Somalia Outbreak Response Assessment

12 to 19th Oct, 2015

Objectives

- Determine as accurately as possible whether or not polio transmission has been stopped

- Determine the level of support the country requires in order to achieve or maintain levels of surveillance sensitivity and population immunity sufficient enough to reliably maintain a polio-free status

- Provide recommendations for strengthening AFP surveillance and to ensure that a comprehensive and adequate outbreak preparedness plan is in place.

Schedule

Date	Activity	Venue
11th Oct.	• Arrival of the Assessment Team to Nairobi	-
12th Oct	• Briefing of the Assessment Team and Logistical Arrangements by Country Team	UNICEF Somalia Board Room
13th-15th Oct	• Field Visit to Somalia (Mogadishu, Garoway and Hargeza)	Field activity Somalia
15th& 16th Oct	• Teams Returns to Nairobi	-
17th Oct	• Report Writing & Compilation.	UNICEF Somalia Board Room
19th Oct	• Final HOA debriefing	UNICEF Somalia Board Room

Assessment team

S/n	Name	Organization	Assessment Zone
1	Rustam Hyadarov	UNICEF	South Central
2	Mohammedi Mohammed	WHO	‘’
3	Chidiadi Nwogu	WHO	Somaliland
4	Somane Mohamed	CoreGroup	“
5	Mumtaz Ali Laghari	NSTOP/FELTP	“
6	Satish Kumar Gupta	UNICEF	‘’
7	Sam Okiror	WHO	Puntland
8	Sharon Esther Wagithi	Rotary	‘’

Methodology

- Desk Review of relevant documents
- Key informant interviews of national level officials, NGOs and other partner organizations involved in polio eradication activities
- Provide feedback to the Government authorities and partner teams

Questions to be answered

- Were recommendations of previous outbreak response assessment fully implemented?
- Did the outbreak response activities meet the outbreak response standards?
- Have the National authorities and supporting partners played their role as laid down in the WHA resolutions?
- How likely is it that the country has stopped polio transmission based on analysis of surveillance, SIA and other programme data?
- Is population immunity sufficient enough to reliably maintain a polio-free status?
- Is AFP surveillance sensitivity currently adequate to detect all transmission?

Questions to be answered

- Is country well prepared for responding to any new outbreak?
- Was the communication response to outbreak adequate?
- Is there strong outbreak response communication strategy in place?
- Does the country have additional unmet financial or resource needs that need to be addressed to sustain/ strengthen the implementation of immunization and surveillance activities?
- What are the risks to maintaining polio free status?

Subject areas of assessment

- Implementation of recommendation from previous assessment
- Quality of outbreak response
- AFP surveillance sensitivity
  - Risk of undetected transmission
  - Ability to detect any new transmission at earliest
- Quality of SIAs carried out so far and assessment of need for additional SIAs
- Communication strategy
- Plans to strengthen / maintain population immunity with special focus on known high risk areas and populations
- Outbreak preparedness and response plan

Status of implementation of June 2015 OBR Assessment

- A total of 19 Recommendations were made
- 10 were FULLY IMPLEMENTED
- 8 were PARTIALLY IMPLEMENTED
- 1 NOT IMPLEMENTED
  - Drawing up targeted RI improvement plans in high risk/High priority districts with full ownership of government (Objective 2 of End Game Plan)

Implementation Status June 2015 OBR Assessment Recommendations [1]

Subject Area	Recommendations	Current Status
Coordination	1. WHO Team Leader placed as soon as possible.	Achieved: Team Leader in place since Aug 2015
	2. Revitalize National Coordination mechanism & Share meeting minutes with WHO HOA Coordinator	Achieved: Coordinator Room established UNICEF Somalia in Nairobi. 1st Joint VCT (UNICEF/WHO) held on 10th Sept. UNICEF coordinates meeting every Thursday.
	3. Publication of weekly SITREPS to be shared with all partners and be used as a tool for communication & reporting on progress against set objectives.	Achieved and ongoing: 4 SITREPs dispatched to partners since Aug, latest update on 01/10/2015.
	4. Joint Gov't partner reviews should be conducted after each campaign at National and zonal level with agreed actions for improvement and feedback to RPEOs and DPEOs for corrective action to improve performance for vaccinators and supervisors.	Partially achieved: Evidence of review meetings in Puntland, Somaliland and Central zone.

Implementation Status June 2015 OBR Assessment Recommendations [2]

Activity	Recommendations	Current Status
Implementation of earlier recommendations.	5. By end of July develop 6 months work plan to operationalize manageable list of outstanding recommendations with documented evidence of implementation.	Achieved: Developed during the planning work shop held in Nairobi, 26-30 July 2015. Implementation ongoing
Outbreak Preparedness and Response	6. Outbreak preparedness and response plan to be finalized by end of July- to include coordinated risk assessment of high risk districts and aligned with new SOP.	Achieved: Final draft circulated to stakeholders through the HOA coordinator office on 1st Oct 2015.
Surveillance	7. Urgently improve stool adequacy in Sool and Nugal.	Partially achieved: Stool adequacy in Sool (86%) and Sanaq (80%). Further Improvement in Sanaq required. Data as 1st Oct.
	8. Validation of AFP cases by RPEO, ZPEO, IFP must be documented with the % of cases validated in each zone reported to the next TAG.	Partially achieved: Proportion of cases validated by zone Target 20%: Puntland 19%, Somaliland 5%, Central 2% and South 14%.

Implementation Status June 2015 OBR Assessment Recommendations [3]

Activity	Recommendations	Current Status
Surveillance Cont	9. Recruitment by August of the NPO surveillance coordinator to focus on HTR.	Partially done but past due: Awaiting interviews for recruiting SIA, Surveillance and OPS officer NPOs.
	10. Validate that AFP cases detected are representative of proportion of population by lifestyle and by zone.	Achieved. Analysis being done and documented.
Improving population immunity	11. Delayed SIAs should be rapidly implemented. Revised timeline should be rapidly fixed and should be implemented under direct oversight of the HOA coordinator.	Achieved: Delayed SIAs conducted Current schedule has been on target except Oct 2015 round being postponed – WHO Financial delays.
	12. Use data from Tally sheet analysis/ IM /LQAS for both positive and negative feedback to implementers	Achieved: Tally sheet analysis/ IM is conducted regularly Feedback provided to implementers, LQAS data analysis done in Puntland.
	13. Expand successful pilot LQAS to high risk areas where security allows. Avoid duplicating IM in places where LQAS are done.	Partially achieved: in Puntland but not other zones. Goal is to expand to Somaliland next ensuring LQAS & IM are done every NID and SNID.

Implementation Status June 2015 OBR Assessment Recommendations [4].

Activity	Recommendations	Current Status
Improving Pop immunity cont.	14. Draw up targeted RI improvement plan in high risk/ high priority districts (Objective 2 end game) with full ownership of government.	Not done yet. Discussed during 6-months planning meeting.
	15. Explore sustainability of gains made in vaccine management through RI support systems in 2016	Achieved. Funding to support and sustain the cold chain and vaccine management in 2016 identified. GAVI Business plan funds available to upgrade the cold chain system.
Communication	16. Urgently source additional funding for Soc Mob network - funding for Somalia communication program should be placed on the next EMG meeting agenda.	Partially Achieved: Funding is secured till March 2016, beyond that additional need is being projected to UNICEF HQ.
	17. Prioritize recruitment of new UNICEF teams in Puntland and South/ Central zones-new teams to be in place by August 2016	Achieved: Polio coordinators are on board for Puntland and SCZ. Offer letter for C4D coordinator has been issued, going to join 1st week of November

Implementation Status June 2015 OBR Assessment Recommendations [5]

Activity	Recommendations	Current Status
Communication cont	18. Strengthen the quality of SM network by conducting a workshop in each zone to review the quality of the District communication plans and SM activity plan-before each round. District communication plans should be assessed for completeness-sub-optimal plans should be returned to RSMC and DSMC for corrections.	Ongoing: Micro-planning validation workshop conducted in March 28-29, 2015 in Puntland and resulted in the identification of 203 new Nomadic settlements.
	19. Begin planning for an independent assessment of SM network performance and make out a best fit case for transitioning to other services including RI in early 2016.	Achieved: Impact assessment of SM network performance will be conducted in early 2016.

Subject areas of assessment

- Implementation of recommendation from previous assessment
- Partner Coordination
- Quality of outbreak response
- AFP surveillance sensitivity
  - Risk of undetected transmission
  - Ability to detect any new transmission at earliest
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- Outbreak preparedness and response plan

Partner Coordination

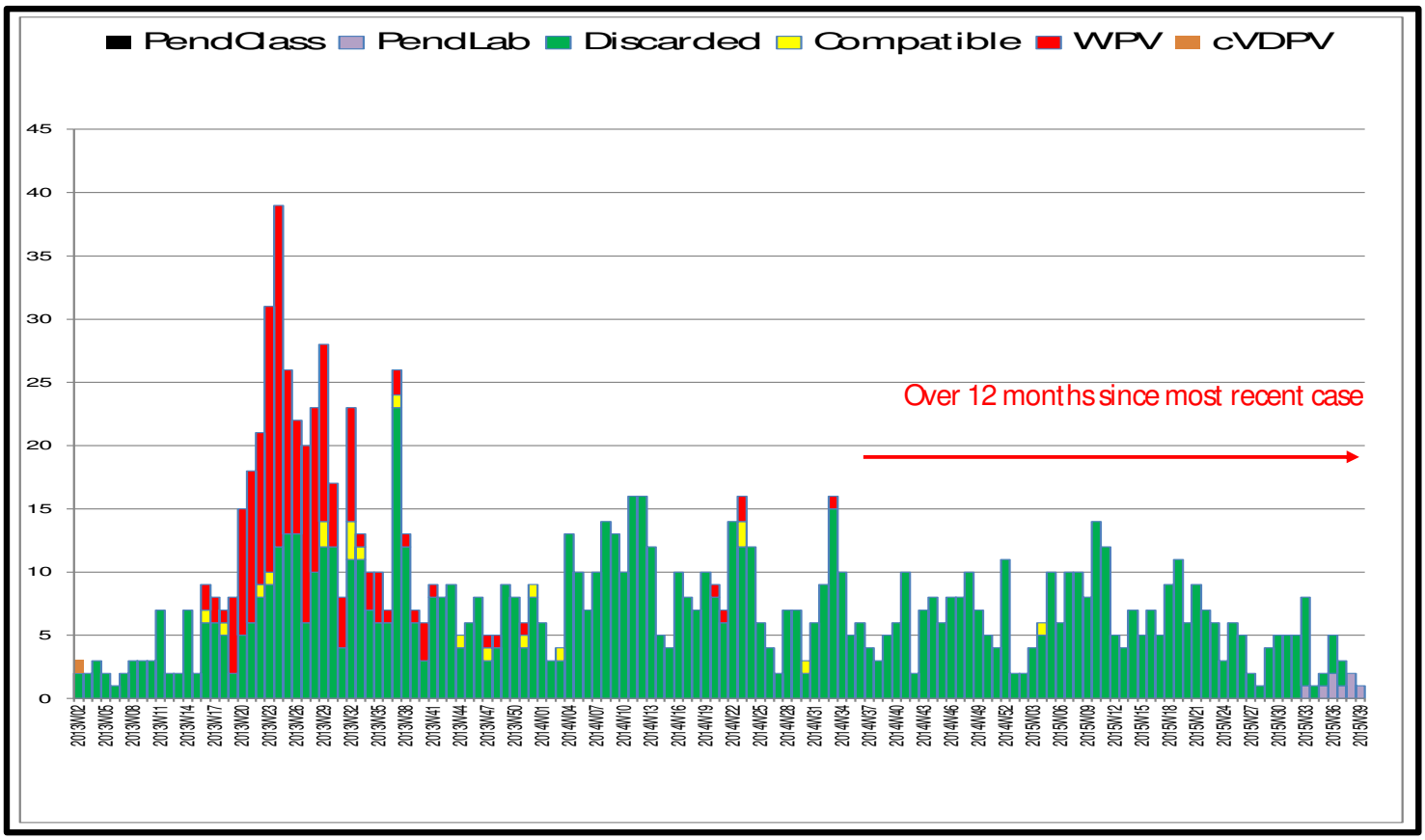
- Coordination Mechanism between WHO and UNICEF re-established at Nairobi level.
- Weekly VTC from Nairobi with All zones.
- Zonal coordination between govt. and partners is established but is complicated by logistics and security

Speed and appropriateness of outbreak response activities as per WHA Resolution, 2006 (WHA59.1)

Indicators	Status
Activation of outbreak response within 72 hrs. of notification	Yes
At least three large scale OPV SIAs	Yes
SIA coverage at least 95% as evaluated by PCM data	Partially
Initial response SIA conducted within 4 wks. of notification	Yes
At least 2 SIAs since date of onset of last WPV	Yes
Rapid analysis of AFP and lab data conducted	Yes
Response plan prepared within two weeks of outbreak notification	Yes
Response plan was followed during outbreak response	Yes
NP AFP rate>2 during the outbreak and for at least one year after	Yes
% Adequate stool ≥ 80%	Yes

What has been the impact of the response on the outbreak?

