

Somalia polio outbreak update

*For the Polio Eradication Independent Monitoring Board
- October 2013 -*

*Somalia Ministry of Health
WHO/UNICEF – Somalia*



Layout

1. Epidemiology update

2. Outbreak response activities

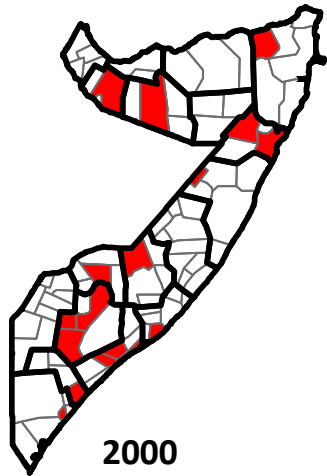
3. Impact of outbreak response activities

4. Additional activities

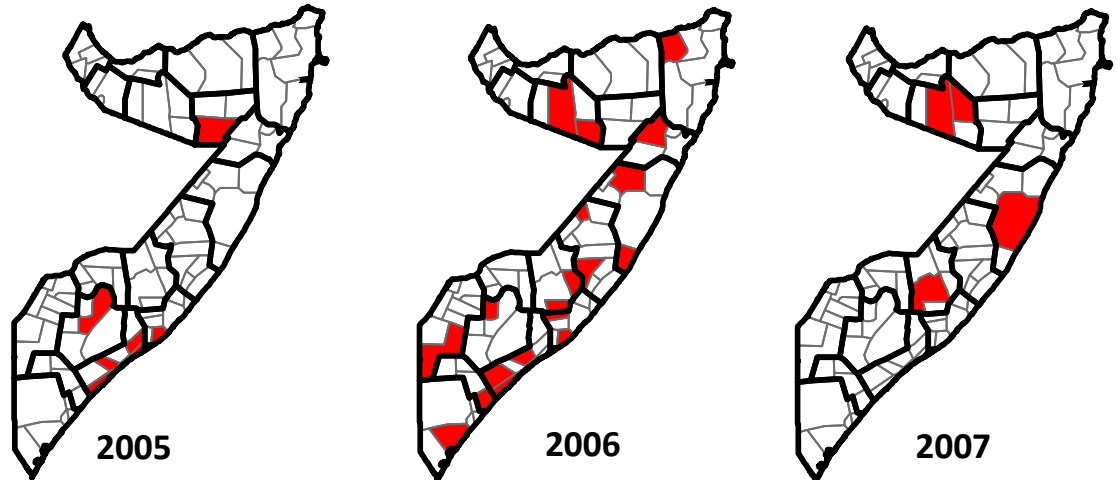
5. What is next?

History of WPV circulation, Somalia

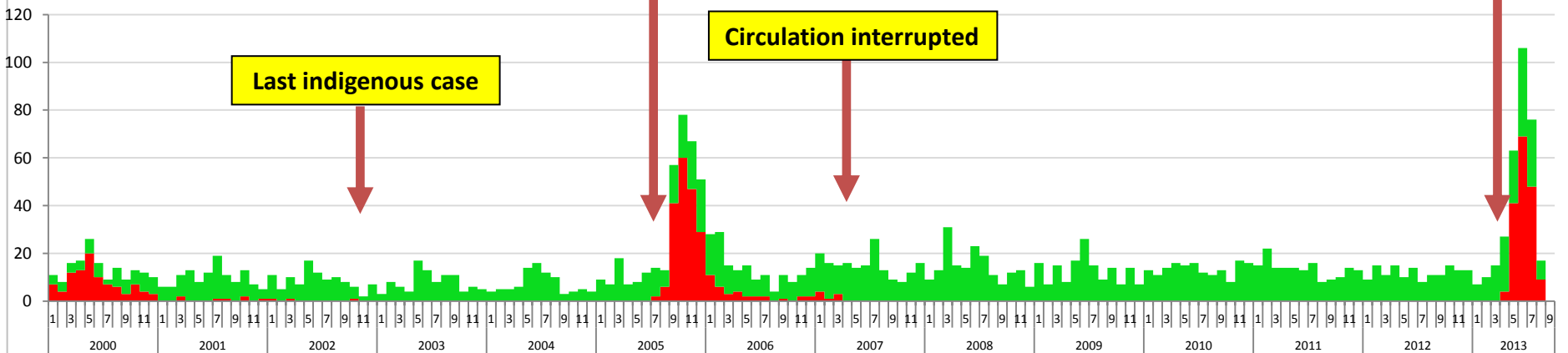
Districts with WPV cases, 2000



Districts with WPV cases after re-introduction from 2005 2007

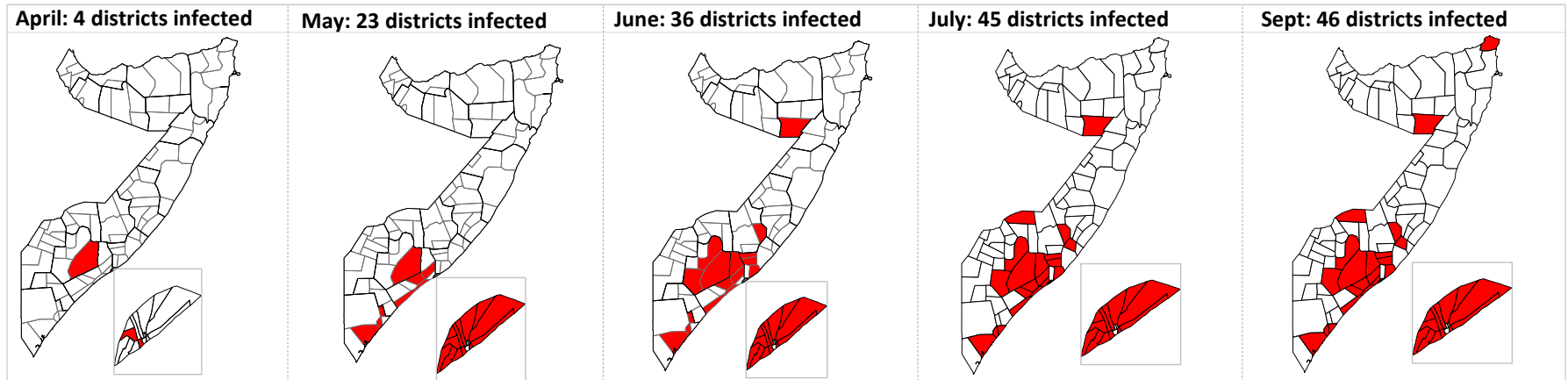
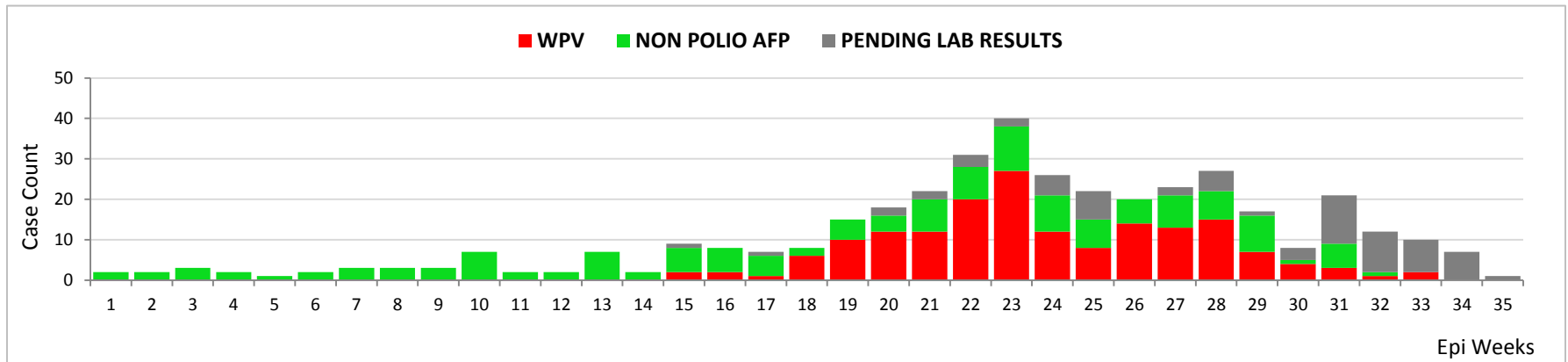


■ WPV
■ Non Polio AFP



2013 WPV update*

On May 2013, a WPV case was notified from Somalia, from a 32 months old girl, date of onset 18 April 2013, resident of Hamar Jabjab district in (Mogadishu)



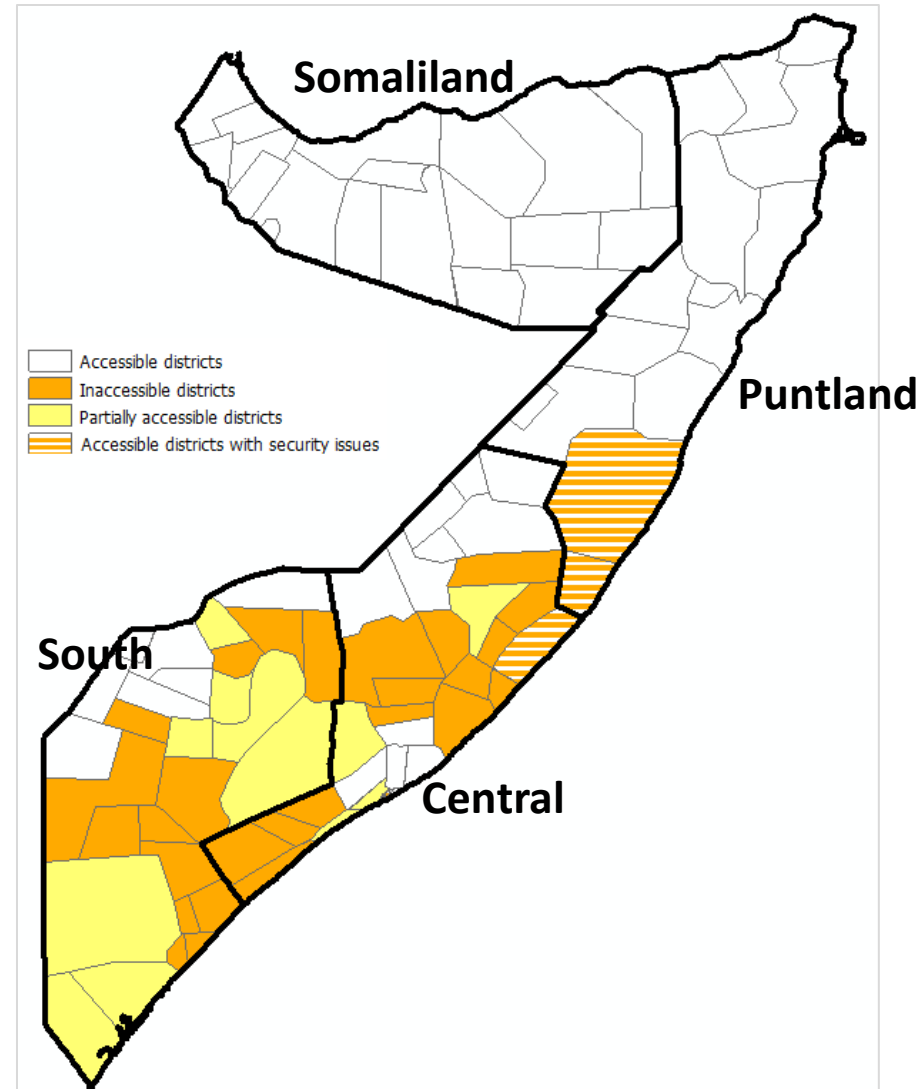
From its epicenter in Mogadishu, the outbreak expanded to the other districts of South and Central Somalia and more recently to the Somaliland and Puntland

