

CGPP NEWSLETTER



October 2017— March 2018

Ethiopia Commemorates World Polio Day “End Polio Now, Let’s Make History!”



H.E. Dr. Kebede Worku, State Minister of Health delivering key note address

The 5th World Polio Day was celebrated on Tuesday October 24th 2017 under the theme: “**End Polio Now, Let’s Make History**”. The event was organized by FMoH in collaboration with Rotary International, CORE Group, WHO, UNICEF and other partners.

His Excellency Mr. Girma WoldeGeorgis former President of the Federal Democratic Republic of Ethiopia, His Excellency Dr. Kebede Worku, State Minister of Health, Dr. Filimona Bisrat Director of CCRDA/CORE Group Ethiopia , Dr. Tadesse Alemu Representative of Rotary International in Ethiopia, Representative from USAID, other distinguished government officials, diplomatic corps, heads and delegates of UN agencies and representatives of international organizations and other CSO partners were attended the celebration.

In his key note address, H.E. Dr. Kebede Worku, State Minister of Health said “Immunization is one of the major priority agendas for Ethiopia, which was proved by increasing the government’s contribution for vaccine procurement and programme management.”



The Police Marsh Band Performing Music at the World Polio Day

Dr. Kebede added, “While we are closer to achieving a polio free world, our commitments will shift towards tackling other public health challenges. Polio Eradication is now an opportunity for countries and partners working on child survival as it leaves a legacy of stronger health system”. Dr. Kebede also congratulated all partners contributed for the achievement of polio free status of Ethiopia.

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Ethiopia Commemorates World Polio Day

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EDITORIAL

Outbreak of cVDPV2 in the Horn of Africa: Ethiopia at Risk!

Recently, a total of eight environmental samples positive for cVDPV2 were collected in Somalia between October 2017 – March 2018 and one in Kenya on 21 March 2018. Both samples were confirmed the same strain and apparently has been circulating for years in the community. Since detection of the initial isolates in both countries, outbreak response campaigns in line with internationally-agreed guidelines have been implemented. Nevertheless, the good news is, there is no cases of acute flaccid paralysis (AFP) associated with this cVDPV2 have been detected at this time, however, a risk assessment is ongoing as is planning for a potential regional response.

As well known, the countries in the Horn of Africa remain at substantial risk as per previous experience suggests that circulation of the virus could occur throughout Somalia, Eastern Ethiopia and Eastern Kenya, with significant risk of circulation in neighboring countries and areas. Ethiopia shares a long boundary with Somalia and Kenya. Intra country population movements, sub-optimal immunization coverage, large number of unvaccinated children in the border woredas/districts and sub-optimal surveillance performances at sub-zonal levels in border areas makes Ethiopia a high risk country.

Based on this, the National Inter-Agency Coordination Committee (ICC) should take the following mitigation measures to prevent the importation of cVDPV2 and WPV to Ethiopia.

- * Achieving and maintaining high quality surveillance through enhancing AFP surveillance in all zones and at crossing points.
- * Increase site frequency of environmental sample collection and testing in Somali Region.
- * Strengthen RI services through regular static, outreach, mobile strategies and re-opening of permanent vaccination points at borders.
- * Enhance quality and coverage of the outbreak response plan through effective communication and advocacy activities.

Furthermore, the ICC suggested for CORE Group that, as it is working polio surveillance activities in most part of the border areas of the country, CGPP must strengthen cross border activities and polio SIAs in the border areas especially Somali, Oromia, SNNRS, B/Gumuz and Gambella regions. In addition, because of political instability in South Sudan people crossing the border every day and the pastoralist nature of the regions, CORE Group should give attention and strengthen vigilance in those areas.

Dr. Filimona Bisrat, CORE Group Ethiopia Secretariat Director also delivered an opening remark and said “Ethiopia has been polio-free for almost four years. This is a big achievement in the history of polio eradication in the country” he added that, “CORE Group is committed to support the Ethiopian Government initiatives to create healthy community free from Polio. Our commitment to create polio free country will continue.”

The event was organized at the Ghion Hotel Compound in Addis Ababa and decorated with the Marsh Music performed by the Police Marsh Band. A press conference which led by H.E. Dr. Kebede and accompanied by Dr. Filimona Bisrat, representatives from Rotary, WHO, UNICEF, Bill and Melinda Gates Foundations and other partners were organized for media agencies on the Celebration of the World Polio Day and Polio Free Status of Ethiopia. Awards were given to Professor Reda Teklehaimanot and Dr. Hailu Kenea for their services in the fight against polio.