Impact of the Response on the Outbreak: EPI curve, 2013-2015



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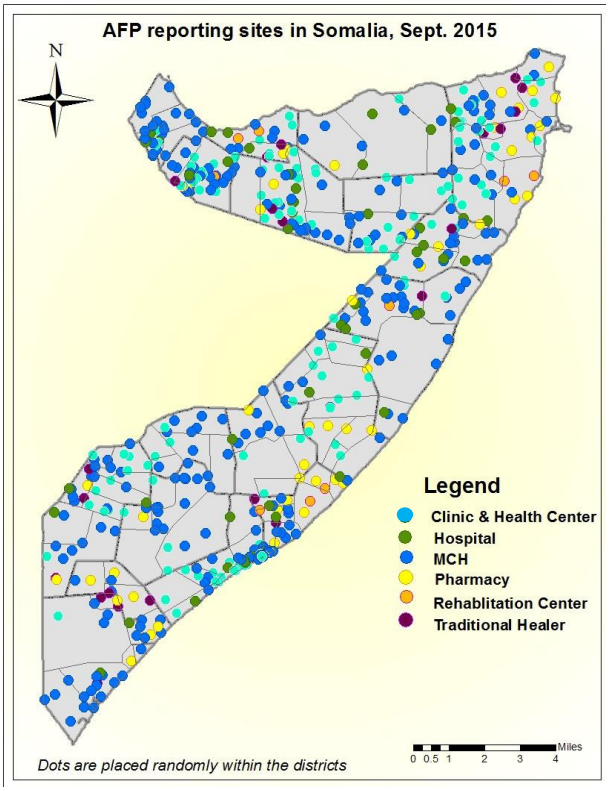
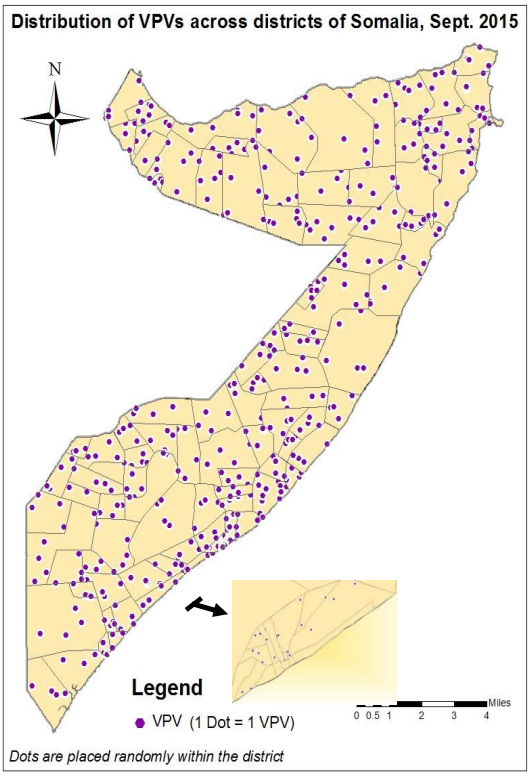
AFP reporting network as at Sept 2015





- 671 Active surveillance sites & 456 Village Polio Volunteers (VPVs)
- 57% VPVs are located in S/C zones
- VPVs reported 37% of AFP cases , in 2015 to date;

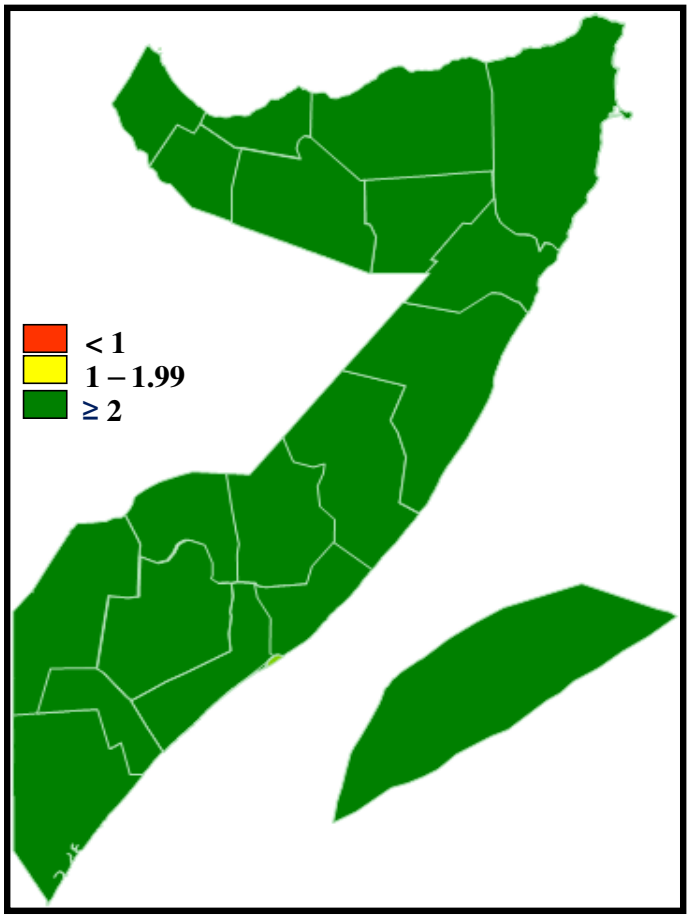
Data as of 06/10/2015

National AFP Surveillance Indicators 2011-2015

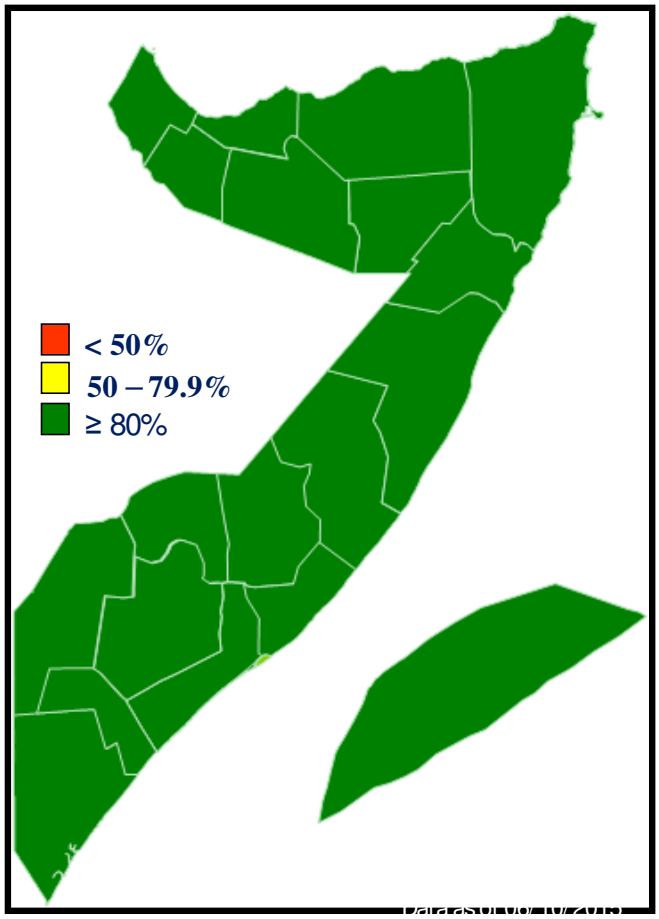
Indicators	Target	2011	2012	2013	2014	2015
NP-AFP Rate Per 100,000 ≤ 15 Years (annualized)	2.0	(162) 3.2	(145) 2.8	(352) 6.5	(415) 7.3	(223) 5.1
Percent of AFP cases with adequate specimen	80%	(168) 97.6%	(145) 98.0%	(474) 86.8%	(406) 96.7%	(216) 97%
Investigated ≤ 2 Days of Notification	80%	(170) 98.8%	(145) 98.0%	(531) 97.3%	(398) 94.8%	(216) 97%
Specimen Arriving in "Good-Condition"	90%	(169) 100%	(146) 100%	(537) 100%	(412) 100%	(215) 96%
Non-Polio Entero-virus Isolation Rate	10%	(25) 14.8%	(30) 20.6%	(64) 11.7%	(56) 13.5%	(39) 17%
Sabin Like Virus Isolation Rate		(17) 10.1%	(12) 8.2%	(62) 11.4%	(30) 7.3%	(17) 8%

Key Surveillance Indicators by Region-2015

Non Polio AFP rate



Stool adequacy

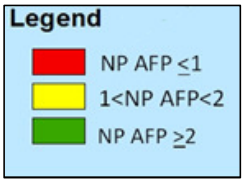


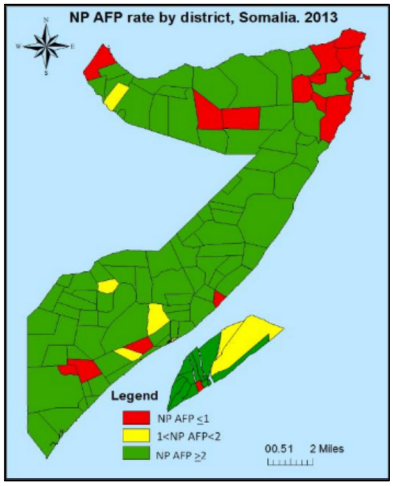
AFP Surveillance Indicators Zonal level- 2015

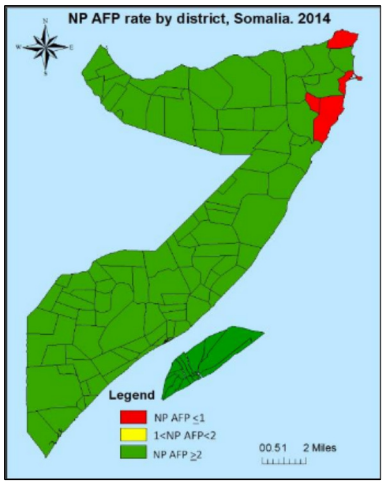
Operational Zones	NP-AFP Rate Per 100,000 < 15 Years (annualized) (Target > 2)	%of AFP cases with adequate specimen (>80%)	Investigated ≤ 2 Days of Notification (>80%)	Specimen Arriving in "Good-Condition (>90%)	Non-Polio Entero-virus Isolation Rate (≥10%)	Sabin Like Virus Isolation Rate
Puntland (Northeast)	(43) 13.6	(41/43) 95%	(43/43) 100%	(43/43) 100%	(10/43) 23%	(6/43) 14%
Somaliland (Northwest)	(35) 3.5	(35/37) 95%	(36/37) 97%	(36/36) 100%	(6/36) 17%	(4/36) 11%
Central	(88) 4.3	(91/92) 99%	(91/92) 99%	(88/88) 100%	(12/88) 14%	(2/88) 2%
South	(48) 4.6	(51/51) 100%	(46/51) 90%	(48/48) 100%	(11/48) 23%	(5/48) 10%
Somalia	(214*) 5.2	(216/223) 97%	(217/223) 97%	(215/215*) 100%	(39/215*) 18%	(17/215*) 8%

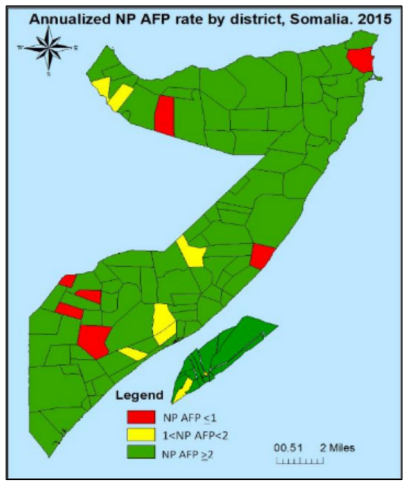
Surveillance indicators, by district, 2013-2015

