



KENYA AND SOMALIA JOINT CROSS BORDER HEALTH COORDINATION

MEETING REPORT



PANAFRIQ HOTEL, NAIROBI-KENYA. DECEMBER 5-7, 2017



Introduction

The Horn of Africa (HOA) Technical Advisory Group (TAG) subsequent meetings noted that the risk of significant WPV outbreaks was primarily due to, evidence of undetected circulation of WPV in countries, large pools of susceptible children, and geographically inaccessible areas due to security issues. Also, because of a large number of High-Risk Mobile Populations (HRMP) in the HOA, the TAG stressed the need for better cross-border coordinations initiatives as a compelling strategy for polio eradication in the region. The objective of the cross-border coordination meetings is to coordinate efforts to strengthen surveillance, routine immunization, and supplemental immunization activities for polio eradication among bordering areas. Specifically, it aims to improve information sharing between countries on polio eradication, identifying and addressing surveillance and immunity gaps in HRMP along the borders, and planning for synchronized supplementary immunization activities along the borders.

This report details Dec 5-7, 2017 Kenya and Somalia joint cross-border coordination meeting discussions, joint action plans, and recommendations. The meeting hosted representation from Kenya National MOH and border Counties (Wajir, Mandera, and Garissa), Somalia Federal MOH and Jubbaland State (Lower Juba and Gedo region). As well as Kenya and Somalia WHO, UNICEF-EASRO, UNICEF- Kenya, WHO Horn of Africa office, Intergovernmental Authority for Development (IGAD), USAID-funded BroadReach Healthcare/Regional Action through Data (RAD project), Norwegian Refugee Council (NRC), CORE GROUP Polio Project (CGPP)-HOA Secretariat and CGPP-HOAS partners (American Refugee Committee(ARC), International Rescue Committee (IRC), Adventist Development and Relief Agency (ADRA), Catholic Relief Services (CRS).

Objectives of the meeting

- Strengthen the work/inputs of the existing Cross-Border Health Committees (CBHC)
- Institutionalize cross-border coordination mechanism among border regions (CBHC)
- Planning & Synchronization of SIAs at border points.
- Discuss and agree on a mechanism for sharing of information among border partners.
- Develop county/district/region joint action plan for cross-border collaborations to strengthen AFP surveillance & other diseases, e.g. Measles, TB etc.
- Agree on performance indicators and reporting formats.

Expected Outcomes

- Common understanding and agreement on cross-border coordination mechanism.
- Identification /mapping of border formal and informal crossing points.
- Plan for synchronization of SIA at border crossing points.
- Establish cross-border surveillance for AFP and other diseases
- Joint case investigation and response
- Establish mechanism for sharing AFP surveillance data and other diseases conditions/events.
- Establish a cross-border community-based surveillance
- Joint action plans for cross-border collaborations



Key Opening Remarks by Dr. Chidiadi Nwogu (WHO-HOA)

- As the polio endgame draws close, Cross-border health activities will continue to play a major role in preventing any eventuality that may occur regarding the importation of WPV/VDPV outbreak or event into our respective countries across the borders.
- A new poliovirus outbreak or event is a public health emergency, and its implications will require an urgent review of what happens not only in many Polio program areas but also across our porous borders. The present ES VDPV2 in Somalia is one of such event.
- The polio outbreaks in the HOA including the 2013 wild Poliovirus type I (WPV1) have continued to reveal the vulnerability of the region to importation. Subsequent outbreaks due to cross-border transmission aggravated by instability; resulted in difficult access to programs in some regions and weak routine immunization systems.
- As per the 13th HOA TAG recommendation re-emphasized in subsequent TAG meetings; WHO and other HOA Polio partners initiated cross-border meetings between officials from neighboring countries. HOA coordination office, in collaboration with UNICEF, CORE Group Polio Project HOA Secretariat and GPEI partners, MOH and other stakeholders continued to plan and hold joint cross-border meetings among the 10 HOA countries.
- The HOA countries needing cross-border coordination were divided into clusters of which Kenya and Somalia sharing common borders are in cluster 4. The other 3 Clusters (**Cluster 1:** Kenya, Ethiopia, South Sudan and Uganda **Cluster 2:** Somalia, Ethiopia and Djibouti **Cluster 3:** South Sudan and Sudan, will hold their meeting in 2018.
- All the participants were welcomed and requested to actively participate in the 3 days exercise to have an effective surveillance, immunization and communication cross border work plan that is encompassing to minimize and prevent cross border disease transmission between Kenya and Somalia with particular reference to Polio.