Ethiopia has been polio-free for almost four years since January 2014 (after the last importation cases from Somalia) and the country got polio free status certification in June 2017 after submission complete national documentation to Africa Regional Certification Committee in Malabo, Equatorial Guinea. Polio cases globally decreased by over 99 percent from an estimated 350,000 cases in 1988 to only 37 reported cases in 2016. Furthermore, the number of countries with polio decreased from 125 to only three - Afghanistan, Nigeria and Pakistan.

CORE Group Ethiopia Secretariat has involved in the event organizing committee, sponsored the production of t-shirts and caps and provided transportation costs for police music band performers.

Rotary International members from US and Canada visit CCRDA/CORE Group Ethiopia

Members of Rotary International US and Canada paid a visit to CCRDA/ CORE Group Polio Project Ethiopia Secretariat office on October 31st 2017 and to met CGPP Secretariat team and discuss the activities and contribution of CORE Group.

CCRDA/CGPP welcomed the visitors and a brief presentation was given by Dr. Filimona Bisrat and Mr. Legesse Kidane on the overview of CGPP; and a brief about CCRDA is delivered by Mrs. Tsehay Admassu Senior Director of Program Development and Management Core Team of CCRDA. Following the presenta-

tion, general discussion on the contribution of CGPP on Polio Eradication and Immunization activities were presented. Furthermore, exhibition was arranged to show the activities of CORE Group globally. At the end of the meeting, guests were invited for cocktail gathering organized at CCRDA compound. At the end, the guests thanked CORE Group for its efforts and activities.

The purpose of Rotarians visit to Ethiopia is to celebrate Ethiopia's polio free status as well as visit different projects supported by Rotary and partners.



Dr. Filimona Receiving the Rotary Guests



Guests Visiting CGPP's Mini Booth



Meeting with CGPP Staff and Partners



Having Ethiopian Coffee

Somali Region Hosts Routine Immunization Improvement Plan workshop



Regional Immunization Advocacy and Routine Immunization improvement Plan (RIIP) dissemination workshop was held at the Ethiopian Somali Region in Jijjiga Town from 27-28 December 2017. The workshop was organized by CCRDA Health Forum in collaboration with the ESRHB, aiming at reviewing the progress and challenges and consequently strengthening the routine immunization program of the region.

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Polio Corner

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	1.5
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%	98%
Specimen arriving in good condition	90%	99%	100%	88%	91%	91%	82%	79%	80%	85%	92%	82%
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%	3.4%
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%	3.9%
Timely Lab result within 14 days of receipt	80%	88.5%	90%	99%	83%	76%	77%	79%	90%	87%	90%	86%

*As of Week 12 (Mar 23, 2018)



Polio legacy planning

- Joint UNICEF/WHO/CDC/TIMB mission visited Ethiopia from 15 – 18 January 2018 to support the country for finalization of Polio Transition Planning. The draft polio transition plan 2018 – 2020 was reviewed by the Joint mission. The polio transition timeline was changed from 2018 – 2020 to 2018 – 2022. The budget required by the government for mainstreaming polio function to national health system was revised for the period of 2021 and 2022.
- FMOH was debriefed on the polio transition strategies for polio functions & assets and budget required for the implementation of polio activities foreseen in the draft polio transition plan by the joint mission and consensus had been reached on the amended document.
- The WHO and UNICEF Ethiopia country representatives were debriefed on the mission outcome, on agreed polio transition strategies and on the donors round table meeting.
- The final draft Polio transition plan 2018 – 2022 is being updated by national consultant based on the comments from the joint mission and will be shared with PLPC and TIMG before end February 2018 for final comments



Immunization Corner

The progress of cross border activities under CGPP implementation areas

By Muluken Asrat

Migration and population movement are caused by different factors. People move from place to place for numerous reasons that push them to move, including conflict, violence, environmental conditions, recreation, trade, health care, education, cultural ceremony, pastures, etc... Because of those population movements, border community can share ecology, epidemiology, cultural and other values. The existing situation of massive population movement across porous borders coupled with low population immunity puts Horn of Africa (HOA) countries at risk of Wild Polio Virus (WPV) importation and circulation.



Therefore, the HOA TAG recommendation stressed the importance of cross border collaboration between countries for immunization, communication and surveillance is very important to ensure Polio eradication. Hence, the CORE Group Polio Project Ethiopia Secretariat and project implementing partners agreed to establish cross border health committee at village level to coordinate periodic cross border activities with adjacent neighboring countries. The committee comprise of different stakeholders such as immigration, security, community and religious leaders, government offices administration and health.