NPAFP rate

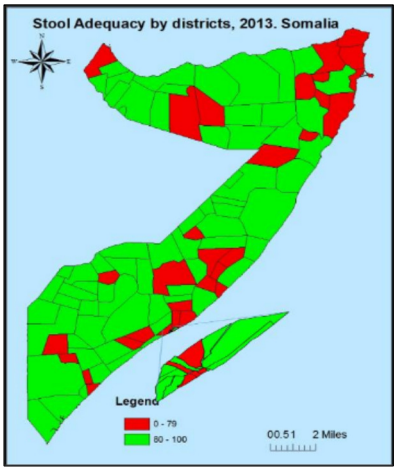


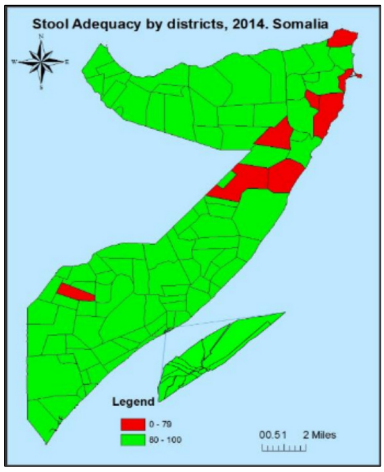


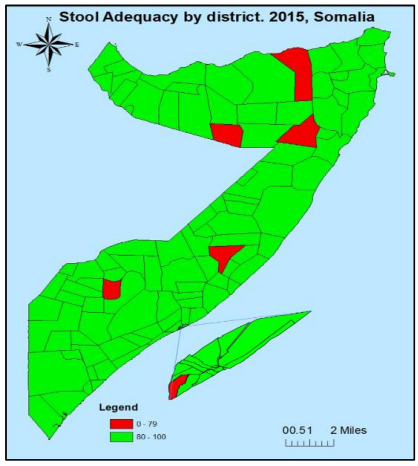




Stool adequacy

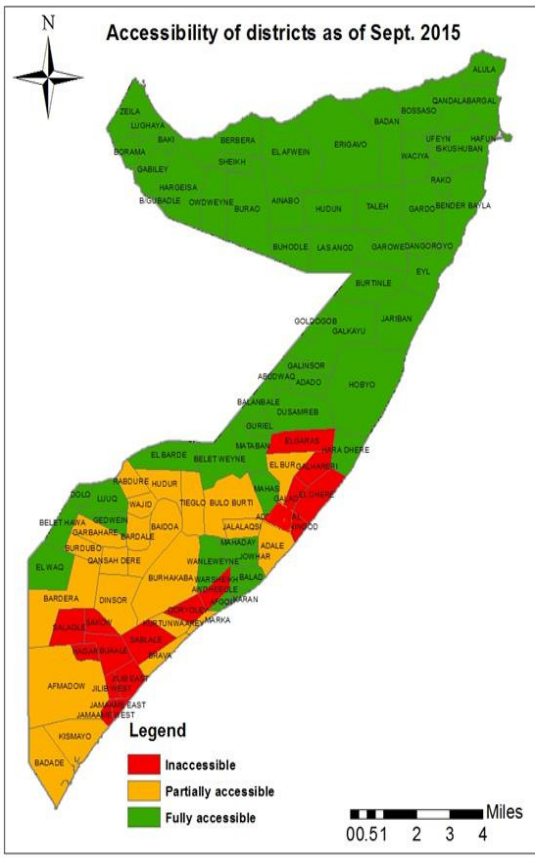






Data as of 15/10/2015

AFP Indicators in Districts with accessibility issues



	N0 of AFP cases	NP-AFP rate, 2015	Stool adequacy 2015	NPEV 2015	N0 days from Collection to Lab
17 districts inaccessible	30	6.0	100%	23%	Median 7 Average 10
22 districts partially accessible	40	3.8	95%	22%	Median 6 Average 11

- Mainly South and Central zones;
- 30% of AFP cases are from inaccessible/ partially accessible districts
- 65% of cases reported by communities (including VPVs); 37% reported by VPVs
- Good surveillance indicators
- Delay in sending specimen to NBO (but good NPEV rate).

Additional Strategies to improve surveillance sensitivity

Additional strategies - 2015 [1]: Contact sampling

Zones	Total Contact Samples Collected	Contacts samples collected <7days of Index case Notification		Eligible AFP cases with at least 3 contacts	Contacts under 5 years of age		contacts Arrival at lab in good condition		Contact with Sabin Isolation		Contact Samples with NPEV		% Contacts with WPV
		NO.	%	No.	No.	%	NO	%	No	%	No.	%	
Puntland (Northeast)	123	117	95%	117	121	98%	104	100%	8	8%	24	23%	0%
Somaliland (Northwest)	102	91	89%	93	98	96%	88	100%	9	10%	12	14%	0%
Central	270	260	96%	270	256	95%	240	100%	9	4%	24	10%	0%
South	146	132	90%	141	132	90%	125	100%	10	8%	29	23%	0%
Somalia	641	600	94%	621	607	95%	557	100%	36	6%	89	16%	0%

Additional strategies-2015 [2]: Community sampling

Weekly AFP by Region and Operational Zones Somalia 2014-15

Region	2014 Total	Weekly AFP cases 2015																																						2015 Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Nugal	17								2			1					1		1	1											1					1				8
Bari	24			1	2	2		1		2	1	1	Community samples (silent districts)			1	4		1	1	2	2	1	Community samples (Silent Districts)		1							1	1						25
Mudug	26							1			3					1	1		2				1									1									10
Total Puntland	67	0	0	1	2	2	0	2	2	2	4	2	0	0	0	2	6	0	4	2	2	2	2	0	0	1	0	0	0	0	1	1	1	1	0	0	1	0	0	0	43
Galbeed	13					1				1		2								2										1				1						8
Sahil	10						1								1											1									Community sampling					3
Sanag	7			2													Community samples		1	1										1										5
Sool	9				1	1										Community samples		1			1	2									1									7
Awdal	13								1			1	1		1			1						1	1						1									8
Togdher	9		1					1					1									1				1			1										6
Total Somaliland	61	0	1	2	1	2	1	1	1	1	0	3	2	0	2	0	0	2	1	3	1	3	0	1	1	1	1	0	0	3	1	1	0	1	0	0	0	0	0	0	37
Middle Shabelle	25						1		2			1			1			1								1	1	1				1					2			1	13
Hiran	24	1			1						2	2			1				2				2					1													14
Galgadud	45			1	1	2	1	1			2			1		2				1	1			2	1				1		1		2	2	1						23
Banadir	62						1	2	2	2	2	1	1	1	1				1		1		2	1		1	1			1	1			1				2			25
Lower Shabelle	32		1					1	1	1	1		1	1					1	2		1	1	1		2							1						1		17
Total Central Zone	188	1	1	1	2	2	3	4	5	3	7	4	2	3	3	2	0	1	4	3	2	1	5	4	1	4	2	2	1	1	2	1	3	3	1	1	2	2	2	1	92
Middle Juba	14					1			1							1		1														1									5
Bakool	6							1				1			1						1	1		1												1					7
Gedo	25	1					1				1									2		2									1		1				1	1			11
Bay	30				1	1	1			2	1	1					1	1		1												1		1							12
Lower Juba	29					2		2	1		1	1	1	1	1										1		2						2				1				16
Total South Zone	104	1	0	0	1	4	2	3	2	2	3	3	1	1	2	1	1	2	0	3	1	3	0	1	1	0	2	0	0	0	1	2	1	3	0	1	2	1	0	0	51
Grand Somalia	420	2	2	4	6	10	6	10	10	8	14	12	5	4	7	5	7	5	9	11	6	9	7	6	3	6	5	2	1	4	5	5	5	8	1	2	5	3	2	1	223

Areas in RED more than 8 weeks without AFP case reported hence community sampling is required

Additional strategies - 2015 [3]: AFP case validation

	AFP cases	AFP validated	% validated
Somaliland	37	2	5%
Puntland	43	8	19%
Central	92	2	2%
South	51	7	14%
Total	223	19	9%

- Guidelines circulated and process started in July 2015
- Validation through visits or phone interviews, by IFP and ZPOs.
- 19 cases validated
  - 11 urban, 5 rural, 3 nomads
  - 11 Accessible, 3 partially accessible, 5 inaccessible.
- Results: No major discrepancies, except for 1 case (trauma/fall prior onset). Some issues in terms of recalling exact date.
- Cluster investigations done in 3 regions (10 districts) of Puntland

Key finding in AFP surveillance sensitivity

- Surveillance sensitivity
  - Indicators at national and zonal level have been sustained above global standards since the outbreak started.
  - There has been definite improvement in surveillance stool adequacy for both Nugal (86%) and Sool (80%) but this needs to be sustained.
  - Additional strategies have been initiated to increase surveillance sensitivity (Contact sampling for all AFP cases, Community sampling in districts that remain silent for more than 8 weeks, AFP case validation, Monitoring of Zero dose children is being conducted)
- Reporting network
  - Village Polio Volunteers (VPV) increased to 469 VPVs (19% additional in 2015)
  - 108/115 districts have at least one VPV; with 57% VPVs in S/C zones
- Inaccessible Districts:
  - AFP Cases are reported with indicators above recommended levels
- Data analysis & Feedback
  - Weekly Surveillance update/SitRep are again regular since August 2015

Subject areas of assessment

- Implementation of recommendation from previous assessment
- Quality of outbreak response
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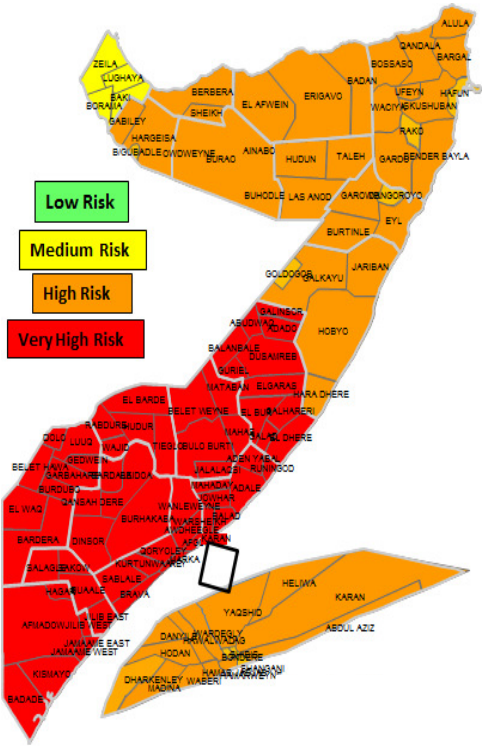
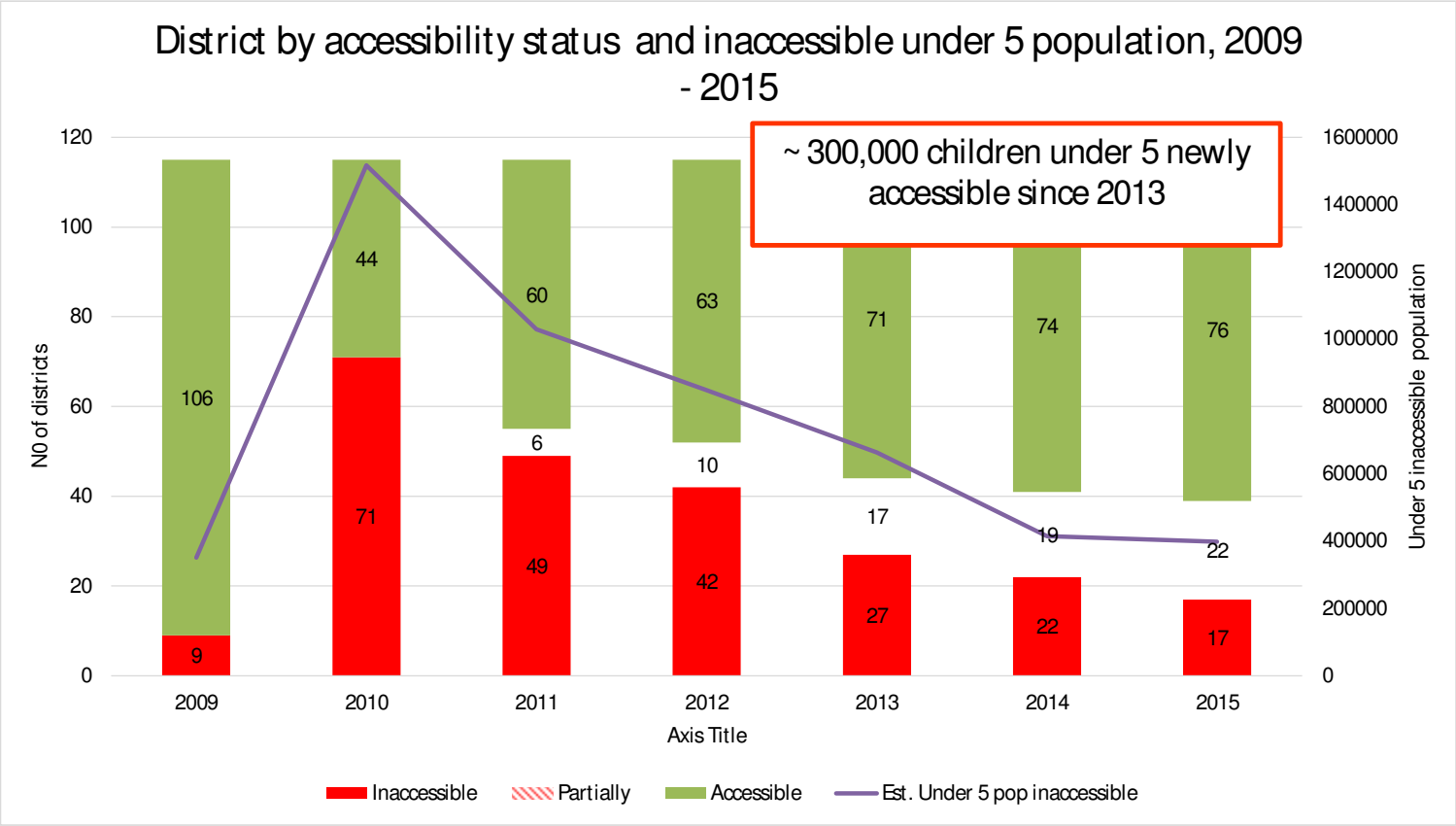
Accessibility - Complex environment to operate in