* Data as of Sept 20, 2013

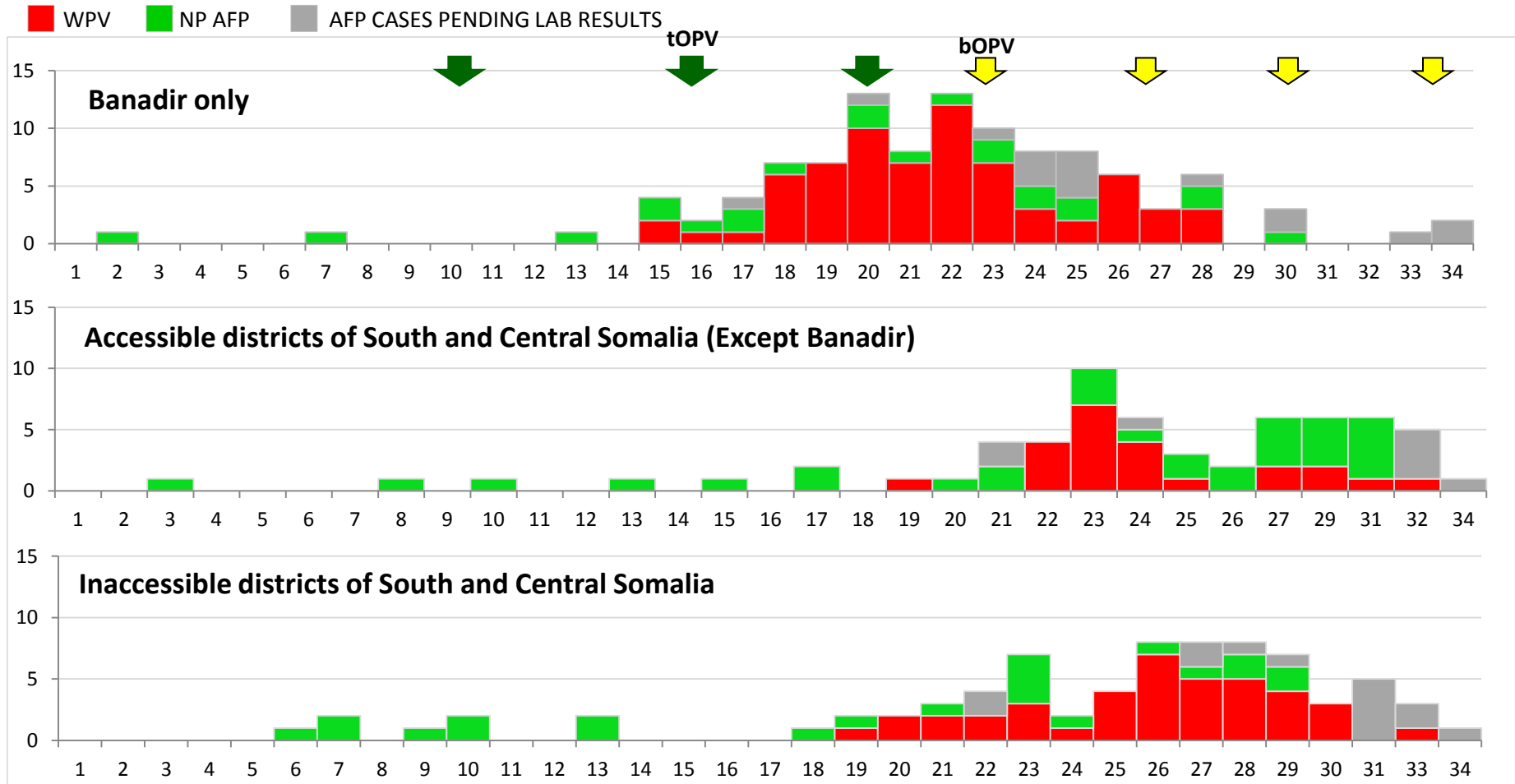
WPV outbreak and accessibility

- Since 2010, 40 districts in South and Central Somalia are completely or partially inaccessible for immunization activities because of insecurity
- An estimated one million children < 10 years reside in these districts, making Somalia the host of the highest pool of geographically concentrated unvaccinated children in the world

District accessibility status	Number of districts
Inaccessible districts	27
Accessible districts	61
Partially accessible districts	12
Accessible districts with security challenges	9



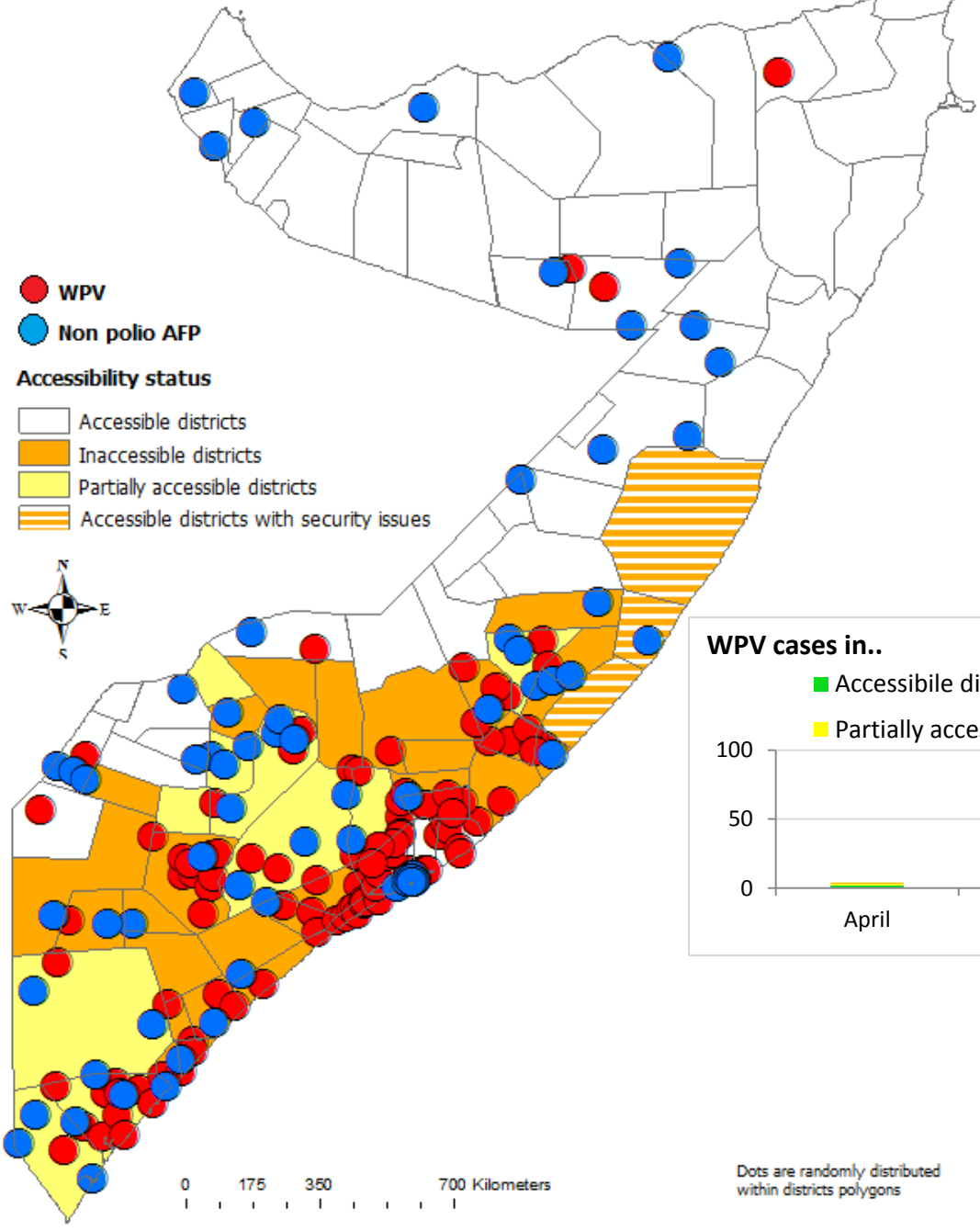
WPV outbreak and accessibility



A shift in the outbreak is observed, from Banadir early in the outbreak, to other accessible and inaccessible districts of South and Central. No WPV case was reported from Banadir since Epiweek 29

Data as of September 19, 2013

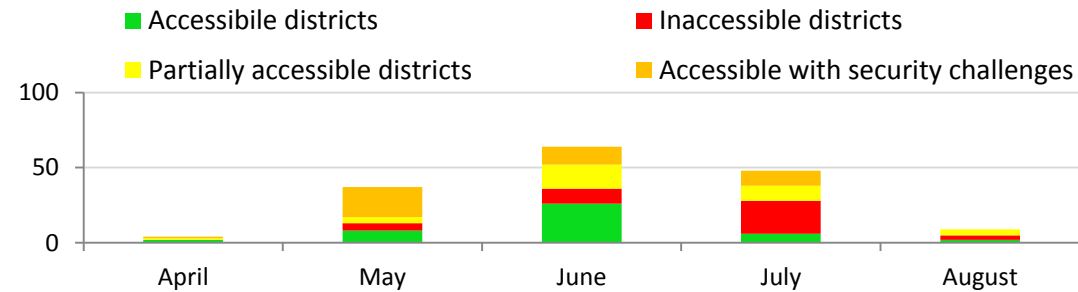
WPV and non-polio AFP cases by accessibility status



