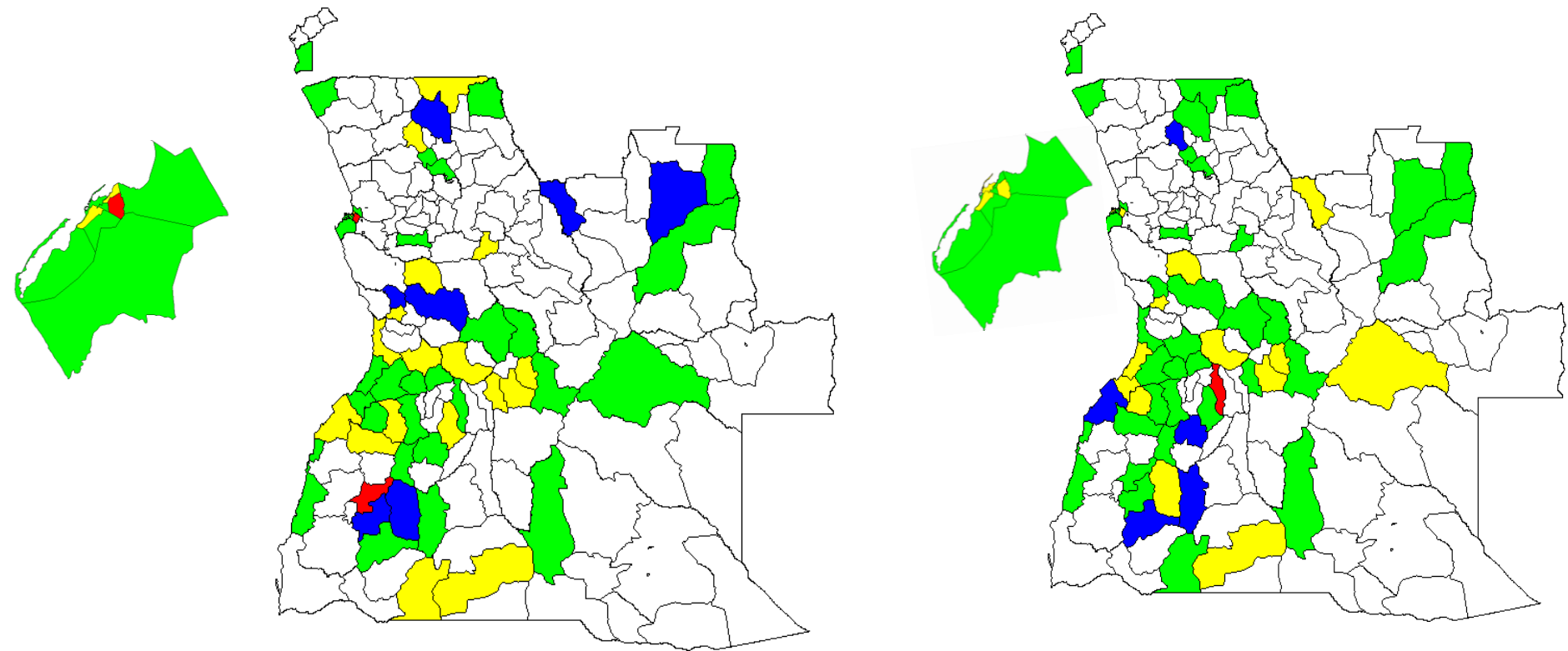
### Stool Adequacy rate




# NPAFP Rate: Districts with >50,000 children <15, rolling 12 months


October 15, 2010- October 14, 2011


