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## THE CORE GROUP POLIO PROJECT ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER



### ETHIOPIA CELEBRATES THE 2018 WORLD POLIO DAY

This year, on the 24<sup>th</sup> October 2018, the Federal Ministry of Health (FMoH) in collaboration with CORE Group Polio Project Ethiopia, Rotary International, WHO, UNICEF and other Partners celebrated the Annual World Polio Day in Ethiopia under a theme **“Bold Steps to End Polio”** The ceremony took place in Tigray Region Mekele Town where the 20<sup>th</sup> Health Sector Annual Review Meeting of Ethiopia was held. The event was attended by His Excellency Dr. Amir Aman, Minister of Health Ethiopia, Honorable State Ministers, CORE Group, USAID, WHO, CDC, UNICEF, Bill and Melinda Gates Foundation, Rotary international other government and CSO offices and Officials from Zonal and District Health Offices. Dr. Filimona Bisrat delivered speech at the event on behalf of CCRDA/CORE Group.

The main objective of the celebration was to maintain polio eradication achievements and keep awareness of all stakeholders on polio eradication progress. More than 800 people were attended the Event.

Ethiopia maintained its polio-free status after the last wild polio case was reported in Somali region in January 2014.

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## EDITORIAL — *The First vaccinology course in Ethiopia*

*By Dr. Filimona Bisrat, CGPP Ethiopia Secretariat*

*Mortality indicators show that about six to seven out of ten of all children under 5 years of age who die in the Eastern Africa region do so directly or indirectly due to vaccine preventable illnesses, especially pneumonia, diarrhoea, measles, whooping cough, tetanus and TB. Vaccines are one of the most cost effective interventions in public health. Introduction of vaccines has improved greatly the health of children and adults in the developing world. Although vaccines are the core, it is vaccination that saves lives. Efficient immunization system and workforce is required to reach the people in need and provide quality vaccination service.*

*Immunization programs are becoming complex and wider in terms of number of vaccine, technical capacity required, human development and logistics. Many new vaccines have been introduced in to the immunization program demanding well informed healthcare providers acquainted with up to date knowledge and equipped with strategies for providing quality immunization services. This can only be achieved by continued capacity building through focused training.*

*There are now many international and regional organizations that provide vaccinology courses in Africa and around world. The high demand of the courses and the high number of applicants demonstrate the increasing and continuous need for improved knowledge in this field.*

*In this respect, the CORE Group Polio Project Secretariat in collaboration with the Federal Ministry of Health of Ethiopia (FMoH), UNICEF and WHO country offices and East Africa Center for Vaccines & Immunization (ECAVI): organized the first ever vaccinology course in Ethiopia. The course has been offered for EPI experts at the FMoH EPI team, WHO and UNICEF as well as CSOs health staff.*

*Understanding how vaccines are developed, how vaccines work, critical trails and the social, economic, political and ethical issues and current and new developments in the use of vaccines are some of the topics that are addressed in this course. CGPP believes that, in the five day long course participants are equipped with basic knowledge on new and current vaccines and immunization programs which will enable them to deal with current and emerging challenges of immunization.*

*Based on the strong recommendation from the FMoH and participants, the course will continue to reach the wider immunization workforce and build capacity to improve vaccine coverage and data quality and promote community participation. CGPP Ethiopia will continue to provide this training course and others similar ones as a part of polio transition plan to support the routine immunization program in Ethiopia and for participants from the horn of Africa.*

## CGPP presents abstracts at the APHA Annual Conference & Expo in San Diego

CGPP Ethiopia Secretariat staff members presented five abstract papers at the 146<sup>th</sup> American Public Health Association (APHA) Annual conference and Expo held in November 10-14, 2018 in San Diego, CA,. The papers were delivered in oral and poster presentations. Dr. Filimona Bisrat presented a paper entitled, “Knowledge and Practice of Frontline Health Workers on Immunization Services Provision in Hard to Reach Districts of CORE Group Polio Project Operation Areas in Ethiopia”. The two papers entitled “Assess Community Based Surveillance: A successful Strategy to Hunt Hidden AFP cases in hard to reach and underserved communities in Ethiopia” and “Role of Religious Leaders and Knowledge of Caretakers on Child Immunization in Hard to Reach and Pastoralist Communities in Ethiopia: Evidence from Gavi Support Project Implementation Areas” were presented by Legesse Kidanne. And, Muluken Assress presented two papers on “Impact of Plastic Bag for Vaccination Card Retention, Two Semi Pastoralist Regions of Ethiopia” and “Immunization service availability and readiness in the hard to reach zones of Ethiopia”.

