4th HOA Outbreak Response Assessment

Somalia

8th to 12th June 2015

“Carve your name on hearts, not tombstones. A legacy is etched into the minds of others and the stories they share about you.” - Alder

In fond memory of Brenda & Payenda

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.

Methodology

- Overview presentations on country and zones by WHO and UNICEF
- Small group discussions with zonal teams of Government, UNICEF, and WHO
- Document review and analysis – no field assessment due to security reasons
- Provide feedback to the Government authorities and partner teams

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
- Population Immunity: Quality of SIAs, RI 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

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Status of implementation of previous outbreak response assessment recommendations

- A large number of recommendations were given at the previous assessment
  - **50 + overarching recommendations linked to 200+ activities**

- Difficult to evaluate the extent and quality implementation without travelling to field

- Based on the tracking sheet shared by the Somalia team – strong efforts in most areas

- However, the team was not able to recruit and deploy new human resources or fully implement critical nomadic strategies in all areas

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Partner Coordination

- Strong coordination between government and partners at the beginning of the outbreak
- Has deteriorated in 2015– Currently little evidence of regular coordination at national level
- Zonal coordination between govt. and partners is established but is complicated by logistics and security
- SITREP not produced weekly as expected or shared with all partners

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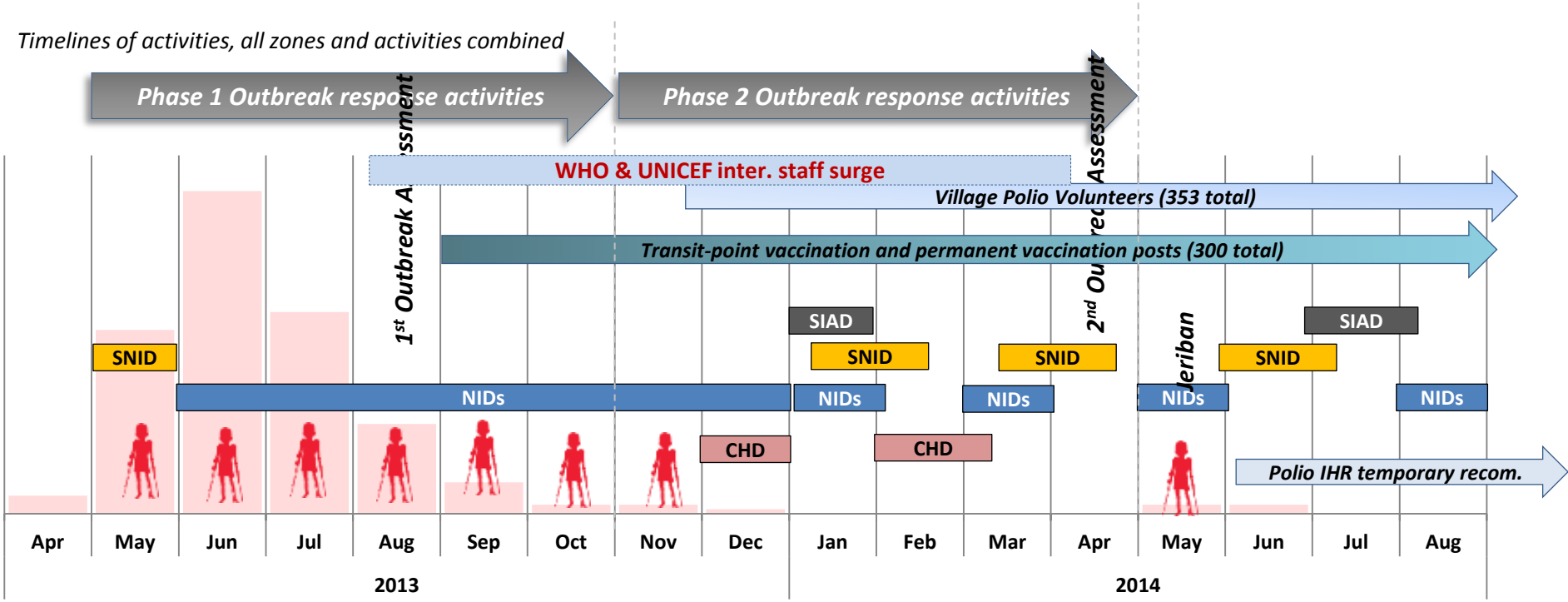
Speed and appropriateness of outbreak response activities as per WHA Resolution, 2006 (WHA59.1)

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	Only in Puntland
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	Partially met
NP AFP rate>2 during the outbreak and for at least one year after	Yes
% Adequate stool ≥ 80%	Not in all regions

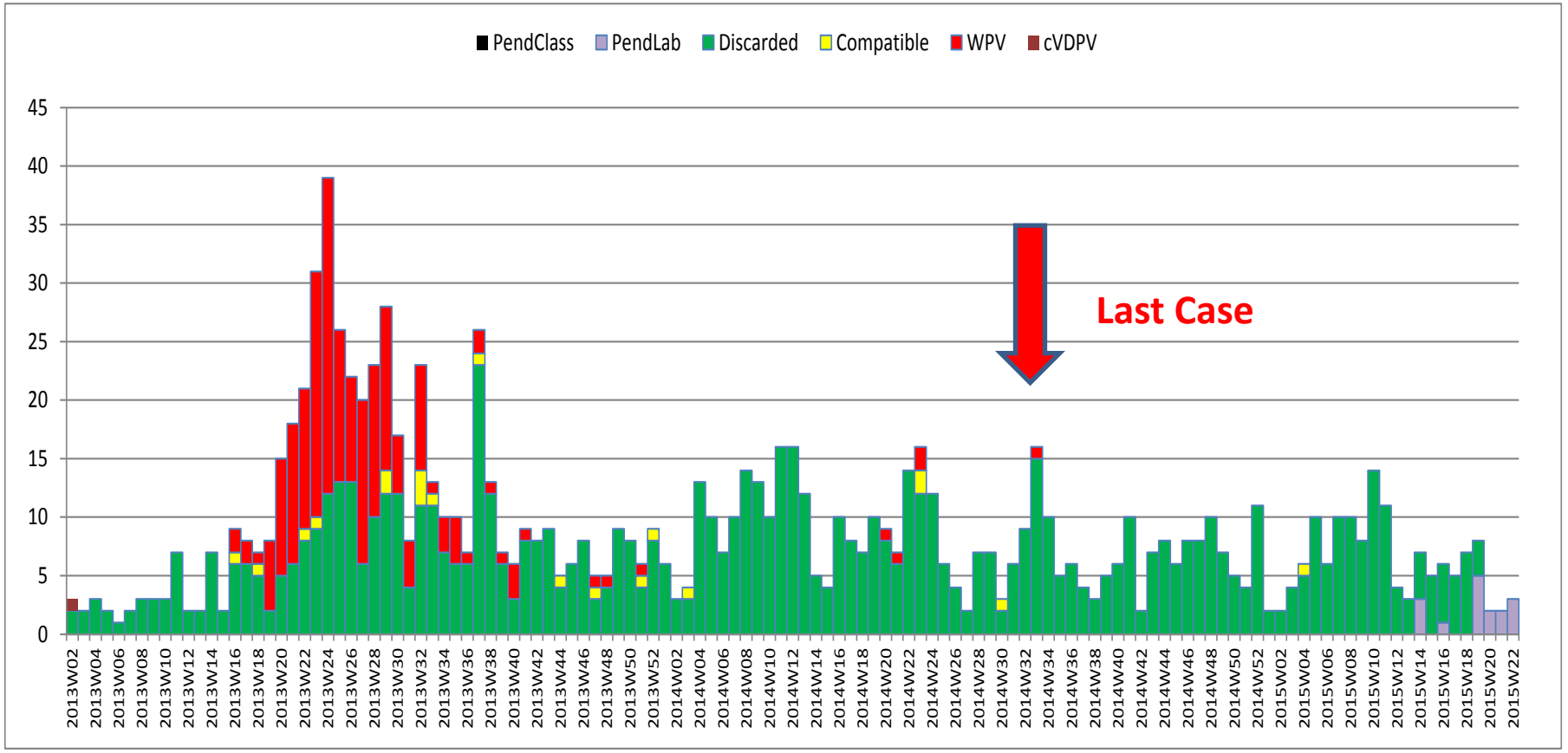
Timeline of response activities: 2013- 2014 (Aug)