In this connection, under four CGPP implementing partners (Harerege Catholic Secretariat (HCS), Save the Children, Ethiopian Orthodox Church (EOC) and Organization for Welfare and Development in Action (OWDA) are working in Somali region five zones and in Oromiya region one Zone. Consequently, the cross border mapping data showed that a total of 18 Woredas (districts) covered through its 80 Kebeles, 144 villages, 90 crossing points and 83 health facilities are the primary contact at the border.

Analysis of cross border mapping by partners' shows that, Harargae Catholic Secretariat (HCS) in Siti zone has 4 bordering districts of all 7 (57%), Save all the 5 districts, Organization for Welfare and Development in Action (OWDA) 4 of 5 districts (80%), Ethiopian Orthodox Church (EOC) 5 of 6 districts (83%). Furthermore, Moyale district has largest number of bordering Kebeles (13) followed by Dollo Ado (8), Miyo (8), Bare (7), Bohk (6), and Aisha (6) etc. The number of crossing points almost equivalent with number of bordering Kebeles. However, Dollo Ado district has the largest number of crossing points (20) and followed by Moyale

Oromiya region (16) and Dollo Bay (10). Save the children implementing districts has the largest bordering Kebeles (33), villages (61) and crossing points (55), followed by EOC with 21 Kebeles, 26 villages and 22 crossing points.

In view of this, attention should be given to Somali and Oromiya regions of Moyale, Dollo Ado, Miyo, Bare, Bohk, Aisha and Dilo Woredas/Districts based on number of targeted kebeles and serving facilities. On the other hand, the CGPP Secretariat should expand the same experience to other parts of the region.

Research Corner

Final Evaluation Survey, CORE Group Polio Project, Ethiopia

Legesse Kidane: CGPP Ethiopia

Background: CORE Group Polio Project (CGPP) Ethiopia established mainly to contribute towards polio eradication efforts of the Federal Ministry of Health (FMOH) in pastoralist and semi-pastoralist hard to reach areas found in five regions. CGPP Ethiopia has launched a five year (October, 2012 - September 2017) new project in 15 zones located in the five regions. For this a baseline study has been carried out in 2013 to provide a bench mark for project status and Mid-term evaluation was conducted in 2015.

Objectives: The main objective of the final evaluation was to provide a country level final evaluation of the CGPP in Ethiopia by collecting survey data of the project indicators using household survey.

Methods: Cross-sectional household and institution based surveys that employed quantitative methods to determine the coverage rates. The study area encompasses the 15 zones of the CORE Group Polio Project, Ethiopia, project area with more than 85 woredas (districts) and about 1614 Kebeles. For this household survey two stage modified WHO 30/10-cluster sampling strategy (Zone to Kebele and Kebele to Household) stratified by pastoralist and semi-pastoralist areas was employed. As far as possible, the secondary sampling units, Kebeles, were selected to match the baseline and mid-term evaluation sample kebeles and in each kebele 10 mothers with children 12-23 months of age were identified for the interview.

Results: This final evaluation household survey was conducted from 16 to 24, July 2017 in 5 regions, 15 zones, 57 districts and 67 kebeles that included 672 households with children 12-23 month of age. The distribution of the sample by the regions showed that Somali 271, Oromia 111, Gambella 80, Benshangul Gumuz 100 and Southern Nations Nationalities and People's 110.

Characteristics of respondents: Of the sampled households, 90 (13.4%) were urban and 582 (86.6%) were rural residents. More than 93% of the respondents were mothers' of the index child. Majority of the respondents (58.2%) were in the age group 20-29 years, females constituted 89.0% and 51.6% were Muslims by religion. Almost all (95.7%) were married at the time of the survey, 64.6% had no any formal education, 58.6% involved in domestic work.

With respect to vaccination coverage based on data from card only, the rate of coverage for all the nine vaccines were found to be consistently higher in the final evaluation survey compared to the baseline survey though still the coverage level is lower than the expected of coverage (Figure 1).