UNDSS security maps, Sept 2015

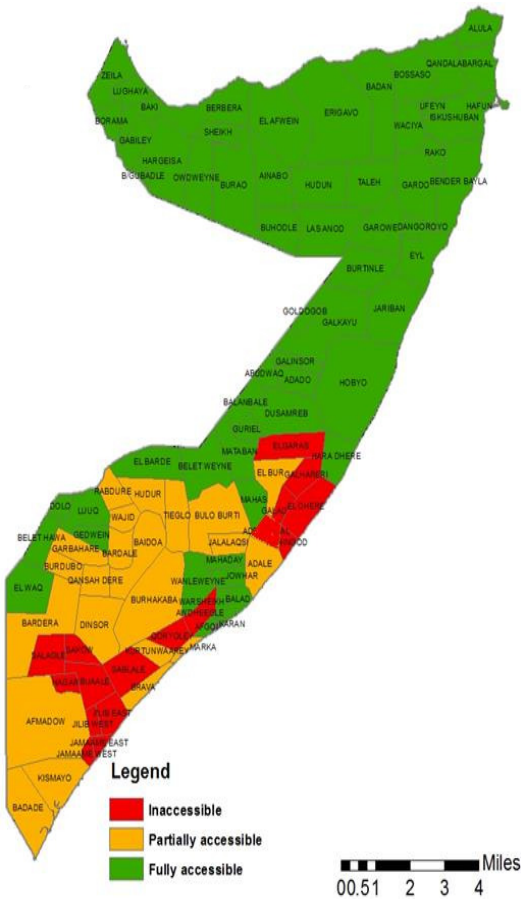


- Ceiling for international staff in the 3 zones
- Limited movements for international staff (SCZ, NEZ)
  - Security clearance to be requested 7 days ahead (72 hours for local movements)
  - Armoured vehicles + 2 convoys vehicle with security officers for any movement outside office
  - Personal protection equipment (bullet proof vest, helmet, VHF)
  - Prior approval for route maps + location
- Limited movement for national staff
  - security clearance before going into UNICEF/ WHO offices
  - Limited movements within the zones due to security and clan issues

Trends in district and population accessibility for SIAs, 2009-2015



SIAs Access Status as at Sept 2015

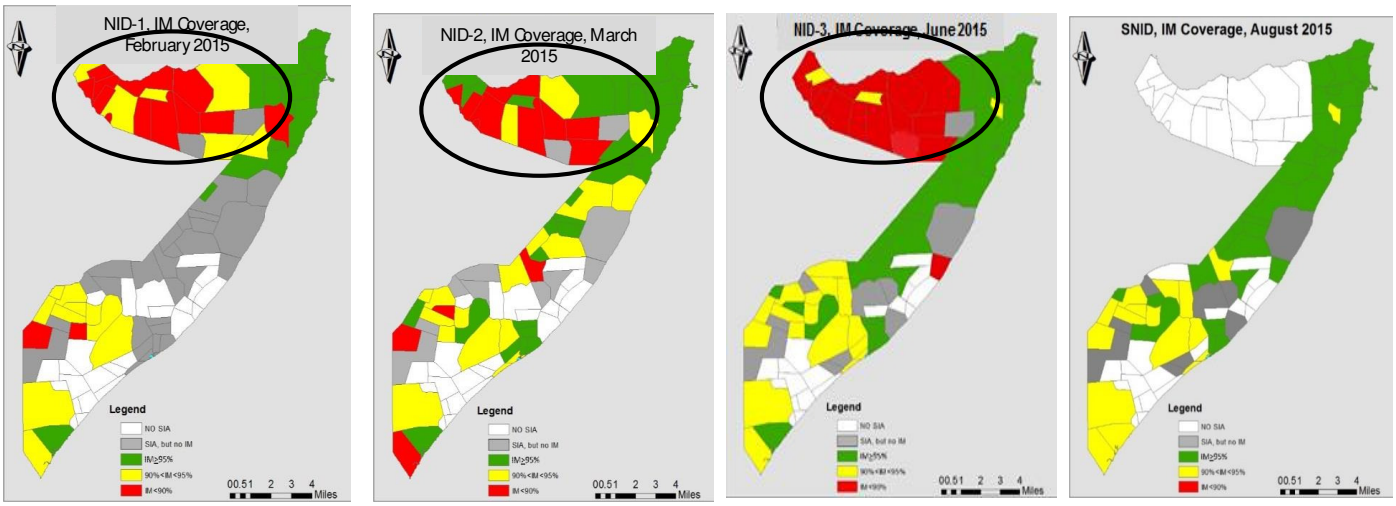


- Volatile security situation - Decreased accessibility in 3 districts (Qoryoley, Aden Yabal, Awdheegle) preventing access to 60,000 children.
- As of Sept 2015, an estimated 397,000 inaccessible children
  - 17 districts inaccessible with full ban on vaccination
  - 22 districts partially accessible
  - 76 districts fully accessible

Number of SIAs by Zone

		Somaliland	Puntland	Central	South
Number of rounds since the outbreak (April 2013 - June 2015)	NIDs	15	15	15	15
	SNIDs	0	6	7	6
	Mop Ups		8	0	
	HtR	3	1 (FAO)	3	3
Number of rounds after the last case (August 2014 - June 2015)	NIDs	4	4	4	4
	SNIDs		2	2	2
	Mop Ups		3		
	HtR	3	1 (FAO)	3	3
Number of tOPV round since 2013*			1	3	1
Number of rounds postponed*, Jan-Jun 21	1 NIDs (tOPV), 2 SNIDs (tOPV, bOPV), 2 HtR (Puntland)				
* NIDs with tOPV currently being implemented in Somaliland, South and Central zones.					

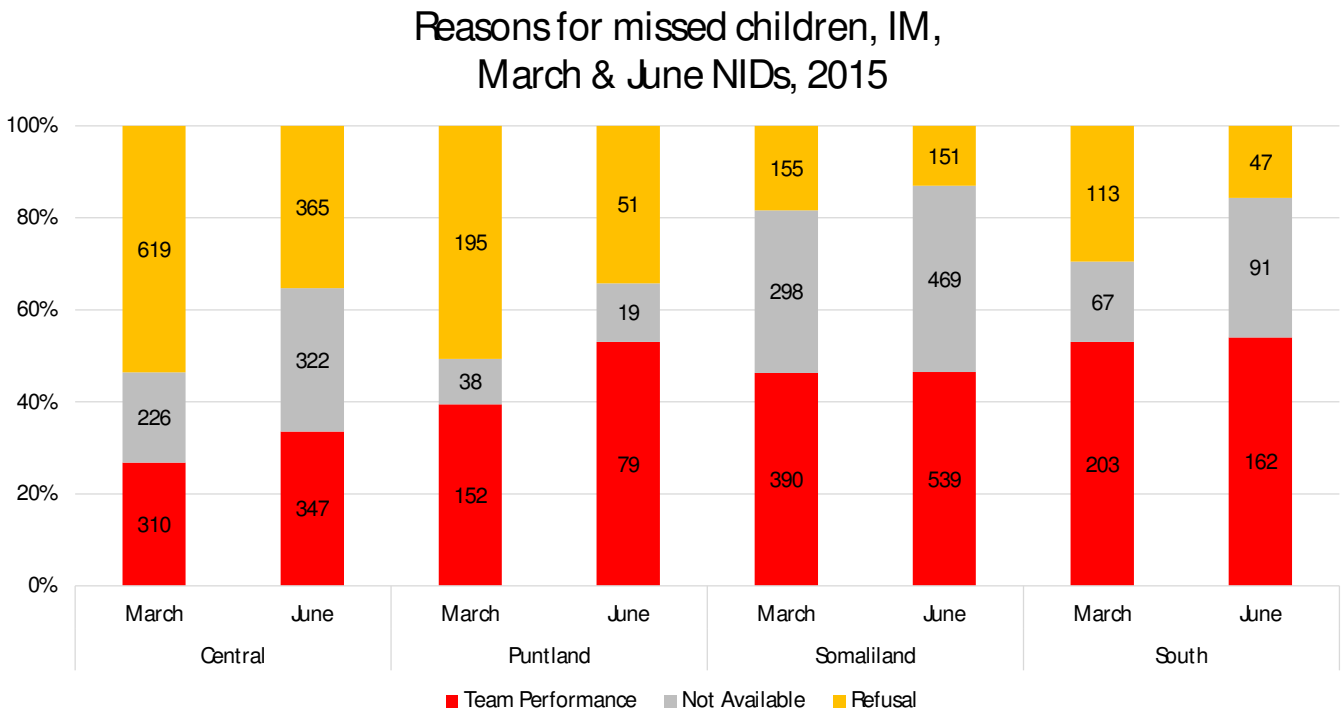
Campaign quality - IM Coverage



- Expansion of IM from 46 to 87 districts in 2015
- Improved performance with decrease in overall percentage of districts with less than 90% IM coverage (from 44% in NIDs-1 to 26% in NIDs-3 and 2% during SNIDs
- Chronic issues in IM coverage in Somaliland; Some areas remain inaccessible for Vaccination

Data as of 10 Sept 2015

IM data (NIDs), reasons for missed children



> 50% of the children missed due to poor team performances

LQASimplementation in Puntland

Districts	LQAs (lots)		
Bargal	1 passed		
Alula			2 failed
Iskushuban		1 satisfactory	
Qandala		2 satisfactory	
Ufayn	1 passed		
B/ Bayla	2 passed		
Qardho	1 passed	1 satisfactory	
Waya	1 passed		
Burtinle	1 passed	1 satisfactory	1 failed
Dangoryo	1 passed		
Garowe		2 satisfactory	1 failed
Galkayo	4 passed		
Galdogob	2 passed		1 failed
Hobyo	2 passed	1 satisfactory	
Jariban		1 satisfactory	2 failed

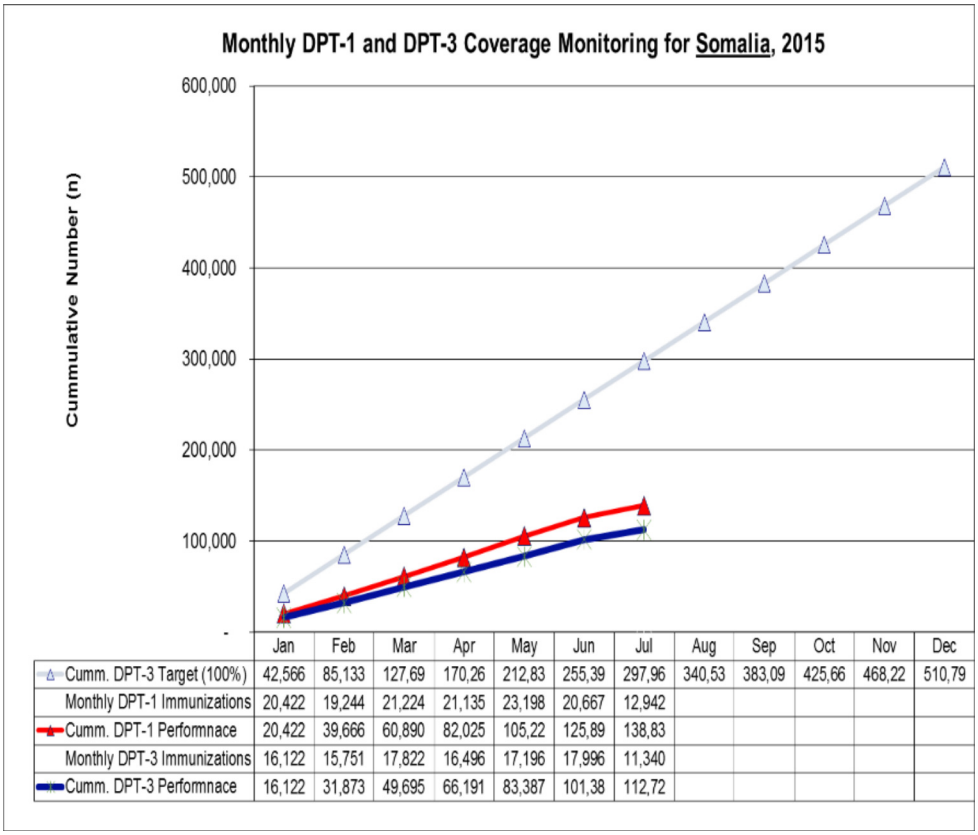
Data from Aug, 2015, Puntland

- LQAs plan:
  - conducted in Puntland, Aug. 2015; planned in Somaliland, Oct 2015
  - Carried out using hand held devices
- Failed lots
  - 2/ 16 lot 1 (urban) failed, 2/ 11 lot 2 (rural) failed, 3/ 5 lot 3 (scattered settlements) failed
  - Failed lots with >20 kids missed were re-vaccinated;
- LQAs provide more independent and valid data (real time) than IM.