- Intense response, multiple activities and initiatives
- Multiple rounds of SIAs: NIDs, SNIDs, SIADs
- Adequate technical and financial support from PEI

Data as of 23 July 2014

Somalia Epi curve



- **Most recent WPV1 had paralysis onset on 11 August 2014, Jeriban, Puntland**
- **10 months since most recent case (as of June 2015)**

(Data as of June 16 2015)

WPV, Somalia 2013-14

2013

- Number of WPV cases: 194
- Number of infected provinces: 11

2014

- Number of WPV cases: 5 (11 August)
- Number of infected province: 1

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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	(132) 5.7%
Percent of AFP cases with adequate specimen	80%	(168) 97.6%	(145) 98.0%	(474) 86.8%	(406) 96.7%	(129) 98.3%
Investigated ≤ 2 Days of Notification	80%	(170) 98.8%	(145) 98.0%	(531) 97.3%	(398) 94.8%	(125) 95%
Specimen Arriving in "Good-Condition"	90%	(169) 100%	(146) 100%	(537) 100%	(412) 100%	(108) 100%
Non-Polio Entero-virus Isolation Rate	10%	(25) 14.8%	(30) 20.6%	(64) 11.7%	(56) 13.5%	(16) 13%
Sabin Like Virus Isolation Rate		(17) 10.1%	(12) 8.2%	(62) 11.4%	(30) 7.3%	(11) 8.3%

Nationally all indicators point at a high quality surveillance system

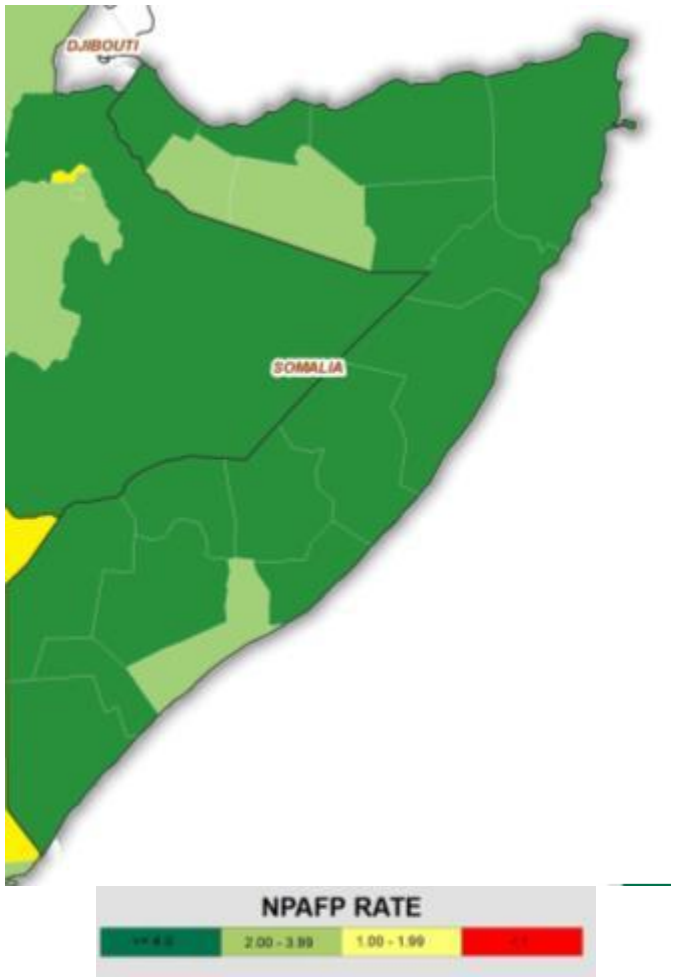
Data as 05/02/2015

Subnational AFP Indicators, Somalia 2015

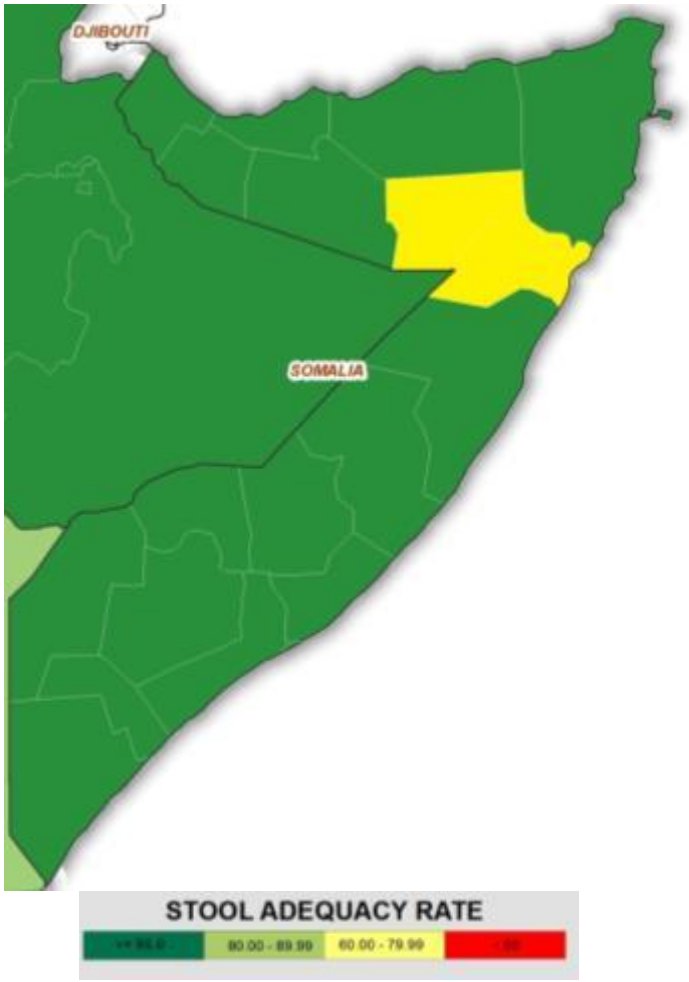
Operational Zones	NP-AFP Rate Per 100,000 ≤ 15 Years (annualized) (Target ≥ 2)	% AFP cases with adequate specimen (≥80%)	Investigated ≤ 2 Days of Notification (≥80%)	Arriving in "Good-Condition (≥90%) *	Non-Polio Entero-virus Isolation Rate (≥10%)	Sabin Like Virus Isolation Rate
Puntland (Northeast)	(27) 17.2	(26) 96%	(27) 100%	(26/26) 100%	(4/26) 15%	(4/26) 15.4%
Somaliland (Northwest)	(25) 4.8	(23) 95%	(24) 96%	(20/20) 100%	(1/20) 5% *	(2/20) 10%
Central	(52) 5.0	(52) 100%	(50) 90%	(48/48) 100%	(7/48) 14%	(1/48) 2.0%
South	(28) 5.3	(28) 100%	(24) 86%	(24/24) 100%	(3/24) 13%	(4/24) 17%
Somalia	(132) 5.7	(129) 98%	(125) 95%	(108) 100%	(15/118) 13%	(11/118) 9.0%