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## CGPP takes a lead on the first Vaccinology course in Ethiopia



The CORE Group Polio Project Secretariat in collaboration with the Federal Ministry of Health of Ethiopia, UNICEF, WHO and East Africa Center for Vaccines & immunization (ECAVI): organized the first ever vaccinology course in Ethiopia. There were 21 participants from CGPP secretariat and partner staffs, EPI team from FMoH, WHO & UNICEF. The five days course was conducted from December 4 to 8, 2018 in Oromiya Region Bishoftu Town. The purpose of the training was for participants to master the basics of immunization and address current immunization challenges in country. It was also aimed for participants to acquire knowledge and competencies to advise and use their newly acquired knowledge for capacity building activities at the grass-root level.

The course was divided into 19 sessions, including the history of vaccines, basic immunology and epidemiology, data management & statistics for vaccines; surveillance, vaccines pharmacovigilance, regulatory requirements, safety, vaccines development, vaccine introduction, vaccine logistics, vaccine preventable diseases and new ways of effectively reaching the community with vaccines were discussed. A wide range of topics were taught during

each session, followed by group discussions, case studies and group works. Opening the training, Dr. Filimona Bisrat, CGPP Ethiopia Secretariat Director and Senior Regional Technical Advisor; welcomed the participants and said that “I hope, the training will equip participants with up to date knowledge, skills and expertise on new and current vaccines and immunization programs to deal with current and emerging challenges of immunization.”

The course sessions were presented by experts from CORE Group, Universities, Research Institutions, UNICEF, WHO and ECAVI. The program is financially supported by CORE Group, CCRDA Civil Society Health Forum and UNICEF.



*Left to right: Dr. Filimona Bisrat (CGPP) & W/ro Liya Wondwossen (FMoH) giving remarks at the Vaccinology Course*

At the end of the course, participants strongly recommended that the course should be organized continuously to reach the wider immunization workforce and build capacity to improve vaccine coverage and data quality and promote community participation. In her closing remark, W/ro Liya Wondwossen, EPI Coordinator and Assistant Director of the Maternal, Child and Nutrition Directorate of the FMoH; appreciated the organizers of the training and informed all participants to apply the knowledge acquired from the training to strengthen the immunization performance of the country.



## POLIO CORNER

*The latest on the battle to eradicate polio*

### Summary of AFP surveillance Indicators, Ethiopia, 2008 – 2018

Indicators	Target	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018*
NP-AFP rate per 100,000 < 15 Yrs	2.0	2.9	2.20	2.8	2.7	2.9	2.9	3.1	3.1	2.5	2.6	2.3
Stool adequacy	80%	82%	82%	85%	88%	89%	87%	87%	92%	91%	92%	93%
Investigated < 2 days of notification	80%	95%	98%	98%	98%	93%	97%	97%	94%	91%	94%	93%
Specimen arriving at lab within 3 days	80%	99%	99%	99%	98%	99%	99%	97%	98%	98%	98%	99%
Specimen arriving in good condition	90%	99%	100%	88%	91%	91%	82%	79%	80%	85%	92%	88%
Non-polio enterovirus isolation rate	10%	8.3%	10.6%	6.5%	7.6%	4.6%	7.9%	7.0%	3.2%	9.1%	7.2%	7.0%
Suspected Polio Virus Isolation Rate	10%	3.3%	3.8%	3.8%	2.2%	1.2	7.3	4.2%	4.5%	3.6%	1.0%	1.2%
Timely Lab result within 14 days of receipt	80%	88.5%	90%	99%	83%	76%	77%	79%	90%	87%	90%	90%

