



KENYA AND SOMALIA JOINT CROSS-BORDER COORDINATION

MEETING REPORT



Figure 1: His Excellency Ahmed Mohamed Islam, President of Jubaland State of Somalia, addresses the meeting

AGAN HOTEL, KISMAYU-JUBALAND STATE OF SOMALIA.

SEPTMEBER 25-27, 2018





Introduction

Poliovirus does not respect geographical boundaries and poses a great challenge to the vulnerable population living along the HOA border areas. The low population immunity among the population living along the border and hard to reach areas makes them vulnerable to the spread of infectious diseases as they share common ecology, culture, mobile population, low socioeconomic among other risk factors. These characteristics contribute to making routine immunization, disease surveillance and rapid response in border areas critical for preventing or containing the spread of infectious diseases between countries.

According to WHO, Somalia is one of the countries in the “wild poliovirus importation belt” – a band of countries stretching from West Africa to Central Africa and the Horn of Africa, which are recurrently re-infected with imported poliovirus. Somalia also has the second worst rate of polio vaccination in the world after Equatorial Guinea according to WHO. The priority is to maintain high levels of immunity and strong disease surveillance, to minimize the risk and consequences associated with a potential re-infection or re-emergence of poliovirus.

Somalia at one time was polio-free for six years, however, despite achieving this polio-free status, Somalia has had a sustained circulation of vaccine-derived polioviruses since 2009. This status has been attributed to low routine Immunization coverage and lack of supplementary immunization activities in insecure areas. As of 30th September 2018, three new cases of cVDPV3 were confirmed. Two (2) cases were reported from Kismayo district, Lower Juba region and one (1) case was reported from Mahaday district, Middle Shabelle region. The most recent case, from Kismayo district, had a date of onset of paralysis on 27 July 2018. The total number of cVDPV cases ten (10): four cVDPV2, five cVDPV3 and one case with coinfection of cVDPV2 and cVDPV3. Neighboring country (Kenya) environmental samples had cVDPV2 isolated and genetically linked to Somalia cases.

These sustained VDVP outbreaks call for a collective, coordinated systematic cross-border collaboration among County/Country level with officials from Kenya and Somalia in improving Routine Immunization, Acute Flaccid Paralysis surveillance, and polio supplemental immunization activities.

This report details September 25-7, 2018 meeting in Kismayo, Jubbaland State of Somalia. The meeting hosted representation from Federal MOH of Somalia, Kenya National MOH, Kenya border Counties MoH officials (Wajir, Mandera, Lamu and Garissa), Jubaland State (Somalia), WHO representatives (Kenya & Somalia), IGAD, GTZ, WHO Horn of Africa office, and CORE GROUP Polio Project (CGPP)-HOA Secretariat and CGPP-HOAS partners (American Refugee Committee(ARC), Adventist Development & Relief Agency(ADRA-Kenya), World Vision- Kenya and Somali Aid.



Objectives of the meeting

- Strengthen the work/inputs of Cross-Border Health Committees (CBHC) for polio eradication along Kenya and Somalia border
- Institutionalize coordination mechanism among (CBHC)
- Planning & Synchronization of SIAs at border crossing points.
- Strengthen mechanisms for the sharing of information between border countries
- Develop county/district/region joint action plan for cross-border collaborations to strengthen cross-border disease & AFP surveillance.
- Review/develop performance indicators and reporting formats

Opening Remarks by the Minister of Health, Jubaland State of Somalia, Dr. Mursal Mohamed Khalif

On behalf of the Jubaland state of Somalia and the Ministry of Health, the Minister welcomed the health officials from Kenya and Somalia to the Joint Cross Border Health Coordination meeting.

For the last 30 years (since 1988), nothing has united the world better than strengthening immunization services especially the polio eradication agenda which is being spearheaded by the Global Polio Eradication Initiative. During this the last few years, a lot has been achieved regarding cross-border health coordination to reduce the cross-border transmission of diseases like polio and the number of affected countries.

The journey that has brought us this far has not been an easy one. We must also appreciate that the journey ahead of us is not an easy one either. The challenges which have hindered our countries from achieving the desired results are still plentiful, and we must strive in addressing them/it for us to achieve high immunization coverage (Health services delivery), information sharing, coordination including the polio eradication initiatives.

