



KENYA AND SOMALIA JOINT CROSS BORDER HEALTH COORDINATION

MEETING REPORT



WAJIR PALACE HOTEL, WAJIR-KENYA. APRIL 4-6, 2018



Introduction

The Horn of Africa (HOA) Technical Advisory Group (TAG) meetings noted that the risk of significant WPV outbreaks due to evidence of undetected circulation of WPV among the large number of High-Risk Mobile Populations (HRMP) in the HOA region. The TAG stressed the need for active cross-border health 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 April 4-6, 2018 meeting in Wajir county (Kenya). The meeting hosted representation from Kenya National MOH, Kenya border Counties MoH officials (Wajir, Turkana and Garissa), Jubaland State (Somalia), WHO representatives (Kenya & Somalia), UNICEF- Kenya, WHO Horn of Africa office, and CORE GROUP Polio Project (CGPP)-HOA Secretariat and CGPP-HOAS partners (American Refugee Committee(ARC), International Rescue Committee (IRC), World Vision-Kenya and Somali Aid.

Objectives of the meeting

1. Review on the status of disease surveillance specifically AFP surveillance/VPDs activities.
2. Institutionalize sharing of information modalities between partners in international border regions
3. Discuss the implementation of the joint action plan for cross border collaborations to strengthen cross border disease AFP surveillance & other diseases, e.g. Measles TB and so forth that was developed in Nairobi meeting.
4. Review of the performance indicators and reporting formats for the joint action plan for the cross-border collaborations.

Expected Outcomes

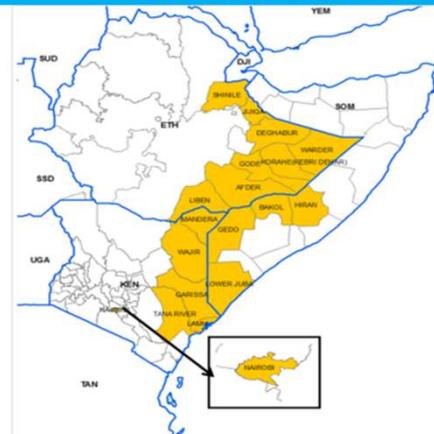
- Continuous identification /mapping of border settlements(villages),formal and informal crossing points.
- Plan for synchronization of SIA at border crossing points.
- Strengthened cross-border surveillance for AFP and other diseases with joint reporting and monitoring schedules/guidelines
- Prompt Joint AFP case investigation and response
- Established coordination and information sharing AFP surveillance data and other diseases conditions/events among border district/health facilities.
- Establish a cross-border community-based surveillance
- Implementation of the Joint action plans for cross-border collaborations



Opening Remarks by Ahmed Arale (CGPP Secretariat director, Somalia & Kenya)

- 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.
- The last polio outbreaks in the HOA in 2013 (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.
- 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 especially the current circulating VDPV2 events from the environmental sample in Somalia.
- As per the 13th HOA TAG recommendation re-emphasized in subsequent TAG meetings; WHO HOA Polio partners initiated cross-border meetings between officials from neighboring countries. WHO 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 HOA countries.
- The HOA countries cross-border coordination forums were divided clusters as follows;
 - a) Cluster 1 (Kenya, Ethiopia, South Sudan and Uganda)
 - b) Cluster 2 (Somalia, Ethiopia, and Djibouti)
 - c) Cluster 3 (South Sudan and Sudan)
 - d) Cluster 4 (Kenya and Somalia)

Ethiopia Zones and Kenya Counties bordering Somalia with Nairobi



High risk area in Kenya and Ethiopia

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.
- Strengthening the cross-border health initiative framework for sharing information on disease surveillance at the local level among border districts in Kenya and Somalia.
- Advocating for the strengthening of community strategy (community units) for a robust community-based AFP surveillance in the most challenging environment of conflict, floods, limited health services, tribal conflicts, and cattle rustling areas.
- Increased awareness and commitment of MOH and border communities through the integration of cross-border activities in annual health planning process





- Documentations and reporting of the lessons learned, best practices by the Counties or regional MoH teams/officials on the activities implemented/undertaken along shared international borders.
- Inadequate/Sub-optimal resources allocation for disease surveillance activities by both national and sub-national governments hence may compromise the sensitivity of AFP surveillance mainly in the hard to reach (HTR), Access compromised and border Areas of Kenya and Somalia

Somalia presentation highlights

- Heightened AFP surveillance (active case searches in the community and HF's)
- Quick surveillance review (internal & external)
- Review of surveillance and immunization services among special population in Jubaland region.
- Additional Environmental Samples (ES) collected from the existing three sites and a new temporary site in one of the busy hospitals
- RPEOs and DPOs from neighboring regions mobilized to support the campaign monitoring

Kenya Presentation highlights (Wajir and Garissa County)

- Initiative of active AFP case search in the border areas using ODK ISS tool
- Social mobilization during SIAs along the Kenya-Somalia border
- Increased frequency of Environmental Surveillance sample collection from the Garissa site.
- Outbreak response plan in place especially in Wajir County since the Cholera outbreak in conjunction with other departments
- 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 since all Wajir Subcounties health management teams trained on microplanning and IDSR.
- Counties using GAVI HSS funds to set aside funds to support disease surveillance especially AFP cases validation, ODK based integrated monitoring tools