Lot results were classified using 3 bands
- High coverage (PASS, coverage ≥ 90%)
- Medium (SATISFACTORY, coverage 80 to < 90%)
- Low coverage (FAIL, coverage probably < 80%)

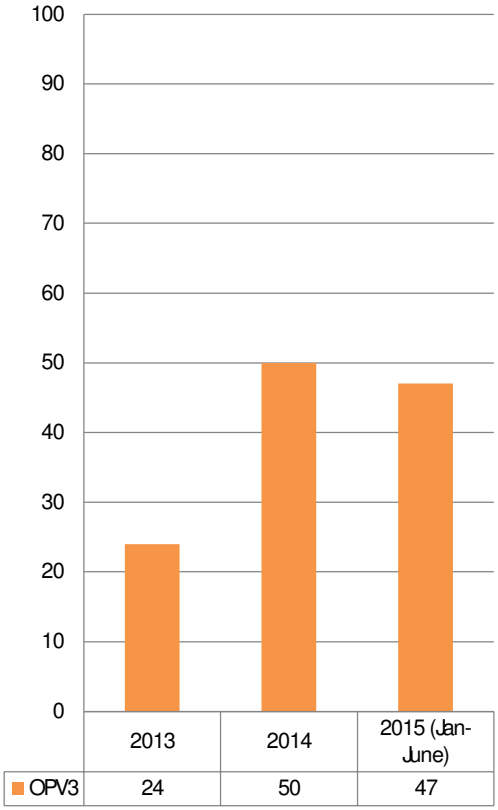
Routine Immunization Performance

DPT Coverage National level, 2015



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cumm. DPT-3 Target (100%)	42,566	85,133	127,69	170,26	212,83	255,39	297,96	340,53	383,09	425,66	468,22	510,79
Monthly DPT-1 Immunizations	20,422	19,244	21,224	21,135	23,198	20,667	12,942					
Cumm. DPT-1 Performnace	20,422	39,666	60,890	82,025	105,22	125,89	138,83					
Monthly DPT-3 Immunizations	16,122	15,751	17,822	16,496	17,196	17,996	11,340					
Cumm. DPT-3 Performnace	16,122	31,873	49,695	66,191	83,387	101,38	112,72					

%OPV3 Coverage 2013, 2014 & 2015 (Jan-Jun)



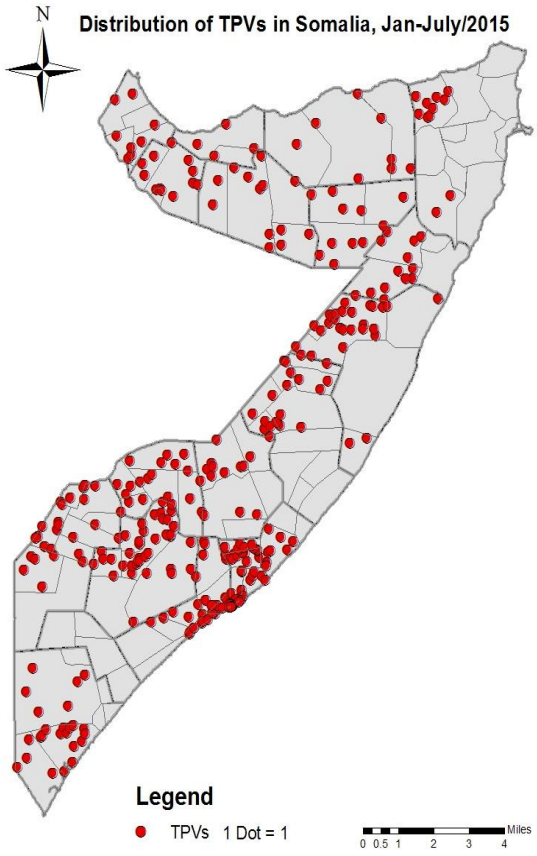
	2013	2014	2015 (Jan-June)
OPV3	24	50	47

Very Low Routine Immunization Coverage

Data as of 10 Sept 2015

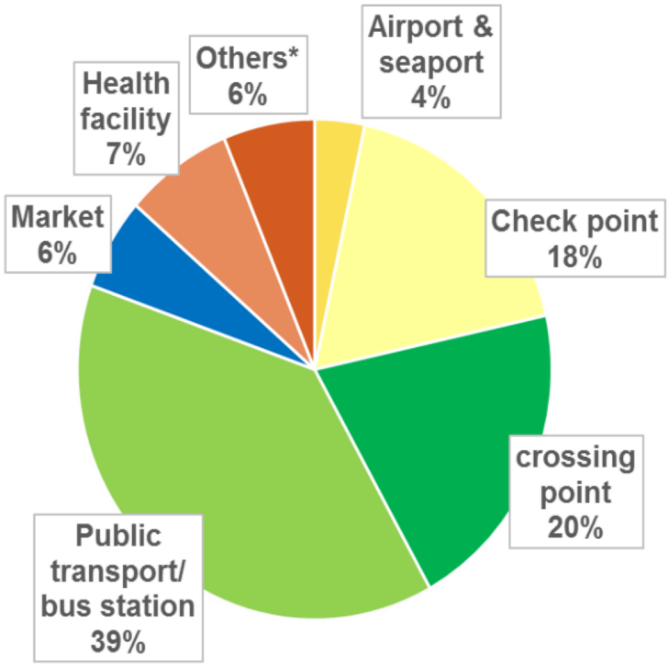
Additional Strategies

Transit/ Permanent Vaccination Points (TPVs)



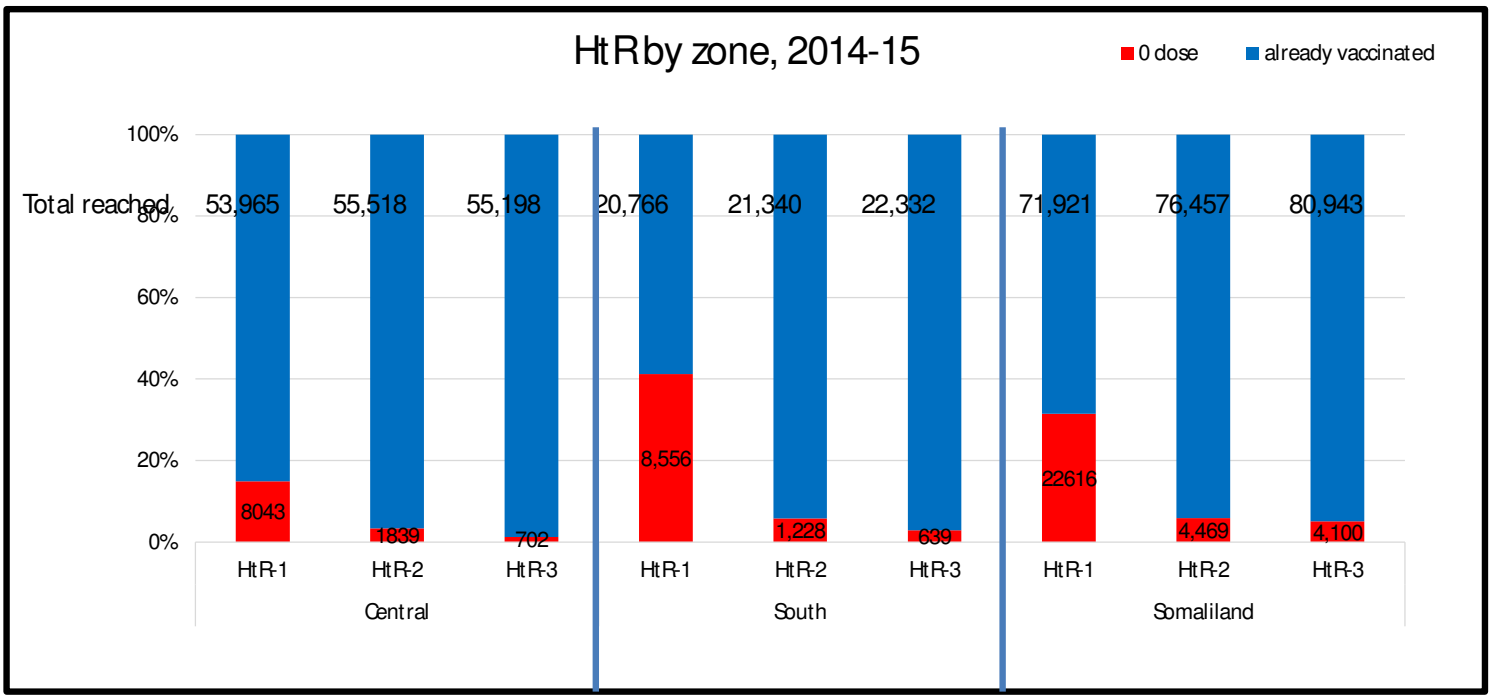
353 TPVs since January 2015

- Mostly around inaccessible/ partially accessible districts & along international borders
- 86% of TPV targeted children 'on the move'



* Others include 15 unknown, 1 healer, 6 IDP camp

SIAs Targeting Hard to Reach Populations (HtR)



- 3 HtR SIA implemented, under 5 years old targeted
- Around 52,200 Zero-dose reached
- Increased in overall coverage & decrease in % of 0-dose Rd1->Rd3

Data as of May

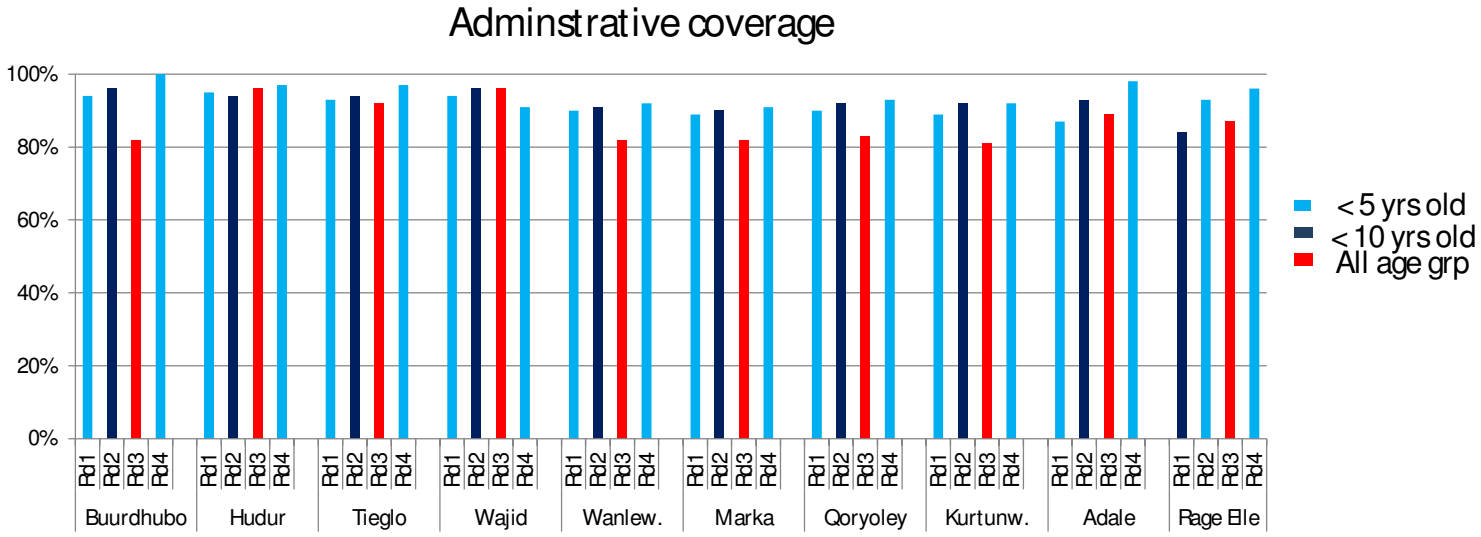
SIADs in Newly Accessible Districts 2013-2015