Indeed, all our countries have been affected by vaccine-preventable diseases, e.g., Polio in the recent past, and We, therefore, have no choice but to join hands in fighting these debilitating diseases that have caused misery to many of those who have been affected.

Additionally, the isolation of circulating vaccine-derived poliovirus type 2 (cVDPV2) in September 2018 in Kismayo District, Jubaland is a cause for concerns and has the potential for cross-border transmission in our region. This situation calls for the going back to the drawing board to strengthen our Acute flaccid paralysis (AFP) indicator surveillance system as well as routine immunization activities.

The Minister reiterated that Kenya and Somalia shared a cordial relationship and assured his Ministry's commitment for close cross-border collaboration to ensure Polio and others infectious diseases that transcend borders are contained in the region. The minister then invited the second Deputy President of Jubaland state of Somalia who in his speech termed the meeting as a great milestone reached for Jubaland Regional government, He thanked the organizers and the participants for attending this important meeting, and at this point, he declared the meeting officially opened.



Key highlights from the Country/County/District presentations:

- The Kenya border counties have above 80% coverage for OPV1 and less than 80% for OPV3, with SIA coverages of above 90%
- Majority of the Kenya border counties have developed RI and SIA micro-plan though not at all levels
- As projected in their presentation most counties reported of attending 1-2 cross-border health committee meetings supported by Core group partners.
- Efforts to eradicate polio in the Horn of Africa received a boost following the polio launch where Ministers of health from 4 Countries (Kenya, Ethiopia, Somalia South Sudan) signed a joint statement under auspices of the Intergovernmental Authority on Development (IGAD), further reinforcing their member countries' support, commitment and future actions towards this goal. The event marked a high-level response to the recent outbreak of vaccine-derived poliovirus, in which Somalia has detected and reported seven cases from human contacts since December 2017.
- Both Kenyan counties and Somalia team have mapped cross-border settlements and conducted successful synchronization of mOPV campaigns.
- All the Kenya and Somalia border counties/districts are committed to cross-border partnerships for cost-effectiveness, efficiency, and sustainability of polio eradication activities in hard-to-reach and high-risk populations.
- Increased awareness and commitment of MOH and border communities through the integration of cross-border activities in the 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.
- Immunization coverage for both settled and mobile populations in the region need to be strengthened — innovative ways to improve access and utilization of immunization services for high-risk mobile populations especially nomadic pastoralist that straddle HOA common borders.
- Each country should provide special and increased focus on border districts/sub-counties during planning, implementation, and monitoring of surveillance, routine immunization, campaigns (NIDs/SIAs) and communication; including the allocation of necessary resources to address unique challenges (National, county, district, and regional governments).
- Governments and partners release of funds for polio eradication activities to the operational level according to the approved micro plans at least two weeks before implementation (partners/National/County/ regional governments).

Challenges

- 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.
- Few health facilities offering EPI in the border side of Somalia.



- Inadequate capacity of health workers on IDSR/EPI
- Shortage of vaccine carriers for EPI/surveillance, breakdown of cold chain equipment
- Poor communication networks in the border areas
- Inadequate standardized IDSR reporting tools and IEC materials in the border areas.
- Inadequate funding for surveillance activities