Key highlights from the presentations:

- Robust cross-border partnerships enable cost-effectiveness, efficiency, and sustainability of polio eradication activities in hard-to-reach and high-risk populations.
- GPEI partners to use Inter-governmental cross-border collaboration framework to coordinate polio eradication activities.
- Establishment of cross-border health initiative enabling harmonization of SIAs and information exchange on surveillance at the local level among border districts in Kenya and Somalia.
- CGPP Cross-border health Initiative (CBHI) has enabled a robust community-based surveillance in the most difficult environment of conflict, floods, limited health services, tribal conflicts, and cattle rustling areas.
- Increased awareness and commitment of MOH and border communities through integration of cross-border activities in annual health planning process
- Counties shared the lists of border health facilities, formal, and informal border crossing points.
- IGAD Secretariat and MS assessed and identified 120 health facilities as cross-border (hot spot) facilities to provide cross-border health services, 48 are functional since 2005 across the member states, and this initiative is implemented with and through the member governments.
- Sub-optimal surveillance sensitivity at subnational level mainly in the HTR, Access compromised and border Areas of Kenya and Somalia
- IGAD cross-border health initiative intends to scale up cross-border health services from 48 sites to 120 cross-border facilities and improve quality of services delivery at the current cross-border facilities through regional approach to Health Systems strengthening for CBMP
- RAD seeks to get more out of data by better-using data to support the continuity of health services across the border (for populations that cross the border) and to generate additional value from data that already exists and linking it to action.



- RAD will support developing of regional governance frameworks on data sharing and test if a handheld mobile device with a purpose-built immunization application can assist Health Care Workers in rural settings to manage an immunization program for cross-border populations and not add to their burden of work.
- NRC as part of the Borderland working Group participants in UNHCR cross border meetings and intends to conduct mapping exercise at border crossing points, population profiling, identification of needs and trends, provision of information to humanitarian partners as well as use ODK tools to harmonize cross-border movement.

VDPV2 in Mogadishu

Background

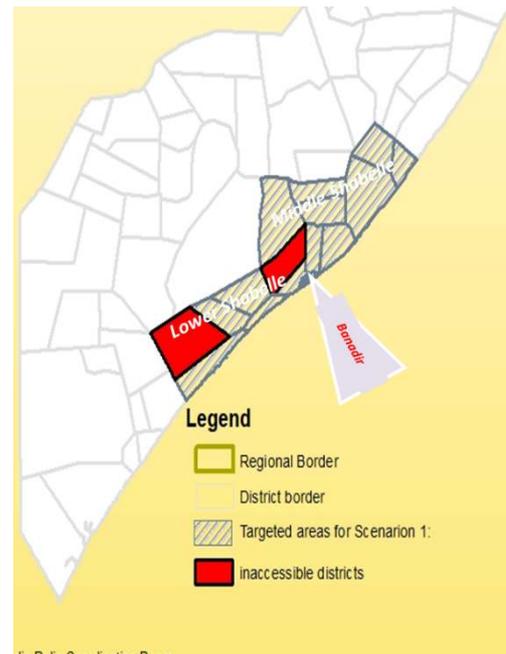
- VDPV2 identified in 2 environmental samples collected ten days apart from the same sewage site in Waberi district of Banadir region in Somalia
- The 1st sequencing results received from the CDC on Nov 9, 2017
- The first VDPV2 was 38 NT different from the parent Sabin, and the second with 2 samples have 36 and 37 NT change, all showing circulation for more than 3 years.

Advisory Group discussion

- The Somalia mOPV2 advisory group meeting held on Nov 20, 2017
- The country program presented detailed risk assessment on the VDPV2 situation
- mOPV2 request received by advisory group and approved as per country program request

Risk Assessment

- Virological risk: **Medium to high**
- Contextual risk of further transmission= **Medium**
- Risk for international spread= **Medium**



Activities Related to VDPV2 Response

Somalia

- Heightened AFP surveillance (active case searches in the community and HFs)
- Quick surveillance review (internal & external)
- Review of surveillance and immunization services among special population in Mogadishu (IDPs etc.)
- Community sampling - collected from households in Waberi district (25) as well as from health facilities with pediatric outpatient (24)
- Additional Environmental Samples (ES) collected from the existing three sites and a new temporary site in one of the busy hospitals
- The frequency of sampling from the ES sites was increased from once monthly to once every two weeks.
- Mapping the catchment area of 21 October sewage site