\*As of Week 52 (Dec 28, 2018)



#### Thank you for your contribution

*Your contribution to this newsletter is highly appreciated. Without your valuable contribution, it is hard to reach our audiences with messages that are worth reading. We need to collaborate and exert more efforts together.*



# IMMUNIZATION CORNER

## Current issues on immunization

### Immunization Supply Chain and Logistics:

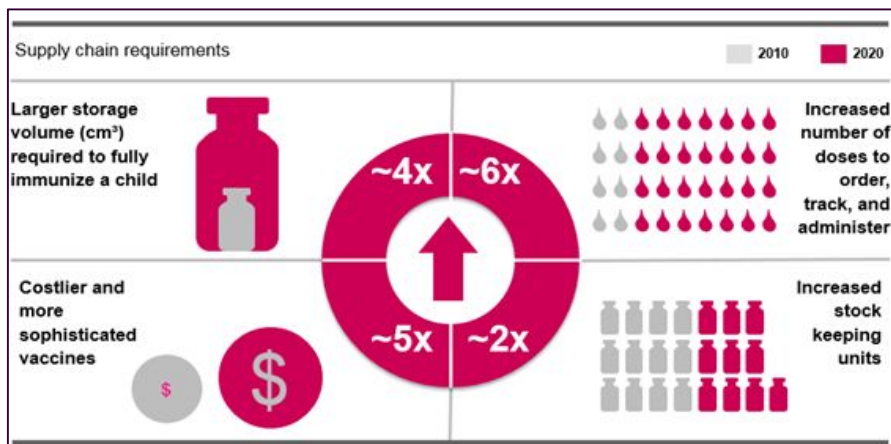
#### In the Health System Context

By Dr. Tariku Berhanu, UNICEF, Ethiopia Country Office

Immunization supply chains were established over 30 years ago and originally designed to handle a limited number of inexpensive vaccines and to reach infants. However, a widening variety of new vaccines and immunization schedules, a diversity of service delivery strategies, an expanding target population, increased cold-chain infrastructure requirements and insufficient funding, are just a few of the new realities that will further stress ISCL systems, which were initially designed to manage fewer, less expensive and less bulky vaccines and related supplies. Further, the volume of each vaccine dose has increased; largely due to the shift from traditional vial size – 10 or 20 multi-doses to single or 2-dose vials for new vaccine products. These have naturally led to an increase in the cold chain storage capacity required for vaccines and increasing the need to obtain more cold chain storage.

monitoring system. Experiences gained through immunization supply chain and contribution from the platforms are mainstay for the countries' supply chain system, replicated and capable in shaping the entire health system. The resource centers and available technical support from local and global immunization partners such i.e. GAVI, UNICEF/WHO and others immunization partners operating in respective countries could help in shaping supply chain vision and develop a well- thought-out plan to translate their vision into reality. These therefore, keep on strengthening supply chain human resource and leadership, keep updating continues supply chain improvement plan, establishing data base and improve its use for planning and decision. Ensure improved quality and choice of equipment for immunisation supply chains; introduced optimal cold

chain equipment fit for hard and difficult to reach areas like the solar technology for refrigerators and long hold over passive cold chain storage for areas with no electric gridline or places where there is no reliable- continues energy source for cold chain and refrigerator trucks. Introduced temperature monitoring devices - robust to inform temperature excursion before the vaccines get damaged. Investing on system design replicable for other health supply chain system – to improve efficiencies in supply



**Note: All figures relate to GAVI-funded vaccines**

Thus, the global and local immunization partners acknowledged- the change and continuing support innovation on immunization technology and established different platform to strengthening countries immunization supply chain. These platform support for physical structure or equipment, leadership and

chain structures and in the distribution and transport of vaccines and for other keep cool health commodities or time and temperature sensitive pharmaceutical and biological products. These and more from immunization supply chain practices helping the programme in improving, service quality, coverage and equity.