*Surveillance sensitivity, last 6 months**

NP AFP rate



Stool adequacy rate



* 10 December 2014 to 10 June 2015 (data as of 15 June 2015)

AFP surveillance sensitivity

- **Surveillance sensitivity**
  - Indicators at national and zonal level meet global standards
  - Low stool adequacy in Sool and Nugul
  - No documentation available on AFP case validation

- **Reporting network**
  - Reporting network expanded after the outbreak to include pharmacy and private clinics
  - Community surveillance strengthened through deployment of Village Polio Volunteers and sensitization of clan leaders (35% of 2015 AFP cases detected by VPVs)

- **Data analysis & Feedback**
  - No regular detailed risk analysis conducted
  - Since early 2015, Irregular weekly surveillance update/SitRep

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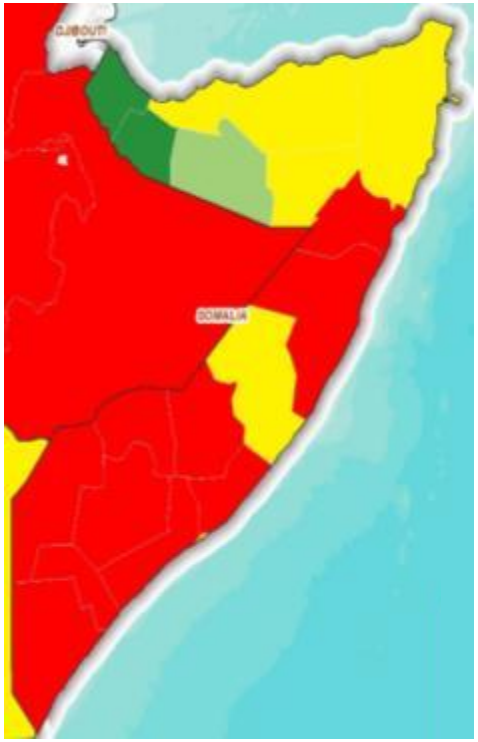
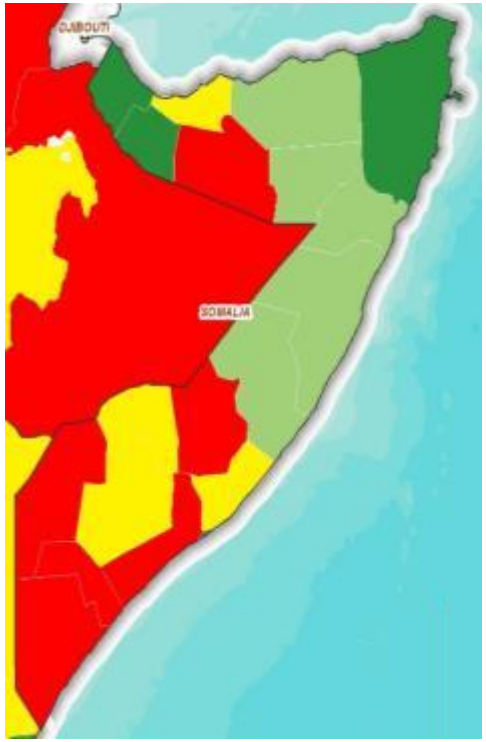
Percentage of NP AFP 6-59 monthswith >3 OPV doses