Distribution of WPV by zone

ZONE	Number of WPV cases
CENTRAL	129
NORTH-EAST	1
NORTH-WEST	2
SOUTH	39

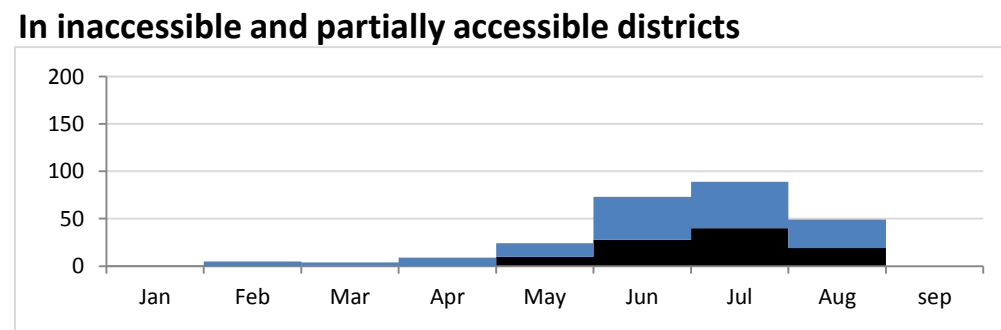
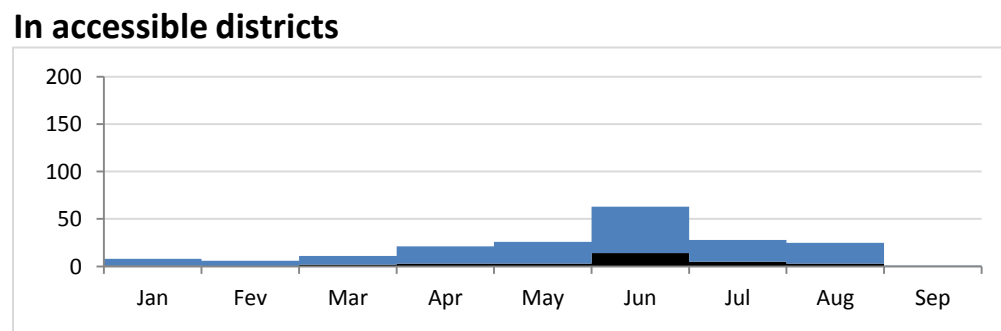
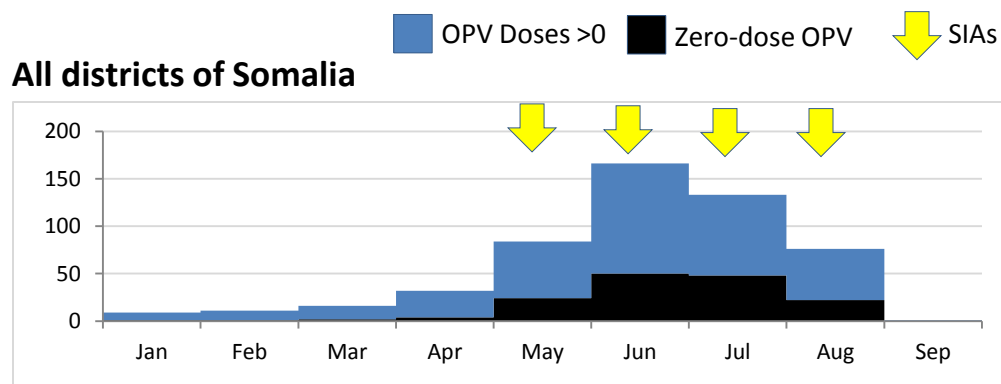
WPV cases in..



The month of July saw a decrease in WPV cases reported from accessible districts and an increase in the number of WPV from inaccessible districts

Proportion of zero-dose AFP

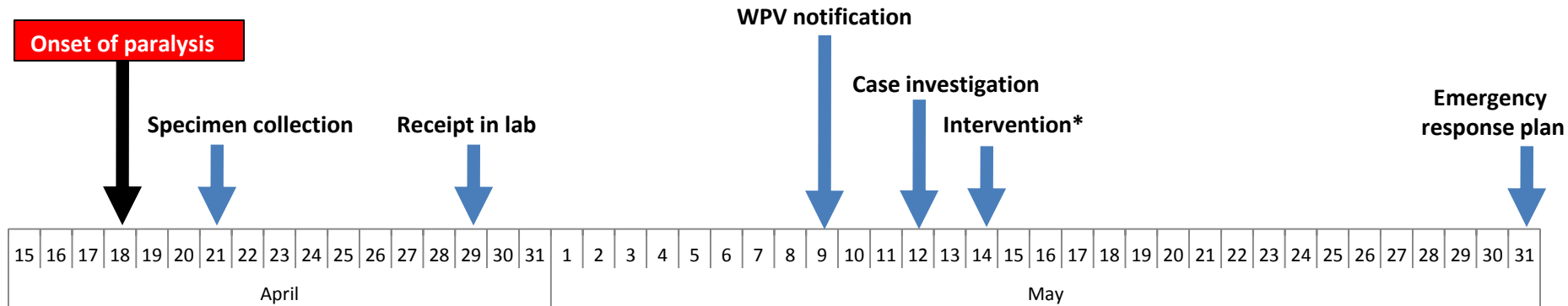
- Overall, 80% of all OPV doses among AFP cases aged 6-23 months are provided through SIAs, translating the insufficiency of routine EPI to reach eligible population
- The proportion of zero-dose OPV among AFP cases varies from 14-25% in accessible districts to 25-80% in inaccessible or partially accessible districts.



Outbreak response activities

- Immunization response
- Special strategies (Village polio volunteers, permanent vaccination post)
- Advocacy, social mobilisation and public information campaigns
- Interagency/partner coordination
- Human resource surge

Timeline of outbreak response activities



- The first immunization response targeted 360,000 <5 children in 16 districts of Banadir, a week after the notification of the WPV case
- A 6-month emergency response plan was established with support of WHO, UNICEF and CDC to guide the outbreak response activities for the rest of 2013
- A quarterly assessment of the response activities was conducted in August 2013

* First immunization response in 16 districts of Banadir and Afgoi

Immunization response

	Date	Campaign type	Area	Target	Target pop	Admin coverage (%)	Vaccine
Round 1	14 - 17 May	sNID	16 districts of Benadir	Under 5	367,206	96%	tOPV
	15 - 18 May		Afgoye district	Under 10	90,862	87%	tOPV
Round 2	26 - 29 May	sNID	16 districts of Benadir	Under 10	34,413	93%	bOPV
	26 - 29 May		Other accessible areas of South and Central regions + Puntland	Under 5	927,641	84%	tOPV
Round 3	12- 18 June	NID	16 districts of Benadir	All ages	1,800,000	77%	bOPV
	12 - 17 June		Other accessible areas of South and Central regions	Under 10	1,447,154	91%	bOPV
	12 - 15 June		Puntland + Somaliland	Under 5	616,852	108%	bOPV
Round 4	1 - 6 July	NID	All accessible areas of South and Central regions	All ages	5,453,915	74%	bOPV
	1 - 4 July		Puntland + Somaliland	Under 5	616,582	109%	bOPV
Round 5	21-25 July	NID	All accessible areas of South and Central regions	Under 5	1,707,365	97%	bOPV
	25-29 July		Puntland + Somaliland				
Round 6	18 - 21 Aug	NID	All accessible areas of South and Central regions + Puntland + Somaliland	Under 10	3,440,533	96%	bOPV
Round 7	15 - 20 Sept	NID	All accessible areas of South and Central regions + Puntland + Somaliland	Under 10	3,440,533		bOPV
Round 8	20 - 26 Oct	NID	All accessible areas of South and Central regions + Puntland + Somaliland	All ages	8,538,175		bOPV
Round 9	17 - 20 Nov	NID	All accessible areas of South and Central regions	Under 5	1,707,365		bOPV
			Puntland + Somaliland	Under 5			
Round 10	Dec	CHDs	All accessible areas of South and Central regions + Puntland & Somaliland if funding allows	Under 5	1090783 + 616852 = 1707365		bOPV, Measles along with Vit A, Albendazol and ORS

- 10 rounds of NIDs and SNIDs will be implemented from May to December 2013 in all accessible districts of Somalia. High administrative coverage reported for completed rounds
- Two rounds of all-age-group vaccination conducted in the 16 districts of Mogadishu and nation wide. A 3rd round nation-wide, all-age-group vaccination planned for October 2013

Independent Monitoring

	June Banadir IM (No. of under-5 checked =6522)	August Banadir IM (No. of under-5 checked =4051)
Under-5 finger-marking coverage	82%	65.4%
Awareness of the campaign	85%	81%
Selected reasons for missed children		
Refusal	24%	10%
Child/parent not available	18%	30%
Team did not visit house	8%	28%

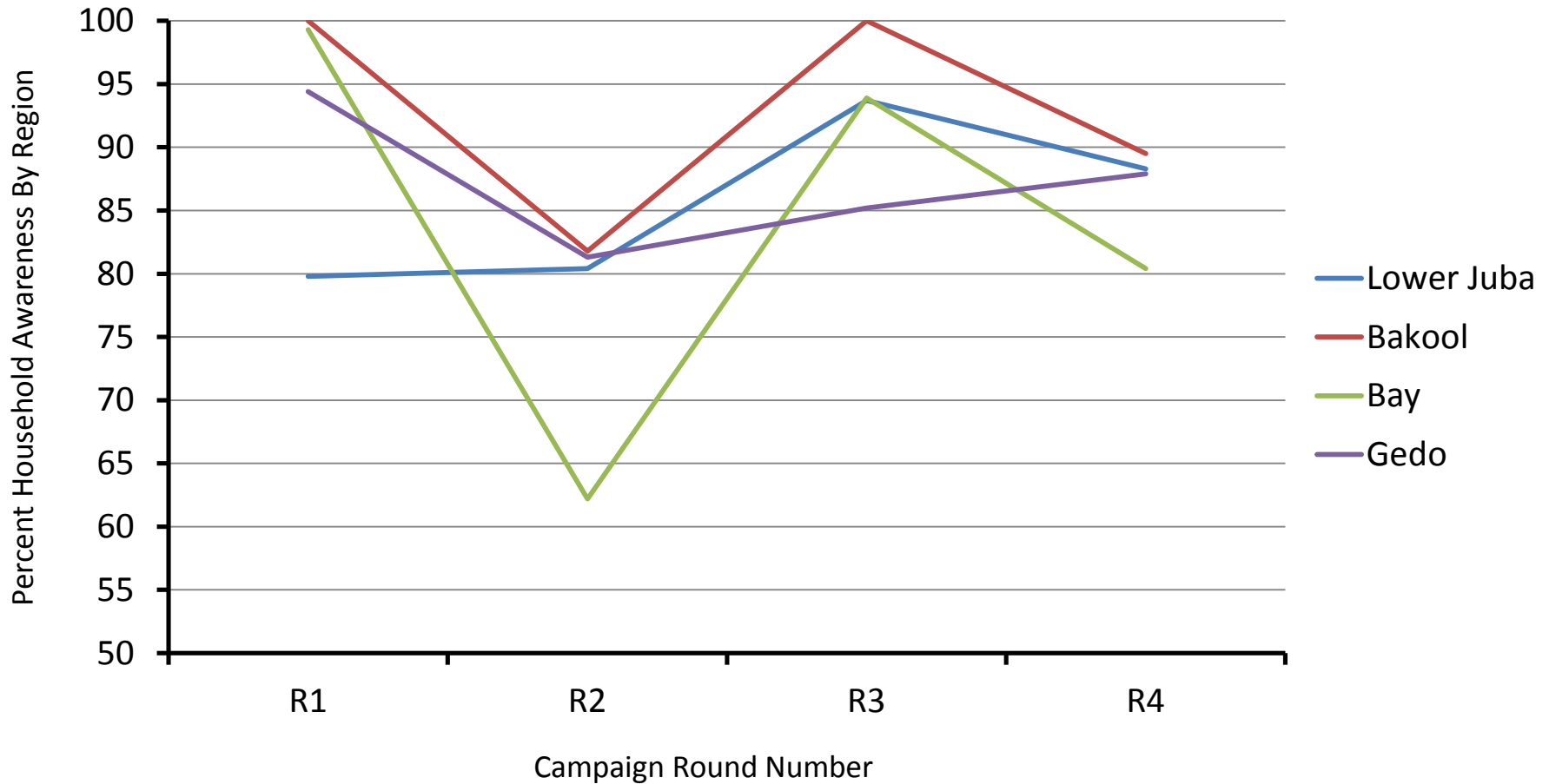
- Implemented Independent Monitoring for the first time in the 16 districts of Banadir region in June 2013
- In August 2013, IM was conducted in 29 districts
 - 14 districts (12 in Banadir regions) had coverage <80%, country team investigating drop in coverage
- In September 2013, IM was conducted in 39 districts in all the zones