**SOURCE:** UNICEF. Immunization supply chain strengthening available at [https://www.unicef.org/supply/files/1\\_-\\_iSC\\_Introduction\\_20151026.pdf](https://www.unicef.org/supply/files/1_-_iSC_Introduction_20151026.pdf)



## RESEARCH CORNER

### *Experiences from the field*

# Contribution of Plastic Bag for retention of child immunization card in Gambella Region and Assosa Zone of Benshangul Gumuz Region:

*By Muluken Asress and Fasil Tessema*

**Background:** Many vaccines are given more than once, at different ages, and in combinations. So, it is important to keep a careful record of child's immunization history. Parents are expected to keep carefully immunization card of their children. However, child immunization card retention is very minimal in Ethiopia. Developing innovative approaches how to keep home records is mandatory. CORE Group Polio Project developed and distributed immunization card holding plastic bag for Gambella region and Assosa zone as a pilot project.

**Objective:** Evaluate Contribution of Plastic Bag holding for retention of child immunization card in whole Gambella Region and Assosa Zone of Benshangul Gumuz Region.

**Method:** The study was conducted in CORE Group Polio Project (CGPP) intervention woredas. Cross-sectional study design was employed. Target populations were households with at least one child less than two years of age who took at least one vaccination dose. Lists of households of the target population were obtained from nearby health center or health post immunization registry book. Sample of 240 households (120 each from Gambella region and Assosa zone of Benshangul Gumuz region intervention Kebeles) were selected randomly from immunization registration book. Up to 12 Kebeles were included from each region with at least 10 children per kebele. For easy facilitation and reducing burden, the Kebeles sampled and included in this assessment were among those selected for the health facility assessment study. The questionnaire was translated into Amharic language version. Data was entered into Epi Data base using double data entry system and univariate analysis was done using STATA version 13.0.

**Result:** A total of 239 respondents were interviewed for this study on which 223 (94.1%) & 14 (5.9%) were female and male respondents respectively and 80 (33.5%) were less than 25 years of age and 83 (34.7%), 41 (17.2%), 35 (14.6%) were 25-29 years, 30-34 years and 35 and above

years of age respectively. The average age of respondents was 27 years with SD of 0.42 (95% CI 26.30-27.97). In addition, 111 (46.6%) were Muslim and 124 (52.8%) Christian.

Out of total respondents 120 were from B/Gumuz (Assosa, Bambasi, Kurmuk, Menge, Maokomo special, Oda and Sherkole woredas) and 119 in Gambella region (Abobo, Dima, Gambella Town, Gambella Zuria, Godere, Gog, Itang Special, Lare, Mengesh, Mekoy and Wanthoa woredas. The relationship of respondents to the index child were mother 215 (91.1%) and 21 (8.9%) were father and other family members.

Of all 239 respondents 139 (58.2%) respondents were received the immunization card holding plastic bag while 100 (41.8%) were not received. Among 139 respondents who received immunization card 125 (89.9%) were utilized immunization card holding plastic bag. Of all 125 (58.7%) respondents were presented the card inside the immunization holding plastic bag and 88 (41.3%) card without holding plastic bag. However, of all respondents who received holding plastic bag 14 (10%) were not presented card inside the plastic bag. The reasons for respondents who were receive plastic bag but the card was not inside it were; 7(58.3%) it was difficult to put inside plastic bag and 5 (41.7%) were because of other reasons like lost/damaged and used for something else. One Hundred Forty-Five (70%), reported as they placed the plastic bag that contain the immunization card in a secured place like in a box and 53 (25.6%) hanging on the wall inside the plastic bag (Table 1).