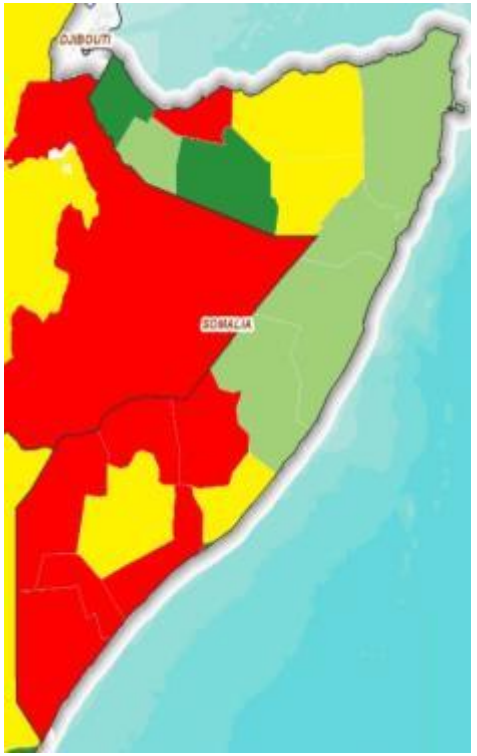
2013

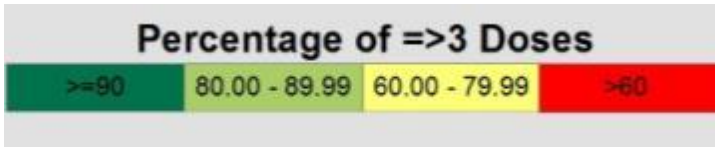


2014



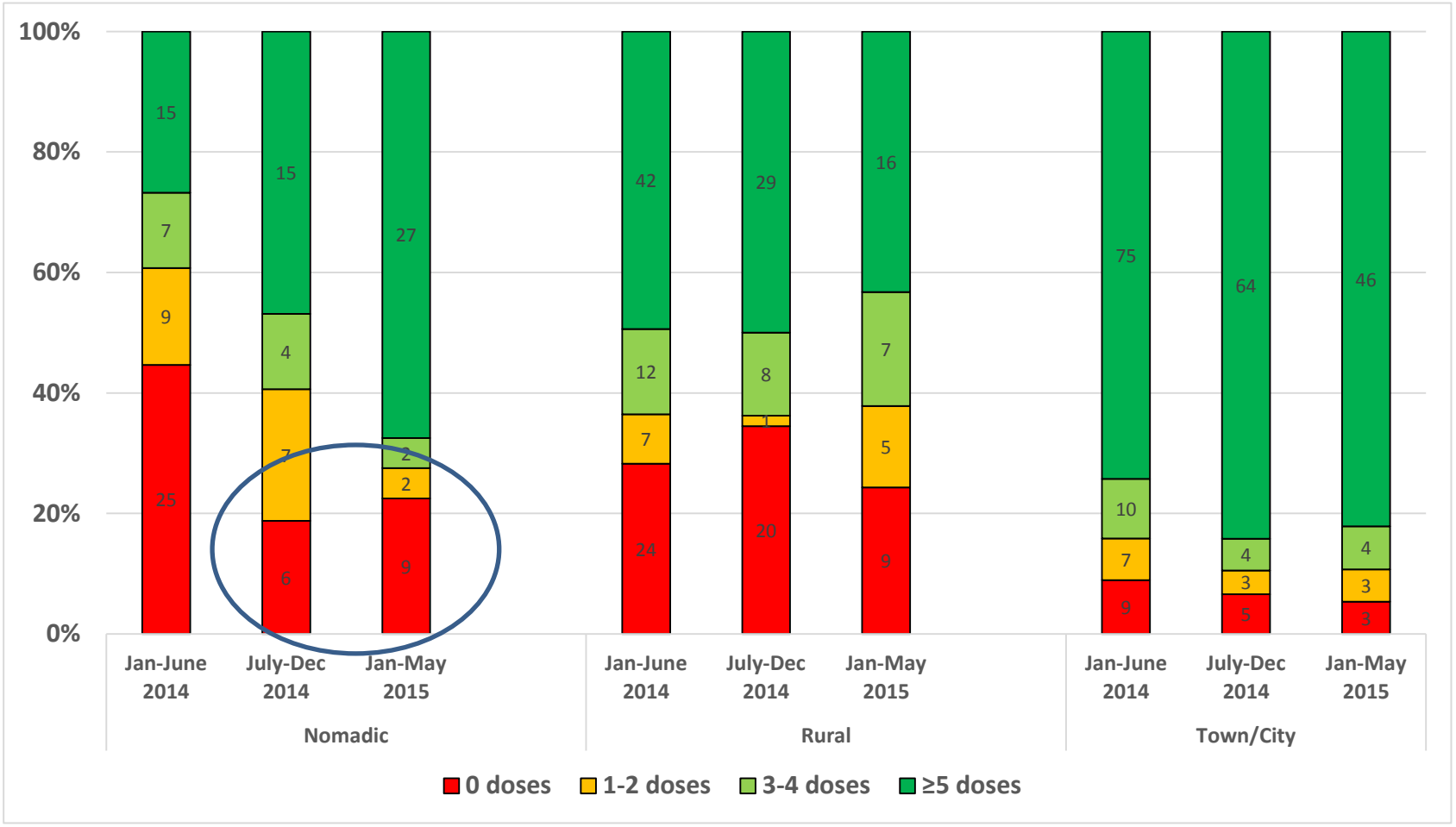
Last 6 months (10 Dec 2104- 10 Jun2105





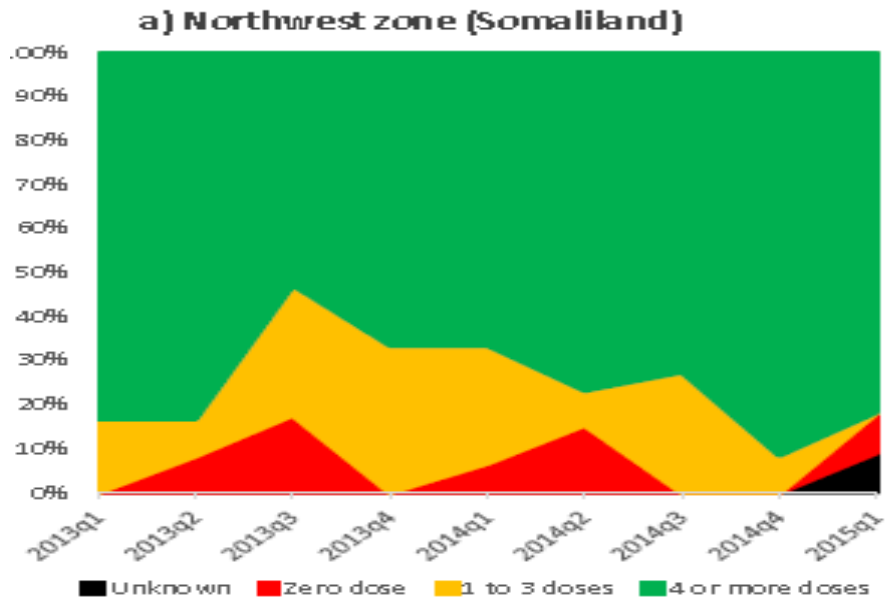
Data as of 10 June 2015

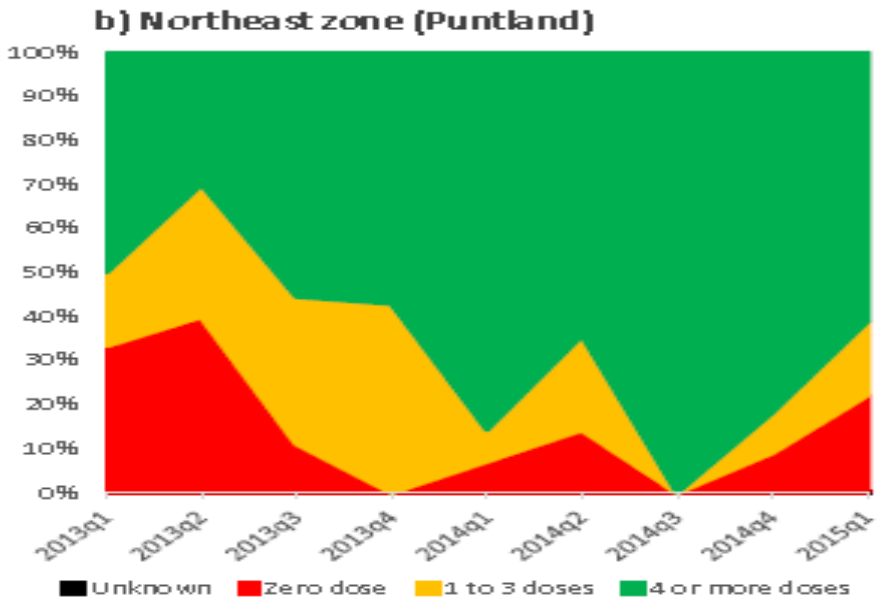
OPV Status of all AFP Cases by Lifestyle, Jan 2014-May 2015

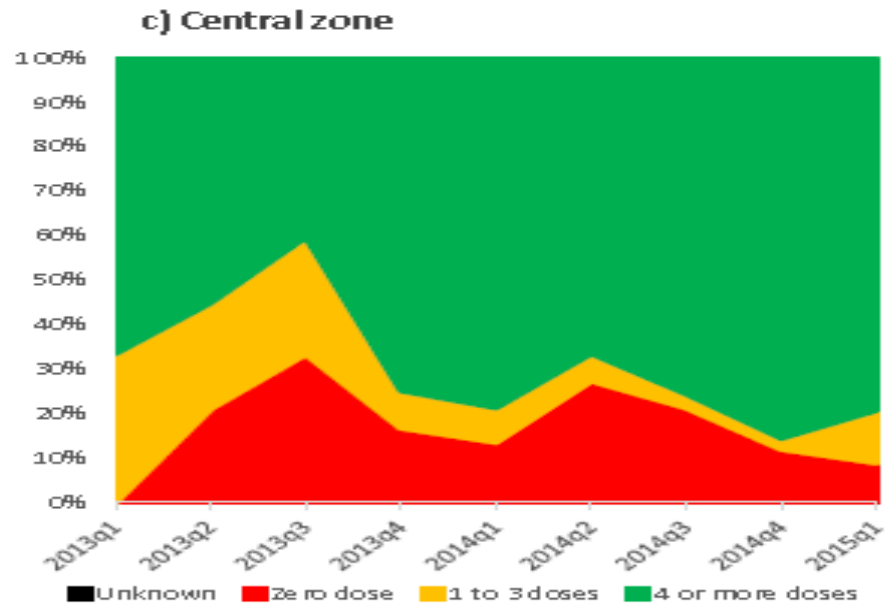


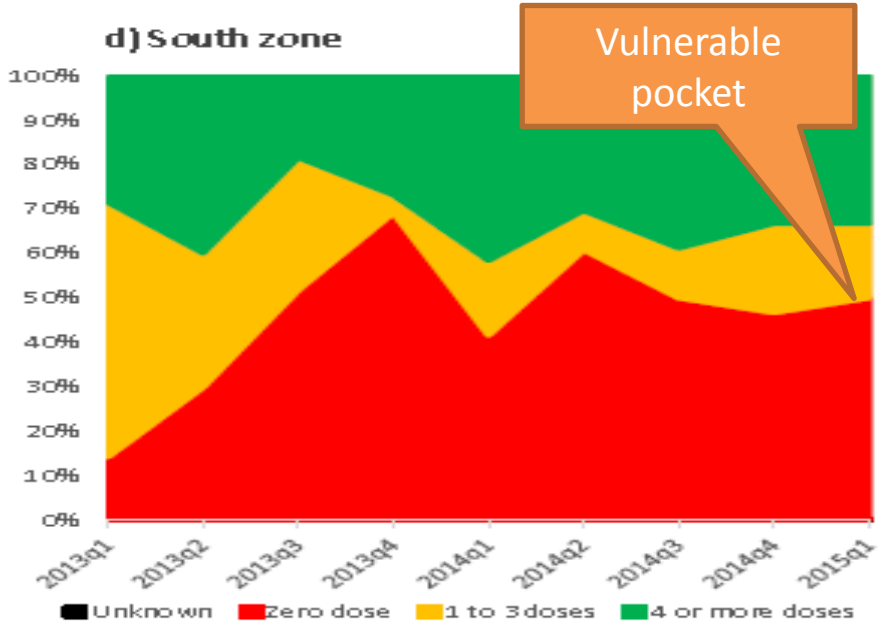
Data as of 10 June 2015

Population Immunity by Zone (OPV dose status of non-polio AFP, 6-59 months, 2013 –2015 by quarter)