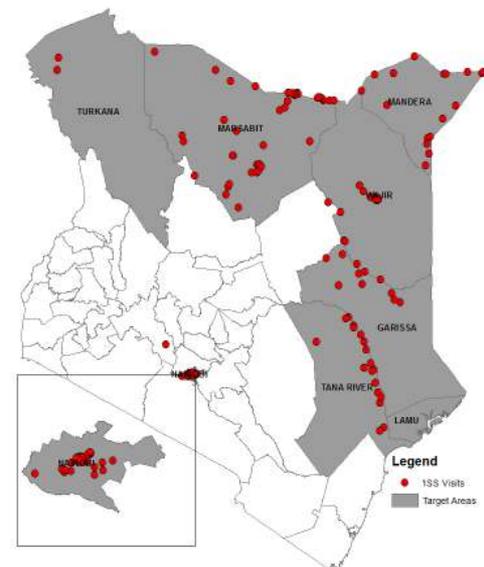


Figure 2: Geocodes of AFP case search along the borders

Challenges

Somalia (Jubaland state of Somalia):

- The whole of Middle Juba is entirely inaccessible for an extended period (over five years)



- The potential risk of delayed detection of virus transmission especially in inaccessible areas, since the majority of AFP cases, are below five years of age
- Most of the health facilities do not have functional cold chain systems.
- NGOs run most of the health facilities in Jubaland state and lack sustainability due to erratic funding.
- Low RI coverage; heavy reliance on SIA for maintaining population immunity
- There is evidence of cVDPV2 circulation in Somalia as per the positive environmental sample from Mogadishu.

Kenya (Garissa and Wajir County):

- Operational challenges in funding of AFP surveillance activities at the Counties/sub-counties
- Low RI coverage Wajir County especially Wajir South and Wajir north sub-counties.
- No clear line between transits points and temporary point of vaccinations as the data for transits vaccination is captured as RI data unlike in Somalia where transit point vaccination is documented.
- Limited vaccine storage and freezing capacity following the destruction of the Regional vaccine Depot at Garissa by fire.

Key discussion points:

- Low RI in border Counties and districts of Kenya and Somalia
- Strengthening of Community-Based Surveillance along the borders
- Synchronization of immunization activities among Countries/counties/Regions
- Updating of all cross-border points, villages, in-charges & facilities
- Strengthen community health strategy implementation
- Strengthen HF's micro plans in the border regions
- Strengthen EPI & Surveillance supportive supervision using the ODK based ISS TOOL.
- Focus on airports and sea border entry points.
- AFP investigation form on the ODK is a complementary not a supplementary to the current case based investigation form (MOH 502).we have to feel both of them any AFP case investigated
- Support supervision based on ODK should be done as a team so that they help one another during the supervision.
- Appending signatures on the registers after doing active case search in each health facility visited.



Figure 1: Abdihakim (CEC Health, Wajir County) and Johnny Musyoka (National Disease Surveillance Coordinator) handing over new laptops to Wajir County Disease Surveillance Coordinators



- Feedback on the active case search and supportive supervision using the ODK during the field visit to 6 health facilities in Wajir Town.

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.
- ISS tool (ODK) for supportive should be used for all supportive supervisions for health facilities
- 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.
- Increased focus on border districts/sub-counties be included in the annual work plans, implementation, and monitoring of surveillance, routine immunization, campaigns, and communication; including the allocation of necessary resources to address unique challenges
- Counties to utilize every available opportunity to conduct OJT to address knowledge gap among the health service providers

Coordination

- Strengthen information sharing on a monthly basis starting from the local level, using the agreed monitoring template, through phone, email and regular meetings.
- Documentation of activities and sharing of monthly reports with the county/regional levels and national levels by the first week of every month
- Strengthen the action points documentation and implementations of the cross-border health coordination meeting (Monthly, Quarterly) actions points.
- Use of innovative ways to interact with the population through various avenues including visiting schools, radio stations.

Routine Immunization

- Strengthen/Develop a focused plan for cross-border areas and Hard to reach mobile populations to strengthen routine immunization by defining movement patterns and develop innovative strategies for vaccination by County/regions
- Maximize 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 border sub-counties/villages.
- Strengthen the Assessment of functionality of all health facilities in the border areas and ensure the provision of cold chain and other resources for immunization service delivery
- Scale-up facility based micro plans at border areas and special groups to strengthen routine immunization defining movement patterns of the mobile populations.

Surveillance

- Strengthen community-based surveillance within existing surveillance structures with priority to border areas (County and regional MoH Authorities).