**Conclusion:** In general, 89.5% card retention, 90% of respondents were utilized the plastic bag and 88% of mothers said as they will advise others to use the plastic bag. So the distribution of immunization card holding plastic bag has big contribution towards child immunization card retention and its distribution shall be sustainable and



## RESEARCH CORNER

### *Experiences from the field*

**Table 1. Status index of child vaccination, immunization card and plastic bag.**

S/N	Variables	Number	Percent
1	<b>Child Sex</b>		
	Male	120	50.4
	Female	118	49.6
2	<b>Age of the child</b>		
	< 12 months	50	20.9
	12-23 months	189	79.1
3	<b>Does child have vaccination card</b>		
	Yes	214	89.5
	No	25	10.5
4	<b>Reason for not having vaccination card</b>		
	Lost /burn/spoiled	15	60
	Other (Not aware to keep it, not allowed to take home, able to take when vaccination completed)	10	40
5	<b>Did you get plastic bag from the HC/HP to put the card</b>		
	Yes	139	58.2
	No	100	41.8
6	<b>How did the mother present the card</b>		
	In the plastic bag	125	58.7
	Without plastic bag	88	41.3
7	<b>Reasons for not putting the card in the plastic bag</b>		
	Difficult to place inside the plastic bag	7	58.3
	Other (Lost/ damage and used for something else)	5	41.7
8	<b>Reasons for not getting the plastic bag</b>		
	Not available in the HC/HP	38	39.2
	Do not know the reason	56	57.7
	Other	3	3.1
9	<b>Where you put the plastic bag that contain the immunization card</b>		
	In a secured place like in a box	145	70
	Hanging on the wall with the plastic bag	53	25.6
	Other	9	4.4
10	<b>Do you have advise others to use the plastic bag</b>		
	Advise others to use it	121	87.7
	Do not advise other to use it	17	12.3
11	<b>Why do you recommend others to use it</b>		
	It help not to lose vaccination card	109	90.1
	It helps to put vaccination card for longer time	99	81.8
	It is safe to put vaccination card	92	76
	It reminds mother next immunization date	41	33.9
	Other	7	5.8
12	<b>Why do not recommend others to use it</b>		
	I do not see any importance	26	43.3
	The plastic bag is not acceptable in the community	6	10
	Other	28	46.7



## Ethiopia launches HPV Vaccination campaign for 14 year old girls



**H.E. Dr. Amir Aman, Minister of Health, launching the HPV vaccination**

Ethiopia launched the Human Papillomavirus (HPV) vaccine nationally on the 3<sup>rd</sup> of December 2018. The launch was held in Addis Ababa at Tesfa Kokeb Primary School in Lideta Sub-city. In his keynote address during the launch, H.E. Dr. Amir Aman, Minister, Ministry of Health, said that the HPV vaccine will be given for free and all 14 year old girls to take this vaccination.

Following the launching, the HPV campaign was conducted to the 9 regions and 2 city administrations of Ethiopia and vaccines were delivered to all private and public schools aiming at reaching all eligible girls in at schools. It was also delivered at

health facilities to reach out of school girls to be able to access the vaccine at any health facility in all nine regions and the two city administrations of the country. According to The FMOH, 1.1 million girls aged 14 are targeted for the vaccination.

HPV is the most common viral infection of the reproductive tract. Nearly all cases of cervical cancer can be attributable to HPV infection. According to WHO, about 7,000 cases and 5,000 deaths occur every year due to cervical cancer. Ethiopia is one of the few African countries that have introduced HPV vaccine. Ethiopia planned to include the HPV vaccine through the routine immunization program.



**Girls performing song at the launch**

## USAID donates vehicles to The CGPP

USAID has donated used vehicles to CGPP Ethiopia to enhance the polio and immunization activities in the hard to reach and pastoralist implementation areas of CGPP. The donated vehicles were dispersed to the Secretariat and project implementing partners who have serious problems of reaching implementation areas due to shortage of transportation.

Dr. Filimona Bisrat Said “We are pleased about the donation of USAID. USAID is supporting CGPP activities in Ethiopia

since CGPP’s establishment in 2001. I am certain that, the vehicles will have an impact on avoiding limitations of reaching program areas due to vehicle problems.” He added, “After completion of maintenance, service and insurance issues, the vehicles will be deployed in the hard to reach areas and will enhance the supervision and campaign support activities. We will also make sure that we are able to put them to the best use.”