Number of SIAs by Zone

		Somaliland	Puntland	Central	South	Country
Number of rounds since the outbreak (April 2013 - June 2015)	NIDs	14	14	14	14	14
	SNIDs	1	3	4	4	5
	Mop Ups		9	1		10
	HtR	3	1 (FAO)	3	3	3
Number of rounds after the last case (August 2014 - June 2015)	NIDs	4	4	4	4	4
	SNIDs		1			1
	Mop Ups		3			3
	HtR	3	1 (FAO)	3	3	3
Number of tOPV round since 2013*				2		
Number of rounds postponed*, Jan-Jun 2	1 NIDs (tOPV), 2 SNIDs (tOPV, bOPV), 2 HtR (Puntland)					

* NIDs with tOPV currently being implemented in Somaliland, South and Central zones.

Quality of SIAs

- IM expanded from 36 districts in August 2014 to 81 districts in March 2015 – however mainly restricted to main towns and villages
- Coverage: based on IM data,: All zones except Puntland have consistently <95% coverage; declines to 85% in out of house monitoring
- The recording of absent, refusal and 0 dose children by teams is very low – approx 2%
  - Dec 2014 sample Tally sheet analysis: Jariban vaccinators recorded only 0.20% children as absent or refusal on back of tally sheet
  - In Feb NID round (done 4 months after Sept NID) 0-dose children were only 0.3% in Central zone (and only 1% overall)

Independent monitoring outcomes

Coverage by IM

Zones	Aug 14	Sep/Oct 14	Feb 15	Mar 15
South	Not done	93	92	86
Central	Not Done	94	Not Done	92
Puntland	95	97	96	96
Somaliland	93	Not Done	90	86
Somalia	**94**	**94**	**92**	**92**

Number of districts with IM

Zones	SIA Districts	Aug 14	Sep/Oct 14	Feb 15	Mar 15
South	21	Not Done	13	13	13
Central	41	Not Done	32	Not Done	32
Somaliland	19	17	19	17	17
Puntland	19	19	Not Done	17	19
Somalia	**100**	**36**	**64**	**47**	**81**

Immunizations

- Population Immunity:
  - good in urban areas and towns and improving in nomadic populations, however immunity gaps remain in rural populations
  - Routine Immunization is weak particularly in South/Central
- Aggressive and robust immunization response introducing a number of new innovations and strategies to rapidly build population immunity
  - 36 national, subnational and targeted rounds conducted in Somalia since the detection of WPV in May 2013
  - 11 campaigns since the last case was detected in August 2014
  - 8 rounds conducted in last infected areas

Immunizations

- Significant number of rounds cancelled or delayed in highest risk areas from late 2014 till now
- HTR SIADs targeting nomadic populations were not implemented in Puntland
- Funds disbursement:
  - SIA rounds delayed due to delay in transfer of WHO OPS funding disbursement in H2 2014; now resolved
  - As rounds were postponed, direct cash transfer (DCT) funds from UNICEF to MOH piled up ; DCT funding hitting the 6-month deadline for liquidation in June 2015
  - In Puntland UNICEF team decimated due to major security incident and nobody to follow-up – resolved this week by UNICEF representative
- Very little tOPV used in country after May 2013–Risk of the emergence of a VDPV (2)

Quality of SIAs: planning, delivery, monitoring

Strategies for vaccination of inaccessible, nomadic and migrant populations:

- Innovative approaches implemented to reach high risk populations
  - Population immunity strengthened in newly accessible districts with successful implementation of SIAD strategy
  - Watering points, nomadic populations marked out
  - 203 new nomadic settlements identified in Puntland following micro-plan review
  - HTR campaigns conducted
- Strategies to engage and sensitize nomadic leaders have not been completed in Somaliland or South/Central Zones

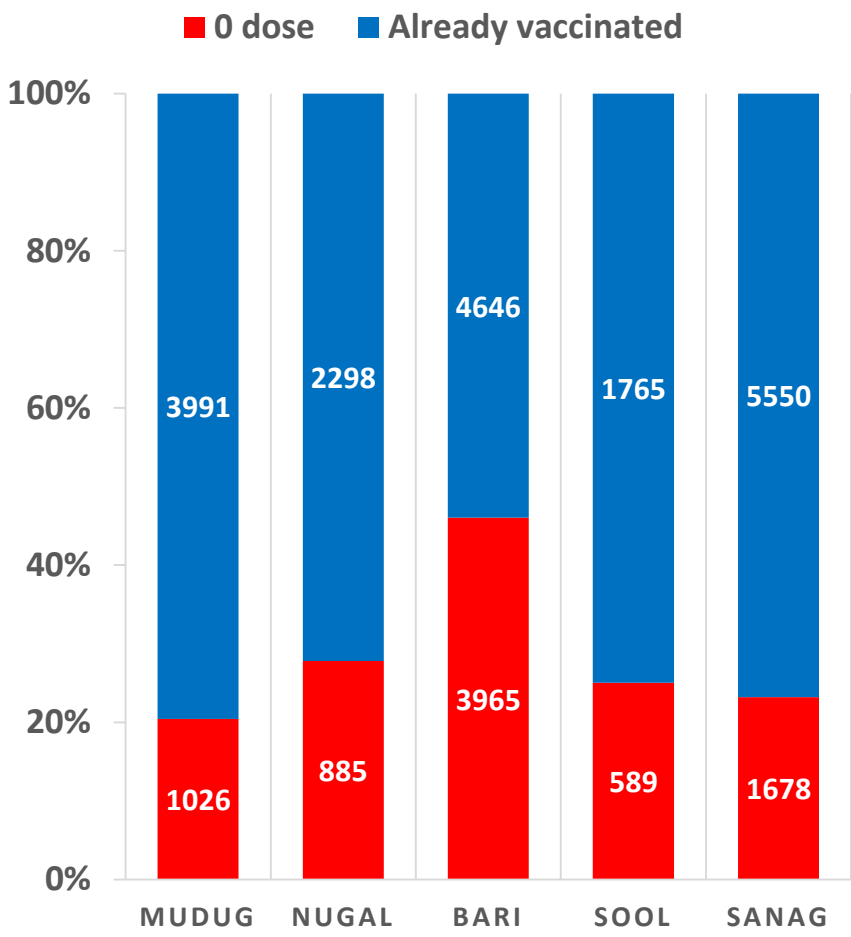
Joint Human/Cattle Vaccination, Puntland Oct 2014

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 vaccinated first time**)