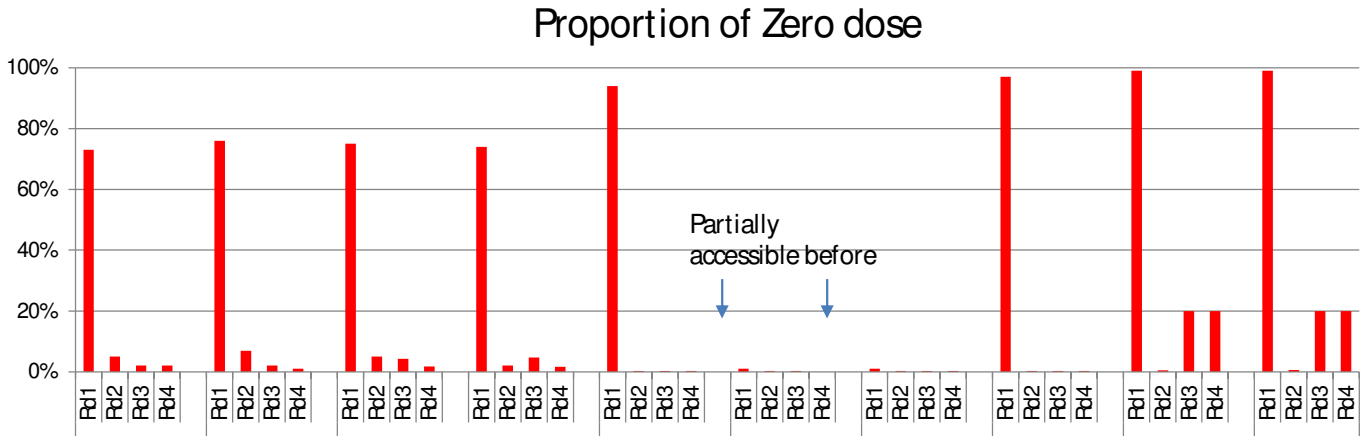
Year	DISTRICT	Pop under 5 years old			Date accessible	Dates for SIAD				Comments
		Target	Accessible							
		#	#	%		SIAD 1	SIAD 2	SIAD 3	SIAD 4	
2013	MAHAS	7927	5,775	73%	Jun-13	19-Jul-14	26-Jul-14	07-Aug-14	16-Aug-14	Partially accessible
2013	MAHADAY	15836	15,836	100%	Sep-13	15-Oct-13	17-Oct-13	26-Oct-13	04-Nov-13	
2013	BARDERA	25667	5,618	22%	Dec-13	23-Feb-14	20-Mar-14	22-Apr-14	15-May-14	
2014	WAJID	12887	6,400	50%	Mar-14	20-Nov-14	04-Dec-14	03-Feb-15	09-Mar-15	Partially accessible
2014	HUDUR	17020	6,750	40%	Apr-14	11-Apr-14	28-May-14	15-Jun-14	09-Jul-14	Partially accessible
2014	BURDUBO	7566	5,530	73%	May-14	28-Aug-14	10-Sep-14	12-Oct-14	22-Nov-14	
2014	TIEGLO	13917	8,363	60%	Aug-14	30-Nov-14	18-Dec-14	03-Feb-15	09-Mar-15	Partially accessible
2014	BULO BUR	15931	6,014	38%	Oct-14	15-Feb-15	04-Mar-15	22-Mar-15	05-Apr-15	Partially accessible
2014	JALALAQSI	9027	7,073	78%	Oct-14	30-Aug-15	08-Sep-15	19-Sep-15	01-Oct-15	Previously issue in vaccine & cold chain
2014	BRAVA	20229	9,172	45%	Oct-14	16-Aug-15	19-Sep-15	Funding management issue		security threat after Rd2- before CC/ Vacc
2014	KURTUNW	35418	15,713	44%	Oct-14	10-Nov-14	22-Feb-15	18-Mar-15	05-Apr-15	Partially accessible
2014	MARKA	85407	58,801	69%	Oct-14	10-Nov-14	22-Feb-15	18-Mar-15	05-Apr-15	Fully accessible
2014	QORYOLEY	51779	21,794	42%	Oct-14	10-Nov-14	22-Feb-15	18-Mar-15	05-Apr-15	Partially accessible
2014	WANLEWE	53133	53133	100%	Oct-14	10-Nov-14	22-Feb-15	18-Mar-15	05-Apr-15	Fully accessible
2014	ADALE	16772	10,626	63%	Oct-14	10-Nov-14	22-Feb-15	18-Mar-15	05-Apr-15	Partially accessible
2015	DINSOR	32548	32548	63%	Aug-15	Being planned				Cold chain and vaccine supply issues
2015	BARDERA	25667	25667	67%	Aug-15	17-Sep-15				Partially accessible
2015	MAHAS	7927	7927	100%	Aug-15	Funding management issue				Fully accessible (partially before) -

Strategy for newly accessible areas: 4 rounds of SIADs

- 1st round targeting <5yrs;
- 2nd <10yrs
- 3rd round all ages,
- 4th round <5 & uses OPV with Measles.

SIADs Coverage in Newly Accessible Areas

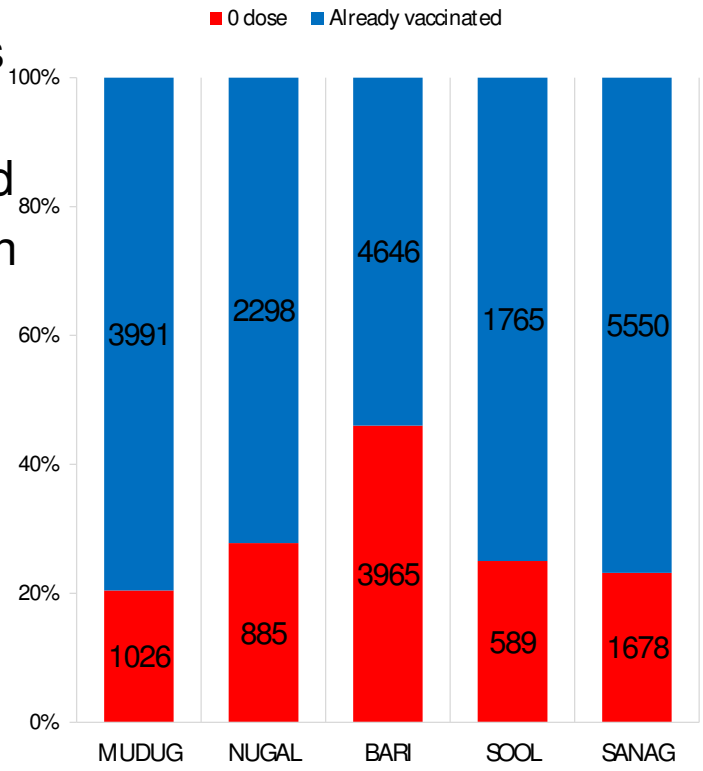




Joint Human/Cattle Vaccination, Puntland Oct 2014

Partners: MOH, FAO, WHO, UNICEF

- FAO Targeted animals: small-ruminants only
- Total targeted: 4 / 13 million in Puntland
- Conducted annually during rainy season
- Targets easily accessible animals, near roads
- One team per district for 60 days
- Targeted children: <10 yrs
- One team per district (30 days),
- Package: OPV, Measles, ORS, Vit A
- Cost is considerably higher than campaign

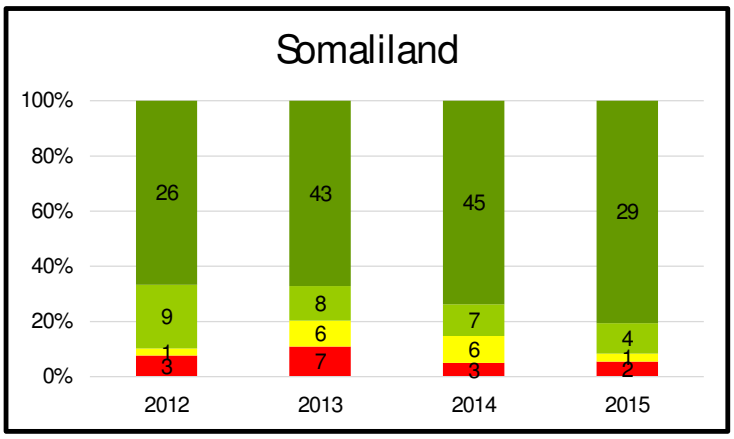


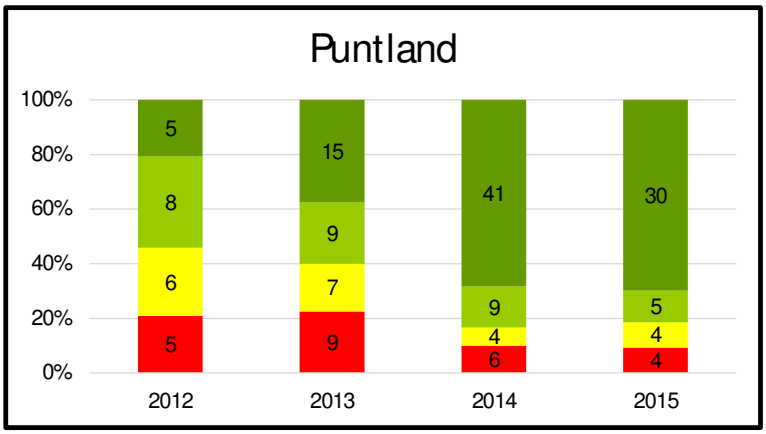
Outcome: 26,400 <10 yrs vaccinated (31% zero dose)

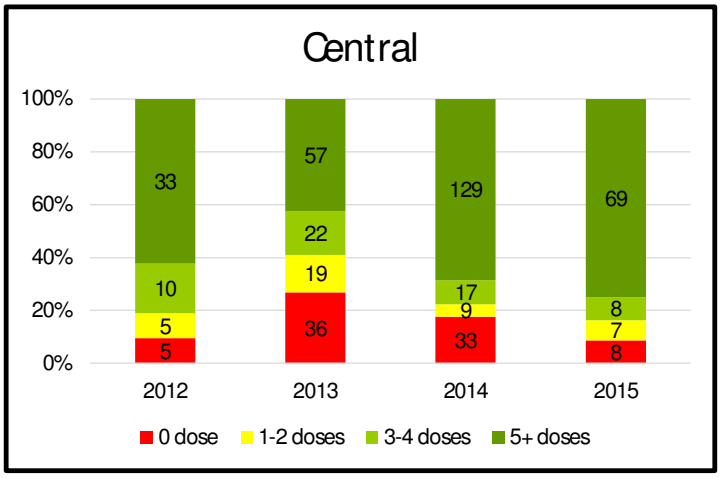
Source: WHO

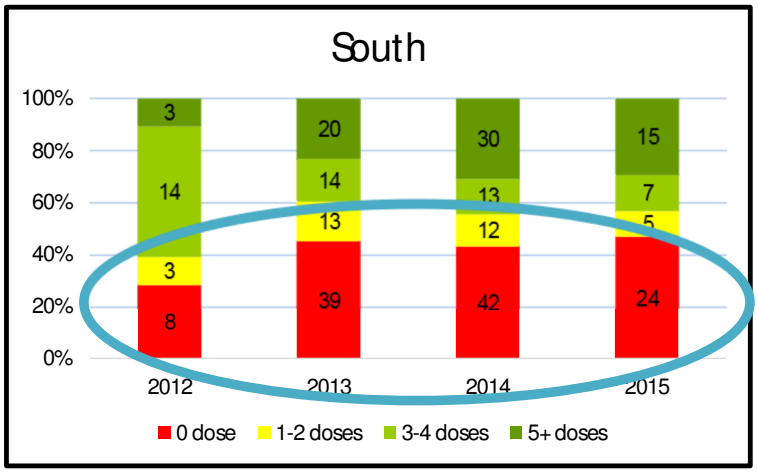
Impact of the Outbreak Response

Immune status NP-AFP, 6-59 months by Zone - 2012-2015





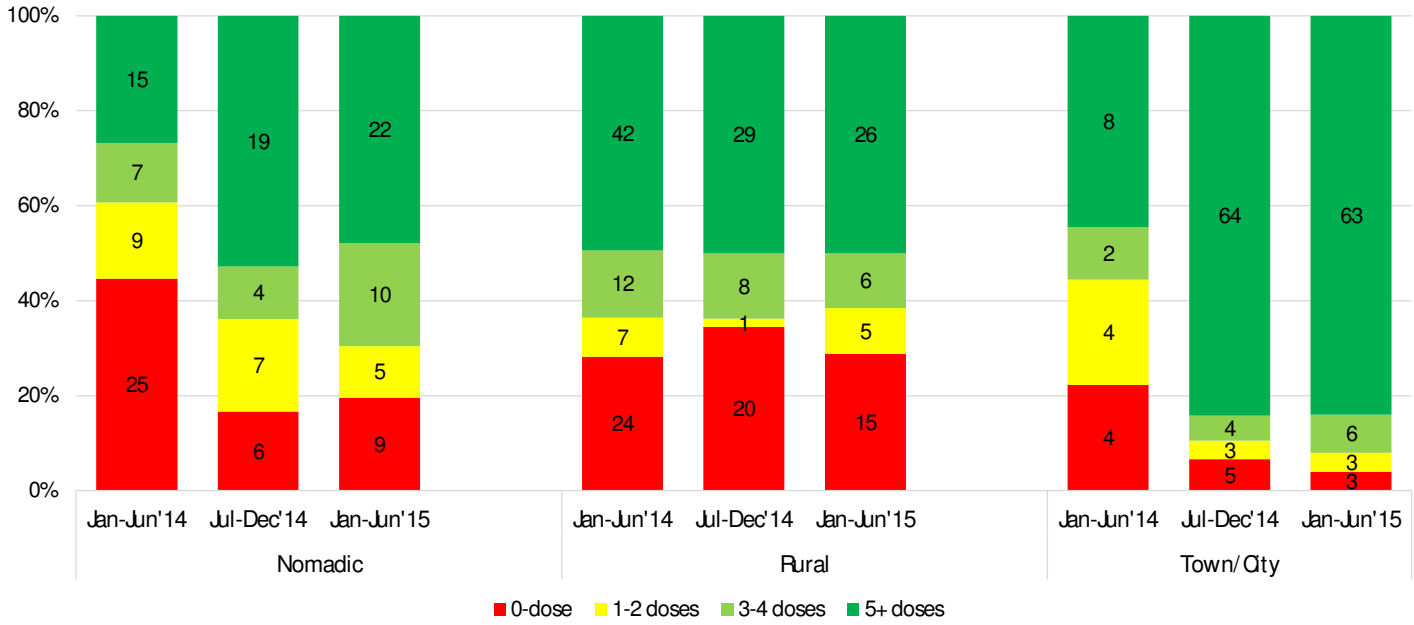




Data as of 10 Sept 2015

Population Immunity Profile

OPV status of NP AFP cases, by lifestyle, 2014-2015



- Major improvements between 1st and 2nd semester of 2014 in nomadic & town.
- No change in rural setting
  - 85% of the under immunized children are from inaccessible/partially accessible areas
- Too early to see full impact of 2015, Hard to Reach strategy (HtR)

Data as of 10 Sept 2015

Key Findings – SIAs [1]

- Overall 15 NID, 6 SNIDs, 3 HTR SIADs and 8 Mop ups conducted since the outbreak started
  - Persistent delays in release of funds from WHO resulting in postponement of rounds, including October 2015 round.
- Micro plans validated and include nomadic and HtR populations
- Supervision is still problematic due to security restrictions
- Several initiatives introduced to improve immunity levels
  - SIADs in newly accessible areas
  - Joint FAO immunization
  - Population immunity by life style
  - Zero dose monitoring of NP-AFP cases & children during SIAs
  - Mapping of settlements and identification of elders to be contacted; Nomadic Tracking with over 1700 groups tracked
  - Immunization at Watering points
  - Validation of Tally sheets
  - Development of evidence based district communication plans.

