**CROSS-BORDER INITIATIVE ON POLIO ERADICATION IN HORN OF AFRICA**

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**INTRODUCTION**

The Horn of Africa (HoA) was hit by a wild polio virus outbreak in April 2013 with record number of cases: 19 in Somalia, 14 in Kenya and 10 in Ethiopia. While the outbreak occurred primarily in Somalia, it spread into bordering areas of Kenya and Ethiopia. The Global Polio Eradication Initiative (GPEI) has entered a new phase with significant reduction in case counts in endemic countries and heightened recognition of risk for international spread of the virus. To combat the international spread, in May 2014, the WHO declared polio a public health emergency of international concern and issued recommendations requiring proof of polio vaccination for travel to and from countries experiencing polio cases.

At the 7th HOA Technical Advisory Group (TAG) meeting held in February 2012, it was 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. In addition, because of the large number of pastoralists affected by or at risk for polio in the HOA, the TAG stressed the need for better cross border initiatives as a compelling strategy for polio eradication in the region.

In response to these recommendations, the WHO and CORE Group Polio Project (CGPP) have been organizing cross border initiatives in HOA countries. In August 2012, cross border meetings were held in 4 sites in Ethiopia bordering with Somalia, Djibouti, Kenya, South Sudan and Sudan. Since then, over 28 cross border counties/districts/regions have collaborated and initiated cross border discussions and activities.

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| List of Countries and border areas engaged in cross border initiatives in HOA |
| South Sudan - Morobo | DRC-Adi, Uganda- Koboko |
| South Sudan -Maiwut/Akobo/Kapoeta East | Ethiopia - Gambela, Kenya -Turkana |
| South Sudan - Kajo-Keji | Uganda - Yumba&Moyo |
| South Sudan - Magwi | Uganda - Adjumani, Amuru, Lamwo |
| Ethiopia - Amhara,Benishangul, Tigray | Sudan |
| Ethiopia - Somali, DiredawaCity  | Somalia - Punt Land, Eritrea - Djibouti |
| Ethiopia -Somali, Oromia, SNNPR | Kenya - Moyale , and Somalia  |

The objective of the cross border 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 immunity gaps in migrant and hard to reach populations along the border, and planning for synchronized supplementary immunization activities along the borders.

**Process**

The cross border meetings involved communication between governments at national and local level and were held at the border area. WHO, UNICEF, CORE Group and NGOs supported the process, which involved sharing the situation analysis from both sides including mapping of border areas with a focus on communities, population movements, socioeconomic and cultural status, health behaviours and health resources.

**Outcomes**

The meetings verified that there is significant movement of population between countries for trade, employment, pastures, health care, and cultural reasons. In addition, refugees and those affected by clan conflicts are also frequently moving across borders. These border areas vary in terms of socioeconomic status, heath infrastructure, and health seeking behaviour of the population and there has been a lack of information sharing between health management across border. Polio eradication activities, coordination and synchronization of SIAs and Acute Flaccid Paralysis (AFP) surveillance has also been lacking. In general, the border communities are hard to reach, underserved and at high risk for polio.

This cross border initiative has brought together border stakeholders to discuss and plan ways to jointly combat circulation of polio. Joint action plans, which focused on activities to be carried out in individual countries, activities needing synchronization, sharing of information, and joint review and planning, have been developed. Cross border coordination committees have been formed and focal persons on both sides of the border have been designated. At some crossing points, static polio vaccinations team have been established and have vaccinated thousands of children. The action plans also call for resource mobilization to ensure implementation.

**CONCLUSIONS**

The implementation of these cross border initiatives is going well despite some critical challenges. A major challenge is lack of resources from collaborating governments for cross border activities. As a result, the government ownership and leadership is minimal. The cross border initiative is designed based on a coordination model where parties enjoy autonomy and independence, use their own resources to carry out committed activities, and come together regularly to review and improve further partnership. The governance structure for the cross border initiative is informal and weak in part due to a lack of a comprehensive framework and guidelines to inform its planning, implementation and monitoring and evaluation. WHO/AFRO has developed a draft which provides a clear framework for the success of the cross border initiative. WHO and CORE Group will review its current cross border initiatives using these guidelines and will advocate for and provide support to countries for improved effectiveness.

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