Vaccine Supply and Logistics

- WPV outbreak detected, only polio vaccine in Somalia was tOPV (cVDPV outbreak occurring for the past several years)
- 1st campaign used tOPV, rapidly received bOPV vaccine and repeated campaign in short-term interval in Banadir region
- Changing epidemiology (adults affected) caused last minute changes in vaccine needs to target all age groups, but demand was met quickly and efficiently by global polio supply chain
- Potential logistical issues of vaccine distribution into the regions in SCZ were mitigated by use of chartered flights
- Challenges of increased vaccine and transportation needs were met by global donor community
- Cold chain improvements underway; short-term local procurement was used to supply vaccine carriers/coolers for rapid campaign implementation

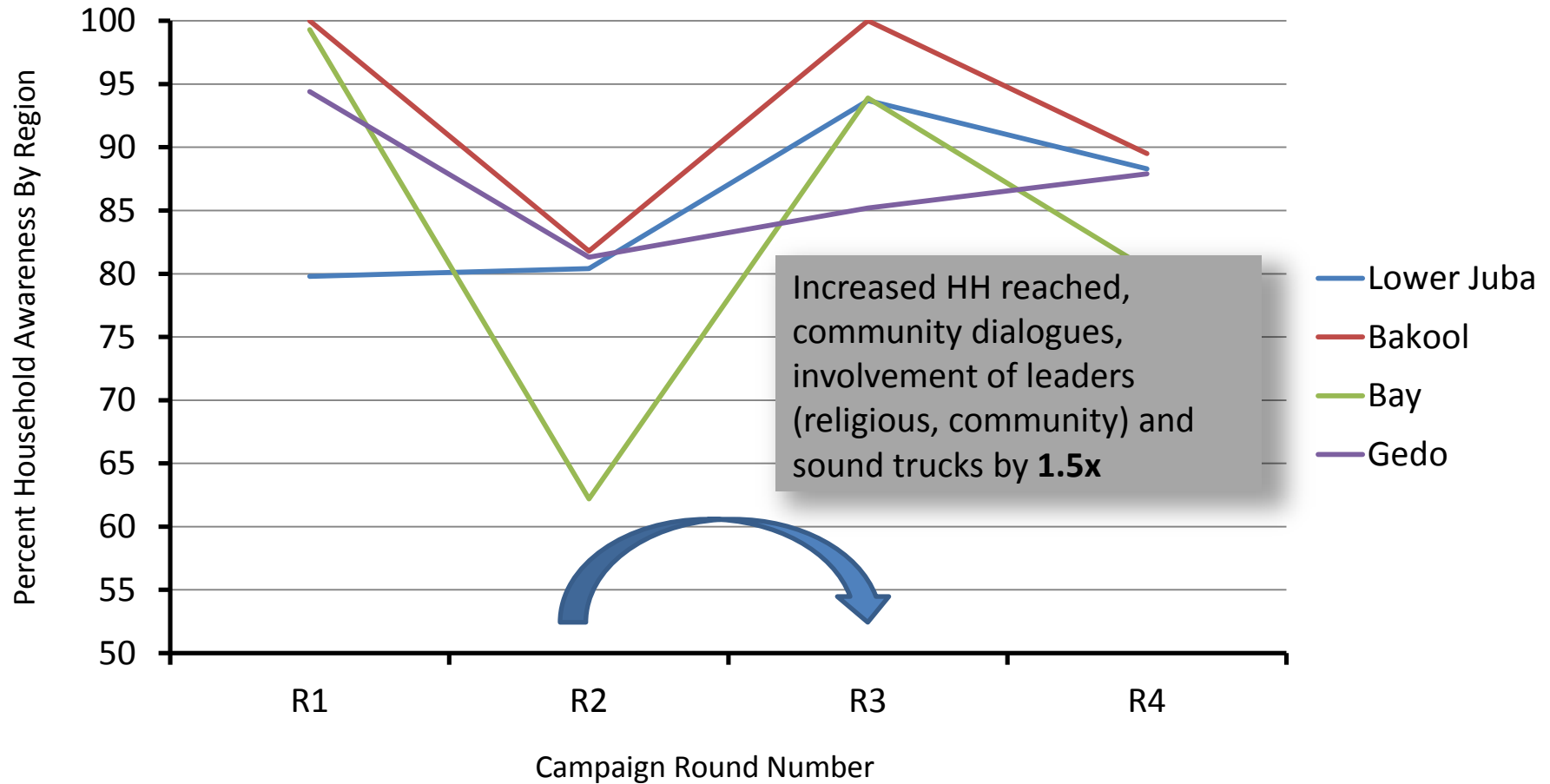


Communication for Development: Percentage of Awareness



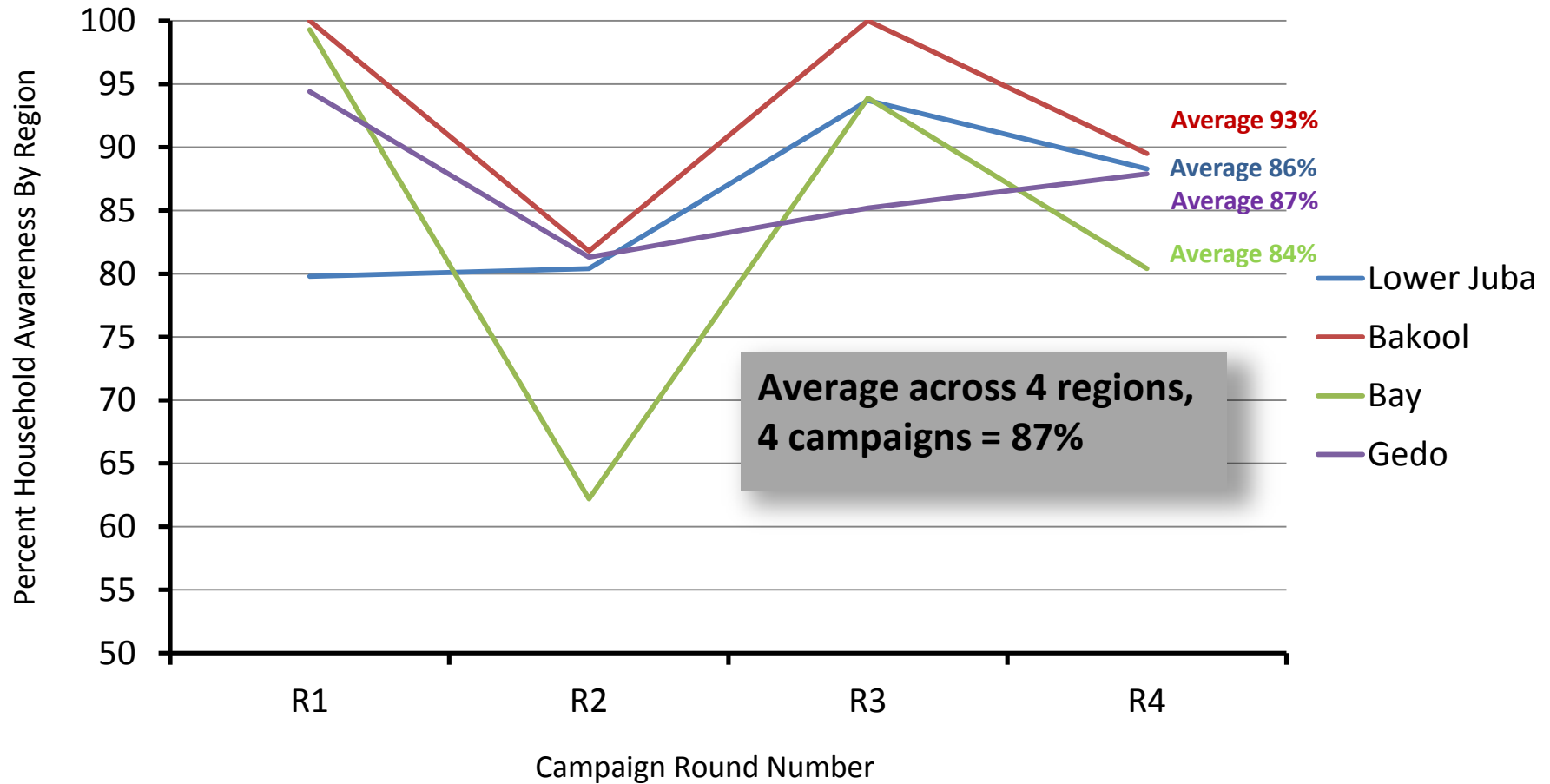
Data from intra-campaign
rapid assessments