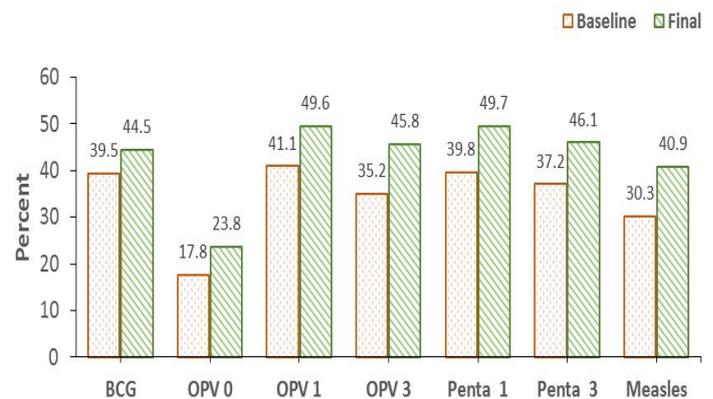


Figure 1: Vaccination coverage rates between Baseline and Final Evaluation Survey in the CORE Group Polio Project Areas, Ethiopia

Mothers/caretakers knowledge on the age at which the first polio vaccine should start was assessed and it was observed in improvement from baseline (39.1%) to final evaluation (55.8%) survey. On the other hand, the proportion of mother/caretakers who reported don't know the age at which the first dose should be administered declined from the baseline value of 34.5% to 14.6% during the final evaluation .

The proportion of mothers/caretakers who heard about acute flaccid paralysis was significantly increased from baseline (58.3%) to the final evaluation (72.9%). Child vaccination status during recent polio campaign between the baseline and final evaluation survey showed that there existed some increase during the final evaluation (94.3%) compared to the baseline (90.0%). Whereas the experience of household level visits by community volunteers or health development army didn't show difference during the two survey periods (Figure 2).

Research Corner

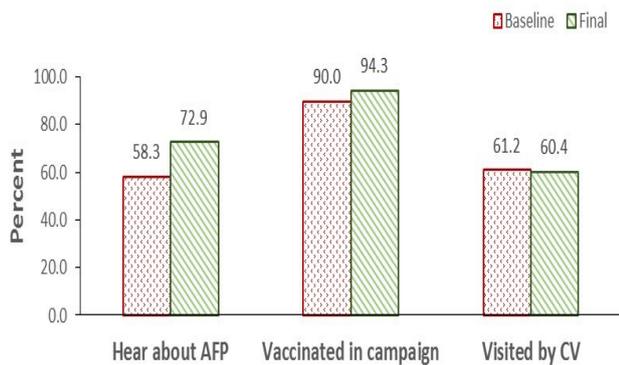


Figure 2: Information about Polio and Community Volunteers visit for Baseline and Final evaluation surveys in the CORE Group Polio Project Areas, Ethiopia

Source of information on recent polio campaign conducted in their area was assessed and reported in the two surveys. Accordingly, information from community volunteers or health development army (41.3% versus 58.9%), health workers (39.5% versus 54.6%) and friends or neighbours (9.2% versus 25.9%) showed increase from baseline to final evaluation surveys (Figure 3).

Figure 3: Source of information about recent Polio Campaign between Baseline and Final Evaluation Survey in the CORE Group Polio Project Areas, Ethiopia

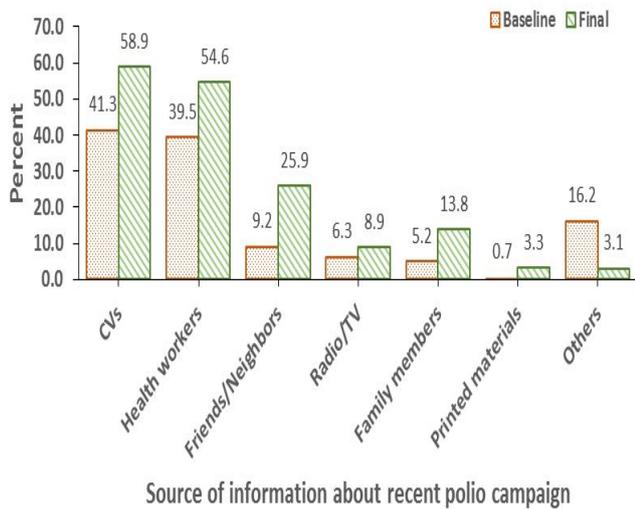


Figure 3: Source of information about recent Polio Campaign between Baseline and Final Evaluation Survey in the CORE Group Polio Project Areas, Ethiopia

Another indicator considered was mothers/caretakers knowledge on the effects of getting more Polio vaccine doses to children. Accordingly, it is found that during the final evaluation survey (78.3%) respondents correctly said “children are more protected” was higher compared to the baseline survey (59.5%). In addition, the proportion of mothers/caretakers who said don’t know decreases from 25.3% in the baseline to 7.6% during the final evaluation survey but still there are respondents who said more polio doses harm children (Figure 4).