- Collaborating with Malaria team who were conducting malaria indicators survey. Immunization coverage survey included in the exercise – currently ongoing
- Two rounds of mOPV2 and 1 IPV campaigns approved by the advisory group
- The mOPV2 campaign will target 726,699 under five years old children living in Banadir, Middle Shabelle, and Lower Shabelle regions of Central zone
- The proposed dates for the first round is from 10-14 December
- RPEOs and DPOs from neighboring regions mobilized to support the campaign monitoring
- Quality of SIA to be assessed by independent monitoring and LQAS
- There will be daily and weekly coordination activities both at Nairobi and Mogadishu levels involving MoH, WHO, and UNICEF
- Orientation will be given for RPOs, DPOs, DFAs, and Vaccinators in Mogadishu about the management of mOPV2
- Micro plans improvement process underway – digitization and use of satellite imagery maps
- Training of the campaign workforce on the use of digital maps

Kenya

- Communication to CGPP IPs in the high-risk Counties of North Eastern(Mandera, Wajir, and Garissa), and Nairobi. Meetings conducted with the Management of the 4 Dadaab refugee camps in Garissa County.
- Heightened AFP surveillance especially active search for cases in all health facilities and communities and particularly in refugee camps and sub-counties that share a border with Somalia. (2 AFP cases detected in IFO Camp)
- Increased frequency of Environmental Surveillance sample collection from the Garissa site and two sites in Kamukunji areas of Nairobi.
- Contact sample collection from all AFP cases detected within the Dadaab refugee camps
- Ongoing screening of new arrivals at the Refugee camps with the administration of OPV and Measles(below the age of 15 years).
- Collection of stool samples from healthy under 5s(with < 3 doses) arriving the Dadaab Refugee camp from Somalia.
- A rapid response initiative following the nurses' strike by the Kenya MOH in collaboration with partners to increase population immunity is being undertaken to reach eligible children in the North Eastern counties of Mandera, Wajir, Garissa.

Cross-Border Activities

- Active AFP case search in the border areas
- Social mobilization during SIAs along the Kenya-Somalia border
- Conducted cross-border coordination meetings between Kenya-Somalia border districts for Surveillance and related activities.
- Cross-border CBHC (TOR) developed, reviewed and adopted
- Scheduled and regular cross-border committee meeting plan in place
- Respective directory of cross-border functionaries updated
- Active community-based surveillance through community Health Volunteers and Mobilizers and health workers (surveillance officers) ongoing
- All the cross-border health facilities have facility micro plans in place

External Surveillance Review in Somalia

- The program conducted external AFP surveillance review between 3rd and 14th April 2017. Six review teams deployed, five in Somalia and one in Nairobi. Teams were drawn from WHO EMRO, WHO Kenya, CDC and BMGF
- The Reviewers concluded:
 - There is no evidence of WPV or cVDPV circulation



- The surveillance system is sensitive enough to detect poliovirus circulation in most parts of the country. However, there is a potential risk of delayed detection of virus transmission especially in inaccessible areas, since majority of AFP cases are below five years of age
- There is a significant coordination among all partners. Hence, the country capacity to respond to any WPV or cVDPV outbreak is strong
- 18 recommendations made, the country team is developing an implementation and monitoring plan

Challenges

Somalia:

- Large susceptible cohort of children in South and Central zones; no change in accessibility status
- Potential risk of delayed detection of virus transmission especially in inaccessible areas, since majority of AFP cases, are below five years of age
- Monitoring both accessible and inaccessible areas due to movement restrictions
- Low RI coverage; heavy reliance on SIA for maintaining population immunity
- Slow start of the transition process

Kenya:

- Operational challenges in funding of AFP surveillance activities at all levels
- Countrywide health workers industrial action from November 2016 to March 2017 affected health services; Effect reflected in 2016 and 2017 indicators
- The prolonged general election caused further disruption of service provision
- Limited vaccine storage and freezing capacity following the destruction of the Regional vaccine Depot at Garissa by fire (14th December 2016)

Plenary discussions: Areas of concern

- Low RI in border Counties and districts of Kenya and Somalia
- Strengthening of Community-Based Surveillance along the borders
- Improve the Quality of SIAs
- Synchronization of immunization activities among Countries/counties/Regions
- Updating of all cross-border points, villages, in-charges & facilities
- Strengthen community health strategy implementation
- Strengthen HFs micro plans in the border regions
- Strengthen EPI & Surveillance coordination among the regions/Counties/Countries.
- Focus on airports and sea border entry points.