Communication for Development: Percentage of Awareness



Data from intra-campaign
rapid assessments

Communication for Development: Percentage of Awareness



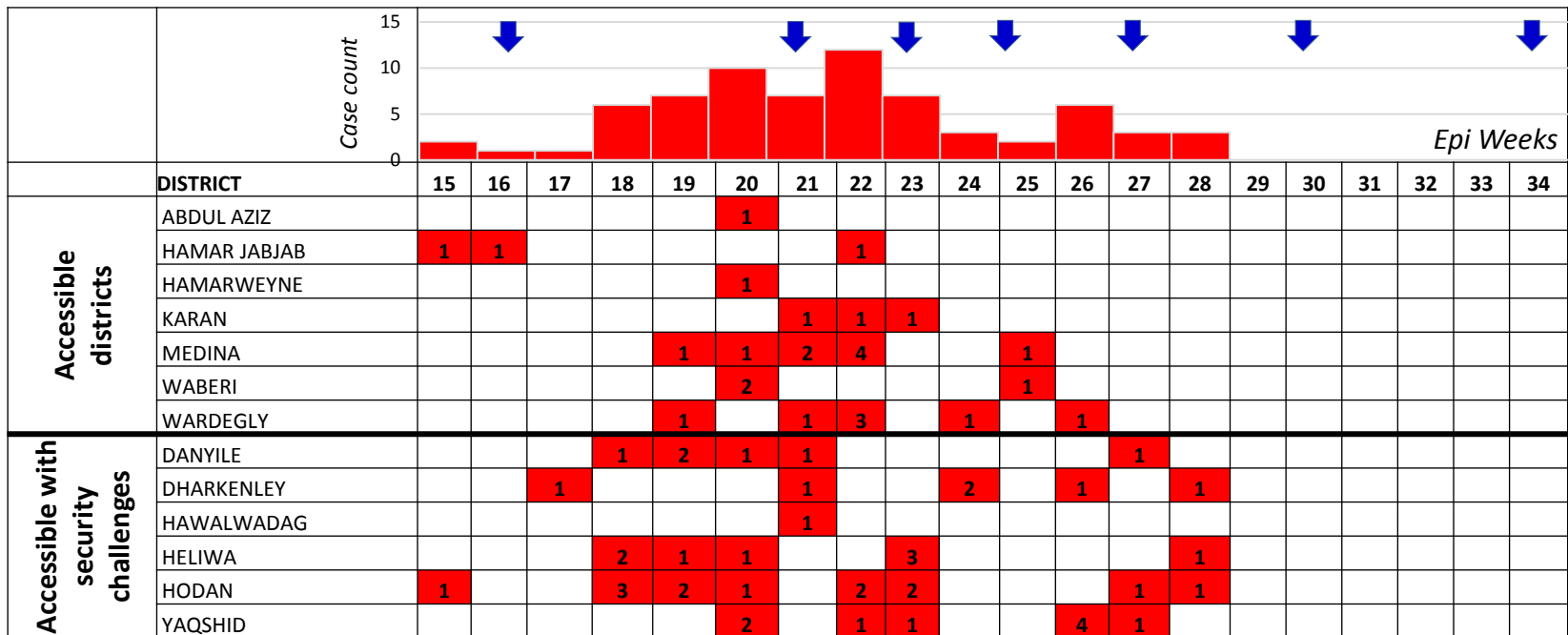
Data from intra-campaign
rapid assessments

Improving immunity profile in inaccessible areas

- Vaccination of all children < 10 visiting health facilities and nutrition sites
 - So far 3 inaccessible districts have started
 - 21 districts discussion are ongoing with local authorities through NGOs
- Deploying vaccination teams at major transit points to vaccinate children going to and coming out of inaccessible districts and border countries
 - 251 of the 300 transit points are functional as of 20 September

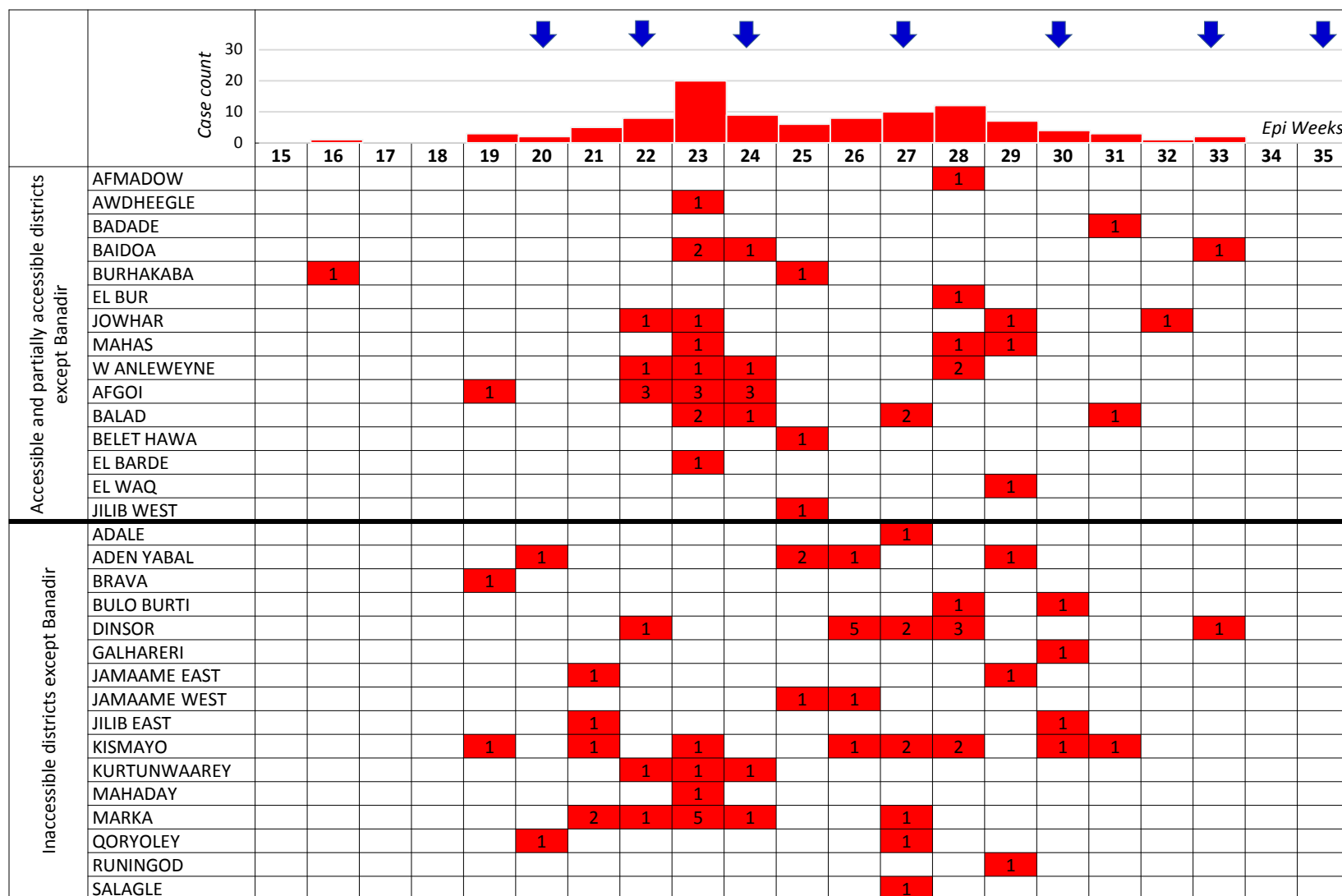
**What has been the impact of
the response?**

Impact of immunization response (Banadir)



Banadir, The epicenter of the outbreak shows impact of SIAs. No new WPV cases reported in Banadir for more than 8 weeks

Impact of immunization response (Accessible and inaccessible districts of South/Central except Banadir)



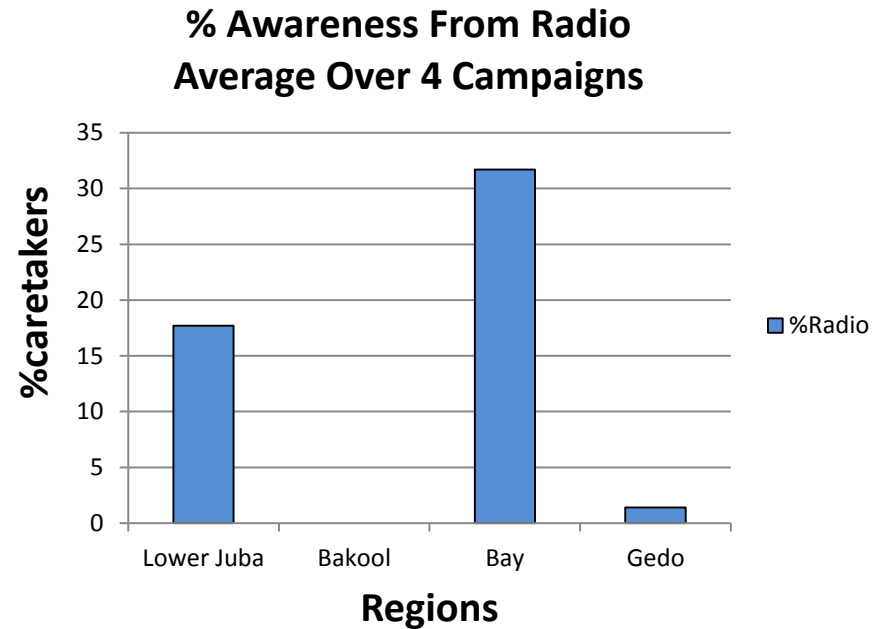
The outbreak is still very active in other districts of South/Central Somalia, fuelled by new cases from partially accessible and inaccessible districts

Mass Media

- In areas like Banadir, Lower Juba and Bay with radio stations these are used to increase awareness levels.

Mass Media*	Number
Radio Stations used	80
PSAs aired	48,000
People reached through SMS	1,300,000

* NGO partner output reporting from SCZ, 6 regions (exc. Gedo)



Note: SMS/Mobile messages <1 % in Lower Juba, 0% in others
TV/Newspapers <1% in Lower Juba, 0% in others

Social Mobilization and Advocacy

- **Social Mobilisation:** In Bakool and Gedo with no radio stations, intensified use of social mobilisers and megaphones.