Recommendations and Way forward

- Joint decisions from the cross-border meeting should be formally communicated by respective MOHs to partners at all levels including district/sub-county authorities responsible for health, security, education, immigration.
- Expand Joint Somalia and Kenya Cross-border health coordination as a comprehensive /integrated /all-inclusive coordination forum to also include all the eight Intergovernmental Authority on Development (IGAD) countries as part of the regional block governance structures for health for a coordinated and effective response to a polio outbreak in HOA. (IGAD countries cross-border TWG, cross-border steering committee, DMS/PS and Council of Ministers for health).
- IGAD to establish regional accountability and monitoring framework for its member governments on cross-border polio eradication and maternal and child health interventions.
- Strengthen the work of Cross-Border Health Committees (CBHC) and Institutionalize Cross-Border Health Initiative under the respective Ministries of Health.
- Create a regional disease surveillance network and community of practice for IGAD Countries
- Strengthen regional ONE health policy to address weak cross-border surveillance and low population immunization gaps by strengthening integration and synergy among various cross-border health interventions such as TB, HIV, RMNCH, and EPI.
- WHO to support using digital mapping of major transport corridors of pastoralist in the HOA countries and establish regional Child health registry and establish permanent immunization points in both formal and informal crossing points
- Strengthening and accreditation of Kenya Medical Research Institute (KEMRI) laboratory as a regional reference polio laboratory for HOA Countries and create a sub-regional polio laboratory in selected major cross-border sites between Countries.
- IGAD to continue convening high-level policy advocacy for reaching high-risk mobile populations in HOA, with special attention to conflict zones, under-immunized pastoralist populations, IDPs, and refugees in all the HOA countries.
- With the resurgence of cVPPVs in HOA, GPEI/WHO/UNICEF to help the HOA countries develop risk communication planning to reach the special and vulnerable populations (especially newborns) and monitoring the impact, reduce refusals and quality interpersonal training for health service providers.
- Strengthen partnership with sectoral ministries including the ministries of migration, education, security forces, and local administration and community leaders.
- WHO to expand environmental surveillance in the Horn of Africa especially at Daadab refugee camp and IDPs and use of technology (ODK Integrated Support Supervision (ISS) and Geocoding of AFP cases.
- County and regional government in Kenya and Somalia to commit domestic resources for polio eradication and increase resource allocation for EPI and disease surveillance and improvement of health infrastructure in border areas.



- GPEI to reconsider the timelines of polio transition and legacy planning and intensify resource mobilization for conflict areas in the HOA countries to sustain the fragile gains of the polio program and robust outbreak response.
- GPEI/WHO to address the quality of surveillance in HOA and take immediate steps to support countries to focus the persistent sub-national surveillance gaps, including in areas with high-risk mobile populations. Invest in the use of technology (digital maps and electronic data collection tools) to improve micro-planning for SIAs and surveillance in hard to reach areas.
- GPEI, donors, and national government to advocate for a multi-partner approach in HOA to address the existing EPI and surveillance gaps and focus on outbreak response with full implementation of an outbreak response plan and high-quality interventions,

Closing Remarks

The meeting was concluded at Lower Juba presidential palace where the president hosted the participant for lunch and official closing ceremony. The president thanked the organizers and participants for choosing Kismayo for the meeting. The president also echoed the need to increase social mobilization and health education on the importance of vaccination to address the negative perception the community has towards vaccination for vaccinations. He further reiterated his Government commitment towards polio eradication through surveillance and routine immunization.



Figure 2: Hon Sultan Abdulkadir, The Second Deputy President of Jubaland State of Somalia official opening speech of the forum



Figure 3: Henry, Kenya MOH Polio Desk officer with a Military officer from AMISOM. AMISOM/KDF officers participated in the cross-border deliberations and commitment to supporting vaccination and polio eradication activities along the Kenya-Somalia border.



Figure 4: Panel discussion led by Dr. Abdi Hassan (WHO-Kenya)



Annex 1: Workshop Schedule



Day 1: 25th September 2018

Session 1: Opening Session and Welcome Remarks

08:30 - 10:30	<p>Prayer/Remarks</p> <ul style="list-style-type: none"> • Introduction of Participants and Registration • Opening Session and Welcome remarks from DG-MoH-Jubaland state (Somalia) • Opening Statements from Kenya Counties- <ul style="list-style-type: none"> ✓ Wajir CEC, Health ✓ Garissa County Director of Health ✓ Mandera County Director of Health ✓ Lamu County Director of Health • Remarks from WHO Somalia. • Remarks from WHO Kenya. • Remarks from IGAD Regional Health Coordinator. • Opening remarks form National MOH-Kenya. • Remarks from FMOH Representative-Somalia. • Official opening speech from Health Minister of Jubaland state of Somalia. • The objectives of Meeting and updates on Cross-border initiatives for Polio eradication in the Horn of Africa region (Ahmed CORE Group Polio Project Director-Kenya & Somalia)-10 mins. 	<p>Chair</p> <p>Dr. Idris, DG-Jubaland</p>
10:30- 11:00 - Tea Break		