October 15, 2011- October 14, 2012




 <50,000  
pop

 silent

 0.00-0.99

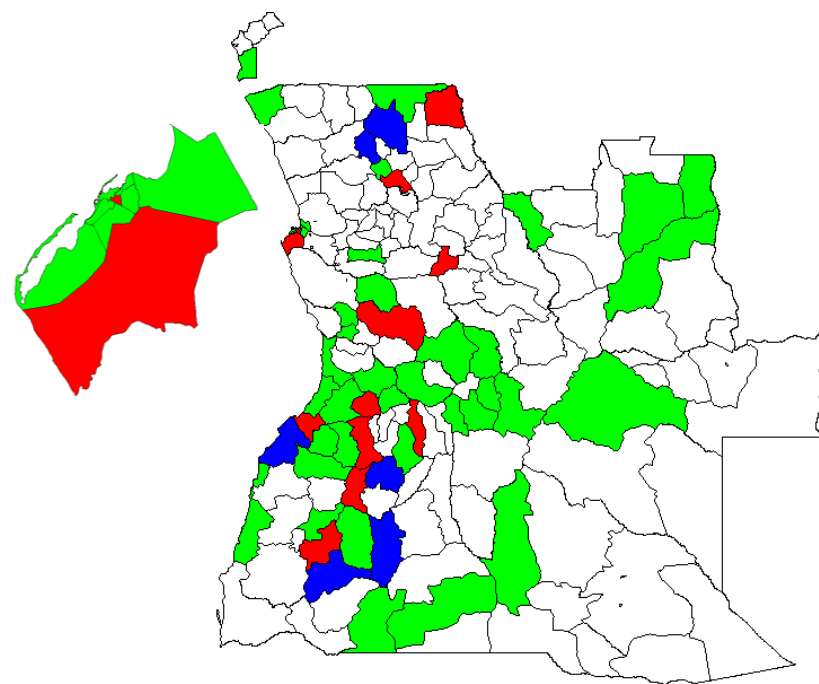
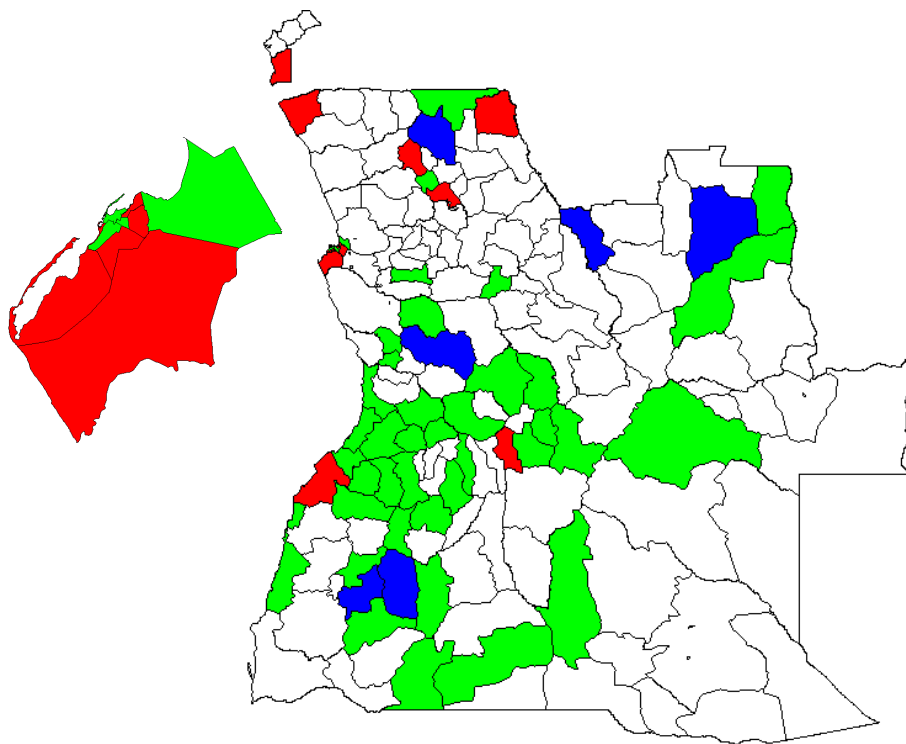
 1.00-1.99