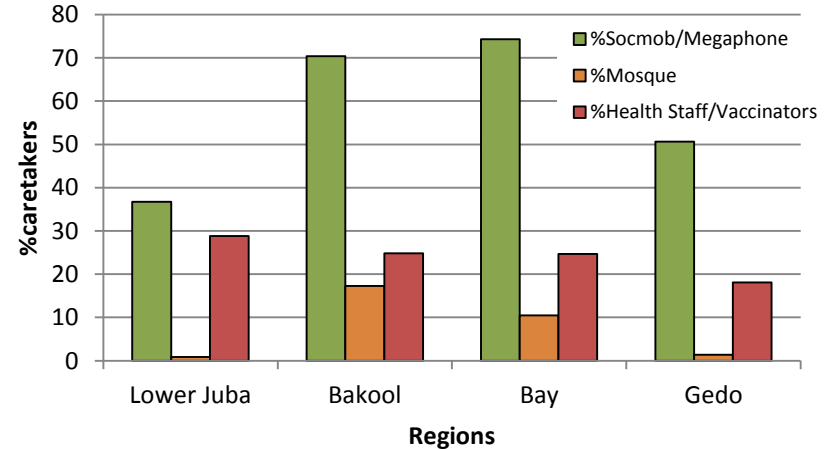
Social Mobilization Activities*	Number
Community meetings/dialogues	46,337
Villages reached through megaphones	536
Social mobilizers trained	1,242
Mosque announcements	1,356
People reached through SM	1,071,682

- **Advocacy:** meetings and launches were conducted with emphasis on community and religious leaders.

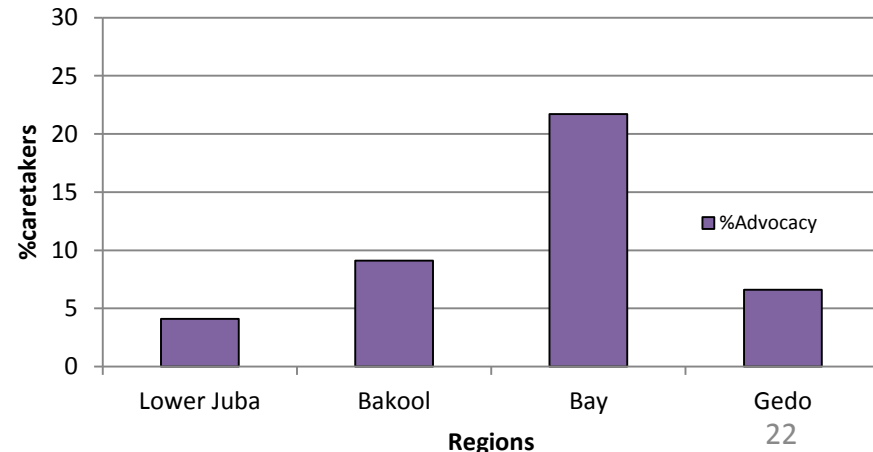
Advocacy Activities*	Number
Community and religious leader meetings, launches	6263

* NGO partner output reporting from SCZ, 6 regions (exc. Gedo)

% Awareness from Social Mobilization Activities, Average 4 Campaigns



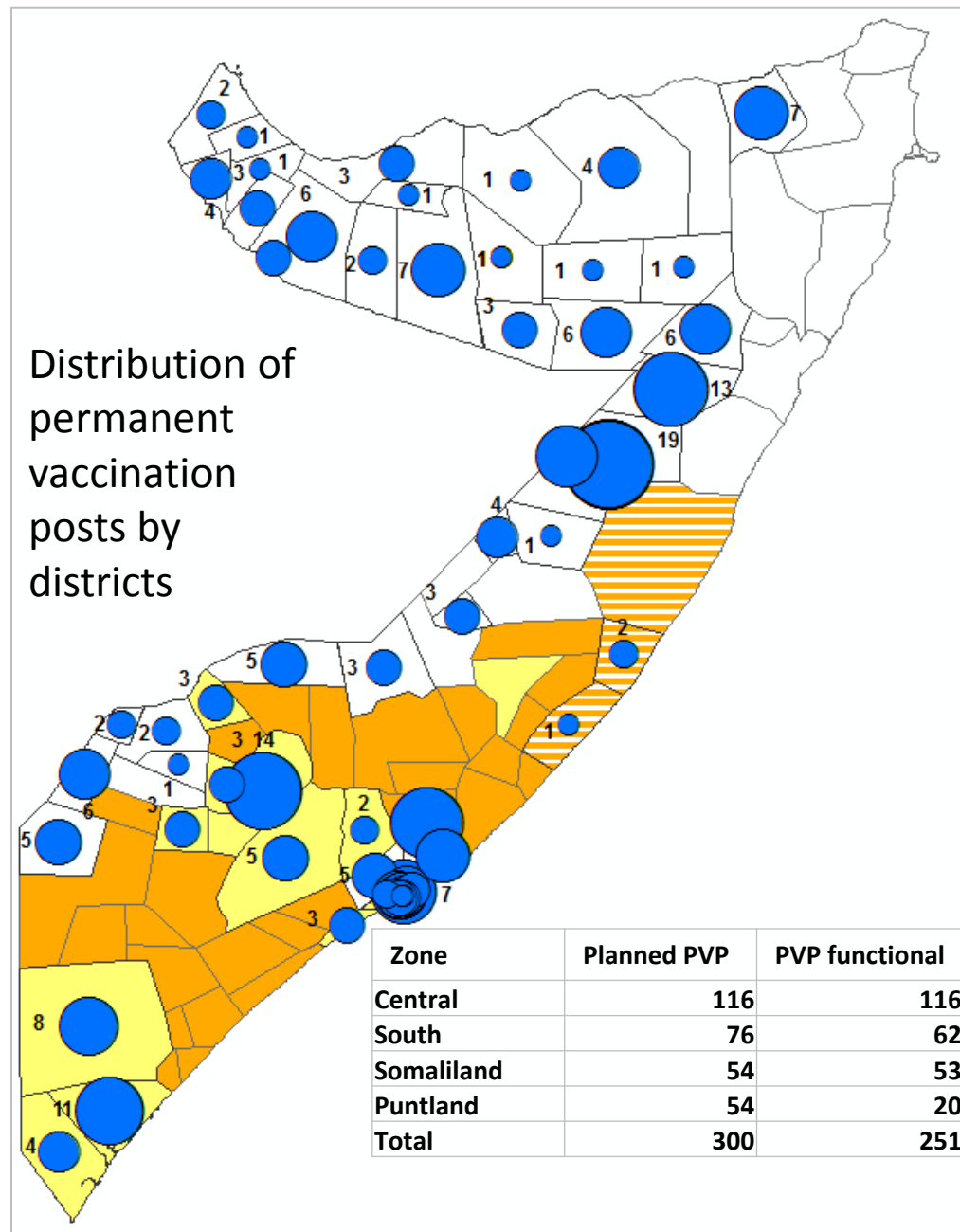
% Awareness from Advocacy Activities, Average 4 Campaigns



Additional activities

Special strategies: Permanent vaccination posts (PVP) at cross border and transit points

- Close to 300 permanent vaccination posts were identified at locations in the country, 240 are functional
- An estimated 50000 to be reached per day through permanent vaccination posts
- Transit points established at key passage points between districts (bus stations, airports, check-points, markets, hospitals, etc..) and at international borders (cross-borders, check points, airports etc..)



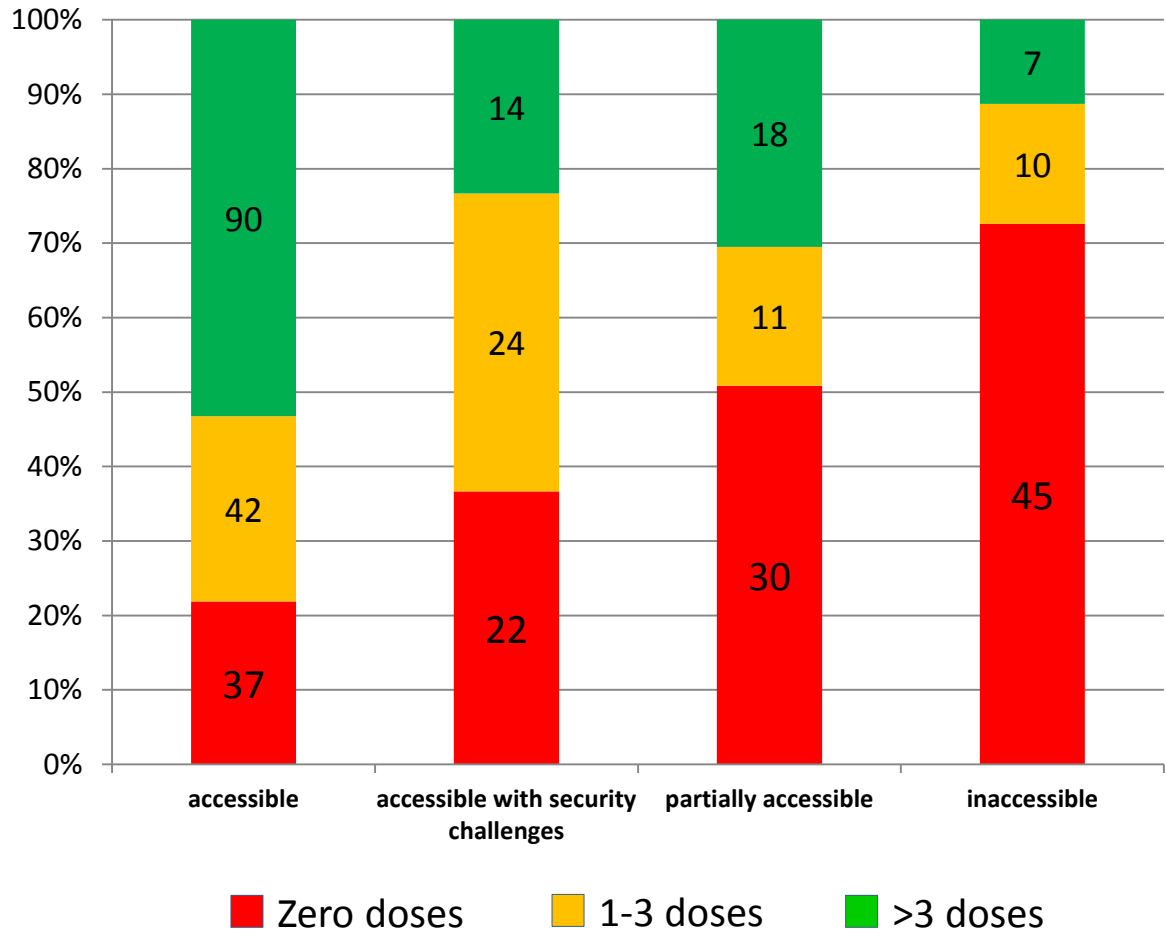
Other ongoing activities and achievements

- **Improved micro-planning**
- **Use of social data collected from SIAs to improve Soc/Mob**
- **Staff surge**
 - Joint WHO/UNICEF organogramme
 - 40 new local staff hired for zonal and regional polio positions
 - 13 new international staff
 - 400 village polio volunteers to be recruited to support polio activities at village level (advocacy, active case search, NIDs)
 - Technical support by international staff from UNICEF (local and international position), WHO, CDC
- **Resources for outbreak response**
 - Adequate and timely resource provision for outbreak response (financial, logistics, vaccines)
- **Coordination**
 - Polio control room coordination established in DoH, WHO, UNICEF
 - Weekly coordination meetings with all partners
 - Weekly conference calls with Headquarters and field staff
 - Cross-borders meeting with Kenya
 - Involvement of NGOs

Accessibility remains a challenge

Immunity profile remains low in inaccessible areas (ban to conduct SIAS) and poses a risk to the timely control of the outbreak

OPV status of AFP cases and districts accessibility status



Communication Challenges

- Inadequate staffing at lower levels to enable support supervision of the community mobilisers.
- Inadequate consistent data collection and analysis to enable evidenced planning and strategy development.
- Limited capacity of social mobilisers in reporting and data collection.
- Fatigue among the community due to the many campaign rounds.
- Inconsistent communication that takes place only during the campaign periods.
- Funding for Social Mobilisation interventions beyond 2013.