Source: WHO

Quality of SIAs

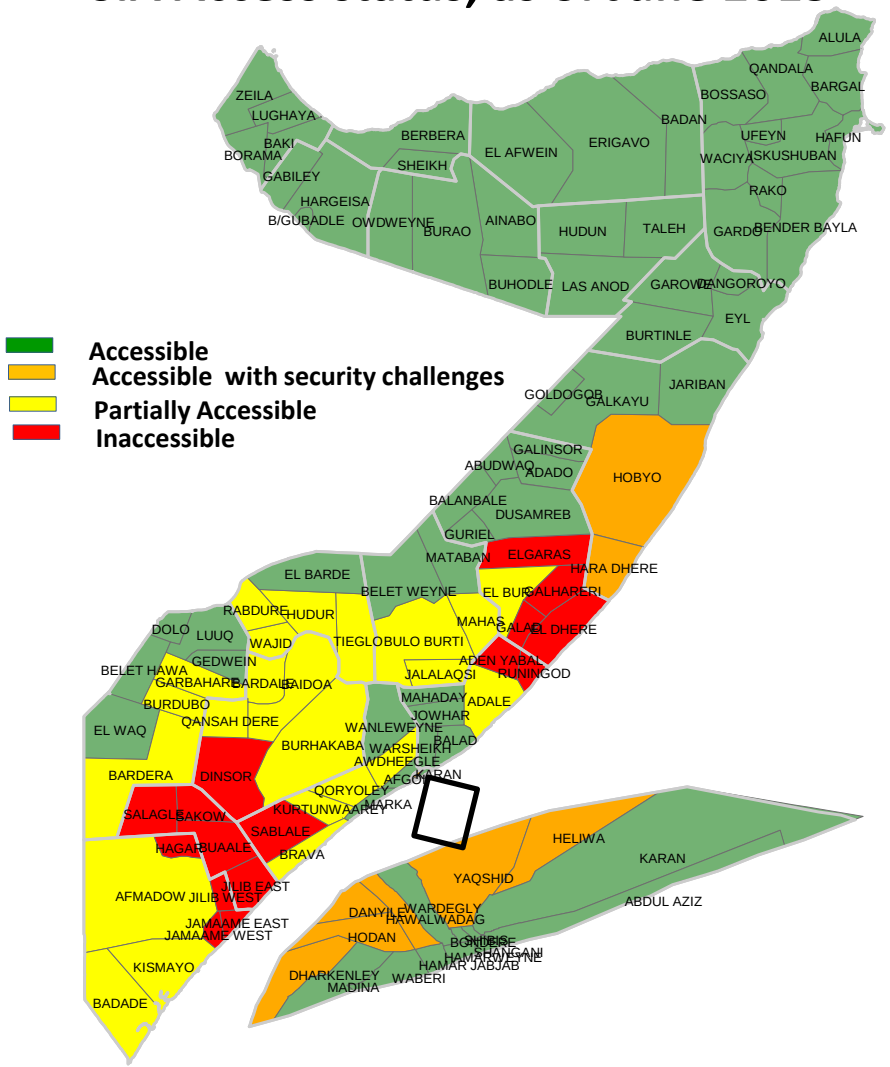
- Micro-planning:
  - Extensive review done including new areas/watering points etc. in 2014
- Supervision
  - Little evidence of available data being used for performance monitoring of vaccinators (and/or supervisors)
  - Tally sheet analysis done, but used as summary data without tagging the data to team or DFA performance for positive or negative reinforcement
  - No evidence that any team has been changed for sub-optimal or praised for good performance in past one year
- Vaccine management
  - Excellent vaccine logistics system through pre-positioning of vaccine in hubs despite challenges
  - Some last mile issues in establishing cold chain for newly accessible areas in SCZ
  - Huge improvement in vaccine management since last assessment – all levels reporting vaccine utilization data

Accessibility - Current Status, Somalia

- **As of April 2015 out of 115 districts**
  - **16 inaccessible**
  - **23 partially accessible**
  - **8 accessible but with security challenges**
  - **68 fully accessible**

Accessibility improved but still 20% (appox 350,000) under 5s are inaccessible

SIA Access status, as of June 2015

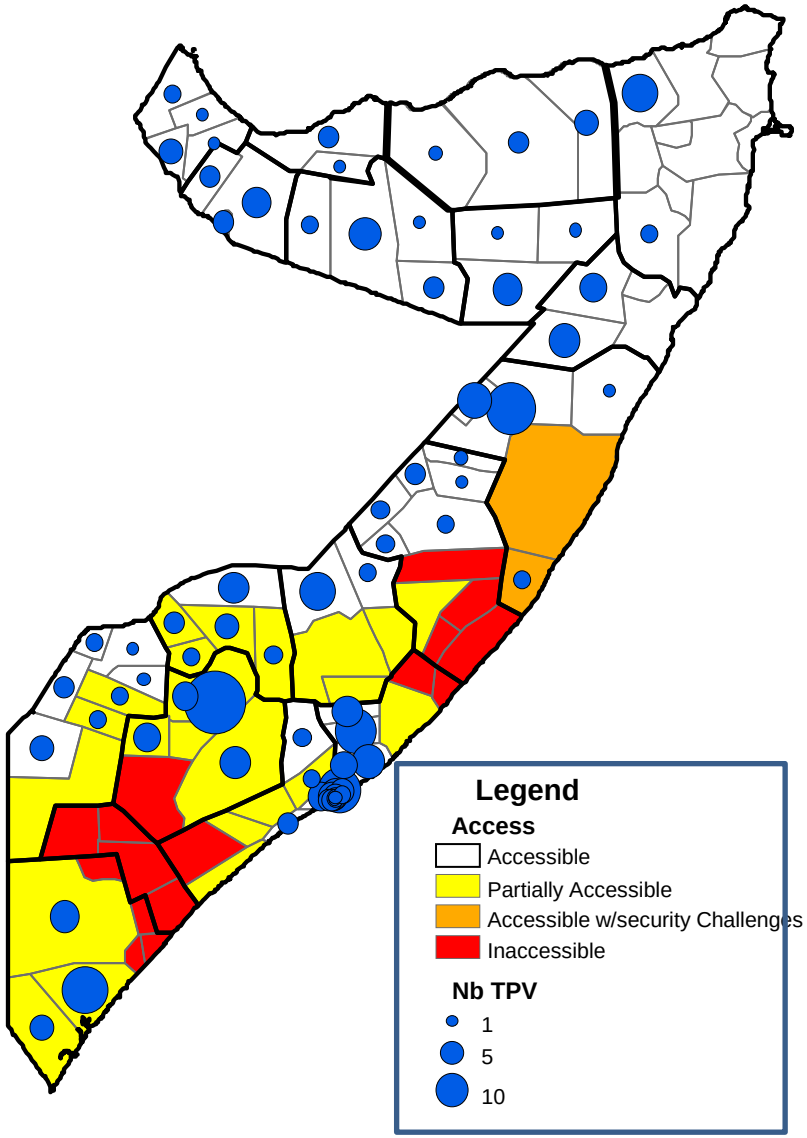


Data as of 03/02/”015

Number and location of transit point vaccination posts

TPVP location by districts

Zone	Existing TPVP No
Central	168
South	96
Somaliland	53
Puntland	48
Total	**365**



Number of children vaccinated at transit points by zone 2014-15

Zone	2014	2015					
		Jan	Feb	Mar	Apr	May	
	Vacc	Vacc	Vacc	Vacc	Vacc	Vacc	0 dose
Central	723,673	178,488	138,226	125,355	176,973	129,666	0.45%
North East (Puntland)	198,446	46,576	35,212	34,308	47,884	45,138	0.26%
North West (Somaliland)	79,668	17,254	13,828	13,438	18,309	13,408	2.62%
South Zone	219,835	34,002	25,340	26,542	35,254	26,105	3.96%
Somalia Total	1,221,622	276,320	212,606	199,643	278,420	181,737	1.07%

Returnees from Yemen, Vaccinated at Mogadisgu Port, Somalai

<5 Years Age	% of U5 years Age	5-10 Years Age	>10 Years Age Vaccinated	Total above 5 years of age	Total No. of Zero dose	Total Returnees (All
1,713	13.50	1,490	9,487	10,977	3,506	12,690

*Data as 02/06/2015

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Key Findings

In spite of significant challenges the team has demonstrated its **ability to deliver a diverse mix of innovative strategies which reach** and mobilize **both the broad population and higher risk groups**.