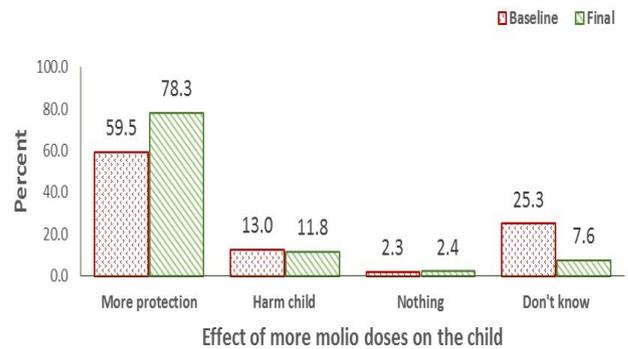


Figure 4: Mothers/Caretakers knowledge on the effect of more polio doses on the child in the CORE Group Polio Project Areas, Ethiopia

With respect to acute flaccid paralysis, mothers/caretakers were also asked what happens if a child is sick with polio. Accordingly, correct signs of stop walking or crawling and having limp limbs were reported by 57.4% and 82.0% and 39.2% and 60.0% in the baseline and final evaluation surveys respectively that showed improvement in respondents’ knowledge over-time. In addition, the proportion of respondents who said don’t know in the baseline (21.0%) declined to 5.7% in the final evaluation survey (Figure 6).

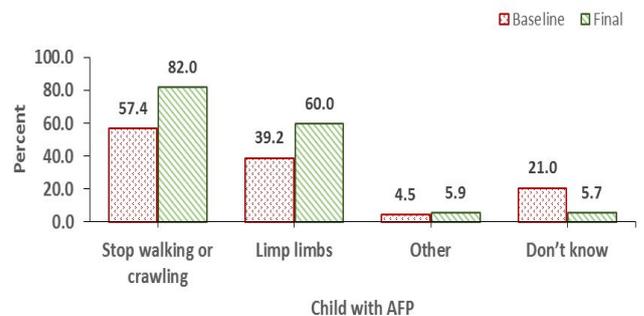


Figure 6: Knowledge of mothers/caretakers on effect of acute flaccid paralysis on a child in the CORE Group Polio Project Areas, Ethiopia

CGPP NEWSLETTER

CGPP Ethiopia takes part in the Annual NGOs Good Practice Day Celebration!

CGPP Ethiopia Secretariat participated in the annual NGOs/CSOs Good Practice Day organized by The Consortium of Christian Relief and Development Association (CCRDA) in Addis Ababa on 28 December 2017. The celebration was held at CCRDA's compound. Exhibition was part of the celebratory event wherein CGPP put on show its awards, works and successes; and disseminated good practice documents, calendars, brochures, newsletters, and other communication materials for guests and visitors. CGPP's exhibition was visited by guests of honor: H.E. Dr. Mulatu Teshome, President of FDRE; H.E. Dr. Kebede Worku, State Minister of Health; H.E. Dr. Yinager Dessie, National Planning Commissioner. In addition to the distinguished guests, a number of representatives of the donor community and other participants visited CGPP's display.

The celebration gave CGPP an opportunity to introduce its activities and best practices to organizations. During the event, Civil Society Organizations which had extraordinary achievement were given recognition by guests of honor. More than 450 guests were attended the good practice day celebration.



H.E. Dr. Mulatu Teshome visiting CGPP's Booth during the good practice day.

Somali Region Hosts RI Improvement Plan

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The workshop was attended by around 150 participants comprised of representatives from Regional Health Bureau and district health offices, Federal Ministry of Health, national and regional offices of partner organizations and religious and community leaders.

The opening remark of the workshop was delivered by Mr. Hassan Ismail Head of the Ethiopian Somali Region Health Bureau. Key note addresses were made by Deputy Head of Education Bureau, community and religious leaders and representative of partner organizations. All the speakers underlined the low immunization coverage of routine immunization and expressed their commitment to enhance their supports and participation to improve the immunization coverage in the region.

Mr. Hassan Ismail, underlined the low and stagnating progress of immunization coverage despite many ef-

forts of the regional health bureau and immunization partners. He also added that, the commitment of the regional government and religious and community leaders are critical to improve the immunization program in the region.

During the event presentations were made and discussed on issues such as Regional and district Immunization Updates, immunization quality and equity, pastoralist health extension vs immunization services, roles of CSOs in Immunization and the regional immunization improvement plan

In his closing remark, Mr. Hassen Ismail, Head of RHB, stressed that all partners should focus on the routine immunization system strengthening at all levels. He also gave directions to District Health Offices to feel ownership and commitment in order to assure full immunization coverage in the region.