Session 2: Presentations

	Topic	Facilitator
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11:00-11:20	IGAD – Overview of IGAD Cross-Border Health Mission and role of IGAD Secretariat on the polio outbreak and response in Horn of Africa. (20 Min)	Mohamed Salat, CDH, Garissa County
11:20-11:40	WHO - Somalia presentation on community-based AFP surveillance, coordination, and results of cross-border health coordination committee meeting, lesson learned & challenges). (20 Min)	
11:40-12:00	WHO – Kenya presentation on community-based AFP surveillance, coordination, and results of cross-border health coordination committee meeting, lesson learned & challenges) (20 Min)	
12:20-12:40	UNICEF Somalia - Presentation on immunization status updates, Cold chain and C4D (20mins)	
12:40-14:00	Prayers & Lunch	
14:00-14:30	Lower Juba region – MOH overview presentations Immunizations, AFP surveillance & SIA Coverages and progress on Joint cross border action plan implementations, lesson learned & challenges). 30 mins Discussion/Question session (10Mins)	Dr. Dahir, CDH, Wajir County
14:30-16:00	Panel discussions are focussing on the day's Presentations.	Dr. Adam, Deputy Director, Wajir County
16:00	Coffee break and prayers	

Day 2: 26th September 2018.

Session 3: Presentations

	Topic	Chair
8:30-8:40	Wajir county – MOH overview presentations Immunizations, AFP surveillance & SIA Coverages and progress on Joint cross border action plan implementations, lesson learnt & challenges). 30 mins	Dr. David Mulewa, CDH, Lamu County



	Discussion/Question session (10Mins)	
8:40-9:20	Lamu county MoH - MOH presentations Immunizations, AFP surveillance & SIA Coverages and progress on Joint cross border action plan implementations, lesson learnt & challenges). 30 mins Discussion/Question & Answer session (10Mins)	
9:20-10:00	Mandera county MoH - MOH presentations Immunizations, AFP surveillance & SIA Coverages and progress on Joint cross border action plan implementations, lesson learnt & challenges). 30 mins Discussion/Question & Answer session (10Mins)	
10:00-10:30	Coffee break	
10:30 - 11:10	Garissa county MoH - MOH presentations Immunizations, AFP surveillance & SIA Coverages and progress on Joint cross border action plan implementations, lesson learnt & challenges). 30 mins Discussion/Question & Answer session (10Mins)	Mohamed Adawa, CDH, Mandera County
11:10 - 12:00	Gedo region MOH presentation on Immunizations, AFP surveillance and other diseases, lesson learnt & challenges). 30 mins Discussion/Question & Answer session (10Mins)	
12:00 - 12:45	Panel discussions are focusing on the day's Presentations.	Dr. Abdi Hassan, WHO-Kenya
12:45 – 14:15	Lunch and prayers	
14:15 – 16:00	County / Region Specific Group work on developing Action Plans to enhance surveillance, routine Immunization and SIAs performance (90 Mins)	Somane Mohamed, CGPP
16:00 pm	Coffee break and prayers	



Day 3: 27th September 2018

Session 4: Presentations

	Topic	Chair
8:30 – 11:00	Group work Presentations <ul style="list-style-type: none"> ▪ Gedo region ▪ Garissa County ▪ Mandera County ▪ Lower Juba Region ▪ Lamu County ▪ Wajir County 	Yussuf Ibrahim, CGPP
11:00- 11:15	Coffee break	
11:15- 12:00	Panel Discussion – Analysis of the 2 days, key notes for further clarifications – (30 Min)	Ahmed Arale, CGPP
12:00- 13:00	Closing remarks- (5 Min each) <ul style="list-style-type: none"> ▪ Garissa County ▪ Mandera County ▪ Lamu County ▪ Wajir County ▪ WHO Keenya Representative ▪ UNICEF Representative ▪ National MOH-Kenya Representative ▪ FMOH Somalia Representative ▪ MoH Jubaland (Minister/DG) 	Abdinur Abdirahman, ARC
12:30	Closing prayer and Departure.	



Annex 2: Participants List

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