

24th HOA Partners Coordination and Tripartite Meeting Wednesday, May 16/2018.

Venue: WHO Kenya, Conference Hall.

1. Attendance:

1.1. Attendance at the Venue:

WHO HQ: Zainul Khan; **WHO Somalia:** Mebrahtu Mahsentu, Rennatus Ndodo; **WHO Pak:** Abdinoor Mohd; **UNICEF Somalia:** Owusu Aboagye, Mokwaya Douglas; **UNICEF ESARO:** Saumya Anand, Angelo Ghelardi; **CDC Atlanta:** Chukwuma Mbaeyi; **CDC Kenya,** Christie Reed; **Core group:** Somane Mohamed; **HOA Coordination office:** Chris Kamugisha, Caro Gathenji and Chidiadi Nwogu.

1.2. Attendance on the Link:

WHO HQ: Karim, Susan and Jennifer; **EMRO:** Kamil; **IST East:** Manyanga; **WHO Ethiopia:** Pamela, Wassie; **UNICEF K,** Peter Okoth **and CDC:** Elias Durry.

Apologies: AFRO and WHO Kenya were unavoidably absent.

2. Objective:

- Update on preparation for VDPV2 response.
- Update on Status of Surge as per TAG recommendations as planned for the 3 Countries of Ethiopia, Kenya and Somalia.

3. Minutes:

The meeting started exactly at 11:15hrs with the introduction of participants and the agenda was strictly followed. The presentation started with Somalia (Eltayeb), Ethiopia (Wassie) and then Kenya. Kenyan presentation was given by Peter Okoth (UNICEF Kenya) as WHO Kenya was involved with other office related activities outside the Compound. After the presentations, the HOA Polio coordinator noted that Countries were utilizing more than the 10 minutes allotted. He pleaded with the Presenters to stick to the allotted time at future meetings.

3.1. Comments and Action points:

3.1.1. Somalia:

- AFP with PV3 isolate seeking joint investigation *was re-clarified as PV1 SLV as updated by KEMRI Laboratory.*
- Payment of Vaccinators that were involved in Somalia rounds: it was noted that, *“with funds received all vaccinators have been fully paid”.*
- 3 Districts of lower Shebelle that did not participate in the last mOPV2 rounds: *Somalia plans to have them accommodate during the June synchronized rounds with Kenya.*

3.1.2. Kenya:

- a. What was the rationale of omitting Marsabit County from the Kenya extended mOPV2 rounds 1 and 2 despite being a transit corridor between Kenya and Ethiopia?**

Most indicators used to assign Counties for mOPV2 rounds were not in favor of Marsabit. The County scored low at the expense of the 12 Counties regarded as most high risk in view of prevailing circumstance.

- b. Considering the movement of the Somali population using many transit points into Nairobi, the target used for Nairobi in the just concluded round 0 may not have assured that all children were reached.**

Targeted population of under 5s used for round 0 in Nairobi was based both on projected population of the targeted cohort and the result of the last campaign. It was done in consultation with the County and WHO and UNICEF Country offices. There must have been elements of under or over-estimation but whatever the case is, all lapses noted will be taken care of during the round 1 and 2 activities.

Action Points:

- **In subsequent rounds we should reconsider the positives of including strategies for transit point vaccination.**
- **Kenya to consider: increase in the number of Teams per Counties and utilize sweep teams (outside the house to house teams) to cover the transit points, high rise buildings (particularly in big Cities like Nairobi) and the congested streets during weekends.**

- c. Clarification on the missing 6 mOPV2 vials:**

Meanwhile accountability of mOPV2 vials is being undertaken. 3 vials were missed at the Getrude hospital (private) and the other 3 at Kangemi Ward of Dagoretti Sub County. Investigation is on: to ascertain the whereabouts of the missing vials and inquiries are to be made on the staff that was on night duty at the Getrude hospital.

Action point:

- **Proper accountability on Vaccine management to be given during the National review meeting.**

- d. Is the Independent monitoring done in Kenya really independent?**

The response to this question was not very clear. However, it is known that MoH Kenya at the National level undertakes recruitment, training and deployment of independent monitors.

- e. We were made to know that Starehe had a unique low coverage.**

This may need inquiries and proper investigation after the independent monitoring and LQAS is conducted, and also requiring that good micro-plans are done for subsequent rounds as to cover high rise buildings and team's inadequacy as experienced in this round.

Action points:

- There should be a Strong engagement with the Pediatricians in the high and medium brow areas of sub-Counties like Langatta and all others.
- There is a need for ODK (during round 1 and 2) to be used for intra-Campaign and or for Data analysis.

f. Environmental Surveillance collection has improved in the Kamukunji sites 1 and 2, what about the others?