Recommendations and Way forward

Cross-cutting issues

- Joint decisions from the cross-border meeting should be formally communicated by respective Government MOH to partners at all levels including district/sub-county authorities responsible for health, security, and immigration.
- Each country should provide special and increased focus on border districts/sub-counties during planning, implementation, and monitoring of surveillance, routine immunization, campaigns, and communication; including the allocation of necessary resources to address unique challenges(National, county, and regional governments)



- Governments and partners release of funds for polio eradication activities to the operational level according to the approved micro plans at least two weeks before implementation (partners/National/County/ regional governments)
- CORE GROUP to consider support to the Lamu-Somalia border corridors.
- IGAD to conduct IGAD member countries Inter-Ministerial Council for the synchronization of SIAs.
- IGAD Regional Action through Data to consider supporting IGAD member countries in addressing the data gaps, especially along the border health facilities.
- Integration of immunization program with animal health program is vital in pastoralist communities.
- CORE Group to develop innovative methods to track/trace nomadic pastoralist.
- NRC to support the Polio partners with cross-border mapping and sharing of information on population movements.

Coordination

- Designate focal points at district/sub-county level; share contact information and regularly update (district/sub-county health authorities)
- Share information on monthly and ad hoc basis starting from the local level, using the agreed/harmonized activities implementations monitoring template, through phone, email and meetings (district/sub-county health authorities)
- Documentation of activities and sharing of monthly reports with the county/regional, and national levels by the first week of every month (district/sub-county health authorities)
- Conduct bi-annual or annual Joint cross-border meetings in alternate countries (CGPP, CGPP IPs, CORE GROUP-IPs, WHO (HOA), UNICEF (ESARO), National MOHs).
- Develop coordination mechanisms with UNHCR on the refugees and returnees crossing borders.
- Develop a harmonized checklist for supportive supervisions.

Polio SIAs

- Polio SIAs, if and when held, should be synchronized (National, County, Regional Governments, WHO, UNICEF, IGAD).
- To have increased focus on the border areas in SIAs, countries should:
 - Conduct synchronized planning at the lowest level between the local technical teams, partners and local administration or information sharing, where joint planning is not feasible.
 - Intensify supervision and monitoring of preparedness and implementation, including independent monitoring at the border areas. (National/Regional/County Governments and partners)

Routine Immunization

- Assess the functionality of all health facilities in the border areas and ensure the provision of cold chain and other resources for immunization service delivery (National, Regional, County, governments)
- Develop focused plan for cross-border areas and HRMP to strengthen routine immunization by defining movement patterns and develop special strategies for vaccination (Regional/County/District/Sub-county health authorities)
- Scale-up training and development of micro plans at the lowest level health facilities at the borders.
- Establish new and maintain existing cross-border and transit vaccination points (Regional/ County/District/Sub-county health authorities)
- Maximize on the opportunities coming from Polio SIAs to integrate routine immunization messages for communities in the area of social mobilization, and include routine vaccination in hard to reach areas along the borders (Regional/County/ District/Sub-county health authorities)



Social Mobilization

- Establish/strengthen local social mobilization committees at the local level (Regional /County/Sub-county and District Authorities).
- Initiate social mobilization activities at least one week before each SIA round (District/Sub-county Authorities).
- Use innovative and locally appropriate approaches based on evidence on effective channels of communication (District /Sub-county Authorities).
- Develop common messages suitable for border areas and disseminate to countries for adaptation before all SIAs rounds (National, Regional /County Governments, WHO and UNICEF).

Surveillance

- Establish and strengthen community-based surveillance within existing local structures with priority to border areas (National, Regional/Sub-county, and District Authorities).
- Link AFP surveillance with existing services at the community level such as drug distribution, livestock services or food distribution to be done to strengthen detection (National, Regional, County, Sub-county and District Authorities).
- Prompt investigation and transportation of stool samples from the border areas with the fastest possible means including through cross-border mechanisms with full documentation shared with the respective countries. (Countries, WHO & KEMRI).
- Support the developments and distribution of pocket booklets and IDSR charts to be distributed to health facilities during OJTs.
- Disaggregate Number of cases identified by the Community/Polio volunteer's sources from that of the mainstream surveillance on monthly basis (Regional/County, Sub-County or District)