Key findings – SIAs [2]

Monitoring of SIAs:

- IM expanded from 36 districts in August 2014 to 87 districts from March 2015
  - Evidence of use of truly Independent Monitors
  - Evidence of covering urban, rural and Hard to reach in Puntland
- Coverage: based on IM data,:
  - All zones except some districts in Puntland have consistently >95% coverage
- LQAS piloted and rolled out in Puntland
  - Due to be conducted in Somaliland in Oct round
  - Use of Hand held devises provides evidence for reaching remote communities

Vaccine & Cold-chain management, Somalia, 2015

Cold Chain Capacity:

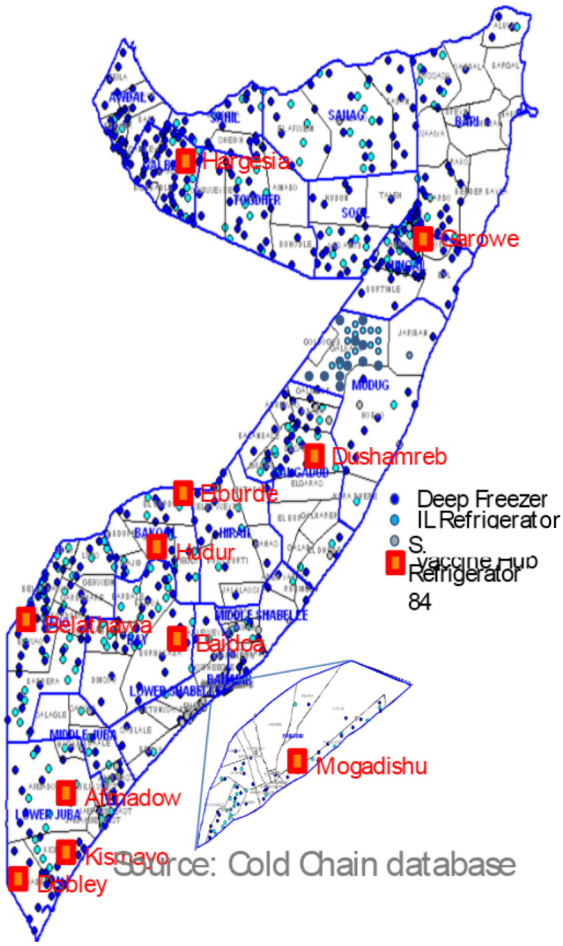
- Over 500 ILRs & 250 Deep Freezers working in Somalia
- 77 Solar Fridges purchased to replace Kerosene fridges

Vaccine Management.

- RI vaccine utilization monitoring at zonal level
- Use of electronic temp loggers at zonal/regional stores

Cold Rooms(WIC/WIF) installation SCZ

- Mogadishu cold room: Room construction completed and awaiting cold room installation
- Baidoa hub: Construction in progress, work expected to be completed by end October 2015
- Dusamareb: BOQ ready, awaiting bidding for construction



Subject areas of assessment

- Implementation of recommendation from previous assessment
- Quality of outbreak response
- AFP surveillance sensitivity
  - Risk of undetected transmission
  - Ability to detect any new transmission at earliest
- Quality of SIAs carried out so far and assessment of need for additional SIAs
- Communication strategy
- Plans to strengthen / maintain population immunity with special focus on known high risk areas and populations
- Outbreak preparedness and response plan

Capacity: Social Mobilization Network

Recruited

- Regional, District coordinators & Community mobilizers recruited for all accessible districts
- DSMCs/RSMC for Lower Juba recruited

Trained

- 100% of Managers & Trainers (C4D & ToT)
- Social Mobilizers trained on IPC in North East & North West zone.
- IPC Training in South Central Zone ongoing

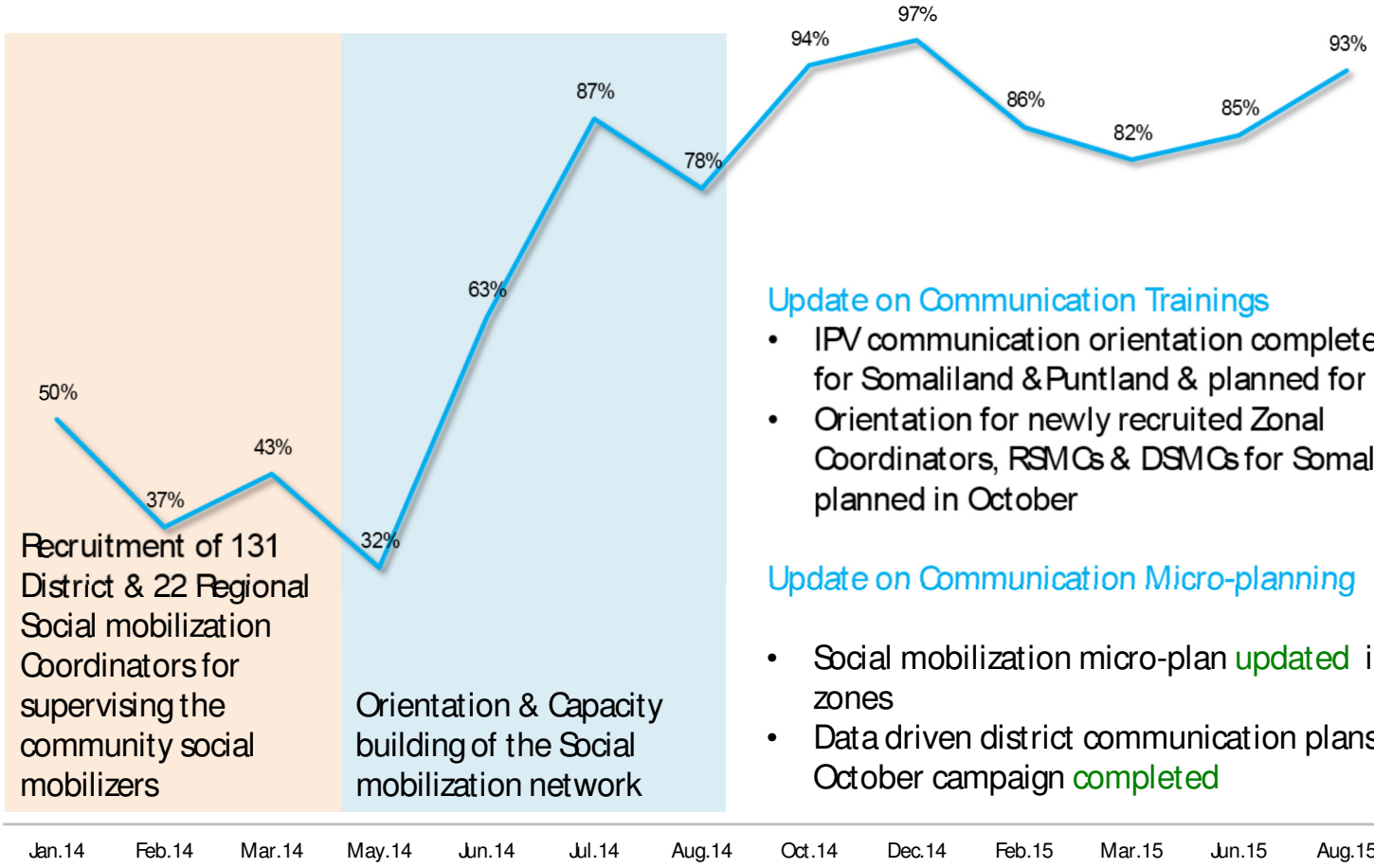
Coordinated & Supervised

- Community mobilizers Supervised by DFAs before campaigns
- Coordinated with vaccination teams by DFAs
- Have movement & deployment plans
- Joint micro-plans including social maps

Equipped

- With social mobilization flipcharts & visual aids that includes topics on Polio, EPI etc.

Awareness about Polio campaigns, Somalia, 2014-15



Update on Communication Trainings

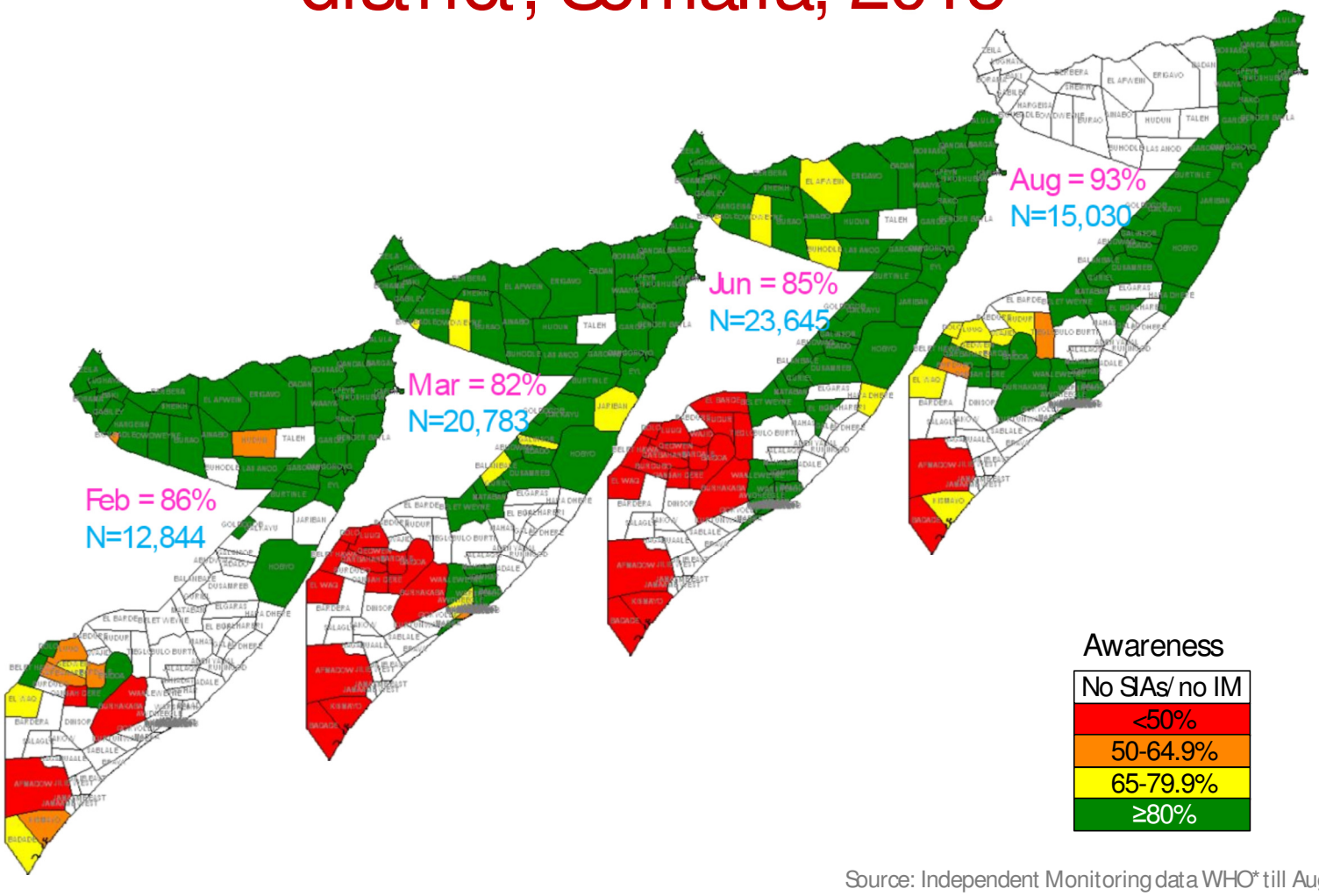
- IPV communication orientation completed for Somaliland & Puntland & planned for SCZ
- Orientation for newly recruited Zonal Coordinators, RSMCs & DSMCs for Somalia planned in October

Update on Communication Micro-planning

- Social mobilization micro-plan updated in all zones
- Data driven district communication plans for October campaign completed

Source: Independent Monitoring (WHO)

Awareness about Polio campaigns by district, Somalia, 2015



Source: Independent Monitoring data WHO* till Aug

Key Findings

- With the exception of few districts in South-Central zone, high campaign awareness and communication momentum have been maintained with little campaign fatigue or refusals

- RSMC/DSMC structure is fully in place in all zones and continue to gain its strength – better District Communication Plans informed by IM, improved microplanning and supervision, focus on mobile population and clan leaders

- Better linkage between the third party community mobilizers and RSMC/DSMC structure in the South-Central Zone

- Identified implementing partner for the newly opened district (Dinsor/Bardera)