 ≥ 2.00

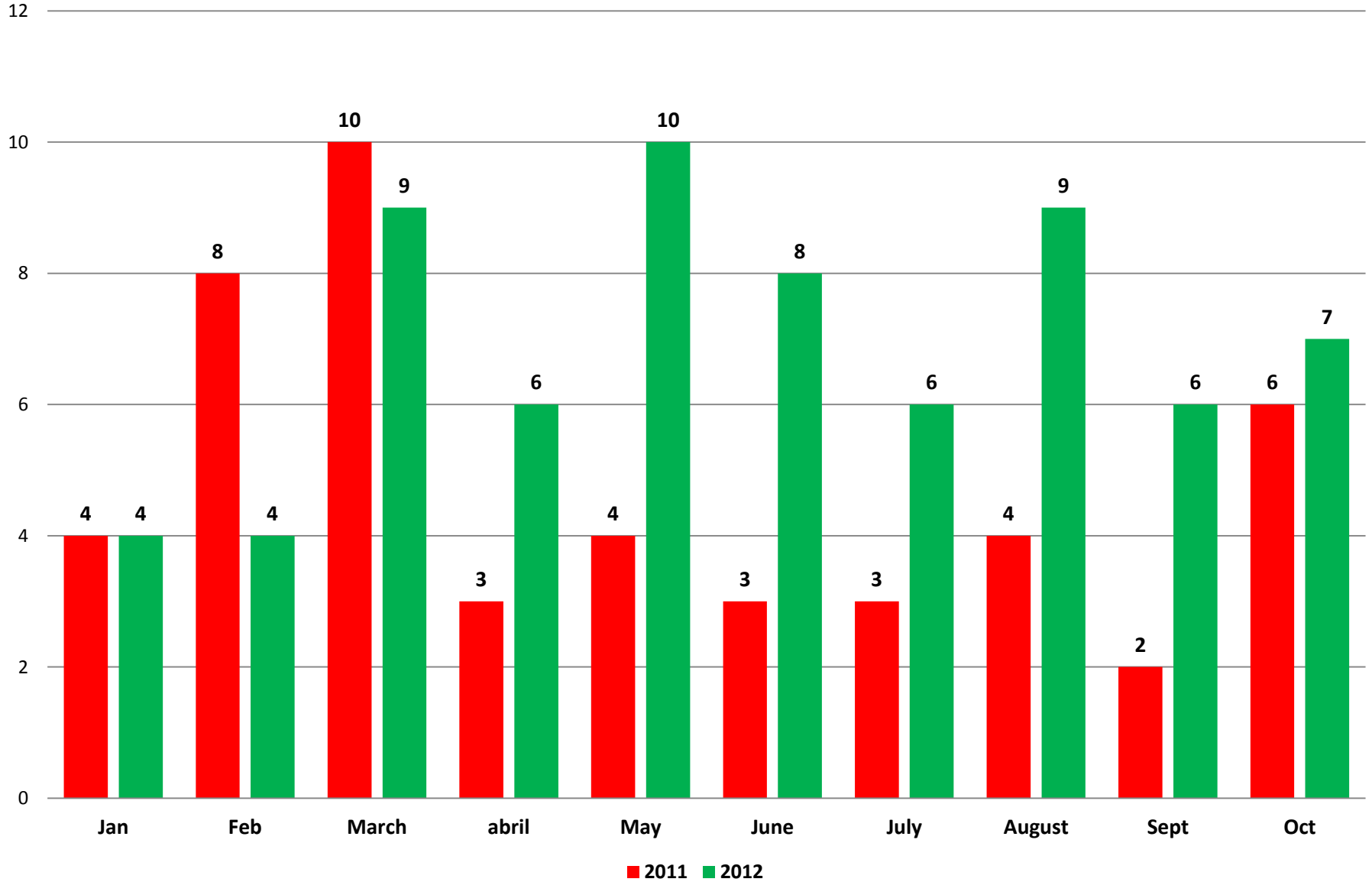
# Stool Adequacy: Districts with >50,000 children < 15, rolling 12 months