Agreed Performance Indicators

- # of team covering towns/villages along the border from neighboring country
- # of community volunteers/leaders from communities on borders/nomads/pastoralist orientated on community-based AFP surveillance and social mobilization per month
- # of AFP cases reported per month.
- % of facilities along the border, reporting on weekly or on monthly reporting tools as compared to the number expected to report.
- % of integrated Outreach sessions conducted in border villages/hard to reach/Nomadic settlements as compare to that reflected in the RI micro plan
- # of children vaccinated at each Outreach clinic per outreach
- # of children vaccinated at Cross Border Point per month
- % of joint supervision done as compared to that expected per year.
- % of health facilities visited as compared to that expected visits by quarter
- # of OJT done/each visit.
- # of health workers given OJT at each visit



Annex 1: Workshop Schedule

Day 1: 5th Dec 2017

8:30-9:00 Registration

09:00 -10:20	<p>Prayer</p> <p>Opening Session and Welcome Remarks (WHO-HOA) 15 mins</p> <p>Introduction of Participants 15 mins</p> <p>Remarks from National MOH-Kenya- Dr. Kioko (5 mins)</p> <p>Remarks from UNICEF-ESARO- Dr. Saumya (5mins)</p> <p>Remarks from MOH-Somalia- Dr. Osman Abdi (5Mins)</p> <p>Remarks from WHO-Somalia– Dr. Eltayeb (5mins)</p> <p>Remarks from WHO-Kenya- Dr. Abdi Hassan (5 mins)</p> <p>Remark from UNICEF-Kenya – (5mins)</p> <p>Objectives of Meeting and updates on Cross-border initiatives for Polio eradication by CORE GROUP (Ahmed Arale) 20 mins</p>
10:20- 10:50 - Tea Break	
10:50- 11:20	Updates on Global and Regional Polio Eradication initiatives– WHO-HOA coordination office (Dr.Chidiadi)– 30 min
11:20 – 11:55	WHO- Kenya presentations (Overview presentation should cover progress on AFP surveillance, SIA Vaccinations, Routine immunizations, lesson learnt & challenges). (25 mins). Discussion/Question & Answer session (10min)
11:55- 12:30	WHO-Somalia presentations (Overview presentation should cover progress on AFP surveillance, SIA Vaccinations, Routine immunizations, lesson learnt & challenges). (25 mins). Discussion/Question & Answer session (10min).
12:30- 12:55	UNICEF-Somalia presentations (Overview presentation should cover progress on communications, logistics of vaccine supply, lesson learnt & challenges geared towards mobile populations & synchronized SIAs/RI). (25 mins). Discussion/Question & Answer session (10mins).
12:55 - 14:00	Lunch break
14:00- 14:40	Garissa County Overview presentations (30 mins). Discussion/Questions & Answers session 10min.
14:40– 15:20	Lower Juba region overview presentations (30 mins). Discussion/Questions & Answers session 10min.



15:20– 16:00	Wajir County overview presentation should cover (25 mins). Discussion/Questions & Answers session 10min.
16:00 – 16:20	Tea Break
16:20– 16:35	IGAD overview presentation (25 Mins). Discussion/Question & Answer session (10mins).
16:35 – 17:30	Panel discussions concerning day 1 presentations. Discussion/Question & Answer session (45mins).

DAY 2: 6th Dec 2017

8:30 – 09:00	Registration /Signing o Attendance sheet
09:00 – 09:35	NRC (Norwegian refugee council) overview presentations (25mins). Discussion/Questions & Answers session 10min.
09:35 – 10:15	Mandera county overview presentations (30 mins). Discussion/Questions & Answers session 10min.
10:15 – 10:45	Tea Break
10:45 – 11:25	Gedo region overview presentations (30 mins). Discussion/Questions & Answers session 10min.
11:25 – 11:50	Regional Data for Action (RAD) project overview presentations (20 mins). Discussion/Questions & Answers session 10min
11:50 – 12:50	Panel discussions concerning day 2 presentations. Discussion/Question & Answer session (60mins).
12:50 – 14:00	Lunch Break
Develop a Joint work plan: Put plan, discussed and agreed on a work plan to strengthen cross-border initiatives (refer to template given). Partners involved (90mins)	
Joint Workplan 1	Mandera county/Gedo region/WHO/UNICEF/CORE Group
Joint Workplan 2	Garissa county/Lower Juba region/WHO/UNICEF/CORE Group
Joint workplan 3	Wajir county/Lower Juba region/WHO/UNICEF/CORE Group
16:00 –	Tea Break