Since the last assessment in October 2014 a number of new strategies have been implemented – including but not limited to:

- **Establishing a SM network** with more than 3000 mobilizers trained and reporting activities
- Implementing enhanced strategies to reach **security affected and nomadic populations** - **mapping of sites where nomad and migrant populations stay** as well as sensitization of more than 300 nomadic elders in Puntland
- **Production and airing of an 18 part interactive radio serial** in partnership with BBC Media Action with integrated messaging on polio, RI and other health issues

Although too early to fully evaluate the impact of these strategies refusal numbers remain low and **there is some evidence that high risk groups particularly in Puntland** are now more excepting of immunization services and are better covered during SIAs.

Strengths

- SM network established and trained in all areas of country where safety allows
- Integrated micro-plans with social data included
- District Communication Plans for each campaign established
- Specific strategies for high risk populations – security affected areas, nomadic populations
- Good mix of strategies – FM radio, IPC, traditional media, advocacy with clan and religious leaders
- Strong programme branding – visibility of vaccinators

Weaknesses

- Accountability for the quality of SM network - SM, DSMC, RSMC must be strengthened
- Quality of social data in micro-plans – specific names and contact of schools, mosque, madrasa not always included
- Quality of District Communication Plans – little use of data, incomplete, not updated before each SIA
- Social Mobilizers only contracted for 3 days prior to campaign implementation due to funding constraints
- Evaluation of the impact of SM net needed

Opportunities

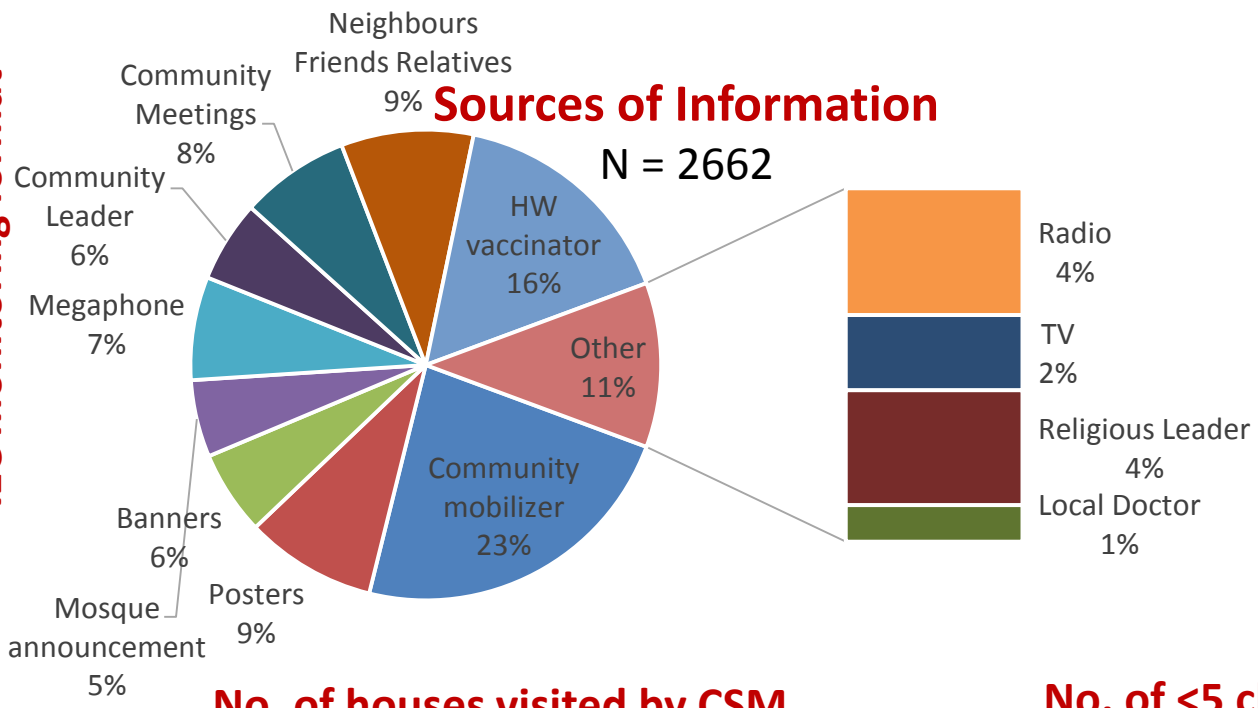
- Good demand for vaccine and services when areas become accessible
- No school lesson on immunization developed
- Growing social capital of youth with access to new technologies (information)
- New technologies for better remote management of network are available

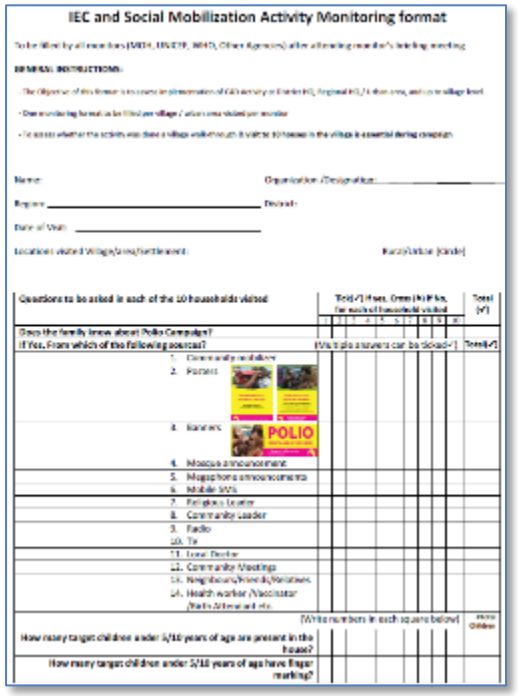
Threats

- Funding for SM network including runs out end June 15
- Team morale after attacks in Garowe – loss of UNICEF polio teams in 2/3 zones
- Delivery of activities in high risk areas contracted out to third parties – contracts have had to be reviewed and ensuring accountability is difficult