October 15, 2010- October 14, 2011

October 15, 2011- October 14, 2012



## AFP cases by month of onset 2011-2012-Luanda



# Surveillance Summary

- In July, Angola celebrated 1 year polio free (last case onset July 7, 2011 in Uige province)
- From the last IMB meeting in May through October, there have been significant improvements in surveillance:
  - In May there were 6 provinces that had not achieved the NPAFP rate, while currently all provinces have met the target of NPAF rate.
  - The priority provinces, Luanda and Benguela, AFP case detection has improved
- Sub national gaps remain in some districts

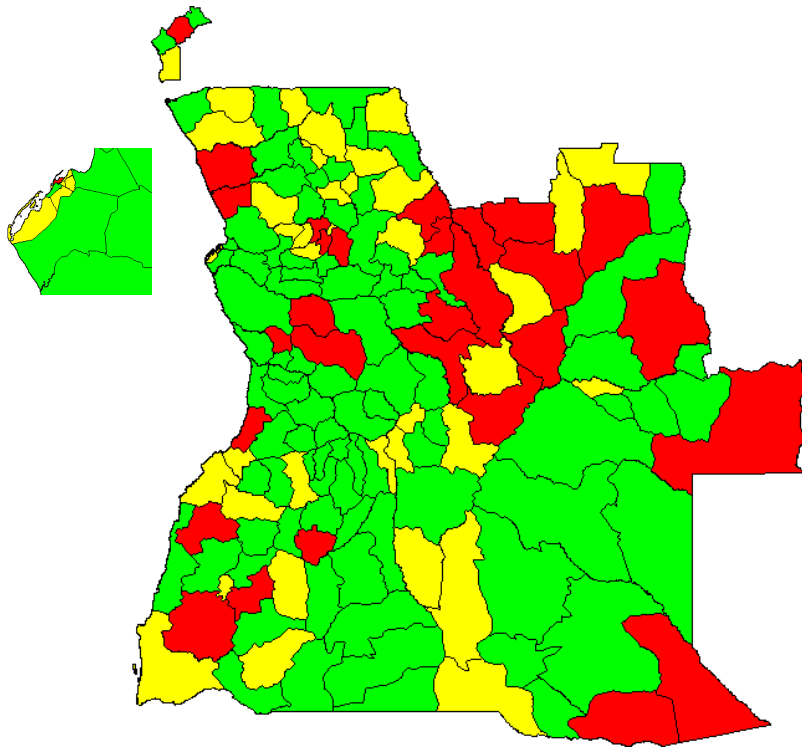


# Actions taken to improve surveillance

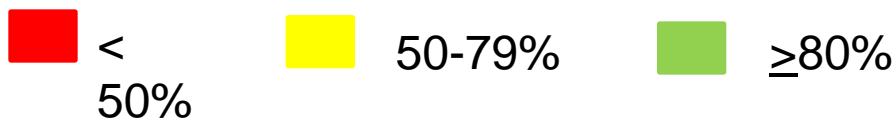
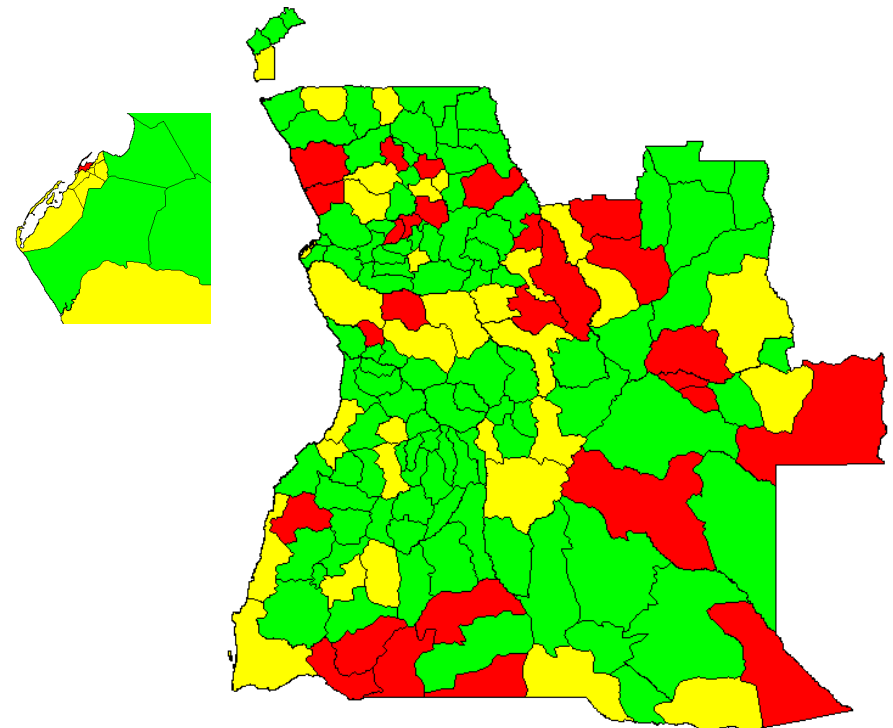
- Starting in June, new staff (17 MOH, partners, and STOP team) deployed in priority areas with transport logistics (9 cars and 39 motorcycles) to conduct more active case search and supervision
- Expansion of community based surveillance activities, particularly in Luanda and the international border districts
- Feasibility assessment conducted in June for implementation of environmental surveillance in Luanda, including 5 potential sampling sites and capacity for laboratory to be trained to concentrate and ship samples
- External rapid surveillance assessment conducted in June, in Uige and Luanda with implementation of recommendations