What is next?

- A quarterly outbreak assessment mission conducted in 18-27 August 2013 by a joint team
 - Identified strengths and challenges to the control of the outbreak
 - Proposed a set of recommendations to be addressed to improve outbreak control activities
- The outbreak response plan for 2014 is being updated, taking into consideration the recommendations of the Quarterly Assessment Mission
- Focus will be on: improving SIAs quality, maintaining high quality AFP surveillance, improving community adherence to OPV, strengthening advocacy at all level, improving cross border coordination.

What is next? (Con't)

- **Strengthen evidence based implementation** through conducting of studies and consistent IM.
- **Improve the quality of social mobilisers** through training and equipping them with reference materials.
- **Consistent interventions** between and during rounds to increase awareness and reduce refusals. Roll out the public information strategy developed.
- **Strengthen DoH:** Establish/strengthen DoH structures at regional and district level to enable supervision, reporting and data.
- **Integration** of polio messages with WASH and nutrition.

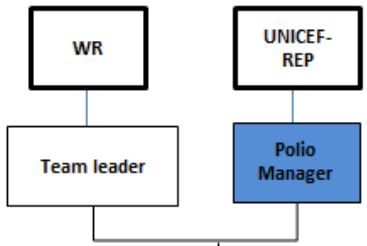
Thank you



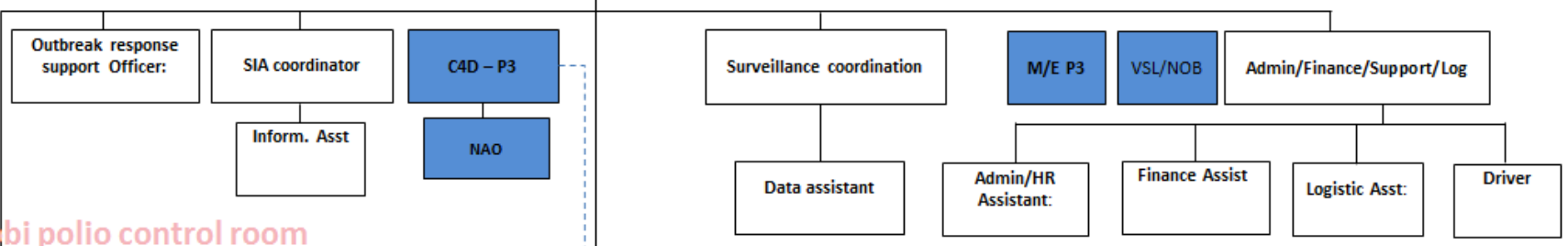
EXTRA SLIDES

WHO – UNICEF organogram
Staff surge
Somalia polio outbreak response

UNICEF surge
 WHO existing staff
 WHO surge

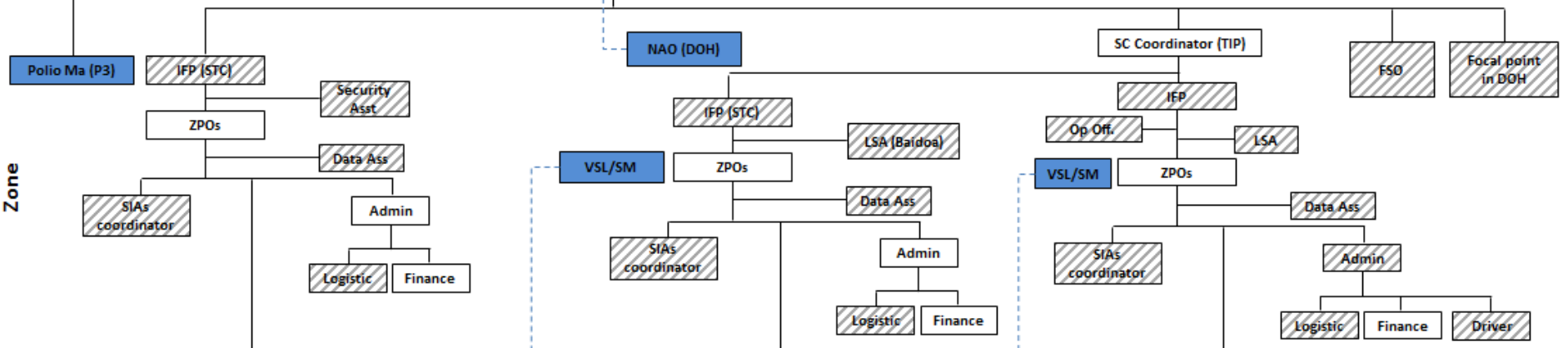


National

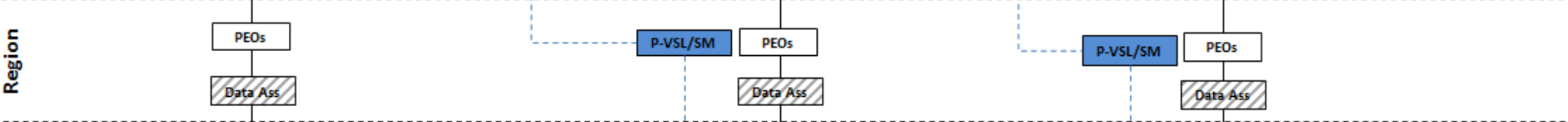


Nairobi polio control room

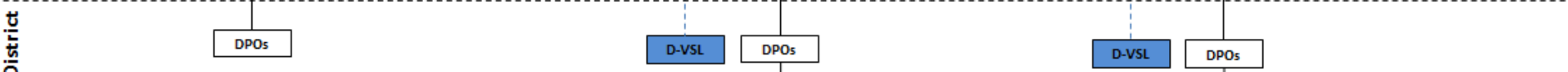
Zone



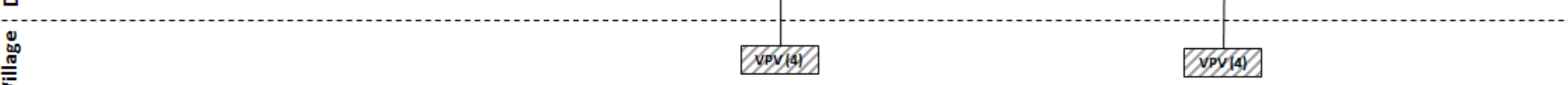
Region



District



Village



Social mobilization and communication for development

Streamlining engagement of C4D partners:

DOH/UNICEF joint partner vetting exercise carried out and partners selected based on geographical area they work in, capacity and previous work done. An MOU between DOH and partners prepared and signed.

Streamlining media engagement: vetting of radio and TV channels based on reach, audience credibility, technical capacity carried out. Endorsed by DOH and MOU prepared and signed, expanded from simple PSA to programming. Extra support to streamline media interventions.

Technical support to DOH: recruitment of Polio C4D staff to be based in Mogadishu UNICEF office and one in each of the Ministries of Health.

Hired third party monitoring firm: to follow up actual implementation of planned activities mainly in the less accessible locations

- * **Advocacy:** High level advocacy including president and beyond the line ministries. Included MoE, MoRA, MoF.
- * **Launches:** For increased visibility and awareness were conducted up to district level.
- * **Mass Media:** Increased number of radio stations to 25 (15 of them in Banadir).
- * **SMS:** High level negotiation through Government with the phone company that has the widest coverage in Mogadishu (Homoud) and they agreed to send out bulk messages. So had two companies on board.
- * **Social Mobilisers:** To increase penetration linked mobilisers to vaccination teams in all the three zones.