- Conduct active case search using ODK for AFP surveillance at all health facilities on a monthly basis (Regional, County, Sub-county and District Authorities).
- Prompt investigation and transportation of stool samples from the border areas with the fastest means possible including through cross border mechanisms to be done with full documentation shared with the respective countries (Counties/Sub-counties & Districts).
- Mobilize resources to support surveillance and RI in the country (National & Counties)



Figure 1: Bibi, UNICEF-Kenya

Figure 2: Plenary session

Figure 2: Dr. Chris, WHO-HOA

Figure 3: Habon, EPI logistician, MOH Garissa County

Figure 4: Dr. Chidi, WHO-HOA

Figure 7: Abdihakim (CEC-Health), Mathow (Chief Officer-Public Health), and Nur (Chief Officer, Medical Services) of County Department of Health, Wajir County

Figure 8: Idris, Director-General, MOH Jubaland State of Somalia





Annex 1: Workshop Schedule

	Session 1: Opening Session and Welcome Remarks	Responsible	moderator
8:30-9:00 09:00 -10:30	<p>Registration</p> <ul style="list-style-type: none"> • Introduction of Participants Introduction of participants, admin announcements, agenda and objectives • Opening Session and Welcome remarks from CEC/COH/Director Wajir county • Opening from Jubaland MoH representative (DG) • Remarks from the Representatives of National MoH (DSRU/NVIP) • Remarks from Garissa county Health director or representative • Remarks from WHO Kenya representative • Remarks from UNICEF Kenya Representative • Remarks/updates on Cross border initiatives for Polio eradications in the Horn of Africa region (Ahmed Core Polio Group Director-Kenya & Somalia)-10 mins. 	Dr Adam	Ahmed
10:30- 11:00 - Tea Break/Group Photo			
Session 2: Presentations			
11:00- 11:20	<p>WHO-HoA Coordination Office – Updates on Global polio eradication and current suspected outbreak in Somalia –</p> <p>Discussion/Question & Answer session (5 mins).</p>	Dr Chidi/Dr Chris	Dr Hassan
11:20- 12:00	<p>Wajir county - MOH Overview presentation on status on AFP surveillance, Routine immunizations performance & HF based microplanning, Presentation on Cross border action plan implementations, lesson learnt & challenges. Discussion/Question & Answer session (10Mins)</p>	Adam	
12:00-12:40	<p>Lower Juba region (MoH) Overview presentation on status on AFP surveillance, Routine immunizations performance & HF based microplanning Presentation on Cross border action plan implementations, lesson learnt & challenges. (Discussion/Question & Answer session (10Mins)</p>	Idriss	
13:00 -14:15	Lunch and prayers.		



14:00-14:40	WHO - Somalia Presentation on AFP surveillance and other diseases eg measles in South Zone and the situation arising from the new cVDPV found in Mogadishu environmental surveillance, lesson learnt & challenges). Discussion/Question & Answer sessions (10 mins).	Farah (ZPO).	
14:40 -16:00	Panel Discussion – Analysis of day one presentation and taking of key notes for further clarifications		
16:05	Coffee break and prayers		

Day 2: April 5, 2018 Session 3: Presentations

8:30-9:15	Garissa county-MOH Overview presentation on status on AFP surveillance, Routine immunizations & HF microplanning 15 mins. Presentation on Cross border action plan implementations, lesson learnt & challenges. 15 mins Discussion/Question & Answer session (10Mins)	Elmi	Dr Adam
9:15-09:45	Wajir county - MOH Overview presentation on status of the Measles Outbreak in Wajir East Subcounty. 20 mins Discussion/Question & Answer session 10 mins	Abdikadir/ Josephine	
09:45-10:00	Coffee break		
10:00- 10:40	WHO - Kenya Overview on Active Case Search Monitoring tool & ODK Based Integrated Support Supervisory (ISS) checklist (30 Mins) Discussion/Question & Answer session (10Mins)	Chidi/Hassan	Dr Chris
10:40-12:40	Active Case Search Monitoring tool & ODK Based Integrated Support Supervisory (ISS) checklist Practical sessions Team 1-Bulla Hodhan HC Team 2-Wagberi HC Team 3-Halane HC Team 4-AIC HC Team 5-Barwako HC	Chidi/Hassan	



	Team 6- Ali Maow HC Team 7-Makoroor HC		
12:40 – 2:20	Lunch and prayers		
2:20 - 4:00	Panel Discussion – Analysis of days 2 sessions and key notes for further clarifications – (30 Min)		
4.00 pm	Coffee break and prayers		

Day 3: April 6, 2018, Session 4: Presentations.

8:30 - 9:50	Garissa County MoH team Review of the Joint cross border coordination Action plan & indicators - presentation on action plan developed. (20 Min)	Elmi/Habon	Arale
9:50 – 10:10	Wajir County MoH team Review of the Joint cross border coordination Action plan & indicators - presentation on action plan developed. (20 Min)	Adam/	
10:10 – 10:30	Lower Juba Region (Somalia) MoH team Review of the Joint cross border coordination Action plan & indicators - presentation on action plan developed. (20 Min).	Idriss/Farah	
10:30 –10:45	Coffee break		
10:45- 11:05	Presentation on Key Action/Take home/take way points	Dr Adam /Jos/Akgadiz	Arale / Dr.Hassan
11:05- 11:35	Closing Remarks		
11:35	Closing prayer and Departure		



Annex 2: Participants List

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