# Polio3 Coverage Jan-Aug 2011, 2012

Jan- Aug  
2011



Jan- Aug  
2012



# Routine Immunization Summary

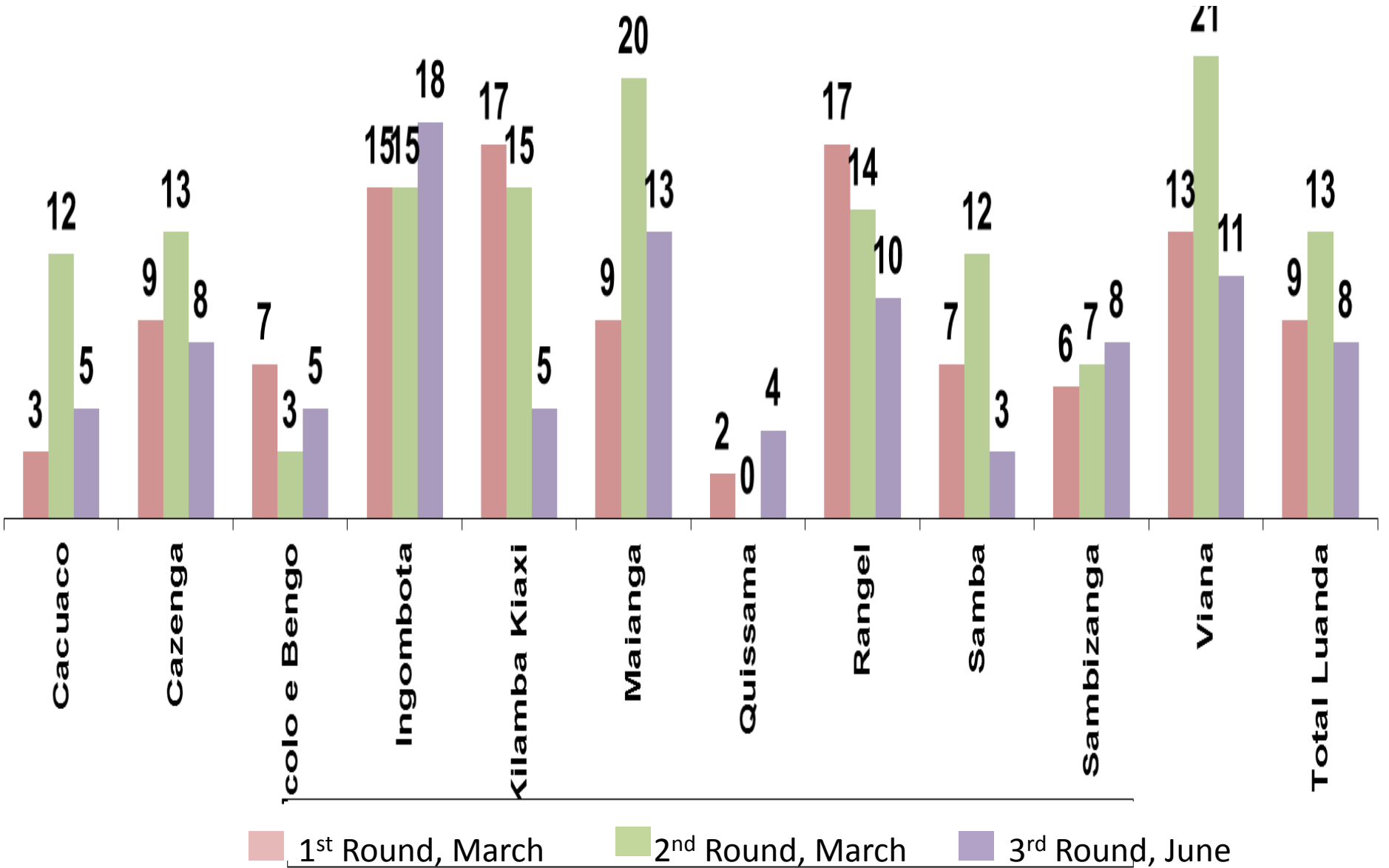
- There is visible increasing trend in routine immunization coverage at national level
- At provincial level majority of provinces showed improvement in coverage compared to 2011 except some provinces including Luanda
- There is 26% decrease in number of unvaccinated children in 2012 compared to 2011