Functionality for collection at other site not left behind, even collection at Garissa site has also improved.

In general consideration, Kenya will use the lessons learned from this round to improve subsequent rounds.

County review meeting has already been concluded but the date for the National review meeting will be shared.

g. AFP Case in Dadaab is being investigated as a 'hot case'.

Action point:

- WHO Kenya to share the outcome of the investigation.
- MoH Kenya to invite HOA Coordination Partners in Kenya for the round 0 National Review meeting immediately it is scheduled.
- **Emphasis was made for WHO K and MoH to be on this monthly Tripartite and Partners call always.**

3.1.3. Ethiopia:

a. Recommendation of TAG for Ethiopia to synchronize mOPV2 response with Kenya and Somalia:

Actions are being taken: consultation between the Ministry of Health Ethiopia, ISTEast and WHO Country office is ongoing. The WHO Ethiopia is following up on this and already conducting the Surveillance part of the plan.

Action point:

- WHO HQ and other Partners to send external support for advocacy to have the Ethiopia Ministry convinced on the immense need to conduct the mOPV2 campaign urgently and synchronize with others.
- Ethiopia: to share the WHO/UNICEF response plan urgently. This to be incorporated to the Kenyan/Somalia plans.
- Ethiopia: to put up a draft mOPV2 request and share same with HOA Coordination office.

2 scenario options were proposed for Ethiopia mOPV2 response:

- a. Mandera triangle to be vaccinated.
- b. To add Addis Ababa to the Mandera triangle in view of the Bole PV2 isolate. However this will require appropriate delineation of the scope having in mind that Ethiopia has 5 zones now and not 4 as initially documented for the response.

3.1.4. Proposed Date for synchronized mOPV2 SIA, budget and Micro plans.

- a. Kenya/ Somalia: round 1 for 23rd June to 27th June 2018. It was agreed to have the round 1 commence from July 1 and end on July 4/2018.
- b. The 2nd round date was left pending as it was recommended for Kenya (21st to 25th of July 2018) and for Somalia (28th to 31st of July 2018).
- c. Ethiopia is yet to fix a date for both rounds.
- d. Kenya has submitted its budget for the 2 rounds.
- e. Somalia micro plan is ready

Action point:

- Ethiopia to fix a date. However, the Ethiopia Country office agreed in principle that the delay of the synchronized first round in view of the Ramadan will give the Country time to discuss, agree and fix the Campaign date.
- Countries were asked to share their Micro plan on time including the strategies to be adopted.
- Activities and Timelines should be listed by Countries.
- Somalia to submit budget for the rounds.
- Ethiopia to submit draft budget while waiting for the Ministry to decide.
- Ethiopia is to submit a draft Vaccine request and share with HOA.

3.1.5. EOC/Ghant Chart.

EOC at the 3 Countries are at varying stages of activation and Ghant chart has been shared to countries

Action points.

- EOC/Somalia: To update its EOC given the synchronization.

- EOC/Kenya: Need to be strengthened given that the expanded areas captured for the subsequent rounds.
- EOC/Ethiopia: To commence preparation for reactivation if the previous EOC was inactivated.
- Kenya to commence micro plan activities and share.
- Ethiopia to commence preparatory micro plan activities despite no decisive date for the rounds.

3.1.6. Surge:

Even though the participants were made to understand that the HR surge has been submitted by the 3 Countries however Global Polio Eradication Partners are expecting the surge teams request filled by Monday, May 21/2018.

CDC: Want to know what other Partners doing, and ready to support to fill the Surge positions.

WHO HQ: Tracy and Susana are coming either to Ethiopia, Kenya or HOA. Meanwhile Khan is already in WHO Kenya.

UNICEF Kenya: positions for communication already approved.

UNICEF ESARO: Plans are ongoing for this.

Action points:

- Countries: There is a need to have a table of staff redeployment from regions to areas of need.
- HOA: To share what else is needed to narrow down on surge gaps.
- There is a need to coordinate the Short Term Consultants being sent.

Salient areas of this meeting were exhaustively discussed.

3.1.7. AOB:

- Dr Rennatus Ndodo from CDC was introduced to have been seconded to WHO Somalia to assist Dr Eltayeb. He is to be based in NAIROBI.
- The need to accommodate BMGF for these meetings was discussed looking at time difference between United States and Kenya. After deliberation 15:00 hrs to 16:00 hrs was agreed but needs to be discussed further.
- HOA was asked to concentrate on coordination of the outbreak activity.

The meeting was adjourned at 13: 25 hrs and next meeting date will be shared on 30th May 2018.