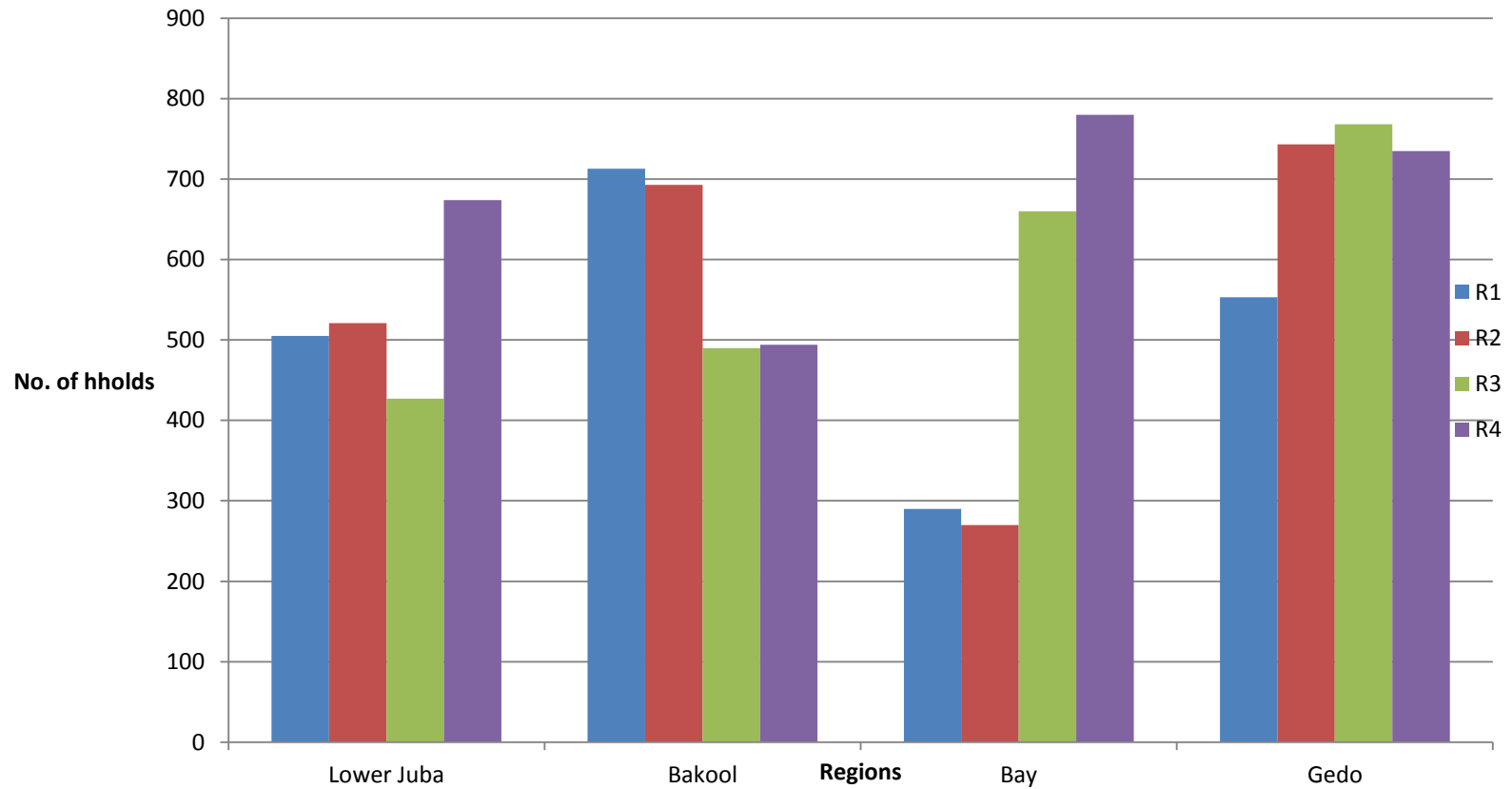
OUTBREAK: MAY TO PRESENT

- **Integration of Messages:** based on experiences from other countries, WASH and Nutrition messages have been incorporated in the existing polio messages.
- **Strengthening of community mobilisers:** Training for the social mobilisers has been increased to 5 days, the manual is being revised with the help of the India office. A flip chart with the integrated messages for use during community dialogues is being developed.

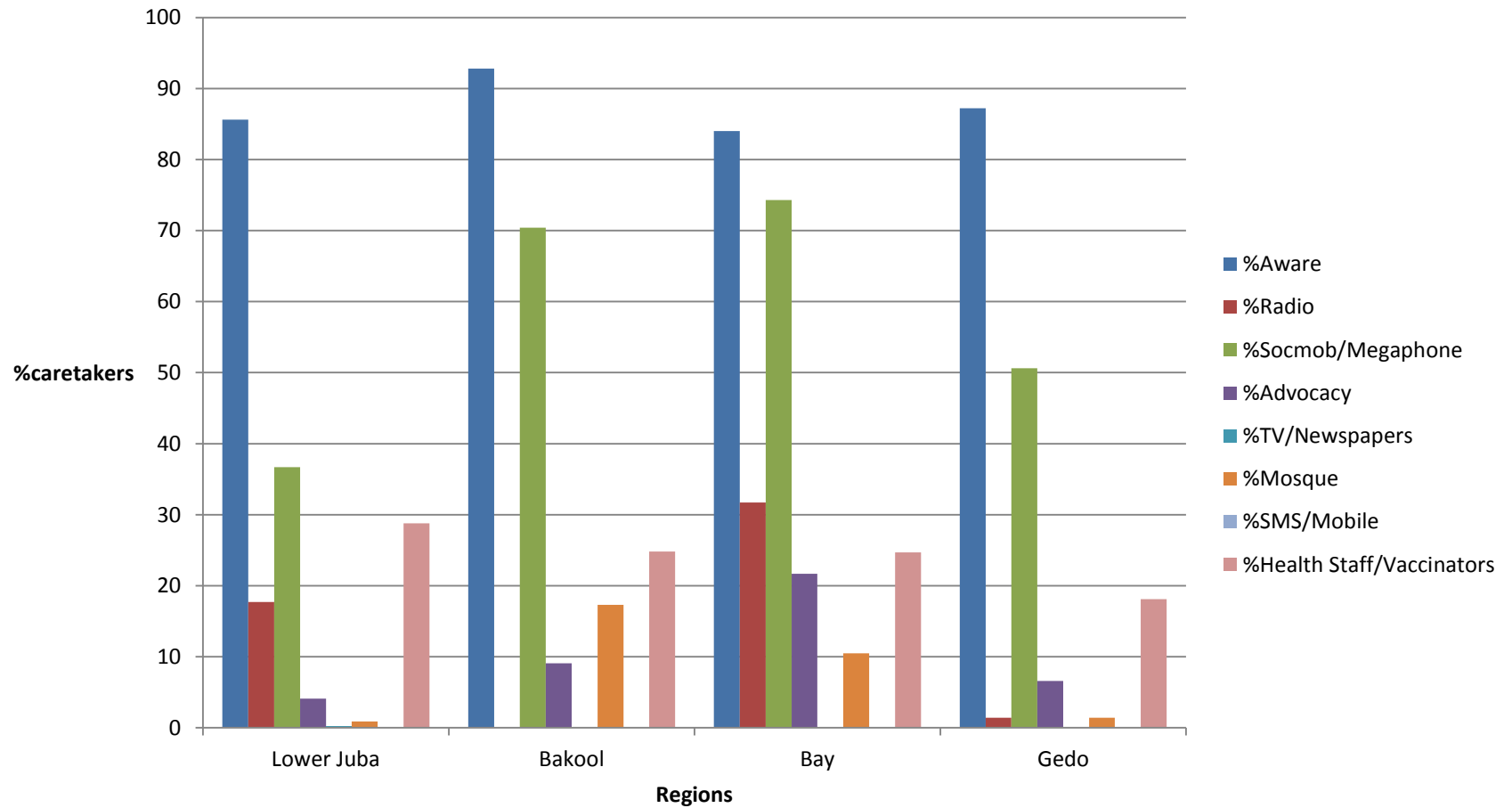
Staffing

- Recruited C4D Specialist- P3- (on board Mogadishu)
- Recruited C4D Officer – NOA- (DOH and UNICEF Mog)
- Polio Communication Consultant- STOP- (Puntland)
- Hired an institution for third party monitoring – (on board and first report produced)
- Media expert to support Mass media programming – (Part of the surge team for three weeks)

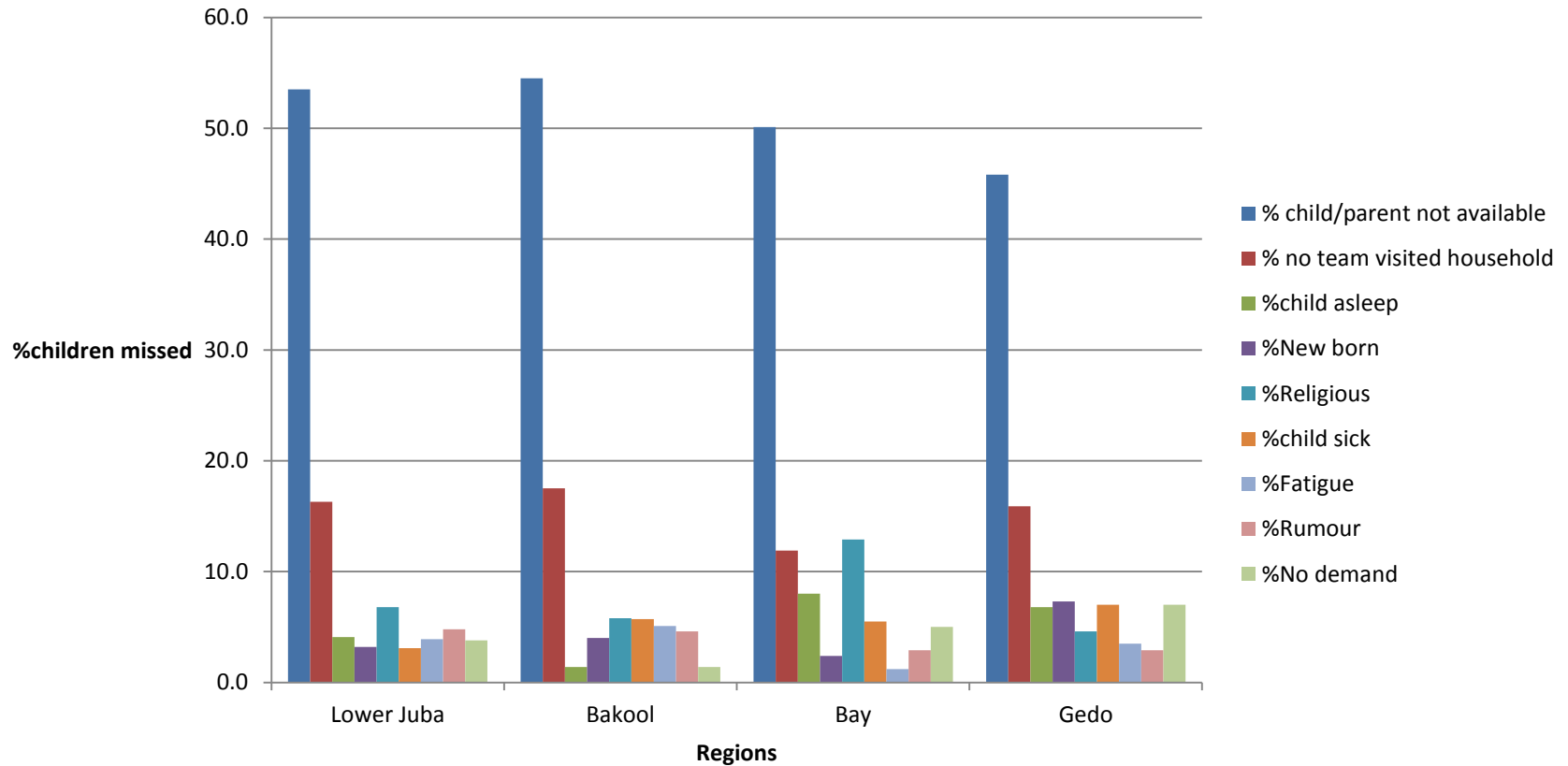
SCZ: Households visited/studied



Average(%) sources of information on the campaign for all the 4Rds



Average(%) Reasons for children missed for all the 4Rds



Recommendations for social mobilization

- Conduct study to strengthen evidence based planning.
- Training social mobilisers: Train and equip social mobilisers with materials to use for dialogues.
- Continuous and consistent interventions: For sustained behaviour change communication activities should be implemented on a continuous basis and not campaign mode.
- Strengthen DoH: Establish/strengthen DoH structures at regional and district level to enable supervision, reporting and data.
- C4D staffing: One NOA in DOH, one international in each zone and another at USCC to enable coordination.