Key Findings

However,

- In South-Central Zone, there has been a gap in C4D human resources, PCA with NGOs and contracts with the media management company resulting in sub-optimal progress

- There is a concerning trend in missed children due to social reasons (refusals, child not at home) in Lower Shabelle and Banadir regions

- Although training plans are in place, In South-Central zone only 10% of social mobilizers have been trained; 2 newly recruited RSMC and 6 DSMCs need on-board and training

- Analysis of social data at zonal level (IM and social mobilization check lists) is not done regularly or thoroughly

Subject areas of assessment

- Implementation of recommendation from previous assessment
- Quality of outbreak response
- AFP surveillance sensitivity
  - Risk of undetected transmission
  - Ability to detect any new transmission at earliest
- Quality of SIAs carried out so far and assessment of need for additional SIAs
- Communication strategy
- Plans to strengthen / maintain population immunity with special focus on known high risk areas and populations
- Outbreak preparedness and response plan

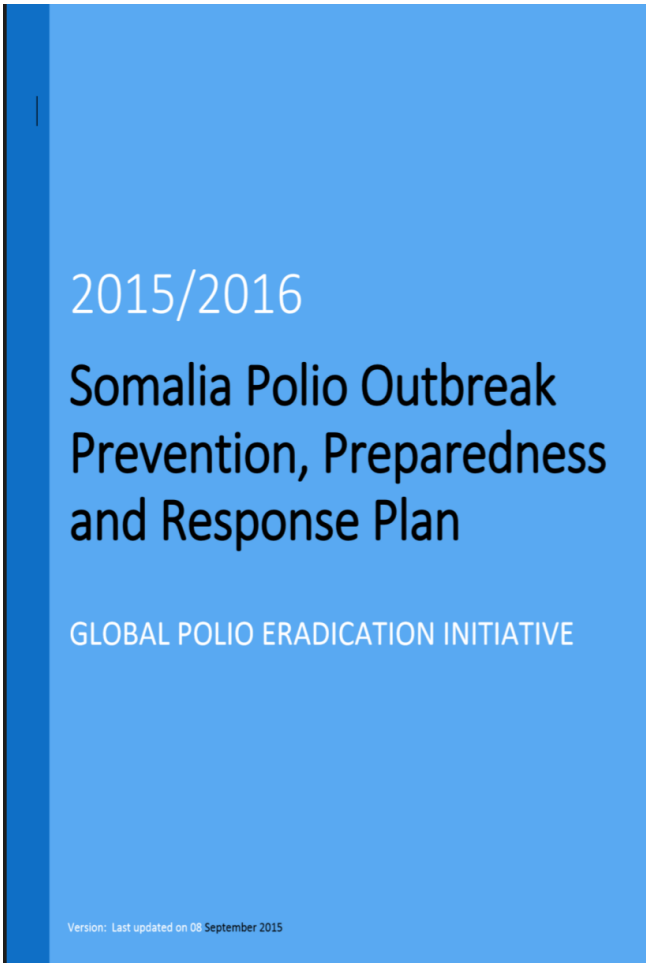
6-months EPI/ Polio plan

- Developed end of July 2015, during Somalia planning meeting in Nairobi
  - Aims to address the key challenges and risks to the program
- National and specific zonal activity plans, with deliverables, focal persons and timelines
- A national dashboard to monitor these activities has been developed and will be maintained at the Nairobi office
- One-EPI Plan addressing RI developed

Improving population immunity: SIAs (1)

- Reaching all children during SIAs:
  - GIS satellite imagery project (pilot phase in Puntland, Nov)
  - LQAs fully rolled out in Puntland and Somaliland
  - Post campaign review meeting with MoH to review performances.
- Negotiating access
  - Explore ways of improving access to currently inaccessible areas
- Improving data management
  - Develop a comprehensive SIA database; Standardised IM tools
- Strengthening RI
  - Micro plans for RI in 37 selected districts; MLM training in priority districts; Launching IPV in RI

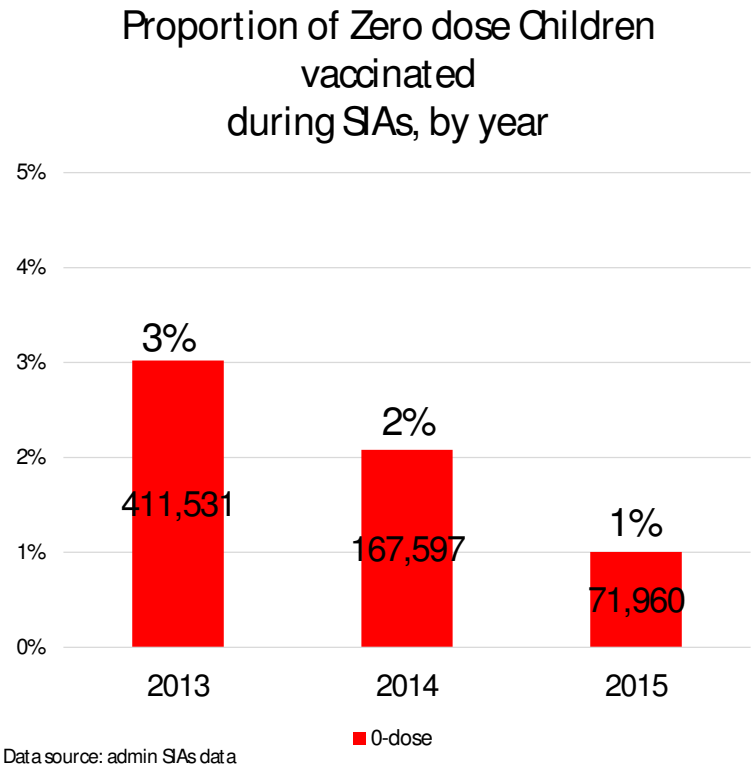
Outbreak preparedness plan



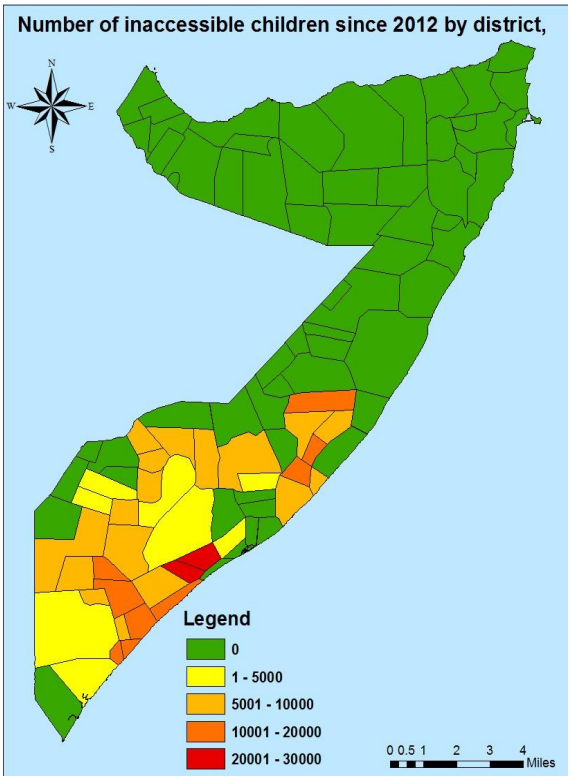
- Plan has 2 key sections
  - Preventing and detecting an outbreak
  - Responding to an outbreak
- Outlines key activities, timelines, partners, responsibilities, leadership and a preliminary budget; based on new GPEI guideline.
- Plan to be reviewed and updated annually.
- Plan to be field tested => Simulation.

What are the remaining risks to stopping the outbreak and for further spread ?

Trend in Zero dose (SIAs) & Inaccessible children



Data source: admin SIAs data



Decreasing trend of Zero dose vaccinated during SIAs, in accessible areas

- An estimated 325,000 children have not been accessed since 2012

Remaining risks to the program

- 325,000 children have never been accessed since 2012
- Delay in fund flow leading to postponement of SIAs
- No hard to reach SIAs conducted in Puntland
- Sub optimal quality of SIAs in some areas (insecurity, clan conflicts areas).
- Inadequate supervision of active surveillance and SIAs (pre and Intra campaigns), even in accessible areas, due to security restrictions.
- Low Routine Immunization which may result in emergence of VDPVs and outbreak following importation of wild poliovirus.

Response to the questions

Have the National authorities and supporting partners played their role as laid down in the WHA resolutions?	Yes. Despite security challenges Government has been fully involved with support of Partners.
Were recommendations of previous outbreak response assessment fully implemented?	No. 10 were fully implemented 8 were partially implemented 1 1 Not implemented
Did the outbreak response activities meet the outbreak response standards?	Partially. Commendable work has been done to improve the response over time. Several innovations implemented and IM has markedly improved.

Response to the questions

How likely is it that the country has stopped polio transmission based on analysis of surveillance, SIA and other programme data?	Most Likely. As evidenced by all data provided and no new WPV for more than 12 months with good surveillance indicators.
Is population immunity sufficient enough to reliably maintain a polio-free status?	No. Population immunity is good in some areas but not good enough in the inaccessible areas. Further more RI coverage is low.
Is AFP surveillance sensitivity currently adequate to detect all transmission?	Yes. Surveillance indicators have been above recommended levels even in the inaccessible areas for SIAs .

Response to the questions

Is the country well prepared for responding to any new outbreak?	Yes. There is a an updated Outbreak response plan consistent with the new SOPs and most of the recommended staff are in place.
Was the communication response to outbreak adequate?	Yes. Strong mix of strategies which have contributed to sustained high level of vaccine acceptance despite repeated campaigns.
Is there strong outbreak response communication strategy in place?	Yes. Overall and specific plans have been developed and are revised depending on IM findings. Implementation of the strategy may be limited in inaccessible areas.

Response to the questions

Does the country have additional unmet financial or resource needs?	Yes. UNICEF surge staff have funding only until March 2016. There is need to ensure funding to sustain the current SURGE capacity until global certification considering the context in Somalia
What are the risks to maintaining polio free status?	• Over 325,000 children inaccessible for SIAs and RI since 2012 (as of Sept 2015). • Security challenges; Inadequate supervision due to security constraints • Hard to reach populations • Clan conflict areas • Low RI coverage • Possible importations from an endemic countries into Somalia. • Failure to conduct remaining SIAs due to Financial Delays

Conclusions

Conclusions (1)

The assessment team recognizes that there has been significant improvement in the quality of SIAs, application of communication strategies, and reaching mobile as well as the Hard to reach populations. Further that the quality of surveillance has been sustained over the past three years.

Conclusions (2)

- From the evidence provided, the assessment team concludes that transmission in Somalia has been interrupted.
- Overall the surveillance system is robust enough to pick up any transmission should it occur.
- Population immunity has improved in the accessible and partially accessible areas as well as in the nomadic populations but plans that have been developed need to be fully implemented as per strategies initiated.

Recommendations

Recommendations

1. The assessment team recommends that this outbreak be declared closed. However, considering the context in Somalia and the need to sustain polio free status, the assessment team urges the government and partners to ensure that:
   - The surge capacity that has been put in place for this outbreak response is maintained until Global certification.
   - Issues of access need to be explored further.

Operations:

2. Assessment team recommends that WHO/EMRO puts into place a lasting solution to the PERSISTENT funding delays that have continued to compromise the smooth implementation of outbreak response activities.

Coordination and Supervision

3. Noting the progress made in re-establishing the coordination mechanism at Nairobi level, the assessment team recommends that
   - The same arrangement be fully operationalized at the Zonal level taking into account the security restrictions.
   - The Polio/RI Team Leads for WHO and UNICEF should conduct joint visits to the Zones, preferably on a quarterly basis.

Recommendations

Surveillance

4. Continue rationalising and expanding VPVs.
5. Conduct twice a year refresher trainings and formal trainings for current and newly recruited staff within the surveillance network. Build capacity
6. Develop and roll-out of comprehensive communication component (pictorial IEC, mass communication and social mobilization content) focused at communities and sentinel sites to improve detection, reporting, and referral of children with suspected AFP. Prototype developed by end December 2015.
7. WHO and UNICEF staff to visit priority 1 surveillance sites and report on the implementation.

Recommendations

Population Immunity

8. Ensure implementation of the innovations and strategies that have been put in place and have led to rapid improvement of population immunity including conducting missed Hard to Reach (HtR) SIAs in Puntland over and above the planned SIAs. These strategies include
    - Review and validation of micro plans to ensure they capture the nomadic as well as hard to reach populations
    - SIADs in newly accessible areas
    - Expansion and rationalization of T/PVP
    - Mapping of settlements (satellite imagery)
    - Identification of elders to be contacted & nomadic tracking
    - Immunization at Watering points
    - Rolling out LQAs
    - Zero dose tracking in SIAs data.

Recommendations

Communications:

9. Expedite completion of planned trainings; finalization of PCAs with NGOs (including newly accessible districts), LTAs with media management group; rapid on-boarding and immediate deployment of C4D human resources
10. Maintain close oversight of missed children in the South-Central Zone (Banadir and Lower Shabelle); capacity building of zonal staff to review, analyze and use of social data for planning and RSMC/DSMC guidance
11. The assessment team finally recommends that all the June 2015 recommendations that were either not implemented or partially implemented should be fully implemented.

Thank You