Monitoring IEC & Social Mobilization, Puntland Feb 2015

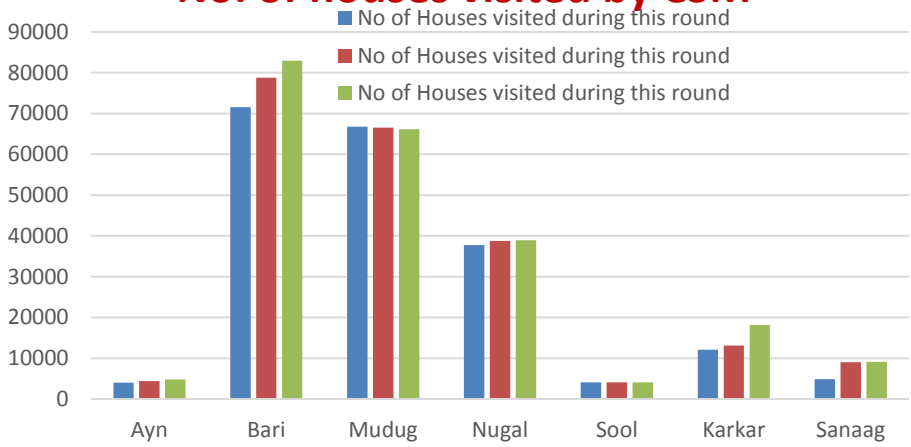
IEC monitoring format



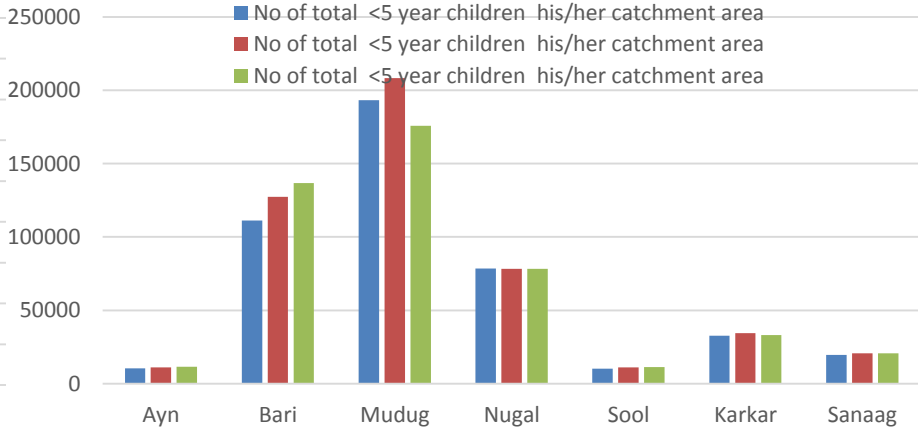


Tally Sheet

No. of houses visited by CSM



No. of <5 children identified by CSMs



Early evidence that the SM network is an effective strategy to sensitize caregivers

Source: UNICEF

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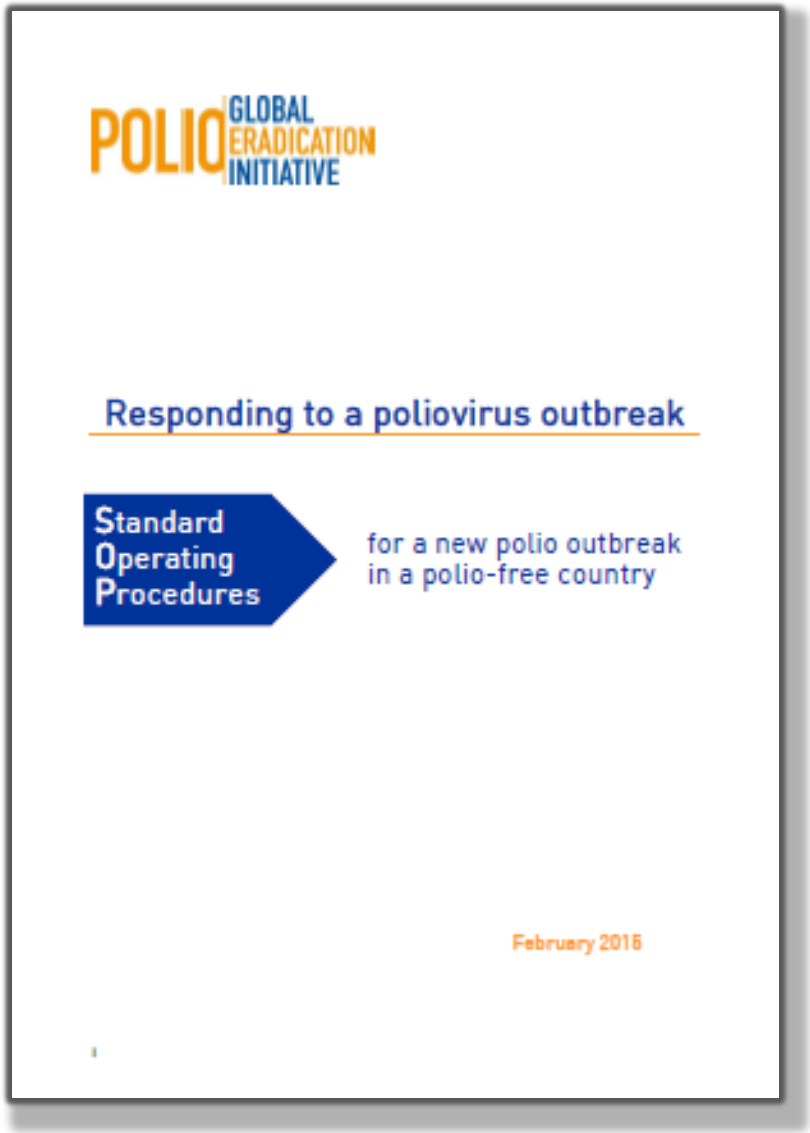
Outbreak Preparedness/Response plan

- Need for a detailed Preparedness Response Plan based on the 2015 SOPs
- Need for training of staff on the SOPs



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

Risks

- **HR deployment –** rapidly surging staff as planned
- **SIA** – implementation delays create suboptimal immunity profile
- **Surveillance** – accessing HTR, case verification
- **Communication** – funding, HR recruitment, insuring SM net quality and full implementation of HTR strategies

Conclusions

Conclusions (1)

The team commends the efforts made since the last assessment in October to close programme gaps and build the immunity of Somalia's children, particularly in hard to reach and security challenged populations.

The team acknowledges the acute security challenges, difficulties in implementation and painful events of April when two of our colleagues were tragically killed in Puntland.

Conclusions (2)

Considering;

1. The length of the outbreak (greater than 12 months) with detection of the last cases in hard to reach/nomadic populations, after a six month gap
2. Low population immunity in many areas, delays in implementing key SIAs in late 2014 and 2015 and remaining access and security challenges
3. The lack of validation of AFP cases

The team believes it is premature to close the outbreak and would recommend a minimum of 12 months without detection of poliovirus and with good and validated surveillance before a decision can be made

Conclusions (2)

- The assessment team is somewhat confident surveillance sensitivity is adequate to identify wild or VDPV transmission but is concerned by the lack of evidence of AFP validation and regional gaps in continuously meeting global standards

- The immunity profile is suboptimal in many areas and remaining virus or new importations of WPV or cVDPV could spread, particularly given low RI coverage and the delay in implementing campaigns

- There is a need for a detailed Outbreak Preparedness and Response Plan by the end of July 2015 – this plan should include a uniform evaluation of high risk districts based on agreed indicators

- We note with some concern that funding does not appear secured for all activities and strategies planned for 2015.

Recommendations

Recommendations

Coordination

- WHO team leader to be in place as soon as possible
- Re-vitalize National Coordination Mechanism and share meeting minutes with HOA Coordinator
- Publication of weekly sit-rep to be shared with all partners
- Joint Government and 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

Implementation of earlier recommendations

- By end of July develop six month work plan to operationalize outstanding recommendations with documented evidence of implementation

Preparedness

- Outbreak Preparedness/Response Plan to be finalized by end July – to include coordinated risk assessment of high risk districts

Recommendations

Surveillance

- Urgently improve stool adequacy in Sool and Nugal
- Validation of AFP cases by RPEO, ZPEO, IFP must be documented with % of cases validated in each zone reported to the next TAG
- Recruitment by August of the NPO surveillance coordinator to focus on HTR population

Population Immunity

- Delayed SIA should be rapidly implemented
- Use data from tally sheet analysis/ independent monitoring/ LQAS for both positive and negative feedback to implementers
- Expand successful pilot of LQAS to high risk areas where security allows

Recommendations

Communications

- Urgently source additional funding for SM net -Funding for Somalia's communication programme should be placed on the next EMG meeting agenda

- Prioritize recruitment of new UNICEF teams in Puntland and South/Central Zones – new teams to be in place by August 15

- 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 Plans - Before each round District Communication Plans should be assessed for completeness – sub-optimal plans should be returned to RSMC and DSMC for correction

- Begin planning for an independent assessment of SM network performance and impact early 2016

“The woods are lovely, dark, and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.”

- Frost