# Actions taken to improve Routine

## Immunization

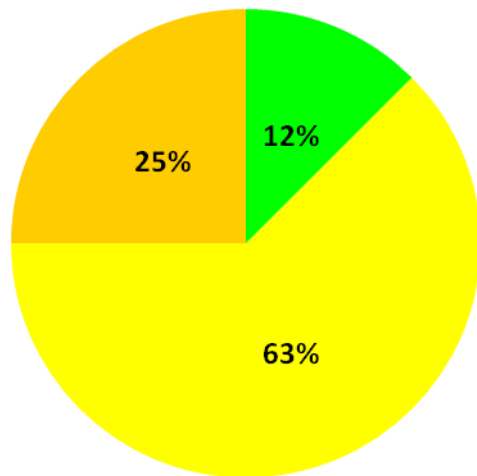
- Intensification of routine immunization activities are supported for the priority districts using government and partners fund
- Nationwide cold chain inventory is being conducted to identify gaps and expand routine immunization services
- Communication messages for routine immunization have been integrated with the community surveillance expansion activities

# Post Polio Campaign Independent Monitoring Results, House to House Luanda, 3 Rounds, 2012



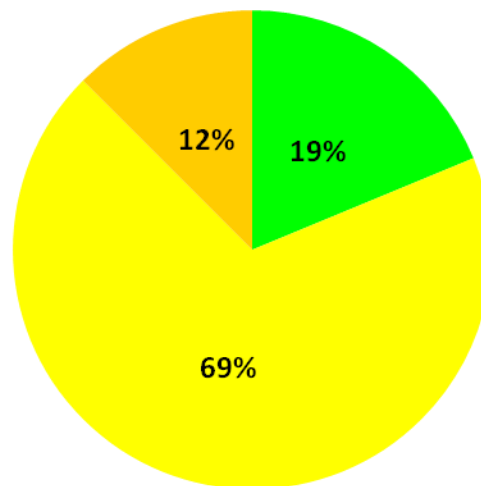
# Luanda Post Campaign LQAS (percent of comunes)