DAY 3: 7th Dec 2017

8:30 – 09:00	Registration /Signing o Attendance sheet
09:00 – 09:30	Joint workplan 1 presentations (30 Mins)
09:30 – 10:00	Joint workplan two presentations (30m mins)
10:00 – 10:30	Tea Break
10:30 – 11:00	Joint workplan 3 presentations (30 mins)
11:00 – 12:00	Panel discussions concerning day 2 presentations. Discussion/Question & Answer session (60mins).
12.00 -13.00 CLOSING REMARKS (MOH Kenya, FMOH, Somalia, UNICEF-ESARO, WHO-HOA, CORE GROUP (10mins each)	



Annex 2: Participant List

No.	Name	Org	Country	Phone	Email
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Annex 3: One of the Cross-Border Coordination Mechanism Action Plan by Mandera (Kenya) and Gedo (Somalia)

Name of bordering countries/counties/district: Mandera (Kenya) - Gedo region (Somalia) joint Cross-border coordination action plan

Prepared by: Mandera (Kenya) & Gedo (Somalia) Team Contact number and email: Bashir Osman (PM-CGPP), +254722385701 Bashir.osman@adrakenya.org

Date: 06/12/17

Activity	Frequency	Performance Indicators	Person Responsible	Timeline	Expected Outcome
Coordination	Monthly	# of coordination meeting held Minutes/report shared # of activities done jointly No. of participant involved for coordination	CDSC (Ibrahim Sheikh) and RMO Hire /Mohamed Ahmed Noor -Polio	continues	Enhance information sharing inventory of contacts strengthened collaboration
Cross-border Health Committee Meeting (internal)	Quarterly monthly/	# of meeting minutes shared. # of meeting conducted # of action point agreed	RMO/CDSC	Quarterly/monthly	Copy of the info shared (emails, conference call notes) cross-border directory
Joint Cross Border Health Committee Meeting with neighboring county/country or internal (intra-county)	Bi-annual	# of meetings held # of joint work plans produced # of activities implemented from the action plan	Asha and Mohamed Abdirahman	July 2018/Dec 2018	Joint Quarterly Meeting Reports. Pictures of meeting
Sharing of minute of cross-border meeting (Key issues highlighted) with neighboring counties/country	Monthly	# of meeting minutes shared # of micro plan shared intercountry	Bashir/Ibrahim Mohamud	Second week of subsequent month	Number of meeting minutes shared with neighboring counties/country
Identification/updating (Mapping) of border crossing point (informal)	Monthly	# of informal crossing points identified	POs from Gedo/Mandera	5 th of every month	Updating of border crossing points that are informal
Plan for vaccination posts at cross-border points (How/when/who?) at the facility level for Mandera	monthly	# of vaccination post established along the border	CEPI/Gedo RPEO	15 th of every month	Number of children vaccinated at



Plan for synchronization of SIA rounds	During SIA	# of teams /villages/towns/settlements to be covered with the neighboring Country	MAMO/Gedo RMO/RPEO	During SIA rounds	Number of children vaccinated at border areas synchronization of SIA
AFP Surveillance: Identification and operationalization of community-based surveillance (AFP & other reportable diseases) to community volunteers/leaders from communities on borders/nomads/pastoralist	Quarterly	# of community volunteers/leaders from communities on borders/nomads/pastoralist orientated on community-based AFP surveillance and social mobilization # of AFP cases detected # of Border health facilities reporting weekly/monthly	CDSC/RPEO	Quarterly	Number of community volunteers/leaders from communities on borders/nomads/pastoralist orientated on community-based AFP surveillance and social mobilization. Number of cases of paralysis reported by community-based volunteers/leaders.
Routine Immunization: Mapping of border villages/settlements needed special attention/outreach sessions for RI	Monthly	# of Outreach sessions for border villages/settlements reflected in RI micro plan # of children vaccinated CBPs	CEPI/RMO	5 th of the subsequent month	Number of RI outreach sessions conducted on border villages/settlements. Number of Children vaccinated against different VPDs
Joint cross-border health facilities supervision and monitoring	Yearly	# of joint supervision done # of BHF visited # of OJTs done # of HWs given OJTs	CDSC/RMO	August 2018	Joint supervision report shared