1st Round - March 2012



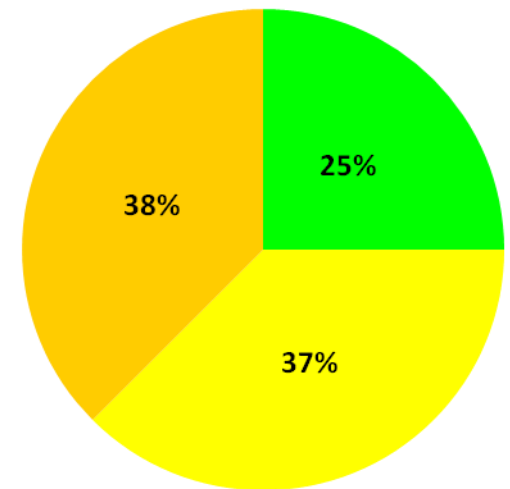
N=16  
comunes

2nd Round - March 2012



N=16  
comunes

3rd Round – June 2012



N= 16  
comunes



>90%



70-90%



50-69%



<50%

# SIA Summary

- The third national polio (bOPV) campaign took place June 29-July 1 (after the last IMB meeting)
- Independent monitoring was done nationally in all 3 campaigns this year and LQAS was done in Uige and Luanda
  - At national level, independent monitoring from June found 4% missed children (house to house).
  - Luanda achieved the target of less than 10% missed children, although some gaps existed at municipal levels (3 municipalities with < 10% of missed children)
  - LQAS shows improvement from the first to third rounds of this year, although  $\frac{3}{4}$  of the comunes that didn't achieve the target

# Actions taken to improve SIA quality

- MOH and partners sent over 90 people to the field to support the campaign preparation and supervision
- Engagement of churches and the military to recruit strong vaccinators and engage communities
- Improved supervision and early deployment of supervisors
- In the districts bordering DRC community health workers, red cross volunteers and church members were trained and engaged in campaigns
- Preparations are under way for a SNID in 9 provinces planned for December



# Remaining challenges and corrective actions: surveillance

## Gaps

- Inadequate involvement of community leaders
- Time interval of samples transportation within country due to logistical challenges

## Actions

- Scaling up community based surveillance in Luanda (Core Group, community/ religious leaders and local administration)
- Social scientist recruited to follow up on this surveillance component
- Standard operation procedures developed and implemented

# Remaining challenges and corrective actions-RI

## Gaps

- Small health facility network that perform routine immunization, and not well distributed to densely populated communities (slums)
- Insufficient implementation of planned outreach activities
- Insufficient social mobilization/ communications to promote routine immunization

## Actions

- Extend the network of routine immunization services in all health facilities (public and private) and train health workers
- Implementation and monitoring of outreach and mobile immunization activities & supervision focused on largest unvaccinated municipalities
- Use the opportunity of the new vaccine introduction for training front line staff, cold chain extension, and social communication intensification

# Remaining challenges and corrective actions: Polio SIAs

## Gaps

- Reduced involvement of municipal administrators and neighborhood committees
- Inadequate recruitment and insufficient motivation of vaccinators and supervisors is still a problem in many areas
- Poor microplanning and mapping at implementation level
- Health workers suffering from campaign fatigue and not participating fully in campaigns

## Actions

- Improve support to municipal administrators and neighborhood committees starting before of campaigns
- Involvement of churches and local NGO's in vaccinators recruitment according to agreed criteria
- A directive from MOH must make health worker participation in planning and implementing campaigns mandatory
- Health workers that participate in campaigns to be reflected positively in their annual evaluations

# Way forward to Maintain Angola Polio Free

- The government to maintain high commitment to polio eradication- supporting and funding polio activities, and engage and hold accountability to the lower levels for more action
- Take advantage of the opportunities of new vaccine introduction, to expand and improve the cold chain and other logistics, to improve routine immunization coverage
- Training of front line staff to improve routine immunization services and communications, including fixed post and outreach services
- Continue integrated field supervision visits with technical feedback and follow up
- Implementation and monitoring of environmental WPV surveillance in Luanda
- Maintain the human resources currently in Angola to support all polio eradication activities